Action Towards Anti Racism, Indigenization, and Decolonization of Health Professions Education in Canada

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ABSTRACT

It is well documented that anti-Indigenous, systemic racism is pervasive in Canada. Indigenous people are disproportionately affected by negative health outcomes, perpetuated by the colonial structures, policies and legislation within the healthcare and education systems. This article seeks to examine how the Canadian academy can enact transformative change to decolonize and Indigenize health professions education (HPE) from an organizational and leadership approach. Focusing heavily on the perspectives and work of Indigenous scholars and organizations, this paper will explore how concepts in instructional leadership for equity can be applied to the recommendations of the Truth and Reconciliation Commission of Canada.

INTRODUCTION

Within the context of Canadian society, the presence of anti-Indigenous racism can be directly attributed to the legacy of colonialism (Allan & Smylie, 2015; Gaudry & Lorenz, 2018; Nixon, 2019). In fact, The World Health Organization's Commission on the Social Determinants of Health has identified colonization as having a critical impact on the health and wellness of Indigenous people globally (Mowbray, 2007). Allan & Smylie (2015) indicate that the social determinants of health have emphasized alarming disparities between Indigenous and non-Indigenous peoples' health in Canada, made evident by the fact that Indigenous people are disproportionately affected by lower life expectancies, increased infant mortality rates, as well as increased rates of chronic disease, cancer, substance abuse, and suicide (Allan & Smylie, 2015; Beavis et al., 2015; ITK 2021; Lewis & Prunuske, 2017; Reading & Wien, 2013).

Since the Truth and Reconciliation Commission of Canada (TRC) released its 94 *Calls to Action* in 2015, there has been an increased awareness in the Canadian collective consciousness of the inequities and injustices faced by Indigenous people (Allan & Smylie, 2015; TRC 2015). High-profile cases, such as those of Joyce Echaquan and Brian Sinclair, have brought the existence of systemic, anti-Indigenous racism to the forefront of discussion surrounding the treatment of Indigenous peoples in Canada (Brian Sinclair Working Group, 2017, Council of the Atikamekw of Manawan and the Council de la Nation Atikamekw, 2020). Evidence indicates that anti-Indigenous discrimination in the Canadian healthcare system is commonplace, as Indigenous patients are "noting abusive treatment, stereotyping, and a lack of quality in the care provided" (Wylie & McConkey, 2019, p.37, see also Allan & Smylie, 2015; McGuire-Adams, 2021; Nixon, 2019; Reading &

Wien, 2014). Furthermore, the perpetuation of systemic racism in the Canadian health care system can be significantly attributed to the presence of systemic racism in Canadian academic institutions, particularly those providing health professions education (HPE) (Gaudry & Lorenz, 2018; Kuokkanen, 2008; McGuire-Adams, 2021). This, in part, can be observed through a notable under-representation of Indigenous staff, faculty and administrators in the health and education systems (Gaudry & Lorenz, 2018; ITK, 2021; Kuokkanen, 2008). However, many Indigenous scholars argue that the under-representation of Indigeneity in the Canadian academy extends far beyond inclusion. By taking more meaningful steps toward Indigenization of the Canadian academy through policy and praxis, academic institutions have the power to enact transformative change in Canadian HPE, in turn contributing to improved patient care and health outcomes for Indigenous peoples (Allan & Smylie, 2015; Gaudry & Lorenz, 2018; ITK, 2021; Jones et al., 2019; Kuokkanen, 2008; McGuire-Adams, 2021).

