

Moving towards Cultural Safety, Reconciliation and Anti-racism

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SRPC Indigenous Health Educational Series, December 9, 2020

Acknowledgement

As SRPC members gather tonight for this virtual national webinar, we acknowledge and pay respect to the many First Nations, Inuit and Métis peoples and their traditional territories. As we work in rural and remote communities across Canada, we recognize the many difficult challenges that Indigenous people face that impact their health and social well-being. We will self-reflect on what we must strive to learn and do more in helping Indigenous patients and their families in giving culturally safe care and contribute to reconciliation and anti-racism.

Faculty/Presenter Disclosure

Faculty: Darlene Kitty

Relationship with financial sponsors:

- Grants/Research Support: N/A
- Speakers Bureau/Honoraria: N/A
- Consulting Fees: N/A
- Patents: N/A
- Other: N/A

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- Grants/Research Support: N/A
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- Consulting Fees: N/A
- Patents: N/A
- Other: N/A

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- Grants/Research Support: N/A
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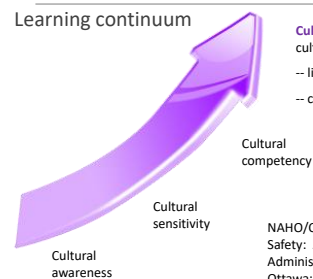
- Grants/Research Support: N/A
- Speakers Bureau/Honoraria:
 - Médecins sans frontières Canada Equity, Diversity and Inclusion Committee
 - People's Health Movement Canada Co-ordination
 - Decolonising Global Health, LSHTM Coordinating committee
 - Cultural Safety Committee, Council of Physician Eeyou Istchee
- Consulting Fees: N/A
- Patents: N/A
- Other: N/A

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. Discuss how **racism** has negatively affected the health and well-being of Indigenous peoples and ways to address it in your workplace.
5. Learn pearls to effectively interact with and give culturally safe care to Indigenous patients, families and communities.

Definitions

Learning continuum



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

First Nations Health Authority www.fnha.ca/wellness/cultural-humility

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

First Nations Health Authority www.fnha.ca/wellness/cultural-humility

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)

Truth and Reconciliation Commission of Canada. 2015. What we have learned: the principles of truth and reconciliation. http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Principles_2015_05_31_web_o.pdf

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, educators and politicians
Social, moral and ethical responsibility of health professionals to learn, understand and contribute to reducing health inequities **and systemic racism**

Indigenous Cultures in Canada

2016 Census: 1.67 million people, 4.9%

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

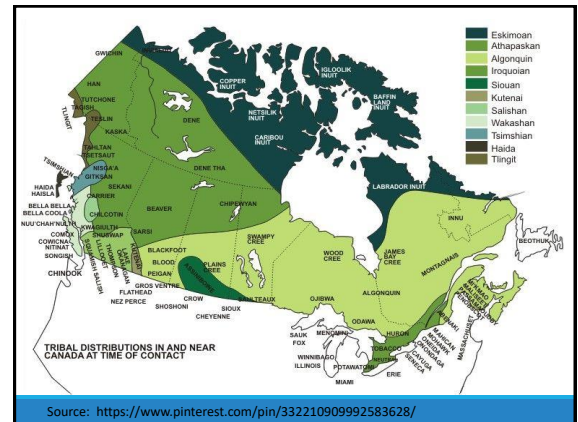
12 linguistic groups, over 60 languages

FN communities 'reserves', 50.7% off-reserve

Median age: Aboriginal 28 yrs, 41 yrs Cdn

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

2011 National Housing Survey, retrieved from: <http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-011-x/99-011-x2011001-eng.pdf> (July 21, 2013)



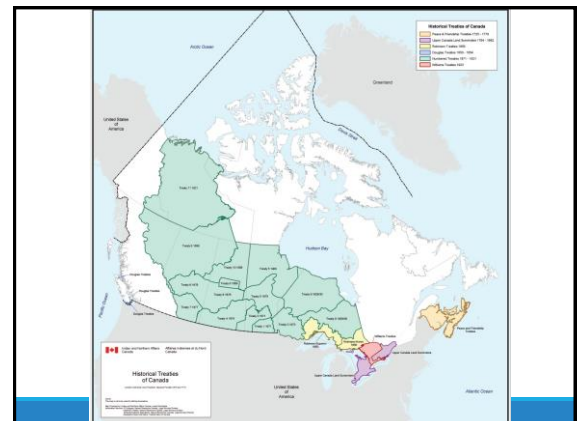
History

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 and amendments
- Creation of the Indian Residential School System



