COTBC
Quality Practice Webinars
Today's session will start shortly

Indigenous Cultural Safety in Your Practice

With Dr. Alison Gerlach and Jenny Morgan, RSW

Welcome

Thank you for attending

- Participants are placed on mute.
- Please type your questions in the chat box.
- Webinars are recorded and posted.
- Please complete our evaluation.

QUALITY PRACTICE WEBINARS

Indigenous Cultural Safety In Your Practice

Kathy Corbett
Registrar

Indigenous Cultural Safety In Your Practice

Alison Gerlach, PhD, MSc (OT)

Postdoctoral Fellow, National Collaborating Centre for Aboriginal Health, University of Northern British Columbia

Jenny Morgan, MSW

Director of Indigenous Health, Women and Families at BC Women's Hospital and Health Centre

Indigenous Cultural Safety In Your Practice

"We know what we know from where we stand. We need to be honest about that."

Margaret Kovach (2009, p. 7)
Indigenous methodologies: Characteristics, conversations, and contexts

Indigenous Cultural Safety In Your Practice

Objectives

1. The difference between cultural sensitivity and cultural safety.
2. The principles and intent of Indigenous cultural safety.
3. The importance of reflective practice as an occupational therapist.
4. The relevancy and application of cultural safety in the context of occupational therapy with diverse populations.

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Indigenous Cultural Safety In Your Practice

What brings you to this webinar today?

Indigenous Cultural Safety In Your Practice

Part 1: Indigenous Peoples in Canada

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Indigenous Peoples...

- make up 4.3% of the total population in Canada.

- **First Nations, Métis**, and **Inuit**. These are distinct peoples with unique histories, languages, cultural practices, and spiritual beliefs.

- 200,000 in BC representing 198 distinct nations

Recommended reading: Gray, L. (2011). *First Nations 101: [tons of stuff you need to know about First Nations people].* Vancouver: Adaawx Pub.
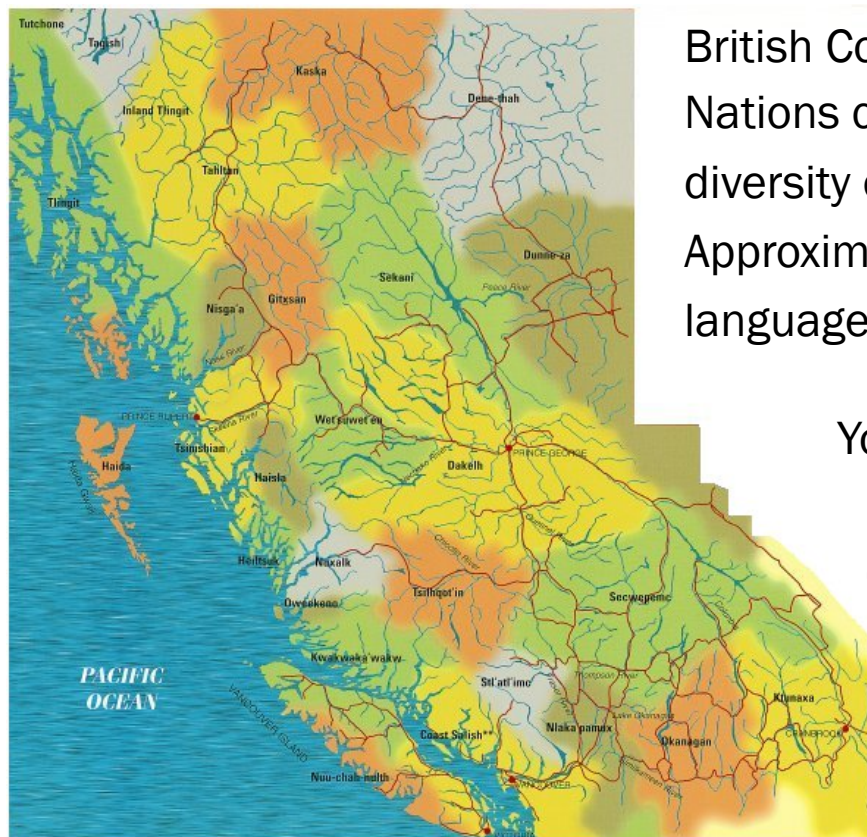
Source: Stats Canada

https://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-011-x/99-011-x2011001-eng.cfm

