

Media Release

For immediate release

Discrimination common while providing health care for Indigenous Canadians It's time to re-write the game plan, health leaders say

VANCOUVER (June 12, 2017) - A measure of race-based discrimination frequently occurs in the provision of health care for Indigenous people, according to new polls of both the nation's senior health leaders and Canadians at-large.

Some 51% of hospital CEOs, department heads, medical directors and other senior health administrators believe their organizations demonstrate at least "some" discrimination toward Indigenous people, with 11% pegging it as "a big problem," says an IPSOS survey conducted for HealthCareCAN and the Canadian College of Health Leaders in the run-up to the National Health Leadership Conference (NHLC) being held in Vancouver on June 12-13, 2017.

A separate poll of the general public indicates that an even larger percentage (54%) of Canadians believe discrimination is common, with 21% calling it a big problem.

"The poll's findings affirm the notion that we are still not providing the right mix of services to Indigenous people," says HealthCareCAN President and CEO Bill Tholl. "There are real inequities in health outcomes and in the provision of safe, patient-centred, quality care."

The poll also indicates that the solution is multi-faceted, says Ray Racette, President and CEO of the Canadian College of Health Leaders. "If you look at the responses of health leaders, you see that that the needs cover the spectrum, from new policy frameworks to better training to more cultural sensitivity. We really must re-align funding, authority and accountability when it comes to health care for Indigenous people."

"Setting up standards/policy framework/oversight" is identified by 23% of poll respondents as being the primary role of the federal government in addressing Indigenous health. That's followed by "provide funding" (21%); education/training (19%), support for Indigenous health care (14%); "support for cultural sensitive/awareness" (11%); "coordinate/collaborate with governments/organizations" (8%); and "access to information/awareness," support for collaboration/self-governance of the Indigenous," and "creation/execution of plans/strategies" (all 7%). Health leaders also believe that the provinces should be most involved in providing funding and support for Indigenous health care.

Finding the right mix of needed changes to achieve higher value care for Indigenous people is the aim of a special plenary session, "Advancing the Truth and Reconciliation Commission's Health-Related Calls to Action: How do we achieve better value, higher quality care, and better outcomes for Canada's Indigenous populations?", being conducted as part of this year's NHLC. To be moderated by Duncan McCue, host of CBC *Cross Country Checkup*, the session will also examine the meaning of safe, patient-centred care within the context of the culture of First Nations and their inherent right to have some measure of control over the health services they receive.

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The session, and others like one aimed at developing First Nations population health and wellness indicators for the next decade, will serve to inform a paper on Truth & Reconciliation Commission health-related recommendations now being crafted by HealthCareCAN with support from the J.W. McConnell Family Foundation. “It will be used as the basis for discussion at a roundtable that will be held October 24th in Ottawa that will include Indigenous leaders from across the country”, Tholl says. The aim is to identify a concrete action plan for HealthCareCAN members and partner organizations.

The survey of health leaders indicated that 67% do not have an Indigenous cultural safety commitment or charter within their organizations. It also found that just 52% of organizations have a process in place for reporting race-based discrimination. Among those who do, complaints are handled 75% of time through formal investigation. In 60% of cases, discipline of staff is involved “up to termination if warranted.” Training in cultural sensitivity occurs 74% of the time.

The survey findings of health leaders are available [here](#); the public survey findings are available [here](#).

NHLC, which is structured this year around the theme “Value-Based Healthcare: embracing a patient and family-centered approach,” is the largest national gathering of health system decision-makers in Canada, including representatives from health regions, authorities and alliances; hospitals; long-term care organizations; public health agencies; community care; mental health and social services; government, education and research organizations; professional associations; and consulting firms and industry. Visit www.nhlc-cnls.ca for more information.

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