



National Dialogue on Addressing Anti-Indigenous Racism in Canada's Health Systems

*June 28-29, 2021
by videoconference*

Summary

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making meetings better

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National Dialogues on “Addressing Anti-Indigenous Racism in Canada’s Health Systems” were held in October 2020, January 2021 and June 2021. They brought together representatives from governments, health system partners and Indigenous health professional organizations to address anti-Indigenous racism in Canada’s health systems.

The third National Dialogue, held June 28-29, 2021, focussed on actions that governments, health systems and Indigenous partners could undertake to drive substantive and immediate change. After introductory presentations, participants engaged in breakout discussions to share ideas and commitments made by their organizations and others to address racism sustainably.

Feedback was gathered on the four key themes identified in previous National Dialogues, which were outlined in a “Themes Preparation Guide” provided to participants in advance (summarized below):

1. Cultural Safety and Humility

A culturally safe health environment is free of racism, where people feel safe when receiving healthcare. It recognizes the diverse circumstances that affect health outcomes among Indigenous peoples and strives to address power imbalances inherent in Canada’s health systems.

Cultural humility involves acknowledging oneself as a learner when it comes to understanding another’s experience in relation to self, community, and society. It requires healthcare providers to suspend their assumptions about an individual and examine the basis of their assumptions and biases.

2. Increasing Indigenous Representation in Post-Secondary Health Education

Learning environments must engage in the highest level of cultural safety as determined by the lands on which they are situated. The decolonization and structural reform of current institutions are needed to address anti-Indigenous racism and oppression at all levels, including faculty, staff, and students.

3. Traditional Approaches to Health

The integration of traditional approaches to health within western systems creates a system that is more supportive and understanding of traditional approaches. Policy and education frameworks need to be modified to ensure that Indigenous peoples have access to traditional healing options.

4. Safe Patient Navigation

Safe patient navigation in Canada’s health systems requires access to cultural and community-specific care, health literacy, and logistical support. Individualized care planning is needed during and after a patient’s healthcare journey. Safe patient navigators are helpful as an interim measure, but systemic and structural changes are required to address barriers and complexities that exist in the health systems.

Presentations and Discussions

WELCOME AND OPENING REMARKS

Co-Facilitators Harold Tarbell and Wina Sioui welcomed over 190 attendees to the June 28-29, 2021 National Dialogue on Addressing Anti-Indigenous Racism in Canada's Health Systems.

Attendees participated in a moment of silence in honour of the many Indigenous children who were recently discovered or were yet to be discovered near Indian Residential Schools and in recognition of those who were devastated by their discoveries.

Prayers were offered during the meeting by Elder Linda St. Cyr, Knowledge Keeper Edmond Sackaney, and Elder David Serkoak.

NATIONAL DIALOGUE OBJECTIVES

Members of the National Dialogue Planning Committee, Marilee Nowgesic, Canadian Indigenous Nurses Association, Dr. Cornelia Wieman, Indigenous Physician's Association of Canada, and Nathalie Pambrun, National Aboriginal Council of Midwives, reviewed the objective of the National Dialogue, to share ideas and commitments on eliminating or reducing racism for Indigenous populations.

Attendees were encouraged to participate in the breakout discussions, focused on supporting cultural safety and humility, increasing Indigenous representation in post-secondary health education, safe patient navigation, and traditional approaches to health.

YOUTH PANEL

Jocelyn Formsma, Executive Director, National Association of Friendship Centres, introduced Youth Panellists and led discussions on the need for equitable, accessible and successful programming for Indigenous students.

Some of their responses are incorporated in the list of "Key Themes Reflected", or "Commitments and Initiatives", included later in this summary.

BREAKOUT SESSIONS

During the breakout sessions, participants reflected on ideas and solutions related to each of the key themes outlined, and considered:

- Initiatives intended to support cultural safety and humility, measuring their progress and success
- Educational institution's efforts to support students during and after their health education journeys
- Respecting traditional Indigenous health perspectives, and supporting traditional practitioners and their relationships with non-Indigenous health care providers
- Patient navigators and the infrastructure, governance and logistics required to support them.

Some of the responses provided are compiled in the attached "Appendix A", incorporated in the list of "Key Themes Reflected", or "Commitments and Initiatives", included later in this summary.

Key Themes Reflected

KEY THEMES REFLECTED

Solutions and ideas shared during the presentations and discussions are summarized in the themed sections below. A more detailed compilation is included in the attached “Appendix A”.

THEME #1 – Cultural Safety and Humility Training

- Adapt Canada’s health systems to support an environment that reflects cultural safety and humility
- Require cultural safety and humility training for national regulatory agencies, governments, hospitals and healthcare providers to achieve and maintain accreditation
- Learning institutions need policies and resources to educate healthcare professionals
- Create a national standard for cultural safety and humility training, to ensure consistent culturally safe environments for Indigenous peoples in all health systems
- Establish safe opportunities for reporting complaints and mistreatment
- Gather data to measure the effectiveness and impacts of initiatives intended to address anti-Indigenous racism and cultural safety in health systems.

THEME #2 – Increasing Indigenous Representation in Post-Secondary Health Education

- Establish cultural, mental health and other supports for Indigenous post-secondary students
- Support the cultural and mental well-being of Indigenous students
- Academic institutions should establish mentorship programs to support Indigenous students
- Focus on actions at the individual, community and society levels
- Encourage Indigenous youth and post-secondary students to pursue health professions
- Institutions should collect and monitor data on Indigenous representation in healthcare education.

THEME #3 – Traditional Approaches to Health

- Publicly funded health institutions should provide Indigenous healing spaces and protocols for working with Indigenous medicines and practitioners
- Barriers to traditional healing need to be addressed (e.g. colonialism, lack of understanding)
- Guidelines are needed to protect Traditional Knowledge and practices
- Remind health care professionals and others about respecting traditional knowledge and medicine
- Access to traditional food has been impacted by the privatization of land where Indigenous people are no longer allowed to hunt
- Traditional healers and Elders continue to support effective healing journeys.

THEME #4 – Safe Patient Navigation

- Improve communications between hospitals, primary care providers and patients
- Patient Navigators can help patients navigate through complex health systems
- Infrastructure and technology are critical aspects of patients’ aftercare (e.g. internet for video calls)
- Indigenous patients need advocates they can communicate with, more than they need an interpreter
- Efforts are needed to advance safe care for Indigenous communities.

Commitments and Initiatives

COMMITMENTS AND INITIATIVES

During the breakout session discussions and presentations, the following commitments and initiatives, intended to eliminate anti-Indigenous racism in Canada's health systems, were referenced:

Accreditation Canada is working with Indigenous partners and advisors to update criteria for Governance and Leadership Standards that will apply to all hospitals and health systems, requiring them to demonstrate progress on actions related to addressing anti-Indigenous racism.

