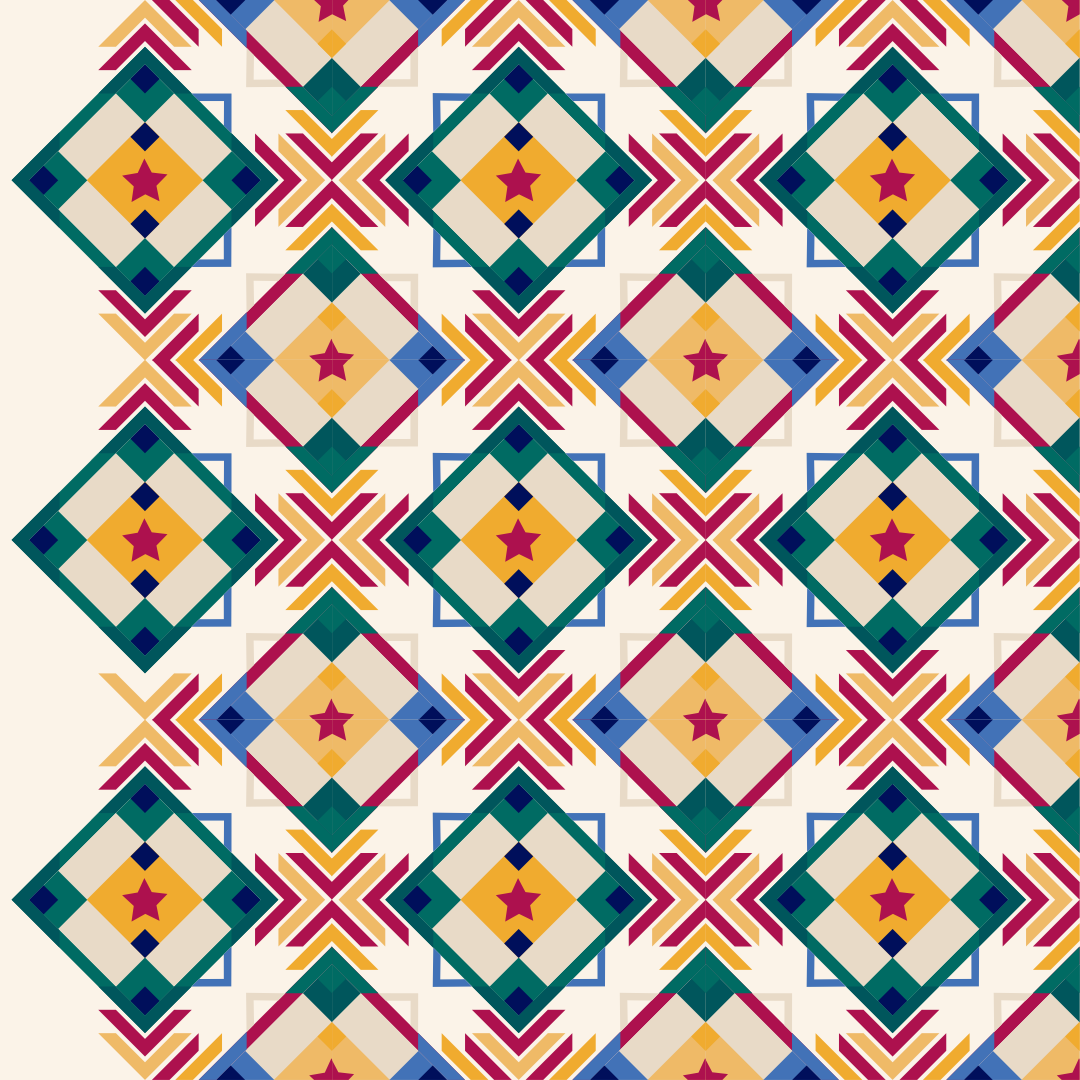


# Bias in Healthcare

Indigenous Peoples

Gabby, Matthew, Thomas, and Ton



# Land Acknowledgement

Thompson Rivers University campuses are on the traditional lands of the Tk'emlúps te Secwépemc (Kamloops campus) and the T'exelc (Williams Lake campus) within Secwépemc'ulucw, the traditional and unceded territory of the Secwépemc. Our region also extends into the territories of the St'át'imc, Nlaka'pamux, Nuxalk, T̓silhqot'in, Dakelh, and Syilx peoples.





