



Understanding barriers to health care  
access through cultural safety and  
ethical space:  
Indigenous people's experiences in  
Prince George, Canada

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And Prince George community advisory group members

*I would like to acknowledge that the land on which Prince George is located is the traditional unceded territory of the Lheidli T'enneh.*

*I also wish to acknowledge that I live and carry out much of my work on the traditional unceded territory of the Anishinaabe and Haudenosaunee peoples, in particular the Algonquin.*

*With these acknowledgements come gratitude and deep respect for the people, the land, our shared histories and future relations.*

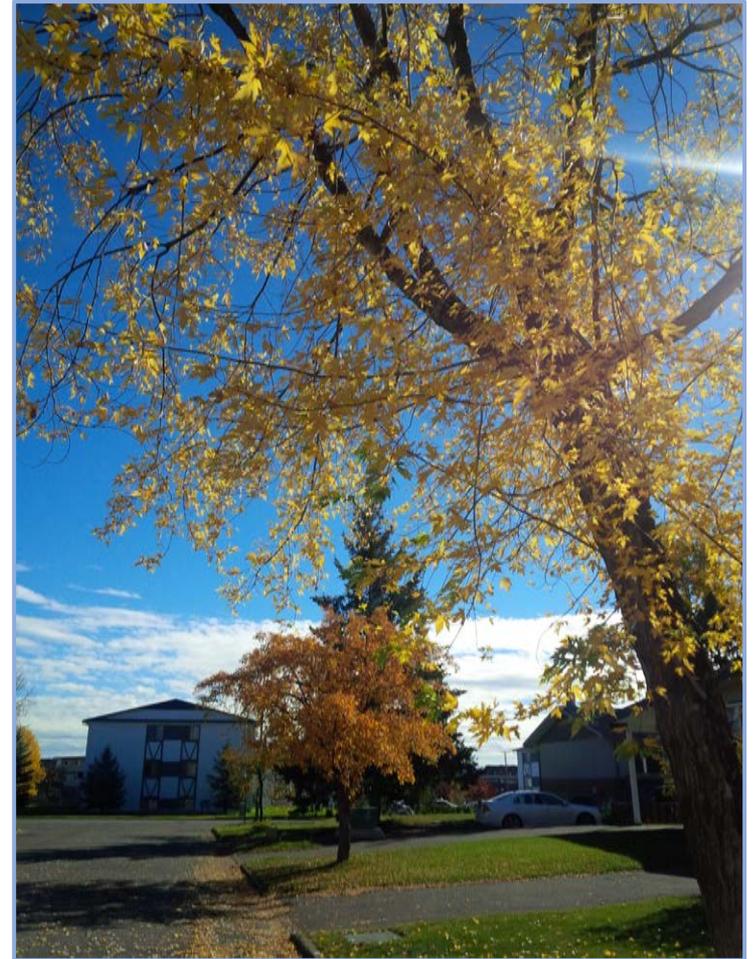
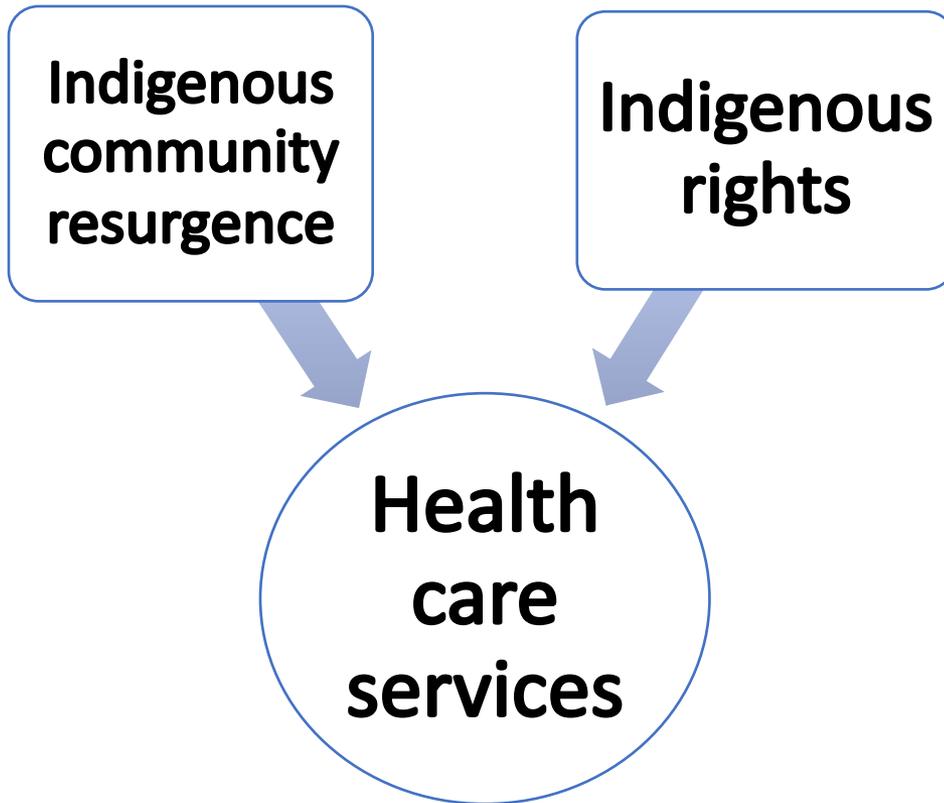
# Disclosures

