



ADDRESSING ANTI-INDIGENOUS RACISM IN THE B.C. HEALTH CARE SYSTEM

Unanswered Questions from November 4th, 2021

Q1: If one witnesses an event or becomes aware of systemic anti-indigenous racism in practice, who or where can we turn to report it/work through it/try and address it? Thank you.

A: We witness systemic racism through all encounters with the health care system. We reviewed some of the ways to mitigate the health care disparities caused by systemic racism in our presentation.

If you are referring to specific incidences, these may perhaps be examples of interpersonal racism or discrimination. Patients can contact FNHA's quality improvement office for further support:

<https://www.fnha.ca/about/compliments-and-complaints>

Q2: Other than the excellent courses « Indigenous Canada from the University of Alberta » and « Aboriginal Worldviews and Education from the University of Toronto », are there any free internet courses available to help us better understand?

A: Here are some examples of additional resources:

- [Cancer Care Ontario: Indigenous Relationship and Cultural Awareness Courses](#)
- [First Nations Health Authority Cultural Safety and Humility](#)
- [ICS Collaborative Webinars](#)
- Inconvenient Indian (Book)
- First Peoples, Second Class Treatment (Article)
- [In Plain Sight; Truth and Reconciliation Calls to Action \(at the least the 8 pertaining to health care\)](#)

A webinar resources summary is available online at: <https://ubccpd.ca/2021-11-04-addressing-anti-indigenous-racism-bc-health-care-system>

Q3: I have very few indigenous patients in my practice. As an urban family physician, how can I take proactive steps to counteract anti-indigenous racism in our health care system?

A: Len touched on this in their presentation.

The other question I would add is how do you know if you have very few Indigenous people? Many practitioners don't ask or track in their EMR and Indigenous people can look and present in many different ways. Other things you can do is to critically self reflect on your own biases and worldview and look for how these can impact your practice. Can assess your practice (the environment and organization of it) to see if there are ways to make the space more inclusive and welcoming to Indigenous people. Lastly, if you see or witness racism speak up.

Q4: To whom does one describe and address the prejudiced approaches by some colleagues or hospital staff when dealing with Indigenous patients, without repercussions to oneself?

A: One strategy is to develop an accountability mechanism within your own department that allows anonymous reporting and group review via a learning over punitive framework. Otherwise, consider recommending that patients contact the FNHA quality improvement office for assistance:

<https://www.fnha.ca/about/compliments-and-complaints>

Sometimes taking a curiosity approach can be helpful - asking colleagues why they may have approached a particular patient in a certain way or if ask them to clarify something they have said (ie. What did you mean when you said 'x'?). Often this is enough of a pause for people to stop and think about what they are saying and doing (it kicks the prefrontal cortex onboard if people are more acting out of habits and that sort of thing).

Q5: What are the best approaches to combatting systemic racism in the emergency department?

A: This lecture covers the material introduced during the panel discussion in more detail, and focuses on the ED setting: <https://www.bcemergencynetwork.ca/rounds/indigenous-health-in-the-ed-mitigating-health-care-disparity/>

Q6: In order to increase awareness of microaggression, subtle, or unconscious racism, are there any frameworks or series of questions for HCPs to work through to determine if racism has in fact occurred when it is not overt/obvious?

A: From a cultural safety perspective - if someone feels their care is culturally unsafe or have experienced racism (implicit or explicit) then they have. Often Black, Indigenous, and People of Colour (BIPOC) are left to prove that what they experienced happened and this is exhausting. There is a lot of fragility around conversations about race and racism and the natural default (and likely due to feels of

intense shame) is to down play, minimize, or deflect the complaint or feedback. I would encourage an approach of creating safer spaces (psychological safety) to have courageous conversations around these situations - to always take the time to listen openly and to reflect critically on these situations. Much of the racism Indigenous people face is implicit - slight changes in tone, more abrupt mannerisms and that sort of thing. In one project I worked on where we interviewed various health partners one non-Indigenous person reflected that while in the ED for their own person issue they were watching the health care staff and he couldn't name it explicitly but he could see and hear that difference when the clients were Indigenous vs non-Indigenous. In addition, many Indigenous people have a trauma response when accessing care due to colonization, ongoing racism, and mistrust in the system. This can be an added challenge for professionals to build connections with Indigenous patients. This is not your fault however we do have a responsibility to do our part and learn trauma informed care practices. I would encourage self-reflection, validating people's experience, and supporting courageous conversations (focused not on shame and blame but on how we can work together to do better). Using approaches similar to those used when medical errors happen is a good example.

Q7: Do patients and families perceive implicit bias in HCPs? As a HCP, how do we evaluate our clinical practice and prepare our practices accordingly? Is education sufficient?

A: This video goes over some of the evidence behind implicit bias and some strategies on how to address it: <https://www.bcemergencynetwork.ca/webinars/indigenous-health-in-the-ed-the-role-of-implicit-bias/>