Cultural Safety and Humility

CASE STUDY REPORT

AS PART OF THE EVALUATION OF THE TRIPARTITE FRAMEWORK AGREEMENT ON FIRST NATION HEALTH GOVERNANCE

Cultural Safety and Humility Case Study
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The work represented in this report is carried out on the unceded territories belonging to self-determining First Nations in what is now British Columbia. The Tripartite partners acknowledge and thank those who took the time to share their guidance and wisdom.

Emotional Trigger Warning: This report discusses culturally unsafe experiences in health care, traumatic experiences and health and wellness topics that may trigger memories of personal experiences or the experiences of friends and family. While the report's intent is to create knowledge to begin addressing these negative experiences, the content may trigger difficult feelings or thoughts. First Nations and other Indigenous peoples who require emotional support can contact the 24-hour KUU-US Crisis Line at 1-800-588-8717.

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Acronyms

Acronym / Abbreviation	Full Term
APL/N	Aboriginal Patient Liaison/Navigation
BCCS	British Columbia Coroners Service
BCPSQC	BC Patient Safety and Quality Council
Declaration	Declaration of Commitment to Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in British Columbia
EMBC	Emergency Management British Columbia
FNHA	First Nations Health Authority
FNIHB	First Nations and Inuit Health Branch
ICS	San'yas Indigenous Cultural Safety
ISC	Indigenous Services Canada
MMHA	Ministry of Mental Health and Addictions
PHSA	Provincial Health Services Authority
Policy Statement	FNHA Policy Statement on Cultural Safety and Humility
TCA: FNHP	Transformative Change Accord: First Nations Health Plan (2006)
TCFNH	Tripartite Committee on First Nations Health
TFNHP	Tripartite First Nations Health Plan (2007)
TIP	Trauma-Informed Practice
Traditional Wellness Framework	FNHA Traditional Wellness Strategic Framework (2014)
Tripartite Framework Agreement	British Columbia Tripartite Framework Agreement on First Nations Health Governance (2011)
TWEG	Tripartite Evaluation Working Group
UBC	University of British Columbia

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Terminology

The Canadian *Constitution Act* specifies that the Aboriginal peoples of Canada include the Indian (First Nations), Inuit and Métis peoples of Canada.[1] Increasingly, the term "Indigenous" is being used in place of the term "Aboriginal," with an analogous meaning. In this report, the terms "Indigenous" and "Aboriginal" are used as they are in the source documentation cited.

The term "First Nations" is used frequently within this report. This term includes individuals with and without status under the *Indian Act*.

This report uses a range of data sources, some of which rely on self-identification of ethnicity to identify Indigenous sub-populations, and others that are based on deterministic data linkages using the First Nations Client File. Following the protocol used in Provincial Health Officer and First Nations Health Authority (FNHA) Chief Medical Office reporting, the term "Status First Nation" will be used in place of "Status Indian" in places in this report that refer to the First Nations Client File, recognizing that the legal connotation of the term "'Indian" originates from a colonial framework.

The terms "at-home" and "community-based" are used to refer to geographically-based First Nations communities, whether they qualify as "reserves" under the *Indian Act*[2] or whether the First Nation has signed a modern treaty or holds title to the land. The term "away from home" signifies First Nations individuals that live away from their First Nation community.

The references to the Government of Canada's participation in this report is sometimes referred to as "Health Canada" and sometimes as "Indigenous Services Canada." This reflects that the work originated while the First Nations and Inuit Health Branch was within Health Canada, and was then transferred in December 2017 to a newly created federal department called Indigenous Services Canada (ISC).

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[1] Government of Canada. (n.d.). *Constitution Acts 1867 to 1982*. Retrieved September 9, 2019 from https://laws-lois.justice.gc.ca/eng/Const/page-16.html?txthl=inuit#inc.

[2] An Act to amend and consolidate the laws respecting Indians, S.C. 1876, c. 18

Executive Summary

This case study on cultural safety and humility was prepared to support the evaluation of the *British Columbia Tripartite Framework Agreement on First Nation Health Governance* (Tripartite Framework Agreement). Cultural safety and humility represent an area of collaboration arising from the Transformative Change Accord: First Nations Health Plan (TCA: FNHP) and Tripartite First Nations Health Plan (TFNHP) and has been a key priority since 2006.

Cultural safety through cultural humility is aimed at addressing stereotyping, racism and discrimination within the British Columbia health system and creating space for First Nations health and healing philosophies and practices within health care. Beginning in 2006 and gaining significant momentum in 2015, a system-wide movement in BC to enhance cultural safety and humility in health and related services persists, generated via numerous tripartite and bilateral legal and political agreements and a series of Declarations of Commitment to cultural safety and humility.

The case study begins by outlining the progression of tripartite efforts to develop the Guiding Framework for Action, sign Declarations of Commitment and develop policy to embed culturally safe practices and approaches in health services. Other efforts include advancing cultural safety and humility through work plans and training initiatives; developing organizational assessment tools and indicators to track and measure cultural safety and humility; improving complaints processes; and developing helpful and tailored information resources for First Nations families that are grounded in culture.

The case study also highlights some of the important partnerships, events and activities associated with advancing cultural safety and humility across the health system and beyond. It also highlights some of the key challenges, such as systemic racism, as the most persistent barrier to change.

Although there are many activities underway, sustained commitment and simultaneous efforts at multiple levels of the system will be needed to permanently "hardwire" cultural safety and humility in health-related sectors in BC and beyond.

Background

Tripartite Framework Agreement on First Nation Health Governance Evaluation

The signing of the *British Columbia Tripartite Framework Agreement on First Nations Health Governance* (Tripartite Framework Agreement) on October 13, 2011, changed the course of First Nations health in BC by creating a new First Nations health governance structure to enable First Nations in BC to participate fully in the design and delivery of health services. Section 10(1) of the agreement requires that the Parties, through the Tripartite Implementation Committee, evaluate the implementation of the Tripartite Framework Agreement every five years, with the first evaluation due in 2019. As well as fulfilling the legal obligations under the Tripartite Framework Agreement, the evaluation provides information to support the continuous growth, evolution and effective functioning of the partnership and implementation of commitments. The Tripartite Implementation Committee established a Tripartite Evaluation Working Group composed of evaluation leads and representatives from the First Nations Health Authority (FNHA), First Nations and Inuit Health Branch and the Ministry of Health (FNHIB). This working group engaged external consultants to conduct this cultural safety and humility case study to provide applied and contextual data and analysis illustrative of the Parties' work between 2013 and 2018.

Purpose and Approach

Advancing cultural safety and humility is a core goal of the Tripartite Partners, highlighted in the Tripartite Framework Agreement itself: "The Parties wish to work together to build … a more integrated health system" that improves "cultural appropriateness of health care programs and services for First Nations" and "that reflects the cultures and perspectives of BC First Nations and incorporates First Nations' models of wellness."[3]

The scope of this case study includes a thorough review of efforts and initiatives to embed cultural safety and humility throughout the health care system in BC and includes initiatives that support cultural safety and humility more broadly (see Appendix A). This case study works to address the following evaluation questions:

[3] Her Majesty the Queen in Right of Canada as Represented by the Minister of Health and Her Majesty the Queen in Right of the Province of British Columbia as Represented by the Minister of Health and First Nations Health Society. (2011). British Columbia Tripartite Framework Agreement on First Nation Health Governance.

- Has cultural safety and humility been improved?
    - What are some core successes and indicators of progress achieved to-date?
    - What are the barriers to progress and what would be required to remove or surpass them?
- How do programs and services integrate First Nations traditional practices, medicines and models of health?
- Has the new First Nations health governance structure enabled innovation?

Methodology

This case study was conducted using a combination of document review and interviews with those working in key roles within the FNHA, Ministry of Health, Provincial Health Services Authority (PHSA), BC Regional Health Authorities and other partner organizations including the BC Coroners Service (BCCS) and BC Patient Safety and Quality Council. Key informants – also referred to as participants or respondents in this case study – participated in interviews conducted between July 2018 and January 2019 to provide feedback and insights about how efforts to transform the health system and meet the commitments of the Tripartite Framework Agreement as they relate to cultural safety and humility. Specific responses to interview questions were anonymized and synthesized in order to empower key informants to speak freely.

As part of the overall tripartite evaluation, the Tripartite Evaluation Working Group also conducted surveys, interviews and focus groups with other key informants. While the findings extend beyond this case study, several respondents identified the incorporation of cultural safety and humility into the BC health care system as the greatest achievement of the Tripartite Framework Agreement.

In addition to document research and key informant interviews, the background research conducted for this case study included an environmental scan of efforts and initiatives by the partners, which included a review of the websites and subpages, including news updates, from the FNHA, Ministry of Health, PHSA, Vancouver Coastal Health, Island Health, Northern Health, Interior Health and Fraser Health. These initiatives and additional efforts of the partners are reflected in Appendix A of this case study. All the materials reviewed in the scan informed the analysis and key initiatives have been incorporated into the body of the text below and cited throughout. The findings are presented following the structure established in the *Guiding Framework for Action on Cultural Safety and Humility for First Nations and Aboriginal Health Services in BC*

Cultural Safety and Humility Foundations

First Nations have a rich history of wellness extending back for many thousands of years. The arrival of Europeans and forcible imposition of colonial practices and policies, including residential schools, the *Indian Act* and Indian hospitals undermined First Nations health and wellness. Today, the health and well-being of many First Nations peoples continues to be affected by the past and present effects of colonialism, both at the individual and systems level, and can include trauma, stigma, stereotyping, racism, discrimination and social inequities.

> *"This bias manifests itself in multiple ways in healthcare, including that Western medicine does not reflect or incorporate Indigenous definitions of health and wellness and that health care professionals implicitly and explicitly exhibit attitudinal anti-Indigenous bias that results in Indigenous peoples not receiving equitable care to non-Indigenous peoples. As such, Indigenous peoples' prior traumatic experiences with Western institutions are continuously reinforced, contributing further to widespread mistrust of healthcare institutions and professionals by Indigenous peoples. This reluctance to interact with the healthcare system then contributes to disparities in health outcomes for Indigenous peoples in comparison to other residents of Canada, which in turn further reinforces stereotypes about the inherent health of Indigenous peoples."* [4]

Research in this area suggests systemic racism and bias are a significant barrier that prevent First Nations and Indigenous peoples from seeking and receiving equitable health care and is a direct contributor to poor outcomes:

- One-third of First Nations in Canada reported experiencing an instance of racism in the last 12 months and between 30% to 50% of them felt it had a significant impact on their self-esteem (Regional Health Survey 2008/10);[5]
- Research shows that racism against Indigenous peoples in the health care system is so pervasive that people strategize around anticipated racism

[4] Johnson, H. (2018). *Measurement of Cultural Safety and Humility in British Columbia*, (unpublished Capstone).

[5] First Nations Information Governance Centre. (2012). *First Nations Regional Health Survey (RHS) 2008/10: National report on adults, youth and children living in First Nations communities*. Ottawa: FNIGC.

before visiting the emergency department or, in some cases, avoid care altogether;[6] and
- Studies show links between race-based discrimination and depression and anxiety, as well as smoking, substance use, psychological distress and poor self-assessed health status.[7]

The existence of systemic racism, as well as attitudinal stereotyping in the client-provider relationship, has deep cumulative impacts on the health and well-being of First Nation and Indigenous populations in comparison to the general population. The resulting lack of trust on the part of First Nations and Indigenous peoples with the health system plays a major role in the reality that First Nations and Indigenous peoples in Canada have the poorest health outcomes, higher rates of chronic disease and shorter life expectancy.[8]

Defining Cultural Safety and Humility

Figure 1: Cultural Safety, Respect and Dignity in Relationships

Source: Northern Health. Retrieved from https://www.youtube.com/watch?v=MkxcuhdgIwY

Cultural awareness refers to a health care provider's recognition and acknowledgement of cultural difference – beliefs, languages and teachings – as a

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[6] 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. Retrieved from

[7] Canadian Foundation for Healthcare Improvement. (2015). Webinar: Towards Cultural Competency, Safety and Humility to Improve Health and Healthcare for First Nations: Learning from the BC Experience

[8] Chief Public Health Officer, Public Health Service Agency of Canada. (2008). Report on the State of Public Health in Canada: Addressing Health Inequities. Retrieved from http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2008/fr-rc/pdf/CPHO-Report-e.pdf.

factor influencing and shaping the client's experience. Cultural sensitivity is recognition on the part of health care providers of the need to respect that cultural difference. Learning about that cultural difference, with the goal of enabling the health care provider to adapt their care to suit the client's cultural context, is the focus of cultural competency.[9]

Irihapeti Ramsden, a Māori nurse in Aotearoa (New Zealand), was the first to introduce the concept of cultural safety in 1990.[10] Cultural safety is defined as an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. In a culturally safe health environment, people do not need to fear that their health care providers' decisions about their care may be influenced by racism or false assumptions stemming from ignorance or inaccurate information, or that they are powerless in the face of these issues within the health care system. A culturally safe health system is one where people feel safe and respected when receiving care because their culture, values and preferences are considered.

Cultural safety requires that providers exercise cultural humility – including critical self-reflection on how their personal behaviours and biases, as well institutional biases, may have negative consequences for client experience and overall well-being. Cultural humility is the behavioural practice that contributes to a culturally safe system; it is about analyzing these power imbalances, discrimination and colonial relationships as they apply to health care. The approach seeks to address power imbalances inherent in health client-provider relationships to respect First Nations and Indigenous peoples as the decision-makers in their own care.[11] 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."[12]

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[9] Baba, L. (2013). Cultural safety in First Nations, Inuit and Métis public health: Environmental scan of cultural competency and safety in education, training and health services. Retrieved from https://www.ccnsa-nccah.ca/docs/emerging/RPT-CulturalSafetyPublicHealth-Baba-EN.pdf

[10] Ramsden, I. (2003). Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu. Doctoral thesis submitted to the Victoria University of Wellington.

[11] TCFNH Executive Working Group on Cultural Safety and Humility. (2016). Embedding Cultural Safety and Humility within First Nations and Aboriginal Health Services: A Guiding Framework for Action. Submitted to the members of the Leadership Council of the Tripartite Committee on First Nations Health (unpublished).

[12] First Nations Health Authority (n.d.). FNHA's Policy Statement on Cultural Safety and Humility.

Cultural humility is a byproduct of education. After the first stage of awareness, people start believing they get it, until they learn that they don't. It's a multi-stage learning journey. Some feel acknowledging these issues means they can't be proud of who they are. But really, this process is really about learning how to understand one's biases and continually reflect on how they can continue to operate. – Key Informant

Cultural humility involves providers engaging in a two-way conversation where both they and the client work together as partners in care. Care providers have as much to learn from their First Nations clients as vice versa. Cultural humility requires that health care professionals increase their health literacy by listening to, understanding and appreciating health and wellness from First Nations perspectives; as well as learning the impacts of intergenerational trauma, abuse, violence, neglect and other social determinants on the health of First Nations people.[13]

Engaging with First Nations from a place of cultural humility helps create an environment free of racism and discrimination, where people feel respected and safe when receiving health care, leading to greater access to care and improved health outcomes.[14] Cultural safety is experienced by the client and cannot be claimed by the system or provider. In other words, "we have achieved cultural safety when First Nations tell us we have."[15]

Cultural Humility has to be role-modelled. There is a lot of work to be done around Cultural Humility. People don't just know how to be humble. It is a distinct way of being around people that accepts their strengths. It is rooted in empathy and self-reflection. There is not a lot of patience in the system – the system is fast. Instead of humility, many people have been taught a certain form of natural arrogance and competitiveness. Humility is something people have to learn and it's a lifelong process. The journey is never complete. – Key Informant

Elements of cultural safety and humility for First Nations and Aboriginal peoples include:[16]

[13] *Ibid*
[14] *Ibid*
[15] *Ibid*
[16] First Nations Health Authority. (n.d.). FNHA's Policy Statement on Cultural Safety and Humility.

- Recognizing the role of history, society and past traumatic experiences and their impacts in shaping health, wellness and health care experiences;
- Relationships based on mutual respect, common understanding, lateral kindness[17] and reciprocal accountability;[18]
- Recognition of First Nations as self-determining individuals, families and communities;
- Openness to understanding what health and wellness mean to First Nations people with recognition of the diversity of these understandings;
- A balance of power between health care professionals and the people they serve;
- Health care professionals' self-reflection on their own assumptions and positions of power within the health care system;
- Emphasizing peoples' experiences of safety within the health care system and during interactions with health care professionals;
- Mechanisms that proactively and effectively address appropriate actions and behaviours within the operations of the various health institutions;
- Increased access to the health system resulting in improved health outcomes; and,
- Knowing cultural safety has been achieved when the voice of the people receiving services makes that clear.

[17] "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. 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." *Ibid,* p. 4

[18] The FNHA notes that First Nations traditional social systems were founded on the concept of reciprocal accountability wherein each member of the community was accountable for their decisions and actions and for their contributions to the community's wellness as a whole. 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. *Ibid*, p. 4

Figure 2: Cultural Safety and Humility in Health Care, Graphic Recording

Source: Tanya Gadsby, drawingoutideas.ca

Guiding Framework for Action

In 2006, the Province of BC and BC First Nations (as represented by the First Nations Leadership Council) released the *Transformative Change Accord: First Nations Health Plan*[19] (TCA: FNHP), identifying culturally relevant services as a system-wide priority, as well as a commitment to jointly develop curriculum for mandatory cultural competency training for BC's Ministry of Health and health authority staff, including executive and senior management. Through subsequent tripartite plans and agreements and a consensus-building process amongst First Nations, a new First Nations health governance structure in BC was created, providing unprecedented opportunity for First Nations to be involved in health system design and decision-making, including enhancing cultural safety through cultural humility.

Since 2006, all health plans and agreements include a commitment to enhance cultural safety and humility and support initiatives that ensure that First Nations and

[19] BC Assembly of First Nations, First Nations Summit, Union of BC Indian Chiefs and Province of BC. (2006). *The Transformative Change Accord: First Nations Health Plan*.

Aboriginal clients and their families experience health care and systems that are free from stereotyping, racism and discrimination.

To further consolidate the work and expedite progress in embedding cultural safety and humility into the fabric of provincial health services, in 2015, the Tripartite Committee on First Nations Health formed an Executive Working Group on cultural safety and humility, comprised of the FNHA, PHSA and Ministry of Health. In 2016, drawing on expertise leveraged from the Canadian Foundation for Healthcare Improvement and informed by an international literature review, the Executive Working Group developed the G*uiding Framework for Action on Cultural Safety and Humility for First Nations and Aboriginal Health Services in BC* (Guiding Framework).[20] Alongside the 2015 *Declaration of Commitment: Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in British Columbia*,[21] this reflected the commitments of the Parties and providing guidance for changes at the system, organization and provider levels.

The Guiding Framework is informed by four key principles of cultural safety and humility that are consistently emphasized throughout the literature:

- Cultural humility builds mutual trust and respect and enables cultural safety;
- Cultural safety is defined by each individual client's health care experience. As such, approaches to cultural safety must be client-centred and must recognize the important roles played by clients' families and communities;
- Cultural safety must be understood, embraced and practiced at all levels of the health system, including governance, health care organizations and within individual professional practice; and
- All stakeholders, including First Nations individuals, Elders and communities, must be involved in co-developing action strategies and in the decision-making process with a commitment to reciprocal accountability.

The Guiding Framework is a living document to support organizations to develop action plans to embed cultural safety and humility into their systems and services. The intent is to create a cohesive health system-wide approach to cultural safety and humility that unites fragmented initiatives, actualizes wise practices and supports

[20] Leadership Council of the Tripartite Committee on First Nations Health. (2016). *Cultural Safety and Humility in Health Services for First Nations and Aboriginal people in British Columbia*: *A Guiding Framework for Action.*

[21] British Columbia Ministry of Health, First Nations Health Authority, Provincial Health Services Authority, Fraser Health, Interior Health, Island Health, Northern Health, and Vancouver Coastal Health. Declaration of Commitment: Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in BC. (2015).

planning and implementation among health system leaders, providers and partners. The Guiding Framework is intended to be an enabling menu of actions that organizations could use to inform their prioritization and action planning. These actions are to be reflected in provincial, regional and local health plans and decisions moving forward to achieve the Vision of enabling First Nations and Aboriginal people in BC to be amongst the healthiest in the world and equal partners in their health care.

The Guiding Framework aligns with the structure of the Declarations of Commitment by organizing possible actions within three main categories:[22]

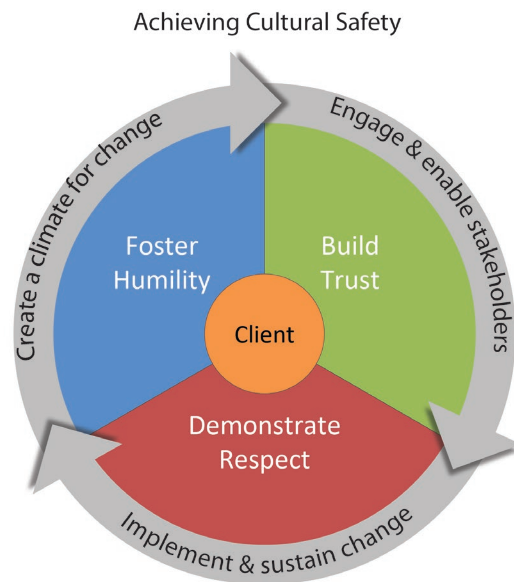
1. **Create a climate for change** by opening an honest and convincing dialogue with all stakeholders to show that change is necessary; forming a coalition of influential leaders and role models who are committed to the urgency of embedding cultural safety and humility in First Nations, Aboriginal and BC health services; and leading a strategy to achieve the Vision for a culturally safe health system.