Indigenous Peoples in BC

British Columbia is home to 203 First Nations communities and an amazing diversity of Indigenous languages. Approximately 60% of the First Nations languages of Canada are spoken in B.C.
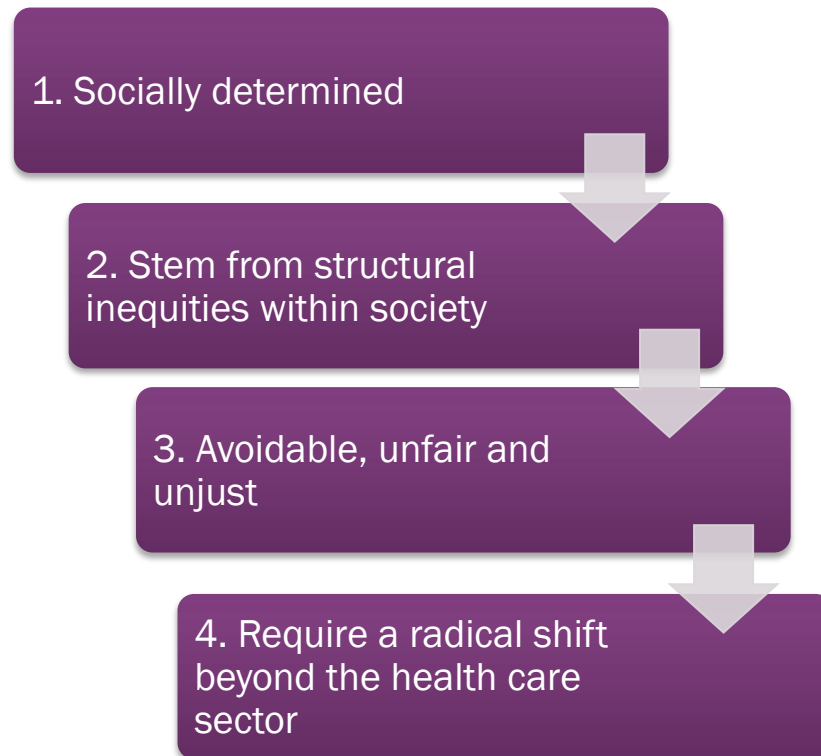
You can access indexes of all the languages, First Nations and Community Champions through the top navigation on all pages of this website: http://maps.fphlcc.ca/

Health Inequities

Four Features

1. Socially determined

2. Stem from structural inequities within society

3. Avoidable, unfair and unjust

4. Require a radical shift beyond the health care sector

Indigenous Peoples

Higher Rates of...

- Diabetes (40%)
- Arthritis, asthma, heart disease and other chronic conditions
- Low birth weight babies
- Infant deaths
- Deaths from HIV AIDS
- Deaths from medically treatable diseases

Indigenous Cultural Safety In Your Practice

Socio-economic marginalization

Colonial politics

Power relations

Inequitable Access to Health & Healthcare

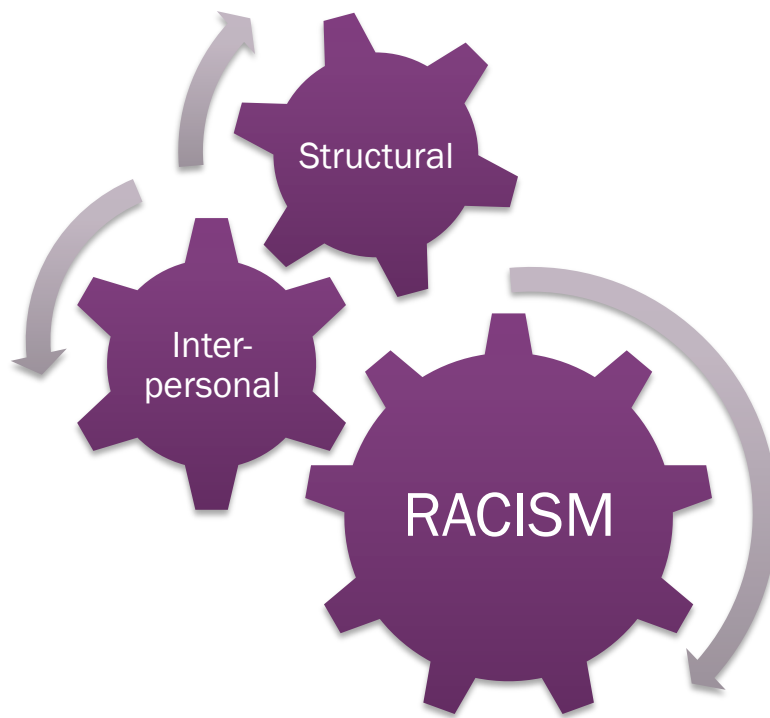Racism & Discrimination

Judgments & assumptions

Recommended reading: Reading, C. L., & Wien, F. (2013). *Health inequalities and social determinants of Aboriginal peoples' health*. Retrieved from Prince George, Canada.

