THE UNFORGOTTEN
TOOLKIT

AN EDUCATIONAL GUIDE TO LEARN ABOUT, REFLECT ON
AND DISMANTLE ANTI-INDIGENOUS RACISM IN HEALTH CARE

CONTENTS

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PURPOSE

The Unforgotten is a film exploring the health and wellness experiences of Inuit, Métis and First Nations peoples across the five stages of life: birth, childhood, adolescence, adulthood and elderhood.

Featuring stories told with visuals, poetry and music, the film uncovers instances of systemic racism, the impacts of colonialism and the ongoing trauma experienced by Indigenous peoples in the Canadian health care system.

It features the stories of Inuit, Métis and First Nations peoples who have been forcibly sterilized, abused in hospital, forced from their homes and land, and left dying in emergency department waiting rooms.

At its core, this project stems from the hope that we can raise awareness about the inequities Indigenous peoples face, inspire compassion and drive conversations to close the health gap between Indigenous and non-Indigenous communities.

This toolkit was created to build background knowledge, reflect on anti-Indigenous racism in health care and plan actions to dismantle it.

Content advisory: The stories in this film depicting the racism experienced by Indigenous peoples may be distressing or traumatizing for viewers. Support resources are available on The Unforgotten website.

HOW TO USE THIS TOOLKIT

Before using this toolkit, we recommend watching the film(s).

1. **Take care of yourself**. Due to the potentially triggering nature of the film(s), it is important to prioritize your emotional well-being. Before watching the film(s), answer the question: “What is one thing that I can do after viewing the video(s) to take care of my mind, body and/or spirit?”
2. **Use the toolkit.** It’s organized into four sections: background knowledge, reflection workbook, additional resources and a glossary. You can work through each section in order or in any way that suits your learning needs.
3. **Lean into the discomfort.** Learning about and discussing topics related to colonialism and racism can often be uncomfortable and can lead to a range of emotions. One of the goals of this toolkit is to help you build the skills to analyze the ways in which racism manifests on multiple levels, which is a critical step to dismantling systemic racism. Discomfort is a normal and necessary part of this journey.
4. **Keep learning.** Creating and sustaining change is an ongoing process. Additional resources, including allyship resources and discussion guides, are available in the third section of the toolkit to help with your ongoing learning.

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This toolkit, along with the film and more information about the project, can be found at theunforgotten.cma.ca

BUILD.

Government of
Northwest Territories

BACKGROUND KNOWLEDGE

INDIGENOUS UNDERSTANDINGS OF HEALTH AND WELLNESS

Indigenous peoples have lived and taken care of the land in what is now known as Canada since time immemorial. Despite tremendous diversity among Indigenous peoples and nations across Canada, an ongoing dynamic relationship with the land and all living things is a unifying feature. These relationships formed, and continue to form, the cornerstone of knowledge systems that have sustained the physical, mental, emotional and spiritual health and well-being of Indigenous peoples for thousands of years. Integral to Indigenous health and wellness are diverse healing practices that work as both preventative and treatment options. Examples of Indigenous healing practices and approaches include ceremonies, healing circles, drum dancing and the Red River Jig.

Indigenous health and wellness, including healing practices, have been negatively impacted and suppressed by colonialism and racism in Canada. Health care systems have maintained race-based inequities, also known as systemic racism, by privileging the biomedical model and claiming superiority over other knowledge systems. This Western approach focuses primarily on biological factors and tends to medicalize social problems without accounting for the historical, social, economic and political contexts in which people live.

The social determinants of health recognize that health and wellness are largely determined by a complex set of conditions[1] that include education, employment, food insecurity, access to health services, housing, income, race, social support networks, and other socio-economic conditions. For Indigenous peoples, the legacy of colonialism and racism results in a unique set of social determinants of health that include, but are not limited to, colonialism, social exclusion, racism, self-determination, cultural continuity, environmental stewardship, and community infrastructure.[2]

A social determinant of Indigenous peoples' health lens draws attention to both the barriers and solutions to improving Indigenous health and wellness in Canada. This includes addressing systemic racism within health care settings and honouring Indigenous knowledge and practices as valid, scientific, and innovative in their own right.

