

Sécurisation culturelle des peuples autochtones : Un déterminant de la santé

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(** Je déclare que je n'ai aucun conflit d'intérêts; je ne suis affiliée à aucun organisme, ne touche aucuns honoraires et ne bénéficie d'aucune aide financière de l'industrie.)

Le 17 février 2016

Aperçu de l'heure et demie à suivre

- Question préliminaire (10 minutes)
 - Discussion sur la question et les réponses
- Historique et discussion du contexte (20 minutes)
 - Qu'entend-on par un « déterminant » de la santé, la sécurisation culturelle, le racisme envers les Autochtones? Qui sont les peuples autochtones au Canada? Comment faire progresser et assurer la sécurisation culturelle des peuples autochtones?
- Écoute et visionnement d'expériences de peuples autochtones avec le système de santé (15 minutes)
- Manières de réfléchir à la façon d'adapter vos pratiques/optiques aux Autochtones et/ou de combattre le racisme envers les Autochtones
 - Conversations sur les projets de recherche (20 minutes)
- Questions et conversation (20 minutes)

Vite!

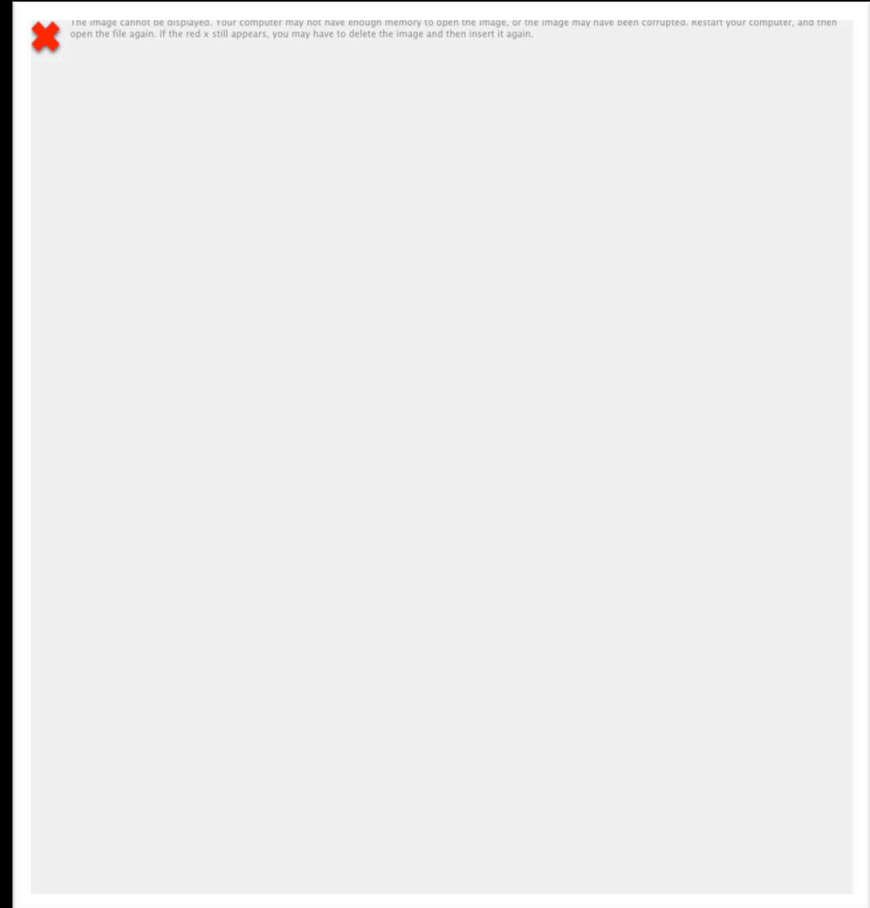
Sans réfléchir trop longtemps, dans le
« Volet questions » de ce webinaire,
écrivez les premiers mots qui vous
viennent à l'esprit quand vous entendez :

« Peuples autochtones, santé, Canada »

Commencez une conversation sur
les mots affichés...

De la bouche d'omnipraticiens résidents en Colombie-Britannique...

- Quête de drogues
- Obésité
- Diabète de type 2
- Tabagisme
- Réserves
- Grossesse chez les adolescentes
- Isolement
- Toxicomanie



Il n'est pas question ici de « lancer des pierres ». Nous vivons dans un « climat culturel » dans lequel les peuples autochtones sont – et ont toujours été – (re)présentés comme des sujets marginaux atteints de pathologies, dont l'état est amélioré par des colonisateurs bien intentionnés...



