

Glossary

Key Terms

Anti-Racism: Anti-Racism is a practice that includes actively identifying, challenging, preventing, and eliminating racist ideologies, and changing the values, structures, policies, programs, practices, and behaviours that perpetuate racism.

Cultural Humility: Cultural Humility is a life long process of self-reflection and self-critique to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.

Cultural Safety: An outcome of an interaction whose quality is defined by the person receiving care. It is more likely that a patient will experience their care as safe when the care environment is welcoming and team members are practicing cultural humility (See also: Cultural Humility).

Discrimination: Race is a socially constructed way to categorize people and is used as the basis for discrimination by situating human beings within a hierarchy of social value.

First Nation: Can refer to a band, a reserve-based community, or a larger tribal grouping and the status Indians who live in them. For example, the Stó:lō Nation (which consists of several bands), or the Tsleil-Waututh Nation (formerly the Burrard Band). There are over 200 First Nations in British Columbia.

First Nations: Sovereign Indigenous Nations and peoples and inherent, human, and Aboriginal title and rights holders with their own laws, governance systems, and jurisdictions that pre-exist and continue regardless of Crown assertions of authority.

Indigenous: The first peoples of Canada, who identify as First Nations, Métis, or Inuit. The Declaration on the Rights of Indigenous Peoples Act defines Indigenous peoples using the same definition as Aboriginal in the Constitution Act, 1982. Some First Nations and Métis peoples in the Interior region of BC prefer the term Aboriginal.

Indigenous Peoples: Matriarchal people whose spiritual beliefs tie us to the land (In British Columbia there are 60 nations, 206 bands, 53 languages with more dialects).

Racism: Racism is the belief that a group of people are inferior based on the colour of their skin or due to the inferiority of their culture or spirituality. It leads to discriminatory behaviours and policies that oppress, ignore or treat racialized groups as 'less than' non-racialized groups.

Trauma-Informed Care: Having knowledge about different types of trauma and the impact on Indigenous patients, including how intergenerational and historical trauma affects many Indigenous Peoples during health-care experiences. This includes explaining the reason for any examination you make, asking for informed consent to touch the patient as many times as you need to, taking time to listen and being receptive to whatever they are experiencing in the moment. Trauma-informed care is delivered with compassion and moves us from asking "what is wrong with you?" to "what happened to you?"

Two-Eyed Seeing: A theoretical framework coined by Mi'kmaw Elder Albert Marshall. In the context of health systems, this means shifting from a Western, biopsychosocial model as the default to a "two-eyed seeing" approach that brings together the best of Western and traditional perspectives and makes space for grounding the work within the specific context of the First Nations community that one is working with.

A

Alhguh: Together as one, together as a community. (From: Dakelh and Wet'suwet'en languages)

Allyship: A life-long process of working to advance inclusion through intentional, positive, and conscious actions within one's sphere of influence. A person who takes action, listens to, builds trust with, advocates for, and amplifies the voices of marginalized people and groups may be recognized as an ally. As a label, the term "ally" cannot be self-applied; one can only become an ally by having their efforts recognized as such by the marginalized person(s) they strive to uplift.

Anti-Indigenous Racism: The unique and ongoing race-based discrimination, negative stereotyping and injustice experienced by Indigenous peoples that perpetuates power imbalances, systemic discrimination, and inequitable outcomes stemming from the colonial policies and practices.

Anti-Racist Practice: Taking active steps to identify, address, prevent, and eliminate Indigenous-specific racism.

C

Calling In: Assuming people's intentions were not to harm and that they do not understand the impact of their behaviour, that when they know better, they will do better.

Clear-Eyed Seeing: Refers to our ability to look directly at the history of colonization without diminishing the impact of our role on the continuing oppression of Indigenous peoples. Clear-eyed seeing calls for us to manage our own discomfort, and to "not look away," not deflect and not deny the reality that non-Indigenous peoples all benefit from historical and ongoing colonial practices.

CMA Apology: The Canadian Medical Association Apology explains how health professionals failed to advocate for Indigenous patients' well-being in the face of damaging policies.

Colonization: Policies or practices (and beliefs/attitudes) whereby groups or countries partially or fully steal land and resources from Indigenous peoples, occupy the land and exploit the people and the land by racist policy and law for economic privileges. Following the acquisition of land and resources, colonizers establish laws and processes that continuously violate the human rights of Indigenous peoples, violently suppress their governance, legal, social and cultural structures (and practices) and force them to conform to the newly established laws and processes of the colonial state.

Cultural Safety & Humility Standard: The British Columbia Cultural Safety and Humility Standard developed by the Health Standards Organization (HSO) and First Nations Health Authority (FNHA) outlines how practitioners can provide a culturally safe experience for Indigenous patient.

