UBC Learning Circle

First Nations Health Authority
Health through wellness

THE UNIVERSITY OF BRITISH COLUMBIA
Centre for Excellence in Indigenous Health

Dismantling Colonial Structures in Public Health:

The Journeys of two First Nations Women

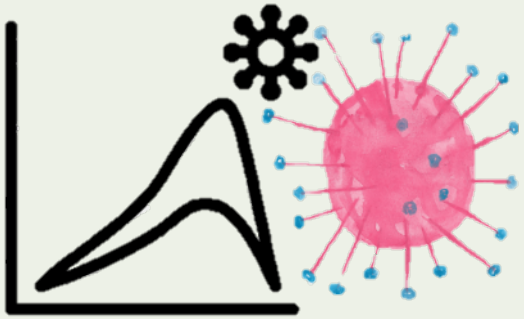
Jorden Hendry

Eryn Braley

February 29th, 2024 | 10am - 11:30 am PST
Free online webinar via Zoom
Register online at: www.learningcircle.ubc.ca

Inherent Rights of Indigenous Peoples

- First Nations territories stretch to every inch of this province.
- Inherent rights, rooted in connection to lands and waters, have never been ceded or surrendered.
- Inherent rights are upheld in international, national, and provincial law.
- Long-standing Indigenous laws and systems are integrally tied to the lands and waters of these territories.
- Generations of Indigenous rights holders who are First Nations, Métis, and Inuit from elsewhere in “Canada” also call these lands and waters home.

