

# **Aboriginal Children's Hurt & Healing (ACHH) Initiative in Celebration of National Indigenous Peoples Day 2020**

In solidarity with the *Black Lives Matter (BLM)* movement and Indigenous nations and communities affected by recent racist events, the ACHH Initiative, (pronounced 'ache') acknowledges that systemic racism exists in health care, education, and many other settings. As a team, we are committed to growing as allies to support Black communities, as well as continuing our work to support Indigenous communities. We recognize that this is an ongoing and relational process and our team is learning and unlearning as allies through a decolonizing and anti-racist approach.

On the occasion of **Indigenous People's Day 2020**, ACHH would like to demonstrate its progress in using an Indigenous approach to generate knowledge and address racism faced by Indigenous People. ACHH is a community-based research team with the mission to mobilize Indigenous knowledge to improve the health care experience for Indigenous People. In our work, we have gathered, shared, and implemented community-based evidence that addresses the Truth and Reconciliation Calls to Action in areas of Research, Education and Clinical Practice in the following ways:

## **Research**

- Engaging Indigenous Elders, health leaders and members in leading research that is relevant to their community priorities
- Engaging in reciprocity-based research that builds capacity in Western and Indigenous people to conduct respectful and meaningful research in Indigenous communities
- Engaging more than 15 First Nations students, and countless community members, to lead and be involved in priority research initiatives in the region and nationally
- Partnering with First Nations communities from 5 provinces
- Generating and mobilizing new knowledge, and contributing to the Two-Eyed Seeing approach related to community engagement and conducting relational research

## **Education**

- Creation of community-informed, evidence-based cultural safety and anti-racism curriculum offered to all first-year Dalhousie Medical, Nursing and Dentistry students
- Supporting First Nations students in their post-secondary education through research capacity development, assistantships, summer student employment and facilitators in the cultural safety curriculum

## **Clinical Practice**

- Bridging relationships between health care institutions and communities to advance Indigenous voice and partnerships to reflect community priorities in policy and care
- Development of community-informed, evidence-based clinical tools that will enhance the health care encounter for Indigenous youth to share their physical and mental health hurt story so they can be treated
- Providing community-based evidence to service providers to address children and youth health needs. For example, Nova Scotia Hearing and Speech Clinic has extended service to Eskasoni First Nation to conduct in-community screening.
- Liaising and learning from other Indigenous communities and urban patient care areas.

Please visit [www.ACHH.ca](http://www.ACHH.ca) for more details about our Initiative

# ACHH Initiative

## Answering the TRC's Calls to Action

### Call to Action #18

*We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the healthcare rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.*

### Call to Action #19

*We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.*

#### ACHH's Response

We are generating data using Two-Eyed Seeing mixed methods to gather the baseline evidence. These include infant, child and maternal health-self report and healthcare utilization data in priority health areas (youth mental health, ear and oral chronic childhood conditions) and community-led solutions to address.

### Call to Action #20

*In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.*

#### ACHH's Response

We have identified significant discrepancies between Indigenous and non-Indigenous people's health care experiences, as well as the distinct health needs of children, and are working to amend these discrepancies.

### Call to Action #21

*We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.*

### Call to Action #22

*We call upon those who can effect change within the Canadian healthcare system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.*

**ACHH's Response**

We are gathering community-based Indigenous knowledge regarding how to address physical, mental, emotional and spiritual suffering and working towards community and health system solutions.

**Call to Action #23**

*We call upon all levels of government to:*

- i. Increase the number of Aboriginal professionals working in the healthcare field.*

**ACHH's Response**

We are integrating training funding to increase Masters and Ph.D. prepared Indigenous health professionals and supporting other Indigenous graduate students studying the determinants of health, for example what health factors ensure childhood success in secondary education.

- iii. Provide cultural competency training for all healthcare professionals.*

**Call to Action #24**

*We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.*

**Call to Action #57**

*We call upon federal, provincial, territorial, and municipal governments to provide education to public servants on the history of Aboriginal peoples, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations. This will require skills-based training in intercultural competency,*

**Call to Action #62**

*We call upon the federal, provincial, and territorial governments, in consultation and collaboration with Survivors, Aboriginal peoples, and educators, to:*

- ii. Provide the necessary funding to post-secondary institutions to educate teachers on how to integrate Indigenous knowledge and teaching methods into classrooms.*

**ACHH's Response**

We have created curriculum and training tools to teach cultural safety and anti-racism strategies for first-year Dalhousie students in Nursing, Medicine and Dentistry. With expansion planned for other health schools. The course is an inter-professional opportunity for learners that uses case scenarios, Elders and Indigenous facilitators.

**In progress: negotiations to expand this curriculum and training to other clinical health settings.**