

# Aboriginal Care Pharmacist for Vancouver Island:

Making the most of our opportunity to help

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# Commercial Support Disclosure

- None of the following speakers have had any commercial support

# Acknowledgements

- Traditional lands of Coast Salish, Kwakwaka'wakw, Squamish, Tsleil-Waututh and Musqueam Nations
- We acknowledge that we are uninvited guests

# Learning Objectives

- To compare chronic disease rates between Indigenous patients and non-Indigenous patients
- List three reasons why it may be challenging to build a trusting health care relationship with an Indigenous patient.
- List two techniques for developing trust with an Indigenous patient.

# George Nickoloff Speaker Disclosure

- I have no Conflicts of Interest to declare
- I have received a fee from CSHP-BC for speaking today



*Photo credit: Island Health*

# What is this Role:

Full-time clinical pharmacist visits eight sites/communities around the Cowichan region to provide culturally safe medication management expertise and support community members in improving their health.

- Based on work done in other areas by UBC Pharmacists Clinic
- Built on experience from our earlier pilot projects
- FNHA-funded position began in June 2019.
- IH, FNHA, UBC, led by community needs

# Why is this role needed?

TRC Calls to Action, UNDRIP, Island Health's Strategic Plan all identify and call upon us to address gaps and inequities

Systems (health, education, justice) have not served Indigenous people well.

## Profound gaps exist:

- Infant mortality **2.85 times higher**
- Life expectancy (av) **5.7 years lower @ 75.9 vs. 81.6**
- Suicide rate **>5x higher** (male youth under 24)
- Education, suitable housing, income, children in care, food insecurity, incarceration

Island Health Aboriginal Health Strategic Plan 2017-2021; 31-32 <https://www.islandhealth.ca/sites/default/files/2018-09/aboriginal-health-strategic-plan-optimized.pdf>

# Island Health's Vision

## Our Vision

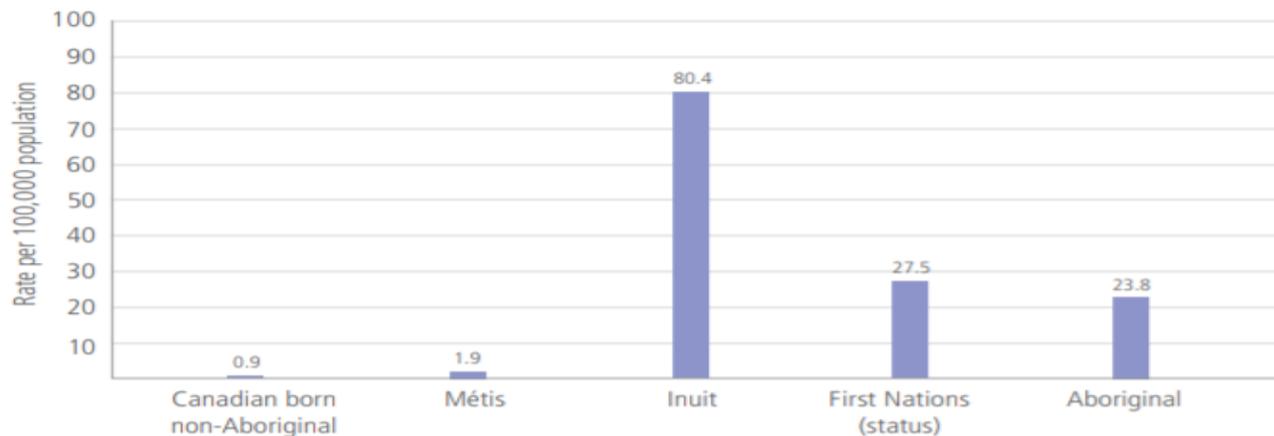
“Excellent health and care for everyone, everywhere, every time”

