



In Plain Sight

Independent Review of Indigenous-specific Racism in B.C. Health Care

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Emotional trigger warning

The presentation explores prejudice and discrimination experienced by Indigenous people in the health care system. Although intended to help eliminate Indigenous-specific racism and create substantive equity in health care experiences, services and outcomes, for Indigenous peoples, the content may trigger unpleasant feelings or memories of culturally unsafe personal experiences or such experiences of their friends, family, and community.

First Nations, Métis and Inuit peoples who require emotional support can contact:

- First Nations and Inuit Hope for Wellness Help Line and On-line Counselling Service at 1-855-242-3310 or through hopeforwellness.ca.
- Métis Crisis Line at 1-833-MétisBC (1-833-638-4722).
- KUU-US Crisis line at 1-800-588-8717

Context

Focus:

Quality of the experience at the point of care – meaning everywhere that Indigenous peoples access health care in BC

Reports released:

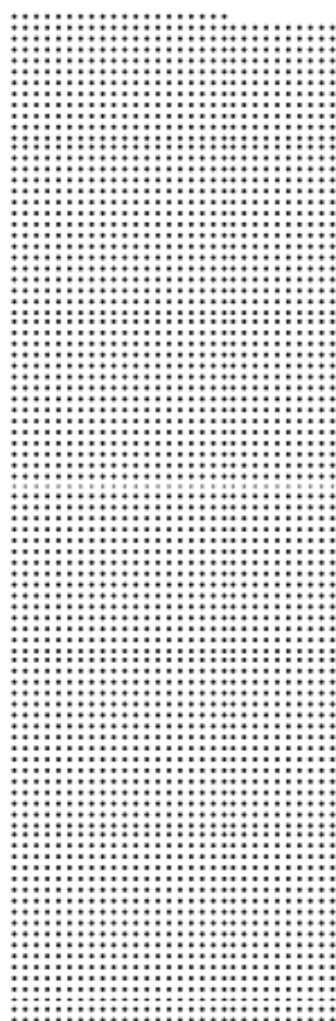
- November 30: Summary Report and Long Report
- February 4: Data Report



WE HEARD FROM ALMOST 9,000 PEOPLE

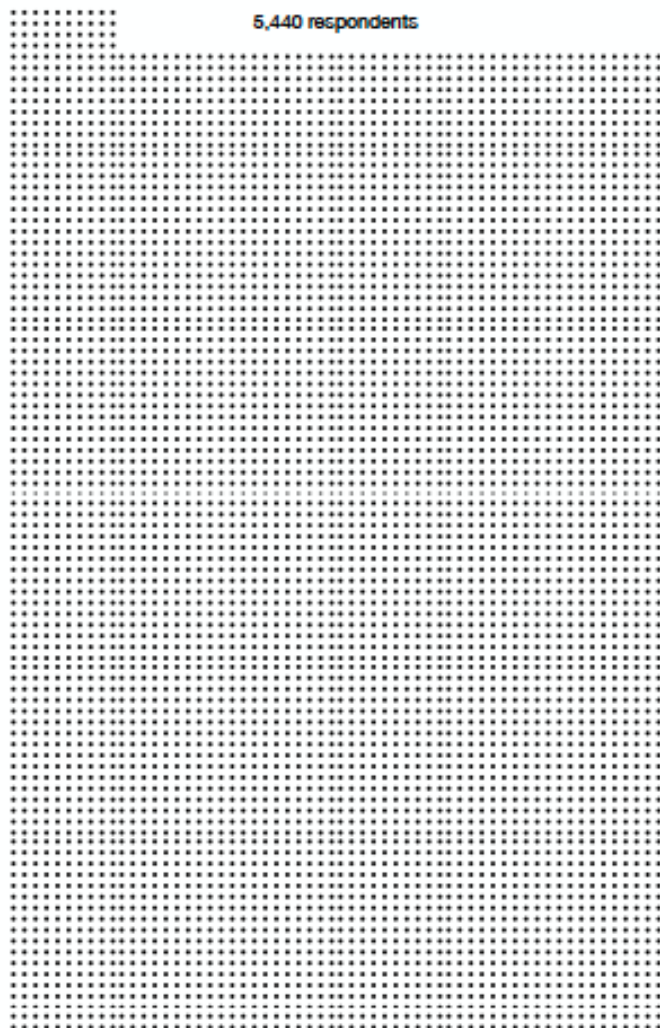
INDIGENOUS PEOPLES' SURVEY

2,780 respondents



HEALTH WORKERS' SURVEY

5,440 respondents



DIRECT EMAIL AND 1-800-NUMBER

800 respondents



KEY INFORMANT INTERVIEWS

150



WE ANALYZED HEALTH SECTOR DATA

185,000

Health utilization and health outcomes of First Nations and Métis individuals.

