# Wise Practices for Reconciliation in Health Care

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# **Introduction**

- Introduction
- Self-location
- Reflexivity

# Outline

- Introduction
- Foundational frameworks
- Key concepts
  - cultural safety
  - allyship
  - trauma-informed care
  - anti-racist and anti-colonial practice
- Wise practices for reconciliation in health care

# Overarching Framework: UNDRIP

The United Nations Declaration on the Rights of Indigenous Peoples includes:

- The right to be self-determining
- The right to determine and develop priorities and strategies for exercising their right to development, specifically includes health programs
- The right to traditional medicines and health practices AND access to all health services
- Equal right to the enjoyment of the highest attainable standard of physical and mental health

# Overarching Framework: TRC

Principles of the Truth and Reconciliation Commission:

- Reconciliation requires constructive action on addressing the ongoing legacies of colonialism

- Reconciliation must create a more equitable and inclusive society by closing the gaps in social, health and economic outcomes

- All Canadians, as Treaty peoples, share responsibility

- Reconciliation is a process of healing of relationships that requires public truth sharing

| UNSAFE | UNCOMFORTABLE |
|---|---|
| Residential schools | Talking about race in a way that threatens sense of self-identity |
| Starvation | Talking about race in a way that disrupts usual social relationships |
| Medical experimentation without consent | |
| Mass child apprehension | |
| Discrimination in justice and health care systems | |
| Deliberate small pox infections | |

**(Table by Dr. Marcia Anderson, unpublished)**

# Cultural Safety

"health-care practitioners must take into consideration the social, political, linguistic, economic and spiritual realm in which their patient lives in order to communicate competently with him or her…"

