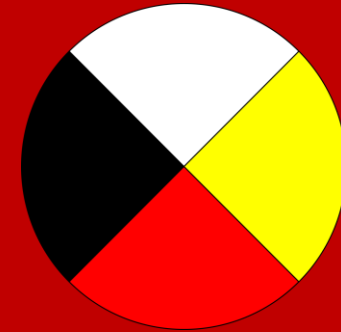


INDIGENOUS HEALTH: THE PHARMACIST'S ROLE



Cassandra McLelland, PharmD, RPh, ACPR

Clinical Pharmacist, William Osler Health System
Vice-Chair, Indigenous Pharmacy Professionals of Canada

DISCLOSURES

- All opinions expressed in this presentation are my own and do not reflect the opinions of my employer or the Indigenous Pharmacy Professionals of Canada
- No conflicts of interest to declare



LAND ACKNOWLEDGMENT & A LITTLE BIT ABOUT ME



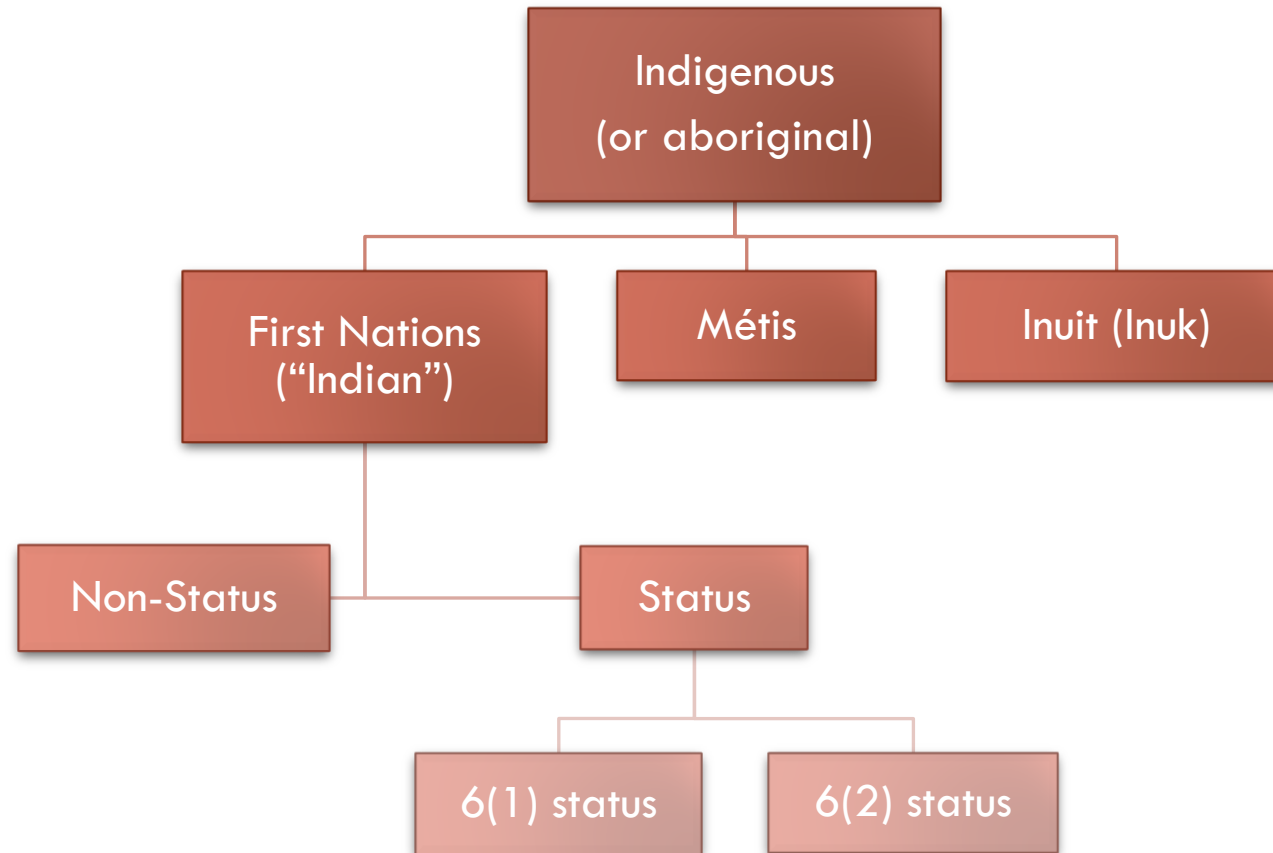
OUTLINE

- Introduction: who we are
- Historical context
- The present: health disparities and access to care
- Medications & healing through an Indigenous lens
- Cultural safety and trauma-informed care 101
- Summary & resources

