Engaging in a Relational Approach: Addressing Inequities in Access to Palliative Care for Indigenous Peoples

Holly Prince

Key Takeaways

- Indigenous Peoples experience significant health disparities, high rates of homelessness and inequitable access to health and social care at the end of life.
- Establishing meaningful and authentic partnerships with First Nations, Inuit and Métis communities is essential to address these challenges and improve access to care.
- The Improving Equity in Access to Palliative Care collaborative provides valuable lessons about the importance of integrating equity-oriented approaches into the healthcare system and providers' practices. Developing a First Nations, Inuit and Métis engagement strategy is also crucial to ensure that care models align with First Nations, Inuit and Métis values and worldviews.

Abstract

First Nations, Inuit and Métis Peoples experience significant health disparities and inequitable access to health and social care at the end of life. They also experience higher rates of homelessness compared with their non-Indigenous counterparts. Together, these issues highlight the enduring impacts of colonialism on the social and structural determinants of health for First Nations, Inuit and Métis Peoples. Throughout the Improving Equity and Access to Palliative Care collaborative, which sought to improve the quality of life and enhance access to palliative care for individuals experiencing homelessness or vulnerable housing, many lessons were learned to address these challenges.

Introduction

This article emphasizes the importance of developing meaningful and authentic partnerships with First Nations, Inuit and Métis communities to address the complex health and social issues experienced at the end of life. It examines how colonial systems can be challenged by integrating equity-oriented approaches to care within the healthcare system and in care providers' practices. Furthermore, it underscores the importance of developing a First Nations, Inuit and Métis engagement strategy to ensure that models of care align with First Nations, Inuit and Métis values and worldviews.

Locating Myself in the Work

Boozhoo, Wiiji'iwe nidishinikaas, Animbiigoo Zaagi'igan niindoonjibaa, Thunder Bay nindaa, makwa dodem, Anishinaabekwe in'dow. My English name is Holly Prince, and I am an Anishinaabekwe and a member of Opwaagaanisiing in Northwestern Ontario. I was raised on my ancestral territory of Animbiigoo Zaagi'igan, where my family has lived and thrived for generations. I want to begin by paying my respects to the Elders – past, present and future – for they hold the knowledge, teachings, traditions and future hopes of my people. This article is written through my Anishinabek lens and worldview. As an Indigenous scholar, it is important that I locate myself in my work, as this shows respect and authenticity to the communities and nations I engage with while also decolonizing my work.

The Improving Equity and Access to Palliative Care Collaborative

The Improving Equity and Access to Palliative Care (IEAPC) collaborative aims to enhance the quality of life and improve access to palliative care for individuals experiencing homelessness or vulnerable housing. Throughout the collaborative, equity-oriented approaches to care were integrated into both the initiative and IEAPC community practices. Ongoing

engagement with First Nations, Inuit and Métis communities was essential for developing care models that better align with First Nations, Inuit and Métis values and worldviews.

This article discusses the impact of structural determinants of health on First Nations, Inuit and Métis Peoples. It emphasizes the importance of building strong relationships with First Nations, Inuit and Métis communities. In addition, it outlines a process for effectively engaging with these communities, including conducting preliminary engagement work, establishing a solid foundation, fostering relationships, co-designing an engagement plan and sustaining these relationships.

The strategies discussed in this article are not intended to be a conclusive guide but rather an initial resource for organizations and providers pursuing similar initiatives. It is important to recognize that engagement requires a tailored approach, as different nations and communities may have unique protocols and procedures not covered in this article.

