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Indigenous Child Health in Canada – Part III: Future

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Introduction

Hello! My name is Nikita-Kiran Singh; I am a fourth-year medical student at the University of Alberta, situated on Treaty 6 territory. This module is part III in a series of three podcasts on Indigenous child health in Canada which have been developed in collaboration with Dr. Lola Baydala, Professor of Pediatrics at the University of Alberta and Sherri Di Lallo, Indigenous Child Health Nurse Coordinator at the Stollery Children's Hospital in Edmonton, Alberta. A special thank you is extended to Sherry Letendre and Aaron Letendre from the Alexis Nakota Sioux Nation; Aaron sings "Grandmother's Song" heard throughout this series. We also thank Melissa Tremblay, Assistant Professor of Educational Psychology at the University of Alberta, and the youth of Maskwacis for sharing their photovoice project images featured here in part III. The three parts of this module are organized by the past, present, and future as related to pediatric care for Indigenous children. This module is also available in video format with supplementary materials available at PedsCases.com.

Objectives

In our first two podcasts, we explored the historical context of colonialism and how this history has impacted the health of Indigenous peoples today. In our third podcast, we will explore how medical students and healthcare professionals can provide culturally safe care for Indigenous pediatric patients.

In this podcast, our objectives are:

1. To explain what it means to provide culturally safe care.
2. To understand cultural considerations when taking a history from Indigenous patients and families.
3. To discuss the concept of reconciliation and calls to action of the Truth and Reconciliation Committee.
4. To identify ways medical students and healthcare team members can be advocates for improved Indigenous health.

Cultural Safety

The terms cultural safety and cultural humility are often discussed in health advocacy. Cultural safety refers to healthcare interactions in which a “patient feels respected and empowered, and that their culture and knowledge has been acknowledged” (this definition is from the AFMC) (3). The term cultural humility refers to acknowledging the limitations of our knowledge about other cultures, placing emphasis on the continual process of growth and learning. The term cultural humility has become increasingly popular and preferred to cultural competence to acknowledge that we can never be truly competent in cultures that differ from our own.

Cultural humility is crucial in providing culturally safe care for Indigenous families. While our discussion is in the context of Indigenous health, these recommendations are not exclusive to Indigenous families and really should be exercised with all patients. An integral aspect of cultural humility is having a heightened awareness of underlying assumptions. While it can be difficult in practice to stop making assumptions altogether, recognizing when you have inadvertently assumed something is an important step in self-correcting our biases. For example, in some Indigenous cultures, not maintaining eye contact with others suggests shyness or concentration, while it is often perceived as rude in Western cultures. This discrepancy illustrates how an assumption rooted in Western social norms could negatively shape how an Indigenous patient is perceived. On another note, in some cultures, it is considered part of their belief to not purchase belongings for a child before they are born to prevent a bad outcome. In a healthcare context, this has led to families being seen as unprepared or irresponsible. Refraining from making these kinds of judgments and instead seeking to learn through a lens of cultural humility has the power to completely change the trajectory of our clinical encounters.

Because institutional racism is so ubiquitous, it can be difficult to understand the impacts of implicit racial biases if they don’t affect you personally. Sometimes harmful effects can arise from well-intentioned actions; for example, no show policies can be unintentionally discriminatory, given that Indigenous individuals often face additional barriers in keeping appointments, including lack of physical proximity and resources for travel. This is why taking time to reflect on personal and societal biases is important, and often the first step in dismantling discriminatory practices.

Two-Eyed Seeing

Two-eyed seeing is a concept developed by Mi’kmaw Elders Albert and Murdena Marshall to reconcile Indigenous and western approaches to medicine. Two-eyed seeing has been used by the Institute of Aboriginal People’s Health and the Canadian Institutes of Health Research to integrate cultural context and western medicine. Two-eyed seeing is a metaphor in which one eye represents Indigenous perspectives, ways of knowing, and approaches to medicine, while the other eye represents western medical knowledge and ways of knowing. The idea is that both eyes should be used together to enhance our perspectives, rather than discounting one worldview by keeping one eye closed. In this sense, Indigenous and non-Indigenous patients and healthcare

teams can work together to incorporate a patient's culture and traditional knowledges with western medical knowledge.

