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Translating Cultural Safety Theory into Practice

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IMICH 2025

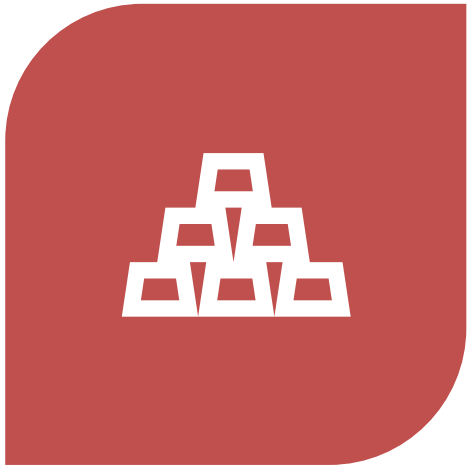
Presenter Disclosure

- I have no financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

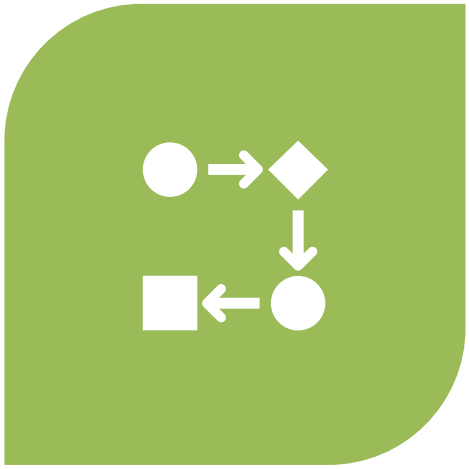
Land Acknowledgment

- We acknowledge that this conference is held in Winnipeg, Treaty 1 Territory, traditional lands of the Anishinaabe, Cree, Oji-Cree, Dakota, and Dene peoples, and homeland of the Métis Nation.

Practice Gaps



CULTURAL SAFETY IS GOLD STANDARD OF CARE.



YET, PROVIDERS STRUGGLE TO APPLY IT AND INTEGRATE IT INTO DAILY PRACTICE.

Objectives

1

Understand cultural safety, including humility, anti-racism, and trauma-informed care.

2

Apply the Learn, Self-Reflect, Act framework in daily practice.

3

Enhance pediatric assessments to better understand children's social, cultural, and political contexts.

Why Cultural Safety Matters?

Healthcare has long been shaped by Western worldviews.

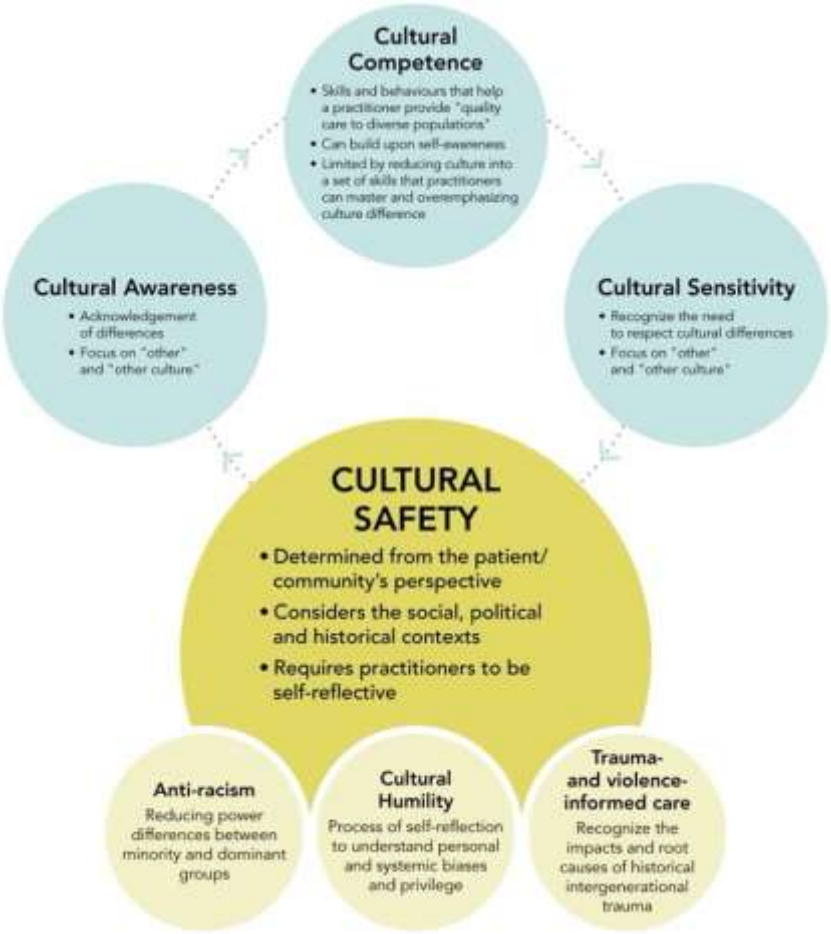
Indigenous perspectives on health, time, and truth often differ.

