

Moving towards Cultural Safety and Reconciliation

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Disclosures



Acknowledgement

We acknowledge that this conference is being held on the unceded territory of the Mi'kmaq.

I speak of Cree examples, but other FNIM have unique features of their culture that I may not know.

Objectives

1. Define cultural awareness, cultural sensitivity, cultural competency, cultural safety and cultural humility.
2. Explain the historical impact of residential schools and how the TRC Calls to Action contribute to reconciliation.
3. Describe briefly the demographics, health and social issues that affect Indigenous populations.
4. Participate in case discussions that use a holistic approach to culturally safe care.
5. Learn pearls in communication and collaboration to interact effectively with Indigenous patients, families and communities.

Definitions

Cultural awareness – acknowledgment of difference in cultures

Cultural sensitivity – recognition to respect this difference

Cultural competency – focus on knowledge, skills and attitudes of practitioners

Source: IPAC & AFMC. 2008. FNIM Health Core Competencies: A curriculum framework for undergraduate medical education. Ottawa: Author, pg. 9-10.

Definitions

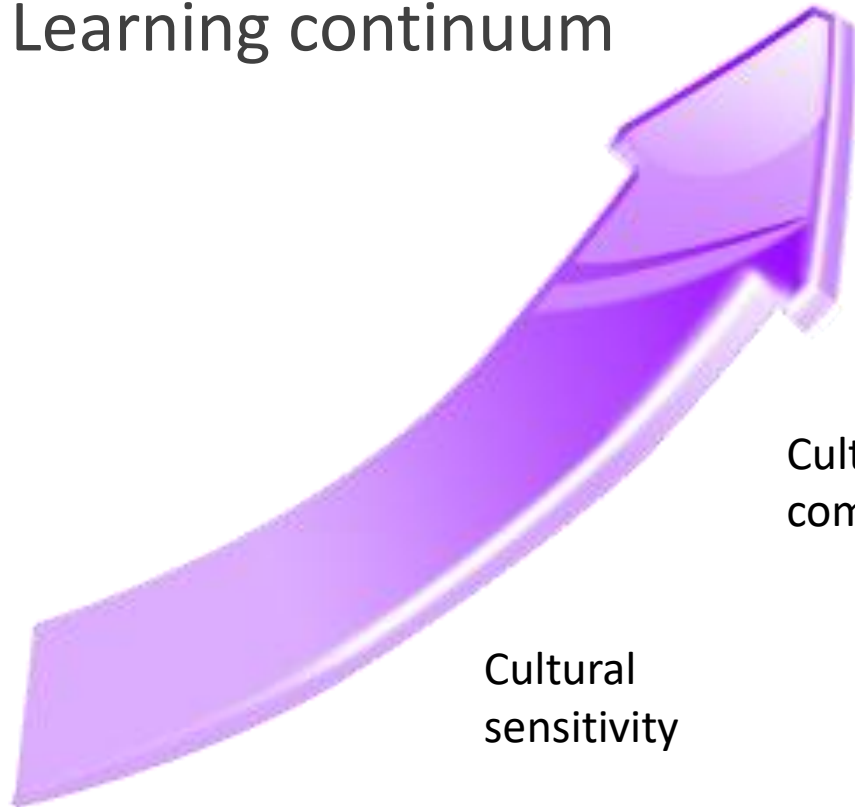
Cultural safety goes beyond...

- Recognize and interrupt the power differential, inequities
- Expose social, political and historical context of health care
- The aboriginal patient defines what 'safe service' means to them
 - Ask patients what matters most in their experience of illness and treatment

Source: IPAC & AFMC. 2008. FNIM Health Core Competencies: A curriculum framework for undergraduate medical education. Ottawa: Author, pg. 9-10.

Definitions

Learning continuum



Cultural awareness

Cultural sensitivity

Cultural competency

Cultural safety = the outcome of culturally competent care

-- lifelong learning

-- continuing competence

NAHO/ONSA. 2008. Cultural Competency and Safety: A Guide for Health Care Administrators, Providers and Educators. Ottawa: Author.

Cultural Safety defined...

An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care

Cultural Humility defined...

A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience

Reconciliation defined...

