



# Indigenous Relationship and Cultural Awareness (IRCA) Courses: Interactivity Guide Answers

## Module 8: Health Landscape of Indigenous People

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*Note that the answers provided below are not exhaustive and merely provide relevant information/points to consider for each question.*

### Chapter 1 – The Health Landscape of Indigenous People

1. Reflection: Reflect on the diminished access to traditional foods for First Nations, Inuit and Métis peoples post-contact with Europeans. How has this affected the health of communities?

**Answer:** Self-reflection question. Points to consider:

As a result in decreased access to traditional foods, First Nations, Inuit and Métis peoples are more likely to consume processed, less nutrient-dense foods. In addition to the health benefits of traditional foods, the skills necessary to prepare traditional foods play an important role in maintaining a lifestyle with strong connections to the land and cultural identities.

### Chapter 2 – Strategies to Reduce Mortality

1. Why are culturally safe environments important? What are some elements of Traditional healing that are incorporated in the Medicine Lodge at Health Sciences North (HSN) in Sudbury?

**Answer:** Trusting relationships and culturally safe environments can work to encourage First Nations, Inuit, Métis and urban Indigenous peoples to participate in screening and other prevention programs, as well as contribute to more positive experiences.

Indigenous healing spaces are becoming more common throughout healthcare settings in Ontario. The Medicine Lodge at Health Sciences North (HSN) in Sudbury incorporates some elements of Traditional healing and ceremonies including:

- A fire pit and ventilation for smudging
- A circular shape and the four colours
- Representative of the medicine wheel
- Entrance to the lodge can accommodate wheelchairs and gurneys

2. Reflection: Reflecting on the eight key principles on creating culturally safe engagement that were created in partnership with Indigenous patients and the BC Patient Safety & Quality Council, what point(s) stand out to you? How can this be incorporated into healthcare settings?

**Answer:** Self-reflection question.

BC Patient Safety & Quality Council: Culturally Safe Engagement: What Matters to Indigenous (First Nations, Métis and Inuit) Patient Partners Pamphlet. (2021). Retrieved from: <https://bcpsqc.ca/resource/culturally-safe-engagement-what-matters-to-indigenous-first-nations-metis-and-inuit-patient-partners-pamphlet/>

### Chapter 3 – Coordination of Care

1. What are some ways in which the coordination of health services impacts healthcare for Indigenous people? Please provide an example.

**Answer:** The First Nation, Inuit, Métis and urban Indigenous populations often move back and forth from their home community or urban centre for reasons such as access to health services, work (particularly seasonal or temporary work), school or other reasons like addictions and homelessness.

Ensuring that a continuum of care is maintained for preventative health care, such as cancer screening, diagnosis and treatment can be challenging when people are moving from one community to another, or between provinces.

For example, Shoal Lake 40 First Nation is located on the border of Manitoba and Ontario. The community located on the Ontario side can only be accessed by going through Manitoba. Continuum of health care services often presents as a challenge to ensuring the best health care services are delivered to patients.

Northern Ontario School of Medicine. (n.d.). Aboriginal Elders. Retrieved from [http://www.nosm.ca/communities/aboriginal\\_affairs/s](http://www.nosm.ca/communities/aboriginal_affairs/s)

### Chapter 4 – Access to Primary Care Providers

1. What are some Indigenous Health Services that directly serve First Nations, Inuit, Métis and urban Indigenous peoples and what do they do?

**Answer:**

- **Aboriginal Health Access Centres (AHACs):** AHACs are Indigenous community-led, primary healthcare organizations. They provide traditional healing, primary care, cultural programs, health promotion programs, community development initiatives and social support services to First Nations, Inuit, Métis and urban Indigenous communities.
- **Indigenous Community Health Centres (CHCs):** CHCs deliver primary care services in combination with health promotion and illness prevention services. They also advocate for health policy and programming changes at the government levels for communities in need of support.
- **Indigenous Family Health Team:** Family health teams can include physicians, nurse practitioners, physician assistants, physiotherapists, chiropractors, dietitians, social workers, nurses, health promoters, respiratory educators and administrative support.
- **Nurse Practitioner-Led Clinics:** Nurse Practitioner led clinics offer primary healthcare services; nurse practitioners work with an inter-professional team.

## Chapter 5 - Transportation and Geographical Issues and Challenges

1. Reflection: Take a moment to reflect on travel related challenges that many Indigenous people face. Why is this important to consider in a healthcare setting?

**Answer:** Self-reflection question. Points to consider:

- Patients may miss or be late to appointments due to flight delays out of their control or issues with travel to the appointment. These patients should be accommodated and not penalized.
- Circumstances force some patients to relocate for treatment for extended periods. This requires them to maintain the cost of their home, as well as accommodation costs for their extended treatment schedule.
- Many families cannot afford to accompany or visit their family member undergoing treatment, resulting in the patient's lack of emotional and advocacy support during their treatment stay