



First Nations Health Authority  
Health through wellness

# Public Health Teaching and Learning with First Nations Narratives...What is the Story?

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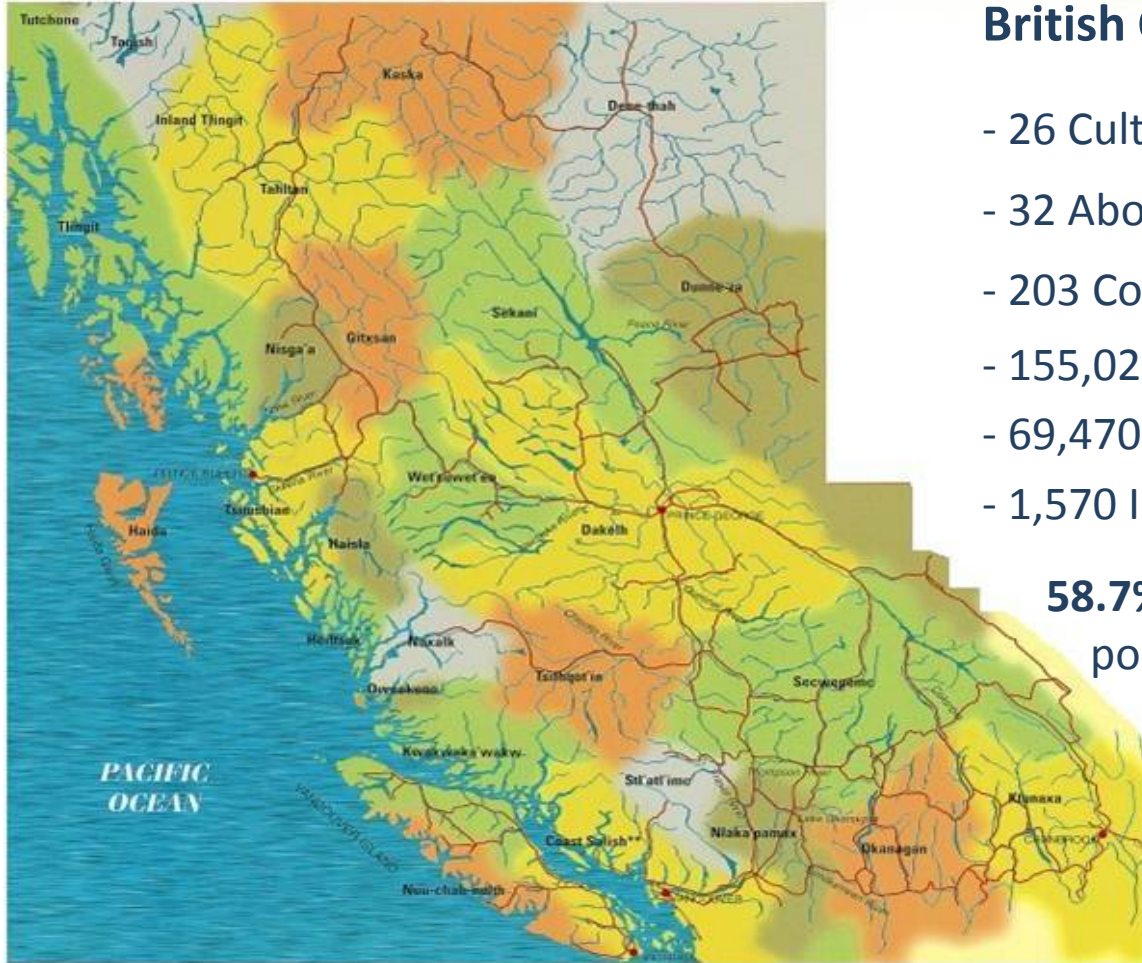


# Healthy, self-determining and vibrant First Nations children, families and communities



## Key Presentation Points

- First Nations Health Authority (FNHA)
- Determinants of Health – Beyond the Social for First Nations
- Teaching and Learning – Through an Indigenous Lens
- Lessons in Public Health – Past and Present
- The Evolution of the Story for Teaching and Learning Purposes



## British Columbia- Quick Facts

- 26 Cultural Groups
- 32 Aboriginal Languages
- 203 Communities (or First Nations)
- 155,020 Status First Nations
- 69,470 Métis
- 1,570 Inuit

