



Health Leadership
& Learning Network

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Cultural Safety Certificate

2020

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Stephanie George

Stephanie is Oneida Nation. She is an International Board Certified Lactation Consultant and an Aboriginal Midwife. Before she became a midwife, she was certified as a Postpartum Depression Support Person. She is well known for her work as an advocate for Indigenous health, women's health, mental health, and as a breastfeeding educator. Stephanie continues to share her knowledge with health care providers and students through her roles with the Baby-Friendly Initiative Strategy of Ontario and as an expert panel member of the Registered Nurses Association of Ontario. Stephanie is on the Board of Directors for Haldimand Norfolk Women's Services. Stephanie teaches future and current health care providers and IBCLC's by working as a Sessional Instructor of Indigenous Health at McMaster's University and as a member of the Board of Directors for the International Lactation Consultants Association (ILCA).

Cultural Safety for Health Coaches and Navigators Course Outline

Course Objectives: By the end of the course, you will be able to

- Build a framework to navigate cross-cultural approaches and beliefs on illness and ways of healing as a health coach or navigator
- Address recommendations from the Truth and Reconciliation Commission of Canada mandate to develop appropriate policy and practice
- Responsibly advocate for culturally safe care on behalf of multicultural and marginalized clients and communities
- Clarify basic concepts and theoretical perspectives pertaining to race and racism
- Explore historical and contemporary societal contributions to racism and its impacts on the social inclusion and exclusion of various groups of people
- Establish an openness to diversify perspectives on the experiences of others for the purpose of expanding culturally safe access to care
- Understand the impact of socially constructed biases on socially marginalized groups with a specific focus on the Indigenous First Nations peoples of Turtle Island.

Course Page: <https://hlln.info.yorku.ca/culturalsafety-0620/>

Delivery Method: Online – Hybrid of self-directed learning and instructor-led live session

- NOTE: The self-directed learning will take ~2 hours to complete.
- DEADLINE: You must submit the individual exercises **before 12 noon on June 19.**
- LIVE SESSION: **June 22 from 10:30 AM – 3:30 PM.**

Course Schedule

Time	Topic
Self-directed	Lesson 1: Trauma Informed Care/ Cultural Humility
10:30 – 11:00 AM (30 minutes)	Introductions and Debrief of Lesson 1
11:00 -12:00 Noon (1 hour)	Case Study Group Discussion
12:00 – 1:00 PM (1 hour)	Lunch Break
1:00 – 2:15 PM (1 hour 15 minutes)	Lesson 2: Seeds of Learning
2:15 – 2:30 PM (15 minutes)	Break
2:30 -3:00 PM (30 minutes)	Truth and Reconciliation Breakout Groups
3:00 – 3:30 PM (30 minutes)	Group Discussion and Summary

“The fruit of
your destiny is
nourished by the
roots of your
past.”

Stephanie George, IBCLC
Aboriginal Midwife
Instructor, Indigenous Health, McMaster



Conflict of Interest

- None

Objectives



TRADITIONAL PARENTING
TEACHINGS



TRAUMA-INFORMED
KNOWLEDGE



BREASTFEEDING AS A
SOURCE OF TEACHING
AND HEALING



TRUTH AND
RECONCILIATION: CALLS TO
ACTION



- “The fruit of your destiny is nourished by the roots of your past.”
 - Robert Gary Miller in, “The Mush Hole.”
Franz Stapelburg Films

Me



CAST



Luke MacDonald (Flick)
I was raised in the theatre by my mom Stephanie George. In my first play I was Luke Skywalker at Waterford Town Hall Kids. I have been involved with Town Hall Kids for 6 seasons. I have also been in two productions at Brant Theatre Workshops. I attend Stratford Theatre every season and I hope to act there one day.

CAST



Cordelia MacDonald (Randy)
This is my first time acting at Simcoe Little Theatre. I have, however, acted for six seasons with Waterford's Town Hall Kids in plays including: Star Wars, Willy Wonka and Peter Pan. I have also been involved with Brant Theatre Workshops: Rumpelstiltskin's Tales and Summer Breeze.





