

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!

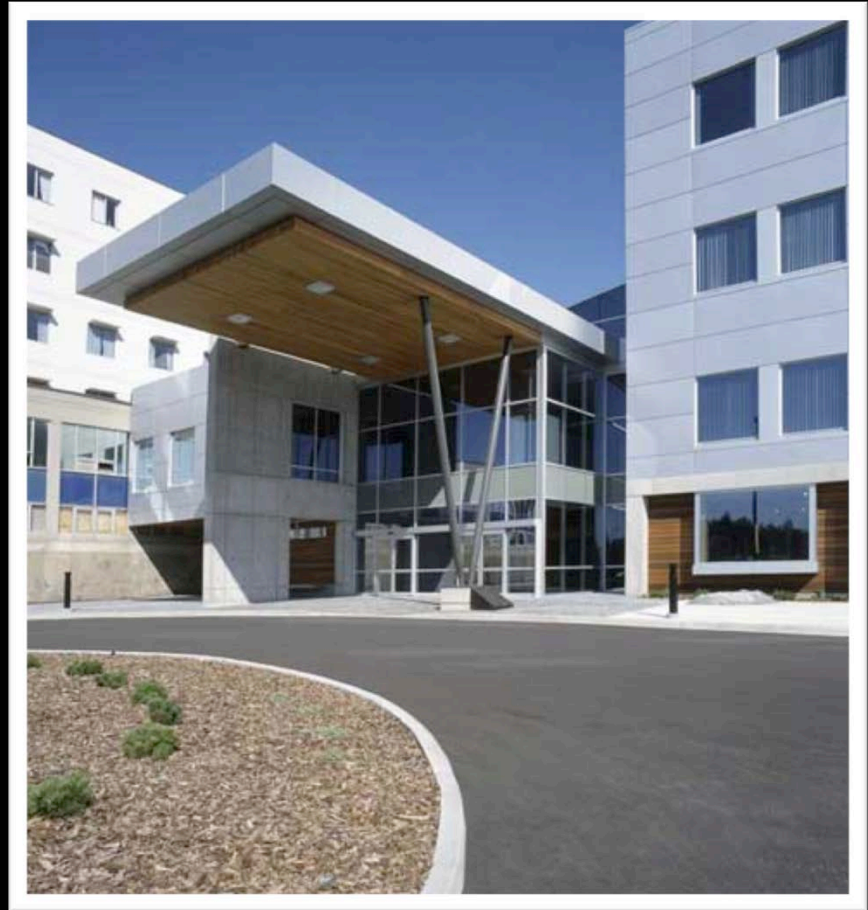
Without thinking too much, in the
'questions pane' of this webinar, write
out words that first come to mind
when you hear:

“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...



Thomas Moore before and after his entrance into the Regina Indian Residential School in Saskatchewan in 1874.

Library and Archives Canada / NL-022474

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)

Public Health

Social determinants of health inequalities

Michael Marmot

Latest 2005, 363, 1998-184

See Comment

International Centre for Health and Society, University College London, 1-13 Torrington Place, London WC1E 6BT, UK
(Prof. M. Marmot)
m.marmot@ucl.ac.uk

The gross inequalities in health that we see within and between countries present a challenge to the world. That there should be a spread of life expectancy of 48 years among countries and 20 years or more within countries is not inevitable. A burgeoning volume of research identifies social factors at the root of much of these inequalities in health. Social determinants are relevant to communicable and non-communicable disease alike. Health status, therefore, should be of concern to policy makers in every sector, not solely those involved in health policy. As a response to this global challenge, WHO is launching a Commission on Social Determinants of Health, which will review the evidence, raise societal debate, and recommend policies with the goal of improving health of the world's most vulnerable people. A major thrust of the Commission is turning public-health knowledge into political action.

There are gross inequalities in health between countries. Life expectancy at birth, to take one measure, ranges from 34 years in Sierra Leone to 81.9 years in Japan.¹ Within countries, too, there are large inequalities—a 20-year gap in life expectancy between the most and least advantaged populations in the USA, for example.² One welcome response to these health inequalities is to put more effort into the control of major diseases that kill and to improve health systems.^{3,4}

A second belated response is to deal with poverty. This issue is the thrust of the Millennium

the major infectious diseases linked with poverty of material conditions but also non-communicable diseases—both physical and mental—and violent deaths that form the major burden of disease and death in every region of the world outside Africa and add substantially to the burden of communicable disease in sub-Saharan Africa.

