

HEALTH CARE EXPERIENCES OF INDIGENOUS PEOPLE IN CANADA

Question

How are social determinants of health embodied and enacted during clinical encounters of Indigenous people living with type 2 diabetes in Canada?

This study is part of "Educating for Equity," an international collaboration involving Australia, New Zealand and Canada.

Background

Indigenous populations:

- Acquire diabetes and its complications at younger ages and have poorer treatment outcomes
- Have rates of type 2 diabetes 3–5 times higher than non-Indigenous populations

Social determinants that contribute to increased rates of disease and health equity gaps:

- Impacts of colonization
- Social exclusion
- Political marginalization
- Historical trauma

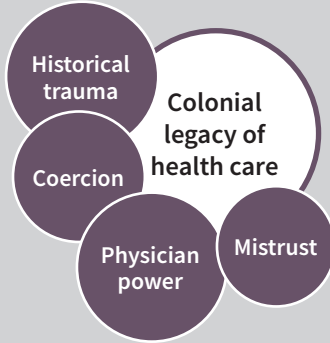
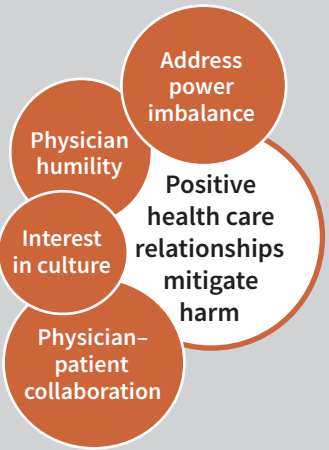
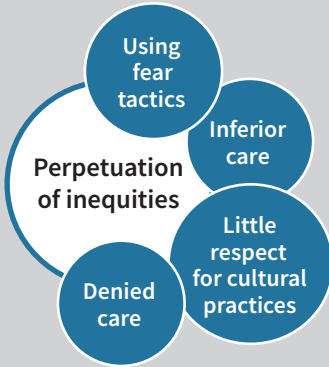
Study

- 12 men and 20 women from 5 Indigenous communities in Canada
- Sequential focus groups
- Researchers used a phenomenological thematic analysis framework to categorize diabetes experiences

Results

Experiences with diabetes care categorized into 4 themes

“ I think the doctors do have to be educated on what happened, and also to realize that it's intergenerational. ”



“ Some places you do get treated poorly because of our skin colour. That makes me so mad, I feel like taking a knife and saying 'look, isn't my blood the same colour?' ”

Interpretation

1. Patients' experiences with diabetes care were influenced by **historical experiences** and contemporary exposures to **culturally unsafe health care**.
2. Experiences led to **nondisclosure** with health care providers, **mistrust**, **medication avoidance**, **advice not followed**.
3. **Relationship-centred approach** to care has role in mitigating past harms (e.g. involve family, build trust, interest in Indigenous culture). **Empathy, humility and patience** are key physician characteristics.
4. Opportunities to improve: enhanced **patient-centred care approaches** and **cultural safety training** for health care providers.