



■ Indigenous Awareness and Effective Interaction Strategies for Health Care Professionals Panel

Dr. Jaris Swidrovich, BSP, PharmD

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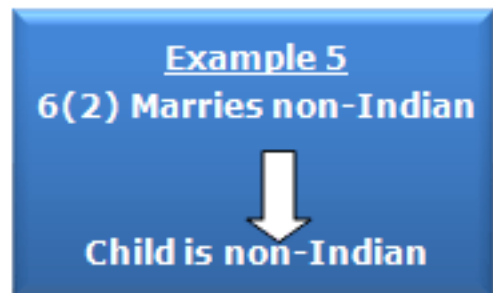
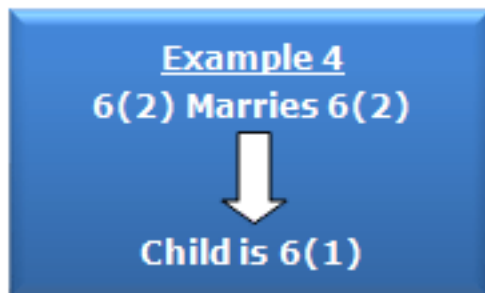
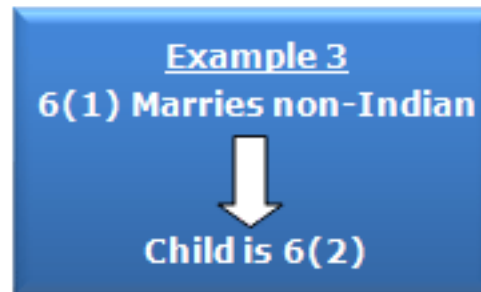
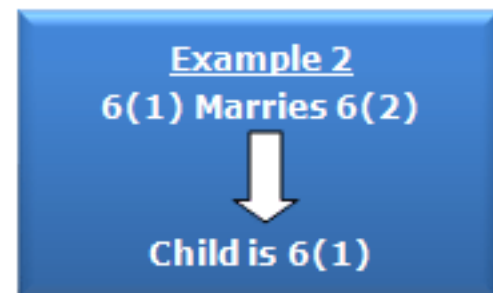
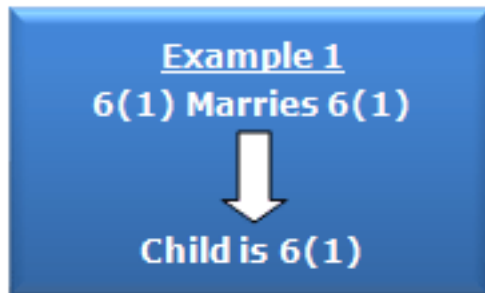
Outline

- Describe common challenges and gaps in knowledge experienced by healthcare professionals treating Indigenous patients
- Propose strategies for effective integration of Indigenous history, teachings, and ways of knowing based on personal experience and experience with “Indigenizing” the curriculum at the University of Saskatchewan and responding to the Truth and Reconciliation Commission (TRC) of Canada’s Calls to Action

Challenges in Treating Indigenous Patients

- Often the challenge is *because of* the gaps in knowledge
- Gaps in knowledge exist regarding Indigenous people, Indigenous history, communities, health experiences of Indigenous people, etc.
 - Such gaps should **not** exist in **any** health science graduate in Canada

Who is “Indian?”



Indigenous Peoples

INUIT

**FIRST
NATIONS**

Indian Act

- *Status*

- *non-Status*

METIS

Context for Health and Well Being:

Human Development Index Rating

- Human development index is a tool developed by United Nations to help rank countries' social and economic development levels
 - The ranking is based on criteria which includes life expectancy at birth, educational rankings and income rankings
- **In 2011 - out of 177 Countries – Canada ranked #6**
 - **When HDI is applied to First Nations Communities in Canada, the ranking falls to #68**

Statement on Well-Being of Indigenous People in Canada:

- A major study on the situation of Aboriginal peoples in Canada (1996) stated
- ***“Aboriginal people are at the bottom of almost every available index of socio-economic well-being, whether [they] are measuring education levels, employment opportunities, housing conditions, per capita incomes or any of the other conditions that give non-Aboriginal Canadians one of the highest standards of living in the world.” (RCAP 1996)***

Demographic Context: Alberta

- **16% of Canada's Indigenous people resided in Alberta in 2011**
- **6% of all people in Alberta = Indigenous (in 2011)**
- 1 in 4 Indigenous people resided in Edmonton
- 1 in 7 Indigenous people resided in Calgary
- From 2006 to 2011, the First Nations population increased by 19%, while the Metis population increased by 14% and the Inuit population increased by 24%

