Increasing Aboriginal Cultural Safety Among Health Care Practitioners

Dear Editor:

Of the 1,172,785 persons of Aboriginal ancestry in Canada in 2006, 242,490 (21.0%) lived in Ontario. In remote/isolated communities as well as in rural/urban areas, non-Aboriginal Canadians provide the majority of health care to the Aboriginal population. Members of the Aboriginal population have expressed that they experience culturally insensitive health care and that at times they also meet with subtle and overt racism in the health care system. One of the proposed solutions is to train all front-line health care professionals in the area of Aboriginal cultural safety. We recently completed a survey of all health sciences programs at universities and colleges in Ontario to determine if they have an Aboriginal "cultural safety" curriculum and to ascertain whether the schools would be willing to invite an Aboriginal expert in cultural safety to teach such a seminar. The survey was sent electronically to 25 college and 40 university health sciences programs, yielding nearly a 50% response rate. Table 1 outlines these responses.

Ontario graduates approximately 17,700 health workers from 25 government-funded colleges and 5,070 health care professionals from 40 university health sciences programs; at any given time, there are approximately 57,000 students registered in these programs. The results indicate that other than in nursing and a few personal care support worker programs, Aboriginal content in curricula of colleges is virtually non-existent, whereas two thirds of the university programs deal with some aspect of Aboriginal core content, although most of these curricula are not delivered by an Aboriginal instructor. The majority (75.4%) of respondents indicated they would consider inviting an Aboriginal instructor into their course to teach this curriculum if one were made available.

Deterrents to this type of program included lack of time in curricula, lack of Aboriginal staff and the misconception that courses in cultural sensitivity for other cultural groups are adequate for Aboriginal groups.

In response to these survey findings, Anishnawbe Health Toronto has launched the Aboriginal Cultural Safety Initiative (www.aht.ca, follow link to Cultural Safety), wherein Aboriginal instructors can be invited into health sciences classes, free of charge, to train students in the area of cultural safety in a 3-hour seminar. The content for the seminar is drawn from the *Joint Task Force of the Canadian Association of Faculties of Medicine and The Indigenous Physicians Association of Canada* who developed a curriculum outlining core competencies for medical students to practice cultural safety toward their Aboriginal patients.¹

There currently exists a great disparity between health status and health determinants of Aboriginal peoples compared to the rest of the Canadian population. To reduce the health gap and promote health equity, it is important that all health professionals have a working knowledge of challenges facing Aboriginal peoples. If health professionals are aware of Aboriginal issues, their care will become more culturally appropriate and they will become advocates for their clients and for the communities they serve.

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REFERENCE

1. Indigenous Physicians Association of Canada and the Association of Faculty of Medicine of Canada Aboriginal Health Curriculum Subcommittee. First Nations, Inuit, Métis Health Core Competencies, A Curriculum Framework for Undergraduate Medical Education. Winnipeg, MB: Indigenous Physicians Association of Canada, 2008.

Table 1. Health Sciences Program Involvement in Teaching Aboriginal Health

Statements	Colleges			Universities		
	Yes % (n)	No % (n)	Total N	Yes % (n)	No % (n)	Total N
1. Do you have an Aboriginal stream in your program? (Question was asked to only colleges as some of them have special streams)	4.5 (1)	95.5 (21)	22	–	–	–
2. Do you devote a specific time in teaching about health issues including access to health care facing Aboriginal peoples in Canada?	13.6 (3)	86.4 (19)	22	66.7 (14)	33.3 (7)	21
3. If not, why?*			19			6
Lack of time in curricula	21.1 (4)			33.2 (2)		
No knowledgeable teacher available	–			16.7 (1)		
Has not been considered yet	47.4 (9)			66.7 (4)		
Other	31.6 (6)			66.7 (4)		
4. If you were to be provided a list of local competent Aboriginal preceptors ahead of time who can teach cultural competency/safety, would you consider including them in your course?	100 (22)†	0.0 (0)	22	90.4 (19)‡	9.6 (2)	21
5. If you were to use such a preceptor, would your faculty be able to pay a stipend/honorarium for their time (approximately \$150 for half a day)?	50.0 (11)	50.0 (11)	22	71.4 (15)	28.6 (6)	21
6. Do you provide an elective/selective in clinical settings that have a large number of Aboriginal clients?	31.8 (7)	68.2 (15)	22	61.1 (11)	38.9 (7)	18
7. Are you likely to increase the content related to First Nations, Inuit and Métis communities in your curriculum in the next five years?	72.7 (16)	27.3 (6)	22	47.6 (10)	52.4 (11)	21

* Selection of multiple categories was accepted and hence results do not add up to 100%.

† Includes 18 (81.8%) as Yes and 4 (18.2%) as Maybe.

‡ Includes: Yes (71.4%) and Maybe (19.0%).