SYSTEMIC RACISM IN HEALTH CARE

In health care settings, systemic racism is a major contributor to Indigenous health inequities. Systemic racism impacts access to services, the quality of care received and health outcomes. It sometimes leads to death.

Brian Sinclair, who was featured in the fourth segment of The Unforgotten (Adulthood), was a 45-year-old Anishinaabe man who went to the Winnipeg Health Sciences Centre for a treatable bladder infection in 2008. He spent over 35 hours waiting to receive care and was eventually found dead—not by a health care professional but by another patient in the emergency department. His death was attributed to systemic racism along with racist stereotyping and biases against Indigenous patients, as health care professionals assumed he was homeless and intoxicated.[3]

Systemic racism in health care is directly tied to a legacy of colonialism and racism in Canada. The Indian Act, established in 1876, was created to exert complete control over the lives of Indigenous peoples.[4] Rooted in widely held racist beliefs about the inherent genetic, cultural, and intellectual inferiority of Indigenous peoples, the Indian Act was used to justify colonialism. As race-based legislation, systemic racism is inherently entrenched within mainstream institutions through structural legal and policy formation.[5] One powerful example of systemic racism enacted through the Indian Act is Indian hospitals, which were segregated hospitals for Indigenous patients. They were established in the late 19th and early 20th centuries in Canada when it was accepted that Indigenous peoples should be treated as separate from European settlers through a segregated health system that was imposed without their consent. Indian hospitals were chronically understaffed and overcrowded, and the staff were sometimes untrained.[6] Patients reported mistreatment and abuse, and practices such as experimental treatments were prevalent.[7]

When Sonny MacDonald, a Métis man who is featured in the second segment of The Unforgotten (Childhood), was seven years old, he caught tuberculosis. The nuns sent Sonny to the Charles Camsell Indian Hospital for treatment. After his tuberculosis surgery, Sonny liked to walk around to visit throughout the hospital. To stop Sonny from walking around, hospital staff put casts on his lower legs with a bar connecting the two casts and kept him in a small windowless room. No schooling, no visitors and frequent abuse from an orderly marked the two and a half years Sonny spent in the hospital.

Indian hospitals were a tool to further Canada's assimilation goals, replacing Indigenous medicines and holistic notions of illness with biomedicine. Indigenous patients were far from home, isolated from their culture and language, and often struggled to understand their treatment, if their treatment was even explained to them at all.[8]

Although most Indian hospitals closed in the early 1980s, systemic racism compared to the average non-Indigenous person living in Canada.

For example, tuberculosis continues to disproportionately impact Indigenous people, particularly in the North. In 2010, the rate of tuberculosis incidence in Nunavut was 66 times higher than the national average.[9] High rates of poverty, overcrowded housing conditions and geographic isolation from health care services continue to exacerbate the impact of tuberculosis in Nunavut.[10]

GAPS IN CURRENT HEALTH CARE SERVICE

Canada's health care system involves the provinces, territories, the federally-funded Non-Insured Health Benefits (NIHB) program for First Nations and Inuit, and limited Métis-specific programs available through Indigenous Services Canada.[11] This complexity has resulted in numerous gaps in Indigenous health care policy and delivery of health care services.[12] For example, the distinct health care needs of First Nations, Inuit and Métis populations living in urban centres are often not addressed. Discrimination, long-wait lists and culturally unsafe care are among the health care problems faced by urban Indigenous peoples in Canada.[13] There are also barriers to accessing the NIHB program, such as costs not covered by the program, denial of coverage, and health care providers' lack of knowledge about NIHB coverage.[14] The NHIB policies and procedures for health care providers are available from the Government of Canada.

