DREAMING FOR CHANGE:

Reconnecting with Indigenous Health and Wellness

Primary Health Care Education Roundtable - May 13, 2021

NACM
NATIONAL ABORIGINAL COUNCIL OF MIDWIVES

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Primary Healthcare Education (Online) Roundtable (May 13, 2021)

BACKGROUND

The National Aboriginal Council of Midwives (NACM), the Indigenous Physicians Association of Canada (IPAC), and the Canadian Indigenous Nurses Association (CINA) – organized and convened a virtual roundtable on the vitally important topic of anti-Indigenous racism in primary health education in May 2021. In honour of Joyce Echaquan's life and Principle, to ensure all Indigenous people the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional, and spiritual health, NACM sought to promote collaboration and alignment amongst Indigenous primary health professionals. Given that primary healthcare is the cornerstone for an effective healthcare system, as first points of contact within the healthcare system Indigenous primary care providers offered perspectives that were deeply entrenched in fostering engagement and inclusion of community voice, building on community strengths and capacities to provide a holistic understanding of health. Health encompassed mental, physical, emotional, and spiritual well-being and determining the needs that reflect the distinctiveness and experiences of the Indigenous communities they served. The goal of the roundtable was to disrupt anti-Indigenous racism and its harms within healthcare and health education systems. Conversations centered on cross-disciplinary and cross-systems approaches to address anti-Indigenous racism and was guided by the Truth and Reconciliation Commission's (TRC) Calls to Action #23 and #24, which are critical to realizing accessible healthcare for all Indigenous peoples. The interactive roundtable intentionally broke the conventional silos of thinking to leverage collective strengths and to reflect on the interconnected components of an Indigenous primary health care workforce strategy.

Truth and Reconciliation Commission of Canada: Calls to Action

23. We call upon all levels of government to: i) Increase the number of Aboriginal professionals working in the healthcare field. ii. Ensure the retention of Aboriginal health care providers in Aboriginal communities. iii. Provide cultural competency training for all health care professionals.

24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration of the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

Each participating association opened the plenary with visions of recentering Indigenous experiences, histories, knowledges, languages and perspectives in the health and education sectors to mobilize action against anti-Indigenous racism. Following the plenary, five breakout rooms with 10 speakers facilitated further dialogue. Transcripts from those meetings have been summarized within this report. Additionally, all participants were given the opportunity to review and edit this summary document as well as providing direction on immediate and long-term priority actions.

The roundtable was funded by NACM and over 180 participants attended, 50 participants spoke, and 130 observers participated using the chat function. Invited participants included representatives from nursing, midwifery, and medicine who were: Indigenous students; university deans and department heads; national faculty associations; national, provincial, and territorial regulators; national health professional associations; the National Consortium for Indigenous Medical Education; Indigenous primary health providers and researchers; partner organizations; and NACM Core Leaders and staff. This interactive approach kept the 3-hour workshop interesting and engaging, while supporting collective learning and collaboration within a safe and culturally relevant online space. The mix of leaders and professionals shared their experiences of initiatives currently taking place, which helped align strategies and interventions to affect cross-system change moving forward.

Associate Deputy Minister of the Department of Indigenous Services Canada (DISC), Dr. Valerie Gideon's opening remarks acknowledged the importance of Indigenous leadership and partnerships with federal, provincial, and territorial (FPT) governments to increase Indigenous representation in post-secondary health profession education. She spoke to the growing awareness of existing successful models, best practices, and of the struggles organizations face with inadequate resources, including NACM and other organizations who attended the meeting. Dr. Gideon felt we were at a turning point with 126.7M announced on April 19, 2021, by the Federal Government, earmarked over three years, to act on fostering health systems that are free of racism and discrimination where Indigenous Peoples are respected and safe.

Participants discussed short- and long-term solutions for anti-Indigenous racism. Indigenous-led education and associated policy was a specific focus. The major themes and high-level points are presented below.