The Residential School Experience

130 schools 1831 – 1996

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

The Residential School Experience

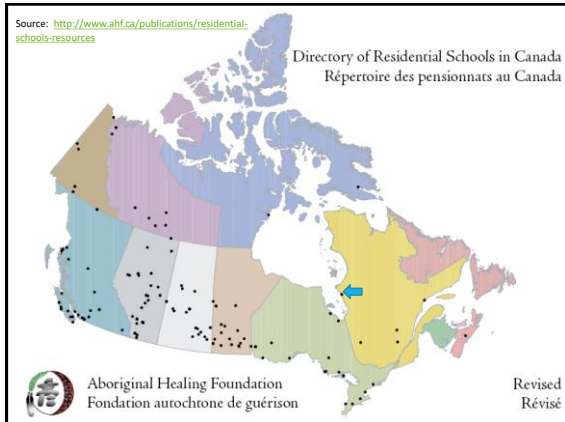
Physical, emotional and sexual abuse

- 70% children witnessed or experienced abuse

Some unexplained deaths

Multigenerational trauma - cycle of violence and abuse perpetuated

Cultural oppression, marginalization, genocide



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

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

Nov. 2017 Trudeau apologized to Innu in NL

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

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

Historical, governmental and institutional policies have negatively impacted social environments that contributed to higher incidence of mental health issues incl suicide

Mental Health Problems

Higher rates of:

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

Social Conditions

Poverty / lower SES	Education
Housing	Unemployment / lower income
Risky behaviour <ul style="list-style-type: none"> ◦ Substance abuse ◦ Crime, incarceration 	Stress with urban living
Violence <ul style="list-style-type: none"> ◦ Assault ◦ Family dispute ◦ Physical, sexual and emotional abuse 	Racism, prejudice and stereotyping
	Lack of knowledge of Indigenous people, their cultures and health status

Other Events

Urgent social crises
 Hydroelectric development
 Idle No More
 Missing / Murdered Indigenous Women Girls (MMIWG)
 Racist incidences



Self-reflection:

WHERE IS THE NEAREST SITE OF A FORMER RESIDENTIAL SCHOOL TO YOU?

DO YOU KNOW A SURVIVOR? HAVE YOU LISTENED TO THEIR STORY?

Consider yourself in their moccasins...

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

Source: Ellerby JH et al. 2000. Bioethics for clinicians 18. Aboriginal cultures. CMAJ, 163(7): 845-850



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

**Aboriginal Status
Residential Schools
Racism**

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

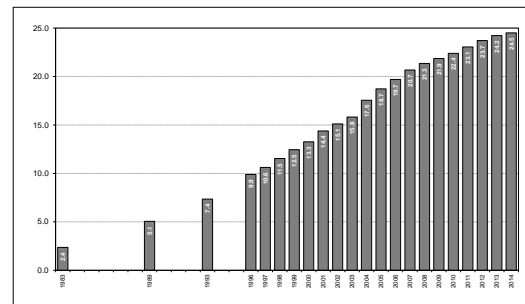
What are the common health problems facing Indigenous peoples today?

- Diabetes and its complications
- Obesity and its implications
- Mental health problems
 - Depression, anxiety, suicide, PTSD
- 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



CHIEF BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

The Indigenous Patient

Consider socio-cultural context

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

The Indigenous Patient

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



Barriers to culturally safe 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, assumptions

Length of time HCP staying in Indigenous community

Residential schools, culturally unsafe care and systemic racism negatively impact the health status and outcomes of Indigenous peoples.

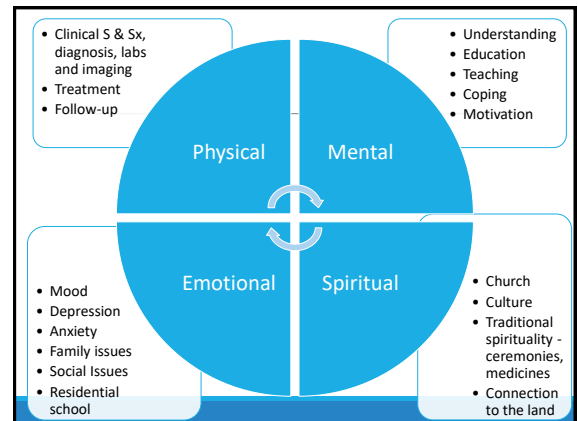
An Indigenous patient's story

DR. NADIN GILROY

Self-reflection:

DO YOU KNOW OF AN INDIGENOUS PATIENT'S EXPERIENCE IN THE HEALTH CARE SYSTEM THAT WAS NEGATIVE?

Approach to Culturally Safe Care



Culturally Safe Care

Explain, teach, use language appropriate for level of education

Observe, listen, be patient, be silent

Involve family, primary caregiver

Not all Indigenous patients are 'traditional' – rural, remote, urban – diverse population and communities

Avoid stereotyping, making assumptions, prejudice and racism

Systemic Racism



<https://www.cbc.ca/news/canada/montreal/joyce-echaquan-carol-dube-video-1.5755468>

Systemic Racism

For Indigenous peoples in Canada, unintentional racism commonly manifests in the form of erroneous assumptions (based on negative stereotypes) regarding patient health behaviours or diagnoses.