- Lofty, ambitious
- Long-term
- Far from true

# Name the health outcome, it's worse if you are an Indigenous person

Cardiovascular disease: MI 20% higher, stroke over twice as high

Figure 1.5: Rate of TB incidence per 100,000 population, by Aboriginal identity

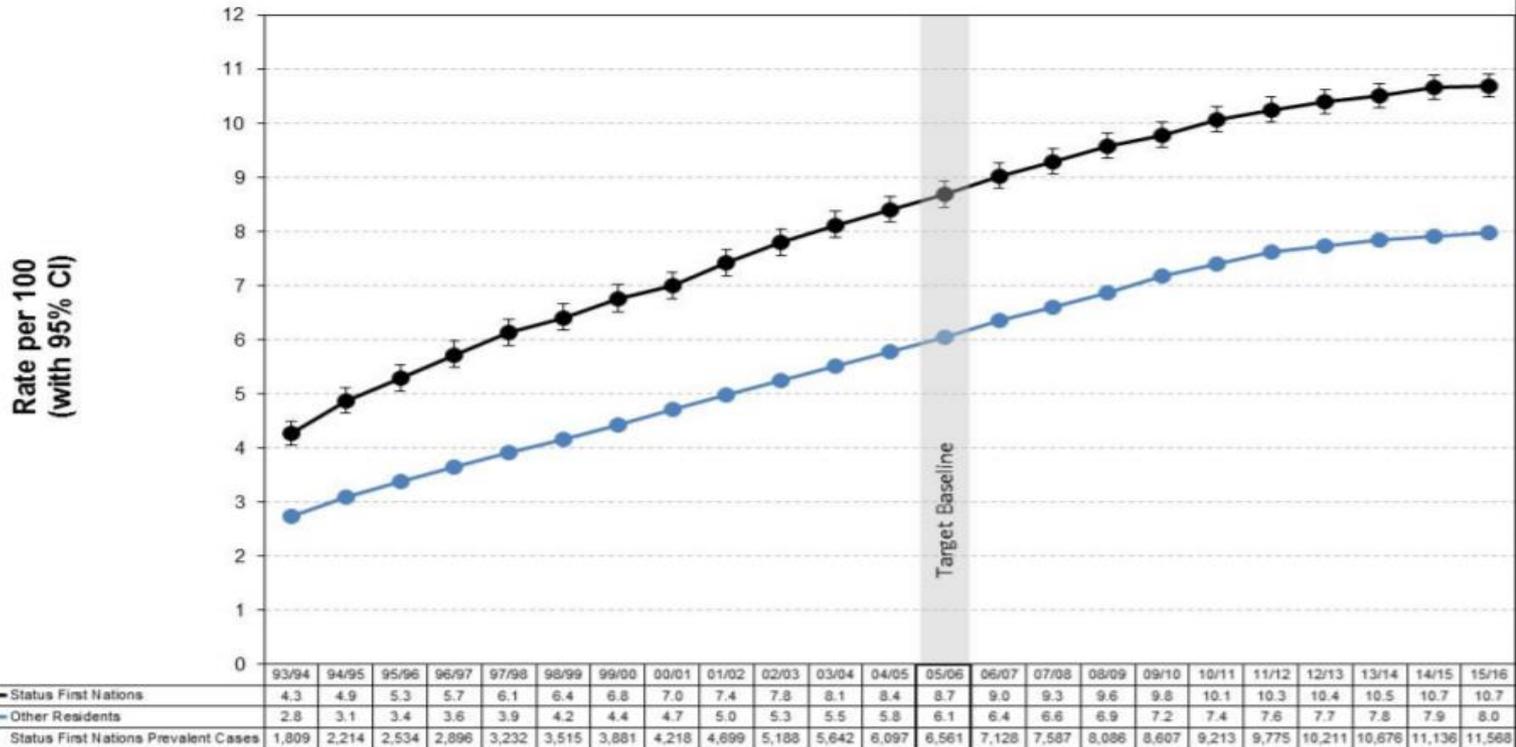


Source: Adapted from PHAC, 2007, p. 4

National Collaborating Centre for Aboriginal Health, State of knowledge of Aboriginal health: A review of Aboriginal public health in Canada, 2012;15-18 <https://www.ccsa-nccah.ca/docs/context/RPT-StateKnowledgeReview-EN.pdf>

# Diabetes within the Indigenous Population

**Diabetes, Age-standardized Prevalence Rate, Status First Nations and Other Residents, BC, 1993/94 to 2015/16**



**Fiscal Year**

**Notes:** Standardized to the Canada 2011 population. As confidence intervals (CI) for Other Residents are very narrow, they are not visible on the chart.  
**Source:** BC Ministry of Health, Chronic Disease Registries, Client Roster and First Nation Client File (Release v2015). Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, December 2017.

# Was it always this way?

10-15,000 years in BC, people had good health

- active lifestyles
- healthy diets
- strong cultural and spiritual traditions
- virtually no diabetes and no dental cavities
- population estimates for BC range from 200,000 to >1 million pre-contact

Island Health Aboriginal Health Strategic Plan 2017-2021; 35 <https://www.islandhealth.ca/sites/default/files/2018-09/aboriginal-health-strategic-plan-optimized.pdf>



**“Teachers told the children that 1492 was when their continent was discovered by human beings. Actually millions of human beings were already living full and imaginative lives on the continent in 1492. That was simply the year in which sea pirates began to cheat and rob and kill them”**

**Kurt Vonnegut, in *Breakfast of Champions*  
(1973)**

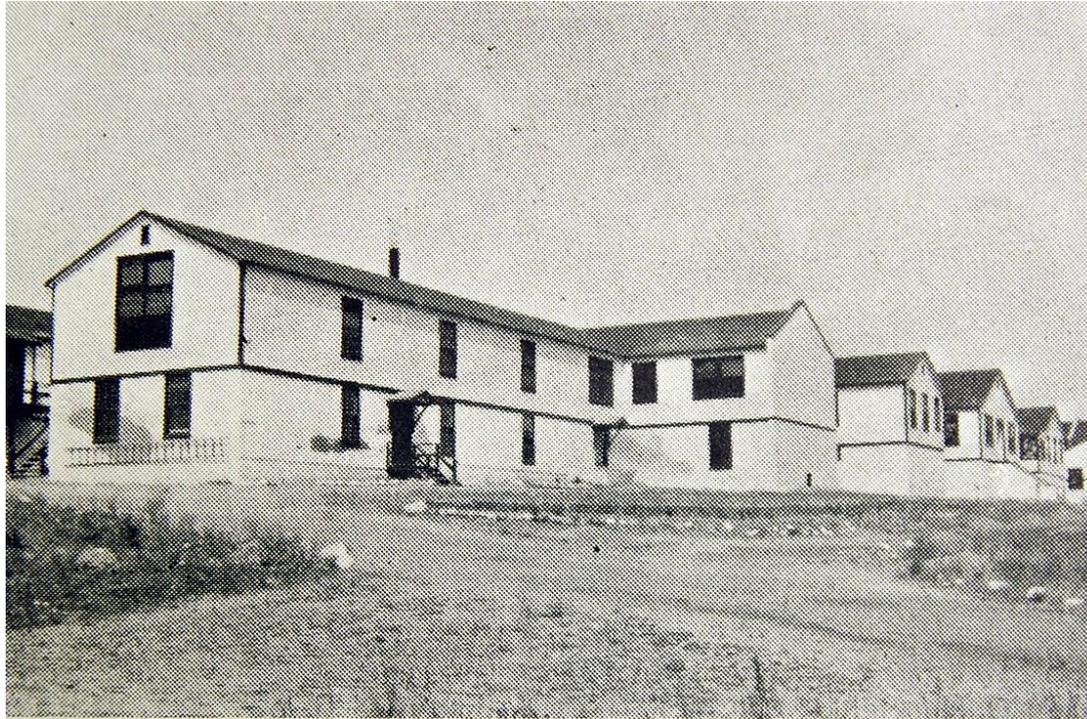
[https://www.goodreads.com/author/show/2778055.Kurt\\_Vonnegut\\_Jr\\_](https://www.goodreads.com/author/show/2778055.Kurt_Vonnegut_Jr_)

