Addressing Indigenous Specific Racism in Clinical Practice

Strategies for Optimizing Cancer Care of First Nations, Métis & Inuit Peoples

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Conflicts of Interest

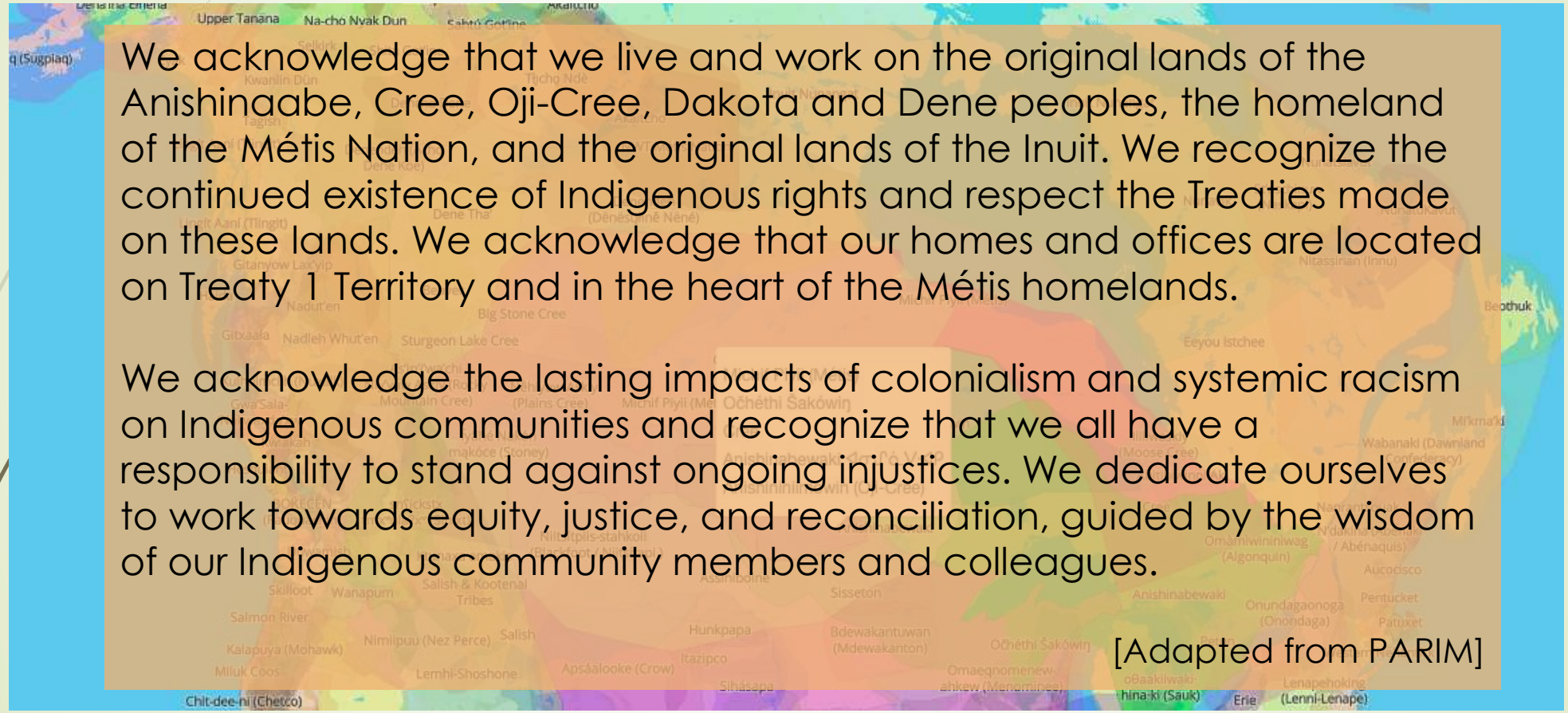
Linda Diffey

- Faculty member, University of Manitoba
- Funded CIHR grants (Co-Investigator and Co-Principal Investigator)

Sara Goulet

- Lead for Kiikew Inc.

Territorial Acknowledgement



Interactive map from https://native-land.ca/

Learning Objectives

1. Discuss **health inequities** specific to Indigenous Peoples in Manitoba and Inuit Peoples in the Kivalliq region of Nunavut.

2. Review **Indigenous-specific racism** and the impacts on health of Indigenous Peoples in Manitoba and Inuit Peoples in the Kivalliq region of Nunavut.

3. Explore steps to take to **enhance care** to Indigenous Peoples in Manitoba and Inuit Peoples in the Kivalliq region of Nunavut.

Brave (vs. Safe) Space

Arao and Clemens, 2013

- Promotes engagement with each other over provocative topics with honesty, sensitivity, and respect
  - Rise to the challenges of genuine dialogue on race and social justice issues
  - Take risks
- Feeling discomfort is normal and expected
- Principles that promote a productive brave space:
  - Different views are expected
  - Commitment to understand the sources of disagreement
  - Work cooperatively toward common solutions
  - Use care to avoid replicating oppressive behaviours
  - Own your intentions and your impact
  - Consider the barriers that keep us from challenging ourselves
  - Respect

https://www.gvsu.edu/cms4/asset/843249C9-B1E5-BD47-A25EDBC68363B726/from-safe-spaces-to-brave-spaces.pdf

UNCOMFORTABLE VS UNSAFE

Examinations of colonization/ oppression is UNCOMFORTABLE

- Challenges one's sense of self
- Disrupts worldviews
- Creates tension in social relationships

Experiencing colonization/oppression is UNSAFE

- Disrupts identities, families, ways of life
- Threatens human rights
- Restricts access to social institutions
- Inequitable treatment in systems (e.g. health, education, justice…)
- Chronic stress

Gratitude

Phyllis Poitras-Jarrett
Metis Artist
Saskatchewan

Poll Question 1: Have you ever been in a space that makes you feel UNSAFE?

