The need for culturally safe physical activity promotion and programs

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ABSTRACT

Cultural safety is an approach currently used in health care that is meant to address health disparities between Indigenous and non-Indigenous peoples and colonizing practices in health care. It has been found to empower patient decision-making and result in a relationship where patients and providers work together towards effective care. In this commentary, we argue that such an approach needs to be employed in physical activity promotion and programs as another way of addressing health disparities that continue to exist between Indigenous and non-Indigenous peoples in Canada. Further, we assert that cultural safety can address the critiques that have been made of attempts to use cultural sensitivity, cultural relevancy, and cultural competency training for physical activity providers and in implementing physical activity programs. Cultural safety in physical activity promotion and programs is not only an ethical practice, but also one that has the potential to significantly improve the health of Indigenous peoples, which could lead to related improvements in quality of life, lowering rates of morbidity and mortality, and resulting in considerable savings to the health care sector.

KEY WORDS: Indian, North American; exercise; health promotion

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Can J Public Health 2014;105(4):e317-e319.

Cultural safety is an approach developed by nursing educators in Aotearoa/New Zealand to address disparities between Māori and Pākehā (White) health as well as colonizing practices in nursing. It has recently gained recognition as a best practice for improving Indigenous peoples' interactions with health care providers and health care systems overall. This approach emphasizes the importance of accounting for social, historical, political and economic structures, associated relations of power, and the ways in which they influence Indigenous peoples' health and interactions with health care providers.^{1,2} A health care encounter that is not culturally safe is one that "diminishes or disempowers the well-being of an individual".³ Cultural safety highlights the idea that within an encounter between, for example, a Māori patient and Pākehā doctor, there are two cultures interacting – the provider's and the patient's – and that this encounter is informed by relations of power. In this way, cultural safety differs from approaches such as cultural sensitivity, cultural relevance, and cultural competence. Cultural safety thus emphasizes the importance of the health care provider understanding his/her own culture, how it influences relations of power, and how this is reflected in his/her own practice.⁴ If health care encounters are not carried out in a culturally safe way, they can further discriminate against Indigenous peoples and exacerbate their detachment from current health systems.⁵ As a result, cultural safety encourages the understanding that Indigenous peoples are not inherently unhealthy, but rather that health inequities can result from experiences of discrimination and prejudice.⁶

Though cultural safety is starting to become institutionalized in health care, calls for this approach's use in health promotion have been conspicuously absent. We argue that culturally safe physical activity (PA) must be made a priority in order to address health inequities between Indigenous and non-Indigenous peoples in Canada. Further, by promoting culturally safe PA, providers and programmers have the potential to make key and novel

contributions to decreasing health inequities between Indigenous and non-Indigenous peoples.

Current approaches to accounting for culture in PA

Compared to non-Indigenous peoples, Indigenous peoples who live in Canada suffer from poorer health. Of particular concern are rates of type 2 diabetes; indeed, type 2 diabetes has become a serious population health problem in Indigenous populations in Canada. The Public Health Agency of Canada reported that the prevalence of type 2 diabetes is 17.2% among First Nations peoples living on reserves, 10.3% among First Nations living off reserve, 7.3% among Métis, and 4.3% among Inuit, though it is predicted that the Inuit rate will rise drastically in coming years.⁷ Type 2 diabetes, as well as a number of other health conditions, can often be alleviated or avoided through involvement in PA.⁸ It is thus of vital importance that Indigenous peoples have access to effective and appealing PA programs.

To date, scholars and practitioners within the field of PA have taken a variety of approaches to account for culture: cultural sensitivity, cultural relevance, and cultural competence. All of these approaches, however, have considerable shortcomings.

The Indigenous Physicians Association of Canada and the Royal College of Physicians and Surgeons of Canada have defined cultural sensitivity as "the recognition of the importance of respecting difference." While it is one of the most popular approaches in dealing with cultural differences, it has several important

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Funding: This study emerged from research funded by a SSHRC Standard Research Grant to the first author. The second author's research is funded through a CIHR Doctoral Fellowship.

Conflict of Interest: None to declare.

weaknesses.⁹ First, it relies on the provider cultivating “knowledge, consideration, understanding, respect and tailoring”¹⁰ of the program/approach to meet the cultural needs of the person on the receiving end. This approach reflects colonial attitudes because it results in the typically non-Indigenous provider having the “solutions” to the “other’s” problems. Second, Richardson and Williams have argued that cultural sensitivity emphasizes the provider’s learning particular ethnographic details – a cultural checklist¹¹ – and applying them to all individuals of that particular ethnic background, which does not require the provider to reflect on his or her own culture.²

Halas, McRae and Carpenter’s promotion of culturally relevant physical education (PE) for Aboriginal youth education in urban schools garners the same critiques.¹² In these authors’ criteria for culturally relevant PE, the onus is once again on the provider (in this case, of education) to meet the participant’s (student’s) cultural needs. The provider is not required to be self-reflexive and critical about the ways in which his/her culture may impact the participant’s experience. As such, cultural relevance also has similar shortcomings as those identified for cultural sensitivity.

