

# What is Indigenous Cultural Safety and What does it have to do with ME?

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# Today's Presentation

- ✓ Indigenous cultural safety – why it is relevant, what it is, what it is not;
- ✓ Reflecting on “Gold Standards”
  - the need for humility, accountability, and epistemic self-location
  - approaching diversity of scientific methodologies with humility, respect, practicality, and shared long-term goals (ie. the desire to optimize human and global benefits of our work)
- ✓ Tailoring RCT methods to address Indigenous health issues (as identified and prioritized by Indigenous peoples)
  - an example

# Why Should I Be Concerned about Indigenous Cultural Safety?

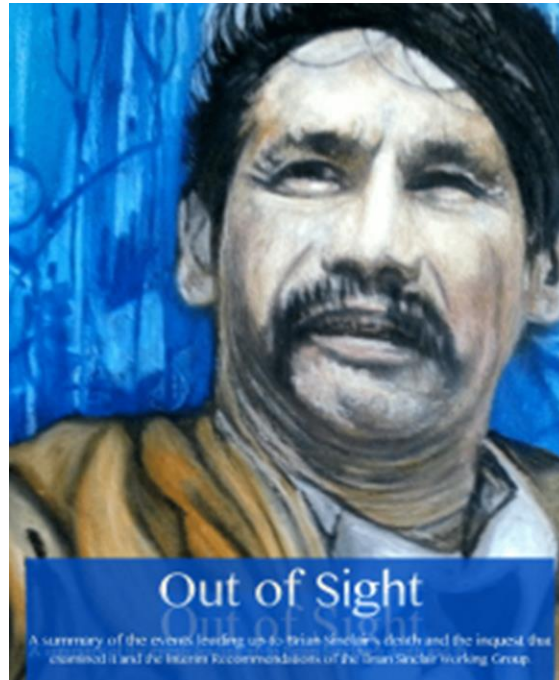


# Persistent Indigenous/non-Indigenous Health Inequities in Canada

peer reviewed studies have revealed IMR rates that are 190% higher for First Nations compared to non-First Nations<sup>3</sup> and 360% higher for Inuit inhabited areas compared to non-Inuit inhabited areas<sup>4</sup>

Smylie, Lancet: 2013

# Health and social services are commonly of limited social value for First Peoples



## Truth and Reconciliation Commission Call to Action: Health

- Make the links between current Indigenous health disparities and Canadian governmental policies
- Establish measureable goals and close the gap in health outcomes
- Recognize and address distinct health needs of Inuit, Métis and off-reserve Aboriginal people
- Fund Aboriginal healing centres to address the physical, mental, emotional and spiritual harms caused by residential schools
- Recognize and use Aboriginal healing practices
- Increase and retain Aboriginal health professionals; ensure all health professionals have cultural competency training
- Coursework and training in all medical and nursing schools



# What is Indigenous Cultural Safety?



# Cultural Safety

Advancing relationships across difference through the skill of self-reflection.

Underpinned by an understanding of power differentials

Takes us beyond:

- Cultural awareness, the acknowledgement of difference;
- Cultural sensitivity, the recognition of the importance of respecting difference, and
- Cultural competence, which focuses on the skills, knowledge, and attitudes of practitioners.



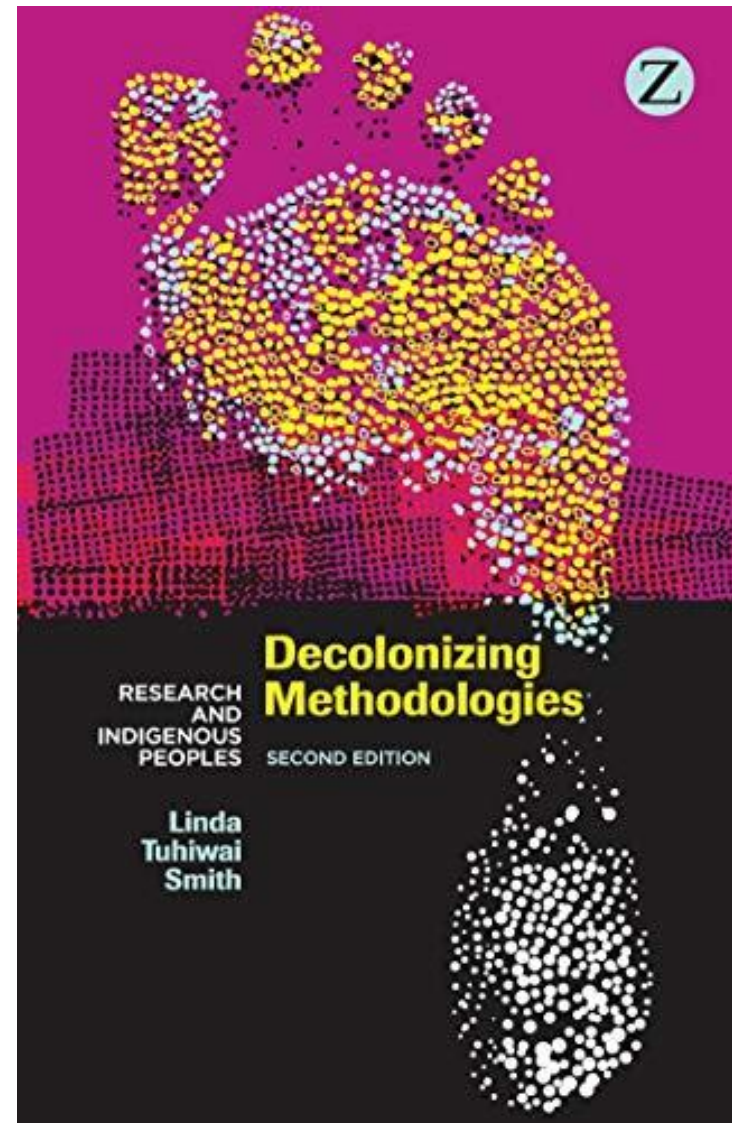
Cultural Safety goes beyond...



