



#itstartswithme

**FNHA's Policy
Statement on
Cultural Safety
and Humility**



First Nations Health Authority
Health through wellness

Trigger Warning: the content in this booklet may trigger unpleasant feelings or thoughts of past abuse. This information is intended to acknowledge the culturally unsafe care that exists in the health system and begin to address it.

First Nations and Aboriginal peoples who may require emotional support can contact the 24-Hour KUU-US Crisis Line at 1-800-588-8717.

#culturalhumility
#itstartswithme

fnha.ca/culturalhumility



FOREWORD

Tlesla II Dr. Evan Adams
Chief Medical Officer, First Nations Health Authority

To provide culturally “safe” care, or care where those we serve feel safe and respected, we need to be humble enough to admit that we don’t know everything about everyone’s life experiences, culture and feelings, and that health care providers don’t know it all.

In other words, we need to listen without judgement, and be open to learning from and connecting with individuals, families and communities for better care. One story I would like to share took place while I was prescribing a rather complicated course of treatment for a patient who happened to be an Indigenous man.

Intending to be helpful, I said, “This is quite complicated, would you like me to write it down for you?” To my surprise, he replied in a hurt voice, “Do you think I’m stupid? All I’ve ever heard is that I’m stupid. I was told that every day in residential school and I don’t want to keep hearing it now.”

He needed cultural knowledge from his health care professional, an awareness of history and the adverse impacts, awareness that he had experienced trauma and could be triggered by any seemingly disrespectful behaviour on the part of his health care professional.

Thankfully, I am aware of the history of residential school – my parents both went – and was able, I think, to defuse his feelings of being put down with some careful words and an explanation of my motive to help him be well. This experience taught me how personal experiences can negatively affect health care interactions, and that as a health care professional we all need to be careful and responsive with our words.

Cultural humility and cultural safety in the health system requires health professionals to acknowledge they are always on a journey of learning, and being open to listening to what better care means for First Nations and Aboriginal peoples. We all need to acknowledge, “it starts with me”.

INTRODUCTION

First Nations follow cultural protocols, ceremonies and ancestral laws to guide relationships and interactions in a good way. For example, when people enter another Nation's territory, there are protocols to guide that interaction. On the coast, when people arrive by canoe, a speaker introduces where they are from, why they are there, and formally asks permission to come ashore. Those on shore introduce themselves, their Nation or clan, and formally welcomes them to shore. This may be followed by business transactions which include feasting, oral documentation of relationships and affirming change that benefits the communities. Similar to the function of policies and guidelines, what was discussed and agreed upon became law.

FNHA has protocol to guide relationships in a respectful way through a set of principles, values and directives¹. Health care interactions could also be viewed in this way, with a set of protocol to guide a respectful relationship. As with the protocol to enter another person's territory, the aim with cultural safety is to build a relationship that is respectful and reciprocal, acknowledges differences and creates a safe way to interact. Both parties have a part to play. The concepts of cultural safety and humility provide a set of protocol for health care professionals, the First Nations Health Authority (FNHA), and health organizations to follow in their partnerships and relationships with First Nations.

This policy statement provides the FNHA's view on creating cultural safety and humility for First Nations in the health care system. It builds a common understanding of cultural safety and humility for FNHA, communicates our views with our health partners and provides recommended actions to embed cultural safety into the health system across multiple levels.

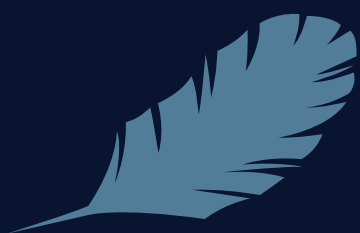

We have achieved cultural safety when First Nations tell us we have.

1 Shared Values, 7 Directives and Operating Principles

A VISION FOR A CULTURALLY SAFE HEALTH SYSTEM



Cultural safety means health care professionals adopt a humble, self-reflective clinical practice that positions them as respectful and curious partners when providing care, rather than as a figure of higher knowledge and authority.



