

CULTURAL SAFETY IN FIRST NATIONS, INUIT AND MÉTIS PUBLIC HEALTH


*Environmental Scan of Cultural Competency and Safety
in Education, Training and Health Services*

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FOR ABORIGINAL HEALTH



CENTRE DE COLLABORATION NATIONALE
DE LA SANTÉ AUTOCHTONE



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CONTENTS



1. Introduction	5
2. Terminology	7
2.1 Cultural Awareness	7
2.2 Cultural Sensitivity	7
2.3 Cultural Competence	8
2.4 Cultural Safety	8
3. Core Competencies for Public Health and Aboriginal Health Care	9
3.1 Public Health Agency of Canada	9
3.2 ANAC Cultural Competence and Cultural Safety in Nursing Education	10
3.3 IPAC-AFMC First Nations, Inuit, Métis Health Core Competencies	11
3.4 NAHO Cultural Competency and Safety Guide	11
3.5 NIICHR0 Report on the Core Competencies Project for Wellness & Primary Health Care Providers	12
4. Graduate Public Health, Undergraduate Medicine and Undergraduate	13
4.1 Graduate-Level Public Health Education	13
4.2 Undergraduate Medical Education	14
4.3 Undergraduate Nursing Education	16
4.4 Other Health Studies Programs	18
5. Accreditation Standards and Criteria for Graduate-Level Public Health	21
5.1 The Council on Education for Public Health: Structure and Function	21
5.2 Definitions for Schools of Public Health and Public Health Programs	22
5.3 CEPH Accreditation Standards Relevant to Cultural Safety	24
5.4 Canadian Public Health Schools and Programs with CEPH Accreditation	24
6. Professional Training & Continuing Education in Public Health	25
6.1 Aboriginal Health and Community Administration Program	25
6.2 Anishnawbe Health Toronto	26
6.3 Certified Aboriginal Health Manager Program	26
6.4 Certificate in Cultural Competency and Cultural Safety in Health Care	27
6.5 Indigenous Cultural Competency Training Program	27
6.6 University of Victoria, School of Nursing, Cultural Safety Modules	28
7. Tripartite First Nations Health Plan in British Columbia	29
8. Health Canada Projects	31
8.1 Integration Projects	32
8.2 Adaptation Projects	32
8.3 Pan-Canadian Projects	35
8.4 Outcomes	35
9. Conclusion	37
Appendix A: List of Acronyms	39
Appendix B: Complete List of Education Programs	40
References	41

LIST OF TABLES



Table 1: Cultural Safety Competencies from ANAC	10
Table 2: Cultural Safety Competencies from IPAC-AFMC	11
Table 3: Cultural Safety Competencies from the National Indian & Inuit Community Health Representatives Organization	12
Table 4: Master of Public Health (MPH) Education Programs & Cultural Safety-related Curriculum	15
Table 5: Undergraduate Medical Education Programs with Cultural Safety-related Curriculum	16
Table 6: Bachelor of Nursing Education Programs with Cultural Safety-related Curriculum	18
Table 7: University-level Health Studies Programs with Cultural Safety-related Curriculum	19
Table 8: Curriculum Units for Certificate in Cultural Competency & Cultural Safety in Healthcare	27
Table 9: Indigenous Cultural Competency Program Content	28
Table 10: Initiatives in Indigenous Nursing’s Cultural Safety Modules	28
Table 11: Cultural Safety-related Integration Projects from the Aboriginal Health Transition Fund	32
Table 12: Cultural Safety-related Adaptation Projects from the Aboriginal Health Transition Fund	33
Table 13: Cultural Safety-related Pan-Canadian Projects from the Aboriginal Health Transition Fund	35
Table 14: Outcomes of the Aboriginal Health Transition Fund	36



1. INTRODUCTION



First Nations, Inuit and Métis populations in Canada suffer from a variety of health disparities, including higher rates of infant mortality, higher rates of diabetes and other chronic diseases, greater prevalence of tuberculosis and other communicable diseases, as well as a shorter life expectancy compared to non-Aboriginalⁱ Canadians.¹ Public health experts, community health workers and health care providers are trying to reduce Aboriginal health disparities through research, programs and services.² As part of this effort, a group of researchers from Canada, Australia, New Zealand and the United Statesⁱⁱ have proposed the development of a set of core competencies for Aboriginal public health. Together, they have established

a collaboration called CIPHER: Competencies for Indigenous Public Health, Evaluation and Research.

The core competencies proposed by CIPHER would describe the skills, knowledge and attitudes a public health practitioner could utilize to provide culturally competent and safe health services to Aboriginal individuals and communities. Implementation of the core competencies in Aboriginal public health could lead to improvements in academic curriculum, training programs, professional certification, health services planning, health policy, and health program evaluation standards. Using the core competencies as standardized

ⁱ For the purposes of this report, the term 'Aboriginal' includes First Nations, Inuit and Métis peoples of Canada, inclusively.

ⁱⁱ Scholars in the CIPHER collaboration are experts in indigenous health for their respective countries. Participating scholars are Aboriginal, Australian Aborigine, New Zealand Maori, American Indian and Native Hawaiian.

assessment criteria could also help governments and organizations share best practices more efficiently and promote culturally safe Aboriginal health services in all parts of the country.

The purpose of this environmental scan is to provide an overview of curriculum and initiatives implemented by governments, universities, and by Aboriginal and non-Aboriginal agencies and organizations to improve the cultural competency and safety of health professionals in their relations with First Nations, Inuit and Métis patients. There are seven substantive sections to this environmental scan. The first provides definitions for cultural awareness, cultural sensitivity, cultural competency and cultural safety. This is followed by a summary of core competencies for public health generally and for Aboriginal health specifically that have already been developed in Canada. Section 3 summarizes Aboriginal health and cultural competency curriculum in graduate public health, undergraduate medicine and undergraduate nursing education programs. Cultural safety curriculum and resources for Aboriginal students enrolled in these education programs are also mentioned. This is followed by an explanation of the United States' accreditation standards for graduate public health education programs and schools of public health. Section 5 summarizes professional training and continuing education programs that are available to public health professionals who wish to improve their knowledge of Aboriginal health issues, cultural competency or cultural safety. The Tripartite First Nations Health Plan in BC, and its implications for cultural safety in Aboriginal health services throughout British Columbia is the focus of Section 6, while the next section describes recent Health Canada projects that relate to Aboriginal health service improvement, cultural competency and cultural safety practices. The report concludes with a

summary of how the information from this environmental scan can be utilized to develop national core competencies in Aboriginal health, pointing out innovative ideas, challenges, and topics that warrant further discussion.

Information for this environmental scan was collected from web pages, fact sheets, reports, publications and other gray literature resources that are freely available to the public. Information sources include:

- University websites
- Government agency websites (e.g. Health Canada)
- Professional association websites (e.g. Indigenous Physicians Association of Canada)
- Aboriginal health advocacy/ organization websites (e.g. NAHO)

This environmental scan is not a systematic review of the literature, nor is it a comprehensive report on cultural competency, cultural safety, or First Nations, Inuit and Métis health. It is intended to inform students, researchers, practitioners, community leaders and the public about cultural competency and safety in Aboriginal public health and health services. As such, the environmental scan highlights a range of topics related to the CIPHER project and cultural competency and safety, and should not be interpreted as an exhaustive report or an article on systematic research.

It is important for the reader to note the differences between the educational programs discussed in Section 3 of the report. The environmental scan focuses on the basic, professional-level education programs that are available for health professionals in public health, medicine and nursing. These degree programs include graduate level Master of Public Health degrees, undergraduate level medical (MD) education and undergraduate level Bachelor of Nursing degrees. These programs were chosen as

the focus because they include the basic curriculum that students are required to complete before beginning their professional careers in public health, medicine and nursing. Higher level educational programs were not included because not all students pursue additional education before becoming health professionals. Please keep these distinctions in mind while reading the report.

Overall, the environmental scan describes widespread efforts to address the unique health needs of First Nations, Inuit and Métis communities. However, without standardized assessment criteria, it is difficult to evaluate these education, training and health service programs. Developing and implementing a set of national core competencies for Aboriginal public health may be an appropriate next step in evaluating these programs, improving them, and creating a competent workforce that can provide culturally competent and safe health services to First Nations, Inuit and Métis peoples throughout Canada. The aim of the CIPHER collaboration is to explore this potential next step.



2. TERMINOLOGY



The environmental scan summarizes information from a wide variety of resources. Each resource utilizes different terminology when describing the relationship between culture and health. To clarify the differences between these terms, this section defines ‘cultural awareness,’ ‘cultural sensitivity,’ ‘cultural competence’ and ‘cultural safety.’ Since the terms ‘cultural competence’ and ‘cultural safety’ are often used by universities, organizations and governments in Canada to discuss culturally appropriate health services for Aboriginal people, these two terms are the focus of the report. The resources summarized in the report were scanned for these two terms, using the phrases and concepts included in this section’s definitions for cultural competence and cultural safety.

2.1 Cultural Awareness

The Aboriginal Nurses Association of Canada (ANAC) defines cultural awareness as the acknowledgement of difference. It is the first step in understanding cultural differences and involves observing those differences. Cultural awareness focuses on the ‘other’ and the ‘other culture.’ Cultural awareness does not consider political or socio-economic influences on cultural difference, nor does it require an individual to reflect on his/her own cultural perspectives.³

2.2 Cultural Sensitivity

The ANAC defines cultural sensitivity as recognizing the need to respect cultural

differences. Cultural sensitivity involves exhibiting “behaviours that are considered polite and respectful by the [person of the other culture].”⁴ However, similar to cultural awareness, cultural sensitivity focuses on the ‘other’ and the ‘other culture.’ Cultural sensitivity also does not require an individual to reflect on his/her own culture.

2.3 Cultural Competence

The U.S. Office of Minority Health (OMH) defines cultural competence as “a set of congruent behaviors, attitudes, and policies that come together [to] enable effective work in cross-cultural situations.”⁵ The OMH states further that “‘competence’ implies having the capacity to function effectively [...] within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.”⁶

The ANAC defines cultural competence as skills and behaviors that help a practitioner provide “quality care to

diverse populations.”⁷ The ANAC states that a strength of cultural competence is it can “build upon self-awareness.”⁸ However, the ANAC also states that cultural competence is limited by reducing culture into a set of skills that practitioners can master and over-emphasizes cultural difference as the source of conflict in health care provided to diverse populations.