Demographic Context: Alberta

- **Nearly half (49%) of Indigenous people in Alberta were under the age of 25**
 - 32% for the non-Indigenous population.
- **In 2011, the median age of First Nations people in Alberta was 23 years**
 - Non-Indigenous population = 36.8 years
- **Of all children in foster care in 2011 in Alberta, ~three quarters (73%) were Indigenous, with the majority of whom (79%) were First Nations**

Demographic Context: Alberta

- In 2011, **47%** of Aboriginal people aged 25 to 64 in Alberta **had a certificate, diploma or degree** from a trade school, college or university
 - Non-Aboriginal counterparts was **65%**
- In 2011, **39%** of First Nations people aged 25 to 64, **23%** of Métis and **24%** of Inuit did **NOT** have a certificate, diploma or degree.
 - Non-Aboriginal population was **11%**

Educational Attainment:

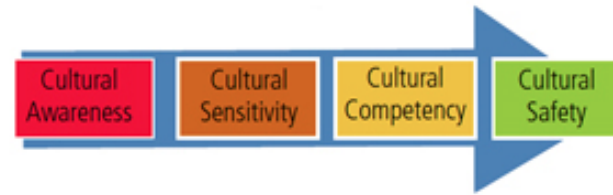
Looking at some “WHYs” still prevalent today:

- **Major funding inequities also exist for First Nations education**
- **A First Nations child’s education is funded between \$2000 to \$3000 less than another child in a nearby provincial school**
- Unlike provincial schools, the federal government does not provide any funding for other important resources:
 - \$0 for libraries
 - \$0 for computers, software and teacher training
 - \$0 for extracurricular activities
 - \$0 for First Nations data management systems
 - \$0 for 2nd and 3rd level services (including core funding for special education, school boards, governance and education research)
 - \$0 for endangered languages
 - \$0 for principals, directors, pedagogical support, and the development of culturally-appropriate curricula

Educational Attainment: Looking at some “WHYs” still prevalent today:

- **Health Concerns in First Nations schools include:**
Overcrowding, extreme mould, high carbon dioxide levels, sewage fumes in school, frozen pipes, unheated portables, students suffering from cold and frost bite, and schools being abandoned despite a lack of alternative infrastructure

Cultural Safety



- Critical component for improving patient outcomes
- People who experience culturally safe health care are more likely to:
 - Access care earlier
 - Feel more at ease
 - Feel empowered throughout the process of receiving care
 - Share details about their health concerns & care preferences
 - More willing to return
 - More willing to follow treatment plans recommended by medical professionals

Outline

- **Propose strategies for effective integration of Indigenous history, teachings, and ways of knowing based on personal experience and experience with “Indigenizing” the curriculum at the University of Saskatchewan and responding to the Truth and Reconciliation Commission (TRC) of Canada’s Calls to Action**

What does the literature tell us?

- **DISCLAIMER:** Looking to the literature for guidance is an example of how the process of “Indigenizing” education is “colonized”
- We must consult with our own communities, families, youth, and Elders

What does the literature tell us?

- The **Literacy and Numeracy Secretariat** (Ontario, 2008) published the work of **Dr. Pamela Rose Toulouse** (Anishinabek woman from Sagamok First Nation and Assistant Professor, Laurentian University, School of Education)
- Proposed Seven Living Principles of valuing the Aboriginal learner
 - Connected with the framework generated by the “living teachings” of the Ojibwe people

Seven Living Principles of Valuing the Aboriginal Learner

1. Respect
2. Love
3. Bravery
4. Wisdom
5. Humility
6. Honesty
7. Truth

Truth and Reconciliation Commission (TRC)

- Reconciliation:
 - An ongoing process of establishing and maintaining respectful relationships
- A critical part of this process involves:
 - Repairing damaged trust by making apologies
 - Providing individual and collective reparations
 - Following through with concrete actions that demonstrate real societal change

TRC

- Establishing respectful relationships also requires the revitalization of Indigenous law and legal traditions.
- It is important that all Canadians understand how traditional First Nations, Inuit, and Métis approaches to resolving conflict, repairing harm, and restoring relationships can inform the reconciliation process
- TRC developed 94 “Calls to Action”
 - a) #18-24 are related to health

TRC: Call To Action #18

- We call upon the federal, provincial, territorial, and Aboriginal governments to **acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies,** including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

TRC: Call To Action #19

- We call upon the federal government, in consultation with Aboriginal peoples, to **establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities,** and to publish annual progress reports and assess long-term trends.
 - a) Such efforts would focus on indicators such as:
 - infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

TRC: Call To Action #20

- In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to **recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.**

TRC: Call To Action #21

- We call upon the federal government to **provide sustainable funding for existing and new Aboriginal healing centres** to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

TRC: Call To Action #22

- We call upon those who can effect change within the Canadian health-care system to **recognize the value of Aboriginal healing practices and use them** in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

TRC: Call To Action #23

- We call upon all levels of government to:
 - a) i. Increase the number of Aboriginal professionals working in the health-care field.
 - b) ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
 - c) iii. Provide cultural competency training for all healthcare professionals.

