

Quebec Indigenous Research Chair in Nursing (CRASIQ) annual Forum in partnership with the Regroupement des centres d'amitié autochtones du Québec (RCAAQ)

Think Tank on tools to decolonize health care in Quebec

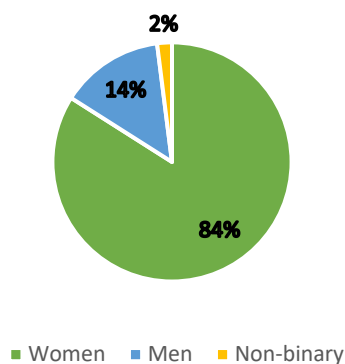
Objectives of the day

We took advantage of CRASIQ's annual forum to create a space for discussion among critical actors in front-line and community health services in Quebec around tools and strategies to strengthen their capacity to provide **equitable health care and services** to Indigenous peoples. From these discussions, we wanted to identify elements to be included in an **action kit** for health professionals and managers who wish to **concretely dismantle Anti-Indigenous systemic racism** and offer equitable and culturally safe health care.

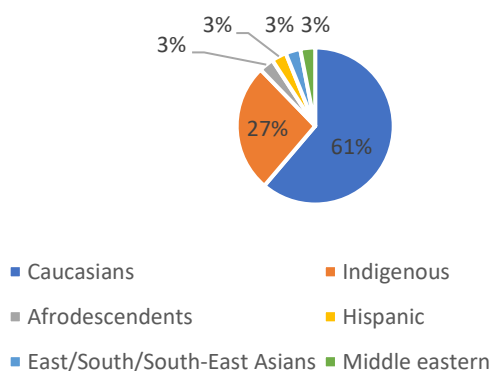
The day began with participants sharing their concerns and needs regarding their ability to provide equitable health care and services to Indigenous peoples. Participants then discussed the tools missing to take action, the disparities in existing tools and relevant tools outside of Quebec that could be adapted to their working environment. Finally, participants reflected on the challenges and structural barriers to implementing tools within Quebec's primary and community care organizations.

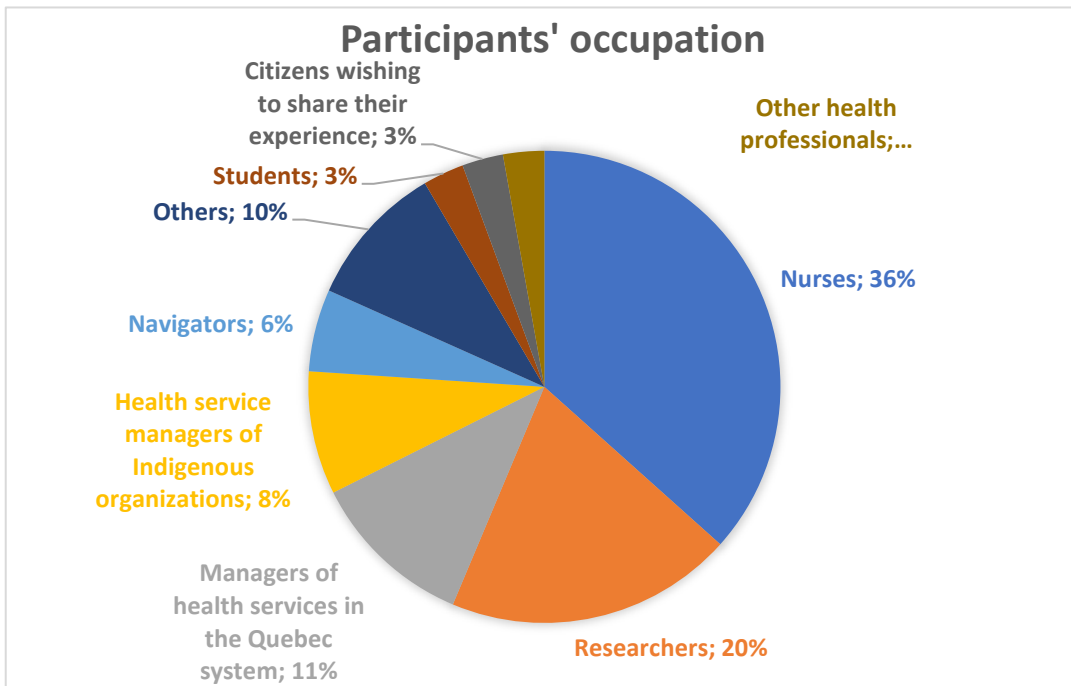
Who participated?