 Therefore, in an effort to disrupt settler colonialism, and address racism within the field of Canadian HPE, this paper will review literature from Indigenous scholars and settler scholar-allies. Although systemic racism in Canada affects racialized individuals and communities from diverse backgrounds (Goode & Landefeld, 2018; Raphael et al., 2020; Williams & Mohammed, 2013), this paper addresses anti-Indigenous racism in HPE in Canada. Furthermore, the research synthesized here is delimited to the work of Indigenous scholars and settler-allies surrounding decolonization and Indigenization in these systems and institutions, and the relevant educational theories that apply to the research recommendations. The synthesis provides poignant insight into the presence of systemic racism in Canadian healthcare and HPE, its effects on Indigenous healthcare provision and health outcomes, as well as recommendations to decolonize and Indigenize these systems. These recommendations include: raising awareness of the magnitude of anti-Indigenous systemic racism in Canada, engaging in critical allyship and decolonizing solidarity with Indigenous communities, as well as taking action to decolonize and Indigenize the Canadian academy based on the Truth and Reconciliation Commission of Canada's *Calls to Action* (2015). In the pages that follow, I will argue that health professions education can be Indigenized in transformative ways to enact systems-level change in Canada.

Key Elements of Decolonizing and Indigenizing Health Profession Education in Canada. Adapted from Gaudry & Lorenz, 2018	

1. **Raising Awareness (Gaudry & Lorenz, 2018):**
  I. **Indigenous Inclusion**
   • Indigenous Inclusion Policies
  II. **Reconciliation Indigenization:**
   • Instructional Leadership for Equity
   • Transformative Learning Theory in Indigenous HPE
   • Teacher Learning and Development in Equity
   • Indigenous Course Content (ICR)
   • Anti-Oppressive Pedagogy in HPE
	III. **Decolonial Indigenization**
	   • Elder-in-Residence
	   • On-the-land Programs
	2. **Engagement in Critical Allyship and Decolonizing Solidarity:**
	  I. Critical Self-Reflection
	  II. Interpersonal Relationships
	  III. Indigenization and Reconciliation Work

FIGURE 1

Key Elements

RESEARCHER POSITIONALITY

I am a non-Indigenous settler, a scholar, a nurse, an educator, and a mother. I have lived and worked in Denendeh for nearly 10 years, and grew up on the Treaty lands and territory of the Mississaugas of the Credit. However, it wasn't until coming to the North that I truly began to recognize the disparities between the immense privilege I had experienced as a white settler, and the systemic barriers faced by Indigenous Peoples. I now endeavour to work towards the decolonization and Indigenization of the healthcare and education systems through an ongoing process of decolonizing solidarity. One of the ways in which I have attempted to work towards that is through the process of writing this paper, which began as a component of my Master's of Education coursework, and has been revised for publication. In writing this paper, I am reflecting on the role that I play within the systems that have marginalized Indigenous peoples, and am looking for ways to work in solidarity towards deconstructing the systems that continue to oppress Indigenous peoples. With humility and vulnerability, I review, summarize, and synthesize the work of Indigenous scholars and organizations who have sought to bring decolonization and Indigenization to the forefront of the Canadian academy.

LITERATURE REVIEW

In Canada, First Nations, Métis, and Inuit Peoples face social and economic inequities resulting from systemic discrimination (Allen et al., 2020; ITK, 2021; Jaworsky, 2018; Jones et al., 2019;). The inequitable distribution of resources, as explained by the social determinants of health, is made possible through colonial policies, regulations, and laws, which have been identified as being fundamentally responsible for the racism embedded in Canadian society. As such, vast disparities in positive health outcomes exist between Indigenous people and that of the dominant (white) culture (Allen et al., 2020; CMA, 2021a; ITK, 2021; Jaworsky, 2018; Jones et al., 2019; Raphael et al., 2020; Wylie & McConkey, 2018). This is perpetuated further through the suppression of Indigenous ways of knowing, being and doing in Canadian HPE institutions.

In response to the TRC's *Calls to Action*, post-secondary institutions across Canada have attempted to redress health inequities for Indigenous people through changes in education content and service delivery (Cook et al., 2019). However, many of these institutions are challenged with how to "ethically engage Indigenous communities and Indigenous knowledge systems" (Gaudry & Lorenz, 2018, p.2). Rauna Kuokkanen (2008), defines Indigenizing the academy as process in which post-secondary institutions acknowledge their ignorance of Indigenous philosophies and epistemologies, and invite Indigenous ways of knowing, being and doing into the "mainstream" of the academy. Based on this concept, Gaudry and Lorenz (2018) identify a spectrum of Indigenization: Indigenous inclusion, reconciliation Indigenization and decolonial Indigenization. It is through this model of Indigenization that I will seek to explore how Canadian HPE can be decolonized and Indigenized through educational leadership.