Alberta Health Services (AHS) created the "Indigenous Health Commitments: Roadmap to Wellness"¹ which outlined goals including increasing recruitment and retention of Indigenous AHS staff and offering Indigenous patients cultural and healing practices.

Association of Faculties of Medicine in Canada (AFMC) represents Canada's 17 faculties of medicine and is the voice of academic medicine in Canada. AFMC works with Indigenous communities, learners, and faculty members, and tasked an Indigenous Health Network to draft recommendations to address racism.

The Province of British Columbia is a signatory to the "Declaration of Commitment to Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in British Columbia"² and the "Declaration of Commitment to Cultural Safety and Humility in the Regulation of Health Professionals Servicing First Nations and Aboriginal People in British Columbia"³.

The Office of Indigenous Health⁴ focuses on improving the well-being of Indigenous peoples and promoting cultural safety and humility across the health system. BC continues to focus on recommendations in the report titled, "In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care"⁵, including adopting an accreditation standard for achieving Indigenous cultural safety through cultural humility and eliminating Indigenous-specific racism.

British Columbia Institute of Technology (BCIT) established "An Indigenous Vision – A Framework for Action and Accountability"⁶ which includes creating an environment in which Indigenous learners feel supported by programs, policies, and services designed to meet their needs.

¹ "Indigenous Health Commitments: Roadmap to Wellness" (2020), AHS <https://www.albertahealthservices.ca/assets/info/ihp/if-ihp-indigenous-health-commitments.pdf>

² "Declaration of Commitment – Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in British Columbia" (2015) <https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/health/office-of-indigenous-health/declaration-of-commitment-cultural-safety-humility-2015-signed.pdf>

³ "Declaration of Commitment – Cultural Safety and Humility in the Regulation of Health Professionals Serving First Nations and Aboriginal People in British Columbia" (2017) <https://www.fnha.ca/PublishingImages/wellness/cultural-humility/FNHA-Declaration-Health-Professionals-Signed-Letter-March2017-large.jpg>

⁴ Information on the Office of Indigenous Health, Province of BC <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/aboriginal-health>

⁵ "In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in B.C. Health Care" (2020), Dr. Turpel-Lafond <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report.pdf>

⁶ An Indigenous Vision – A Framework for Action and Accountability (2019), BCIT <https://www.bcit.ca/indigenous-vision/>

Commitments and Initiatives

Brantford Community Healthcare System created an “Indigenous Family Space”⁷ where patients and families can gather in a culturally safe space to practice traditional healing. An “Indigenous Allyship Toolkit”⁸ was created to inspire settlers to advocate for social justice for Indigenous peoples. Brantford General Hospital’s Patient Navigator has connections to Indigenous practitioners and acts as a direct link to the community.

Canadian Association of Schools of Nursing (CASN) is collaborating on a new “Annual Indigenous Nursing Student and Faculty Survey” of self-identified Indigenous nursing faculty and students in Canadian schools of nursing to determine whether admissions, graduations and recruitment rates are increasing. CASN has co-developed a “Framework of Strategies for Nursing Education to Respond to the Calls to Action of Canada’s Truth and Reconciliation Commission”⁹, which recognized the importance of students learning to understand racism, implement anti-racism interventions, and provide culturally safe care.

Canadian Federation of Nurses Unions (CFNU) is one of four signatories to the “Nursing Declaration Against Anti-Indigenous Racism in Nursing and Health Care”¹⁰, affirming CFNU’s commitment to advocate for policies that address health and social inequities at all levels.

Canadian Federation of Medical Students (CFMS) is working towards adopting cultural safety training that respects different levels. The CFMS¹¹ website includes a list of actions that support anti-racism, including requiring all CFMS volunteers to undertake mandatory anti-Indigenous racism training; and providing Indigenous Cultural Sensitivity Training for the Board.

Canadian Indigenous Nurses Association (CINA) has committed to working with the signatories of the “Nursing Declaration Against Anti-Indigenous Racism in Nursing and Health Care” to meet the needs of Indigenous nurses and support efforts to achieve the declaration’s outcomes. CINA looks forward to the launch of the Truth and Reconciliation Commission of Canada’s (TRC) Calls to Action, particularly those that address anti-Indigenous racism.

Canadian Institute for Health Information (CIHI) released a “Declaration of Commitment to Advance Cultural Safety and Humility”¹², which includes strategies for encouraging and enhancing cultural safety and humility in their own policies and processes, and among their circles of influence at the federal, provincial and territorial levels.

⁷ Brantford Community Healthcare System’s Indigenous Family Space. <https://www.bchsys.org/en/patients-and-visitors/indigenous-family-space.aspx>

⁸ Indigenous Allyship Toolkit, Hamilton Niagara Haldimand Brant Local Health Integration Network (2019) https://www.bchsys.org/en/care-services/resources/Documents/HNHB-IHN_Indigenous-Allyship-Toolkit_Final.pdf

⁹ “Framework of Strategies for Nursing Education to Respond to the Calls to Action of Canada’s Truth and Reconciliation Commission” (2020), CASN <https://www.casn.ca/wp-content/uploads/2020/11/EN-TRC-RESPONSE-STRATEGIES-FOR-NURSING-EDUCATIONTRC-Discussion-Paper-Revised-date-Final.pdf>

¹⁰ Nursing Declaration Against Anti-Indigenous Racism in Nursing and Health Care https://www.cna-aic.ca/-/media/cna/page-content/pdf-en/1_0876-nursing-declaration-against-anti-indigenous-racism-in-nursing-and-health-care-en-v3-copy.pdf?la=en&hash=21C8126F07F9BF11F4E2DD729AE34258A2AB0EBE

¹¹ Canadian Federation of Medical Students <https://www.cfms.org/regular-updates>

¹² Declaration of Commitment to Advance Cultural Safety and Humility (2020), CIHI <https://www.cihi.ca/sites/default/files/document/4-cultural-safety-and-humility-declaration-text-en.pdf>

Commitments and Initiatives

Canadian Medical Association created the online “SafeSpace”¹³ application (hosted by the BC Association of Aboriginal Friendship Centres), to enable Indigenous peoples in BC to anonymously report experiences of racism in the health system. Over 6,000 people have interacted with the application since January 2021.

Canadian Nurses Association (CNA) is one of four signatories to the “Nursing Declaration Against Anti-Indigenous Racism in Nursing and Health Care”. The CNA’s position statement, “Promoting Cultural Competence in Nursing”¹⁴, acknowledges cultural competence and cultural safety as prerequisites to working effectively in global health.

