



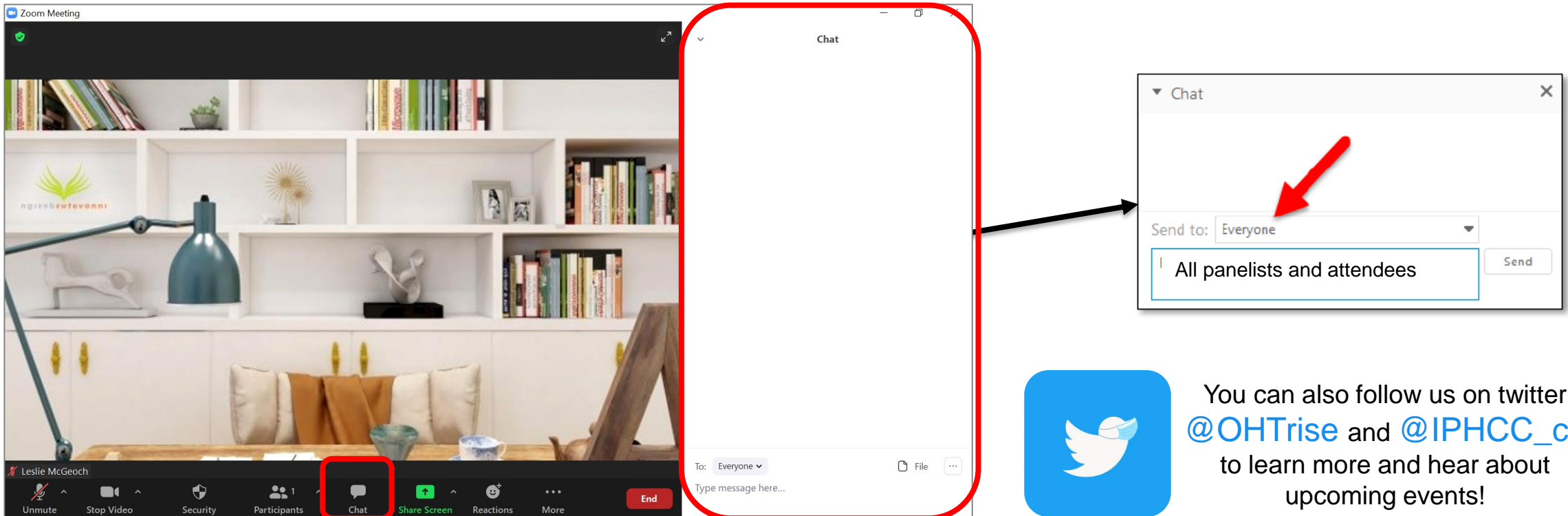
Ne'iikaanigaana: Creating Safer Environments for Indigenous Peoples

Cynthia Wesley-Esquimaux, PhD



Welcome!

In the chat box, please select **“all panelists and attendees”** tell us your name and your organization/OHT



The image shows a Zoom meeting interface. On the left is a video feed of a room with a bookshelf and a desk. At the bottom is a control bar with icons for Unmute, Stop Video, Security, Participants, Chat, Share Screen, Reactions, More, and End. The Chat icon is highlighted with a red box. To the right is a large red-bordered box representing the chat window. An arrow points from the Zoom chat window to a detailed view of the chat recipient selection menu. In this menu, the 'Send to:' dropdown is set to 'Everyone', and 'All panelists and attendees' is selected in the list below. A red arrow points to this selection.



You can also follow us on twitter
[@OHTrise](#) and [@IPHCC_ca](#)
to learn more and hear about
upcoming events!

Land acknowledgement

“As we meet here today, we are in solidarity with Indigenous Peoples of Turtle Island and would like to begin by acknowledging that the land on which we gather is part of the Treaty Lands and Territory of the Mississaugas of the Credit, and before, the traditional territory of the Haudenosaunee, Huron and Wendat. We also acknowledge the many First Nations, Inuit, and Métis Peoples who call this area their home. We are grateful for the opportunity to be working on this land”.

We invite you to visit the link provided, to learn more about treaties.

<https://www.ontario.ca/page/treaties>

About the IPHCC

Aboriginal Health Access Centres

Aboriginal Community Health Centres

Indigenous Interprofessional Primary Care Teams

Indigenous Governed Family Health Teams



About the IPHCC

MISSION

To create transformative and decolonizing change within systems, organizations and health care providers.

VISION

A health system where Indigenous people have access to high quality, safe care, and are treated with empathy, dignity and respect.

At A Glance

- **Learning Objectives**
- Introducing an Indigenized Lens
 - Foundations of Historic Realities
 - Legacy of Colonialism
 - Cultural Intelligence, Humility and Safety
 - EDI and Allyship with Indigenous Peoples
- **Foundational Training**
 - Indigenous History in a Nutshell
 - Building Models of Wholistic Health and Well-being
 - Understanding Two-Eyed Seeing
 - Sharing Key Principles of Engagement
 - Restoring Trust and Confidence with Indigenous Clients
 - Additional Resources

Checking In...

What is your level of understanding of Indigenous cultural safety principles?