Jurisdictional disputes between federal, provincial and territorial governments in the delivery of health care for First Nations and Inuit peoples have led to the creation of policies and legal requirements like Jordan's Principle, which was enacted in 2016 to ensure all First Nations children in Canada receive equal, culturally appropriate services to safeguard their best interests through payment for needed services.[15] However, the federal government continues to fight the broad application of Jordan's Principle in court. In December 2020, the government filed an application in federal court to "*narrow an earlier Canadian Human Rights Tribunal decision that would ensure non-status Indian children could benefit from Jordan's Principle so long as they are recognized as citizens or members of their respective First Nations.*"[16] This move comes after the Canadian Human Rights Tribunal found that entitlement to Jordan's Principle should not be restricted to those who qualify for Indian registration as defined by the Indian Act in July of 2020.[17]

Over the years, Indigenous peoples have been more involved in the control, design and delivery of community-based health care.[18] Indigenous-led initiatives, such as healing centres like Enaahtig Healing Lodge, First Nation Healing Centre and the Arctic Indigenous Wellness Foundation, incorporate ceremony and culture into their services and practices, and take a holistic approach to health and wellness—filling a key gap in services available through mainstream health care institutions and in self-determination.

BARRIERS TO EQUITABLE HEALTH ACCESS AND THEIR IMPACTS

Barriers that affect Indigenous peoples' access to health services stem from colonialism and racism. These include socio-economic status, lack of infrastructure and staff, jurisdictional ambiguities, fragmented delivery, and language and cultural barriers.[19] Access to health services is especially challenging for Indigenous peoples living in rural, remote and Northern communities. The location and population size of remote communities can make it more challenging to recruit and retain medical professionals, creating long wait lists and critical gaps in access to timely care.[20]

For example, there are only four hospitals in Inuit Nunangat, serving a total of 51 Inuit communities. This means that most Inuit do not have access to a regular doctor and rely on community health clinics staffed by nurses from southern Canada.[21] Inuit regions depend on transient health care professionals from southern Canada who usually are unfamiliar with Inuit culture and do not provide services in Inuktitut.[22]

The same barriers that impact access to health care also manifest as barriers to education and, in turn, Indigenous representation in the health care profession. In the 2006 census, one quarter of non-Indigenous adults had a university degree, compared to 9% of Métis, 7% of First Nations people and 4% of Inuit.[23] The number of Indigenous medical students in Canada is six times below what would be expected based on the country's Indigenous population.[24] Increasing the number of Indigenous physicians would improve access to culturally safe and appropriate care and begin to address gaps in access to health care.

THE IMPORTANCE OF INDIGENOUS-LED HEALTH CARE INSTITUTIONS

Indigenous-led health care institutions across the country ground and privilege Indigenous knowledge, healing, culture and ceremony. They play a critical role in providing Indigenous patients with access to culturally safe and appropriate health care.