The Impact of the Structural Determinants of Health on First Nations, Inuit and Métis Peoples

First Nations, Inuit and Métis Peoples experience significant health disparities and are consistently ranked lower in almost every determinant of health compared with their non-Indigenous counterparts. These health disparities contribute to substantial health inequities, including higher rates of chronic and terminal illnesses when age-adjusted (Gracey and King 2009; United Nations 2016). The prevalence of these conditions increases with age, with almost half of First Nations, Inuit and Métis Peoples aged 60 years or older reporting four or more chronic health conditions (FNIGC 2012). Furthermore, First Nations, Inuit and Métis Peoples experience a reduced life expectancy, which is up to 15 years shorter than that of other Canadians (Indigenous Services Canada 2018). In addition, First Nations, Inuit and Métis have higher rates of homelessness compared with their non-Indigenous counterparts. While representing only 5% of the Canadian population, First Nations, Inuit and Métis Peoples are overrepresented, with over a third of people experiencing homelessness (Government of Canada 2024). First Nations, Inuit and Métis Peoples also report early experiences of homelessness, with 55% first experiencing homelessness as a child or youth, as compared with their non-Indigenous counterparts, who report first experiencing homelessness as an adult (Government of Canada 2024).

First Nations, Inuit and Métis Peoples also encounter numerous challenges to accessing healthcare, including care at the end of life (Caxaj et al. 2018; Fruch et al. 2016; Hampton et al. 2010; Kelley et al. 2018; Koski et al. 2017). There is jurisdictional ambiguity regarding the responsibility for the provision of healthcare for First Nations, Inuit and Métis Peoples (Gouldhawke 2021; Lavoie 2013; Richmond and Cook 2016). This ambiguity results in challenges with coordinated and integrated care, including difficulties in hospital discharge planning, transitioning clients through the two healthcare systems and miscommunication between the differently funded systems of care (Fruch et al. 2016; Hampton et al. 2010; Kelley et al. 2018; Koski et al. 2017). In addition, there is inequitable funding for healthcare programs in First Nations, Inuit and Métis communities, resulting in limited access to healthcare providers, programs, medications and equipment. As a result, individuals must leave their communities to receive care and access a healthcare system, which is often at odds with Indigenous ways of knowing and often does not correspond with culturally safe care. First Nations, Inuit and Métis Peoples may encounter racism within the westernized medical care system, which often leads to First Nations, Inuit and Métis Peoples delaying medical care until they are in the advanced stages of illness. This may increase the overall burden of disease to be addressed at the end of life.

To address the inequities in health and access to care for First Nations, Inuit and Métis, Loppie and Wien (2022) emphasize the importance of addressing the structural determinants of health affecting Indigenous populations. They argue that examining the deeply embedded ideological and political factors influenced by colonialism is essential, as these shape all other health determinants. Colonialism is based on racism and is defined as the "physical and ideological domination of peoples in order to separate them from their culture and resources, while creating external and internalized assumptions of the supremacy of the colonizer" (Pratt et al. 2018: 3). Colonialism is widely recognized as the primary reason behind the health inequities and unequal access to health services for Indigenous populations (Allan and Smylie 2015; Czyzewski 2011; Reading 2018; Richmond and Cook 2016; Truth and Reconciliation Commission of Canada 2015).

Healthcare programs in Canada are founded on Eurocentric westernized norms and settler-colonial knowledge systems. Colonialism perpetuates systemic and structural conditions that adversely impact and reduce the quality of life for Indigenous Peoples, resulting in complex health issues and additional challenges at the end of life. Within the colonial system of healthcare, programs and services designed to support people at the end of life, including palliative care, will never be truly "safe" for Indigenous Peoples. The programs do not align with the values and beliefs of Indigenous communities regarding caregiving, dying and death. They are, at times, in opposition to Indigenous ways of knowing, being and doing. As Elder Albert McLeod shares, unless healthcare systems are completely dismantled and rebuilt by Indigenous Peoples, the term "culturally safe-r care" may be more appropriate (Prince 2024).

