

INDIGENOUS PERSONS AND REFUGEE BIAS

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Why Are We Here

- The right to health is an inclusive right.
- The right to health contains freedoms.
- The right to health contains entitlements.
- Health services, goods and facilities must be provided to all without any discrimination.
- All services, goods and facilities must be available, accessible, acceptable and of good quality.







Implicit and Explicit Bias



Implicit

Subconscious feelings, emotions, prejudices that have developed from previous mental imprints. Hostility does not need to exist to have implicit bias.



Explicit

Aware of the prejudices, bias, and thoughts regarding an individual, a group of individuals, or situations based on our mental maps.



Objectives

Understand

Understand the history of othering as it relates to Indigenous people and the impact to healthcare.

Describe

Describe how vias towards refugees and immigration negatively impacts the healthcare of the individual and family unit.

Explain

Explain the intersection of Indigenous people, refugees, and social determinants of health.



Clarifying Definitions

Indigenous People

 a person who identifies through genetics, lineage, and history as a first nations person. In the US this term is inclusive of Native Americans, Alaskan and Samoan Natives.

Refugee

any person who is outside the country of such person's nationality or outside any country in which such person last habitually resided. a person who is unable or unwilling to return to and is unable or unwilling to protect or be protected from persecution, on account of race, religion, nationality, membership in a particular social group, or political opinion.

Migrant

 a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons

Immigrants

• an individual admitted to the United States as a lawful permanent resident. Permanent residents are also commonly referred to as immigrants; however, the Immigration and Nationality Act (INA) defines an immigrant as any person legally admitted for permanent residence in the United States, except for persons legally admitted under specific nonimmigrant categories



Prominent Othered Groups and Their Healthcare Outcomes

Migrants

- Limited access.
- Poor coordination of care.
- Occupational injuries without reporting.
- Poor chronic disease diagnosis and management.
- Increase death rates in proportion to other citizens.
- Increase in experiencing transmittable disease.

Immigrant

- Fear based on documentation of status or perception.
- Language barriers.
- Cultural and spiritual barriers.
- Trust building can prevent the establishment of primary care.
- Die at a higher rate from preventable disease.

Native and Indigenousness Persons

- Limited access.
- High rates of alcoholism and drug use.
- Promised funding for healthcare is decreasing in amount and availability.
- Higher percentage of those with health that is fair to poor.

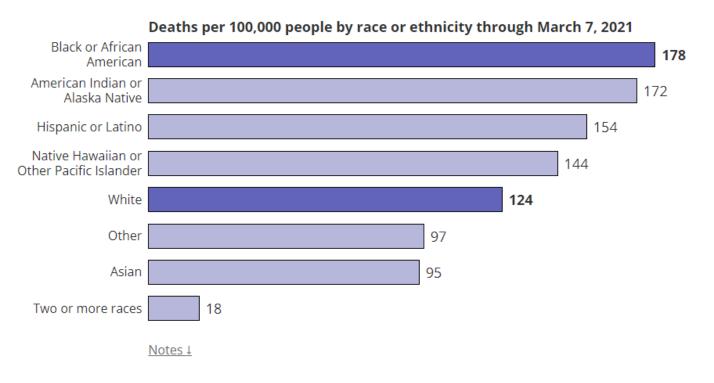
Refugee

- Xenophobia
- Refugee centers spread communicable disease.
- Permanent residency impacts continuity of care.
- Challenges related to health literacy, language, and coordination of care.



COVID-19 Pandemic

Nationwide, Black people have died at 1.4 times the rate of white people.



We've lost at least 73,462 Black lives to COVID-19 to date. Black people account for 15% of COVID-19 deaths where race is known.

https://covidtracking.com/race



Indigenous and Refugee Bias in Healthcare

Access

• Feeling unsafe, not validated, and unheard, fear of impact of documentation status, language barriers, and cultural barriers.

Interactions

• Paternalistic, dismissive, and assumptive. Intersects with other bias such as race, gender, age, etc. Impacted by Xenophobia.

Care

 Poor outcomes, dismissive, non-inclusive often misdiagnosed due to assuming poor historian or assigning symptoms to mental illness. Poor to no coordination of care, primary care often done in emergency rooms or clinics as a result of the complexity of the system.



Mental Health and Social Determinants

Economic Stability

• Prohibitive cost of care, equipment, specialist care, employment opportunities, dependent insurance or under

Neighborhood/Physical Environment

Access, physical and psychological safety, transportation,

Education

• Assumptions regarding education, access, financial ability to achieve higher education, often more informed than healthcare team

Food Security/Insecurity

• Access, nutritional needs, support for preparation, procurement ease, dependent on economic stability

Community and Social Context

• Supportive network, access, lack of inclusivity, perception of the person in the community and social context

Healthcare System

• Limited healthcare worker skill and understanding, lack of inclusion in public health, lack of representation in healthcare providers

World Health Organization 2021



A Few Thoughts Regarding Social Determinants

SDOH

 Advocacy for policy enhancements that decrease the SDOH's negative impact.

Example need for federal funding for food security programs

Social Risk Factors Internal Use of Screening Tools for SDOH.

Social Needs

- Referrals made to community programs
- Support the development of and convening of community programs.



Green & Zook, Health Affairs Blog, 2019 Precision Matters

Actions to Take to Reduce Indigenous and Refugee Bias

- Be comfortable being uncomfortable.
- Listen: don't fill space with nervous noise, avoid performative allyship.
- Understand the physical impact of sustained trauma.
- Avoid stereotyping your patients; individualize them.
- Understand and respect the magnitude of your implicit bias.
- Recognize situations that magnify stereotyping and bias.
- Practice evidenced-based medicine.
- Use techniques to reduce bias patient care, which include training, intergroup contact, perspective-taking, emotional expression, and counter-stereotypical exemplars.



Facilitators to Improved Care



Coordination of Care

Proactive plan for continuity of care.

Assisting with wider needs.

Taking an interest in whole person.

Visible and Communicated compassion and empathy.



Understanding the Processes

Explaining role

Interpreters: professionally trained, continuity

Telephone interpreters: increased availability

Visual aides



Staff Education

Knowledge of other cultures: values, health practices, body language, cultural immersion

Personal qualities training: sensitivity, empathy, cultural

humility





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