Participants' gender identity



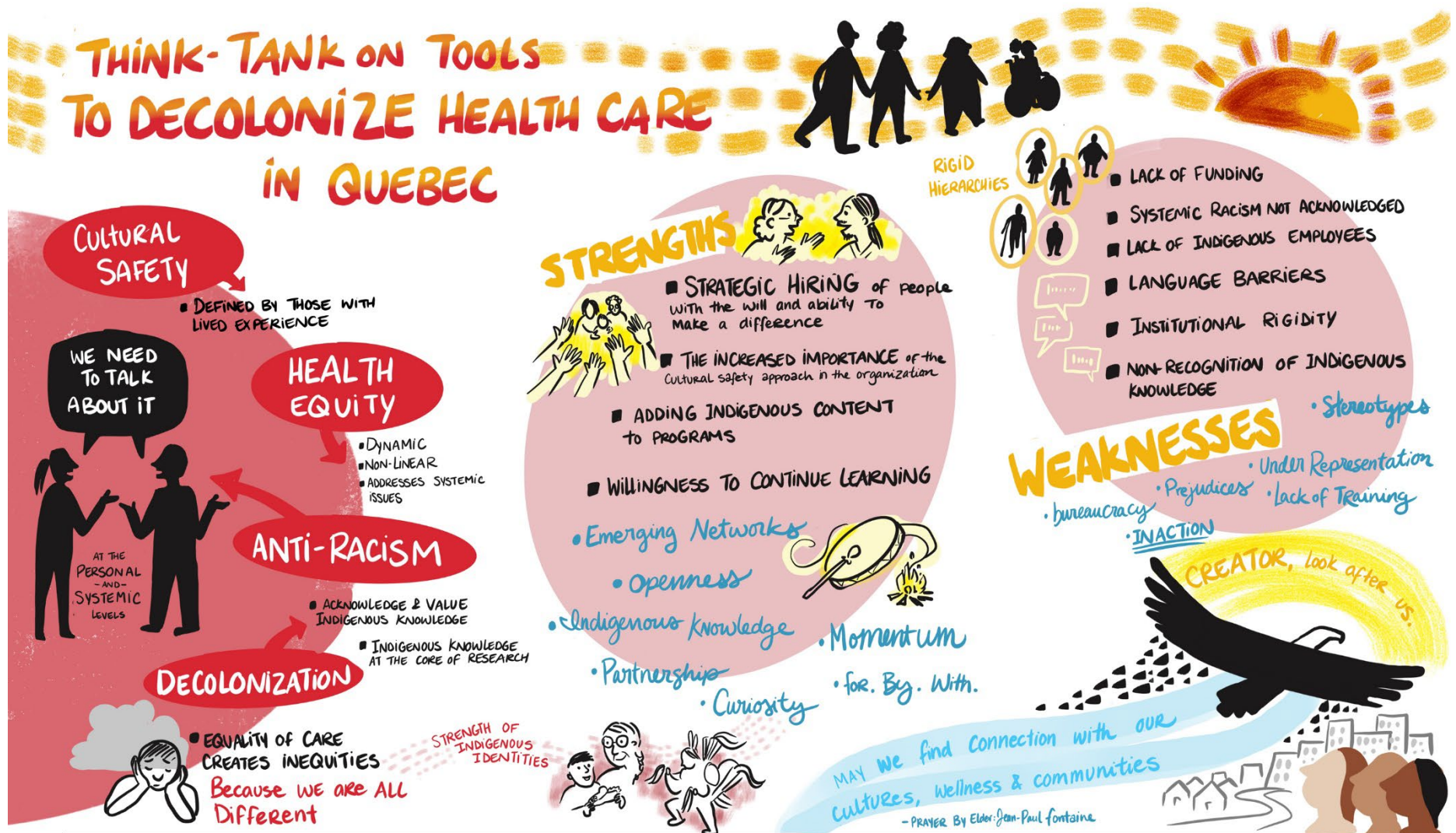
Participants' racial self-identification





- Participants were primarily located in the regions of Montreal, Quebec City, Laval, Estrie, Montérégie, Laurentides, Lanaudière, Outaouais, Côte-Nord, Saguenay-Lac-Saint-Jean, as well as the provinces of Nova Scotia, New Brunswick, Manitoba and British Columbia.
- Indigenous participants identified themselves as Inuit, Innu, Métis, Abenaki, Anishinaabe, Atikamekw, Huron-Wendat, Kanien'keháka, Malécite and Naskapi.

