VCH Aboriginal Health and the
VCH-PHC Emergency Department Advisory on Indigenous Cultural Safety

INDIGENOUS CULTURAL SAFETY & HUMILITY RESOURCES WORKBOOK

Aboriginal Health Be Well

Vancouver CoastalHealth

PURPOSE

This workbook will empower healthcare providers working in Emergency Department settings to enhance their cultural safety and humility frameworks. Establishing a safe space is critical to alleviating disparities in health. In the words of Dr. Michael Dumont "building trust can be a potentially lifesaving intervention." Honoring and respecting world views that may be different from our own are critical to achieving safe spaces within healthcare.

Western medicine incorporates a biomedical approach to health, where disease is the focal point. Moreover, western models are rooted in quantifiable empiricism (Jilek, 1982). In traditional healing practices, health is centered on restorative wellness and developing harmony and balance between mind, body, spirit and community (Mehl-Mardona, 2019). Traditional approaches emphasize the uniqueness of each person with their own set of imbalances (Mehl-Mardona, 2019).

Improving patient outcomes necessitates a commitment to cultural safety. However, it is imperative healthcare providers recognize cultural safety is not an end point or goal, i.e. it cannot be achieved by completing a course, watching a set of videos or reading a set of articles. Cultural safety is defined by those experiencing the care. A critical first step toward cultural safety is to understand the history of colonization in Canada, ongoing experiences of racism and discrimination, and how these historical and current experiences impact the health of Indigenous people. However, this is an initial step on a life-long journey.

The Circle of Cultural Safety

Source – Wabano Centre for Aborginal Health, 2014

Many Indigenous communities live by the principle of "nothing about us without us", which highlights that self-determination and participatory approaches to health care are essential to address the impacts of colonization, and to empower and facilitate sustainable change with Indigenous communities. A reciprocal relationship will result when (mutual) respect and trust enables space for recipients of care to voice their needs based on their values and beliefs (Hamilton Niagara Haldimand Brant Local Health Integration Network, 2019).

Educational objectives of this workbook

- Awareness of historical and ongoing colonialism, racism and discrimination
- Understanding how colonialism, racism and discrimination impacts the health of Indigenous patients
- Commitment to Indigenous led partnerships
- Recognize power relations
- Advancing a healthy vision of self-determination

Deepening one's understanding of power dynamics at play within healthcare settings, requires an open heart and open mind. Self-reflection and exploration may be unfamiliar and uncomfortable. Those in positions of power need to sit with and process these feelings to address anti-Indigenous racism. Identifying anti-Indigenous racism and our own implicit biases is an ongoing, lifelong journey. Health care can unintentionally harm patients; we must accept the reality of institutional racism before we can meaningfully address equity (Feely, 2019). We cannot redress our shared history of the past 500+ years. We can confront our explicit and implicit prejudices and incorporate Indigenous ways of knowing and cultural humility into our professional and personal lives. Listen. Read. Reflect. Repeat.

References

Dumont, D. M. (2020, February 12). Indigenous Cultural Safety UBC IM Academic Halfday [PowerPoint]. UBC IM Academic Halfday, Vancouver, Canada

Jilek, W. (1982). Indian Healing: Shamanic Ceremonialism in the Pacific Northwest Today. Surrey, B.C: Hannock House.

Feely. D. (2019, August). "When Talking About Race and Racism, Don't Wait to Feel Comfortable." Institute for Health-care Improvement http://www.ihi.org/communities/blogs/when-talking-about-race-and-racism-dont-wait-to-feel-comfortable

Hamilton Niagara Integration Haldimand Brant Local Health Integration Net-work (2019). "Indigenous Allyship Toolkit." http://ncnw.net/wp-content/uploads/2020/03/F-HNHB-IHN_Indigenous-Allyship-Toolkit-1-1.pdf