Poll Question 2: Have you ever been in a space that makes you feel UNCOMFORTABLE?

Setting the Context: Burden of Illness

Manitoba First Nations (Katz et al., 2019)

- Incidence and number of deaths from cancer have increased among First Nations
  - Gap between First Nations and other Manitobans is growing
- Among the most common causes of premature mortality
- Colorectal, lung, and breast CA are the top 3 types
- Access to screening tests is an ongoing challenge

http://mchp-appserv.cpe.umanitoba.ca/reference//FN_Report_web.pdf

Setting the Context: Burden of Illness

Manitoba Métis (Martens, et al., 2010)

- Cancer was top cause of death (vs. CVA for all other Manitobans)
- Cervical CA screening was slightly higher vs MB
- Mammography screening slightly lower
- Northern locations have lower rates of CA screening

http://mchp-appserv.cpe.umanitoba.ca/reference/MCHP-Metis_Health_Status_Full_Report_(WEB)_(update_aug11_2011).pdf

Setting the Context: Burden of Illness

Nunavut (Galloway et al., 2020)

- Overall lower cancer incidence vs. Canadian population
- Cancer was disproportionately higher among women
- Leading types are lung, digestive tract, and oral-nasopharyngeal
  - Lung CA incidence 3x higher than Canada and among highest in the world
- High cancer mortality
  - Cancer screening is limited
  - Challenging diagnostic and treatment pathways for patients

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7448904/

Health care delivery & Indigenous populations

- Access to specialist care (including Oncology) for rural/remote patients is challenging
  - Often requires travel/temporary relocation
- Designed from a western biomedical paradigm that is incongruent with Indigenous worldviews
  - Competing priorities
- Racism is entrenched at multiple levels and creates a barrier to safe, timely, and effective care
  - Racial battle fatigue

How did we get here?

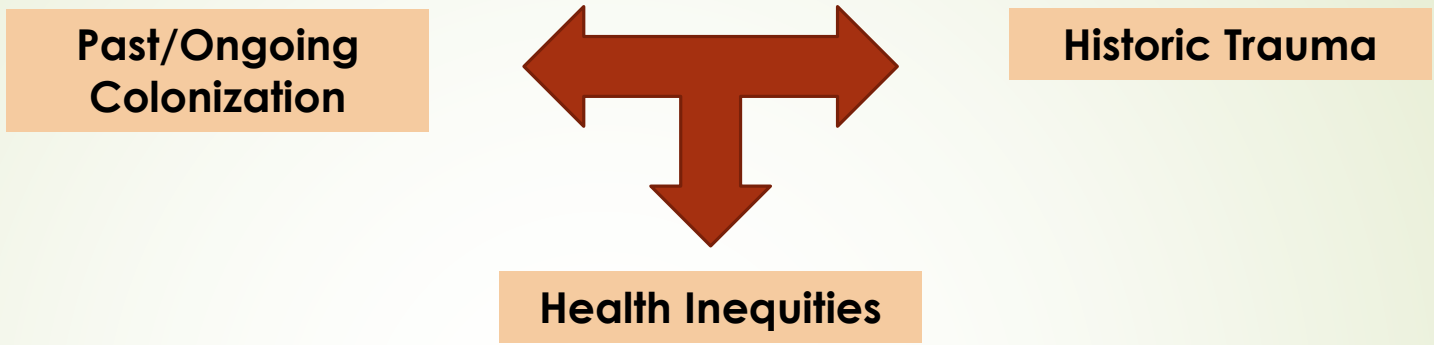
- Settler colonialism involves the replacement of Indigenous population with an invasive settler society
  - The settler society develops sovereignty and distinctive identity over time
  - An ongoing relational structure vs. an event
    - Mechanism of ongoing racial oppression of Indigenous peoples
  - Policies related to the colonial relationship b/w the state and Indigenous peoples impact all areas of life

Colonialism as a Social Determinant of Health

- TRC Call to Action #18 states that the current state of Indigenous health in Canada "is a direct result of previous Canadian government policies, including residential schools"
- Colonialism is a distal determinant of health
  - Forms the upstream structural and systemic disparities
  - "Causes of the causes" for inequities
  - Health care providers are often unaware of significance of colonialism in this context
- Indigenous peoples have long history of adverse experiences with state authorities
    - View biomedicine as a colonial state system >> mistrust

Manitowabi & Marr, 2018; Czyzewski, 2011; Reading & Wien, 2009)

