



**Indigenous Healthcare Education and Practice: A Community Led and
Community Informed Collaborative Initiative
Supplementary Glossary**

This resource was developed to complement the “Indigenous Healthcare Education and Practice: A Community-Led and Community-Informed Collaborative Initiative” module series. This resource was created by the project team to address the Calls to Action set forth by the Truth and Reconciliation Commission. This project is made possible with funding by the Government of Ontario and through eCampusOntario’s support of the Virtual Learning Strategy. To learn more about the Virtual Learning Strategy visit the [eCampus Ontario website](#) (*click to view*).



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Theme 1: Historical Perspectives and Implications for Health Outcomes

Truth and Reconciliation Commission (TRC): A national commission created to inform all Canadians about what happened in residential schools and the legacy that followed them including the impact they had on Indigenous communities. They achieved this through national and community events, a comprehensive report, and many other initiatives.

Social determinants of health: The conditions in which people are born, grow, live, work, and age (e.g., socioeconomic status, education, physical environment, gender, sex, religion, race, employment, etc.). These determinants all have a significant impact on health outcomes.

Indian Act: A federal act first introduced in 1876 that passed on a number of colonial laws which intended to assimilate First Nations peoples into Euro-Canadian society.

Indian agent: A representative of the Canadian government on First Nations reserves who implemented government policy and enforced the Indian Act from the 1830s to 1960s.

Intergenerational trauma: Trauma that has been passed from one generation to the next, resulting in "families disintegrating as a result of state policy" (Senate of Canada-Standing Committee Aboriginal Peoples (APPA), 2019). This also includes trauma resulting from state violence and harm (i.e., Residential schools, child welfare, discriminatory practices, etc.).

Indigenous self-government or self-governance: "Indigenous self-government is the formal structure through which Indigenous communities may control the administration of their people, land, resources and related programs and policies, through agreements with federal and provincial governments. The forms of self-government, where enacted, are diverse and self-government remains an evolving and contentious issue in Canadian law, policy, and public life" (Henderson & Albers, 2020).

Idle No More movement: A social movement led by women "with a call for refounded nation-to-nation relations based on mutual respect." It has "connected the most remote reserves to each other, to urbanized Indigenous people and to non-Indigenous population." Its purpose is to protect the land, water, and sky (Idlenomore.ca – Indigenous Revolution, n.d.).



Theme 2: Biases, Racism, and Discrimination in Healthcare

Interpersonal racism: The type of racism that happens at the relationship level. This means racist acts that occur between people through, but not limited to, hurtful behaviour, microaggressions, or prejudice acts.

Systemic racism: The common societal procedures and structures that disadvantage people across different ethnic or racial groups, resulting in many outcomes of racial disparity.

Epistemic racism: The placement of certain racialized knowledge above or below that of another group. Marginalized knowledge is either devalued or disregarded entirely.

Unconscious bias: The implicit ideas that people unconsciously hold about another group or individual that come from certain associations acquired through former experiences. Unconscious bias, without work being done to undo it, is often uncontrollable, unintentional, and unconscious.

Stereotyping: A set idea or generalization about one person or group that is askew and exaggerated. Stereotyping is often controllable, intentional, and conscious.

Self-reflexivity: Examining one's own judgments, practices, power and privileges, and belief systems to facilitate the development of culturally secure relationships.

Trauma-informed care (Indigenous-specific): Care that acknowledges and teaches about the Indigenous-specific effects of colonial policies and how they are linked to historic and current medical services for Indigenous Peoples.



Theme 3: Indigenous Ways of Knowing and Healthcare

Language: The primary form of communication between people. It allows us to share ideas, feelings, and perspectives. Language is also thought to shape the way that people view the world.

Traditional medicine and healing: Two very important components of Indigenous worldviews. They encompass a wholistic view of well-being (physical, mental, emotional, and spiritual) and include the individual, family, clan, and community as well as people, animals, plants, and environment. Some examples of sacred medicines used by some groups include sweetgrass, cedar, sage, and tobacco.

Aboriginal healing centres: Safe places where one can access residential and day programs using traditional Indigenous healing and contemporary therapeutic interventions.

Waseskun Healing Centre: A non-profit Aboriginal organization affiliated with Correctional Service of Canada (CSC) and Correctional Service of Quebec (CSQ) whose goal is to facilitate the wholistic healing of Aboriginal offenders who have committed crimes and violent acts, often related to drug and alcohol abuse.

Indigenous health centres: Include organizations such as First Nations community health offices or clinics, Indigenous health access centres, and/or mainstream clinics, hospitals, and community organizations.

Aboriginal Health Access Centres (AHACs): "Aboriginal community-led health care organizations that provide a combination of traditional healing, primary care, cultural programs, health promotion programs, community development initiatives, and social support services to First Nations, Métis and Inuit communities" (Alliance for Healthier Communities). AHACs are designed to serve as entry points into the provincial health system for Ontario communities experiencing barriers to accessing health care.

Elders: Elders reach their Elder status through recognition by their community as an Indigenous person with a certain special set of qualities or gifts. Elders use these gifts in their efforts to maintain the community's health wholistically; this healing is done in part through working with other community members (NOSM, n.d.).