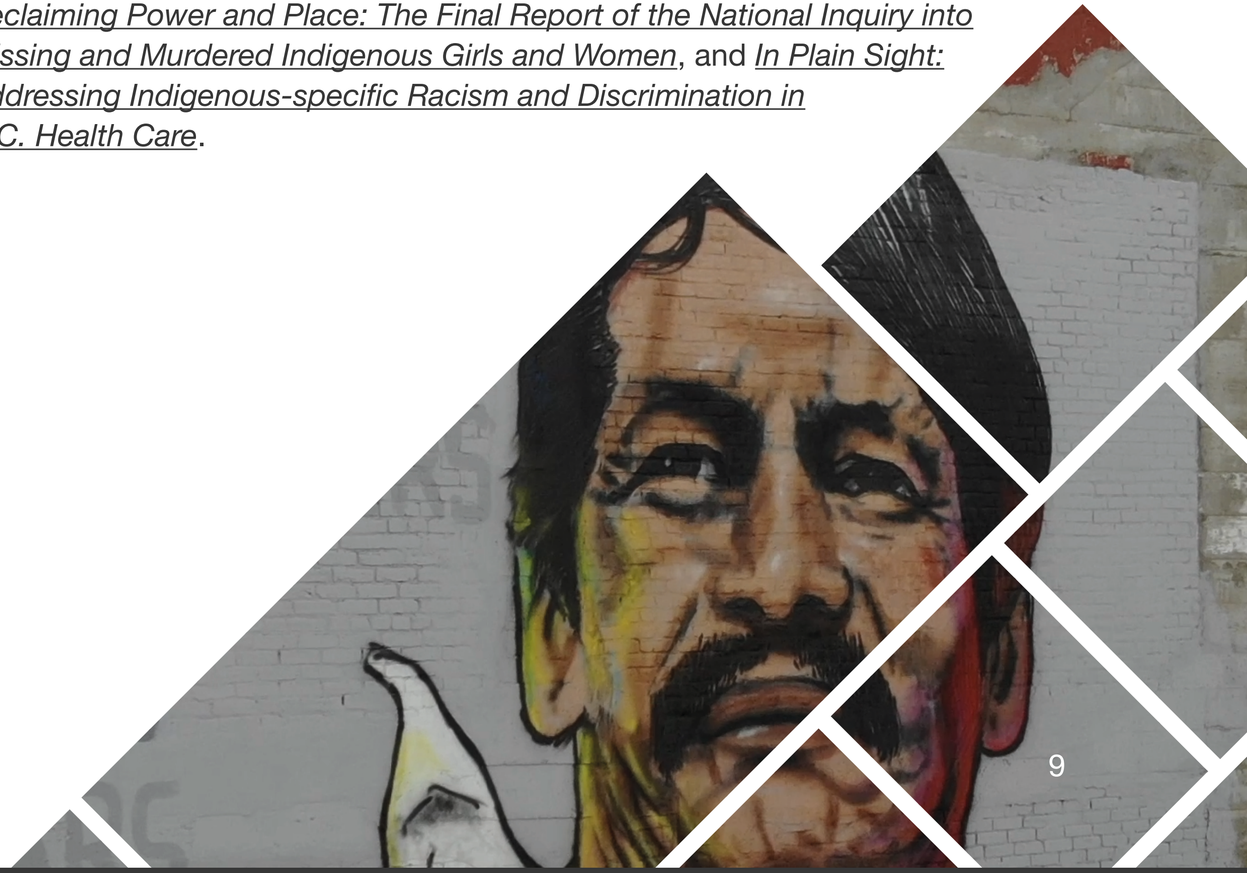
For example, Aboriginal Health Access Centres are community-led, primary health care organizations that provide patients in communities across Ontario with access to a combination of traditional healing, primary care, cultural programs, health promotion programs and more.[25]

The First Nations Health Authority (FNHA) is the first province-wide health authority of its kind in Canada. In 2013, the FNHA took over health care delivery and governance for over 200 diverse First Nations communities across British Columbia, taking responsibility for services and programs that were previously delivered by Health Canada. The FNHA has been working closely with communities to close gaps in services and transform and redesign health care programs and services for First Nations.

Across Canada, Indigenous-led institutions are playing a critical role in improving access to care for Indigenous patients, advancing health equity, and transforming health care systems through cultural safety and anti-racism.

CALLS TO ACTION

Numerous reports, inquiries and commissions have provided road maps for making Canada's health care institutions more equitable and culturally safe for Indigenous peoples. These include the *Royal Commission on Aboriginal Peoples*, the *Honouring the Truth, Reconciling for the Future. Summary of the Final Report of the Truth and Reconciliation Committtion of Canada*, *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Girls and Women*, and *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*.



The TRC Calls to Action 18-24 are focused on health and include:

- Federal, provincial and territorial governments acknowledging that health care inequities between Indigenous and non-Indigenous Canadians exist due to previous Canadian government policies, including Residential Schools.
- The federal government, in consultation with Indigenous peoples, establishing measurable goals to close the gap in health outcomes between Indigenous and non-Indigenous Canadians, and publishing annual reports and assessing long-term trends.
- The federal government recognizing and addressing the distinct needs of urban Indigenous populations.
- The federal government providing funding for existing and new Indigenous healing centres.
- All those who can effect change in health care systems recognizing the value of Indigenous healing practices.
- All levels of government increasing the number of Indigenous professionals working in health care, increasing retention of Indigenous professionals working in health care, and providing cultural competency training for all health care professionals.
- Development of a mandatory course on Indigenous history for all medical and nursing schools.

There have been incremental changes as institutions take steps to implement the calls to action and recommendations outlined in these reports and inquiries. For example, the Northern Ontario School of Medicine addressed 19 of the calls to action linked to health care and education training through a series of commitments, including the establishment of an Indigenous health lead to support all programs in incorporating Indigenous health in their clinical and academic curriculum.[26]

Conversely, health care institutions can apply some of these calls to action by:

- Acknowledging health care inequities between Indigenous and non-Indigenous Canadians,
- Addressing the distinct needs of urban Indigenous populations in their practices,
- Recognizing the value of Indigenous healing practices,
- Enrolling staff in mandatory courses on Indigenous history, and
- Reviewing hiring practices to encourage hiring more Indigenous professionals.

