



**Podcast:** Voices from the Field Episode 29 - A medical student's journey – Part 4: Health supports and services for Indigenous patients

**Bio:**



Kara Ruff is a Métis student, currently studying medicine through the University of British Columbia on the ancestral, traditional and unceded lands of the Sylix Okanagan Peoples at the Southern Medical Program in Kelowna, BC. She is entering her second year of medical school and has an interest in Indigenous and rural health care due to her familial ties and background of growing up in Campbell River on Vancouver Island. At the Southern Medical Program, she is the Indigenous Health Representative for her site and continues to advocate for improvement in culturally safe health care for Indigenous peoples in Canada.

The four-part mini-series *A Medical Student's Journey to Learning about Indigenous Health* was developed with supervision and mentorship from Dr. Sheila Blackstock, a Gitksan scholar and Academic Co-Lead for the NCCIH, and Dr. Viviane Josewski, a Research Associate with the NCCIH and Assistant Professor at the UNBC School of Nursing.

**Episode description:**

This episode was created to outline some supports and services available for Indigenous patients regarding the biopsychosocial aspects of health care. It is important for health care workers to be aware of these resources, but to act with cultural humility and not assume that all Indigenous patients want or need access to these services. Discussed are supports available through the First Nations Health Authority, MNBC, and some location specific supports in specific communities where the University of British Columbia's medical program sites are located.

**Transcript**

**Kara Ruff:**

Hello everyone and welcome to this episode of a *Medical Student's Journey to Learning About Indigenous Health*, a mini-series within *Voices from the Field*. This episode will be on culturally relevant health and wellness supports available for Indigenous patients! My name is Kara Ruff, and I'll be your host for this episode. I am of Métis descent on my father's side, and on my mother's side of mixed European origins. I am a member of Métis Nation British Columbia, and I was born and raised in Campbell River BC. I'm currently living as a guest on the traditional lands of the Sylix Okanagan peoples in Kelowna, so I would like to thank them for allowing me to live, work, and play on their lands every day. For those of you who haven't listened to previous episodes, I am a first-year medical student at the Southern Medical Program in Kelowna BC and the Indigenous Health Representative Junior for my class. This episode was created to highlight resources that physicians and medical students should know about to be able to offer culturally safe care to their Indigenous patients in British Columbia. This podcast was created to disseminate information to UBC medical students about

services and supports available for Indigenous Peoples in British Columbia, but if you are in another province, there may be access to similar benefits under different names for your Indigenous patients. Do some research to find out what exists for your patients where you are located!

Indigenous individuals experience systemic barriers to accessing health care due to geography, accessibility, availability, and acceptability. In a historical context, Indian Hospitals were created out of fear of the spread of TB from Indigenous patients to non-Indigenous patients, and facilities were overcrowded, understaffed, and conducted research and invasive procedures without informed consent. In current times, the In Plain Sight Report released in 2020 surveyed over 9000 Indigenous individuals and found that 84% of them have experienced discrimination in the healthcare system. There can be a great mistrust of the healthcare system by Indigenous Peoples, and that is why there are programs and supports in place to try and break down some of those barriers and improve access to culturally safe care. Hopefully, by disseminating information about services available, it will facilitate knowledge on how to access the programs. A key thing about the supports listed here is that they are all Indigenous-specific and delivered by Indigenous organizations. Ideally, that will help your patients feel more comfortable accessing them, but I can't highlight enough how important it is that you recognize the power imbalance and ask your patient what they want and what they would be comfortable with. You can't just assume that because a patient identifies as Indigenous that they want to know about these services.