Establishing and maintaining a mutually respectful relationship between Aboriginal and non-Aboriginal peoples in this country...**awareness of the past, acknowledgement of the harm that has been inflicted, atonement for the causes, and action to change behaviour.** (pg. 113)

TRC mandate: “reconciliation” as an ongoing individual and collective process, and will require commitment from all those affected including First Nations, Inuit and Métis former Indian Residential School students, their families, communities, religious entities, former school employees, government and the **people of Canada**. Reconciliation may occur between any of the above groups (pg. 121)

The Big Question – WHY?

Need effective communication skills, attitudes and values that enable cultural competence and safety

To help Indigenous patients, their families and communities

Why? Because...

The Big Question – WHY?

Poorest health status

Impoverished communities

Mental health and social problems

Residential school experiences

Lack of knowledge of health care professionals, administrators and politicians

Social, moral and ethical responsibility of health professionals to learn, understand and contribute to reducing health inequities

The Big Question – WHY?

TRC Call to Action #23: Cultural competency training for all health professionals

Coming soon...

- CFPC – changes to the Red Book and CanMEDS 2017
- Royal College – Indigenous health will be incorporated into residency training
- Accreditation – Culturally safe care as social accountability

Indigenous Cultures in Canada

2016 Census: 1.67 million people, 4.9%

- First Nations 58.4%, Métis 35.1% and Inuit 3.9%

12 linguistic groups, over 60 languages

FN communities 'reserves', 50.7% off-reserve

Median age: Aboriginal 28 yrs, 41 yrs Cdn

You will see and treat many Indigenous patients, no matter where or what you practice

History


Pre-contact: lived on the land, nomadic

Colonization by settlers, fur trade, eventually governments → treaties and reserves or settlements

Assimilatory legislation

- 1763 Royal Proclamation
- 1862 Gradual Civilization of the Indian
- Indian Act etc
- Creation of the Indian Residential School System



 Indian and Northern Affairs Canada Affaires indiennes et du Nord Canada

Historical Treaties of Canada

Lambert Conformal Conic Projection, Standard Parallels 49°N and 77°N

NOTE:
This map is not to be used for defining boundaries.
Map Produced by Indian and Northern Affairs Canada, Legal Services Division.
Information Sources: IR Polygons, Natural Resources Canada, Legal Services Division;
Historical Treaties, Natural Resources Canada, Legal Services Division;
Territorial Evaluation Boundaries, Natural Resources Canada, Legal Services Division;
Geographic Base Information, Natural Resources Canada.

