Growing Cultural Safety in Northern BC

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Interacting in WebEx

Webex Tools:
1. Pointer ➔
2. Raise Hand 👋
3. Yes ✓ / No ✗
4. Text tool
5. Chat

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WebEx Audio

Look for the phone icon beside your name:

• Enables you to easily mute/unmute line

• Promotes more effective discussion
WebEx Audio

If there is NO phone icon beside your name:
1. Stay on WebEx. Hang up telephone
2. Pop-up window will appear
   – If not, click on “Audio” button
3. Pop-up window displays the dial-in details
4. If possible, do NOT use the “Use Computer Headset” option

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WebEx Chat

• We invite you to introduce yourself in the chat panel (all participants)

• Let us know your name and where you are from!
We Are Recording!

• This session is being recorded
• Will post after the call
Slides and Recording

• The link to the video and slides will be distributed via e-mail to all participants and posted on the FNHA site.
Twitter

• Hashtags:
  – #IndigenousHealth
  – #culturalhumility
  – #itstartswithme

• Twitter Handles:
  – @Northern_Health
  – @FNHA
  – @BCPSQC
Sensitive Subject Matter

• Due to the sensitive subject matter and stories shared during the webinar sessions participants may become triggered. Please ensure you have prepared a support system for yourself in advance in which you may have easy access to. This could mean an Elder, trusted mentor/family/friend, Counsellor and/or crisis contact number.

• If you need support please do not hesitate to call the toll free crisis line here in the province of BC (1-800-588-8717). Or if you prefer, have a number prepared in advance locally.

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Opening Prayer
Introductions

Victoria Carter
Hilary McGregor
Verna Howard
Sandra Garbitt
Overview

• Context for partnering
  – Partnership Accord
  – Commitment to cultural safety and humility

• Defining cultural safety and humility

• Growing cultural safety in northern BC:
  – Resources and initiatives at Northern Health
  – Aboriginal Health Improvement Committees
  – Local Cultural Resources and Initiatives

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Context for Partnering

Northern Partnership Accord (May 2012)
• Northern Regional Health Caucus
• Northern Health
• First Nations Health Authority

Working together to improve health outcomes for First Nations people in the North Region
• Northern First Nations Health Partnership Committee
• Northern First Nations Health and Wellness Plan

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DECLARATION of COMMITMENT

In July, 2015, all BC Health Authority CEOs signed the declaration to demonstrate their commitment to advancing cultural humility and cultural safety within health services.

This Declaration of Commitment is based on the following guiding principles of cultural safety and humility:

Cultural humility builds mutual trust and respect and enables cultural safety.

Cultural safety is defined by each individual client's health service experience.

Cultural safety must be understood, embraced and practiced at all levels of the health system including governance, health organizations and within individual professional practice.

All partners, including First Nations and Aboriginal individuals, Elders, families, communities, and Nations must be involved in co-development of action strategies and in the decision-making process with a commitment to reciprocal accountability.

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Cultural Humility
Understanding and
Change
Cultural SAFETY

OUR VALUES

- Empathy
- Respect
- Collaboration
- Innovation

IN ACTION

- Honour Diversity
- Genuinely Care
- Build Trust
- Through Understanding

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Growing Cultural Safety in Northern BC

Resources and initiatives at Northern Health
Indigenous Health Website

www.indigenoushealthnh.ca

.quick links

- Aboriginal Health Improvement Committees
- Aboriginal Patient Liaisons
- Cultural Safety
- Interactive Map

What we do

Indigenous Health supports Northern Health in its commitment to partner with First Nations, Métis and Inuit peoples and to build a health system that honours diversity and provides culturally safe services.

Learn more...

Who we are

Indigenous Health is a small dedicated team within Northern Health. Our scope of work is regional, across all of northern BC. Our main office is in Prince George and one team member is located in Terrace.

Learn more...
AHIC Webinar Series

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Animated Video and Booklet

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Additional Resources
Campaign Participation

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Growing Cultural Safety in Northern BC

Aboriginal Health Improvement Committees
Aboriginal Health Improvement Committees (AHICs)
Growing Cultural Safety in Northern BC

Northeast AHIC
Treaty 8 First Nations: Protocols for Health Research Report

May 2015

Prepared for:
*The Northern Health Authority*

Prepared by:
*Tsec'kwa Heritage Society*

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16. DEATH AND DYING

- The concept of soul was mentioned in one focus group, in which the participant said his grandfather, a well-known healer and knowledge keeper, told him that there is a little bird that rests to the left side of the heart, near the shoulder (the bird is like the soul). Consequently, the bird/soul can be harmed or stolen, or simply fly away. A lost soul could result in illness, derangement and eventual death. (Dane-zaa participant).
- Several focus group participants discussed the use of singing, drumming, smudging, burning and presenting tobacco and prayer during death and after. Singing was a common way to help the soul move on to the next realm. (Cree/Saulteau/Dene participants).
- Smudging was a way of sending prayers up to the creator and for ritual cleansing. The smoke carries the prayer. Tobacco is presented as a form of thanks, or for giving prayers to the mother earth, or to the person (elder/knowledge holder) who is giving the prayer. Sometimes it is given in the left hand because it represents the heart. (Saulteau/Cree Participant).
- Traditionally, when someone died, they were buried in moose hide and their eyes closed. For a
**Roles for Men and Women**