# Post-contact

- Scarlet fever, smallpox, measles, mumps, diphtheria, typhoid, TB, influenza
- Estimates **up to 90% died**
- Culture disabled and outlawed Indigenous healers seen as **backward and uncivilized**
- Segregated Indian Hospitals created by the church
- “Indian TB” a threat to the settler population
- Overcrowding, unsanitary conditions in Residential schools allowed spread of TB

Titian D. Indian Hospital class action lawsuit could be nearing settlement. Ha-Shilth-Sa, Nuu-Chah-Nulth Tribal Council. 2020 Jan 26.  
<https://hashilthsa.com/news/2020-01-26/indian-hospital-class-action-lawsuit-could-be-nearing-settlement>

# Nanaimo Indian Hospital



- 210 beds, the second largest in Canada.
- Aboriginal persons admitted to Indian hospitals were required to remain at the facility until discharged. Those that left of their own accord would be arrested, returned to the hospital and confined in isolation.

# Nanaimo Indian Hospital

- Class action lawsuit alleges “children **being tied to their beds for days or even months**, only being untied to eat their meals or be bathed... multiple abuses, including **sterilization and medical experimentation.**”
- Some patients who died **buried in unmarked graves**, some families never knew what happened to their family members
- Records on the treatment of patients admitted to Indian hospitals are scarce - the archives of Nanaimo Indian Hospital were destroyed
- **Nanaimo Indian Hospital closed in 1967, demolished 2004, now home to VIU**

Titian D. Indian Hospital class action lawsuit could be nearing settlement. Ha-Shilth-Sa, Nuu-Chah-Nulth Tribal Council. 2020 Jan 26. <https://hashilthsa.com/news/2020-01-26/indian-hospital-class-action-lawsuit-could-be-nearing-settlement>

# Would you trust the “Health Authority”?

- Same people who displaced you from your land, took away your children, who see you as less...
- We know help is needed
- People need someone they can trust
- Can't “tell”, can't “educate”
- Respectfully approach leaders, community members, elders, listen first, and offer what we can do.

# Jesse Inkster Speaker Disclosure

- I have no conflicts of interest to declare
- I have received a fee from CSHP-BC for speaking today

**What does “reconciliation” mean to you?**

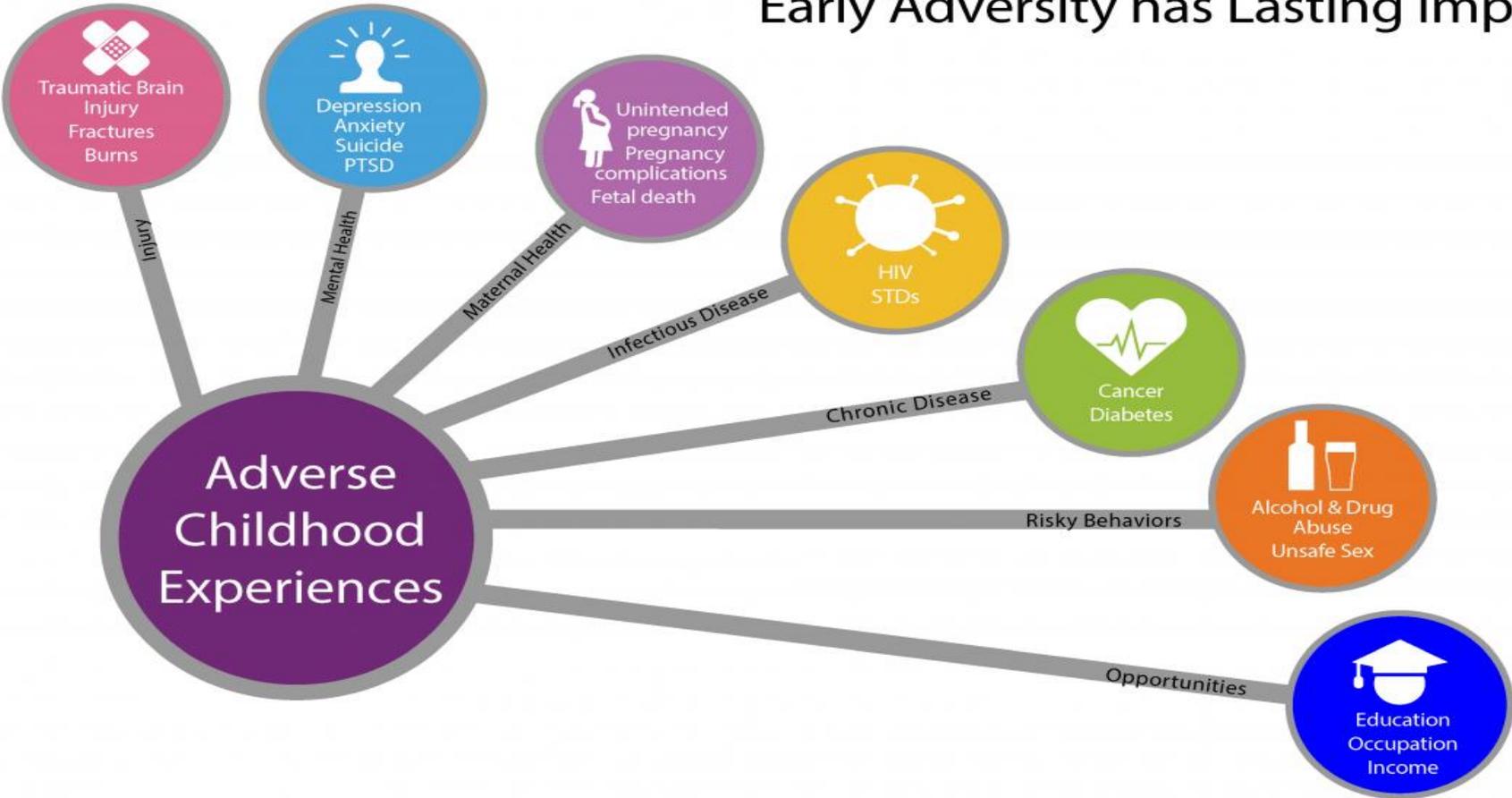
# Adverse Childhood Events (ACE's)

