



First Nations Health Authority
Health through wellness

#itstartswithme

**Cultural Safety and Humility:
Key Drivers and Ideas for Change**





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.

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 Safety and Humility Key Drivers and Ideas for Change

AN INTRODUCTION



This document can support health service staff and allies to achieve our collective BC health systems goal of culturally safe health services for First Nations and Aboriginal people in BC.

First Nations and Aboriginal 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 individuals, families and communities are able to voice their perspectives, ask questions, and be respected by health care professionals on their beliefs, behaviours and values. First Nations and Aboriginal 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.

System-wide change begins with every individual that works in health. 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*. Provincial leadership will focus on concrete actions to achieve a culturally safe health system for First Nations and Aboriginal people in BC.

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Visit us online for more information on cultural humility and cultural safety: www.fnha.ca/culturalhumility



Cultural Safety and Humility Key Drivers and Ideas for Change

HOW DOES IT WORK?



PRIMARY DRIVERS

These are key enablers that evidence shows we need to address in order to reach our goal.



SECONDARY DRIVERS

These are the actions we can take to successfully implement primary drivers



CHANGE IDEAS

These are more specific ideas, based on best or emerging practices that support the secondary drivers.

DECLARATION OF COMMITMENT FOR CULTURAL SAFETY AND HUMILITY



AIM	PRIMARY DRIVER KEY ENABLERS THAT NEED TO BE ADDRESSED IN ORDER TO ACHIEVE AIM	SECONDARY DRIVERS THE ACTIONS THAT CAN BE TAKEN TO SUCCESSFULLY IMPLEMENT PRIMARY DRIVERS	CHANGE IDEAS SPECIFIC IDEAS THAT SUPPORT THE SECONDARY DRIVERS
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<p>CULTURALLY SAFE HEALTH SERVICES</p>	<p>Cultural Safety Concepts</p>	<p>Values and Attitudes</p>	<p>See Table 1</p>
	<p>Partnership and Engagement</p>	<p>Structures and Policy</p>	<p>See Table 2</p>
	<p>Learning and Knowledge Exchange</p>	<p>Evaluation and Research</p>	<p>See Table 3</p>
	<p>Quality Health and Wellness Services</p>	<p>Training and Staff Development</p>	<p>See Table 4</p>
		<p>Leading Practices</p>	<p>See Table 5</p>

LEADING AND MANAGING CHANGE

VALUES AND ATTITUDES

Foster an intentional caring relationship between health care professionals and the people they serve and recognize that people and relationships matter most, along with the dignity of human beings, mutual respect and a shared commitment to healing.

Ensure leadership sets an example and demonstrates their commitment through participation in First Nations events, video blogs, and cultural safety promotional materials.

Develop resources in collaboration with local communities to help staff better understand local community protocols and traditions.

Pledge your commitment to cultural safety and humility in the "it starts with me" campaign at www.fnha.ca/culturalhumility

Promote cultural safety and humility in the workplace through bulletin boards, hallway notices, office pictures, e-newsletters, videos and posters. Utilize the Creating a Climate for Change resource booklet: www.fnha.ca/culturalhumility

Encourage self-reflective exercises for staff on potential cultural biases and assumptions. For example, encourage people to reflect on a core question at the end of the day (Was I inclusive? Was I respectful? What can I learn?), or provide mentoring and coaching support.

Develop an organizational understanding of the impact of acculturation, assimilation and historical events in all interactions with First Nations clients and First Nations partners through mandatory cultural safety and humility training for all staff.

Incorporate change leadership exercises into cultural safety and humility initiatives. For example – do a TRIZ exercise with your staff or use other 'Liberating Structures' to assist with behaviour change – www.liberatingstructures.com

Read the Truth and Reconciliation report and reflect on your own role in reconciliation. www.trc.ca/websites/trcinstitution/index.php?p=890

Read about the social determinants of health and consider them when working with First Nations clients. An example of an article can be found here: www.nccah-ccnsa.ca/docs/social%20determinates/NCCAH-loppie-Wien_report.pdf

Create communities of practice on cultural safety that are supported by fact sheets, posters, videos.

Conduct a survey to assess staff and leadership attitudes about First Nations and knowledge of cultural safety and humility concepts/skills.



Table 1

STRUCTURES AND POLICY

Encourage and foster the development of relationships. For example, encourage staff attendance at local wellness and cultural events, include First Nations on advisory committees, and when necessary develop more formal relationships through MOUs.

Integrate First Nations approaches and traditional healing practices into health programming and clinical settings. For example, have a ceremony/smudging room and/or traditional healer available in your organization or facility.

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).

Partner with communities to improve transitions of care. For example, discharge planning/clients returning home/communication strategies with community providers.

Develop complaints mechanisms that include First Nations traditional ways of managing issues and complaints. For example, peace-making circle process, smudging, cedar brushing and so on.

Develop client rights policies and communicate to community members, staff, volunteers, and clients through brochures, flyers, newsletters, posters, training videos and so on.

Include First Nations in the development of policies that may impact them.

Hire First Nations into positions across all levels of the organization including leadership positions.

Create navigator positions (Wellness coaches, Elders in residence, Aboriginal liaisons) to support First Nations in their interactions with the health system.

Develop and implement policies in the areas of First Nations traditional territory acknowledgement and ceremonial use of tobacco and medicines.



Table 2

EVALUATION AND RESEARCH

Conduct culturally safe research, respecting ceremony and tradition. Learn about and apply the principles of Ownership, Control, Access and Possession.