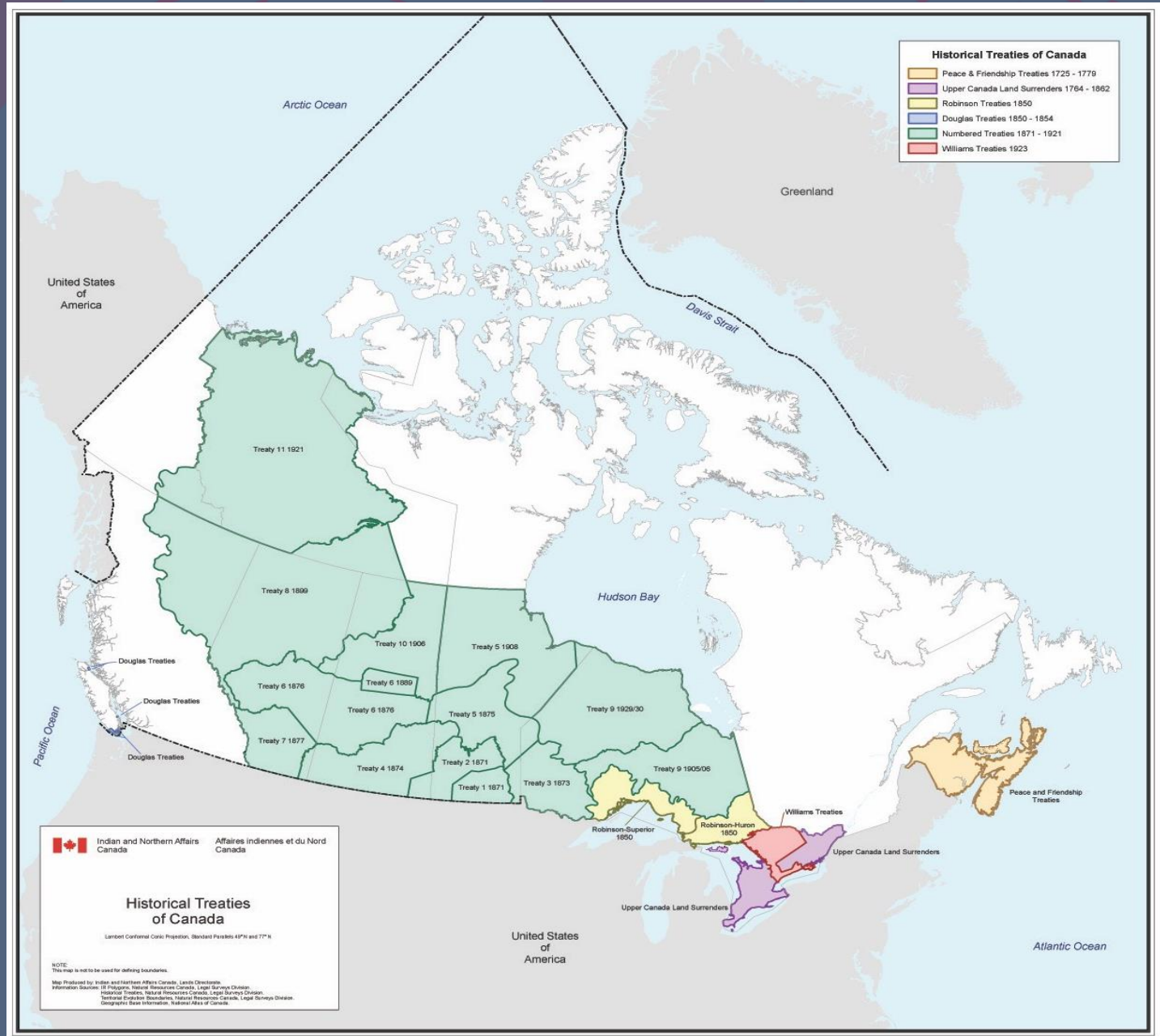
Setting the Refresh Buttons

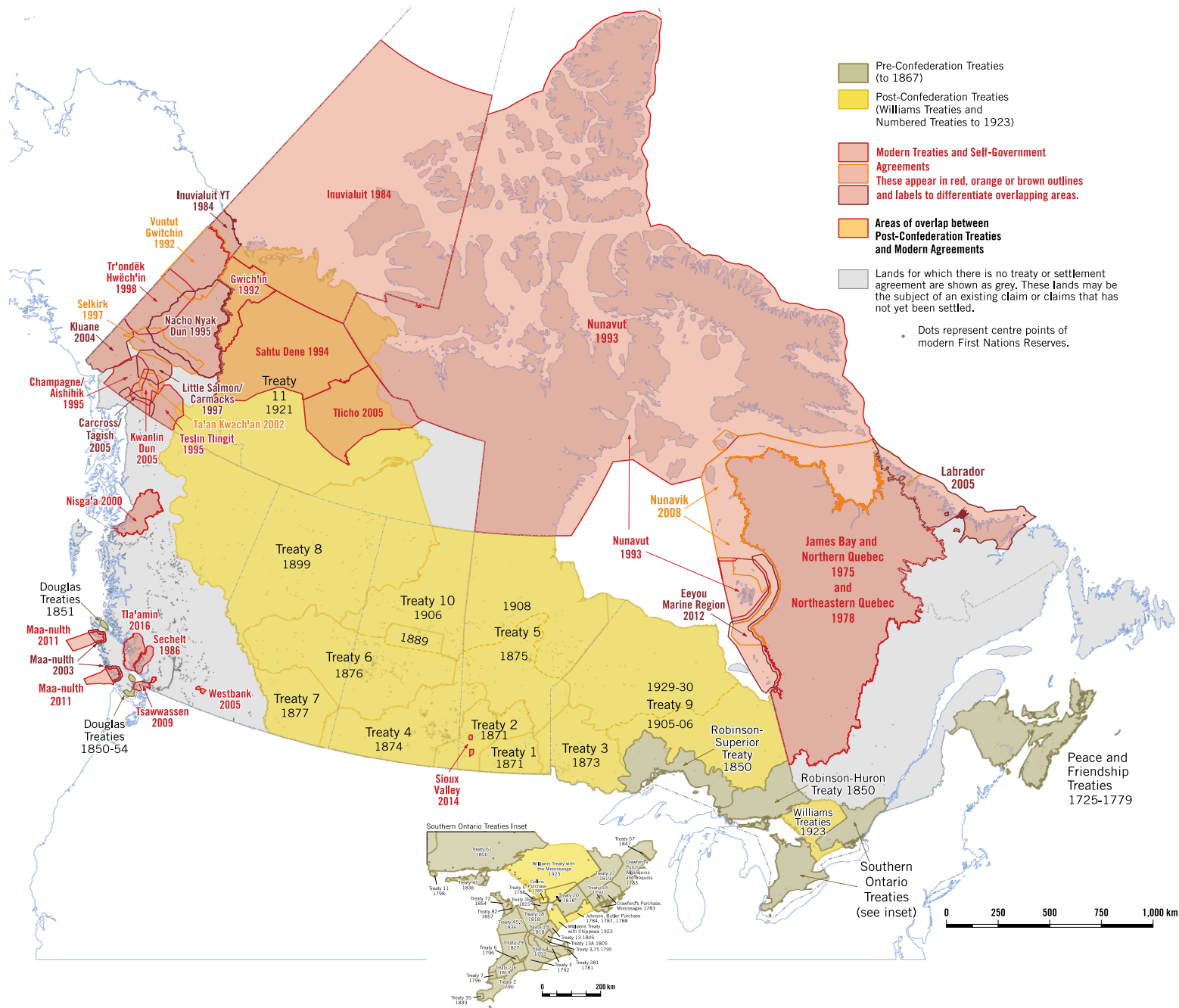
- It isn't always going to be about what we can read or takeaway from prior or existing educational or lived experiences.
- Sometimes it's going to be about listening to a very different narrative or going into a very different environment.