Intergenerational/Historic Trauma

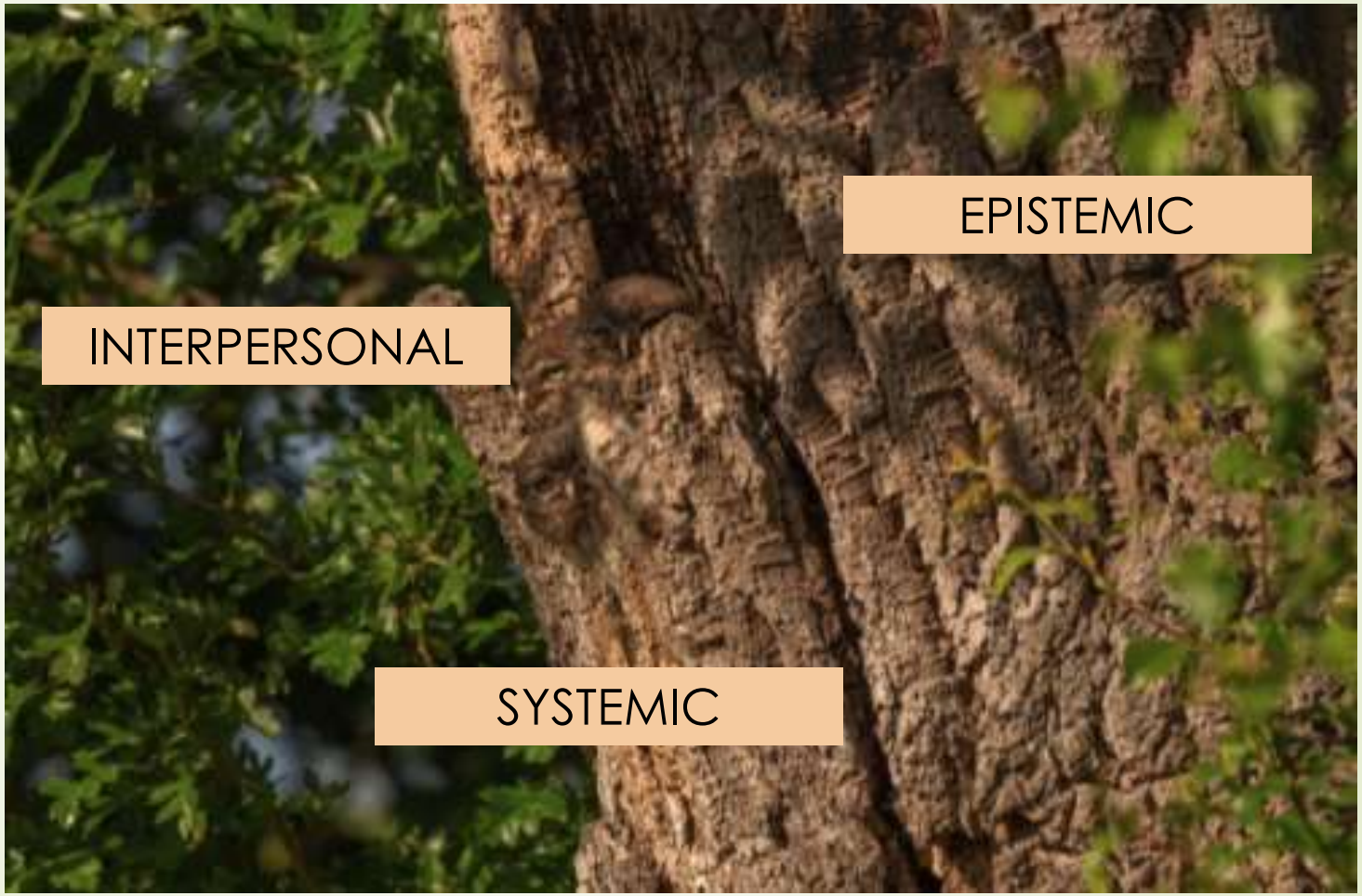


- Historic trauma is "a collective trauma inflicted on a group of peoples who share a specific group identity or affiliation" (Evans-Campbell, 2008)
- Needs to be addressed as multi-level/multigenerational
- Trauma is transmitted across generations
  - Legacy of physical, psychological, and economic disparities
- Race-based traumatic stress (Bryant-Davis, 2007)
  - Emotional injury as a consequence of interpersonal and/or institutional traumas related to the devaluing one's race
  - Can add/multiply the effects of living with other stressors

Aguiar & Halseth, 2015; Smallwood, et al., 2020

Colonialism & Indigenous-Specific Racism

Hiding in Plain Sight



Interpersonal/Relational Racism

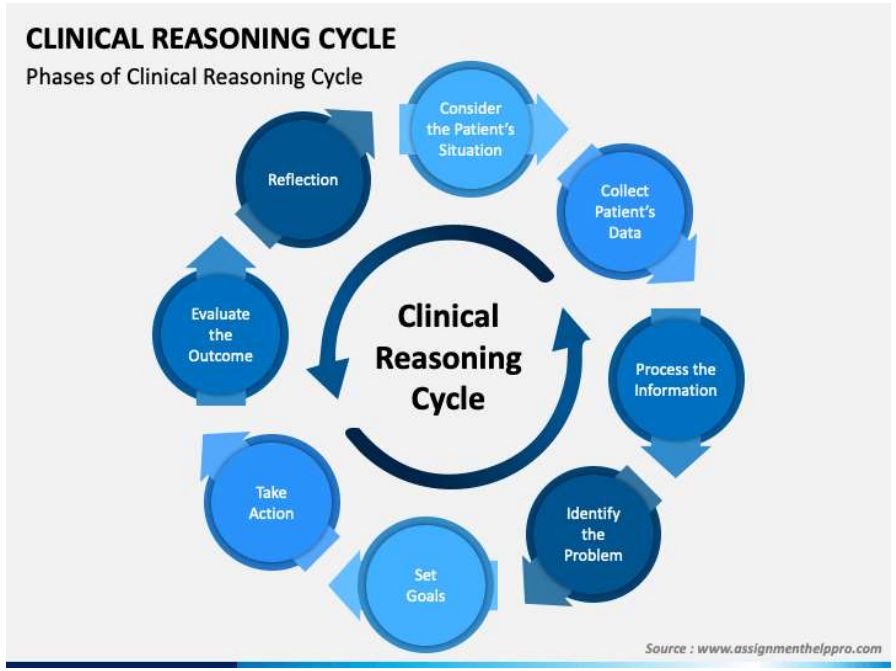
- Occurs in the context of everyday relationships via discriminatory behaviours from other people
- Often based/informed by negative stereotypes
- Range from subtle to aggressive

