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

- Indigenous community resurgence
- Indigenous rights

Health care services
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
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Background: Indigenous peoples in Canada

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

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.

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;
29 interviews;
4 focus groups

- Lheidli T’Enneh First Nation
- Native Healing Centre
- Prince George Native Friendship Centre
- Prince George Métis Elders Society
- First Nations Health Authority
- Carrier Sekani Family Services
- University of Northern British Columbia
- Northern Health Authority
- Central Interior Native Health Society
- University of Northern British Columbia
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.”

Ethical Space

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

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.”

Thank you!