United States of America

Atlantic Ocean

The Residential School Experience

130 schools 1831 – 1998

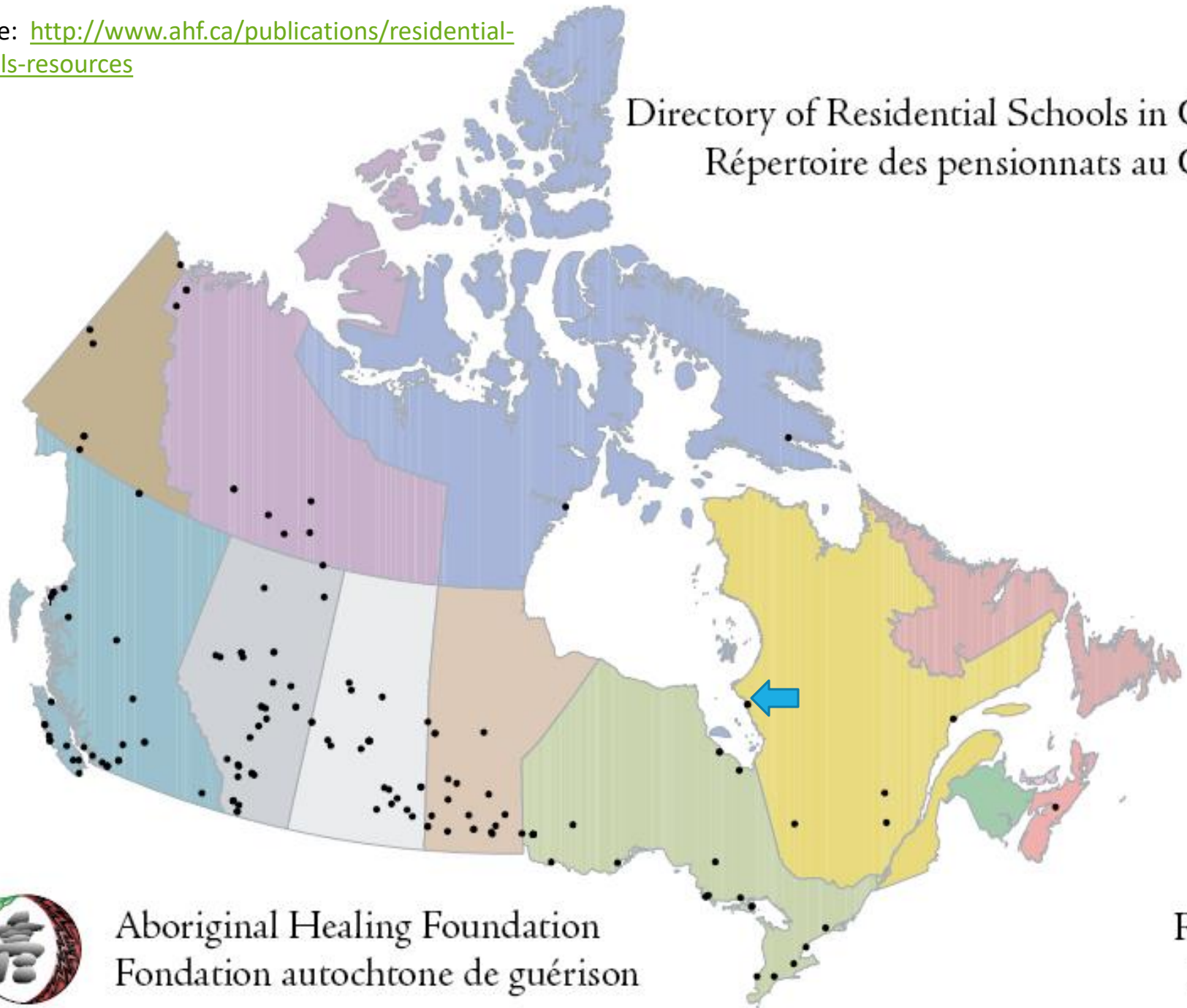
Government, Roman Catholic, Anglican

FN, Inuit and Métis

- Children taken from their families
- Put into schools by law, forbidden to speak their language, carry out traditional activities, see their family
- Stripped them of their basic human right to maintain their cultural identity and traditions

Source: <http://www.ahf.ca/publications/residential-schools-resources>

Directory of Residential Schools in Canada Répertoire des pensionnats au Canada



Aboriginal Healing Foundation
Fondation autochtone de guérison

Revised
Révisé



The Residential School Experience

Government → church control → back to government

60's Scoop

Some schools came under band control

1986-94 Churches apologize

1996 RCAP report

1998 government reconciliation, AHF \$350 million

2006 IRS settlement – financial compensation to survivors

The Residential School Experience

June 2008 Prime Minister Stephen Harper apologized

October 2017 Fed gov't \$800M to 60's Scoop survivors

November 2017 Trudeau apologized to Innu in NL

March 2019 Trudeau apologized for the 'colonial'...'purposeful' mistreatment of Inuit with TB

The Residential School Experience

Physical, emotional and sexual abuse

- 70% children witnessed or experienced abuse

Some unexplained deaths

Multigenerational trauma - cycle of violence and abuse perpetuated

Cultural oppression, marginalization, genocide

Today...

Estimated 86,000 survivors are alive today

- FN 80% - Métis 9% - Inuit 5% - Non-status 6%
- (extrapolated from various studies)

Estimated conservative estimate 287,350 inter-generationally affected on, off-reserve

Total **373,350** affected

Source: Aboriginal Healing Foundation. 2006. Summary Points of AHF Final Report, www.ahf.ca/publications/research-series.

