

2021 Case Study 2:

Ensuring access to culturally appropriate and supportive infant feeding resources in Indigenous communities in Canada

CCGHR Equity-Centred Knowledge Translation Course

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Description of the Case

It has been reported in several studies and analyses that breastfeeding, also referred to as chest feeding or human milk feeding, has lower rates of initiation and duration in Indigenous populations compared to other communities in Canada (Statistics Canada, 2012).

Breastfeeding is part of a web of social, behavioral, and biological determinants that affect the health of North American Indigenous children (Greenwood & de Leeuw, 2012). With that in mind, it is incredibly important to also acknowledge the various factors that influence and may create barriers to a person's ability or choice to breastfeed. Some of the barriers that we will be touching upon within this report are as follows (Health Council of Canada, 2012; Wilson et al., 2013; Wright et al., 2018):

- The discrimination and racism in the Canadian healthcare system (past and current);
- The ongoing impacts of colonization on Indigenous populations such as the loss of traditional practices and culture;
- Intergenerational effects of trauma; and
- Lower socioeconomic statuses.

KTA problem

Poorer health outcomes for Indigenous populations are commonly exacerbated by the lack of access to quality and culturally appropriate healthcare. This report will explore efforts to improve access to culturally appropriate resources and provide recommendations on how to better support breastfeeding initiation and duration among Indigenous communities in Canada.

Describe the “K”

Breastfeeding is important to the health of mothers and babies and is the recommended feeding method of health authorities worldwide (World Health Organization & UNICEF, 2003; Canadian Pediatric Society, 2014; Health Canada, 2015). However, the Canadian Community Health Survey has shown that Indigenous women have the lowest breastfeeding rates of all Canadian women – 77.8% among Indigenous mothers and 88.0% among non-Indigenous mothers (Statistics Canada, 2012). Despite these lower breastfeeding rates in Indigenous communities, there have been improvements to these breastfeeding rates through programs that employ strategies based on principles of cultural competency and community capacity building (La Leche League Canada, 2015).

Knowledge mobilization within Indigenous communities is important to address existing health disparities. Engaging people locally, actively, and inclusively to help improve health outcomes is another crucial driver for imparting knowledge (Adelson, 2005). Promoting breastfeeding, especially exclusive breastfeeding, is the most important infant and child survival intervention in terms of its potential impact on morbidity and mortality of the child (Jones et al., 2003). Some researchers have adopted the life-course perspective alongside a social equity lens and public health policy approach; this report contributes to the area of breastfeeding promotion among Indigenous populations in Canada. In this context of knowledge mobilization within Indigenous populations, the four main knowledge mobilization aspects we propose are: Reach, relevance, relationship, and results (Carleton Community First, 2014), making up the key elements of achieving results and ensuring cultural safety of the community. Although effective reach, relevance, relationship, and results do not guarantee uptake and use of the research findings, together they increase the likelihood of it being useful, usable, and used.

- **Reach** speaks to the breadth of connections as reflected in the questions, “Are we connecting with the people who care or should care about this issue? Are we connecting with those who can make changes?”
- **Relevance** speaks to the question, “To what extent do our knowledge mobilization activities and products reflect the needs and interests of our audiences and stakeholders?” It also reflects the importance of the research to them.
- **Relationship** speaks to the question, “Are we connecting with the depth and breadth of audiences and stakeholders to the appropriate level of engagement?” Relationships, the key to knowledge mobilization, come in many forms and levels. While fully engaged partners are critical to the success of the research mobilization, it is vital to pay attention to the needs and interests of the more peripheral participants.
- **Results:** It is important how the research is useful to the community and how outputs will be shared.

“Sharing with core engaged partners with an equity-oriented primary healthcare approach will help move the knowledge into action”.

Promising Practices

Recommendations

Guided by the Society of Obstetricians and Gynaecologists of Canada, who partner with the Indigenous Physicians Association of Canada, the Canadian Association of Midwives, and the Aboriginal Council of Midwives, a key policy recommendation is to bring maternal health and birthing services back to Indigenous communities to promote equitable, quality, culturally safe care (SOGC, 2010). Beyond childbirth, these initiatives could involve more culturally safe prenatal and postpartum programs and services, including breastfeeding support.