A VISION FOR A CULTURALLY SAFE HEALTH SYSTEM

The FNHA envisions a future where First Nations people have meaningful relationships with their health care professionals. This future includes one that:

- Is based on mutual respect, lateral kindness², common understanding and reciprocal accountability³;
- Provides understanding of what health and wellness means to First Nations people with recognition of the diversity of these understandings;
- Achieves a balance of power between health care professionals and the people they serve, people who deserve respect and have a right to access the best service we are able to deliver;
- Provides for a health system that has mechanisms that proactively and effectively addresses appropriate actions and behaviours within the operations of the various health institutions.
- Recognizes First Nations as self-determining individuals, families and communities.
- Leads to increased access to the health system by First Nations resulting in improved health outcomes.
- We will know that we have achieved cultural safety when the voice of the people receiving our services tells us we have. FNHA is committed to being a leader and partner to realize this vision.



2 Lateral violence occurs in groups being oppressed by a racial and cultural majority when feelings of powerlessness and anger are directed laterally, at our own people, instead of at the oppressor. This behaviour creates a vicious cycle that negatively affects health and wellness. Lateral kindness occurs when we strive to replace all forms of violence with acts of kindness, drawing upon our own cultural protocols, traditional moral teachings, ceremonies, and spiritual practices.

3 First Nations traditional social systems were founded on the concept of reciprocal accountability – that each member of the community was accountable for their decisions and actions, and for their contributions to the community's wellness as a whole. We as BC First Nations have defined reciprocal accountability as a shared responsibility – amongst First Nations, and between First Nations and federal and provincial government partners – to achieve common goals. Each individual or organization involved in the process or partnership must be responsible for their commitments, and for the effective operation of their part of the system, recognizing that each part is interdependent and interconnected (FNHA, 2013).

HISTORY OF FIRST NATIONS HEALTH AND WELLNESS



First Nations and
Aboriginal people have a
right to access a health
care system that is free of
racism and discrimination
and should feel safe when
receiving health care.



HISTORY OF FIRST NATIONS HEALTH AND WELLNESS

THE PAST

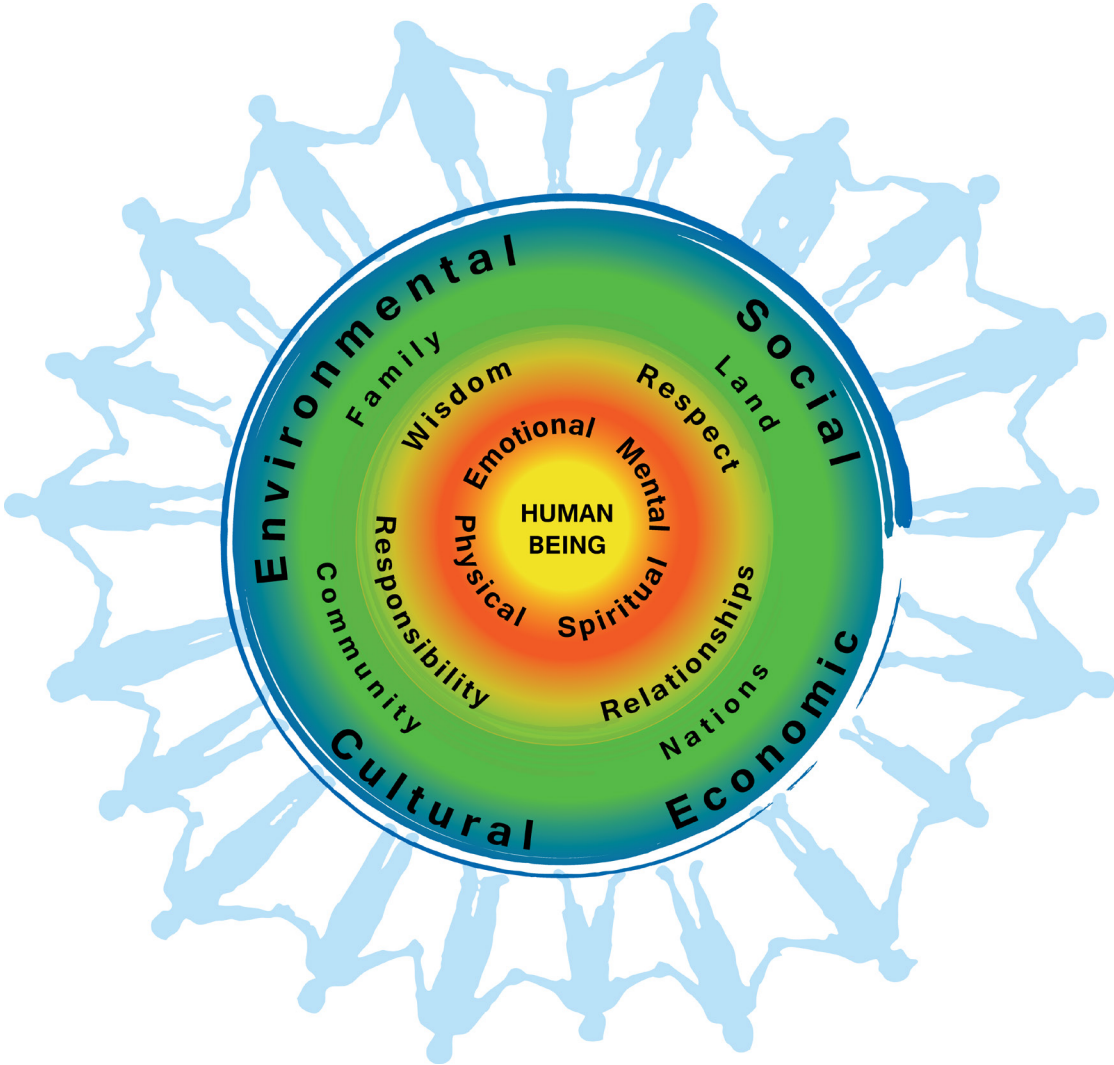
First Nations have a rich history of wellness that extends back in time for many thousands of years. First Nations practiced a mix of hunting, fishing and gathering foods and enjoyed good health and wellness due to a lifestyle that was active, based on healthy traditional diets and enriched by ceremonial, spiritual, emotional and healing practices. However, the arrival of Europeans marked a change of course in the First Nations wellness journey.

