



Challenges And Approaches To Providing Health Care To Indigenous Populations In Nova Scotia

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Abstract: Providing effective health-care services to rural and remote Indigenous communities in Nova Scotia presents several challenges, including geography, access to appropriate health-care professionals and services and issues of trust and acceptance. This report shares the insights of four health professionals who work extensively with Indigenous populations in the province.

Key words: *Indigenous health, remote communities, health challenges, collaborative medicine.*

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PRESENTER: MATTHEW L. SMITH MSc RPVI FRCSC

Our focus is on the delivery of care and assisting community champions of wound care to deliver high quality/rapid access to subspecialty care in the rural and remote populations, with a significant focus on Indigenous health.

The modalities that I have incorporated into my practice include access to closer in-person clinics (where I travel to the community) and the increased use of telehealth. Telehealth includes phone calls, video visits and utilizing physician and other health-care platforms. Some examples of video visits include: home visits utilizing the

patient's personal devices, home visits with community health nurses present, home visits with long term care (the HANS program in Nova Scotia), inpatient/emergency consults and more formal telemedicine clinics in hospitals and health centres.

The final area I see to improve care with local community champions involves identifying, motivating and supporting community physicians to take an active role in the care of these complicated wound care patients (e.g., those requiring general surgery/orthopedic surgery).

PRESENTER: JACK RASMUSSEN MD

Subacute and chronic lower extremity wounds with exposed tendons have traditionally been treated with either lower extremity amputation or free flap reconstruction. Amputation may address the issue of the wound, but this comes with significant functional and psychological consequences. Free flap reconstruction generally involves a long and complex surgery with risks and may not be an option in many vasculopathies.

With careful patient screening and assessment of their goals, novel approaches may allow for avoidance of amputation in these complex wounds with exposed tendons. Partial debridement of tendon at the bedside and immediate application of negative pressure wound therapy can allow for creation of a vascularized layer of tissue that can later be treated with a skin graft. This may allow for reconstruction of these wounds with minimal time/resources, even in patients who may not tolerate a long and involved surgery who wish to avoid amputation.

PRESENTER: CARL MARSHALL CCFP

Dr. Carl Marshall is a member of the Eskasoni Mi'kmaq First Nation. He focused on the health-care challenges and solutions in Eskasoni First Nation, a prominent Mi'kmaq community in Nova Scotia.

Eskasoni stands out as the largest Mi'kmaq community in Nova Scotia, and its geographic remoteness presents unique health-care challenges. Historical factors, including a lack of trust in institutions, contribute to the health-care difficulties faced by the community. These historical experiences have left lasting impacts on health-care access and utilization.

Land Acknowledgement

Dr. Marshall acknowledged the traditional territory of the Mi'kmaq people in Nova Scotia, where he works. Although he recognized the audience's diverse geographic locations, he stressed the importance of acknowledging and respecting Indigenous land acknowledgments.

Dr. Marshall comes from a family with significant involvement in his Indigenous community, including his father's role as a longstanding Chief and his brother's council membership.

Work In Eskasoni First Nation

Dr. Marshall works in Eskasoni First Nation. Their health centre offers a wide range of services, including family doctors, primary care nurses, public health nurses, lab services and dental care. While mental health services are available, they face a shortage of outpatient psychiatrists.

Challenges And Health Issues

There are formidable challenges faced by Eskasoni First Nation. Poverty is a significant barrier to accessing health care, and the community grapples with food insecurity and a housing crisis. There is a prevalence of comorbidities, such as cardiovascular disease, diabetes and obesity, as well as unique health issues. Mental health and inappropriate substance use issues further compound these health problems.

Barriers To Care

There are several identified barriers to care in Eskasoni. Poverty remains a major impediment to health-care access, and communication can be challenging due to limited access to phones or the Internet. Patients sometimes fear discrimination when seeking care outside their community, which can deter them from seeking help for serious medical issues.

Collaborative Efforts And Opportunities

The importance of collaboration between health-care providers and the community should not be underestimated. Building trust within the community and working with specialists from outside the community is essential to improving health-care access. Addressing racism and providing support and representation can play pivotal roles in enhancing health-care outcomes.

There are currently plans to expand their community health-care team, potentially offering opportunities for those interested in contributing to this important work. The ongoing growth of their services indicates a commitment to improving health-care access and addressing the unique challenges faced by Eskasoni First Nation.

PRESENTER: DR. ERIK MANDAWÉ MD

Dr. Erik Mandawé is originally from the Beaver Lake Cree Nation in northern Alberta. He is currently a second-year plastic surgery resident at Dalhousie University in Halifax. Dr. Mandawé also has a connection to the Gradel Child Sundance Family, which has roots in Northern Quebec and Northern Ontario.

Building Community Relationships

Dr. Mandawé recognizes the barriers to health-care access faced by Indigenous communities. He emphasized the critical role of building community relationships in health-care practice. The profound issue of 'trust' should not be ignored, as illustrated by his personal experiences within his own family. His grandmother, a residential school survivor, lived a life marked by trauma, addiction and mental health struggles. His mother's journey as a nurse navigating the health-care system further highlighted the disparities between Indigenous and non-Indigenous experiences.

The Challenge Of Belonging

The concept of 'belonging' as it relates to health and wellness is important. Many Indigenous patients struggle with a sense of belonging within health-care systems, a sentiment rooted in historical mistrust and cultural disconnect. The trauma and experiences that have been passed down through generations contribute to this prevailing lack of trust.

The importance of representation in health care was recognized. His experiences showed that when Indigenous patients encounter Indigenous health-care professionals, there is a profound understanding and connection. Patients feel seen

and heard, which is crucial for establishing trust and overcoming barriers to care.

As a proponent of grassroots approaches to health issues, Dr. Mandawé also underscored the significance of community-driven solutions. These approaches prioritize the unique needs and challenges faced by indigenous communities and foster trust and belonging.

Conclusion

The healing journey, whether undertaken as a guide, clinician or helper, should always be focused on building relationships. Time is often a limiting factor in health care, especially when clinicians face high patient volumes. However, investing time in building relationships is one of the most crucial aspects of creating a sense of belonging and ultimately improving health-care outcomes. ■

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