THE SPECTRUM OF INDIGENIZATION

The spectrum of Indigenization is a progressive representation of the ways in which post-secondary educations can move towards transformative Indigenization by encompassing Indigenous perspectives, epistemologies, and pedagogies (Gaudry & Lorenz, 2018). Although some Canadian post-secondary institutions such as Aurora College (GNWT, 2020), Lakehead University (OIEC, 2022), Queen's University (OII,2021), the University of Manitoba (Indigenous Senior Leadership Advisory Committee, 2019), and The University of Winnipeg (2015) have begun to implement strategic plans to support truth, reconciliation and Indigenization consistent with decolonial Indigenization, as will be discussed, many post-secondary institutions in Canada are struggling with implementing strategic plans that will support true reconciliation through transformative, systems level change. Through raising awareness of this spectrum, and the difference between each concept, I will share recommendations for HPE institutions to implement meaningful changes that Indigenize and decolonize all facets of teaching, learning and leadership in HPE (Gaudry & Lorenz, 2018).

INDIGENOUS INCLUSION

Research indicates that the majority of Indigenous strategic plans being implemented at Canadian post-secondary institutions focus primarily on Indigenous inclusion policies (Gaudry & Lorenz, 2018; Reading & Wien, 2014; University of Winnipeg, 2015). According to the Canadian Association of University Teachers, these are policies that attempt to increase the number of Indigenous faculty, staff and students in Canadian post-secondary institutions (CAUT, 2021). Allan and Smylie (2015) state that in HPE, strategic plans focused on increasing the number of Indigenous people in health professions in Canada have shown promise towards improving health care delivery for Indigenous peoples. Furthermore, in their research, Gaudry and Lorenz (2018) identify that many Indigenous scholars see inclusion policies as an important aspect of decolonization and Indigenization in Canadian postsecondary education. For example, research has shown that the implementation of inclusion policies has had a positive impact on program completion and retention rates for Indigenous students (Gaudry & Lorenz, 2018). More specifically, this can be attributed to policies aimed at creating an environment more "hospitable and relevant" for Indigenous students (Kuokkanen, 2008) through support programs such as Indigenous peer mentorship, academic advising and Indigenous support centres (Gallop & Bastien, 2016; Pidgeon et al., 2014; Ragoonaden & Mueller, 2017). Furthermore, inclusion policies that seek to increase the number of Indigenous faculty and students in HPE programs directly relates to the TRC's *Calls to Action* #7 and #23 (TRC, 2015).

However, although Indigenous scholars recognize that inclusion policies have merit, one of the main criticisms of this approach is that inclusion policies don't address the barriers that make access to HPE inequitable for Indigenous students to begin with (Allan & Smylie, 2015; Battiste et al., 2002; Episkenew, 2013; Gaudry & Lorenz, 2018; Kuokkanen, 2008; McGuire-Adams, 2021; Saskamoose & Pete, 2015). Scholars argue that for Indigenization of the Canadian academy to be transformative, increasing the presence of Indigenous staff, students and faculty is not enough (Gaudry & Lorenz, 2018; Saskamoose & Pete, 2015; Kuokkanen, 2008). The problem with Indigenous inclusion policies is that they require Indigenous people to adapt to the pre-existing, colonial structures of the institution. Therefore, in order for an institution to be transformative, a combination of administrative and leadership support, Indigenous pedagogy and epistemologies, as well as ideological shifts is needed in HPE in addition to Indigenous inclusion policies (Episkenew, 2013; Gaudry & Lorenz, 2018; Kuokkanen, 2008).