2.4 Cultural Safety

The National Aboriginal Health Organization (NAHO) states that cultural safety, “within an Indigenous context means that the educator/practitioner/professional, whether Indigenous or not, can communicate competently with a patient in that patient’s social, political, linguistic, economic, and spiritual realm.”⁹ In addition, NAHO states that cultural safety “moves beyond the concept of cultural sensitivity to analyzing power imbalances, institutional discrimination, colonization and colonial relationships as they apply to health care.”¹⁰

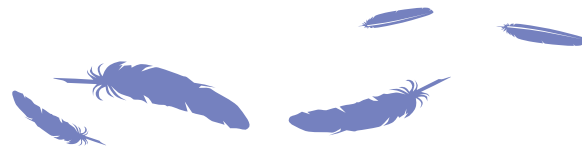
The Indigenous Physicians Association of Canada (IPAC), in partnership with the Association of Faculties of Medicine of Canada (AFMC), defines cultural safety as, “a state whereby a provider embraces the skill of self-reflection as a means to advancing a therapeutic encounter with First Nations, Inuit, [and] Métis peoples [...]. Self-reflection in this case is underpinned by an understanding of power differentials.”¹¹ The IPAC also emphasizes, “a central tenet of cultural safety is that it is the patient who defines what ‘safe service’ means to them.”¹²

The ANAC states cultural safety considers “the social, political, and historical contexts of health care,” the “difficult concepts [of] racism, discrimination, and prejudice,” and “unequal power relations.”¹³ Cultural safety also involves challenging inequalities in health care and improving health care access to diverse populations. Finally, cultural safety “acknowledges that we are all bearers of culture,” and health services providers must reflect on how his/her own culture impacts the health care he/she provides.¹⁴





3. CORE COMPETENCIES FOR PUBLIC AND ABORIGINAL HEALTH CARE



This section summarizes publications and programs that address core competencies for public health generally and for Aboriginal health specifically. The general public health competencies were included to give the reader an understanding of what types of knowledge, skills and attitudes are currently used in public health in Canada. These general competencies do not represent what should/should not be included in the proposed CIPHER core competencies. These general competencies also are not a model for cultural competency.

The core competencies specific to Aboriginal health care were included to give the reader an understanding of the expectations for physicians and nurses providing care to First Nations, Inuit and Métis patients. The core competencies for a public health practitioner working in

Aboriginal public health may differ from physicians and nurses, but the cultural safety practices may be similar, related or complementary. The core competency model might be produced by government agencies or departments, Aboriginal health organizations, professional public health associations, or a collaborative team with representatives from a number of governments and organizations.

3.1 Public Health Agency of Canada (PHAC)

The Public Health Agency of Canada (PHAC) published Core Competencies for Public Health in Canada: Release 1.0 in 2007.¹⁵ The report describes what skills a practitioner must master to be competent in general public health. The competencies were drafted by the Joint Task Group on Public Health Human

Resources, and an extensive consultation process was conducted to ensure the competencies accurately represented the views of public health experts and stakeholders. PHAC states that all post-secondary education in public health should train students to be proficient in these core competencies.

The report details 36 core competencies that are organized into seven categories:

- public health sciences
- assessment and analysis
- policy and program planning, implementation and evaluation
- partnerships, collaboration and advocacy
- diversity and inclusiveness
- communication
- leadership

Although the PHAC core competencies are designed for general public health – and there is no mention of Aboriginal-specific competencies in the report – some of the specific competency skills, attitudes and values described in the report are relevant to Aboriginal public health. The diversity and inclusiveness category states that a public health practitioner must be able to “apply culturally-relevant and appropriate approaches with people from diverse [...] backgrounds.”¹⁶ In addition, PHAC identifies “respect for diversity, self-determination, empowerment and community participation,” all of which impact public health in Aboriginal communities, as an important value for competent public health practitioners to uphold.¹⁷

To coincide with the report published in 2007, PHAC has developed an internet-based, continuing education program called *Skills Online*, which teaches public health professionals about PHAC’s core

competencies for public health in Canada. *Skills Online* participants can register for eight-week modules in the fall, winter and spring.¹⁸ Module topics include epidemiology, biostatistics, outbreak investigation and management, measuring health status and data communication.¹⁹ The nationwide *Skills Online* modules do not address Aboriginal health, cultural competency, or cultural safety. (Education programs that do address these topics will be described in Section 5.)

PHAC partners with the Institut National de Santé Publique du Québec (INSPQ) to provide *Skills Online* modules for Francophone public health professionals. The Canadian Institute of Public Health Inspectors (CIPHI) has formally recognized the *Skills Online* modules as public health education. The Alberta Dental Hygienists Association, the Canadian Public Health Association and the Royal College of Physicians and Surgeons also award continuing education credits to their members who successfully complete *Skills Online* modules.²⁰

3.2 ANAC Cultural Competence and Cultural Safety in Nursing Education

The Aboriginal Nurses Association of Canada (ANAC) published *A Framework for First Nations, Inuit and Métis Nursing* in 2009, which describes core competencies for nursing education.²¹ The competency model is intended to impact “curriculum, faculty members and Aboriginal and non-Aboriginal students” in nursing education programs.²² Implementation of the competency model is achieved through “program supports, [...] safe learning environments, [...] engagement and collaboration with First Nation, Inuit and Métis communities, [and] accreditation and program approval.”²³ The publication also mentions that the competency model can inform employers, who are responsible for promoting a culturally safe working environment for nurses and culturally safe health services for patients.²⁴ The competencies are summarized in Table 1.

Table 1: Cultural Safety Competencies from ANAC



Core Competency Category	Cultural Safety-related Specific Competencies
Postcolonial Understanding	“[G]raduating student[s] will demonstrate compassionate, culturally safe, relationship-centred care with First Nation, Inuit and Métis clients, their families or communities.” ²⁵
Communication	“[G]raduating student[s] will demonstrate effective and culturally safe communication with First Nation, Inuit and Métis clients, their families and peers.” ²⁶
Inclusivity	“[G]raduating student[s] will demonstrate a commitment to engage in dialogue and relationship building with First Nation, Inuit and Métis peoples, cultures and health practices.” ²⁷
Respect	“[G]raduating student[s] will identify health care approaches that places First Nation, Inuit and Métis clients, families and communities at risk for cultural harm, and describes measures to rectify these approaches.” ²⁸

3.3 IPAC-AFMC First Nations, Inuit, Métis Health Core Competencies

The Association of Faculties of Medicine of Canada (AFMC) and the Indigenous Physicians Association of Canada (IPAC) established a partnership to develop core competencies for undergraduate medical education in First Nations, Inuit and Métis health. To carry out this project, the IPAC-AFMC Aboriginal Health Task Group was formed. The task group outlined a working definition of cultural safety that medical educators can refer to (described in Section 1). The task group then developed a set of core competencies for undergraduate medical students in 2009. These competencies address the physician's role in Aboriginal health care as a medical expert, communicator,

collaborator, manager, health advocate, scholar and professional.²⁹ The overarching competencies described for each category are summarized in Table 2.

3.4 NAHO Cultural Competency and Safety Guide

In 2008, the National Aboriginal Health Organization (NAHO) published their guide for culturally safe health care: *Cultural Competency and Safety: A Guide for Health Care Administrators, Providers and Educators*. There is no specific list of core competencies, but NAHO's recommendations address how to improve cultural safety in education programs and health care practice. The guide discusses the need for cultural safety in education programs and health care, outlines the impact cultural safety could have in

education and health care, and then provides examples of how cultural safety could be practiced. Recommendations for improving cultural safety education include recognizing the historical context, recognizing diversity of populations, understanding health care worker/patient power relations, and raising organizational awareness of cultural safety issues. In addition, NAHO describes how cultural safety can improve health care quality by influencing communication methods, the decision-making process, and integration of the patient's health beliefs into his/her treatment.³⁷ To implement cultural safety in both education and health care, NAHO also suggests cultural safety in health must be supported by a wide variety of stakeholders, such as government agencies, education institutions, accreditation standards, regulatory bodies and Aboriginal organizations.

Table 2: Cultural Safety Competencies from IPAC-AFMC

Physician's Role	Core Competency Statement
Medical Expert	"The graduating student will demonstrate compassionate, culturally safe, relationship-centred care for First Nations, Inuit, Métis patients, their families or communities." ³⁰
Communicator	"The graduating student will demonstrate effective and culturally safe communication with First Nations, Inuit, Métis patients, families and peers." ³¹
Collaborator	"The graduating student will demonstrate the skills of effective collaboration with both Aboriginal and non-Aboriginal health care professionals, traditional/medicine peoples/healers in the provision of effective health care for First Nations, Inuit, Métis patients/populations." ³²
Manager	"The graduating student will be able to describe approaches to optimizing First Nations, Inuit, Métis health through a just allocation of health care resources, balancing effectiveness, efficiency and access, employing evidence based and Indigenous best practices." ³³
Health Advocate	"The graduating student will be able to identify the determinants of health of Aboriginal populations and use this knowledge to promote the health of individual First Nations, Inuit, Métis patients and the communities." ³⁴
Scholar	"The graduating student will be able to contribute to the development, dissemination, critical assessment of knowledge/practices and dissemination related to the improvement of First Nations, Inuit, Métis health in Canada." ³⁵
Professional	"The graduating student will demonstrate a commitment to engage in dialogue and relationship building with First Nations, Inuit and Métis peoples to improve health through increased awareness and insights of First Nations, Inuit, Métis peoples, cultures, and health practices." ³⁶

3.5 NIICHRO Report on the Core Competencies Project for Wellness & Primary Health Care Providers

The National Indian & Inuit Community Health Representatives Organization (NIICHRO) began the *Road to Competency* project in 2006. NIICHRO then began drafting a core

competencies document, which was reviewed and revised based on input from academics, practitioners, Aboriginal health stakeholders and participants of a March 2007 Core Competencies Forum. The final draft of core competencies for wellness and primary health care providers, published in June 2007, describes seven competency domains, core competencies, as well as numerous sub-competencies.³⁸ The competency domains include:

Aboriginal health and primary health care; empowerment, community relations and cultural competence; prevention, promotion and protection; emergency care; communication; ethics, leadership and teamwork; and, administration. The specific competencies related to Aboriginal cultural competence and cultural safety are summarized in Table 3.