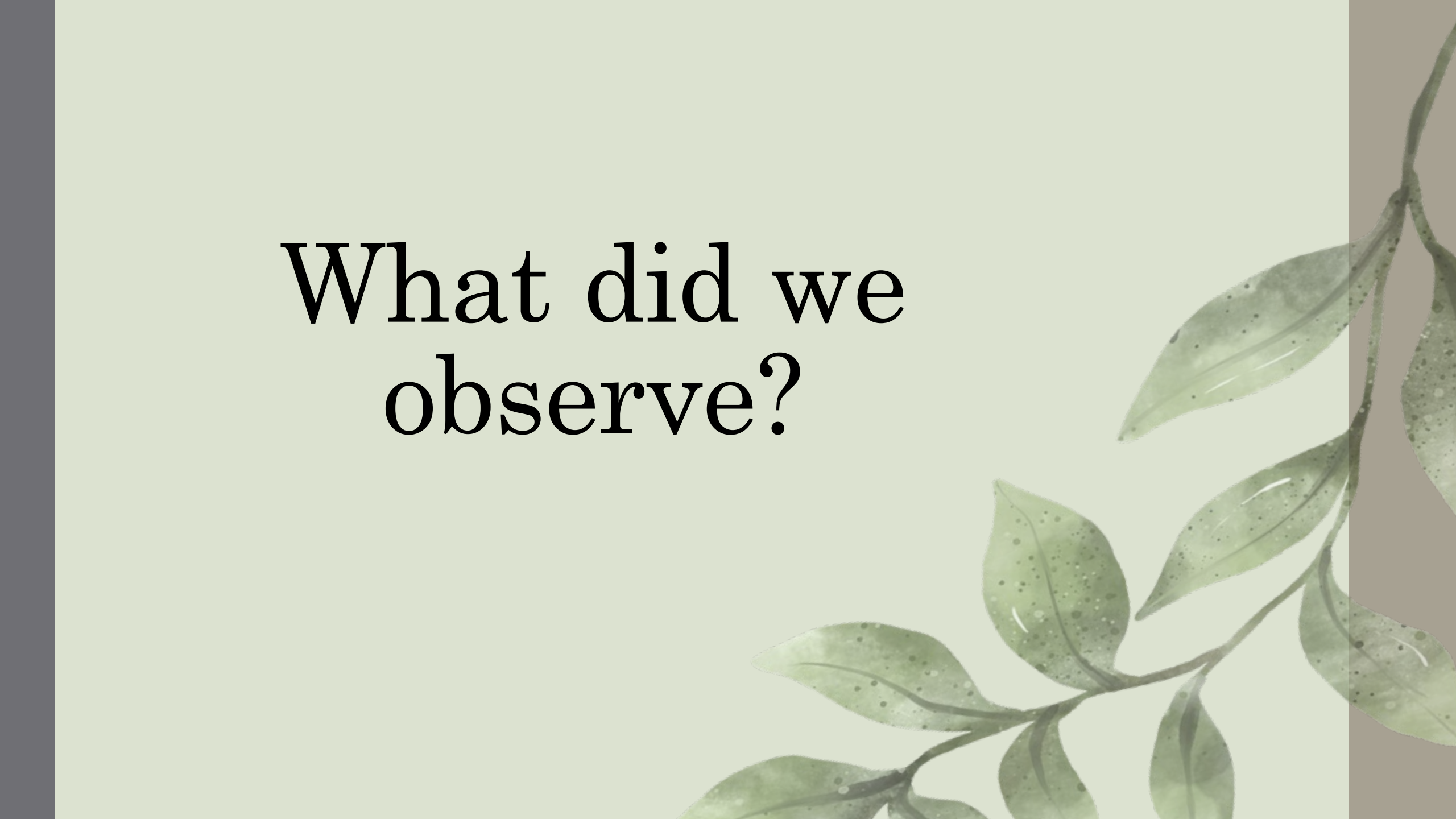


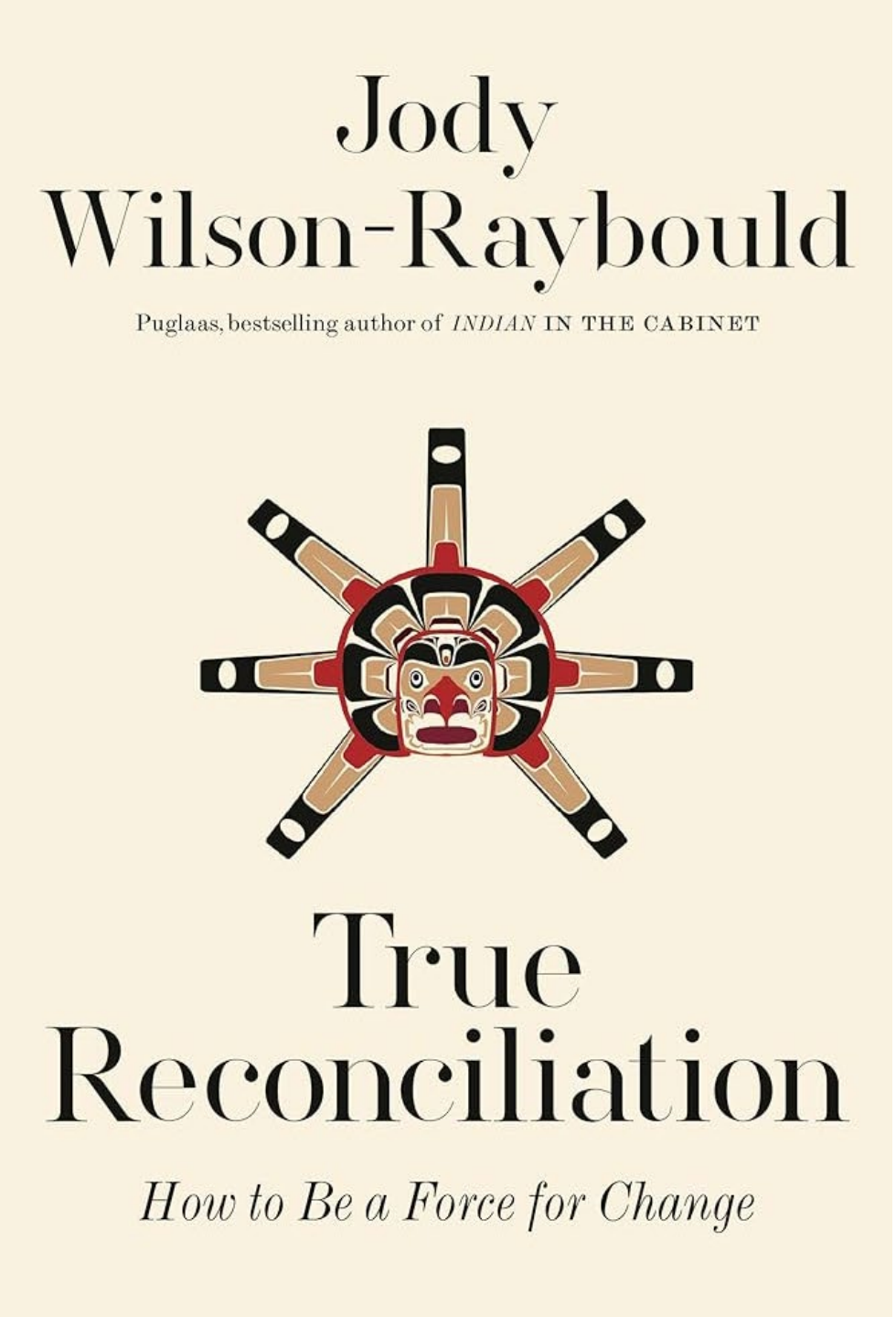
WHAT IS PUBLIC HEALTH?

Journeys in public health

- **Love and care**
- **No one should have to do this work alone**

What did we observe?





Worldviews & the Canada We Have Created

- A country shaped by European worldviews that has marginalized and excluded Indigenous worldviews
- Foundations of society, institutions, social and health systems

igure 14-3. Another example of association or causation. (DILBERT © 2011 Scott Adams. Used by permission of UNIVERSAL CLICK. All rights reserved.)