The Original Agreements

Historical Treaties





Where are we today, what has changed?

What are we hoping for through this work in the present?

- As Nisgaa First Nation member Rod Robinson (cited in Battiste, 2002) has insightfully noted about the necessary work of decolonization:
- “Today Indigenous peoples and other Canadians stand on opposite shores of a wide river of mistrust and misunderstanding. Each continues to search through the mist for a clear reflection in the waters along the opposite shore. If we are truly to resolve the issues that separate us, and tear at the heart of this great country ... then we must each retrace our steps through our history, to the source of our misperception and misconception of each other’s truths” (pp. 21-22).

A Short Historical Summary Explains the Need for Indigenization and Reconciliation

- Legacy effects include things like pre and post contact epidemics and a significant loss of Indigenous populations, numbers still arguable by scholars...
- The displacement from traditional territories, homelands, resources, during Doctrine of Discovery, Terra Nullius, Manifest Destiny timeframes,
- The Indian Residential Institutions, Indian Hospitals, and Day School period which lasted from mid-1800's through 1996, and is arguably still happening in northern territories across Canada,
- Missing and Murdered Indigenous women, girls, men and boys – numbers? Still being debated...
- Continuing marginalization, discrimination, and difficulty raising the moral of the people...
- The Child Welfare Invasion in the 1950's, the 60's scoop, the Millennial scoop, and today's numbers...?
- And now? The recovery of Missing Children and Unmarked Graves...

What is your relationship to the land?

- We do land acknowledgements, what do they mean to us, or to the Indigenous community?
- We each need to define our understanding of the land and the experience and impact of climate change on all of humanity.
- What is “forest bathing” and “green therapy” and how is it related to Indigenous thought and practice and why is this so closely related to health care?
- When was the last time you were on the land for more than a few hours and what were you doing, what were you thinking?
- What will our children inherit, and how do we challenge policy & practice now?



What is decolonization in practice?

- It means using meta-cognition as a tool for illuminating internal chatter, biases and beliefs – asking yourself why you think what you think
- It means supporting a process of independence for any population controlled by others through force, thought, education or economics
- The restoration of jurisdiction and authority over virtually everything that has been controlled by colonial powers and has meaning to the controlled
- Believing others have a right to choose and influence decisions about their own lives, their children, and their futures
- Accepting your knowledge is not the only knowledge and making room for the expression and celebration of difference in every possible way
- Checking your privilege and advantage before you speak or take any action
- Learning how to “boss your mouth” everyday to eliminate micro-aggressions

Addressing Biases

Are you aware of some of the common misconceptions about Indigenous people which pervade the health care system, ultimately affecting care?

“Frequent flyers”

“The drunken Indian”

Bad parents

“Less worthy of care”

Drug-seeking

Less capable

Irresponsible/
non-compliant

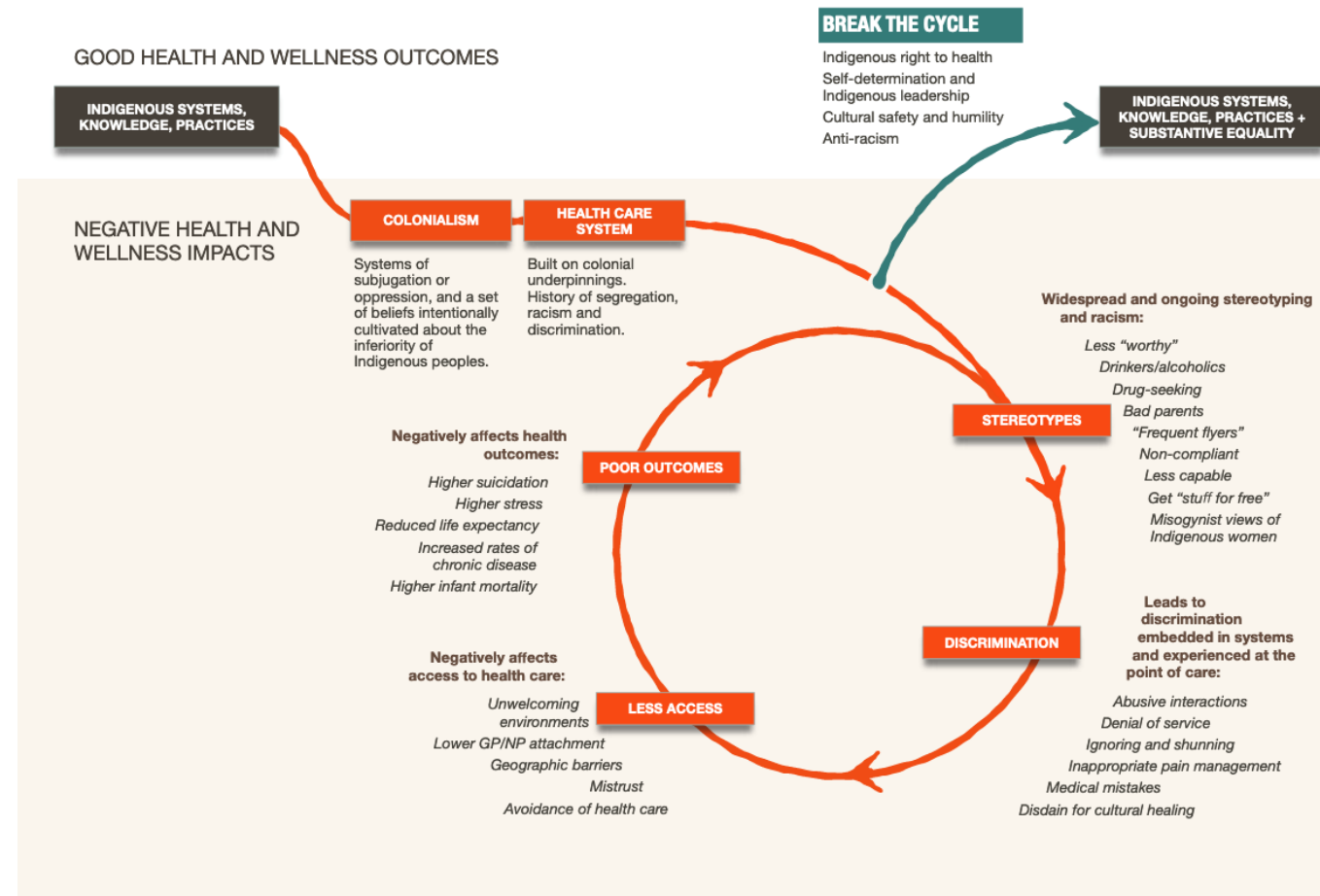
Unfairly
advantaged

Micro & Macro Aggressions



The everyday slights, indignities, put downs and insults that brown people and black people, women, LGBT2S populations or those who are marginalized experience in their day-to-day interactions with people because of racism, classism, and a lack of understanding or compassion.