WHAT YOU CAN DO TO MAKE CHANGE HAPPEN

There are a number of ways to advocate for necessary changes to Canada's health care systems. These include:

- Continue learning and educate yourself and others about these issues. See the essential resources list to get started.
- Raise awareness about these issues by sharing resources with your friends, family and community.
- Learn about Indigenous organizations and Indigenous-led health care institutions such as Anishnawbe Health, Wabano Centre for Aboriginal Health, Aboriginal Health Access Centres, Inuit Tapiriit Kanatami, Qaujigiartiit Health Research Centre, Pauktuutit Inuit Women of Canada, Arctic Indigenous Wellness Foundation.

Actions for physicians and health professionals:

- Continue to learn and educate yourself and others about these issues. See the essential resources list to get started.
- Complete the reflection workbook contained within this toolkit.
- Continue learning about cultural safety, anti-racism, and trauma-informed care, and how you can integrate these principles and practices into your work.

Some resources to get you started include:

- Indigenous Cultural Safety Collaborative Learning Series, a webinar series focused on learning about cultural safety.
- National Collaborating Centre for Indigenous Health is another resource hub.
- Read the current reports and inquiries into systemic racism in Canada's health care institutions such as the *Truth and Reconciliation Commission* Calls to Action 18-24, UNDRIP Articles 23 and 24, the recommendations from *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*, and the Calls for Justice for health and wellness providers from The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls.

REFLECTION WORKBOOK

This reflection workbook is an optional exercise to assist in your growth from knowledge and awareness to building stronger analysis skills using the stories from The Unforgotten. The goals are to identify, reflect on and address racism at multiple levels. The workbook is divided into three sections that build on each other:

1. Identifying the facts is a series of questions aimed at grounding your understanding of the facts and information presented in the stories.
2. Identifying the levels of racism defines levels of racism and, through a series of questions, invites you to apply what you learned to what happened in the stories.
3. Action planning challenges you to identify actions you can take to dismantle the various levels of racism within your workplace.

NOTE

To get the most from this exercise, we recommend **completing the workbook** using one story at a time. Once you complete all three parts for one story, use the same reflection questions to analyze the next story.

PART 1: IDENTIFYING THE FACTS

This section is designed to ground your understanding of the facts and information presented in the film.

Choose one story to reflect on before you begin this exercise. Answer each question about the film, focusing on the facts.

What happened in the film? What stood out to you?

Approximately when did the events in the film take place?

What are the effects of the events or experiences on the subject's family and community?

If applicable, what strengths or healing approaches did the subject(s) identify as helpful on their healing journey following the events or experiences?

PART 2: IDENTIFYING THE LEVELS OF RACISM

Building on part 1, identifying the facts, this section invites you to dig deeper and unpack the ways that racism operates at different levels. For each level, read the definition and, using the film you chose for part 1, answer the questions.

Questions available on next page →

NOTE

This exercise **does not** include an exhaustive list of all levels and forms of racism.

LEVELS OF RACISM

Ideological level

Racism has its roots in the ideology of racism, which refers to powerful and enduring ideas and beliefs about the value and worth of people based on socially constructed racial categories.[27] These categories form a hierarchy where one racial group maintains supremacy over others in social, political and economic power.

This ideology (also referred to as a belief system or worldview) cannot be separated from the history of colonialism in North America as it was both conceptualized and enforced by white Europeans during this era in the late 1600s.[28] Indigenous peoples were therefore constructed as an inferior racial group which, in turn, justified gross acts of injustices on the part of white settler Europeans and the colonial state. In Canada, these are well documented and include blatant racist policies of assimilation and the oppression of Indigenous peoples.

