



Teaching About First Nations, Inuit, and Métis Health

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Disclosure Statement



I have no actual or potential conflict of interest in relation to this presentation.



Learning Objectives

- To discuss cultural safety as both a framework for, and learning outcome of, First Nations, Inuit and Métis health education
- To explore alternative methodologies for teaching FN/I/M health
- To identify, acknowledge and analyze one's own considered emotional response to the many histories and contemporary environments of FN/I/M peoples, and offer opinions respectfully



Key pad Question 1: Which of the following options best describes your thoughts about culture and it's relationship to health and health care?

- A) Culture is less important to me than other patient factors because I treat all of my patients equally.
- B) Medical care is an evidence-based, scientific, objective field so cultural considerations are of minor importance.
- C) Culture is an important influence on how someone defines and values their health, as well as their health behaviors, so I try to be conscious of other peoples cultures.
- D) Both my culture and the patient's culture influence our interaction, and I try to be aware of this with each clinical interaction. I consciously try not to value or privilege my own culture and health understandings above theirs.
- E) I probably should know more about other peoples' culture so I don't offend any of my patients.



Why Talk About Culture?

- Culture is a determinant of health
- Culture influences how a person/ organization defines health
- Right to self-determination, including social, economic and cultural development
- Right to health



What is Culture?

- Constituted by facts
- Particular groups of people:
 - Hold specific beliefs
 - Subscribe to particular practices
 - Have certain expectations
 - Act in predictable ways



What is Culture?

- “integrated pattern of human knowledge, belief, behavior, and material traits characteristic of a social group”
- “variably shared way of life that includes knowledge, attitudes, beliefs, customs, and values of a group of people”



Who Has Culture?

- “Others”
- Health care systems including health care providers

What is Race?

- 2 broad categories of definitions:
 - Biologic construct: human races are generally defined in terms of original geographic range and common hereditary traits which may be morphological, serological, hematological, immunological or biochemical
 - Social construct: a dummy variable that represents two heterogenous underlying factors: societal factors and cultural/ ethnic factors



Cultural Safety

- Cultural safety is “the effective nursing or midwifery practice of a person or family from another culture, and is determined by that person or family.”
- Unsafe practice would be anything that demeans, diminishes or disempowers the cultural identity and well-being of another



Cultural Safety

- “Cultural safety is predicated on understanding the power differentials inherent in health service delivery and redressing these inequities through educational processes. Taking a cultural safety approach to dealing with inequities enables physicians and other care providers to improve health care access for patients, aggregates, and populations; acknowledge that we are all bearers of culture; expose the social, political, and historical context of health care; and interrupt unequal power relations.”