2. **Engage and enable stakeholders** by communicating the absolute need for commitment to and understanding of the Vision of a culturally safe health system for First Nations and Aboriginal people in BC; leading by example and openly and honestly addressing concerns; identifying and removing barriers to progress; and tracking, evaluating and celebrating accomplishments.

3. **Implement and sustain change** by empowering individuals and health organizations to innovate and develop cultural humility and a culture of cultural safety; enabling individuals and organizations to raise and address problems without fear of reprisal; and working continuously until cultural safety and humility are embedded within all levels of the health system.[23]

[22] While this framework is being used to organize the evaluation findings, it should be noted that a lot of the work in cultural safety and humility pre-dates the framework.
[23] *Declaration of Commitment: Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in BC*. (2015).

Figure 3: Guiding Framework for Action



Source: Tripartite Committee on First Nations Health, (2016) Cultural Safety and Humility in Health Services for First Nations and Aboriginal people in British Columbia: A Guiding Framework for Action

Pursuant to the Framework and initial Declaration of Commitment, many important initiatives have been launched in these three categories. These categories of the *Guiding Framework for Action on Cultural Safety and Humility for First Nations and Aboriginal Health Services* are therefore used as an organizing structure for describing and assessing outcomes to date in this case study.

1. Creating a Climate of Change

The first stage of action is Creating a Climate for Change. This bucket of activities focuses on creating the permissive environment for transformation. It includes articulating the need for cultural safety and humility and building awareness; generating the vision and understandings of the core definitions of cultural safety and humility; building a coalition of leadership committed to embedding cultural safety and humility in BC health services; and engendering personal commitment in the hearts and minds of service providers.

Declarations of Commitment

Raising awareness can be an effective initial step to broadly signal that racism is unacceptable and that First Nations and Aboriginal peoples are valued. Key informants heralded the endorsing and signing of the Declarations of Commitment across British Columbia by leadership as a fundamental success and cornerstone to changing the system. In 2015, the FNHA, Ministry of Health and the Health Authorities signed the *Declaration of Commitment to Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in BC (*Declaration of Commitment*)*. The Declaration of Commitment signals the importance of cultural safety and humility from the leadership perspective and is intended to create a climate for staff to engage in open discussions on these key issues.

The Declaration of Commitment recognizes that cultural safety and humility are essential dimensions of quality and safety and only a sustained and genuine commitment to action from senior leadership paired with a concrete action plan will lead to the change needed. This commitment gives a mandate to health professionals to pay attention to and advance cultural humility in their practices with First Nations and Aboriginal peoples, which will not only benefit First Nations peoples, but also lead to more culturally safe services for all British Columbians.

In March 2017, all 23 health regulators in BC also signed a Declaration of Commitment, making BC health professionals the first in Canada to pledge their commitment to making the health system more culturally safe for First Nations and Aboriginal people. The signing of the Declaration of Commitment was witnessed by over 230 delegates attending the 2017 Quality Forum "Best of Both Worlds" conference, a forum focused on improving the quality of health care for Indigenous people.

> *The signing of the declaration is another step forward, that was pretty historic from my perspective when you look at what's happening in the rest of the country. And then in March of this year, 23 regulatory bodies also signed the declaration. It was historic because those are the actual health care providers in the province on the ground, so your doctors, nurses, chiropractors, midwives, everybody. That was also another huge step in trying to [make] cultural safety a daily practice when we're looking at meeting the needs of First Nations people in BC. – Key Informant*

Additional Declarations of Commitment have been signed by Providence Health Care, Doctors of BC, the BC College of Family Physicians, the BC Patient Safety and Quality Council (BCPSQC), the BC Coroners Service, Emergency Management BC (EMBC) and the Ministry of Mental Health and Addictions (MMHA), to name a few. Each declaration includes a commitment to strengthen and improve cultural safety and humility and is based on principles of quality, co-development and reciprocal accountability. Each signatory has committed to a public annual report on strategic activities to show how the commitments are being met.[24]

These Declarations of Commitment signal that interpersonal and systemic racism is unacceptable and emphasize the importance of cultural safety fuelled by cultural humility. Signatory organizations have been collectively and respectively undertaking the development and implementation of action plans and initiatives to improve the cultural safety and humility of the health system for First Nations and Aboriginal people and ultimately for all British Columbians, in a variety of areas. Some of the activities and actions undertaken by these organizations include establishing cultural safety and humility committees and working groups; developing training, workshops and webinars; developing cultural safety and humility resources, and communications and awareness campaigns; developing and reviewing policies from a cultural safety and humility lens; and developing evaluation tools and frameworks for action.[25] Common areas of focus for organizations are training and education, research and policy development, complaints and accountability, capital planning and safe spaces and assessment tools.

These Declarations are attributed as leading to direct on-the-ground change:

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[24] Tripartite Committee on First Nations Health. (2017). Together in Wellness: Tripartite Committee on First Nations Health Annual Report.

[25] Members Progress Reports. (April – October 2016). Prepared for the Tripartite Committee on First Nations Health Meeting.

"A formal complaint regarding the treatment and experience of an Elder at Cariboo Memorial Hospital has resulted in the signing of a Declaration of Commitment with Interior Health, FNHA and First Nations leaders to embed a culture of safety and humility starting with hospital and community services in Williams Lake. There are some things that we will be able to start addressing immediately around educational opportunities, around cultural safety. We'll look at more long-term planning about what Aboriginal specific programming needs to occur within Cariboo Memorial Hospital and the surrounding area, what does it mean to hire Aboriginal people within our hospitals and facilities. We know that leads to culturally competent care as well." [26]

In this example, the Declaration has also led to First Nations and Interior Health employed nurses undertaking job exchanges to better understand barriers to health care and build better working relationships.

Most recently, in April 2019, the FNHA, ISC, Health Canada and the Public Health Agency of Canada signed a joint *Declaration of Commitment to Advance Cultural Safety and Humility in Health and Wellness Services and Organizations*. As part of this initiative, the partners have committed to developing an action plan to guide collaborative efforts.[27] This Declaration signals that the commitment to cultural safety and humility is moving to national levels and beyond health to also include other social services for First Nations.

#itstartswithme Campaign

In keeping with raising awareness as a way to create a climate of change, Declaration signatory organizations have promoted a cultural safety and humility pledge campaign along with other social media efforts, embedded cultural safety and humility into staff onboarding and encouraged staff to participate in webinar series offered by the FNHA and PHSA.

In June 2016, the FNHA launched the #itstartswithme campaign that includes both a suite of educational materials and an opportunity for health service providers to

[26] Dyok, R. (2007). My Cariboo Now: "IH, FNHA and Cariboo Area First Nations Leaders sign Health-Care Declaration". Retrieved from: https://www.mycariboonow.com/19607/ih-fnha-cariboo-area-first-nations-leaders-sign-health-care-declaration/

[27] Tripartite Committee on First Nations Health Consolidated Progress Report. October 2018 to April 2019.

pledge their personal declarations of commitment with the hashtag #itstartswithme. The campaign and materials serve to inform those within the health care system and other stakeholders about the systemic issues contributing to the lack of trust many First Nations and Aboriginal people have in the health care system, leading to poorer health outcomes at a population level.

The “My Commitment” pledge cards were designed to encourage front line workers and employees to think about personal accountability, underscoring that not only organizations, but also individuals, are responsible for change and raising awareness. The FNHA #itstartswithme campaign began with a series of webinars attended by approximately 3,000 people, and the PHSA has held similar webinars with comparable levels of interest. Some Regional Health Authorities are spreading knowledge about the commitment to cultural safety and humility through a poster campaign, in which hospital staff are quoted saying, “I promote Cultural Safety and Humility,” accompanied by a statement about how they are doing so within their work.

2. Engaging and Enabling Stakeholders

The Guiding Framework outlines the second bucket of activities as Engaging and Enabling Stakeholders. This area of activities focuses on building relationships and partnerships, developing protocols and organizational policy change.

Organizational Policy Development and Action Planning

The FNHA, Ministry of Health, Health Authorities and other partners are embedding cultural safety and humility and the First Nations Perspective on Health and Wellness within a range of policy documents and strategies.[28]

FNHA Cultural Safety and Humility Policy Statement

In 2016/2017 the FNHA published a Cultural Safety and Humility Policy Statement.[29] The statement and accompanying booklet present a high-level, easy-to-read overview of cultural safety and humility, along with a call to action for how stakeholders can support transforming the health care system. It provides context on the long history of wellness before colonialism, as well as the direct and ongoing impacts of colonial institutions, policies and mindsets.

The policy statement provides definitions of terms and concepts including "cultural safety," "cultural humility," "systemic racism," the First Nations Perspective on Health and Wellness and "relationship-based care." A few key statistics demonstrate the magnitude of the problem, including significantly higher rates of racism experienced by First Nations and Aboriginal peoples in Canada, dramatically higher rates of youth suicides in some First Nations communities and consistently lower life expectancy for Status First Nations peoples than other BC residents. In addition to working with provincial and regional health system partners to advance the policy, the FNHA commits to building understanding of cultural safety and humility amongst health professionals through:

- An awareness campaign;
- Developing and implementing a complaints process;
- Providing comprehensive, mandatory and ongoing training for FNHA employees;

[28] First Nations Health Authority. (n.d.) *First Nations Perspective on Health and Wellness*. Retrieved from https://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/first-nations-perspective-on-wellness

[29] First Nations Health Authority (n.d.). FNHA's Policy Statement on Cultural Safety and Humility.

- Embedding cultural safety and humility into FNHA processes, policies, resources, initiatives and services; and,
- Building partnerships with professional associations, regulatory and licensing bodies and post-secondary institutions to embed cultural safety and humility training into curricula for students in health fields.

Integration of Cultural Healing Practices

The TCA: FNHP and TFNHP define health for First Nations as encompassing the "physical, spiritual, mental, economic, emotional, environmental, social and cultural wellness of the individual, family and community." Research and engagement demonstrate that traditional medicines and practices can "improve overall health and wellness, strengthen culture and pride, prevent chronic conditions, support First Nation decision-making, decrease health care costs, increase access to health care and reconnect First Nation people to their territories."[30]

The 2014 FNHA Traditional Wellness Strategic Framework suggests that wholistic wellness can lead to better long-term results for First Nations communities and people and that traditional wellness reflected in health care is a key way to achieve cultural safety since traditional healers serve as an important entry point into the pathway to care. At the same time, as people are better able to access health care options they are comfortable with, this may increase follow through on treatment plans and decrease the need for acute care services. It is also recognized that the integration of traditional wellness with conventional Western approaches to health can produce positive results through inter-referrals and co-management of patients.[31]

The Framework Agreement supports a governance structure that "reflects the cultures and perspectives of BC First Nations and incorporates First Nations models of wellness." Making space for and incorporating traditional healing and wellness are key actions to transform the health system to implement cultural safety and humility in health care. A wide array of efforts is underway to integrate cultural healing within Western health systems, such as:

- A number of key informants indicated that Regional Health Authorities are working with local communities to include traditional foods as part of health care service to First Nations and Indigenous clients and their families;

[30] First Nations Health Authority. (2014). Traditional Wellness Strategic Framework.
[31] *Ibid*

- Expressions of cultural practices are being facilitated in health care environments, such as through cultural rooms and modified birthing rooms; and,
- Efforts are underway to embed traditional medicine practitioners within hospitals, clinics and primary care networks.

A series of regional workshops to bring hospital staff and physicians together with Elders and cultural leaders have been key to efforts to find pathways for incorporating the use of traditional medicines within clinical settings. The University of British Columbia (UBC) Faculty of Medicine Digital Emergency Medicine, the FNHA and Island Health held one such workshop in 2018: "A Coming Together of Health Systems: Dialogue Between Traditional Practitioners, Community Members and Health Professionals." The session brought participants together to discuss how to incorporate traditional medicine into health authority practice, to gather physician input into system redesign and help improve health and wellness for clients and families. Approximately 100 participants attended, including those from Kwakwaka'wakw family groups, doctors, midwives, nurses, Health Directors, traditional medicine leads from the communities and executives from Island Health. The event was described as a big step forward in recognizing traditional practitioners as equal partners in care and physicians have signaled an interest in learning more.

Greater attention is also being paid to the positive outcomes of community-based healing programs and initiatives. One example noted was the Sts'ailes Circle of Care and Wellness Program, helping clients heal from grief, loss and trauma through cultural teachings and sacred sites. Support for clients is provided in a manner that respects Sts'ailes traditions, values and beliefs to achieve and sustain mental wellness and a healthy, balanced lifestyle. This integrated system approach meets clients and families challenged by mental health and/or addiction issues by bringing together traditional and spiritual healers with other health professionals in providing care. It also helps clients learn about methods of self-care, including techniques for relaxation, meditation, releasing negative energy, collecting positive energy and working toward a state of balance. All clients attending the program expressed interest in the opportunity to attend another session and wanted to invite immediate and extended family members. They felt the use of traditional healing practices and programs would reduce risk to their children, youth and family systems.

PHSA Indigenous Cultural Safety Strategy

The PHSA 2018-2021 Directional Plan on Cultural Safety received approval and support from the PHSA board. The PHSA Indigenous Cultural Safety Strategy aligns with key goals of creating a climate for change, engaging and enabling stakeholders and implementing and sustaining change. It aims to create a safe and equitable organization for Indigenous clients, families and employees by addressing anti-Indigenous racism at interpersonal, organizational and systemic levels. At the direct care or interpersonal level, the strategy focuses on equipping individual service providers and teams with the knowledge and skills they need to deliver culturally safe services. At the organizational level, the strategy focuses on quality and improvement, including planning, accountability and reporting and on strategy, leadership and policy.

The strategy recognizes that Indigenous clients, families and employees must be the ones to determine when the PHSA's programs and services are culturally safe. The PHSA is currently developing organizational indicators to evaluate and measure services. These include Indigenous guidance, leadership and PHSA accountability; experiences and incidents of anti-Indigenous racism and discrimination; and workforce experiences and representation. Evaluation will be conducted across these indicators, using mechanisms such as:

- Organizational assessments to identify gaps, strengths and opportunities;
- Client surveys to collect information on client and families' experiences of racism and discrimination;
- Workplace surveys to collect information on employee and service providers' experiences of racism and discrimination;
- Race/ethnicity self-identification for all employees and clients;
- Race/ethnicity data collection and analysis within all organizational evaluative tools and processes (e.g. WorkLife Pulse survey, employee health and wellness surveys, patient satisfaction surveys);
- Culturally safe complaint and incident reporting and resolution processes; and,
- Cultural safety measures embedded within organizational planning and reporting mechanisms (e.g. accreditation, risk management planning, internal audit, service level evaluation and metrics).

To reach the goal of creating a safe and equitable organization, the strategy aims to address structural and interpersonal anti-Indigenous racism and discrimination experienced by Indigenous people at the PHSA and identify and address racial

inequities throughout the organization. It aims to ensure that Indigenous peoples' perspectives guide and inform PHSA organizational governance and decision-making, while ensuring that services and systems are developed, assessed, adapted and improved with and for Indigenous people.

To achieve this goal and these outcomes, the strategy is guided by the principles of decolonization and Indigenous-specific approaches; transformative change; critical anti-racism; equity and social justice; partnership and collaboration; and reciprocal accountability and shared ownership. Implementation coordination and evaluation of the strategy will be supported by the PHSA Indigenous Health team and involves identifying priorities and collaboration with key partners across the organization. To ensure this strategy and its accomplishment of its objectives are sustainable, the strategy will be linked to key organizational mandates, strategies and programs.

Cultural Safety and Humility and BC's New Primary Care Networks

In May 2018, the Government of BC launched a new provincial primary health care strategy, focused on integrated, team-based care. Strategic initiatives included establishing primary care networks, urgent and primary care clinics and community health centres; and funding and recruiting more general practitioners, nurse practitioners and other health professionals. A provincial-level Primary Health Care Working Group (which includes the Ministry of Health, General Practice Service Committee, regional health authorities and the FNHA) supported work to define the core attributes, one of which is cultural safety. The Primary Health Care Working Group created a sub-committee (co-chaired by the Ministry of Health and the FNHA and including other health system partners) expressly dedicated to cultural safety. A primary deliverable of this partnership was the development of the Indigenous Engagement and Cultural Safety Guidebook,[32] released in October 2019. The guidebook is a resource to support those developing primary care networks to embed cultural safety in their communities, as required by the primary care strategic policy. The Ministry of Health, the FNHA and the General Practice Service Committee have also partnered to review primary care network service plans to ensure criteria are met.[33]

[32] Cultural Safety Attribute Working Group. (2019). *Indigenous Engagement and Cultural Safety Guidebook: A resource for primary care networks.*

[33] Information provided by a key informant in an interview with the consultant.

Improving Cancer Journeys for Indigenous Peoples in BC

The Indigenous Cancer Strategy[34], released in December 2017 by the BC Cancer Agency, the FNHA, Métis Nation BC and the BC Association of Aboriginal Friendship Centres embodied a culturally safe philosophy throughout its development and included Western models of strategy development with a commitment to Indigenous decision-making and community engagement.

> *"This strategy is among the newest of its kind and a crucial step in addressing cancer survival disparities among Indigenous people in British Columbia," said Honourable Adrian Dix, Health Minister for British Columbia. "When we understand and address the cultural barriers experienced by Indigenous people, the health system can provide preventative care, culturally respectful treatment and be a true partner in saving lives."* [35]

The purpose of the strategy is to ensure that Indigenous people, families and communities receive high quality and culturally safe cancer care and support. "It reflects the voices of Indigenous people with cancer, survivors and their families and presents a united and clear path forward to improve cancer journeys for Indigenous people and experiences in the province."[36] One section of the strategy focuses specifically on cultural safety and humility, including commitments to:

- Implement the Declaration of Commitment signed by the PHSA and FNHA;
- Promote increased uptake of the PHSA San'yas Indigenous Cultural Safety training by BC Cancer employees and deliver regionally based educational opportunities at each of the BC Cancer centres;
- Support the creation of culturally reflective spaces at cancer centres;
- Establish policies to support the integration of traditional wellness and cultural practice when receiving cancer care;
- Expand Indigenous staff recruitment and retention at all cancer centres; and,
- Develop and prioritize the creation of Indigenous Liaison positions at BC Cancer.[37]

[34] First Nations Health Authority and British Columbia Ministry of Health. (2019). *Indigenous Cancer Strategy*.
[35] Provincial Health Services Authority. (2017). Historic Indigenous cancer strategy and partnership launched in British Columbia.
[36] FNHA, Métis Nation BC, the BC Association of Aboriginal Friendship Centres and BC Cancer. (2017). Improving Indigenous Cancer Journeys in BC: A Road Map.
[37] *Ibid*

Vancouver Coastal Health Indigenous Cultural Safety Policy

In 2018, Vancouver Coastal Health updated its Indigenous Cultural Safety Policy to continue to guide creating culturally safe care practices and relationships with Indigenous peoples. The policy supports Indigenous clients' requests for traditional modes of healing that can be supported or made available, whether it is time with an Elder, a ceremony, being brushed, smudging or using traditional medicines. The policy has been appended in the regional *Urban Aboriginal Health Strategy* to support forward planning. Vancouver Coastal Health created a cultural practices guideline – Aboriginal Cultural Practices A Guide For Physicians And Allied Health Care Professionals[38] – indexed with information on practices including use of traditional foods, end of life practices and birth. The guidelines are underpinned by values, practices, concepts and views of health common to Aboriginal people in the communities served by Vancouver Coastal Health. The policy also requires that any new builds must have at least one room with a ventilation system that allows indoor smudging.

Vancouver Coastal Health published an *Acknowledgment of Traditional Territory, the Inclusion of Indigenous Knowledge and Expertise in Health Care and the Right to Traditional Medicines*.[39] These cultural guidelines aim to help Vancouver Coastal Health staff within hospital settings provide culturally responsive health care services to Indigenous clients. The guidelines are supported by Vancouver Coastal Health's Aboriginal Cultural Competency Policy document and by Indigenous cultural safety training initiatives.

The Aboriginal Cultural Competency Policy, created by Vancouver Coastal Health in 2015, provides direction to staff, facilities, departments, units and programs in its approach to cultural safety. The policy includes directives on Aboriginal leadership in health care, acknowledgement of First Nations traditional territory and the ceremonial use of tobacco or smudging medicines. Its overall goal is to close the gap in health outcomes between Aboriginal and non-Aboriginal populations by providing culturally safe and responsive services. The policy requires that culturally safe practices are embedded in leadership and staff members' daily work and that Aboriginal clients have the right to access traditional ceremonies and health practices as part of their patient care plan.

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[38] Vancouver Coastal Health. (n.d.). Aboriginal Cultural Practices: A Guide for Physicians and Allied Health Professionals working at VCH.

[39] Vancouver Coastal Health. (n.d.). Indigenous Cultural Safety Policy.

To supplement the Aboriginal Cultural Competency Policy, in 2017, Vancouver Coastal Health created "Aboriginal Cultural Practices: A Guide for Physicians and Allied Health Professionals working at [Vancouver Coastal Health]",[40] a new health care resource for physicians and allied health professionals working with Indigenous patients. Key concepts include:

- Information/Communication – the importance of understanding different communication styles;
- Discharge Planning – the importance of identifying and accessing external supports;
- Healing and Medicines – information about incorporating traditional medicines and practices;
- Dying and death – information on cultural and spiritual considerations; and,
- First Nations Communities – key contact information and a brief description of each First Nations community in the Vancouver Coastal Health region.