In written historic accounts, there were few mentions of the role and influence of Indigenous women in health care. Furthermore, healing skills that involved the female body were rarely elaborated on. More often than not, Indigenous women were depicted in historical accounts as ‘beasts of burden’, or as hard-working, submissive individuals with lascivious natures. Historian Sarah Carter has labelled this “historical amnesia” to be part of the undermining process of colonialism (Burnett, 2010: 47).

It is evident that Indigenous women possessed a great deal of knowledge about medicinal plants and midwifery, and that they were essential for the well-being and survival of both their own communities and the settlers arriving in Canada (Burnett, 2010). Newcomers to Canada, especially non-Indigenous women who lived in remote regions without doctors, were reliant on Indigenous women for medical care. And at times non-Indigenous women preferred to seek the medical advice of Indigenous women because of their close ties to the community and their success as midwives and healers.

> My grandmother said, “When you have lots of weight (negativity), sing my girl.” I have passed on my songs, not all, to my daughter. My daughter is a dreamer. ~ (Focus Group Participant # 22)

Indigenous women’s knowledge of plants was particularly valuable when communities encountered new diseases. Plants were used to treat stomach aches, hemorrhaging, diarrhea, invaluable for treating bronchitis – the bark of a willow contains salicin, an active ingredient in aspirin that helps soothe pain (Burnett, 2010). Other remedies involved various herbs, roots and sap, which could be boiled, then made into poultices to treat sprains, ulcers and much more. The application of medicinal
resolution to a proposed treaty. Indigenous people resisted because they were very aware that they needed to keep their connection to the land for their own well-being and for economic survival. With pressure from missionaries and from a deteriorating economic situation due to reduced trapping income and environmental changes, Treaty 8 groups began to sign on to the Treaty.

First to sign in BC were Dane-zaa and Cree around Fort St. John in 1900. People from Prophet River and Fort Nelson areas did not sign until 1910, while Dene-Tha in BC and the Northwest Territories signed in groups between 1911 and 1922. Reserves were established in Fort St. John in 1911, but were not created in Prophet

*I was raised by my grandmother. She spoke fluent Cree. I had to carry my grandmother’s songs, they were 200 years old (at least). She said, “when you sing, you sing cause your heart is good, your Elders are good.”*

~ (Focus Group Participant # 22)
Patient Information
Wallet Card

My name is:  
I live in:  
My home community is:  
First Nation I belong to:  
My first language is:  

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Northwest AHICs
Hazelton Cultural Learning Session

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Sharing Feast

Traditional Welcome

Community Welcome

Feast Overview

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Gitxsan phrase book for health care providers

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Unveiling of Gitxsan Art at Wrinch Memorial Hospital

Celebrating the Unveiling of Gitxsan Art at Wrinch Memorial Hospital: An example of partnering with community to heal relationships and build culturally safe health care environments

Northern Health is committed to partnering with First Nations and Aboriginal peoples and to building a health system that honours diversity and provides services in a culturally safe and relevant manner. Many initiatives are underway across Northern Health to realize these commitments.

A powerful example is the recent event in October 2016 at Wrinch Memorial Hospital in Hazelton celebrating the unveiling of Gitxsan art in the entryway. The Northwest East AHIC commissioned the art as part of an initiative funded by Aboriginal Health to develop local cultural resources.

Mary Vanstone and Chief George Gray unveil the art. The art was made by residential school survivors participating in the Gitxsan Health Society Indian Residential School Resolution Health Support Program. The crest represents the four classes of the Gitxsan Hurrip inside a mother and child, portraying the matrilineal foundation of the Gitxsan Nation. It recognizes those who suffered the abduction of their children and the intergenerational healing that continues to take place as a result of the long-reaching impacts of residential schools.

At the unveiling event, several speakers shared their experiences of participating in the creation of the art, or about its meaning for communities.

Gitsxan cultural dancers performed at the unveiling event.

Shared with NH Executive

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Re-igniting Culture with Mental Health

Clan Support System

Documentation of Gitxsan Cultural Practices

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Mental wellness and substance use mapping

Patient Journey mapping
Process Mapping
Asset Mapping

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Sharing of Mental Wellness Projects

Event Being planned for June 8

• To share about these projects with:
  – AHIC members
  – Northern Health
  – FNHA
  – Community
• Learn from each other

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Launch of Videos

1. Cultural Practices around Illness and Death
2. Cultural Practices around Birth

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Haisla and NH Emergency/Integration Collaboration

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For more information:

indigenoushealth@northernhealth.ca

info@fnha.ca
Questions/Discussion
Webinar: Noon – 1:00

JULY 5, 2017
Survey