TRC: Call 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.

Responding to the TRC

- Not placing a strong, or at least stronger, focus on educating health professionals, and all Canadians, on the health challenges and issues faced by Indigenous Canadians can be perceived as systemic racism
 - Especially considering where the greatest needs are seen in Canada

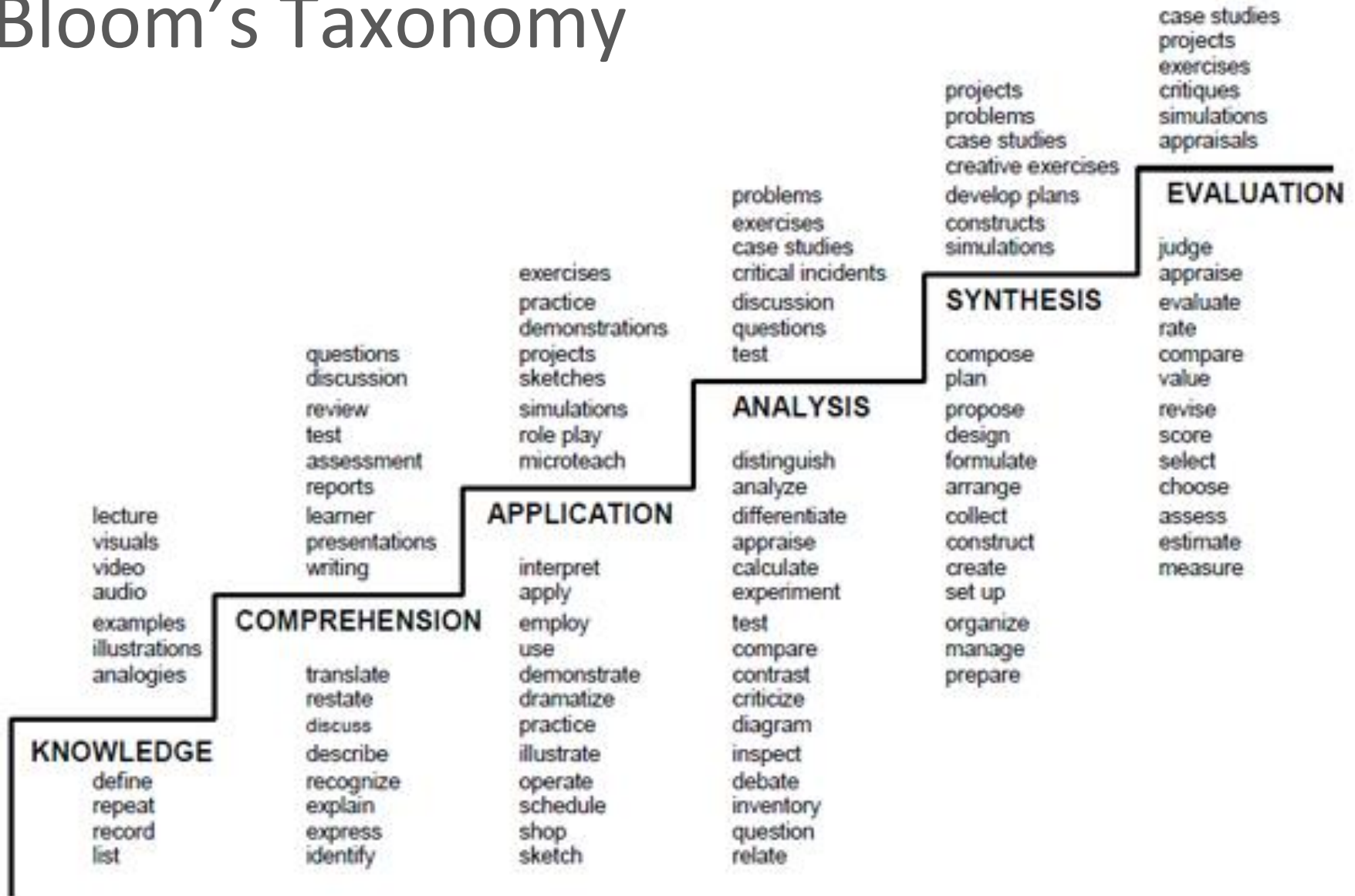
Responding to the TRC

- Failing to best-prepare all Canadians (notably health professionals) to not only **address**, but also **proactively prevent, Indigenous health inequities** further perpetuates the sub-standard health achievements and experiences of Indigenous Canadians