Table 3: Cultural Safety Competencies from the National Indian & Inuit Community Health Representatives Organization



Competency Domain	Specific Competency	Sub-Competencies
Empowerment, community relations & cultural competence	"Promote and practice culturally competent care." ³⁹	<ul style="list-style-type: none"> · Explain the concepts of cultural competence and cultural safety. · Develop knowledge, understanding and respect for cultural traditions, practices, rituals and ceremonies and their impact on health. · Be open to learning from Elders, medicine people and traditional healers. · Support/promote mother-tongue language survival · Interpret local cultural practices and beliefs to health workers from other cultures. · Improve access to health care by helping clients to overcome cultural and other barriers. · Consider and respect local community values, beliefs and gender roles when dealing with clients. · Use appropriate methods for interacting sensitively, effectively, and professionally with people of diverse cultural, socioeconomic, educational, racial, ethnic, religious and professional backgrounds, and all people regardless of age, gender, health status, sexual orientation, lifestyle, etc.⁴⁰





4. GRADUATE PUBLIC HEALTH, UNDERGRADUATE MEDICINE AND UNDERGRADUATE NURSING EDUCATION PROGRAMS



This section summarizes Aboriginal health and cultural competency curriculum in public health, medicine, nursing and other health studies programs. Cultural safety programs for students enrolled in the education programs are also mentioned. The Aboriginal health curriculum, cultural competency curriculum and cultural safety student resources are summarized in a table for each type of education program (public health, medicine, nursing and health studies). These tables are intended to serve as a basis for discussion and are not representative of a systematic review of all course syllabi for all university education programs. For a comprehensive list of public health, medicine, nursing and health studies programs mentioned in this section, please refer to Appendix B.

4.1 Graduate-Level Public Health Education (MPH)

This sub-section summarizes the curriculum and resources available to students in Master's of Public Health (MPH) programs. First, the framework of MPH programs throughout Canada is briefly discussed. Then, programs which offer noteworthy Aboriginal health or cultural competency and safety curriculum are mentioned. This is followed by a table of all university MPH programs, which also highlights the Aboriginal health and/or cultural competency and safety content found in the curriculum of these programs.

When scanning the various public health education programs in universities

throughout Canada, it is difficult to actually find where public health programs are offered. Each university has a unique interpretation of how to categorize public health, resulting in programs placed in a variety of faculties, divisions or departments. Some universities have separate schools of public health. A number of other universities also offer Master's of Science (MSc) programs related to public health, but not Master's of Public Health degrees. With such diversity, it is difficult to gain a uniform understanding of the MPH programs available. This could impact the core competencies for Aboriginal public health and their implementation in public health education.

The MPH programs currently offered at Canadian universities appear to address cultural competence/safety and Aboriginal health separately or do not address them at all. However, there are some programs with interesting content related to Aboriginal health and cultural competence and safety. For example, the University of British Columbia's School of Population and Public Health does offer one course, Aboriginal People and Public Health: Ethics, Policy and Practice, that teaches the cultural and historical influences on Aboriginal health in an effort to make students "socially aware." In addition, the University of Manitoba's Department of Community Health Sciences has a Centre for Aboriginal Health Education, which provides cultural education opportunities to all students and a mentorship program to support Aboriginal students. The University of Victoria also gives MPH students the option of declaring a Focus Area in Indigenous Peoples' Health, which features courses on community engagement, indigenous research methodologies and colonization's impact on health policy.

Universities that offer Master's of Public Health degree programs are summarized in Table 4, including any cultural safety

resources, cultural competency curriculum or Aboriginal health content the MPH program includes.

4.2 Undergraduate Medical Education (MD)

This sub-section summarizes Aboriginal health curriculum, cultural competency training and culturally safe student resources in undergraduate medical education programs that lead to an MD degree. First, the accreditation criteria from the Committee on Accreditation of Canadian Medical Schools are described. Then, there is a table of undergraduate medical education programs that include at least one course or student resource pertaining to Aboriginal health, cultural competence, or cultural safety. The table does not include all medical education programs in Canada, nor does it represent a systematic review of all course syllabi for every undergraduate medical education program. This sub-section is only intended to give the reader an idea of what Aboriginal health and cultural safety curriculum is available at the undergraduate level of medical education because basic curriculum is completed by medical students at this level and basic, standardized cultural safety training could be administered at this level in the future.

The Committee on Accreditation of Canadian Medical Schools, which is run by the Association of Faculties of Medicine of Canada (AFMC), accredits medical schools. The Committee works in partnership with the Liaison Committee on Medical Education (LCME) in the United States. Undergraduate medical students must attend an accredited program to be licensed as a physician. The standards of accreditation do require medical schools to include some elements of cultural competency training.

The following is an excerpt from the LCME publication on standards of accreditation:

“ED-21. The faculty and medical students of a medical education program must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.

Instruction in the medical education program should stress the need for medical students to be concerned with the total medical needs of their patients and the effects that social and cultural circumstances have on patients' health. To demonstrate compliance with this standard, the medical education program should be able to document objectives relating to the development of skills in cultural competence, indicate the location in the curriculum where medical students are exposed to such material, and demonstrate the extent to which the objectives are being achieved.

ED-22. Medical students in a medical education program must learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the process of health care delivery.

The objectives for instruction in the medical education program should include medical student understanding of demographic influences on health care quality and effectiveness (e.g., racial and ethnic disparities in the diagnosis and treatment of diseases). The objectives should also address the need for self-awareness among medical students regarding any personal biases in their approach to health care delivery” (p.10).⁴⁸

At the university level, some undergraduate medical programs are also beginning to bring Aboriginal cultural competence and safety to the forefront of their curriculum and student resources. The University of Western Ontario's Schulich School of Medicine and Dentistry has an Indigenous

Table 4: Master of Public Health (MPH) Education Programs & Cultural Safety-related Curriculum



Institution	MPH Program Placement	Cultural Safety-related MPH Curriculum
Lakehead University	Department of Health Sciences, Faculty of Health & Behavioral Sciences	None found.
Memorial University	Faculty of Medicine, Division of Community Health & Humanities	None found.
Simon Fraser University	Faculty of Health Sciences	Elective Course: Global Perspectives on Indigenous Health – “This course will first describe the health conditions of Indigenous peoples in different regions of the world, then undertake a comparative examination of social and historical factors that contribute to poor health conditions, and finally compare efforts of Indigenous peoples to restore health to their Nations.” ⁴¹
Queen’s University	Department of Community Health & Epidemiology	None found.
University of Alberta	School of Public Health	Elective Courses: ⁴² <ul style="list-style-type: none"> · Stories of Life – Voice in Aboriginal Health Research · Diversity and Health in Families & Communities.
University of British Columbia	School of Population & Public Health, Faculty of Medicine	Elective Course: Aboriginal People & Public Health: Ethics, Policy & Practice – “The content of the course will include addressing the experience of colonization, the Indian Act, the histories and intergenerational impact of the residential school and child-welfare systems, communicable disease prevention, the challenge of ethical public health practice, and using traditional healing and ceremonies for early intervention. Students will gain greater understanding of Aboriginal health and will gain skills for becoming socially aware, self-reflective health professionals.” ⁴³
University of Guelph	Centre for Public Health & Zoonoses, Ontario Veterinary College	None found.
University of Manitoba	Department of Community Health Services, Faculty of Medicine	Centre for Aboriginal Health Education: ⁴⁴ <ul style="list-style-type: none"> · ACCESS Professional Health Program – Helps Aboriginal students succeed in health professions · CAHE Cultural Program – Cultural education for students and faculty · Kaaweechimoseaywat Mentorship Program.
University of Saskatchewan	School of Public Health	Elective Courses: ⁴⁵ <ul style="list-style-type: none"> Introduction to Aboriginal Public Health Aboriginal Health Issues Intermediate Aboriginal Health.
University of Toronto	Dalla Lana School of Public Health, Faculty of Medicine	Elective Courses: ⁴⁶ <ul style="list-style-type: none"> · Aboriginal Health · Social Determinants of Health · The Politics of Aboriginal Health.
University of Victoria	School of Public Health, Faculty of Human & Social Development	Optional “Focus Area” in Indigenous Peoples’ Health: ⁴⁷ <ul style="list-style-type: none"> · Required Courses: <ul style="list-style-type: none"> - Community Engagement and Leadership - Indigenous Public Health and Social Policy - Indigenous Research Methodologies.
University of Waterloo	School of Public Health, Faculty of Applied Sciences	None found.

Medicine & Dentistry initiative. The initiative provides support for Aboriginal students, and encourages physicians of all backgrounds to practice medicine in Aboriginal communities and advocate for the improvement of Aboriginal health. The University of Alberta's Faculty of Medicine & Dentistry also released an Academic Plan that gives special mention to expanding medical education in Aboriginal health. The plan proposes an elective program in Traditional Healing. A number of universities also offer elective clerkships with aboriginal communities.

Table 5 provides a list of universities that include Aboriginal health and cultural safety curriculum or student resources within their undergraduate medical education programs.

4.3 Undergraduate Nursing Education (BScN)

This sub-section identifies the accreditation criteria for Bachelor of Nursing (BScN) education programs, curriculum that addresses cultural

competency or Aboriginal health, and culturally safe resources for students in the BScN programs. It includes a table of BScN programs with at least one course or student resource pertaining to Aboriginal health or cultural competence and safety. This sub-section is only intended to give the reader an idea of what Aboriginal health and cultural safety curriculum is available at the *undergraduate* level of nursing education because basic curriculum is completed by nursing students at this level and basic, standardized cultural safety training could be administered at this level in the future.