12,335

Indigenous respondents to the COVID-19 Speak survey.

3,026

Adults in the First Nations Regional Health Survey data.

1,246

Indigenous respondents to a Patient Reported Experiences Measurement Survey of emergency departments.

430

Complaints from Patient Care Quality Offices, Colleges and the First Nations Health Authority.

LITERATURE REVIEW

Submissions from health sector and Indigenous organizations
Detailed investigation of specific ER allegations
Investigation of other select cases
Extensive literature review of previous investigations, inquiries, and academic or historic findings
Dialogue with experts in Indigenous rights, Indigenous health/wellness, UNDRIP
Review of existing anti-racism/cultural safety initiatives already underway

Key terms & concepts

Issues

- Racism
- Indigenous-specific racism / anti-Indigenous racism
- Systemic racism
- Prejudice
- Profiling
- Discrimination
- Privilege

Mindsets, practices, and tools

- Anti-racism
- Cultural humility

“After the third time, we gave up and I just started taking the kids to every appointment because I am a white male and got better service. Sad, but reality.”

~ Non-Indigenous man whose family gets better treatment when he accompanies them to health care instead of his wife, who is First Nations

Desired outcomes

- Substantive equality
- Cultural safety
- Indigenous human rights

Article 24, UN Declaration on the Rights of Indigenous Peoples:

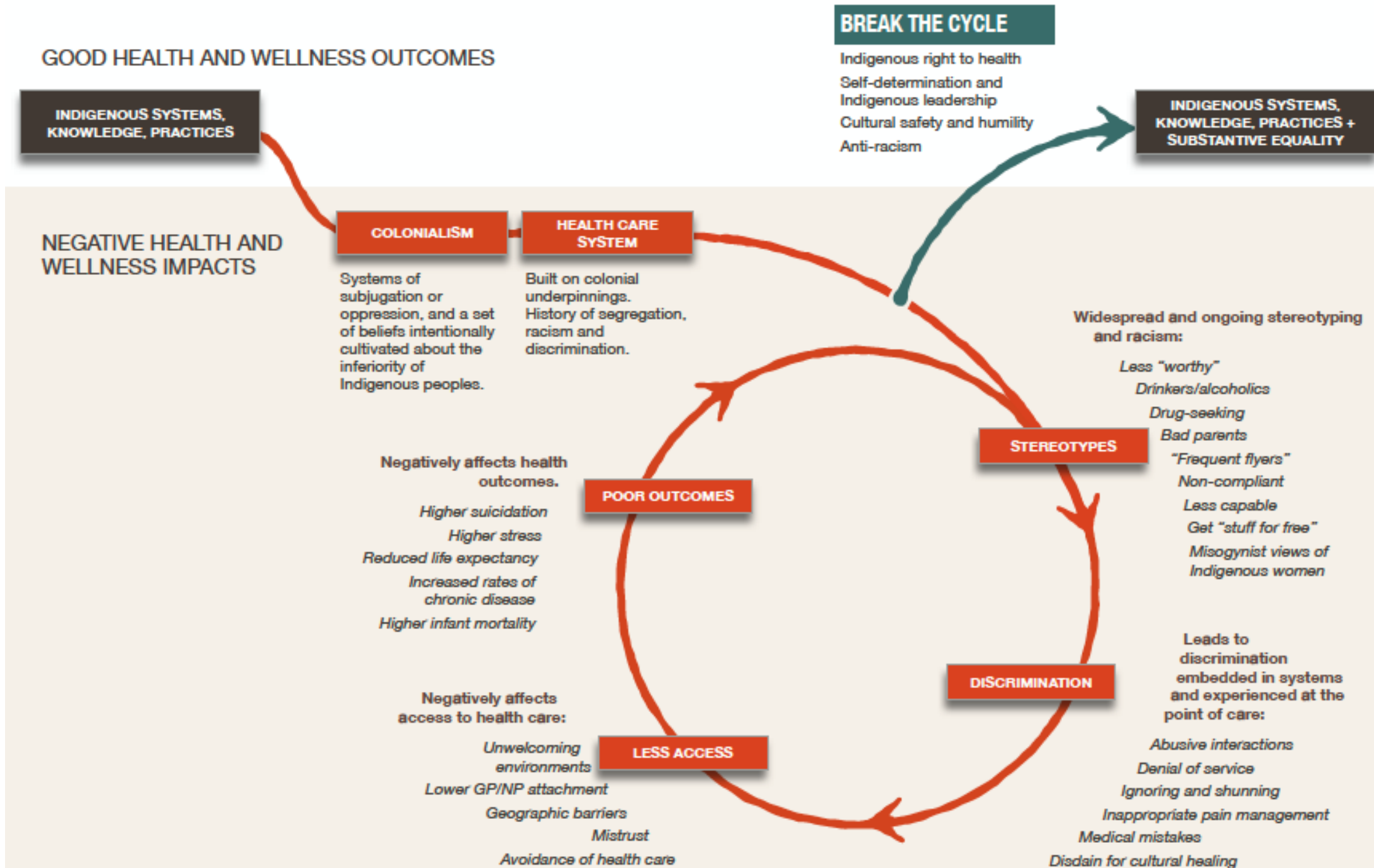
1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.
2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