RECONCILIATION INDIGENIZATION

Reconciliation Indigenization is a transformation in the structure of academic institutions to include Indigenous students, faculty, and staff as well as Indigenous ways of knowing, being, and doing (Gaudry & Lorenz, 2018; Pete, 2016). Kuokkanen (2008) argues that the Canadian academy has sanctioned "epistemic ignorance" through the exclusion of Indigenous knowledge. As such, reconciliation Indigenization must also include "the establishment of physical and epistemic spaces that facilitate the ethical stewardship of a plurality of Indigenous knowledge and practices so thoroughly as to constitute an essential element of the university" (Pete, 2016, p.67). Therefore, it can be argued that an approach to reconciliation Indigenization in HPE is through practices like instructional leadership for equity, Indigenous course requirements (ICRs) (Gaudry & Lorenz, 2018; Pete, 2016); and anti-oppressive pedagogy (Kumashiro, 2000; Siemens, 2017). Such strategies can position HPE institutions to respond to the TRC's *Calls to Action* #23 and #24 (TRC 2015). In what follows, I will explain and review each of these practices in detail.

Instructional leadership for equity (also referred to as transformative leadership) is an approach to education that recognizes that systemic injustices and inequities must be considered in education for it to be accessible and equitable for all students (Beavis, 2015; Brayboy et al., 2007; Ishimaru & Galloway, 2014). It can include the application of transformative learning theory (Kluttz et al., 2019; Shields, 2010) and teacher learning and development in equity (Ishimaru & Galloway, 2015; Leithwood et al., 2019; Reierson & Becker, 2021; Robinson et al., 2017; Stokes, 2022). In Canada, instructional leadership for equity is significant, as it recognizes that the inequities experienced by Indigenous peoples, as observed through the social determinants of health, are symptoms of anti-Indigenous systemic racism (Pauktuutit, 2021). As such, instructors are challenged – as part of the dominant structure – to recognize and reflect on their own complicity in perpetuating inequities in HPE (Ishimaru & Galloway, 2014). Through a commitment to instructional leadership for equity, and the subsequent process of critical self-reflection, as discussed by Moffitt and Durnford (2021), instructional leaders have the capacity not only to foster the wellbeing, engagement, and retention of Indigenous students (Stokes, 2022) but also to create transformative change in decolonizing and Indigenizing HPE, in turn, leading to improved health equity and outcomes for Indigenous peoples in Canada (Beavis et al., 2015).

Transformative learning is defined as "a learner-centred process of learning that actively engages students through critical reflection and discourse" (Tsimane & Downing, 2019, p.91). This is significant to the Indigenization of HPE, as it directly relates to cultural safety, which is a "relational process that involves reflexive practices exploring one's personal way of being, knowing, and doing (Moffit & Durnford, 2021, p.1). As such, the application of transformative learning theory in HPE allows for the creation of culturally safe classrooms, which in turn, create physical and epistemic space for learning that focuses on Indigenous health, philosophies, and practices (Aboriginal Nurses Association of Canada, 2009; Tsimane & Downing, 2019;). Additionally, culturally safe classrooms provide opportunities for non-Indigenous students to understand the imbalance of power between Indigenous and non-Indigenous peoples (Moffitt & Durnford, 2021), as well as challenge and reflect on their own beliefs, privilege and complicity in systems of oppression. Though this may be uncomfortable, "there is potential for radical change by working through, and resting within pedagogical spaces of discomfort" (Kluttz, et al., 2020, p. 51).

Robinson et al. (2008) indicates that promoting and taking part in teacher learning has the highest statistical significance in impacting student learning in a positive way. Furthermore, as it pertains to equity in HPE specifically, Vassie et al. (2020) suggest that supporting individual teachers must occur for students to

achieve the best possible outcomes. As such, leaders and administrators in HPE must respond to the TRC's *Call to Action* #57 by facilitating programming for instructors to become educated in the historical, contemporary and legal contexts of Indigenous peoples in Canada (TRC, 2015; See also, Allan & Smylie, 2015; Battiste, 2005; Cook et al., 2019; Indigenous Senior Leadership Advisory Committee, 2019). Additionally, faculty and staff "will require skills -based training in intercultural competency, conflict resolution, human rights and anti-racism" (TRC, 2015, p. 7). In the Northwest Territories, training is available through programs such as the *Living Well Together* series of the effects of colonization of Indigenous people in Canada (GNWT, n.d.) as well as the film and toolkit *The Unforgotten* created by the Canadian Medical Association in conjunction with the GNWT (CMA, 2021a, 2021b). *Living Well Together* is a mandatory training requirements for all GNWT employees, including all post-secondary staff and healthcare providers in the territory.