Table 5: Undergraduate Medical Education Programs with Cultural Safety-related Curriculum

Institution	Undergraduate Medical Program Placement	Cultural Safety-related Curriculum
Lakehead University	Northern Ontario School of Medicine	<ul style="list-style-type: none"> Curriculum "themes" include Northern & Rural Health Curriculum "threads" include Aboriginal health.⁴⁹
McGill University	Faculty of Medicine	Elective Course: Aboriginal Field Course. ⁵⁰
McMaster University	Michael G. DeGroot School of Medicine, Faculty of Health Sciences	<ul style="list-style-type: none"> Curriculum includes competency training in Social & Cultural Determinants of Health⁵¹ Elective Clerkship: Aboriginal Health Elective.⁵²
Quebec Faculties of Medicine	Université de Montréal, McGill University, Université Laval & Université de Sherbrooke	<p>First Nations and Inuit Faculties of Medicine Program of Quebec⁵³</p> <ul style="list-style-type: none"> Supports First Nations and Inuit applicants to Quebec's faculties of medicine and facilitates admission Aims to motivate potential candidates and promote medical careers among First Nations and Inuit youth Each university has an educational advisor to support development of First Nations and Inuit health Program is developing medical education elective courses in First Nations communities and Inuit villages.
Quebec National Institute of Public Health	Quebec Universities (Université de Montréal, McGill University, Université Laval & Université de Sherbrooke)	<p>Aboriginal Health Rotation⁵⁴</p> <ul style="list-style-type: none"> For medical students at all four Quebec universities Training Objectives: <ul style="list-style-type: none"> Recognition of the historical context as a determining factor underlying current health inequities Recognition of the diversity of Aboriginal populations within the country Understanding of professional-patient power imbalance.
Queen's University	School of Medicine, Faculty of Health Sciences	<p>Aboriginal Admissions Process⁵⁵</p> <ul style="list-style-type: none"> Alternate assessment process for Aboriginal candidates Up to four candidates can be admitted each year Aboriginal candidates can also apply through regular admission.
University of Alberta	Faculty of Medicine & Dentistry	Indigenous Health Initiative: "Encourage and assist more Aboriginal students to gain admission and graduate successfully from medicine and dentistry." ⁵⁶
University of British Columbia	Faculty of Medicine	Elective Clerkship: Topics in Aboriginal Health – A Community-Based Elective. ⁵⁷

Table 5: Undergraduate Medical Education Programs with Cultural Safety-related Curriculum Cont'd

Institution	Undergraduate Medical Program Placement	Cultural Safety-related Curriculum
University of Calgary	Faculty of Medicine	<p>Aboriginal Health Program⁵⁸</p> <ul style="list-style-type: none"> · Encourages awareness of Aboriginal health and healing issues · Recruits Aboriginal students · Endeavors to provide effective student support and professional development resources for all students interested in working with Aboriginal individuals, families and communities <p>Visiting Student Clerkship in Aboriginal Public Health⁵⁹</p> <ul style="list-style-type: none"> · Work with First Nations and Inuit Health medical officers · Work with a family physician, home care nurses and community health staff at the Siksika Reserve.
University of Manitoba	Faculty of Medicine	Clinical Practicum: Aboriginal Health. ⁶⁰
Université de Montréal	Faculty of Medicine	<ul style="list-style-type: none"> · Offers one course on traditional Aboriginal medicine and a second course on the historical, cultural, sociological and health perspectives of First Nations · Resources include a student-initiated Interest Group in Aboriginal Health.
University of Ottawa	Faculty of Medicine	<ul style="list-style-type: none"> · Pre-Clerkship curriculum requirements include a unit on Aboriginal Health⁶¹ · Aboriginal Program⁶² <ul style="list-style-type: none"> - 7 designated seats for Aboriginal students - As a recruitment strategy, twice a year, the Program offers mini medical courses, delivered by the Aboriginal students to prospective Aboriginal students, providing them with the opportunity to see what it is like to study medicine at Ottawa · Aboriginal Community Clerkships: Akwesasne, Kitigan Zibi or Pikwakanagan · Elective course for indigenous medical students: The Impact of Traditional Healing.⁶³
University of Saskatchewan	College of Medicine	<ul style="list-style-type: none"> · Elective Course: Aboriginal Models of Mind and Mental Health · Elective Rotation: Aboriginal Health and Healing.⁶⁴
University of Western Ontario	Schulich School of Medicine & Dentistry	<p>Indigenous Medicine & Dentistry⁶⁵</p> <ul style="list-style-type: none"> · Designated seats for Aboriginal students · Students can participate in an Aboriginal Health Speaker Series and a Mentorship Program · Opportunities to participate in outreach programs within the local First Nations and urban Aboriginal communities, including summer camps, elementary and high school presentations, and local Aboriginal community career fairs.

The Canadian Association of Schools of Nursing (CASN) approves and accredits nursing education programs. All nursing programs must be approved by CASN. Accreditation by CASN is not the same as approval. Accreditation by CASN is designated to nursing programs that meet additional standards. The standards for accreditation do not mention cultural safety or Aboriginal health issues, but

there is an expectation for nursing programs to promote “inclusion and diversity.”⁶⁶ For more information about the distinction between CASN approval and accreditation, please visit the CASN website: <http://www.casn.ca/en/54.html>

The University of Manitoba’s Faculty of Nursing has noteworthy requirements in Aboriginal health, which all nursing

students must complete. Third year core curriculum includes a Native Studies requirement, comprised of five courses on Aboriginal health, history and traditional medicine. The University of Victoria has a number of programs within its Initiatives in Indigenous Nursing, which involve partnerships with First Nations communities on Vancouver Island. The University of Northern British Columbia’s

(UNBC) School of Nursing offers a clinical focus area in First Nations health in which students complete a course and a practicum. UNBC's nursing program also requires all students to complete one course on First Nations health.

Table 6 provides a list of universities that include Aboriginal health, cultural competency and cultural safety in the

courses or student resources of their Bachelor of Nursing education programs.

4.4 Other Health Studies Programs

The degree programs mentioned below are not classified as strictly undergraduate medical education, Bachelor of Nursing

programs or Master's of Public Health programs. Nevertheless, they are health related and do include elements of cultural competence/safety education or Aboriginal health curriculum. Universities that offer other health studies programs with cultural safety-related curriculum are listed in Table 7.

Table 6: Bachelor of Nursing Education Programs with Cultural Safety-related Curriculum

Institution	Bachelor of Nursing Program Placement	Cultural Safety-related Curriculum
Dalhousie University	School of Nursing, Faculty of Health Professions	<ul style="list-style-type: none"> · BScN degree program <ul style="list-style-type: none"> - Required Course: Cultural Determinants of Health - Elective Course: Introduction to Aboriginal Peoples' Health & Healing · BSc Arctic Nursing degree program.⁶⁷
Lakehead University	School of Nursing, Faculty of Health & Behavioral Sciences	<ul style="list-style-type: none"> · Native Nurses Entry Program⁶⁸ <ul style="list-style-type: none"> · Nine month preparation program for Aboriginal students who plan to enter the BScN program · Includes two weeks of field experience, which can be completed in a student's own community or other Aboriginal health setting.
Trent University	School of Nursing	<ul style="list-style-type: none"> · Elective Courses:⁶⁹ <ul style="list-style-type: none"> · Transcultural concepts in healthcare · Advanced topics in Indigenous Peoples, health and the environment.
Trinity Western University	School of Nursing	<ul style="list-style-type: none"> · Elective Course: Transcultural Health.⁷⁰
University of Manitoba	Faculty of Nursing	<ul style="list-style-type: none"> · Third year core curriculum includes the following Native Studies course requirements:⁷¹ <ul style="list-style-type: none"> - Native Peoples of Canada - Métis of Canada - Native Societies and the Political Process - Images of Indian people in North American Society - Native Medicine and Health · Aboriginal Cohort Initiative: Program to encourage and increase the number of Aboriginal RNs.⁷²
University of New Brunswick	Faculty of Nursing	<ul style="list-style-type: none"> · Elective course: Aboriginal Health Issues – "The course will examine the role of nursing in addressing health issues faced by Aboriginal peoples in Canada and will engage the students in the process of becoming culturally competent/safe nurses."⁷³ · Aboriginal Nursing Initiative:⁷⁴ <ul style="list-style-type: none"> - Five designated seats for Aboriginal students - Nursing curriculum that includes cultural competency, social justice and Aboriginal Health Issues.
University of Northern British Columbia	School of Nursing, College of Arts, Social and Health Sciences	<ul style="list-style-type: none"> · Required Course: Introduction to First Nations Health · Clinical focus area: First Nations Health⁷⁵ <ul style="list-style-type: none"> - First Nations Health & Nursing - First Nations Health & Nursing Practicum · Elective Course: The Healing and Wellbeing of Indigenous Peoples.⁷⁶

Table 6: Bachelor of Nursing Education Programs with Cultural Safety-related Curriculum Cont'd

Institution	Bachelor of Nursing Program Placement	Cultural Safety-related Curriculum
University of Saskatchewan	College of Nursing	<ul style="list-style-type: none"> · The Conceptual Model for the nursing program mentions “cultural safety training.”⁷⁷ · Elective courses:⁷⁸ <ul style="list-style-type: none"> - Aboriginal Health - Cultural Diversity and Aboriginal Health · Resource: Aboriginal Health & Cultural Diversity Glossary⁷⁹ · Student Support: Native Access Program to Nursing⁸⁰ <ul style="list-style-type: none"> - Culturally appropriate counseling and mentorship - Tutoring - Social activities · Student lounge with research resources.
University of Victoria	School of Nursing	<p>Initiatives in Indigenous Nursing⁸¹</p> <ul style="list-style-type: none"> · Cultural Safety Modules: web-based, self-study modules, freely available to the public <ul style="list-style-type: none"> - Module 1: Peoples’ Experiences of Colonization - Module 2: Peoples’ Experiences of Oppression - Module 3: People’s Experience of Colonization in Relation to Health Care · Reciprocal Partnership Model in Nursing Education Project : University of Victoria has partnered with the Tsawout First Nation in Saanich, BC for the Aboriginal Nursing Learning Circles program.
University of Windsor	Faculty of Nursing	<p>Elective Courses:^{82,83}</p> <ul style="list-style-type: none"> · Health Issues and Care of Diverse Populations · Transcultural Health · Culture and Health in Diverse Canada.

Table 7: University-level Health Studies Programs with Cultural Safety-related Curriculum

Institution	Program	Cultural Safety-related Curriculum
Brandon University, School of Health Studies	Indigenous Health & Human Services Degree	<p>Required Courses:⁸⁴</p> <ul style="list-style-type: none"> · Traditional Spiritual Teachings of Indigenous Peoples · Foundations of Indigenous Approaches to Healing and Wellness · Indigenous Health & Humans Services · Health Inequalities and Determinants of Indigenous Health · Indigenous People: Challenges & Barriers to Healing · Indigenous Child Welfare · Grief, Loss & Historical Trauma · Native Health Issues · Indigenous Program Development · Sharing & Healing Circles · Indigenous People and Addictions · Native Human Services · Introduction to Native Studies Research Methodology.