Canadian Nursing Students’ Association (CNSA) is one of four signatories to the “Nursing Declaration Against Anti-Indigenous Racism in Nursing and Health Care”.

Canadian Partnership Against Cancer (CPAC) released a companion document to the Canadian Strategy for Cancer Control, titled “Priorities Specific to First Nations, Inuit and Métis”¹⁵, which highlights three peoples-specific priorities: culturally appropriate care closer to home; peoples-specific, self-determined cancer care; and First Nations-, Inuit- and Metis-governed research and data systems.

Cape Breton University confirmed that the Government of Nova Scotia has announced it will provide \$150,000 annually for five years to support a new Chair in Healthy L’nu Communities¹⁶ at Cape Breton University, to improve the health outcomes of Nova Scotia Mi’kmaw peoples through culturally safe health programs and community-based, community-led research and practice initiatives.

Center for Addiction and Mental Health (CAMH) created the “CAMH Truth and Reconciliation Action Plan 2020-2023”¹⁷, requiring Indigenous cultural safety and anti-racism training for all staff and physicians. CAMH became the first Ontario hospital to operate a Sweat Lodge on site for traditional Indigenous healing and teachings in June 2016.

College of Family Physicians of Canada (CFPC) established an Indigenous Health Committee to assist in developing a “CanMEDS – Family Medicine: Indigenous Health Supplement”¹⁸ to the “CanMEDS-FM 2017 Competency Framework”, to assist physicians in providing care that aligns with the needs of Indigenous peoples. The next revision of the Competency Framework, anticipated in 2025, will include a section on cultural safety and humility. The CFPC’s Indigenous Health Working Group prepared a Fact Sheet on “Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada”¹⁹, which acknowledged the importance of family physicians providing culturally safe care.

¹³ “SafeSpace” online application, for reporting racism experienced in healthcare <https://safespace.healthcare/bcaafc>

¹⁴ Position Statement on “Promoting Cultural Competence in Nursing”, CNA https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/ps114_cultural_competence_2010_e.pdf?la=en

¹⁵ “Priorities specific to First Nations, Inuit and Métis” (2020), CPAC <https://s22457.pcdn.co/wp-content/uploads/2020/01/CSCC-Companion-Data-FNIM-priorities-EN.pdf>

¹⁶ Healthy L’nu Communities at Cape Breton University <https://www.cbu.ca/newsroom/features/chair-in-healthy-lnu-communities-announced/>

¹⁷ Indigenous Cultural Safety and Anti-Racism Training for All Staff and Physicians (CAMH) <https://www.camh.ca/-/media/files/truthandreconciliationactionplan-may2021-pdf.pdf>

¹⁸ “CanMEDS – Family Medicine, Indigenous Health Supplement” <https://www.cfpc.ca/CFPC/media/PDF/CanMEDS-IndigenousHS-ENG-web.pdf>

¹⁹ Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada (2016), CFPC https://www.cfpc.ca/CFPC/media/Resources/Indigenous-Health/SystemicRacism_ENG.pdf

Commitments and Initiatives

Department of Canadian Heritage, Federal Anti-Racism Secretariat (FARS) will implement a whole-of-government anti-racism framework to ensure conscious and unconscious biases, including anti-Indigenous prejudices, are excluded from federal programs, services, policies and legislation.

Federation of Saskatchewan Indigenous Nations (FSIN) created a “Cultural Responsiveness Framework”²⁰ focussed on: Restoring First Nations community-based health and wellness systems; establishing a “middle ground” for engagement between mainstream and First Nations systems and Worldviews; and transforming mainstream health service delivery to be culturally responsive.

First Nations Health Authority (FNHA) co-signed “Declaration of Commitment to Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in British Columbia”, with BC’s Ministry of Health and health authority representatives. In 2021, the FNHA and the Health Standards Organization (HSO) drafted a “BC First Nations, Métis and Inuit Cultural Safety and Humility Standard (HSO 75000:2021 E Cultural Safety and Humility B.C.)”²¹, which supported a culturally safe environment for Indigenous people in the health system. The standard is currently up for review²². The FNHA added a “Cultural Safety and Humility”²³ page to its website, which offers definitions of cultural safety, cultural humility and systemic racism, as presented in the “Creating a Climate for Change”²⁴ booklet. FNHA is currently working with 25 patient navigators who provide supports in BC’s hospitals.

HealthCareCAN supported the development of “Wise Practices for Healthcare Leaders”²⁵ which outlined areas of action to close the gaps in health outcomes between Indigenous and non-Indigenous peoples, eliminate racism, increase cultural safety, and ensure equitable access to healthcare. HealthCareCAN is learning about initiatives to address racism against Indigenous people in Canada’s health systems, and is keen to share best practices that exist across the country with its members.

Health PEI, the health authority for Prince Edward Island (PEI), engages with the Mi’kmaq Confederacy of PEI, and is working towards developing training to increase the cultural competency of PEI employees.

Health Standards Organization (HSO) partnered with the First Nations Health Authority to draft a “BC First Nations, Métis and Inuit Cultural Safety and Humility Standard (HSO 75000:2021 E Cultural Safety and Humility B.C.)”²⁶. The standard intends to end racism and encourage health care providers to provide care with humility.

²⁰ Cultural Responsiveness Framework, FSIN <https://allnationshope.ca/userdata/files/187/CRF%20-%20Final%20Copy.pdf>

²¹ Draft “BC First Nations, Métis and Inuit Cultural Safety and Humility Standard (HSO 75000:2021 E Cultural Safety and Humility BC)” <https://healthstandards.org/files/40-Standard-PRDraft-CSH-23June2021.pdf>

²² FNHA article titled, “HSO and FNHA launch public review of first-of-its-kind BC Cultural Safety and Humility Standard” <https://www.fnha.ca/about/news-and-events/news/hso-and-fnha-launch-public-review-of-first-of-its-kind-cultural-safety-and-humility-standard-for-bc>

²³ FNHA website page on “Cultural Safety and Humility” <https://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/cultural-safety-and-humility>

²⁴ FNHA booklet titled, “Creating a Climate for Change” <https://www.fnha.ca/Documents/FNHA-Creating-a-Climate-For-Change-Cultural-Humility-Resource-Booklet.pdf>

²⁵ “Bringing Reconciliation to Healthcare in Canada – Wise Practices for Healthcare Leaders” https://www.healthcarecan.ca/wp-content/themes/camyno/assets/document/Reports/2018/HCC/EN/TRCC_EN.pdf

²⁶ Draft “BC First Nations, Métis and Inuit Cultural Safety and Humility Standard (HSO 75000:2021 E Cultural Safety and Humility BC)” <https://healthstandards.org/files/40-Standard-PRDraft-CSH-23June2021.pdf>

Commitments and Initiatives

Indigenous Healing Homes is a new model of care designed to create an environment where a patient would “feel like they were coming home” for care and healing. The intent is to begin with three homes in various areas of the country.