Thomas Moore before and after his entrance into the Regina Indian Residential School in Saskatchewan in 1874.

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HISTORIQUE ET DISCUSSION DU CONTEXTE

Déterminants de la santé?



Plusieurs facteurs se combinent pour influencer sur la santé des personnes et des collectivités. Les circonstances et l'environnement déterminent l'état de santé des personnes. Dans une large mesure, des facteurs comme l'endroit où nous vivons, l'état de notre environnement, notre bagage génétique, notre revenu, notre niveau d'instruction, nos relations familiales et nos liens d'amitié, ont tous une incidence considérable sur la santé, alors que des facteurs plus souvent pris en compte, comme l'accès à des services de soins de santé et leur utilisation, en ont moins.

[Tout de même]... les services de santé – l'accès aux services de prévention et de soins et leur utilisation qui exercent une influence sur la santé – constituent un déterminant de la santé (OMS).

Public Health

Social determinants of health inequalities

Michael Marmot

Latest 2005; *BMJ* 2006; 334

Text Comment
International Centre for Health and Society, University College London, 1-15 Torrington Place, London WC1E 6BT, UK
[Prof Sir Michael Marmot]
m.marmot@ucl.ac.uk

The gross inequalities in health that we see within and between countries present a challenge to the world. That there should be a spread of life expectancy of 48 years among countries and 20 years or more within countries is not inevitable. A burgeoning volume of research identifies social factors at the root of much of these inequalities in health. Social determinants are relevant to communicable and non-communicable disease alike. Health status, therefore, should be of concern to policy makers in every sector, not solely those involved in health policy. As a response to this global challenge, WHO is launching a Commission on Social Determinants of Health, which will review the evidence, raise societal debate, and recommend policies with the goal of improving health of the world's most vulnerable people. A major thrust of the Commission is turning public-health knowledge into political action.

There are gross inequalities in health between countries. Life expectancy at birth, to take one measure, ranges from 34 years in Sierra Leone to 81.9 years in Japan.¹ Within countries, too, there are large inequalities—a 20-year gap in life expectancy between the most and least advantaged populations in the USA, for example.² One welcome response to these health inequalities is to put more effort into the control of major diseases that kill and to improve health systems.³

A second related response is to deal with poverty. This issue is the thrust of the Millennium

the major infectious diseases linked with poverty of material conditions but also non-communicable diseases—both physical and mental—and violent deaths that form the major burden of disease and death in every region of the world outside Africa and add substantially to the burden of communicable disease in sub-Saharan Africa.

To understand the social determinants of health, how they operate, and how they can be changed to improve health and reduce health inequalities, WHO is setting up an independent Commission on Social Determinants of Health, with the mission to link

Qu'entend-on par sécurisation culturelle?

- La sécurisation culturelle trouve son origine dans la formation en soins infirmiers en Nouvelle-Zélande.
- La sécurisation culturelle se concrétise par des mesures qui **reconnaissent, respectent et nourrissent l'identité culturelle unique de peuples [particulièrement marginalisés] et qui répondent à leurs besoins**, à leurs attentes et à leurs droits [surtout dans le milieu des soins de santé].
- La sécurisation culturelle vise à améliorer la prestation de soins de santé par des effectifs adaptés à une réalité culturelle de la façon suivante :
 - 1) **En définissant la relation de pouvoir entre le fournisseur et les usagers du service.** Le fournisseur de soins de santé collabore avec d'autres après avoir suivi un processus minutieux d'analyse institutionnelle et personnelle des relations de pouvoir.
 - 2) **En encourageant les utilisateurs du service.** Une personne doit pouvoir s'exprimer sur les degrés de risque ou de sécurité perçus. Par exemple, quelqu'un qui ne se sent pas en sécurité pourrait ne pas profiter pleinement d'un service offert et nécessiter ultérieurement une intervention plus sérieuse et intensive.
 - 3) **En préparant les fournisseurs de soins de santé à comprendre la diversité au sein de leur propre réalité culturelle et l'incidence de cette dimension sur les personnes qui sont différentes.**
 - 4) **En appliquant les concepts de sciences sociales qui sous-tendent la pratique des soins de santé.** La pratique des soins de santé dépasse la simple exécution de tâches. Il s'agit d'établir une relation avec des personnes ayant des points forts et des besoins différents et d'y répondre efficacement et d'une manière qu'elles considèrent comme sécuritaire.

Qu'entend-on par « racisme »?

