

Embedding cultural safety and humility into the health system: Walking the Talk

Christina Krause, CEO
First Nations Primary Care + Mental Health &
Wellness Summit
May 22, 2019



About Us

We are a driving force for quality health care in British Columbia.

We bring expert, evidence-informed strategies that improve clinical practice and workplace culture.

And we spark conversations, build networks and strengthen connections that advance person- and family-centred care.





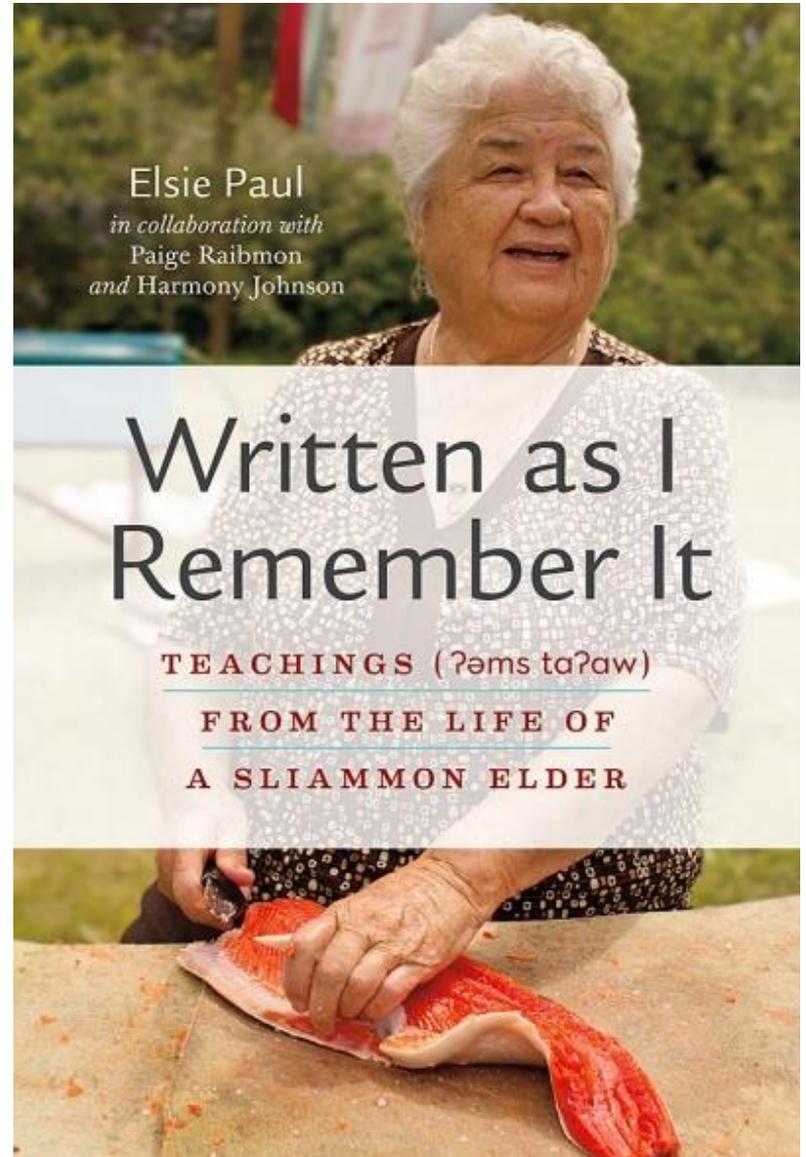
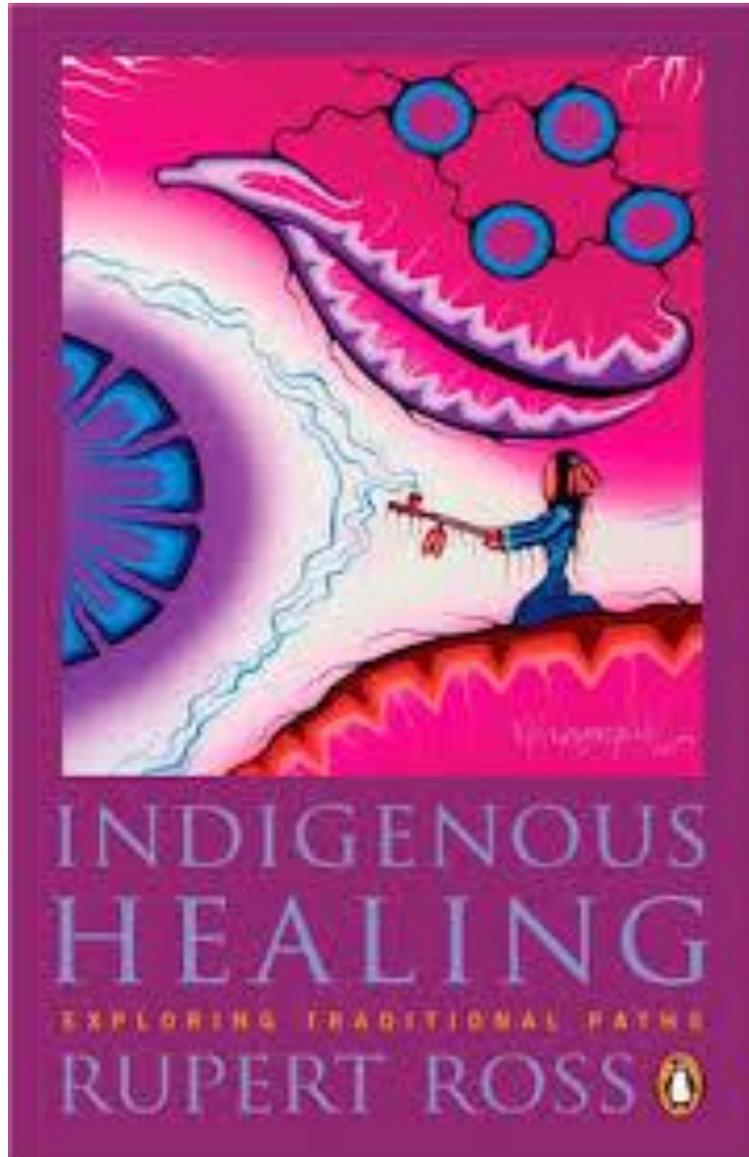