Indigenous Physicians Association of Canada (IPAC) encourages First Nations, Métis and Inuit peoples interested in becoming medical doctors, supports those in training or practicing, and promotes the work of its members. IPAC hosted a “Roundtable Discussion on Anti-Indigenous Racism in Medical Education”²⁷, which identified priorities including requiring cultural safety training as part of the admissions process for non-Indigenous medical students; supporting Indigenous medical students, residents and fellows with safe reporting systems for addressing racism; and encouraging Indigenous faculty support mentorships.

Mental Health Commission has established a “National Standard on Mental-Health and Well-Being for Post-Secondary Students”²⁸, a set of flexible, voluntary guidelines to help post-secondary institutions support their students’ mental health and well-being.

Métis Nation British Columbia (MNBC) provided input into the BC First Nations, Métis and Inuit Cultural Safety and Humility Standard (HSO 75000:2021 (E) Cultural Safety and Humility B.C.), which supports culturally safe environments for Indigenous people in the health system and encourages health care providers to provide care with humility.

Mi’kmaq Confederacy of PEI (MCPEI) is working to establish and maintain a connection with Health PEI with the goal of ensuring the needs of PEI Mi’kmaq people are considered and reflected in community and provincial health policies, programs and procedures.

National Collaborating Centre for Indigenous Health (NCCIH) has set up a Cultural Safety Collection²⁹, a repository of resources related to addressing barriers in accessing health and social services for Indigenous peoples’, due to their experiences with racism, discrimination and marginalization.

National Consortium on Indigenous Medical Education (NCIME)³⁰ was established to implement Indigenous-led work streams that will reform Indigenous medical education and contribute to delivering culturally safe care.

Government of the Northwest Territories (GNWT) developed a “Caring for our People: Cultural Safety Action Plan 2018-2020”³¹, which supports equitable access to culturally safe and relationship-based care. An Indigenous Advisory Body was established to ensure an Indigenous voice is reflected in GNWT policies, and an Office of Indigenous Patient Experience was set up with four Indigenous Patient Advocates. The GNWT announced support for post-secondary students, which will encourage them to return to their place of origin as practitioners. The GNWT also launched an Indigenous cultural awareness and sensitivity eLearning program, “Living Well Together”³² for its employees.

²⁷ Racism in Medical Education: Priority Areas (2020) <https://www.ipac-amac.ca/downloads/key-priority-areas.pdf>

²⁸ National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students
<https://www.mentalhealthcommission.ca/English/studentstandard>

²⁹ Cultural Safety Collection, NCCIH https://www.nccih.ca/1673/Cultural_Safety_Collection.nccih?Collectionid=3

³⁰ The National Consortium on Indigenous Medical Education <https://www.afmc.ca/web/en/priorities/ncime>

³¹ “Caring for our People – Cultural Safety Action Plan 2018-2020”
<https://www.hss.gov.nt.ca/sites/hss/files/resources/cultural-safety-action-plan.pdf>

³² Living Well Together, Indigenous Cultural Awareness and Sensitivity Training (eLearning program), NWT
<https://www.fin.gov.nt.ca/en/services/diversité-et-inclusion/introduction-living-well-together>

Commitments and Initiatives

Nova Scotia Health Authority (NSHA) is moving to an interactive approach for addressing concerns faster, in a safe way. The NSHA is expanding First Nations Patient Liaisons / Navigators in regional hospitals and ensuring community health staff in First Nation Community Health Centres have direct access to the hospital's electronic medical records. An Indigenous Health Consultant was hired to support healthcare programs and ensure materials are produced in a culturally-informed and sensitive manner.

Nurse Practitioner Association of Canada (NPAC) is one of four signatories to the "Nursing Declaration Against Anti-Indigenous Racism in Nursing and Health Care", a declaration committing to advocate for policies that address health and social inequities at all levels.

Provincial Health Services Authority (PHSA) has established a Cultural Safety and Humility Committee and is recruiting for a Vice President of Indigenous Health to assist in addressing recommendations in the report, "In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care". The PHSA provides Indigenous cultural safety training to those working directly or indirectly with Indigenous peoples through the "San'yas: Indigenous Cultural Safety Program"³³.

Royal College of Physicians and Surgeons of Canada (RCPSC) established an Indigenous Health Committee (IHC)³⁴, comprised of Indigenous physicians, scholars and other health professionals. The IHC and the RCPSC focus on Indigenous health education across residency and professional practice programs and provide educational tools and resources. Indigenous health will be a mandatory component of postgraduate medical education (including curriculum, assessment and accreditation). The RCPSC's commitment to implement cultural safety in medical education and practice and address health inequities and racism faced by Indigenous peoples is outlined in the Indigenous Health in Specialty Postgraduate Medical Education Guide³⁵.

Ryerson University supports Indigenous students with online programs they can access remotely and has enabled midwifery program students to complete their final year of studies at home.

Saskatchewan Health Authority (SHA) signed a "Statement of Commitment,"³⁶ which commits to increasing cultural responsiveness and cultural safety training opportunities for all SHA employees. The First Nations and Métis Health Services (FNMHS)³⁷ branch assists with supports for patients and their families from admission to discharge through multiple health professionals and departments. The Native Healing Centres³⁸ in Regina General Hospital and Pasqua Hospital help Indigenous people navigate the hospital environment and provide access to alternative methods of healing. The Grey Wolf Lodge³⁹ in

³³ San'yas: Indigenous Cultural Safety Training, PHSA <https://www.sanyas.ca/training>

³⁴ Indigenous Health Committee at the Royal College of Physicians and Surgeons of Canada <https://www.royalcollege.ca/rcsite/health-policy/indigenous-health-e>

³⁵ Indigenous Health in Specialty Postgraduate Medical Education Guide (2021), RCPSC <https://www.royalcollege.ca/rcsite/health-policy/indigenous-health-e>

³⁶ "Statement of Commitment" (2019), SHA <https://www.saskhealthauthority.ca/sites/default/files/2021-06/TRC-commitment-statement-signed.pdf>

³⁷ First Nations and Métis Health Services, SHA <https://www.saskhealthauthority.ca/your-health/conditions-diseases-services/indigenous-health/first-nations-and-metis-health-services>

³⁸ Native Healing Centers, SHA <http://www.rqhealth.ca/departement/native-health/native-health-services>

³⁹ Grey Wolf Lodge, SHA <https://www.saskhealthauthority.ca/your-health/conditions-diseases-services/indigenous-health/grey-wolf-lodge>

Commitments and Initiatives

Regina offers traditional healing to patients as a part of their health care plan. Ceremonial spaces may soon be provided in Saskatoon and Prince Albert.