**58.7%** of BC's status First Nations population live **off-reserve**

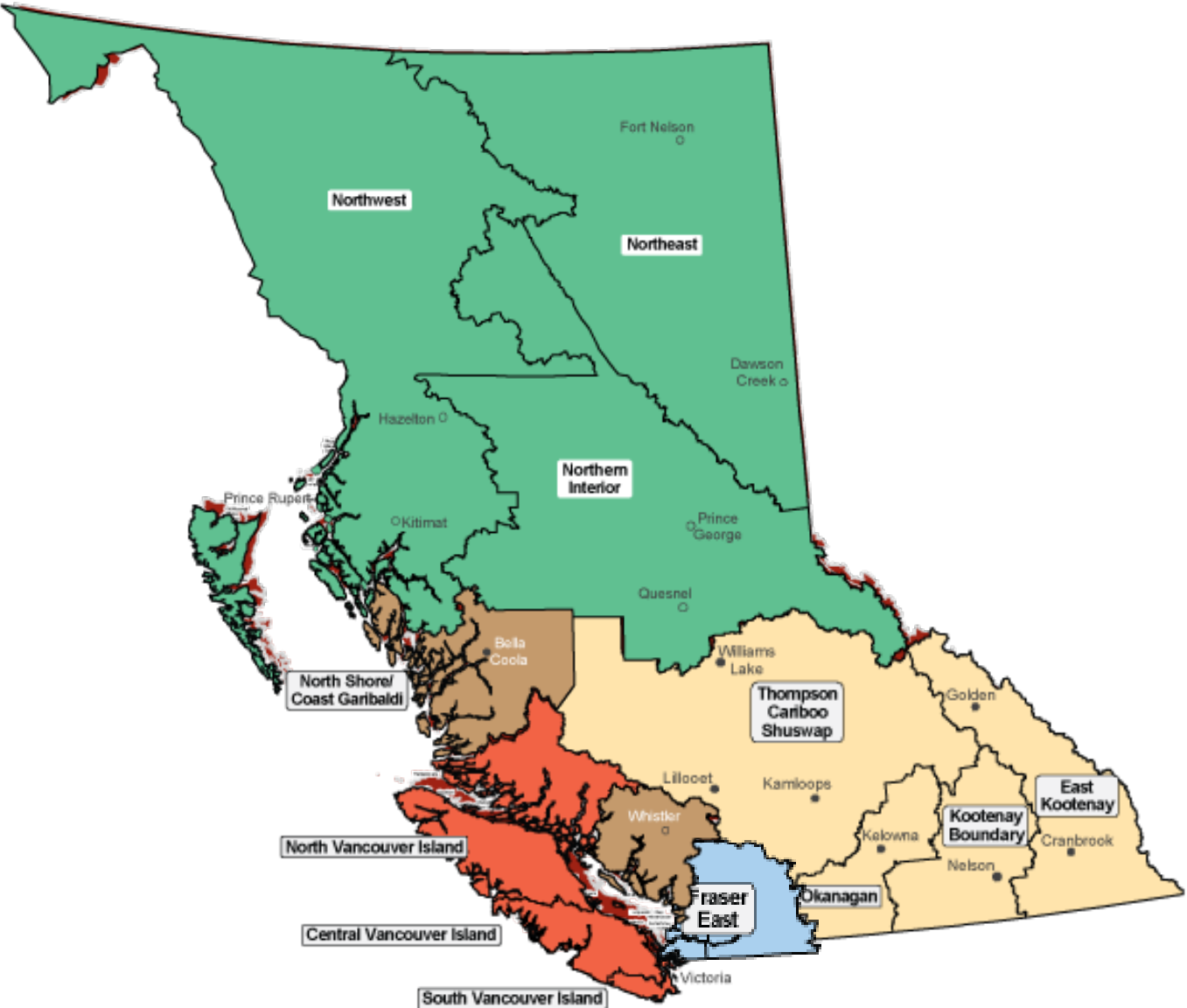
First Nations are **5.4%** of BC's population of 4,400,057  
Almost **45%** of our population is **<25 years old**

- Approx. **60%** of the First Nations languages of Canada are spoken in BC





# Community and Regional Context





## Building the FNHA

### Our Vision

Healthy, self-determining and vibrant, BC First Nations children, families and communities