I am going to start more broadly with how to find resources or where to direct your patients if they need to find out more about supports available. The First Nations Health Authority (FNHA) is the first provincial health authority of its kind and serves over 200 First Nations in BC. They offer many services in ways that try to align with the principles and practices of cultural safety and humility. The tripartite agreement between the First Nations Leadership Council, the Government of BC, and the Government of Canada determined the benefits that would be offered through the FNHA. There are telehealth options or Virtual Doctor of the Day that can be reached toll-free 7 days a week for those needing medical services. There is a maternity advice line for expectant and new parents or caregivers for newborns in rural and remote BC areas that also allows health care providers to receive support. This resource is very important as Birth Alerts are a major barrier of access to prenatal care for Indigenous mothers. For those of you who don't know, a Birth Alert is when a mother is flagged as unfit before even having the baby, such that the child is taken from her care when it is born. There are no clearly laid thresholds for this practice, and Indigenous women are being disproportionately affected due to biases and discrimination in the healthcare system.

The First Nations Health Authority also offers virtual or in-person counseling sessions, as well as access to virtual substance use counseling and psychiatry for those with a referral. For some communities, there is also access to nursing services for clinical and client care, home and community care, and communicable disease control. Through the First Nations Health Authority, eligible First Nations in BC also have access to coverage for medical supplies and equipment, ambulance bills and medical transportation, mental health services, vision care, dental work, prescriptions, and pregnancy and infant care services. There is a benefits page to direct your patients to or familiarize yourself with on the FNHA website for coverage details and eligibility. All First Nations individuals with "status" and who are a resident of BC should have eligibility for these services. If an individual has not received status from the Canadian government, they will not be eligible, highlighting a key manifestation of ongoing colonialism, specifically the Indian Act. This represents a large barrier to care, and if they are an urban Indigenous individual and they require

access to services that are only offered on reserve, this represents another barrier of a colonial system.

Unfortunately, Métis people in BC do not have the same access to health care as Status First Nations individuals do. In the Constitution of Canada, Métis are recognized as possessing Aboriginal rights, with the exception of some related to harvesting, but the right to health has not been defined or fully discussed, so Métis individuals do not have access to the Non-Insured Health Benefits Program.

There are a few programs offered that can be found on the Métis Nation BC Website that I would like to highlight. There is a 24/7 Métis Crisis line, offered through MNBC, with the number to call listed on the website. There is coverage for children needing extra support and services from birth until age 8 through the MNBC well-being program, but to access this the children need to be registered in the Métis Family Connections program. This program provides access to cultural support for children from birth to age 8. Other services more specific to health care are not offered, but there are supports available for the biopsychosocial aspects of health. There is childcare support through the MNBC Child Care Benefit Program, and there is also a housing rent supplement program for those needing some assistance with housing stability. There are also many programs for individuals looking to improve their education to assist in their career options. Visit the Métis Nation BC Website to learn more.

For Status First Nations and Inuit peoples, there is a Non-insured Health Benefits Program offered through the government of Canada. Physicians should register for the program so that their eligible First Nations and Inuit patients do not have to cover the costs upfront and clinics can bill the program directly.

Indigenous health is viewed from a more holistic perspective incorporating a balance of the physical, mental, emotional, spiritual, and environmental aspects of health. Supports to help with the other aspects of health besides the physical aspect are available on a more community-based level, but there are some resources that can be highlighted that are available in most jurisdictions. Firstly, I would like to highlight Friendship Centres. They are organizations established to provide support for and bring together Indigenous members of the community. The BC Association of Friendship Centres is a great place to go to find resources that may be of use, and I'd like to highlight two resources they are associated with in particular.

The president of the Canadian Medical Association, Dr. Alika Lafontaine, created the SAFESPACE network and a SAFESPACE app, for anonymous reporting of harm caused by the healthcare system experienced by Indigenous individuals. The data collected is added to a growing body of evidence pushing for change within the healthcare system. I try to tell everyone I know about this, so that the data more accurately reflects how the system is doing as it works towards change. The BC Association of Friendship Centres also has a page dedicated to the "Douglas for Aboriginal Families Grant Program" that highlights doula approved for Indigenous members to access through the grant to be able to have a birth that more suits their wants and needs.

Friendship centers overall though are great places to advise patients about if they are looking for a sense of social support and connection. There can sometimes be different community centers or organizations for Métis peoples depending on the community, and I suggest familiarizing yourself with what your city or town has to offer for various Indigenous groups. These centers provide

housing support, mental health support, childcare, employment services, and elder support through sharing circles. They often also have many cultural events for the community as well.