- I have nothing to disclose.
- No conflicts of interest to declare.

# Outline

- About the research and about me
- Background: Indigenous health policy in urban areas
- Methodology: Indigenous and decolonizing research
- Results: Some of the barriers to health care access or use that people described
- Contexts of cultural safety and ethical space

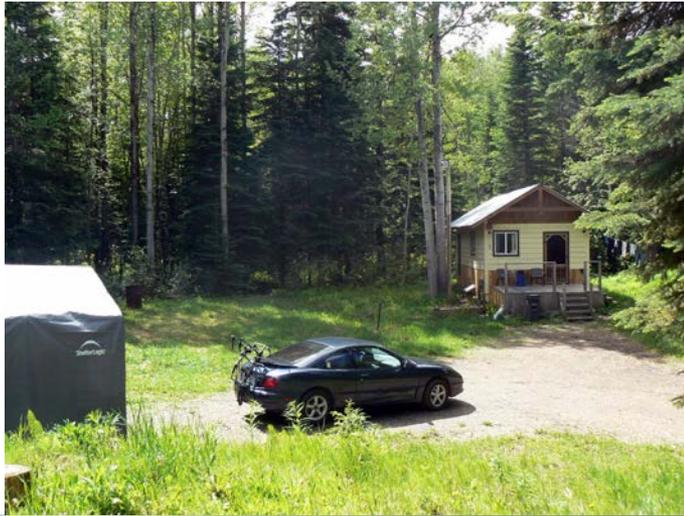
# Study overview



# Research questions

- a) How do Indigenous rights to self-government and self-determination interact with Indigenous rights to health care in urban areas?
- b) How does the settler colonial context in which health care is provided arise as a barrier to Indigenous people accessing health care services in urban areas?
- c) What are the roles of Indigenous-led health organizations in fostering Indigenous community resurgence in urban areas?

