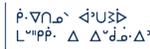


# Biases, Racism, and Discrimination in Healthcare

INDIGENOUS HEALTHCARE EDUCATION AND PRACTICE:  
A Community-Led and Community-Informed Collaborative Initiative



**Please note:**

This Companion Guide is a resource created to complement the online modules.

This online module was developed by the Office of Professional Development and Educational Scholarship (Queen's Health Sciences) and the Northern Ontario School of Medicine (NOSM) 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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## MODULE 02 COMPANION GUIDE



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### MODULE INTRODUCTION

Welcome to the learning module titled “Biases, Racism, and Discrimination in Healthcare”. This module is part of the seven-module series titled “Indigenous Healthcare Education and Practice: A Community-Led and Community-Informed Collaborative Initiative”. Throughout the modules in this series you will be connecting the 2015 Truth and Reconciliation Commission (T R C) of Canada Calls to Action (C T A) report, a report designed to advance the process of Canadian reconciliation and redress the legacy of residential schools, to healthcare and education practice.<sup>1</sup>

*For your interest, explore the Truth and Reconciliation Commission of Canada Calls to Action report.*

#### **Truth and Reconciliation Commission of Canada: Calls to Action**

Calls to Action (C T As) addressed in this module include: C T A 10, C T A 18, C T A 19, C T A 20, C T A 21, C T A 22, C T A 23, C T A 24, and C T A 62.

The modules in this series can be used to increase your awareness and knowledge of Indigenous healthcare education and practice. You will learn about historical perspectives of Indigenous Peoples in Canada and their implications for health outcomes, biases, racism, and discrimination in healthcare, Indigenous ways of knowing, healthcare rights and services, culturally safe healthcare, and intersections between education and healthcare. This module will specifically address the historical and current biases, racism, and discrimination experienced by Indigenous Peoples in Canadian healthcare.

Note that these modules should be viewed as an introduction to Indigenous healthcare education and practice. It is important to continue to reflect and engage with this material over time, as our understanding and perspectives of this material are influenced by broader social and contextual factors. Please also recognize that decisions in regard to policy and legislation are constantly changing so it is important to keep up to date on current events. Gaining and understanding Indigenous healthcare education and practice is a lifelong journey that involves a willingness to learn, practice, and self-reflect. As you work through the modules of this series, please also acknowledge that the term health encompasses physical, spiritual, emotional, and mental wellness.

**Content Warning:** The content covered by this module may be difficult to process due to the challenging nature of the material. This may particularly occur if you have lived-experiences in relation to this material or are learning about these realities for the first time. We ask all learners to access supports if necessary.

#### **Page Link:**

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#### **End of Module Introduction**

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### BIASES, RACISM, AND DISCRIMINATION IN HEALTHCARE

In this module you will learn about the many ways that different manifestations of racism, biases, and discrimination impact the lives, well-being, and overall health of Indigenous Peoples navigating the healthcare system. Furthermore, you will be equipped with some effective tools, understandings, and practical strategies to help Indigenize and decolonize your own practices, ultimately making the healthcare system safer for Indigenous Peoples.

After completing this resource, you will be able to:

- Identify implications of unconscious bias and stereotyping in cross-cultural interactions.
- Assess and address the role of racism (interpersonal, systemic, and epistemic) in differential access to healthcare.

#### Introduction to Racism, Bias, and Stereotyping

Before beginning the module, it is worth making sure you understand some key terms or themes discussed within the module. These include interpersonal, systemic, and epistemic racism as well as unconscious bias and stereotyping. Racism, bias, and stereotyping can be manifested at different levels and it is important for any healthcare professional to understand how it can impact people's lives.

*Click the tabs to review these key terms and themes.*

#### Interpersonal Racism

Interpersonal racism refers to 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

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

#### Epistemic Racism

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

#### Unconscious Bias

Unconscious bias refers to 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





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*norms or to challenge co-workers who have more seniority, however, I feel that, as a learner, your lack of experience gives you a fresh perspective on the healthcare environment. If you feel that something is wrong or that someone is being treated unfairly, don't be afraid to speak up. And I'll just briefly mention a story I had from my first clinical placement where I had started on a floor at K G H. I think it was my first or second shift as a nursing student, so I was completely overwhelmed by everything. I was kind of terrified. I was having to wake up very early in the morning to come to the hospital. And I had an Indigenous patient who was flown in from a community up north, who had a lot going on with them, in a health sense, a lot of like different conditions that were being managed.*