1. Psychological Abuse
2. Physical Abuse
3. Sexual Abuse
4. Emotional neglect
5. Physical neglect
6. Loss of a parent
7. Mother treated violently
8. Substance abuse
9. Mental illness
10. Criminal behaviour in the household

# ACE study

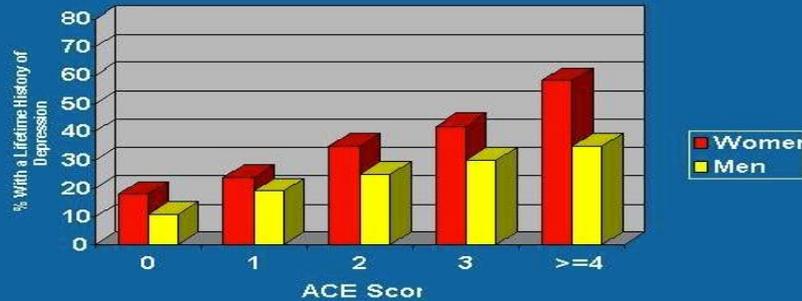
- 17337 participants
- 67% had at least 1 ACE
- $\frac{3}{4}$  were white
- $\frac{3}{4}$  had gone to college
- All had jobs
- All had access to health care

# Early Adversity has Lasting Impacts

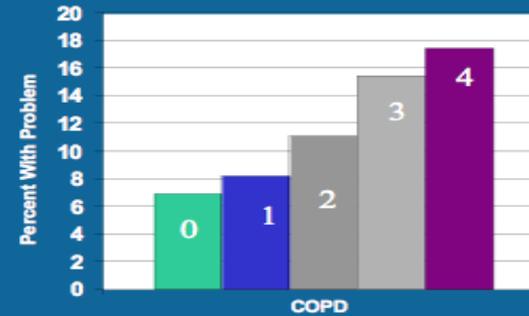


Mental Health

## Childhood Experiences Underlie Chronic Depression



## ACE Score vs. COPD



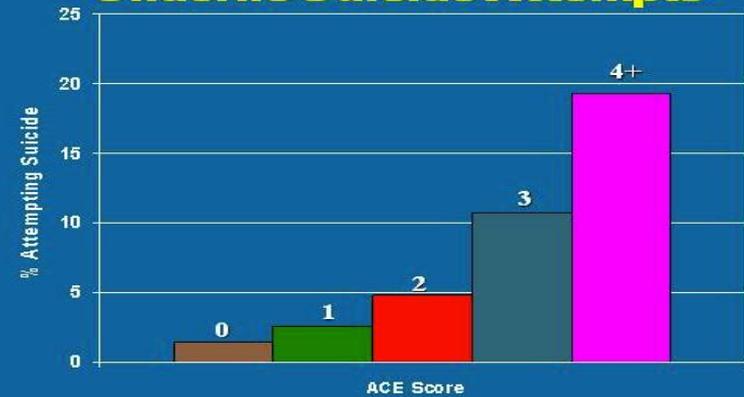
Mental Health: Costs

## ACE Score and Rates of Antidepressant Prescriptions approximately 50 years later



Mental Health

## Childhood Experiences Underlie Suicide Attempts

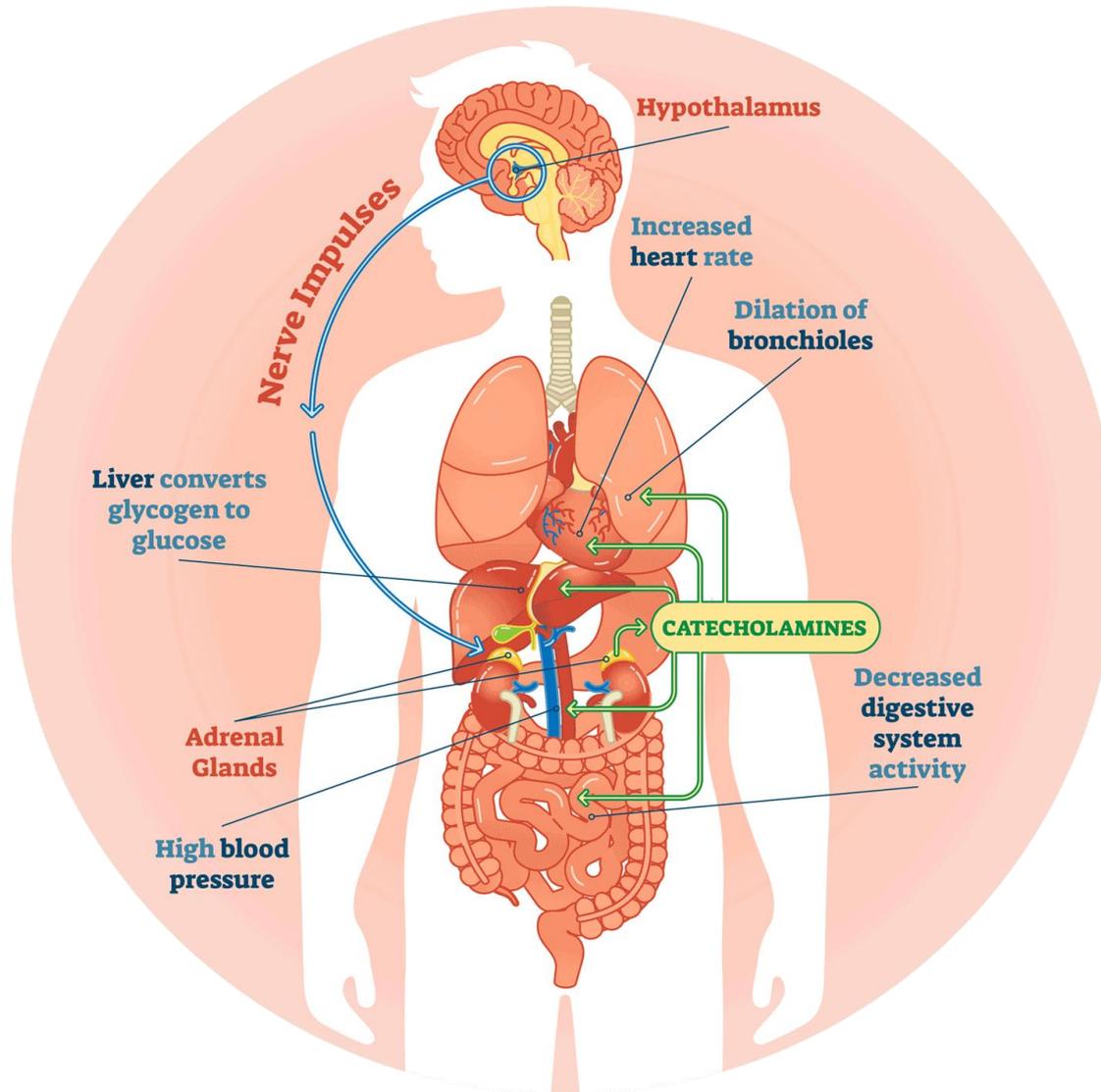


# Limbic system

- Hippocampus
- Amygdala
- Hypothalamus

The stress response part of our brain

# STRESS RESPONSE SYSTEM



# What is the case fatality rate of Covid-19 in BC?

- A. 0.4%
- B. 3%
- C. 6%
- D. >10%

# What was the fatality rate of small pox amongst indigenous people in 1862 in BC?

- A. 0.4%
- B. 3%
- C. 6%
- D. >10%

**“On the coast alone, some 14,000 Indigenous people died, representing a loss of roughly half of the region’s population.”**



# Stories from Sharon Whonnock – resident of the Nanaimo Indian Hospital for 9 years

- “Whonnock recalled a time when she had chickenpox and was served turnips. The smell made her ill and she threw up on her plate. A nurse hit her with a rod and made her eat the vomit”
- “The only time we were untied was first thing in the morning to have a bath and then change our pajamas and go back to bed.”
- “I think I was used as a guinea pig. I really feel that's why I've had trouble with my health my whole life”
- “But she said that the hardest thing she suffered was sexual abuse. She said that to this day, she still leaves the lights on at night.”

