



# In Plain Sight

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

# 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](http://hopeforwellness.ca).
- Métis Crisis Line at 1-833-MétisBC (1-833-638-4722).
- KUU-US Crisis line at 1-800-588-8717

# 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

## Desired outcomes

- Substantive equality
- Cultural safety
- Indigenous human rights

“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

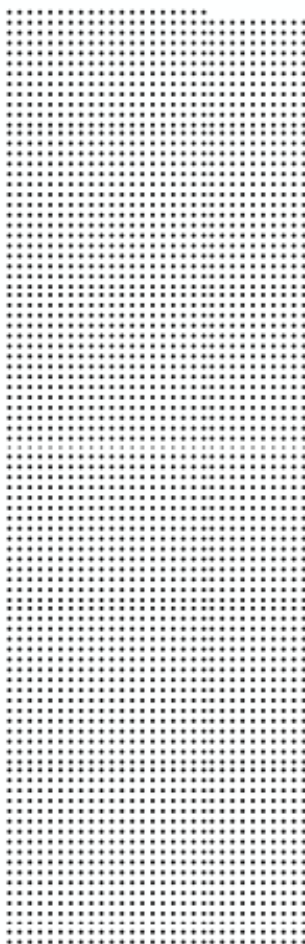
## Article 24, UN Declaration on the Rights of Indigenous Peoples:

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.

## WE HEARD FROM ALMOST 9,000 PEOPLE

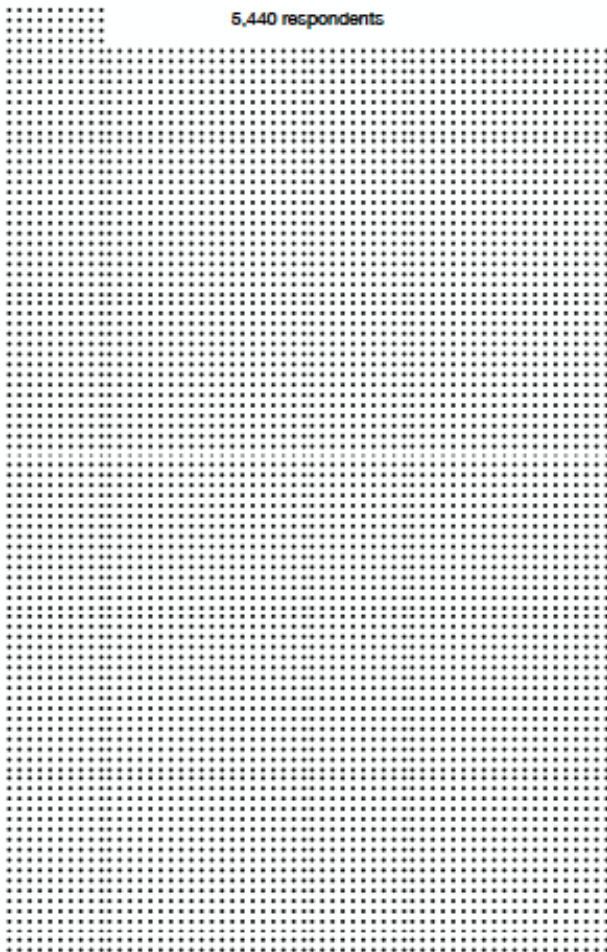
### INDIGENOUS PEOPLES' SURVEY

2,780 respondents



### HEALTH WORKERS' SURVEY

5,440 respondents



### DIRECT EMAIL AND 1-800-NUMBER

600 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
- More than one-third of non-Indigenous health care workers personally witnessed racism or discrimination directed to Indigenous patients
- 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