D

Declaration Act Plan: The goal of the Declaration on the Rights of Indigenous Peoples Act Plan is for Indigenous Peoples to enjoy living in BC without interpersonal, systemic and institutional interference, oppression or other inequities associated with Indigenous-specific racism and discrimination, wherever they reside. Specifically, it calls for implementation of the recommendations outlined in the In Plain Sight report and establish a health care system in BC that is culturally safe and free of Indigenous-specific racism (See also: In Plain Sight Report).

Determinants of Health: Determinants of health are the broad range of personal, social, economic, and environmental factors that determine individual and population health.

E

Ermine's 5Rs: A structured process that can be used to help introspect and interrupt our biases (See also: Respect, Reciprocity, Relationship, Reconciliation, and Responsibility).

F

FNHB: First Nations Health Benefits are benefits that were historically provided by the federal government as part of their legal obligations to First Nations. In BC, these services are now offered by the First Nations Health Authority which is the first Indigenous-led agency to take over responsibility for delivering services and supports to First Nations people and communities.

I

Indian Act: Created in 1876, the Indian Act imposed federal control over nearly every aspect of Indigenous peoples' lives, including identity, land, governance, cultural practices, education, and health. Its purpose was to assimilate Indigenous peoples and undermine Indigenous rights and nationhood.

Indian Hospitals: The Indian Hospital system began in the 1930s and expanded in the late 1940s–1950s, partly to isolate Indigenous patients, especially those with tuberculosis, from the non-Indigenous population. Across Canada, 29 hospitals provided about 2,200 beds in BC, three Indian Hospitals operated in overcrowded conditions, far from patients' homes, and often with under-trained or unlicensed caregivers. Practices included experimental treatment, painful or disabling surgeries even as general hospitals adopted less-invasive approaches to tuberculosis, and the use of restraints and enforced hospitalization, which would not have been permissible in general hospitals. Most Indian Hospitals closed or were converted in the 1970s–1980s, but their legacies remain in medical mistrust and ongoing health inequities.

In Plain Sight Report: A comprehensive report investigating Indigenous-specific racism in B.C.'s health care system, "In Plain Sight" documents systemic discrimination—including troubling workplace practices—and calls for urgent, principled, and sweeping reforms to eliminate prejudice against Indigenous Peoples in health care.

Indigenous Healing Practices: A broad term describing the many different healing traditions within the varying belief systems within Indigenous cultures in Canada. Indigenous traditional healing has been used by Indigenous peoples for thousands of years.

Indigenous-Specific Racism: Indigenous-Specific Racism refers to the unique nature of stereotyping, bias and prejudice about Indigenous peoples in Canada that is rooted in the history of settler colonialism. It is the ongoing race-based discrimination, negative stereotyping and injustice experienced by Indigenous peoples that perpetuates power imbalances, systemic discrimination and inequitable outcomes stemming from the colonial policies and practices.

Intergenerational Trauma: A description of how the effects of massive group trauma are transmitted across generations through disrupted attachment, unresolved grief, socioeconomic marginalization, and ongoing exposure to discrimination.

Inuit: An Inuktitut term meaning "the people." Inuit are Indigenous peoples who live primarily in the Inuvialuit Settlement Region (Northwest Territories), Nunavut, Nunavik (Northern Quebec), and Nunatsiavut (Northern Labrador). Inuit share cultural traditions, values, and languages rooted in the Arctic, while maintaining distinct regional identities.

L

Luma Indigenous Pharmacy: A resource for Indigenous patients that integrates western and Indigenous medicines in its Traditional Medicine Pharmacy.

M

Marginalization: The process through which certain people are denied opportunities to become fully participating members of society and pushed to the margins of the mainstream, including being prevented from finding work, attaining enhanced levels of education, or gaining access to social services. Marginalization particularly impacts people who experience multiple forms of oppression and discrimination.

Medicine Wheel: The medicine wheel is a teaching some Indigenous communities use that views health and well-being as integrated with physical, emotional, spiritual, and mental health. The way each community uses the medicine wheel is dependent on their community's teachings.

Métis: A distinct Indigenous people with their own history, culture, language, and nationhood, rooted in historic Métis communities such as the Red River region. Members of the Métis Nation are citizens who have ancestral ties to historic Métis communities and who are recognized according to Métis Nation governance processes.

Microaggression: An everyday, often unintended verbal or nonverbal slight, insult, or snub that communicates hostile or negative messages toward marginalized groups. Though seemingly minor, these actions create a hostile environment, revealing unconscious biases about race, gender, sexuality, or ability.

MMIWG2S+ Calls For Justice: The Missing and Murdered Indigenous Women, Girls, and Two-Spirited People Calls for Justice include: recognize and protect the rights to health of Indigenous Peoples, especially Indigenous women, girls and 2SLGBTQQIA (3.1), health and wellness services are available and accessible wherever Indigenous women, girls, and 2SLGBTQQIA people reside (3.2), substantive equality for Indigenous-run health services (3.6), and more.