Herbert, C. P. H. (2017, January). "Nothing about us without us": Taking Action on Indigenous Health. Longwoods.Com. https://www.longwoods.com/content/24947//-nothing-about-us-without-us-taking-action-on-indigenous-health

Mehl-Madrona, L. M. M. & CATIE. (2019). What can Western medicine learn from Indigenous healing traditions? Https://www.Catie.ca/En/Home. https://www.catie.ca/en/positiveside/spring-2019/indigenous-healing

PART 2

INDIGENOUS CULTURAL SAFETY EDUCATION RESOURCES

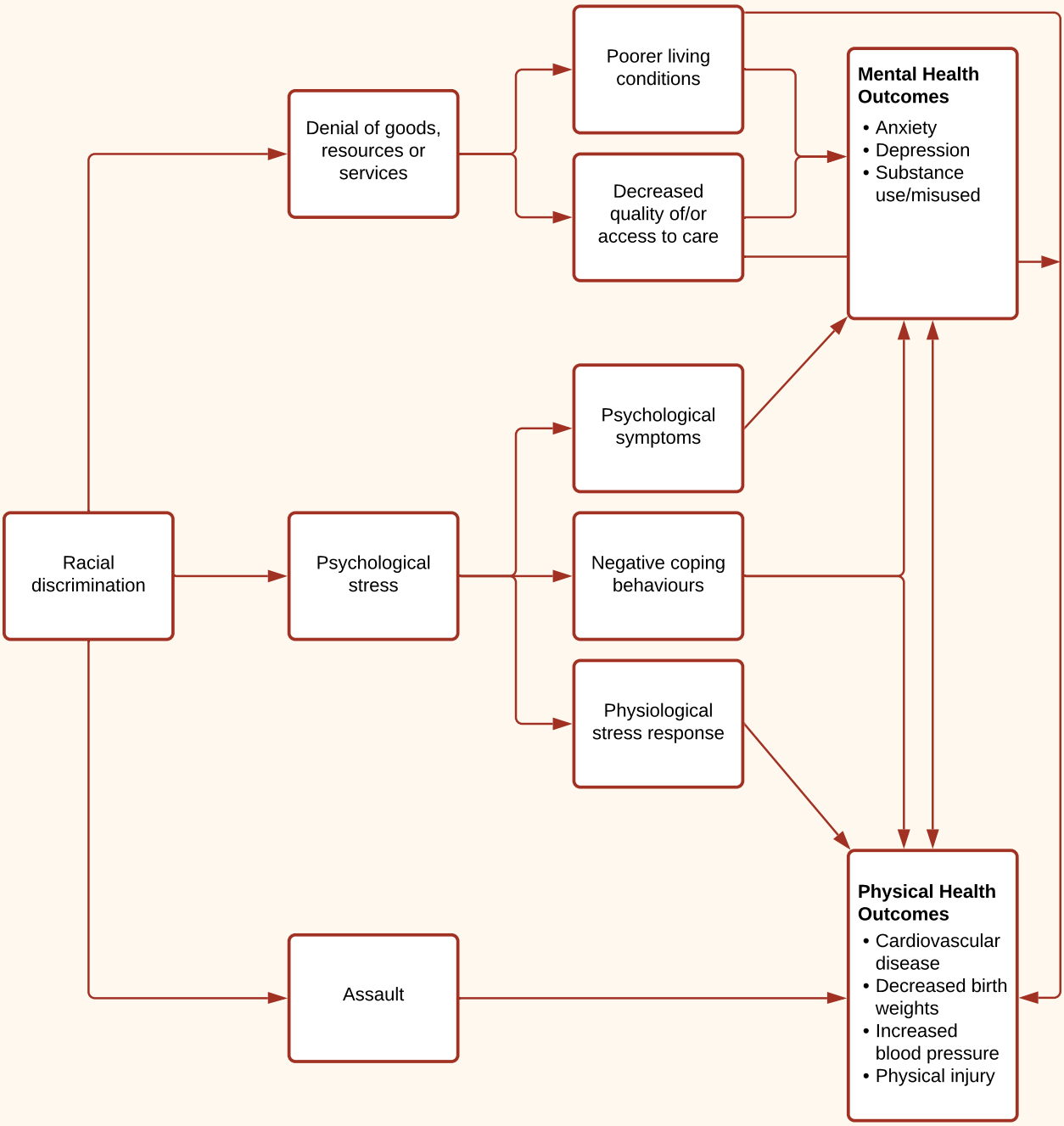
The following videos have been audited and endorsed by the members of the VCH-PHC Emergency Department Advisory on Indigenous Cultural Safety. We are grateful to the following members who have audited and recommended these videos.