Racism

Structural

Inter-personal

RACISM

Recommended reading: Allan, B., & Smylie, J. (2015). First peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada.

EXCLUSIVE: HOW THE BRAIN CAN HEAL ITSELF NEW HOPE FROM THE FRONTIERS OF MEDICINE P.40

PAUL WELLS ON MULCAIR'S MAKEOVER P.26

MACLEAN'S

CANADA'S NATIONAL MAGAZINE

'THEY CALL ME A STUPID SQUAW, OR TELL ME TO GO BACK TO THE REZ'

–Rosanna Deerchild, Aboriginal writer and broadcaster

CANADA HAS A BIGGER RACE PROBLEM THAN AMERICA. AND IT'S UGLIEST IN WINNIPEG. A SPECIAL REPORT P.16

macleans.ca • FEBRUARY 2 2015

Racism ~ Structural Violence

Structures and social mechanisms are constituted as forms of structural violence when they cause harm, deny human rights, constrain human agency, and prevent particular individuals and population groups from having the resources needed to reach their full potential while sparing others (Farmer, Nizeye, Stulac, & Keshavjee, 2007).

Recommended reading: Farmer, P. E., Nizeye, B., Stulac, S., & Keshavjee, S. (2007). Structural violence and clinical medicine. *PLoS Medicine, 3*(10), 1686-1691.

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San'yas
Indigenous Cultural Safety
Knowledge • Awareness • Action

Racism

© Can Stock Photo / tomwang

Recommended reading:
Browne, A. J., Smye, V., Rodney, P., Tang, S., Mussell, B., & O'Neil, J. D. (2011). Access to primary care from the perspective of Aboriginal patients at an urban emergency department. *Qualitative Health Research, 21,* 333-348.

The following example is shared with permission from the San'yas Indigenous Cultural Safety Training program.

"I can think of several examples of incidents of racism and stereotyping that I have witnessed working in health care. The one that always springs to mind first was working in the operating room where an Indigenous woman was having joint surgery.

The surgeon was being brutal in his handling of the patient that would no doubt result in increased pain and a longer recovery time for the patient. The comment he made was "I don't know why I have to do this surgery, she won't get her lazy ass off the couch anyhow". I happened to know that the patient was an active member of the police force.

I remember being horrified, but frightened to identify his treatment of the patient as abusive for fear he would continue his tirade and the patient would suffer more. It was a helpless feeling."

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Colonization

Truth and Reconciliation
Commission of Canada

National Centre *for* Truth *and* Reconciliation
UNIVERSITY OF MANITOBA

Recommended reading: Truth and Reconciliation Commission of Canada. (2015). Honoring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada.

THE GLOBE AND MAIL*

The Truth and Reconciliation Report
on residential schools

6 volumes
2,300,000 words
150,000 victims
6,000 witnesses
3,200 deaths

Five years in the making, a chance to make it right

What is Reconciliation?

What is reconciliation?
Justice Murray Sinclair, Chair of the TRC of Canada
https://vimeo.com/25389165

What is Reconciliation?

Reconciliation is about "coming to terms with events of the past in a manner that overcomes conflict and establishes a respectful and healthy relationship" going forward, between Indigenous and non-Indigenous peoples in Canada (Truth and Reconciliation Commission of Canada, 2015, p. 6).

