



INDIGENOUS
SKINSPECTRUM SUMMIT

A special session of the Skin Spectrum Summit:
The Canadian Conference on Ethn dermatology



2021 VIRTUAL CONFERENCE ADVANCE BRIEFING

March 18 & 20, 2021

ABOUT THE CONFERENCE

Skin disease in Indigenous communities is an increasing concern that has reached the point of a crisis. This conference represents the first national summit highlighting optimal treatment strategies for Indigenous patients with a focus on skin disease.

Now in its seventh year, the Skin Spectrum Summit is a landmark educational congress of healthcare professionals committed to providing better dermatologic care for Canada's diverse population.

While the Skin Spectrum Summit typically provides education on treating patients across all six Fitzpatrick Scale skin types, the 2021 **Indigenous Skin Spectrum Summit** will be the first meeting devoted entirely to addressing the specific challenges in treating Canada's Indigenous community.

The conference will seek to improve the cultural competence of healthcare providers and will give practical advice on treating Indigenous patients in culturally safe ways.

Canada's Indigenous communities are chronically underserved, with less and poorer access to medical expertise than other Canadians. Social determinants of health such as income security, employment, education, food security, community and environment are heavily dependent on cultural factors that are themselves rooted in colonialism.

Many health problems are associated with poverty and its complications, which are also linked to the historical positions of Indigenous people in Canada's social and legal systems.



A note on terminology.

Excerpt from Smylie (2014) *Indigenous Child Health in Canada*, quoted in Allan & Smylie (2015) *First Peoples, Second Class Treatment* ([click to view](#))

Globally, no universal definition of Indigenous peoples has been accepted. Being able to define one's community on one's own terms is a central part of self-determination.

Definitions of Indigenous also change over time and are not static. Most definitions will include reference to the relationships of Indigenous peoples to a collective kin group and a current or historic land base. A commonly employed definition of Indigenous emerging from a United Nations study defines Indigenous as "communities, peoples and nations ... which, having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing on those territories. They form, at present, non-dominant sectors of society and are determined to preserve, develop and transmit to future generations their ancestral territories, and their ethnic identity, as a basis of their continued existence as peoples, in accordance with their own cultural patterns, social institutions and legal system."

Aboriginal is government-imposed, legally defined term collectively referring to all the Indigenous peoples of Canada and their descendants. The Canadian Constitution Act of 1980 specifies that the Aboriginal Peoples in Canada consist of three groups: Indian, Inuit and Métis.

The term First Nations came into common use in the 1970s to replace Indian, which some people found offensive. Despite its widespread use, there is no legal definition for this term in Canada.

The Canadian government classifies First Nations/Indian people according to whether or not they are registered under the federal Indian Act. Status Indians are registered under the Act. First Nations/Indian people who are not registered under the Act are referred to as non-status Indians.

The Inuit traditionally lived above the tree line of what is now Canada, and are part of a larger circumpolar Inuit population that includes Greenland, Alaska and Russia. Inuk refers to an individual Inuit person.

The Métis are a group of Aboriginal peoples whose ancestry can be traced to the intermarriage of European men and First Nations/Indian women in Canada during the 17th century. Individuals of mixed Indigenous and non-Indigenous ancestry who are not directly connected to the Métis of the historic northwest may also identify themselves as Métis.