To understand the social determinants of health, how they operate, and how they can be changed to improve health and reduce health inequalities, WHO is setting up an independent Commission on Social Determinants of Health, with the mission to link

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).

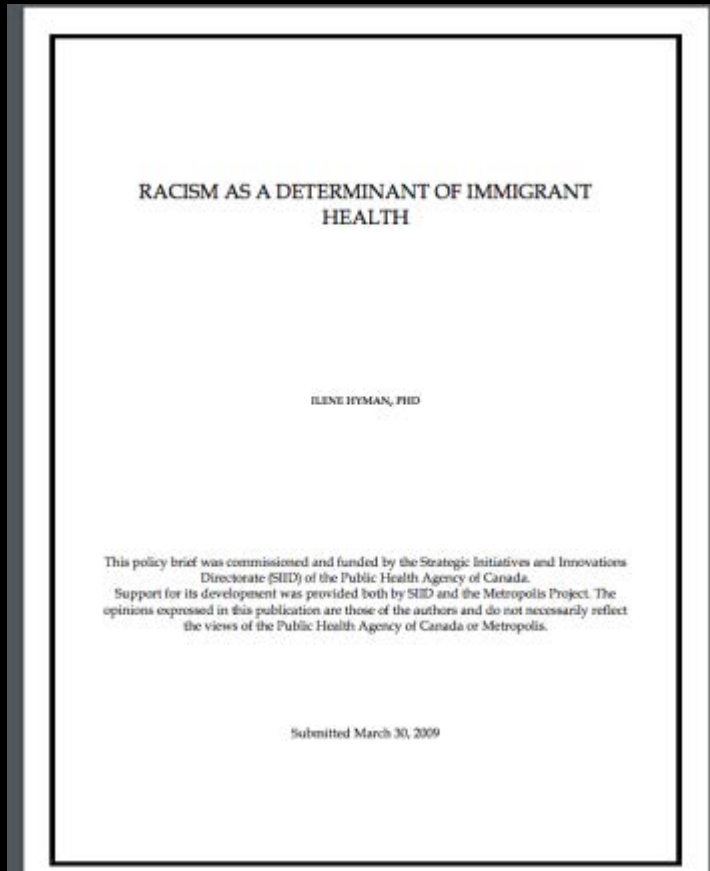
Ethnocentrism refers to a belief in the superiority of one's own culture or ethnicity (Omi & Winant, 1994; Smedley, 1999).



SOCIAL DETERMINANTS OF HEALTH

UNDERSTANDING RACISM

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)

First Peoples, Second Class Treatment

The role of racism in the health and well-being of Indigenous peoples in Canada



Discussion Paper



“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. Nia:wen.”
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 Loppie,
Charlotte Reading & Sarah de Lassez

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 (i.e., 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 a social injustice based on falsely constructed, but deeply embedded, assumptions about people and their relative social value; it is often used to justify disparities in the distribution of resources (MacKinnon, 2004). Racism manifests in multiple ways that allow some groups of people to see themselves as superior to others and to claim and maintain multiple



© Credit: Fred Castrof, www.castrof.com

forms of political, socio-cultural, and economic power. Racism also intersects with, as well as reinforces, other ways in which human beings discriminate against each other, including social

by individuals, families, communities, and nations through interactions and structures of the everyday world. The truth is that the ideologies, social metaphors and words upon which race

Racism must be understood as something that is lived

Definition of Racism

Racism is a belief or set of characteristics and practices that result in discrimination against people on the basis of their race or ethnicity.

Racialize refers to the process of creating or reinforcing racial categories.

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 (Musto, 1990).