Improving the quality of life for First Nations, Inuit and Métis Peoples who are experiencing homelessness or vulnerable housing and their access to equitable and culturally safe-r care

requires healthcare providers and organizations to challenge the systemic and structural issues, including colonialism and racism, by integrating equity-oriented approaches to care within the healthcare system and in providers' practice. In addition, it requires establishing collaborative partnerships with First Nations, Inuit and Métis Peoples through engagement strategies to ensure that care models align with First Nations, Inuit and Métis values and worldviews. As outlined in the introduction to this special issue (IEAPC Program Delivery Team 2026), the IEAPC collaborative provides lessons learned to address these challenges and improve access to palliative care for individuals experiencing homelessness or vulnerable housing.

Integrating Equity-Oriented Approaches to Care Within the Healthcare System

Embedding equity-oriented approaches to care within the healthcare system is one means to improve health outcomes and enhance access to culturally safe-r care for Indigenous Peoples who are experiencing homelessness or vulnerable housing and facing life-limiting or life-changing illnesses. The goal of equity-oriented healthcare is to address structural inequities in access to care and the social determinants of health; reduce the negative health effects caused by racism, discrimination and stigma that often intersect; and recognize the frequent discrepancies between usual approaches to care and the needs of those most affected by health and social inequities (Browne et al. 2018). Browne et al. (2016) also identify key dimensions of equity-oriented care and offer 10 strategies that serve as health equity guidelines for organizations and providers.

Central to the IEAPC collaborative, the dimensions of cultural safety and humility at the organizational and individual healthcare provider levels were imperative in working toward addressing Indigenous health inequities. The First Nations Health Authority defines cultural safety as an "outcome, based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system" (n.d.: 10). It creates spaces where individuals feel safe and respected, with their culture, values and beliefs incorporated in their care. Eagle (2022) outlines a learning process for cultural safety. The first step involves creating an environment where discomfort is acknowledged and embraced, recognizing that this work will challenge both individual and organizational values, beliefs and privileges. Individuals must then learn from both the past and present while valuing diverse forms of knowledge. By doing so, individuals and organizations can think critically and recognize that certain knowledge systems have been overlooked in our historical and current contexts. With this awareness, individuals and organizations can develop the skills necessary to navigate these realities and experiences. Finally, Eagle (2022) suggests that once individuals and organizations have embraced discomfort and acquired the essential knowledge and skills, they can engage in collaborative action moving forward.

Healthcare organizations can begin providing culturally safe-r care within existing systems of care by embedding cultural safety and humility protocols into staff training, organizational policies and decision-making processes (First Nations Health Authority n.d.). Allen et al. (2020) further add to this by encouraging health organizations to use existing literature and reports to promote system changes on all levels. These reports include foundational documents such as the Royal Commission on Aboriginal Peoples (Dussault and Erasmus 1996), the United Nations Declaration on the Rights of Indigenous Peoples (United Nations 2007), the Truth and Reconciliation Commission of Canada (2015) and the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019). Healthcare organizations should also develop, implement and evaluate processes for feedback and quality improvement; ensure that health human resources across all levels of the organization are reflective of the people they serve; make certain that leadership embraces and commits to cultural safety and humility protocols; and create culturally safe spaces and supportive environments (First Nations Health Authority n.d.).

The goal of equity-oriented healthcare is to address structural inequities in access to care and the social determinants of health; reduce the negative health effects caused by racism, discrimination and stigma …

Allen et al. (2020) also emphasize the need and responsibility to advocate and speak out in solidarity with Indigenous Peoples during professional and public forums to honour and appreciate Indigenous ways of knowing, being and doing.

On an individual level, healthcare providers can challenge their power structures and privilege to create spaces for respectful, authentic relationships and care. This requires that individuals approach their work through a lens of cultural humility. According to the First Nations Health Authority, cultural humility is defined as a "process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust" (n.d.: 11). This concept requires healthcare providers to continuously learn and unlearn, reflecting on their own values, beliefs, power and privilege that influence their interactions and relationships with others. In doing so, they can acknowledge the social injustice that affects Indigenous Peoples' health and begin to recognize that the challenges

and issues Indigenous Peoples experience are embedded in over 150 years of racism, structural violence and harm rooted in colonization.