Trauma, Loss and Unresolved Grief

Loss of traditional lifestyle, lands, values and language, parenting skills

Loss of family to illness, violence, substance abuse, urbanization

Repeated losses over the generations unresolved, lead to high rates of suicide, homicide, domestic violence, alcoholism, abuse against women and children etc

Trauma, Loss and Unresolved Grief

Abuse, family violence and substance abuse are associated with high risk of suicide

Other factors: low self-esteem, perceived value of aboriginal culture childhood separation, poverty and access to firearms

Historical, governmental and institutional policies have created a social environment that has directly contributed to higher incidence of suicidal behaviours.

Mental Health Problems

Higher rates of:

- Depression
- Suicidal ideation, attempts
- Anxiety, panic disorder
- Alcohol abuse and dependence
- Substance abuse
 - Pot, cocaine, crack, heroin, crystal meth
 - Solvents: propane, gas, glue
 - Air freshener, sanitizer, keyboard cleaner

Other Events

Other FN and Inuit communities recently moved (urgent social crises, hydroelectric development)

Idle No More

Missing / Murdered Indigenous Women Girls (MMIWG)

Suicide crises

Racist incidences



Social Conditions

Poverty / lower SES

Housing

Risky behaviour

- Substance abuse
- Crime, incarceration

Violence

- Assault
- Family dispute
- Physical, sexual and emotional abuse

Education

Unemployment / lower income

Stress with urban living

Racism, prejudice and stereotyping

Lack of knowledge of Indigenous people, their cultures and health status

Name some barriers to culturally appropriate care:

Lack of knowledge – culture, traditions; beliefs, values and attitudes

Language – complex explanation, interpreter

Administrative – power, funding, treaty

Access to health care – transport, specialist care, diagnostic tests, treatments, NIHB

Off-reserve or community / urban Indigenous population

The R word – racism, stereotyping, prejudice, one's own values, beliefs and attitude

Length of time staying in Indigenous community

Consider yourself in their mocassins...

CAN YOU IMAGINE BEING TAKEN AWAY FROM YOUR PARENTS
AND EVERYTHING YOU KNOW AND LOVE?

WHAT IF YOUR CHILDREN WERE TAKEN AWAY FROM YOU?

Today, Indigenous peoples are vibrant and thriving...

BUT CONSIDER THE HISTORY AND SOCIAL CONTEXT OF INDIGENOUS COMMUNITIES AND YOU WILL UNDERSTAND...

WHAT YOU SEE, WHAT YOU HEAR, WHAT YOU WILL LEARN...

Cultural Values and Beliefs

Community, family and especially children highly regarded

Show respect for parents, elders

Helping, sharing and giving

Indigenous or traditional spirituality

- Ceremonies
- Legends and storytelling
- Medicine Wheel

Aboriginal Ethical Values

Holism

Pluralism

Autonomy

Family and community-
based decision making

Quality of life

Balance and wellness

- Physical
- Mental
- Emotional
- Spiritual



Definition of Health

Holistic approach to achieve balance:

- Medicine Wheel
 - Physical health
 - Mental health
 - Emotional health
 - Spiritual health

The Difference between...

Western Medicine:

- Disease model
- Formal health care system, medical training, licensure
- Scientific

Traditional Medicine:

- Balance and wellness
- Informal
- Oral
- Metaphysical

The Social Determinants of Indigenous Health

Culture

Self-determination

Land, Environment, Environmental Stewardship

Poverty

Education

Gender

Housing

Family & Child Welfare

Racism?
Aboriginal Status?
Residential
Schools?

Source: An Overview of Current Knowledge of the Social Determinants of Indigenous Health
(Commission on Social Determinants of Health, WHO)