Table 7: University-level Health Studies Programs with Cultural Safety-related Curriculum Cont'd

Institution	Program	Cultural Safety-related Curriculum
First Nations University jointly ⁸⁵ with University of Regina	Bachelor of Health Studies, Indigenous Health Studies Concentration (Faculty of Kinesiology & Health Studies)	<ul style="list-style-type: none"> · Core requirements include five classes in Indigenous Health: <ul style="list-style-type: none"> - Introduction to Indigenous Health Studies I & II - Traditional Indigenous Health Concepts - Contemporary Issues in Indigenous Health - Community-based Indigenous Health Studies · Indigenous Health Studies Concentration <ul style="list-style-type: none"> - Curriculum emphasis on understanding Indigenous health needs - Required Courses: <ul style="list-style-type: none"> - Two Indian language courses - One Environmental & Health Science course - Research Methods in Indigenous Studies OR Methods & Theory in Documenting Oral Traditions.⁸⁶
	Certificate in Indigenous Health Studies (Faculty of Science)	<ul style="list-style-type: none"> · Pre-professional, preparatory program for students entering health programs at the post-secondary level · “Provides an indigenous cultural perspective, understanding of the health care system and knowledge of health career options.” · Required Courses: <ul style="list-style-type: none"> - One Indian language course - Introduction to Indigenous Health Studies I & II - Traditional Indigenous Health Concepts - Contemporary Issues in Indigenous Health.⁸⁷
University of Northern British Columbia, College of Arts, Social & Health Sciences	BSc Health Sciences	<ul style="list-style-type: none"> · Required Course: Introduction to Health Science II: Rural and Aboriginal Issues · Aboriginal and Rural Health Concentration Course: Aboriginal Health Management · Elective Course: First Nations Community and Environmental Planning.⁸⁸
	Certificate in Aboriginal Health Sciences	<p>Required Courses:⁸⁹</p> <ul style="list-style-type: none"> · Introduction to Health Sciences II: Rural and Aboriginal Issues · Aboriginal Medicines II: Administering and Ethics · First Nations Health and Healing · First Nations Environmental Philosophy and Knowledge · Aboriginal Health Management · Aboriginal Health and Chronic Illness · Aboriginal Health Practices.
Laurentian University, School of Rural & Northern Health	PhD in Rural and Northern Health	It is an interdisciplinary program, intended to “promote the development of a critical mass of health research expertise in the north.” ⁹⁰
University of Toronto, Faculty of Medicine	Collaborative Program in Aboriginal Health	<ul style="list-style-type: none"> · A resource for MD, BScN and MPH students · Program Requirements (one of the three following courses):⁹¹ <ul style="list-style-type: none"> - Aboriginal Health - Politics of Aboriginal Health - Race, Indigenous Citizenship and Self-Determination: Decolonizing Perspectives.
University of Victoria, School of Public Health, Faculty of Human & Social Development	B.A. Health & Community Services, Indigenous Peoples’ Health Concentration	<p>Required Courses:</p> <ul style="list-style-type: none"> · Culture and Context of Indigenous Health · Indigenous Health Trends and Social Determinants of Health · Traditional Healing in Indigenous Communities · Wise Practices in Indigenous Community Health.⁹²



5. ACCREDITATION STANDARDS AND CRITERIA FOR GRADUATE LEVEL PUBLIC HEALTH EDUCATION IN THE UNITED STATES



This section describes the accreditation standards for public health education in the United States. Schools of public health and public health programs can seek accreditation from the Council on Education for Public Health (CEPH), an independent accrediting body recognized by the U.S. Department of Education. Although the Council is an American accrediting body, schools and programs outside the United States can also apply for accreditation. This section's discussion of accreditation includes the following sub-sections: the Council's structure and function; definitions for schools of public health and public health programs; accreditation standards relevant to cultural competency and safety; and Canadian schools and programs that have pursued CEPH accreditation.

5.1 The Council on Education for Public Health: Structure and Function

As mentioned above, CEPH is an independent agency recognized by the U.S. Department of Education as the official accrediting body for public health education. The council accredits schools of public health and public health programs associated with accredited institutions of higher learning. CEPH focuses on graduate education, namely Master's of Public Health (MPH) degree programs, but also assesses undergraduate and doctoral programs in public health. CEPH is a "private, nonprofit corporation with [the American Public Health Association] APHA and [the Association of Schools of

Public Health] ASPH as its two corporate members.”⁹³ The Council’s board adopts, reviews, and amends its evaluation criteria for public health schools and programs.

5.2 Definitions for Schools of Public Health and Public Health Programs

CEPH differentiates between schools of public health and public health programs when evaluating public health education. The Council has published separate accreditation criteria for these two categories. Most of the criteria are identical, but some differences appear in the Council’s program definitions and the interpretation of criteria standards. For further information on the CEPH accreditation process and criteria, please refer to: <http://ceph.org/constituents/understanding-accreditation/>

Below are the CEPH definitions for schools of public health and public health programs. It is important to note that a school of public health must have the same status as other professional schools at the parent institution, while a public health program must have the same status as professional preparation programs at the parent institution. The other key difference between schools and programs is the minimum requirements for degree programs offered. Schools must offer an MPH program in all five areas of public health – biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral sciences. Schools must also offer doctoral programs in three areas. Public health programs, however, are only required to provide one MPH degree program or another professional degree equivalent to an MPH.

For Canadian public health education, accreditation by CEPH presents some challenges because of the differences in institutional structure. Many public health programs are housed within faculties of medicine or other university departments and divisions and may not meet CEPH’s requirement of a professional school or professional degree program. This potential conflict must be considered for programs seeking accreditation or for an organization that endeavors to create accreditation standards for Canada’s public health education.

Schools of public health meet the following definitions, as stated in the CEPH accreditation criteria for schools (p.2):⁹⁴

- a) The school shall be a part of an institution of higher education that is accredited by a regional accrediting



- body recognized by the US Department of Education or its equivalent in other countries.
- b) The school and its faculty and students shall have the same rights, privileges and status as other professional schools that are components of its parent institution.
 - c) The school shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the school of public health should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.
 - d) The school shall maintain an organizational culture that embraces the vision, goals and values common to public health. The school shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the school's activities.
 - e) The school shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the school shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree, in each of the five areas of knowledge basic to public health and a doctoral degree in at least three of the five specified areas of public health knowledge (biostatistics, epidemiology, environmental health sciences, health services administration, and social & behavioral sciences).
 - f) The school shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and community and that combines educational excellence with applicability to the world of public health practice.
- Public health programs meet the same definitions, with the following exceptions, as stated in the CEPH accreditation criteria for programs (p.2):⁹⁵
- a) The program and its faculty and students shall have the same rights,



privileges and status as other professional preparation programs that are components of its parent institution.

- b) The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.

5.3 CEPH Accreditation Standards Relevant to Cultural Safety

The CEPH accreditation standards for both schools of public health and public health programs include a section on diversity and cultural competency, as well as standards for competency-based education and training.

Cultural Competency Training: To meet the accreditation standard for “diversity”, a public health school or program must, “demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning research and service practices,” as in the CEPH publication on schools of public health.⁹⁶

The basis for this accreditation standard is that public health professionals must be prepared to work anywhere in the world and cooperate with different populations and cultures. Accredited public health schools/programs must also incorporate and preserve diversity among their faculty, staff, students, curriculum, research and service projects. CEPH interprets cultural competence to mean “skills for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite skills include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences.”⁹⁷ Accredited public health schools/programs are required to document their commitment to diversity with an action plan, goals, measurable objectives, and diversity policies.

Competency-based Education and Training: CEPH requires that each accredited degree program and area of specialization must be based upon a list of competencies. Competencies should be the foundation of each program’s curriculum planning, a variety of learning and training opportunities should be integrated for a holistic education in the program competencies, and student achievement must be measured against

the competency goals. To be awarded a degree at any level – bachelors, masters or doctoral – students must meet assessment standards that are also based upon the program’s competency goals.

5.4 Canadian Public Health Schools and Programs with CEPH Accreditation

Few Canadian universities and programs have sought accreditation by the CEPH. Below is a listing of those that have received CEPH accreditation.

Accredited Programs:⁹⁸

- **Simon Fraser University**
MPH Public Health Program,
Faculty of Health Sciences
- **Université de Montréal**
MSc Program in Community Health
Department of Social and Preventative
Medicine

Applying for Accreditation:⁹⁹

- **University of Alberta**
School of Public Health





6. PROFESSIONAL TRAINING AND CONTINUING EDUCATION IN PUBLIC HEALTH



This section describes professional education and training programs that address Aboriginal cultural competency and cultural safety in public health services. These educational and training programs are for working professionals. Some of the programs are available online for free, while other programs must be paid for or require in-person meetings to follow-up online coursework.

6.1 Aboriginal Health and Community Administration Program (AHCAP)

The Aboriginal Health and Community Administration Program (AHCAP) was developed jointly by the Institute for Aboriginal Health and the Centre for Intercultural Communication at the University of British Columbia.¹⁰⁰

Individuals who complete the program are awarded a UBC Certificate in Aboriginal Health and Community Administration. The program was given an Award of Excellence from the Canadian Association for University Continuing Education (CAUCE).¹⁰¹

AHCAP is intended to “help those who work in Aboriginal communities to increase the community’s capacity to deliver services, coordinate programs and promote the health of their people.”¹⁰² The program consists of five online course materials and five residency weekends at the UBC campus in Vancouver. Course topics include communication and leadership; fundamentals of administration; policy and research; information management; and Aboriginal health and wellness. Participants complete AHCAP in ten months.

6.2 Anishnawbe Health Toronto

Anishnawbe Health Toronto, in partnership with “Aboriginal experts in academia,”¹⁰³ has developed an Aboriginal cultural safety curriculum module as part of its Aboriginal Cultural Safety Initiative. Development of the curriculum was also guided by the IPAC-AFMC publication on First Nations, Inuit and Métis core competencies in medical education, which was mentioned in Section 2. The module is intended for use by health science and public health programs, although the Anishnawbe Health Toronto web page does not specify what level of students or continuing education program the

curriculum is intended for. An extensive Powerpoint presentation is available on the initiative’s web page, to be used in a two to three hour session. Since the curriculum module is also freely available online, the curriculum can be used as a continuing education resource for individuals and training programs alike.