Knowledge Keeper: Someone who has been taught by an Elder or a senior Knowledge Keeper within their community. This person holds traditional knowledge and teachings and they have been taught how to care for these teachings and when it is and is not appropriate to share this knowledge with others.



Theme 4: Healthcare Rights

UN Declaration of the Rights of Indigenous Peoples (UNDRIP): The Declaration recognizes the rights of Indigenous Peoples around the world, including their political, economic, social, cultural, spiritual, and environmental rights (APPA, 2019).

Informed consent: In the healthcare context, it refers to the process that occurs before a procedure that involves the agreement or permission for care, treatment, or services. However, this right extends beyond that to the community. Historically, Indigenous Peoples have not had this right to their land, self, and community health. These rights were taken from them and unrecognized through processes of colonization, assimilation, and violence. These rights were also not recognized in the legal sense. Indian hospital system: Racially segregated hospitals for the treatment of First Nations and Inuit peoples in Canada during the 20th century.

British Columbia (BC) Tripartite Agreement: An alternative model to healthcare which aims to create a more responsive healthcare system.

First Nations Health Authority (FNHA): It supports First Nations Peoples in protecting, incorporating, and promoting their traditional medicines and practices as well as improving their mental, emotional, spiritual, and physical well-being.

Self-determination: Refers to one's ability to make choices and manage their own life without interference from others. This allows people to feel in control of their own life. This includes the ability to decide on laws, culture, political stance, social practices, and structures.

Equity-oriented care: Care that is trauma- and violence-informed, culturally safe, and reduces harm. It is optimally operationalized in the context of interdisciplinary teamwork.



Theme 5: Healthcare Services

Patient-centred care approach: Vital aspects of healthcare that can repair or build relationships. However, structural barriers have prevented patient-centred care approaches in the health care experience of Indigenous patients (Jacklin et al. 2017).

Jordan's Principle: A legislative agreement which states that Indigenous children should have access to the products, services, and supports they need, and determining who is responsible for paying can be decided afterwards.

Non-Insured Health Services and Benefits (NIHB) program: It provides eligible First Nations and Inuit patients with coverage for a range of health benefits that are not covered through other social programs, private insurance plans, or provincial or territorial health insurance (Indigenous Services Canada, 2020).
Status Indian: First Nations individuals registered under the Indian Act on the Indian Register.

Non-status Indians: First Nations individuals who are not registered under the Indian Act. These individuals may not qualify for status based on the Indian Act or they may have lost their status prior to the passage of Bill C-31 in 1985 through the marriage of a non-status individual.

First Nations and Inuit Health Branch (FNIHB): Provides support for on-reserve health services across Canada. The type and level of service varies by community. In select communities, FNIHB also funds programs for specific priority conditions and populations including diabetes management programs, perinatal and early childhood support programs, and substance use treatment and awareness programs.

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Theme 6: Culturally Safe Healthcare and Education

Culturally safe care: Healthcare delivery that shows an awareness of both the cultural background of the person receiving care, as well as the healthcare providers' personal and professional culture.

Anti-racism: The redistribution of power so that it is shared equally, which can be accomplished through an active process of identifying and eliminating racism by changing systems, organizational structures, policies and practices, and attitudes.

Trauma-informed approach: Trauma-informed care is distinct from trauma-specific care in that it aims to create safety for people seeking care by understanding the effects of trauma on health and behaviour rather than treating people's trauma histories. It includes creating safe spaces that limit the potential for further harm for all people.

Continuum of care: Cultural safety is often confused with concepts like cultural awareness, cultural competence, and cultural sensitivity. These concepts are not interchangeable, but are best viewed as parts of a continuum of care, with cultural safety at the ultimate end.

Cultural awareness: The continuum of care starts with cultural awareness, which is essentially the acknowledgement of a difference between cultures.

Cultural sensitivity: The second phase of the continuum of care, which focuses on respecting the differences between cultures.

Cultural competence: The third phase of the continuum of care, which focuses on the healthcare provider's skills and attitudes.

Cultural safety and humility: Includes the skills of the four phases of the continuum of care, but different in that there is a self-reflection component. Cultural safety and humility begin with healthcare providers and requires them to become aware of the personal and professional assumptions and beliefs that they bring into every healthcare relationship.



Theme 7: Intersections Between Education and Healthcare

“Service delivery on a policy basis”: This phrase means that there was/is no clear standard in place on the level of service to be delivered. With no clear standard in place on the level of service to be delivered, many Indigenous Peoples are metaphorically left in a jurisdictional vacuum where they do not always receive the same level and quality of services as non-Indigenous people.

Aboriginal Affairs and Northern Development Canada (AANDC): It establishes funding levels, policy and delivery requirements, and has financial responsibility for the education of Indigenous students living on-reserve.

Formula-driven funds: Funds that are distributed through AANDC to their seven regional offices across the country. Determined by funding agreements between the regions and band councils, the funds are provided to band councils or other First Nations educational authorities to deliver education services.

Band-Operated Funding Formula (BOFF): The basic calculation for funding is determined by multiplying the number of full time equivalent (FTE) students by the tuition rate.



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