Racial Microaggressions

- Brief, commonplace verbal/behavioural/environmental indignities
- Intentional or unintentional
- Communicate hostile, derogatory or negative racial slights
- E.g. following in a store, being ignored by service providers, eye rolling, having buildings/spaces only named after white people

Bad Seed
Bad Apple

Waynekspear.com



Sketchbubble.com

Stereotypes and Pattern Recognition

Stereotypes and Pattern Recognition

Stereotypes

Harding, L.(2018) (c)

Poll question 3: Can you think of a clinic interaction where your belief in a stereotype impacted your interaction with an Indigenous patient?

Reflection:
Think of a time when a stereotype impacted your care?

Systemic Racism

- The policies and practices entrenched in established institutions which result in the exclusion or promotion of designated groups
- Does not require intent

Systemic Racism

Structural Racism

Inequities rooted in the system-wide operation of a society that excludes substantial numbers of members of particular groups from significant participation in major social institutions

Institutional Racism

Policies and practices within or across institutions that produce outcomes that chronically favour, or put a racial group at a disadvantage

Calgary Anti-Racism Collective; The Aspen Institute; Henry & Tator, 2006)

Systems
Communities
Governments

Busy Clinics

High Demand for services

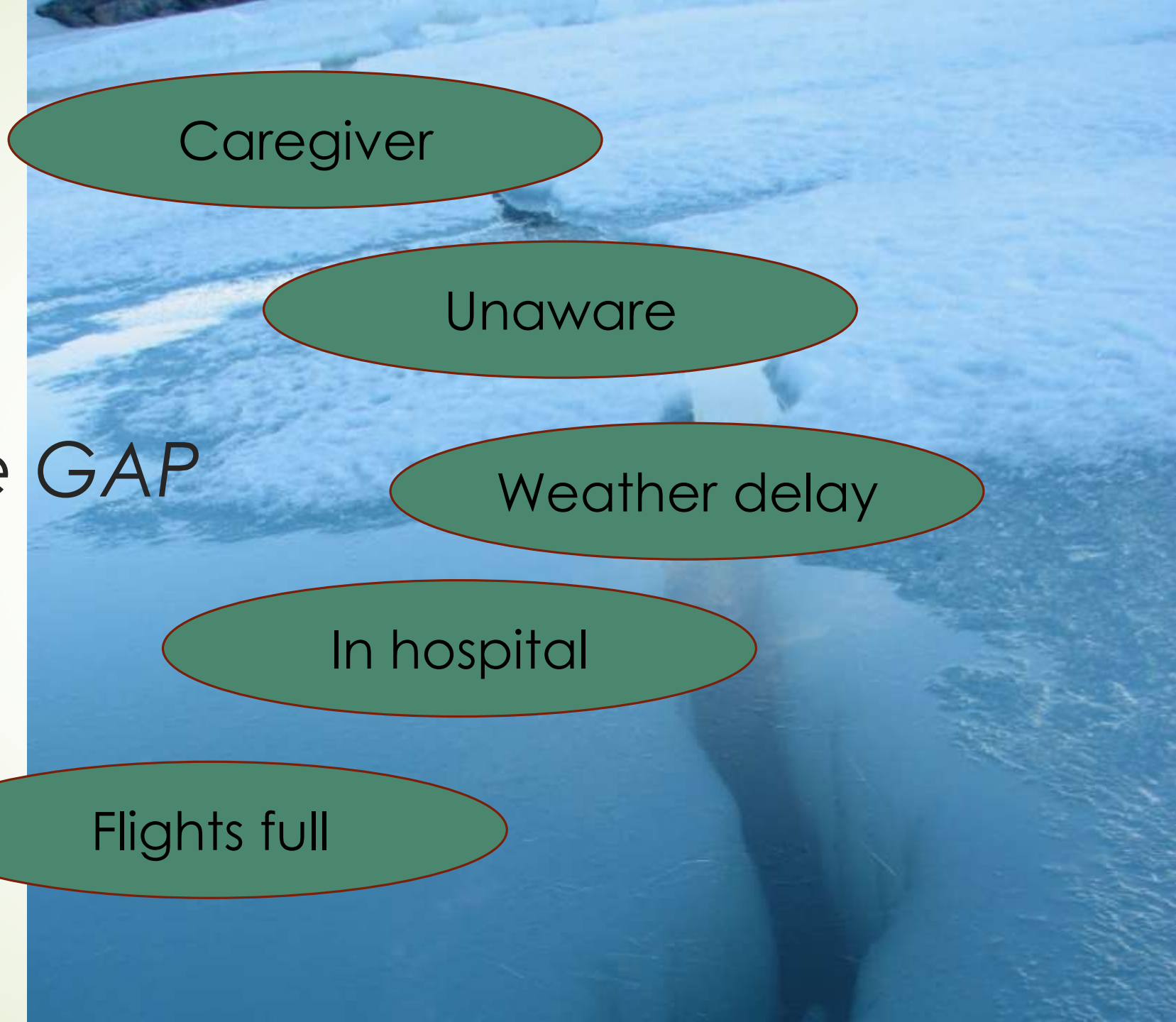
No compensation from MB Health

Responsibility to other clients

Puzzled, annoyed, angry

Widening the GAP

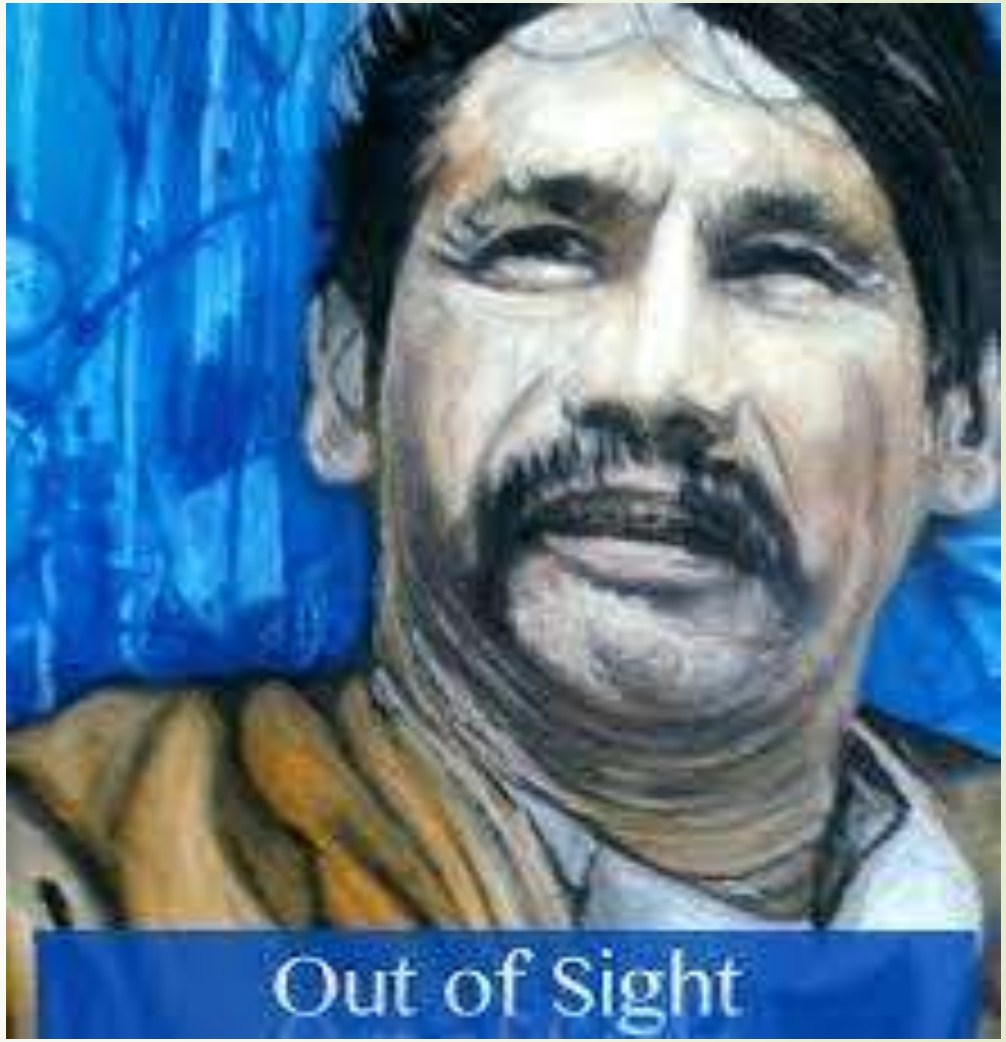
Widening the GAP



Poll question 4: Thinking about your current clinic, are there policies or patterns that are acting as barriers to Indigenous patients receiving care?

Reflection:

Thinking about your clinic, are there barriers for Indigenous patients?



Epistemic Racism

- Different lenses through which we view knowledge
- Positioning the knowledge of one racialized group as superior to another
- What knowledge is valid and true?
- What are appropriate ways of gathering knowledge?
- What constitutes evidence?

For my PhD dissertation, knowledge emerging from dreams, visions, ceremony, and teachings was considered as valid and meaningful as the data I gathered from interviews.

Poll question 5: Giving your honest gut response, does hearing that knowledge derived from ceremony, dreams and visions equates to scientific academic perspectives for a PhD ring true to you?

