

Evidence Over Stereotypes: Using Data to Address Indigenous Healthcare Inequalities

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Historic colonial policies of assimilation were ultimately ineffective in destroying the cultures of Indigenous peoples in Canada; however, the legacy of those detrimental policies persists today. Ample evidence of this legacy can be found in the health and healthcare inequities faced by Indigenous Canadians. First Nations people living off reserve, Métis, and Inuit report poorer health outcomes when compared to non-Indigenous peoples (Statistics Canada, 2015). For instance, Indigenous persons in Canada have almost 300 times the risk of contracting the tuberculosis disease as compared to the non-Indigenous population (Hick, 2019). Canada also stands out among affluent countries with respect to lack of data, along with infrastructural deficiencies, regarding Indigenous population-level health information (Symlie & Firestone, 2015). This data deficiency can create a substantive barrier to the implementation and evaluation of evidence-based policies and practices (Symlie & Firestone, 2015). The present paper will argue that in the absence of sufficient Indigenous health data, health care policies and practices may be shaped by negative stereotypes towards Indigenous peoples rather than by evidence. Fortunately, accurate and culturally relevant data can play a vital role in shattering stereotypes by providing a base of evidence for the design, implementation, and evaluation of health policy (Williams et al., 2020). A reliable evidence base can also shift policy images around Indigenous health and public understandings, which can also influence medical practice (Baumgartner & Jones, 1993; Wylie & McConkey, 2019). The paper concludes with a policy recommendation to increase funding to the Institute of Indigenous People's Health to augment the scope, duties, and functions in Indigenous health data infrastructure.

Theoretical Foundation: Policy Images and Stereotypes

Policy images refer to the way that policy problems are widely discussed and understood. These images are powerful because they can influence policy development without policymakers or practitioners being aware of their influence. Policy images are also powerful because they assign blame or responsibility for policy problems, which can also serve to influence the policy development process (Baumgartner & Jones, 1993). The emotive component of a policy image, particularly in the case of marginalized groups, is often influenced by stereotypes (Ly & Crowshoe, 2015). Stereotypes emerge when certain aspects of members of particular groups—such as characteristics, attributes or behaviours—are overgeneralized to members of those groups (Hilton & von Hippel, 1996).

The origin and continuation of stereotypes around Indigenous peoples are rooted in colonial history and both individual and institutional racism. Individual racism is based on prejudicial behavior and is highly visible. On the other hand, institutional racism can be more pernicious as it is structurally embedded within institutions and perpetuated by policies and rules that are often seemingly neutral. In this way, negative stereotypes about groups can become perceived by the dominant group as rooted in reality and not a result of racist or discriminatory attitudes (Ly & Crowshoe, 2015).

Health Statistics for Indigenous Populations

The Canadian government has acknowledged that monitoring the health and wellbeing of Indigenous groups is limited by a lack of consistent and reliable Indigenous health information (Budget, 2021; Statistics Canada, 2015). The critical health assessment and monitoring information that is available to the majority of Canadians is simply not available or of poor

quality for Indigenous peoples (Symlie & Firestone, 2015). Furthermore, the health information systems that do collect information on Indigenous health are almost exclusively designed for status First Nations living in on-reserve communities and Inuit living in the Inuit Nunangat (Symlie & Firestone, 2015). The consequence is a nearly complete exclusion of non-Status First Nations, Métis, and Inuit as well as urban Indigenous populations from most federal and provincial health information systems.

Another core issue identified in the literature is the lack of Indigenous involvement in the development of health information systems (Symlie et al., 2006; Anderson & Symlie, 2009). The duty to consult and the mandate for Indigenous leadership in the management of their health and social data is supported by the International Declaration on the Rights of Indigenous Peoples and is entrenched in section 35 of the 1985 Canadian Constitution (Douglas & Macklem, 2016). Thus, there is an obligation as well as an immense opportunity for data partnerships and sharing agreements between provincial and federal governments and Indigenous communities.

