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| **Providing culturally safe care to Indigenous people living with diabetes: Identifying barriers and levers from different vantage points** |
| **Background**Indigenous peoples need high-quality, culturally-safe healthcare. Cultural safety means recognizing, respecting and nurturing the unique cultural identity of Indigenous populations to better meet their needs, expectations and rights. The ‘Groupe de médecine familiale universitaire’ (GMF-U) Saint-Charles-Borromée (Joliette, Quebec, Canada), is a primary healthcare center providing care to the population of Manawan, an Atikamekw community. This study aimed to identify barriers and potential levers to achieve culturally-safe care delivered by the GMF-U to Indigenous people living with diabetes. **Methods**This qualitative descriptive study used a participatory approach involving the GMF-U, the community of Manawan and the Native Friendship Centre in Joliette. We held 3 talking circles (n = 27): Atikamekw patients living with diabetes in Manawan; Atikamekw patients living with diabetes in Joliette; and GMF-U health professionals. Two independent analysts identified themes based on key dimensions of cultural safety. **Results**Four categories of barriers prevent culturally-safe care for Indigenous patients living with diabetes: 1. colonialism and social determinants of health (stigmatization and racism in the health system; historical distrust related to colonialism; social vulnerabilities hindering adoption of health recommendations);
2. health system organization (inadequacy of healthcare models with values and principles of the Atikamekw culture; overburdened system, lack of resources to implement a patient-centered approach);
3. language and communication (difficulty obtaining services in native language; health professionals’ limited knowledge of Atikamekw social codes of conduct);
4. health practices (health education material not relevant to Atikamekw food and lifestyle; health professionals’ limited knowledge of traditional practices, cultural and spiritual conception of disease).

Potential levers included raising health professionals’ awareness of stigmatization, developing more adapted healthcare services, hiring Indigenous health staff, providing interpreter services to patients and fostering the learning of Indigenous health practices and cultural perspectives by health professionals. **Discussion**While cultural safety of diabetes care could be improved by building on health professional critical learning, it is crucial to transform healthcare models and practices by building on respectful and sharing relationships with Indigenous communities. **Keywords**Cultural safety, Indigenous health, Access to care, Diabetes care |