*And they were in a lot of pain due to these kind of conditions. And they would frequently ask for better pain control or pain medications, which at that point, I couldn't, I wasn't allowed to give medications being, you know, first, my first placement. And so when I would talk to the other nurses that I was kind of assigned with, they were really dismissive of this patient and their concerns for their pain control, saying things like, "Oh, they're just kind of -- they're a faker," "They're just kind of like drug-seeking," or whatever. "Oh, they use IV drugs." And that was really tough to kind of face because I felt that I couldn't really say anything, even though I, at the time, disagreed with their approach to managing that patient.*

*In my opinion and what we've sort of been taught is that pain is a subjective thing and that pain management is really important for recovery from, you know, health, like disease and from surgical procedures. I felt that this patient wasn't being given the quality of care that they deserved to have. And I felt that, partially, that was because of them being Indigenous and there being a very strong language barrier between the healthcare professionals and the patient themselves, so I feel like the patient wasn't able to express their desire for pain control as well as they could have or could have if the healthcare professionals were able to understand the language that this patient spoke. And at the same time, I think there was also a lot of stigma that was present in that situation, partially because I think the patient was Indigenous and, you know, very marginalized, and also had struggles with addiction as well. So it was just kind of a really bad combination of things that I believe led to them not getting the quality of care that they should have had.*

*But the lesson from that story is that I didn't really speak up and I'm kind of very regretful that I didn't say something to one of the other nurses or to one of the physicians kind of overseeing that patient. But I was just so overwhelmed it being my second shift there that I felt like I couldn't say anything when I was still just trying to figure out how to take blood pressure properly and all of that. So my advice to other learners, if you find yourself in a similar situation, please speak up because your, you know, your voice is important. Regardless of how much time you've spent working in the hospital, you still have a valuable perspective that is worth being heard.*

### **End of Video Transcript.**

In addition to patients' health outcomes, previous research illustrates the negative influence of biases on healthcare services, including unnecessary tests and visits and longer hospital stays.<sup>5</sup>

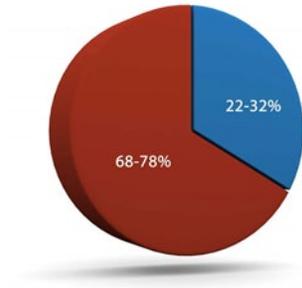
*Longer and/or unnecessary hospital stays are just one result from biases in healthcare services.*

### **The Reality of Negative Stereotypes**



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Indeed, after controlling for access-based factors, stereotyping, discrimination, and implicit biases these have been associated with disparities in health services, health outcomes, and patient safety.<sup>4,5,6</sup> In a survey of 154 healthcare providers, one third agreed with negative stereotypes about Indigenous Peoples. For example, participants perceived Indigenous children to be more challenging and their caregivers less compliant than non-Hispanic white patients. Participants also reported preferences for non-Hispanic white patients to Indigenous patients.<sup>7</sup>



*One third of surveyed healthcare providers agreed with negative stereotypes of Indigenous Peoples.<sup>7</sup>*

The work of Haider and colleagues demonstrates the significant implications of such conscious and unconscious race and social biases of healthcare providers on patients' outcomes, including nurses<sup>8</sup>, medical students<sup>9</sup>, residents<sup>8</sup>, and surgeons.<sup>10</sup> The research data yielded from these studies, and others alike, demonstrates the insidious prevalence and ubiquity of prejudice towards both ethnicity and race and how it can severely impact the quality of care and treatments that patients receive within the healthcare system.

### Assessing the Role of Racism in Access to Healthcare

Due to colonization, racism within the healthcare system impacts Indigenous Peoples in very specific ways. It is essential as healthcare professionals to be able to assess and address the roles that racism plays for Indigenous Peoples as they seek to gain access to healthcare. Evidence indicates that access is neither equal nor equitable among all Canadians, and Indigenous Peoples in Canada tend to have more difficulty accessing healthcare services than non-Indigenous Canadians.<sup>11,12,13</sup>

Health Canada and others have recognized barriers to accessing healthcare for Indigenous Peoples in Canada including:

- Limited availability of services and healthcare providers to on-reserve First Nations<sup>14</sup>
- Limited availability and retention of healthcare providers<sup>15</sup>
- Long wait lists<sup>14,16</sup>
- Limited access to screening and preventative services<sup>12,14</sup>

Other factors, including lower levels of education, are associated with poorer health, particularly among Indigenous peoples in Canada.<sup>11</sup> As the National Collaborating Centre for Aboriginal Health (N C C A H)