DISCUSSION THEMES & OUTCOMES TO DISRUPT ANTI-INDIGENOUS RACISM IN THE HEALTH SECTOR

TAKING RESPONSIBILITY: ACCOUNTABILITY, MONITORING, AND EVALUATION

1. Using policy statements, governments, education institutions, and health delivery organizations need to commit to zero tolerance for racism – specifically anti-Indigenous racism – in primary healthcare and educational settings. This must include practical strategies for implementation.

2. Include Indigenous students in accountability standards. This can include conducting annual voluntary interviews with students and staff as a way of gathering their perspectives and experience, and as a component of program monitoring and evaluations. This will contribute to structural improvements.

3. Ensure Indigenous communities co-create the complaint and response processes, which should include anonymous, safe, and just procedures for reporting and responding to complaints. Third party oversight and technologies like the Safe Space Health App for education programs may also be required.

4. Support organizations to address and monitor racism, cultural safety, and anti-oppression activities in health profession education through developing an inter-professional and applied toolkit for organizations.

5. Mandate continuous anti-Indigenous racism professional development must be a mandatory requirement for licensure, including preceptor-specific anti-racism training.

6. Provide specific and ongoing support for Indigenous health professionals who experience vicarious, professional and/or personal racism in the healthcare system can prevent further trauma and burnout as well as encourage resilience, work-life balance, and connectivity amongst Indigenous colleagues.

LEARNING TRUTH: TRAINING, CAPACITY, AND THE IMPORTANCE OF YOUTH

7. Seek commitment by educational institutions to review and adapt curriculum in order to address and disrupt the anti-Indigenous racism that exists within the healthcare system; Indigenous learners through K-12 and Cégep require greater support.

8. Expand support specifically, on-reserve funding to the educational equity gap, and increase the number of Indigenous peoples pursuing post-secondary education.

9. Mentor Indigenous youth by introducing them to Indigenous care providers, so they can envision themselves in these roles.

10. Improving knowledge and access to university preparatory courses to facilitate a successful transition to university-based health professional programs.

11. Post-secondary health education institutions must include learning about Indigenous health. Programs and modules must be strengths-based, Indigenous-designed, and Indigenous-taught, as well as reflect the impacts of colonization and associated socioeconomic, cultural, and educational discrimination.

12. Include anti-racism and anti-oppression frameworks as well as content around RCAP, TRC, MMIWG and UNDRIP in all post-secondary health education curricula.

13. Educate all health care providers to have holistic views on Indigenous health and wellness practices, including breastfeeding, traditional medicines and caring for spirit.

14. Design academic programs to be flexible for remote learners who prefer and/or require training and placements in their communities, for significant co-benefits for the community and the students. Greater community connectivity permits learning of relevant skills and services, reduces costs for learners and increases retention of care providers in the community.

15. Expand and implement flexibility for inter-institutional credit transfers and recognition.

16. Ensure there are Indigenous student services at every learning institution. This should include support people for Indigenous student health concerns and dedicated space and capacity for online engagement with students in clinical placement.

17. Indigenous Professional Health Associations: such as IPAC, CINA, and NACM must play a critical role in student retention, support, and community building, and their programming should be complementary and laddered with academic institutions. This might include national network of Indigenous health profession students.

18. Increase opportunities and recognition for land-based, traditional medicine teachings. Build and accredit them into primary health profession programs. Build them to be aligned with the values

of the Nation involved and provided on territory with Indigenous health providers, Elders, Knowledge Keepers, and community members.

19. Ensure the presence of Indigenous Elders and Knowledge Keepers within health profession education and service institutions as staff and in shaping curriculum.

RESPECTFUL RELATIONSHIPS: PARTNERSHIP WITH INDIGENOUS COMMUNITIES

20. Meaningful partnerships take time, need to be funded, include bilateral decision-making, be ongoing and foundational at every level of health profession education.

21. Ensure Indigenous and non-Indigenous people share the work of addressing anti-Indigenous racism clearly and equitably.

22. Develop accountability policies in primary health education that facilitates relationships and transfer both power and funds to Indigenous communities to be fully incorporated into governance, programming, policy, and research.

