

IN PLAIN SIGHT: ANTI-INDIGENOUS RACISM IN THE BRITISH COLUMBIA HEALTH CARE SYSTEM – IMPLICATIONS FOR SOCIAL WORK

WEBINAR

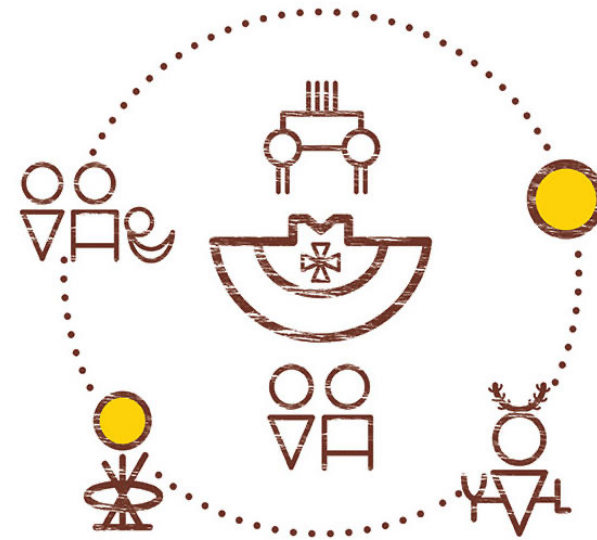
Presented by
Dr. Grant Charles

Host: Krystal Peng

February 11, 2021

TERRITORIAL ACKNOWLEDGEMENT

We acknowledge territories of the Blackfoot and the people of Treaty 7 region in Southern Alberta. The City of Calgary is also home to Metis Nation of Alberta, Region III.



ii' taa'poh'to'p
University of Calgary Office of Indigenous Engagement

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CRSH  SSHRC



Addressing Racism

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

Dr. Grant Charles- Member, Core Inquiry Team working with the Independent Reviewer, Dr. Mary Ellen Turpel-Lafond (Aki-Kwe) and Associate Professor, UBC School of Social Work .

I would like to acknowledge that the UBC (Vancouver) School of Social Work is on the traditional, ancestral, and unceded territory of the Musqueam people. x^wməθk^wəy'əm



Key Terms

Issues

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

Mindsets, practices, and tools

- Anti-racism
- Cultural humility

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.



Mandate

In June 2020, claims surfaced about a “*Price is Right*” game allegedly being played in some B.C. hospital Emergency Departments (EDs) in which health care workers were guessing blood alcohol levels of Indigenous patients .

The Review Team was asked to investigate the “*Price is Right*” allegations and whether this game or other forms of Indigenous-specific racism are being experienced by Indigenous people using the provincial health care system. The Minister of Health requested the Review to make findings of fact, and “*to make any recommendations it considers necessary and advisable*” The Addressing Racism Review was launched on July 9, 2020 .



Findings

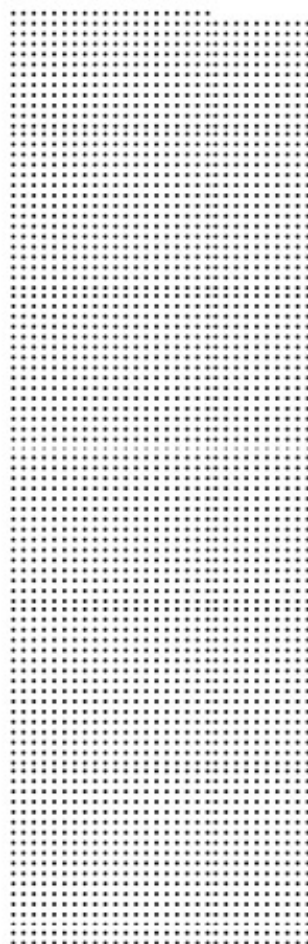
While the “*Price is Right*” allegations were unsubstantiated, the Review, consistent with its mandate, examined multiple other examples of racism and discrimination experienced by Indigenous peoples in the B.C. health care system. The results are disturbing. Through listening to thousands of voices – via survey results, direct submissions, health care data and interviews with Indigenous people who have been impacted by the health system, health care practitioners and leaders – a picture is presented of a B.C. health care system with widespread systemic racism against Indigenous peoples. This racism results in a range of negative impacts, harm, and even death.



