REPORT SUMMARY

TRAUMA-INFORMED CARE IN THE MANAGEMENT AND TREATMENT OF TUBERCULOSIS IN INDIGENOUS POPULATIONS

This report summary discusses trauma-informed care for Indigenous [1] patients diagnosed with tuberculosis. It provides a summary of an extensive review of literature on this topic, with the same title, conducted in 2023 by the National Collaborating Centre for Indigenous Health. That review found that trauma-informed models of care are important tools for tackling the high rates of tuberculosis that persist in many Indigenous populations.

Background - Tuberculosis

Tuberculosis (TB) is a serious illness that mainly affects the lungs. The germs that cause tuberculosis are a type of bacteria that usually attacks the lungs but can also attack other parts of the body. TB can spread when a person with the illness coughs, sneezes, talks, or sings. This can put tiny droplets with the germs into the air. Another person can then breathe in the droplets and the germs enter their lungs. Not everyone who has TB is contagious or even feels ill. However, latent (hidden) TB can become active if it isn't treated.

TB can spread easily where people gather in crowds or live in crowded conditions. People with weakened immune systems have a higher risk of catching TB than people with typical immune systems. Poverty, homelessness, malnutrition, and overcrowded housing conditions contribute to the risk of developing TB. Antibiotic drugs can treat both active and latent forms of TB.

Indigenous people experience higher rates of TB compared with the general population. In 2020, Inuit people had the highest rate of active TB in Canada. That rate was approximately 15 times the national rate. First Nations people had a TB rate that was almost three times the national rate, while the rate for Métis people was lower than the rate for the general population in Canada.

[1] The term *Indigenous Peoples* is used throughout this report to refer collectively to the original inhabitants of the lands that comprise Canada, including First Nations people, Inuit, and Métis people. Where possible and appropriate, the distinction between First Nations people, Inuit, and Métis people is noted.

National Collaborating Centre for Indigenous Health
Centre de collaboration nationale de la santé autochtone

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Background – Origins of trauma for Indigenous Peoples

Trauma is a lasting emotional response that generally occurs as a result of some type of distressing event. People who experience harmful physical or emotional events often struggle with issues that affect their sense of safety and self-worth, as well as their ability to regulate emotions and cope with stressful situations. Repeated traumatic stressors experienced over a long period of time can grow stronger and have lasting negative effects. These can be felt by successive generations as well as by the people experiencing the trauma. This is particularly true if the trauma is not addressed in one's lifetime. This passing of trauma from one generation to the next is often referred to as intergenerational trauma.

Most Indigenous people have experienced some form of personal and intergenerational trauma because of colonial practices. These actions contribute to ongoing socio-economic and health inequities, which are risk factors for developing active TB.

The Canadian government's response to the TB epidemic in the early twentieth century added to the trauma experienced by Indigenous people. This response included forced — and often unethical — medical treatment and lengthy quarantines in sanatoriums and 'Indian' hospitals that were often located far from their home communities. The large-scale segregation of Indigenous patients in distant, remote environments caused many Indigenous people to feel isolated, distressed, and cut off from their languages, cultures, families, and ancestral homelands. Many Indigenous patients also experienced neglect and abuse while interned in these medical facilities, including medical and nutritional experimentation.

Current TB treatment can involve isolated hospital settings away from home for uncertain lengths of time. This is despite research that shows patients can become non-infectious soon after beginning treatment.

Historic and current TB control practices influence negative attitudes among Indigenous people about TB. These attitudes can include:

- stigma and discrimination toward people with the disease
- fear and mistrust of Western healthcare providers and mainstream health institutions, and
- fear of getting a diagnosis of TB

As a result, Indigenous people with TB are at risk of further traumatization. They may also be reluctant to undergo TB screening and treatment.

Background – Trauma-informed care

Trauma-informed care (TIC) recognizes that people who have experienced trauma may undermine the health care they receive – or could receive. Incorporating TIC into health services can help patients complete each step of their care.

TIC models share some common principles, including:

- safety,
- trustworthiness,
- choice,
- collaboration, and
- empowerment.

Principles of TIC overlap with the concepts of "cultural safety" and "patient-centred care." Cultural safety focuses on addressing anti-Indigenous racism, cultural discrimination, and Indigenous-specific inequities by providing culturally appropriate public health services that respect Indigenous Peoples' diverse cultures and identities, enhances their self-determination and sovereignty, and treats them with dignity and respect. Patient-centred care focuses on addressing Indigenous people's unique health care needs and involving them in the care process.