P

Person-Led Care: Working collaboratively with Indigenous patients to meet the patient's health and wellness goals (See also: Relational Care).

Plan W: Plan Wellness is a Fair Pharmacare plan available for individuals who identify as Indigenous. It is offered by FNHA, but it is integrated with Fair Pharmacare so it is easier for prescribers and patients to access.

Prejudice: Prejudice refers to a negative way of thinking and attitude toward a socially defined group and toward any person perceived to be a member of the group.

Privilege: Unearned advantage. Privilege is concerned with whether a given society, economic system, or institution unjustly benefits certain groups.

Q

Quintuple Aim: Five dimensions of eliminating racism and discrimination (Improving patient experience, improving population health, reducing costs, provider well-being and engagement, and advancing health equity).

R

Reciprocity: Mutual exchange of knowledge and actions (See also: Ermine's 5Rs).

Reconciliation: (See also: Ermine's 5Rs).

Reign of Terror: Occupation of the Red River Area of Manitoba through deployment of a paramilitary force of 1200 soldiers who harassed, assaulted and murdered Métis people.

Relational Care: Working collaboratively with Indigenous patients to meet the patient's health and wellness goals (See also: Person-Led Care).

Relationship: Developed over time to build trust and understanding (See also: Ermine's 5Rs).

Residential Schools: For over 150 years, the federal government and churches operated Residential Schools that forcibly removed Indigenous children from their families and communities. Children were punished for speaking their languages, practicing spirituality, or even maintaining their appearance. The system severed family bonds, deprived parents of their roles, and communities were without children's laughter, curiosity, and hope for the future. Children were subjected to neglect, physical and sexual abuse, and medical experimentation. The Truth and Reconciliation Commission confirmed that over 4,000 children died in Residential Schools based on available school and government records, though the true number is believed to be much higher. In recent years, the recovery of unmarked graves at former school sites has confirmed what many survivors have long shared—including accounts of children dying from abuse, disease, or neglect, and in some cases being forced to bury their classmates. These findings continue to reveal the scale of loss experienced by families and communities.

Respect: A feeling or understanding that someone is important and should be treated appropriately (See also: Ermine's 5Rs).

Responsibility: To seek knowledge and understanding and act accordingly (See also: Ermine's 5Rs).

S

Self-Reflective Practice: Demonstrating cultural humility, beginning with a self-examination of values, assumptions, beliefs, and privileges in one's own knowledge and practice, and considering how this may impact the therapeutic relationship with Indigenous patients.

Stereotype: A stereotype is a fixed image. It refers to an exaggerated belief, image or distorted truth about a person or group; a generalization that allows for little or no individual differences or social variation.

Strengths-Based Approach: Focuses on Indigenous peoples' individual and community strengths and resilience to adapt positively despite significant hardships or trauma, rather than solely on remedying the historical, social, health, and health care disparities faced by First Nations, Métis, and Inuit peoples and communities.

Strengths-Based Practice: Focusing on the resilience and strength the patient brings to the health-care encounter.

T

Traditional Medicines: Traditional medicines include medicinal herbs, teas, and salves derived from plants, animals or minerals harvested and prepared for the treatment of specific ailments. These are generally derived from the local ecosystem.

Traditional Wellness: The traditional wellness vision is to improve the mental, emotional, spiritual and physical wellbeing of First Nations, while strengthening the traditional health care system through a partnership between traditional healer practitioners and the Western medical system.

Trauma- & Violence-Informed: Focusing on minimizing the potential for harm and re-traumatization and enhancing safety, control, and resilience for those involved with systems or programs.

TRC Calls To Action: The Truth and Reconciliation Commission Calls to Action specifically calls on the health care system to: recognize and implement the health-care rights of Aboriginal people (#18), create measurable goals to close gaps (#19), address Jurisdictional disputes and distinct health needs of First Nation, Metis, Inuit peoples (#20), provide sustainable funding for Aboriginal health centres (#21), recognize the value of Aboriginal healing practices and use them collaboratively (#22), and more.

U

UNDRIP: The United Nations Declaration on the Rights of Indigenous Peoples is a document that specifically guarantees that Indigenous peoples have the right to: develop and determine health and programmes affecting Indigenous Peoples, traditional medicines and maintenance of their health practices, including conservation of vital medicinal plants, access, without any discrimination, to all social and health services, and the highest attainable standard of physical and mental health, and more.

#

1953-55 High Arctic Relocations: 92 Inuit were moved from northern Quebec and Pond Inlet to Resolute Bay and Grise Fiord. Promised better conditions, they instead faced extreme cold, darkness, and scarce wildlife. These relocations served federal aims of asserting Arctic sovereignty and reducing dependence on government support, causing long-term social and health impacts.

60s Scoop: Between the 1960s and 1990s, an estimated 20,000+ Indigenous children were taken from their families and placed in non-Indigenous homes across Canada and abroad. This compounded the intergenerational harm caused by Residential Schools.