WE HEARD FROM ALMOST 9,000 PEOPLE

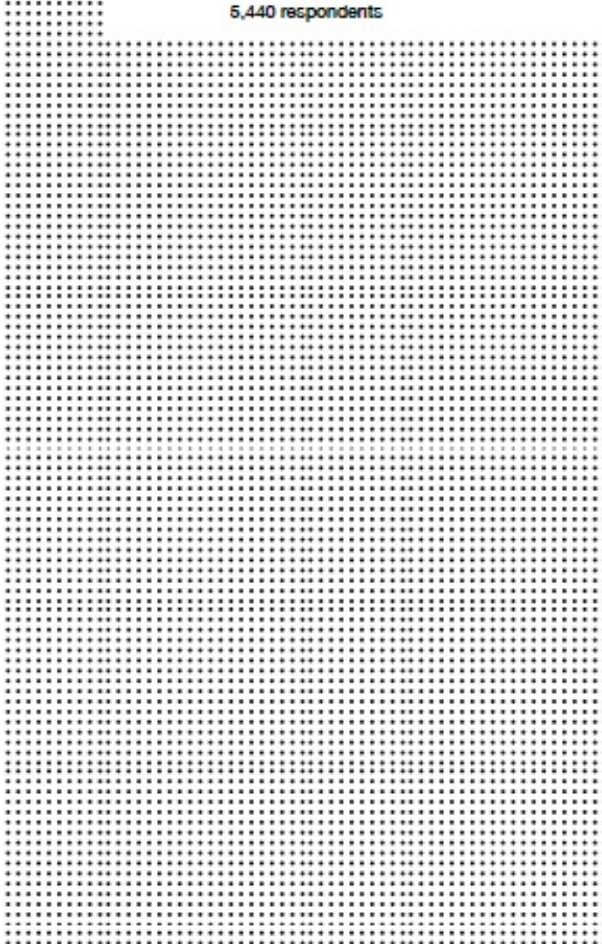
INDIGENOUS PEOPLES' SURVEY

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

Surveys: what we heard about racism

- 84% of Indigenous respondents reported some form of discrimination in health care
- 52% of Indigenous health care workers reported experiencing racial prejudice at work – the majority in the form of discriminatory comments by colleagues
- More than one-third of non-Indigenous health care workers witnessed racism directed to Indigenous patients
- 13% of (531) health care workers made racist comments in the surveys
- Top reported reasons why racism persists: employees not willing to speak up; lack of accountability by leadership to stop discriminatory behaviour; lack of Indigenous health care workers

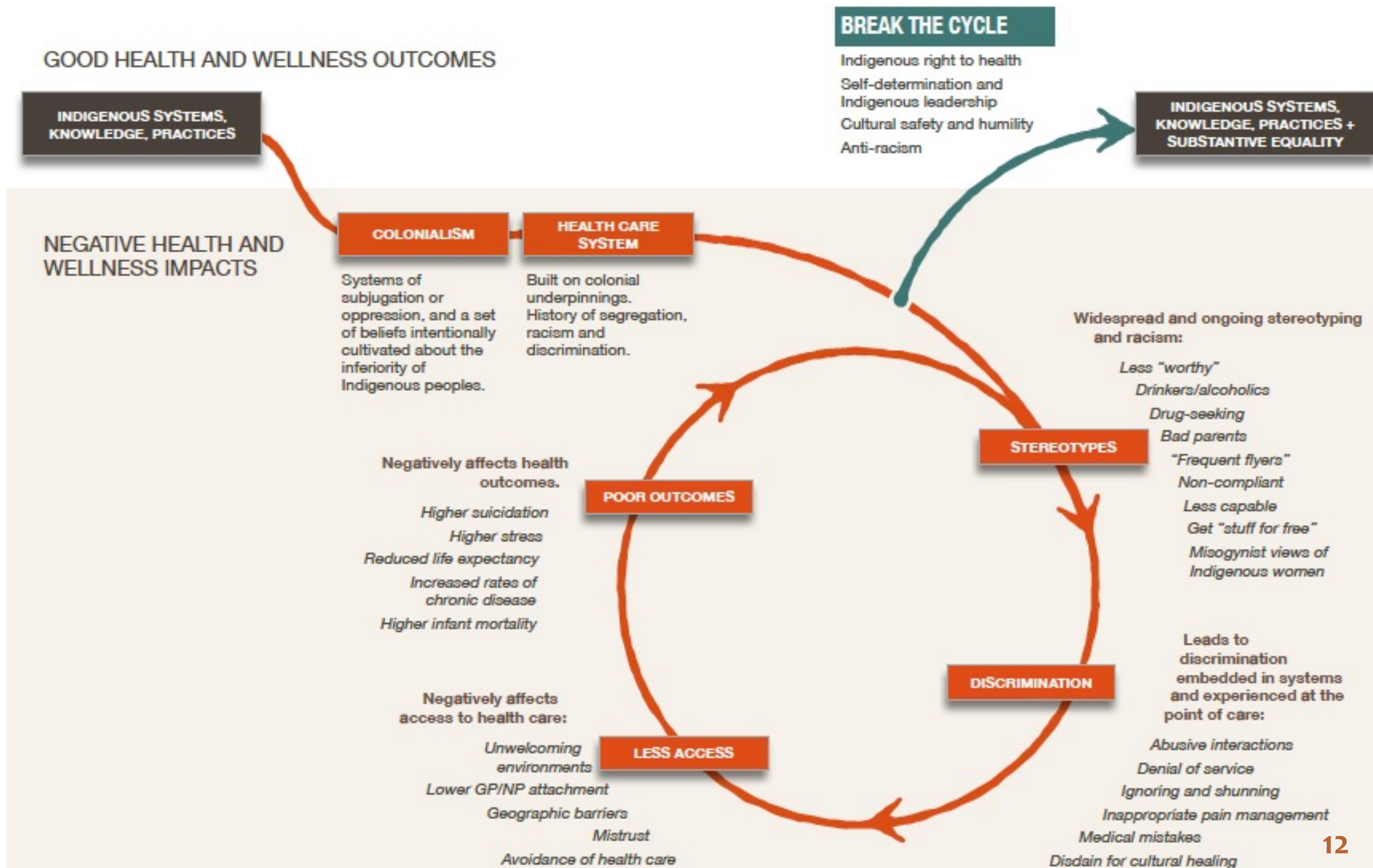
60% of Indigenous respondents reported being treated as though they are bad parents. Interactions with social workers or MCFD representatives were noted by multiple Indigenous respondents as something they and/or their families are particularly fearful of when visiting hospitals or giving birth due to concerns that their children will be apprehended.

