Understanding the factors influencing the Aboriginal health care experience

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ABSTRACT

Background: The Aboriginal population in Canada experiences significant health disparities due to the enduring traumas of colonization. While oral health also suffers as a result of social inequities, there is limited knowledge of the factors influencing oral health care experiences as current research focuses on early childhood caries and accessing general health services. **Objective:** This review aims to identify the factors affecting Aboriginal peoples' attitudes towards and experiences in accessing oral health services in Canada in an attempt to contribute to the discussion of how oral health professionals can better support this population's oral health. **Discussion:** Major influencing factors include racism, culture, access to health information, and the approach of the health care provider. Past experiences result in a fear of encountering racism in health care settings and the internalizing of socially constructed prejudices. Culturally based health beliefs contribute to a desire to receive services from an Aboriginal practitioner and indicate a need for culturally safe care. Challenges in navigating the health care system include a lack of transportation, language differences, literacy, and knowledge. The approach of the health care provider greatly shapes health care experiences and influences health outcomes. **Conclusion:** There is a need for research focusing specifically on the Aboriginal population's experiences in and attitudes towards accessing dental services. Oral health providers should adopt a holistic approach to care by deconstructing social norms and considering this population's unique social and economic challenges. Practitioner–client interaction is crucial in developing a trusting relationship that will improve oral health care experiences.

RÉSUMÉ

Contexte : La population autochtone du Canada subit des inégalités importantes en santé en raison des traumatismes persistants dus à la colonisation. Bien que la santé buccodentaire souffre aussi à cause des inégalités sociales, les connaissances des facteurs qui influencent les expériences de soins de santé buccodentaire sont limitées puisque la recherche actuelle est axée sur la carie de la petite enfance (CPE) et sur l'accès en matière de services généraux de santé. **Objectif :** La présente étude vise à cerner les facteurs qui influent sur l'attitude du peuple autochtone envers l'accès aux services de santé buccodentaire au Canada, ainsi que leur expérience avec ceux-ci, afin de tenter de contribuer à la discussion visant à déterminer comment les professionnels de la santé buccodentaire peuvent mieux appuyer la santé buccodentaire de cette population. **Discussion :** Les principaux facteurs déterminants comprennent le racisme, la culture, l'accès à l'information sur la santé et l'approche du prestataire de soins de santé. Les expériences antérieures se traduisent par une crainte d'être confronté au racisme dans les milieux de soins de santé et l'intériorisation des préjudices attribués par la société. Les croyances fondées sur la culture contribuent au désir de recevoir des services d'un praticien autochtone et signalent un besoin de soins sécuritaires sur le plan culturel. Les défis de naviguer dans le système de soins de santé comprennent le manque de transport, les différences linguistiques, la littératie et le savoir. L'approche du prestataire de soins de santé façonne grandement les expériences liées à la santé et influence les résultats sur la santé. **Conclusion :** Il existe un besoin pour la recherche axée précisément sur les expériences du peuple autochtone en matière d'accès aux services dentaires, ainsi que sur leurs attitudes envers cet accès. Les prestataires de soins de santé buccodentaire devraient adopter une approche holistique en matière de soins en déconstruisant les normes sociales et en considérant les défis sociaux et économiques uniques de cette population. L'interaction entre le praticien et le client est primordiale lorsqu'il s'agit d'établir des relations de confiance qui amélioreront les expériences en matière de soins de santé buccodentaire.

Key words: Aboriginal peoples, accessibility, attitudes, dental care, dental services, disparities, experiences, First Nations, health services, oral health

CJDH STUDENT ESSAY AWARD

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INTRODUCTION

In 2011, 1.4 million Aboriginal individuals accounted for 4.3% of Canada's total population, likely a gross underestimation due to self-identification and self-reporting methods.[1-3] Comprising First Nations, Inuit, and Métis peoples, the Aboriginal population experiences extreme health disparities due to social, economic, and political factors.[3-9] Of particular importance are the historical influences that have defined this population's relationship and feelings towards the nation and its leadership.[4] The implementation of the reserve and residential school systems resulted in significant health consequences and emotional distress.[4,10] These enduring traumas continue to affect Aboriginal people today, influencing health care encounters and subsequent health outcomes.[10]

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Health and oral health

Research has identified that the Aboriginal population exhibits significantly higher rates of chronic illnesses, such as diabetes, cardiovascular disease, musculoskeletal conditions, cancer, mental illness, and HIV/AIDS, when compared to the general population.[2-6,8] The social determinants of health contributing to these disparities include housing, employment, education, environment, and income.[2,4] Correspondingly, poor oral health is also a result of social inequities and historical stresses.[2,5,11-12] Thus far, the majority of Aboriginal-specific oral health research has focused on the high prevalence of early childhood caries—up to 98% in some northern communities—to inform population-centred interventions and programs.[2,11] However, since oral disease prevention relies on adequate access to care, the lack of current literature evaluating the factors influencing dental experiences indicates a need for more research in this area.[9,13]