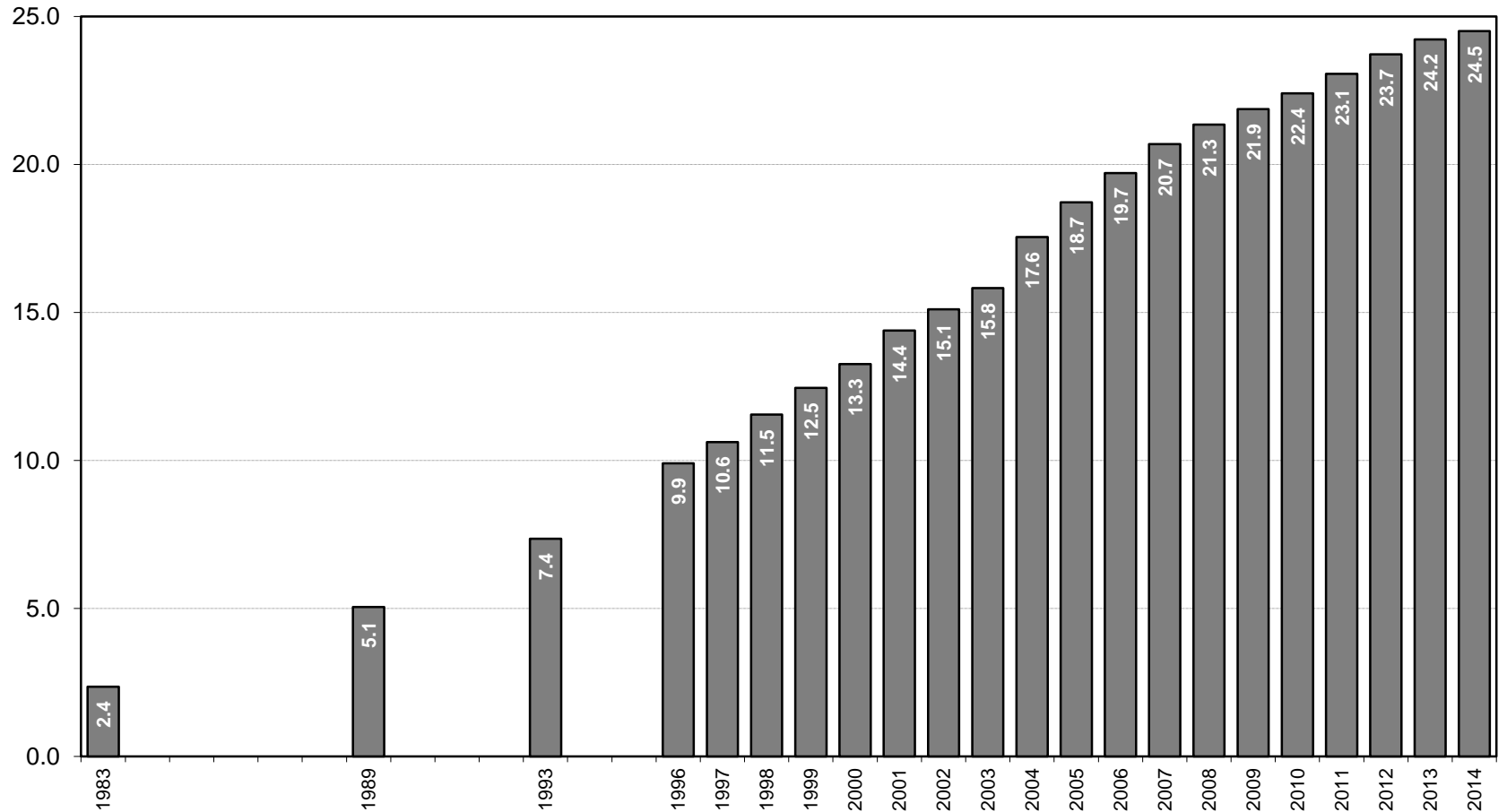
Health Status of Indigenous Peoples

What are the common health problems facing Indigenous peoples today?

- Diabetes and its complications
- Obesity and its implications
- Mental health problems
 - Depression, anxiety, suicide
- Social issues
 - Addictions – alcohol, street drugs, gambling
 - Domestic violence and family dysfunction

FIND OUT WHAT ARE THE HEALTH ISSUES THAT AFFECT INDIGENOUS POPULATIONS IN THE REGION WHERE YOU WORK

Crude prevalence (%) of diabetes, population aged 20 years and over, Eeyou Istchee, 1983 to 2014



The Indigenous Patient

Consider socio-cultural context

- Demographics
- History
- Social factors
- Culture
- Family
- Community

The Indigenous Patient

Name some qualities that describe the personality and attitude of Indigenous persons.



Quiet, shy, modest

Stoic, tough

Jolly, smiling, friendly

Lazy, always late

Dumb, stupid

Addicted, abusive

Dirty, negligent

Resilient, strong, surviving
and thriving

Listening to Native Patients

Consider community context

Communication:

- Nonverbal - respect, listening, patience, silence, body language, eye contact
- Verbal - interpreter, language, concepts, story-telling, social desirability

Source: Kelly L & Brown BB. 2002. Listening to native patients. Canadian Family Physician 48:1645-1652.