INTRODUCTION

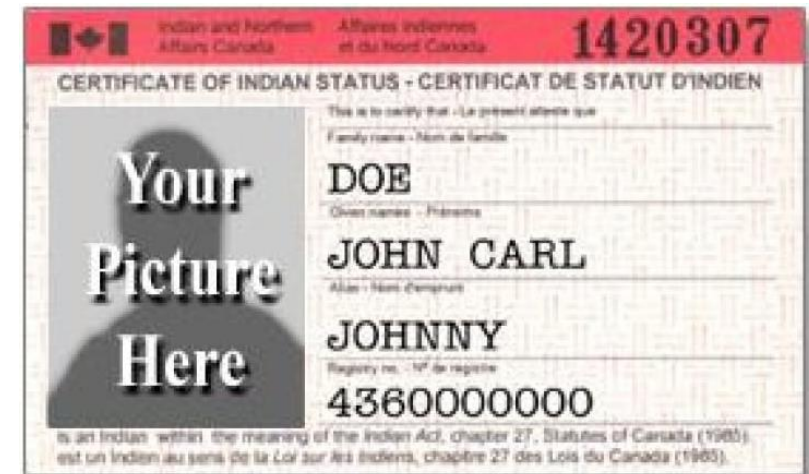


GROUPS OF INDIGENOUS PEOPLE



WHAT IS “STATUS”?

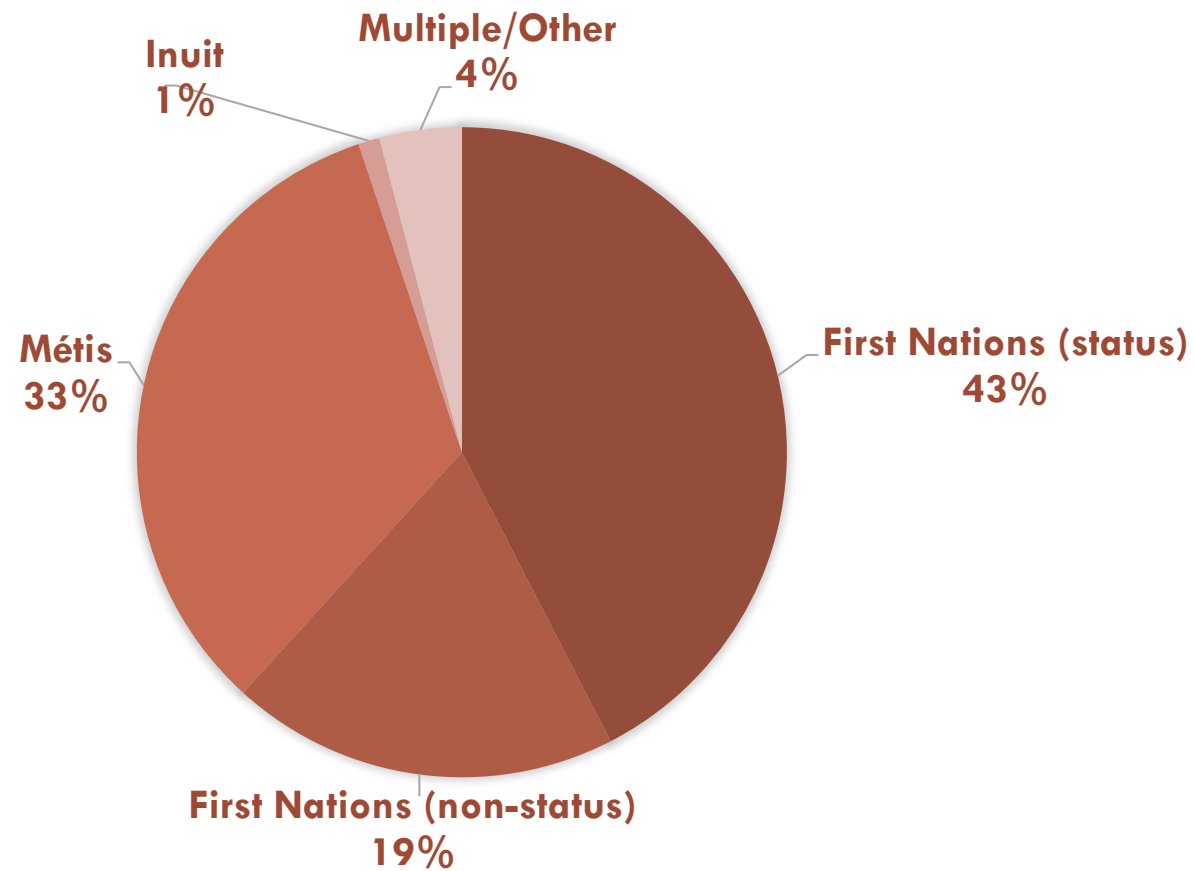
- Refers to First Nations people registered under the Indian Act
- Must provide proof of Indigenous lineage
- Entitled to certain benefits
 - Non-insured health benefits i.e. NIHB (health, dental, and drug coverage)
 - PST tax exemption on eligible goods and services
 - Income tax exemption if living and working on reserve