Awareness has been built by referencing the policy in all workshops, planning documents and communications tools related to Aboriginal health. Anecdotal reports from staff suggest that outcomes so far include increased access to culturally safe care, increased cultural safety within Vancouver Coastal Health as an organization, consistency in culturally safe services throughout the system and increased awareness of the Vancouver Coastal Health's Aboriginal Health team. The team is working on initiatives to improve the patient feedback system and increase the presence of Elders in their health care facilities.

Developing Clear Working Relationships

Partners Committing to and Using the Language of Cultural Safety and Humility

Another success cited by key informants is increasing awareness amongst Tripartite Partners around the language of cultural safety and humility. For example, the Ministry of Health is embedding cultural safety and humility as an attribute throughout policy development work. Partners' use of these terms and concepts has become far more common.

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[40] Vancouver Coastal Health. (n.d.). Aboriginal Cultural Practices: A Guide for Physicians and Allied Health Professionals working at Vancouver Coastal Health.

It is a significant step forward that many partners and stakeholders are regularly talking about Cultural Safety and Humility. Ten years ago, many of these organizations would have argued that there was no problem, that their staff treated everyone the same and that there was no mistreatment of Indigenous people. – Key Informant

Regional Action Planning

Between December 2011 and November 2012, Partnership Accords were finalized between each regional health authority and BC First Nations within each region, defining what their relationship processes should look like. Partnership Accords focus on improving health outcomes through better service integration by sharing decisions on planning and engagement, service delivery, accountability and evaluation of culturally appropriate, safe and effective systems and services. The guiding principle of these Accords is reciprocal accountability, replacing the conventional focus of vertical accountability with a more horizontal approach that emphasizes collaboration and collective action.

Key informants identified the Regional Partnership Accords as important mechanisms for engaging and enabling stakeholders to establish a culturally safe health system. The work plans pursuant to the Accords include a focus on cultural safety and humility – such as establishing local cultural safety committees that serve to build regional relationships and develop specific change initiatives. Further, following the signing of the Declarations, the Ministry of Health asked each regional health authority to develop their own cultural safety and humility action plan towards achieving culturally safe services. Various committees, including at the local and sub-regional levels, ensure community and Nation participation. An ever-growing list of regional activities and resources can be found in Appendix A. By way of example, Northern Health has:

- Created a Cultural Safety and Humility Plan and Framework;
- Established a Cultural Competency Working Group;
- Developed cultural safety training requirements;
- Developed training and education materials and cultural learning sessions;
- Created an Aboriginal Working Group to work together on safe space guidelines;
- Held collaborative forums that bring together frontline workers and administrators together with Indigenous health representatives and

Indigenous community leaders to share information and work in partnership on local health priorities;

- Updated the Complaints process;
- Developed a resource for clients to access Indigenous Patient Liaisons or Aboriginal Patient Navigators to help Indigenous clients and families navigate the system and access services like Elders and culturally safe spaces;
- Published research and tools such as an inventory of First Nation specific cultural safety activities and ways to navigate services; and,
- Developed an evaluation framework for measuring the impact of cultural safety and humility interventions.

The FNHA is seen as an Important Partner and Resource

Key informants felt that a strong sign of stakeholder engagement and commitment to establishing a culturally safe health system is reflected in the increased number of requests made of the FNHA. The FNHA is asked to participate in numerous committees to help advise health care organizations on what is required to make programs and service environments culturally safe. In addition, many organizations are requesting the FNHA's assistance with information, reviews of policies and processes and speaking engagements. This shows there is an increased awareness of the need to include a First Nations perspective in planning and delivery.

The FNHA sub-regional Community Engagement Coordinators (CECs), for example, not only lead and coordinate sub-regional caucus meetings with Chiefs, the First Nations Health Council and community health leads, but also connect with other partners including Divisions of Family Practice, community-based groups of family physicians funded by the General Practice Service Committee (a joint committee representing a partnership of the Ministry of Health and Doctors of BC). One CEC described how consistent efforts to build these relationships has had significant impact in bringing family physicians into community-driven meetings where they can learn more about First Nations communities, cultures and concerns directly and with lasting impact. These doctors are in turn speaking with their colleagues, increasing awareness and interest and increasing physician participation in events and meetings as impactful learning opportunities.

Health System Processes for Improvement

Complaints Processes

Complaints processes can be challenging to navigate and intimidating for any patient. A primary method for evaluating whether cultural safety and humility has

improved within the BC health system is by tracking and analyzing patient complaint data. Although there are specific examples of innovation in Indigenous self-identification practices regionally, in general, the only way to know if a complainant is Indigenous is if they self-identify in the written part of their complaint. This means that there is no formal way of quantifying the number of complaints made by Indigenous peoples relative to the rest of the population and whether that number is increasing or decreasing and what factors might be affecting those numbers. As such, complaints processes have been emphasized as a key focus within the cultural safety and humility change movement.

Much of the initial work to embed cultural safety and humility in complaints processes has been led by Regional Health Authorities, although health regulators have committed to review and consider how cultural safety and humility can be built into quality assurance and complaints processes. Northern Health, Fraser and Vancouver Coastal have each produced a culturally relevant, user-friendly booklet aimed to support Indigenous peoples' understanding and navigation of the complaints process and to summarize other Indigenous-specific health care resources available to them. These documents were widely promoted and disseminated, with other health authorities adapting it to their contexts.

BC Emergency Health Services Patient Care Quality Office integrates First Nations perspectives on any complaint file or patient safety event to ensure information that is gathered is consistent with established standards, cultural safety is recognized and appropriately addressed, relevant First Nations agencies are included and debriefings with First Nations patients and/or families are conducted as required.[41]

Those who had access to patient complaint data noted that the majority of complaints are not about medical mismanagement, but about a perceived lack of respect, racism, people acting on the basis of stereotypical assumptions and feeling like one was treated as less worthy of care. That said, given the relatively low number of complaints overall, compared to the comments and feelings within communities, a number of key informants feel that the patient complaint system does not work well and that clients and families either do not know how to access the complaint process or do not feel safe doing so. A number of key informants noted that an increase in complaints at this stage does not necessarily mean a worsening of patient experiences, but may reflect a greater feeling of safety in making complaints about incidents that may previously have gone unreported.

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[41] Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019.

One key informant serving in an Aboriginal health role at a regional health authority noted that the organization has tried to create a culturally safe health care environment by looking at how normalized Western processes can leave First Nations and Indigenous clients and their families feeling disempowered. This has fed into efforts to revamp the patient complaint process in that region. While the level of Indigenous patient complaints within the region was not statistically significant, examination indicated the existing patient complaint process was considered arduous and was not something people wanted to engage with. Within one geographical area within the health authority, a new process has emerged where practitioners within the system can bring the complaint forward on behalf of a patient or their family, as opposed to by someone who may not feel safe within that service environment. The process was streamlined, allowing clients to give consent for a third party to speak on their behalf. Key informants suggested a model such as this would not have been conceivable a few years ago.

The FNHA is also tracking and working with existing complaints processes and quality offices related to the complaints it receives from clients. The FNHA is further developing this complaints capacity to address complaints about FNHA-delivered and FNHA-funded services, as well as offer a route for clients to submit complaints about the quality of care in the provincial health system. The work in educating First Nations and other Indigenous people across the province about their rights within the health care system, including their right and ability to safely make complaints, remains a critical ongoing task.

Lastly, an emerging partnership, the First Nations, Métis, and Inuit Cultural Safety and Humility in the Patient Care Quality Program, is currently in early development and informed by a Project Collective that includes all regional health authorities, the PHSA, BC Association of Aboriginal Friendship Centres and Métis Nation British Columbia. Currently, the provincial Patient Care Quality Program does not collect or analyze First Nations, Métis or Inuit demographic data or track and monitor complaints related to cultural safety and humility. This has led to a gap in understanding of First Nations, Métis and Inuit peoples' care quality concerns, which contributes to a health system that is not reflective of the perspectives it is aiming to serve. The vision is for a patient care quality complaints process to be culturally safe and accessible to First Nations, Métis and Inuit peoples, contributing to respectful, patient-centered care improvements across the health system.

The Patient Voices Network

In 2009, the Ministry of Health created the Patient Voices Network, which recruits and supports patient, families and caregivers, to work with health care partners to identify and promote local, regional and provincial opportunities for engaging the patient perspective in positive health care transformation. In December 2015, responsibility for supporting the Patient Voices Network transferred to the BCPSQC– a provincial organization that provides system-wide leadership to efforts designed to improve the quality of health care in British Columbia – given an alignment with its mandate to "engage and inform the public as active participants in their own care." The BCPSQC has indicated to help "overcome challenges, seize upon opportunities and find solutions to problems, patients should be effectively engaged and their contributions leads to more informed decisions."[42]

The Patient Voices Network is working to ensure Indigenous voices are heard within patient quality and improvement processes. Before 2008, there was a rather ad-hoc system or approach and many were not tracking whether patients making complaints identified as Indigenous. The FNHA lead for patient quality is working with all provincial and regional health authority quality care offices to understand their processes for identifying, tracking and addressing patient perspectives and played a lead role in growing and diversifying the Patient Voices Network. According to key informants, the FNHA has increased the diversity of the network and these patients are part of the pool of people engaged in change and informing work in the system. There are now a greater number of Indigenous Patient Partners engaged in the Patient Voices Network.

[42] BC Patient Safety and Quality Council. (2017). Patient Voices Network Strategic Plan 2017–2020.

3. Implementing and Sustaining Change

The Guiding Framework outlines the third bucket of activities as Implementing and Sustaining Change. This area of activities focuses on empowering organizations and individuals to innovate and enable the systemic embedding of cultural safety and humility within all levels of the health system.

Training, Education and Human Resources

> *Many people coming into the health care system from post-secondary education have a tokenized education about Indigenous people or none at all. They are not job ready to work with Indigenous people. There is a lot of pushback from medical and nursing schools about adding hours to the curriculum. Institutions assert that the curriculum is fine and demand evidence of harm. There are thousands of examples of harm to Indigenous clients and their families happening regularly throughout the health system. That work the FNHA is doing around needed curriculum changes is incredibly important. And for those already working within the health care system, meaningful professional development training on cultural safety and humility is critical. – Key Informant*

Health system leaders have emphasized the need to move "upstream" in the cultural safety and humility movement by embedding practices into medical and other post-secondary education. The FNHA, among other organizations, is building partnerships with professional associations, regulatory and licensing bodies, and post-secondary institutions to embed cultural safety and humility training into curricula for students in health fields, as well as into continuing professional education.[43]

PHSA – San'yas Indigenous Cultural Safety Training

> *"First Nations and the province will develop a curriculum for cultural competency in 2007/08 and require health authorities to begin this training in 2008/09. Training will be mandatory for Ministry of Health*

[43] First Nations Health Authority (n.d.). FNHA's Policy Statement on Cultural Safety and Humility.

and health authority staff, including executive and senior management."[44]

To fulfil the commitment in the TCA: FNHP, the PHSA created the San'yas Indigenous Cultural Safety Training Program (ICS). Since that time, ICS has trained over 40,000 people in BC and cumulatively 80,000 people across Canada, including health professionals in Manitoba and Ontario. The training establishes expectations around embedding cultural safety and cultural humility in clinical practice, and it encourages self-reflection when relating to and working with people from a different cultural background – specifically Indigenous people.

San'yas ICS Training aims to increase knowledge, enhance self-awareness and strengthen the skills of health care professionals who work directly or indirectly with Indigenous peoples. The program was developed by Indigenous leaders and guided by an advisory committee of Indigenous leaders, community members, researchers and academics who have expertise in Indigenous cultural safety. The training is online, interactive and self-paced. Skilled facilitators guide and support participants through learning modules including interactive activities, quizzes, videos, discussion boards and the opportunity to create individual journal entries.

Rooted in the concept of cultural safety, the training focuses on identifying the social, political and historical factors impacting the health of Indigenous peoples (e.g., residential schools, Indian hospitals, racism, stereotyping and discrimination, health inequities and the social determinants of health). It supports health care professionals and others engaged in the health system to critically reflect on their personal positions and backgrounds and raise awareness about how these factors influence their working relationships with Indigenous people. San'yas Indigenous Cultural Safety Training[45] also introduces tools for developing better communication and relationship-building skills.

While initially developed for health staff, the training modules have expanded to include mental health, child welfare, justice and public service sectors. It has been accredited by several health profession colleges and regulatory bodies, and the training is offered throughout (and in some cases is mandatory) Regional Health Authorities, the Ministry of Health, the MMHA and the FNHA. Advanced post-training modules have been introduced in the areas of anti-racist training, mental health and

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[44] BC Association of First Nations, First Nations Summit, Union of BC Indian Chiefs, Province of BC. (2006). *The Transformative Change Accord: First Nations Health Plan*, p.10.
[45] Provincial Health Services Authority. (2019). *San'yas Indigenous Cultural Safety Training*.

unpacking the colonial relationship. The following tables depict the most recent completion rates for the San'yas ICS Training Program in BC.[46]

Table 1: Completion Rates for San'yas Indigenous Cultural Safety Training Program, BC, 2018/2019

Fiscal year 2018/2019 April 1, 2018 to March 31, 2019	In progress seats +	Completed Seats +	Non-Completed Seats =	Total Seats	Completion Rate
PHSA	303	573	63	939	90%
Fraser Health	301	434	60	795	88%
Interior Health	146	375	42	563	90%
Northern Health	109	219	25	353	90%
Vancouver Coastal Health	37	34	8	79	81%
Island Health	220	358	54	632	87%
Ministry of Health	125	200	14	339	93%
First Nations Health Authority	56	125	5	186	96%
Providence Health Care	0	0	0	0	0%
Totals	1297	2318	271	3886	91%

Table 2: Completion Rates for San'yas Indigenous Cultural Safety Training Program, BC, 2009-2019

All years April 1, 2009 to March 31, 2019	In progress seats +	Completed Seats +	Non-Completed Seats =	Total Seats	Completion Rate
PHSA	322	6,490	959	7,771	87%
Fraser Health	303	3,350	571	4,224	85%
Interior Health	152	4,311	707	5,170	86%
Northern Health	110	4,153	807	5,070	84%
Vancouver Coastal Health	38	2,207	393	2,638	85%
Island Health	221	4,160	773	5,154	84%
Ministry of Health	126	1,408	234	1,768	86%

[46] Ward, C. (February 2019). San'yas Indigenous Cultural Safety Training Program Executive Report.

First Nations Health Authority	57	1,028	86	1,171	92%
Providence Health Care	0	4	1	5	80%
Totals	1329	27,111	4531	32,971	87%

There has been overwhelmingly positive response to the San'yas training model and while it is clear from the completion rates there have been successes,[47] there have also been challenges and limitations. For example, this program does not receive core funding and, as a result, heavy demand has resulted in waiting lists.

The Tripartite Evaluation Working Group survey of members of the Implementation Committee and Tripartite Committee on First Nations Health found there was concern that the online training covers only the basics and does not provide a deep understanding of the historical relationships and power dynamics that affect the contemporary healing journeys of BC First Nations and Canada. Sa̲n'yas is a foundational course that addresses gaps in knowledge about Indigenous peoples while promoting self-awareness and providing opportunities for skill development. Designed for the non-Indigenous learner, it is introductory in nature and requires organizational commitment to ongoing learning and reinforcement (the program also occasionally offers Indigenous-participant-only cohorts, adapted for Indigenous practitioners and staff, who may bring with them lived experience and a deeper understanding of cultural safety, and is also designed to mitigate the risk of triggering trauma). Several key informants emphasized the need for this learning process to be ongoing and that follow up training should be integrated into training plans on a continual basis.

Several key informants indicated that while Sa̲n'yas provides a good underpinning for learning, it does not necessarily change someone's behaviour. Sa̲n'yas is a foundational step toward changing behaviour that requires sustained effort, accountability and commitment to structural changes within organizations. The training process is a reflective one, so it is self-driven and self-determined; thus, if people do not volunteer and create time and space to do the training, it will not get done. In addition to the Sa̲n'yas Training provided by the PHSA, key informants suggested that follow-up training should include specific modules for each health authority on the territories, Nations and communities where staff provide services.

[47] For example, over 1,000 Fraser Health staff enrolled in San'yas in the 2018/2019 fiscal year, representing a 100% increase over the prior fiscal year.

A number of health authorities have complemented the impact of the San'yas training by establishing dedicated educator positions and shaping experiential learning opportunities to create positive behavioral change for health authority staff interacting with First Nations and other Indigenous patients.

Fraser Health

Fraser Health uses San'yas as foundational training for staff and then works to move the conversation to the next level through debriefing circles that create space within the organization to discuss how to address racism within the system. Experiential learning opportunities are being considered to supplement the ongoing learning required for cultural humility among staff. As of February 2019, 1,572 Fraser Health employees and volunteers had completed the Introduction to Indigenous Health eLearning module.

Interior Health Aboriginal Cultural Safety Education and Employment Initiatives

In 2016, Interior Health created a cultural safety and humility education position, leading to the creation of an education plan presented to and endorsed by the leadership and senior executive team. The position identifies and tracks the high, medium and low priorities for those requiring training by 2020. After the pilot year in 2016, findings were evaluated to enable revision of the program as needed. In 2018, this role grew to support two educators, to cover the entire health region.

The Interior Health Aboriginal Cultural Safety Education program and associated 2017/2018-2019/2020 education plan operationalize key activities, which aim to build the cultural competence of Interior Health staff to support the provision of culturally safe and relevant care for Aboriginal peoples in the Interior region. An Aboriginal Health Practice Lead supports three Cultural Safety Educators, a Knowledge Coordinator and an Administrative Assistant. Aboriginal Cultural Safety Education modules are now mandatory for all employees. More than 10,000 Interior Health employees have completed each of the four online modules, exceeding all expectations in the short time they have been mandatory. All existing employees are expected complete the training by March 31, 2020).[48]

In 2018, Interior Health rejuvenated its Aboriginal Human Resources Plan based on four cornerstones: Employment and Retention, Workplace Readiness, Recruitment

[48] Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019.

and Leadership Competency. The plan includes tactics for recruitment and retention of Aboriginal employees towards the goal of 5% Aboriginal self-identified employees by March 31, 2019, which it exceeded and expanded to 10% by 2025.[49]

Vancouver Coastal Health

Vancouver Coastal Health has created training to build relationships and improve knowledge of cultural safety and humility among staff. Vancouver Coastal Health uses an in-person circle method for cultural safety and humility training that includes patient navigators, 'lunch and learns,' learning circles, newsletters and a binder of self-learning materials and videos. Senior executives have participated in many sessions, noting how meaningful they found the training and that they would like to see uptake by as many staff as possible. As of November 2018, more than 1,500 staff had completed the Foundational Indigenous Cultural Safety in-person training (first offered in October 2017),[50] and as of April 2019, 300 acute care staff at Vancouver General Hospital received training.[51] Vancouver General Hospital and Vancouver Coastal Health jointly undertook research to consider the return on investment, the cost of training mental health and cardiac teams and the change in staff knowledge to understand whether training has affected change.

Island Health Cultural Safety and Employment Initiatives

Island Health created a six-hour facilitated, in-person workshop to deepen health care staff's ability to foster a more culturally safe health care environment and improve health outcomes for Indigenous people. Facilitators use a circle process with group process guidelines and encourage participants to practice self-care throughout the day. The workshop explores issues and introduces learning to raise awareness of deeply held attitudes and preconceptions about Indigenous people and to expand participants' knowledge of the historical and social processes affecting Indigenous and non-Indigenous people. It is expected that workshop participants have already completed prior online or other learning about colonial history. By enhancing relational skills, facilitators hope to build culturally safe environments and interactions between health care providers and clients that will reduce barriers and improve cultural safety and increase Indigenous clients' access to health care services. As of April 2019, work has begun with Emergency

[49] *Ibid*
[50] Vancouver Coastal Health. (2018) Connections for Leaders.
[51] Information provided by a key informant in an interview with the consultant.

Departments at Campbell River Hospital, West Coast General Hospital and Victoria General Hospital to support staff to participate in cultural safety education.[52]

Island Health recognizes the need to create a more representative workforce to better serve Indigenous clients. With the early and ongoing support of executive leadership, Island Health has launched initiatives that include hosting workshops on the range of careers available in health care, attending career fairs and offering Indigenous job applicants one-on-one employment support from an Aboriginal Career Coach. In addition, Island Health has actively recruited First Nations and other Indigenous workers who have the skillsets to fill open positions and its applicant tracking system includes a mandatory diversity question for internal and external applicant. Further, the health authority has improved retention rates by communicating to Indigenous staff the value they bring to their work and the organization. Through this initiative, the number of Island Health employees who self-identify as Indigenous has increased from 199 individuals (or 1.09% of the total workforce) in April 2012 to 613 individuals (or 3.04% of the total workforce) in December 2016.[53]

Northern Health Indigenous Health Resources

Northern Health Indigenous Health team created a series of booklets to support Indigenous peoples in accessing and navigating the health care system. These outline the patient complaint process, mental health and addictions programs and services, and sacred spaces and gathering places in Northern Health facilities and grounds. The booklets are designed to ensure this information is accessible to those without regular access to a computer or the Internet. Each booklet was developed in response to needs identified by Indigenous community members, leaders and health care providers, and both internal and external stakeholders and partners were involved in developing and reviewing the content. The materials were visually designed to make the booklets approachable and engaging and the content is presented in plain language and laid out to maximize readability. Copies have been distributed in hard copy and electronic form to as many clients as possible – electronically via newsletters, email, social media and websites; in hard copy at meetings, events, conferences and health fairs; and, by mail to Northern Health facilities. Northern Health is monitoring distribution and download rates of the documents and is collecting qualitative feedback on the documents at meetings and through a Northern Health-wide survey about the Indigenous Health department

[52] Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019.
[53] *Ibid*

and its resources. In addition to client resources, Northern Health funded First Nations to develop resources to teach health providers about their communities.