While blatant expressions of racism are less socially acceptable today, racist ideologies have become so embedded within Canadian society that they are the norm or default setting in which everyone is expected to operate. This helps to explain how racial inequities persist and continue to be implicitly justified today. For example, Indigenous peoples inherently deviate from the established norm by virtue of their “inferior” race and are blamed when they struggle to thrive in a system that was not designed or built for their success.

Examples include:

- Indigenous peoples are biologically different and inferior (racist idea) and therefore prone to disease and research (justification)
- Privileging the biomedical model (justification) because Indigenous knowledge is primitive (racist idea)
- Indigenous peoples cannot make good decisions for themselves (racist idea) so I will make decisions for them (justification)

QUESTION

What ideas about the inferiority (i.e. worth, intelligence and/or knowledge systems) of Indigenous peoples led to the racism depicted in the film?

Did the idea lead to an outcome of equity or inequity for the subject(s)?

What is one key learning or take-away from this level of racism?

Interpersonal level

Racism at the interpersonal level is the most recognized form of racism. Also known as relational or individual racism, it happens when individuals experience discriminatory behaviour from other people.[29] These behaviours are based on the long-standing ideology of racism (i.e. racial superiority). Interpersonal racism is expressed explicitly or implicitly through prejudice, stereotyping and discrimination.[30]

Within health care settings, interpersonal racism occurs between patients and health care providers (and staff working in this setting) at point of care.

It is important to note that because the dominant understanding of racism tends to be limited to this level, it can lead to the false belief that racism is perpetuated by a few "bad apples." In reality, racism must be understood as a system that creates and maintains racial inequities by operating at different levels of society,[31] including those outlined in this workbook.

Examples include:

- Stereotypes: Inaccurate beliefs about a racial group, such as the idea that Indigenous peoples are lazy, unintelligent alcoholics, which are perpetuated by the world and messages around us (family, society, media, textbooks, etc.)
- Prejudice: Attitudes that emerge from stereotypes such as disdain towards Indigenous peoples because they are "lazy"
- Discrimination: The action or inaction resulting from stereotypes, implicit bias, or prejudice such as ignoring or withholding care from an Indigenous patient or offering differential pain treatment due to the stereotype that Indigenous peoples have higher pain thresholds

What type(s) of interpersonal racism took place (stereotyping, prejudice, discrimination)? Was it explicit or implicit?

Who/which individuals were responsible for the racism in the film? What was their profession?

Can you describe why/how an organization permits interpersonal racism to take place?

How was the subject involved in the decision-making process about their care leading up to the event, if at all?

Did the racist act lead to an outcome of equity or inequity for the subject(s)?

What is one key learning or take-away from this level of racism?

Systemic racism

Also referred to as institutional racism, systemic racism occurs when mainstream institutions and organizations condone and formalize long-standing racist ideologies into policies, practices and norms.

This reinforces racial hierarchies that inherently privilege the ideas and needs of the dominant white population while disadvantaging non-white racial groups. Systemic racism permits interpersonal racism in the workplace through direct racist policies or the absence of policy and accountability measures to address it.[32] This underscores the importance of anti-racist policies within institutions.

Examples include:

- Underrepresentation of Indigenous peoples across health care systems (health care professionals, leadership, policy)
- When organizations condone interpersonal racism
- Inadequate processes or measures to hold staff accountable for acts of racism
- Lack of Indigenous knowledge and healing approaches in mainstream health services
- Ignoring or remaining neutral (one size fits all approach) about the role racism plays into health outcomes and access to care

In which institution did the racism take place? If not applicable, which institution is responsible for the racism highlighted in the film? Can you trace the experience to a specific race-based policy targeting Indigenous peoples? Is this policy still in place?

In the absence of an explicit racist policy, what other factors are responsible for the racism experienced by the subject(s)?

How was the subject involved in the development of the policy process leading up to the event, if at all?

Did the policy, practices, and/or norms lead to an outcome of equity or inequity for the subject(s)?

What is one key learning or take-away from this level of racism?

PART 3: RELATIONSHIPS BETWEEN LEVELS OF RACISM AND ACTION PLANNING

The following exercise uses a tree analogy to show the relationships between the different levels of racism outlined in this workbook, followed by action planning based on your new learnings.

Step 1: Review each section description under the tree analogy column.

