

iCON-VCH INDIGENOUS HEALTH ROUNDS

On November 12, 2021, iCON and Vancouver Coastal Health (VCH) Indigenous Health hosted a virtual Indigenous Health Round, titled

Intergenerational Trauma and the Impacts of Historical and Ongoing Colonialism and Racism on the Health and Wellbeing of Indigenous People

We were honoured to have our speakers from the UBC School of Nursing: Dr. Elder Roberta Price, an Elder Advisor and Research Partner from the Snuneymuxw and Cowichan Nations, and Dr. Colleen Varcoe, a professor and scholar of Indigenous (Cherokee) and immigrant (English) heritage.

The full recording is available at <https://youtu.be/zq4hcNA8TDA>.
Below are key messages from the talk.

Complex Post-Traumatic Stress Impacts

Ability to regulate emotions (e.g. persistent sadness, suicidality, anger)

Self Perceptions (e.g. shame, guilt, stigma, helplessness)

Relationships disrupted (e.g. mistrust, isolation)

Consciousness (e.g. forgetting or reliving, detachment)

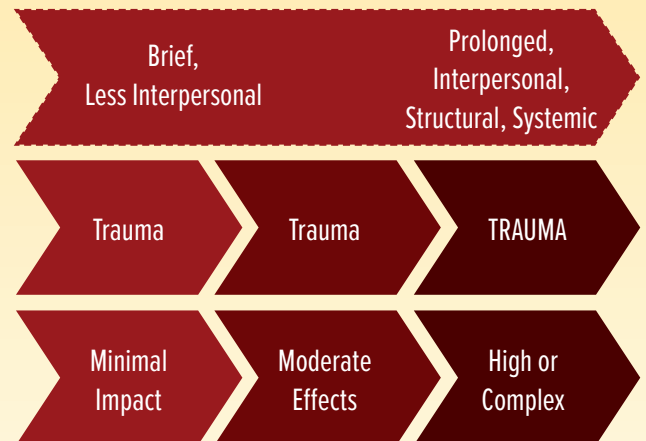
Perceptions of “perpetrators” (e.g. all powerful)

Meaning and beliefs (e.g. hopelessness, despair)

What we know:

- Trauma and violence are pervasive throughout our society
- The effects over the life span are cumulative
- The effects are physiological — traumatic stress reorganizes the brain
 - Neocortex (higher-order thinking, the intelligent brain): decision making, memory, personality shut down
 - Brain Stem (survival): increased arousal that is chronic even without threat; irritability, anger, insomnia
 - HPA Axis/Limbic Brain (emotions): amygdala signals release of stress hormones (e.g. cortisol)
- The effects are transmitted epigenetically (that is physically, not just through intergenerational social experiences)

Traumatic Stress Varies: Simple to Complex



WHAT IS THE STATUS QUO IN HEALTH CARE?

- Daily, unrelenting, insidious, pervasive racism against Indigenous people, supported by structures infused with racism and colonialism
- Racism that drives people away from care, leads to mismanagement, misdiagnoses or failed diagnoses, poor quality care, errors and harm, poor or tragic health outcomes
- Holding individuals accountable for their health and well being without considerations of their historical and life circumstances

Dynamics that Contribute to the Status Quo

- Understanding violence as spectacular eruptions of “Violence performed by a clearly identifiable agent.” (instead of a pervasive feature of society designed to protect privilege)
- The default to the ‘bad apple’ analysis of racism, interpersonal violence
- The pull toward “culturalism”
- “Individualism” dominating health care (seeing individuals as responsible for their health, ignoring the historical and contemporary circumstances of their lives)
- Many strategies further “othering,” offering only the appearance of something being done, and ignore the missing ingredient — white privilege



Structural violence encompasses the forms of violence that are embedded in social, political and economic policies and organizations.¹

Housing Policy • Indian Act • Interim Federal Health Program
Minimum Wage and Welfare Rates • Barbaric Practices Act • Individualism
Corporatism • “Efficiency” • Biomedical Dominance

How can health care providers go beyond self-reflection to create culturally and emotionally safe organizations and practices and contribute to meaningful change in health care cultures?

1

We have to understand racism as violence and structural.

2

We have to understand every instance, every microaggression, every problematic policy as the tip of the iceberg.

3

We have to recognize that one-off responses to racist incidents are not effective.

4

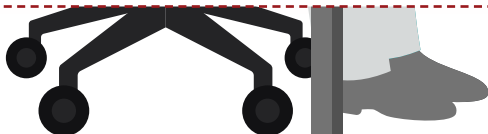
We have to bring the protection of privilege and wealth into the function of racism in health care.