Five Layers of “Indigenizing” the Classroom:

1. Lesson planning when **learning outcomes** are set
2. Curriculum content and learning resources
3. Instructional strategies and methods
4. Assessment of learning
5. Philosophical underpinning of the curriculum

Bloom's Taxonomy



Proposed Indigenous Learning Outcomes for Entry-to-Practice Pharmacy Programs in Canada

Developed at the College of Pharmacy and
Nutrition, University of Saskatchewan

Year 1

- **List the three distinct groups of people who are defined as Aboriginal in Canada.**
- Summarize Treaty rights and benefits for both parties involved.
- Explain the rationale behind the phrase, “We are all Treaty people.”
- Summarize the key provisions of the Indian Act.
- Identify the proportion of Aboriginal people living in Saskatchewan.
- Summarize the custom protocol regarding inviting an Elder (or healer, Medicine person, etc) to speak or attend at an event, clinic, etc.
- **Describe the Medicine Wheel.**
- List the four sacred medicines in First Nations culture.
- Describe the structure and rationale of a sweat lodge ceremony.
- Describe the process and significance of smudging.
- Summarize the sacred use of tobacco in Aboriginal culture.

Year 2

- Identify where Canadian First Nations people are ranked in the World Health Organization's Human Development Index.
- **Differentiate First Nations (status and non-status) versus Inuit versus Metis peoples.**
- Identify the number of First Nations communities in Canada that currently do not have access to safe drinking water.
- **Summarize the residential school experience.**
- **Summarize the Sixties Scoop.**
- List the social determinants of health.
- Identify specific links between social determinates of health and both the Residential Schools and the Sixties Scoop.

Year 3

- Summarize the Non-Insured Health Benefits (NIHB) program.
- Identify the specific group of people entitled to NIHB coverage.
- Interpret why vast health disparities are currently witnessed between Aboriginal and non-Aboriginal people in Canada.
- Recognize when to incorporate the Medicine Wheel into medication counseling.
- **Identify how to apply concepts of the Medicine Wheel to patient medication counseling.**
- List resources available in Saskatchewan to assist Aboriginal people in their health journey.
- Describe the Truth and Reconciliation Commission of Canada

Year 4

- Describe, with examples, what it means to provide culturally safe care.
- Describe the role of racism in relation to health disparities and health care access.
- **Use concepts of the Medicine Wheel when counseling a self-identified Aboriginal patient.**
- **Justify the Truth and Reconciliation Commission of Canada's Calls to Action related to Health**

“Indigenization”

- All documents are still in “draft” stage
- MUST have community consultations
 - a) Elders
 - b) Youth
 - c) Students
 - d) On- and off-reserve health care staff
 - e) Community forums
 - f) Faculty, staff, and university input

Indigenous Research



Panel on Research Ethics

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The Policy (TCPS)
TCPS 2
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1. Ethics Framework
2. Scope and Approach
3. The Consent Process
4. Fairness and Equity in Research Participation
5. Privacy and Confidentiality
6. Governance of Research Ethics Review
7. Conflicts of Interest
8. Multi-Jurisdictional Research

TCPS 2 - Chapter 9

Research Involving the First Nations, Inuit and Métis Peoples of Canada

[Introduction](#)

[A. Key Concepts and Definitions](#)

[B. Interpreting the Ethics Framework in Aboriginal Contexts](#)

[C. Applying Provisions of This Policy in Aboriginal Contexts](#)

Introduction

Preamble

This chapter on research involving Aboriginal peoples in Canada, including Indian (First Nations¹), Inuit and Métis peoples, marks a step toward establishing an ethical space for dialogue on common interests and points of difference between researchers and Aboriginal communities engaged in research.

First Nations, Inuit and Métis communities have unique histories, cultures and traditions. They also share some core values such as reciprocity – the obligation to give something back in return for gifts received – which they advance as the necessary basis for relationships that can benefit both Aboriginal and research communities.

“Indigenization”

- Most important lesson:

**“Nothing about us
without us”**

Thank you!

jaris.swidrovich@usask.ca



U of S Graduation Pow Wow 2016