**(RCPSC, 2011)**
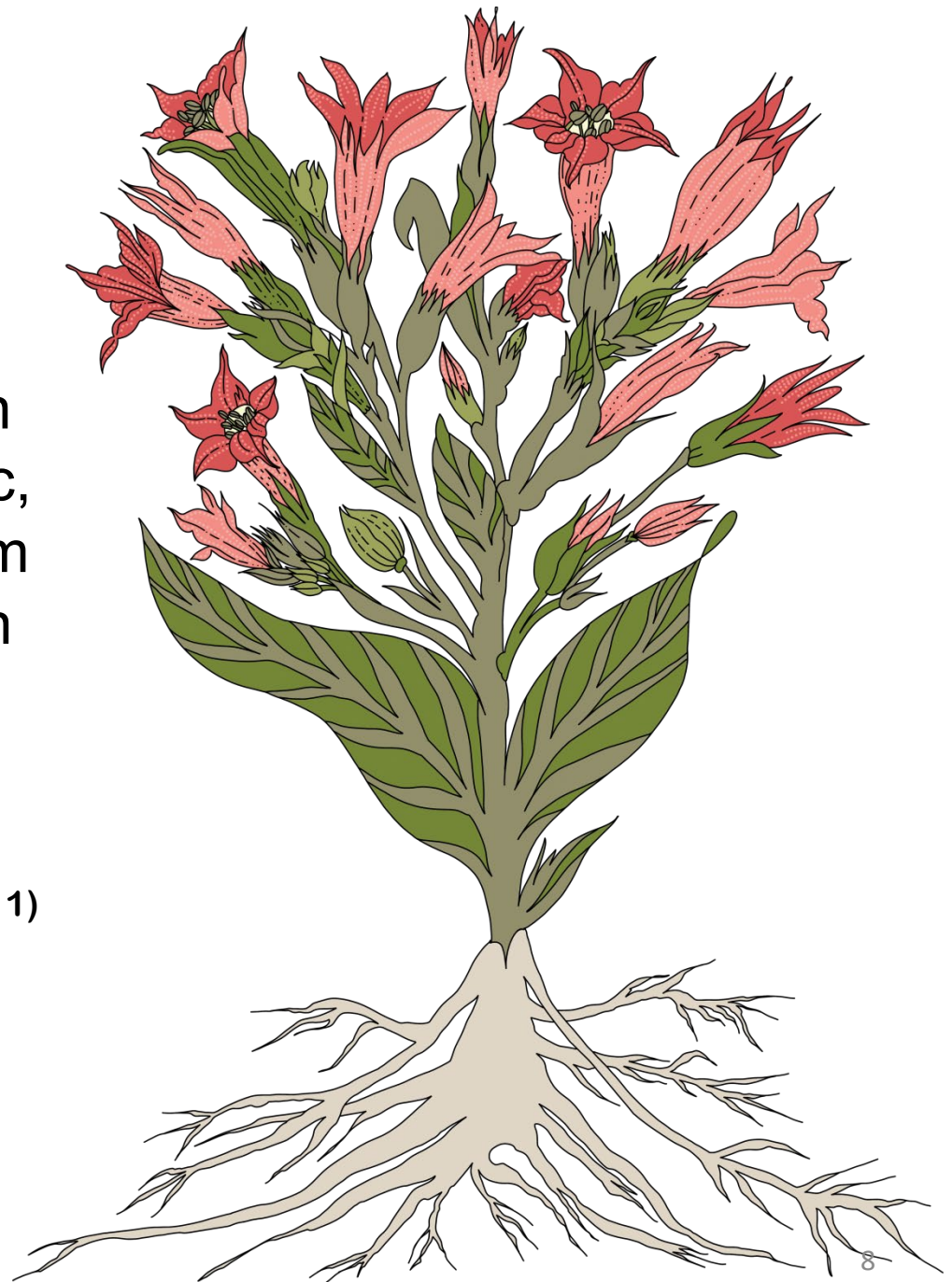
# Cultural Safety

- is an outcome, defined and experienced by those who receive the service—they feel safe

- is based on respectful engagement that can help patients find paths to well-being

# Cultural Safety

- is based on understanding the power differentials inherent in health service delivery, the institutional discrimination, and the need to fix these inequities through education and system change

# Cultural Safety

- requires acknowledgement that we are all bearers of culture—there is self-reflection about one's own attitudes, beliefs, assumptions, and values

**(IPAC, 2009)**

# Cultural Safety

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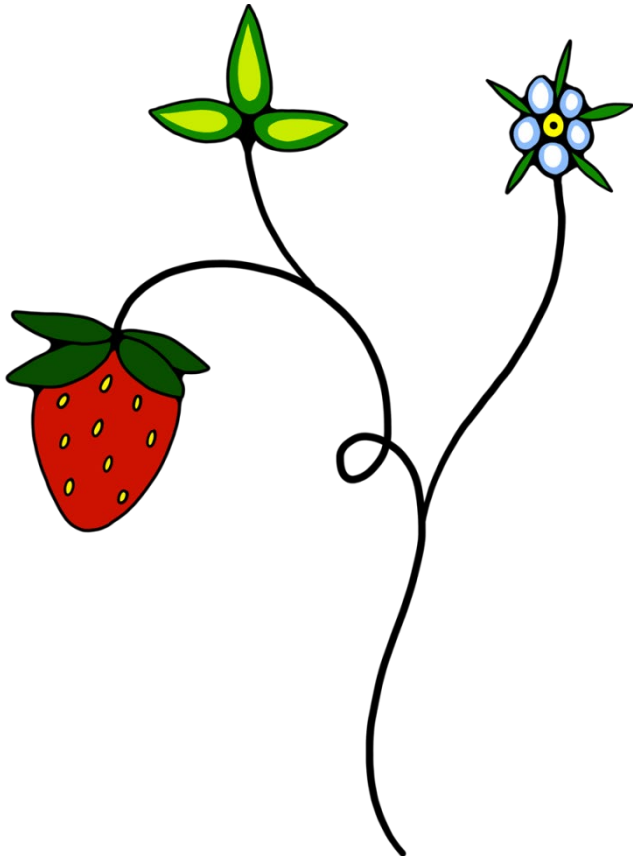
# Allyship

- An ally is someone who is not in the group experiencing discrimination

- An ally supports the rights of marginalized people and acts when people face discrimination

- In medicine, the person needing an ally could be a patient, a family caregiver, a colleague, a hospital employee or a trainee

- Depending on the situation, we can be an ally or need an ally ourselves

**(Slide by Dr. Ayelet Kuper, unpublished)**

# Allyship

"is imbued with the notion of cultivating, building and strengthening relationships between two differing individuals, groups or communities based on respectful, meaningful and beneficial interactions"

**(Heaslip, 2014)**

# Trauma-Informed Care

- Increases the safety of care we within healthcare settings by considering the possibility that each individual we engage with may have a history of trauma.