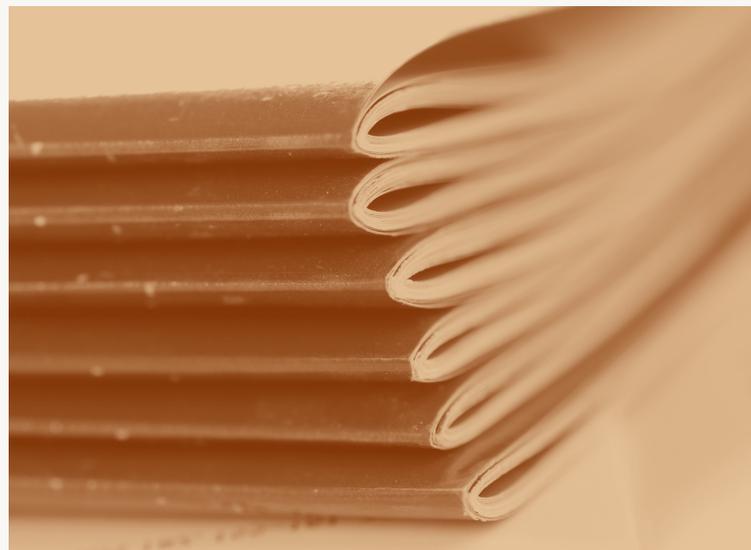
Indigenous peoples in Canada also refer to themselves by their specific tribal affiliation (such as Mi'kmaq, Cree, Innu, Ojibwa) or First Nations, Native, Indian, Inuit or Métis.

CANADA'S WIDENING HEALTH GAP

At the request of the Assembly of First Nations, Indigenous Services Canada conducted a study to assess the quality of life of Registered Indians as compared to other Canadians. The study, first conducted in 2006, was repeated in 2016 to provide updated data.

Quality of life in Canada consistently ranks among top nations on the United Nations Human Development Index (HDI), which measures life expectancy, education and per capita income. In 2016, Canada ranked 12th internationally on the HDI.

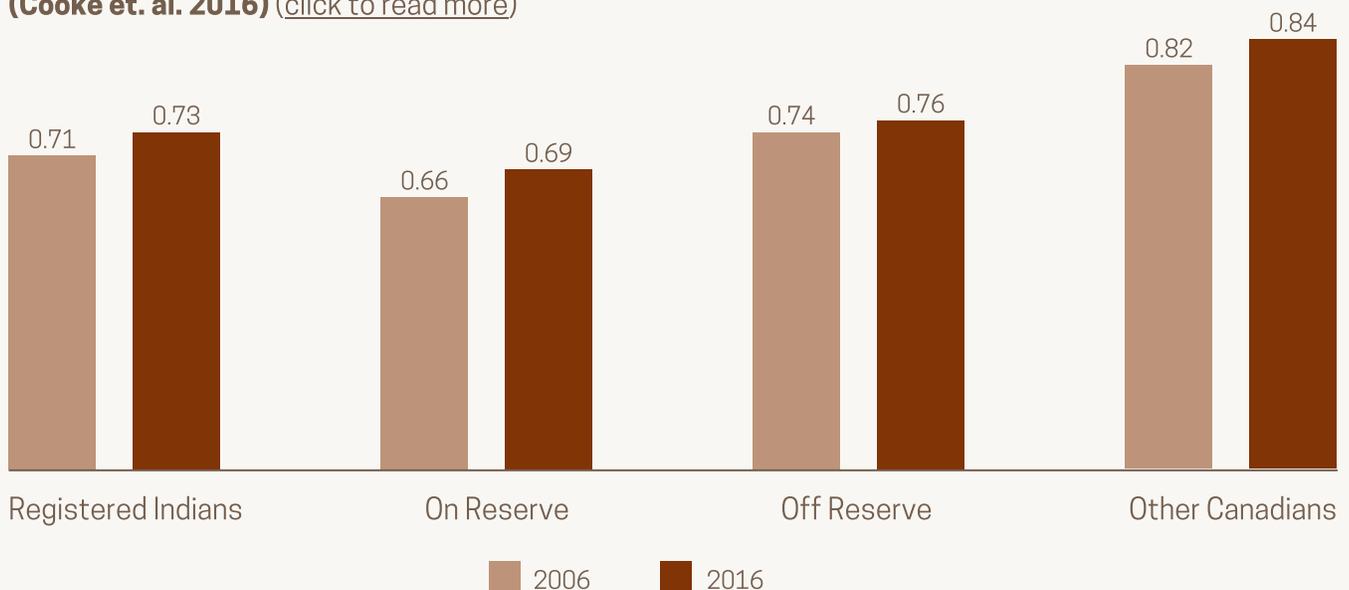
An application of the same metrics found that Canada's on-reserve Registered Indian population would rank 78th—on the level of countries such as Sri Lanka, Mexico and Ukraine.