# About me & my relationship with Prince George



# Outline

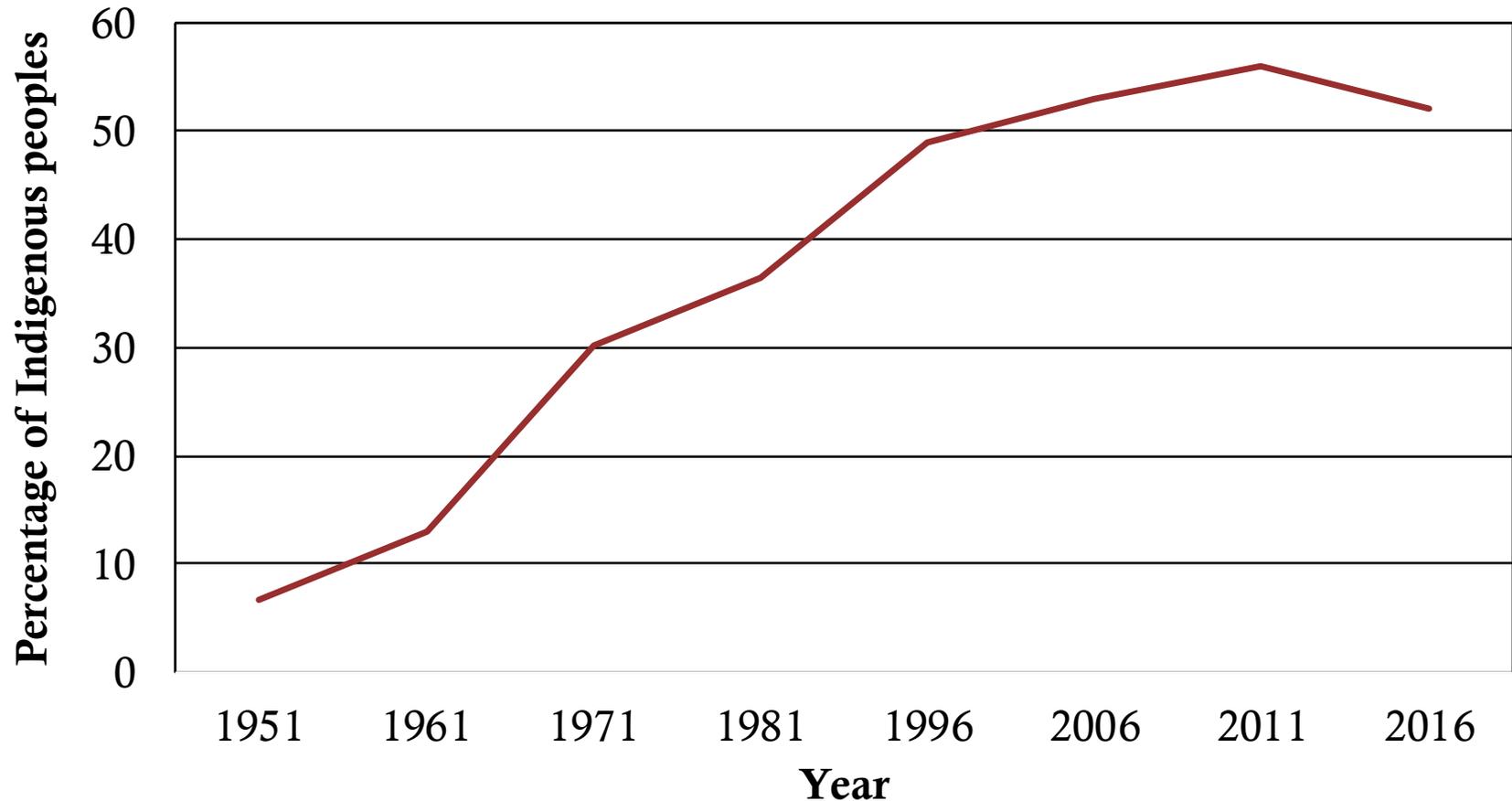
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# Background: Indigenous peoples in Canada

**1,673,780** people in 2016  
(4.9% of Canadian population)

Statistics Canada. (2017). Aboriginal peoples in Canada: Key results from the 2016 Census. Retrieved November 29, 2017, from <http://www.statcan.gc.ca/daily-quotidien/171025/dq171025a-eng.htm>

# Indigenous peoples in cities in Canada



44% of Status First Nations live on-reserve

52% of Indigenous peoples live in cities

# Indigenous people in urban areas

Report higher overall rates of “very good” or “excellent” health than people living on reserve.

Yet also report higher rates of discrimination in institutional settings such as health care.

National Aboriginal Health Organization. (2003). *What First Nations people think about their health and health care: National Aboriginal Health Organization's Public Opinion Poll on Aboriginal Health and Health Care in Canada*. Ottawa, ON.

# Health care policy and Indigenous peoples in Canada

- **Canada Health Act, 1970**
  - Provides standards for how publicly insured services work across the provinces
- **Off-reserve health services for Indigenous people are provided by provinces**
  - Exception: Non-Insured Health Benefits (NIHB)
- **On-reserve health services are provided by the First Nations Health Authority in BC**
  - In other parts of Canada, provided by the federal government or through Health Transfer Agreements
  - Only about 44% of Indigenous peoples are eligible to live on a reserve and access these services

# Indigenous health organizations

- Mainly not-for-profit organizations, often in urban areas.
- Provide services according to Indigenous knowledges, values and world views but do not restrict services to people of Indigenous descent.
- Governed by Indigenous peoples, responsive to Indigenous communities.