Aboriginal Patient Navigation

Aboriginal Patient Liaison/Navigation (APL/N) was introduced as a health care intervention in 1986 to reduce barriers and improve the health care experience of Indigenous patients within the hospital system and to make the system more culturally safe for Indigenous patients at the point of care. Today there are APL/N positions across all regional health authorities.

Cultivating a relationship between Indigenous patients and their health care providers – and ensuring the cultural safety of the clinical encounter – is the main role of an APL/N. They facilitate communication between the patient/family and health care providers; provide emotional support to patients/families; advocate on behalf of patients; facilitate and/or provide practical support; facilitate spiritual care; facilitate cross-cultural competence with health care colleagues; liaise with Indigenous communities and community organizations; document the services provided; and, promote the program.[54]

In 2015, the Aboriginal Health (now Indigenous Health) Program at the PHSA conducted a review of the APL/N Program in British Columbia. The review found that "while the Aboriginal Patient Liaisons/Navigators provide a range of functions along a patient's health care journey, the greatest value of their service is in assisting patients and their families to navigate the complex, confusing, highly structured and fast paced system within a hospital."[55] It also identified position, program, organizational and provincial strategies to improve the program.

Engaging Outside the Health System

The health system and its services are connected to and part of, a broader network of systems and services accessed by BC First Nations and Indigenous peoples. The health sector's championship of cultural safety and humility is now reaching into these related systems and services.

[54] Provincial Health Services Authority. (2015). Dancing in both worlds: a review of the Aboriginal patient liaison/navigation program in British Columbia.
[55] *Ibid*

BC Coroners Service (BCCS)

> The loss of a child is a devastating trauma and extremely difficult to articulate in mere words. Four years ago, my little two-month-old niece, Makara, passed away suddenly without warning. This tragedy was only the beginning of a traumatic series of events within a system that is intended to provide care.
>
> As Tla'amin people, our traditional laws direct us to carry out our death protocols within a week's time, with our loved ones' bodies intact so they can carry out their role in the spirit world. We also appoint an advocate to speak for the family in their time of grief. For Makara, an autopsy was ordered by the coroner, as with any infant death and the report came back clear of any criminal wrongdoing. We were then informed that, without our consent, her body was being returned to us but her brain stem was to be retained for several weeks for medical investigation despite no further legal concerns. We were told that, regardless of the will of the family or the additional trauma and grief this would cause, this was standard practice and was for the greater good of society.
>
> This conflict between cultural ways of living and systemic policies is a tragic example of culturally unsafe services that can do more harm than good. As a result of the BC First Nations Health Partnership with federal and provincial governments, work is under way to begin to address these challenges.
>
> [....]
>
> Makara's legacy is a Coroners Service that acts with cultural humility. Their willingness to consider the voices of the people they serve and review their practices has helped them establish culturally safe practices for all British Columbians.
>
> Joe Gallagher, First Nations Health Authority calls for cultural safety in B.C. *Globe and Mail*: Published Monday, Jun. 20, 2016.

One example of significant progress cited by key informants is the success the BCCS has had in working with pathologists who conduct autopsies to make their practice more culturally appropriate for the families and communities of deceased First Nations infants. Previously, it had been the standard practice of pathologists to retain the brain stem of a deceased infant for a month. This was counter to the First Nations need for the body to be whole within a few days so it could move to the

spirit world. Changes in practice of BCCS include developing regional death and dying protocols and ensuring that FNHA staff are included or providing training in the event of complicated deaths.

The FNHA and BCCS signed a Memorandum of Understanding in May 2014 to address how the policy and practice of coroners and their coordination with other partners (Royal Canadian Mounted Police, pathologists, the Ministry of Children and Family Development, Representative for Children and Youth) can improve to be more respectful and inclusive of family member decision-making and death and grieving protocols. As a result of the FNHA and BCCS collaboration, the BCCS has changed the approach to the post mortem investigation of these deaths to ensure that the least invasive means possible is used based on each individual situation and discussions with the family. This means that BCCS no longer routinely requires the retention of brain stems unless findings indicate a need for further neurological examination. This is a positive policy change, not only for First Nations and Indigenous peoples, but also for all provincial residents who may experience a tragic death.

Key informants indicated that while the work with the BCCS was difficult at first, lasting relationships emerged from the process. Through challenging but respectful dialogue, the FNHA encouraged the BCCS to understand First Nations' cultural practices and interests, as well as to review the evidence on the value of brain-stem retention. After this request, the BCCS reported back that in 138 infant death autopsies, further neuropathological examinations after brain stem retention added no value to the investigations and did not illuminate findings that had not already been identified through autopsy. The BCCS acknowledged these practices caused harm to families and were unnecessary. Their new practice provides all BC families with the choice to determine how their children's remains will be treated once legal requirements are satisfied. As of 2016, the vast majority (over 90%) of families – including both First Nations and non-First Nations families – had their children's remains returned intact and have more of a voice in determining how their children's remains will be treated.

This is but one of the many activities that the BCCS has undertaken to enhance the cultural safety and humility of its policies, practices and practitioners. The BCCS is often cited as one of the most meaningful cultural safety and humility partners for BC First Nations.

Emergency Management

The wildfire season of 2017 was a turning point for the BC provincial emergency management system, sparking reports such as the Chapman/Abbott "Addressing the New Normal: 21st Century Disaster Management in BC" and "With Us, Not for Us, FNHA Interior Region Report on Wildfires 2017" (and 2018 update). These reports note the need for enhanced cultural safety as well as the need for more fulsome collaboration between provincial emergency management agencies and First Nations, based on respect for self-determination, traditional knowledge and reconciliation.

At a 2018 Interior Regional Caucus Meeting, the Interior Regional Caucus passed a resolution entitled "State of Emergency," demonstrating consensus among First Nations leaders in that region that tripartite agreements on emergency management need to be entered into at the Nation level rather than, or in addition to, at the provincial level. The resolution calls upon federal and provincial governments to conduct meaningful Nation-to-Nation engagement on emergency management and that Nations need to be supported to build the necessary capacity to prepare, mitigate, respond and recover from emergencies with direct funding to develop and implement Nation-based tripartite emergency management agreements.[56]

This wholistic, Nation-based approach to emergencies recognizes the importance of more effective, culturally safe, collaborative wildfire/flood emergency responses, wherein First Nations' inherent right to participate in decision-making affecting their communities helps to address trauma and support wellness. Response and recovery from natural disasters, on top of intergenerational trauma, mental health crises and the overdose public health emergency, must also acknowledge the cultural disruption caused by impacts on traditional medicines, food security, income security and heightened stress and anxiety. Recommended actions and lessons learned from 2017/2018 wildfires and floods have since become priorities.

In spring 2019, the FNHA Interior Region received $5.985 million from the Canadian Red Cross-BC Region provincial recovery fund for two years of mental health and wellness planning and actions to support mental health recovery in the 28 Interior communities affected by the 2017 wildfires. These funds also support capacity within each of the seven Interior Nations to hire a Nation-based Emergency Mental Health and Wellness Manager and can be used to support

[56] FNHA Interior Region. (May 2019). Bi-Annual Report.

traditional and cultural healing activities. In 2018, the provincial government also provided funding to the FNHA to support Aboriginal Focused Oriented Therapy and Complex Trauma Certificate training in order to support recovery.[57]

Stemming from these reports and experiences, in May 2019, EMBC and the FNHA signed a Letter of Understanding outlining "shared priorities for service and operational improvement and an ongoing working relationship between the two signatories."[58] Through the Letter of Understanding, the FNHA, EMBC, Ministry of Health and Regional Health Authorities will better coordinate and integrate emergency management with and for First Nations in BC and will work to incorporate First Nations perspectives into provincial emergency management legislation, strategies, policies and actions. The FNHA and EMBC also signed a Declaration of Commitment to Cultural Safety and Humility, committing to embed cultural safety and humility training within orientation, learning and staff development at EMBC and other emergency management partners. EMBC has begun cultural safety training to support diversity and inclusion and has initiated conversations with other partners to begin significant training and education with their staff, volunteers and other frontline staff.

Efforts to Create Culturally Safe Health Environments

Recognizing that welcoming physical spaces and artwork are an important signal of organizational culture and expectations, recognition of Indigenous communities and territories has been integrated in various facility planning processes, with artwork, acknowledgement of territories and sacred spaces having been established in all regional cancer centres in BC and across many health authority facilities.[59] There are many efforts across the province to create culturally safe health environments where Indigenous clients receive services. More hospitals and clinics have spaces that can be used for cultural ceremonies or for extended families visiting clients.

For example, seven Interior Health hospitals have existing sacred spaces, with an additional four initiating the development (Boundary, Nicola Valley, Arrow Lakes and Vernon Jubilee). Royal Inland Hospital recently celebrated the talents of a local artist who designed a stain glass wall that has become a beautiful feature of the hospital's Sacred Space.[60] More Regional Health Authorities are creating Elder-in-Residence

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[57] Emergency Management BC and FNHA. (May 2019). Letter of Understanding.
[58] *Ibid*
[59] Johnson, J. (2018). Measurement of Cultural Safety and Humility in British Columbia (unpublished Capstone).
[60] Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019.

positions and working to increase Elder representation throughout their regions to facilitate access to ceremony and cultural supports and to act as advisors within the health system. In 2018, PHSA Facilities Management, in partnership with Indigenous Health, began developing facility design guidelines for renovations and new builds, taking into account best practices for culturally safe spaces and engagement with local Indigenous communities.[61] Lastly, in November 2018, a Coast Salish totem pole celebrating crossing cultures and healing was raised at the Ministry of Health in Victoria. Over 300 Ministry of Health and MMHA staff had the opportunity to participate in the carving process as an experiential activity of cultural humility and continuous learning.

North Island Hospitals Project

Two new hospitals were opened in the North Island in late 2017 – one in the Comox Valley and one in Campbell River – each incorporating culturally safe spaces by design. In 2012, as planning for these hospitals commenced, the North Island Hospitals Project created an Indigenous Working Group so the hospitals' design would reflect Vancouver Island First Nations and Métis cultures, community history and values, and local artists. Both hospitals feature a special culturally safe, spiritual and non-denominational "Gathering Place" room next to the main entrances. While the design of these rooms recognize the Vancouver Island Indigenous cultures, the rooms are available for people from all cultures.

Indigenous Working Group members helped to ensure that the Gathering Place designs included a larger exterior view to maximize natural lighting, as well as direct access to an outdoor garden with traditional medicinal plants. These rooms also have flexible spaces and systems, including soundproofing and ventilation, to accommodate a wide variety of ceremonial practices, such as music, drumming and smudging. In addition, these facilities have space to securely store ceremonial items. Next steps will include developing guidelines for how the rooms are used, so those running the facilities understand the cultural practices. Island Health Indigenous Working Group, clinicians and others will work together on these guidelines.[62] Similar renovations are happening in other hospitals, such as Royal Jubilee in Victoria. The Saanich Peninsula Hospital has placed a totem pole to create a welcoming atmosphere as clients, families and community members enter the hospital. Many hospitals and clinics have incorporated Indigenous art, and some are introducing signage in First Nations languages.

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[61] Provincial Health Services Authority. (2018). Working together to advance Indigenous cultural safety in health care.
[62] Island Health. (2016). A Gathering Place for everybody.

Commitment to Monitoring, Evaluation Strategies and Core Indicators

Key informant feedback notes that while some organizations are putting plans in place, outcomes of those plans have yet to be tracked. Formal strategies and work plans require accountability to ensure that commitments are met. Key informants noted that tripartite tables (e.g., the Tripartite Committee on First Nations Health (TCFNH)) are important forums for the partners to come together to check in on progress and change approaches as needed. 23 regulatory colleges – such as those responsible for regulating nurses, pharmacists, dentists and physicians – signed Declarations of Commitment and have added a cultural safety and humility question to their annual license renewal processes and are tracking responses. One concern identified in the Tripartite Committee on First Nations Health survey responses is that once short-term goals have been achieved, partners and stakeholders may feel they have done enough and discontinue learning and growing with regard to cultural safety and humility in their organizations.

> *The work that we've been doing as an organization is trying to get the health authority and organizations to embed Cultural Safety and Humility as [a] normal piece of their work so it's not a special piece of work, it becomes just something that's part of their annual work plan, part of their day-to-day business.* [63]

BC Patient Safety and Quality Matrix and Quality Forum

Another opportunity to embed and evaluate cultural safety and humility within the BC health system is the redesign of the BC Health Quality Matrix. This Matrix is used to guide planning, improvement and evaluation of patient safety and quality within the provincial health system. In partnership with the FNHA and stakeholders across the province, the BCPSQC is refocusing the Matrix from the predominant clinical lens towards reflecting an Indigenous perspective.[64] This means moving away from an illness- and deficit-based approach towards a more wellness- and strengths-based focus in keeping with the First Nations Perspective on Health and Wellness. Additionally, the FNHA and the BCPSQC have partnered to ensure that Indigenous health and wellness is completely embedded in the annual provincial Quality Forum, with full stretches of dedicated programming.

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[63] *Ibid*

[64] BC Patient Safety and Quality Council. (2020). BC Health Quality Matrix Handbook.

Organizational Cultural Competency Self-Assessment Tools

Interior Health, at the request of the Interior Health Aboriginal Health Team, developed an evaluation framework around the Aboriginal Health and Wellness Strategy 2015-2019, specifically regarding Advancing Cultural Competency and Safety. The PHSA, in collaboration with the Interior Health Evaluation Department, evolved the work into an assessment tool to determine organizational Aboriginal cultural competency to measure the current state of organizational cultural competency and inform the direction and focus of future planning and evaluations. The tool was developed to support Interior Health's strategy to build and enhance the cultural competence of the organization and its employees in order to provide culturally safe and relevant care for Indigenous peoples. The tool outlines standards for each domain based on areas of function and structure within the organization and could be adopted by other organizations for assessment and evaluation, in order to allow for cross-system information sharing.

For each of the six organizational domains and areas of function and structure within the organization, standards are rated through a range of qualitative indicators across columns reflecting stages toward Indigenous cultural competency. The same six domains are the basis for the PHSA Strategy:

Figure 4: Indigenous Cultural Safety Strategy Action Areas[65]

[65] PHSA. (2018). Indigenous Cultural Safety Strategy: Directional Plan.

Development of Indicators

So, we knew from previous work that First Nations had a higher burden of illness when they enter the system and they have a higher prevalence of ambulatory, treatable conditions when they do get into hospital. So if the vision and the outcome is actually a better health care system that is more culturally sensitive and appropriate for First Nations people, then we should be able to measure that in First Nations individuals' experience of the health care system in a survey and we also should see it hopefully reflected or starting to be reflected in the data, in that I would expect to see a lower burden of disease when people get into the system, but fewer illnesses in the hospital are actually sensitive to ambulatory care.[66]

According to research performed by the PHSA, "a few frameworks aiming to increase cultural safety and competency have been developed by health authorities in Canada, yet there is a lack of evaluative studies on their impacts or outcomes. Although these frameworks are based on research about what is needed to create safer and more equitable health care environments, structural transformation takes time and long-term health outcomes can be difficult to measure."[67]

Work is underway to develop indicators, based on existing foundational documents and agreements, to help measure improvements. According to a number of key informants there is no useful baseline measurement of the state of cultural safety and humility across the health system now or prior to the start of this work in 2010. Currently there is no system-wide Indigenous client or employee survey data, nor systemic measurement at the health authority level to assess how Indigenous clients experience health care.

Key informants note that important interventions have occurred, but questions remain about who gets to say what "improved" means and what effect interventions may have at which points in the system. The PHSA's organizational indicators of Indigenous Cultural Safety are currently in development in the following areas: Indigenous Governance, Leadership and PHSA accountability; Experiences and Incidents of Racism and Discrimination; and Workforce Experiences and

[66] Tripartite Evaluation Working Group. (2018). Implementation Committee/TCFNH Survey, Interview and Focus Group Findings. (Unpublished)
[67] PHSA. (2016). PHSA Cultural Safety Framework: An Organizational Assessment Tool.

Representation.[68] The TCFNH has mandated the development of a cultural safety and humility measurement framework, to be led by a standing committee that undertakes performance measurement and evaluation across the BC health system.

Partnership with Health Standards Organization

By supporting standards and/or participating in accreditation, organizations can demonstrate that they provide high-quality, effective, patient-centred and safe care. Standards help build trust and promote learning within communities while optimizing the use of resources.

In December 2017, the FNHA and the Health Standards Organization signed a letter of intent to develop a cultural safety and humility standard specifically for British Columbia. This will provide a standard within organizations and systems to guide performance and continuous quality improvement for cultural safety and humility. A Technical Committee was struck and has commenced work to develop this standard. While the Health Standards Organization process for standard development continues to guide the process, the process has been adapted to be culturally safe by:

- Recognizing Indigenous methodologies, such as the inclusion of an Elder in the technical committee;
- Recognizing Ownership, Control, Access and Possession (OCAP) principles in the agreement with Technical Committee members;
- Increasing the number of face-to-face meetings; and,
- Establishing a different consensus-building process for the Technical Committee.

Fraser Cultural Safety Review

Upon signing the Declaration of Commitment in 2015, Fraser Health began working on the Fraser Salish Cultural Safety and Humility Framework, developing approximately 40 tangible and pragmatic strategies to meet the objectives of the commitment in harmony with their regional health and wellness plan.

In 2019, Fraser Health conducted a review of cultural safety and humility across the health authority, including the efficacy of its cultural safety policies, strategies and practices by identifying gaps in culturally safe practices and articulating solutions to resolve those gaps, taking into account the unique organizational realities of Fraser

[68] *Ibid*

Health at the regional and local level.[69] The findings will support the renewal of the Fraser-Salish Partnership Accord. In 2019, Fraser Health conducted an Indigenous staff experience survey completed by 18% of its self-identifying Indigenous staff. Results will be used to inform human resource and staff retention strategies.[70]

[69] Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019.

[70] *Ibid*

Evaluating Improvements in Cultural Safety and Humility

Without baseline data assessing how First Nations clients experience health care, it is difficult to assess the degree to which cultural safety and humility have been improved in the health system. Further, it is difficult to measure something that is defined by each individual client. As such, partners currently rely on process measures, meaning that measuring improvements in cultural safety and humility at this stage is more observational and anecdotal for the purpose of this case study.

Key informants suggested that one important indicator to monitor is level of service use. If health authorities can successfully monitor self-identification of Indigenous clients, then service utilization data can demonstrate whether health service use is increasing and whether the gap in service use between Indigenous peoples and other residents is closing (both indicators of whether Indigenous clients feel safe in using health services).

A number of key informants drew attention to the issue of assessing whether cultural safety and humility have improved within the BC health system as a whole, suggesting that it would be most meaningful to measure these changes at a regional and sub-regional basis. This measurement would provide a better sense of where changes may be most needed and where successes should be celebrated, as well as to better report and demonstrate accountability to the communities and Nations being served.

Has Cultural Safety and Humility Improved?

> *Has cultural safety and humility been improved within the BC health system? That depends on how you define "improve." It has improved in the sense that there is increased awareness and more conversations about cultural safety and humility. There is more focus and more information on cultural safety and humility, there are more programs and initiatives that have been developed or are in development. Last week, a colleague from Manitoba commented that the work that is happening in BC is not happening in other parts of the country. But, do I think that we are providing culturally safe services throughout the health system? No. Many clinicians and providers are completely unaware of*

the commitments to cultural safety and humility, while others are aware but have not changed their behaviour. At the systems level, not much has changed. – Key Informant

One key informant stated that cultural safety and humility go beyond the health care system to a larger social issue, where a transformation is needed within Canadian society in terms of how it looks at people who have a different way of being.

Are we at a spot where cultural safety and humility are embedded and working in all cases within the system? Nowhere close. But at least there's an acknowledgement and recognition of moving towards that and that there's a gap. I think before people wouldn't even recognize there was a gap. – Key Informant

Many key informants felt that some improvements have been made. As examples, they noted more facilities adapting to accommodate larger First Nations and Aboriginal families and support networks, and more facilities accommodating cultural ceremonies relating to birth and death, including ceremonies that require ventilation systems for smudging. Many facilities have shown increased openness to listening and accommodating these cultural needs.

At a higher-level yes. And the front line it is getting there. There is lots of planning and discussion at the executive level, yet we still face a number of complaints. – Key Informant

Key informants described witnessing an expansion in frontline health care professionals working to understand and implement cultural safety and humility in their work. The movement has grown from Aboriginal Health Managers and Directors to include site managers, emergency room nurses, doctors and pharmacists, among others. While many have described progress as slow and occurring in limited areas, key informants also felt that some meaningful foundational progress has been made that should continue to be built upon.