6.3 Certified Aboriginal Health Manager (CAHM) Program

The First Nations Health Managers Association is developing an education program for health managers who work with Aboriginal communities. The association is also developing a

professional examination for health managers to qualify as Certified Aboriginal Health Managers, which will be administered every January and May, starting in 2013. Both the education program and professional examination are based upon the association’s competency standards. These professional competencies are split into the following categories:

- leadership and governance
- professionalism
- advocacy, partnerships and relationships
- human resource management
- financial management and accountability
- health service delivery



- quality improvement and assurance
- planning
- communication
- cultural awareness, including knowledge integration and cultural integration in health care.¹⁰⁴

The education courses that will be administered by the First Nations Health Managers Association are called the Aboriginal Health Management Program. The five online courses will be: Health Issues and Systems; Leadership and Strategy; Health Management Services 1; Health Management Services 2; and,

Professionalism, Ethics and Cultural Awareness. These courses will teach health managers how to work with Aboriginal communities and prepare them for the professional examination. Passing the exam will be required to earn the professional designation of Certified Aboriginal Health Manager (CAHM). The exam will be implemented biannually, beginning in January 2013, and the CAHM education process and professional designation are intended to build health management capacity within Aboriginal organizations and communities.¹⁰⁵

6.4 Certificate in Cultural Competency and Cultural Safety in Healthcare

The Canadian Healthcare Association and the Aboriginal Nurses Association of Canada jointly developed a certificate program on cultural competency and cultural safety. The program participants are expected to be health service professionals who work in Aboriginal settings. Certificate recipients must complete seven home-study units and a major project/paper, as well as attend a four-day intramural session in Ottawa.

The cultural competency and safety knowledge and skills in the seven home-study units, as stated in the course outline, are summarized in Table 8.¹⁰⁶

Table 8: Curriculum Units for Certificate in Cultural Competency & Cultural Safety in Healthcare

Introduction to Cultural Competency and Cultural Safety	Identifies the difference between cultural awareness, cultural sensitivity, cultural competency and cultural safety. Addresses core competencies for providing culturally safe learning and health care.
Post-Colonial Understanding	Examines the physical, mental, emotional and spiritual health effects of colonialism. Describes the Indian Act and discusses the cultural impact of historic treaties and legislation. Describes the impact of the reservation system and residential schools on Aboriginal communities. Explains why Canadian health professionals need to understand the history and impact of colonialism on Aboriginal health and social wellbeing.
Communication	Addresses the need for culturally safe communication, the barriers to successful communication, and strategies for achieving culturally safe communication and information collection when working with Aboriginal individuals.
Inclusivity	Discusses the importance of collaboration and inclusive relationships, as well as methods for overcoming barriers and promoting inclusivity in health care.
Respect	Identifies methods for developing collaborative, ethical relationships with Aboriginal individuals and communities, including traditional healers. Discusses the role of holistic care in Aboriginal health and wellbeing.
Indigenous Knowledge	Examines the diversity of healing and wellness practices used by First Nation, Inuit and Métis peoples.
Mentoring and Supporting Students for Success	Discusses the importance of recruiting Aboriginal students to the health care professions and the need to provide culturally safe learning environments.

6.5 Indigenous Cultural Competency (ICC) Training Program

The Indigenous Cultural Competency Training Program is run by the Aboriginal Health Program within the Provincial Health Services Authority (PHSA) of British Columbia. The goals of the Aboriginal Health Program include improving partnerships with Aboriginal communities and improving Aboriginal access to health services through culturally competent service providers.¹⁰⁷ To work towards these goals, the Indigenous Cultural Competency Training Program provides online courses, additional training modules, and a myriad of resources for social workers, community organizers and public health professionals working with Aboriginal communities.

There are three core training programs on Indigenous Cultural Competency, which are intended to “develop individual competencies and promote positive partnerships.”¹⁰⁸ The training programs

meet the accreditation criteria for continuing education credits from the Canadian Counseling & Psychotherapy Associate and the College of Family Physicians of Canada.¹⁰⁹ The ICC Training program also offers supplementary, post-training modules and additional resources for anyone who completes one of the three Core ICC courses. The core training programs and additional modules and resources are described in Table 9.

6.6 University of Victoria, School of Nursing, Cultural Safety Modules

The University of Victoria's School of Nursing has an *Initiatives in Indigenous Nursing* program which provides three cultural safety education modules, freely available to the public, on the *Initiatives in Indigenous Nursing* website (see Table

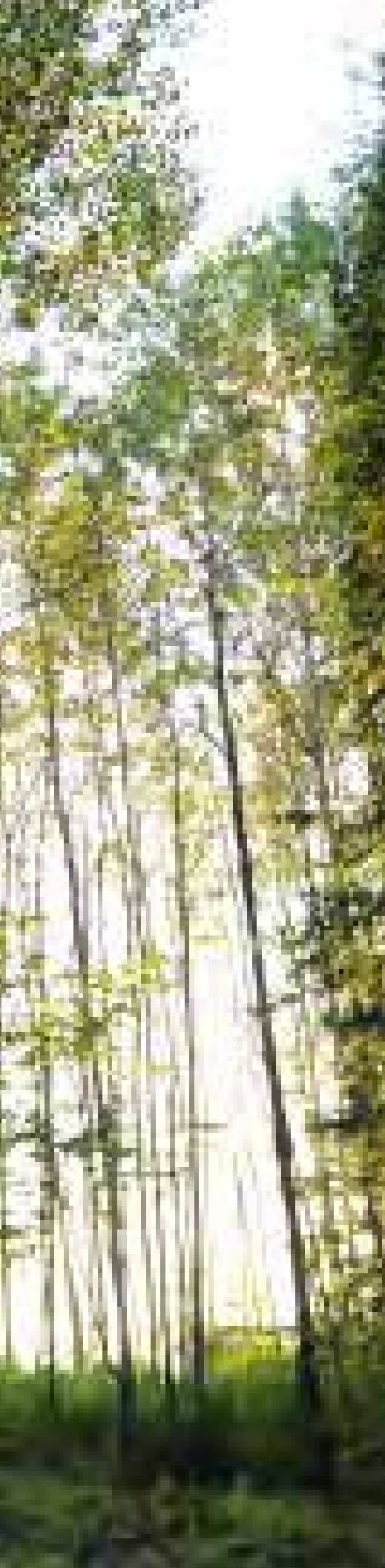
10). These modules are intended to be used by working health professionals to improve their knowledge and application of cultural safety practices. Each module contains background information on a topic related to cultural safety, a suggested reading list for further information, and educational activities that reinforce how the module content can be applied to cultural safety in health care practice.

Table 9: Indigenous Cultural Competency Program Content

Program/Resource	Description
Core ICC	Designed for individuals involved in social work or community organizing. Curriculum increases a participant's Aboriginal-specific knowledge and enhances cultural self-awareness. ¹⁰⁸
Core ICC Health	Includes the same curriculum as Core ICC, with two additional modules on indigenous health care issues in British Columbia. Core ICC Health was designed for health care professionals, as well as Health Authority and Ministry of Health employees. ¹⁰⁸
Core ICC Mental Health	Also designed for health professionals and people working for the Health Authority or Ministry of Health. Core ICC Mental Health includes the Core ICC curriculum and two additional modules on mental health issues for those working with indigenous peoples in British Columbia. ¹⁰⁸
From Bystander to Ally Module	This supplementary curriculum teaches how to assess bias or racism and implement ally strategies to improve services being provided to Aboriginal individuals and communities. ¹¹⁰
Mental Health Module	This additional training strengthens an individual's understanding of mental health in an indigenous context, the "impact of Indian residential schools, cultural competency in mental health care, perspectives on health and wellness, [and] implications of healing." ¹¹⁰
Additional Resources	The ICC Training program website provides links to numerous resources and organizations that address health issues and cultural competency topics. Website visitors with specific cultural competency questions can also submit queries to online course facilitators, using the 'Connect with a Facilitator' resource. The program is also developing interactive resources that allow individuals to submit questions to experts and Elders, who will post answers to questions on the 'Ask an Expert' and 'Ask an Elder' pages of the ICC website. ¹¹¹

Table 10: Initiatives in Indigenous Nursing's Cultural Safety Modules

Module Title	Description
Module 1: Peoples' Experiences of Colonization	The first module describes Canadian pre-contact history, colonial history and the effects of colonial process on the health and social welfare of Aboriginal peoples in Canada. Specific topics discussed include: post-contact diseases; forced relocation; changes in diet; residential schools; and, Indian hospitals. ¹¹²
Module 2: Peoples' Experiences of Oppression	The second module addresses how "power and privilege [...] influence wider Canadian society, including the health care system", how it is connected to power dynamics, and how power imbalances experienced by Aboriginal people have resulted in oppression. ¹¹³ Specific topics discussed include: the definition and role of culture; the connection between colonization and culture; social location and intersectionality; race and racism; shame-based power imbalances; and, internalized oppression.
Module 3: People's Experiences of Colonization in Relation to Health Care	The last module evaluates how the collective experiences of Aboriginal people have impacted their health, the "current policies and practices in health care and education that devalue Indigenous perspectives and knowledge", how health professionals can promote inclusive healing practices, and how health professionals can apply cultural safety in an appropriate way. ¹¹⁴ Specific topics discussed include: experiences of health and health care; using power constructively; mental health issues and services; supporting inclusive healing processes; and, professional and personal responsibility to build strength and capacity.



7. TRIPARTITE FIRST NATIONS HEALTH PLAN IN BRITISH COLUMBIA



This section summarizes the recent action taken by the federal government, the Government of British Columbia (BC), and the BC First Nations to improve First Nations health and health care in the province, by transferring control of First Nations health services from Health Canada and provincial Aboriginal health services to BC First Nations themselves. British Columbia is the first province whose First Nations communities have decided to collectively control their health services and care. This transition to self-governing health services is an opportunity for BC to become a national and international example of how to improve cultural safety in health care. It may also be an opportunity to promote the development of core competencies for Aboriginal public health and demonstrate how core competencies can standardize the education, training and governance of

public health professionals working with Aboriginal communities.

The nature of the transfer of control over Aboriginal health services is embodied in the BC Tripartite Framework Agreement. The British Columbia Tripartite Framework Agreement on First Nation Health Governance was signed by the federal Minister of Health, British Columbia's Minister of Health, the BC First Nations Health Council, and the BC First Nations Health Society on October 13, 2011.¹¹⁵ This agreement represents the BC First Nations' successful efforts to gain control of the design and delivery of First Nations health care in the province. Previous steps towards this momentous agreement include the Tripartite First Nations Health Plan Memorandum of Understanding in 2006, the Tripartite First Nations Health Plan in 2007, and

the Tripartite Basis for a Framework Agreement in 2010.¹¹⁶ As a result of the agreement, a new health governance structure, operated by the BC First Nations, will be established. The transfer process, from the federal government to BC First Nations, is expected to be completed in 2013/2014.