- 1. Une croyance ou doctrine selon laquelle les différences propres aux diverses races humaines déterminent la réussite culturelle ou individuelle, associant souvent l'idée que sa propre race est supérieure et qu'elle détient le droit de gouverner les autres. 2. Une politique, un régime gouvernemental, etc., fondés sur une telle doctrine ou qui la soutiennent; une discrimination. 3. Une haine ou intolérance vis-à-vis d'une ou d'autres races. (Dictionary.com; traduction libre)
- Le racisme se définit comme une croyance selon laquelle la *race* constitue l'élément déterminant des caractéristiques et des capacités humaines et que les *différences raciales* produisent la *supériorité innée d'une race en particulier*. (Dictionnaire Merriam-Webster, 2008; traduction libre)

Definition of Terms

Racism is a belief or behaviour based on the notion that 'race' is the basis of human characteristics and practices, and that racial differences produce inherent superiorities or inferiorities in particular races (Merriam-Webster Dictionary, 2013a).

Racialize refers to the practice of assigning a racial identity to a person or group of people (Merriam-Webster Dictionary, 2013b).

Definition of Terms

Race is a socially constructed category of identity (based on physical characteristics and geographic origin) with its roots in an ideology that situates human beings within a hierarchy of social value (Williams, Lavizzo-Mourey, & Warren, 1994).

Culture has been described as historically and geographically bound patterns of shared beliefs, values, and behaviours (Amick, Levine, Tarlov, & Walsh, 1995). It is also recognized that groups in institutional boundaries have culture. Humans are not born with culture – they learn it through language and observation and likewise transmit it to others in these ways (Marks, 1995), as well as through rules and policies.

Ethnicity refers to groups of people who possess shared cultural traits that they characterize as different from those of other groups. A distinct ethnic group is often understood as people with a common origin, history, spirituality, language, traditions, values, beliefs and so on (Camoroff & Camoroff, 2009). However, like culture, ethnicity is not a static phenomenon; rather, it evolves in response to changing natural, social, and political environments (Barth, 1998).

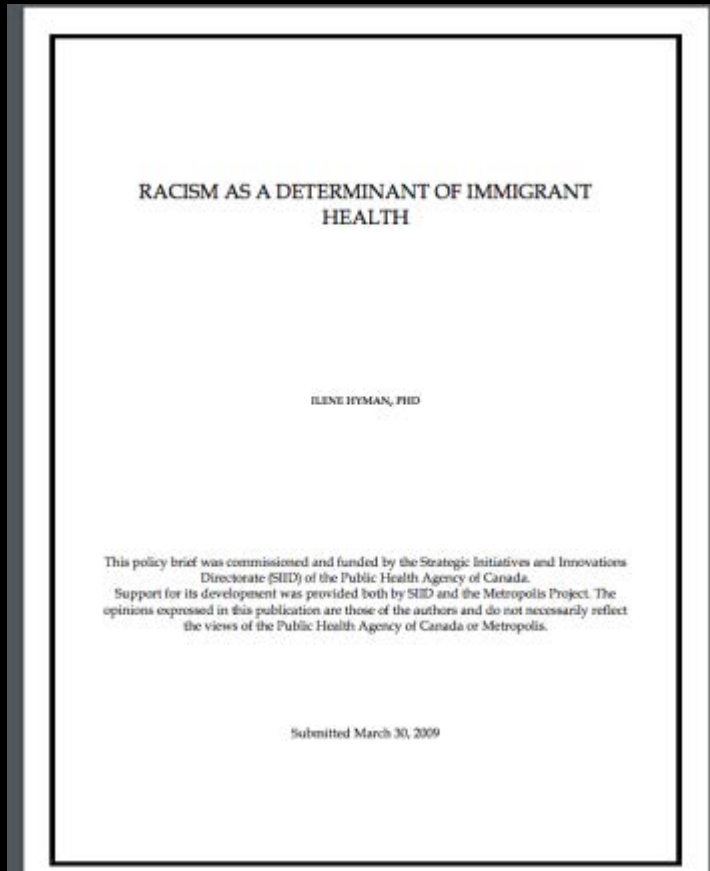
Ethnocentrism refers to a belief in the superiority of one's own culture or ethnicity (Omi & Winant, 1994; Smedley, 1999).



SOCIAL DETERMINANTS OF HEALTH

UNDERSTANDING RACISM

En quoi « race » et « racisme » s'avèrent-ils un aspect du système de santé et/ou un déterminant de la santé?