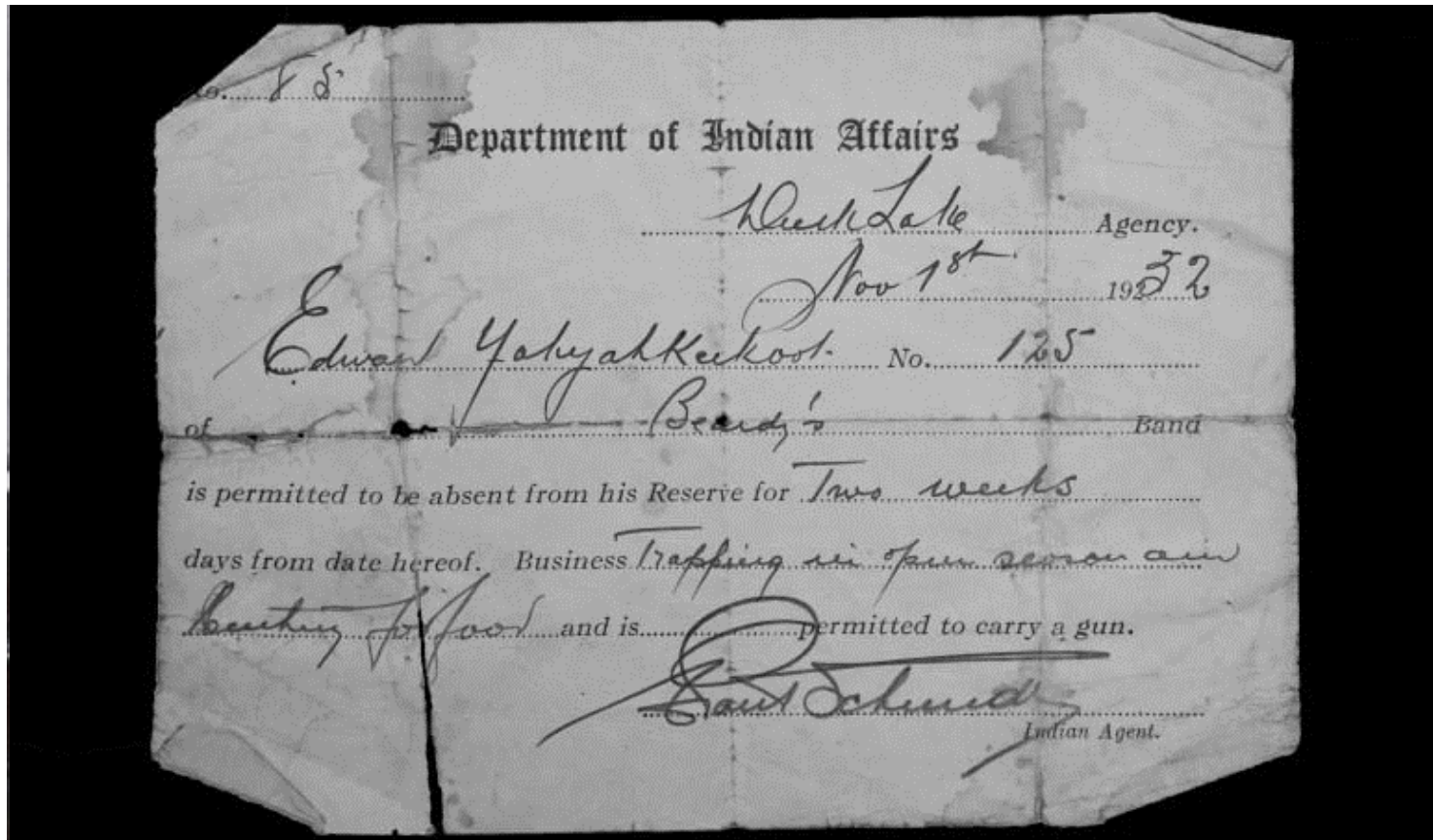
DEMOGRAPHICS (2021 CENSUS)

- Represent 5% of the Canadian population
- Youngest and fastest-growing demographic group
 - Grew by 9.4% from 2016 to 2021
- 59% of First Nations people with status live off reserve
- Ontario statistics:
 - ~23% of Indigenous people live in Ontario (406,590)
 - Indigenous peoples represent 2.9% of the Ontario population

INDIGENOUS PEOPLE IN ONTARIO



HISTORICAL CONTEXT



- Federal law governing the administration of Indian status and management of reserve land
 - Banned ceremonies and cultural gatherings
 - Banned First Nation people from hiring lawyers or bring forward land claims against the government
 - Restricted the movement of First Nation peoples off reserves (pass system)
 - Required that children attend residential schools
 - Prevented First Nations people from refusing to see a physician, refuse admission to hospital, or leave hospital prior to discharge
 - ... and much more!