Indigenous course requirements (ICRs) are a mandatory component of diploma or degree programs, which are focused on Indigenous peoples in Canada. Examples of ICRs include courses or content in the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), treaties and Indigenous rights, Indigenous law, as well as Indigenous Knowledge. (ANAC, 2019; Gaudry & Lorenz, 2019; TRC, 2015; United Nations, 2007). Since the release of the Calls to Action (TRC, 2015), post-secondary institutions across Canada have responded by implementing ICR's in their curricula to support Call to Action #24, especially nursing, education, and social work programs (ANAC, 2009, Gaudry & Lorenz, 2018). However, there are differing perspectives, as identified by Gaudry and Lorenz (2019) about how to implement ICR's. One approach is to require whole courses that are mandatory for graduation. The other approach is through embedding ICR throughout existing courses. Yet, no matter which type is implemented by an institution, ICR's must come from Indigenous ways of knowing, being, and doing (Battiste, 2005; Gaudry & Lorenz, 2018). As with Indigenous inclusion policies, most Indigenous scholars and intellectuals see ICR's as the starting point in the larger process of dismantling systemic anti-Indigenous racism (Gaudry & Lorenz, 2019).

Anti-oppressive pedagogical practice is an approach to education that seeks to improve the education experience for those that are marginalized or oppressed due to their "otherness" (Kumashiro, 2000; Moffitt & Durnford, 2021). This approach is significant in HPE as it works to "transform power relations in the classroom, clear space, and recognize place-based histories as well as to amplify the ongoing resistance of local Indigenous peoples" (Gaudry & Lorenz, 2019, p. 166). For health professions education, some examples of anti-oppressive pedagogy include Indigenous peer mentorship, Indigenous health programs or specializations, practicum placements or experiences that partner with Elders and Indigenous healers; Indigenous health centres for teaching and learning; Indigenous support centres; and incorporation of the social determinants of health into course content (Gaudry & Lorenz, 2019; Pidgeon et al. 2014; Ragoonaden & Mueller, 2017; Raphael et al., 2021; University of Manitoba, 2019).

DECOLONIAL INDIGENIZATION

Decolonial Indigenization recognizes that to truly Indigenize HPE in Canada, institutions must dismantle the colonial ideologies entrenched in all facets of the Canadian academy. This will involve a transformation of the entire system through praxis, policies, and engagement with Indigenous communities, governments, scholars and Knowledge Holders (CAUT, 2021; Gaudry & Lorenz, 2018; Saskamoose & Pete, 2015). Recurrent approaches based on the vision for decolonial Indigenization are Elder-in-residence programs, Land-based education programs and the establishment of self-governing Indigenous senior leadership committees in post-secondary institutions (ANAC, 2019; Brett, 2019; Drouin-Gagné, 2021; Gaudry & Lorenz, 2018; Indigenous Senior Leadership Advisory Committee, 2019; Moffitt & Durnford, 2021; OII, 2021; Redvers, 2016; Wildcat et al., 2014). Examples of self-governing Indigenous leadership committees include the Ogimaawin Indigenous Education Council at Lakehead University (OIEC, 2022), the Indigenous Directions Leadership Council at Concordia University (IDLC, 2021), the Office of Indigenous Initiatives at Queen's University (OII, 2021), and the Indigenous Senior Leadership Advisory Committee at the University of Manitoba (Indigenous Senior Leadership Advisory Committee, 2019). Although there is some variance among these committees, they share the common vision of working towards the decolonization and Indigenization of higher education in Canada by achieving equity for Indigenous Peoples, celebrating and embracing traditional knowledge, and Indigenous ways of knowing, being and doing, as well as reclaiming Indigenous leadership and self-determination in the institutions of which they are a part of (; IDLC, 2021; Indigenous Senior Leadership Advisory Committee, 2019; OIEC, 2022; OII, 2021). Elders-in-residence programs, traditional ceremonies, and on-the-land programs "can also be robust sites of transformative intellectual development, where knowledge is disseminated to learners through traditional practices, through dialogue, and by analysis of personal experience (Gaudry & Lorenz, 2018, p.225). How this would integrate into health professions education, such as nursing and social work, needs further research, guided by Indigenous knowledge holders to ensure self-determination, authenticity, and a decolonized resurgence of Indigenous traditions.