Dr. Eliza Chan	Co-Department Head, Richmond General Hospital, VCH
Dr. Rebekah Eatmon	Physician, Luma Medical Clinic
Cindy Elliot	Program Director – Emergency & Access Services, PHC
Dr. Eric Grafstein	Chief Medical Information Officer, VCH/PHC; Regional Emergency Department Head, VCH/PHC
Dr. Kendall Ho	Digital Emergency Medicine Lead, VGH and UBC
Dr. Dan Kalla	Department Head, Emergency Medicine, PHC; Assoc. Medical Director, Emergency Medicine, VCH
Dr. Averil Ivsins	Emergency Physician, Lion's Gate Hospital, VCH
Lori Korchinski	Operations Director, Vancouver General Hospital, VCH
Dr. Heather Lindsay	Department Head and Medical Director, Emergency Medicine, Vancouver Acute (VGH, UBC), VCH
Dr. David Migneault	Emergency Physician and Physician Support Ethicist, VCH
Dr. Hazel Park	Medical Director, Regional Trauma Program, VCH/PHC; Emergency Physician/Trauma Team Leader, LGH
Dr. Sean Staniforth	Emergency Department Head, Coastal Community of Care; Trauma Medical Director, Lion's Gate Hospital, VC

START HERE IF YOU ARE LOOKING FOR:	DESCRIPTION	LENGTH MINUTES
1.01 **Introduction to Indigenous Cultural Safety and Humility**	A webinar featuring Dr. Joseph Keawe'aimoku Kaholokula on Inclusion and Indigenous Cultural Safety and decolonizing healthcare	68
1.02 **Understanding of why we do land acknowledgements**	A webinar featuring Chief Ian Campbell talking about early Indigenous stories about transformation, colonial history, colonial impacts on health, why we do land acknowledgements.	89
1.03 **Indigenous lens to Trauma Informed Healthcare**	A webinar featuring Dr. Pat Makokis, PhD and Dr. Margo Greenwood, PhD discussing community based medicine	50
1.04 **Understanding of how colonialism impacts determinants of health**	A webinar featuring Dr. Sarah de Leeuw, PhD discussing the role of racism and relationship to optimal health care. A reflective exercise will enable healthcare professionals to think about their own personal orientations with Indigenous communities and peoples.	53
	A webinar featuring Dr Evan Adams talking about intergenerational trauma and its impact on health	60
1.05 **Understanding of how racism creates health disparities**	A video featuring Dr. Jennifer Tsai unpacking how colonial history in the US and current experiences of racism create health disparities among Black Americans	13

START HERE IF YOU ARE LOOKING FOR:	DESCRIPTION	LENGTH MINUTES
1.06 **Understanding of the impacts of discrimination in acute care settings**	A provincial Grand Round featuring Dr. Michael Dumont and Dr. David Tu. They discuss recent case examples of their patients' experiences in acute care settings, and how they impacted their health	58
	A short video featuring Ceejai Julian on the impact of systemic racism on Indigenous women who use substances	13
	A webinar featuring Dr. Marcia Anderson and Dr. Elizabeth McGibbon on how experiences of racism impact Indigenous people's health	88
1.07 **Information on how to incorporate traditional medicine into Indigenous patients' care**	A video featuring Dr. Kendall Ho, Dr. Patricia Daly, and Stl'atl'imx Elder Gerry Oldman, on how to incorporate traditional and western medicine	17
1.08 **Information on race theory and race as a biological vs social construct**	A Ted Talk featuring Dorothy Roberts on race as a social construction	15

Pathways between racism and health



Source: Kelaher M, Ferdinand A, Paradies Y: Experiencing racism in health care: The mental health impacts for Victorian Aboriginal communities. Medical Journal of Australia. Under review. April 2013.