CULTURAL HUMILITY

/ ˈkəlCH(ə)rəl / / (h)yoo ˈmilədə /

Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.







New Zealand river granted same legal rights as human being

After 140 years of negotiation, Māori tribe wins recognition for Whanganui river, meaning it must be treated as a living entity



▲ Prince Harry paddled down the Whanganui river during a visit to New Zealand in 2015. Photograph: Chris Jackson/Getty Images

In a world-first a **New Zealand** river has been granted the same legal rights as a human being.

The local Māori tribe of Whanganui in the North Island has fought for the



5TH ANNUAL
Quality
Forum QF
16
GROWING IDEAS FOR ACTION



**BEST OF BOTH WORLDS:
DIMENSIONS OF
QUALITY, INDIGENOUS
PERSPECTIVES**

QUALITY FORUM 2017

VANCOUVER, BC

MARCH 1 - 3

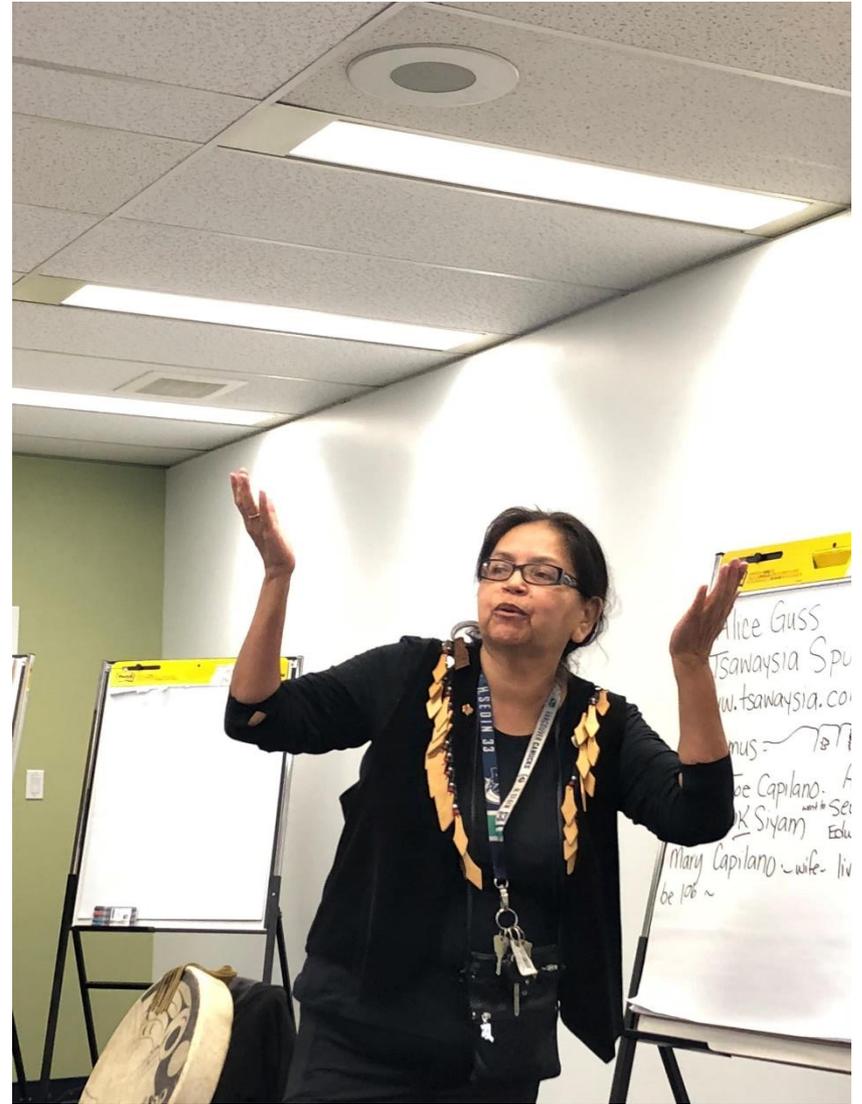
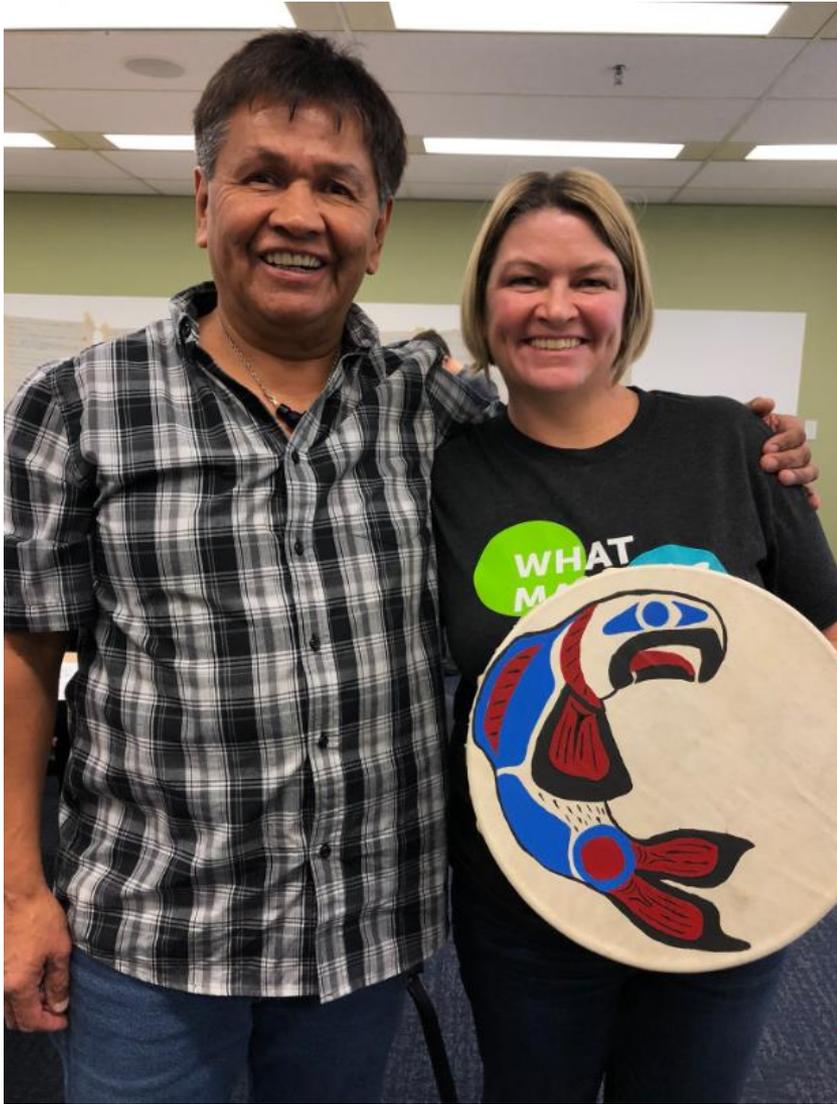
MARCH 1 | 0830 - 1700