Southern Chiefs' Organization Inc. released results of its "Survey on Experiences of Racism in the Manitoba Health Care System"⁴⁰ in 2021, in which 72% of survey respondents reported experiencing racism in the Manitoba health care system.

Stanton Territorial Hospital, NWT expanded its Indigenous Wellness Program⁴¹ to include a full-time Resident Elder, a Traditional Foods Coordinator, Medical Interpretation for the seven official languages of the NWT, and five Indigenous Patient Liaison staff members. The team provides ongoing programming, individualized support and health system navigation.

University of Alberta currently offers a number of online health care programs, which enable students to attend school and earn degrees while staying connected to their home and community.

University of Saskatchewan and its College of Nursing have invested in a "Learn Where You Live"⁴² program, enabling students to learn close to home and supporting Indigenous students' success and retention in the local workforce after completing their education.

University of Toronto may be developing an anti-racism plan, including requiring anti-racism training for all university employees. The Office of Health Professions Student Affairs has established a "Student Mistreatment" page on their website, where students can discuss, disclose or report mistreatment (which is not uncommon for Indigenous students).

Waypoint Centre for Mental Health Care is a recognized traditional healing program offered in a specialty mental health hospital and in communities. Waypoint provides access to experienced traditional healers, a sweat lodge, cultural and spiritual screening, smudging, pipe ceremonies, drumming circles, talking circles, addiction circles and a traumatic incident support team.

Yukon Hospital Corporation (YHC) has been providing access to Liaison Workers and Mental Health Advocates in Yukon Hospitals for a number of years. They provide a variety of supports and assist in communications between the patient, their family and hospital staff. They also assist with discharge planning, referrals to other programs, and arranging access to traditional foods and medicines.

ANNOUNCEMENTS FROM PARTNERS

Partner representatives reflected on the ideas, initiatives and commitments presented. Some of their reflections are compiled in the attached "Appendix B" or incorporated in the list of "Key Themes Reflected" or "Commitments and Initiatives", included earlier in this summary.

FEDERAL GOVERNMENT'S RESPONSE

Federal government representatives reviewed some of the Government of Canada's commitments to address anti-Indigenous racism in health systems across Canada, including the dedication of new funding

⁴⁰ Survey on Experiences of Racism in the Manitoba Health Care System (2021), Southern Chiefs' Organization Inc.
<https://scoinc.mb.ca/wp-content/uploads/2021/03/SCO-Racism-Report-final-WEB.pdf>

⁴¹ Stanton Indigenous Wellness Program, at Stanton Territorial Hospital, NWT
<https://www.nthssa.ca/en/services/stanton-indigenous-wellness-program>

⁴² Learn Where You Live, University of Saskatchewan, College of Nursing
<https://nursing.usask.ca/indigenousterritories/learn.php>

Commitments and Initiatives

to improve access to culturally safe services, adapt existing health systems, and improve health supports and accountability. Some of their comments are compiled in the attached “Appendix B”.

COMMENTS FROM INDIGENOUS HEALTH PROFESSIONALS

Indigenous health professionals reviewed some potential next steps, and commented on the ideas, initiatives and commitments presented. Some of their comments are compiled in the attached “Appendix B” or incorporated in the list of “Key Themes Reflected” or “Commitments and Initiatives”, included earlier in this summary.

Next Steps and Closing Comments

NEXT STEPS AND CLOSING COMMENTS

The Co-Facilitators acknowledged feedback received on each of the four key themes, and a significant focus on the importance of the federal government's leadership in actions to address anti-Indigenous racism in Canada's health systems.

Appreciation was extended to attendees for their participation and contributions during the National Dialogue's discussions, and to federal government representatives for affirming the Government of Canada's response, initiatives and funding, intended to end anti-Indigenous racism in Canada's health systems.

The June 28-29, 2021 National Dialogue on Addressing Anti-Indigenous Racism in Canada's Health Systems concluded on June 29, 2021 at approximately 4:00 p.m. ET.

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Acronym List

ACRONYM LIST

The following acronyms are used in this summary:

AFMC	Association of Faculties of Medicine in Canada
AHS	Alberta Health Services
BCIT	British Columbia Institute of Technology
CAMH	Centre for Addiction and Mental Health
CASN	Canadian Association of Schools of Nursing
CFPC	College of Family Physicians of Canada
CFMS	Canadian Federation of Medical Students
CFNU	Canadian Federation of Nurses Unions
CIHI	Canadian Institute for Health Information
CINA	Canadian Indigenous Nurses Association
CNA	Canadian Nurses Association
CNSA	Canadian Nursing Students' Association
CPAC	Canadian Partnership Against Cancer
FARS	Federal Anti-Racism Secretariat
FNHA	First Nation Health Authority
FNMHs	First Nations and Métis Health Services
FSIN	Federation of Saskatchewan Indigenous Nations
GNWT	Government of the Northwest Territories
HSO	Health Standards Organization
IHC	Indigenous Health Committee
IPAC	Indigenous Physicians Association of Canada
MNBC	Métis Nation British Columbia
MCPEI	Mi'kmaq Confederacy of PEI
NACM	National Aboriginal Council of Midwives
NCCIH	National Collaborating Centre for Indigenous Health
NCIME	National Consortium on Indigenous Medical Education
NPAC	Nurse Practitioner Association of Canada
NSHA	Nova Scotia Health Authority
RCPSC	Royal College of Physicians and Surgeons of Canada
SHA	Saskatchewan Health Authority
TRC	Truth and Reconciliation Commission of Canada
YHC	Yukon Hospital Corporation

Appendix A – Notes of Breakout Discussions

As referenced in the summary of the June 28-29, 2021 National Dialogue on Addressing Anti-Indigenous Racism in Canada's Health Systems, below is a compilation of some of the feedback received during the meeting's breakout discussions.