This is similar to Métis associations in specific communities. Métis individuals have the option to be involved in the association for their area as well as be Métis Nation BC citizens. Métis associations offer various services but also have a focus on building a sense of community with cultural events and celebrations. For example, the North Island Métis Association, which I'm a member of, offers food baskets for those with lower income, special gifts around holidays, offers some courses to take free of charge, and hosts cultural events to get involved.

Now I'm going to focus on some location-specific support services based on the four various medical school sites in British Columbia. These resources are likely less transferable to the other provinces, so I apologize that the rest of this episode isn't more Canada-wide. To begin I'd like to highlight an awesome search engine I stumbled upon on the Pathways website. There is a link to a community service directory, where you can select a location and then specify that you are searching for Indigenous services. The search engine will list all of the services in the area, if there are fees associated, and how to access the services. This is an easy resource to familiarize yourself with as a physician that you can direct your patients to. Community-specific services are especially important for supporting urban Indigenous people as they are disconnected from the supports offered on reserve.

Next, I'd like to highlight resources specific to the most vulnerable – women, children, and seniors. In Victoria, I previously volunteered for the Support Network for Indigenous Women and Women of Colour. They are a non-profit organization focused on reproductive justice and the health and wellness of BIPOC women. They offer free peer support, one-on-one counseling, a dental hygiene clinic, a food security program, traditional medicine and hygiene kits, and career support. In Kelowna, the Okanagan Nation Alliance offers various wellness services for Aboriginal Women, Youth, families, and senior health. In Prince George, Carrier Sekani Family Services offers endless holistic health services to those in need, and the Central Interior Native Health Society is an Indigenous-specific clinic focusing on holistic wellness. Lastly, but not least, in Vancouver the Kilala Lelum Centre focuses specifically on connecting those in the Downtown East side with physical, mental, emotional, and spiritual care through access to Elders and physicians. They also offer a mobile outreach clinic to meet patients where they are at, as so many have had negative interactions with the healthcare system. Vancouver Coastal Health also offers an Elders in Residence program that will connect patients with Elders or traditional healers at their request. I've spoken with one of the Elders who is involved in this program, and she says it is absolutely beautiful getting to help those in need.

To wrap up this episode, I would like to remind everyone that there is an episode in this mini-series on ways to practice health care that aligns with principles of cultural safety and humility.

Transferring these principles to this episode, I would like to repeat what I said before; approach the care of all patients by recognizing the imbalances in power and allow your patients to tell you what they believe is best for their care and what supports they need. Meet patients where they are at on their health care journey and have knowledge of these resources so that should a patient request it, you can then direct them to these supports.

Thank you for listening to this episode, and I hope you found it informative!

To hear more podcasts in this series, head to *Voices from the Field* on the National Collaborating Centre for Indigenous Health's website, [nccih.ca](http://nccih.ca). Music on this podcast is by Blue Dot Sessions. It appears under a Creative Commons license. Learn more at [www.sessions.blue](http://www.sessions.blue).

---

National Collaborating Centre for Indigenous Health (NCCIH)  
3333 University Way  
Prince George, British Columbia  
V2N 4Z9 Canada

Tel: (250) 960-5250  
Email: [nccih@unbc.ca](mailto:nccih@unbc.ca)  
Web: [nccih.ca](http://nccih.ca)

Centre de collaboration nationale de la santé autochtone (CCNSA)  
3333 University Way  
Prince George, Colombie-Britannique  
V2N 4Z9 Canada

Tél : 250 960-5250  
Courriel : [ccnsa@unbc.ca](mailto:ccnsa@unbc.ca)  
Site web : [ccnsa.ca](http://ccnsa.ca)

© 2023 The National Collaborating Centre for Indigenous Health (NCCIH). This publication was funded by the NCCIH and made possible through a financial contribution from the Public Health Agency of Canada (PHAC). The views expressed herein do not necessarily represent the views of PHAC.