# Indigenous health organizations

Offer health-related services:

- primary health care
- dental care
- vision care
- emergency health services
- addiction treatment
- counseling
- decision-making related to health care provision
- other related services

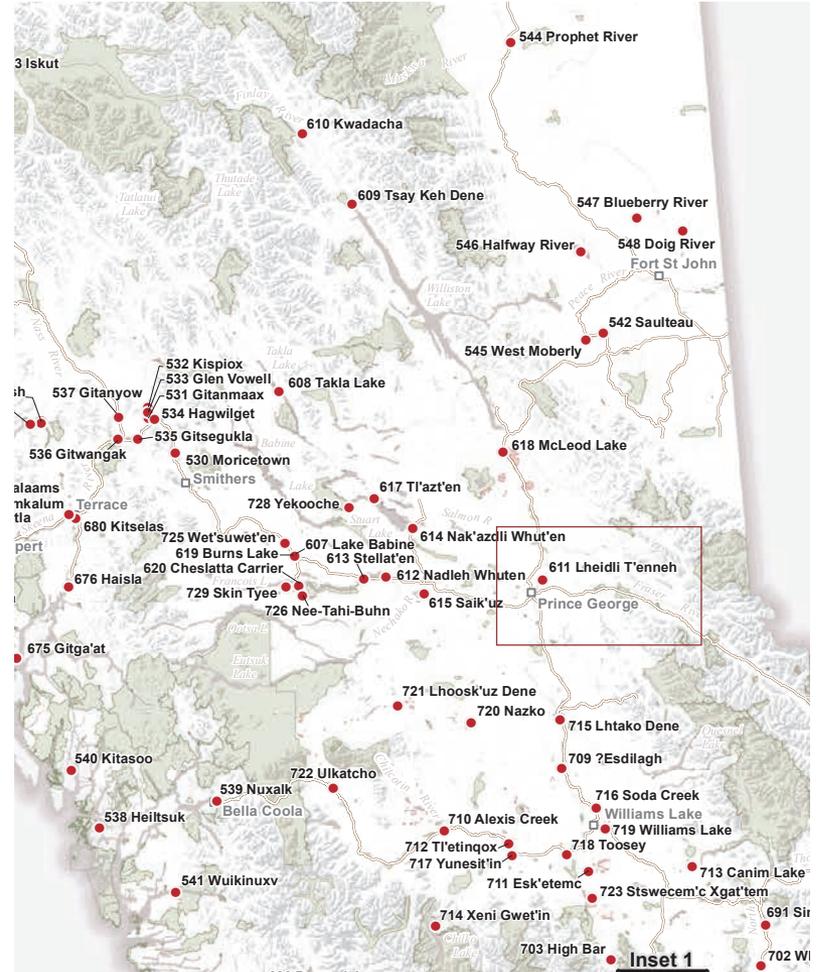
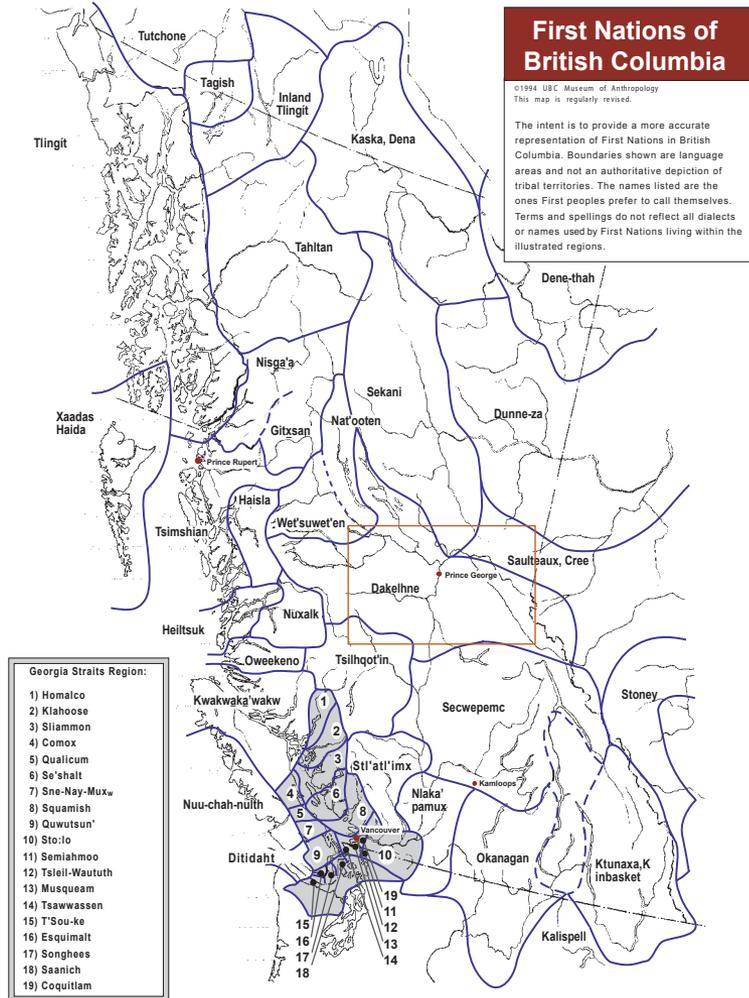
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# Prince George, B.C.