Traditional
Aboriginal Parents
Program (TAPP)

[SPIRIT OF THE
CHILDREN SOCIETY](#)

- Stress Management
- Values, beliefs, and attitudes
- The Medicine Wheel
- The Seven sacred teachings
- The effects of colonization and residential school
- Traditions: smudging, beading, sweat lodges
- Addictions
- Family violence
- Child development
- Discipline
- Feelings and emotions
- Anger Management
- Mental Health Issues
- Self-care
- Journaling

Indigenous HIPPY in Canada

INDIGENOUS KNOWLEDGE AND LEARNING AS A FOUNDATION OF OUR WORK

TRUST TO FOSTER LIFE-LONG LEARNING ROOTED IN INDIGENOUS WAYS OF KNOWING

PEACEFUL LISTENING TO SUPPORT HEALTHY DIALOGUE AND DECISION-MAKING

INTEGRITY OF THE ABORIGINAL PROCESS AND DECISION-MAKING

OPERATION AS A COMMUNITY-DRIVEN ORGANIZATION

COOPERATION THROUGH COLLABORATIVE SHARING, RESPONSIBILITY, AND PARTNERING

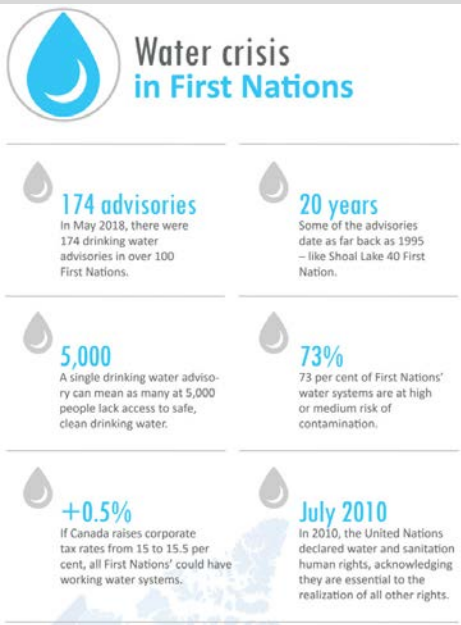
SUSTAINABILITY BY RESPONSIBLE PLANNING FOR FUTURE GENERATIONS



Statistically speaking...

First Nations students get 30 per cent less funding than other children, economist says

<https://www.cbc.ca/news/canada/thunder-bay/first-nations-education-funding-gap-1.3487822>



<https://canadians.org/fn-water>

Yet, the water company who will not be named is stealing water from our water source, making it near impossible to gather medicines from the shores of the Grand River.

<https://www.policyalternatives.ca/publications/facts-infographics/infographics-shameful-neglect>



31% Indigenous households food insecure

Batal said they use the same tool as Statistics Canada to measure rates of food insecurity, which is when households don't have the financial means to meet their food requirements.

The study found that of the Indigenous communities surveyed in Atlantic Canada, 31 per cent of households were food insecure, and nine per cent severely food insecure.

For comparison, a report published in 2015 done on food security levels across Canada said Nova Scotia had the highest levels of food insecurity in the country with 17.3 per cent of food-insecure households in the province.

"The average is 30 per cent, but in some communities it can be as high as 70 per cent. We can not indulge community level data, which is why we report on the regions and you only see averages," Batal said.

<https://www.cbc.ca/news/canada/nova-scotia/indigenous-food-insecurity-study-atlantic-canada-1.4315275>

Conditions improved from 2011 to 2016, but problems persist

Here's what our research revealed:

From 2011 to 2016, the housing conditions of Aboriginal households improved at a faster pace than those of non-Aboriginal households.

Despite this, in 2016, the incidence of core housing need (CHN) remained much higher for Aboriginal households (18%) than for non-Aboriginal households (12%).