**“When I was 13, I found my father in our garage. He had hung himself.”**

**“I drink and eat sugar instead of drinking alcohol and doing drugs”**

**“When the nurses come into the room at night with flashlights, it reminds me of when I was in residential school. The nuns would come into the room with lights and take us away. I just need something to help me sleep”**

**“On Penelakut Island, we lost a lot of children from drowning. They would try to swim off the island to escape what was going on in the residential school.”**

**“The floor in my trailer is rotten. There is also a lot of black mold, which I’ve been told is probably something that sets my asthma off”**

**“My dad is a residential school survivor, but he has never once told me any stories of what happened there. He tells me it is too horrible to relive it.”**

**“He had to give a history of what happened to him in residential school to the lawyers. During the process of reliving that time in residential school, he committed suicide.”**

## Kuper Island Residential School







# Pharmacist barriers to building a trusting relationship...

- Time!
- Lack of empathy
- Missing information
- Lack of power to change the health care system
- Technology
- Policy and procedures
- Cultural misunderstanding

# Stages of Distrust



# Suggestions for interviewing

- Introduce yourself to everyone in the room
- Ask if they have any questions or concerns
  - Form the interaction around these concerns
  - If they have concerns you cannot fix, explain why
- Establish a goal of the interaction
  - What are your main concerns
- Establish a timeline
- Explain each medication change (new, dose reduction, stopped)
  - Focus on the why
  - Any obvious negative/positive effects of the change
- Listen... and prove it!
  - “it sounds like...”
  - “you have a concern around...”