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notes, one underlying pathway is that **lower education attainment** may result in a **lack of awareness** regarding **early detection and preventative care**, which is a barrier to accessing healthcare.<sup>12</sup>

### The Influence of Unequal Power Dynamics and Imbalances

Horrill and colleagues point out that previous negative experiences with healthcare services and/or healthcare providers is another clearly identified barrier to the access of healthcare by Indigenous Peoples in Canada.<sup>17</sup> Access to healthcare is delayed and trust between healthcare providers and patients is lacking, because of:

- Racism (overt and tacit),
- Discrimination,
- Intimidation,
- Harassment, and
- The fear of being judged based on race or social class.<sup>18,19,20,21</sup>

Other difficulties in accessing healthcare come from the direct and intergenerational historical trauma of colonization and residential schools on Indigenous Peoples in Canada; the resultant power differentials cause more distrust in the healthcare provided by the provincial and federal governments.<sup>17,22,23</sup>

*Power differentials cause more distrust in the healthcare provided by the provincial and federal governments.<sup>24</sup>*

### How Systemic Racism Affects Population and Patient Health

The effects of systemic racism are pervasive within Indigenous communities in Canada. Working to undo them is essential for the well-being of Indigenous Peoples. In order to address these effects, it is important to examine and understand examples of how racism operates at both the interpersonal and systemic levels and creates health inequities.<sup>25</sup> The pathways driving racism and its negative effects are complex, intertwined, and deeply embedded in diverse systems. This includes economic, political, and psychosocial pathways.<sup>26</sup>

*Explore some examples of interpersonal or systemic racism and its impacts on Indigenous Peoples.*

### Colonial Policies

Indigenous culture and language, familial relations, and mental wellbeing have been intergenerationally affected by compulsory residential schools, the involuntary disorganization of communities, prejudiced legislation regarding child welfare, and the banning of Indigenous ceremonies and gatherings.<sup>27</sup> Furthermore, the details concerning the ongoing and historical effects of colonial policies as well as the C T As can be accessed through the summary report of the T R C documents.<sup>28</sup>









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As the case studies you have learned so far have concretely established, the lives and well-being of many Indigenous Peoples are gravely impacted by modern manifestations of systemic and interpersonal racism within the healthcare system. It is therefore imperative that all healthcare workers operating within the healthcare system take it upon themselves to constantly engage with anti-Indigenous racism and ways to decolonize their own practices.

Whether it is through clinical practice, community work, education and professional development, or collaboration and advocacy, you can help make the healthcare system a safer place for Indigenous Peoples.

You can work to make the healthcare system a more inclusive and safe place in many different ways and at various levels, including:

- In clinical practice
- In your local community
- In education and faculty/professional development
- In advocacy and collaboration with Indigenous organizations

Next, you will review some practical strategies at each of these levels.

- **Clinical Practice**

Within the realm of clinical practice you can work to decolonize your work and the healthcare system as a whole in multiple ways.

### A. Culturally Safe Care

One way in which healthcare professionals can build trust and form lasting relationships with Indigenous patients is to commit to providing **culturally safe care**. This emphasizes explicit attention and action to address power relations between the service user and service provider. Implementing culturally safe care requires that the:

- Patient's way of knowing and being is respected as valid.
- Patient is a partner in the healthcare decision-making process.
- Patient determines whether or not the care received is culturally safe.<sup>41</sup>

### B. Self-Reflexivity

Evidence has demonstrated that self-reflexivity regarding one's own biases and stereotypes is a core skill that can be learned and facilitates the development of culturally secure relationships.<sup>38</sup> One approach is to begin to critically recognize and challenge stereotyping in day-to-day life (e.g., the media).

### Apply your Knowledge: Self-Reflexivity Exercise





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*[text] As a healthcare learner who is new to the process of self-reflection, what advice would you give them as a starting point?*

*[Dr. Jason Pennington] When one wants to start on the path towards becoming a culturally safe practitioner, it's all not about learning about all of the cultures and religions in the world, it's learning about ourselves and these unintended and sometimes -- learnt, learnt biases that we have gained over time because growing in our society, about different genders, about different cultures, about different religions. And also the fact that all of these different genders and religions all have different views among themselves in and in themselves are very diverse. And just to recognize what those different things bring about and your own opinions that have been formed by yourself and pre-formed by the media and society that we have grown up in. So really, the whole beginning of providing better care to others is to better understand oneself and to gain insight into one's own biases. And we all have them. Whether or not, we come from a marginalized background or not. We have all grown up in a society with systemic stereotypes and biases, and have been impacted by them, whether we recognize it or not. So it's very important for all of us to recognize what different clinical situations and patient characteristics bring out in our own subconscious and sometimes conscious way we act in caring for them and their families.*

### **End of Video Transcript.**

Cultural training courses, such as the one offered online by the Provincial Health Services Authority of British Columbia, can provide a good starting point for the ongoing enhancement of your clinical skills in this area.