Listening to Native Patients

Changes in physicians' understanding

- increased humor, trust, fewer misunderstandings, better relationships

Change in behaviour

- Silence, non-verbal behaviour
- Expectations re: time and schedules

Led to more trust, acceptance and more effective medical care

Cultural Differences in MSE

Mental status exam:

- Disheveled, poor hygiene - think of poverty, poor living conditions
- Reduced interaction, psychomotor retardation, poor eye contact, flat affect, poverty of speech - think of Indigenous 'personality', less education

Cultural Differences in MSE

- Auditory or visual hallucinations - smudging, healing circles, omen/warning, visionquest
- Cognition - think of poor education, limited worldliness and knowledge, abstraction
- Insight - think of the present

Residential schools and culturally unsafe care negatively impact the health status and outcomes of Indigenous peoples

Approach to Culturally Safe Care

- Clinical S & Sx, diagnosis, labs and imaging
- Treatment
- Follow-up

- Understanding
- Education
- Teaching
- Coping

Physical

Mental



- Mood
- Motivation
- Depression
- Anxiety
- Family issues
- Social Issues

Emotional

Spiritual

- Church
- Culture
- Traditional spirituality – ceremonies, medicines
- Connection to the land

Case 1

18 y o Cree female who is 36 4/7 weeks pregnant presents with abd pain and vag discharge

She is quiet, answers questions with few words, looks down at the floor

Partner joins her during your assessment, smells mildly of alcohol

Both come from reserve 100 km away

Case 1

What's going on at home? Relationship?

- Unplanned preg, partner physically abusive, EtOH, assaulted her
- Fam Hx domestic violence, parents in residential school

Quiet, looks down at floor – trust? confide?
Shows respect

Going into labour – involve family

Case 2

87 y o Cree male, returns from Surgery follow-up, hx adenoca colon Duke's C2, sigmoid resection 2007, liver mets, failed chemo

Now home for palliation, pain control

Later admitted to hospital with bowel obstruction

Case 2

Accepts his diagnosis and prognosis

Ask him what he thinks, answer questions

Involve the family, respect their decisions to disclose information

Find out local practice for palliative care – family at bedside, prayers, traditional activities

Case 3

30 y o Cree female comes to clinic feeling depressed, wants time off work, chronic TMJ pain, wants painkillers, Tylenol #3's in the past

You try to assess her symptoms, but she is a very poor historian

She stares at her hands and sighs

Feeling frustrated, you want to refer her for counselling

Case 3

Quiet, doesn't talk much – wants to feel safe, trust
– tell her this is safe time and place

Ask about depressive sx and suicidality

Divulges she was sexually assaulted by her
partner's best friend, cries

Allow her to feel, 'let it out', acknowledge that this
was wrong, she is not at fault

Drug-seeking?

Follow-up?

Any other cases?

Share your examples

How did you handle it?

Questions or comments?

Helping Indigenous People

Traditional healing (sweat lodges, sharing circles, ceremonies, healer)

Individual, family and community

Target Indigenous youth - self-esteem, peer groups, coping skills, positive reasons for living, decision-making, connection to land, culture

Helping Indigenous People

Knowledge and respect for culture, traditions, personal characteristics.

Learn about social problems, particularly regarding the residential school experience.

Be aware of higher risk of depression, suicide in aboriginal patients.

Think of your own values, beliefs, attitudes.



Key Messages

Historic and current policies have had major impacts on First Nations, Inuit and Métis health

Indigenous people have a disproportionate burden of disease and lower access to health care services

Learn about cultures, demographics, health status

Traditional medicine, traditional healer

Key Messages

Explain, teach, use language appropriate for level of education

Observe, listen, be patient, be silent

Not all Indigenous patients are 'traditional' – rural, remote, urban

Avoid stereotyping, making assumptions, prejudice and racism

Implications for practice

Helping Indigenous patients, their families and communities is the most challenging, yet rewarding and enriching experience.