- Recognize the colonial process in Canada
- Recognize where it impacts throughout our governments and health systems
- Create new access points in your world
- Do not just sympathize, disabuse the discrimination and racism throughout the system and speak to it often
- And use your power to decolonize your own self, family, community and Canada



What should we do?

How might we get there?

By learning how our own behaviours influence the way society sees us and people of colour

By letting go the need to be right – which does not make you wrong or anyone else right, just frees everyone to be human

By admitting there have been legitimate grievances and harms done that have not yet been resolved

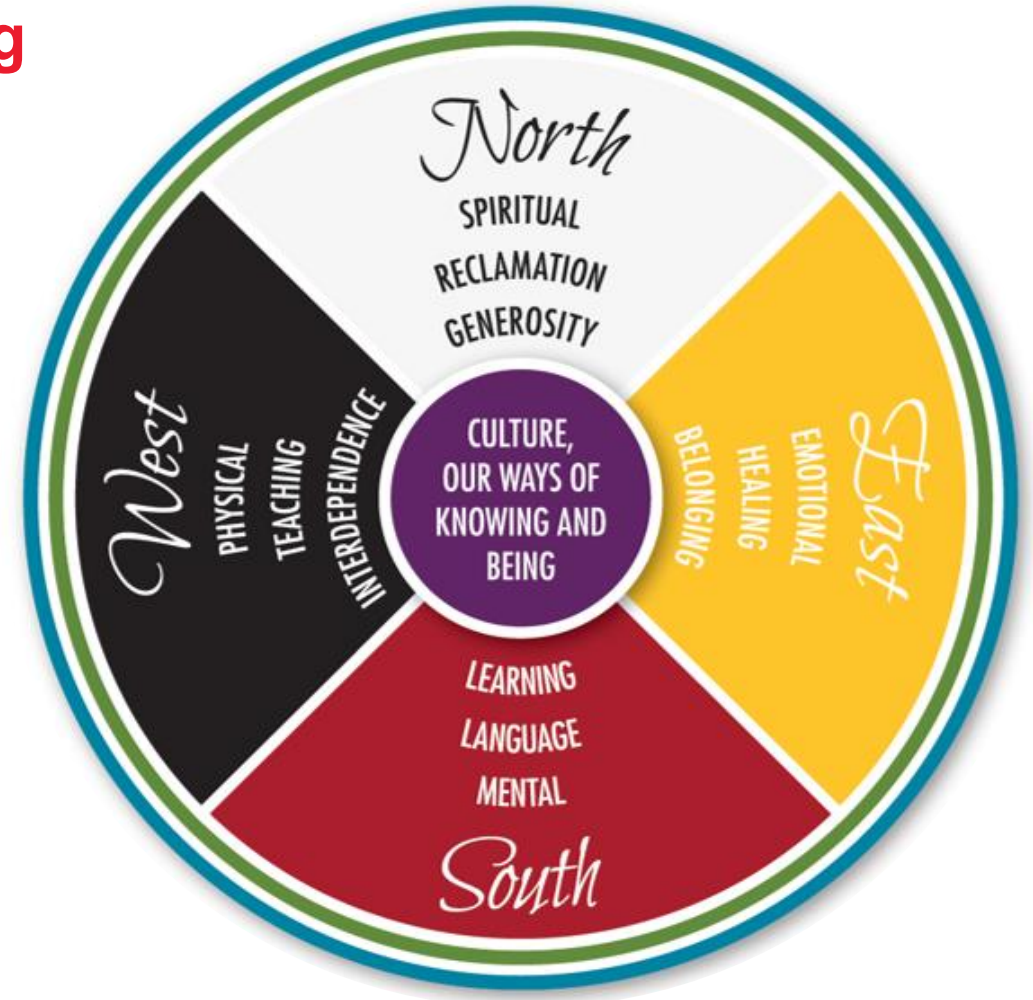
By no longer by-standing when micro-aggressions are expressed, and the recipient of that aggression is a vulnerable person

By calling out our own racism and biases and being honest about our own advantages and privileges

Conceptual Models to Apply

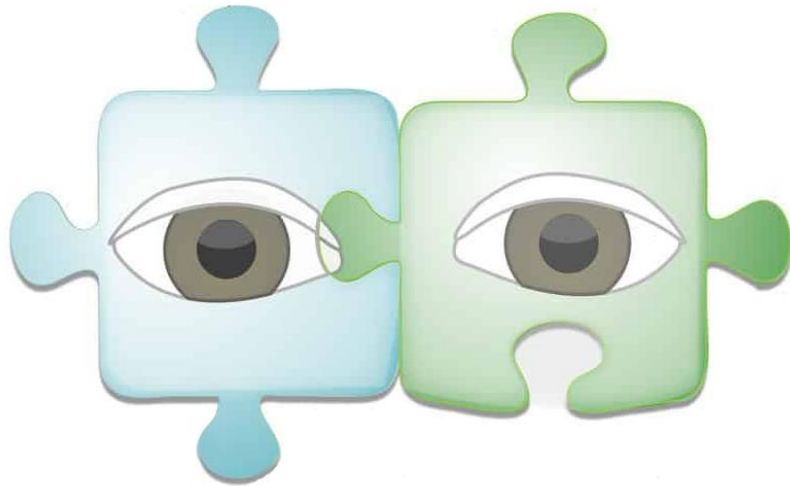
Model of Wholistic Health and Wellbeing

- IPHCC uses the medicine wheel as the Model for Wholistic Health and Wellbeing.
- The model shows a balance of each quadrant to health.
- Health care providers and patients need to understand the importance of each to live a healthy life.



Conceptual Models to Apply

Two-Eyed Seeing



Learning to see with the strengths of Indigenous healing knowledge systems and ways of knowing, as well as with the strengths of Western knowledge systems and ways of knowing.

Tip: Throughout this presentation, think about stakeholders you can involve in a co-design process.

They may include:

- Indigenous-governed (health) organizations
- Knowledge Keepers & Indigenous leaders
- Indigenous partners
- System leaders (Indigenous and non)

What is cultural intelligence?