Juxtaposing Positions

SETTLER SAFETY	INDIGENOUS (CULTURAL) SAFETY
"What is the matter with you?"	"What matters to you?"
Status Quo	Change
Reaffirming dominant group's historical and social position	Affirming others' history, experiences, and aspirations
The past is the past	The past is present
Culture is a risk factor	Culture is a protective factor
Defining the experiences and aspirations of others to fit comfort level and biases of the definer	Recognizing the experiences and aspirations of others in relationship to self
Individual rights and autonomy	Obligation to others and collective aspirations
Intimacy hinders objectivity	Trust enables healing
Overlooking differences	Respecting differences
Defeating narratives	Empowering differences
Modifying the system	Transforming the system

Source: Keawe'aimoku, Kaholokula. (2020, October 15). Indigenizing the Healthcare System: Cultural Safety as the Catalyst for System Transformation [PowerPoint Presentation]. Retrieved from https://www.youtube.com/watch?v=oMJoyO66yBs&feature=youtu.be

An Indigenized Healthcare System

STATUS QUO	TRANSFORMED
Superficial inclusion/representation of Native language, artifacts, and images as decor (shallow)	Genuine inclusion of Native values, concepts, and practices in the physical, social, and spiritual spaces (authentic)
Indigenous roles relegated to cultural protocols and ceremonies and advisory (tokenized)	Indigenous persons/perspectives/input included in governance, executive decision-making, practices, and policies (valued)
Indigenous programs/services are stand alone and/or siloed (marginalized)	Indigenous programs/services deeply embedded across all aspects of the healthcare system (integrated)
Evidence-based treatments (illness focused)	Culturally responsive interventions (wellness-focused)
The number of Indigenous health care providers do not reflect the population (inequity)	The Indigenous health care workforce reflects the larger population (equity)
The Indigenous patient avoids or delays seeing health care services because of safety and trust issues (dread)	The Indigenous patient feels welcomed, safe, and trusting of their health care provider (eager)

> White people typically avoid black (brown) space, but black (brown) people are required to navigate the white space as a condition of their existence. — ELIJAH ANDERSON

Source: Keawe'aimoku, Kaholokula. (2020, October 15). Indigenizing the Healthcare System: Cultural Safety as the Catalyst for System Transformation [PowerPoint Presentation]. Retrieved from https://www.youtube.com/watch?v=oMJoyO66yBs&feature=youtu.be

Aboriginal Health: Indigenous Cultural Safety (ICS) Resource List

To support your ongoing learning Aboriginal Health has put together this resource list.

Considering how we contribute to oppression, and how we can change it

2.01

National Equity Project: Lens of Systemic Oppression

"Systemic oppression and its effects can be undone through recognition of inequitable patterns and intentional action to interrupt inequity"

2.02

Exploring Unconscious Bias in Disparities Research and Medical Education

Dr. Michelle van Ryn, PhD, MPH and Dr. Somnath Saha, MD, MPH

"The evidence that physician behavior and decision making may contribute to racial inequalities in health care is difficult to reconcile with the fact that most physicians are genuinely motivated to provide good care to all their patients"

2.03

Unlearning in health care

R. Rushmer & H. T. O. Davies

"Being able to unlearn is a skill in itself, which may increase flexibility and willingness to change proactively"

What does bias look like in health care today?