<https://www.cmhc-schl.gc.ca/en/housing-observer-online/2019-housing-observer/indigenous-households-core-housing-need>

TABLE 1: CHILD POPULATION (AGES 0-15), AND PERCENTAGE CHILD POPULATION BY PROVINCE/TERRITORY AND ABORIGINAL IDENTITY CATEGORY (STATISTICS CANADA, 2011)

	Child population	% child population by Aboriginal identity category				
		Non-Aboriginal	First Nations	Metis	Inuit	Other Aboriginal
NL	76,220	89.3%	5.5%	2.4%	2.1%	0.7%
PEI	23,180	97.3%	1.8%	0.4%	-	-
NS	138,115	94.1%	4.4%	1.2%	0.1%	0.2%
NB	113,400	95.0%	4.0%	0.7%	0.2%	0.1%
QC	1,257,930	97.3%	1.6%	0.6%	0.4%	0.1%
ON	2,178,125	96.6%	2.5%	0.8%	0.1%	0.1%
MB	227,400	72.4%	18.4%	8.7%	0.1%	0.3%
SK	196,255	72.6%	20.0%	7.0%	0.1%	0.3%
AB	679,240	90.2%	5.8%	3.7%	0.1%	0.2%
BC	677,615	91.0%	6.3%	2.4%	0.1%	0.2%
YK	5,825	67.0%	28.0%	3.5%	-	-
NWT	9,050	33.2%	43.4%	8.7%	14.0%	-
NU	10,445	4.5%	-	-	94.9%	-
Canada	5,592,795	93.0%	4.6%	1.9%	0.4%	0.2%



<https://cwrp.ca/sites/default/files/publications/en/165e.pdf>

TABLE 2: FOSTER CHILD POPULATION (AGES 0-15), AND PERCENTAGE CHILD POPULATION BY PROVINCE/TERRITORY AND ABORIGINAL IDENTITY CATEGORY (STATISTICS CANADA, 2011)

	Foster child population	% foster child population by Aboriginal identity category				
		Non-Aboriginal	First Nations	Metis	Inuit	Other Aboriginal
NL	540	72.2%	13.9%	0.0%	12.0%	0.0%
PEI	60	100.0%	0.0%	0.0%	0.0%	-
NS	690	76.8%	23.2%	0.0%	0.0%	0.0%
NB	330	71.2%	25.8%	0.0%	0.0%	0.0%
QC	5,880	84.6%	10.8%	1.6%	3.3%	0.0%
ON	7,045	74.5%	23.0%	1.6%	0.6%	0.0%
MB	4,225	15.4%	69.6%	13.6%	0.8%	0.6%
SK	1,970	13.2%	74.4%	10.4%	0.0%	1.0%
AB	4,195	26.6%	57.9%	14.2%	0.0%	1.1%
BC	4,265	44.0%	50.6%	4.5%	0.0%	0.5%
YK	80	0.0%	93.8%	0.0%	-	-
NWT	160	6.3%	43.8%	0.0%	43.8%	-
NU	125	0.0%	-	-	100.0%	-
Canada	29,565	51.9%	39.6%	6.1%	1.9%	0.5%

TABLE 3: RATE OF FOSTER CHILDREN (PER 1000 CHILDREN IN THE POPULATION), BY PROVINCE /TERRITORY AND ABORIGINAL IDENTITY CATEGORY (STATISTICS CANADA, 2011)

	Total foster child rate	Foster child rate by Aboriginal identity category				
		Non-Aboriginal	First Nations	Metis	Inuit	Other Aboriginal
NL	7.1	5.7	17.8	-	41.3	-
PEI	2.6	2.7	-	-	-	-
NS	5.0	4.1	26.5	-	-	-
NB	2.9	2.2	18.8	-	-	-
QC	4.7	4.1	30.8	12.5	43.9	-
ON	3.2	2.5	30.1	6.9	-	-
MB	18.6	3.9	70.1	29.0	-	-
SK	10.0	1.8	37.3	14.8	-	-
AB	6.2	1.8	61.7	23.7	-	-
BC	6.3	3.0	50.3	11.9	-	-
YK	13.7	-	46.0	-	-	-
NWT	17.7	-	17.8	-	55.1	-
NU	12.0	-	-	-	12.6	-
Canada	5.3	2.9	45.2	17.2	28.3	17.7

<https://cwrp.ca/sites/default/files/publications/en/165e.pdf>

**Why Am I Poor? First Nations and Child Poverty in Ontario.
Best Start Resource Centre, 2012**



In some residential schools, the death rate was as high as 75% from disease, starvation and abuse.