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# Trauma-Informed Providers and Organizations

- Acknowledge the *widespread impacts* of trauma,

- *Recognize the signs and symptoms* of trauma in clients, and in staff and other providers

- Understand the variety of creative means that people can use to manage trauma (e.g.anger, avoidance, substance use)

- Recognize that people follow *different pathways to healing*

- Respond by integrating knowledge about trauma into *policies, procedures, practices and settings*

**(Trauma Toolkit, 2013)**

# Historical Trauma

- 1995, Maria Yellow Horse Brave Heart applied this idea of *collective suffering, memory, and trauma* to the historical trauma experienced by the Lakota, over the course of *colonial conquest and attempts at assimilation.*

**(Brave Heart, 2003)**

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# Anti-Racist and Anti-Colonial Practice

"How might we get to a position which recognises that to teach about race is not racist, but rather that pretending race doesn't really structure health outcomes is?"
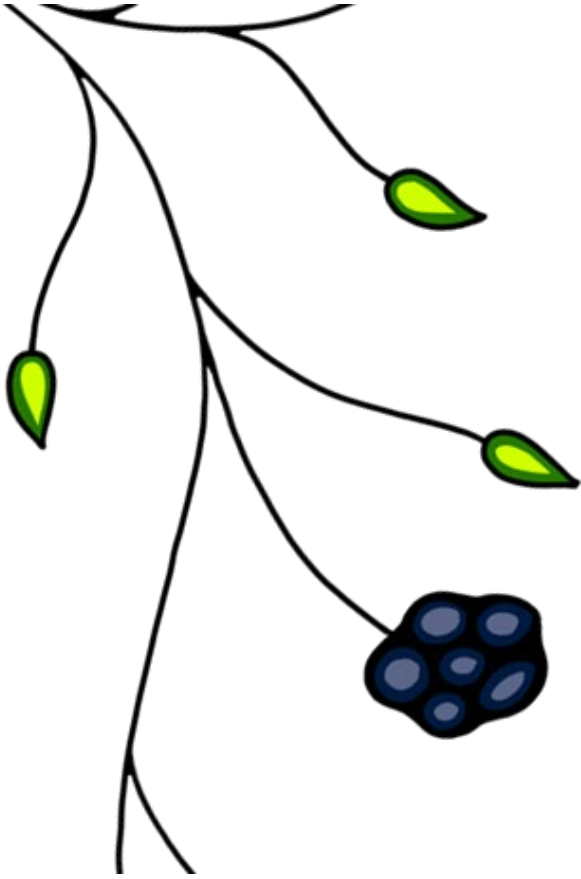
**(Bond, 2017)**

# Anti-Racist and Anti-Colonial Practice

- There are three overwhelming processes that can work in synergy to guide anti-racist [and anti-colonial] practice:

    - *Seeing* the paths from stereotype to oppression;

    - *Understanding and connecting* paths of oppression to policy;

    - *Acting* for social change.