In response to a survey of members of the Implementation Committee and Tripartite Committee on First Nations Health, approximately half of interview participants indicated that First Nations perspectives have been increasingly

integrated into service planning and decision making within the provincial health system. Close to the same number stated that First Nations have experienced an increase in responsiveness in their experiences within the health care system, although it was acknowledged that more access and infrastructure are still needed.

> *I think we're seeing a real eye-opening exercise around the province in terms of FNHA having an actual role bringing something to the table in terms of, not only the voice of our constituents, but the perspective we're bringing in terms of wellness and First Nations perspective and setting certain values and developing … the discussion around Cultural Humility.*[71]

Regarding whether programs and services are more reflective of First Nations perspectives on health and wellness, the 19 survey participants provided an average score of 3.6 out of 5;[72] while they provided an average score of 3.5 out of 5 on the question of whether cultural safety has improved in the BC health system. These ratings suggest that partners have made some progress in meeting their commitment to work together to improve health and wellness services for First Nations.[73]

Improving Trust in the Health System and Reducing Racism as a Barrier to Health

> *One of the barriers to good health lies squarely in the lap of the health care system: many First Nations and Aboriginal people don't trust – and therefore don't use – mainstream health services because they don't feel safe, due to "being treated with contempt, judged, ignored, stereotyped, racialized and minimized".*[74]

Key informants provided feedback on and assessment regarding whether trust in the health system has improved and racism has been reduced as a barrier to health.

[71] *Ibid*
[72] Note that 5 represented the highest mark a survey respondent could provide, indicating great progress, while 1 represented the lowest mark a respondent could give, indicating no progress.
[73] Tripartite Evaluation Working Group. (2018). Implementation Committee/ TCFNH Survey, Interview and Focus Group Findings. (Unpublished).
[74] *Ibid*

While the Implementation Committee and TCFNH survey indicated changes in approach and responsiveness of service providers, by and large, key informants did not feel there has been a significant reduction in racism or an increase in trust. That said, others noted that the First Nations health governance structure and discussions of cultural safety and humility within leadership circles has created space within the health system to name and talk about racism toward First Nations and Indigenous peoples.

> *First Nations people have a voice in terms of racism in the health system and being able to directly name it and confront it … This is very quickly translated into action and understanding what's acceptable and what's not.* [75]

The cultural safety and humility tables that operate within each region were identified as a key forum for addressing the level of racism that operates within the health care system and improving health care practice. The forums include many of the key decision-makers and stakeholders who can help create culture changes within each of the respective organizations and areas of practice.

> *Prior to the introduction of 'Cultural Safety and Humility' into the lexicon, there was a great hesitancy to talk openly about racism within the health care system itself. Now, there are more conversations where people are openly acknowledging racism and/or that the perception of racism may be hindering access to timely and quality care. Becoming conscious of one's unconscious biases is the first step, which then enables one to admit and acknowledge the reality of racism. Shouldn't we have done that already? It isn't necessarily obvious for some. It can be an emotionally turbulent journey to go through that awakening. That's why it's so important to guide people through that first step. – Key Informant*

There was both a sense of skepticism and hope amongst key informants about whether cultural safety and humility efforts could reduce racism as a barrier to good health – whether or not the system can change. As one key informant put it:

[75] *Ibid*

> *There's so much acceptance of racism, period. It's like there's a certain percentage that's allowable to exist, like, 'I'm going to accept a 15% surgical infection rate.' Certainly, people are trying, but there's just so much work to do in even getting people to understand the history in Canada. There are those people who have some kind of issue and seem compelled to take it out on other people, particularly vulnerable people. And let's face it, are [we] ready to talk about white supremacy or the idea of the supposedly natural ranking of races and peoples, with white people at the top, that so many people still believe in, whether consciously or not? – Key Informant*

Some key informants felt that strides have been made in terms of building relationships that help establish trust between their organizations and communities. Some felt hopeful that changes to social attitudes occurring in recent years will help carry the changes needed through at all levels of the health system. Key informants noted the Truth and Reconciliation Commission of Canada's Calls to Action have raised awareness of how First Nations people experience the health care system differently and can be harmed by these experiences.

While some improvements have been made, one participant in the Implementation Committee/ TCFNH survey process noted how persistent the problem of racism is at the service level within the health care system: "There [are] still incidences of structural barriers and racism every week where we [have] to intervene to mediate a circumstance or to reflect back to the service provider."[76] Some key informants highlighted the lack of appetite to address racism and discrimination, suggesting the Parties need to think about how to make tackling racism and discrimination a reward-based initiative. Organizations need to not only recognize the health impacts racism and discrimination have on First Nation and Indigenous peoples, but be able to discipline those who treat First Nation and Indigenous peoples with disrespect. As one key informant put it, "Lives are at stake. I don't want to be other people's learning opportunity." Others noted that, without more extensive surveys on patient experiences, it is difficult to know whether trust is being built.

Successes and Indicators of Progress

It was widely agreed that the majority of successes observed are at the leadership level, while little change is witnessed at the service level where First Nations and

[76] *Ibid*

Indigenous clients are interacting directly with the health system.[77] Key informants all acknowledge where important interventions have occurred and recognize that much progress has been made in terms of increased awareness, increased dialogue, increased partnership opportunities and increased initiatives across the health system. All key informants stressed both the difficulty and importance of the work, and recognized the significant and ongoing commitments to cultural safety and humility from both the Province and the FNHA staff and leadership. Several honoured the leadership of the FNHA's previous Chief Executive Officer Joe Gallagher, in relentlessly driving the agenda of change forward. One key informant expressed the general sentiment: "It is pretty amazing to think about how far we have come, though there is still a long way to go."

> *I think we can see changes … there's not that divide. Before, you'd want to get service for a First Nations person; they'd say "Nope, that's not our responsibility, that's a federal responsibility."*[78]

Key informants highlighted successes and indicators of progress to-date as:

- Partners committing to and using the language and conceptual framework of Cultural Safety and Humility to improve the health care experience of First Nations and Aboriginal clients;
- The breadth and uptake of the Declarations of Commitment across and outside of the health system;
- The FNHA's growing strength and importance as both a resource and a partner that is relied upon, on an ongoing basis, for information, advice and reviewing functions;
- The sizeable uptake and ongoing demand for San'yas ICS and other training efforts;
- The participation in the #itstartswithme campaign, the attendance for the action series webinars and the number of people that made commitments to advancing this work; and,
- The development of organizational and health authority action plans and assessment tools.

[77] This is in part attributed to the short time frame since the implementation of the Tripartite Framework Agreement, in part to deeply ingrained racism and in part to the need for additional training and tools for front line service staff (who, in fact, are actively seeking these out).
[78] Tripartite Evaluation Working Group. (2018). Implementation Committee/TCFNH Survey, Interview and Focus Group Findings. (Unpublished).

When you know all of the directors and leaders and bring them into your world – they want nothing more than to help you. Those we work with find their work with the Aboriginal population is the most satisfying part of their work. They see the results and the change and we talk about it all the time. We give lots of recognition and support to those doing the work. We provide constant communication internally to ensure everyone in the HA has access to information about what we are up to, raising the profile of Aboriginal Health. – Key Informant

Many key informants indicated there has not been enough time since the implementation of the Tripartite Framework Agreement to see changes take effect at the service level. However, they noted some positive changes at the service level – including an increase in the number of sacred spaces in hospitals, APL/N and Elders on staff available for Indigenous clients in more health authorities – that help make the health care experience more culturally safe and appropriate for Indigenous clients.

While there is a long way to go, it is clear that other jurisdictions, across Canada and globally, look to BC for innovation in culturally relevant and safe care. At the twice-annual TCFNH, members report on cultural safety and humility activities. These successes are included in the annual Together in Wellness reports by the TCFNH, organizational annual reports, news sections of their websites, in their newsletters and in their social media. Key informants identified one of the most effective means of celebrating success as ceremony and public witnessing, which help build awareness and emotional memory of significant accomplishments. Ceremony and witnessing, particularly involving senior leadership, can have a much greater effect on the culture of an organization than an email blast celebrating an organizational achievement.

Key Barriers

Thousands of our people are being harmed every day. I see this through the data I have access to. Changes are being made at the highest levels to create a culturally safe organization. But, so far, I don't see a lessening of harm experienced by our people within the system. – Key Informant

Initial efforts have unearthed some key barriers in the system and, in some cases, identified the changes needed to overcome them moving forward. Many of the emerging recommendations centre on increased accountability at different levels of the health system. However, one of the largest challenges to progress identified by key informants is time. It will take time to grow, evolve and change the predominant health system culture; to address deeply ingrained biases; to change how system priorities are set; and, to develop innovative responses that allow cultural safety and humility to be embedded throughout the health system.

Deep-Seated Racism

The largest barrier to change cited by key informants is pervasive racism, stereotypes and substandard care experienced by First Nations and other Indigenous clients and their families. Some felt hopeful that changes to social attitudes are occurring; however, by and large, key informants do not perceive a significant reduction in racism or increase in trust. Most of the complaints received continue to be about racism, stereotypes and substandard care. In other cases, people may feel that they have been brushed aside and not acknowledged, as if they are not even there; or are treated with impatience and more roughly because they identify as First Nations.

> *The issue of anti-Indigenous discrimination has never been dealt with in this province. People think if we provide them knowledge of our culture it will magically eliminate discrimination. That's the pedagogy around change. There is serious rigidity to change in organizations. I go to meetings where people have never heard about residential schools. It is shocking. They don't understand that they work in a colonized system that oppresses people. When they start to learn, they have no idea what to do. These are deep barriers that workshops or communiqués won't fix. There are individuals working inside the system that are hostile to change to address inequities experienced by Indigenous clients. Trying to get some of these individuals to change is like poking a bear. They respond with narrative like "Why are Indigenous people so special?" – Key Informant*

In 2019, the PHSA produced a report entitled *Mapping the Harms of Indigenous Racism in the British Columbia Health Care System*, which depicts eight different categories of harm within three layers of experienced racism: interpersonal, organizational and systemic. Through San'yas data and personal real-life examples, the PHSA has

generated data and information about common harms, stereotypes and hotspots, such as inappropriate referrals, culturally inappropriate care practices and lack of resources leading to harms such as death, medical complications and refusal to access care.

Some key informants did note that the First Nations health governance structure and cultural safety and humility leadership discussions have created space within the health system to name and talk about racism toward First Nations and Aboriginal peoples.

> *Systemic racism is a fast-moving vehicle and the work being done to address it and increase awareness and understanding on how to provide services to our people is a slow-moving vehicle. – Key Informant*

Key informants indicated a need for anti-racism tools; however, another proposed means to this end is that the most senior leadership and partners include stronger language and an action plan in their mandate letters and job descriptions around how they will champion implementation and measure success. There is also a recognized need for the Declarations of Commitment to resonate throughout entire organizations and not only vest with Aboriginal Health units or staff. Mandatory deliverables were considered necessary by many key informants.

Western Biomedical Model

Despite many of the positive efforts underway, the health care system remains very professional-centric, where relationships are modelled on practitioners as experts directing a patient, rather than one in which the client leads and the practitioner supports. In this paradigm, the client as patient is passive and powerless, the recipient of the caregiver's generosity. The goal of client-centred or relational-based care is for clients to lead with their priorities and questions and health care practitioners to act as resources and knowledge sources to support clients in their health goals. Key methodologies for practitioners in this approach include motivational interviewing and brief action planning to achieve and co-develop a plan of action that empowers the client to feel ownership and agency.

According to the FNHA Traditional Wellness Framework:

"In order to build understanding, more effort needs to be placed on filling the knowledge gap between Western and traditional practices. This can be done by supporting the education of Western medical practitioners and administrators with the fundamental goal of creating an understanding and acceptance of traditional wellness and forming a collaborative approach to health care. Educational topics could focus on understanding traditional wellness practices, how traditional wellness practices can be built into existing health systems, potential benefits from traditional wellness practices and how these practices can be accessed. Education directed toward the health care patients could focus on the value of combining both traditional and Western practices into the individual's health management."[79]

According to key informants, persisting siloes in health care teams continue to act as a barrier to client-centred care. Members of different professions, all engaging with the same client, often do not communicate directly with each other, which does not facilitate wholistic understanding of client needs, nor does it put the client at the centre of the team as an agent. More closely integrated, interdisciplinary and collaborative teams will better serve and centre clients.

Baseline Data

As noted, key informants cite the lack of baseline data and a lack of indicators as a barrier; however, there are a number of tripartite data and information commitments and initiatives to support First Nations health information governance around the collection, use and sharing of First Nations data.

"Due to the lack of Indigenous identity not being hardwired into other identifiers, there is a significant reliance on self-identification processes for all data collection related to Indigenous peoples...

Self-identification is the means by which Indigenous people voluntarily identify as First Nations, Inuit and/or Métis at the point of care and/or via various survey processes. In BC, there was been an effort to standardize the collection of self-identification information through the Government Standard for Aboriginal Administrative Data, which supports consistency

[79] FNHA. (2014). Traditional Wellness Strategic Framework.

in the technical aspects of the data points to be collected by the provincial government and government agencies (Province of British Columbia, 2007). This allows for comparability and quality of data across all government and other agencies in the province.

While this standard helps to addresses the quality of the data itself, it does not address the quality of the process to collect the data. Self-identification processes are fraught with potential cultural unsafety; due to processes of colonialism in which the state used Indigenous identity to discriminate against and control the lives of Indigenous peoples, there continues to be significant fear and mistrust on the part of Indigenous clients to be identified as Indigenous (Educational Policy Institute, 2008)."[80]

At the regional level, Interior Health launched an Aboriginal Self-Identification Project to support work to "design and deliver more culturally sensitive programs and integrate traditional practices into the delivery of health care to First Nations, Inuit and Métis people."[81] Patients of hospitals, health care centres and mental health sites that self-identify are asked additional questions and, if desired, receive Aboriginal Patient Navigator services.

While there is no one data source or measurement framework that yet comprehensively captures a complete picture of cultural safety for First Nations in BC (although efforts on a system-wide measurement framework are underway), it is possible to make use of various available data sources, particularly Patient Reported Experience Measures and Patient Reported Outcome Measures.[82] The surveys are conducted province-wide in health care sectors deemed to be priorities by the Ministry of Health and the Health Authorities, including acute inpatient care, emergency department care, outpatient cancer care, short-stay mental health and substance use care and long-term residential care.[83] All Patient Reported Experience Measures surveys have included an Aboriginal self-identifier ethnicity variable.[84]

[80] Johnson, H. (2018). Measurement of Cultural Safety and Humility in British Columbia (unpublished Capstone).
[81] Interior Health. (2019). Aboriginal Self Identification (ASI) Project Frequently Asked Questions.
[82] Each data source differs in terms of the sample population, methods for identifying First Nations respondents and subject area.
[83] All provincial PREMs reports available: https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/health-authorities/patient-experience-survey-results.
[84] The survey question asked whether the respondents considered themselves to be First Nation, Inuit, Métis, or Other Indigenous/Aboriginal. For the 2016/2017 Acute Inpatient provincial report, only

Results of the acute inpatient and emergency department sector surveys suggest that self-identified Aboriginal patients' experiences of care differ from those of other residents and vary across health sectors. Self-identified Aboriginal patients scored their overall experiences of care lower in the emergency department than in acute inpatient settings[85] and all global ratings of overall patient experience were significantly lower among self-identified Aboriginal respondents in the 2018 emergency department survey than non-Aboriginal patients.

This finding is in line with ethnographic research that shows that the experiences of Aboriginal patients in the emergency department is different than non-Aboriginal patients and that experiences can be challenging, with interactions affected by the individual's wider social, economic and historical contexts.[86] The cultural safety of patient experiences within the emergency department has been the impetus behind much of the health system's work related to cultural safety and humility. Self-identified Aboriginal patients were also less likely to report that their care providers were completely respectful of their cultures and traditions in both the 2016/2017 acute inpatient and 2018 emergency department surveys, as displayed in the figure below. These findings echo results from interviews from individuals who work with patient complaints data. These informants indicate that many patient complaints from Aboriginal patients relate to instances of racism, stereotypical assumptions, lack of respect or being made to feel like one was less worthy of care.

Figure 5: Providers Completely Respectful of Cultures and Traditions, Self-Identified Aboriginal Patients vs Non-Aboriginal Patients, 2016/17 Acute Inpatient Patient Reported Experience Measures Survey

patients who self-identified as one of these four categories and not another ethnicity were included in the self-identified Aboriginal population.

[85] No significance testing is available.

[86] Browne, A.J., Smye, V.L., Rodney, P., Tang, S.Y., Mussell B., and O'Neil, J. (2010). Access to primary care from the perspective of Aboriginal patients at an urban emergency department. *Qualitative Health Research*, *21*(3), 333-348.

As baseline data continues to emerge, it will be important to continue tracking this line of evidence. Work is also underway to determine whether there is inherent bias in self-identification (e.g., if people tend to agree to participate when they have had a positive experience and tend not to when they feel unsafe participating). As well as some work to develop a research project to increase the cultural safety and humility measures in the Patient Reported Experience Measures instrument, the TCFNH also supported the development of a measurement framework for cultural safety and humility across the health system in BC. This will leverage existing health system measurement committee processes to identify and validate indicators for use across health authority sites and the Ministry of Health.

Levers for Change

What follows are areas identified by key informants as the most significant challenges to "hardwiring" (or embedding) cultural safety and humility throughout the BC health care system. According to key informants and practitioners in the area of cultural safety and humility, creating sustainable change in this area will require changes in both behaviours and attitudes in order to change habits and practices. Levers for change typically include communication, training and education, and incentives for health organizations and practitioners to foster cultural humility and offer culturally safe health care for First Nations people.

Making Cultural Safety and Humility a System-wide Responsibility

Key informants experienced an overreliance on Aboriginal Health units to carry cultural safety and humility responsibilities for organizations. Those working in health service environments expressed that distributing accountabilities across entire organizations, as well as having others to help lighten the load, would enable them to better facilitate transformation on the front lines, at the level that clients and families experience health care. The FNHA also reports that it carries a disproportionate burden in leading transformation by supporting other partners and stakeholders without sufficient resources for the role.

Resources for Mandatory Training

While increasing numbers of Ministry of Health, regional health authority and health regulator personnel and those regulated by those bodies are taking the Sa̱n'yas ICS training, this represents only a small proportion of all staff. In some organizations, training has been made mandatory, yet many within those organizations have not taken it. The process to enroll and complete training is self-driven and self-

determined – therefore, if practitioners do not volunteer and create time and space to do the training it will not get done.

> *Mandatory training has to happen. You can't force people to change the way they think, but if you at least expose them to the opportunity to learn and hear about different worldviews, cultures and traditions, once they understand they will be much more willing and able to change. – Key Informant*

The front lines are where most of the complaints about culturally unsafe experiences emerge. Some may feel resistant once they are told they must take the training, feeling that the training is unnecessary or not relevant to them and may become defensive as though taking the training is a perceived judgment about them.

> *I think that's one of the biggest barriers, there's a lot of good people in the system but the systems are not geared to think about things in terms of providing health and wellness services in an environment where the individual receiving the service has equal balance of power with those providing the service. We're really looking to embed an Indigenous worldview into health and wellness services and into our decision-making. … When we're not in the conversation, people go back to their comfort zones and that doesn't include us. We're not known yet. We're still building those relationships and trying to open people's minds to how they think about health and wellness as it relates to our people.*[87]

The largest challenges identified in the delivery of training are resources and capacity.

> *The Aboriginal Health department holds the responsibility for training all health authority staff (20,000 employees); whereas other departments such as Healthy Living are not responsible for training all staff. This demonstrates that the smallest team has the biggest responsibility. There was no increase in Aboriginal Health funding, human resource capacity*

[87] Tripartite Evaluation Working Group. (2018). Implementation Committee/TCFNH Survey, Interview and Focus Group Findings. (Unpublished).

building, or training dollars identified for this purpose. Accommodating the training was difficult as it involved finding funding for overtime and/or backfilling people to keep operations running while others were taking training. Sustaining the necessary level of training currently requires paying customers. – Key Informant

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Ways to address these barriers included earmarked budgets for:

- Training, allocated within each operational unit's professional development budget, coupled with backfill and overtime funds to enable staff to take training;
- Inclusion of mandatory training in employees' performance plans and reviews and employee onboarding/orientation; and,
- Required continuing education and training for all health professionals through regulatory college processes.

Key informants named the need to be able to hold people working in the health system responsible for cultural safety and humility performance, including through progressive discipline. If someone is seen to not have a certain skill needed to do their job or is not doing components of their required work, there are existing ways to implement consequences. Others emphasized the need for organizations to include it in employees' performance plans and reviews.

It was suggested that cultural safety and humility be a required competency included in collective agreements and regulatory licensing requirements, so there are meaningful consequences for culturally unsafe behaviour. Recommendations also include having an Elder and/or other independent Indigenous people representative at collective bargaining negotiations to ensure that potentially adversarial employer-employee bargaining dynamics do not inadvertently leave First Nations and Indigenous clients and families out of consideration as new agreements are made. Key informants indicated there is still a long way to go in terms of awareness around health literacy as a reciprocal responsibility.

Indigenous Recruitment and Retention

A culturally safe space within health care program and service environments entails the recruiting, hiring and retention of a First Nations and Indigenous workforce. Partner and stakeholder organizations reflect these commitments in their work plans and in the case of regional health authorities, results are reported at Tripartite and Chief Executive Officer/Executive tables. Many efforts are underway to recruit

First Nations and Indigenous hires and to encourage self-identification, although success is slow and retention remains a challenge. A cultural shift within these workplaces is required to retain these employees.

