Guiding concepts of an urban Aboriginal health centre

Local initiatives, global approaches
CCME April 17, 2012
Lindsay Crowshoe
Unequal Treatment:
Confronting Racial and Ethnic Disparities in Healthcare
Institute of Medicine 2003

Clinical Appropriateness and Need Patient Preferences

The Operation of Healthcare Systems and Legal and Regulatory Climate

Discrimination: Biases, Stereotyping, and Uncertainty

Quality Health Care

Non-Minority

Minority

Difference

Disparity
Physician Remuneration

Fee-for-service prompts physicians to increase the number of patients seen, decreases the quality of care and is a cause of current health system failure.

Vision
Healthy Aboriginal communities through connectedness

Mission
ERHL provides optimal integrated Aboriginal health care and supports access to respectful resources for Aboriginal People
ERHL Guiding Principles

- Equity
- Autonomy
- Flexibility
- Inclusiveness
- Connectedness
- Empathy
- Non-judgment
ERHL Service

Primary Health Service
- Primary Care
- Nursing Care
- Allied Health Service Care
- *specialty Care In Primary Health Service

Primary Health Service Foci
- Social Health And Advocacy
- Prenatal Care
- Chronic Disease
  - DM Care
  - Rheumatic Disease
- Mental Health
  - Paediatric Behavioural Health
  - Adult Mental Health And Addictions
- Traditional Wellness

Team Based Care
- Case Support
- Case Management
- Focused Health Teams
Aboriginal Health Approach

- Traditional norms and Modern lifestyle
- Multi-generational trauma
- Social Exclusion
  - SDOH disparities
  - Inequities
  - Prejudice...
Core Concepts

• Trauma informed care
• Cultural competency/safety
• Health advocacy
Historical Trauma

Historical Trauma:

- Populations historically subjected to mass trauma (Colonialism, slavery, war, genocide) exhibit an increased prevalence of disease even several generations after the original trauma occurred
  - Mental, social, spiritual and physical health (Sotero 2006)

Historical Trauma Response:

- Maladaptive social and behavioral patterns created in response to the trauma experience and absorbed into the culture and transmitted as learned behavior from generation to generation
  - (Healing Foundation 2004)
The Adverse Childhood Experiences (ACE) Study

- Relationship of childhood abuse and household dysfunction

Cultural Competency

a set of congruent behaviors, knowledge, attitudes, and policies that come together in a system, organization, or among professionals that enables effective work in cross-cultural situations

(Association of American Medical Colleges, 2005)
Cultural Competency Phase I

- Cultural Competency Themes
  - Knowledge – understanding
  - Awareness – differences, diversity
  - Respect – differences, diversity
Cultural Competency Phase II

**CORE COMPETENCIES**

- **ADVOCACY**
  - Connect patients to appropriate resources
  - Foster the capacity of patients and service providers
  - Consider the health outcomes of historical and multigenerational trauma
  - Engage in anti-oppression/anti-racism activities to reduce health inequities

- **RELATIONSHIP BUILDING**
  - Establish rapport and develop trust
  - Contribute to community engagement
  - Foster equality

- **TEAMWORK**
  - Foster a non-competitive and interdependent environment
  - Support and engage in collective decision-making
  - Engage in shared leadership responsibilities

- **PATIENT-CENTERED CARE**
  - Understand patients’ perspectives and explanatory model of illness
  - Identify the various contexts impacting patients’ health
  - Recognize the diversity of the population
  - Avoid making decisions based on assumptions

- **COMMUNICATION**
  - Negotiate use an appropriate (in)direct approach for explanation & planning
  - Appreciate and integrate use of a narrative approach
  - Reflect on and employ non-oppressive language
Cultural Context

Social Justice

Human Rights

Partnership - Collaboration - Advocacy

Compassion

Cultural Competence

Cultural preservation
Cultural accommodation
Cultural repatterning

Pacquiao (2008)
Advocacy and Aboriginal Health

“...there are deep and continuing disparities between Aboriginal and non-Aboriginal Canadians both in their overall health and in their ability to access health services. The reasons for this are complex and relate to a number of different factors, many of which have less to do with health and more to do with social conditions”

-Romanow 2002
“The presence of Self-Government, for example, resulted in an 85% reduction in the relative risk of suicide. For the remaining variables, the percentage reduction in relative risk were: Land Claims 41%; Education 52%; Health 29%; Cultural Facilities 23%; and Police/Fire 20.”
Social Determinants of Health

• Proximal Determinants
  – Conditions that have a direct impact as a stressor on physical, emotional, mental or spiritual health
    • Employment, income, education, physical environment, food insecurity, health behaviours...