THE INDIAN ACT (1876-PRESENT)



RESIDENTIAL SCHOOLS (1831-1996)

- Government-sponsored schools run by churches with the goal of converting and assimilating Indigenous children into Canadian culture
- An estimated 150,000 children attended residential schools and at least 3,200 children died there (though believed to be much higher)
- Impact of schools on children:
 - Education quality was poor
 - Students were underfed, malnourished, and subjected to nutritional and medical experimentation
 - Overcrowding led to many tuberculosis and influenza outbreaks
 - Many survivors report physical and sexual abuse

RESIDENTIAL SCHOOLS (1831-1996)

“Indian children in the residential schools die at a much higher rate than in their villages. But this alone does not justify a change in the policy of this Department, which is geared towards a final solution of our Indian problem.”

– Duncan Campbell Scott, 1910

(Deputy Superintendent of Indian Affairs)



STERILIZATION (1928-2019)

- Sterilization of many institutionalized patients were ordered under the Sexual Sterilization Acts of Alberta (1928-1972) and British Columbia (1933-1973)
 - 74% of Indigenous patients presented to the board were sterilized (compared to 60% of all people presented)
 - From 1969-1972, over 25% of those sterilized were Indigenous
- Many forced/coerced sterilizations have occurred outside of these Acts
 - ~1,200 sterilizations between 1966-1976
 - ~100 women have alleged coerced sterilization from the 1970s to as recently as 2019



INDIAN HOSPITALS (1930s-1990s)

- Racially segregated hospitals operated under poor conditions with significantly less funding than other hospitals
- Although European settlers were treated for tuberculosis as outpatients, Indigenous patients continued to undergo invasive lung surgery and years of confinement in hospitals
- Medical experimentation occurred without consent of patients, and some major surgeries were performed without general anesthetic
- Translation services were not provided for patients



SIXTIES SCOOP (1960-1980s)

- Large-scale removal of Indigenous children from their homes, often without the knowledge or consent of the family or community
 - In 1951, 1% of children in protective services were Indigenous; this number rose to over 34% by the late 1960s
 - It is estimated that more than 20,000 children were removed from their home and placed in mostly non-Indigenous households
 - Prior to 1980, social workers were not required to inform the band if children were removed
- Long-term impacts include loss of cultural identity, emotional distress, and in some cases sexual and/or physical abuse

AND MORE...

- Missing and Murdered Indigenous Women, Girls, and 2spirit relatives (MMIWG2S)
- Starlight tours
- Scalping proclamation
- Smallpox blankets
- Inuit relocation



THE UNFORGOTTEN

- “The Unforgotten is a collection of stories about the health well-being of Inuit, Métis, and First Nations people across five stages of life. The film uncovers instances of systemic racism, the impacts of colonialism and the ongoing trauma experienced by Indigenous peoples in the Canadian health care system.”
- <https://theunforgotten.cma.ca>



**THE PRESENT: HEALTH DISPARITIES
& ACCESS TO CARE** |

HEALTH AND SOCIOECONOMIC FACTORS

- Life expectancy for Indigenous people is shorter than non-Indigenous Canadians
 - First Nations: 9 years shorter
 - Metis: 5 years shorter
 - Inuit: 11 years shorter
- Indigenous people die from suicide at higher rates compared to non-Indigenous Canadians
 - First Nations: 3x higher
 - Metis: 2x higher
 - Inuit 9x higher
- Indigenous people in Canada experience high rates of: infant mortality and maternal morbidity/mortality, diabetes, heart disease, asthma, arthritis, obesity, and tuberculosis

HEALTH AND SOCIOECONOMIC FACTORS

- Indigenous children represent 53.8% of all children in foster care (despite representing only 7.7% of the population 14 years and under)
- 26 drinking water advisories remain active in First Nation communities
- Household overcrowding rates remain higher than the national average
- Unemployment rate is 2.5x higher for Indigenous peoples and income is ~\$10,000 lower than the national average
- Fewer Indigenous students receive high school diplomas (68.1% vs 90%)
- Incarceration rates are 9x higher for Indigenous vs non-Indigenous people

HIV AMONG INDIGENOUS PEOPLE (2020)

- **Prevalence: 10.3% of all people with HIV in Canada**
 - General population: 170 per 100,000
 - Indigenous population: 356 per 100,000
- **Incidence: 18.2% of all new infections**
 - General population 4.0 per 100,000
 - Indigenous population: 15.2 per 100,000