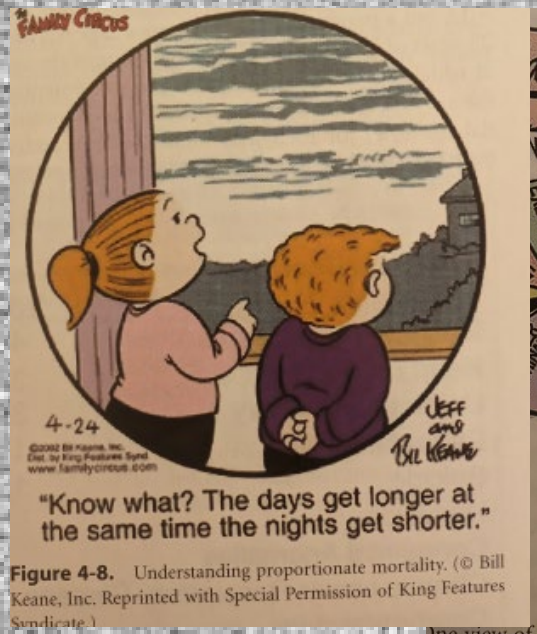
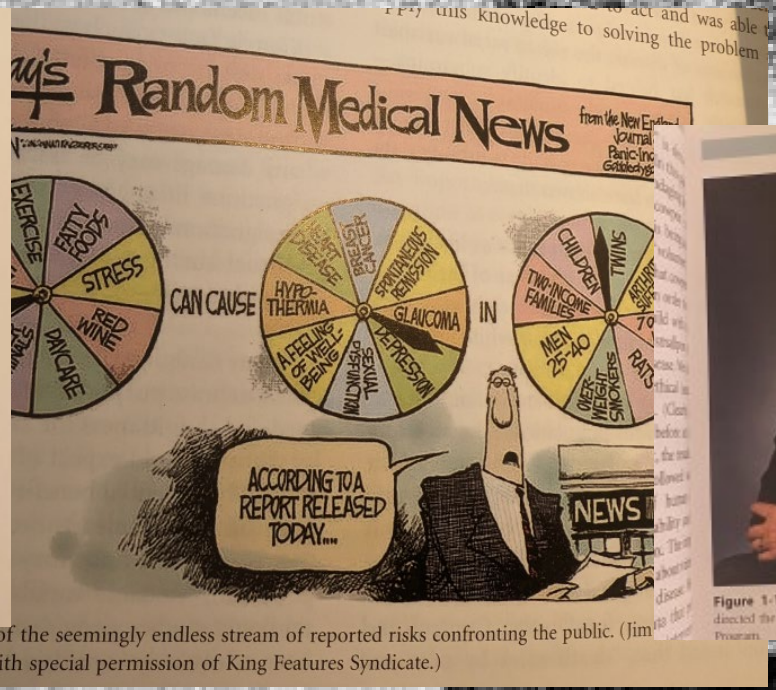


Figure 4-8. Understanding proportionate mortality. (© Bill Keane, Inc. Reprinted with Special Permission of King Features Syndicate.)



...this knowledge to solving the problem ...act and was able ...

...One view of the seemingly endless stream of reported risks confronting the public. (Jim ... printed with special permission of King Features Syndicate.)

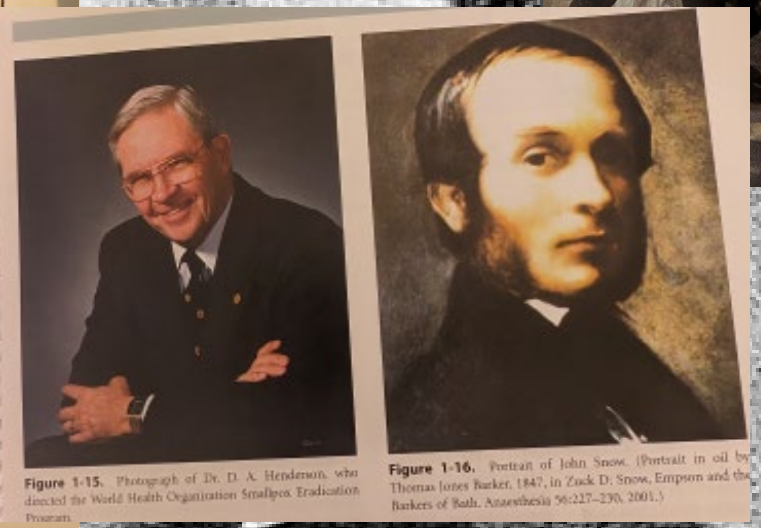
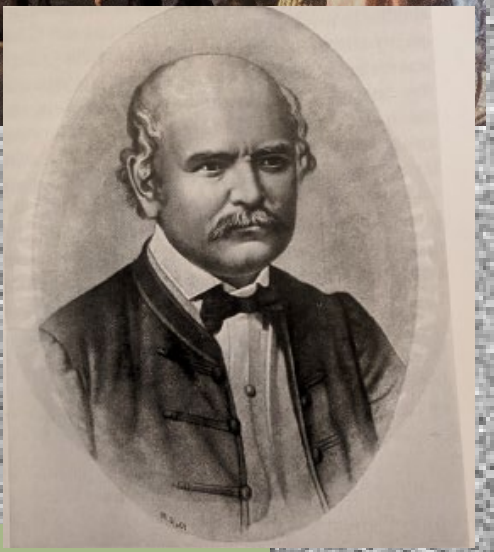


Figure 1-15. Photograph of Dr. D. A. Henderson, who directed the World Health Organization Smallpox Eradication Program.

Figure 1-16. Portrait of John Snow. (Portrait in oil by Thomas Jones Barker, 1847, in Zuck D: Snow, Empson and the Barkers of Bath. Anaesthesia 56:227–230, 2001.)



The "Father of Epidemiology"

Colonization as a Determinant of Health

HEALTH

Alberta First Nations people tend to get lower level of emergency care: study

By Bob Weber • The Canadian Press
Posted January 17, 2022 11:09 am · Updated January 18, 2022 9:49 am

WATCH ABOVE: A study published Monday looked at millions of Alberta emergency room visits and found non-Indigenous people were prioritized for urgent care over Indigenous people. Breanna Karstens-Smith reports – Jan 18, 2022

Politics

Auditor general finds major problems in First Nations health care

Building code problems at nursing stations, nurses lacking proper training among problems

Laura Payton · CBC News · Posted: Apr 28, 2015 11:12 AM ET | Last Updated: April 28, 2015

Families like this one in the First Nations community of Pikangikum in northwestern Ontario in 2011 don't always have access to clinical and client care services or medical transportation benefits, an auditor general's report says. (Coleen Rajotte/CBC)

Epidemiology of diabetes mellitus among First Nations and non-First Nations adults

Previously published at www.cmaj.ca

Abstract

Background: First Nations people in Canada experience a disproportionate burden of type 2 diabetes mellitus. To increase our understanding of this evolving epidemic, we compared the epidemiology of diabetes between First Nations and non-First Nations adults in Saskatchewan from 1980 to 2005.