THEME 1: Cultural Safety and Humility

Participants considered questions on initiatives intended to support cultural safety and humility and how to measure their progress, and offered the following comments:

- Adapt Canada's health systems to support an environment that reflects cultural safety and humility:
 - o Federal government should support coordinated efforts of provinces and territories to identify emerging issues and corresponding responses
 - o Create a "Code of Conduct", outlining acceptable and respectful behaviour for health systems
 - o Health systems need to respect needs identified by Indigenous peoples, and acknowledge:
 - The impacts of language barriers, cultural differences and the trauma of colonization
 - The importance of providing access to traditional and western medicines, including providing an Elder at healthcare facilities to support Indigenous peoples' healthcare experience
 - Include an Indigenous-led process of engagement and action
 - Reflect a positive healthcare view (e.g. support "life promotion" not "suicide prevention")
 - o Focus on actions against racism at the individual, community and society levels.
- Require cultural safety and humility training for national regulatory agencies, government, hospitals and healthcare providers to achieve and maintain accreditation:
 - o To achieve accreditation, cultural safety and humility training should be mandatory
 - o To maintain accreditation, follow up reporting on actions initiated to support cultural safety and humility should be required
 - o Require cultural safety and humility training as a prerequisite for entering healthcare education
 - o Develop curriculum content for cultural safety and humility training with Indigenous contributors.
- Learning institutions need policies and resources to educate healthcare professionals:
 - o Cultural safety and humility must be supported at all levels of learning institutions:
 - Ongoing funding is needed to support ongoing initiatives
 - Policies, procedures and processes are required to support cultural safety and humility
 - o Medical schools have been a source of oppression for numerous Indigenous students
 - o Revise the "CanMEDS Physician Competency Framework" to acknowledge Indigenous healthcare professionals and the new "CanMEDS Indigenous Health Supplement".
- Create a national standard for cultural safety and humility training, to ensure consistent culturally-safe environments for Indigenous peoples in all health systems:
 - o Coordinate cultural safety and humility efforts; identify indicators to measure their success
 - o The standard must reflect the needs of Indigenous peoples and their connection to healthcare
 - o Include a national definition of cultural safety and cultural humility
 - o Recognize cultural safety as an integral aspect of care, separate from discrimination/racism.
- Establish safe opportunities for reporting complaints and mistreatment:
 - o Addressing complaints and issues promptly supports opportunities for early resolution
 - o Develop a safe complaint process (e.g. a dedicated phone number), for reporting cultural safety concerns and racism in health systems:

Appendix A – Notes of Breakout Discussions

- Involve Indigenous contributors in their design, development and delivery
- Opportunities are needed to report concerns and experiences anonymously
- The process needs to be culturally safe and open to non-Indigenous and Indigenous people
- Gather data through the complaints process to assess the success of interventions
- Involve Indigenous students and faculty in developing and delivering approaches to address racism in school to ensure that the processes are accessible and culturally safe or safer
- Gather data to measure the effectiveness and impacts of initiatives intended to address anti-Indigenous racism and cultural safety in health systems:
 - Involve First Nations, Inuit and Métis contributors in identifying indicators to track when assessing the impacts of cultural safety and humility initiatives
 - Use surveys to gather disaggregated data on initiatives intended to support cultural safety and humility, to monitor their progress (at the national and local levels)
 - Consider building on the data included in the “In Plain Sight – Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care, Data Report”
 - Track data on experiences of racism reported through the “SafeSpace” online network.

THEME 2: Increasing Indigenous Representation in Post-Secondary Health Education

Participants considered and responded to questions on efforts made by educational institutions to support students during and after their health education journeys and offered the following comments:

- Establish cultural, mental health and other supports for Indigenous post-secondary students:
 - Encourage academic institutions and bodies representing health professions to institute the Truth and Reconciliation Commission’s Calls to Action to support Indigenous students
 - Medical schools must provide culturally safe environments to train culturally safe providers
 - Indigenous teachers should teach Indigenous students curriculum that is culturally sensitive
 - Engage with Knowledge Keepers and Elders to determine culturally safe protocols for academic institutions; schools and universities should provide safe spaces for Indigenous peoples
 - Invite Elders, Knowledge Keepers and Traditional Practitioners to support Indigenous students
 - Universities should fill seats assigned for Indigenous students, using a distinction-based approach
 - Consider alternative pathways to education, achieving licensing, and accreditation (including community learning).
- Support the cultural and mental well-being of Indigenous students:
 - Graduate programs should include teachings on Indigenous knowledge and mental wellness
 - Encourage Indigenous students into psychology programs, and establish an organization to represent Indigenous psychologists
 - Traditional and cultural supports are categorized as “para-professionals”, which does not support their validity as recognized health practitioners.
- Academic institutions should establish mentorship programs to support Indigenous students:
 - Mentorship programs in academic institutions would support Indigenous students’ success in their education and academic career
 - Support Indigenous university professor roles; Indigenous teachers are suffering from burnout
 - Enable Indigenous communities to hire and retain Indigenous health professionals; regionally-based services ensure people can access care in their communities

Appendix A – Notes of Breakout Discussions

- Having more Indigenous healthcare practitioners and administrators in health systems will support safer interactions for Indigenous patients and families
- Organizations (and unions) should hire more than one Indigenous person, so they are not isolated
- Indigenous people have valuable knowledge and expertise to contribute
- Community nurses require knowledge of Indigenous history and residential schools
- Government funding is needed to support Indigenous students pursuing healthcare education
- Students need an opportunity to do their practicum in an Indigenous community
- Encourage Indigenous youth and post-secondary students to pursue health professions:
 - Indigenous leaders and role models can help inspire post-secondary participation
 - Increase access to science education in First Nations communities:
 - Develop a science program for Indigenous high school students to promote sciences and prepare them for nursing and other health programs
 - Relaunch summer science camps for high school students to develop their interest in science
 - Present Indigenous youth with information on post-secondary opportunities available to them
 - Indigenous children and youth face barriers, including racism and systemic inequality:
 - Poverty is a key determining factor for academic success within mainstream academics
 - Statistically, children in the care of child and family services for over a year have less than a 5% chance of attending post-secondary education.
- Institutions should collect data on Indigenous representation in healthcare education:
 - Demonstrate accountability by gathering data on the applications received and accepted
 - Survey Indigenous students and faculty for data and information on admissions, graduations, number of faculty, grads and employees in schools:
 - After five years, review the data to see to what extent strategies are being implemented
 - Analyze if there is forward movement and whether admissions, graduations and recruitment are increasing.