Source: Museum of Anthropology, University of British Columbia, and Indigenous and Northern Affairs Canada

# Methodological approach

- Indigenous research
- Decolonizing research
- Relational accountability
- Qualitative methods



# Recruitment and Support





Community  
advisory group

# Participants

50 Indigenous community members; 15 health services workers

- 44 women, 21 men
- Over the age of 18
- Currently living in the city
- Experience with using or work in health services
- Majority had a regular health care provider
- Range of socio-economic statuses

29 individual interviews  
4 focus groups



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# Results: Quality of care

“[Sometimes] they just look at you and then they just give you something fast and then you’re gone and stuff. It’s not really... don’t seem like they really care too much.”

(Client 11)

# Results: Wait times, wait lists, and restrictions on time

“The hospital's not really nice to you, but it's just like, they haven't got the time to deal with certain things or whatever, like, sit there and talk about whatever I need today, all these pains and stuff like that.”

(Client 9)

# Results: Perceived racism or discrimination

“I don't want to make the assumption that I wasn't being listened to because I'm from an Aboriginal agency. It did cross my mind. I don't know – that was never said... it just felt that... I was 'Other,' so whoever that could be.”

(FG 3)

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# Cultural safety

“Cultural safety has the potential for shaping health care practices, organizations, and policies by identifying social justice goals as integral to health care, and by shifting attention away from cultural differences as the source of the ‘problem’ and onto the culture of health care as the site for transformation.”

Browne, A. J., Varcoe, C., Lavoie, J. G., Smye, V., Wong, S. T., Krause, M., ... Fridkin, A. (2016). Enhancing health care equity with Indigenous populations: evidence-based strategies from an ethnographic study. *BMC Health Services Research*, 16, 544. <https://doi.org/10.1186/s12913-016-1707-9>

# Ethical Space



Jeppe Hein: Unusual and Creative Park/Street Benches  
From <http://www.spicytec.com>

# Indigenous Health, Health Services, And Rights In The City



Indigenous rights are treated as separate from health care.

Participants report violations of rights; strategies for upholding rights; and complex geographies and identities of Indigenous rights.

Speak to the impacts of large-scale (for example, national-level) colonial processes on individual people's experiences in health care.

# Indigenous Health Organizations, Indigenous Community Resurgence, and the Reclamation of Place in Urban Areas

Indigenous-led health organizations have an important role to play in supporting Indigenous clients' access to urban health care services.

Indigenous community resurgence becomes a possibility in urban health care settings where community understandings of place are well incorporated into all aspects of the delivery of services.



# Indigenous theory on relationships

Space is constituted by interconnected relationships:

“Relationships do not merely shape reality, they *are* reality.”

Wilson, S. (2008) *Research is Ceremony: Indigenous Research Methods*. Black Point, NS: Fernwood Publishers, p. 7.

# Indigenous resurgence

“It is ultimately our lived collective and individual experiences as Indigenous peoples that yield the clearest and most useful insights for establishing culturally sound strategies to resist colonialism and regenerate our communities.”

Alfred, T., & Corntassel, J. (2011). Being Indigenous: Resurgences Against Contemporary Colonialism. In M. J. Cannon & L. Sunseri (Eds.), *Racism, Colonialism and Indigeneity in Canada*. Don Mills, ON: Oxford University Press.



Thank you!



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