### Our Values

Respect, Discipline, Relationships, Culture, Excellence & Fairness

### Our Directives

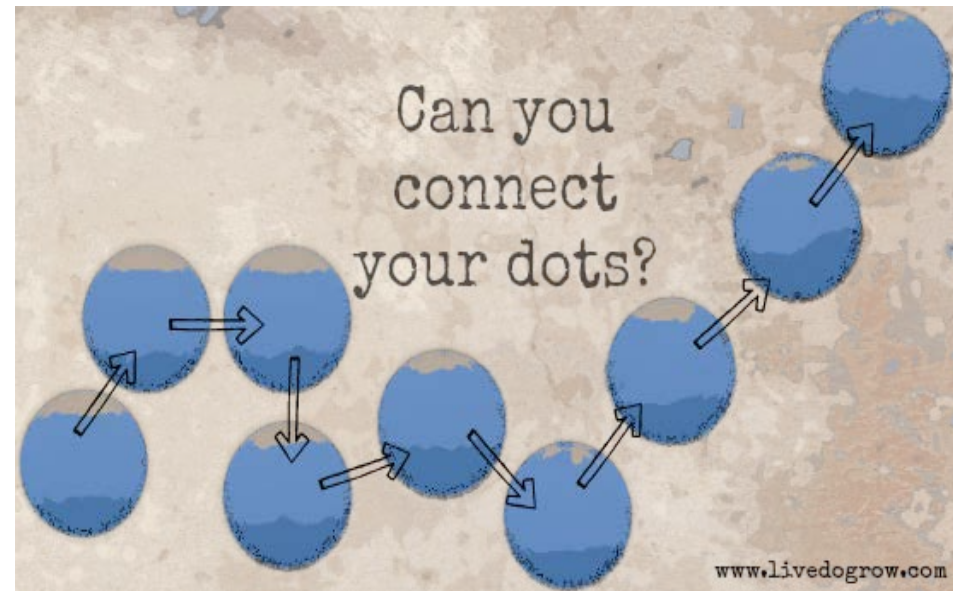
1. Community Driven, Nation Based
2. Increase First Nations Decision-Making
3. Improve Services
4. Foster Meaningful Collaboration and Partnerships
5. Develop Human and Economic Capacity
6. Be without Prejudice to First Nations Interests
7. Function at a High Operational Standard



## Knowledge & Understanding...Connecting Dots

Modern learners can sometimes be “culturally deprived” and only see the deficits...the high incarceration rates, the poverty, the poor graduation rates, the high rates of diabetes stats, suicide, tuberculosis, etc.

- What statistics lacks, in commentary of course, is the *lived experiences* of the people we are speaking about.
- The task of an educator or story-teller is to support, transfer knowledge, and articulate an array of life lessons and laws.
- What is the real lived story behind those stats? What happened? Why?





## Beyond Social Determinants of Health – First Nations

- Most reviewed statistics reiterate the point of First Nations peoples faring worse overall when compared to the life situations of many non-Indigenous peoples (Czyzewski, 2011).
- There are and have been direct effects of colonialism or colonial policies on Indigenous health past and present.
- Examples:
  - ✓ the introduction of infectious diseases like smallpox, tuberculosis,
  - ✓ the residential school system,
  - ✓ land dispossession,
  - ✓ access to resources and traditional economies,
  - ✓ physical segregation from mainstream





## Indigenous Health and Broader Social Determinants of Health

- Self-determination is essential to health and well-being – the personal and community control over decision making.
- Culture – respecting and allowing First Nations to determine what health is and what actions are needed to address disparities.
- “Recognizing colonialism as a determinant of health involves questioning if colonialism is a finished project, one of ongoing unequal relationships, but equally, that these relationships have real negative effects on health...” (The International Indigenous Policy Journal, 2011)



## What does health promotion look like?



- Here are some examples of program innovation through an Indigenous lens...



## Different Worldviews...different objectives

### Indigenous

- Relational
- Subjective
- Unity
- Lived experience
- Developmental
- Potential
- Spirituality...belief in the invisible
- Community

### Western

- Objective/Objectifies
- Third party knowledge
- Socialization
- Individualistic
- Comparisons
- Deals with what can be seen
- Hierarchical
- Based on dominant paradigm...economic



## Teaching, Learning and Lived Experience

- Around The Kitchen Table (ATKT) trains Aboriginal women to be leaders and educators within their communities, reclaiming traditions and increasing awareness of HIV, STIs and Hepatitis. ATKT follows a traditional Aboriginal approach to education, recognizing that traditional knowledge and skills are passed on through informal day-to-day activities. ATKT draws on a theory of community change called the “Community Readiness Model,” which integrates a community’s culture, resources and readiness for change to effectively address an issue, such as HIV prevention.