Q&A
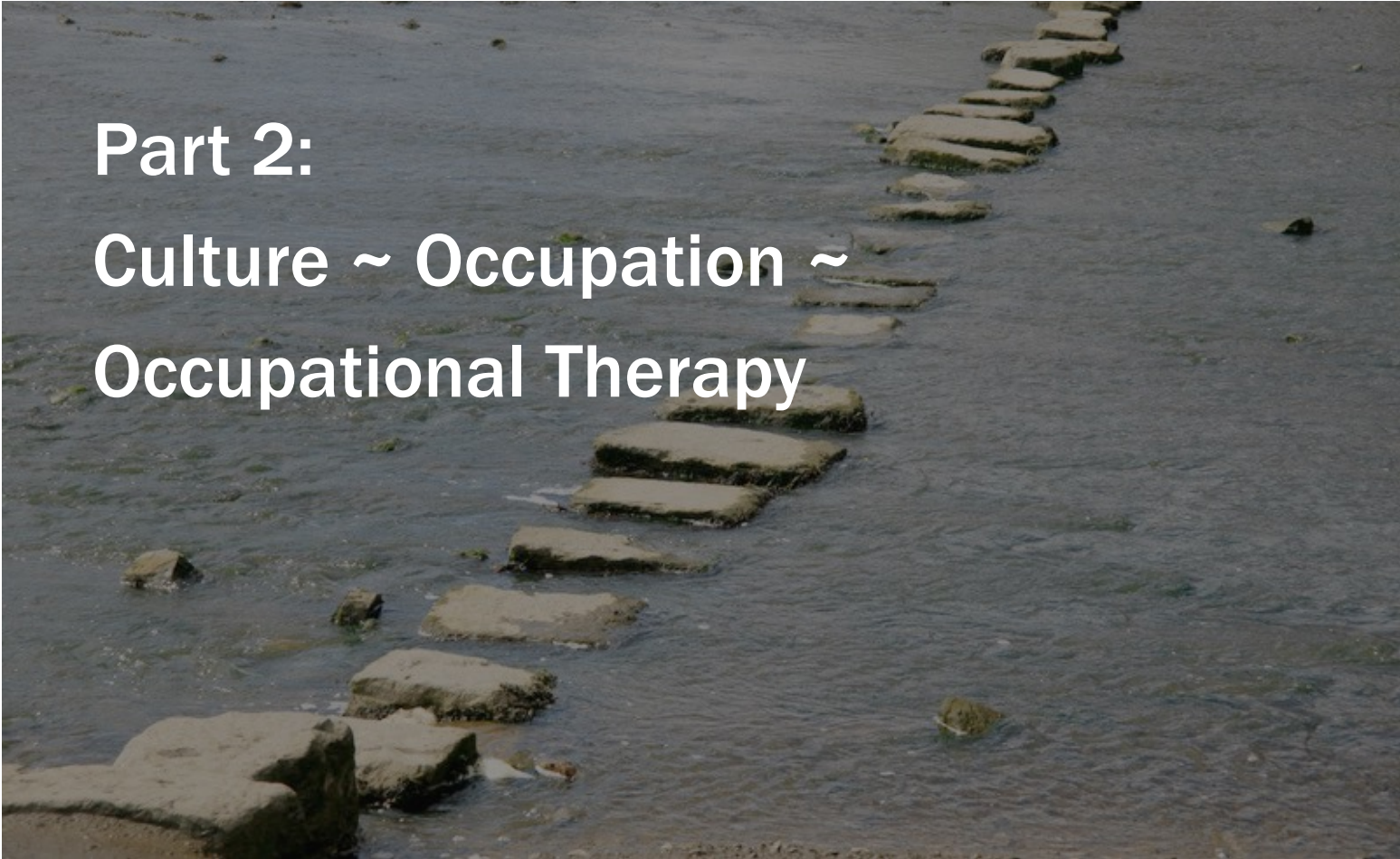
Indigenous Cultural Safety In Your Practice

Part 2:

Culture ~ Occupation ~

Occupational Therapy

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Indigenous Cultural Safety In Your Practice

As an occupational therapist when you think of 'culture' in your professional practice – what comes to mind?

What is the difference between cultural sensitivity and cultural safety?