First Nations health and wellness was disrupted through a process of colonization including aggressive tactics and policy initiatives such as the Indian Residential School System, the Indian Act, and Indian Hospitals. These institutions were part of an oppressive colonial agenda designed to eliminate First Nations jurisdiction and control and resulted in the significant degradation of First Nations health and wellness, practices, beliefs, and values, creating a legacy of trauma and health and social inequities. First Nations self-determination was undermined, and decisions about health and wellness were made for us, not with us.

TODAY

First Nations continue to be impacted by colonization and oppression, both at the individual and system level. First Nations experience stigma, racism, and discrimination in their health care interactions. Systemic racism, also known as structural or institutional racism, is enacted through societal systems, structures and institutions in the form of “requirements, conditions, practices, policies or processes that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups” (Paradies, 2006). As a result of colonization, many First Nations experience post-traumatic stress disorders, are challenged with substance use, suicide, loss of self-esteem and cultural identity.

Despite continuing to be impacted by colonization and oppression, First Nations have demonstrated remarkable resilience. The past several decades have signified a multitude of efforts by First Nations in BC to make decisions for ourselves and to reclaim our wellness through unity and by developing strategic partnerships to increase First Nations involvement in decision-making. Working together in partnership with the federal and provincial governments, First Nations in BC developed a series of political, legal and operational agreements outlining tripartite commitments to improve First Nations health, which includes an examination of policies that are not conducive to First Nations wellness and improving access to and quality of health services (First Nations Health Authority, 2015).



A FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS

The work underway within cultural humility and cultural safety intends to make the health system safer for all First Nations and Aboriginal peoples, but will also result in a safer system for all British Columbians.

HISTORY OF FIRST NATIONS HEALTH AND WELLNESS

“IT STARTS WITH ME”

System-wide change begins with every individual that works in health by implementing the protocol of cultural safety and humility. First Nations are a part of system-wide change by taking ownership of their own health and wellness journeys. The phrase “it starts with me” signifies how everyone, whether a health care professional, staff, manager, leader, First Nations person or family member, can be a part of achieving the vision for a culturally safe health care system for First Nations in BC.

Cultural safety includes an understanding of what health and wellness means to First Nations today. First Nations in BC have defined what health and wellness means to them, depicted in the First Nations Perspective of Health and Wellness.

FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS

The First Nations Perspective on Health and Wellness articulates a holistic vision of wellness. First Nations recognize that good health and wellness starts with every human being and extends outward to include broader social, economic, cultural and environmental determinants of health and wellness. Colonization interrupts this worldview and a Western European perspective of health became the dominant lens on which our current health care system is based.