These differences can create barriers to care.

Why Cultural Safety Matters?

Category	Indigenous Perspective	Western Perspective
Health	Balance of physical, emotional, mental, and spiritual wellness	Disease-focused treatment
Truth	Shaped by lived experience and storytelling	Based on scientific evidence and data
Time	Cyclical, guided by seasonal and relational rhythms	Linear, structured around fixed schedules and appointments

Definition of Cultural Safety



***Reference**: Common Definitions on Cultural Safety: Chief Public Health Officer Health Professional Forum - Canada.Ca*.; 2023. Accessed March14, 2025. https://www.canada.ca/en/health-canada/services/publications/health-system-services/chief-public-health-officer-health-professional-forum-common-definitions-cultural-safety.html

Recognizing Signs of Cultural Unsafety

- Low utilization of available services.
- 'Non-compliance' with treatment plans.
- Reticence in interactions with practitioners.
- Anger or low self-worth.
- 'Denial' of suggested problems or issues.

‘Learn, Self-Reflect, Act’ Framework

HHH-HEADSSS Framework

Home: Community, housing, and connectivity.

Heritage: Cultural identity, traditions, and social support networks.

Healthy Living: Access to health services and resources.

Clinical case

5-year-old boy, Indigenous

Dx: severe eczema

Treatment: Prescribed topical corticosteroid cream and moisturizers

Follow-up: Scheduled 1-month follow-up

LEARN, SELF-REFLECT, ACT

- What would you suggest?

LEARN	SELF-REFLECT	ACT

Cultural Safety Lens

Diagnosis & Treatment	**Consider barriers to treatment access.** Can the family obtain the medication easily?
Location Matters	**Check patient's address.** Is the community near or far? Does it have primary healthcare access?
Access to Water	**Assess water availability.** Does the family have reliable access to water for eczema care?
Follow-Up Feasibility	**Explore local care options.** Can follow-up be arranged closer to home if needed?
Communication Preferences	**Ask what works best.** Does the family prefer phone calls, texts, or community liaisons for reminders?

Home Considerations

LEARN	SELF-REFLECT	ACT
• 44% of Indigenous population lives in large urban centres, 60% of First Nations live off-reserve. • 17% of Indigenous Peoples/52% of Inuit in Inuit Nunangat live in crowded housing. • Water shortages or long-term drinking water advisories in some communities . • Lack high-speed internet/mobile connectivity.	Do I assume • a child's living area? • access to safe drinking water • family's digital/mobile connectivity?	• Locate family's address or community (local health center, pharmacy, transportation) • Modify treatment plans • Clarify preferred options for contact with families

Health Services and Medication

LEARN	SELF-REFLECT	ACT
• Some children are covered by NIHB federal program. • Jordan's principle • Child First Initiative • Financial support for transportation, housing through Indigenous Services Canada or band council programs when care required outside community.	• Do I adapt prescriptions based on the child's health coverage?	• Prescribe covered Rx (antipyretics, dressings) • Anticipate paperwork for other Rx (ADHD, ashtma, infant formulas) • Access Express Scripts website: https://nihb-ssna.express-scripts.ca/en • Provide medical certificate/note to be sent to ISC.