Systemic Racism

Different types of racism:

- Individual / institutional or systemic
- Covert / overt
- Unintentional / intentional
- Relational
- Structural

Learn about race, culture, racism! Self-reflect!
Discuss! Advocate for change!

Self-Reflection:

WHAT CAN I OR MY COLLEAGUES DO TO
DISMANTLE SYSTEMIC RACISM? AT MY
WORKPLACE? IN MY COMMUNITY?

Systemic Racism

From the National Collaborating Centre for Indigenous Health, 3 factsheets on racism:

Understanding Racism by Charlotte Reading PhD,
https://www.nccih.ca/495/Understanding_racism.nccih?id=103

Indigenous Experiences with Racism and its Impacts by Samantha Loppie, Charlotte Reading & Sarah de Leeuw
https://www.nccih.ca/495/Indigenous_experiences_with_racism_and_its_impacts.nccih?id=131

Policies, programs and strategies to address anti-Indigenous racism: A Canadian Perspective by Charlotte Reading PhD
https://www.nccih.ca/495/Policies_programs_and_strategies_to_address_anti-Indigenous_racism_A_Canadian_perspective.nccih?id=132



**Truth and
Reconciliation**
Commission of Canada

For the child taken,
For the parent left behind.



94 Calls to Action

7 in Health

23. We call upon all levels of government to:

- i. Increase the number of Aboriginal professionals working in the health-care field.
- ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
- iii. Provide cultural competency training for all healthcare professionals.

http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf

TRC Calls to Action

24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of **residential schools**, the United Nations Declaration on the Rights of Indigenous Peoples, **Treaties and Aboriginal rights**, and **Indigenous teachings and practices**. This will require skills-based training in intercultural competency, conflict resolution, human rights, and **anti-racism**

http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf



TRC Final Report
released on June 2,
2015 in Ottawa

Helping Indigenous People

Trauma-Informed Care - acknowledges and teaches about the Indigenous-specific effects of colonial policies and how they are linked to historic and current medical services for Indigenous peoples.

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

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 health and social problems, particularly regarding the residential school experience.

Be aware of higher risk of depression, suicide etc in Indigenous 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

Help to stop stereotyping, assumptions, prejudice and all types of racism.

Look at First Nations, Inuit and Métis people, communities and populations through a cultural safety/anti-racism lens!

Recommended Reading

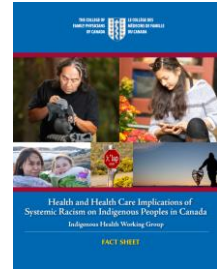
See Indigenous Health Resource list.

Please read and share with your colleagues, family and friends. Have a conversation after reading an article or watching a documentary.

Recommended Reading

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

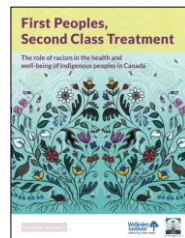
CFPC Indigenous Health Working Group, Feb. 2016



https://portal.cfpc.ca/ResourcesDocs/uploadedFiles/Resources/_PDFs/SystemicRacism_ENG.pdf

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/>

Indigenous Health Supplement to CanMEDS-FM 2017

Family Medicine Expert

Communicator

Collaborator

Leader

Health Advocate

Scholar

Professional



<https://www.cfpc.ca/CFPC/media/PDF/CanMEDS-IndigenousHS-ENG-web.pdf>

A true story...

50 year old First Nations man, agitated, restrained to bed, diaphoretic

I approached him, got his attention, tried to calm him

He divulged he is a residential school survivor

I asked him if remove restraints, will he stay calm – yes

Quick assessment: CP, SOB, 80/50, P 162, R 32, sat 88%, afebrile, few crackles, ECG rapid afib, IV O2

Diagnosis Unstable rapid afib → electrical cardioversion, stabilized, admitted to ward.

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.
- ◊ **Begin your journey towards culturally safe care, anti-racism and reconciliation.**

What is the SRPC doing?

The National Council has supported Indigenous-relevant activities over the years, including advocacy

Indigenous health workshops are offered at R & R every year

Indigenous Health Committee is starting up

- Collaborate with similar groups at the CFPC and Royal College

What can the SRPC do?

The SRPC can support its members in working with Indigenous peoples by providing:

- Indigenous health resources for physicians and health care teams eg. academic and other references
- Support rural preceptors and trainees:
 - CFPC – changes to the Red Book objectives and Indigenous supplement to CanMEDS FM 2017
 - Royal College – changes to objectives, Indigenous Health Primer and Indigenous Values and Principles statement
- **What else can we do? Q&A / Chat**