Certain initiatives have begun in some Indigenous communities in Canada. For example, Abbass-Dick et al. (2018) designed an eHealth breastfeeding resource with Indigenous families in Ontario. By using a participatory study design, their work resulted in the creation of a breastfeeding resource that was culturally relevant and useful to these families. In the Northwest Territories, Moffitt and Dickinson (2016) created breastfeeding knowledge translation materials in collaboration with First Nations mothers and community representatives in order to address community-specific and contextual barriers to breastfeeding. While it is clear that these projects are steps toward Indigenous self-determination, little effort has been made to embed these types of programs and services into Indigenous health systems in Canada.

To establish more programs within these communities, some specific recommendations are as follows:

- Strengthen relationships, partnerships, and collaboration between Indigenous organizations and communities, government stakeholders, policymakers, and healthcare providers to create more equitable and effective maternity programs and services that improve health outcomes while integrating cultural continuity.
- Establish historical and cultural safety training for non-Indigenous healthcare providers across Canada. Considering many Indigenous people currently need to access services outside of their home communities, it is important for them to have safe and quality care without discrimination. Local training programs for midwives, lactation consultants, and community health workers in Indigenous communities would also bring traditional knowledge and culture back to maternal health programs on a community level.
- Create community-specific knowledge translation initiatives that are tailored to different Indigenous populations, groups, and communities. For example,

- Indigenous grandmothers' sharing circles established in the Northwest Territories focused on infant feeding knowledge (Moffitt et al., 2018).
- Establish policy changes and redirect government funding from evacuating women from communities to providing more local and community-specific programs.
 - Conduct further research in partnership with Indigenous communities to examine policies and programs that better serve their populations.

Adaptation for low-resource settings

We believe it would be beneficial to use similar approaches to increase community decision-making, capacity, self-determination, and ownership with maternal health programs in other low-resource settings around the world. The key is to create community-specific programs that improve capacity and self-determination, dismantling power dynamics that are inherent in our current healthcare system.

There have been successful implementation and integration of such practices, for example:

- In Peru, an institution was created to integrate Indigenous medicine with Western Medicine (Bussmann 2013).
- In Argentina, a network of intercultural facilitators and health promoters addressed cultural barriers to healthcare in Indigenous population (PAHO, 2016).

Synthesis

What is the KTA problem?

Access to culturally appropriate resources and support for breastfeeding initiation and duration among Indigenous communities in Canada.

Who does it affect and how?

Recognizing that many factors influence/may limit a person's ability or choice to breastfeed (chest feed/human milk feed), the target population for this report was Indigenous mothers and families in Canada.

As discussed above, poorer health outcomes, specifically related to breastfeeding initiation and duration among Indigenous families in Canada, are exacerbated by many factors (Health Council of Canada, 2012; Wilson et al. 2013; Wright et al. 2018). These can include:

- Discrimination and racism in healthcare;
- Ongoing impacts of colonization and loss of traditional culture;
- Intergenerational effects of trauma;

- Lower average socioeconomic statuses.

What do we know? What do we think we know?

Breastfeeding is part of a web of social, behavioral, and biological determinants that affect the health of North American Indigenous children (Greenwood & de Leeuw, 2012).

Estimated breastfeeding initiation rates:

- 77.8% among Indigenous mothers and 88.0% among non-Indigenous mothers
 - Canadian Community Health Survey (CCHS), 2009-2010 (Statistics Canada, 2012)

Recommendations

A key policy recommendation is to bring maternal and birthing services back to Indigenous communities in Canada to promote equitable, quality, and culturally safe care (SOGC, 2010). To establish more programs within these communities, some promising practices are to:

- Improve relationships and collaboration between Indigenous communities, healthcare providers, and government policymakers to make sure programs and services are relevant and meaningful to the communities they are serving.
- Enhance historical and cultural safety training for non-Indigenous healthcare providers as well as local training programs for communities across Canada (i.e. midwifery, nursing, lactation consulting).
- Develop and integrate community-specific knowledge translation initiatives.
- Establish policy changes and redirect government funding from obstetric evacuation protocols to providing more local and community-specific programs.

Low-resource settings

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