

# Cultural Safety in Nutrition Education and Programming

May 13, 2014

Jennifer Eskes, MSc, RD

# Outline

- Health of Canadian Indigenous peoples
- What is Cultural Safety?
  - Cultural Safety Continuum
- Cultural safety and competencies in healthcare education
  - Applicability to dietetic education and nutrition programming
- Development of cultural competencies in dietetics

# Health of Canadian Indigenous Peoples

- Numerous health disparities
  - **Diabetes:**
    - 4.9% non-Aboriginal
    - 19.7% First Nations (on-reserve) 9.3% First Nations (off-reserve)
  - **Infant mortality:**
    - 190% higher among First Nations, 360% higher in Inuit-inhabited areas
  - **TB :**
    - 0.9 cases/100,000 non-Aboriginal
    - 23.8 cases/100,000 Aboriginal
  - **Life expectancy:**
    - **Men:** 79 years (all pop'n). First Nations & Metis: 73-74 years, Inuit: 64 years
    - **Women:** 83 years (all pop'n), First Nations & Metis: 78-80 years, Inuit: 73 years

# Colonial Legacy

- Health disparities rooted within colonialism and its ongoing legacy
  - Social, political, economic inequalities
    - Poverty
    - Stress
    - Lack of employment opportunities
    - Lack of access to health care
  - Marginalization, discrimination, racism
  - Loss of culture, land, language

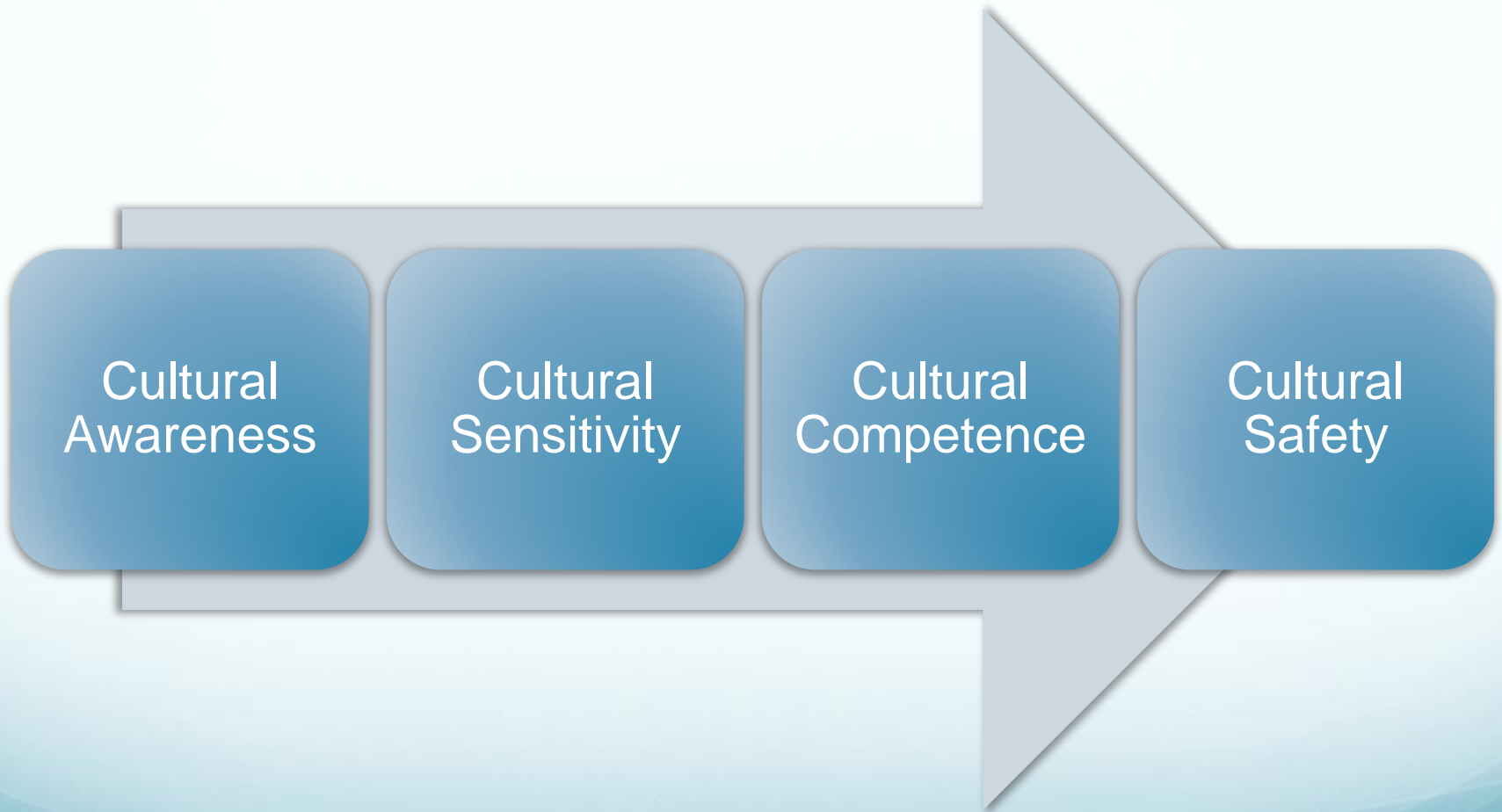
# Health care services and programming

- Legacy of mistrust
  - Underuse of health care services
  - Marginalizing experiences
  - Services that do not recognize the context of many Aboriginal people's lives
- Need for health services and programming that is:
  - Free of discrimination
  - Non-judgemental
  - Respectful
  - Inclusive
  - Cognizant of the effects of history on Aboriginal people's health
  - ...is culturally safe