Addressing "Hot Spots"

Key informants cited three "hot spots" in particular: discharging clients, the impacts of trauma and Emergency Departments.

Discharging First Nations and Aboriginal Clients

While some education is provided around discharge processes, when discharging a First Nations or Aboriginal client, practitioners in the BC health system need to investigate and ensure the conditions are in place for the client to safely enter into the next stage of healing in their home community. Many First Nations and Aboriginal people have a negative experience upon discharge, where providers have not taken the time to ensure the client fully understands next steps in care, or determine what arrangements have been made in their home community, or where service provision is resourced and organized differently. One health authority key informant observed staff becoming more comfortable, asking questions and showing more of a willingness to connect with and solve problems for their clients upon discharge.

Impacts of Trauma

Many First Nations and Indigenous clients are also dealing with a legacy of trauma stemming from the direct and intergenerational impacts of colonialism, and, in particular, the lasting impacts of residential schools. This presents challenges around appropriate treatment and support for these clients. Many health care practitioners may be unfamiliar with both the trauma First Nations and Indigenous clients may carry and with methodologies of trauma-informed care.

In 2013, the BC Provincial Mental Health and Substance Use Planning Council, in consultation with researchers, practitioners and health system planners across British Columbia (including the FNHA), developed the Trauma-Informed Practice (TIP) Guide and TIP Organizational Checklist to support the translation of trauma-informed principles into practice.[88] One FNHA initiative that applies TIP is the Safe Relationships, Safe Children program, which is being delivered in partnership with the Ministry of Health and the First Nations Health Directors Association.[89] Trauma-

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[88] BC Provincial Mental Health and Substance Use Planning Council. (2013). BC Trauma Informed Practice (TIP) Guidelines.

[89] FNHA. (2015). Trauma-Informed Approaches for Substance-Use Treatment.

informed approaches are also used and promoted in the areas of nursing care, substance use treatment and with the BC Coroners Service. Wide development and dissemination of trauma-informed practice approaches and resources, coupled with training for community-facing staff in all health practice areas, would serve to build trust and foster more confidence in the use of the health system.

Emergency Departments

One of the most dramatic health disparities shown in available data is the rate of Emergency Department use by First Nations and Indigenous people proportionate to the overall provincial and regional population. A higher rate of Emergency Department usage implies these clients access the health care system at later stages and as a result experience comparatively worse health outcomes, in turn impacting quality and length of life. This problem is especially pronounced within the Vancouver Coastal region where there are high numbers of Indigenous peoples living in urban areas struggling with the overdose public health emergency. Over-representation in Emergency Departments is coupled with a significant level of concern around ongoing reports of poor treatment of First Nations and other Indigenous clients in emergency room settings. There are also unique challenges for Emergency Department personnel to complete cultural safety and humility training, such as backfilling and availability.

Within the regions, Fraser Health Emergency Department and Aboriginal health partners collaborate to support Fraser Health staff in improving the overall patient and family experience. Fraser Health is making recommendations to review the Provincial Emergency Department data with internal data (Patient Safety Learning System, Patient Care Quality Office, Real Time Patient Experience Survey, Aboriginal Health staff survey data, Fraser Health Aboriginal health cultural safety and humility review insights) to inform tangible, meaningful and appropriate improvements to service and care.[90] The FNHA and Island Health implement Elder(s)-in-Residence to support the inclusion of Indigenous perspectives, knowledge and approaches to wellness within the hospitals with the intent of improving patient experience, health outcomes and supporting hospital staff.[91] Finally, within the Interior region, Interior Health and its Aboriginal Health division do site walkthroughs with Interior Region Health Directors to better understand the Aboriginal patient experience in an operational context – from triage and emergency rooms to wait times. First Nations and Indigenous involvement in regional health authority planning ensures strategies to address regional issues have a strong Indigenous lens.

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[90] FNHA. (2015). Trauma-Informed Approaches for Substance-Use Treatment

[91] *Ibid*

The UBC and the Canadian Institute of Health Research have partnered with the University of Northern British Columbia, the Ministry of Health and three emergency departments (St. Paul's, Surrey Memorial and the University Hospital of Northern BC) on *Promoting Health Equity for Indigenous and non-Indigenous People in Emergency Departments in Canada*. Recognizing that Emergency Departments have the potential to mitigate health inequities and facilitate appropriate care for people with complex health conditions, "this project examines the feasibility, process and impact of implementing an evidence-informed framework for interventions to improve the capacity of Emergency Departments to provide high quality care to people at greatest risk of experiencing health and health care inequities. Through collaboration among Indigenous leaders, staff and leaders and researchers, the project aims to improve care, safety, access and decrease adverse events for patients and staff." The project features a Tripartite Leadership Model to engage Emergency Department leadership and staff, with Indigenous and community leadership and researchers, to collect patient baseline data around experience, staff baseline data around Equity Promoting Care and grants to support staff-driven implementation strategies.

Summary

What is Working Well?

Cultural safety and humility work as a concept is now achieving national reach as the FNHA continues to share its knowledge with other jurisdictions across the country, maintaining political support and leveraging mandates and authorities. There has been significant regional, provincial, national and international interest in the work. Key informants emphasized that these efforts have been underway for many years, with the TCA: FNHP (2006) bringing cultural safety and humility issues to the fore and the Tripartite Framework Agreement and the Truth and Reconciliation Commission final report increasing and helping sustain tripartite attention.

> *We need to be cognizant of the advocacy that has taken place for years and years that has brought us to where we are now. We must recognize all the work that they have put into building this possibility we are now putting into effect. The ball has started rolling. We need to keep pushing it forward and make sure it's rolling in the right direction. With the Truth and Reconciliation Commission, the discourse has changed, within the public and many of our institutions. We are in the position to make generational change. We need more resources to really deliver on the vision that got us to where we are today. – Key Informant*

The cultural safety and humility experience in BC demonstrates the momentum that can be generated through committed and aligned leadership. It is also emblematic of the significant effort and amount of time required to achieve system-wide change and address matters of related to bias and racism. A range of initiatives spanning the province are addressing some of the structural, policy and systemic underpinnings of the health system, including:

- Revisiting the BC Health Quality Matrix to better reflect cultural safety and humility and Indigenous perspectives;
- Launching an awareness-raising campaign including a pledge drive and Cultural Safety and Humility Webinar Action Series;
- Initiation of a Cultural Safety and Humility Standard; and,
- Development of a Cultural Safety and Humility measurement framework.

In addition, regional health authorities are implementing training and human resource initiatives, working with local communities to include traditional foods in health care service, facilitating cultural practices in health care environments (such as through cultural rooms and modified birthing rooms) and advancing efforts to embed traditional medicine practitioners within hospitals, clinics and primary care networks.

Across the health system, cultural safety and humility are a cornerstone of the work undertaken by Tripartite Partners and Parties. However, as illustrated in the case study, racism in the system remains and needs to be addressed. Efforts to date are particularly strong around developing senior-level commitments and training at the provincial and regional levels. At this point, there is a need to move beyond training and education into initiatives that leverage systemic change.

What is Needed Moving Forward?

Embedding Cultural Safety and Humility Within All Levels of the Health System

> *Do we have a strong culture of innovation? Not quite yet. I would like to see change happen more quickly. I don't know if that's possible, but I would like to see for instance skill development happen in a faster way. I would like Cultural Safety and Humility embedded in health authority services faster than it's currently happening. … It's not a criticism, it's just personally, I wish business cultures that we're trying to affect could evolve more quickly.*[92]

There is considerable recognition of the movement generated in BC on cultural competency, safety and humility – a movement that was accelerated with the signing of various Declarations of Commitment and significant follow-up efforts by signatories. Although there are many activities underway, the partners recognize that sustained commitment and simultaneous efforts at multiple levels of the system will be needed to permanently "hardwire" cultural safety and humility in health-related sectors in BC and beyond. Achieving success will require increasing understanding, ongoing leadership and vision, enhancing accountability, capacity and resources, as well as unflagging commitment and collaboration at all levels.

[92] Tripartite Evaluation Working Group. (2018). Implementation Committee/TCFNH Survey, Interview and Focus Group Findings. (Unpublished).

Implementation Committee and Tripartite Committee on First Nations Health survey respondents underscored that cultural safety and humility cannot operate on good intentions alone, but must be entrenched into the policies and regulations of health care organizations. The Tripartite Partners must examine what efforts they need to take and how they can support other partners and stakeholders to meet their cultural safety and humility commitments. Suggestions included developing measurement approaches and training standards, building capacity and long-term sustainability planning to support implementation of these commitments.[93]

Tripartite Committee on First Nations Health Change Leadership Strategy

As cultural safety and humility efforts have unfolded, leaders have noted barriers and challenges. In the fall of 2018, the TCFNH identified and brought forward the need to outline approaches and strategies *across* the system, to provide enhanced support and coordination to the work underway – and to systemically consolidate and embed the gains to date.

Implementing and sustaining the changes needed throughout the health system requires action and innovation by all levels of staff within those organizations that play a major role within the health system in BC. To this end, the TCFNH mandated the development of a Change Leadership Strategy to complement the action plans of each organization. A Change Leadership Strategy is a response to emerging barriers and works to advance implementation and sustaining change. The Strategy identifies cross-system activities in five key areas:

- Formalizing a body (co-funded by the FNHA and Ministry of Health) to support proactive cross-system visibility, standardization and knowledge exchange;
- Ensuring quality through core standardization of training and education;
- Advancing systemic solutions such as embedding cultural safety and humility in policy, the BC Health Quality Matrix and accreditation;
- Sharing best practice in supporting people through the change and overcoming resistance; and,
- Supporting system-wide measurement, reporting and accountability.

[93] *Ibid*

Overall, through this strategy, the TCFNH hopes to coordinate action as one system that balances systematic efforts with local initiatives.[94] These efforts have been inclusive of other Indigenous health partners, including Métis Nation BC and the BC Association of Aboriginal Friendship Centres.

[94] Tripartite Committee on First Nations Health. 2018. Cultural Safety and Humility Change Leadership Strategy Presentation.

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Appendix A: Environmental Scan-Culturally Responsive and Safe Care Initiatives

This environmental scan reviews the initiatives toward Cultural Safety and Humility by the First Nations Health Authority, Ministry of Health, Provincial Health Services Authority and affiliated entities, and BC Regional Health Authorities: Island Health, Northern Health Authority, Interior Health Authority, Fraser Health Authority, Vancouver Coastal Health. While some are not necessarily specific to tripartite work, they are examples of efforts made to implement cultural safety and humility across the health care system in British Columbia.

Province Wide Initiatives

TITLE	CATEGORY	DESCRIPTION	PARTNERS
#itstartswithme - My Commitment to Cultural Safety and Humility	Communications	Public stakeholder pledges using social media.	FNHA, BC Patient Safety and Quality Council
A Call to Action Towards a Zero Tolerance of Lateral Violence	Policy Development	FNHDA Position Statement, made in 2014, issues a decree of the following 13 actions (in remembrance of the phases of the moon); it calls all those who share the same values, to take a stand against lateral violence; and, strive to ensure that a person's physical, spiritual, mental and emotional health on an individual and collective basis.	FNHDA, FNHC, FNHA

Aboriginal Patient Identifiers: Project Charter	Patient Identifier	Resource	FNHA, regional Aboriginal health directors
Anti-Racism Think Tank	Knowledge Exchange	An anti-racism think tank was held for 35 participants across the province in 2019 to discuss racial discrimination and harm to Indigenous people as evidenced by data collected by the San'yas ICS training program and to initiate action in the form of cross-system collaboration.	PHSA
BC Centre for Disease Control (BCCDC) Initiatives	Training and Education	• Truth and Reconciliation Commission workshops discussing historical tuberculosis (TB) control documents • Partnering with Children's and Women's Hospitals to offer monthly ICS webinar and discussion for frontline and leadership staff • Quality improvement project on health equity and cultural safety for Indigenous communities accessing clinical prevention services • STI/HIV and TB Services Teams are embarking on a Health Equity Assessment to provide information on how their programs, policies, and initiatives impact Indigenous peoples. FNHA's TB team has been invited to participate.	BCCDC
BCPSQC Quality Forums	Training and Education	FNHA continues to partner with BCPSQC to embed a cultural safety and humility focus to the Quality forums, and to co-host a session to revise the BC Quality Matrix to factor in cultural safety and humility.	BC Patient Safety and Quality Council
Best of Both Worlds, Indigenous Perspectives on Quality Forum 2016	Training and Education	Included a dedicated workshop stream on Cultural Safety and Humility.	BC Patient Safety and Quality Council, PHSA, RHAs, FNHA

Better Perinatal Care for Indigenous Patients	Knowledge Exchange	Resource: A Perinatal Care and Early Childhood Development Specialist, interchanged to FNHA, provides content and program expertise in perinatal care to regional staff as well as First Nations communities directly.	FNHA, PHSA, Perinatal Services BC (PSBC)
Chee Mamuk (Aboriginal Health)	Training and Education	Program that provides innovative and culturally appropriate training, educational resources and wise practice models in STIs, hepatitis and HIV. Online resources for youth.	BC Centre for Disease Control, PHSA
Collaborative Launch of FNHA Cultural Safety Committees	Policy Development	In development: Terms of Reference for the ten committees are being finalized.	FNHA, Regional Health Authorities
Creating a Climate for Change - Resource Booklet	Communications	High-level, easy-to-read educational booklet to help inform individuals and organizations about systemic issues and the role stakeholders can play in transforming the health care system into one that ensures Cultural Safety for First Nations and Aboriginal people.	FNHA, BCPSQC
Creation of Elder Advisory Position	Knowledge Exchange	This position will be able to assist the Board with recommendations on strategic direction, incorporating traditional teachings in a culturally safe manner.	FNHDA
Crossing Cultures and Healing Totem Pole	Capital Planning and Safe Spaces	Master Carvers Tom and Perry LaFortune of Tsawout First Nation were commissioned to carve the pole. Over 300 MOH and MMHA staff participated in the carving process, an experiential exercise of cultural safety and humility. In late 2018, the totem pole was unveiled at the MOH/MMHA building in Victoria.	MOH, Royal BC Museum, Timber West, and local First Nations leaders

Cultural Safety and Humility Action Series	Training and Education	Webinar series on Cultural Safety and Humility. Included a Cultural Safety and Humility policy statement and driver diagram and a change package of best and emerging Cultural Safety and Humility practice ideas and examples.	FNHA, BCPSQC, PHSA
Cultural Safety and Humility Change Leadership Strategy	Planning	The partners have created and are working to implement the Strategy, as endorsed by the Tripartite Committee on First Nations Health, building on existing success and identifying resource needs and key partners.	MOH, FNHA, PHSA
Cultural Safety and Humility Change Leadership Strategy for Mental Health and Addictions	Planning	The partners have collaborated amongst themselves and with others in creating the Strategy to help sustain momentum for systemic change and embed cultural safety and humility across the provincial health and wellness system. The partners have signed a Letter of Understanding on working together to improve the mental health and wellness outcomes of First Nations people in BC with a focus on overdose emergency response; cultural safety and humility; collaboration on Mental Health and Addictions Strategy and FNHA Policy on Mental Health and Wellness; and social determinants of health.	MMHA and FNHA
Cultural Safety and Indigenous Employment Senior Advisor Role	Training and Education	Seconded a Senior Advisor, Cultural Safety and Indigenous Employment from 2017-2019. Cultural safety and humility have been strengthened and are now embedded as part of organizational development within the ministry.	MOH
Cultural Safety Attribute Working Group (CSAWG)	Policy Development	Reporting to the Primary Health Care Working Group, the CSAWG developed the Indigenous Engagement and Cultural Safety Guidebook to support communities developing primary care networks.[95]	MOH, FNHA, GPSC, and Health Authority Aboriginal Health

[95] Cultural Safety Attribute Working Group. (2019). Indigenous engagement and cultural safety guidebook: a resource for primary care networks. Retrieved from https://www.pcnbc.ca/en/pcn/permalink/pcn78

Declaration of Commitment on Cultural Safety and Humility of in Health Services Delivery for First Nations and Aboriginal People	Policy Development	Since 2015, the listed organizations have signed Declarations to demonstrate their commitment to working together to embed cultural safety and humility across the provincial health system and improve outcomes for Indigenous people. The FNHA continues ongoing efforts to recruit other important signatory organizations.	FNHA, MOH, all BC Health Authorities, MMHA, BC Medical Profession Regulatory Bodies, Indigenous Services Canada (ICS), Health Canada, Public Health Agency of Canada, and other agency partners
First Nations Perspective on Health and Wellness	Communications	Resource: A visual diagram that encourages opportunities to incorporate traditional wellness.	FNHA
Framework for Action on Cultural Safety and Humility	Policy Development	Provincial Leadership focus on concrete action to achieve the vision of a culturally safe health system for First Nations and Aboriginal people in BC by creating a climate for change, engaging and enabling stakeholders and implementing and sustaining change	FNHA
Framework Pilot at BC Children's and Women's Hospital and BC Centre for Disease Control	Research	Program: Includes conducting the assessment and gathering of baseline data, which will contribute to a work plan.	PHSA, BC Children's and Women's Hospital, BC Centre for Disease Control

Implementation Plan for Draft Principles to Guide the Province of BC's Relationship with Indigenous Peoples	Planning	One component of this plan is the hardwiring of cultural safety across the health system and internally within the organization, including through a five-year organizational cultural safety and humility action plan, which includes components of online San'yas ICS training, experiential learning opportunities, community engagement and support, and ongoing efforts to improve recruitment and retention of Indigenous employees.	MOH and MMHA
Improving Indigenous Cancer Journeys in BC: A Road Map	Policy Development	To better understand the Indigenous cancer journey through engaging with survivors and their families, implementing the Declaration of Commitment on Cultural Safety and Humility, promoting Cultural Safety courses and by making services more accessible to Indigenous people.	FNHA, BC Cancer, Métis Nation British Columbia, BC Association of Aboriginal Friendship Centres
Indigenous Art for Cancer Treatment Centers	Capital Planning and Safe Spaces	Unveiling new Indigenous artwork at its six cancer treatment centres around the province, creating a safe, welcoming cultural space for Indigenous patients and reflecting the traditional territories on which the centres sit.	BC Cancer Agency, the First Nations Health Authority, the BC Association of Aboriginal Friendship Centres and Métis Nation BC, Canadian Partnership Against Cancer

Indigenous Cultural Safety (ICS) Framework	Research	Building on the Interior Health Authority's Organizational Self-Assessment for Cultural Competency, PHSA is actively working with researchers, consultants, and other partners, including Interior Health, to further define the domains of the PHSA Indigenous Cultural Safety (ICS) Framework and assessment. The Framework illustrates what ICS would look like at PHSA along a spectrum of organizational competency. The purpose of the Framework and assessment tool is to identify gaps, strengths, and opportunities related to enacting ICS at PHSA and to assist with planning. The anticipated outcomes include addressing racism, stereotyping, and discrimination, both interpersonal and structural, and to improve the quality and safety of services Indigenous people receive.	PHSA
Indigenous Cultural Safety Assessment Tool	Complaints and Accountability	Developed to assess how Indigenous Cultural Safety is expressed and not expressed within an organization. This tool has been piloted with staff, including managers, from BC Mental Health and Substance Use Services, and participants at the BCPSQC Quality Forum. Feedback will be incorporated for ongoing refinement of the tool.	PHSA Indigenous Health Team
Indigenous Cultural Safety Strategy 2018-2021	Planning	BC Emergency Health Services (BCEHS) is engaging with PHSA to implement the Strategy. BCEHS First Responder Program and Community Paramedicine Program are engaging in joint pilot projects along with FNHA Emergency Health Division to develop community-based First Responder capacity. The partners participate in the Justice Institute of BC Aboriginal Education Advisory Council to support pre-employment training for First Nations. BCEHS Patient Care Quality Office integrates First Nations perspectives on any complaint file or patient safety event to ensure cultural safety is recognized and appropriately addressed and relevant First Nations agencies are included.	PHSA and BCEHS