- Cultural intelligence is related to emotional intelligence, but it picks up where emotional intelligence leaves off. A person with high emotional intelligence grasps what makes us human and at the same time what makes each of us different from one another.
- A person with high cultural intelligence can somehow tease out of a person's or group's behavior those features that would be true of all people and all groups, those peculiar to this person or this group, and those that are neither universal nor idiosyncratic. The vast realm that lies between those two poles is culture.



Cultural Humility

- We move between several different cultures – often without even thinking about it or noticing the shift.
 - Though the term “culture” is often used when describing different ethnic or religious affiliations, most people experience and participate in different cultures just by moving through their daily lives – what is the culture you live in?
- Cultural humility is distinct from cultural competency and reflexivity (once again, looking within for guidance).
 - It is important to know the differences between cultural humility and closely related concepts like cultural competency and reflexivity. Cultural competency is a tool for leveling imbalanced patient/student/client-provider power dynamics.
- Cultural humility requires historical awareness, especially of unrelenting power imbalances.
 - It is not enough to think about one’s own values, beliefs, and social position within the context of the present moment. In order to practice true cultural humility, a person must also be aware of and sensitive to historic realities like legacies of violence and oppression against certain groups of people. And significant losses that have not been resolved...

What is the Violence of Benevolence?

This is directly associated to the colonization process and the removal of decision-making capacity from Indigenous peoples through the missionization process, Indian Residential Schools, the Indian Act, and ongoing legislation that makes decision for rather than with

You can help someone to virtual, emotional, or spiritual death, leaving them bereft of an ability to take charge of their lives and decisions – they become fear filled & lost

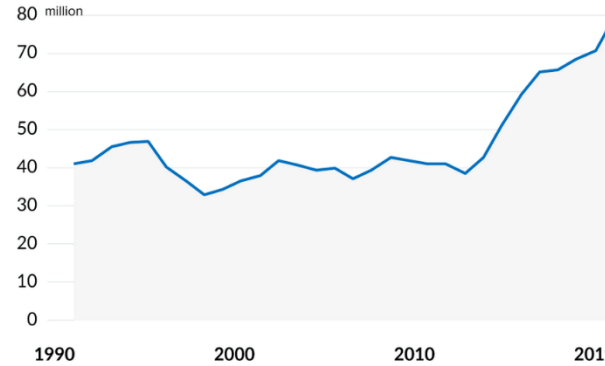
It's thinking you can fix someone or fix their circumstances, especially before you have understood the only one you can "fix" is yourself – and that is a long inner journey

It's believing media, gossip and rumours, lies, writings, and stories told from a negative standpoint about "other" and it's the act of that othering that allows this to happen at all

Why Cultural Humility...?

79.5 MILLION forcibly displaced people worldwide at the end of 2019

Source: UNHCR / 18 June 2020



45.7M Internally displaced people

Source: IDMC

4.2M Asylum-seekers

3.6M Venezuelans displaced abroad



1% of the world's population is displaced



80% of the world's displaced people are in countries or territories affected by acute food insecurity and malnutrition



73% Hosted in neighbouring countries *



68% Came from just 5 countries *

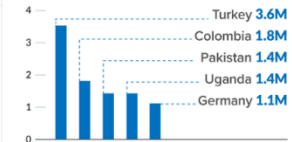


40% of the world's displaced people are children

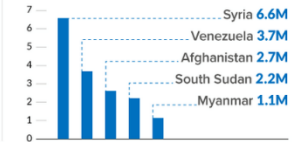


85% Hosted in developing countries *

TOP HOSTING COUNTRIES



TOP SOURCE COUNTRIES



What is Cultural Safety?



- Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system
- "Safety" is defined by those who receive care, not by those who provide it
- Cultural safety considers how social and historical contexts, as well as structural and interpersonal power imbalances shape a person's health and health care experiences
- Health-care providers and organizations that practice cultural safety are self-reflective and self-aware about their position of power and the impact this role has on Indigenous patients.
- Without humility, providing culturally safe care is compromised.



5 Principles of Cultural Safety



1. Find out about cultural forms of engagement and respect these.
2. Become mindful of your own cultural identity and socio-historical location; certain beliefs and ways you've conceptualized health/wellness.
3. Engage in mutual learning, checking in and action plans that with you guests' values, preferences and lifestyle.
4. Promote collaborative practice in which guests are welcomed into a joint problem-solving approach as carriers of important information.
5. Ensure the likelihood that positive steps to achieve your guests' goals and needs can be taken.

Equity, Diversity and Inclusion?

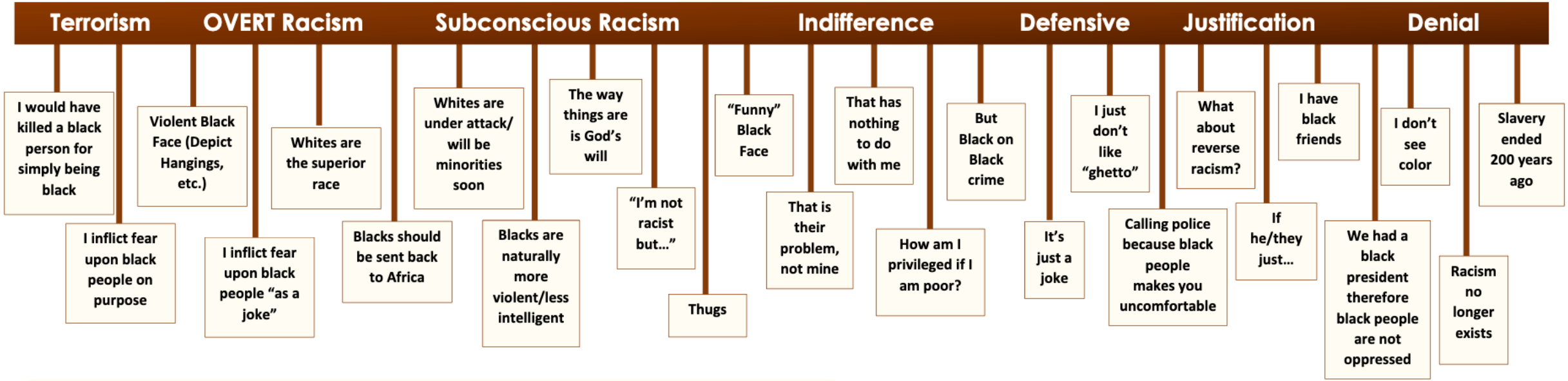
- **Equity:** Giving all individuals equal opportunities and access regardless of their gender, gender reassignment, age, disability, religion, beliefs, sexual orientation and race.
- **Diversity:** Recognizing the differences in individuals and being positive about those differences, acknowledging and respecting them, and making a visible effort to learn about and celebrate those differences as a team.
- **Inclusion:** Recognizing that although everybody is different, inside and out, but we are all human beings and each individual and each group of individuals has the right to feel included, regardless of their personal characteristics, spiritual practices, country of origin, Indigenous backgrounds or lifestyles .
- **Reconciliation:** Establishing and maintaining a mutually respectful relationship between Indigenous and non-Indigenous peoples in this country by recognizing and accepting a difficult history, cultural practices, and participating in necessary social change.