DEMOGRAPHIC CHARACTERISTICS

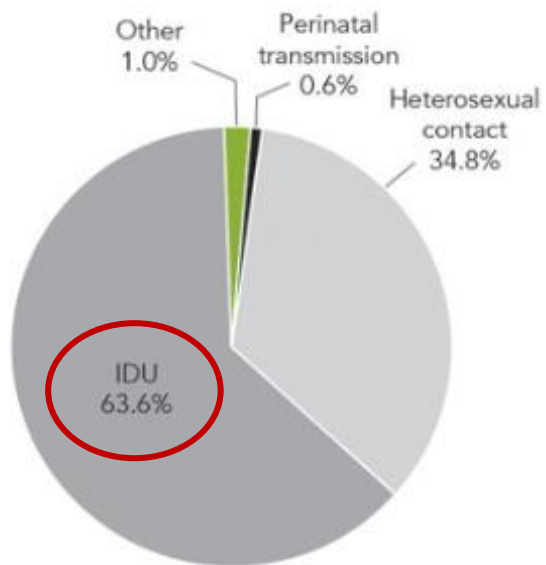
Demographic characteristics	First Nations	Métis	Inuit	Aboriginal, unspecified	People of other ethnicities
Sex	<i>n</i> = 2,253	<i>n</i> = 272	<i>n</i> = 22	<i>n</i> = 574	<i>n</i> = 10,299
Female	48.6%	42.7%	27.3%	45.5%	20.1%
Age (years)	<i>n</i> = 2,256	<i>n</i> = 272	<i>n</i> = 22	<i>n</i> = 574	<i>n</i> = 10,310
< 15 years	0.8%	0.4%	0.0%	0.7%	0.4%
15-19 years	4.1%	5.2%	0.0%	4.5%	1.1%
20-29 years	27.8%	22.1%	22.7%	28.4%	21.1%
30-39 years	35.6%	32.7%	45.5%	33.8%	33.4%
40-49 years	23.9%	30.2%	27.3%	22.7%	28.0%
50+ years	7.9%	9.6%	4.6%	9.9%	16.0%

EXPOSURE CATEGORY

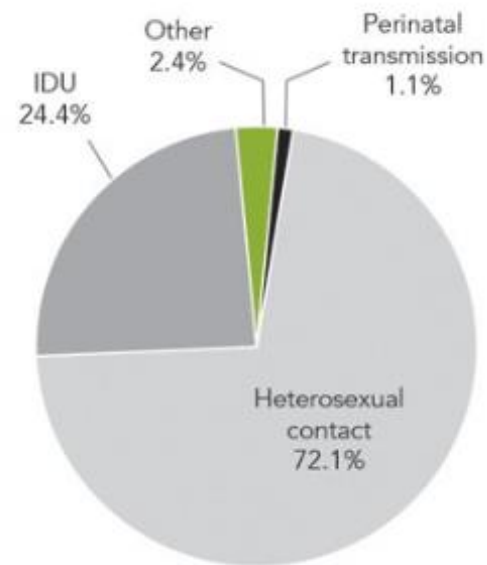
Table 7. Comparison of exposure categories for reported AIDS cases, by ethnicity, 1979-2012

Exposure category	Aboriginal people (n = 846)	People of other ethnicities (n = 16,124)
MSM	22.7%	67.5%
MSM/IDU	6.7%	4.6%
IDU	48.2%	7.8%
Heterosexual contact	20.3%	16.1%
Perinatal transmission	0.7%	0.9%
Other	1.3%	3.1%