23. Increase support for Indigenous community organizations to become partners in professional health education institutions to increase representation, understanding and accountability to the lived reality, experiences, values, and knowledge regarding Indigenous health within academic institutions.

24. Consider and support various health professions educational models, including community-based, university-based and hybrid programs. Indigenous peoples are calling for this diversity of models and research and experience show they increase the access, retention and sustainability of Indigenous health care providers. Ensure various types of programs are recognized for licensure in all provinces and territories.

25. Examine the definitions and requirements of faculty and union agreements so that they may be more inclusive of Indigenous peoples and better value their lived experience, community connection and relationships, and epistemologically diverse teaching methods.

26. Include and remunerate Indigenous language and Knowledge Keepers, Medicine People and Elders as staff throughout health education and in health institutions.

27. Ensure appropriate authorship, intellectual property and protection of Indigenous knowledge and cultural expressions inclusive of Indigenous governance and protocols as outlined in UNDRIP Article 31 and OCAP principles.

POWER AND PRIVILEGE: RECOMMENDATIONS FOR LEADERS, REGULATORS AND DECISION MAKERS

28. Leaders within the healthcare and health profession education systems are critical actors that must champion implementation, accountability, transparency, and restorative actions based on RCAP, TRC, MMIWG and UNDRIP. They must foster excellence and strongly advocate to dismantle anti-Indigenous racism.

29. Non-Indigenous leaders and allies require anti-racism education, training and certification to ask the right questions, challenge Western thinking, and usher in change and inclusivity that will benefit everyone, including Indigenous peoples.

30. Decision-makers must dedicate sustained funding towards anti-Indigenous racism training and education while also directing resources towards communities to increase local healthcare infrastructure and access to primary healthcare services.

31. Racism in Northern, rural, and remote regions is prevalent and challenging, especially given that health care providers are often a transient workforce from the South. Permanent Indigenous care providers in the North must be equally compensated and be provided with new learning and leadership opportunities.

32. Provincial and territorial Ministries of Colleges and Universities and other leaders are encouraged to collaborate with Indigenous communities and groups that can support Indigenous primary health workforce planning and research; specifically, IPAC, CINA, NACM and the Institute of Indigenous People's Health.

33. National regulatory agencies must harmonize legislation to support the health, safety, wellness, and self-determination of Indigenous peoples. They must also recognize their role in creating equity gaps and forms of systemic racism.

34. Legislators and provincial and territorial midwifery regulatory bodies must understand that Indigenous communities may want to revisit exemption clauses in midwifery legislation in favor of Indigenous-led processes and governance.

35. Education, health, and program administration leaders must make space for Indigenous self-determination and leadership within institutional governance bodies.

36. Share governance processes and support Indigenous leadership in healthcare delivery and health professional education. Prioritize blended models of health education and care access where Indigenous knowledge keepers, Elders and primary care providers work collaboratively to ensure holistic care to patients.

WALKING A GOOD PATH: NEXT STEPS WITH WISE GOVERNANCE AND ACTION

Participants in the workshop were solution-focused and believed in the importance and value of high-level, well designed, and actionable policy as a critical too to affect change across the healthcare sector, which ensures systemic anti-Indigenous racism ends. While policies must simultaneously support a culture change across health organizations, many suggested must also be practical and provide detailed objectives and opportunities to renew and redefine relationships between Indigenous and non-Indigenous colleagues to collectively tackle these issues. Many of the recommendations noted above provide specific examples of opportunities for real-world change.

As reflected in this document, policies and programs must be co-created with Indigenous peoples and students and must be Indigenous led. Ideally, program delivery is increasingly overseen by and takes place within Indigenous institutions and incorporates opportunities for land-based and experiential learning. While programs should be Indigenous-led and foster safe learning for Indigenous students, participants wanted to ensure that opportunities for non-Indigenous allies are also a core aspect of any initiative and important for engaging non-Indigenous health professionals in addressing anti-Indigenous racism.

