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.
Indigenous Cultural Safety In Your Practice

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Indigenous Cultural Safety In Your Practice

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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
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.
QUALITY PRACTICE WEBINARS

Indigenous Cultural Safety In Your Practice

What brings you to this webinar today?
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Indigenous Cultural Safety In Your Practice

Part 1: Indigenous Peoples in Canada
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


Source: Stats Canada
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

Inequitable Access to Health & Healthcare

- Socio-economic marginalization
- Colonial politics
- Power relations
- Racism & Discrimination
- Judgments & assumptions

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).

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.”

Recommended reading:
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Colonization

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).
Indigenous Cultural Safety In Your Practice

Part 2:
Culture ~ Occupation ~ Occupational Therapy
As an occupational therapist when you think of ‘culture’ in your professional practice – what comes to mind?
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What is the difference between cultural sensitivity and cultural safety?

Culturalist Perspectives

The Cultural Iceberg

Surface Culture
- Food
- Flags
- Festivals
- Fashion
- Holidays
- Music
- Performances
- Dances
- Games
- Arts & Crafts
- Literature
- Language

Deep Culture
- Communication Styles and Rules
  - facial expressions
  - gestures
  - eye contact
  - personal space
  - touching
  - body language
  - tone of voice
  - handling and displaying of emotion
  - conversational patterns in different social situations
- Notions of:
  - courtesy and manners
  - leadership
  - modesty
  - beauty
- Concepts of:
  - self
  - time
  - past and future
  - fairness and justice
  - roles related to age, sex, class, family, etc.
- Attitudes toward:
  - elders
  - adolescents
  - dependents
  - rule expectations
  - work authority
  - cooperation vs. competition
  - relationships with animals
  - age
  - sin
  - death
- Approaches to:
  - religion
  - courtship
  - marriage
  - raising children
  - decision-making
  - problem-solving
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.
### Culturalist Perspective

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<tr>
<th>Anglo-European Beliefs, Values, &amp; Practices</th>
<th>Other Cultures</th>
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<td>Change</td>
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<td>Time dominates</td>
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<td>‘Being’ orientation</td>
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<td>Directness/openness/honesty</td>
<td>Indirectness/ritual/’face’</td>
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<td>Practicality/efficiency</td>
<td>Idealism/theory</td>
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<td>Materialism</td>
<td>Spiritualism/detachment</td>
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Re-conceptualizing ‘culture’ in Occupational Therapy

Broader

Complex

Critical

Social Justice

Health Equity

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Q&A
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Indigenous Cultural Safety In Your Practice

Part 3: Cultural Safety
Origin of ‘Cultural Safety’

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.
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

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).
Cultural safety requires that all health care providers understand the devastating impact of colonization on Indigenous peoples' health and health care experiences (Ramsden 1993).
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)
Cultural safety brings the power we hold as occupational therapists into the forefront and aims to transfer power from providers to consumers.

Only the person receiving the care 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 equitable relationships 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?
In closing...

...It’s time for your questions or comments?
Thank you for attending

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See you on November 17 at noon.
References


Continued…
References continued