# What Does History and Epistemology Have to Do With This?



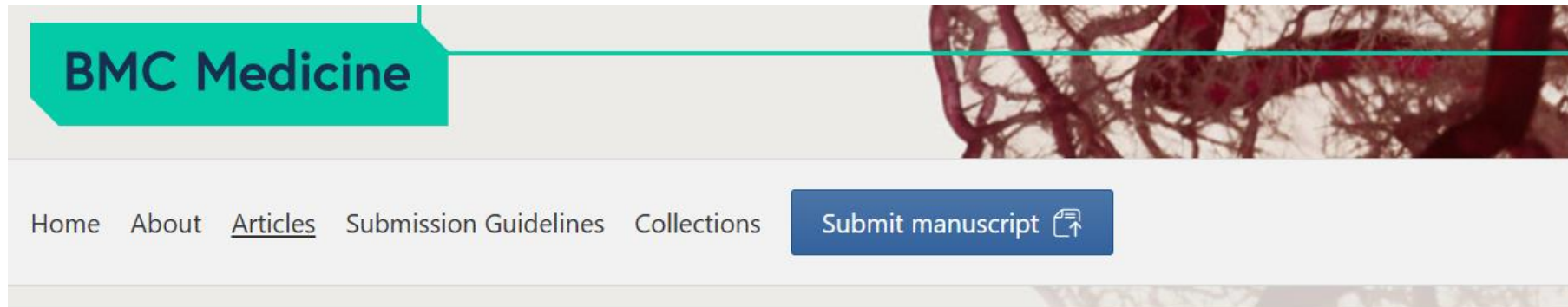
“The problem with universities is that they teach us that we know better”



# Questions

- Do you know the history of and philosophical roots underlying RCTs?
- What is the epistemological and ontological framing of RCTs ?
- What are the linked underlying knowledge assumptions?
- What types of questions do RCTs work best to answer?
- What are some of the limitations of RCTs?

# Can RCT methods be tailored to address Indigenous community priorities?



Research article | [Open access](#) | Published: 09 January 2024

## Randomized controlled trial demonstrates novel tools to assess patient outcomes of Indigenous cultural safety training

[Janet Smylie](#) , [Michael A. Rotondi](#), [Sam Filipenko](#), [William T. L. Cox](#), [Diane Smylie](#), [Cheryl Ward](#), [Kristina Klopfer](#), [Aisha K. Lofters](#), [Braden O'Neill](#), [Melissa Graham](#), [Linda Weber](#), [Ali N. Damji](#), [Patricia G. Devine](#), [Jane Collins](#) & [Billie-Jo Hardy](#)



# Reconciling Relationship Study:

- A randomized control trial at **St. Michael's Hospital, St. Joseph's Hospital, North York General Hospital, and Credit Valley Hospital**
- Involved 58 physicians, residents, and nurse practitioners from **Family Medicine** and the **Emergency Department**
- Compares the effectiveness of intensive, brief, and control interventions on Indigenous race bias outcomes

## Study Goals:

1. ***Establish an evidence base for effective Indigenous cultural safety education for healthcare professionals***
2. ***For Indigenous people to be offered high-quality, culturally safe care***

Funded by a generous donations made to St. Michael's Hospital Foundation by Donna and Gary Slaight, and John Lederer



