

Why Was This Document Created?

In 2015, the Truth and Reconciliation Commission released a report detailing the experiences of those affected by the residential school experience. The truth telling and reconciliation process acknowledges the injustices and harms experienced by Indigenous peoples and the need for continued healing. This document, which includes 94 Calls to Action (#18-#24 focus on health), is a commitment to the advancing reconciliation with Indigenous peoples, and establishing new relationships founded by mutual recognition and respect.



INDIGENOUS HEALTH CARE ACTION SERIES



SCAN ME 

CALLS TO ACTION #18 - #24

What Do They Mean for Health Care Educators?

18. Understand how policy impacts health. The Indian Act of 1876 allowed the Canadian government to establish & enforce a system of residential schools. Indigenous children were forcibly removed from their families & communities & subjected them to assimilation policies designed to eliminate their Indigenous identities & cultures. In 1953, the Indian Act also made it a crime for Indigenous peoples to refuse to see a doctor, go to a hospital, or leave hospital before discharge. Health care educators have a responsibility not to pathologize Indigenous identity and to teach the history of colonization, as it relates to residential schools & Indian hospitals. There was once a belief that being Indigenous was inherently a health hazard. Educators need to help break down this belief & emphasize how Indigenous peoples face poorer health outcomes due to their experiences and trauma.

19. Measure and address Indigenous health trends. Wherever possible, incorporate & disseminate data regarding Indigenous health in teaching materials. Some areas of focus include infant mortality, maternal health, addictions, life expectancy, and birth rates.

20. Address health needs off-reserve. Ensure education of Indigenous health is comprehensive, including both urban and off-reserve communities.

21. Prioritize funding. Teach & be aware of limitations of the Non-Insured Health Benefits Program (NIBH) and other funding programs (e.g. (Jordan's Principle) to support Indigenous patient care. See 02: Jordan's Principle (2018).

22. Value and incorporate Indigenous healing practices. Include Indigenous healing practices (e.g., smudging traditional medicine) within curriculum, as well as the challenges commonly encountered when incorporating these practices in healthcare institutions.

23. Represent & retain Indigenous healthcare workers. Implement cultural safety training. Inform healthcare trainees & workers on ways to support their fellow Indigenous peers within educational & healthcare institutions. Include mandatory cultural safety training within the curriculum.

24. Educate medical and nursing students in Indigenous health. Teach about comprehensive Indigenous health concepts, including Indigenous health challenges, the history & legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), Treaties & Indigenous rights, and Indigenous teachings & practices. This requires skills-based training in inter-cultural competency, conflict resolution, human rights, & anti-racism.

What Actions Can I Take as a Healthcare Provider?

18. Understand how policy impacts health. It is the responsibility of healthcare leaders to enforce policies that protect the rights of Indigenous patients to self-determination as it relates to their health. They should ensure that healthcare workers are aware of and adhere to these policies. A continual monitoring and escalation of patient and/or staff complaints should be in place to ensure the safety of Indigenous people in healthcare settings.

19. Measure and address Indigenous health trends. In consultation with Indigenous peoples, establish measurable goals to identify & close the gaps in health outcomes between Indigenous and non-Indigenous communities, and to publish annual progress reports and assess long-term trends (e.g. mental health, infant and child health issues, chronic diseases, illness and injury incidence). Establish system to track patient health concerns, so that trends in Indigenous health can be monitored effectively. Effectively coordinate care between healthcare institutions & community to enhance disease management.

20. Address health needs off-reserve. Effectively coordinate care between urban and off-reserve health institutions. Create culturally safe spaces within urban healthcare centres that are welcoming to off-reserve Indigenous peoples.

21. Prioritize funding. Advocate for funding for Indigenous healing centres and Indigenous healers who can guide the incorporation of traditional medicine.

22. Value and incorporate Indigenous healing practices. Respect & allow space for traditional healing practices (e.g., smudging & other ceremonies) within treatment plans. Continually reflect on ways to improve the incorporation of Indigenous healing practices through consultation with Indigenous patients and healers.

23. Represent and retain Indigenous healthcare workers. Implement cultural safety training. Increase the number of Indigenous healthcare providers with lived experience, particularly those from reserve communities. Ensure that this extends in off-reserve healthcare settings by supporting healthcare staff working in those communities.

24. Educate medical and nursing students in Indigenous health. Ensure involvement of Indigenous communities in the development of medical and nursing curriculum.