                                    **(McGibbon and Etowa, 2009)**

"No matter how open and unbiased practitioners try to be, they work against a backdrop of structural violence, racism and marginalisation."
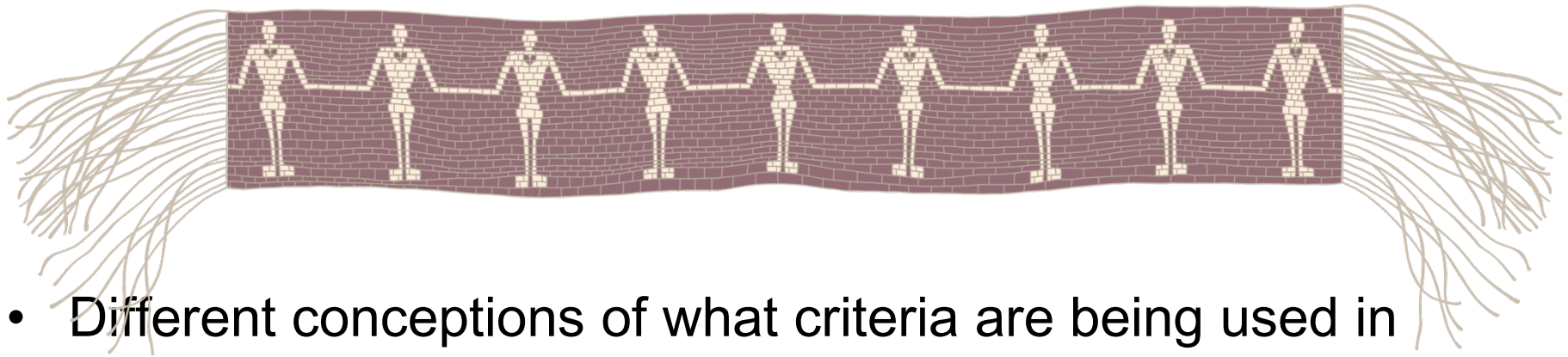
**(Kirmayer, Simpson & Cargo, 2003)**

# Wise Practices for Reconciliation in Healthcare

- Background and context
- Steering committee
- Approach
- Outcomes

# Wise Practices vs. Best Practices Approach



- Different conceptions of what criteria are being used in defining practice as "a best practice" (may differ, for example, between Indigenous and non-Indigenous people)

- Cannot assume that what works in one situation, context or culture will work in another; there is no practice that is *best* for everyone or in every situation

**(Esquimaux and Calliou, 2010)**

# Critique of Best Practices Approach

- Evaluation processes and tools reflect western European values and knowledge

- The term "best" is a hierarchical, non-Indigenous construct

- "Best" studies can create a reliance on large, well-funded, academically directed studies

# Wise Practices

"[W]ise practice, by its very nature, is idiosyncratic, contextual, textured and probably inconsistent.  It is not standardized, not off-the-shelf, and not a one-size-fits-all concept".