**Truth and Reconciliation  
Commission of Canada:  
Calls to Action**



**22.** We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

**23.** We call upon all levels of government to:

- i. Increase the number of Aboriginal professionals working in the health-care field.
- ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
- iii. Provide cultural competency training for all healthcare professionals.

(Truth and Reconciliation Commission of Canada, 2015)

# Our Scenario...



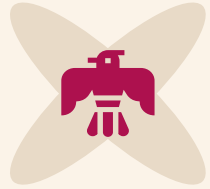
“John”, an Indigenous man in his 60s on a medical unit had attempted suicide by shooting himself under the chin with a shotgun. The patient had incurred brain damage and had severe nerve pain. Moreover, as the patient had been regularly maxing out their pain medication dosing, the nurses have been unable to give him more. The patient had requested the use of herbal analgesia but had been denied it as it is not approved by the hospital, he believes the staff are denying him pain medications. He also confided that he cannot wait to leave the hospital as he feels like a burden to the healthcare system.





# Environmental Scan

# Environmental Scan - Downstream Approach



## Aboriginal Patient Navigators

Liaison and referral services for Indigenous patients in RIH. Provides education to HC team. (Interior Health, n.d.)



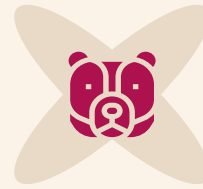
## Aboriginal Partnerships

Joint committees that focus on advocating for Indigenous Health and Wellness (Interior Health, n.d.)



## First Nations Health Authority

Community based services focusing on health promotion and disease prevention (FNHA, 2023)



## Patient Care Quality Office

Provide feedback on care experience while at RIH. Provides Indigenous specific assistance. (Interior Health, n.d.)



# Environmental Scan - Upstream Approach

TRU Revised Curriculum

Need to include Indigenous methodology such as Two-eyed seeing in teaching (Kurtz, 2017)

Interior Health iLearns

Basic online training on Indigenous health (Interior Health, n.d.)



San'ya's Training

Online Indigenous cultural safety training program (Turpel-Lafond, 2020)

APN Education

Provides on unit education to HC staff. Hosts hospital-wide seminars (Interior Health, n.d.)





# Fraser Partnership Accord

## Participating Parties:

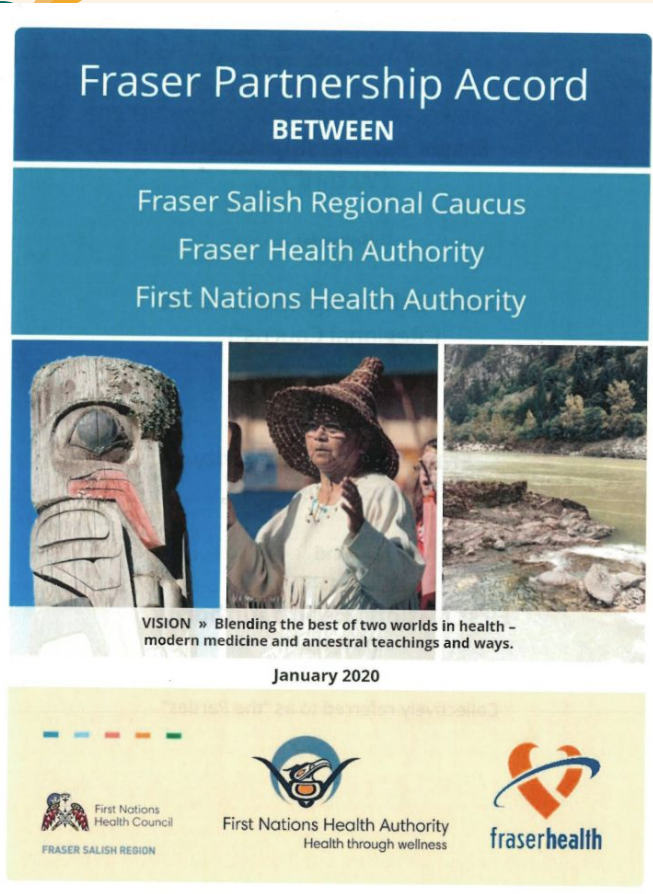
- ❖ Fraser Salish Regional Caucus
- ❖ Fraser Health Authority
- ❖ First Nations Health Authority