Summary of morning discussions



Highlights of discussions on strengths and opportunities:

The growing **openness** and **proactivity** of students, faculty, managers, health professionals and institutions to transform and decolonize their practices were almost unanimously emphasized by participants. Indeed, we see increased requests for mandatory cultural safety and Indigenous realities awareness training for health professionals and the general population and recommendations to add Indigenous content to health professionals' initial education.

Progress was noted in recognizing systemic racism by some institutions and professional orders, such as the OIIQ, and the long road to repairing the past. Organizational changes that promote inclusion and diversity were identified, such as hiring protocols in the public service. There is an increase in Indigenous representation within health care institutions, greater **recognition of Indigenous knowledge and expertise**, and a revalorization of Indigenous perspectives in these institutions.

The importance of establishing and **strengthening links and relationships** between institutions and Indigenous communities and Friendship Centres, as well as partnerships and collaborations between these organizations, were also noted.

Highlights of discussions on weaknesses and threats:

The **rigidity** of the health system and professional orders and a **lack of transparency** were identified as significant weaknesses related to cultural safety, decolonization, anti-racism and health equity in health and academic institutions. Participants identified the health system as overly framed and governed by norms that are not adaptable to Indigenous worldviews and healing practices. Indeed, although the will to transform is present in individuals, this rigidity, accompanied by **Indigenous under-representation** in the health system, in policy committees and government organizations, threatens the recognition and integration of Indigenous cultural and linguistic competencies as well as Indigenous knowledge and approaches in the health system.

At the institutional level, **a lack of Indigenous and non-Indigenous human resources** and **poor staff retention** accentuate the shortcomings of the hiring process and staff support in health institutions. The **lack of adequate and adapted training on cultural safety** and the **lack of support and evaluation** of health professionals in their personal and professional decolonization creates resistance among them. Training programs tend to be too general, non-personalized and not very applicable to various professional contexts, making them unattractive. The **language barrier** and the inability to provide health care in the users' mother tongues reinforce the **difficulty of accessing front-line care and services** for Indigenous peoples.

In addition, a **lack of funding** for projects proposed by Indigenous organizations was noted, creating a significant challenge for the sustainability of interventions, innovations and impacts on the health of Indigenous peoples in the long term.

Finally, at the individual level, **prejudices, biases, stereotypes and lack of knowledge of Indigenous realities** remain essential factors that require constant personal reflection.

Summary of afternoon discussions



Highlights of discussions on tools developed:

The participants named some tools and initiatives promoting decolonization of health care, health equity, anti-racism and cultural safety. Participants underlined the existence of training offered on cultural safety by certain institutions and organizations such as CISSS, CSSSPNQL, UQAT, First Nations Centers, and Quebec Native Women (QNW), as well as internships offered for health professionals in Indigenous settings.

Likewise, some personal development and decolonization tools have been named, such as:

- **The circle and the box workshop:** https://www.mikana.ca/en/accueil/atelierlecercleetlaboite-inm2019_auto_x1-2/
- **Wedokodadowin training:** <https://www.uqat.ca/wedokodadowiin/>
- **Sanyas Indigenous Cultural Safety Training Program:** <https://sanyas.ca/>
- **Rate Your Organization:** <https://equiphealthcare.ca/files/files/2021/05/RYO-Health-Equity-May-4-2021.pdf>
- **The Health Care Equity Scale:** <https://equiphealthcare.ca/resources/toolkit/equity-oriented-health-care-scale/>
- **Equity Walk Through:** <https://equiphealthcare.ca/resources/toolkit/equity-walk-through/>
- **Trauma and violence-informed care:** <https://equiphealthcare.ca/resources/tvic-workshop/> https://www.albertahealthservices.ca/webapps/elearning/TIC/Mod01/story_html5.html

Participants identified current initiatives to promote cultural safety and improve care access for Indigenous peoples: concertation tables between institutions and Indigenous communities, partnerships between CIUSSS and Indigenous Friendship Centres, and the deployment of liaison agents and service navigators as well as mobile clinics (such as the Uatik'u clinic). A satisfaction tool has also been put in place for the Indigenous clientele by the GMF-U du Nord de Lanaudière.