- Social, ethical and moral responsibility
- HCP are important advocates for Indigenous peoples in improving their health status in all aspects.



Truth and Reconciliation

Commission of Canada

For the child taken,
For the parent left behind.



Truth & Reconciliation Commission

Launched 2009 : Report on the residential school experiences (RSE) historically and currently affecting First Nations, Inuit and Métis survivors and their families; 60's scoop

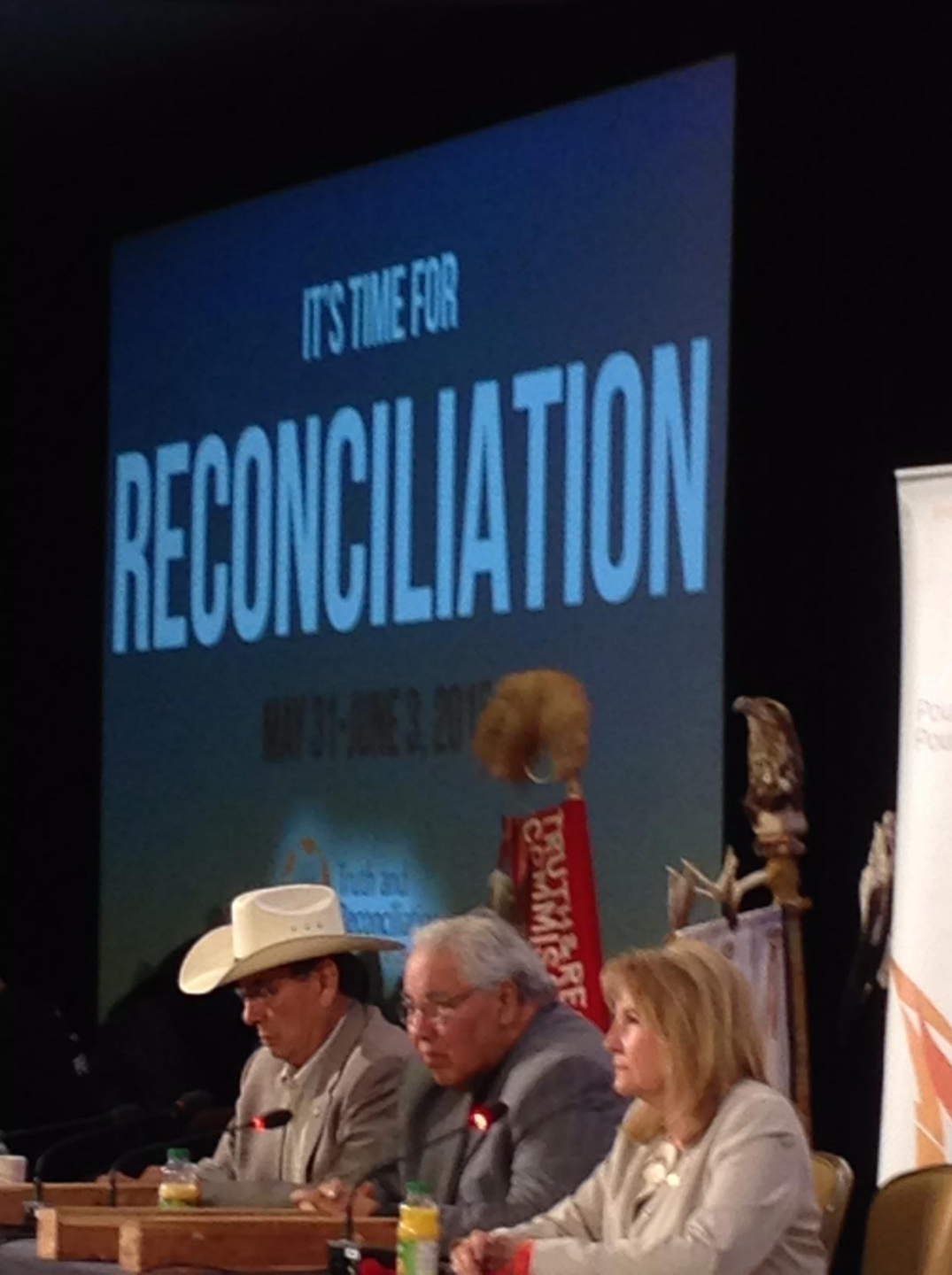
Seven national events to record survivor testimonies / statements