National HDI scores for all groups increased between 2006 and 2016, when the most recent study was conducted, but the gap in HDI scores between Registered Indians and other Canadians remained unchanged.

Of the three HDI components, only income improved significantly for Registered Indians, with little change in education and health. And despite individual improvements, the gaps in income and education remained stable and the health gap widened.

2006 and 2016 HDI scores, Registered Indians and Other Canadians (Cooke et. al. 2016) ([click to read more](#))



Numerous studies and consultations with leaders in Canada's Indigenous communities have invariably shown that healthcare initiatives aimed at closing the health gap must be Indigenous-led. Access to both traditional Indigenous healing practices and Western medicine are needed for all-encompassing holistic health. ([click to read more](#))

Traditional Indigenous and Western perspectives on healthcare differ fundamentally, with opposing cultural emphases on holistic (physical, mental, emotional, spiritual) and community-driven vs. individual, physical, disease-based care. To successfully treat Indigenous patients and provide culturally safe care, healthcare providers must overcome systemic biases and improve their cultural competence. ([click to read more](#))

Cultural competence is the ability to communicate with, understand, and effectively treat patients in a manner that is respectful of diverse values, beliefs, and feelings. It encompasses being aware of one's own worldview and intentionally developing positive attitudes toward cultural differences.

A culturally competent health care system can help improve health outcomes and quality of care and can contribute to the elimination of racial and ethnic health disparities.

For additional conference resources and further reading, please click here.

Close the Gap Day is March 18. Help us spread the word by using the hashtag #CloseTheGap.

Canadian health policy and programs.

Excerpt from National Collaborating Centre for Aboriginal Health (2013) *An Overview of Aboriginal Health in Canada* ([click to view](#))

Aboriginal health policy in Canada is made up of a complicated “patchwork” of policies, legislation and agreements that delegate responsibility between federal, provincial, municipal and Aboriginal governments in different ways. The gaps and ambiguities created by a complicated policy environment and jurisdictional confusions have created barriers to equitable access to health care and services.

For the majority of Canadians, including Métis, off-reserve status and non-status Indians, health services are financed through the national health insurance plan and administered at the provincial or territorial level.

The Non-Insured Health Benefits (NIHB) program provides Registered Indians with coverage for a range of health benefits that are not covered through other social programs, private insurance plans and provincial or territorial health insurance.

Multiple levels of authority and responsibility are involved in the provision of services to Aboriginal communities, with a general tendency toward delegating responsibility to local levels. In the absence of a clear national Aboriginal health policy, jurisdictional gaps and inconsistent levels of funding continue to create barriers for many communities.

CERTIFIED CREDITS

This one-credit-per hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 5.25 Mainpro+ credits.

SPONSORSHIP & IN-KIND SUPPORT

This program has received in-kind support from the Black Physicians' Association of Ontario (BPAO), the Canadian Dermatology Nurses Association (CDNA), the Canadian Skin Patient Alliance (CSPA), the Indigenous Physicians Association of Canada (IPAC), the McGill Dermatology Interest Group (MDIG), Nurses Specializing in Wound, Ostomy and Continence Canada (NSWOCC), the Nurse Practitioners Association of Ontario (NPAO), the Ontario Student Medical Association (OSMA), WoundPedia, and Wounds Canada in the form of logistical support.

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The 2021 Indigenous Skin Spectrum Summit is organized by *The Chronicle of Skin & Allergy*, *The Chronicle of Cosmetic Medicine + Surgery*, *Journal of Ethnodermatology*, www.derm.city and the Canadian Ethnodermatology Special Interest Group.