# Origins of Cultural Safety

- Emerged in New Zealand by Maori nurses in the 1980's
- A response to ongoing concerns about the effects of colonialism and ongoing inequities on the health of Maori people
- Developed as a critical lens to examine health services and interactions between Indigenous peoples and healthcare providers

# Cultural Safety Continuum



# Cultural Awareness

- First step towards cultural safety
- Acknowledgement of difference
  - Learning about others' culture (food, customs, spiritual beliefs)
- Does not require the healthcare provider to reflect on own beliefs or to change practices



# Cultural Sensitivity

- Recognizing and being sensitive to other cultures
  - Polite or respectful interactions
- Taking cultural background and experiences into account when interacting with Aboriginal clients
- Does not require the healthcare provider to reflect on own beliefs
- Term often synonymous with *cross-cultural education* or *diversity training*

# Cultural Competency

- The capacity of the practitioner to provide quality care by integrating culture into the clinical context
- Action oriented:
  - Adapting delivery of services to meet cultural, social and linguistic needs of patients
  - Practitioner's/researcher's attitudes and knowledge free of discrimination and aimed at empowering client
- Limited as the focus is on the practitioner learning a set of rules or skills

# Cultural Safety

- Moves beyond the concepts of cultural awareness, sensitivity and competence to “analyzing power imbalances, institutional discrimination, colonization, and colonial relationships as they apply to health care” (NAHO, 2008)

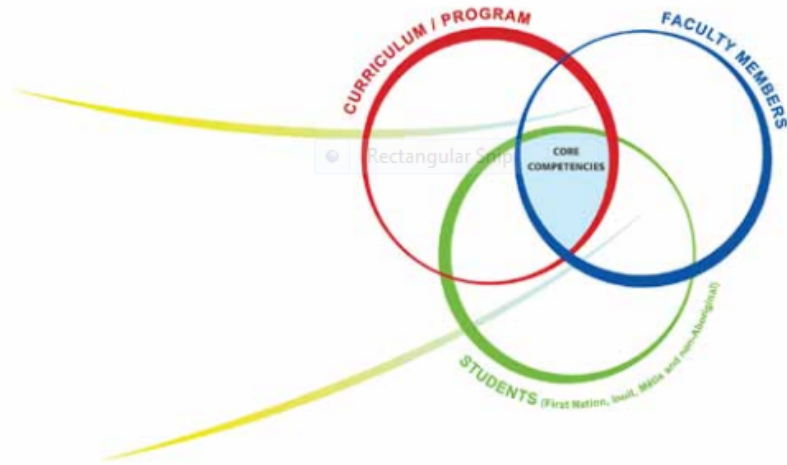
# Cultural Safety Challenges

## Practitioners to:

- Move beyond culture
- Reflect on, and interrupt unequal power relations
- Self-reflect on own values, beliefs and assumptions
- Advocate for systemic change
- Expose the social, political, and historical context of health & health care

# Creating Culturally Safe Practitioners

- Education process
  - A safe place for learners to develop awareness, sensitivity and competence (and their limitations) by:
    - Challenging their assumptions, beliefs and values
    - Unpacking privilege
    - Exploring complexities of culture (essentialist vs constructivist)
  - Development of competencies to guide process



# Cultural Competence and Cultural Safety in Nursing Education



ABORIGINAL NURSES ASSOCIATION OF CANADA



CANADIAN ASSOCIATION OF SCHOOLS OF NURSING

CANADIAN  
NURSES  
ASSOCIATION



ASSOCIATION DES  
INFIRMIÈRES ET  
INFIRMIERS DU CANADA

CANADIAN NURSES ASSOCIATION

**A Framework  
for First  
Nations, Inuit  
and Métis  
Nursing**

<http://www.anac.on.ca/Documents/Making%20It%20Happen%20Curriculum%20Project/FINALFRAMEWORK.pdf>



# First Nations, Inuit, Métis Health **CORE COMPETENCIES**

A Curriculum Framework for Undergraduate Medical Education

Updated April 2009



**Indigenous  
Physicians  
Association of  
Canada**

**Association des  
Médecins  
Indigènes du  
Canada**



**AFMC**

The Association of Faculties  
of Medicine of Canada

L'Association des facultés  
de médecine du Canada



# Cultural Competencies & Safety in Dietetic Education

- It is unclear how much training dietetics undergraduate students & interns receive about Aboriginal people's health, cultural competencies, and cultural safety
- Dietitians play an integral role on the health care team
  - Tribal Councils
  - First Nations, Metis, Inuit organizations
  - Diabetes education programming
  - Food security programming
  - And much more
- The ability to understand and apply the principles of cultural safety can affect effectiveness of care



# Dietetic Education

- Recent development and adoption of Integrated Competencies for Dietetic Education and Practice (IC's)
- Cultural competencies embedded within IC's
  - *Determine client perspectives and needs (1.07.c)*
  - *Integrate client perspectives and needs into practice activities (1.07.d)*
  - *Assess food and nutrition related issues of groups, communities and populations (4.01)*
- Also within Foundational Knowledge Specifications
  - #19: Social and Psychological Foundations
    - 19.d: Social justice, diversity and equity in society (cognitive complexity level 2)
    - 19.e: Cultural competence (cognitive complexity level 2)
      - *Cognitive complexity level 2: Student must be able to demonstrate comprehension of topic*

# Enhancing Cultural Competencies & Safety in Dietetic Education

- Is there a need for the development of a sub-set of cultural competencies (separate from the IC's) to be used in dietetic education and/or internship?
- What are some approaches that can be used to teach dietetic undergraduates and interns about Aboriginal people's health, cultural competencies, and cultural safety?
- How we can move students from learning about cultural competency to becoming culturally safe practitioners?