Indigenous Engagement and Relationship Building

Healthcare organizations and providers can build meaningful relationships with Indigenous Peoples and organizations to foster Indigenous engagement in co-designing care models that align with First Nations, Inuit and Métis values and worldviews (Jacklin et al. 2017; John and Castleden 2025; Walker and Behn-Smith 2018). This engagement can lead to unique and innovative Indigenous-led health service partnerships and healthcare integration, improving access to care, adherence to care plans and many health outcomes (Allen et al. 2020). Engagement strategies can help ensure that models of care respond to the needs of Indigenous Peoples and challenge colonial systems of care.

In Canada, many insightful frameworks and models have been designed to foster meaningful engagement with Indigenous communities. Notable works include contributions from Ferland et al. (2021), the Talking Together to Improve Health Project Team (2018), the Shelter, Support and Housing Administration (2019) and the National Centre for Truth and Reconciliation (2023). Combined with the lessons learned through the IEAPC collaborative, these frameworks and models can provide valuable direction and guidance to support other healthcare organizations and providers looking to engage in similar work with Indigenous Peoples. The following highlights some important processes for engaging with Indigenous communities. They are not intended to serve as a conclusive guide but as an initial starting point for further explorations and discussions.

"The work before the work"

To effectively engage and build relationships with Indigenous communities, healthcare organizations and providers must first do pre-engagement work, which includes background research and preparation (National Centre for Truth and Reconciliation 2023). Ferland et al. describe this as "the work before the work" (2021: 8). This phase involves seeking to understand the history and ongoing impact of colonialism, Indigenous resistance and resurgence and the unique ways of knowing, being and doing of the communities being engaged (Ferland et al. 2021).

Through a lens of cultural humility, healthcare providers can begin this process by committing to professional development, cultural safety training and Indigenous anti-racist training (Allen et al. 2020). This process should also involve reflecting on their perceptions, motivations and communication strategies (Ferland et al. 2021). To effectively engage with communities, providers should start by researching the territory, land, communities and people they intend to engage with. It is crucial to learn about the history, cultural practices and community protocols of these groups. Healthcare providers should also make an effort to correctly pronounce the traditional names of communities, as this demonstrates respect and acknowledgment of their identities.

Pre-engagement work facilitates critical self-reflection and challenges biases and sources of knowledge. Individuals should consider questions like: What insights have I gained regarding the historical and present-day experiences, challenges and strengths of Indigenous Peoples? Who shared this knowledge with me? What important information did I not learn? Why was there a lack of education about residential schools or treaties during my education? This reflection helps individuals to understand how they place themselves in relation to Indigenous Peoples, with a particular focus on the use of language. It is essential to avoid using possessive language such as "Canada's Indigenous Peoples" or "our First Nations," as these imply ownership. Engaging in critical self-reflection enables acknowledging mistakes and can lead to actionable items for improvement and change.

Establishing the foundation

Next, healthcare organizations and providers must establish the foundations for trusting and reciprocal relationships (National Centre for Truth and Reconciliation 2023). This involves reaching out to community leaders, expressing your intention to engage and learning about community strengths, challenges and needs. The National Centre for Truth and Reconciliation describes this phase of engagement as "visiting by showing up, being present, asking questions and listening to learn about one another" (2023: 7). Healthcare organizations and providers should approach this work with cultural humility and adhere to principles that foster strong foundations and support effective engagement with Indigenous communities. The Talking Together to Improve Health Project Team (2018) outlines four principles – respect, trust, self-determination and commitment – that are necessary to build trusting relationships.

