Cultural Safety for Indigenous Peoples: A Determinant of Health

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Overview of the next 1.5 hours

• Introductory question (10 minutes)
  – Discussion about question and responses

• Background and context discussion (20 minutes)
  – What is a ‘determinant’ of health, What is cultural safety, What is anti-Indigenous racism, Who are Indigenous peoples in Canada, How do we work toward and ensure cultural safety for Indigenous peoples?

• Listening/seeing experiences of Indigenous peoples interacting with the health care system (15 minutes)

• Ways to think about Indigenizing your practices/perspectives and/or combating anti-Indigenous racism
  – research project conversations (20 minutes)

• Questions and conversation (20 minutes)
Quickly!

Without thinking too much, in the ‘questions pane’ of this webinar, write out words that first come to mind when you hear:

“Aboriginal peoples, health, Canada”
Open conversation about posted words ...
From the mouths of Family Practices Residents in British Columbia...

- Drug seeking
- Obesity
- Type-2 Diabetes
- Tobacco
- Reserves
- Adolescent Pregnancy
- Isolated
- Addiction
No “stone casting” here – we live in a “cultural climate” in which Indigenous peoples are – and have constantly been – (re)produced as marginal “pathologized” subjects bettered by well-intending settler subjects...
BACKGROUND AND CONTEXT
DISCUSSION
Determinants of Health?

Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact.

[Still]...health services - access and use of services that prevent and treat disease influences health – are a determinant of health (WHO)
What is cultural safety?

- Cultural Safety originates in nursing education in New Zealand.
- Cultural safety is met through actions that recognise, respect, and nurture the unique cultural identity of [especially marginalize cultures] and safely meet their needs, expectations, and rights [especially in health service environments].
- Cultural safety aims to enhance the delivery of health services through a culturally safe workforce by:
  - 1) identifying the power relationship between the service provider and the people who use the service. The health care provider accepts and works alongside others after undergoing a careful process of institutional and personal analysis of power relationships;
  - 2) empowering the users of the service. People should be able to express degrees of perceived risk or safety. For example, someone who feels unsafe may not be able to take full advantage of a service offered and may subsequently require more intrusive and serious intervention;
  - 3) preparing health care providers to understand the diversity within their own cultural reality and the impact of that on any person who differs in any way from themselves;
  - 4) applying social science concepts that underpin the practice of health care. Health care practice is more than carrying out tasks. It is about relating and responding effectively to people with diverse needs and strengths in a way that the people who use the service can define as safe.
What is ‘racism’?

- 1. a belief or doctrine that inherent differences among the various human races determine cultural or individual achievement, usually involving the idea that one’s own race is superior and has the right to rule others; 2. a policy, system of government, etc., based upon or fostering such a doctrine; discrimination; 3. hatred or intolerance of another race or other races (Dictionary.com, n.d.).

- Racism is defined as a belief that race is the primary determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race (Merriam-Webster Dictionary, 2008)

Definition of Terms

- **Racism** is a belief or behaviour based on the notion that race is the basis of human characteristics and practices, and that racial differences produce inherent superiorities or inferiorities in particular races (Merriam-Webster Dictionary, 2013a).

- **Racialize** refers to the practice of assigning a racial identity to a person or group of people (Merriam-Webster Dictionary, 2013b).
Definition of Terms

**Race** is a socially constructed category of identity (based on physical characteristics and geographic origin) with its roots in an ideology that situates human beings within a hierarchy of social value (Williams, Lavizzo-Mourey, & Warren, 1994).

**Culture** has been described as historically and geographically bound patterns of shared beliefs, values, and behaviours (Amick, Levine, Tarlov, & Walsh, 1995). It is also recognized that groups in institutional boundaries have culture. Humans are not born with culture – they learn it through language and observation and likewise transmit it to others in these ways (Marks, 1995), as well as through rules and policies.

**Ethnicity** refers to groups of people who possess shared cultural traits that they characterize as different from those of other groups. A distinct ethnic group is often understood as people with a common origin, history, spirituality, language, traditions, values, beliefs and so on (Camoroff & Camoroff, 2009). However, like culture, ethnicity is not a static phenomenon; rather, it evolves in response to changing natural, social, and political environments (Barth, 1998).

**Ethnocentrism** refers to a belief in the superiority of one’s own culture or ethnicity (Omi & Winant, 1994; Smedley, 1999).
How is ‘race’ and ‘racism’ an aspect of the health-care system and/or a determinant of health?

One of the few identified Canadian studies examining the impact of racism on quality of care was conducted by Women’s Health in Women’s Hands Community Health Centre (Women’s Health in Women’s Hands, 2003). Almost 1 in 5 of the study participants reported that they experienced racism in the health care system, including being subjected to name-calling and racial slurs; 8.6% found doctors to be culturally insensitive or ignorant; and 6.2% reported receiving an inferior quality of care. As cited by a study participant,

“...They were coming from a completely different culture... They didn’t understand my culture and it didn’t seem like they made an effort either. It was more just like, ‘Well, it shouldn’t be that way,’ and it’s almost like my own culture was being put down.” (WHIWH, 2003, p. 28)
“Racism, the oppression of Indigenous people, is built into the fabric of Canada. It is the foundation of the Indian Act and has become the justification for the legacy of residential school and for the theft of culture, lands and language. Colonization has perpetrated racism to become personal among Indigenous women, and as a result, some have used self-hatred to deny their children their cultural root. Colonial laws and policies have created a structure to erode the practice of holistic preventative well-being among Indigenous people across Canada. Indigenous women speak of the way in which the hurt of racism has led to the oppression of our children, and children’s health. The experience of racism then turns targets of oppression into perpetrators. Our once circle of balance has now become fragmented with a colonized burden of racism: post-traumatic stress, loss of language, alcohol abuse, parenting issues, and the lack of well-being. Today, the Elders/wisdom keepers are sending out the message to reverse the circle and once again recall our voice as Indigenous women and renew our whole circle of life as it once was and can still be. Niawiwen.”