The new governance structure, as stated by Health Canada, includes the:

- **First Nations Health Authority**, to take on responsibility for the planning, management, delivery and funding of health programs presently provided for First Nations in BC through Health Canada.
- **Tripartite Committee on First Nations Health**, to coordinate and align planning and service delivery between the First Nations Health Authority, the BC health authorities, and the BC Ministry of Health.
- **First Nations Health Directors Association**, to represent health directors and managers working in BC First Nations communities and to be an advisory body in research, policy and program planning.
- **First Nations Health Council**, to support health priorities and objectives of BC First Nations and provide leadership for implementation of tripartite commitments.¹¹⁷

The health transfer process unfolding in BC, could be a valuable opportunity for the development of core competencies in Aboriginal public health. One of the objectives of the Framework Agreement is to improve the “cultural appropriateness of health care programs and services for First Nations.”¹¹⁸ Core competencies could serve as a guide for the new governing bodies and outline how the First Nations health system in BC can meet this objective. Core competencies could also inform training requirements for health professionals who work with the BC First Nations Health

Authority, performance measurements for the First Nations Health Council, community assessments of the cultural safety of local health services, etc. The integration of Aboriginal public health core competencies into the BC First Nations health system could then set a

precedent for other public health agencies, First Nations health organizations, health associations and MPH programs to adopt the core competencies and promote increased awareness of Aboriginal cultural safety among health professionals.





8. HEALTH CANADA PROJECTS



As part of the Aboriginal Health Transition Fund (AHTF), Health Canada has supported projects that improve both federally-funded and provincially-funded health services for Aboriginal people. Integration projects aim to improve coordination between federal and provincial/territorial health services. Adaptation projects aim to improve provincial and territorial health programs, so that the health services better meet the needs of Aboriginal people. Pan-Canadian projects aim to build the capacity of national Aboriginal organizations and promote wide-spread Aboriginal health initiatives, programs and research.¹¹⁹

This section summarizes the integration, adaptation and pan-Canadian projects that were funded from 2006 to 2011 and address cultural competency or cultural safety training for health professionals. The reported outcomes for the projects are also summarized. While Health Canada funded hundreds of projects between 2006 and 2011, only those that specifically address cultural competency and cultural safety training have been included in this report. Projects like the ones discussed below are evidence that there is a widespread need for cultural safety in health care, and health authorities and Aboriginal communities are beginning to address this need by improving the cultural competency and/or cultural safety of health care and services.

Table 11: Cultural Safety-related Integration Projects from the Aboriginal Health Transition Fund

Province/Territory	Project	Cultural Safety-related Content
British Columbia	Carrier Sekani Family Services: Building First Nation/Health Authority Partnerships Through Improved Technological Integration	<ul style="list-style-type: none"> · Researched “community-specific cultural competency materials.” · Developing cultural competency policies and procedure. · “Integrating provincial and federal cultural competency training programs for service providers.”
	Inter Tribal Health Authority: Training for Cultural Competency for Health Providers Delivering Services to First Nations on Vancouver Island	Engaging the Vancouver Island Elders Society to “provide input and approve the cultural competency model” used to integrate federal and provincial cultural competency training.
	Okanagan Nation Alliance: Accountability Framework & Cultural Safety	Developing cultural safety curriculum and a memorandum of understanding with the Interior Health Authority.
Alberta	Maskwacis Health Services: The Tipi Model Partnership Building II	“Maskwacis Health Services intends to address the need to implement cross-cultural training and orientation with service providers and learning institutions by developing a recognized cultural awareness course. The project will improve health service delivery by increasing service providers’ knowledge of First Nations cultures and traditional healing.”
Northwest Territories	Inuvialuit Regional Corporation: Enhancing Existing Community Health Capacity and Infrastructure by Focusing on the Integration of Inuvialuit, Gwich’in and Western Medical Approaches to Palliative Care	<ul style="list-style-type: none"> · Developing culturally appropriate palliative care program. · Developing “culturally appropriate educational resources for palliative care clients, their families and health care workers.”

8.1 Integration Projects

There are a large number of Integration Projects funded between 2006 and 2011 that mention “culturally appropriate” health services, but only projects that address education and training for cultural competency or cultural safety practices are listed in Table 11. A complete list of the Integration projects can be found on the Health Canada website at: <http://www.hc-sc.gc.ca/fniah-spnia/services/acces/projects-projects-eng.php>¹²⁰

8.2 Adaptation Projects

Similar to the Integration projects, many of the Adaptation projects funded between 2006 and 2011 mentioned cultural competency or “cultural appropriateness.” In Table 12 are



Table 12: Cultural Safety-related Adaptation Projects from the Aboriginal Health Transition Fund

Province/Territory	Project	Cultural Safety-related Content
British Columbia	Fraser Health Authority: Adapting Services, Improving Access and Enhancing the Aboriginal Health Team	"Aboriginal cultural competency training will be designed and implemented as core training for all Fraser Health employees and existing human resource practices will be enhanced with the development of a recruitment strategy to attract more Aboriginal health care professionals."
	Interior Health Authority: Cultural Competency, Public Health Liaison and Patient Navigators	<ul style="list-style-type: none"> · Developing cultural competency curriculum to adapt services to the needs of Aboriginal people. · Aboriginal Patient Navigators – new positions created to help clients dealing with the health system. · Public Health Liaison – new position to help implement public health initiatives for Aboriginal communities and service providers.
	Northern Health Authority: Culturally Appropriate Service Policies, Training, Improved Client Transition Strategies	<ul style="list-style-type: none"> · Developing a cultural competency program for all health providers. · Establishing six permanent Aboriginal Health Improvement Committees. · Employing Aboriginal Patient Liaison Workers.
	Provincial Health Services Authority: Development of Provincial and Educational Support Network for Aboriginal Patient Liaisons in British Columbia, with Maternity Care Module	<ul style="list-style-type: none"> · See the Indigenous Cultural Competency Training Program on page 27 of this report. · Developing education to improve culturally appropriate care for pregnant Aboriginal women.
	Vancouver Coastal Health Authority: Building the Continuum of Care for Aboriginal People, Cultural Competency Training, Health Education and Patient Navigators	<ul style="list-style-type: none"> · Introducing Aboriginal Navigators. · Training health authority staff in cultural competency, "to work effectively with Aboriginal people both as colleagues and as patients and clients."
	Vancouver Island Health Authority: Tele-Health Partnership, Organizational Collaboration and Training	"Developing culturally appropriate mental health and addictions services through training of local staff."
Manitoba	Fisher River Cree First Nation and Manitoba First Nation Personal Care Home Networking Group	Adapting provincial care home licensing standards to make them culturally appropriate to First Nations.
Ontario	Anishnawbe Health Centre: Aboriginal Preceptors Program	"This project will adapt Ontario's health education system by developing training materials for health care students in Ontario colleges and universities on providing culturally safe care to Aboriginal people. An Aboriginal cultural safety curriculum will be developed, based on the results of an environmental scan being completed by the Ministry of Health and Long-Term Care to determine the extent to which Aboriginal cultural safety is currently taught in undergraduate science courses. Curriculum materials will be prepared for broad distribution to Ontario colleges and universities."
	Barrie Area Native Advisory Circle: Aboriginal Health Circle	Creating "a strategy to develop greater awareness and understanding of Aboriginal culture among area health services providers."
	CancerCare Ontario: Let's Take a Stand Against Colorectal Cancer	Developing culturally appropriate educational materials and tools to improve health service provider and Aboriginal community knowledge of cancer prevention and colorectal cancer screening.

Table 12: Cultural Safety-related Adaptation Projects from the Aboriginal Health Transition Fund Cont'd

Province/Territory	Project	Cultural Safety-related Content
Quebec	Algonquin Nation Programs and Services Secretariat: Cultural Sensitivity Training for Centres de santé et de services sociaux workers in Abitibi-Temiscamingue	Creating, planning and delivering cultural sensitivity training to staff.
	First Nations of Quebec and Labrador Health and Social Services Commission: Adapting the Quebec Management Training Program for Community Workers	Adapting the Quebec National Training Program “to make it available and culturally appropriate to health and social service workers in First Nations communities.”
	Uashat Mak Mani-Utenam: Developing Training and Cultural Awareness-Building Tools for Staff of the North Shore Region Health Services	Developing an education and training program on cultural awareness for provincial health care staff.
Nova Scotia	Cape Breton First Nations: The Path Less Traveled	Adapting CancerCare Nova Scotia education materials and referral processes to be culturally appropriate.
	Transforming How We Deliver Care: Building Cultural Safety in the Health Care System	<p>“The Nova Scotia Department of Health and Wellness will produce an additional cultural competency guide specific to First Nations in Nova Scotia. The project will adapt and enhance existing cultural competence training, tools and materials as well as those under development to produce a unique First Nations cultural safety training module. The training module will provide a population-specific tool to help district health authorities (DHAs) and the IWK Health Centre uptake the enhanced cultural guide.</p> <p>The goal of this project is to increase the net cultural safety of the health care system and those providing health care to First Nations people in Nova Scotia. This initiative will contribute towards the transformation of the Nova Scotia health care system to a model of care where cultural safety is embedded in all aspects of policy development, program planning and delivery. This project responds to a recurring theme that emerged in most AHTF proposals highlighting the need for the delivery of culturally competent care that embraces the principles of cultural safety.”</p>



summaries of only the projects that address cultural safety or competency in education, training or practice. A complete list of projects can be found at: <http://www.hc-sc.gc.ca/fniah-spnia/services/acces/adapt-list-eng.php>¹²¹

8.3 Pan-Canadian Projects

Aboriginal Health Transition Fund projects that span across multiple jurisdictions, provinces or territories are summarized in this section. Many of the projects mention improving the cultural appropriateness of services and health care. Only one project explicitly mentions cultural education and training for health care providers, which is described in Table 13. A complete list of projects can be found at: <http://www.hc-sc.gc.ca/fniah-spnia/services/acces/pan-can-list-eng.php>¹²²

Table 13: Cultural Safety-related Pan-Canadian Projects from the Aboriginal Health Transition Fund

Project	Cultural Safety-related Content
Denendeh National Office: Incorporation of Traditional Knowledge and Care with Palliative Home Care Programs and Services	<ul style="list-style-type: none"> · Developing culturally-appropriate education resources for palliative care staff · Developing culturally-relevant palliative care standards

8.4 Outcomes

Some of the general outcomes of these 2006-2011 AHTF projects have already been reported by Health Canada. These outcomes include: increased collaboration between Aboriginal groups and governments; increased awareness of Aboriginal health issues among government health agencies; increased awareness of available health services among Aboriginal groups; increased

integration of health services available to Aboriginal people; and, more Aboriginal participation in health service design, implementation and evaluation.¹²³ These improvements demonstrate that the AHTF has made progress towards its goal of increasing access to Aboriginal health services. The involvement of Aboriginal partners in health planning also indicates that health services are being adapted to meet both the health and cultural needs of Aboriginal communities.



