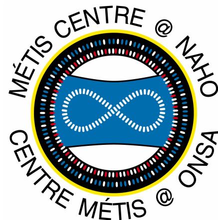
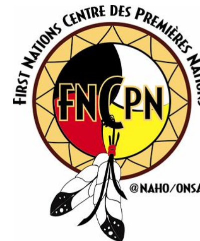
National Aboriginal Health Organization (NAHO)

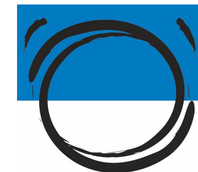
Cultural Competency and Safety: A First Nations, Inuit, and Métis Context
&
Guidelines for Health Professionals

The Royal College of Physicians and Surgeons of Canada: Advisory Committee - First Nations, Inuit and Métis Health Education in PGME & CME.

April 21, 2007







GOALS/OBJECTIVES

1) To improve and promote the health of Aboriginal Peoples, through knowledge-based activities

2) To promote health issues pertaining to Aboriginal Peoples by means that include communications and public education activities

3) To facilitate and promote research and develop research partnerships

4) To foster the recruitment, retention, training and utilization of Aboriginal People in the delivery of health care

5) To affirm Aboriginal traditional healing practices and medicines and to ensure such practices receive recognition

The change we seek

- **Changes in health care practice and education resulting in increased levels of cultural competency and safety.**

- **Thus leading to improved health status for Aboriginal Peoples by greater visitation to health care providers and an increase in Aboriginal HHR numbers.**

How does Change Begin

Changes to the way in which health care education and practice is performed must occur through three main cohorts that include but are not limited to:

- Government
  - F/P/T levels
  - Agencies and departments: health, education, FNIHB, and INAC

- Educational institutions, accreditation and regulatory bodies, Medical schools & Universities and colleges with health programs and regulatory organizations-RCPSC, AFMC, CFPC

- Stakeholder groups
  - National Aboriginal Organizations-AFN, ITK, CAP, NWAC, MNC
  - NAHO, IPAC, NIICHRO, ANAC
  - Community health centre's and Canadian Patients Safety Institute

Challenges

1. Lack of awareness
2. Curricula
3. Political Agenda and Health Care System

In order to achieve these multiple tasks there needs to be:

- Strategies that can identify who and what are the motivational factors for change,
- what are the key agendas of those involved;
- how to determine appropriate, persuasive information and models of research and knowledge translation; and,
- how to engage sympathetic leaders.
- Need a national standard for FN I M health that is cross-cutting & applicable to Aboriginal peoples yet flexible enough to adapt to specific priorities of each population.

Does it Work?

Three signs of positive cultural change through: Leadership, Information and Education

Evaluation through indicators
such as patient satisfaction, member of the health care team and organizational change.

CC/CS Composition

- Cultural safety-patient experience
- Reform-micro (provider) & macro (org)
- Scope of Practice: awareness, practice
- Systemic change
- Education in CS
  - Historical context
  - Diversity of populations
  - Professional/patient power relationship

Cultural Competency and Cultural Safety

- **Culturally unsafe practice involves any action that diminishes, demeans or disempowers the cultural identity and well being of an individual.**

- **We often discuss cultural safety in health care delivery, but it is also important in Aboriginal health human resource development**

- **Cultural safety refers to the patient/student's feelings in the health care/learning encounter, while cultural competence refers to the skills required by a practitioner/teacher to ensure that the patient/student feels safe.**

- **Culturally safety is crucial to the establishment of trust between health care provider and client OR the establishment of a *productive teaching relationship*.**

Cultural (Un)Safety in Education

- **Values, ethics and epistemologies for FN/I/M may be different than mainstream;**
- **Indigenous knowledge is not acknowledged, or is treated as inferior to western knowledge**
- **Negative portrayal of FN/I/M peoples in curricula;**
- **Historical experience and effects of colonization on FN/I/M peoples is not acknowledged; and**
- **Basic access (geographic, linguistic, cultural) barriers exist.**

Culturally Safe Education

Student responsibilities:

- Self evaluation.
- Identifies pre-existing attitudes.
- Transforms attitudes.