5

We have to recognize that Antiracism and Cultural Safety Training are necessary but not sufficient.

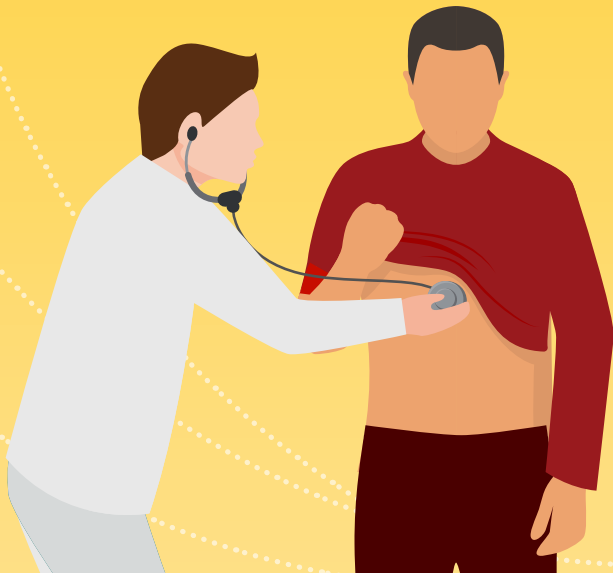
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Multi-tiered actions must be designed and initiated to address the routine, everyday ways in which Indigenous people experience health inequities.



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EQUITY ORIENTED CARE

Equity Oriented Care is part of the path to better health. When patients received care they felt was equity oriented, they felt more comfortable and confident in their care and were more confident in their own ability to prevent and manage health problems.

Over time these changes translated into better health outcomes: fewer trauma symptoms, better quality of life, less disabling chronic pain, less depression.

10 Strategies to Guide Organizations in Enhancing Capacity for Equity-Oriented Services

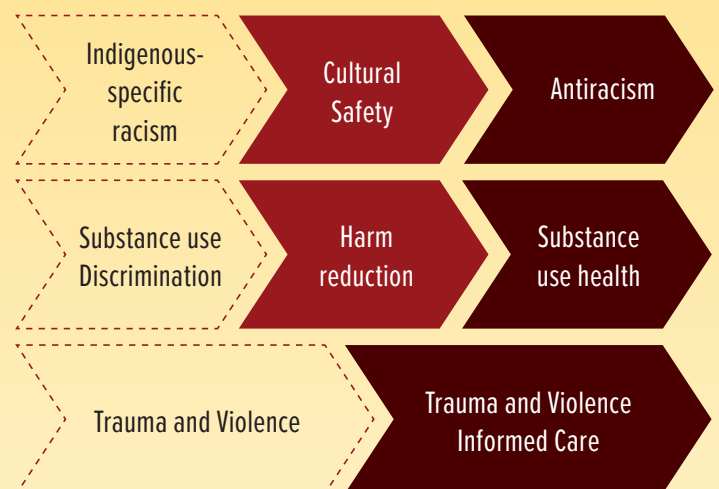
1. Explicitly commit to equity
2. Develop supportive organizational structures, policies and processes
3. Re-vision the use of time
4. Attend to power differentials
5. Tailor care, programs and services to local contexts
6. Actively counter racism and discrimination
7. Promote meaningful community and patient engagement
8. Tailor care to address inter-related forms of violence
9. Enhance access to the social determinants of health
10. Optimize use of place and space

What Health Care Providers Can Do:

- Acknowledge land and First People with commitment to meaningful change
- Position ourselves for meaningful action (beyond rote self-identification)
- Lead with analysis of the consequences of our privileges
- Engage in true partnership and true ally-ship (beyond tokenism, appropriation)
- Bring a structural analysis to all policy and practices
- Act to counter culturalism, racism, individualism, all intersecting forms of stigma and discrimination
- Understand that people come to health care bearing all past experiences
- Replace all labels (e.g. “drug seeking,” “frequent flier”) with trauma- and violence- informed explanations
- Seek to challenge and change the status quo in health care
- Learn about racism, historical and ongoing colonial harms

Pathways Project Action Kit for Equity Oriented

Offers steps on a journey to increase health and health care equity; starts wherever the setting is at. Each step includes actions supported by resources, including information and tools for discussion, planning, information and evaluation with related instructions



Visit: <https://equiphealthcare.ca/equity-action-kit/>



References:

1. Farmer, P. (2003). Pathologies of power: Health, human rights, and the new war on the poor. Berkeley, CA: University of California Press.
2. The University of British Columbia. (n.d.). The EQUIP Equity Action Kit. Retrieved November 2021, from <https://equiphealthcare.ca/equity-action-kit/>.

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