

**PREPARING ONTARIO'S HEALTH SCIENCES STUDENTS FOR
ABORIGINAL CULTURAL SAFETY:
ENVIRONMENTAL SCAN**

**Dr. Chandrakant P. Shah
Professor Emeritus
Danna Lana School of Public Health
University of Toronto
And
Staff Physician, Anishnawbe Health Toronto**

Author acknowledges Health Human Resources Branch of Ontario Ministry of Health and Long Term Care for funding this study; Grant # HHR05046

Address:
Anishnawbe Health Toronto
225 Queen St. E.
Toronto, ON
M5A 1S4
416.360.0486
E-mail: csah@aht.ca

PREPARING ONTARIO'S HEALTH SCIENCES STUDENTS FOR ABORIGINAL CULTURAL SAFETY: ENVIRONMENTAL SCAN

EXECUTIVE SUMMARY

Ontario has the highest number of aboriginal peoples in Canada. Of the total 1,172,785 persons of aboriginal ancestry in Canada in 2006, 242,490 (21.0%) live in Ontario. Almost 78% of aboriginal people reside in off-reserve (rural, non-reserve and urban) communities. Health status of aboriginal people whether they reside in First Nations Communities (reserve) or off-reserve is 2- 3 times lower than that of the general population in Ontario and in Canada. Aboriginal population has generally complained about culturally insensitive healthcare they receive. At times they also meet with subtle and overt racism. Increasing the number of aboriginal health professionals practicing in Ontario will in some way address these issues; however for the foreseeable it will not solve the problem. One of the proposed solutions is to train all front line health care professionals in the area of aboriginal cultural safety.

In 2005, the Association of the Faculties of Medicine and Indigenous Physicians Association of Canada established a Joint Task Force. The mandate of this group was to develop a curriculum for healthcare professionals to practice aboriginal cultural safety. The report of the Task Force, *First Nations, Inuit, Métis Health Core Competencies* was published in February 2008. A central tenet of cultural safety is that it is the patient who defines what "safe service" means to them. This avenue opens up opportunities to learn about the unique histories, current challenges and successes of First Nations, Inuit and Métis communities in achieving an equitable level of health and wellness enjoyed by many non-aboriginal citizens. Hence core competencies in cultural safety for First Nations, Inuit and Métis includes the following components: A) Knowledge of: 1. Historical perspectives on impact of colonization, reserve system, residential school, treaty, federal and provincial policies towards aboriginal people, including their obligations and responsibilities etc. 2. Different aboriginal groups, their concepts of health, their traditional healing practices and existing western and traditional health care system in their communities; B) Skills in: 1. Communication with aboriginal client and community; 2. Development of therapeutic relationship with aboriginal client, their family and community etc. 3. Developing collaborative and ethical relationships with patients and community towards health and wellness promotion. C) Attitudes towards: Self-reflection including their own value clarification towards aboriginal people.

The objectives of this project were to:

1. Prepare an inventory of all health sciences programs at the universities and colleges in Ontario
2. Communicate with relevant faculty or dean's office to determine if they have an aboriginal "cultural safety" curriculum and identify the educators

3. Ascertain whether the relevant dean is willing to invite an aboriginal expert in cultural safety to teach the curriculum if it does not have an individual on staff who can do so.
4. Recommend appropriate actions to stakeholders to rectify identified gaps in present curricula.

A questionnaire was sent to all health sciences program directors of colleges and universities asking whether they have curricula material which deals with aboriginal contents and how they deal with it. Using a document prepared by the Indigenous Physicians Association of Canada and The Association of Faculties of Medicine of Canada, *First Nations, Inuit, Métis Health Core Competencies: A Curriculum Framework for Undergraduate Medical Education*, survey questions were designed to ask program directors who had responded positively that they have included aboriginal contents in their course, the extent to which these “competencies” were addressed in their curricula. A web-based questionnaire was sent to all participants via e-mail.

The questionnaire was sent to total of 25 Colleges of which 13 responded. These 13 colleges had 22 program directors, which were responsible for 68 different programs.

The questionnaire was also sent to 40 university health sciences programs of which 21 (52.5%) responded. These 21 respondents were responsible for 30 different health sciences programs in their universities. For most web-based surveys, a response rate over 40% is considered to be adequate. The present survey yielded almost 50% response rate, which is quite satisfactory.

Other than nursing and few personal care support workers program, aboriginal content in curricula of colleges is non-existent whereas two thirds of the university programs deal with some aspect of aboriginal core contents. *The First Nations, Inuit, Métis Health Core Competency* document had stipulated that the core competencies should be taught by a competent Aboriginal preceptor/teacher. Many Colleges and Universities do not have aboriginal instructor/professor. Hence the question was asked to the respondents if such an instructor/preceptor were to be available on a sessional basis would they consider including him or her in their course. The majority (81.8%) of college respondents indicated “yes” and the remainder 18.2% said, “Maybe”. When the same question was asked to the university respondents the majority (71.4%) also indicated “yes” and 19.0% said, “Maybe”.

While many programs will like to expand to be inclusive of aboriginal contents, major deterrents identified in their comments were: lack of time in curricula, lack of aboriginal faculty on the staff and their misconception that their courses in cultural sensitivity for other cultural group should be adequate for the aboriginal group.

Based on these findings the following actions are recommended:

Recommendation 1: Ministry of Training, Colleges and Universities mandate all health sciences programs to develop and teach aboriginal cultural safety as part of regular curriculum for their disciplines as there are distinct historical, cultural and other colonial government policies, which had impacted health of aboriginal patients/clients.

Recommendation 2: Colleges and universities in their strategic plan, consider hiring aboriginal professionals as part of their faculty complement.

Recommendation 3. As there are very few aboriginal instructor/professor within the colleges and universities, Ontario support the development of: a) A frame work for generic cultural safety curriculum based on First Nations, Inuit, Métis Health Core Competencies document developed by the Indigenous Physicians Association of Canada and the Association of Faculties of Medicine of Canada. b) A cadre of Aboriginal people (40) be trained as cultural safety experts to be available to all colleges and universities health sciences programs.

Recommendation 4. With the help of aboriginal professionals, each health discipline decide what core competencies for “aboriginal cultural safety” are required for their professions based on Core Competency document and develop their course based upon these agreed upon competencies. This will reduce duplication of efforts by individual institutions. Council of Universities and Colleges Ontario should take a lead for this task.

Many instructors in their comments indicated that they were teaching courses on cultural sensitivity and they thought that the aboriginal groups are similar to other cultural groups and should be treated the same. Hence they were not convinced that there was a need for a separate course for aboriginal cultural safety.. However, the *First Nations, Inuit, Métis Health Core Competencies* document referred above have addressed eloquently need for a stand-alone course on aboriginal cultural safety. Following are the reasons put forward by the Task Groups: “*Health disparities between First Nations, Inuit and Métis (FN/I/M) peoples and the general Canadian population continue to exist. Canada’s history of colonization of FN/I/M peoples with its resulting racism, discrimination and marginalization continues to affect the health and well being of many communities. As the First Peoples of Canada, these communities are diverse in their languages, beliefs, histories and health practices. And while varied languages, histories and health practices may also be true of cultural groups who have immigrated to Canada, FN/I/M peoples are not a cultural group to Canada, but rather distinct constitutionally recognized peoples with Aboriginal and treaty rights.*” In view of this it is recommended that:

Recommendation 5. Colleges Ontario and the Council of Ontario Universities should have faculty development seminars/programs on aboriginal culture.