Methods: We used administrative databases to perform a population-based study of diabetes frequency, incidence and prevalence in adults by ethnic background, year, age and sex.

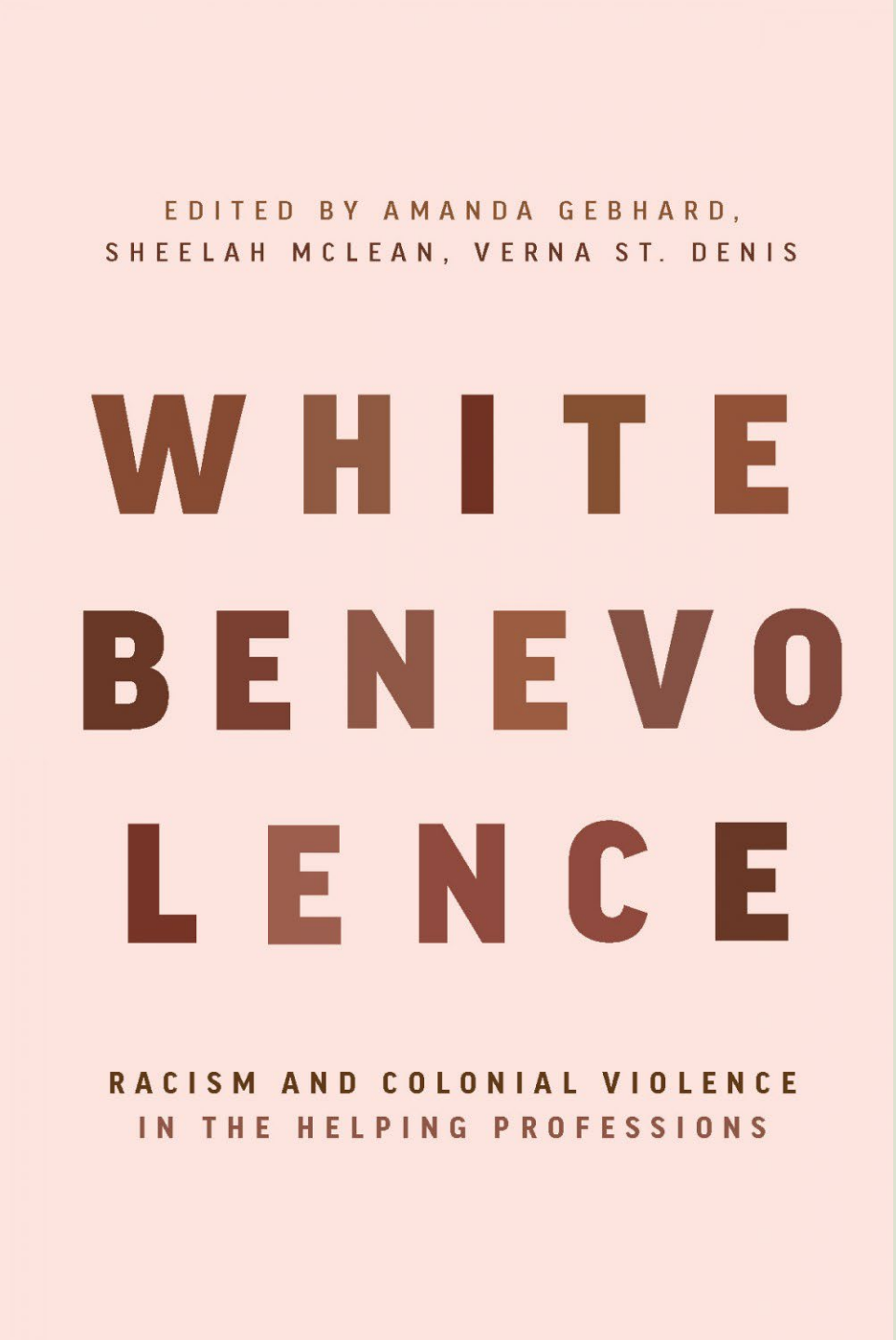
Results: We identified 8275 First Nations and 82 306 non-First Nations people with diabetes from 1980 to 2005. Overall, the incidence and prevalence of diabetes were more than 4 times higher among First Nations women than among non-First Nations women and more than 2.5 times higher among First Nations men than among non-First Nations men. The number of incident cases of diabetes was highest among First Nations people aged 40–49 ,while the number among non-First Nations people was greatest in those aged 70 or more years. The prevalence of diabetes increased over the study period from 9.5% to 20.3% among First Nations women and from 4.9% to 16.0% among First Nations men. Among non-First Nations people, the prevalence increased from 2.0% to 5.5% among women and from 2.0% to 6.2% among men. By 2005, almost 50% of First Nations women and more than 40% of First Nations men aged 60 or older had diabetes, compared with less than 25% of non-First Nations men and less than 20% of non-First Nations women aged 80 or older.

Interpretation: First Nations adults are experiencing a diabetes epidemic that disproportionately affects women during their reproductive years. This ethnicity-based pattern suggests diverse underlying mechanisms that may include differences in the diabetogenic impact of gestational diabetes.