# Reconciling Relationships Study Team

## *Core Team*

Dr. Janet Smylie, Principal Investigator

Dr. Billie-Jo Hardy, Co-Investigator

Sam Filipenko, Research Coordinator

## *Cultural Safety Implementation Advisory Group*

Dr. Cheryl Ward, Jane Collins, Diane Smylie, Dr. Linda Weber, Dr. Braden O'Neill, Dr. Melissa Graham, Dr. Ali Damji, Dr. Aisha Lofters, Dr. Nav Persaud, Dr. Katreena Scott, Dr. Marcia Anderson, Dr. Patricia Devine, Dr. William Cox, Dr. Kristina Klopfer

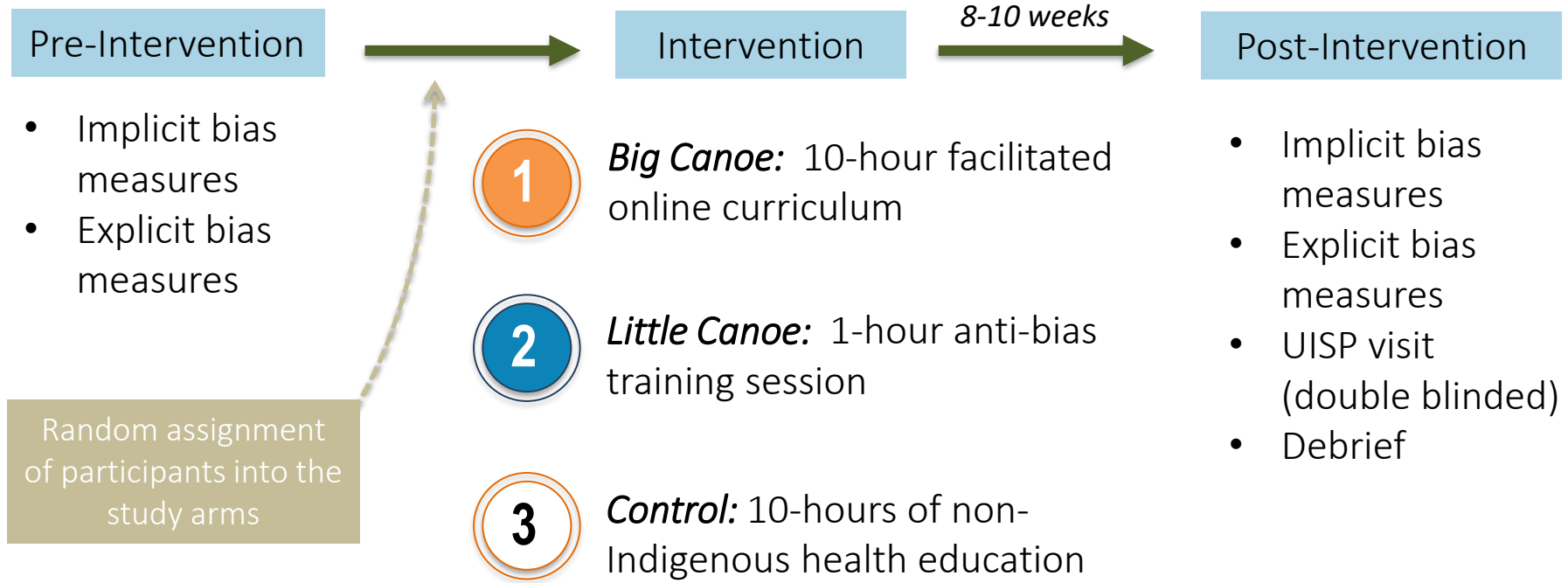
## *San'yas Registrar (Leresha Lickers), Curriculum Development, and Facilitation Teams*