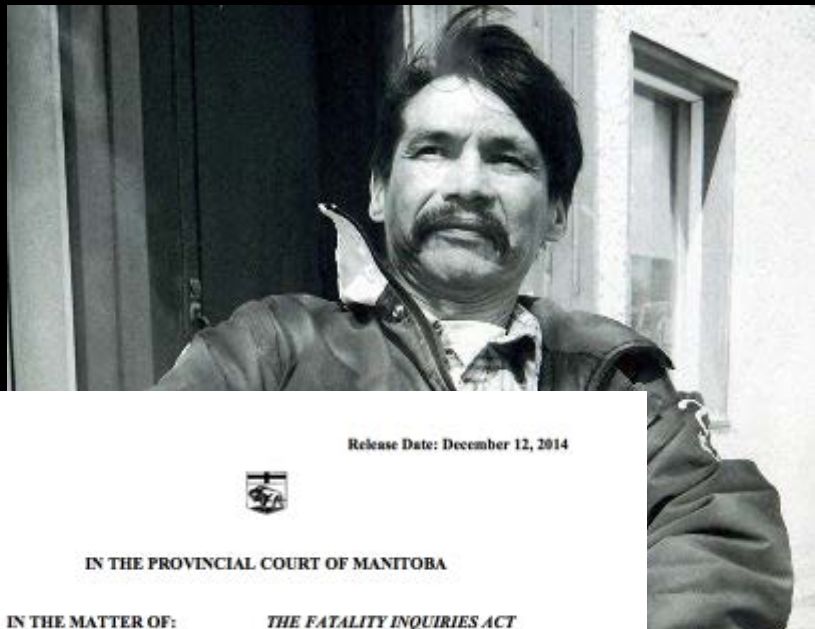
Racism is an experience acutely felt by many Aboriginal people in Canada. For example, according to a 2005 report of the *First Nations Regional Longitudinal Health Survey (RHS)*, 38% of participating First Nations adults experienced at least one instance of racism in the past 12 months; 63% of them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



© Credit: Fred Castrof, www.castrof.com

¹ The term 'Aboriginal' will be used to denote the Indigenous peoples of Canada (including status/non-status Indians, and on/off reserve Indians),

Race/ism/alization intersecting with Indigenous peoples' accessing health services



[602] In order to contextualize her analysis, Dr. Cook discussed how colonialism had an impact on both the structures and outcomes for Aboriginal health. She framed the concept of "Reserve" land as an "era of colonialism" that "continues to this day". She described how historically, racism and social exclusion resulted in First Nations being treated differently. She has concluded that the "inequitable" dual jurisdictions of health care of First Nation communities affect both the physical environment (challenges in housing, employment and education) and the health (physical and mental) of Indigenous people. She opined that First Nations' health care is cloaked in "jurisdictional ambiguity that continues to surround access to health care for First Nations, Métis and Inuit."

[603] Dr. Cook discussed stereotyping. "The kind of teaching that was done decades ago and is only now undergoing some change was quite significant in terms of instilling that concept of stereotypes. The media has reinforced that over the years." She added:

So I think that the reason I was hired by the Regional Health Authority and by the University way back when was because those systems recognized that they needed to make change. They recognized that systemic racism existed. They recognized that there were inequities on many levels and they needed someone who could provide some guidance and gather others of like mind to work with us and begin to influence the system's development at many levels.

Release Date: December 12, 2014



IN THE PROVINCIAL COURT OF MANITOBA

IN THE MATTER OF: *THE FATALITY INQUIRIES ACT*

AND IN THE MATTER OF: *BRIAN LLOYD SINCLAIR, Deceased*

to address it. She also recommended the creation of a dedicated, urban, central primary and urgent care centre.

I therefore recommend:

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 (imbalances) and account for it