Conclusion

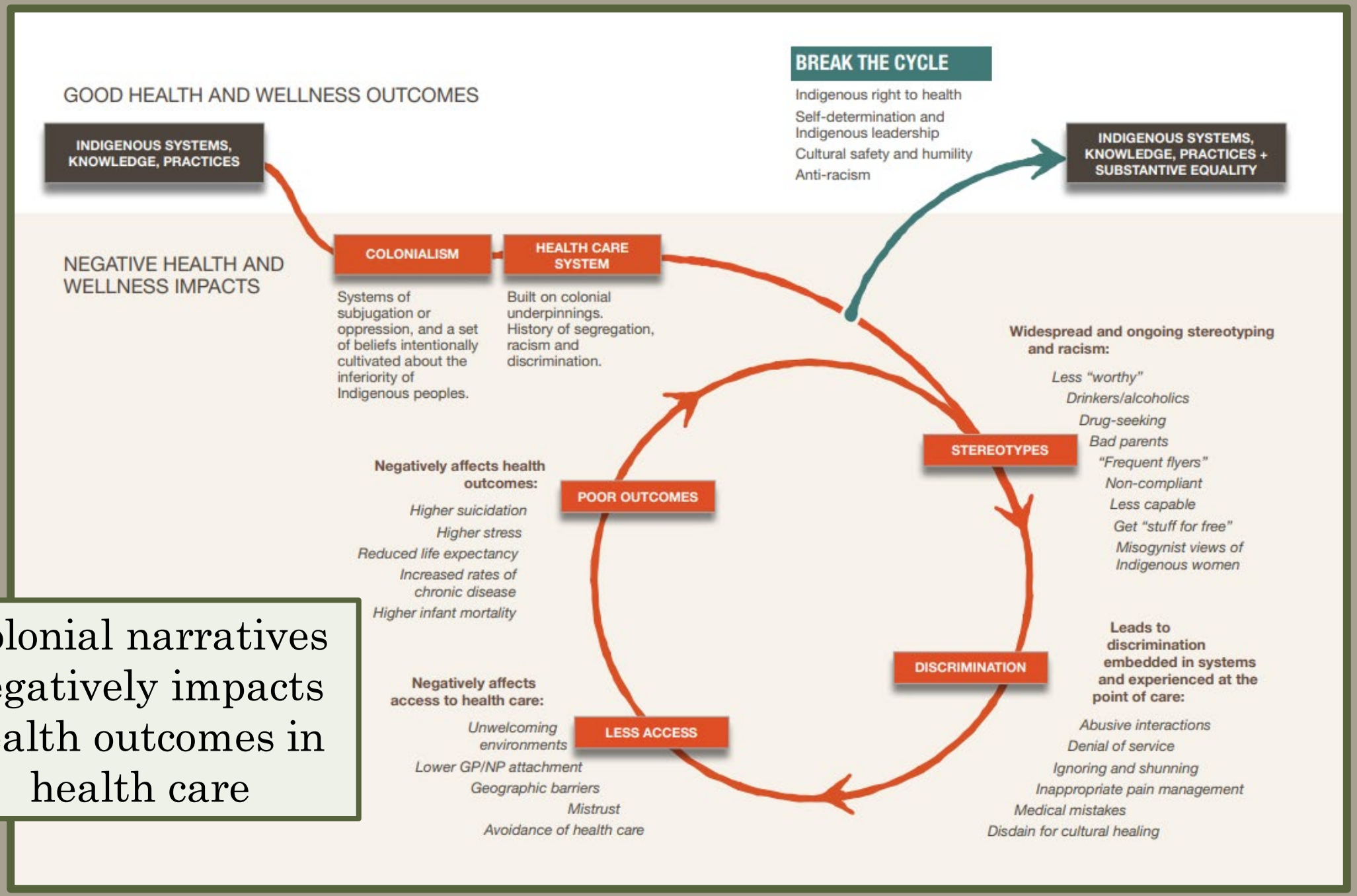
This study shows marked differences in the epidemiology of type 2 diabetes between First Nations and non-First Nations people. Whether this is because of relative differences in the genetics of energy balance interacting with other differences in the environmental determinants of obesity and carbohydrate intolerance is still uncertain. Complicating this further is the emerging possibility that epigenetic phenomena may play a role.[35] What is clear is that the rapid appearance of type 2 diabetes particularly among First Nations people and other indigenous and developing populations has been precipitated by environmental rather than genetic factors. Its long-term solution will require effective primary prevention initiatives that are population-based and driven by public health and community initiatives.

Being subject to Canadian colonial practices and policies is bad for Indigenous people's health.