Data: what we observed

- When compared to non-First Nations children, First Nations children receive less support from preventative health care (including midwifery, pediatricians, antenatal visits), and have greater utilization of emergency care (1.5 times greater)
- First Nations rates of pre-term and very pre-term births are significantly higher, as are rates for being born large for gestational age
- First Nations aged 6-17 rates of asthma, depression, mood and anxiety disorders, and epilepsy are significantly higher than non-First Nations youth
- The disparity in dental hospitalizations is one of the highest in all commonly evaluated health indicators. For girls aged 0-5 years, the difference ranged from 3.6 times higher in Fraser to 11.4 times higher in Vancouver Coastal.



What
we
found



What we found: the ‘problem’ of Indigenous-specific racism

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.

“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



What we found: examining current ‘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.

Recommendations

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 a new School for Indigenous Medicine.

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



Next Steps

- Data report submitted January 2021
- Implementation processes

Web: <https://engage.gov.bc.ca/addressingracism/>
Email: addressing_racism@gov.bc.ca
Toll-free: 1-888-600-3078

Witness Shares Account of Racism in the Delivery Room

An obstetrician told this Review about the terrible treatment received by an Indigenous woman who has a history of trauma and sexual assault. The woman attended a B.C. hospital to have a child by C-section.

Prior to the procedure, the obstetrician witnessed an anesthesiologist manhandling and yelling at the patient. The same anesthesiologist later made the statement that *“People like her should be sterilized.”*



CURRENT ACTIVITIES

- **Interviews on Promising and Wise Practices**
 - Recruiting field directors/coordinators, faculty, field instructors, and other field stakeholders for a 30-60 min. interview across Canada
- **The Field Challenge Project**
 - Submit a challenge experienced in field education to be explored by practicum students. Coming soon!
- **Preparing Students for International Practicum**
 - A survey is being designed to learn about international practicum opportunities and challenges. Coming soon!
- **Services Users in Field Education**
 - A new project to explore how service users can be involved in field education. Coming soon!

Contact tfelresearch@gmail.com to participate!

CURRENT ACTIVITIES

- **Virtual Practicum Resources**
 - Supporting BSW and MSW practicum students with opportunities to develop resources
- **Digital Story Guidebook**
 - This new resource will be available soon!
- **Applied Practice Research Module**
 - Developing an online training module to facilitate practice research in field education
- **Near-Peer Mentorship**
 - This project is currently underway in Edmonton.
- **Field Research Scholars Program**
 - Over 50 MSW, PhD, Postdoctoral scholars, and early career faculty are involved in biweekly seminars.

Contact tfelresearch@gmail.com to participate!

For more information
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