To summarize other outcomes and new knowledge from the AHTF projects, Health Canada also produced the publication *Working Together to Improve Aboriginal Access to Health Services*. This pamphlet identified some challenges for moving forward with continual improvement of health services. These included the complexity of the Aboriginal health system, limited resources, and the significant time required to design, implement and

evaluate health service improvement projects. The pamphlet also states that future success in Aboriginal health services will require, among other things, trust between Aboriginal and government groups, community involvement, readiness for change, open dialogue and innovative solutions.¹²⁴

In addition to the overarching outcomes and new knowledge from the AHTF projects, Health Canada has also

highlighted some of the positive results of specific projects in each province/territory.¹²⁵ Table 14 summarizes provincial/territorial outcomes that were reported by Health Canada for all the AHTF projects funded between 2006 and 2011, giving special mention to any outcomes that focus on cultural competency, cultural safety or the integration of Aboriginal cultural beliefs and needs into health services.

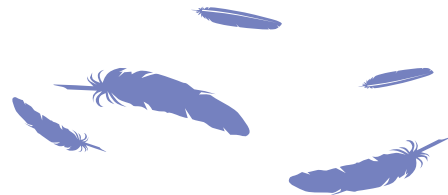
Table 14: Outcomes of the Aboriginal Health Transition Fund



Province/Territory	Outcomes
British Columbia	Aboriginal Patient Navigator programs were developed with extensive consultation of Aboriginal communities, and the programs have identified gaps in the health system and improved access to health services.
Alberta	Improved culturally appropriate health services for Fetal Alcohol Spectrum Disorder and has expanded the health services available to the First Nations, making them more accessible.
Saskatchewan	A Chronic Disease Network that utilizes a holistic approach to chronic disease was created and the Federation of Saskatchewan Indian Nations has agreed to a 10-year tripartite plan that consults First Nations in health planning and implementation.
Manitoba	The Misipawistik Cree Nation, the Fisher River Cree Nation and CancerCare Manitoba are improving quality of and access to health care services for First Nations, by creating new, integrated governance structures and adapting services to be culturally relevant.
Ontario	The Centre for Addiction and Mental Health in Toronto has adapted treatment programs to be culturally appropriate. The Chiefs of Ontario have initiated an integrated approach to public health on reserves.
Quebec	Gesgapegiag Health and Community Services improved access to culturally relevant detoxification services and has offered cultural awareness workshops for health care personnel. Provincial agencies have also initiated an integrated continuum of care for Inuit patients, which will increase Inuit access to health services.
"Atlantic Region"	Provincial health authorities and First Nations have begun to integrate health services to increase access, and have developed collaborations for health planning.
"Northern Region"	First Nations and Inuit communities have been engaged in identifying local health needs and developing locally and culturally appropriate health programs.



9. CONCLUSION



The environmental scan describes a variety of programs and projects that are trying to address the unique health needs of First Nations, Inuit and Métis communities and prepare public health professionals to provide culturally safe health services to Aboriginal people. To further develop and improve cultural safety education, training and practices in Aboriginal public health, standardized assessment criteria are needed. A national set of core competencies for Aboriginal public health could address this need. The goal of the CIPHER collaboration is to explore the potential implementation of such a set of core competencies, and to promote the development of a culturally safe public health workforce that can appropriately and effectively address the needs of First Nation, Inuit and Métis communities throughout Canada. However, before the project can move

forward, the potential development of core competencies for Aboriginal cultural safety needs to be further discussed amongst Aboriginal scholars, community representatives, public health experts, health care educators and policy makers. Some questions and topics for discussion that are raised by the findings of the environmental scan are listed below.

Questions to Consider in Developing Core Competencies for Aboriginal Public Health

- Which resource(s), which organization(s), and which individuals could be utilized as guidelines for the development of national core competencies for cultural safety in Aboriginal public health?
- In addition to the national core competencies, should there be an accreditation process for graduate-

level public health (MPH) education programs that offer a concentration curriculum in Aboriginal health? What organization should administrate accreditation? What should the accreditation criteria consist of in terms of program structure, curriculum, practicum, etc.?

- Should there be a standardized professional examination developed for public health professionals to earn the professional designation, such as Certified Aboriginal Health Specialist, which would affirm a practitioner's knowledge of cultural safety concepts and practices?
- How could a set of national core competencies for cultural safety in Aboriginal public health be implemented through policy changes, health service mandates and service provider practices?

Observations and Topics for Discussion Raised by the Environmental Scan

Developing Core Competencies: There are a number of core competency publications, educational programs, and health service projects that could be utilized as resources for any group of public health and Aboriginal health experts who endeavor to develop a set of national core competencies for Aboriginal public health. The authors of the publications, the administrators of the education programs, and the practitioners involved in the health service projects could be consulted on what to include in the core competencies for cultural safety in Aboriginal public health.

Establishing Aboriginal Public Health Curriculum Standards: In public health, medicine, and nursing, there are a handful of education programs with

unique ideas for Aboriginal health and cultural safety curriculum and training. For example, there are a number of courses currently taught in various universities that address significant topics related to Aboriginal cultural safety in health services. These could be used to develop a list of required content that must be addressed in the curriculum of accredited Aboriginal public health courses. There are also some medical clerkships in Aboriginal communities for undergraduate medical students. These could be used as inspiration for a public health practicum, where Aboriginal public health programs could require students to work with Aboriginal communities on local health issues, although it would be important that these projects focus on community-identified health needs. Overall, curriculum standards for Aboriginal public health education would need to be discussed before the potential



implementation of core competencies for cultural safety in Aboriginal public health. Professional Certification for Aboriginal Public Health Specialists: There are already a variety of continuing education and professional training programs available to public health professionals who work in Aboriginal health. The rigor of these programs varies: some education modules are available online for free, while other programs require participants to complete multiple courses, projects, and in-person discussions. In addition, some programs award certificates or continuing education credit upon completion of the curriculum. The core competencies for cultural safety in Aboriginal public health could be used as assessment criteria for these continuing education and professional training opportunities. Alternatively, a certification process for Aboriginal public health specialists could be developed. These options need to be discussed when developing and implementing the core competencies for cultural safety in Aboriginal public health.

Translating Education and Training into Practice: Although there are education programs and training modules on Aboriginal health and cultural safety, these resources do not guarantee real changes in practice in public health and the health care system. Education and training may or may not teach students how to implement Aboriginal cultural safety practices and establish cultural safety norms in health service organizations. Managerial level staff may not support the time and effort that must be invested in establishing culturally safe practices. Furthermore, cultural safety practices may not be mandated by health care organizations, health authorities, provincial governments or the federal government. The development process for the core competencies in cultural safety must address how the core competencies could be implemented in Aboriginal health service settings to promote cultural safety.

Appendix A: List of Acronyms



AFMC	Association of Faculties of Medicine of Canada
AHCAP	Aboriginal Health & Community Administration Program
AHTF	Aboriginal Health Transition Fund
AMAC	Aboriginal Nurses Association of Canada
CAHM	Certified Aboriginal Health Manager
CASN	Canada Association of Schools of Nursing
CEPH	Council on Education for Public Health
CIPHER	Competencies for Indigenous Public Health, Evaluation & Research
CIPHI	Canadian Institute of Public Health Inspectors
INSPQ	Institut National de Santé Publique du Québec
IPAC	Indigenous Physicians Association of Canada
LCME	Liaison Committee on Medical Education
NAHO	National Aboriginal Health Organization
MCCAHA	National Collaborating Centre for Aboriginal Health
NIICHO	National Indian & Inuit Community Health Representatives Organization
OMH	U.S. Office of Minority Health
PHAC	Public Health Agency of Canada
PHSA	Provincial Health Services Authority



Appendix B: Complete List of Education Programs



University	Program	University	Program
Athabasca University	Master of Nursing Master of Health Studies	Université du Quebec	Nursing
Brandon University	Indigenous Health Services Degree Nursing (approved, not accredited)	Université Laval	Medicine Nursing
Brock University	Nursing	University of Alberta	Master of Public Health Medicine Nursing
Cape Breton University	Nursing	University of British Columbia	Master of Public Health Medicine Nursing
Dalhousie University	Medicine Nursing	University of Calgary	Master of Public Health Medicine Nursing
Douglas College	Nursing	University of Guelph	Master of Public Health
First Nations University	BHS Indigenous Health Studies Cert. Indigenous Health Studies	University of Lethbridge	Nursing (approved, not accredited)
Kwantlen Polytechnic University	Nursing	University of Manitoba	Master of Public Health Medicine Nursing (approved, not accredited)
Lakehead University	Master of Public Health Medicine Nursing	University of New Brunswick	Nursing
Laurentian University	Nursing PhD Rural & Northern Health	University of Northern British Columbia	BHS Aboriginal & Rural Health Cert. Aboriginal Health Sciences Nursing (approved, not accredited)
McGill University	Medicine Nursing	University of Ontario Institute of Technology	Nursing
McMaster University	Medicine Nursing	University of Ottawa	Medicine Nursing
Memorial University of Newfoundland	Master of Public Health Medicine Nursing	University of Prince Edward Island	Nursing
Nipissing University	Nursing	University of Regina	BHS Indigenous Health Studies Cert. Indigenous Health Studies Nursing
Queen's University	Master of Public Health Medicine Nursing	University of Saskatchewan	Master of Public Health Medicine Nursing
Ryerson University	Nursing	University of the Fraser Valley	Nursing (approved, not accredited)
Saint Francis Xavier University	Nursing	University of Toronto	Master of Public Health Medicine Nursing
Simon Fraser University	Master of Public Health	University of Victoria	Master of Public Health Nursing
Thompson Rivers University	Nursing	University of Waterloo	Master of Public Health
Trent University	Nursing (approved, not accredited)	University of Western Ontario	Medicine Nursing
Trinity Western University	Nursing	University of Windsor	Nursing
Université de Moncton	Nursing	Vancouver Island University	Nursing
Université de Montreal	Medicine Nursing	York University	Nursing
Université de Sherbrooke	Medicine Nursing		

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