

# Community Approach to Collaborative Practice:



## *The African Nova Scotian Experience*

**Presenters:** Cheryl Ann Beals  
Lana McLean  
Donna Smith

# Health Overview of African NS Community



**Presenter:  
Donna Smith**



# The African Nova Scotia Community

- The African Nova Scotians' represent 3% of the population
- The largest indigenous Black population in Canada with a heritage dating back to the early 1600's

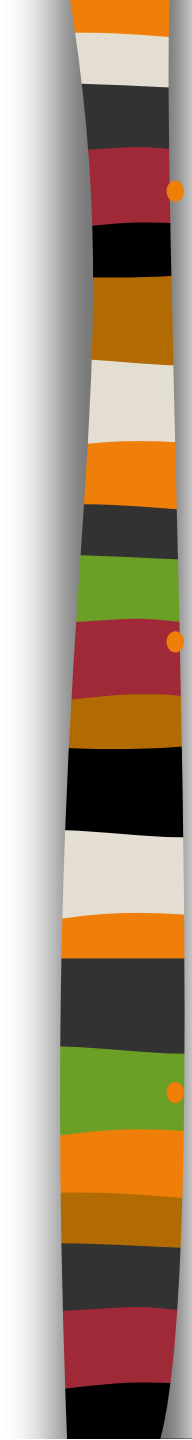
# Black Migration Map





# Black Migration

- **Black loyalist approximately 3500 arrived between 1782 to 1785**
- **Jamaican Trelawney Maroons arrived in 1796**
- **Black Refugees arrived between 1813 and 1815**
- **Blacks from the Caribbean arrived in 1920**



- **There are 44 Black communities in Nova Scotia with the largest communities being in Halifax county**


- **Many African Nova Scotians' have a strong faith - based belief system with the church being the focal point in many communities**

- **Most history is oral**



# What Impacts the Health of African Nova Scotians'

- **The impact of longstanding systemic racism**
- **Health professionals are not culturally sensitive**
- **Limited numbers of health professional who look like us**
- **Health information often is not culturally sensitive**

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- **Lack of health status data that is reflective of the African Nova Scotian population**
  - **Limited evidence based research about chronic diseases**
  - **Poverty, lacking of education and poor housing**
  - **Rural communities are declining**





# What Do We Know

- **Statistics show 11.1 percent of Black people report having two or more major risk factors for cardiovascular disease more than whites, Chinese or South Asians.**
- **Black females have a higher prevalence of obesity, diabetes, hypertension and heart disease than males compared to other ethnic groups**




# Continued

- **On average strokes may occur at an earlier age among Black males**
- **Some medications used for the general population are not effective when treating people of African descent**
- **Mental health issues may go undiagnosed due to misunderstanding and stigma**
- **Most evidence based research is American**



# Common Diseases in African Canadians

- **Diabetes**
- **Hypertension**
- **Cardiovascular Disease**
- **Stroke**
- **Lupus**
- **Fibroids**
- **Sarcoidosis**
- **Sickle Cell or trait carrier**

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- **HIV / AIDS**
  - **Prostate cancer**
  - **Colon cancer**
  - **Higher incidence of Cervical cancer**
  - **Addiction Alcohol / Drugs**
  - **Domestic violence**
  - **Over representation in prison especially Black males**



# Solutions

- **Community education and engagement in the development process**
- **Recognition that programs for the Black community must be tailored to the specific community**
- **Health Professional need to be culturally competent in order to practice in an environment that is culturally safe**



# Ideas

- **Train the trainer approach or community health educators**
- **Health centers with Black professionals**
- **Collection of health status data**
- **Programs in the community**
- **Engage community in the development of programs**

# **Community Approach to Collaborative Practice:**



## ***The African Nova Scotian Experience***

# Engaging the African NS Community



**Presenter:**

**Rev. Cheryl Ann Beals**





# Why engage the Community?

- **Most are connected to a community**
- **Individual function in the system of community**
- **Impact on health & healing**
- **Potential Resource**



# Connecting with African Nova Scotians

- **Community**
- **Church**
- **Faith**



# Why engage the Church?

- **First place many turn**
- **Influential**
- **Important to individuals & families**
- **Resource**
- **Support system**
- **Potential partner & Ally**
- **Provides what a system cannot ...**



# Your Faith Community

- Churches serve many people with helping resources. Guidance and support from a pastor is different from the help received in formal mental health services, and recent research shows that collaboration between the two may accomplish more.
  - A family guide to mental health: What you need to know (NAMI: National Alliance on Mental Illness)

# Why engage Faith?

- **Holistic health**
  - **Mind, body & spirit**
- **Important to individuals & Families**
- **Source of comfort, strength & healing**
- **Establishes trust**
- **Provides hope for the journey**
- **Spiritual estrangement can contribute to illness**

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- **“Faith is an important strength from which people derive hope. Resilience is very prevalent in the African American community; despite adverse living circumstances, people find ways to keep on keeping on, survive and thrive. And research shows that people of faith who participate in various religious activities and services receive good health benefits—both physical and mental.”**

- **Dr. Annelle Primm, M.D., M.P.H**

**An Example:**

**NAMI**



**National Alliance on Mental Illness**

America's largest grassroots organization dedicated to improving the lives of persons living with serious mental illness

# Sharing Hope:



**Partnering with African American Congregations**




# Other Examples





# What is needed?

- **Recognition of the Community and the church as partners in Health care**
- **Recognition of clergy as respected professionals and as partners in care**
- **Educating of Community and Church about issues of Mental Health**
- **Training of advocates to help navigate**
- **Encourage the development of new models of care**
  - **integrated approaches that include faith, church, community.**

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- **“Strong religious ties can coexist very well with seeking mental health services. Partnerships between mental health practitioners and faith communities around the [US] country are growing. These kinds of collaborations can pave the way for providing culturally competent mental health services for people of faith.”**

- **Dr. Annelie Primm, M.D., M.P.H**

# **African NS Community and Mental Health Clinical Implications**



**Presenter:  
Lana McLean**



# Post Traumatic Slave Syndrome

## Dr. Joy DeGruy

- **History of enslavement**
- **Depression**
- **Coping skills and dysfunction**



# Cultural Competency

- **Define**
- **Provincial Guidelines**

# Cultural Awareness

- **Define**





# Cultural Safety

- **Define**
- **Moving forward to cultural care**





# **Discussion: Solutions & Ideas for Meaningful Change**

- **Policy: What's evidence base when your not part of the data/research**
- **Continuum of care 0-5yrs- Seniors**
- **Community involvement**
- **“Family” involvement and confidentiality the cultural conflicts**
- **Collaborative care formal and informal**
- **Assessment process**
- **Moving the community forward: from stigma-education to capacity building (cultural brokers/allies- faith community- youth networks)**



# **Discussion: Solutions & Ideas for Meaningful Change**

- **Changing the way NGO's engage the community (Canadian MH, Suicide Prevention Initiatives, EDO networks) Eurocentric models to cultural competency- Africentric models of engagement**
- **TX is often mandated (court/DCS- CP)**
- **Dialectical treatment**
- **African NS MH and addictions clinics within DHA's with standards of care that meet the needs of the community and are in collaboration with stakeholders- USA-Faith based initiatives (meet cultural competency and cultural safety standards)**