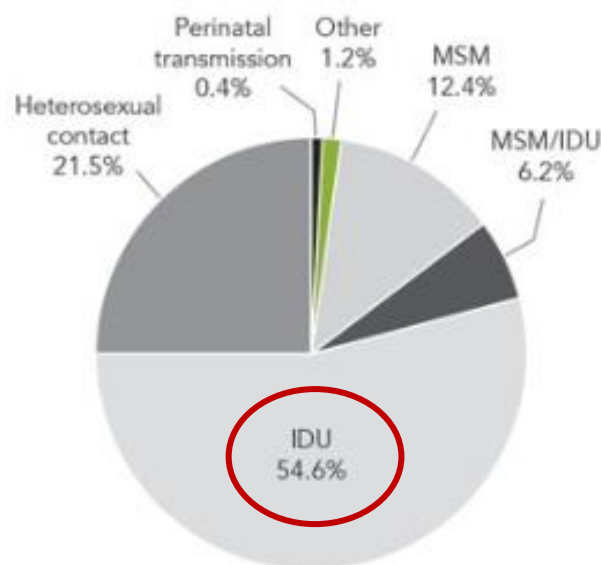
EXPOSURE CATEGORY



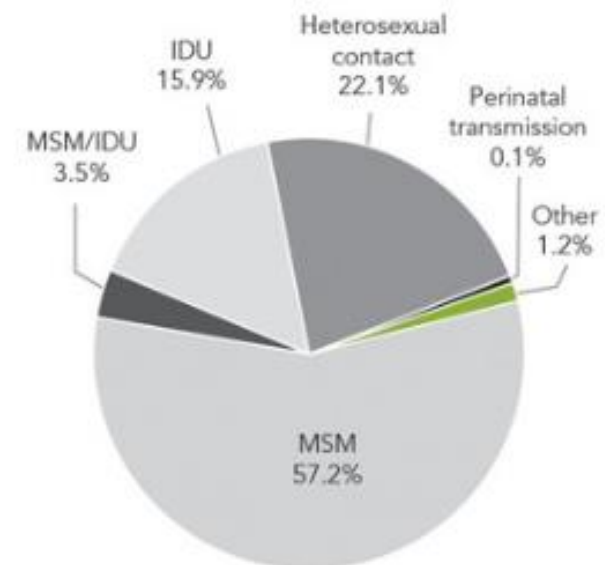
Aboriginal females



Females of other ethnicities

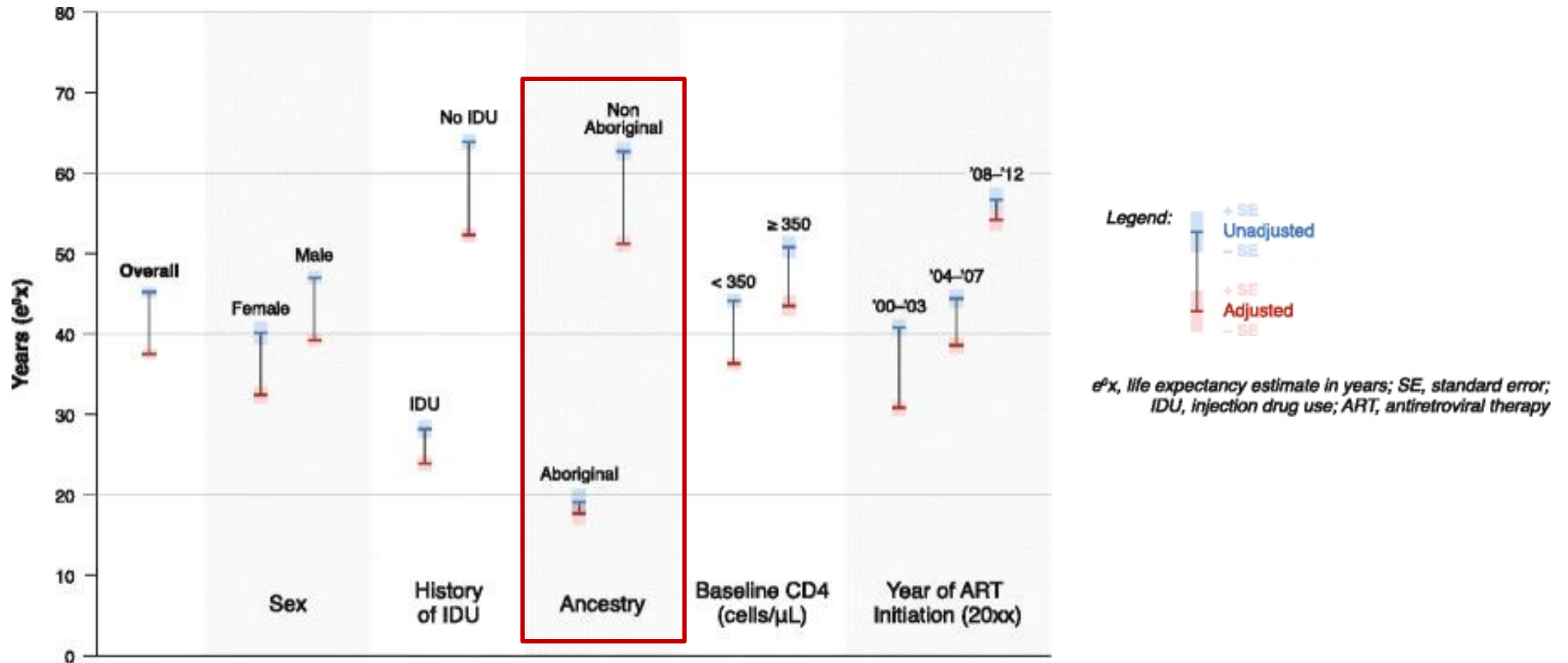


Aboriginal males



Males of other ethnicities

LIFE EXPECTANCY ESTIMATES (AT AGE 20)



ACHIEVEMENT OF 90/90/90 GOALS (2020)

	Diagnosed	On treatment	Virally suppressed
General population	90%	87%	95%
First Nations in Saskatchewan	-	88%	78%
People who inject drugs (PWID)	83%	88%	63%
Indigenous PWID in AB/SK	64%	81%	54%

HEALTHCARE ACCESS AND QUALITY

- Many Indigenous peoples live in remote areas with limited access to healthcare providers and services
- Financial instability and NIHB policies can impact access to healthcare
- Indigenous peoples frequently experience racism when seeking care
- Aboriginal Health Access Centres provide culturally-sensitive care



Brian Sinclair (1963-2008)