THEME 3: Traditional Approaches to Health

Participants considered questions on respecting traditional Indigenous health perspectives, supporting traditional practitioners and their relationships with non-Indigenous health care providers, and offered the following comments:

- Publicly-funded health institutions should have Indigenous healing spaces and protocols for working with Indigenous medicines and practitioners:
 - Make space for Traditional Healers and Elders in health systems, and compensate them fairly
 - Design health facilities to incorporate local culture, and spaces for ceremony (outside and inside)
 - Hospitals need space to pray and perform ceremonies when Indigenous people pass away; cultural supports need to be brought into western institutions (e.g. death doulas)
 - Infrastructure policies and regulations make it difficult to incorporate culture into hospitals (e.g. traditional smudging, sweats, healing, celebration, etc.)
 - Yukon's health system highlighted the importance of providing staff and patients with access to Indigenous food, Patient Navigators, languages, sacred spaces, and Elders
 - The Centre for Addiction and Mental Health offers an on-site sweat lodge.
- Barriers to traditional healing need to be addressed (e.g. colonialism, lack of understanding):

Appendix A – Notes of Breakout Discussions

- Indigenous people need to be convinced that traditional healings and medicines can work safely with western medicine
- The community should identify the credentials for determining accepted traditional healers
- People should not be prohibited from accessing their own medicine; many Indigenous people choose traditional knowledge and medicine before accessing western medicine
- Institutions that helped destroy Indigenous health systems now need to be part of rebuilding it.
- Guidelines are needed to protect Traditional Knowledge and practices:
 - There are responsibilities connected with sharing traditional knowledge and medicine
 - Some Indigenous practitioners fear punishment for using Indigenous knowledge in their practice or fear non-Indigenous practitioners stealing their knowledge.
- Inform health care professionals and others about respecting traditional knowledge and medicine:
 - Inform health practitioners through guest presentations (from Indigenous physicians, leaders and Elders) or provide access to training (e.g. through San'yas: Indigenous Cultural Safety Program)
 - Consider how to add Indigenous medicine and traditional medicine to nursing education
 - Communities want Indigenous midwives, so mothers do not need to leave their communities
 - Train Indigenous women in a process that encourages entry-level positions to becoming midwives and towards a career/professional growth
 - Traditional practices can work alongside western medicine:
 - Consider how to incorporate Indigenous methods, practices and ideologies, when many Indigenous people do not have access to their cultures and communities of origin
 - Find solutions that are community-based and include our medicine keepers, nurses and community doctors
 - Create a new model of primary care that incorporates traditional approaches.
 - Access to traditional food has been impacted by the privatization of land where Indigenous people are no longer allowed to hunt
 - The Government of NWT designed its new health facilities for families to prepare traditional foods.
- Traditional healers and Elders support effective healing journeys:
 - Trauma recovery programs are needed, as trauma is the basis of most community problems
 - The Aboriginal Healing Foundation (closed in 2014) demonstrated that one of the most effective healing journeys included an Elder and traditional ceremonies
 - Traditional healers and Elders (including two-spirit Elders and guides) must be financially compensated and provided with emotional support services for their participation
 - A whole-health system needs to be governed by leaders who represent Indigenous voices and communities, and respect Indigenous needs and culture.

THEME 4: Safe Patient Navigation

Participants considered questions on the role of safe patient navigators and the infrastructure, governance and logistics required to support them, and offered the following comments:

- Improve communications between hospitals, primary care providers and patients:
 - Patients' hospital records can get lost if they are not referred to a designated family doctor:
 - First Nations communities do not all have a primary care provider

Appendix A – Notes of Breakout Discussions

- Patients do not all have family doctors
- Region-specific information on navigating local health systems should be sent to communities
- Patient support services (and translators) should be readily available for Indigenous patients
- Patient's feedback should be gathered on their experiences navigating health systems.
- Navigators can help patients navigate through complex health systems:
 - Navigators can work at the community level and direct people to the right facility for care
 - The Navigator needs privileges to work in many areas and to add notes in patient charts
 - Navigators and community health staff need access to electronic medical records, dispute resolution mechanisms, and emergency departments
 - Navigators can help:
 - Reduce re-admission rates by assisting discharged patients in managing medications
 - Facilitate the flow of information between the hospital and the patient's community clinic
 - Ensure infants are referred for follow-up care, to ensure developmental milestones are met
 - Identify and report problems in the health system and encourage patient engagement
 - Improve patients' impressions of hospitals and the services available
 - Translate client's responses for healthcare providers (e.g. trauma reactions present as anger)
 - Navigators could work within or outside an institution; patients need to know how to access them
 - Navigators in the Yukon are supporting clients in a health system that needs improvement
 - An Indigenous Cancer Program Nurse Navigator in Ottawa supports Indigenous patients
 - Some hospitals in Alberta now have Navigators; Elders did not know how to request a Navigator, and many were afraid to ask for help
 - Navigators can be with a patient when a practitioner reviews diagnoses and treatment options
 - Infrastructure and technology are critical for patient's aftercare (e.g. internet for video calls)
 - Some patients will see the community nurse if a good connection has been established
 - Establish a safe complaints process that Navigators can connect to; patients may think that they will lose access to care by submitting a complaint.

Appendix B – Reflections on Actions and Commitments for Change

As referenced in the summary of the June 28-29, 2021 National Dialogue on Addressing Anti-Indigenous Racism in Canada's Health Systems, below is a compilation of some of the presentations provided on actions for addressing anti-Indigenous racism.

ANNOUNCEMENTS FROM PARTNERS

Partner representatives reflected on ideas, initiatives and commitments presented. Some of their reflections are indicated below or incorporated in the list of “Key Themes Reflected” or “Commitments and Initiatives”, included in the summary of the National Dialogue.

Marilee Nowgesic, Canadian Indigenous Nurses Association (CINA), confirmed that CINA would continue to work with organizations that made partnership commitments to support Indigenous nurses. CINA committed to engaging with its membership on definitions or initiatives that impacted cultural safety.

Paul-Emile Cloutier, President and Chief Executive Officer, HealthCareCAN, confirmed that HealthCareCAN supported the development of wise practices to close the gaps in health outcomes between Indigenous and non-Indigenous peoples and to engage with its members about their progress.

Laura Salmon, Director, First Nations Health Programs, Yukon Hospital Corporation, acknowledged an internship program being developed for Whitehorse General Hospital, which prompted interest from people who may or may not have included healthcare in their long-term goals.

Vanessa Nevin, Director of Health, Atlantic Policy Congress of First Nations Chiefs, commended the efforts of the National Dialogues to address racism in the healthcare systems and address gaps in services for Indigenous clients and families. If done correctly, the changes discussed could change lives.

Leslee Thompson, Health Standards Organization and Accreditation Canada, acknowledged a public review launched on the “First Nations, Métis and Inuit Cultural Safety and Humility Standard”, intended to integrate accessibility, and cultural safety and humility in health care.

Dr. Marcia Anderson, National Consortium on Indigenous Medical Education (NCIME), provided an update on progress achieved since the January 2021 National Dialogue, and confirmed the pending release of a newsletter and the launch of the NCIME's new website on July 5, 2021.

Lanette Siragusa, Chief Nursing Officer, Province of Manitoba, acknowledged Manitoba's discussions towards developing a climate survey to gather measurable data on racism and to identify where further cultural changes and training were required.