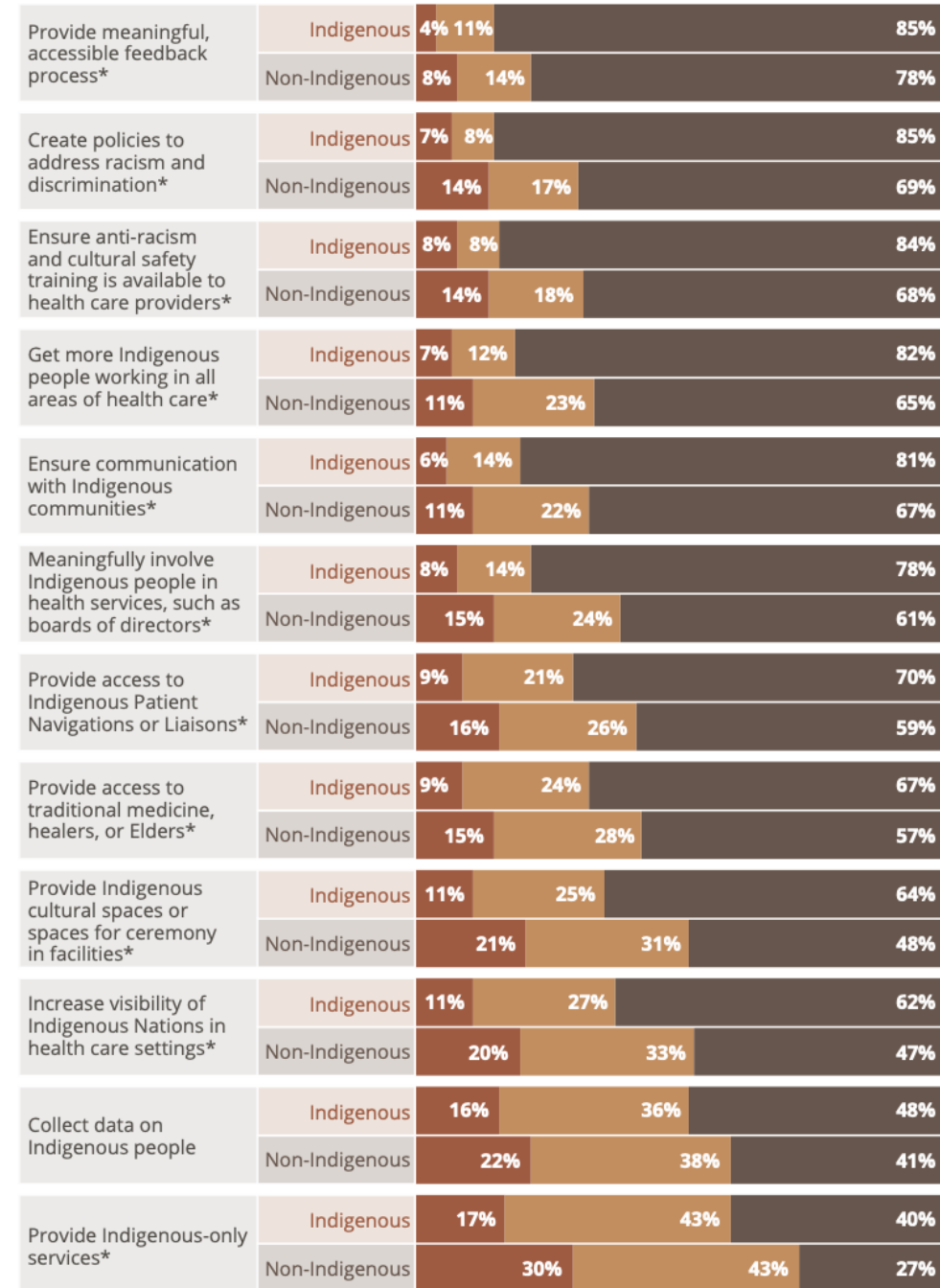
“I am afraid to go to any hospital. When I do have to, I dress up like I'm going to church [in order to receive proper treatment] It's ridiculous.”

~ Young Indigenous woman who reported being treated with contempt and not receiving the care she needed in the ER after being violently assaulted

# Surveys: what we heard about solutions

- Top solutions supported by Indigenous patients: meaningful feedback process; policies to address racism; training; more Indigenous health care workers
- Top solutions supported by health workers: leadership promote cultural safety; policies to address racism and advance cultural safety; training; more Indigenous health care workers