Cultural competence is a term that is used within numerous PE resources, though, troublingly, authors frequently either fail to define the term or use it incorrectly. In his article on eliminating barriers to PA, Culp argued that cultural competence refers to a PA provider’s ability to successfully communicate and interact with people from diverse backgrounds (ethnic, cultural and linguistic).¹³ As this example illustrates, in all uses that we located in the literature, cultural competence once again refers to the provider (health care practitioner, teacher, etc.) being in a position to exercise power and to determine the actions necessary for her/himself to be deemed culturally competent.

Culturally safe PA

Brascoupe and Waters argued that cultural safety challenges cultural competence and other similar terms by focusing less on sensitivity and awareness and more on safety and the risks of failing to provide a safe environment.¹⁴ They further argued that explorations of cultural safety have been limited to specific aspects of health care delivery, but are needed in broader contexts. Indeed, there exists a large gap in understanding how cultural safety can be achieved within a PA context; our search of numerous databases (e.g., PubMed, SportDiscus) using the search terms “cultural* safe*” in combination with “physical activity”, “sport*”, and/or “recreation” yielded no journal articles specifically on this topic.

Drawing on and adapting the work of Baker and Giles,¹⁵ we argue that non-Indigenous PA promoters must learn not to ask the question, “Why are the actions or plans of this Indigenous client/participant not in line with my cultural worldview, which informs my program?” but rather, “Why do my actions or plans not fit into the cultural worldview of this Indigenous client/participant and how will we together negotiate this difference?” For example, non-Indigenous PA promoters may encourage clients/participants to prioritize individual PA practices over familial or community commitments, assuming that the individual’s well-being takes precedence in Indigenous cultures as it does in Euro-North American cultures. By engaging in critical self-reflection and meaningful consultation with Indigenous peoples, the non-Indigenous PA promoter might learn that his/her

understanding of PA is limited due to his/her worldview, which s/he understands as being “correct”, and not due to the dominance of Euro-North American understandings of the world. S/he might further learn that due to some Indigenous peoples’ strong connections to their culture, family and/or community, greater gains may be made by attending to the ways in which Indigenous peoples’ views are subordinated and by involving clients’ family and community members and/or by recognizing the legitimacy and importance of participation in activities that have strong Indigenous cultural ties (e.g., in the Canadian context, Dene Games, Arctic Sports, canoeing). Importantly, it is only the client/participant him/herself who can decide whether an encounter has been culturally safe. Tools for measuring cultural safety are currently underdeveloped, but are starting to emerge.

PA plays an important role in the maintenance and promotion of good health. Given the significant health inequities experienced by Indigenous peoples, designing and delivering PA programs that are culturally safe for all Indigenous peoples is of key importance. There are many opportunities to provide cultural safety training to PA promoters. Cultural safety training could occur through the Coaching Association of Canada’s National Coaching Certification Program, personal training certifications, and kinesiology/physical education/human kinetics degrees. As Registered Kinesiologists are now recognized health care providers in Ontario, and other jurisdictions will likely follow suit, their training – like nurses’ and physicians’ in several countries – could (and we argue ought to) include curriculum about cultural safety.

Cultural safety training is not only an ethical practice, but also one that has the potential to significantly improve the health of Indigenous peoples, which could lead to related improvements in quality of life, lowering morbidity and mortality rates, and resulting in considerable savings to the health care sector.

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Received: January 23, 2014

Accepted: May 12, 2014

RÉSUMÉ

La sécurisation culturelle est une approche actuellement utilisée dans le domaine de la santé qui vise à aborder les disparités d'état sanitaire entre les populations indigènes et non indigènes et les pratiques colonisatrices dans les soins de santé. On constate qu'elle habilite les patients à prendre des décisions et qu'elle crée une relation de collaboration entre patients et fournisseurs qui favorise l'efficacité des soins. Dans notre commentaire, nous alléguons qu'une telle approche doit être employée pour la promotion et les programmes d'activité physique, car c'est un autre outil pour aborder les disparités d'état sanitaire qui persistent entre les populations indigènes et non indigènes au Canada. De plus, nous faisons valoir que la sécurisation culturelle peut être une réponse aux critiques qui ont été faites des tentatives d'utiliser la sensibilisation aux réalités culturelles, la pertinence culturelle et les compétences culturelles pour former des fournisseurs d'activité physique et mettre en œuvre des programmes d'activité physique. Intégrée dans la promotion et les programmes d'activité physique, la sécurisation culturelle n'est pas seulement une pratique éthique : elle a aussi le potentiel d'améliorer significativement la santé des populations indigènes, ce qui pourrait entraîner des améliorations connexes de la qualité de vie, réduire les taux de morbidité et de mortalité, et produire des économies considérables dans le secteur des soins de santé.

MOTS CLÉS : Indiens d'Amérique Nord; exercice physique; promotion de la santé