Jennifer Moore Rattray, Southern Chiefs Organization, reviewed results of the “Survey on Experiences of Racism in the Manitoba Health Care System 2021”, which gathered results on Indigenous patients' experiences with racism in Manitoba's health care system.

Dr. Darlene Kitty, Indigenous Physicians Association of Canada, confirmed that the “CanMEDS – Family Medicine, Indigenous Health Supplement” provided perspectives on cultural safety and anti-racism, which needed to be upheld.

Marion Crowe, Chief Executive Officer, First Nations Health Managers Association, encouraged health partners to provide cultural safety training for their staff and implement policies and procedures to create safety for reporting anti-Indigenous racism.

Appendix B – Reflections on Actions and Commitments for Change

Nathalie Pambrun, Canadian Association of Midwives, referenced a May 2021 roundtable at which delegates considered reforms to health systems and suggested creating more Indigenous primary healthcare providers and building structures, to better support communities.

Dr. Karen Hill, Indigenous Healing Homes, acknowledged a new model of care designed to create an environment in which a patient would “feel like they were coming home” for care and healing. The intent was to begin with three homes situated across the country.

Dr. Cynthia Baker, Canadian Association of Schools of Nursing (CASN), recognized the critical importance of addressing anti-Indigenous racism and acknowledged initiatives CASN was supporting, including integrating “The history of Indigenous peoples of Canada” into the nursing curriculum.

FEDERAL GOVERNMENT’S RESPONSE

Federal government representatives reflected on the ideas, initiatives and commitments presented, and reviewed some of the Government of Canada’s commitments to address anti-Indigenous racism in health systems across Canada. Some of their comments are indicated below.

Peter Flegel, Executive Director, Federal Anti-Racism Secretariat, Department of Canadian Heritage, explained that the Secretariat was formed in 2019 in response to the national strategy against systemic racism titled, “Building a Foundation for Change: Canada’s Anti-Racism Strategy, 2019-2022”⁴³.

Marc Miller, Minister of Indigenous Services Canada (ISC), Government of Canada, recognized the impacts of colonial history on Indigenous peoples. Canadians were shocked by the tragic passing of Joyce Echaquan on September 28, 2020, and needed to see concrete actions to guarantee fair access to culturally safe health services for all peoples, without discrimination.

The Minister reviewed some of the Government of Canada’s funding commitments to address anti-Indigenous racism in Canada’s health systems, including the dedication of new funding to improve access to culturally safe services, adapt existing health systems, and improve health supports and accountability:

- \$126.7 million over three years beginning in 2021-22, to implement efforts towards immediate action
- \$33.3 million over three years to improve access to culturally safe services (with a focus on services for Indigenous women, 2SLGBTQQIA+ people, people with disabilities, and other marginalized groups who experience intersecting discrimination)
- \$46.9 million to support adaptation of Canada’s health systems (for the integration of cultural and patient safety at local and systems levels, and through increased Indigenous representation in health professions)
- \$37.8 million over three years to provide Indigenous patients with supports and resources to safely navigate federal and provincial health systems (including patient navigators and data collection)
- \$8.7 million over three years to support continued dialogue towards achieving change.

⁴³ “Building a Foundation for Change: Canada’s Anti-Racism Strategy 2019-2022”
<https://www.canada.ca/content/dam/pch/documents/campaigns/anti-racism-engagement/ARS-Report-EN-2019-2022.pdf>

Appendix B – Reflections on Actions and Commitments for Change

Patty Hadju, Minister of Health, Government of Canada, acknowledged the systemic racism Indigenous peoples continued to face, when trying to access health services. All measures possible would be taken to prevent discrimination, while efforts were being made to reform Canada's health services, to ensure Indigenous people have better access to culturally-safe care.

Carolyn Bennett, Minister of Crown-Indigenous Relations, Government of Canada, recalled weekly discussions she participated in since March 2020, intended to share updates on the realities of COVID-19, which transitioned to updates on the realities of racism, experienced by Indigenous peoples.

Indigenous people need access to quality health care, where they feel safe and respected, and where they can access the essential services required for prevention. Respect, cooperation, partnerships and complex actions were required to address discrimination in healthcare systems, and to begin to undo the damage that historic colonial policies inflicted on Indigenous peoples.

COMMENTS FROM INDIGENOUS HEALTH PROFESSIONALS

Dr. Marlyn Cook acknowledged the need for culturally safe learning institutions, where students felt supported throughout their education journeys. An Indigenous health sciences education school could teach traditional medicine and western science to healthcare students, in a culturally safe environment.

Mae Katt, Nurse Practitioner, recognized the importance of combining cultural safety with clinical skills training. Requiring students to have cultural safety training before entering professional nursing schools, was encouraged to ensure Indigenous patients were treated with compassion and kindness.

Dr. Ojistoh Horn expressed appreciation for community-based and other solutions shared during the National Dialogue's discussions. Indigenous health care professionals needed to continue to bring Indigenous perspectives to ongoing discussions on improving healthcare for Indigenous peoples.

Claire Dion Fletcher, National Association of Canadian Midwives, noted the importance of including Indigenous ways of learning and knowing, in actions intended to address anti-Indigenous racism. Continued efforts were expected to diversify the learning pathways of Indigenous midwifery students, and to incorporate Indigenous knowledge and practices from Indigenous healthcare providers.

Dr. Veronica McKinney, University of Saskatchewan, stressed the need to expand Indigenous representation in health education institutions, and to incorporate traditional approaches to healing with western medicine. Using technology, patients could now communicate with their families from care centres, and with health care professionals from their home communities.

Dr. Angeline Letendre, Canadian Indigenous Nurses Association, recognized the important role that Indigenous nurses played in advocating for the needs of patients and their families. Organizations represented at the National Dialogue were commended for their commitments to support the health outcomes of Indigenous peoples, families and communities, through initiatives, research and engagements.

Dr. Lisa Richardson extended appreciation for the efforts to support culturally safe, high quality healthcare for Indigenous peoples, which is free of racism. The design of a culturally safe health system should be envisioned creatively, and then turned over to leaders to determine how to proceed.

Appendix B – Reflections on Actions and Commitments for Change

Richard Jock, First Nations Health Authority, reviewed efforts to develop a new model of team-based primary care in BC that blends traditional and cultural approaches for achieving wellness. Multiple centres could be situated across BC where patients could receive culturally relevant health services. He suggested Indigenous-specific systems for reporting complaints, to help identify gaps in understanding and acceptance, and rethinking the false separation between on-reserve and off-reserve populations. Entrenching key elements in legislation, could help to hold the health system accountable.