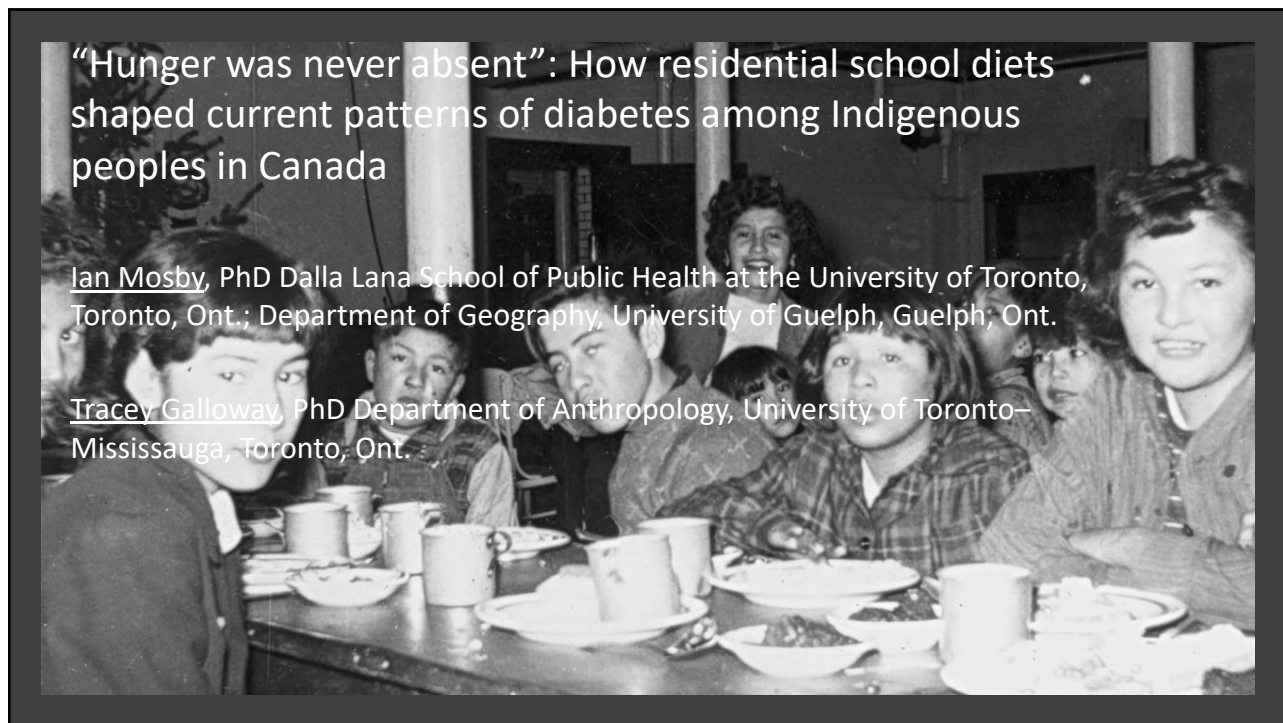
The children who survived often had low literacy rates and did not have parenting or life skills.

35% of First Nations adults believed that their parents' attendance at residential schools negatively affected the parenting they received as children. Additionally, 67% of the adults surveyed believed that their grandparents' attendance at residential schools affected their parenting skills. (Chiefs of Ontario, 2003)