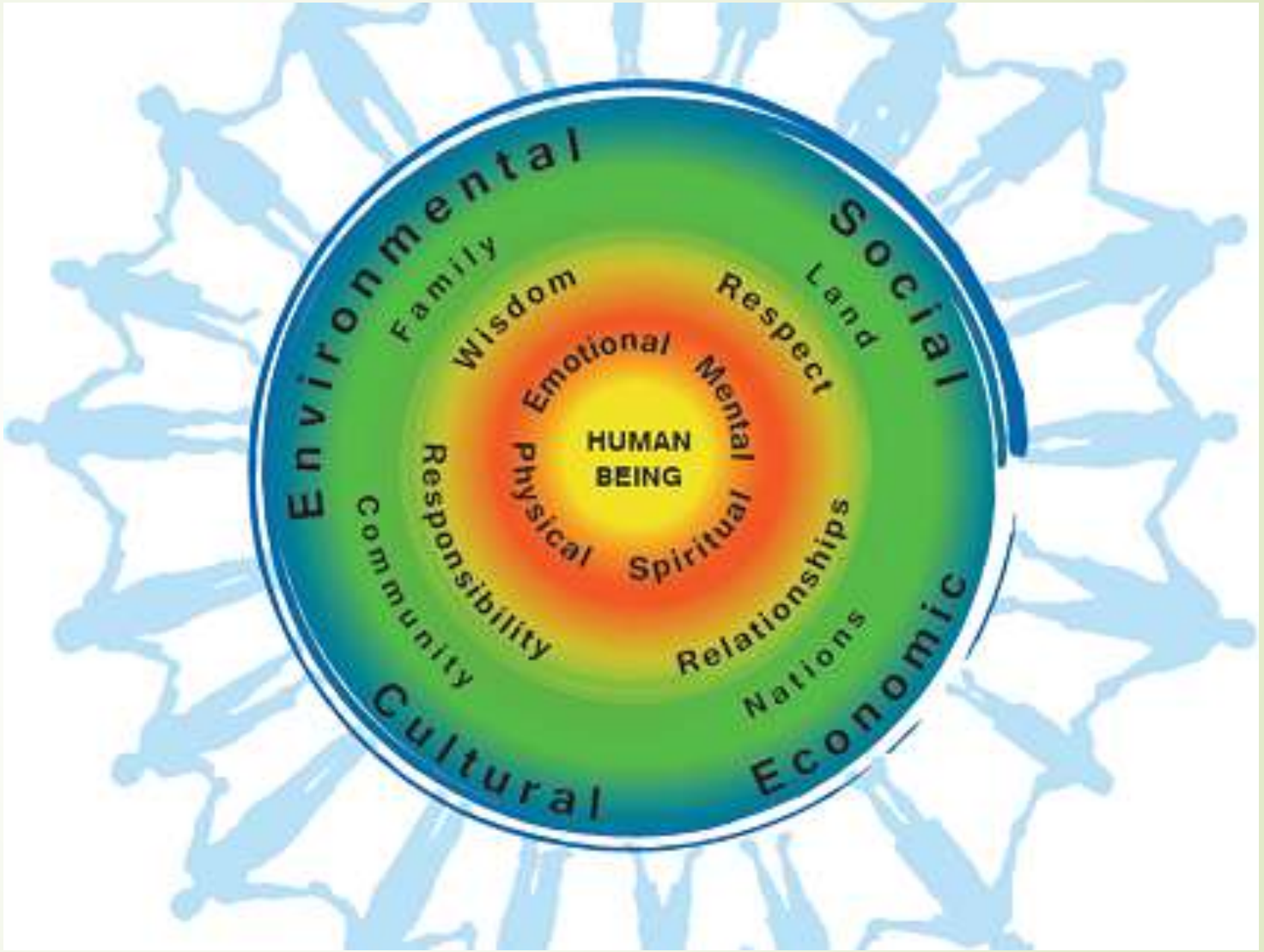
Biomedical model
vs.
Indigenous world view