Recognizing that such approaches do not always work for First Nations, the FNHA and First Nations in BC, employ the First Nations Perspective on Health and Wellness to influence the definition, design and delivery of health and wellness programs and services for First Nations. It is not possible to build a culturally safe system without this understanding, therefore, the First Nations Perspective on Health and Wellness is a critical lens for FNHA, First Nations and our health partners.

MOVING FORWARD

As a part of addressing this history, improving current realities, and in realizing the vision, health leaders in BC have committed to hardwire cultural safety and humility in the health system by signing the *Declaration of Commitment, Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in BC* (First Nations Health Authority et al, 2015). Provincial leadership will focus on concrete actions to achieve the vision of a culturally safe health system for First Nations and Aboriginal people in BC.

FNHA POSITION ON CULTURAL SAFETY AND HUMILITY



When health care professionals engage with First Nations peoples from a place of cultural humility, they are helping to create a safer health care environment where individuals and families experience respect.



FNHA POSITION ON CULTURAL SAFETY AND HUMILITY

First Nations people have a right to access a health care system that is free of racism and discrimination and to feel safe when accessing health care. This means people are able to voice their perspectives, ask questions, and be respected by health care professionals on their beliefs, behaviours and values. First Nations individuals are entitled to be the main decision-maker in regards to their health care when they fully understand their health situation and treatment options.

FNHA'S VIEW OF CULTURAL SAFETY

The concept of cultural safety was first introduced in 1990 by Irihapeti Ramsden, a Maori nurse in Aotearoa (New Zealand) (Koptie, 2009). Cultural safety includes and goes beyond cultural awareness, which refers to awareness of differences between cultures. It also goes beyond cultural sensitivity, which is about realizing the legitimacy of difference and the power of one's own life experience can have on others (Koptie, 2009). *Cultural safety is 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 care.*

Key elements of cultural safety for First Nations include:

- Recognizing the role of history and society and past traumatic experiences, and their impacts in shaping health, wellness and health care experiences;
- Understanding that culture is related to history and society and is understood as something that is complex and dynamic, rather than a static set of beliefs or practices. It requires having an understanding of how colonization has impacted and continues to impact First Nations peoples' health, rather than just having an understanding of specific cultural practices (Browne & Varcoe, 2006);
- An understanding of what health and wellness means to First Nation individuals with recognition of the diversity of these understandings.
- Health care professionals' self-reflection on their own assumptions and positions of power within the health care system (Health Council of Canada, 2012);
- Emphasizing peoples' experiences of safety within the health care system and during interactions with health care professionals (Aboriginal Nurses Association of Canada, 2009).



FNHA POSITION ON CULTURAL SAFETY AND HUMILITY

FNHA'S VIEW OF CULTURAL HUMILITY

Offering health care in a way that respects First Nations people as the decision-maker in their own care requires cultural humility. *Cultural humility is a process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another's experience.* Cultural humility enables cultural safety.

Key elements of cultural humility for First Nations include:

- Humbly acknowledging oneself as a life-long learner when it comes to understanding another person's experience (Hunt, 2001; Wilson et al., 2013);
- Learning may entail becoming an active participant in community events and ceremonies;
- Understanding that we cannot assume we know about another person's cultural experience, including that culture is an important part of a person's identity or important to discuss in relation to health care (Tervalon & Murray-Garcia, 1998);
- Health care professionals are constantly aware of how their own cultural experience shapes their own perspective and they recognize that every person is the expert on their own unique experience. Health care professionals do not try to show they are an expert or authority when it comes to another person's culture; instead they show that they are open to learning (Coulborn & Ortega, 2011; Hook, Davis, Owen, Worthington, & Utsey, 2013).

When health care professionals engage with First Nations peoples from a place of cultural humility, they are helping to create a safer health care environment where individuals and families experience respect. First Nations peoples are therefore more likely to access care when they need it and access care that is appropriate to their wellness beliefs, goals and needs. Increased access to care results in improved health outcomes. Thus, cultural humility is an integral part of creating a health care system that is culturally safe for all.

There are many concepts and terms related to cultural safety, including the term 'cultural competency'. First Nations leaders in BC have raised concerns that this term implies that cultural competency could be achieved through a single training or course. FNHA has moved away from using this term and believes that a person can never fully achieve cultural competency in another person's culture. With cultural humility, a person can strive to learn about another person's culture through a life-long learning process.