Creating a space for everyone to participate in addressing anti-Indigenous racism education, training and actions is crucial. Within institutions, Elders and Knowledge Keepers must be fully embraced for their wisdom and ability to guide Indigenous and non-Indigenous peoples to better understand what true reconciliation within the health sector looks like. Experienced Indigenous health professionals are critical to informing dialogue, education, and policy development and must be meaningfully involved. Indigenous student experience provides tremendous insight into the evolving realities of emerging health leaders and the training they need. Allies within the health sector have a tremendous opportunity to reform and reinvent health systems and governance. Their leadership – from university administrators and policymakers to health professionals – is crucial and can ensure that the responsibility for addressing anti-Indigenous racism does not – as it all too often does – fall exclusively on Indigenous peoples.

Given the rural and remote location of many Indigenous communities, health professional educational institutions must build and strengthen policies that support distance, online, community-based education and training. The utility of hybrid programs that link academic institutions with community-based models cannot be understated and will create new opportunities for Indigenous-led health leadership. Particularly when it comes to addressing equitable access to primary health, where a significant investment in health infrastructure is required to support primary health delivery and community-based education.

Hybrid programs will create new opportunities for academic research. This is an exciting opportunity for community-institution partnerships to research how community-based education and healthcare delivery projects address anti-Indigenous racism and support the development of

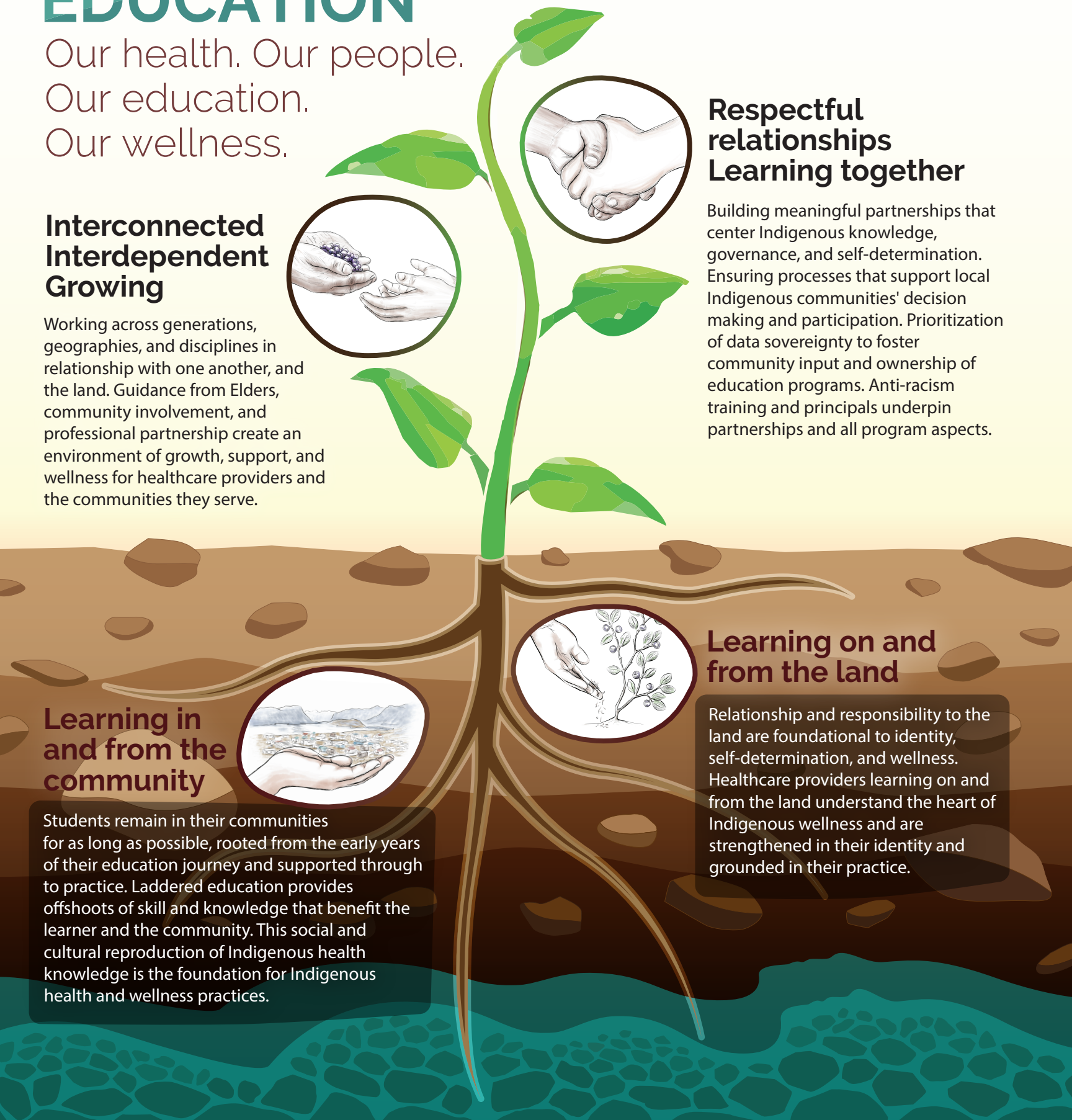
Indigenous health professionals. Community-based primary health education will support communities to create their own research, ethics guidelines, and data collection policies within an Indigenous context, and to promote self-determination and Indigenous-led governance. Indigenous collected and owned data has the potential to provide crucial insights regarding race and gender to support Indigenous health workforce planning and other targeted interventions to improve Indigenous health outcomes. Indigenous primary care providers working with Indigenous peoples understand the community context and convey it to their colleagues across the health system. Indigenous people receiving care feel safer and can more easily build trust as there is a shared understanding of social realities of the community and sensitivity to local perceptions of the health system and its colonial legacy. Local Indigenous health professionals are role models for future generations by improving awareness of racism, challenging assumptions, and changing the way healthcare is delivered, ultimately creating a more culturally safe healthcare system.