*For your interest, access the Provincial Health Services Authority of British Columbia.*

### **Provincial Health Services Authority of British Columbia**

- **Your Local Community**

Healthcare professionals can reach out to and build lasting partnerships with local Indigenous organizations which are found not only in rural and remote predominantly Indigenous communities but also in almost every major city in the country. Healthcare professionals can reflect on the role of their professional and institutional power in contributing to culturally safe care or rectifying unsafe care within their communities. Identifying the needs of your community may also affect the composition of your primary care team.

Depending on the characteristics of the population your practice serves, the inclusion of social workers, dietitians, and other health professionals may result in an improved ability to meet the needs of the community.

The South East Health Line page is a great resource that offers a list of community-led health programs and services for First Nations, Inuit, or Métis communities in Ontario.

*For your interest, access the South East Health Line page.*

### **South East Health Line**



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- **Education and Faculty/Professional Development**

Healthcare professionals and educators can work to introduce **trauma-informed 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. Healthcare curricula and faculty development programs that cover anti-racism and anti-oppression, health inequities and the determinants of health, and the impacts of residential schools in a clinical setting are a necessity.

- **Advocacy and Collaboration with Indigenous Organizations**

If you are interested in advocating for improved health equity for Indigenous Peoples, you can lend your voice to one of the many Indigenous-led organizations that advocate both with and on behalf of affected communities. Groups such as the Indigenous Physicians Association of Canada, the Assembly of First Nations, the Métis National Council, and the Inuit Tapiriit Kanatami could greatly benefit from applying your expertise and voice to their continued work. As healthcare professionals, you can also advocate for increased attention and funding for Indigenous health research. Healthcare professionals can also work with regional tribal councils and treaty areas to ensure that the interests of Indigenous communities and patients are respected and ensured.

*For your interest, access the links for the Indigenous Physicians Association of Canada, Assembly of First Nations, Métis National Council, and Inuit Tapiriit Kanatami.*

### **Indigenous Physicians Association of Canada**

### **Assembly of First Nations**

### **Métis National Council**

### **Inuit Tapiriit Kanatami**

As demonstrated, there are many different ways and areas that you as a healthcare professional can engage with in efforts to make the healthcare system safer for Indigenous Peoples. Be sure to engage with decolonial and anti-racist practices at these different levels and ensure to stay up to date on the actions that our government and Indigenous leaders are making to help address these major issues.

“The Government of Canada is acting to address racism. Together with Indigenous partners and health professionals, governing bodies and provinces and territories, the government will act to: address racism and systemic discrimination, help enhance access to culturally safe services across Canada, [and] ensure Indigenous peoples have access to equitable and compassionate care.”

Government of Canada<sup>40</sup>

### **Page Links:**

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<https://www2.metisnation.ca/>

<http://www.itk.ca/>

### End of Biases, Racism, and Discrimination in Healthcare



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### MODULE CONCLUSION

Throughout this section on bias, racism, and discrimination you have explored the many ways that different manifestations of these harmful deterrents impact the lives, well-being, and overall health of Indigenous Peoples navigating the healthcare system. Furthermore, you have been presented with some effective tools, understandings, and practical strategies to help Indigenize and decolonize your own practices, ultimately making the healthcare system safer for Indigenous Peoples.

You have completed one of the seven learning modules within the series “Indigenous Healthcare Education and Practice: A Community-Led and Community-Informed Collaborative Initiative.” The modules within this series aim to increase your awareness and knowledge of Indigenous healthcare education and practice. These modules explore how Indigenous Peoples’ health outcomes have been negatively impacted by colonial policies and practices, and how the health and wellness of Indigenous Peoples can be improved through the inclusion of traditional healing practices and by addressing biases, racism, and discrimination within the healthcare system.

This online module was developed by the Office of Professional Development and Educational Scholarship (Queen’s Health Sciences) and the Northern Ontario School of Medicine (N O S M) 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](#) .

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Thank you to all those individuals and teams who assisted in the development and evaluation of these educational resources.

#### Page Links:

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