## Around the Kitchen Table

- Evaluations of the training sessions by the facilitators were consistently positive. Short-term outcomes included small but promising increases in knowledge of HIV/AIDS and confidence in teaching others about cultural practices. Participants perceived growth in:
  - cultural knowledge
  - health knowledge
  - cultural skills
  - self-confidence
  - pride and cultural identity
- Local facilitators reported increased self-care behaviours among community members who attended their sessions as well as a “ripple effect” through which those who came to sessions passed on their new knowledge to others in the community. They also reported a decrease in HIV-related stigma in their communities.







# Talking Circles





## Sweet Talking Circles

- Talking Circles or Circle Talks are a foundational approach to First Nations pedagogy-in-action since they provide a model for an educational activity that encourages dialogue, respect, the co-creation of learning content, and social discourse.
- The nuance of subtle energy created from using this respectful approach to talking with others provides a sense of communion and interconnectedness that is not often present in the common methods of communicating in the classroom.
- When everyone has their turn to speak, when all voices are heard in a respectful and attentive way, the learning atmosphere becomes a rich source of information, identity, and interaction.



## The Tuberculosis Story Tapestry

- Historical medical & nursing services, Tuberculosis being the first infectious disease control measure on reserve.
- High early mortality rates
- TB Sanatorium era – isolation
- A time of TB experimentation and misguided education for patients
- Stigma, fear, shame
- Changed the course of life for many individuals and families





## Giving a voice to an experience that medicine cannot describe...

- Various laminated stories are left on each table for the student nurses to use for critical reflection.
- Findings, relevant practice issues, challenges and solutions are then discussed in the larger group.



### TB Stories Shared...Aboriginal Perspectives

"I had to take the medication for a long time. I was a kid then, and I remember they used to give me the pills at the school...it was really hard because the other kids wanted to know why I had to leave the classroom and had to take pills, and what was this disease?...I didn't know anything about TB at that time...and I felt ashamed about it...called a dirty little Indian because I had a disease...kids were mean...it was really hard. I'm okay now, of course we know more about TB today, so awareness and education is important! But that was a hard experience at the time for me".

#### \*Reflections:

1. What are some consequences of this experience with TB for this individual?
2. Today, how could health care providers improve this situation?





# Story Telling Transformations







## Teaching with Stories...

- Contemplative Inquiry & Approaches

“To contemplate is to hold something in a pattern of thought. To focus with the aim for discovering something, deepening our understanding and coming to know something or someone deeply...

This requires one to take a risk...the risk of being changed ourselves by the other.



## Lessons Learned from Isolation Practices and Infection Control

- TB – Past lessons learned from infection control practices have shown us patterns of:
  - Misinformation
  - Miscommunication
  - Lack of relationship, trust, connection with patients
  
- TB – Present lessons still to be learned
  - Still lack of education and knowledge around these practices
  - Lack of building relationship and connection with patients in isolation
  - Lack of assessment
  
  
- We are posing these questions to you...Why do you think this has happened? What are some solutions?



## These stories tell us how people change and reconstruct their life map...



### TB Stories Shared...Aboriginal Perspectives

“I know how TB is; I was in the Coqualeetza when I was younger. To this day I cringe when I am around people who are coughing...it scares me. That is why I became like a recluse, I didn't want to go out into public places...I am a bit better about it today, but I spent many years at home...”

#### \*Reflection:

1. How has this TB experience affected this individual? What are some of the consequences for this individual?
2. How can we improve understanding and decrease stigma of TB in communities?