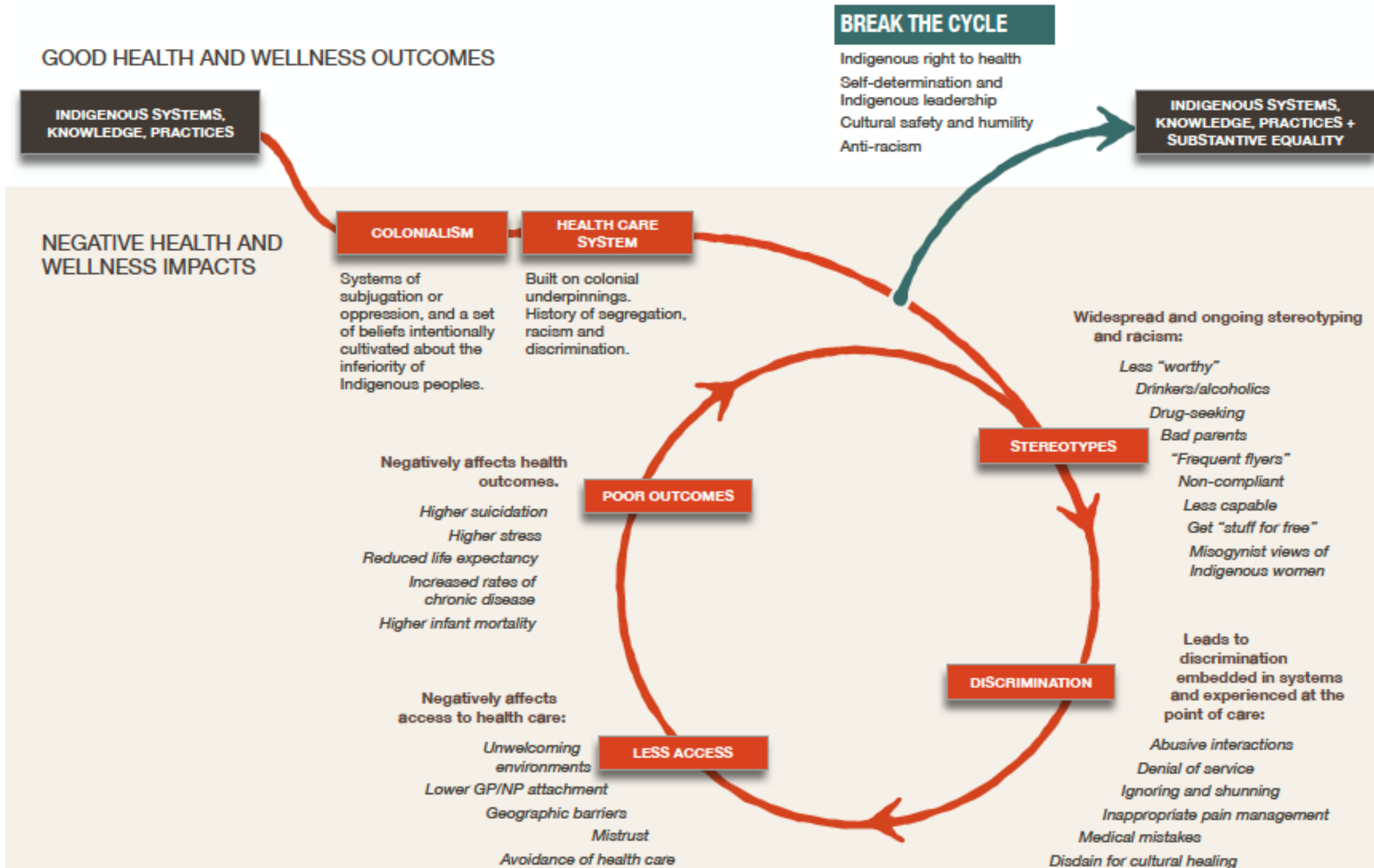
**Many of the same shared priorities for change**



% of respondents

■ Not at all important ■ Somewhat unimportant or somewhat important ■ Very important

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: *In Plain Sight* 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.
  - First Nation of all ages have comparatively lower attachment rates to GPs and NPs, especially 65+ years, where the non-attached rate was 89% higher than that seen with Other Residents.
  - Lesser access to primary care may be driving lower cancer screening and higher rates of treatable cancers, e.g. 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.
- 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% more likely than Indigenous women to feel “*completely safe*” when visiting the ED
  - In the one specialty women's hospital, First Nations women left against medical advice at a rate 11X greater than other women



# Recommendations & Team-Based Care Implications

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

- **Systems:** 10 recommendations
- **Behaviours:** 9 recommendations
- **Beliefs:** 4 recommendations
- **Implementation:** 1 recommendation

## Team-based care implications

- Training & education – designed for teams
- Tools for team-based care
- “Speak up culture”
- Collegial environment
- Integration of Indigenous medicine and practitioners
- Attachment to primary care
- Women’s health
- Integration with mental health and substance use services

# 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](mailto:addressing_racism@gov.bc.ca)
- Toll-free: 1-888-600-3078