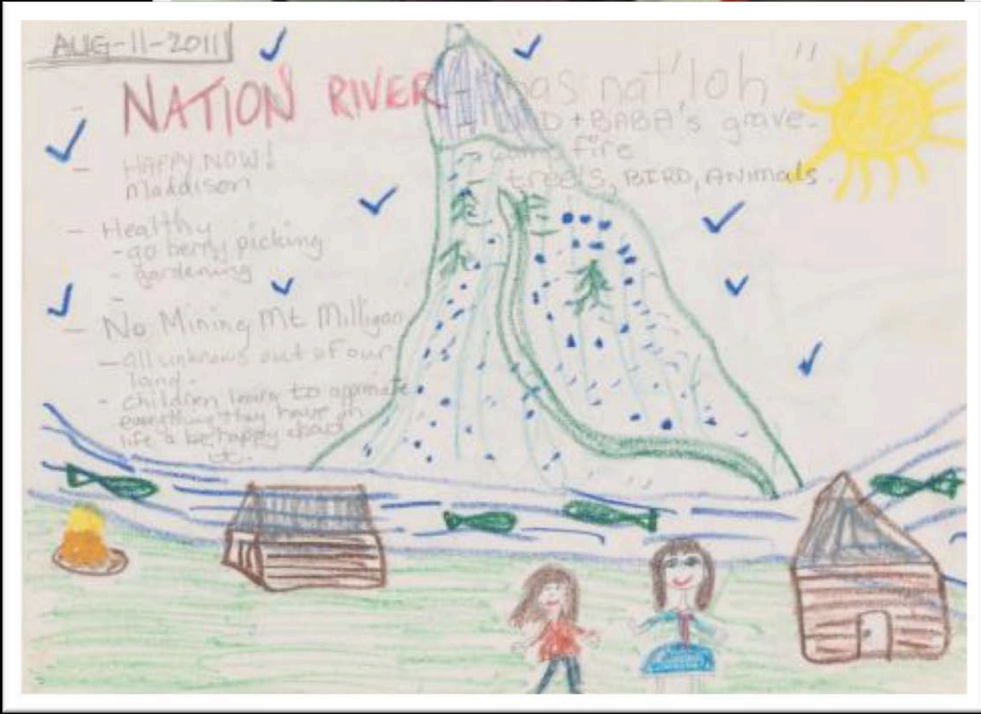
Engage and Expand

- Grow
- Push the envelope
- Evolve
- Seek out new cultural learning modalities (arts/literatures/movies)
- Ask!



Some Research and Community Engagement Projects





october-2011

The Art of Medicine

Medical students bring Art Days to a First Nation community

By: Sarah de Leeuw



BCM
BC Medical Journal

Investment Real Estate Made Easy.
PLATINUM PROPERTIES GROUP CORPORATION



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at \$30k. Strong Monthly Cash
Own It 100% and We Can Manage

Home >> Back to the April 2012 Issue

Art Days: Two medical students reflect on the value of cultural immersion and cultural safety

Issue: BCMJ, Vol. 54, No. 3, April 2012, page(s) 126-129 MDs To Be
Annika Klopp, BSc, Allison Nakashishi, BSc

The concepts of cultural immersion, cultural competence, and cultural safety are explored in the context of two medical students' experiences contributing to qualitative research on a northern BC First Nations reserve.

ABSTRACT: The concepts of cultural immersion, cultural competence, and cultural safety are explored in the context of two medical students' experiences contributing to qualitative research on a northern BC First Nations reserve. The project Art Days, a partnership between the Nak'azdli Health Centre and the UNBC Northern Medical Program, looks at the potential of artistic expression as a way for people to feel better and to articulate what is needed for their healing and well-being. A narrative and reflective approach are used to capture the students' experience being culturally immersed. Cultural competence and cultural safety are briefly discussed. Greater integration of cultural safety within our medical curricula, as well as a cultural safety framework inside health care delivery models, are needed.



bcmd2b

Art Days:

Two medical students reflect on the value of cultural immersion and cultural safety



Annika Klopp, BSc,
Allison Nakashishi, BSc

ABSTRACT: The concepts of cultural immersion, cultural competence, and cultural safety are explored in the

in the summer of 2011 we participated in a project to look at the potential of artistic expression as a way for people to feel better and to articulate what is needed for their healing and well-being. The project

On one of our first visits to Fort St. James and Nak'azdli we visited the museum in town at the suggestion of a worker at the Nak'azdli Health Centre. We spent the afternoon learning about Carrier culture by running our hands through furs and savoring the smell of a restored salmon cache, and it was this knowledge that could be beneficial in helping us build relationships in the community. It wasn't until later that we realized that these types of learning experiences are endorsed by leading authorities of health care; in their 2001 policy statement, the Society of Obstetricians and Gynaecologists of Canada (SOGC) encouraged health professionals to learn the appropriate names, demographics, and traditional geographic territories of language groups of the various

THIS ARTICLE

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- This article has been peer reviewed.
- Annika Klopp is in the University of British Columbia Medical Class of 2013. Ms Nakashishi is in the UBC Medical Class of 2014. Both are in the Northern Medical Program.

DISCUSSION

- Submit a Letter
- Add Comment

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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.

Explore



Our Story



Who We Are



Recent Work

Recent Work

Recent, current and ongoing activities, initiatives and projects exploring the relationships between creative expression, the arts, health and healing in the north. Through our works, 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.

August 3, 2013

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 peoples ...

Read More



January 8, 2014

Questioning Medicine's Discipline

A new publication that explores the potential of creative arts and expressions in expanding the relevance of emotion 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 if the geographies in which undergraduate medical education unfolds are healthy. As three women broadly trained as geographers who are emotionally, politically, personally, and professionally tied to ...



Thank-you...
questions &
comments
welcome!

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