The key elements of cultural safety and humility form protocol for building relationships with First Nations whether through an individual health care interaction or through institutional policy and programming.

"It starts with me" includes every health care professional being accountable to this protocol.

FNHA POSITION ON CULTURAL SAFETY AND HUMILITY

HEALTH LITERACY AND CULTURAL SAFETY

Cultural safety and humility includes health literacy. There are many definitions of health literacy, however, they generally revolve around *a person's ability to gather and interpret information in ways that promote health*. There is a common assumption that in health care encounters, individuals and their families need to become more health literate in order to accurately interpret information given by their health care professional (Crengle et al., 2014; Murray et al., 2008; Potvin-boucher & Malone, 2014). However, health literacy is increasingly being viewed also as an attribute of health care professionals, and not only an attribute of the people they serve.

From a First Nations perspective, health literacy is a two-way conversation between people and their health care professional (Gillis, Gray & Murphy, 2013). While increasing the level of health literacy among First Nations people is important, health care professionals must also work to increase their level of health literacy in working with First Nations people, which includes understanding what health and wellness means from First Nations perspectives and how intergenerational trauma, abuse, violence, neglect, poverty, education, and housing, among other determinates of health and wellness, influence a person's health.

Health literacy “starts with me” through a two-way learning conversation.

RELATIONSHIP-BASED CARE AND CULTURAL SAFETY

FNHA does not utilize the term patient-centered care as the word patient can imply a more passive role for the person in their health care interactions. Instead, FNHA utilizes the term relationship-based care which means an intentional caring relationship between health care professionals and the people they serve. This relationship is seen as core to a healing environment. People and relationships matter most, along with the dignity of human beings, mutual respect and a shared commitment to healing (Koloroutis, 2004). Relationship-based care requires attention to key elements of cultural safety and humility and the ways in which these concepts can be integrated into professional practice in BC. It also honours the value First Nations and FNHA place on relationships.

Relationship-based care “starts with me” by placing importance on relationship.




QUALITY HEALTH CARE AND ACCESS TO HEALTH CARE

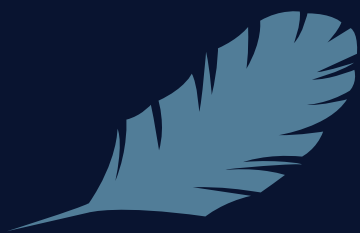
Increasing the level of cultural safety in the health care system through approaches such as cultural safety, cultural humility, health literacy and relationship-based care, will assist in improving the quality of health services for First Nations people. Unfortunately, racism and discrimination towards First Nations people continues to be a major problem in many contemporary health care settings, resulting in lack of appropriate treatment and barriers to accessing health care (Allan, B. & Smylie, J. 2015). Access to respectful health care is an important determinant of health and wellness for First Nations; when First Nations people do not access the care they need, they are more likely to experience poorer health, and suffering continues. Cultural safety can play a key role in improving the quality of health care services for First Nations, which can in turn improve access to care.

“It starts with me” includes a focus on cultural safety and humility as a part of defining quality services.

RECOMMENDATIONS



Culturally safe care includes health care professionals who self-reflect on their own assumptions and positions of power within the health care system.





RECOMMENDATIONS

Creating a culturally safe and humble health care system for First Nations means taking action to support cultural humility approaches at multiple levels in the system. Recognizing that racial discrimination through colonial beliefs continues today throughout our health system, it is important to review and revise structures and policies that support cultural safety. Based on the process of reciprocal accountability, the following policy and programming directions speak to ways that both the FNHA, First Nations and our various partners and allies can work together to make our health system a safer place for First Nations peoples. Creating a culturally safe health care system includes:

CULTURAL SAFETY AND HUMILITY TRAINING

- Increase opportunities to educate health care professionals, those training to become health professionals, and others working in the health system on the history of First Nations health, as well as the concepts of cultural safety, and cultural humility and the relevance to First Nations health. Training to include:
 - ▶ Recognizing the role of history and society, their impacts, and their relationship to culture in shaping health and health experiences of First Nations. This includes recognizing the role of trauma and offering trauma-informed care;
 - ▶ Recognizing that colonial practices and policies continue in our health system, and the importance of identifying them and transforming the impact of oppression. Transformation includes moving from discrimination and dehumanization to respectful relationships and lateral kindness;
 - ▶ Involving self-reflection on one's own assumptions and position of power within the health system and changes to behaviour according to these reflections;
 - ▶ Involving self-reflection on one's own culture, beliefs and values;
 - ▶ Focusing on peoples' experiences, including safety, respected and able to voice personal perspective;
 - ▶ Building trust by communicating respect for individual beliefs, behaviours and values;
 - ▶ Recognizing the First Nations Perspective on Health and Wellness and the role of culture, traditional medicine and healing;
 - ▶ Recognizing cultural safety and humility as an attribute of quality of care for First Nations;
 - ▶ Recognizing the links between relationship-based care and cultural safety;
 - ▶ Dealing directly and openly with difficult concepts such as racism, discrimination and prejudice;
 - ▶ Involving First Nations individuals as the main decision-maker in their health;
 - ▶ Promoting health literacy for both health care professionals/staff and First Nations (a two-way conversation where all parties are both learning and educating);

RECOMMENDATIONS

- ▶ Expanding opportunities for cultural humility training to improve cultural safety by enlisting active participation and building partnerships between health care professionals and First Nations;
- ▶ Recognizing and addressing training challenges involves senior leadership and investments in mediation and team building.

POLICY

- Develop strategies and frameworks for increasing cultural safety and humility in various health care organizations and clinical practice settings and incorporate cultural safety and humility protocols into organizational policies (e.g. human resources);
- Identify and address organizational and public policy barriers to creating culturally safe health care environments and health programming, including barriers to integrating First Nations approaches and traditional healing practices in the mainstream health system;
- Conduct patient journey mapping to support ongoing improvement and learning.

COMPLAINTS PROCESS AND EVALUATION

- Develop and implement mechanisms for health professionals and First Nations to provide feedback, whether positive or constructive, without fear of judgment or reprisal. Develop systems to address complaints directly with a focus on relationships in a timely manner and with options for mediation through traditional ways such as circles and inclusion of Elders;
- Development of measures to assess cultural safety and humility across an organization or program, as a part of quality improvement;
- Commit to evaluation, publically reporting, and continuously improving cultural safety within the health system for First Nations.



RECOMMENDATIONS

HEALTH HUMAN RESOURCES

- Make specific efforts to ensure a workforce that includes First Nations leadership and staff are visible across all levels of the organization. Initiatives could include:
 - ▶ Support First Nations health care professionals to work in First Nations communities;
 - ▶ Develop initiatives to recruit and retain First Nations health leaders, health care professionals and other employees;
 - ▶ Encourage First Nations students to become health professionals (e.g. offer scholarships, outreach);
- Provide incentives for health organizations to foster cultural humility and offer culturally safe healthcare for First Nations people (e.g. adjust billing structures, include in performance reviews);
- Create First Nation navigator positions to support First Nations in their interactions with the health system.

CULTURALLY SAFE SPACES

- Create physical environments that are culturally safe for First Nations and that are connected with other services.

CHANGE LEADERSHIP

- Cultural safety and humility protocol requires individuals changing their attitudes, skills, and/or behaviour. It is important change leadership approaches are integrated into cultural safety and humility initiatives. Leadership are key to setting an example and can demonstrate their commitment through participation in National Aboriginal Day events, video blogs, and promotional materials.

“It starts with me” is modeled by leadership.


RECOMMENDATIONS

PARTNERSHIPS

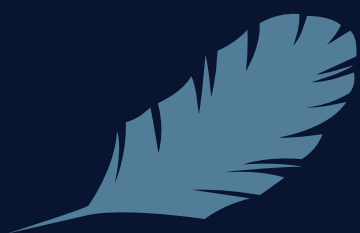
- Build meaningful relationships with First Nations communities for co-development of strategies and services to inform and foster cultural safety within the health system;
- Encourage community visits and exposure to traditional protocol by leadership and staff;
- Ensure First Nations representation on boards, advisories, and in senior leadership positions.

“It starts with me” includes bringing humility to partnerships.

