Moving towards Cultural Safety, Reconciliation and Anti-racism

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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.

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- Grants/Research Support: N/A
- Speakers Bureau/Honoraria: N/A
- Consulting Fees: N/A
- Patents: N/A
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  - People’s Health Movement Canada Co-ordination
  - Decolonizing Global Health, LSHTM Coordinating committee
  - Cultural Safety Committee, Council of Physician Eeyou Istchee
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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

Cultural safety - the outcome of culturally competent care
-- lifelong learning
-- continuing competence

Cultural competency

Cultural sensitivity


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?

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

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

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

Source: https://www.pinterest.com/pin/33221009992583628/
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

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
- Unemployment / lower income

Housing
- Stress with urban living
- Crime, incarceration

Risky behaviour
- Substance abuse
- Violence
  - Assault
  - Family dispute
  - Physical, sexual and emotional abuse

Racism, prejudice and stereotyping

Education
- 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)

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

Indigenous or traditional spirituality
  ◦ Ceremonies
  ◦ Legends and storytelling
  ◦ Medicine Wheel

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

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

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, NHIB
- 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

- Clinical S & Sx, diagnosis, labs and imaging
- Treatment
- Follow-up
- Understanding
- Education
- Teaching
- Coping
- Motivation
- Church
- Culture
- Traditional spirituality - ceremonies, medicines
- Connection to the land

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

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
- 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_a

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.
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

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

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/

Recommended Reading

Indigenous Health Supplement to CanMEDS-FM 2017
Family Medicine Expert
Communicator
Collaborator
Leader
Health Advocate
Scholar
Professional


A true story...

50 year old First Nation 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