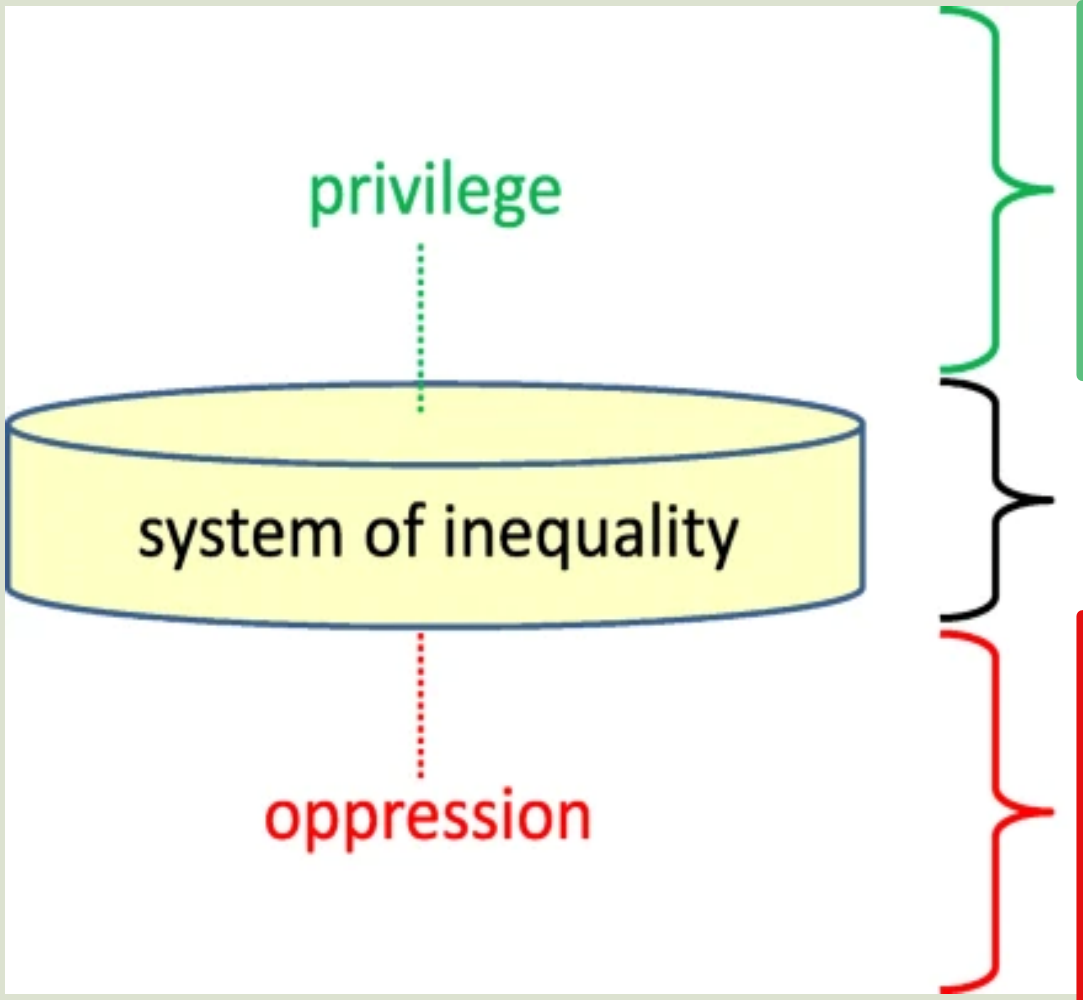
Colonial scripts

- Stories, narratives and statements deliberately imposed to…
  - Maintain settler-colonial power
  - Frame Indigeneity as inferior
  - Construct white settler identity as superior
  - Uphold savoir complex



Colonial narratives negatively impacts health outcomes in health care

The Coin Model of Privilege



"Unearned advantage associated with being on the top of the coin is often **invisible**. The obliviousness of people [in] their positions of privilege is a key strategy required to sustain the hegemony of systems of inequality."

The coin

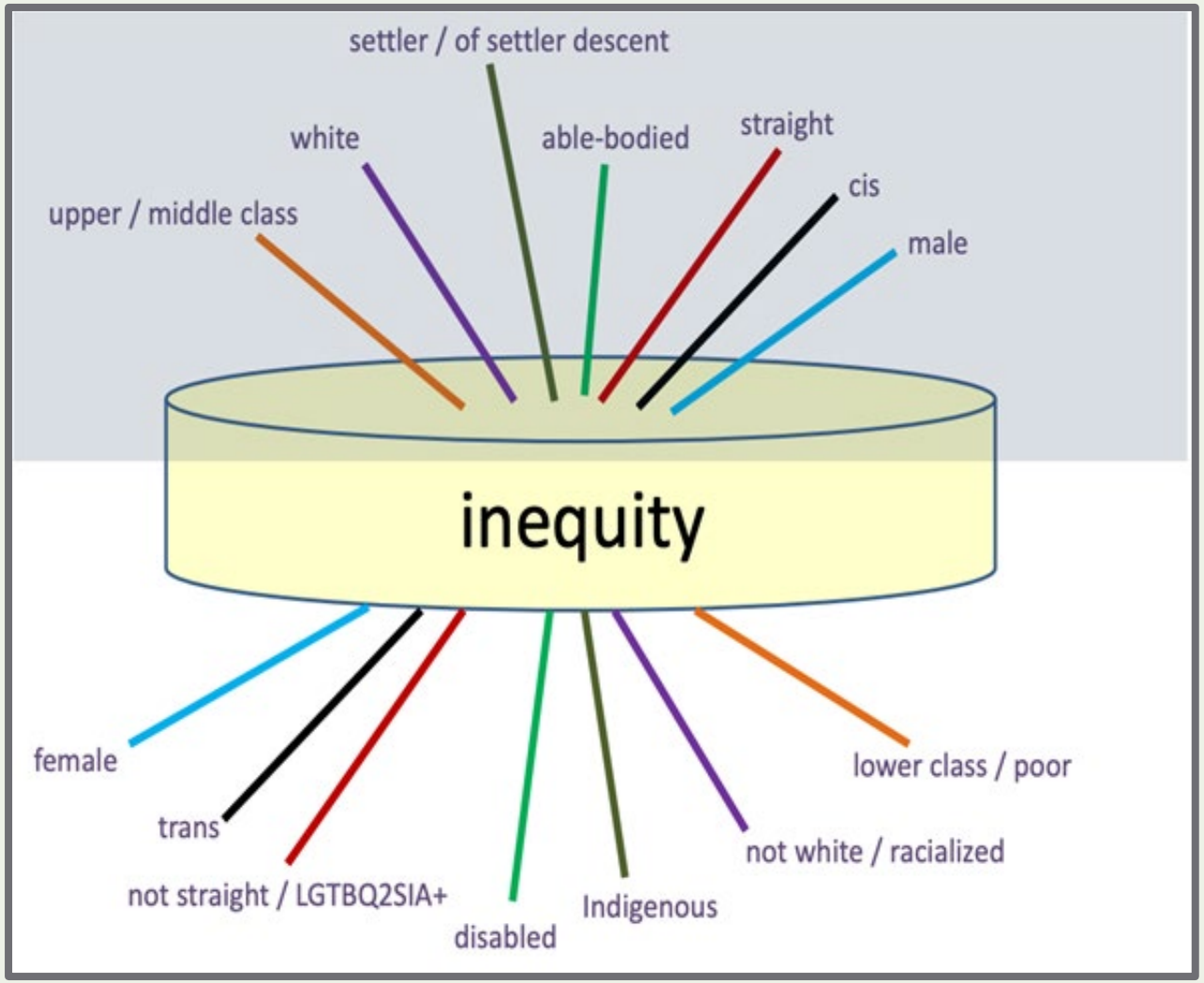
- The social structure that produces and maintains inequality
  e.g., sexism, racism, ableism