RACISM SCALE: Where do YOU fall?



© 2019 @CristilnMD | V4.0 RacismScale.weebly.com

← Feelings of "White Guilt" can lead to



and compound many of these behaviors →

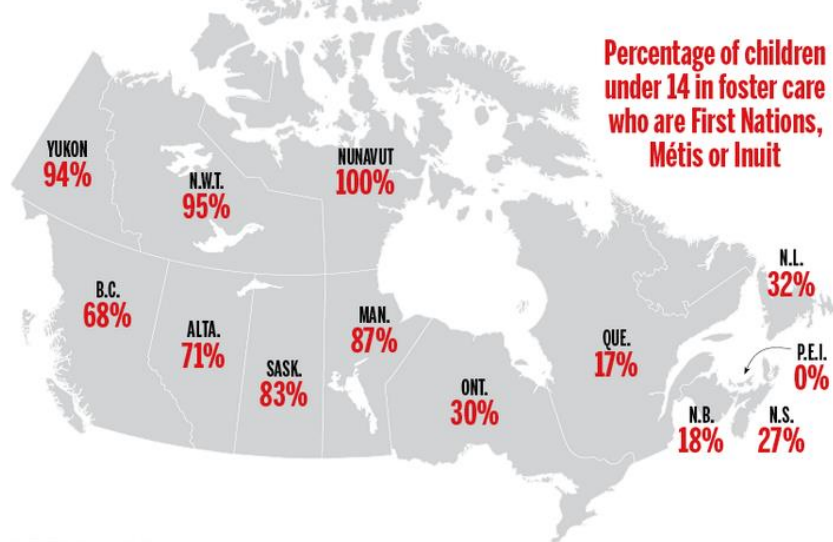


Being a good ally means?



Caught in the system

Indigenous families make up 8 per cent of Canada's population, but First Nations, Métis and Inuit children are disproportionately more likely to be in foster care



SOURCE: STATISTICS CANADA 2016 CENSUS; MACLEAN'S

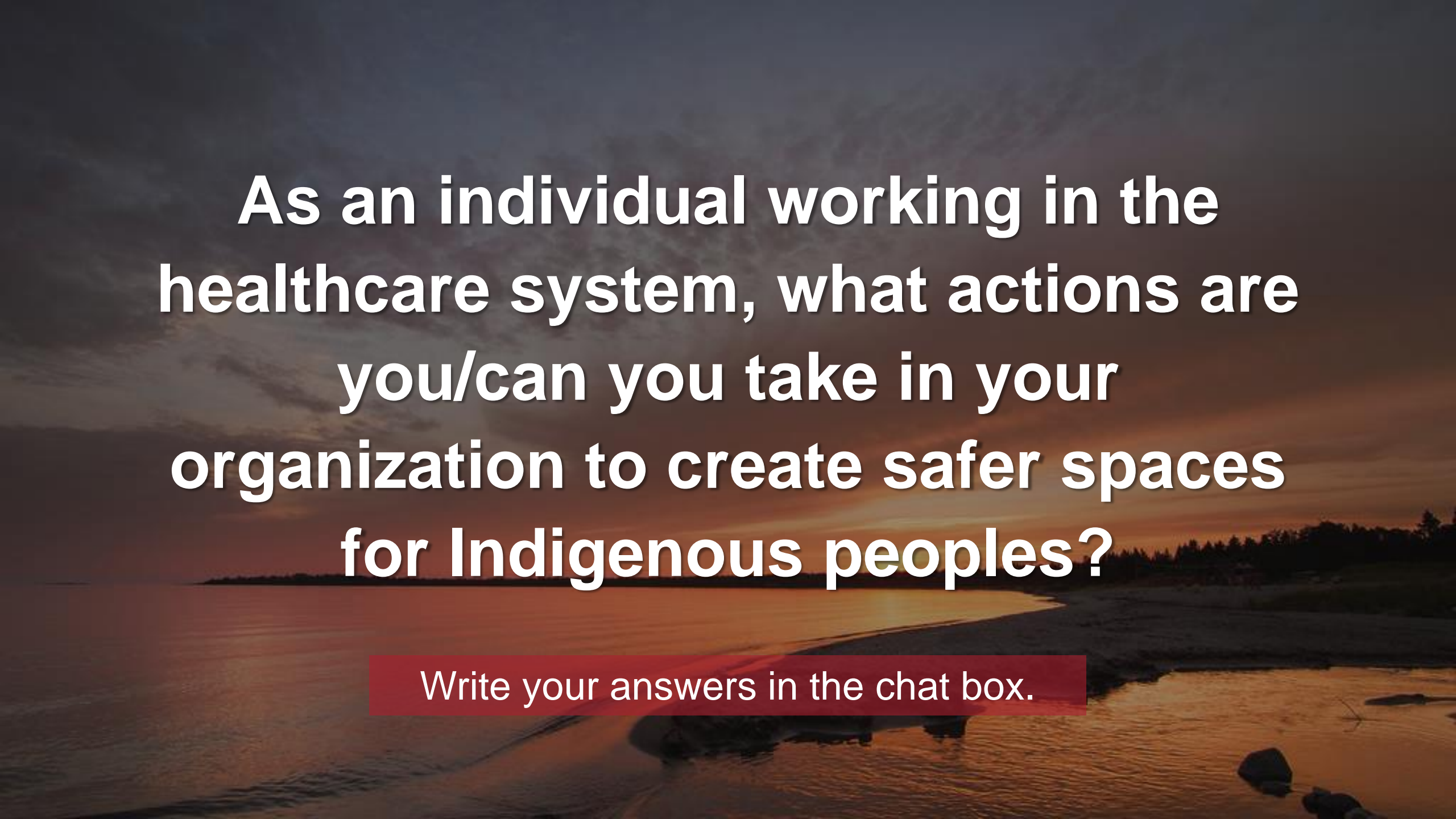


Being a good ally...