Joyce Echaquan (1983-2020)



BARRIERS TO CARE: PERSPECTIVES OF INDIGENOUS WOMEN WITH HIV/HCV

- Study population: 148 Indigenous women with HIV and/or HCV living in Saskatchewan
- Top barriers identified by participants:
 - Lack of medical transportation (61%)
 - Limited resources (47%)
 - Cost (45%)
 - Inadequate access to HIV medications (39%)
 - Lack of family support/childcare (37%)
- Other barriers identified:
 - Homelessness
 - Negative interactions with healthcare professionals
 - Language (health literacy)

**MEDICATIONS AND HEALING
THROUGH AN INDIGENOUS LENS** |

NON-INSURED HEALTH BENEFITS (NIHB)

- Provides coverage for prescription medications, over-the-counter medications, vision care, dental care, mental health counselling, and medical supplies/equipment
- Eligible patients:
 - A First Nations person registered as a Status Indian
 - An Inuk recognized by an Inuit land claim organization
 - A child less than 18 months old whose parent is a registered First Nations person or a recognized Inuk
- Note: Métis people are not eligible for NIHB



Consider involving social work to review eligibility for Indian Status if not already registered

NON-INSURED HEALTH BENEFITS (NIHB)

- Dispensing:
 - To bill NIHB directly, pharmacy must be registered with the NIHB program
 - Drugs must be processed through private insurance and provincial drug plans first (remainder can be processed through NIHB)
- Formulary:
 - <https://nihb-ssna.express-scripts.ca/en/0205140506092019/16/160407>
 - Nearly identical to ODB formulary for HIV medications
 - Many OTC medications are covered with a pharmacist recommendation (must be documented and submitted to NIHB)



NIHB will cover the cost of condoms with a pharmacist recommendation

TRADITIONAL MEDICINES

- Traditional medicines and healing practices have been used by various cultural groups for millennia
- May include the use of plants, ceremonies, and hands-on techniques
- Most Western healthcare practitioners have limited knowledge related to complementary medicines and there is limited data examining the efficacy of traditional treatments

“The two systems of traditional and Western medicine need not clash. (...) they can blend together in a beneficial harmony, using the best features of each system, and compensating for certain weaknesses in each.”

- Dr. Margaret Chan, 2007 (Director-General, WHO)

TRADITIONAL MEDICINES



- Ask open-ended questions in a non-judgmental manner
- If the traditional medicines will not interact with their treatment, do not discourage use
- When discussing concerns regarding its use, be specific and explain the rationale

I did not learn about that in my pharmacy training, but based on what I do know, it is unlikely to be harmful.

I am worried about a drug interaction between (traditional medicine) and your medication. It can decrease how well your medication will work. Let's see if there are other medicines you can use that won't interfere with your treatment.

THE IMPORTANCE OF CULTURE AMONG INDIGENOUS PEOPLE LIVING WITH HIV

- Study population: 29 First Nations people living with HIV in Ontario
- Using storytelling, patients shared their lived experiences with HIV
- The topic of “culture” arose in most stories
 - Importance of culture for health and healing
 - Impact of loss of culture
 - Desire to re-engage with their culture

“I did go to sweats and fasted in the bush by myself. Having all these agencies and support groups really helped me dealing with the HIV but the ceremonies even more.”

- Elizabeth (study participant)

CULTURAL CEREMONIES

- Examples:
 - Smudging
 - Pipe ceremony
 - Drumming circle
 - Sweat lodge
 - Sharing/healing circles



Familiarize yourself with:

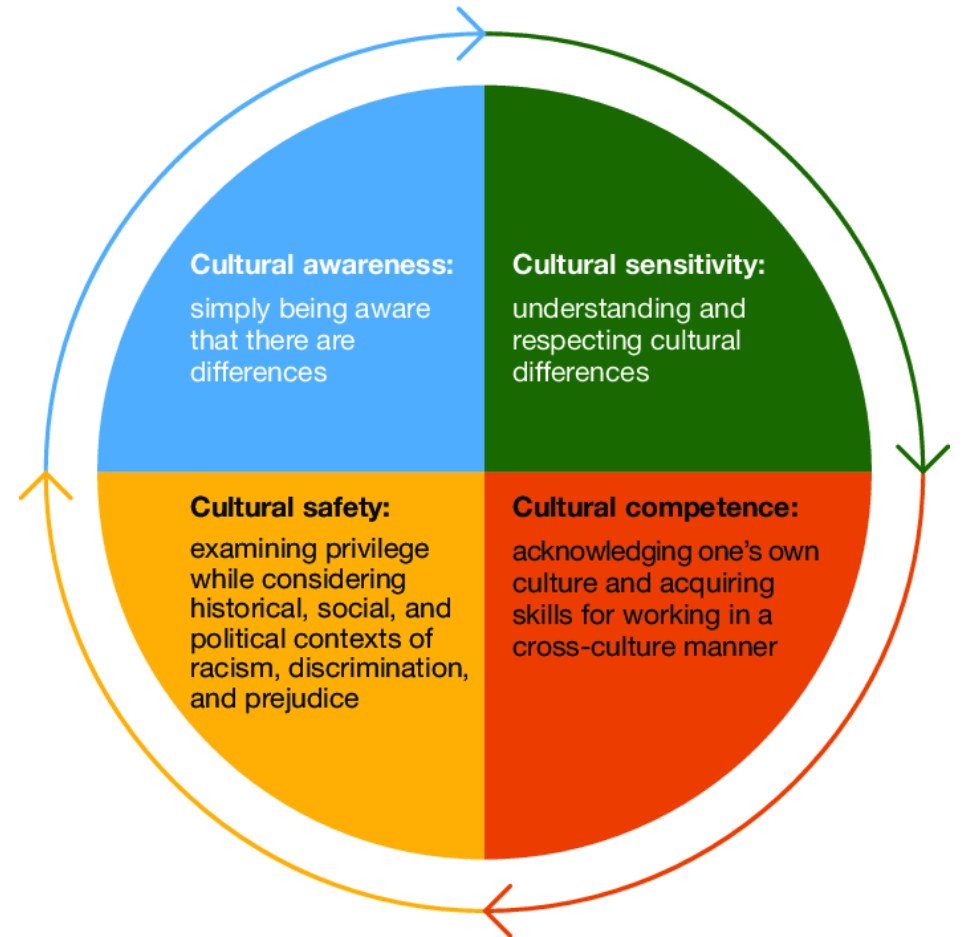
- 1) Local organizations/Aboriginal health centers where patients can access ceremonies and traditional healers
- 2) Your institution's policies re: Indigenous ceremonies

CULTURAL SAFETY AND TRAUMA-INFORMED CARE 101



WHAT IS “CULTURALLY SAFE CARE?”

- Defined by the person receiving care
- Culturally safe care:
 - is respectful
 - allows meaningful communication and development of trusting relationships
 - does not profile or discriminate
 - acknowledges and works to dismantle power imbalances and barriers to care
 - takes into account historical context and how it impacts health and wellbeing



BENEFITS OF CULTURALLY SAFE CARE

- Providing culturally safe care helps improve patient outcomes!
- People who experience culturally safe health care are more likely to:
 - Access care earlier
 - Feel empowered and more at ease
 - Share details about their health concerns and preferences
 - Follow treatment plans

WHAT IS TRAUMA-INFORMED CARE?

- Trauma-informed care:
 - understands that trauma can impact physical health, mental health, behaviours, and encounters with the healthcare system
 - prioritizes the patient's safety, choice, and control
 - avoids re-traumatizing patients
- Trauma-informed care is an overall approach to healthcare delivery, led by six guiding principles



INCORPORATING CULTURALLY SAFE AND TRAUMA-INFORMED CARE IN THE PHARMACY

Self-reflect on your own perception and biases of Indigenous peoples, and work towards dismantling these stereotypes

Set expectations, demonstrate trustworthiness, and ensure consent is always obtained

Create an environment that is physically safe, inclusive, non-judgmental, and non-threatening

Use shared-decision making to involve patients in their own treatment plans and motivational interviewing techniques to empower them

Understand that many Indigenous people have personal or intergenerational trauma that may impact their behaviours and respond with compassion

Demonstrate respect for the person in all interactions and encourage open dialogue by asking open-ended questions and leaving space for the person to share their story

SUMMARY & RESOURCES

SUMMARY

- Due to the direct effects of colonization, Indigenous people continue to face worse health and socioeconomic outcomes compared to non-Indigenous Canadians and are disproportionately affected by HIV
- Pharmacists have many opportunities to positively impact the care of Indigenous people in Canada:
 - Navigating medication access through NIHB (or other means if not covered by NIHB)
 - Assessing the safety of traditional medicines and facilitating access to cultural resources
 - Creating a safe space for patients to access care
 - Empowering patients to take an active role in their health through shared decision making and motivational interviewing
- Providing culturally safe, trauma-informed care is vital to improve the healthcare experience and outcomes for Indigenous patients

RESOURCES

- Resource round-up: Indigenous Health
 - <https://www.pharmacists.ca/news-events/news/resource-round-up-indigenous-health/>
- Pharmacy: Indigenous research and resources
 - <https://subjectguides.uwaterloo.ca/pharmacy/indigenouresearchandresources>
- Resources for Pharmacy Professionals to Support Indigenous Cultural Competency
 - <https://www.ocpinfo.com/about/equity-diversity-and-inclusion/resources-to-support-indigenous-cultural-competency/>

MIIGWECH (THANK YOU)!



Cassandra McLelland, PharmD, RPh, ACPR
cassandra.mclelland@williamoslerhs.ca

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15. And others as referenced on individual slides