BC ENVIRONMENT SAFETY
AND CLIMATE
Quality Action 2024

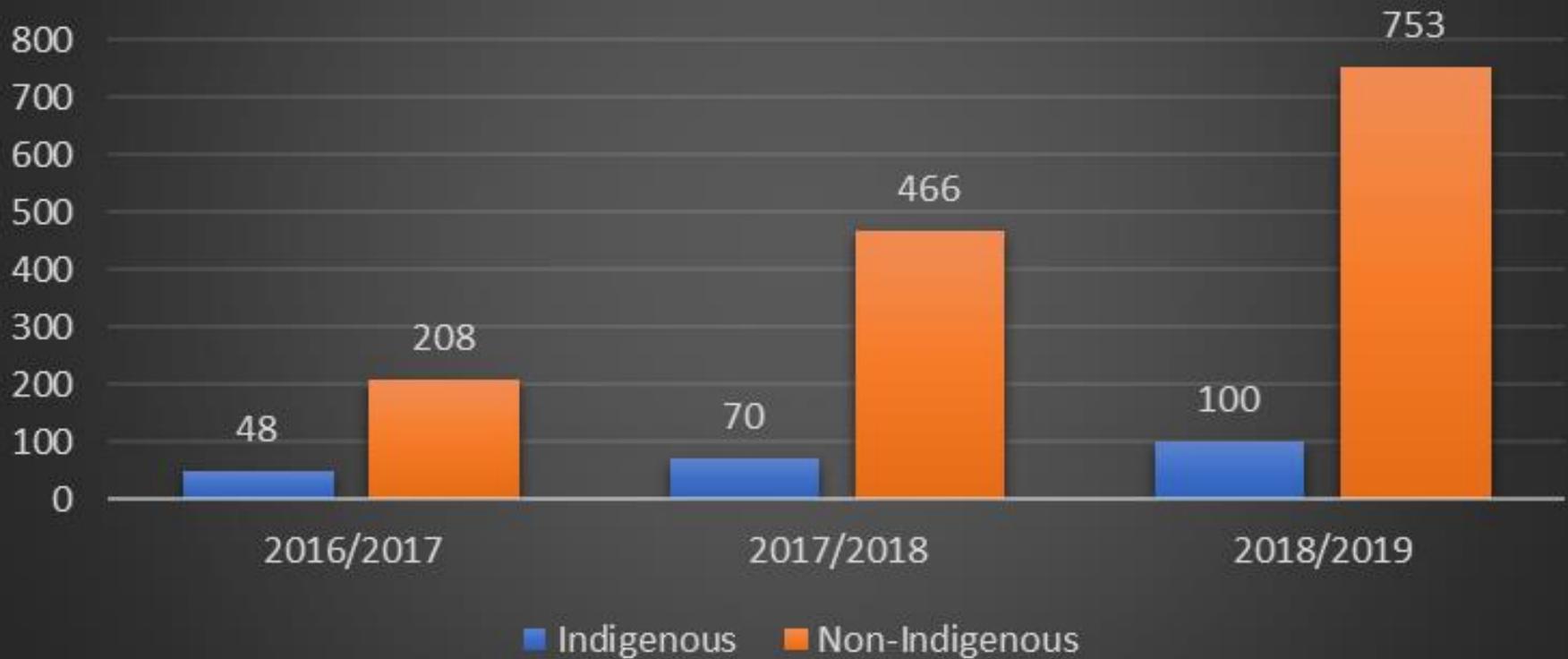
RESERVED



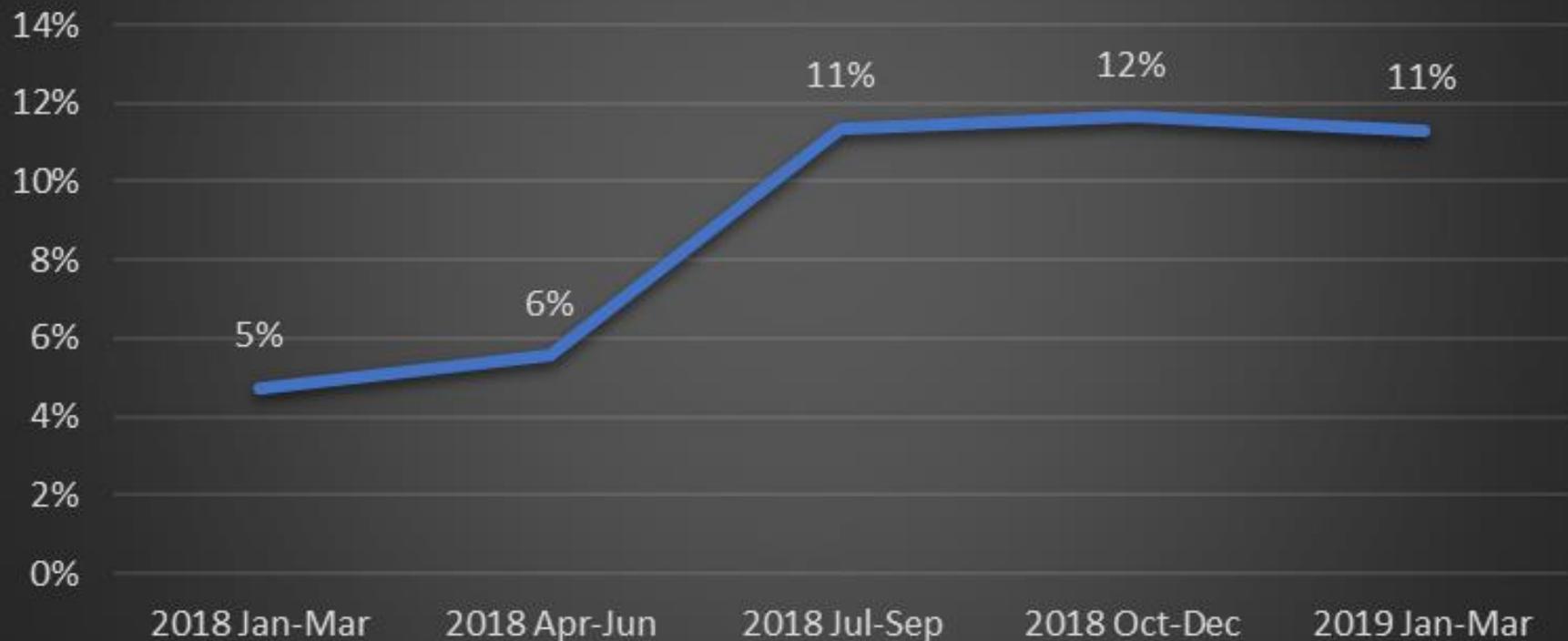
Patient Voices Network



Cumulative New Indigenous and Non-Indigenous Patient Partners



% Indigenous Patient Partner Activity of Total Patient Partner Activity



BC HEALTH QUALITY MATRIX



		DIMENSIONS OF QUALITY				
		ACCEPTABILITY	APPROPRIATENESS	ACCESSIBILITY	SAFETY	EFFECTIVENESS
		Care that is respectful to patient and family needs, preferences, and values	Care provided is evidence based and specific to individual clinical needs	Ease with which health services are reached	Avoiding harm resulting from care	Care that is known to achieve intended outcomes
AREAS OF CARE						
STAYING HEALTHY Preventing injuries, illness, and disabilities						
GETTING BETTER Care for acute illness or injury						
LIVING WITH ILLNESS OR DISABILITY Care and support for chronic illness and/or disability						
COPING WITH END OF LIFE Planning, care and support for life-limiting illness and bereavement ⁴						
		EQUITY Distribution of health care and its benefits fairly according to population need EFFICIENCY Optimal use of resources to yield maximum benefits and results				
		DIMENSIONS OF QUALITY				

⁴ Descriptor reflects direction of the Ministry of Health and input from the Provincial End of Life Standing Committee.