Two-eyed seeing is one significant way in which medical professionals can avoid the pitfalls of paternalistic and colonial practices which aimed to dismantle Indigenous identities, and instead work towards counteracting cultural imperialism. Two-eyed seeing is not simply a medical subject to be studied, but a way of seeing the world that can be used in the practice of medicine to contribute to healing and healthier communities. Recognizing how the emphasis on objectivity in science can sometimes come at the expense of human and cultural factors of health is important to note for all patients.

Communicating with families in a way that not only identifies but welcomes their values is integral to fostering a relationship built on trust. For example, asking all families if they use complementary or alternative medicines creates space to openly discuss cultural practices. If you are unfamiliar with traditional medicines, you can always ask, "What does the medicine do for you?" to learn. Note that Indigenous families may prefer a collective approach to decision-making. Take the time to learn about what resources are available for Indigenous families in your clinical setting. For example, at the Stollery Children's Hospital in Edmonton, there is an Indigenous Child Health Nurse Coordinator and Social Worker who work closely with Indigenous families during their stay in hospital and facilitate coordinated discharge planning. Utilizing supports within the hospital, nursing stations outside of hospital, and other avenues like telehealth are of particular importance for Indigenous families on reserve or in rural locations.

As we mentioned in part I, difficulty accessing transportation, referrals, telephone, and internet can play a large role in whether Indigenous children can visit a pediatrician or other healthcare professionals. It's important to consider how living on a reserve may impact an Indigenous child's access to healthcare. It's helpful to ask the most convenient way of getting in touch with a child's family, if there are any alternate methods of contact, and whether there are shared caregivers for a child, as they may live in different households or with different people at different times.

CanMEDS: Health Advocate

One of the CanMEDS roles of a medical expert is "Health Advocate." This role involves being cognizant of the barriers to healthcare patients face and advocating for changes on a systems level. Given that we know Indigenous children are more vulnerable to certain medical outcomes, we are in the position to write or speak in support of recommendations that may address observed injustices, bring light to these injustices, and make suggestions for effecting change. Writing to your elected officials, signing petitions, and engaging in conversations about the subject matter are ways of effecting social change. The Canadian Federation of Medical Students has advocated for policy change related to Indigenous Health at the national level, which is just one opportunity to become involved in political advocacy as a medical student.

There are many forms of advocacy on the frontlines of healthcare as well. Examples of being an advocate for your patient can include addressing and confronting racism when it's encountered, understanding your patients' values so that medical management

incorporates their beliefs, and helping patients navigate the complexities of the healthcare system, which includes partnerships with allied health team members. As medical students, it can be difficult to question existing practices or to disagree with someone in the clinical environment, especially when power dynamics are imbalanced. One way to navigate this imbalance is to express empathy for patients, especially when unkind statements are made. For example, stating, “She must be in a lot of pain” in response to an unkind comment about someone struggling with addiction can powerfully shape the remainder of a conversation. Similarly, suggesting that resources like spiritual care or cultural services be offered to patients if they’re interested can help redirect the conversation moving forward.

There are several ways we can strengthen our understanding of Indigenous cultures. One opportunity for cultural education is attending a blanket exercise, which engage Indigenous and non-Indigenous participants through a history lesson, developed in consultation with Indigenous Elders and community members. In Edmonton, blanket exercises are offered occasionally through the Stollery Children’s Hospital. As medical trainees, we can also see if there are learning opportunities available within the curriculum or through electives to better understand Indigenous health. For example, at the University of Alberta, first- and second-year medical students are welcome to take an elective in Indigenous health. If there are opportunities to complete clinical rotations in Indigenous communities, it is invaluable to learn firsthand with experienced mentors about translating the principles of equitable care into practice. If similar programs aren’t available, it is worthwhile to advocate for the development of educational resources in consultation with Indigenous communities.