Signed in 2020 and was the first of its kind in British Columbia

## Purpose:

*“Everyone working together”*

Improve health outcomes for First Nations People residing in the Fraser Salish Region





# Solution 1: Inter-Agency Collaboration

## Strengths

- ❖ Invites Indigenous perspectives into the decision making processes and resource allocation
- ❖ First Nations Health Authority notified when an Indigenous person is admitted into the hospital
- ❖ Helps Indigenous patients to transition into the western health care system
- ❖ Exposes nurses to more Indigenous health practices
- ❖ Forces nurses to face their own biases when First Nations Health calls to check on the Indigenous patients

## Challenges

- ❖ More of a downstream approach
- ❖ Puts more responsibility on First Nations Health rather than Interior Health
- ❖ Possibility of nurses abusing this partnership and passing everything off to First Nations Health (already happening with the APNs)



(Fraser Partnership Accord, 2020)

*Not a priority solution because it doesn't directly address the bias of nurses and other healthcare professionals*





## Solution 2 - *Australian Men's Yarning Circles* (Cavanagh et al., 2022)

Various men's groups in Australia in which Indigenous men are given supportive environments where they can be a part of a community.

**Purpose:** of these groups is to empower these individuals by providing activities to strengthen interpersonal skills and voice their own opinions.

**Pros:**

- Targets the social determinants that indigenous individuals experience,
- Supports these individuals in their community and capacity building,
- Helps educate men on their illness,
- Provides a safe environment where indigenous

**Cons:**

- Doesn't directly address the bias that indigenous individuals face specifically in healthcare,
- More of a preventative measure rather than addressing the current bias that this population faces in healthcare

**Not Priority!!**



# Solution 3: Education for Healthcare Workers

## San'yas anti-racism indigenous cultural safety training program

San'yas is an online cultural safety training program developed in 2009 and delivered by the Provincial Health Service Authority's (PHSA) indigenous health program



### Pros:

- ❖ Strengthen their knowledge, awareness, and skills for working with and providing service to Indigenous people and communities
- ❖ Encourages learners in correcting, rebuilding and transforming systems to uproot Indigenous-specific racism



### Cons:

- ❖ Only 15% of healthcare workers from 2009 to 2020 reported taking the San'yas training program
- ❖ Many other health authorities failing to create region specific training
- ❖ Lack of funding leading to poor access
- ❖ Not universally offered or funded consistently across the B.C. health care system
- ❖ Is not currently governed or designed with the involvement of first nations or metis peoples

(Turpel-Lafond, 2020)



# Our Priority Solution:

## Mandatory Education for Healthcare Workers

We aim to propose a cultural safety training program that builds on san'yas and addresses the shortcomings of others

**Recommendations from:** Cullen et al., Maclean et al., In Plain Sight Report and Lisa the APN

- ❖ Trauma informed care training including education on the history of indigenous people in Canada.
- ❖ Involvement of indigenous people in the creation and dissemination of the program
- ❖ Mandated and compensated for all interior health healthcare employees
- ❖ Use of in person lectures, seminars, and simulations

(Cullen et al., 2022; Maclean et al., 2023; Tarpel-Lafond, 2020)



# Solutions

01

Inter-Agency  
Collaboration

Fraser Partnership  
Accord

02

Community  
Support Groups

Australia's Indigenous  
Men Support Group

03

Mandatory  
Education

San'yas Indigenous  
cultural safety training





Thank you for  
listening!!



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