FNHA'S COMMITMENTS TO CULTURAL SAFETY AND HUMILITY



**“Quality health services for
First Nations is not quality
without cultural safety
and humility.”**



FNHA'S COMMITMENTS TO CULTURAL SAFETY AND HUMILITY

FNHA's commits to work with health system partners to advance this policy statement at a provincial and regional level. We also commit to:

- Build understanding on cultural safety and humility with professionals in the health system through an awareness campaign;
- Develop and implement a cultural safety and humility complaints process that can be utilized by FNHA and health system partners;
- Provide comprehensive, mandatory and ongoing cultural safety and humility training for FNHA employees and embed cultural safety and humility into FNHA's processes, policies, resources, initiatives, and services;
- Build partnerships with professional associations, regulatory and licensing bodies and post-secondary institutions to embed cultural safety and humility training into curriculum for students in health fields.

CONCLUDING STATEMENTS

First Nations people access health care from multiple sources in the province. Cultural safety and humility provide protocol for health care professionals and health organizations to follow in their relationships with First Nations. Creating a culturally safe health care system for First Nations requires changes at all levels in the system and understanding of a First Nations Perspective on Health and Wellness. Given the complexity of the issues, the sizable geography of BC and the multitude of partners, creating a culturally safe health care system requires partnership, change leadership, commitment and humility.

It requires us all to remember, *"it starts with me"*.

REFERENCES



- Aboriginal Nurses Association of Canada. (2009). Cultural competence and cultural safety in nursing education: A framework for First Nations, Inuit and Métis nursing. Ottawa.
- Allan, B. & Smylie, J. (2015). First Peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada. Toronto, ON: the Wellesley Institute.
- British Columbia et al (2015). *Declaration of Commitment; Cultural Safety and Humility in Health Service Delivery for First Nations and Aboriginal People in British Columbia*. Retrieved from <http://www.slideshare.net/bcpsqc/leading-a-framework-for-cultural-safety-and-humility-for-first-nations-in-bc>
- Browne, A. J., & Varcoe, C. (2006). Critical cultural perspectives and health care involving Aboriginal people. *Contemporary Nurse*, 22, 155–167.
- Crengle S, Smylie J, Kelaher M, et al. Cardiovascular disease medication health literacy among Indigenous peoples: design and protocol of an intervention trial in Indigenous primary care services. *BMC Public Health*. 2014;14:714. doi:10.1186/1471-2458-14-714.
- Coulborn K, Ortega RM. from an Intersectional Cultural Humility Perspective : workers challenges cultural competence. *Child Welfare*. 2011;90(5):27–50.
- First Nations Health Authority. Our History, Our Health. 2015. Available at: <http://www.fnha.ca/wellness/our-history-our-health> . Accessed January 22, 2015.
- First Nations Health Authority. Guidebook: Building Blocks of Transformation. 2013. Available at http://www.fnha.ca/Documents/2013_Guidebook.pdf
- Hunt, L. M. (2001). Beyond cultural competence: Applying humility to clinical settings. *The Park Ridge Centre Bulletin*, 24, 133–136.
- Health Canada. (2011). Quality of Care. Retrieved from <http://www.hc-sc.gc.ca/hcs-sss/qual/index-eng.php>
- Health Council of Canada. (2012). *Empathy, dignity, and respect: Creating cultural safety for Aboriginal people in urban health care*.
- Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., & Utsey, S. O. (2013). Cultural humility: measuring openness to culturally diverse clients. *Journal of Counseling Psychology*, 60(3), 353–66. doi:10.1037/a0032595
- Koloroutis, M., Ed. (2004). Relationship-based care: A model for transforming practice. Creative Health Care Management, Minneapolis, MN.
- Murray TS, Hagey J, Willms D, Shillington R, Desjardins R. *Health literacy in Canada: A healthy understanding*. Ottawa; 2008.
- Paradies, Y. (2006). *A systematic review of empirical research on self-reported racism and health*. *International Journal of Epidemiology*, 35 (4), p888-901.
- Tervalon M, Murray-Garcia J. Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes. *J Health Care Poor Underserved*. 1998;9(2):117–125.
- Wilson, D., de la Ronde, S., Brascoupé, S., Apale, A. N., Barney, L., Guthrie, B., ... Robinson, N. (2013). Health professionals working with First Nations, Inuit, and Métis Consensus Guideline. *Journal of Obstetrics and Gynaecology Canada*, 35(6, Supplement 2), S1–.

**Cultural humility enables
cultural safety.**



First Nations Health Authority
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#itstartswithme
Creating a Climate for Change

Cultural Safety and Humility in Health Services
Delivery for First Nations and Aboriginal Peoples
in British Columbia



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