Indigenous Recruitment and Retention Strategy	Human Resources	Early stage discussions about development of a provincial Strategy, which will inherently include actions specific to cultural safety and humility, are underway.	FNHA and MOH Workforce Planning
Indigenous Representation in BC MOH	Policy Development	MOH met with Island Health Cultural Safety and recruitment and retention teams for a half-day session of shared learning. Action items from this meeting supported the drafting of the MOH five-year action plan for implementation in support of ensuring the Ministry is a safe place for all Aboriginal employees to work.	MOH, Island Health Authority
Indigenous Youth Internship Program	Human Resources	Indigenous youth interns have been placed with MOH, MMHA, and other ministries. Interns then have five years of access to internal job postings, to support further employment within the BC Public Service.	MOH and BC Public Service Agency
Integrating FHNA First Responder Graduates	Policy Development	Develop community service plans that will support integration.	Community paramedics, local HAs, FNHA
Integration of Cultural Safety and Humility into Multi-Year Health Plans	Policy Development	Cultural Safety and Humility woven into all goals, objectives, and strategies.	FNHA
Joint Executive Workplan	Complaints and Accountability	Respond to client feedback and change the patient experience.	FNHA, PHSA
KUU-US Crisis Response Service	Service	As of May 2016, an additional culturally safe crisis line in support services for First Nations and Aboriginal people in BC is available. The partnership enables crisis response protocols to be established for all five BC health regions in BC. Regional and provincial sessions will bring all health partners together to establish linkages to services province-	KUU-US Crisis Line Society and FNHA

		wide. FNHA has invested $400,000 to make KUU-US services more widely available to all First Nations and Aboriginal people across the province.	
Language Toolkit	Training and Education	PHSA Indigenous Health and Communications developed this toolkit to guide PHSA staff in respectful engagement with Indigenous peoples.	PHSA
Medical Health Officer Cultural Safety Professional Development	Training and Education	FNHA OCMO and BC OPHO co-led Upholding Indigenous Data Governance: A Critical Step in Promoting Indigenous Self-Determination, a series of discussions at the fall 2018 and spring 2019 Health Officers Council to support Medical Health Officers integrate Indigenous data governance into their practice and reinforce cultural safety and humility.	FNHA OMHO and BC OPHO
Memorandum of Understanding on the Social Determinants of Health	Policy Development	Support a process of ongoing and regular engagement with BC First Nations on the social determinants of health. Identify areas of mutual interest and priority actions to be implemented on a bilateral basis. Partner with the Government of Canada to develop a tripartite ten-year social determinants strategy.	FNHC, BC Minister of Indigenous Relations and Reconciliation
National Indigenous Cultural Safety Webinar	Training and Education	PHSA has launched a monthly National Indigenous Cultural Safety webinar learning series in partnership with the Southwestern Ontario Aboriginal Health Access Centre. This is supported by an Advisory Council comprised of Indigenous health leaders and ICS specialists in Canada and internationally. The inaugural webinar resulted in over 1400 registrants, as well as an additional 444 people who were waitlisted.	PHSA, Southwestern Ontario Aboriginal Health Access Centre
New Aboriginal Leadership Positions	Training and Education	Placed senior Indigenous leadership positions within BC Cancer Agency and BC Women's Hospital and Health Centre in 2014.	PHSA, BC Cancer

Patient Experience Roadmap 2018-2021	Policy Development	Document provides a strategic direction that defines and supports initiatives to improve patient experience and continue with the movement of the organization to a culture of authentic and safe partnerships with patients and their supporters.	FNHA, BC Children's Hospital, Sunny Hill Health Centre for Children, BC Women's Hospital + Health Care Centre
Provincial Office of Patient-Centred Measurement and Improvement Survey in Regions	Research	To assess the experience of care within the BC health system, the provincial government has commissioned surveys across all Health Authorities focusing on two indicators: Patient-Reported Experience Measures (PREMs) measuring patients' own views on their experiences receiving health care and Patient-Reported Outcome Measures (PROMs) measuring patients' own views on their health and health-related quality of life. The most recent survey (first quarter of 2018) assessed Emergency Department care, yielding data on Aboriginal and non-Aboriginal clients.	Provincial Office of Patient-Centred Measurement and Improvement
Public Service-Wide Diversity and Inclusion Survey in Support of Diversity and Inclusion Strategy and Action Plan	Research, Planning, and Training and Education	In early 2019, the BC Public Service Agency (BCPSA) conducted a public-service wide diversity and inclusion survey to inform its 2019 Diversity and Inclusion Strategy in support of its 2017 Diversity and Inclusion Action Plan, which includes a specific aim to increase the number of Indigenous employees and ensure cultural safety and humility is embedded across government.	BCPSA
Regional Trauma-Informed Care Training for Health Directors	Training and Education	Held in early 2019, the training supported Health Directors in increasing awareness of the impacts of trauma, recognizing its signs and symptoms, and developing skills to appropriately respond within their role in the workplace.	FNHDA and FNHA

Research for Upcoming Health Report Focused on First Nations and Aboriginal Women in BC	Research	Identify what data are kept by hospitals on women who have been assaulted.	OPHO
San'yas Indigenous Cultural Safety (ICS) Training	Training and Education	Aims to increase knowledge enhance self-awareness and strengthen the skills of health care professionals who work directly or indirectly with Indigenous people. Online learning provides better communication and relationship-building skills.	PHSA
Spirit Life Protocol	Policy Development	Continue to engage with pathologists to increase the Cultural Safety of coroners' practices in BC, specifically death protocols and response standards.	FNHA, PHSA, BC Coroners Service
Statement on Equity and Cultural Safety	Policy Development	In development, as of 2017.	PHSA
Supporting First Nations Communities Retain Qualified Health Directors / Leads	Human Resources	Actions include: measuring the rate of turnover; developing a standardized Health Directors Job Description and Hiring Toolkit; performance management tools linked to FNHDA Standards of Excellence; FNHDA-FNHA human resource webinar series; development of Health Director Certification Program; Head to Heart Mental Wellness Campaign to reduce Health Director stress and turnover; and development of regional Mentorship Circles.	FNHDA
Technical Committee for Cultural Safety and Humility Accreditation Standard	Training and Education	This committee has been formed and its first meeting is planned for May 2019.	FNHA

Template for Traditional Wellness Resource List	Communications	Resource: Sets entry standards for the database.	FNHA
Think Tank on Cultural Safety Strategy	Knowledge Exchange	Hosted a Think Tank in 2017 to gather input into the Indigenous Cultural Safety Strategy and Assessment Tool.	PHSA
Traditional Healers Advisory Committee	Knowledge Exchange	Communication and information sharing body between communities, one of the strategies outlined in the Traditional Wellness Strategic Framework. Includes FNHA-hosted regional traditional healers' gatherings.	FNHA
Traditional Wellness Strategic Framework	Policy Development	Outline to guide actions of all partners: FNHA, First Nation communities and members, practitioners and healers, Elders, FNHC, Health Directors, FNHDA, First Nations Leadership Council, hospitals, health and medical centres, health associations, FNIHB, MOH and BC Health Authorities.	FNHA
UBC Medical School Curriculum: San'yas ICS Training	Training and Education	San'yas Indigenous Cultural Safety Training is now a required component of UBC School of Medicine Curriculum.	UBC, PHSA

Northern Region

Cuystwi: Indigenous Youth Wellness	Knowledge Exchange	Program in response to the youth suicide concerns in Northern BC. An online platform meant to help youth develop a stronger foundation to depend on when encountering difficult periods in their lives. Works with youth in community to help them develop filmmaking skills, facilitated by young Indigenous filmmakers.	PHSA
AHICs forum: Growing Cultural Safety	Knowledge Exchange	Aboriginal Health Improvement Committees (AHICs) are collaborative groups that bring Northern Health frontline workers and administrators together with Indigenous health representatives and Indigenous community leaders to share information and work in partnership on local health priorities. In May 2016, representatives from each of the eight AHICs came together for the third annual All AHIC Gathering. The theme of this gathering was "Growing Cultural Safety" and featured an afternoon session facilitated by keynote Rose LeMay, Director of Northern and Indigenous Health, Canadian Foundation for Healthcare Improvement.	Northern Health Authority, Aboriginal Health Improvement Committees
Background Paper on Urban/Away Care	Research	Resource	Northern Health Authority
Booklets: Accessing and Navigating NHA services	Communications	Resource: Series of booklets outlining each of the different services provided by NHA in plain language, online and in print.	Northern Health Authority
Cultural Learning Session	Training and Education	Training provided to NHA staff by Carrier, Wet'suwet'en and Gitxsan Elders.	The Smithers and Area Aboriginal Health Improvement Committee, local

			First Nations Health Directors, NHA
Cultural Safety and Humility Plan and Framework	Policy Development	Development of a Cultural Safety and Humility plan and framework in 2015/16.	Northern Health Authority
Cultural Safety Curriculum	Training and Education	One step in operationalizing the Declaration of Commitment is the development of a specific cultural safety curriculum, including teaching the distinction between learning to be culturally safe and learning about cultures. Training uses and builds on NHA Indigenous Health's resource collection, including existing one-off workshops, systematizing them into four six-hour training modules: Cultural Awareness and Self-Reflection; Cultural Sensitivity and Critical Self-Reflection; Reciprocity, Responsibility, Respect, and Relationships; and Practicing Cultural Safety and Respect. Indigenous Health Improvement Committees (IHICs) have developed over 50 culturally- and geographically-specific resources that can be used along with the modules. The objective is for IHIC members and community members to engage in delivery of the curriculum in each region. The challenge in delivering this curriculum is backfilling and resourcing positions while staff are in training.	Northern Health Authority
Cultural Safety Resources	Communications	A series of resources on Cultural Safety including a fact sheet, poster and short animated video. The fact sheet, in the format of a brief written document, will provide an introduction to concepts related to Cultural Safety and Humility. These resources will be distributed throughout Northern Health and the video will be available online and shown on monitors at all NH facilities.	Northern Health Authority , FNHA

Cultural Safety Training Requirement	Training and Education	NHA made cultural safety training a requirement for all executive and newly hired employees in 2014.	Northern Health Authority
Cultural Safety Webinar	Training and Education	February 2016, Dr. Sarah de Leeuw highlighted the ways in which Indigenous people have expressed their realities of experiencing racism and discussed ways that healthcare professionals might engage with the arts and humanities in order to more deeply reflect on their thoughts about racism and Indigenous peoples. The webinar attracted great interest with 366 participants in attendance.	Northern Health Authority , National Collaborating Centre for Aboriginal Health
Cultural Safety Working Group	Policy Development	The name of this working group has been changed from Cultural Competency to Cultural Safety to reflect the conceptual shift from the former to the latter in the group's efforts. This change in language has started to effect a small but perceptible change within Northern Health Authority. Prompted by the working group, Northern Health Authority has developed an information poster on the active application of cultural safety as a best/better/wise practice. It has also conducted service satisfaction surveys of Indigenous and non-Indigenous clients at all 18 Northern Health Authority hospitals. Findings show Indigenous clients less satisfied than their non-Indigenous counterparts. Results will be released in the fourth quarter of 2019/2020 upon completion of MOH review.	Northern Health Authority
Employee Self-Identification	Identifiers	Initiative launched in November 2016 to inform development of a representative workforce within Northern Health Authority including evaluation of recruitment and retention strategies.	Northern Health Authority

Evaluation Framework	Complaints and Accountab ility	Evaluation framework for measuring the impact of Cultural Safety and Humility interventions, developed in 2015/16.	Northern Health Authority
Honouring Our Journey	Training and Education	Resource: video about Haida and Tsimshian Nations for training health care.	North Coast Aboriginal Health Improvement Committee (AHIC)
Indigenous Recruitment and Human Resource Strategy	Policy Development	Northern Health Authority and FNHA are co-developing an Indigenous Recruitment and Human Resources strategy for the region in fulfillment of one of the goals from the Northern First Nations Health and Wellness Plan.	Northern Health Authority
Interactive Timeline on Colonial History in Canada	Training and Education	An online, interactive timeline of information on specific events related to colonization in Canada. Aboriginal Health will work with AHICs to gather and include events relevant to communities in northern BC. The timeline will be an important resource to support learning about colonial events as a step towards growing Cultural Safety.	Northern Health Authority, Canadian Foundation for Health Improvement, National Collaborating Centre for Aboriginal Health
Inventory of First Nations Specific Cultural Safety Activities	Communicatio ns	Resource for Community Engagement Coordinators	Northern Health Authority , AHICs
Nak'azdli 'ink'ex Tl'azt'en: Wheni noh bulh yas'ulhtuk	Training and Education	Resource: 50-page book including photographs, history and cultural practices of the Dakelh culture	North Coast Aboriginal Health Improvement Committee (AHIC)

Plan for Aboriginal Patient-Identification in Acute Care	Policy Development	Program in development	Northern Health Authority
Protocols for Health Research Report	Policy Development	Resource: 40-page report including historical context of Treaty 8 First Nations, Indigenous health perspectives, principles and protocols, and a variety of recommendations.	Treaty 8 First Nations Health
Sacred Spaces and Gathering Places	Capital Planning and Safe Spaces	2016 resource for Indoor and outdoor spaces at Chetwynd Hospital and Health Centre, Dawson Creek and District Hospital, Fort Nelson Hospital, Fort St John Hospital and Peace Villa, Lakes District Hospital and Health Centre, Stuart Lake Hospital, Mackenzie and District Hospital and Health Centre, McBride and District Hospital, University Hospital of Northern BC, BC Cancer Agency Centre for the North, G.R. Baker Memorial Hospital, St. John Hospital, Mills Memorial Hospital, Kitimat General Hospital, Queen Charlotte General Hospital, Northern Haida Gwaii Hospital and Health Centre, Prince Rupert Regional Hospital, Wrinch Memorial Hospital, and Bulkley Valley District Hospital are made available to clients and families for gatherings, prayer, smudging and ceremony (including food).	Northern Health Authority
Sharing Patient Information with Health Care Staff in First Nations Communities	Communications	Fact Sheet to provide clarification about sharing patient information for First Nations people who live in First Nations communities. Communicating relevant patient information to health care staff in First Nations communities is very important for the continuity of services and to avoid risks to the health and safety of the people to be served.	Northern Health Authority

Updated Complaints Process	Complaints and Accountability	The 2014 booklet that outlines the process within Northern Health for addressing patient questions, concerns and complaints, has been updated to articulate an informal complaints process that is also available to patients. The overarching intent of Aboriginal Health and FNHA in these activities is to ensure patients are informed about, and are satisfied with, their interactions in the health care system.	Northern Health Authority, FNHA

Interior Region

Aboriginal Employment Advisor	Human Resources	An Aboriginal Employment Advisor was hired to provide employment coaching, support a more welcoming work environment for Aboriginal candidates, and to assist in development and implementation of a plan to measure Aboriginal employee experience.	Island Health
Aboriginal Intern Program	Human Resources	This program enables new Aboriginal graduates the opportunity to learn, grown and experience meaningful and knowledgeable mentorship, develop a network within IHA, and set them up for lasting success at IHA. As of March 15, 2019, there were 20 degree and diploma program Aboriginal graduates ready to be registered in the program from a variety of health-related disciplines.	Island Health and Vancouver Island University
Aboriginal Patient Navigators (APNs) Strategic Planning Gathering	Planning	In March 2019, APNs gathered in Kelowna, along with their managers, Aboriginal Health program staff, Island Health Organizational Development, and an Elder to strategically plan, identify opportunities to improve the program, and build connections among APNs to foster a strong sense of team.	Island Health Aboriginal Health and Organizational Development
Aboriginal Recruiter	Human Resources	A new Aboriginal Recruiter was hired to develop linkages with Aboriginal communities, engage students via education partners, support managers to practice effective Aboriginal hiring practices, market Interior Health Authority opportunities for job-ready candidates, and collaborate with IHA Communications on campaign for employee Aboriginal self-identification.	Interior Health Authority

Aboriginal Self-Identification (ASI) Newsletter	Identifiers	The goal of Aboriginal Self Identification (ASI) is to implement the provincially mandated (2007) Aboriginal Administrative Data Standard (AADS) to ultimately improve the health outcomes and experience of Aboriginal patients.	Interior Health Authority, Interior Region Aboriginal Wellness Committee
Advanced Spiritual Care Guidelines	Training and Education	Resource (In development): Key discussions include how Traditional Healers can be accessed directly by a patient in consultation with the interdisciplinary team and physician. Recommendations were for Nations to develop a network of healers that will have undergone the Nation selection process and this will be provided to Interior Health Authority staff for patient referral and a Traditional Wellness Provider Fee was suggested to honor the time, knowledge and expertise of the healer.	Interior Health Authority, Interior Nation representatives
Comprehensive Evaluation of 2016 LOUs	Complaints and Accountability	Review current practices within Interior Health used to gather Aboriginal patient feedback.	Interior Health Authority, The Okanagan Nation Alliance
Cultural Safety Symposiums	Training and Education	The Syilx Nation has held two Cultural Safety Symposiums that have brought together academics, staff and knowledge keepers. A third symposium was anticipated for spring/summer of 2017. The Nation has also delivered Nation specific Cultural Safety training to IH staff on three occasions in the past year. A website and modules on Cultural Safety are in development.	Interior Health Authority, Syilx Nation
Cultural Safety: A People's Story	Training and Education	Facilitating sessions that reached 600 Interior Health Authority employees from May 2016 to May 2017 to help them understand the Cultural Safety initiatives underway. IHA hired an Aboriginal Cultural	Interior Health Authority

		Safety Educator (ACSE) and identified priority populations based on historical cultural breaches.	
Declaration of Commitment	Policy Development	A commitment made in 2016, stating that all partners will work together to achieve hospital and community health services settings that are free of discrimination.	Interior Health Authority , FNHA, community leaders from Williams Lake
Enhanced Elder Care	Program	In 2017, IH will contribute $2 million dollars on an ongoing annual basis for a nursing enhancement to support First Nations Elders and those living with chronic conditions. The FNHA will contribute $1 million dollars to support communities in preparedness. This joint investment will benefit approximately 4,450 Elders in the region.	Interior Health Authority, FNHA
Evaluation Rubric for Indigenous Cultural Competency and Cultural Safety	Complaints and Accountability	Interior Health Authority has created an evaluation rubric to conduct an organizational self-assessment of Indigenous cultural competency and Cultural Safety. Administration and governance within the organization were identified as initial assessment priorities. Self-assessment has resulted in action on priorities.	Interior Health Authority , PHSA
Forest to Fork Pilot Program at Deni House	Program	Tsilhqot'in knowledge keepers and Interior Health Authority Food Services staff have jointly developed traditional food menu options, sourced through approved suppliers to offer a traditional meal option one day per week at Deni House for seniors with complex care needs in Williams Lake.	Interior Health Authority, Tsilhqot'in
Guidelines for Welcoming and Acknowledgement of Traditional Territory	Training and Education	The Interior Health Authority Senior Executive Team approved this policy in late 2018. The policy includes welcoming and acknowledgement of First Nation traditional territory at all Interior Health Authority events, meetings and through correspondence to support Interior Health Authority's journey toward cultural safety and	Interior Health Authority Senior Executive Team

		facilitate a more consistent uptake of protocols. It includes guidelines on educating Interior Health Authority staff on protocols for requesting an Elder to deliver an opening prayer and welcome and standardizing the Interior Health Authority dollar amount of the honorarium. Formal communication of the policy to Interior Health Authority staff occurred at the beginning of 2019.	
Interior Health Authority Aboriginal Cultural Safety Education Program (ACSE)	Training and Education	The Interior Health Authority Aboriginal Cultural Safety Education (ACSE) program and associated 2017/18-2019/20 education plan operationalizes key activities that aim to build the cultural competence of Interior Health Authority staff to support the provision of culturally safe and relevant care for Aboriginal peoples in the Interior region. Program structure includes three Cultural Safety Educators, one Knowledge Coordinator and one Administrative Assistant supported by an Aboriginal Health Practice Lead. As of February 2019, ACSE modules are now mandatory for all Interior Health Authority employees and part of Interior Health Authority's onboarding process. More than 10,000 Interior Health Authority employees have now taken each of the four online ACSE modules, with all existing employees on track to complete by March 31, 2020. In late 2018, Physician-Administrator Collaborative Training invited the ACSE lead to share ACSE perspectives at its Resiliency for Health Care Leaders Forum. Physician engagement is a key element of the ACSE Plan as Interior Health Authority works toward developing physician-specific curriculum.	Interior Health Authority

Interior Health Authority <u>Aboriginal Human Resources Plan</u>	Policy Development	The Interior Health Authority Aboriginal Human Resources Plan (AHRP) was refreshed in 2018 based on four cornerstones: employment and retention, workplace readiness, recruitment, and leadership competency. The AHRP was developed and implemented with input from Aboriginal community stakeholders. It includes tactics for recruitment and retention of Aboriginal employees toward a goal of five percent Aboriginal self-identified employees by March 31, 2019 and 10 percent by 2025. As of March 31, 2019, 5.12 percent of Interior Health Authority staff self-identified as Aboriginal.	Interior Health Authority
<u>Interior Health Authority CEO Visits to Nations</u>	Knowledge Exchange	In April 2016, the Interior Health Authority CEO and Board Chair toured eight Secwepemc and Tsilhqot'in communities over the span of three days, meeting with Elders, Health Directors, Chief and Councils and community members. These visits reinforced views that meaningful improvements are necessary regarding improving patient empathy, more functional use of technology, virtual health services, and integrated record systems which will go a long way in making up for time and distance from more urban, centralized health facilities and professionals.	Interior Health Authority, Interior Nation representatives
<u>Incorporating Aboriginal-Specific Initiatives into</u> Interior Health Authority <u>Vice President Workplans</u>	Planning	Before the end of 2018/2019 fiscal year, Interior Health Authority Aboriginal Health supported Interior Health Authority Vice Presidents to identify and articulate Aboriginal-specific initiatives in their workplans to help achieve cross-organizational accountability for improved Aboriginal health outcomes. These initiatives will be monitored through quarterly reporting to the Interior Health Authority Senior Executive Team.	Interior Health Authority
<u>Integration of Culturally-Safe and Trauma-Informed Principles and</u>	Knowledge Exchange	Integration of culturally-safe and trauma-informed principles and practices into MHSU core training has strengthened the accessibility, safety and relevance of services.	Interior Health Authority