# Simplify

- What do you think of your medication?
  - Too much? Too little
  - Helpful? Harmful? Which ones?
- Don't get into the numbers right away
  - RRR vs. ARR and NNT
- Treatment vs prevention
  - Treatment – is it actually helping? Is it causing harm?
  - Prevention – expectation vs reality. How afraid are you of the thing we are trying to prevent?

# Criticism

- “Why should Indigenous patients get extra treatment/more resources?”
- “Why do they get their own pharmacist?”
- “Why should I feel guilty about something I did not do”

**What does “reconciliation” mean to you?**

# Sasha Maleki Speaker Disclosure

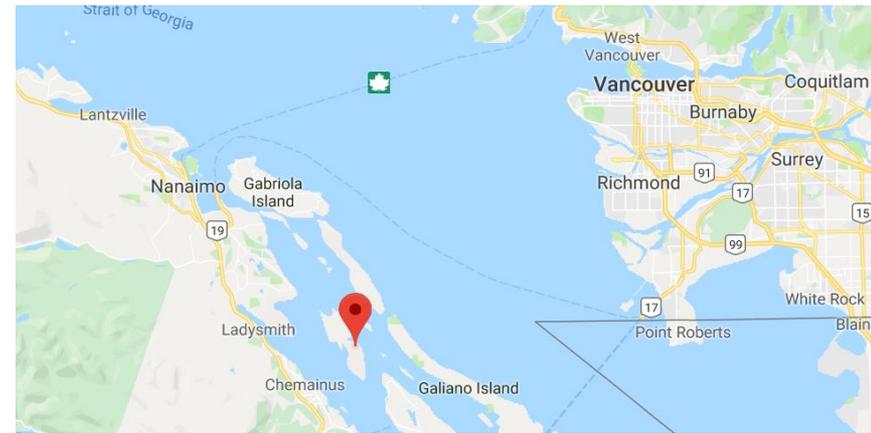
- I am not an expert
- I am here to walk with you on this journey
- I have no conflicts of Interest
- I have received a fee from CSHP-BC for speaking today



# Rationale

- No research involving experiences of Indigenous persons receiving care from pharmacists
- Most evidence relates to physicians and nurses
  - Most were done prior to Cultural Sensitivity and Truth and Reconciliation movements