Develop and implement mechanisms for health professionals and First Nations to provide feedback on care, whether positive or constructive, without fear of judgment or reprisal.

Develop and utilize measures to assess cultural safety and humility across an organization or program, as a part of quality improvement.

Involve First Nations community members in the design/review of improvement projects, programs and services.

Target cultural safety training and interventions in areas with higher incidents of complaints.

Ensure the organization has a clear process for working with partners to evaluate the short- and long-term impacts of its programs/projects/services for First Nations clients and communities.

Measure client satisfaction through short surveys. For example, use digital solutions such as handheld devices to obtain instant community feedback on provision of care and include questions around cultural safety.

Conduct client journey mapping to support ongoing improvement and learning.

Publically report on evaluation findings and improvement efforts..



Table 3

SECONDARY DRIVER

CHANGE IDEAS

**TRAINING
AND
STAFF
DEVELOPMENT**

Make the provincial San'yas Indigenous Cultural Safety Training and/or other regional cultural safety training mandatory for all staff.

Learn about the First Nations communities in your area: local history; modern and traditional governance and political structures; fishing, hunting and gathering activities; spiritual practices; tribal council affiliations; and role of Hereditary Leaders and Elders.

Include the expertise of community leaders, Healers, Elders and other resource persons in service delivery.

Encourage and support staff to visit First Nations communities to learn about traditional protocols and teachings.

Provide opportunities for team members to learn about the Indian Act, Residential Schools, systemic racism, intergenerational trauma, and the impacts of colonization such as abuse, violence, neglect, poverty, education and housing on a person's health. For example, provide recorded webinars or podcast series, create a learning library of reading on this topic that are available on organizational websites.

Offer an in-person, debrief circle process with regional First Nations content and speakers, as follow-up to the provincial San'yas Indigenous Cultural Safety Training.

Hire a First Nations cultural safety educator.

Incorporate cultural safety and humility skill development and/or assessment as part of job performance evaluation.

Inclusion of mandatory cultural safety and humility courses in healthcare training programs.

Promote Brief Action Planning and Motivational Interviewing training to assist in building wellness plans with First Nations clients. (Brief Action Planning is an approach based on the principles of Motivational Interviewing, a method of client interviewing. It is invitational versus dictator and based on relationship.) Visit www.centrecmi.ca for more information.

Encourage providers to learn about the cultures of First Nations clients and the cultural patterns that contribute to communication, survival strategies, and unmet needs.

Learn how the health statistics for First Nations people dramatically differ and what the numbers are.

Create and promote videos and animations that demonstrate culturally safe care.

Provide mandatory training on trauma informed care for all service providers.

Participate or watch archived FNHA/BCPQSC and PHSA cultural safety and humility webinar series'.



Table 4

LEADING PRACTICES

Foster the development of cultural safety and humility champions across the organization to help promote and advance culturally safe care through the development of getting started kits, information resources and other toolkits.

Develop practice guidelines that outline how to deliver culturally safe services for First Nations people.

Build cultural safety and humility into all communications planning and messaging. Including use of culturally respectful, audience-identified terminology.

Incorporate community members voices to inform practice.

Review cultural safety and humility literature for best practice examples.

Develop a cultural safety and humility practice group to cross share ideas and lessons learned.

Learn how other health organizations are implementing cultural safety into policies and programs.

Foster First Nations and Aboriginal community engagement in the design/review of improvement projects, programs and services by local community meetings, conversations with individuals one-on-one.

Utilize the expertise of community leaders, healers, Elders and other resource persons in its service delivery.

Develop and implement assessment instruments or tools that are culturally safe.

Provide services and supports to First Nations clients in settings that are comfortable and familiar to them (e.g., home or community facility).

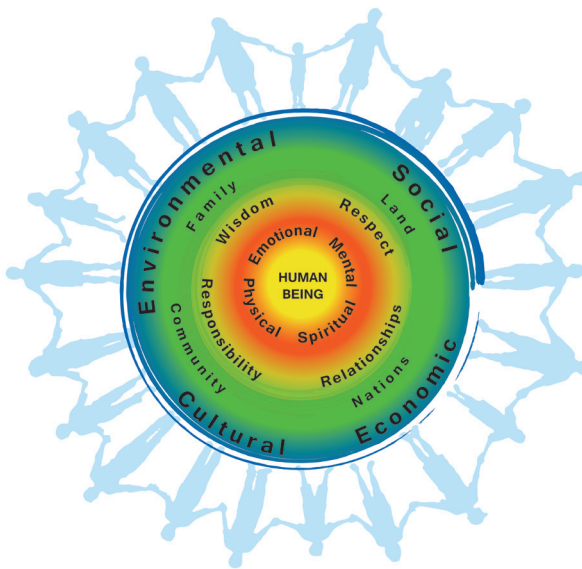
Develop organizational Nation-specific protocols on death and dying/end of life care.

Become trauma-informed in your practice. For example, this guide was developed on behalf of the BC Provincial Mental Health and Substance Use Planning Council in consultation with researchers, practitioners and health system planners across British Columbia: http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

Partner with community groups that are actively advocating for freedom from discrimination, equity and access to participation for all people in Canada.



Table 5



First Nations Perspective on Health and Wellness

Cultural safety includes an understanding of what health and wellness means to First Nations. 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.





First Nations Health Authority
Health through wellness

#itstartswithme
Creating a Climate for Change

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