*Grandmother Jan Kahehti:io Longboat, Well Living House Grandparents Counsel*
Anti-Indigenous Racism: A Specific and Particular Beast...

SOCIAL DETERMINANTS OF HEALTH

ABORIGINAL EXPERIENCES WITH RACISM AND ITS IMPACTS

Prepared by Samantha Lappin, Charlene Reading & Sarah de Lassence

This paper is the second in a series of papers focused on anti-Aboriginal racism in Canada. The first paper examined the concept of race and racism, exploring the various forms it takes. In this paper, the focus is on the lived and structural forms of racism. We begin by providing a brief overview of what racism is, how it intersects with other forms of discrimination, and how it is manifested. The paper then moves to a discussion of how the dominant racialized group (e.g., European settlers) expresses racism in historic and current contexts and how Aboriginal people in Canada experience racism in interpersonal, structural, and sometimes violent ways. We examine racism within government policies, healthcare, and judicial systems, and explore the unique ways that racism is experienced by Aboriginal peoples and how it impacts their well-being.

Introduction

Racism is an experience acutely felt by many Aboriginal people in Canada. For example, according to a 2005 report of the First Nations Regional Longitudinal Health Survey (RHS), 38% of participating First Nations adults experienced at least one instance of racism in the past 12 months; 63% of them felt that it had at least some effect on their self-esteem (First Nations Centre, 2005).

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The continued existence of 'Indian reserves' serves as one of the most visible reminders of the race-based segregation of First Nations people in Canada (Matto, 1990).
Race/ism/alization intersecting with Indigenous peoples’ accessing health services

62. That the WRHA review the training of all ED security personnel to ensure that they receive cultural safety training.

63. That the RHAs develop and initiate policies for the implementation of mandatory and ongoing cultural safety training for all health care workers and that the RHAs ensure that cultural safety training includes a component that has been designed and delivered with the assistance of Aboriginal persons.
Canadian Context/Racism and Indigenous Peoples

Reporter Jillian Taylor reading CBC.CA comment:
“So what, now they want the government to oversee their drug use, their unprotected sex lives, etc? These people know the risks of their lifestyle.”

Host Rosanna Deerchild reading CBC.CA comment:
“strange how the choices and ways aboriginals choose to live their lives are always the fault of government, police or the white man in general.” (sic)
WAYS TO THINK ABOUT DE-COLONIZING OR INDIGENIZING YOUR PRACTICES AND/OR COMBATING ANTI-INDIGENOUS RACISM
Changing and Challenging the Discourse

- Intervene
- Change modalities of conversation
- Reflect
- Teach and behave differently
- Historicize and think critically
Immerse and Interact

• Search out experiential learning
• Listen and work in partnership
• Forget ‘instrumental’ or ‘targeted’ understandings and, instead, just open your mind
• Recognize power (im/balances) and account for it
Engage and Expand

- Grow
- Push the envelope
- Evolve
- Seek out new cultural learning modalities (arts/literatures/movies)
- Ask!
Some Research and Community Engagement Projects
Art Days: Two medical students reflect on the value of cultural immersion and cultural safety

On one of our first visits to Fort St. James and Nak’aatk’i, we visited the museum in town at the suggestion of a member of the Nak’aatk’i Health Centre. We spent the afternoon learning about Carrier culture by walking outside through forests and avoiding the smell of automobile exhaust. It was as if the Carrier knowledge could be beneficial in helping us better understand the communities that we serve. It was our belief that the type of learning experience was culturally leading authorities of health and health policy, the Society of Obstetricians and Gynaecologists of Canada (SOGC) encouraged health professionals to invite the experience into their names, demographics, and traditional geographic territories. The language. Groups of various medical students then organized an initiative in the University of British Columbia Medical School. With support from the Northern Medical Program...
ART DAYS IN NAK’AZDLI

Art days evolved through intentional relationship with the Nak’azdli First Nation Band Council and Health Centre to engage art as a means of renewing, producing and exploring health and well-being in their community.

Recent Work

Recent work, current and ongoing activities, initiatives and projects exploring the relationships between creative expressiveness, the arts, health and healing in the north. Through our work, HARC, our partners and collaborators strive to create and sustain a dynamic, inclusive, strengths-based forum for innovative inquiry and practice around renewing and expanding health, wellness and well-being in northern communities.

Art Days in Nak’azdli

Art days evolved through intentional relationship with the Nak’azdli First Nation Band Council and Health Centre to engage art as a means of renewing, producing and exploring health and well-being in their community. This project aims to expand a growing body of knowledge about the potential of arts and humanities to theorize, document, translate knowledge about, and potentially ameliorate health inequities lived by northern, rural and especially First Nations people.

Questioning Medicine’s Discipline

A new publication that explores the potential of creative arts and expressions in expanding the role and function in medical education and practice. Abstract. This paper engages our struggles with the discipline of medicine. Specifically, and sometimes from very personal perspectives, we question the epistemologies in which we are trained as researchers and teachers who are emotionally, politically, personally, and professionally linked to...
Thank-you... questions & comments welcome!

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