L'une des rares études canadiennes examinant l'impact du racisme sur la qualité des soins de santé a été menée par le Centre de santé communautaire La santé des femmes entre les mains des femmes (*La santé des femmes entre les mains des femmes*, 2003). Parmi les participantes à l'étude, près d'une sur cinq rapporte avoir été victime de racisme au sein du système de santé et avoir fait l'objet, entre autres, d'injures et de propos racistes; 8,6 % estiment que les médecins sont indifférents à leur culture ou en sont ignorants; 6,2 % révèlent avoir reçu des soins de qualité inférieure. Une participante a formulé le commentaire suivant :

« Ils étaient issus d'une culture totalement différente... Ils ne comprenaient pas la mienne et ne semblaient pas non plus faire un effort dans ce sens. C'était plus une attitude voulant que « ça ne devrait pas se passer comme ça », comme si on dénigrait ma culture. » (WHIWH, 2003, p. 28)

First Peoples, Second Class Treatment

The role of racism in the health and well-being of Indigenous peoples in Canada



Discussion Paper



“Racism, the oppression of Indigenous people, is built into the fabric of Canada. It is the foundation of the Indian Act and has become the justification for the legacy of residential school and for the theft of culture, lands and language. Colonization has perpetrated racism to become personal among Indigenous women, and as a result, some have used self-hatred to deny their children their cultural root. Colonial laws and policies have created a structure to erode the practice of holistic preventative well-being among Indigenous people across Canada. Indigenous women speak of the way in which the hurt of racism has led to the oppression of our children, and children’s health. The experience of racism then turns targets of oppression into perpetrators. Our once circle of balance has now become fragmented with a colonized burden of racism: post-traumatic stress, loss of language, alcohol abuse, parenting issues, and the lack of well-being. Today, the Elders/wisdom keepers are sending out the message to reverse the circle and once again recall our voice as Indigenous women and renew our whole circle of life as it once was and can still be. Nia:wen.”
Grandmother Jan Kahehti:io Longboat, Well Living House Grandparents Counsel

Le racisme envers les Autochtones : un mal précis et particulier...

SOCIAL DETERMINANTS OF HEALTH

ABORIGINAL EXPERIENCES WITH RACISM AND ITS IMPACTS

Prepared by Samantha Loppie,
Charlotte Reading & Sarah de Lassez

This paper is the second in a series of papers focused on anti-Aboriginal racism in Canada. The first paper examined the concept of race and racism, exploring the various forms it takes. In this paper, the focus is on the lived and structural forms of racism. We begin by providing a brief overview of what racism is, how it intersects with other forms of discrimination, and how it is manifested. The paper then moves to a discussion of how the dominant racialized group (i.e., European settlers) expresses racism in historic and current contexts and how Aboriginal people in Canada experience racism in interpersonal, structural and sometimes violent ways. We examine racism within government policies, healthcare, and judicial systems, and explore the unique ways that racism is experienced by Aboriginal peoples and how it impacts their well-being.

Introduction

Racism is a social injustice based on falsely constructed, but deeply embedded, assumptions about people and their relative social value; it is often used to justify disparities in the distribution of resources (MacKinnon, 2004). Racism manifests in multiple ways that allow some groups of people to see themselves as superior to others and to claim and maintain multiple



© Credit: Fred Castro, www.castrof.com

forms of political, socio-cultural, and economic power. Racism also intersects with, as well as reinforces, other ways in which human beings discriminate against each other, including social

by individuals, families, communities, and nations through interactions and structures of the everyday world. The truth is that the ideologies, social metaphors and words upon which race

Racism must be understood as something that is lived

Definition of Terms

Racism is a belief or belief system that attributes characteristics and practices to racial or ethnic groups, and that these characteristics and practices are inferior to those of other groups.

Racialize refers to the process of creating or reinforcing racial categories (Merriam-Webster Dictionary).

The continued existence of 'Indian reserves' serves as one of the most visible reminders of the race-based segregation of First Nations people in Canada (Musto, 1990).