2.04

Unintentional racism by health practitioners most dangerous racism, researcher says

"People actually wanted to be kind, but they were making assumptions that were incorrect, so they had faulty diagnostic logic," she said.

2.05

Inuvialuit woman says uncle's stroke mistaken for drunkenness

H. Bird, CBC

*story contains distressing information

"According to Papik [niece], staff told her she needed to "deal with him" because he was drunk … Hugh Papik, a 68-year-old Inuvialuit man, had had several strokes in the past"

2.06

Opinion: Healthcare treatment isn't being delivered equally to all people across Canada—and major work lies ahead to make that a reality

Yvonne Boyer, Macleans

Colonization and Race as determinants of Indigenous Health

2.07

First Peoples, Second Class Treatment: The role of racism in the health and well-being of Indigenous peoples in Canada

Dr. Billie Allan & Dr. Janet Smylie

"Colonization is recognized as a foundational determinant of Indigenous health globally and the relationship between racism and colonization are inextricably intertwined"

2.08

Health inequalities and social determinants of Aboriginal Peoples' health

Reading & Wien

"It is clear that the origin of good health arises long before conception, with the historical, political, economic and social contexts into which we are born. After birth, distal, intermediate and proximal determinants continue to influence health over the life span."

2.09

Genocide by a million paper cuts

Sally Thorne

"Participating in colonization may not offend our sensibilities in the same manner as overt dehumanizing practices might; however, it may still have a long-standing untoward impact on the welfare and identity of those we have colonized"

Indigenous Cultural Safety in health care

2.10

Cultural Safety and Providing Care to Aboriginal patients in the Emergency Department

Evelyn M. Dell; Michelle Firestone; Janet Smylie; Samuel Vaillancourt

"Cultural safety is relevant to every person involved in ED patient care, from security personnel to nurses and physicians"

2.11

Empathy, dignity, and respect Creating cultural safety for Aboriginal people in urban health care

Health Council of Canada

"While Aboriginal people may have access to care, racism creates a systemic barrier that contributes to their mistrust of the health care system."

2.12

Perspectives on Indigenous cultural competency and safety in Canadian hospital emergency departments: A scoping review

Berg, Kelsey & McLane, Patrick & Eshkakogan, Nicole & Mantha, Jennifer & Lee, Tracy & Crowshoe, Chelsea & Phillips, Ann

"Key themes emerged across studies and stakeholders. These include: Interpersonal relationships between patients and care providers; cultural competency training"

Implementing Indigenous health care practices improves Indigenous peoples' wellbeing

2.13

"All my relations": experiences and perceptions of Indigenous patients connecting with Indigenous Elders in an inner city primary care partnership for mental health and well-being

George Hadjipavlou, Colleen Varcoe, David Tu, Jennifer Dehoney, Roberta Price and Annette J. Browne

Indian Hospitals*

2.14

State of Care Documentary: Canada's segregated health care

[Podcast, 24:00] CBC

Native Canadians who fell ill used to be able to count on one thing – not sharing a hospital ward with a white Canadian. This is a documentary on the story of segregated health care in Canada – and it's not that old a story.

2.15

The story of a separate and unequal Canadian health care system

[Podcast, 31:28] CBC

"[Residential schools and Indian hospitals] are rather like nodes in a larger web of incarceration, segregation, marginalization. – Maureen Lux, Professor, Brock University, St Catharines*

2.16

EQUIP Equity Talk Pocket Cards

Part 1

Part 2

Part 3

2.17

Equity Walk Through Emergency Pocket Cards

2.18

What is health equity?

Additional Resources

2.19

VCH Aboriginal Health Intranet site – Indigenous Cultural Safety

2.20

Where are the children: healing the legacy of the residential schools

"This site is a counterpart to Where are the Children? Healing the Legacy of the Residential Schools, a touring exhibition that explores the history and legacy of Canada's Residential School System through Survivor stories, archival photographs, and documents, curated by Iroquois artist Jeff Thomas."