Over 150,000 Aboriginal children were taken from their families, attempted assimilation, many survivors, trauma and abuses, over 8,000 deaths in those schools

94 Calls to Action

7 in Health

- Increase number of Aboriginal health professionals
- Ensure retention of Aboriginal health providers in communities
- **Provide cultural competency training for all HCP**
- Medical and nursing schools to teach Aboriginal health including RSE, UN Declaration on Rights of Indigenous Peoples



TRC Final Report
released on June 2,
2015 in Ottawa

As you begin your journey...

Start with:

- Gain knowledge about First Nations, Inuit and Métis history, cultures, communities and current issues
- Clinical training and practice, administrative and advocacy work
- No matter where you go or what you do in your medical career, you will see, treat and support Indigenous patients → **culturally safe care and reconciliation**

Recommended Reading

National Collaborating Centre for Aboriginal Health

- An overview of Aboriginal Health in Canada 2013

Society of Obstetricians and Gynecologists of Canada

- Health Professionals working with First Nations, Inuit and Métis Consensus Guideline 2013

NAHO 2008 Cultural Competency and Safety: A Guide for Health care administrators, providers & educators

Recommended Reading

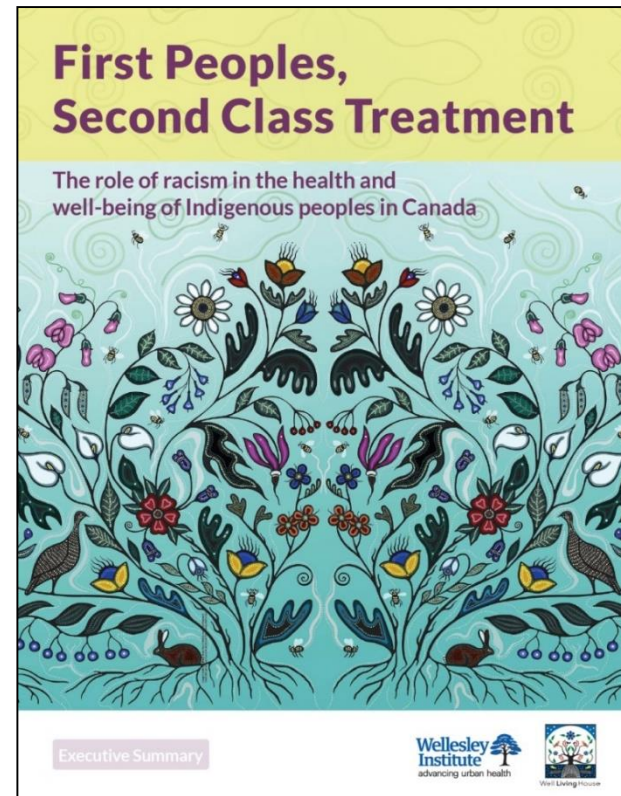
Loppie-Reading C., Wien F. 2009. Health inequalities and social determinants of Indigenous peoples' health. National Collaborating Centre for Aboriginal Health

Kitty, D. 2014. Indigenous Cultures and Health In Canada: A Primer For Rural Physicians and Health Care Professionals (Chapter 1.3.4). In WONCA Rural Medical Education Guidebook, Section 1.3 Gender and Cultural Considerations in Rural Practice. Retrieved September 8, 2014 from:

<http://www.globalfamilydoctor.com/groups/WorkingParties/RuralPractice/ruralguidebook.aspx>

Recommended Reading

Knowledge, appreciation of challenges and strengths of Indigenous peoples can help rural physicians learn, teach and give culturally safe care



<http://www.wellesleyinstitute.com/publications/first-peoples-second-class-treatment/>

Systemic Racism

Health and health care implication
of systemic racism on Indigenous
peoples in Canada

CFPC Indigenous Health Working
Group, Feb. 2016

<http://www.cfpc.ca/ProjectAssets/Templates/Resource.aspx?id=8688&terms=systemic+racism>

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA

LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

Health and Health Care Implications of
Systemic Racism on Indigenous Peoples in Canada
Indigenous Health Working Group

FACT SHEET