Some activities and workshops that promote the support and integration of Indigenous people were also mentioned. These include initiation activities offered by Indigenous Friendship Centres.

Finally, participants mentioned the importance of EDI policies, Jordan's Principle, the Viens Commission (an excellent vector to identify concrete actions), and Joyce's Principle, which allows for systemic change at all levels.

Highlights of the discussions on tools to be developed:

From the discussions, the main tools to be developed are the following:

- 1- Tools that enable health professionals to **understand Indigenous languages** to promote and facilitate communication between health professionals and Indigenous peoples receiving care.
- 2- Tools that are **accessible, adapted and tailored** to Indigenous peoples, created and translated by Indigenous people to value Indigenous cultures, skills and traditional healing practices.
- 3- Tools to **educate the general population** about the realities of Indigenous peoples.
- 4- **Training programs and reflection guides** for health care professionals, including clinical settings examples to guide them in providing culturally safe care and fostering Indigenous self-governance.

- 5- Tools to guide individuals in their **personal decolonization** process.
- 6- Surveys and **evaluation tools for Indigenous care recipients** to gather their perceptions of the care they received (cultural safety outcome).
- 7- **Evaluation tools for training** programs in place.
- 8- Tools to assess health care professionals' progress towards providing culturally safe care.

What plans for the future?

In light of the discussions and the responses to the post-Forum survey, CRASIQ and RCAAQ would like to plan and implement the following activities jointly:

Short-term activities:

- 1. Expand its network of collaborators and partners for different projects.
- 2. Create and make available resource directories, such as:
 - A list of organizations working around Indigenous health
 - Existing training for cultural safety, equity, anti-racism and decolonization of practices
 - Existing tools, strategies and initiatives related to cultural safety, equity, anti-racism, and decolonization of practices

Midterm and long-term activities:

- 3. Organize activities that bring together communities of practice to advance actions toward decolonizing health care concretely. Discussions may focus on:
 - Training programs
 - Presentations and discussions on existing training programs.
 - Content that should be essential in training programs.
 - How to evaluate and follow up on training programs.
 - More in-depth sharing of strategies and tools that have been implemented in some organizations/regions to promote equity, anti-racism and cultural safety.
 - Focusing on practitioners and leaders who have changed practice in their settings.
 - With more clinical, concrete applications.
 - By sharing mistakes and effective strategies.
 - By including service users with lived and living experiences.
 - The creation of tools related to existing needs and challenges.
- 4. Get involved in the offer of training courses available in Quebec:
 - on cultural safety, anti-racism, equity, and decolonization of health care practices.
 - Practice-based training for health care providers
 - for health professions educators.

If you or your organization would like to collaborate with CRASIQ and RCAAQ on any of these projects and activities, please contact us by email at crasig@umontreal.ca.

Acknowledgements

Finally, the CRASIQ and RCAAQ teams would like to thank you for participating in the Forum and contributing to this event's success! Once again, we would like to thank all our partners warmly: the event facilitator Jay Launière-Mathias, the Elder Jean-Paul Fontaine for the opening and closing ceremonies, Annalee Kornelson from Drawing Change for the summary drawings of the discussions, the interpreters Carole Dumouchel and François Marcoux, Daven Martel for the technical support of the event and the creation of the virtual discussion platform and Matsheshu Creations for the creation of the participation gifts.

See you next year, and don't hesitate to contact us if you have any questions or suggestions for collaboration!



This forum would not have been possible without the financial support of the following organizations:



TSHINASHKUMITIN, WOLIWON, MIKWETC, NIAWEN,
WELA'LIN, CHINISKUMITIN, MIIKWECH,
MIK8ETC, TIAWENHK, NAKURMIIK,
WLIWNI, MERCI, THANK YOU!