"Unfair disadvantage associated with the bottom of the coin is frequently **in plain view**. It is these groups who have historically led movements to dismantle the coins, such as Indigenous Peoples leading movements to redress the harmful effects of colonization."

Adapted and Retrieved from: Nixon, S. A. (2019). The coin model of privilege and critical allyship: Implications for health. *BMC Public Health*, *19*(1). https://doi.org/10.1186/s12889-019-7884-9

“From now on instead of ‘vulnerable people’ I'm going to use the phrase ‘people we oppress through policy choices and discourses of racial inferiority.’ It's a bit longer but I think will help us focus on where the problems actually lie.”

Dr. Marcia Anderson



The Coin Model of Privilege

"The goal is not to move people from the bottom of the coin to the top, because both positions are unfair. Rather, the goal is to dismantle the systems (i.e., coins) causing these inequities."

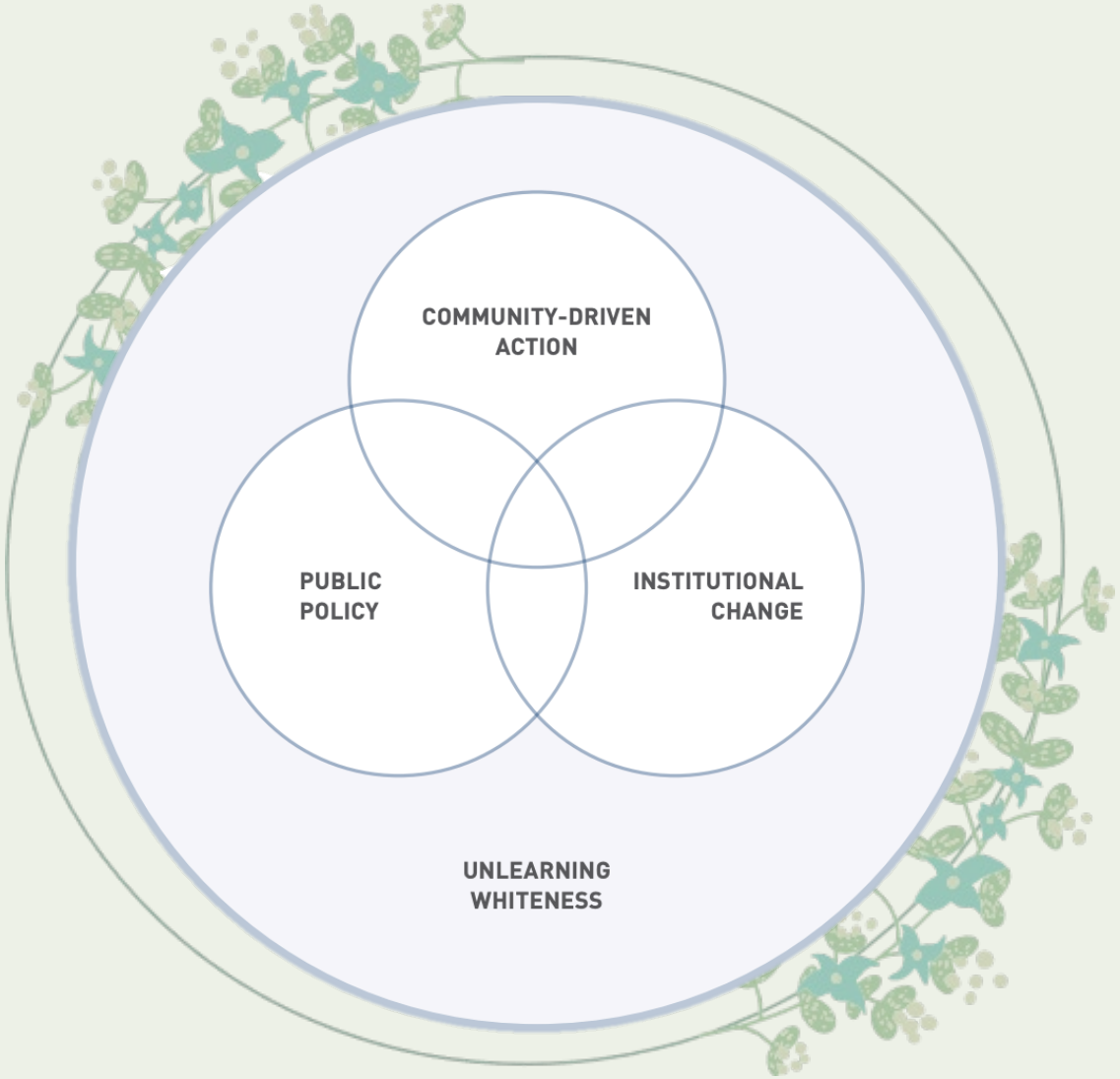
Whiteness as a Determinant of Health

Current health system in Canada built and led by White people with Eurocentric knowledge

Many benefit from these White supremacy systems, while others experience active harm from them

We need to be able to name and describe the whiteness that is occurring in these systems

Whiteness as a Determinant of Health - How do we begin to address it?



Unlearning: Racist attitudes and practices at an individual level to reveal and address racial inequities at a systemic level

Community Driven: Take direction from, and be accountable to Indigenous communities

Institutional Change: Education needs to focus on understanding how White Supremacy shows up in our spheres of influence

Policy: Policy tools such as UNDRIP must be leveraged to shift systemic power

Source: *National Collaborating Centre for Determinants of Health. (2020). Let's Talk: Whiteness and Health Equity. Antigonish, NS: NCCDH, St. Francis Xavier University.*

Shifting the Power of Whiteness

Those in positions of power must reorient their motivation from:

- "I use my expertise to reduce inequities for marginalized populations“
- "I wish to help the less fortunate"

To commitments that recognize privilege:

- "I seek to understand **my own role** in upholding systems of oppression that create health inequities“
- "I **learn from** the expertise of, and **work in solidarity** with marginalized groups to help me understand and take action on systems of inequality"

“If you have come here to help me you are wasting your time, but if you have come because your liberation is bound up with mine, then let us work together” - Lilla Watson