• Intermediate Determinants
  – Factors related to community infrastructure, systems, resources and capacities that influence the proximal determinants of health
    • Community infrastructure (including resources and capacities), systems (health care and educational), environmental stewardship, and cultural continuity

• Distal Determinants
  – The political, economic and social contexts that construct intermediate and proximal determinants
    • Have the most profound influence on health
      • Health Inequalities and Social Determinants of Aboriginal Peoples’ Health, Reading 2009
Empowerment

GOALS

Protection/prevention

- social policy reform
- medical health promotion

community activism
- community development
- social health promotion

Conceptual framework adapted from S. Carlisle (2000)
Model of Physician Responsibility in Relation to Influences on Health

Domains of Professional Obligation
- Individual Patient Care
- Access to Care
- Direct Socioeconomic Influences

Domains of Professional Aspiration
- Broad Socioeconomic Influences
- Global Health Influences

### Advocacy

#### Competency Descriptor:
Advocacy involves working with and on behalf of patients to obtain services and resources; modifying practices and procedures that have harmful influences; promoting new policies and procedures that are beneficial; and engaging in efforts to advance social justice and patient empowerment.\(^\text{14}\)

#### Critical Element 1: Connect Patients to Appropriate Resources

**Some Indicators of Effective Practice**

*A culturally competent healthcare service provider* ...
- Identifies patient needs and connects them to appropriate resources including primary health services, community services, and traditional healing services
- Possesses sufficient knowledge of urban, rural, and community services available for Aboriginal patients and families
- Demonstrates resourcefulness, creativity, and flexibility in meeting patient needs

#### Critical Element 2: Foster the Capacity of Patients and Service Providers

**Some Indicators of Effective Practice**

*A culturally competent healthcare service provider* ...
- Can identify a range of appropriate advocacy approaches to increase patient self-empowerment
- Effectively teaches patients how to understand biomedical Western approaches and how to voice their needs within those systems

#### Critical Element 3: Consider the Health Outcomes of Historical and Multigenerational Trauma

**Some Indicators of Effective Practice**

*A culturally competent healthcare service provider* ...
- Possesses an understanding of historical events using a multigenerational trauma framework to appreciate how they have shaped Aboriginal peoples’ everyday experiences in Canadian society
- Identifies domains of patient experience (i.e., behaviours, relationships, self-identity) that have been impacted by multigenerational trauma
- Provides therapeutic interventions based on the integration of knowledge of multigenerational trauma and available resources

#### Critical Element 4: Engage in Anti-Oppression/Anti-Racism Activities to Reduce Health Inequities

**Some Indicators of Effective Practice**

*A culturally competent healthcare service provider* ...
- Understands and acknowledges how uneven structures of power can affect patients’ ability to obtain equitable or optimal healthcare
- Identifies how patients have been impacted by discrimination leading to differential treatment in healthcare
- Recognizes how various forms of racism (i.e., systemic, institutional, personally-mediated) are perpetuated and can identify a range of opportunities and approaches to effect change through policy and practice
1. Situation

2. Goals

3. Resource awareness

4. Resource accessed

5. Barriers

Medical Issues

Internal Status
  • Emotional
  • Mental
  • Spiritual
  • Physical

Resources
  • Housing
  • Income
  • Food
  • Family
  • Friends (support network)
  • Support programs
  • Culture

What recommendations do you have for this patient?
Societal Health Determinants

• Social Cohesion
• Inequality
• Relative Poverty

Unhealthy Societies: The Afflictions of Inequality (1997)
Wilkinson
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