Cultural
Competency

Cultural Safety

Culture
Sensitivity
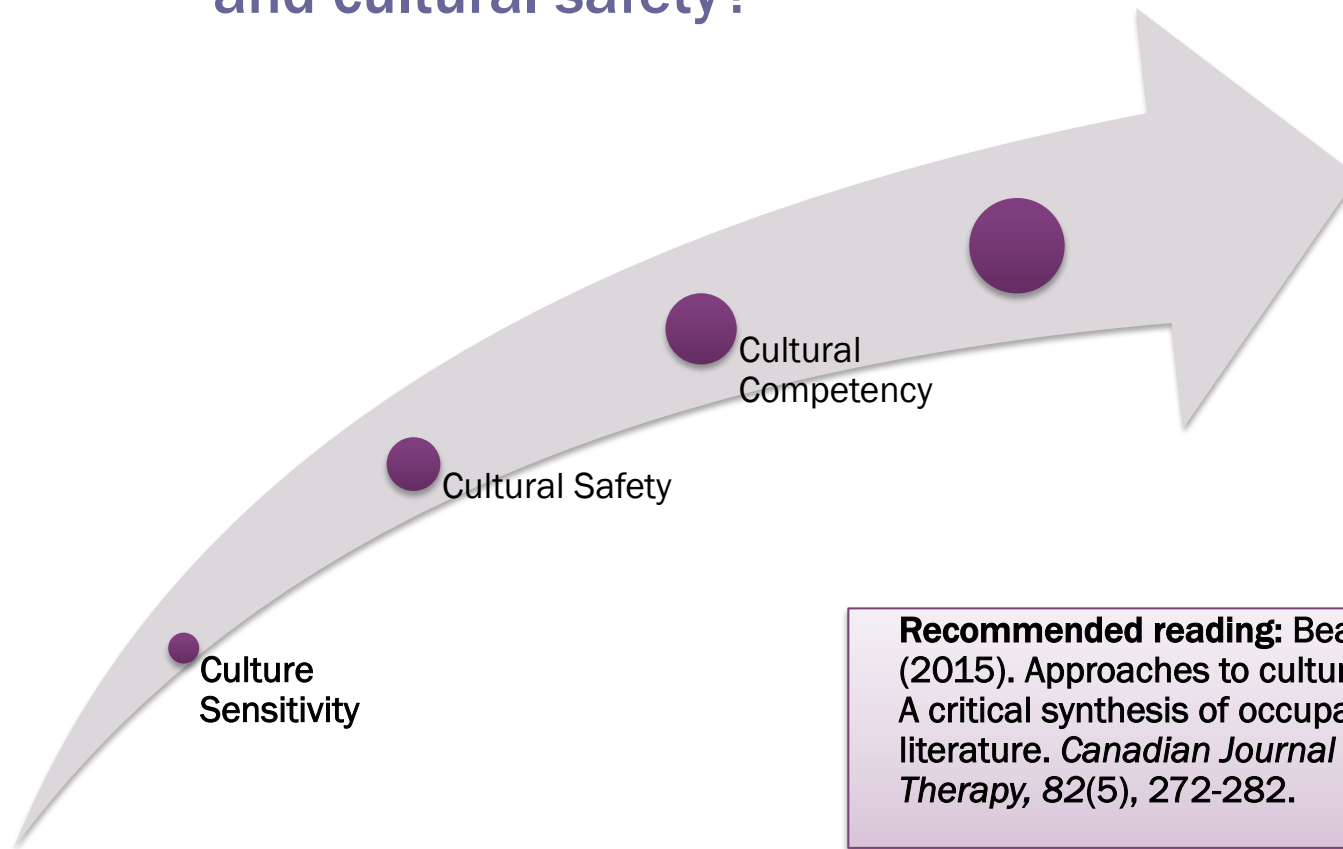
Recommended reading: Beagan, B. L. (2015). Approaches to culture and diversity: A critical synthesis of occupational therapy literature. *Canadian Journal of Occupational Therapy, 82*(5), 272-282.

Culturalist Perspectives

Cultural Sensitivity

STRENGTHS...

• Focuses on increasing awareness of and respect for cultural differences, and providing information on 'minority groups'.

• Draws attention to diversity and multiculturalism within Canadian society.

• Generates a starting point for understanding of how health and disability *may* be shaped by cultural values and beliefs.

Cultural Sensitivity

LIMITATIONS...

• Simplistic and homogenous categorization.

• Simplistic binaries – 'us and them'.

• Fails to recognized the individuality and complexity of people's lives, their agency, and resistance.

• Maintains the balance of power.

• Culture becomes construed as ethnicity and/or 'race'.

• Fails to recognize cultural nature of occupational therapy.

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Culturalist Perspective

Anglo-European Beliefs, Values, & Practices	Other Cultures
Personal control over the environment	Fate
Change	Tradition
Time dominates	Human interaction dominates
Human equality	Hierarchy/rank/status
Individualism/privacy	Group welfare
Self-help	Birthright inheritance
Competition	Co-operation
Future orientation	Past orientation
Action/goal/work orientation	'Being' orientation
Informality	Formality
Directness/openness/honesty	Indirectness/ ritual/'face'
Practicality/efficiency	Idealism/theory
Materialism	Spiritualism/detachment

Source – A Guide for Working with Children & Families – Developing Cross-Cultural Competence. 2nd Ed. Lynch, E.W. & Hanson, M.J. (2002)