Surveys: what we heard about racism

- 84% of Indigenous respondents reported some form of discrimination in health care
- 35% of respondents had witnessed interpersonal racism or discrimination directed to Indigenous patients or their family/friends. This was 59% amongst Indigenous respondents only.
- 52% of Indigenous health care workers reported experiencing racial prejudice at work. 42% of white respondents reported witnessing racial prejudice towards health care workers.
- 13% of (531) health care workers made racist comments in the survey
- Top reported reasons why racism persists: 1) employees not willing to speak up; 2) lack of accountability by leadership to stop discriminatory behaviour; 3) insufficient numbers of Indigenous health care professionals



What we found



Findings

The “problem”

1. There is widespread stereotyping, racism and profiling of Indigenous people.
2. Racism limits access to medical treatment and negatively affects the health and wellness of Indigenous peoples in B.C.
3. Indigenous women and girls are seriously disproportionately impacted.
4. Public health emergencies are magnifying racism and disproportionately impacting Indigenous peoples.
5. Indigenous health care workers and students face significant racism and discrimination in their work and study environments.

Examining “solutions”

6. Current education and training programs are inadequate.
7. Complaints processes do not work for Indigenous peoples.
8. Indigenous health practices and knowledge are not integrated.
9. There is insufficient “hard-wiring” of Indigenous cultural safety.
10. Indigenous structures and roles in health decision-making need to be strengthened.
11. There is no accountability for eliminating Indigenous-specific racism, including system-wide data and monitoring of progress.

Key Observations – Data Report

- Indigenous people are receiving services in a health care environment which is skewed away from primary preventative care and towards secondary and tertiary care and treatment.
 - The lesser access to primary care may be driving lower cancer screening rates and higher rates of treatable cancers. For example, Pap screening amongst First Nations women is 68% of that of non-First Nations women and cervical cancer amongst First Nations women is 1.6X higher than non-First Nations women.
- The ED is the locus for much of First Nations' health care, with adult user rates two times or more greater than Other Residents. The experiences detailed in the Review suggest that many First Nations may actually use the ED as a last resort.
- Indigenous women are shouldering the greatest burden.
 - Indigenous women have greater health disparities than non-Indigenous women and Indigenous men
 - First Nations women have lower access to health services from the prenatal period through to care of young children
 - First Nations female death rate due to opioid overdoses in 2020 almost twice as high as that of non-Indigenous females
 - In the COVID-19 pandemic, First Nations females are over-represented in the number of confirmed First Nations cases
 - Indigenous men were 83 per cent more likely than Indigenous women to feel “*completely safe*” when visiting the ED
 - In the one specialty women's hospital, First Nations women in 2017/18 left the hospital against medical advice at a rate 11 times greater than other residents



Recommendations

24 Recommendations take a strong human rights approach consistent with the *UN Declaration on the Rights of Indigenous People*.

- **Systems:** 10 recommendations focusing on improved accountability, legislative changes, governance structures, standards, complaints processes, physical spaces, and measurement and reporting.
- **Behaviours:** 9 recommendations focusing on increased Indigenous leadership and health professionals, and specific efforts needed in health emergencies, mental health and wellness, and for Indigenous women.
- **Beliefs:** 4 recommendations about mandatory health professional education, better public education about Indigenous history and health, and new joint degrees in Indigenous Medicine (with Nursing and Medicine)

Implementation: 1 recommendation focused on a Task Team to propel implementation of Recommendations.

Reflections on quality

- Embed cultural safety into our definitions of quality
- Create “speak up” culture against racism and discrimination
- Experience at point of care is our primary focus
- Need standards, e.g. accreditation, health regulation
- We need both urgent/interim solutions as well as long-term transformation to address complaints and incidents
- Better quality care is urgently required for Indigenous women



For further information

Summary report, long report, and data report available at

<https://engage.gov.bc.ca/addressingracism/>

Contact:

- Email: addressing_racism@gov.bc.ca
- Toll-free: 1-888-600-3078