Source: Adapted and Retrieved from: Nixon, S. A. (2019). The coin model of privilege and critical allyship: Implications for health. *BMC Public Health*, *19*(1). https://doi.org/10.1186/s12889-019-7884-9

White benevolence

- White settlers entering the helping professions today continue to be motivate by the patronizing imperative to save Indigenous Peoples.
- Weilding institutional power to enact white settler colonialism

Now what?

Our current operating system (OS) prevents First Nations and Indigenous Peoples from benefitting from public health approaches

Achieving Indigenous-specific anti-racism requires an update to our OS.

Settler supremacy ideologies

First Nations ways of knowing and being

Anti racism ideologies/practices

Sulksun (Shane Pointe)
Coast Salish Knowledge Keeper

Provincial Health Services Authority

phsa.ca

PURPOSE, VISION & VALUES

OUR PURPOSE

Inspire and unite specialized teams to create a healthier province for all

OUR VISION

Boldly create an equitable, anti-racist and culturally safe health system where everyone thrives

OUR VALUES

Compassion, Respect, Equity, Courage, Innovation

COAST SALISH TEACHINGS

Coast Salish teachings gifted to PHSA by Knowledge Keeper Sulksun, Shane Pointe

Thee eat "Truth"

Eyhh slaxin "Good medicine"

Nuts a maht "We are one"

Whax hooks in shqwalowin
"Open your hearts and your minds"

Kwum kwum stun shqwalowin
"Make up your mind to be strong"

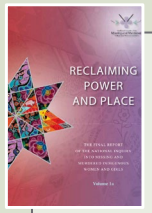
Tee ma thit "Do your best"

Clear & Foundational Directions

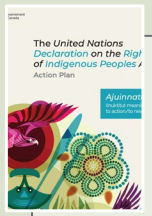
FEDERAL

Royal Commission on Aboriginal Peoples (1996)
440 recommendations

Truth & Reconciliation (2015)
94 Calls to Action

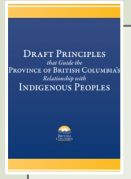


MMIWG2SLGBTQQIA (2019)
231 Calls for Justice



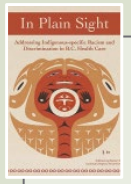
UN Declaration on the Rights of Indigenous People Action Plan (2023)
181 Goals/Actions

PROVINCIAL (BC)



Draft Principles that Guide BC's Relationship with Indigenous Peoples (2018)
10 Principles

Disaggregated Data Collection in BC: Grandmother Perspective (2020)



In Plain Sight (2020)
24 Recommendations

UNDRIP Declaration Act Action Plan (2022)
89 actions

Remembering Keegan (2022)
23 Recommendations

Dismantling colonial structures requires.....

- Naming, understanding, and disrupting whiteness (being okay with being uncomfortable!)
- Staying committed to your (un)learning journey (racism is an everyday problem that requires everyday attention!)
- Understanding that the root of health inequities is historic and ongoing settler colonialism
- Expanding your worldview by upholding Indigenous ways of knowing in a good way
- Upholding legislative commitments and provincial obligations
- Embedding inherent rights of Indigenous peoples