



## Document 2 – GLOSSARY OF TERMS

### Aboriginal

In Canada, *Aboriginal* is a constitutional term created by the government to refer to three groups: Indian (First Nations), Inuit, and Métis. As a term imposed by the government, some groups and organizations prefer not to be identified using this collective noun. In Ottawa, acknowledging individuals and groups as “First Nations”, “Inuk” (singular) or “Inuit” (plural), and “Métis,” is preferred; identifying people according to their nation is considered ideal (e.g., Algonquin, Cree, Mohawk, Ojibway).<sup>i</sup> In general, it is always recommended to respectfully ask an individual or group if/how they prefer to be identified.

### Cultural Humility

An ongoing process, involving a commitment to life-long learning and continuous self-reflection on personal and systemic biases, including a recognition of the power/privilege imbalance that often exists between individuals and health professionals. A culturally humble approach is interactive – i.e., approaching another person with an openness to learn; asking questions rather than making assumptions; and striving to understand another’s experience rather than seeking to inform.<sup>ii</sup>

### Cultural Safety

An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health services.<sup>iii</sup>

### Health Equity

Health equity means that all people (individuals, groups, communities) have a fair chance to reach their full health potential and should not be disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstances.<sup>iv</sup>

### Indigenous

Collectively describes the original, First Peoples of Canada. It represents all First Nations, Inuit, and Métis populations, their ancestors and descendants, and recognizes the tremendous diversity within and among the groups, their unique histories, knowledge, traditions and cultural practices. While there is no universally

accepted term, using Indigenous is increasingly seen as a more inclusive, internationally recognized term and consistent with the language used in the *United Nations Declaration on the Rights of Indigenous Peoples*. For additional information please refer to [Indigenous Peoples Terminology Guideline](#).<sup>v</sup>

## **Settler**

The term “settler” acknowledges that someone is not Indigenous to the land. Settlers have had and continue to have privileges, including greater access to health services and better health outcomes, from years of a system that ignored Indigenous rights, removed resources and eroded sources of strength in order to benefit previous generations of settlers. Identifying oneself as a Settler Canadian can signal to others a readiness and commitment to address the history and legacy of colonization.

## **Social Determinants of Health**

The interrelated social, political and economic factors that create the conditions in which people live, learn, work and play. The intersection of the social determinants of health causes these conditions to shift and change over time and across the life span, impacting the health of individuals, groups and communities in different ways. Examples of the social determinants of health include, but are not limited to: income, education, employment, race, gender, culture, food security, early life experiences, discrimination/social exclusion, indigeneity and colonization.<sup>vi</sup>

## **Trauma-Informed Care**<sup>vii</sup>

Exposure to abuse, neglect, discrimination, violence, and other adverse experiences increase a person’s lifelong potential for serious health problems and engaging in health-risk behaviors. Trauma-informed care acknowledges the need to understand a person’s life experiences in order to deliver effective care and has the potential to improve client engagement and health outcomes. Trauma-informed approaches can be implemented by:

1. Realizing the widespread impact of trauma and understanding potential paths for recovery;
2. Recognizing the signs and symptoms of trauma in individual clients, families, and staff;
3. Integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeking to actively resist re-traumatization (i.e., avoid creating an environment that inadvertently reminds patients of their traumatic experiences and causes them to experience emotional and biological stress).

Guiding principles of trauma-informed approaches to care include: physical and emotional safety and trustworthiness; collaborative decision making relationships

with providers; empowerment; and consideration of cultural, historical and gender issues.<sup>viii</sup>

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<sup>i</sup> Catalyst Research and Communications. (2017). *Ottawa Urban Indigenous Health Strategy: Summary of focus groups*. Ottawa, ON: Author.

<sup>ii</sup> First Nations Health Authority. (2016). *#itstartswithme: FNHA's policy statement on cultural safety and humility*. Retrieved June 1, 2018, from <http://www.fnha.ca/documents/fnha-policy-statement-cultural-safety-and-humility.pdf>

<sup>iii</sup> First Nations Health Authority. (2016).

<sup>iv</sup> National Collaborating Centre for Determinants of Health. (2013). *Let's talk: Health equity*. Retrieved June 3, 2018, from [http://nccdh.ca/images/uploads/Lets\\_Talk\\_Health\\_Equity\\_English.pdf](http://nccdh.ca/images/uploads/Lets_Talk_Health_Equity_English.pdf)

<sup>v</sup> Joseph, B. (20 July 2016). *Indigenous Peoples terminology guidelines for usage*. Retrieved June 1, 2018, from <https://www.ictinc.ca/blog/indigenous-peoples-terminology-guidelines-for-usage>

<sup>vi</sup> National Collaborating Centre for Determinants of Health. (2018). *Glossary of essential health equity terms*. Retrieved June 3, 2018, from <http://nccdh.ca/resources/glossary/>

<sup>vii</sup> Menschner, C. & Maul, A. (2016). *Key Ingredients for Successful Trauma-Informed Care Implementation*. Retrieved June 3, 2018, from [http://www.chcs.org/media/ATC\\_whitepaper\\_040616.pdf](http://www.chcs.org/media/ATC_whitepaper_040616.pdf)

<sup>viii</sup> Purkey, E., Patel, R., Beckett, T and Mathieu, F. (2018). Primary care experiences of women with a history of childhood trauma and chronic disease: Trauma-informed care approach. *Canadian Family Physician*. Retrieved June 3, 2018, from <http://www.cfp.ca/content/64/3/204>