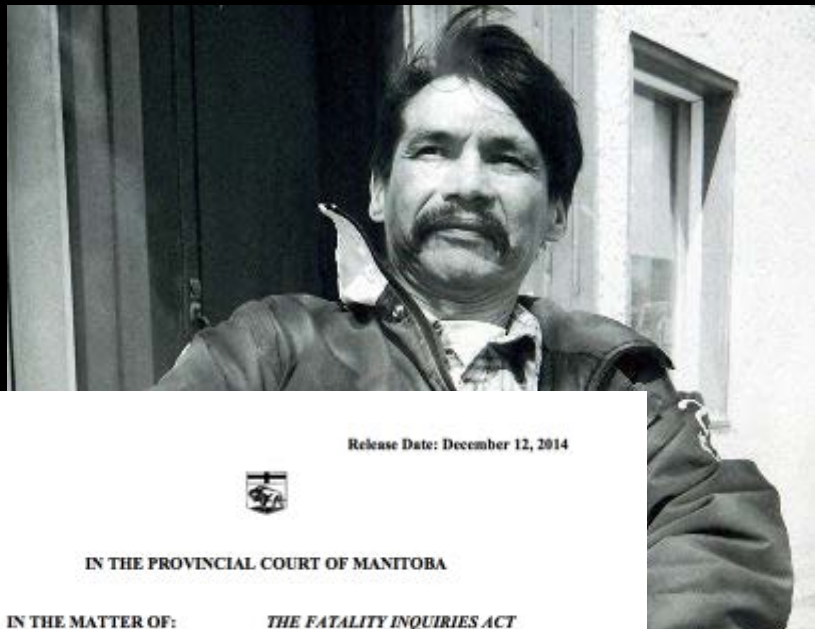
Racism is an experience acutely felt by many Aboriginal people in Canada. For example, according to a 2005 report of the *First Nations Regional Longitudinal Health Survey (RHS)*, 38% of participating First Nations adults experienced at least one instance of racism in the past 12 months; 63% of them felt that it had at least some effect on their self-esteem (First Nations Centre, 2005).



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¹ The term 'Aboriginal' will be used to denote the Indigenous peoples of Canada (including status/non-status Indians, and on/off reserve Indians),

Les peuples autochtones qui accèdent aux services de santé sont confrontés au racisme et à la racialisation



[602] In order to contextualize her analysis, Dr. Cook discussed how colonialism had an impact on both the structures and outcomes for Aboriginal health. She framed the concept of "Reserve" land as an "era of colonialism" that "continues to this day". She described how historically, racism and social exclusion resulted in First Nations being treated differently. She has concluded that the "inequitable" dual jurisdictions of health care of First Nation communities affect both the physical environment (challenges in housing, employment and education) and the health (physical and mental) of Indigenous people. She opined that First Nations' health care is cloaked in "jurisdictional ambiguity that continues to surround access to health care for First Nations, Métis and Inuit."

[603] Dr. Cook discussed stereotyping. "The kind of teaching that was done decades ago and is only now undergoing some change was quite significant in terms of instilling that concept of stereotypes. The media has reinforced that over the years." She added:

So I think that the reason I was hired by the Regional Health Authority and by the University way back when was because those systems recognized that they needed to make change. They recognized that systemic racism existed. They recognized that there were inequities on many levels and they needed someone who could provide some guidance and gather others of like mind to work with us and begin to influence the system's development at many levels.

Release Date: December 12, 2014



IN THE PROVINCIAL COURT OF MANITOBA

IN THE MATTER OF: *THE FATALITY INQUIRIES ACT*

AND IN THE MATTER OF: *BRIAN LLOYD SINCLAIR, Deceased*

to address it. She also recommended the creation of a dedicated, urban, Aboriginal primary and urgent care centre.

I therefore recommend:

62. *That the WRHA review the training of all ED security personnel to ensure that they receive cultural safety training.*

63. *That the RHAs develop and initiate policies for the implementation of mandatory and ongoing cultural safety training for all health care workers and that the RHAs ensure that cultural safety training includes a component that has been designed and delivered with the assistance of Aboriginal persons.*



Contexte canadien : racisme et peuples autochtones

Reporter Jillian Taylor

reading [CBC.CA](#) comment:

“So what, now they want the government to oversee their drug use, their unprotected sex lives, etc? These people know the risks of their lifestyle.”



Host Rosanna Deerchild

reading [CBC.CA](#) comment:

“strange how the choices and ways aboriginals choose to live their lives are always the fault of government, police or the white man in general.” (sic)



**MANIÈRES DE RÉFLÉCHIR
À LA « DÉCOLONISATION » OU À
L'ADAPTATION DE SES PRATIQUES À LA
RÉALITÉ AUTOCHTONE ET À LA LUTTE
CONTRE LE RACISME ENVERS LES
AUTOCHTONES**

Changer et remettre en question le discours



- Intervenir
- Changer les formes de la conversation
- Réfléchir
- Enseigner et agir différemment
- Contextualiser et engager une réflexion critique

S'immerger et dialoguer

- Rechercher un apprentissage par l'expérience
- Écouter et travailler en partenariat
- Oublier les notions de compréhension « clé » ou « ciblée » et être tout simplement ouvert
- Reconnaître l'équilibre (et le déséquilibre) des pouvoirs et en tenir compte



S'engager et élargir son horizon

- Croître
- Repousser les limites
- Évoluer
- Chercher de nouvelles formes d'apprentissage culturel (arts/littérature/films)
- Poser des questions!



