No. 293, June 2013

Health Professionals Working With First Nations, Inuit, and Métis Consensus Guideline

This consensus guideline has been prepared by the Aboriginal Health Initiative Committee and approved by the Executive and Council of the Society of Obstetricians and Gynaecologists of Canada.

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Canadian Association of Midwives

Canadian Association of Perinatal and Women's Health Nurses

Indigenous Physicians Association of Canada

Inuit Tapiriit Kanatami

Métis National Council

Key Words: Aboriginal, First Nation, Inuit, Métis, Social Determinants of Health, indigenous health, women, maternal/child health, health inequity, culturally-safe care, cultural competence, health service, delivery, life-cycle, traditional practices, rural health, urban, sexual health, reproductive health

J Obstet Gynaecol Can 2013;35(6 eSuppl):S1–S52

Minwaashin Lodge

National Aboriginal Council of Midwives

National Aboriginal Health Organization

Native Women's Association of Canada

Native Youth Sexual Health Network

Pauktuutit Inuit Women of Canada

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Disclosure statements have been received from all contributors.

The literature searches and bibliographic support for this guideline were undertaken by Becky Skidmore, Medical Research Analyst, Society of Obstetricians and Gynaecologists of Canada.

Abstract

Objective: Our aim is to provide health care professionals in Canada with the knowledge and tools to provide culturally safe care to First Nations, Inuit, and Métis women and through them, to their families, in order to improve the health of First Nations, Inuit, and Métis.

Evidence: Published literature was retrieved through searches of PubMed, CINAHL, Sociological Abstracts, and The Cochrane Library in 2011 using appropriate controlled vocabulary (e.g.,cultural competency, health services, indigenous, transcultural nursing) and key words (e.g., indigenous health services, transcultural health care, cultural safety). Targeted searches on subtopics (e.g., ceremonial rites and sexual coming of age) were also performed. The PubMed search was restricted to the years 2005 and later because of the large number of records retrieved on this topic. Searches were updated on a regular basis and incorporated in the guideline to May 2012. Grey (unpublished) literature was identified through searching the websites of selected related agencies (e.g., Campbell Collaboration, Social Care Online, Institute for Healthcare Improvement).

Values: The quality of evidence in this document was rated using the criteria described in the Report of the Canadian Task force on Preventive Health Care (Table 1).

Sponsors: This consensus guideline was supported by the First Nations and Inuit Health Branch, Health Canada.

Summary Statements

1. Demographically, First Nations, Inuit, and Métis people are younger and more mobile than non-Aboriginal people. This requires extra effort on the part of health care professionals to establish an environment of trust and cultural safety in their workplaces as the opportunity to provide care may be brief. (III)
2. Canada ranks 6th in the world on the World Health Organization Human Development Index; however, the First Nations rank 68th. (II-3)
3. There have been centuries of formal agreements between European governments and First Nations. They were initially conducted in the spirit of friendship and cooperation, but later became centred on land ownership and resource extraction. Since they have been repeatedly dishonoured, there is an environment of mistrust in First Nations towards governments, their representatives, their policies, and anyone perceived to have authority. (III)
4. The Indian Act and its subsequent amendments were designed to control every aspect of a Status Indian's life and to promote assimilation. It was also a tool that the government used to access First Nations' land and resources. (III)
5. The intergenerational trauma experienced by First Nation, Inuit, and Métis is the product of colonialization. Residential schools, forced relocation, involuntary sterilization, forced adoption, religious conversion, and enfranchizement are a few examples of government policy towards First Nations, Inuit, and Métis that have created intergenerational post-traumatic stress and dysfunction. However, they continue to be a resilient people. (III)
6. Most Canadians are unaware that a large proportion of Canada's gross domestic product is funded by monies garnished from natural resources extracted from Aboriginal lands, while First Nations and Inuit communities rely on insufficient money transfers from the Federal government. (III)
7. Multinational companies extract resources from lands that are often on or adjacent to Aboriginal communities, or lands that are under land claims negotiations. The management of lands and resources by the provinces in some regions and by the territorial and federal governments in other regions has made it difficult for First Nations, Inuit, and Métis communities to communicate with multinational corporations, especially where land claim negotiations are ongoing or non-existent. Multinational corporations do not provide revenues to these communities. Most Aboriginal communities are impoverished without adequate public health infrastructure, and without economic capital to improve their condition. (III)
8. Jurisdictional issues today make it difficult to provide health care, take care of the land, and promote healthy communities. (III)
9. Eating traditional country foods helps to preserve cultural identity, but increasing environmental contaminants such as lead, arsenic, mercury, and persistent organic pollutants may compromise food safety. (II-3)
10. Given demographic shifts such as rapidly growing populations with large youth cohorts and the increasing urbanization of First Nations, Inuit, and Métis in Canada, it is an important reality that most clinicians will encounter First Nations, Inuit, and Métis in their practice. (II-3)
11. Traditionally, men and women in First Nations, Inuit, and Métis cultures enjoyed equal and complimentary roles. Colonialization generally led to First Nations and Inuit women being objectified, disrespected, and ignored. Through specific pieces of legislation, First Nations women in particular lost their voices and powers within their communities, including their role in promoting traditional health and education. (III)
12. The unemployment rate is much higher in Aboriginal communities than in those of non-Aboriginal Canadians. This is a major contributor to the gaps in socioeconomic status and access to equitable and quality health care. (II-3)
13. The language of health outcome measurement often perpetuates negative stereotypes towards First Nations, Inuit, and Métis because outcomes are reported out of the context of the social, political, and economic circumstances. (III)
14. Jurisdictional conflicts between federal, provincial, territorial, and band governments make it difficult to provide comprehensive public health and health services to First Nations. (III)
15. The harmony of First Nations, Inuit, and Métis societies was disrupted by European colonialization at the end of the 18th century, causing widespread effects on the sexual health of First Nations, Inuit, and Métis women and men. (III)