2.21

Our history, our health

First Nations Health Authority (FNHA)

"The lands in BC have been populated by the ancestors of First Nations since time immemorial."

2.22

A Reconciliation reading list: 15 must read books

CBC

* *While "Indian Hospital" is the technical term for these hospitals, use of the word "Indian" by non-Indigenous people to describe First Nations is considered offensive. It is never appropriate for a non-Indigenous person to use "Indian" to describe an Indigenous person.*

2.23

TRC: Calls to Action

Truth and Reconciliation Commission of Canada

2.24

United Nations Declaration on the Rights of Indigenous People (UNDRIP)

United Nations

2.25

In Plain Sight:
Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care

2.26

Red Women Rising:
Indigenous Women Survivors in Vancouver's Downtown Eastside

2.27

Believe Me:
Identifying Barriers to Health Equity for Sexual and Gender Diverse Communities in British Columbia

PART 3

SELF-REFLECTION

After you have watched the videos/read the articles/used the tools in this resource workbook take some time to reflect on what you have learned. Use the following questions as a guide and record your thought.

What are my key takeaways?

What emotions am I experiencing when engaging with this content?

How do I describe my own culture?

What assumptions or biases do I hold about culture?

How might historical legacies affect and inform the healthcare I provide?

How does my use of language affect cultural safety?

As a healthcare provider, how can I improve experiences for my patient(s)?
- What do I do well?
- What do I struggle with?
- How can I change my actions or behaviors to improve quality and delivery of care?"

PART 4

GLOSSARY[1]

Anti-racism is the practice of actively identifying, challenging, preventing, eliminating and changing the values, structures, policies, programs, practices and behaviours that perpetuate racism. It is more than just being not racist but involves taking action to create conditions of greater inclusion, equality and justice.

Bias: A way of thinking or operating based explicitly or implicitly on a stereotype or fixed image of a group of people.

Colonialism: Colonizers are groups of people or countries that come to a new place or country and steal the land and resources from Indigenous peoples, and develop a set of laws and public processes that are designed to violate the human rights of the Indigenous peoples, violently suppress the governance, legal, social, and cultural structures of Indigenous peoples, and force Indigenous peoples to conform with the structures of the colonial state.

Cultural humility is a life-long process of self-reflection and self-critique. It is foundational to achieving a culturally safe environment. While western models of medicine typically begin with an examination of the patient, cultural humility begins with an in-depth examination of the provider's assumptions, beliefs and privilege embedded in their own understanding and practice, as well as the goals of the patient-provider relationship. Undertaking cultural humility allows for Indigenous voices to be front and centre and promotes patient/provider relationships based on respect, open and effective dialogue and mutual decision-making. This practice ensures Indigenous peoples are partners in the choices that impact them, and ensures they are party and present in their course of care.

Cultural safety: A culturally safe environment is physically, socially, emotionally and spiritually safe. There is recognition of, and respect for, the cultural identities of others, without challenge or denial of an individual's identity, who they are, or what they need. Culturally unsafe environments diminish, demean or disempower the cultural identity and well-being of an individual.

Culture: Refers to a group's shared set of beliefs, norms and values. It is the totality of what people develop to enable them to adapt to their world, which includes language, gestures, tools, customs and traditions that define their values and organize social interactions. Human beings are not born with culture – they learn and transmit it through language and observation.

Discrimination: Through action or inaction, denying members of a particular social group access to goods, resources and services. Discrimination can occur at the individual, organizational or societal level. In B.C., discrimination is prohibited on the basis of race, colour, ancestry, place of origin, religion, family status, marital status, physical disability, mental disability, sex, age, sexual orientation, political belief or conviction of a criminal or summary conviction offence unrelated to their employment.[2]

Epistemic racism: Refers to the positioning of the knowledge of one racialized group as superior to another, including a judgment of not only which knowledge is considered valuable, but is considered to be knowledge.