Quelques projets de recherche et de participation communautaire





october-2011

The Art of Medicine

Medical students bring Art Days to a First Nation community

By: Sarah de Leeuw



departments

- Contributors
- Cartoon
- The Barometer
- Out of the box
- Top Culture
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Art Days: Two medical students reflect on the value of cultural immersion and cultural safety

Issue: BCMJ, Vol. 54, No. 3, April 2012, page(s) 126-129 MDs To Be
Annika Klopp, BSc, Allison Nakashishi, BSc

The concepts of cultural immersion, cultural competence, and cultural safety are explored in the context of two medical students' experiences contributing to qualitative research on a northern BC First Nations reserve.

ABSTRACT: The concepts of cultural immersion, cultural competence, and cultural safety are explored in the context of two medical students' experiences contributing to qualitative research on a northern BC First Nations reserve. The project Art Days, a partnership between the Nak'azdli Health Centre and the UNBC Northern Medical Program, looks at the potential of artistic expression as a way for people to feel better and to articulate what is needed for their healing and well-being. A narrative and reflective approach are used to capture the students' experience being culturally immersed. Cultural competence and cultural safety are briefly discussed. Greater integration of cultural safety within our medical curricula, as well as a cultural safety framework inside health care delivery models, are needed.



bcmd2b

Art Days:

Two medical students reflect on the value of cultural immersion and cultural safety



Annika Klopp, BSc, Allison Nakashishi, BSc

ABSTRACT: The concepts of cultural immersion, cultural competence, and cultural safety are explored in the

in the summer of 2011 we participated in a project to look at the potential of artistic expression as a way for people to feel better and to articulate what is needed for their healing and well-being. The project

On one of our first visits to Fort St. James and Nak'azdli we visited the museum in town at the suggestion of a worker at the Nak'azdli Health Centre. We spent the afternoon learning about Carrier culture by running our hands through furs and savoring the smell of a restored salmon cache, and it was this knowledge that could be beneficial in helping us build relationships in the community. It wasn't until later that we realized that these types of learning experiences are endorsed by leading authorities of health care; in their 2001 policy statement, the Society of Obstetricians and Gynaecologists of Canada (SOGC) encouraged health professionals to learn the appropriate names, demographics, and traditional geographic territories of language groups of the various

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- This article has been peer reviewed.
- Annika Klopp is in the University of British Columbia Medical Class of 2013. Ms Nakashishi is in the UBC Medical Class of 2014. Both are in the Northern Medical Program.

DISCUSSION

- Submit a Letter
- Add Comment

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ART DAYS IN NAK'AZDLI

Art days evolved through intentional relationship with the Nak'azdli First Nation Band Council and Health Centre to engage art as a means of renewing, producing and exploring health and well-being in their community.

Explore



Our Story



Who We Are



Recent Work

Recent Work

Recent, current and ongoing activities, initiatives and projects exploring the relationships between creative expression, the arts, health and healing in the north. Through our work, HARC, our partners and collaborators strive to create and sustain a dynamic, inclusive, strengths-based forum for innovative inquiry and practice around renewing and expanding health, wellness and well-being in northern communities.

August 3, 2013

Art Days in Nak'azdli

Art days evolved through intentional relationship with the Nak'azdli First Nation Band Council and Health Centre to engage art as a means of renewing, producing and exploring health and well-being in their community. This project aims to expand a growing body of knowledge about the potential of arts and humanities to theorize, document, translate knowledge about, and potentially ameliorate health inequities lived by northern, rural and especially First Nations peoples ...

Read More



January 8, 2014

Questioning Medicine's Discipline

A new publication that explores the potential of creative arts and expressions in expanding the relevance of emotion in medical education and practice. Abstract: This paper engages our struggles with the discipline of medicine. Specifically, and sometimes from very personal perspectives, we question if the geographies in which undergraduate medical education unfolds are healthy. As three women broadly trained as geographers who are emotionally, politically, personally, and professionally tied to ...



Merci...
Vos questions et
commentaires
sont bienvenus!

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