Applying TIC principles to TB care for Indigenous populations

The three overlapping approaches of TIC, cultural safety, and patient-centred care should guide TB care and management in Indigenous communities. The result will be strengths-based approaches that incorporate aspects of Indigenous cultures and promote self-determination in TB programming and services, such as:

- involving community members in the design and delivery of education programs (this could include Elders and TB survivors)
- having local Indigenous health care workers provide culturally appropriate TB education and track adherence to therapy
- training more local, Indigenous health workers and lab technicians
- improving access to rapid diagnostic tools
- expanding the use of telehealth and mobile TB clinics to reduce the need for patient travel
- working with patients and families to develop care plans that meet patients' needs
- prescribing shorter treatment programs
- incorporating Indigenous healing practices
- using cross-cultural communication techniques
- making physical spaces welcoming and inclusive, for example by displaying Indigenous art in waiting areas and meeting rooms
- offering home-based isolation as an option wherever possible
- providing flexible family visitations
- offering outdoor experiences for patients in isolation
- setting up TB clubs – groups of people with active TB who meet regularly to support each other

Effective trauma-informed care includes education and collaboration.

Education

Education is vital for Indigenous patients, families, and communities, and also for health care providers and decision-makers. For health care providers, topics should include:

- Racism and Indigenous cultural safety
- Trauma and TIC, including the history of Indigenous Peoples
- Cross-cultural communication and relationship-building
- TB symptoms and appropriate treatment.

For health decision-makers, topics should include:

- How to support TIC approaches through appropriate policies
- How to develop a TIC strategy, including how to support staff doing TIC work
- How racism is embedded at the systemic level in Canada

For Indigenous patients, families, and communities, topics should include:

- Culturally appropriate education about TB, its symptoms, how to prevent it, and how it can be transmitted, diagnosed and treated
- Misconceptions about TB

Collaboration

Collaboration is a critical factor in trauma-informed care. It must take place at all levels of health care practice.

At the patient-provider level, health practitioners must take the time to listen to their patients, give them greater choice and control in their care, and apply the principles of culturally safe, trauma-informed care. At the organizational level, collaboration is needed to better integrate and co-locate health services and co-develop appropriate TB strategies and policies. Strong intergovernmental collaboration can result in appropriate TB guidelines and funding mechanisms to support Indigenous-led TB programming.

Socio-economic factors

Indigenous communities need long-term investment to tackle the root causes of TB, such as socio-economic marginalization, migration, loss of languages and cultures, and loss of connections to family, community, and the land. Addressing these factors can lead to improved physical and mental health outcomes for Indigenous Peoples. That, in turn, will reduce the risk of TB infections. It will also reduce barriers to TB treatment.

These short and long-term approaches to trauma-informed TB management should be the standard of care for Indigenous people who have experienced intergenerational and ongoing traumatic events. Adopting these approaches will help address barriers to care and promote health equity for Indigenous Peoples, generally.

Trauma-informed tools

While no tools exist for trauma-informed practice in the context of tuberculosis care for Indigenous Peoples, the tools provided below can inform practitioners working with Indigenous patients on the application of TIC principles in diverse health care settings.

Indigenous Continuing Education Centre. (2022). ***Trauma-informed care through an Indigenous lens*****.**
iceclearning.fnuniv.ca/courses/trauma-informed-care-through-an-indigenous-lens

Manitoba Trauma Information and Education Centre. (2013). ***Trauma-informed: The trauma toolkit, second edition*****.**
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TIP Project Team. (2013). ***Trauma-informed practice guide*****. BC Provincial Mental Health and Substance Use Planning Council.**
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Canadian Centre on Substance Abuse. (2014). Trauma-informed care. ***The essentials of . . . series*****.**
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EQUIP Health Care. (2021). ***Trauma- & violence-informed care (TVIC): A tool for health & social service organizations & providers*****.**
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Public Health Agency of Canada. (2018). ***Trauma and violence-informed approaches to policy and practice*****.**
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pharmacy-nutrition.usask.ca/cpe/continuing-education-/indigenous-trauma--and-equity--informed-practice.php


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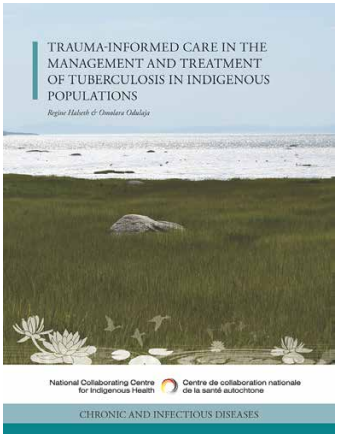

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La version française est également disponible sur le site Web **ccnsa. ca** sous le titre : *Les soins sensibles aux traumatismes dans la gestion et le traitement de la tuberculose chez les populations autochtones.*

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