# About Penelakut Island

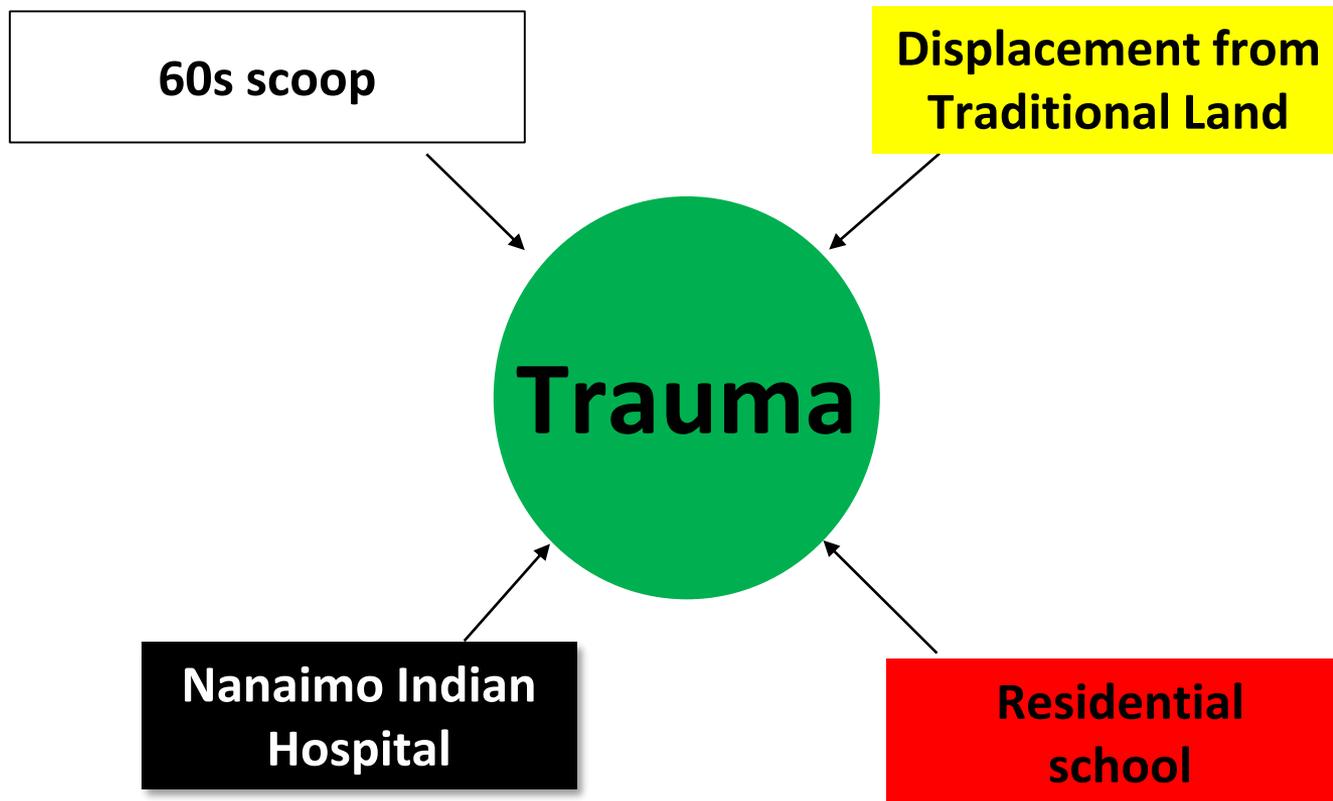


# About Penelakut Health Centre

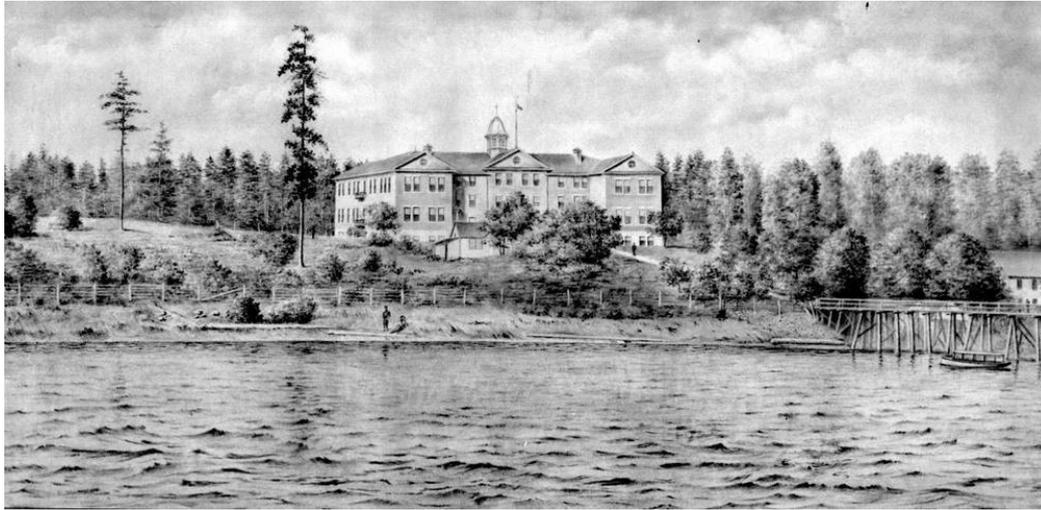
- Penelakut Health Centre has:
  - Pharmacist (since May of 2018)
  - Physicians
  - Nurses and other health care providers



# Background – Trauma



# History of Kuper Island Residential School



- The residential school operated from 1890 - 1975
- We met with people on this island who have experiences with the residential school and Nanaimo Indian Hospital

# Methods

## Developing a question

- How did the people experience this new service?

## Collaboration

- Communication
- Listening and understanding

## Talking Circle & Interviews

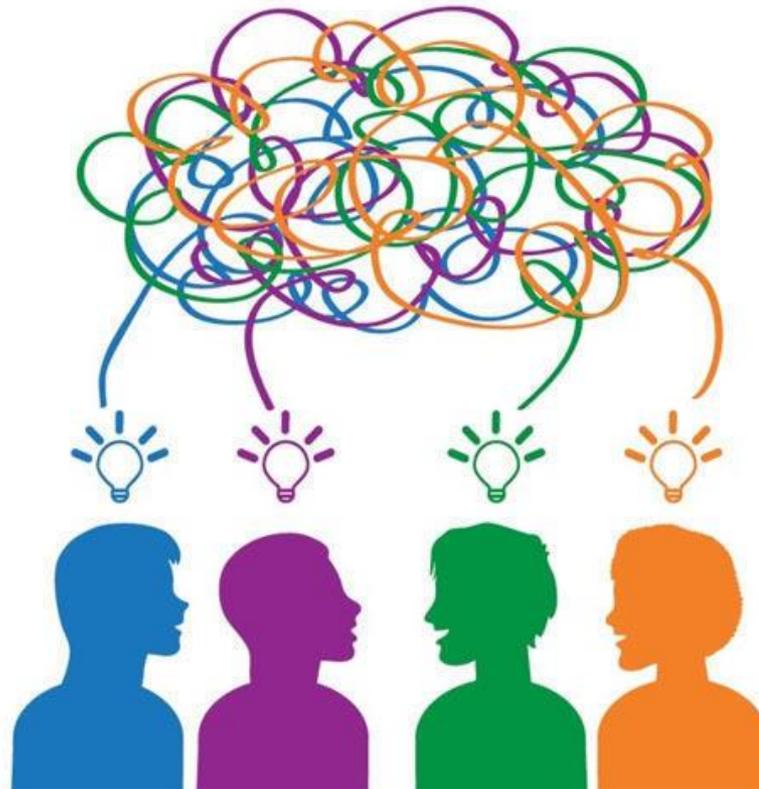
- Phenomenological analysis ☐ Talking Circle: unstructured interviews
- Recruited people who saw the pharmacist from May 2018 – April 2019
- Recorded conversations

## Analysis

- Recordings transcribed
- Identified themes with interpretation
- Follow up: respondent validation

# Phenomenological analysis

Qualitative research method describing how humans experience a phenomenon



# Methods – Talking Circles

- Coast Salish traditional method
- Can share thoughts and feelings in a safe space
- Can be an excellent method for qualitative data collection



# Methods – Brushing Ceremony

- Coast Salish tradition
- Symbolizes cleansing, protection, and healing
- Tsow Tun Lelum Treatment Society provided brushing and smudging