## How One First Nations Community Shared Stories...





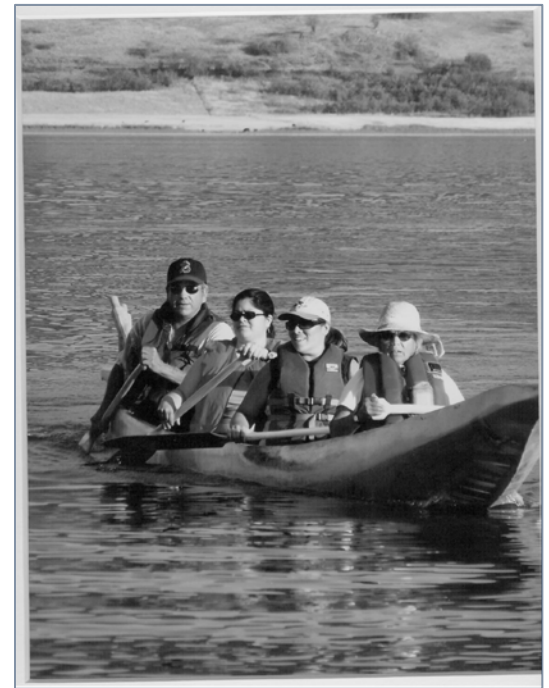
## Lessons Learned

- Beware of a “deficit” model of looking at populations/people, but rather see that there is a scale of non-conventional or non-westernized traits that people possess (the strengths!)
- To understand what health and well-being means to Indigenous Peoples, it is necessary to learn about lived experiences and appreciate the core values and beliefs.
- It is hard for Indigenous people to hypothesize health as a singular aspect of their life...health is much more broader and holistic. It illuminates connection.
- The creative expression and story telling tradition establish safe environments where individuals can develop sense of belonging, reconnection, tradition, survival and strength.





# “In our stories you will find the science...trusting Indigenous of Knowing”





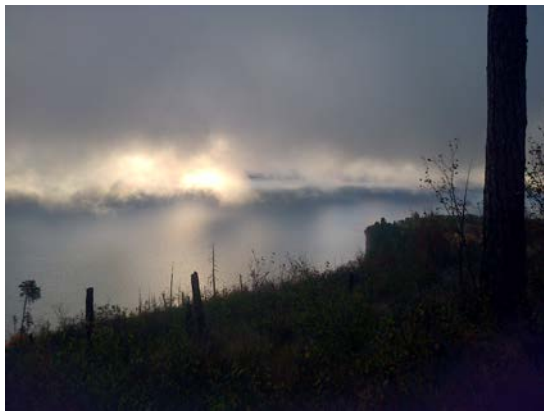
# Stories to heal, *how* to heal, *where* to heal, *what* to do...







# Stories to teach...natural laws on the land, behavior, governance, responsibility, customs, protocol...





## Stories to serve others...to preserve relationship

- Story's have served as a responsibility for people, to “witness” events, historic moments, name giving, ceremony, and to pass this on.





## Story Telling: Traditional Context

STORY	PURPOSE
Creation Stories	Establish origin, life cycles, values, survival, purpose
Healing Stories	Give voice, acknowledge past and present, can mend the spirit, strengthen and empower, connect, recover
Humour Stories	Entertain, captivate, coping mechanisms
Education Stories	Teach etiquette (how to be), lessons, morals,
History Stories	Illustrate physical past, preservation of significant events





## Nurse Outcomes...

- “realizing how much more work around trauma needs to be done/offered in the community”
- “definitely increased awareness on the whole picture of how it can affect one’s life...including generations!”
- “I will put more thought into how I present treatment and diagnostic options”
- **“being present in the moment can make a huge difference for my patients”**
- “not to look at things cut and dry”
- “I feel I am better equipped to relate with client experiences now”
- “True stories demand to be considered, thought about and remembered”



## Messages from the Nursing Field



- “looking back now, the care I provided at some points were more task oriented than patient centered...I provided for physical care, but did not sufficiently address patient’s complex needs in a holistic or proactive way”
- “some providers exercise control by remaining task oriented, placing the disease first and the patient second, being task oriented is one way that health care professionals manage the tension of providing care”

Wittenberg-Lyles, E., et. al. The Palliative Power of Story-Telling: Using Published Narratives as a Teaching Tool in End of Life Care. *Journal of Hospice and Palliative Nursing*. 2007; 9(4): 198-205



***“There is reciprocity in story-telling. I have learned that people tell their stories to make sense of their suffering, when they turn their disease into stories, they also find healing and transformation...”***

(Arthur Frank – The Wounded Story Teller: Body, Illness and Ethics 2013)



# Questions & Discussion





## References

- Wittenberg-Lyles, E., et. al. The Palliative Power of Story-Telling: Using Published Narratives as a Teaching Tool in End of Life Care. *Journal of Hospice and Palliative Nursing*. 2007; 9(4): 198-205
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- Frank, A. (2013) *The Wounded Storyteller: Body, Illness & Ethics* (2<sup>nd</sup> edition). University of Chicago Press. Chicago, Ill. USA.
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