The Consequences of Data Infrastructure Deficiencies

In the absence of reliable data, clinicians and policymakers alike may use stereotypes as a frame of reference in their evaluation of Indigenous people (Ly & Crowshoe, 2015). In this way, stereotypes can become institutionalized and have an undue influence over policy practice and design. For example, in their interview of healthcare practitioners, Wylie and McConkey (2018) discovered that there was widespread hesitancy among clinicians to prescribe pain medications to members of the Indigenous population. Indigenous peoples were found to be regularly labelled as drug abusers in advance of an open conversation with the patient and without taking medical history into consideration. Based on these findings, the authors concluded that members of the Indigenous community who are not susceptible to drug abuse may be under-prescribed pain medications and experience unnecessary pain and suffering as a result of discriminatory processes. Discrimination experienced in the healthcare system can also prevent First Nations, Inuit, and Métis from seeking help at the early stages of disease. Research in this area indicates that a disproportionate number of Indigenous peoples receive late-stage diagnosis (Williams, 2015).

Institutionalized stereotypes can equally influence the process of policy design. Indigenous scholars have argued that the common use of deficit-based measures, such as mortality and morbidity, have had negative implications for Indigenous communities. Designing measures that are exclusively deficit-based can perpetuate negative stereotypes and contribute to an environment of institutionalized racism (Kelm, 2014; O'Neil et al., 1998). Furthermore, major deficiencies have been identified in Indigenous involvement in the development of culturally relevant health information systems (Anderson & Symlie, 2009; Symlie & Firestone, 2015).

Fortunately, data can play a role in counteracting long-established stereotypes. A robust evidence base, that can be disaggregated, permits health policymakers and clinicians to make decisions based on data rather than on institutionalized stereotypes (Wylie & McConkey, 2018). In other words, more complete and culturally relevant data sets may encourage decision-makers to treat Indigenous peoples as unique individuals rather than the product of stereotypes. The health needs of a First Nations person living in an urban centre are likely going to be very different from an Inuit individual living in the North. Therefore, there is a need for disaggregated Indigenous health data that necessitates the involvement of Indigenous peoples in the design of health information measures. Involving Indigenous people in the design of measurements and collection of data can allow researchers to capture previously unobtainable data. For example,

the “Our Health Counts” project developed a baseline population health database for urban Indigenous people living in Ontario. The success of this project was primarily due to strong Indigenous community participation, which allowed for the production of previously unavailable and highly policy and practice relevant urban Indigenous health statistics (Firestone et al., 2014).

It should be cautioned that the role of data in dismantling stereotypes should not be overstated. Though data can play an important role in countering stereotypes, institutionalized stereotypes are powerful since they are difficult to differentiate from the routine rules and regulations that make up an institution (Baumgartner & Jones, 1993).

Conclusion and Policy Recommendation

Budget 2021 included increased funding to Statistics Canada to help fill in data gaps on diverse populations (Budget, 2021). Although this is an important first step, there is a need to develop data plans and agreements in partnership with Indigenous communities that accommodate context-specific health needs. The Canada Institutes of Health Research currently has an institute of “Indigenous People’s Health” that fosters the advancement of Indigenous national research (Institute of Indigenous Peoples’ Health, 2021). It is recommended that increased funding be granted to the institute to allow for increased support of Indigenous health research projects. Funding could be earmarked for projects that propose to: (1) expand Indigenous data infrastructure, (2) involve Indigenous peoples in the development of culturally sensitive methods and measures, and (3) create data partnership proposals between Indigenous communities and federal and provincial governments. The additional benefit of increasing funding to individual research projects is the ability to produce disaggregated data sets. Pan-Canadian data sets offer little utility to Indigenous communities as health needs vary greatly between communities (Symlie & Firestone, 2015).

Without sufficient data, both health policy and practice may be intentionally and unintentionally shaped by negative stereotypes towards Indigenous peoples. Data can play a crucial role in shattering stereotypes by providing evidence that policymakers and clinicians can use to make informed decisions. Increasing funding to the Institute of Indigenous People’s health would help fill critical gaps in Indigenous health research and support the development of culturally relevant methods and measures. There is urgency to this work. Without critical policy changes, Indigenous peoples will likely continue to experience deeply unequal health outcomes within one of the world’s best healthcare systems.

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