Accessing health services

In 2012, approximately 69% of surveyed Aboriginal individuals reported having contact with a dental professional in the past 3 years.[14] This is most likely due to the federal government's non-insured health benefits (NIHB) program that covers 90% of dental costs for registered First Nations and Inuit peoples.[2-3,13] However, the program continues to limit access to dental care for a large portion of this population by excluding Métis and non-registered First Nations peoples.[2-3,13,15-16] In addition, some eligible registrants choose not to utilize their benefits to avoid racist encounters in the dental setting.[10]

Other challenges in accessing specialty services include transportation, poor health literacy, language barriers, and fears of stigma and discrimination.[3,9,13,17] Preferences for Aboriginal health care providers also underscore this population's desire for culturally centred care and highlight a need for both improved cultural awareness and increased numbers of Aboriginal providers.[9-10]

Current literature

The Aboriginal population's experiences in accessing and receiving dental services is not fully understood, and over 134,000 individuals are still not accessing care.[14] In addition, the outcomes from cultural competence and safety training in many health professions have not been thoroughly evaluated to determine their effectiveness.[4-6,8-9]

Due to the scarcity of research specific to oral health, investigations within medical and nursing literature must be utilized to assist in identifying factors influencing Aboriginal individuals' attitudes towards and experiences in accessing oral health services.[4,6,9,13,18] This review identifies the factors affecting Aboriginal peoples' attitudes towards and experiences in accessing oral health services in Canada in order to contribute to the discussion of how oral health professionals can better support this population.

METHODS

The electronic databases of Google scholar, EBSCO/CINAHL, and PubMed were searched for relevant literature using the key terms oral health, dental services, dental care, health services, attitudes, experiences, accessibility, disparities, Aboriginal peoples, and First Nations. The search included English full-text articles and reviews available online from peer-reviewed publications. The reference lists of the identified articles were evaluated for relevant resources, and some literature not meeting the inclusion criteria was used for contextual information and understanding. A total of 9 articles meeting the inclusion criteria were evaluated, including 4 research studies, 3 literature reviews, 1 systematic review, and 1 commentary.

RESULTS

Understanding the Aboriginal population's attitudes towards and experiences in accessing health services will assist in identifying and addressing the factors unique to the Aboriginal health care experience. The Anderson-Newman Framework of Health Services Utilization identifies 3 main factors influencing health care: predisposing, enabling, and need factors.[19] Predisposing factors are sociocultural characteristics such as age, gender, culture, education, social structure, and health beliefs influenced by physical, political, and economic environments.[19] Enabling factors determine accessibility to care and include knowledge of services, availability of services, psychological status, and supportive resources.[19] Finally, need for health services is determined by individual perceived need and practitioner evaluation.[19]

The literature reviewed demonstrated that the factors influencing Aboriginal peoples' attitudes and experiences fall within all 3 categories and are strongly interdependent; they include racism, culture, access to health information, and the approach of the health care provider. While the majority of qualitative data describes negative health care interactions, there are some positive encounters that provide valuable data to inform approaches aimed at improving these experiences. Finally, cost is not a significant influencing factor due to the dental insurance benefits of the NIHB.[5,9]

DISCUSSION

Major factors influencing the Aboriginal health care experience

Racism

Critical race theory (CRT) examines the relationship between race and power as defined by historical, economic, group, and contextual factors.[20] Society's normalization of cultural discrimination allows the socially constructed concept of race to adapt to the dynamic social, economic, and political environments.[20] This makes racism a challenging problem to address and is reflected in the judgment, oppression, and abuse experienced in the 19th and 20th centuries that the Aboriginal community continues to face today.[3]

Racism is a predisposing factor that affects physical, mental, emotional, and spiritual health.[3,5,9] Aboriginal individuals experience significant psychological distress surrounding dental treatment due to fear of racism or past negative experiences.[3,5,7] Aboriginal individuals commonly report experiencing racism when asked to pay for dental services despite having NIHB, or when receiving dental care off-reserve.[3] Wardman et al. found that 83.1% of 267 Aboriginal respondents cited a fear of racism as a barrier to accessing health services, and Browne and Fiske noted that Aboriginal women anticipated experiencing racism in health care encounters.[9-10] Racism and its association with gender influences health care encounters as Aboriginal women experiencing both racism and sexism have greater feelings of vulnerability that result in the internalizing of negative judgments.[4,10]

Since race plays a large role in individuals' health care decisions, there is a need for culturally focused approaches to providing individualized care.[21] The concept of trauma-informed care acknowledges that individuals with a history of traumatic experiences require unique considerations in the provision of health services.[22] These individuals may avoid preventive medical services, including dental hygiene, due to feelings of distrust and fear from the power differential of the provider–client relationship.[23-24] Oral health practitioners should not only consider societal norms, cultural history, and individual values when providing culturally competent care, but also recognize the pervasiveness of traumatic experiences. Attempts to build trust and rapport will create a safe environment to better support the health care experiences of those with a history of traumatic encounters.[22]