- Is about Listening – and really hearing experiences and different perspectives on the issues placed before you
- Stop thinking of "Ally" as a noun – It's not a title, it's about doing, taking collective action, and not simply being
- It's not a self-proclaimed identity – it's not self-conferred – it's given based on trust and respect by community
- Allies do not take breaks – it's not a mindset or activity you put down on Friday or Monday morning – it's a way of being and engaging with community knowledge and concerns at all times
- Allies constantly educate themselves – it's your responsibility to teach yourself, and not expect disadvantaged group members to teach you about what to do and not do – quietly observe and take note regularly

Being a good ally...

- You cannot do this alone – it's about engaging in activism with other – acting in solidarity keeps you accountable
- Allies never seek the spotlight – it's not about self-promotion or ticking I'm a good person box, but about supporting the efforts of others
- Allies focus on those who share their identity – those you most identify with is the group you should be trying to discuss the issues with (ie., if you're white, speaking to other white organizational members about racism, sexism, agism, etc.)
- When called out – listen, apologize, act accountable, and act differently going forward – making mistakes is fine, but your ability to be responsive, not reactive, and willing to do things differently matters
- Allies do not monopolize the emotional energy – Don't expect to draw support from those already hurt by disadvantage

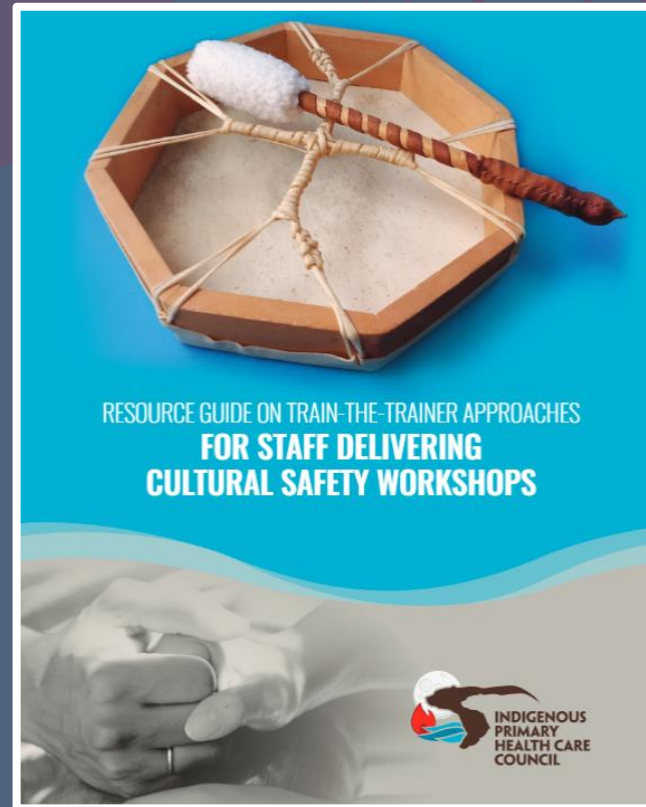
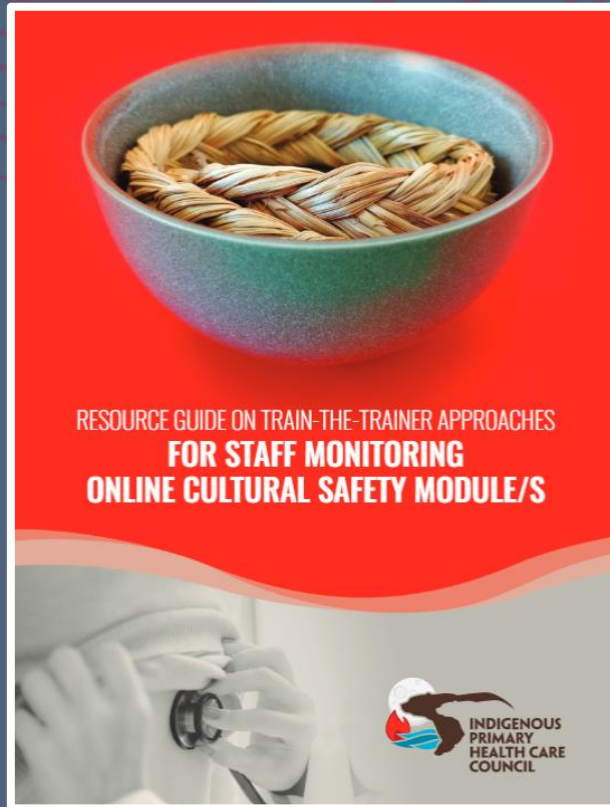


As an individual working in the healthcare system, what actions are you/can you take in your organization to create safer spaces for Indigenous peoples?

Write your answers in the chat box.

Resources & References

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Train the Trainer

- Practical and pragmatic wise practices for facilitators to adopt when designing and delivering online ICS education and training.
- Accompanying videos and complementary discussion guides.