**(Davis as cited in Esquimaux and Calliou, 2010)**
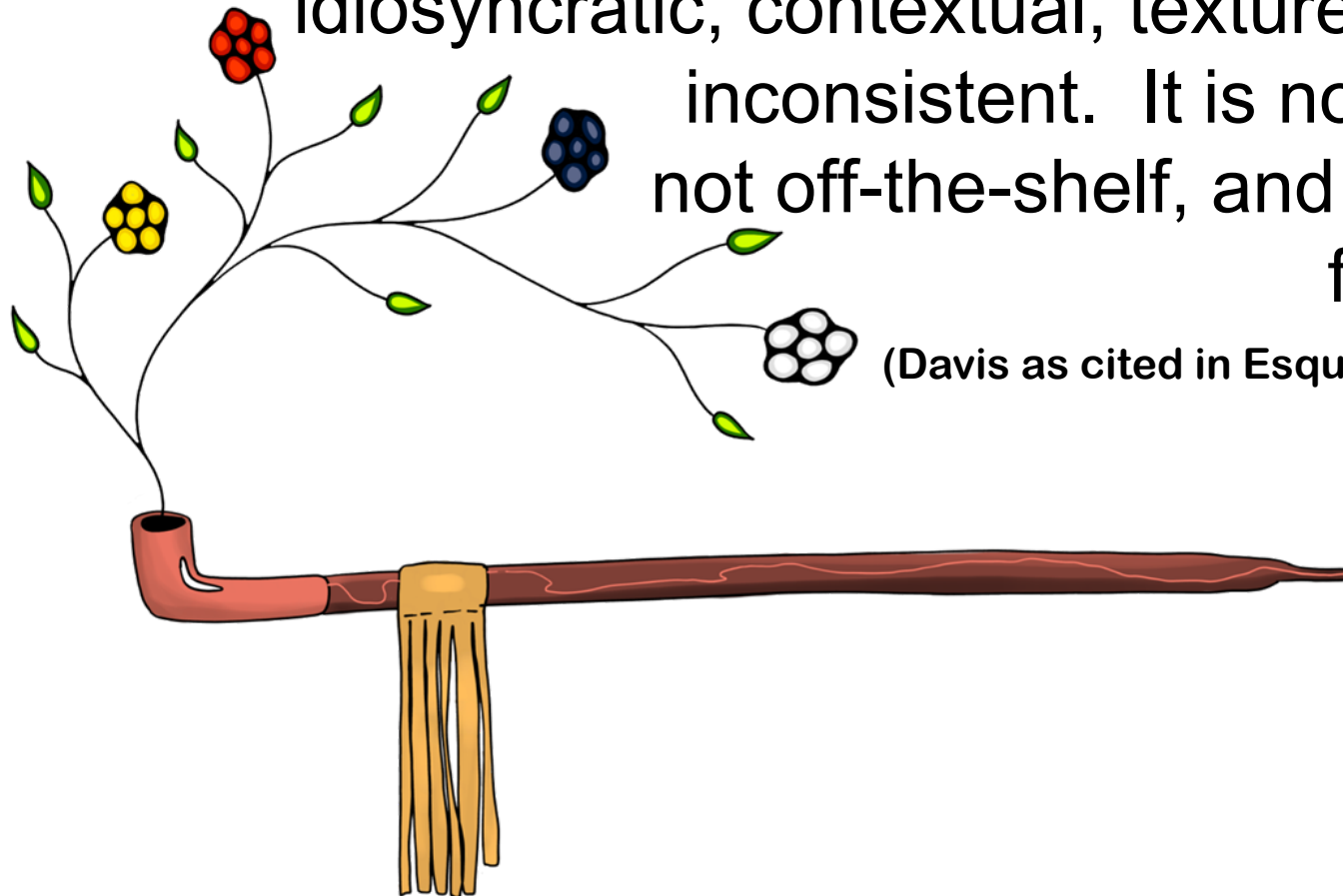
# Policy and System Change

- Support local First Nations, Inuit and Metis leaders and their national organizations as they negotiate, develop, implement and evaluate health transformation

# Community Partnerships

- Identify key stakeholders for community engagement and build relationships with them

- These may include: representatives from local and regional FN/I/M governments, local Indigenous health service organizations, Indigenous clients, and others

- Make reconciliation and Indigenous health equity part of the organization's strategic plan

# Governance and Leadership

- Promote the involvement of Indigenous Peoples in the organization by recruiting them for governance and leadership positions, advisory circles, community liaisons, Elders' councils, and other roles; formalize reporting and action-based accountability by the non-Indigenous leadership to prevent tokenistic or non-meaningful engagement

# Indigenous Staff and Health Care Providers

- Recruit, retain, and mentor Indigenous staff and health care providers at all levels of the organization, including procurement; create working and learning environments where they can thrive, and where Indigeneity and Indigenous knowledge are valued

# Anti-Racist Practice

- Provide anti-racism and cultural safety education to all members of the organization; develop and implement safe processes for both employees and clients to debrief racist or culturally unsafe experiences in the organization; develop and implement processes to document these instances and track progress.

# Cultural Safety Education

- Support Indigenous learners in the health professions by creating safe and respectful clinical learning environments that are free of racism and discrimination; participate in health science outreach programs for younger students

# Indigenous Client Care and Outcomes

- Enhance the journey of Indigenous clients through the practice of trauma-informed care and programs such as:

  Indigenous navigators, access to traditional foods and healing practices, support from Elders, and land-based healing

  (Note: the specific initiatives should emerge from the recommendations made by local Indigenous communities, advisors, and clients)

# Indigenous Client Care and Outcomes

- In jurisdictions where data related to race and ethnicity is available, track health outcomes for Indigenous vs. non-Indigenous clients in the organization

- Appropriate Indigenous data stewardship agreements must be developed and followed

- Understand and support changes to address Indigenous social determinants of health

"Fundamental to the exercise of self-determination is the right of peoples to construct knowledge in accordance with

self-determined definitions of what is real and what is valuable."

(Brant Castellano, 2004)