RECOMMENDATIONS FOR CRITICAL ALLYSHIP AND DECOLONIZING SOLIDARITY IN HPE

Critical allyship is the on-going process of reflection by those in positions of power and privilege in societal systems, and on how to act in solidarity with marginalized groups (McGuire-Adams, 2021; Kluttz et al., 2020; Nixon, 2019). Decolonizing solidarity is perhaps a more appropriate term, as the word 'ally' implies a role or identity – something that is achieved, without requiring further action (Kluttz et al., 2020). Decolonizing solidarity, however, requires that those who call themselves allies work towards dismantling ignorance and complicity in systems of oppression and erasure, acknowledge their own privilege in these systems, and make space for marginalized peoples (Nixon, 2019). Both critical allyship and decolonizing solidarity are processes that involve critical self -reflection, developing allied relationships with Indigenous Peoples, as well as Indigenization and reconciliation work (McGuire-Adams, 2021).

In health professions education, critical self-reflection refers to the fact that allies must reflect upon, and challenge, their own complicity in systems of oppression leading to health inequities for Indigenous students and patients (Nixon, 2019; McGuire-Adams, 2021). In doing so as students, future health care providers, such as nurses, social workers and personal support workers will enter the profession with a critical self-awareness of their own biases towards Indigenous people (McGuire-Adams, 2021). This will enable them to work towards decolonizing any of their own pre-existing discriminatory thoughts and behaviours.

Engagement in this process, in turn, leads to the creation of culturally safe spaces to foster interpersonal relationships (Allen et al., 2020; McGuire-Adams, 2021). This is significant to the Indigenization of HPE, as it supports decolonization through relationship building (Kluttz, et al., 2020). In HPE, having supportive and positive relationships between Indigenous and non-Indigenous students has contributed significantly to the retention and success of Indigenous students (Gaudry & Lorenz, 2019; Pidgeon et al, 2014; Ragoonaden & Mueller, 2017). Furthermore, positive interpersonal relationships between healthcare providers and patients promotes a trusting, therapeutic relationship between patient and healthcare provider (HCP), promoting positive patient outcomes (CNA, 2018; ITK, 2021; Reading & Wien, 2013).

Indigenization and reconciliation work, when applied to post-secondary education, is action for change that is "to be led by Indigenous people, supported by non-Indigenous allies, with everyone sharing and learning from the exchange" (Gaudry & Lorenz, 2019, p. 164). To work towards solidarity in HPE, action must be consistent with Indigenous leadership, governance, as well as Indigenous epistemologies and pedagogies (ANAC, 2009; Gaudry & Lorenz, 2018; Kluttz et al., 2020; McGuire-Adams, 2021; Nixon, 2019; OII, 2021)

CONCLUSION

The decolonization and Indigenization of health professions education in Canada must occur for the systemic inequities faced by First Nations, Inuit and Métis peoples to be dismantled, and for systems-level and transformative change to be created within healthcare and education. Through a literature review on decolonization, Indigenization, and the related theories in instructional leadership for equity, I have identified persistent recommendations for change. These include raising awareness of anti-Indigenous systemic racism in Canada, engaging in critical allyship and decolonizing solidarity with Indigenous communities, as well as taking action to decolonize and Indigenize the Canadian academy based on the Truth and Reconciliation Commission of Canada's *Calls to Action* (2015). Until (and unless), the fundamental inequities facing Indigenous students, staff, and educators in HPE faculties in Canadian institutions can be decolonized and Indigenized in transformative ways, the health disparities between Indigenous and non-Indigenous students will continue to grow, and the health and well-being of Indigenous peoples in Canada will continue to be severely impacted by systemic racism.

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