Re-conceptualizing 'culture' in Occupational Therapy

Social Justice

Health Equity

Broader

Complex

Critical
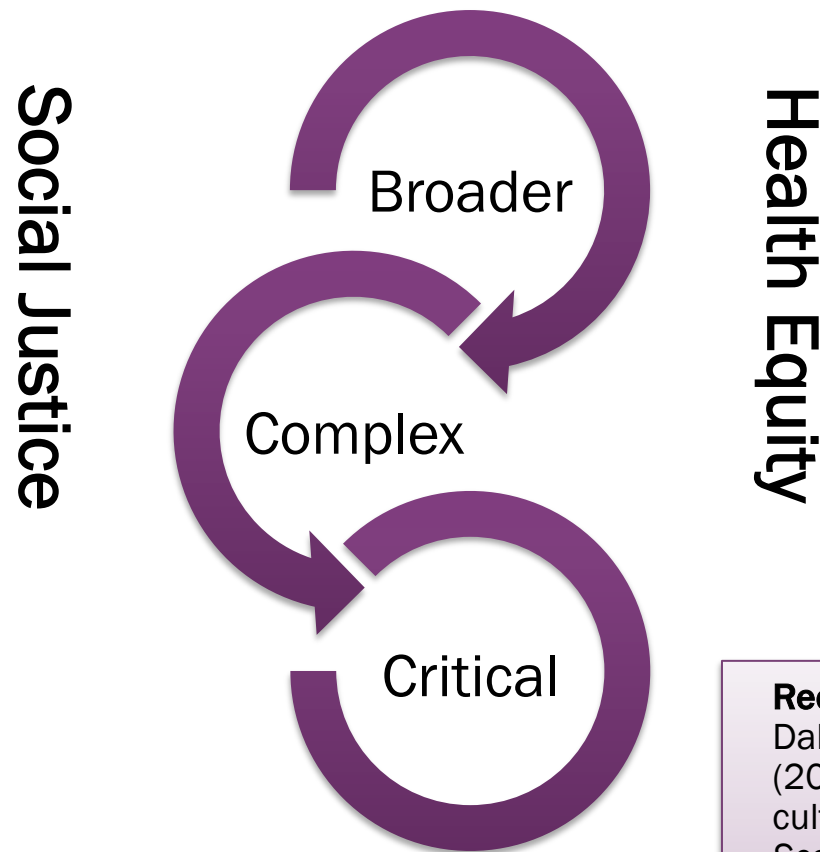
Recommended reading: Castro, D., Dahlin-Ivanoff, S., & Martensson, L. (2013). Occupational therapy and culture: A literature review *Scandinavian Journal of Occupational Therapy, 21*(6), 401-414.

Q&A

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Indigenous Cultural Safety In Your Practice

Part 3: Cultural Safety

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Origin of 'Cultural Safety'

Dr Irihapeti Ramsden

CULTURAL SAFETY
in Aotearoa New Zealand

Edited by Dianne Wepa
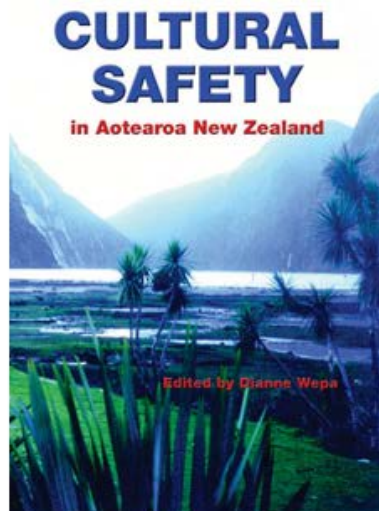
WHAT IS THE TREATY OF WAITANGI?

- The treaty of Waitangi is the founding document of New Zealand. It is an agreement drawn up between representatives of the British Crown and representatives of the Maori wi and hapu.

- It is named after the place in the Bay of Islands where the treaty was first signed, on 6th February 1840, although, in fact, it was signed all over the country.

TREATY OF WAITANGI
TIRITI O WAITANGI
FEBRUARY 6TH, 1840

Purpose of Cultural Safety

To improve the health outcomes of Indigenous and diverse populations (Gerlach, 2012)