Ethnicity: Refers to groups of people who share cultural traits that they characterize as different from those of other groups. An ethnic group is often understood as sharing a common origin, language, ancestry, spirituality, history, values, traditions and culture. People of the same race can be of different ethnicities.

Health equity: Equity is the absence of avoidable, unfair or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. Health equity or equity in health implies that everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.

Health care inequity: The practice of intentionally or unintentionally treating people differently and unfairly because of their race, sex[2], national origin, disability or other social advantage/disadvantage.

Health inequity: The presence of systematic disparities in health (or in the major social determinants of health) among groups with different social advantage/disadvantage.

Indigenous peoples: The first inhabitants of a geographic area. In Canada, Indigenous peoples include those who may identify as First Nations (status and non-status), Métis and/or Inuit.

Indigenous-specific racism: The unique nature of stereotyping, bias and prejudice about Indigenous peoples in Canada that is rooted in the history of settler colonialism. It is the ongoing race-based discrimination, negative stereotyping, and injustice experienced by Indigenous peoples in Canada that perpetuates power imbalances, systemic discrimination and inequitable outcomes stemming from the colonial policies and practices.

Intergenerational trauma: Historic and contemporary trauma that has compounded over time and been passed from one generation to the next. The negative cumulative effects can impact individuals, families, communities and entire populations, resulting in a legacy of physical, psychological, and economic disparities that persist across generations. For Indigenous peoples, the historical trauma includes trauma created as a result of the imposition of assimilative policies and laws aimed at attempted cultural genocide and continues to be built upon by contemporary forms of colonialism and discrimination.

Interpersonal racism: Also known as relationship racism, refers to specific acts of racism that occur between people, and may include discriminatory treatment, acts of violence and micro-aggressions.

Oppression: Refers to discrimination that occurs and is supported through the power of public systems or services, such as health care systems, educational systems, legal systems and/or other public systems or services; discrimination backed up by systemic power. Denying people access to culturally safe care is a form of oppression.

Prejudice: Refers to a negative way of thinking and attitude toward a socially defined group and toward any person perceived to be a member of the group. Like bias, prejudice is a belief and based on a stereotype.

Privilege: operates on personal, interpersonal, cultural, and institutional levels and gives advantages, favors, and benefits to members of dominant groups. Privilege is unearned, and mostly unacknowledged, social advantage that non-racialized people have over other racial groups.

Profiling is creating or promoting a preset idea of the values, beliefs and actions of a group in society and treating individuals who are members of that cohort as if they fit a present notion, often causing them to receive different and discriminatory treatment.

Race: Refers to a group of people who share the same physical characteristics such as skin tone, hair texture and facial features. Race is a socially constructed way to categorize people and is used as the basis for discrimination by situating human beings within a hierarchy of social value.

Racism is the belief that a group of people are inferior based on the colour of their skin or due to the inferiority of their culture or spirituality. It leads to discriminatory behaviours and policies that oppress, ignore or treat racialized groups as 'less than' non-racialized groups.

Stereotype: A fixed image. Refers to an exaggerated belief, image or distorted truth about a person or group; a generalization that allows for little or no individual differences or social variation.

Substantive equality refers to the requirement to achieve equality in opportunities and outcomes, and is advanced through equal access, equal opportunity, and the provision of services and benefits in a manner and according to standards that meet any unique needs and circumstances, such as cultural, social, economic and historical disadvantage.

Systemic racism is enacted through routine and societal systems, structures, and institutions such as requirements, policies, legislation, and practices that perpetuate and maintain avoidable and unfair inequalities across racial groups, including the use of profiling and stereotyping.

Reference

1 Turpel-Lafond ME. In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care. Full Report, November 2020 (https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report.pdf)

2 The Canada Human Rights Act and Vancouver Coastal Health include gender identity and expression as protected grounds from discrimination.

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