Step 2: Using your learnings from part 2, identify the level of racism described in the **tree analogy**. Record your response under the **level of racism** column along with examples you have seen in your workplace.

Step 3: Based on what you saw in The Unforgotten and have learned in this toolkit, identify strategic actions to interrupt inequities in your workplace at each level. Record your response in the **action plan** column.

USING THE TREE

Roll your mouse over the elements to interact with the tree. Explore the tree and proceed to fill in the workbook on the next page.

ROOTS

Roots represent the contexts (historical and present-day) that drive all forms of racism. They are hidden from plain sight, yet firmly anchored to sustain the rest of the tree. The overall health of the tree rests with the well-being of the roots.

TREE ANALOGY

Leaves

Level of racism

Action plan

Trunk

Level of racism

Action plan

Roots

Level of racism

Action plan

RECOMMENDED RESOURCES

READ

INDIGENOUS ALLY TOOLKIT
Montreal Urban Aboriginal Community Strategy Network
CLICK HERE

HONOURING THE TRUTH, RECONCILING FOR THE FUTURE: SUMMARY OF THE FINAL REPORT OF THE TRUTH AND RECONCILIATION COMMISSION OF CANADA
Truth and Reconciliation Commission of Canada
CLICK HERE

RECLAIMING POWER AND PLACE: THE FINAL REPORT OF THE NATIONAL INQUIRY INTO MISSING AND MURDERED INDIGENOUS WOMEN AND GIRLS
The National Inquiry into Missing and Murdered Indigenous Women and Girls
Privy Council Office
CLICK HERE

FIRST PEOPLES, SECOND CLASS TREATMENT: THE ROLE OF RACISM IN THE HEALTH AND WELL-BEING OF INDIGENOUS PEOPLES IN CANADA
Well Living House, Wellesley Institute
CLICK HERE

INDIGENOUS HEALTH PRIMER
The Indigenous Health Writing Group of the Royal College
CLICK HERE

INSIDERS' INSIGHT: DISCRIMINATION AGAINST INDIGENOUS PEOPLES THROUGH THE EYES OF HEALTH CARE PROFESSIONALS
Journal of Racial & Ethnic Health Disparities
CLICK HERE

SYSTEMIC DISCRIMINATION IN THE PROVISION OF HEALTHCARE IN INUIT NUNANGAT: A BRIEF DISCUSSION PAPER
Inuit Tapiriit Kanatami
CLICK HERE

INDIGENOUS EXPERIENCE WITH RACISM AND ITS IMPACTS
National Collaborating Centre for Indigenous Health
CLICK HERE

INDIGENOUS-LED HEALTH CARE PARTNERSHIPS IN CANADA
Canadian Medical Association Journal
CLICK HERE

WATCH

NATIONAL INDIGENOUS CULTURAL SAFETY LEARNING SERIES
Provincial Health Services Authority (PHSA)
Indigenous Health
CLICK HERE

SEPARATE BEDS: A HISTORY OF INDIAN HOSPITALS IN CANADA, 1920S – 1980S
National Collaborating Centre for Indigenous Health
CLICK HERE

WHAT'S NEW IS REALLY OLD: TRAUMA INFORMED HEALTH PRACTICES THROUGH AN UNDERSTANDING OF HISTORIC TRAUMA
National Collaborating Centre for Indigenous Health
CLICK HERE

LISTEN

VOICES FROM THE FIELD 9: UNCOVERING THE FORCED AND/OR COERCED STERILIZATION OF INDIGENOUS WOMEN
National Collaborating Centre for Indigenous Health
CLICK HERE