Community-Based Participatory Research and Engagement (CBPR + E)

Now let’s discuss advocacy in the context of research. Community-based participatory research and engagement (CBPR + E) is an example of how the concept of two-eyed seeing can be used in practice. The principle behind community-based participatory research is that communities can identify problems and invite researchers to participate in constructing interventions together. In contrast to a top-down approach that paternalistically suggests interventions without engaging or understanding community members, CBPR + E recognizes that community members are experts of their local strengths and challenges. The Canadian Paediatric Society has released a position statement on health research involving Indigenous children and their communities. This statement emphasizes that ethical care must be taken when research involves marginalized populations to ensure that research places their best interests and well-being at the forefront. These principles are highlighted through the acronym “OCAP”– ownership, control, access, and possession – to prioritize self-determination in health research involving Indigenous communities. CBPR + E, when developed as an equitable partnership, aims to reduce the existing power imbalance between a Western based medical system and Indigenous communities.

Truth and Reconciliation Commission

The Truth and Reconciliation Commission of Canada (TRC) aims to redress the colonial legacy of Canada through the goal of reconciliation: strengthening the relationship between Indigenous peoples and Canadian society. The TRC Calls to Action is a collection of recommendations and gatherings, calling upon us as global citizens to respond to injustices faced by Indigenous communities. This document includes a section of recommendations related to healthcare, recognizing that healthcare teams are in privileged roles to influence Indigenous health outcomes. All calls to action are intended to improve the quality of life of Canada's Indigenous communities. There are seven calls to action related to healthcare, including creating measurable goals to resolve the gaps in health outcomes between Indigenous and non-Indigenous communities, recognizing the value of and providing sustainable funding for Indigenous healing centers, and providing cultural training for healthcare professionals. The TRC recognizes that reconciliation in the future requires acknowledging and correcting inequities through a restorative lens of justice.

Conclusion

We've reached the conclusion of this three-part module on Indigenous child health in Canada. Along the way, we've discussed the historical challenges that Indigenous communities have faced. One of the most harmful effects of oppression is that it can leave us with a single conception of who people are. While it is important to understand Indigenous health in the context of historical practices, it is equally important not to define Indigenous peoples strictly in terms of that colonial history. Re-framing Indigenous peoples as survivors of genocide rather than victims of colonialism is one way our language can better reflect the resilience of Indigenous peoples, in the spirit of reconciliation moving forward. Using two-eyed seeing as an approach to partnerships with patients helps counteract the unfair power imbalance that has shaped Indigenous children's access to healthcare for too long.

Let's bring our series to a close with words from Justice Murray Sinclair, Chair of the Truth and Reconciliation Commission of Canada, and Chief Wilton Littlechild and Dr. Marie Wilson, Commissioners of the Truth and Reconciliation Commission:

"A survivor is not just someone who 'made it through' the schools, or 'got by' or was 'making do.' A Survivor is a person who persevered against and overcame adversity. The word came to mean someone who emerged victorious, though not unscathed, whose head was 'bloody but unbowed.' It referred to someone who had taken all that could be thrown at them and remained standing at the end. It came to mean someone who could legitimately say 'I am still here!' For that achievement, Survivors deserve our highest respect. But, for that achievement, we also owe them the debt of doing the right thing. Reconciliation is the right thing to do, coming out of this history." (11)

Thank you for listening. We thank Maria Buffalo, Tahmea Bull, Mary Sangrett, Taryn Ward, and Anna Wolfe for sharing their photographs from the Maskwacis photovoice project. In the face of negative media attention, community members and Elders from the First Nation community of Maskwacis identified the importance of promoting community strengths and reframing perceptions of their community. Indigenous

photographers trained youth participants, and Elders mentored youth to capture photographs that represented their community's strengths and resilience.

We will now conclude our podcast series with Aaron Letendre's full rendition of "Grandmother's Song."

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