***Health**: We believe everyone should have the chance to be healthy*

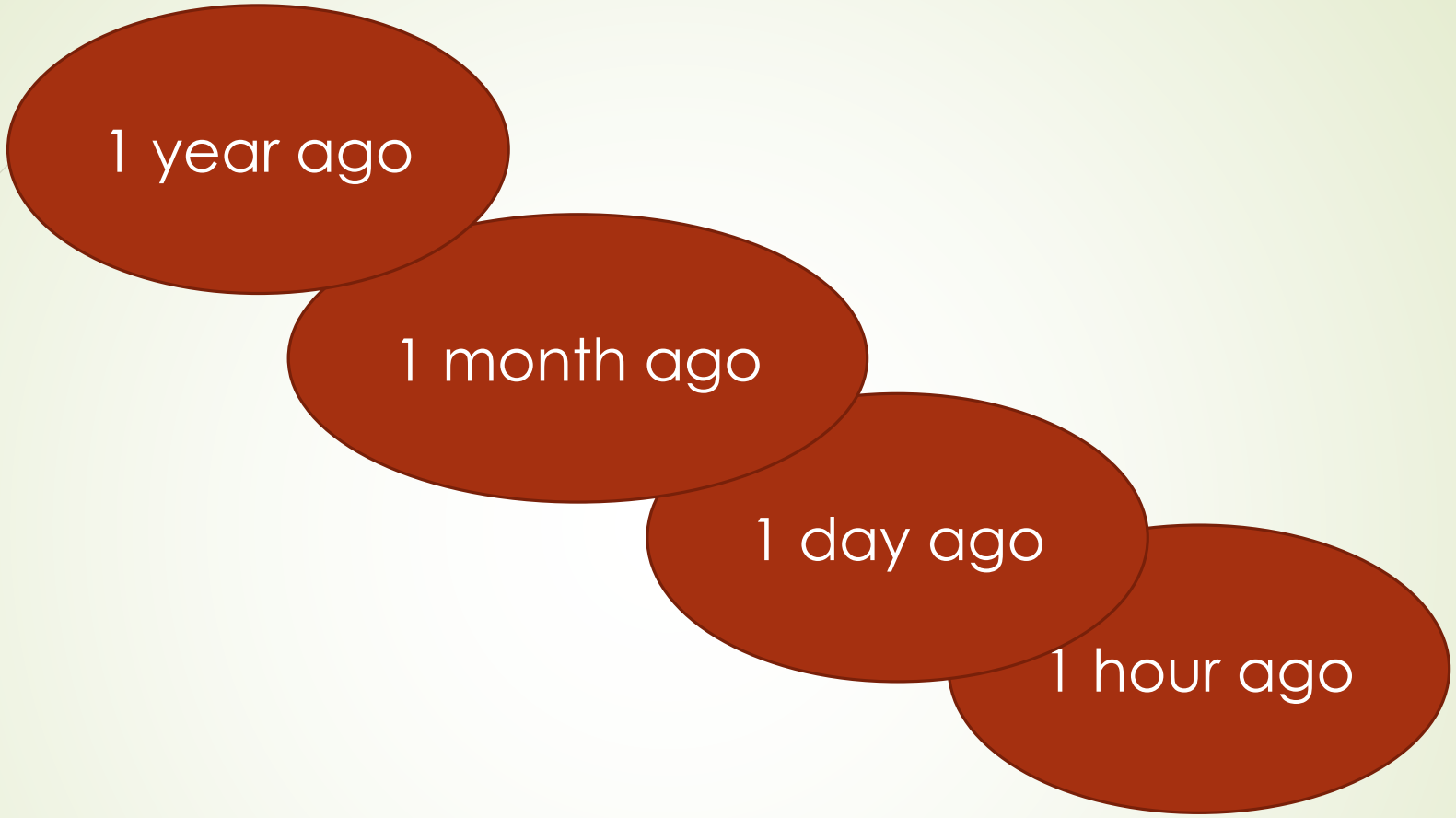
Health System: We believe in a sustainable, accessible health system

***Health workforce**: We believe physicians should be treated with the same compassion as patients*

Biomedical model vs. Indigenous world view



First Nations Health Authority, BC



When did the pain start?

When did the pain start?

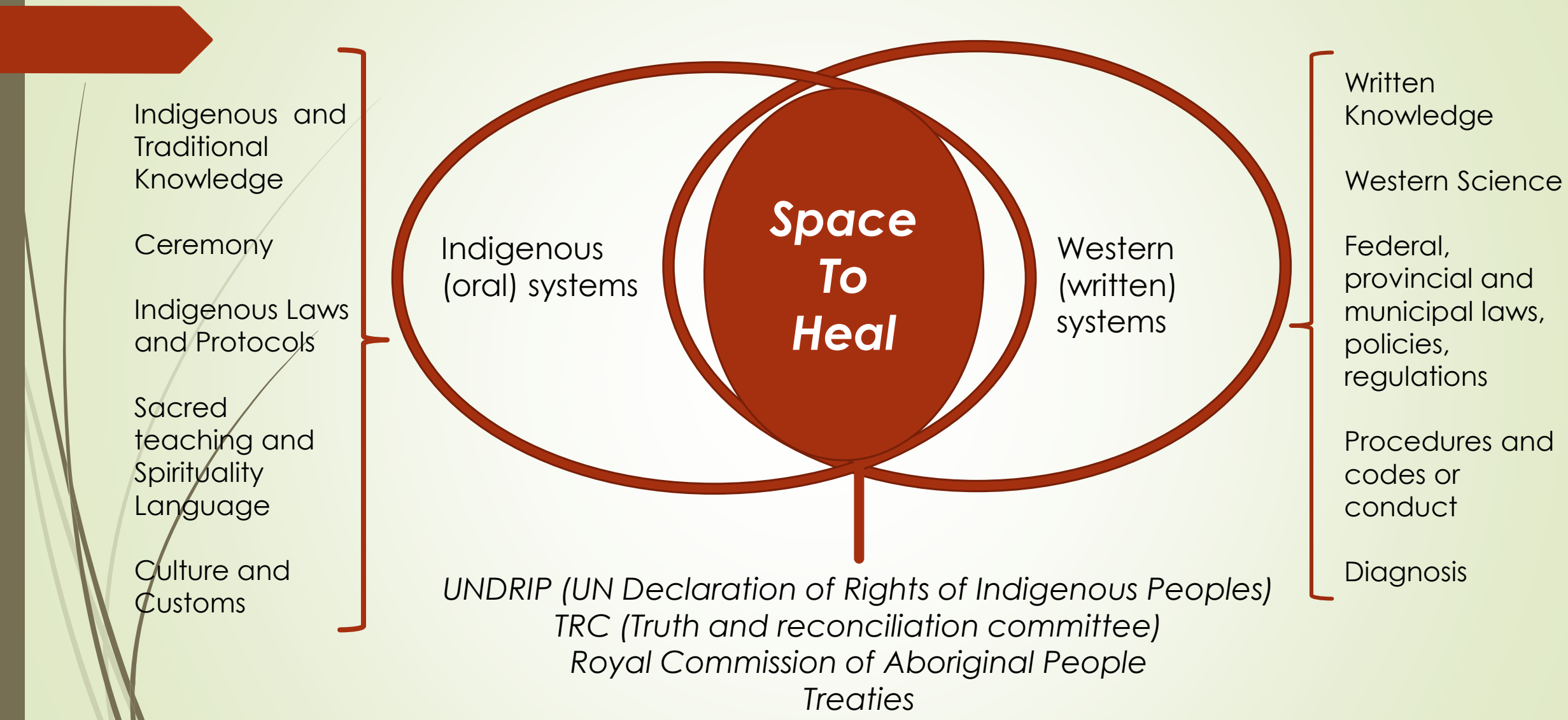


Figure 1. Ethical Space. From BC-First Nations Wildlife Forum, Cultivating Abundance (2019). See also AER 2017 and ICE 2018.