Clinical case

12 months old Inuit girl living Salluit (Nunavik)

Transferred to Montreal (Mcgill) for respiratory difficulties/bronchiolitis

Aunt at the bedside, not always there. Mother stayed in Salluit.

Almost ready to be discharged but medical team worried about smoking exposition and puffs compliance given aunt not fully involved in hospital care.

LEARN, SELF-REFLECT, ACT

- What would you suggest?

LEARN	SELF-REFLECT	ACT

Cultural safety lens

Language & Communication	The child's primary language is Inuktitut. Are interpretation services available to ensure clear communication with the family?
Family Structure	Aunt works in Montreal and doesn't know the child well. The mother has 4 other children to care for in Salluit. The child lives with extended family, including grandparents and aunties who smoke. The mother does not smoke.
Intergenerational trauma	Mother had a traumatic hospitalization experience in Montreal as a child. Grandmother had tuberculosis in an Indian hospital, distrusts medications, including puffers.

Heritage Considerations

LEARN	SELF-REFLECT	ACT
• Incorporating Indigenous languages into healthcare acknowledges cultural identities and can help foster a sense of belonging. • The Indigenous family structure and ideology is often based on the entire community being involved in child rearing and attachment	• Do not assume the accompaniyng adult is the biological parent or the primary caregiver living with the child? • Do I consider how the Indigenous family structure influences parenting, adoption and health decisions? • Do I assume children accompanied by family members other than 'mother' and 'father' have absent parents?	• Talk to the primary care provider. • Acknowledge language differences (non verbal) • Ask for interpreters : do 'I' need an interpreter?" instead of do 'you' need an interpreter?" • Take the time to understand the family's structure and context

Clinical case

14 years old First Nation boy living in Nutashkuan (North coast StLawrence River, Quebec)

Dx: obesity, HBP

Treatment: counseling about food and physical activity. Exercise 1h/day; quit drinking sugery beverage.

6 months later, no change in weight, blood pressure. You wonder about medication to help.

LEARN, SELF-REFLECT, ACT

- What would you suggest?

LEARN	SELF-REFLECT	ACT

Healthy Living Considerations

Food & Nutrition	**Consider food security and cultural diet.** Boy started hunting with grandfather, eat more traditional food. Juice to mask bad water taste.
Physical Activity	**Consider access to safe exercise spaces.** Boy is going on the land with grandfather, walks more. Pool not accessible and community center far from home. Weather conditions in winter are not favorable to going out on the land as much. 'Mental and emotional' health seem better.

Healthy Living Considerations

LEARN	SELF-REFLECT	ACT
• Traditional activities (going on the land, fishing, and hunting) is an opportunity to be active. • Access to recreational activities and sports vary. • Food insecurity disproportionately high. • Sweetened beverages may circumvent the lack of access to safe drinking water.	• Do I consider accessibility of safe locations to exercise (sidewalks, streets adequately lit during times of darkness, stray dogs)? • Do I include outdoor activities such as hunting in my list of exercise/activities? • Do I consider how weather and darkness may affect a child's ability to play outdoors? • Do I consider the accessibility of cultural food, local food availability and economic accessibility? • Do I consider that food served in hospital settings may not be what children are used to eating at home and may influence the diet habits observed in hospitals?	• Co-construct goals that respond to families' needs • Recognize differences in food preferences and traditions and advocate for culturally safe food for children hospitalized outside of their community.

Changes You May Wish to Make in Practice

01

LEARN about the contexts (Home-Heritage, Healthy Living) to improve care.

02

REFLECT on your practice to CHANGE ways of doing.

03

TEACH the HHH-Headsss around you.

Questions?

Tshinashkumitin !

Tiawenhk !

Migwetch !

Nakurmik !

Merci !