The first principle emphasizes genuine respect for the people and communities by acknowledging the historical and ongoing impacts of colonialism and recognizing their diversity (Talking Together to Improve Health Project Team 2018). It is imperative for non-Indigenous individuals to reflect on their own power and privilege in this context and understand how systemic inequalities have been upheld and perpetuated. The second principle emphasizes the importance of building trust and acknowledges and addresses the reasons for mistrust, such as racism and discrimination (Talking Together to Improve Health Project Team 2018). Trust must be earned and can be nurtured through early and ongoing engagement. The third principle is self-determination, which ensures that partnerships and decision-making processes are Indigenous-led, built on the

strengths and capacities of Indigenous communities and beneficial rather than harmful (Talking Together to Improve Health Project Team 2018). Self-determination is also recognized as a right of Indigenous Peoples in the United Nations Declaration on the Rights of Indigenous Peoples (United Nations 2007). Finally, the fourth principle emphasizes a commitment to the process, which involves co-learning and power sharing while maintaining the integrity of the relationship throughout the engagement process (Talking Together to Improve Health Project Team 2018).

Building the relationship

Healthcare organizations and providers can build strong relationships by committing to engagement, seeking permission for participation and initiating open dialogue with Indigenous communities (National Centre for Truth and Reconciliation 2023). Healthcare providers need to prioritize getting to know the communities they are engaging with, including the values and beliefs that are significant to people (Allen et al. 2020). The National Centre for Truth and Reconciliation describes that this phase focuses on "listening to Truths and understanding what has happened and what they want to see happen. It involves bearing witness and learning about how the community would like to be engaged" (2023: 7).

Co-designing the engagement plan

Once a relationship has been established, healthcare organizations and providers can begin working with the community to co-design and implement an engagement plan. This formalizes the partnership and ensures that the goals, interests and benefits are mutual (National Centre for Truth and Reconciliation 2023). The plan outlines the processes and protocols, specifies who will be involved and responsible and details the timelines. In addition, it ensures that there is an appropriate budget for honoraria for Elders and Knowledge Carriers, as well as for others supporting the initiative within the community (National Centre for Truth and Reconciliation 2023). The plan should be continually revised and evaluated based on feedback from the community to ensure that the relationship meets their needs (National Centre for Truth and Reconciliation 2023).

Sustaining the relationship

It is essential to sustain the relationship through relational accountability, which involves actively nurturing the connection with First Nations, Inuit and Métis Peoples and communities. To maintain ongoing engagement, organizations should be transparent, provide regular updates, listen to and address concerns and celebrate successes and milestones together (National Centre for Truth and Reconciliation 2023). This approach helps ensure that community leaders and members remain engaged in the decision-making process and provides a platform for their voices to be heard. In addition, assessing the impact on the community is crucial. This can be done by reviewing the outcomes agreed upon during the engagement and seeking feedback on how the community believes they have been affected. This process demonstrates respect and creates space for the possibility of future initiatives.

Conclusion

The IEAPC collaborative offers valuable lessons learned for enhancing the quality of life and improving access to palliative care for First Nations, Inuit and Métis Peoples experiencing homelessness or vulnerable housing. The findings emphasize the need to integrate equity-oriented approaches into the healthcare system and the practices of healthcare providers. Furthermore, it highlights the importance of developing engagement strategies for working effectively with First Nations, Inuit and Métis communities, ensuring that care models align with First Nations, Inuit and Métis ways of knowing, being and doing. These promising and innovative practices can foster stronger relationships with Indigenous Peoples through meaningful engagement in healthcare. HQ

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About the author

Holly Prince, MSW, PhD, is a coach and adviser for the Improving Equity in Access to Palliative Care (IEAPC) collaborative and the division lead, Indigenous People's Health and Aging Division at the Centre for Education and Research on Aging & Health, Lakehead University in Thunder Bay, ON. She is an Anishinaabekwe and a member of Opwaaganisiniing in Northwestern Ontario.

Holly Prince can be reached by e-mail at hprince@lakeheadu.ca.