Reflection:

Think about a time your wrote ‘vague historians’ on a patient file…

could this be the result of failing to recognize another knowledge system?

Apply in Clinical Setting???

Power of Story

Meet patients where they are at?

Trauma informed practice

- Not necessarily focused on treating trauma-related symptoms
  - Instead: delivering care/services in a manner that is appropriate to the special needs of those affected by trauma

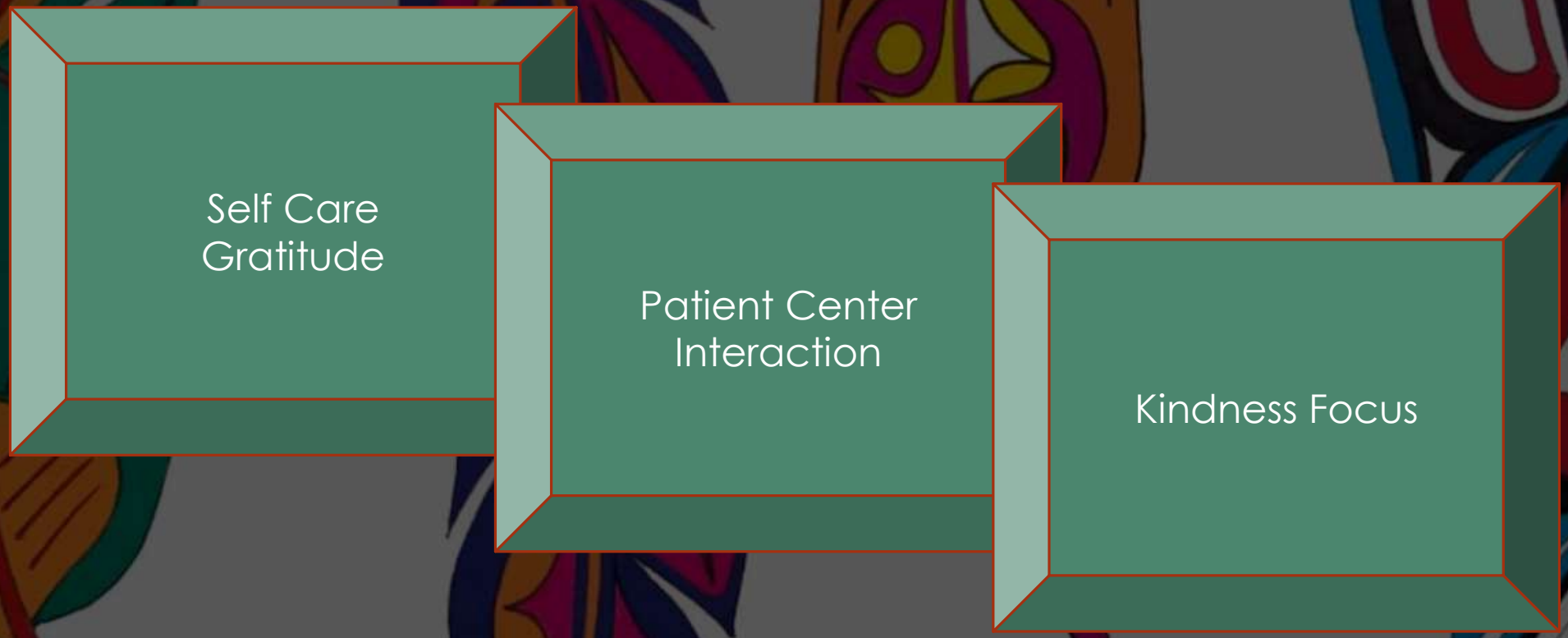
- Replaces labelling patients as being 'sick'/resistant/uncooperative with that of being affected by an injury
  - ***"What is wrong with you?"*** >>> shifts to >>> ***"What happened to you?"***

Klinic, 2013, The Trauma Toolkit

Reorientation

From this…	*…to this*
"This person is sick"	"This person is a survivor of trauma
"They are weak"	"They are stronger for having gone through the trauma"
"They should be over it already"	"Recovery from trauma is a process and takes time"
"They are making it up"	"This is hard to hear, and harder to talk about"
"They want attention"	"They are crying out for help"
"Don't ask them about it or they will get upset"	"Talking about the trauma gives people permission to heal"
"They have poor coping methods"	"They have survival skills that have got them to where they are now"
"They'll never get over it"	"People can recover from trauma"
"They are permanently damaged"	"They can change, learn, and recover"

Heart Medicine



Role Community Health Representative (CHR) at CCMB?

- *Knowledge translation*
- *Support*
- *Time to spending understanding story, context and collateral*
- *Coordinate return to community*

Questions?