In the short term, the participants stated how important it is to mobilize to protect Indigenous peoples from the racism they experience in the health and education systems. In the long term, growing the Indigenous primary health workforce as close to home as possible was seen as the gold standard. A model of community-based health education and services informed by Indigenous realities will create safer access to learners and patients. The prioritization of actions to address anti-Indigenous racism will require further engagement within local ecosystems and actors. NACM is committed to working alongside midwifery education programs to collectively uproot anti-Indigenous racism by supporting Indigenous leadership, through alignment and collaboration and diversifying pathways to education.

Overall, workshop participants clearly articulated the remarkable commonality amongst the three national Indigenous professional health organizations and all the individuals who attended. The online workshop helped us create a respectful and meaningful space to dream for change within the healthcare sector. It is now time to work with our partners to turn that dream into reality.

TRANSFORMING PRIMARY HEALTH PROVIDER EDUCATION

Our health. Our people.
Our education.
Our wellness.



Respectful relationships Learning together

Building meaningful partnerships that center Indigenous knowledge, governance, and self-determination. Ensuring processes that support local Indigenous communities' decision making and participation. Prioritization of data sovereignty to foster community input and ownership of education programs. Anti-racism training and principals underpin partnerships and all program aspects.

Interconnected Interdependent Growing

Working across generations, geographies, and disciplines in relationship with one another, and the land. Guidance from Elders, community involvement, and professional partnership create an environment of growth, support, and wellness for healthcare providers and the communities they serve.

Learning on and from the land

Relationship and responsibility to the land are foundational to identity, self-determination, and wellness. Healthcare providers learning on and from the land understand the heart of Indigenous wellness and are strengthened in their identity and grounded in their practice.

Learning in and from the community

Students remain in their communities for as long as possible, rooted from the early years of their education journey and supported through to practice. Laddered education provides offshoots of skill and knowledge that benefit the learner and the community. This social and cultural reproduction of Indigenous health knowledge is the foundation for Indigenous health and wellness practices.