GOVERNMENT	RESIDENTIAL SCHOOL ERA	NUTRITION NORTH CANADA			
Aware of starvation and hunger	Enforced policy of starvation	Elders scavenging for food in Rankin Inlet, shortages in store supplies and access to affordable food	legislated against inter-community trade and the procurement of country foods	Could not harvest, sell or barter food grown on reserves: conservation status on wildlife, prohibition on food gathering	Only country foods produced commercially in a federally inspected facility are subsidized; most foods subsidized are not locally procured
Aware of preventable diseases	Tuberculosis; cut funding to medical aid such as doctors + smallpox vaccinations	Rickets; vitamin D deficiency; diabetes; cardiovascular diseases	No education on traditional food practices	Schools were purged of cultural traditions and ceremonies	No follow-through on promises of funded nutrition education activities
Supplied food that was "less-than"	Bands were fed diseased and discarded meat, inferior and contaminated flour to cut expenses and maximize profit: students were fed scraps and "porridge with worms"	Expired or rotten food, imported and processed food	Lack of consultation with communities	Aboriginal communities did not even have the right to vote until 1960	No community-based approaches: policies developed in Ottawa by an Ottawa-based consulting firm
Committed inadequate funds	Austerity; not a priority; committed funds to territorial expansion and transportation networks	Not a priority; eligible communities labelled as ineligible	No transparency and accountability	Aboriginal families and communities stripped of rights and citizenship	No compliance audits of retailers
Subsidized culturally irrelevant and nutritionally-deficient food	Flour instead of protein; macaroni products; assimilate to "white tastes"	Nutrition North Basket [®]	Unemployment and underemployment	Work for rations: exclusion from comparable education, educated towards low-paying jobs and dangerous manual labour	Will not subsidize community co-operatives or non-profit organizations

<https://foodsecurecanada.org/residential-schools-and-using-food-weapon>



A recent review of studies in high-poverty environments where chronic undernutrition is endemic, and in so-called “natural experiments” arising from 20th-century famine events, reveals a range of biological effects of sustained caloric restriction.² Of these, the most important is height stunting. The physiologies of height-stunted children prioritize fat over lean mass deposition, resulting in lower fat-free mass and a tendency toward greater fat-mass accumulation when nutritional resources become available.

The overall effect is an increased tendency toward obesity. Height-stunted youth demonstrate greater insulin sensitivity and lower insulin levels, making them prone to developing type 2 diabetes. Stunting arising from prolonged undernutrition also alters thyroid function, lowering the basal metabolic rate in stunted individuals.² No less serious are the reproductive effects of stunting on women: greater risk of stillbirths, pre-term birth and neonatal death; complications with labour; and decreased offspring birth weight.³ Stunting also has negative consequences for neurologic, psychological and immune system development and function.²

How do we have healthy children?

We need to work towards wellness as adults.

How can we expect healthy adults when their parents or grandparents were not allowed to live a healthy life?

Dr Kathleen Kendall-Tackett

In a sample of primary care of 35 patients, those who experienced childhood abuse or partner violence in adolescence or adulthood reported twice as many symptoms on a review of systems than their age-matched, non-abused counterparts. They were also more likely to abuse substances and report a wide variety of chronic pain syndromes

(Kendall-Tackett, Marshall, & Ness, 2000, 2003).

Dr. Karleen Gribble

Gribble, K. D. (2006). Mental health, attachment and breastfeeding: Implications for adopted children and their mothers.

International Breastfeeding Journal, 1(5), doi

10.1186/1746-4358-1181-1185

Dr Gribble

Breastfeeding has the potential to promote the development of the child-maternal attachment relationship in vulnerable adoptive dyads...

However, the impact of breastfeeding as observed in cases of adoption has relevance to *all* breastfeeding situations and this deserves further investigation. **In particular, there may be applicability of the experience of adoptive breastfeeding to other at risk dyads, such as intact families with a history of intergenerational relationship trauma.**





Children who are breastfed may be more resilient to the stress associated with parental divorce.

Breast feeding may be associated with a variety of exposures and family characteristics that confer resilience against stress related to parental divorce.

Montgomery, S. M., Ehlin, A., & Sacker, A. (2006). Breast feeding and resilience against psychosocial stress. Archives of Diseases of Childhood, 91, 990-994

Parenting programmes, for example, that focus on skills such as awareness of the needs and feelings of others, including the child, may be particularly useful, especially for those mothers without support of a partner...parenting of lower income mothers is more vulnerable when they feel less control over their lives, targeting resources at these mothers may be particularly beneficial.