Culture

The attempts to assimilate Aboriginal peoples into European–Canadian culture imposed a culturally based trauma affecting many generations.[3] Despite the residual effects of colonialism, many Aboriginal individuals continue to embrace their cultural identities and values and, in turn, have an increased probability of experiencing racism.[3-4] In addition, the cultural differences in defining health among different Aboriginal groups also contribute to the tendency to seek care from a local practitioner.[3-4,8-11] Understandably, individuals with a history of trauma are more comfortable interacting with providers with similar characteristics, mannerisms or experiences.[24] Critically evaluating the client–provider dynamic through culturally and trauma-informed approaches will work towards reducing the racism and developing an egalitarian relationship to support client autonomy.[7,10,24]

The internalizing of cultural prejudices leads to the acceptance of socially constructed stereotypes and anticipation of negative interactions in the health care system.[3-5,21] These fears prompt Aboriginal individuals to change their appearance or to conform to societal expectations to avoid culturally motivated prejudices.[5,10] Health care providers must consider the diversity of health values and beliefs within the Aboriginal population, and support clients' cultural identity and pride to increase feelings of respect, validation, and a sense of being understood.[10]

Access to health information

The concept of "navigation" describes one's awareness of available services and their influencing factors.[7] The Aboriginal population faces challenges in navigating the health care system due to a lack of enabling resources including transportation, language, literacy, and knowledge of how to access services.[5,7,9-11] Individuals living in poor conditions often do not have access to phones, taxis, vehicles or public transportation; communication barriers also result in reluctance to seek health information due to fear of misunderstanding or being viewed as needy and troublesome.[5,10]

Interestingly, some Aboriginal individuals report informational support being readily available.[3] Access to information can be influenced by many variables including location, the presence or absence of other enabling supports or individual differences.[3] In cases where health information is accessible, the different channels and approaches to sharing knowledge must be considered to ensure understanding.[7] For example, language, literacy, and the implicit power differential in the provider–client relationship can all influence the effectiveness of health communications.[7]

To overcome these challenges, practitioners in a community setting must connect with the population to establish a collaborative strategy for delivering health information appropriately.[9,11] In an individual practice setting, practitioners must consider the social determinants influencing access to ensure appropriate and supportive care.

Approach of the health care provider

Health care providers play a pivotal role in determining health experiences and outcomes, in turn shaping attitudes towards health services.[3-5,7-10,21] Practitioners can contribute to health disparities through racial profiling, discrimination, and a lack of knowledge surrounding the delivery of culturally competent care.[8,21] Some practitioners feel the health care system unfairly provides superior care to marginalized populations in an attempt to rectify previous inequities or to avoid appearing discriminatory.[21] While this belief is based on the egalitarian principle of equitable access, it disregards pervasive historical influences and fails to acknowledge that these health disparities are embedded in enduring discriminatory policies rather than personal decisions.[21]

Other examples include a focus on the biomedical model approach and the inappropriate use of Westernized scientific language in communicating health information.[4,7-8] These are most common among non-Aboriginal providers who assume disparities are due to culturally based decisions

rather than a result of external social and historical influences.[5,8,21] CRT argues that this flawed perception fails to recognize the significance of colonialism and social inequities responsible for the Aboriginal population's feelings of intimidation and distrust towards the health care system.[5] Past encounters of racism and institutional challenges influence attitudes towards seeking health services and as a result perpetuate health disparities.[3,5,7,9-10,21]

Dismissal by the health care provider and a failure to acknowledge the exceptional social and economic challenges this population faces are commonly reported.[5,10] These experiences also contribute to this population's desire for an Aboriginal practitioner to rebalance the power differential in the client–provider relationship.[3,5,7-9] However, the number of Aboriginal students in the health care field represents only a fraction of the Aboriginal peoples in the Canadian population.[24] While professional organizations and postsecondary institutions have established policies to encourage Aboriginal student enrollment, further expansion to include more health care disciplines has the potential to greatly improve this population's experiences in the health care system.[25]

CONCLUSION

Aboriginal individuals continue to experience racism, cultural conflict, and barriers to accessing appropriate health information. Health care providers often hold egalitarian assumptions and fail to consider the persisting external factors that determine this population's health status and influence their access to care. The Aboriginal population's fear of racialization and continued preference to receive care from an Aboriginal provider illustrate the importance of the health care providers' approach in shaping the health care experience and a need for more Aboriginal health care practitioners.

While there is a need for research focusing specifically on the Aboriginal population's attitudes towards oral health, the current literature offers many recommendations to improve delivery of care that can be followed by oral health professionals. These recommendations include taking a holistic approach to culturally safe care by deconstructing social norms, and considering the historical factors influencing the social determinants of health. Further development of trauma-informed education is needed to facilitate positive interactions, as is the need to increase the representation of Aboriginal health care providers across the country. It is vital for the oral health professional to develop a trusting practitioner–client relationship that will produce positive health outcomes and improve access to care.

ACKNOWLEDGEMENTS

Thank you to Dr. Zul Kanji for his guidance and support in the development of this literature review.

CONFLICTS OF INTEREST

The author declares no conflicts of interest in this review.

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