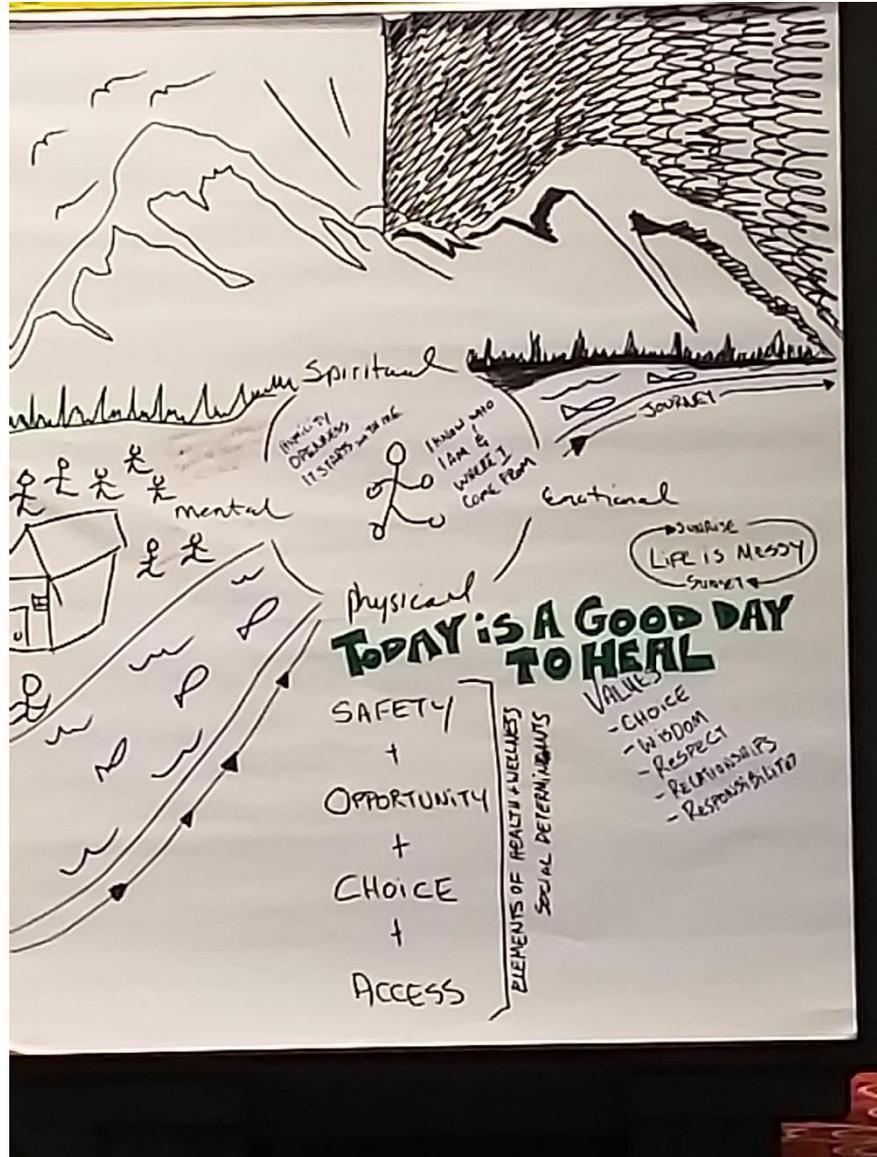
In 2008, the BC Health Quality Matrix was developed in collaboration with the members of the Health Quality Network which included BC's Health Authorities, Ministry of Health Services, academic institutions and provincial quality improvement groups and organizations.





ESKEI RODEO
2013

7





Thank you!