# Results



Talking Circle  offered supplemental interviews  Interviews

**12 people  
attended, 6  
spoke**

**All declined**

# Results – What we heard

## Themes:

- Listening
- Communication
- Advocacy
- Empathy

# Listening



## Simple and clear communication



# Advocacy



# Empathy

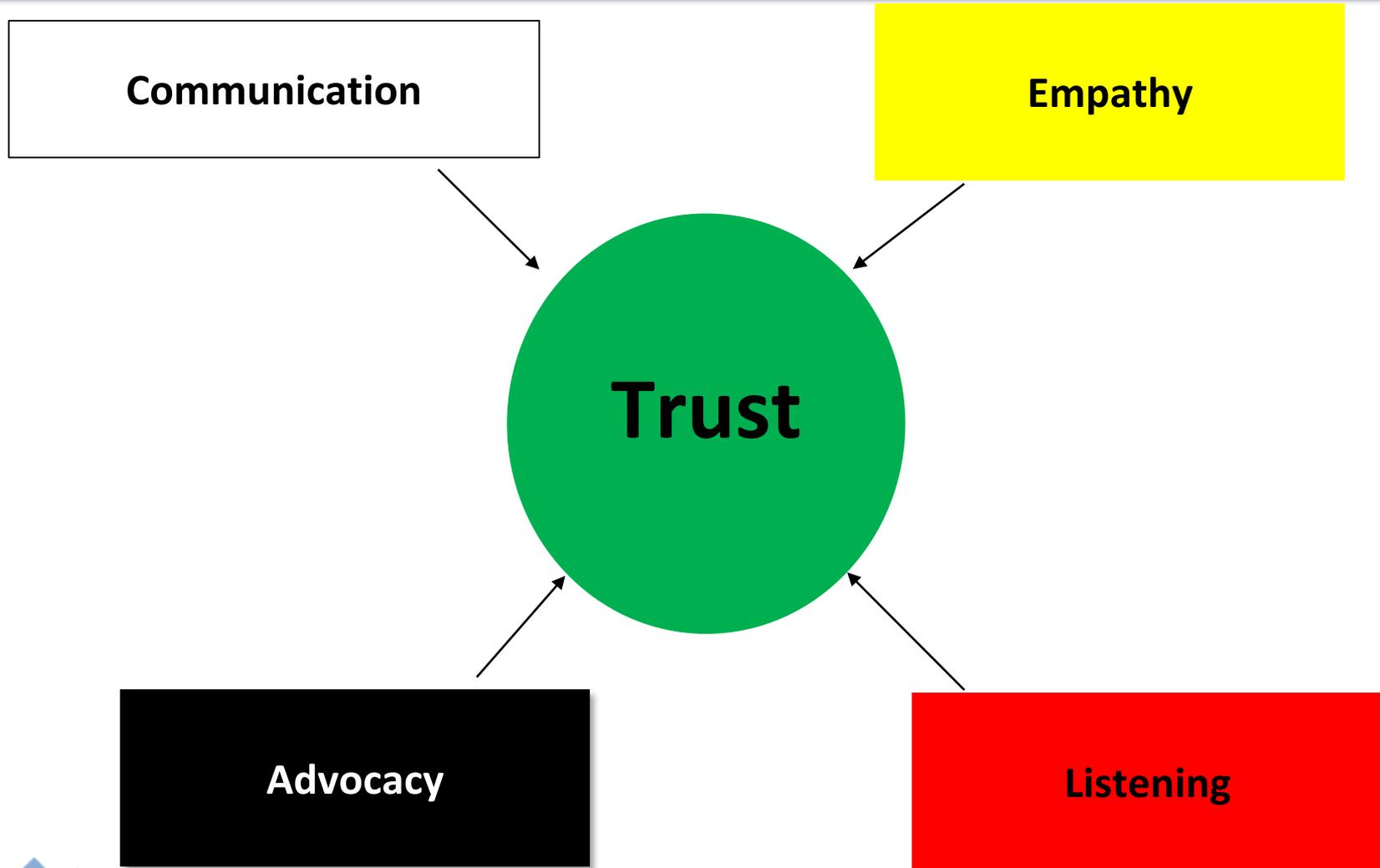


# What we learned

## Meaningful engagement between people is based on a foundation of trust

- Through trust:
  - Engagement and continuation of care
- Perceived frequent disrespect ☒ stopping care
- Not unique to Indigenous individuals

# Conclusions



Hy ch'qa  
(thank you, in Hul'q'umin'um')

# Resources to learn more

## ACE scores and the impact on chronic disease

- Nadine Burke Harris – Ted Talk  
[https://www.ted.com/talks/nadine\\_burke\\_harris\\_how\\_childhood\\_trauma\\_affects\\_health\\_across\\_a\\_lifetime?language=en](https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en)

## Cultural Safety

1. PHSA San'yas Indigenous cultural Safety Core Health
2. Island Health Face to face workshops
  - a. Blanket exercise
  - b. relational Practice for Cultural Safety - It Begins with you
3. PHSA's San'yas Advanced Cultural Safety
  - a. Bystander to Ally
  - b. Unpacking Our Colonial Relationship

[https://intranet.viha.ca/admin\\_resources/viha\\_and\\_you/cultural/Pages/aboriginal\\_clients.aspx](https://intranet.viha.ca/admin_resources/viha_and_you/cultural/Pages/aboriginal_clients.aspx)

## Trauma Informed Practice

[https://intranet.viha.ca/admin\\_resources/viha\\_and\\_you/trauma-informed-practice/Pages/default.aspx](https://intranet.viha.ca/admin_resources/viha_and_you/trauma-informed-practice/Pages/default.aspx)

*Link to Island Health video highlighting our Aboriginal Care Pharmacist project:*

<https://vimeo.com/353676454>

## *Implications for Practice*

**Be open and curious**

**Seek to see the whole person**

**Aware of biases and assumptions**

**Listen to stories**

**Attend cultural events & invitations**

**Learn about local traditional medicines and their benefits.**

**Include family and community in healing.**

**Disrupt power**

**Acknowledge privilege**

**Shared decision making**



Slide courtesy of Tanille Johnson and Chettie Macdonald, Kwakiutl District Council Health, 2019

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