GLOSSARY

TERM	DEFINITION
COLONIALISM	When groups of people come to a place or country, take land and resources from Indigenous peoples, and develop a set of laws and public processes that are designed to violate their human rights, violently suppressing their governance, legal, social, and cultural structures, and force them to conform with the colonial state. It is a structured and comprehensive form of oppression.[33]
CULTURE	Refers to a group's shared set of beliefs, norms and values. It is the totality of what people develop to enable them to adapt to their world, which includes language, gestures, tools, customs and traditions that define their values and organize social interactions. Human beings are not born with culture — they learn and transmit it through language and observation.[34]
CULTURALLY SAFE CARE	A culturally safe environment is a physically, socially, emotionally and spiritually safe environment, without challenge, ignorance or denial of an individual's identity, who they are or what they need. To be culturally safe requires positive anti-racism stances, tools and approaches, and the continuous practice of cultural humility. Culturally unsafe environments diminish, demean or disempower the cultural identity and well-being of an individual. Whether or not care is culturally safe can only be defined by the Indigenous person receiving care. [35]
CULTURAL COMPETENCE	Creating a health care environment that is free of racism and stereotypes, where Indigenous people are treated with empathy, dignity and respect. [36]
HEALTH EQUITY	Equity is the absence of avoidable, unfair or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, geographically or by other means of stratification. "Health equity" or "equity in health" implies that everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.[37]
HOLISTIC HEALTH	Encompasses four dimensions of personal health: physical, mental, emotional and spiritual well-being. A holistic understanding of health also extends beyond the individual to include family and community.[38]
OPPRESSION	Refers to discrimination that occurs and is supported through the power of public systems or services, such as health care systems, educational systems, legal systems and/or other public systems or services; discrimination backed up by systemic power. Denying people access to culturally safe care is a form of oppression.[42]

INTERGENERATIONAL TRAUMA	Historic and contemporary trauma that has compounded over time and been passed from one generation to the next. The negative cumulative effects can impact individuals, families, communities and entire populations, resulting in a legacy of physical, psychological and economic disparities that persist across generations. For Indigenous peoples, the historical trauma includes trauma created as a result of the imposition of assimilative policies and laws aimed at attempted cultural genocide and that continues to be built upon by contemporary forms of colonialism and discrimination.[39]
INTERPERSONAL RACISM	Racism at the interpersonal level is the most recognized form of racism. Also known as relational or individual racism, it happens when individuals experience discriminatory behaviour from other people. These behaviours are based on the long-standing ideology of racism (i.e. racial superiority). Interpersonal racism is expressed explicitly or implicitly through prejudice, stereotyping and discrimination.[40]
NON-INSURED HEALTH BENEFITS (NIHB) PROGRAM	Provides eligible First Nations and Inuit clients with coverage for a range of health benefits that are not covered through other social programs, private insurance plans or provincial/territorial health insurance. The federal program provides coverage for medically necessary goods and services such as vision care, dental care, mental health counselling, medical supplies and equipment, prescriptions and medical transportation. An eligible client must be a resident of Canada and any of the following: • a First Nations person who is registered under the Indian Act (commonly referred to as a status Indian) • an Inuk recognized by an Inuit land claim organization • a child less than 18 months old whose parent is a registered First Nations person or a recognized Inuk[41]
RACIST IDEOLOGY	Racism has its roots in the ideology of racism, which refers to powerful and enduring ideas and beliefs about the value and worth of people based on socially constructed racial categories. These categories form a hierarchy where one racial group maintains supremacy over others in social, political and economic power. While blatant expressions of racism are less socially acceptable today, racist ideologies have become so embedded within Canadian society that they are the norm or default setting in which everyone is expected to operate. This helps to explain how racial inequities persist and continue to be implicitly justified today.[43]

SETTLERS	Descendants of people who voluntarily migrated and settled on land inhabited by Indigenous peoples.
SOCIAL DETERMINANTS OF HEALTH	The non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life.[44]
SYSTEMIC RACISM	Also referred to as institutional racism, systemic racism occurs when mainstream institutions and organizations formalize and condone long standing racist ideologies into policies, practices and norms. This reinforces racial hierarchies that inherently privilege the ideas and needs of the dominant white population while disadvantaging non-white racial groups. Systemic racism permits interpersonal racism in the workplace through direct racist policies or the absence of policy and accountability measures to address it.[45]
TRADITIONAL KNOWLEDGE	From an Indigenous perspective, traditional knowledge is developed from experience gained over the centuries and adapted to the local culture and environment, and transmitted from generation to generation. It tends to be collectively owned and takes the forms of stories, songs, art, cultural events, beliefs, rituals, customary laws, languages, and traditional know-how related to resource use and management. Traditional knowledge reflects Indigenous peoples' holistic worldviews.[46]

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