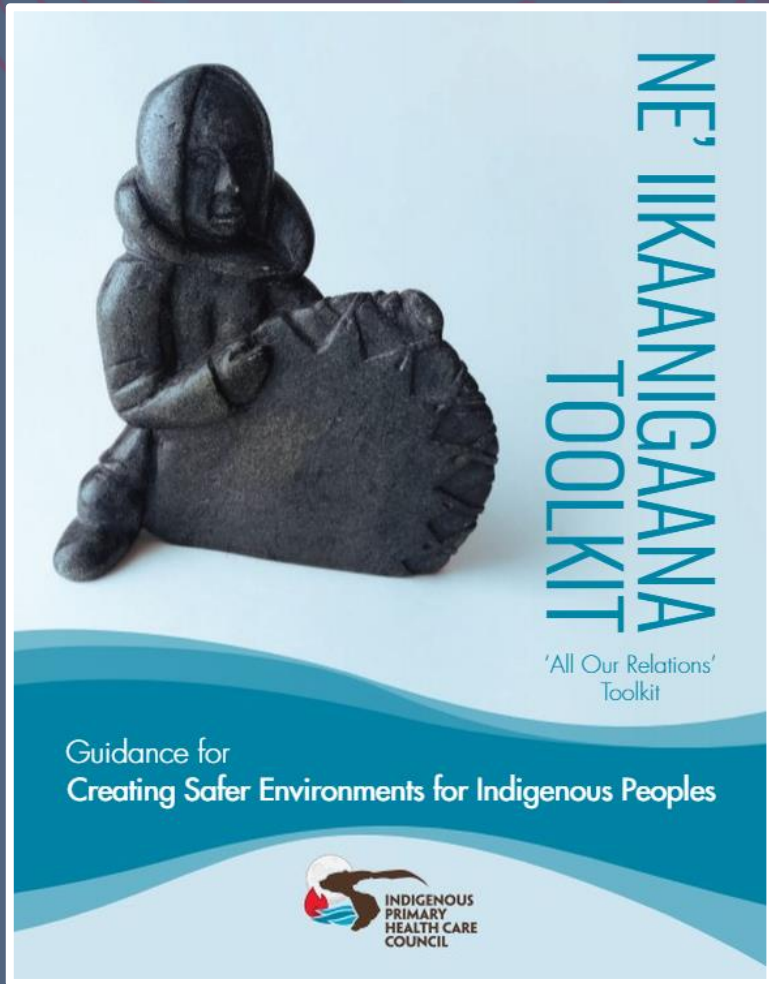


**INDIGENOUS
PRIMARY
HEALTH CARE
COUNCIL**



**TOOLS OF RESILIENCY: ADDRESSING THE
WELLBEING NEEDS OF INDIGENOUS PEOPLE
BY HONOURING CULTURE AS TREATMENT**


2020



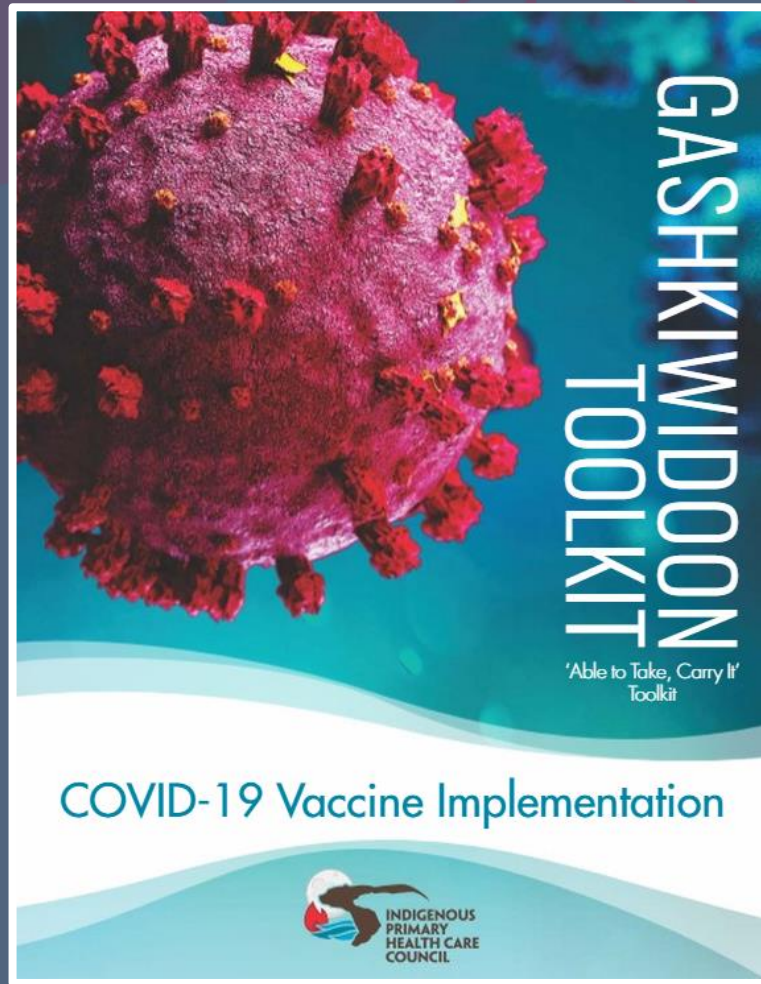
**NE' IIKANIGGAANA
TOOLKIT**

'All Our Relations'
Toolkit

Guidance for
Creating Safer Environments for Indigenous Peoples




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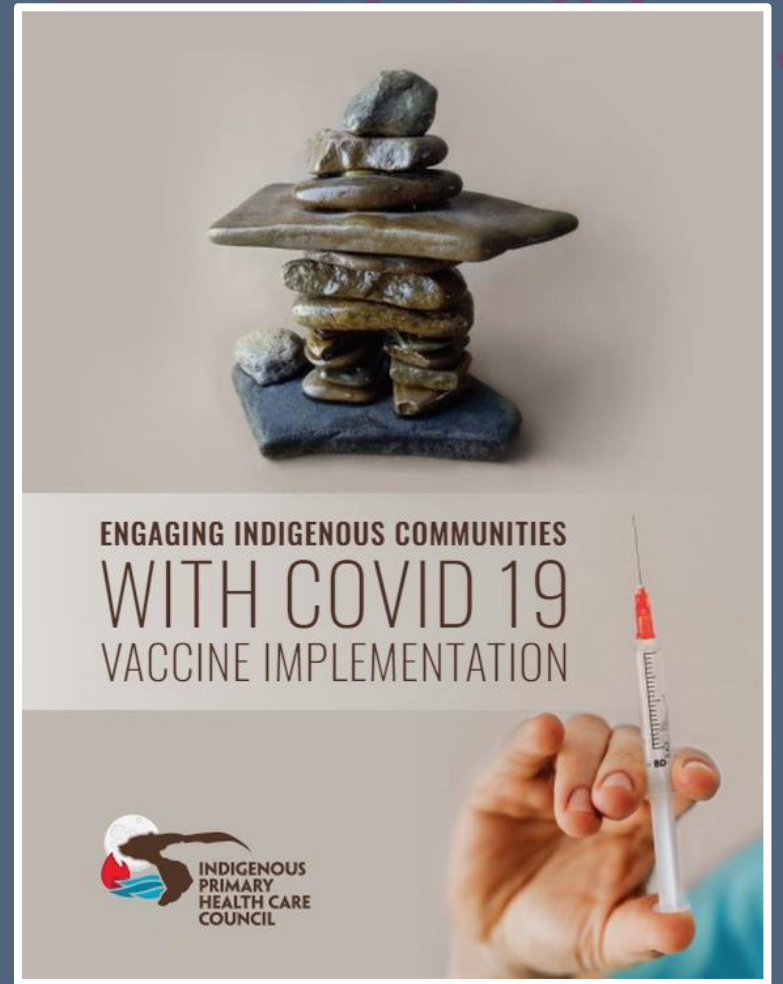
**GASHKIWIDDOON
TOOLKIT**

'Able to Take, Carry It'
Toolkit


COVID-19 Vaccine Implementation



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**ENGAGING INDIGENOUS COMMUNITIES
WITH COVID 19
VACCINE IMPLEMENTATION**



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IPHCC Resources

Chi miigwetch!
Thank you!