## *Unity Health Toronto First Nations, Inuit, and Métis Community Advisory Panel*

## *Indigenous Standardized Patient Acting Team*

# Study Design

3-armed RCT



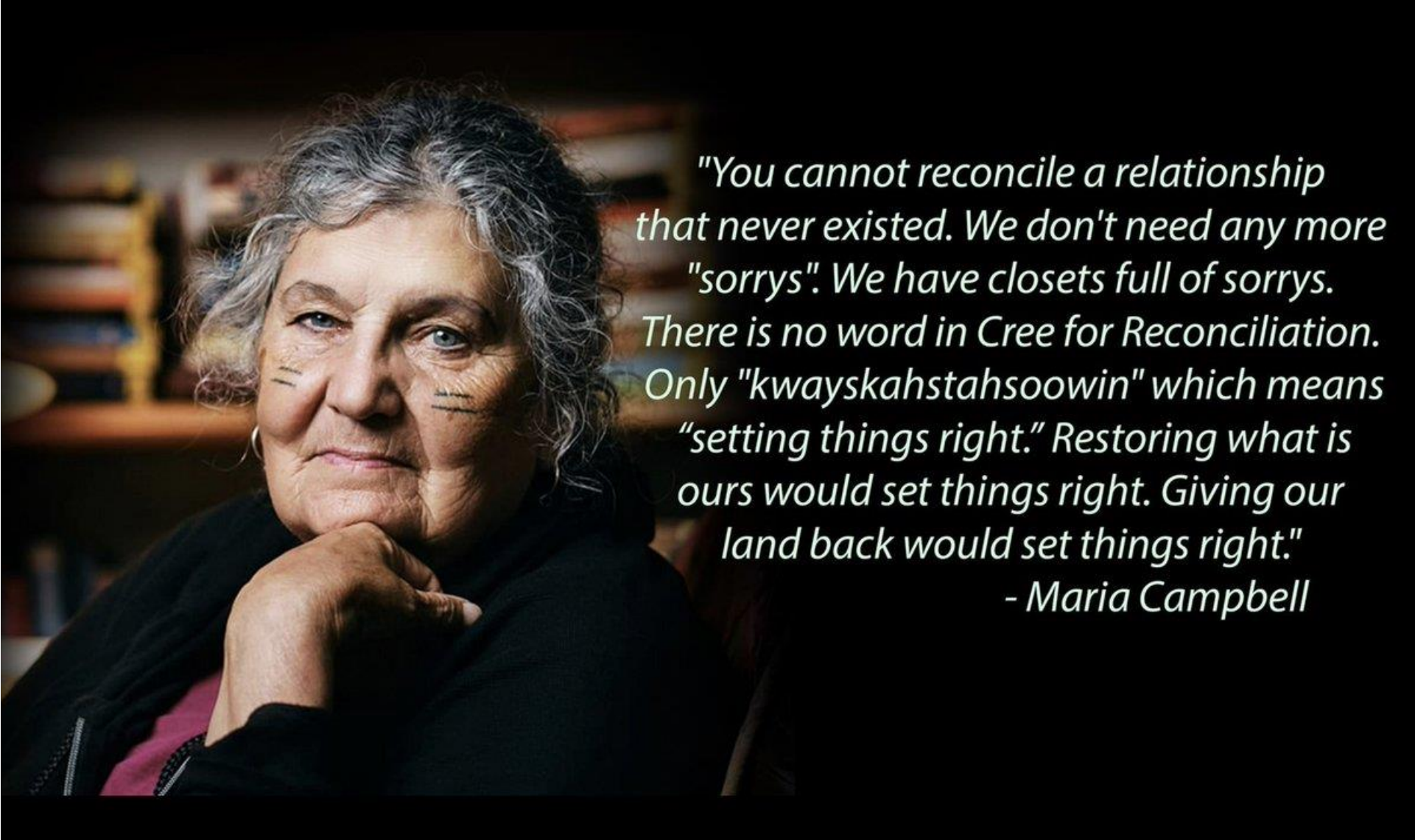


## Study Results: Question 14 – Patient Experience

- Would you recommend this health care provider to family or friends?  
(not recommend; recommend with reservations; recommend; **highly recommend**)

Odds Ratio (95 % Confidence Interval)	Crude	Age and Gender Adjusted	Age, Gender and Previous Indigenous Experience Adjusted	Age, Gender and Positive Experience Adjusted
Big Canoe	3.929 (0.925, 19.323)	<b>5.723</b> <b>(1.156, 36.779)</b>	<b>6.875</b> <b>(1.310, 49.396)</b>	<b>7.263</b> <b>(1.349, 53.493)</b>
Little Canoe	3.300 (0.657, 18.729)	<b>6.616</b> <b>(1.074, 54.663)</b>	<b>7.784</b> <b>(1.191, 73.311)</b>	<b>7.113</b> <b>(1.129, 60.303)</b>





*"You cannot reconcile a relationship that never existed. We don't need any more "sorrlys". We have closets full of sorrlys. There is no word in Cree for Reconciliation. Only "kwayskahstahsoowin" which means "setting things right." Restoring what is ours would set things right. Giving our land back would set things right."*

*- Maria Campbell*

# Actions

- Take an evidence based Indigenous cultural safety training
- Reflect on and adapt strategies to interrupt your social and scientific biases
- Identify the paradigm and assumptions underlying your own scientific discipline – reflect on the strengths and limitations
- Work to advance equitable distribution of resources for Indigenous scientists and Indigenous science



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# Questions?