Educator responsibilities:

- Honest curricula.
- Dismantle barriers.
- Recognition/respect of IK

From Competency to Safety

CC
Educator

CC
Curricula

Student

Culturally Competent Health Care Professional

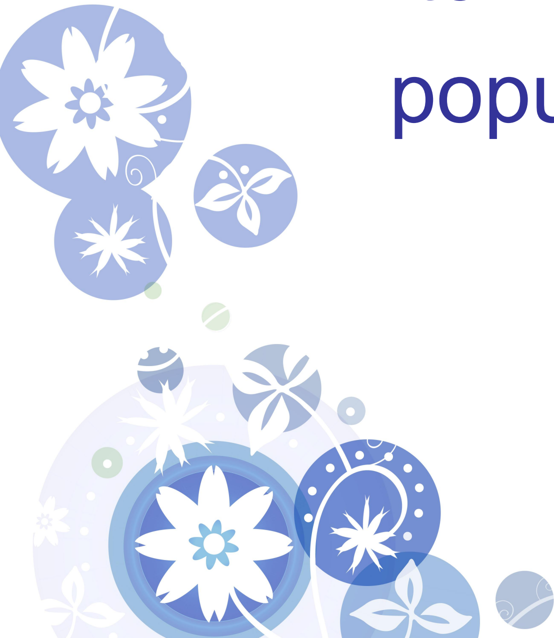
Culturally Safe Care

Cultural Competency and Cultural Safety

- **What should practitioners/teachers do to ensure a culturally safe environment for patients/students?**
  - **Learn about health and social challenges facing FN/I/M peoples, and expect that these issues may be of particular interest to Aboriginal students;**
  - **Be aware of broad health determinants that may apply to FN/I/M peoples (social, economic, historical, political);**
  - **Learn about the history of colonization and its impact on current health and social status of FN/I/M peoples;**
  - **Be self-aware; evaluate what baggage *you* may bring to the teaching relationship (e.g. beliefs, values, assumptions)**

General Guidelines:

These are general guidelines that will need to be adapted specifically to First Nations, Inuit or Métis populations.



General Guidelines:

There is great diversity between First Nations, Inuit and Métis and within themselves, such as; a Mi'kmaq patient would have different ceremonial practices and protocols than a Cree staff member.

These guidelines to be effective have to be built into the organization at all levels. i.e., at orientation new staff members are informed of the guidelines and instructed on how to carry them out, and who the resource person is, should the need further guidance.

The following Guidelines are adapted from the *Tikanga Best Practice Guidelines* produced by the Waikato District Health Board, New Zealand

1. Create Aboriginal Rooms: First Nations, Inuit, Métis (FN/I/M)

Some areas are permanently governed by First Nations, Inuit and Métis protocol. In these areas protocols should be observed by all staff and other people using the facility.

Ensure that the areas designated are not marginalized with the institution. The patient and family want to know they are part of their environment, not an afterthought.

2. Ceremony, Song, and Prayer

For many Aboriginal Peoples ceremony is essential in protecting and maintaining their spiritual, mental, emotional and physical health-particularly in a health care setting.

3. Patients' Sacred/Ceremonial Items

Various items are considered sacred to First Nations, Inuit and Métis and are dealt with strict protocol and ceremony and have much more significance then just sentimental value.

4. Information and Support

The aim is to provide health care in an environment that is culturally safe for those using it. This is done out of respect for different cultural perspectives and needs, and also to support the total health of the person receiving health care.

There needs to be translation of the concept cultural safety/ competency into the predominant indigenous languages of the area, this should remain in plain language. There may be no translation of the words so attention must be given to the context to which meaning is inferred.

5. Family Support

Family and extended family is of fundamental importance to Aboriginal Peoples. The concept of family extends beyond he nuclear or biological family concept. Family support can be crucial to the patients' well-being.

6. Food, Toiletries and Constitutions

The treatment of food and access to traditional food, remains on toiletries and bodily fluids have different protocols attached to them. For example it is important for some cultures to dispose of hair lost through combing in a particular manner and for some cultures women on their time should not cook, prepare or serve food due to their spiritual power. In many cases, these align with good health and safety procedures that should be practiced by the staff.

7. Body Parts/tissues/substances (Removal, retention or disposal of, including the placenta and genetic material)

Different Aboriginal groups have protocols associated with treatment and disposal of physical items from their being. Staff should always predetermine with the patient or appointed care give the appropriate manner for dealing with such items.

8. Pending and Following Death

As for any patient, family should be notified, supported and involved where the death of a patient is expected. In addition, when a First Nations, Inuit and Métis patient is involved, staff should notify immediately Aboriginal support staff involved in the care of the patient.

For more information contact:

NAHO/ONSA
Suite 1200
220 Laurier Avenue W.
Ottawa, ON K1P 5Z9
Toll Free: 1-877-602-4445
www.naho.ca

Danielle Soucy, Senior Research Officer,
Policy and Communications Unit
Managing Editor, Journal of Aboriginal Health
dsoucy@naho.ca 613 237 9462 ext: 520