There is increasing evidence that high quality training in cultural safety for providers and staff at all levels is a critical starting point for addressing the health inequities that are experienced by many Aboriginal peoples (Browne, et al, 2016).
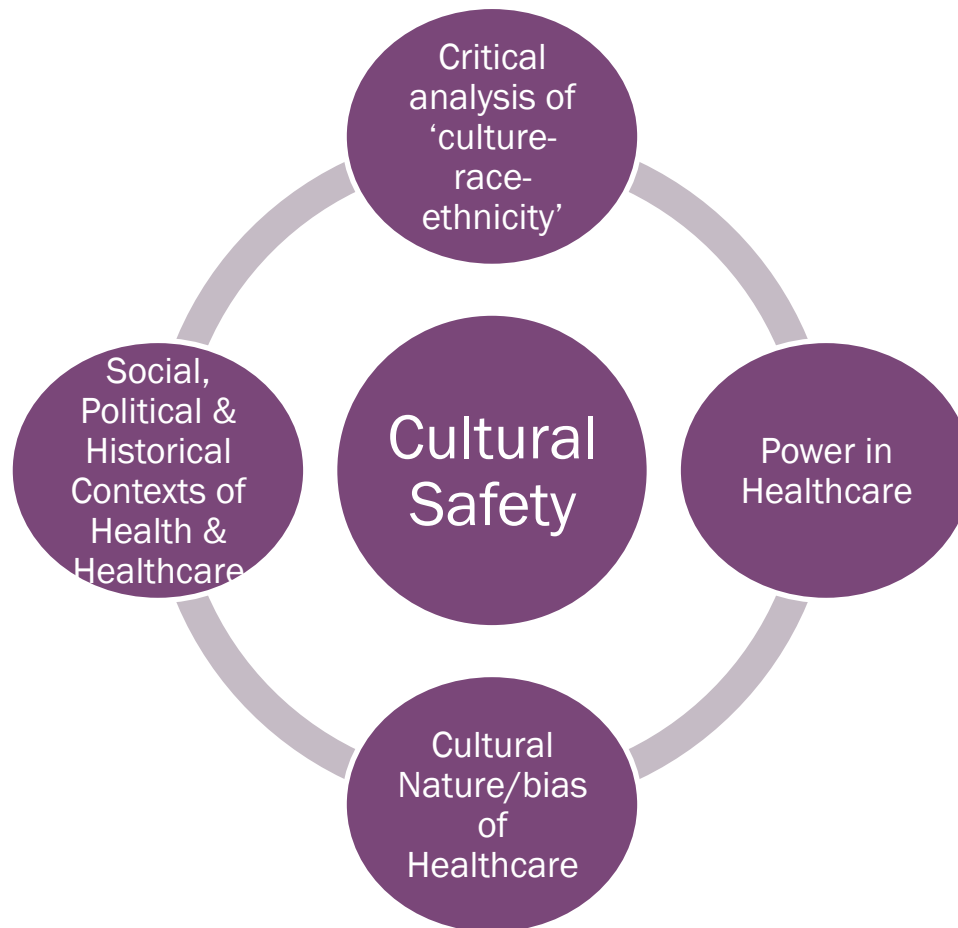
Cultural Safety is...

An ongoing process of actively working to make healthcare systems safer and more equitable for Indigenous people.

The goal of cultural safety is to assess the quality of care, adapt services to better meet Indigenous people's needs, and ultimately to improve the quality of and access to services.

Central Principles of Cultural Safety

Critical analysis of 'culture-race-ethnicity'

Social, Political & Historical Contexts of Health & Healthcare

Cultural Safety

Power in Healthcare

Cultural Nature/bias of Healthcare

It is the responsibility of the dominant culture to undertake a process of change and transformation.

Turns the analytical lens inwards – thus requires ongoing reflective thinking in clinical reasoning.

Recognizes the need for healthcare providers to be educated on how to provide their services in different social, economic, and cultural contexts (Gerlach, 2012).

The Impact of Colonization: Historical & Ongoing

Cultural safety requires that all health care providers understand the devastating impact of colonization on Indigenous peoples health and health care experiences (Ramsden 1993).

The Ongoing Impact of Colonization

There are currently more Indigenous children in the child welfare system across Canada than at the peak of the residential school system (Canadian Human Rights Tribunal, 2016)

In BC, Indigenous children currently make up approx. 8% of the total child population and 60% of the child population living in 'out-of-home care' (Representative for Children and Youth, 2013).

Indigenous Determinants of Health
(Reading & Wein 2013)
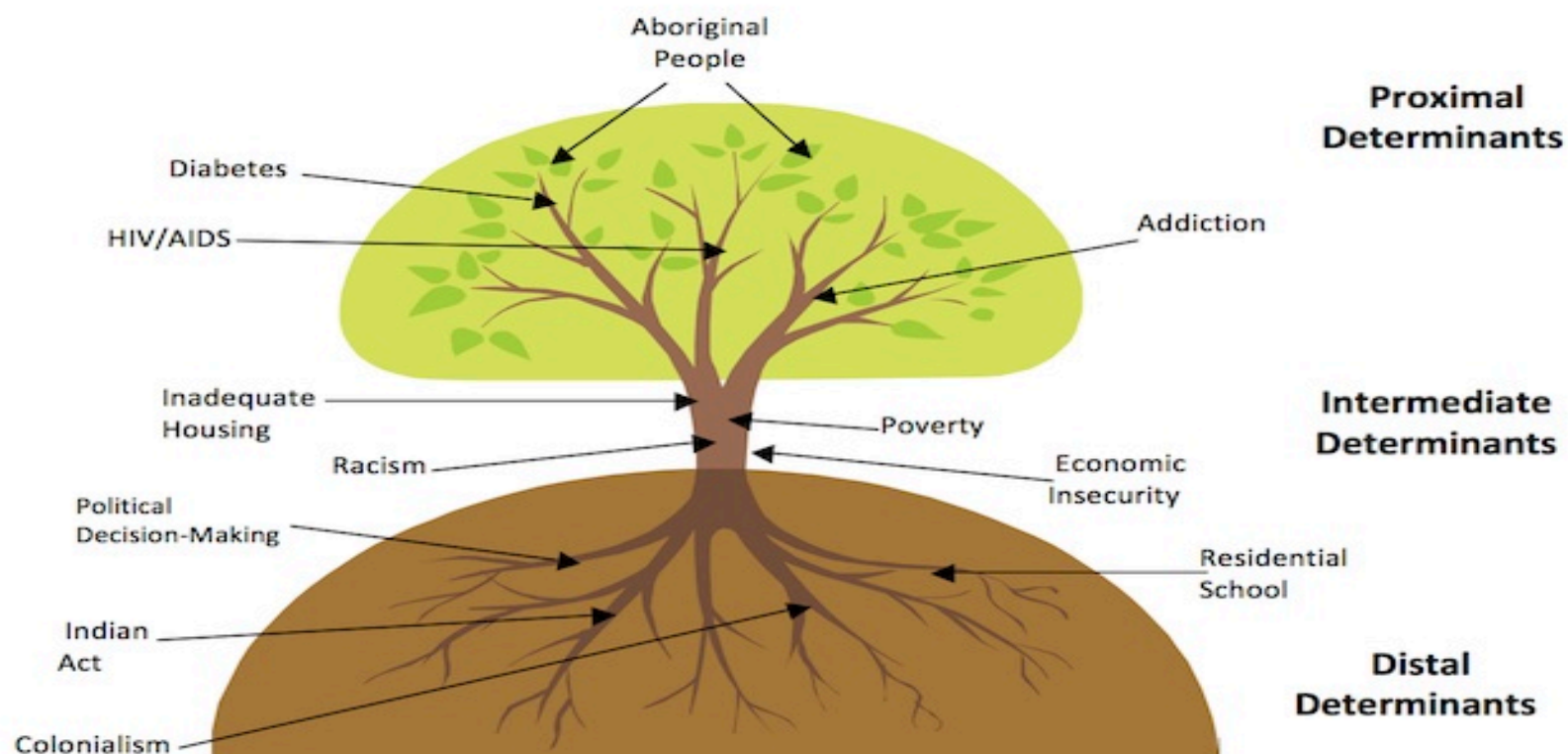
The Power-laden Nature of our Healthcare Relationships

Cultural safety brings the power we hold as occupational therapists into the forefront and aims to <u>transfer power from providers to consumers</u>.

<u>Only the person receiving the care </u>can decide whether they feel safe with their healthcare (Papps & Ramsden, 1996).

We therefore need to reflect on our position of power and privilege... Only by becoming more self-aware of how we are located within society and within the context of healthcare can we begin to develop <u>equitable relationships </u>in which differences are acknowledged but in which power, biases and privilege are not perpetuated (Ramsden, 1993).

Power

How are power imbalances enacted in/transmitted through my routine occupational therapy relations, practices and how my programs/ services are delivered and structured?

Power

What power do you have personally as an individual in Canadian society AND professionally as an occupational therapist?

How do you (inadvertently) promote/are part of a power hierarchy within a healthcare setting and in healthcare relationships?

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In closing...

...It's time for your questions or comments?

Indigenous Cultural Safety In Your Practice

Thank you for attending

- Webinars are recorded and posted.
- Please complete our evaluation.

See you on November 17 at noon.

References

Allan, B., & Smylie, J. (2015). First peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada.

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Ramsden, I. (1993). Kawa Whakaruruhau: Cultural safety in nursing educationn in Aotearoa (New Zealand). *Nursing Praxis in New Zealand, 8*(3), 4-10.

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