Practices into MHSU Core Training			
Interior Voices Bi-Weekly Podcast Series	Knowledge Exchange	This new podcast series explores the intersection of health and culture in the workplace, everyday lives, and patient care. Though geared mainly toward expanding Interior Health Authority staff and physician engagement around cultural safety, many episodes will also interest community members. Aboriginal Patient Navigators, physicians, and others living and working in the region will be interviewed.	Interior Health Authority Aboriginal Health
Ktunaxa Nation, Interior Health Authority and Divisions of Family Practice Cultural Exchange	Knowledge Exchange	In early 2019, the Ktunaxa Nation led a cultural exchange event amongst 60 participants, including the Interior Health Authority CEO, Board Chair, senior leadership, and managers, along with Divisions of Family Practice.	Ktunaxa Nation, Interior Health Authority, Divisions of Family Practice.
Peacemaking Circles	Complaints and Accountabi lity	Program offered across Interior Health Authority to discuss difficult or painful issues in order to improve relationships and resolve differences. This is an alternative to the standard complaints process in place within Interior Health Authority. Tsilhqot'in Health Directors and Interior Health staff explored how the complaint process can be intimidating for members of the Tsilhqot'in Nation, including barriers to access, and lack of information about the process. Funders include Royal Inland Hospital Foundation, Tsilhqot'in Nation, and Interior Health, Aboriginal Health held a Peacemaking Circle training session for Patient Care Quality Office (PCQO)	Interior Health Authority

Sacred Spaces in IHA Hospitals	Capital Planning and Safe Spaces	Seven Interior Health Authority hospitals currently have sacred spaces intended for people of all faiths and cultures and in recognition of the role spiritual and cultural practices in health and healing. There are four more in development (Boundary, Nicola Valley, Arrow Lakes, and Vernon).	Interior Health Authority community leaders
Williams Lake Cultural Safety Task Force	Research	This task force meets regularly, last in November 2018. As a result of an action identified through the task force, an exchange of Nation Registered Nurses (RNs) and Interior Health Authority Emergency Department RNs is underway. Nation RNs are touring the Emergency Department and Cariboo Memorial Hospital, while Interior Health Authority Emergency Department RNs are visiting First Nations in the Williams Lake area.	Williams Lake area First Nations and Interior Health Authority

Fraser Salish Region

3-Phase Implementation Plan for the Fraser Health Cultural Safety Framework	Policy Development	Policy	Fraser Health Authority Executive
Aboriginal Community-Based Primary Health Care Research: Developing Research Priorities	Research	Identifies community research priorities around the barriers and facilitators to primary care, develop research partnerships with First Nations communities, university researchers and health care government decision makers and develop future plans for collaborative participatory community research in this region.	Fraser Health Authority, Aboriginal Health Services.
Aboriginal Health Profile of the Fraser Valley	Research	This document provides an overview of the health determinants and health status of the Fraser Health Aboriginal population. It is both a description of the status quo and a stimulus for action.	Fraser Health Authority
Chilliwack Fraser Cascade Aboriginal Wellness Advisory Committee	Policy Development	Indigenous Cultural Safety "Chilliwack Fraser Cascade Aboriginal Wellness Advisory Committee" established January 2016. Has met four times and is finalizing a Terms of Reference (TOR).	Fraser Health Authority

Cultural Safety Core Team Materials	Communications	Launched a communications campaign promote Fraser Health Authority staff awareness of Cultural Safety. It included: Poster Campaign Introducing Fraser Health Cultural Safety Champions, Cultural Safety Matters video illustrating the core principles of Cultural Safety and Humility, a Blog Post by Fraser Health President and CEO Michael Marchbank, a Cultural Safety News Article in The Beat, Aboriginal Health Open Houses at three Fraser Health Authority acute care sites June 2016 – Chilliwack General, Burnaby, and Delta Hospitals, A Cultural Safety 1-page handout for staff, A Cultural Safety Workforce Awareness Survey.	FNHA, Fraser Health Authority
Elder-in-Residence	Knowledge Exchange	Established multi-year Elder-in-Residence initiative in 2016 to provide cultural services to staff and patients in Chilliwack General Hospital and Fraser Canyon Hospital.	Fraser Health Authority
Enhanced Complaints Process	Complaints and Accountability	Developed and enhanced a culturally safe process for the intake and reporting of Aboriginal specific complaints.	Fraser Health Authority
Evaluation of FHA Riverstone Home and Mobile Detox Service	Research	Fraser Health Authority is conducting an evaluation of its Riverstone Home and Mobile Detox Service to include feedback from First Nations clients about their experience of care in this service, which will inform further program changes to ensure cultural safety and humility. Results are expected in the summer of 2019.	Fraser Health Authority
FHA Aboriginal Staff Experience Survey	Research	Fraser Health Authority recently completed an Aboriginal staff experience survey. 18 percent of self-identifying Aboriginal Fraser Health Authority staff participated in the survey. It will be used to inform human resource and staff retention strategies.	Fraser Health Authority

Fraser Salish Region Cultural Safety Review	Research	To determine if services are thought to be culturally safe from the distinct perspectives of Indigenous leaders, patients and partner organizations, to identify gaps in culturally safe practices and to articulate solutions to resolve those gaps, taking into account the unique organizational realities of Fraser Health Authority at the regional and local levels. Results expected May 2019. Review will support renewal of the Fraser-Salish Partnership Accord. Over 1,000 Fraser Health Authority staff enrolled in San'yas ICS modules in 2018/2019 – a 100 percent increase from the previous year. Aboriginal Health Liaisons serve over 200 referrals per month improving access to health services and health outcomes for Aboriginal clients. Estimates suggest three additional Liaison positions are needed to meet communities' needs.	Fraser Health Authority
Fraser Salish Region Indigenous Cultural Safety and Humility Framework Working Group	Policy Development	A working group has been established to implement the Fraser Salish Region Indigenous Cultural Safety Framework. It is comprised of senior executive representation from Fraser Health Authority, FNHA, and FNHC. Fraser Health Authority and FNHA have funded and recruited an Aboriginal Safety Coordinator to support implementation of the Framework.	Fraser Health Authority, FNHC, FNHA
Introduction to Aboriginal Health eLearning module	Training and Education	Working in partnership with FNHA and Métis Nation BC to develop an Introduction to Aboriginal Health eLearning module.	FNHA, Fraser Health Authority, Métis Nation BC

KLA-HOW-EYA Healing Place	Capital Planning and Safe Spaces	Offers nurse practitioners who work with other health professionals to meet the primary health care needs of Aboriginal peoples in Surrey.	Fraser Health Authority
Sacred Spaces in Hospitals	Capital Planning and Safe Spaces	Sacred Space opened at Fraser Canyon Hospital in 2014.	Fraser Health Authority
Self-Assessment Tool	Complaints and Accountability	Development of a strengths-based cultural safety self-assessment tool in 2015/16.	Fraser Health Authority
SSA Talking Rooms	Capital Planning and Safe Spaces	Program: The creation of 3 dedicated rooms that serve as an alternative to clinical exam rooms. These are relaxing, comfortable and informal settings for patients and care providers to discuss next steps.	Stó:lō Service Agency (SSA)
Sts'ailes Circle of Care and Wellness Program	Capital Planning and Safe Spaces	Patients are helped to heal from grief, loss and trauma using cultural teachings and by visiting sacred sites. Focus on mental health and addiction issues.	Sts'ailes Band, Fraser Mental Health and Substance Use (MHSU)

Vancouver Coastal Region

Aboriginal Complex Care Team for BC Children's Hospital	Policy Development	Program: Focus on youth in vulnerable circumstances in response to Paige's Story, a report of the Representative for Children and Youth.	Joint Project Board
Aboriginal Cultural Competency Policy	Policy Development	Encourage Aboriginal leadership in health care; acknowledge traditional territory and ceremonial use of tobacco and medicines.	Vancouver Coastal Health
Central Coast Integrated Home and Community Care Project	Policy Development	Program: Expansion of existing Integrated Home and Community Care.	Vancouver Coastal Health
Cultural Protocols Guide	Training and Education	Development of cultural protocols guide in 2015/16 informed by local First Nations serves as a guide for physicians and allied health care professionals.	Vancouver Coastal Health
Cultural Sharing Events	Knowledge Exchange	Vancouver's three host Nations (Tsleil-Waututh; Squamish; and Musqueam), hosted a cultural sharing event opened to Vancouver Coastal Health; City of Vancouver and FNHA. Vancouver Coastal Health and FNHA staff attended several First Nations community events to continue to build culturally safe relationships.	Tsleil-Waututh; Squamish; and Musqueam, Vancouver Coastal Health, FNHA, City of Vancouver
Culturally Safe Tobacco Cessation and Reduction Resource Sharing with Communities	Training and Education	This resource and its distribution are intended to promote health literacy in a culturally appropriate manner.	FNHA

Dedicated Sacred Spaces in Hospitals	Capital Planning and Safe Spaces	Policy: established protocols for traditional tobacco use and smudging practices.	Vancouver Coastal Health
Facility Improvements	Capital Planning and Safe Spaces	Facility improvement through cultural design, culturally safe spaces and the grounding of traditional Heiltsuk customs.	Vancouver Coastal Health
First Nations and Aboriginal Culturally Competent and Responsive Strategic Framework	Policy Development	Created in 2014, the five areas of focus (staff training, environments, policy, programming and human resources) are currently being implemented at a number of sites in the organization.	Vancouver Coastal Health, FNHA
Indigenous Cultural Curriculum Model	Training and Education	Developed Indigenous Cultural Curriculum Model in 2016 and experiential, in-person workshops for Vancouver Coastal Health Authority staff, including Heiltsuk community-led training sessions. In the 2018/2019 fiscal year, approximately 1,250 Vancouver Coastal Health staff have participated in Vancouver Coastal Health in-person ICS training. A pilot project of two departments at Vancouver General Hospital began in 2018, including in-person training, lunch and learn presentations, learning circle series, and self-directed learning curriculum. Learning circles are intended to provide staff the space to support a deeper understanding of ICS; understand how their messages, questions, and listening skills play a key role with patients; and explore applying it to their practice.	Vancouver Coastal Health

Indigenous Cultural Safety Training Workshop	Training and Education	Aboriginal health has developed an Indigenous Cultural Safety Training workshop and delivered it three times in sessions held with Vancouver Coastal Health MWSU staff (Strathcona Mental Health Team, Pender Mental Health Team, Hope Centre Mental Health Team); the evaluation and feedback of the workshop has been very positive and well received.	Vancouver Coastal Health
Indigenous Elders in Health and Wellness	Knowledge Exchange	Program that supports Vancouver Coastal Health Authority gatherings and events through cultural protocol; facilitates Elders in Residence program to support Indigenous clients; provides cultural support in times of crises; and provides safety teachings and support to staff.	Vancouver Coastal Health
Indigenous Outdoor Sacred Healing Space	Capital Planning and Safe Spaces	Program: Creation of an outdoor space on hospital grounds that provides a dedicated area for women and their families to gather and carry out healing ceremonies of their own traditions and values.	BC Women's Hospital + Health Care Centre
Lower Stl'atl'imx - Wrap Around Chronic Disease Management and Prevention	Communications	This project's goal is to have the SSHS member Nations, NQuatqua, Skatin, Samahquam and Xa'xsta, in partnership with Vancouver Coastal Health, share common positions and practitioners. Having more resources better utilized will help make living with chronic diseases such as diabetes much easier for community members.	Vancouver Coastal Health
Meetings between Aboriginal Health, Program and Corporate Leadership	Knowledge Exchange	Policy of "hardwiring" Aboriginal thinking into all planning processes moving forward developed here.	Vancouver Coastal Health

Nurse Practice Consultants (NPCs) Supporting Cultural Safety and Humility in Community Nursing	Knowledge Exchange	Ensuring services are rooted in Indigenous traditions, NPCs support community ensure cultural safety and humility are in place and home care and Community Health Nurses are supported.	Vancouver Coastal Health and FNHA
Patient Quality and Safety Complaint Strategy	Policy Development	Policy in development.	Vancouver Coastal Health
Sacred Space at Hope Centre	Capital Planning and Safe Spaces	Event help on National Aboriginal Day event held June 20, 2016 at to officially open and bless the Sacred Space at Hope Centre.	Vancouver Coastal Health , HOpe Centre
Staff Survey	Complaints and Accountability	Employee Survey conducted of HOpe Centre that measures their perceived ability to provide culturally safe care; providing Vancouver Coastal Health Aboriginal Health with a baseline to measure improvements.	Vancouver Coastal Health
Staff Survey: ICS	Policy Development	Resource used to inform new curriculum.	Vancouver Coastal Health
Sunshine Coast We are Related (Jeh Jeh) Circle of Care	Policy Development	An innovative wrap-around model of care that utilizes a complex care management approach to support clients in communities with the highest care needs and builds off already existing programs.	Vancouver Coastal Health
Three-Year Review of VCHA ICS Policy	Policy Development	A three-year review of the Vancouver Coastal Health ICS policy has been completed, including a section on compliance to ensure Vancouver Coastal Health staff follow the policy in their operational	Vancouver Coastal Health

		environments. Anyone observing a violation of the policy may support others to locate and understand the policy and/or advise leadership of the need for education and support regarding the policy. Disciplinary action may be taken where non-adherence persists or creates risks to the organization.	
Traditional Knowledge Keepers Network; Traditional Wellness Grants; and Traditional Wellness Coordinator	Human Resources	The development of this network is intended to support a pool of community leaders, healers, Elders, and youth in service planning and delivery. Supported by Traditional Wellness Grants (12 received to-date) and a Traditional Wellness Coordinator to support development, implementation and managing of integrated traditional wellness approaches across the region at all levels in primary care and mental health and wellness programs and settings.	FNHA
Training for Carlile Youth Concurrent Disorder Unit at Hope Centre	Training and Education	The Aboriginal Health team facilitated a tailored Indigenous Cultural Safety Training to Carlile Youth Concurrent Disorder Unit at Hope Centre.	Vancouver Coastal Health Aboriginal Health team
Urban On-Reserve Primary Care Clinic	Capital Planning and Safe Spaces	Resource: Three urban on-reserve primary care clinics.	Vancouver Coastal Health
Vancouver Coastal Region First Nations Regional Mental Wellness and Substance Use Specialist Services	Knowledge Exchange	A working group structure was created to build a stronger working relationship at an operational level.	Vancouver Coastal Health

Island Health

Aboriginal Patient Identifier (API)	Identifier(s)	Identify patients to ensure they receive culturally appropriate care.	FNHA, Island Health
Ask Auntie Pilot Project	Training and Education	Program: Adult female, community-based leaders act as mentors for girls aged 10-14, and use activities, a dedicated online resource, and peer group discussions to support girls to learn about health, ceremony, wellness, relationships, safety as well as their own traditional teachings.	Population and Public Health Program of PHSA, Coast Capital Savings, BC Women's Auxiliary, PHSA Indigenous Health program, Ministry of Justice, Kwakiutl, Old Massett/Masset and T'it'q'et
Coming Together of Health Systems workshop	Knowledge Exchange	Held in 2016, featuring traditional practitioners and dialogue with health professionals from a variety of acute care settings.	Island Health
Cowichan Valley inter-agency meetings on substance abuse	Communications	In the Cowichan Valley, there are ongoing inter-agency meetings involving local FN, Island Health Mental Health Substance Use and FNHA to enhance the provision of culturally safe, trauma-informed mental health services	Island Health, FNHA, local FNs

Cultural Competency Training: A GP for Me	Training and Education	The South Island Division of Family Practice's A GP for Me program supported 40 physicians and 50 medical office assistants to participate in cultural competency training in 2014-2015.	The South Island Division of Family Practice.
Cultural Safety Training	Training and Education	Island Health Cultural Safety facilitators engaged with over 25 programs/departments/teams in acute care, pediatrics and perinatal services, mental health and addiction services, integrated primary and community care, community development and service integration, and security.	FNHA, Island Health
Elders in Residence Program	Knowledge Exchange	The Elder-in-Residence roles will support the inclusion of Indigenous perspectives, knowledge, and approaches to wellness within hospitals with the intent of improving patient experience, health outcomes, and supporting hospital staff. Presently, the revised target date for implementation is the first quarter of 2019/2020.	Island Health and FNHA
Gathering Room, West Coast General	Capital Planning and Safe Spaces	Secured a room at West Coast General Hospital for people to gather and practice ceremony to enhance patient/client experience.	Island Health
Indigenous Representation in the Workforce	Policy Development	Program: Increase the number of Aboriginal hires by attending career fairs, hosting workshops, and one-on-one career coaching. Improve retention by communicating the value employees have as Indigenous people.	Island Health

Island Health Relational Practice for Cultural Safety – It Begins with You	Training and Education	Training: six hour in-person workshop to foster more a culturally safe health-care environment and improve health outcomes for Indigenous people.	Island Health
Kwakwaka'wakw Primary Maternal, Child and Family Health Collaborative Team, Campbell River (CR) Maternity Clinic	Capital Planning and Safe Spaces	Island Health, FNHA, and Physicians are working to enhance and provide more flexible, culturally safe care for high risk aboriginal mothers and infants at the Maternity Clinic in Campbell River known as the "Right from the Start" perinatal registry. The "Mothers Story" perinatal program Baby Bed initiative in the Port Alberni region and Nuu-chah-Nulth Nurses are working with the Port Alberni Friendship Centre to provide support to mothers and infants.	Island Health, FNHA
North Island Hospital Project (NIHP)	Communications	Engaged with Elders and NIHP Aboriginal Working Group to provide Cultural Safety training to NIHP leaders (Directors, managers, Physicians); develop internal "way-finding" signage translated into local dialect and endorse a colour palette that reflects the wellness approach.	Island Health, NIHP, Elders
Off-Reserve / Urban / Away from Home Strategy	Policy Development	Program: In development	FNHA, Island Health
Patient Care Quality Office (PCQO)	Training and Education	Staff at the PCQO office, which deals with client feedback to further improve the quality of the health care system, received a Cultural Safety orientation.	FNHA, Island Health

Patient Experience Forums	Complaints and Accountability	Completed three Patient Experience Forums (Alert Bay, Comox, Mt Waddington)	Island Health
Patient Journey Maps	Communications	Resource: ensure privacy considerations don't act as a barrier to collaboration between Island Health and the FNHA.	FNHA, Island Health
Regional Cultural Safety Committees	Training and Education	Established 10 regional Cultural Safety committees in 2016, focused training and workshop opportunities for Island Health staff.	Island Health
Traditional Foods Menu and Welcome Totems	Capital Planning and Safe Spaces	Two new north island hospitals, in Comox Valley and Campbell River, incorporated traditional foods menu, welcoming totem poles, Cultural Safety training targeting executive and medical leadership, emergency and maternity staff, as well as supporting project partners and housekeeping in 2016.	Island Health

Federal Initiatives

FNIHB Strategic Plan	Policy Development	Includes a commitment to increase Aboriginal representation on staff from 23.6% to 30% over the next five years.	FNIHB

<u>Increasing Aboriginal representation of the First Nations and Inuit Health Branch</u>	Policy Development	Working to increase Indigenous representation within the First Nations and Inuit Health Branch to 30% by 2020. This is done by developing a comprehensive training curriculum addressing Cultural Safety for existing staff and supporting and encouraging employees to develop cultural competencies.	FNIHB, Health Canada
Mental Health Support at Missing and Murdered Indigenous Women and Girls Engagement Sessions	Capital Planning and Safe Spaces	Additional funding provided by Health Canada for FNHA to deliver culturally appropriate and holistic mental health support at (MMIWG) engagement sessions.	Health Canada, FNHA

Appendix B: Evaluation Framework

Outcome Statement	Evaluation Question	Indicators	Interview Questions	Sources, Guide #, KI group, and FNHDA survey
Health programs / service delivery is coordinated and integrated.	Q15. To what extent is there coordination / integration of health care program and service planning, management and delivery for BC FNs?	● Type / # / description of specific processes / mechanisms put in place to enhance coordination and integration of BC FN health care program / service planning, management and delivery ● Type / # / description of integrated process / program / service changes as a result of implementing specific processes / mechanisms to enhance coordination and integration of BC FN health care program / service planning, management and delivery (e.g., more joint processes / programs) ● Type / # / description of information-sharing and patient record-sharing agreements ● Type / # / description of funding agreements ●	Has Cultural Safety and Humility been improved within the BC health system? What are some core successes and indicators of progress achieved to-date? What are the barriers to progress and what would be required to remove or surpass them?	Key Informant Interviews / Implementation and Tripartite Committee member Survey Literature Review: Fed/Prov/FNHA Included in in Guide 1, (Health Authority CEOs, including FNHA), 4 (FNHA, FNHC, IC, TCFNH), Guide 5 (FNHA, FNHC, IC and TCFNH), Guide 6 (FNHA, FNHC, IC, TCFNH completed survey), 12, FNHA Focus Group Guide Guide 3 (VPs, Directors and Regional Directors) asks "In your view, has the Cultural Safety and appropriateness of health care programs and services been improved? Please provide an example or rationale for your answer." Guide 7 (PALT) In your view, has the Cultural Safety and appropriateness of health care programs and services been improved? Please explain and provide examples where possible. Do you have recommendations on more that could be done?
			What implementation plans have been developed? What are the priority action items; short, medium and long term	Key Informant Interviews / Implementation and Tripartite Committee member Survey Literature Review: Fed/Prov/FNHA Not included in any KI guides

Outcome Statement	Evaluation Question	Indicators	Interview Questions	Sources, Guide #, KI group, and FNHDA survey
		Type / # / description of joint projects Overlap/duplication ● Type of overlap / duplication that has been reduced ● Perceptions concerning reductions in duplication and overlap ● Perceptions concerning existing duplication	action items; specific activities; and reciprocal accountability? How is performance measured?	
			How are outcomes being evaluated to assess effectiveness of strategies and contribute to reciprocal accountability?	Key Informant Interviews / Implementation and Tripartite Committee member Survey Literature Review: Fed/Prov/FNHA Not included in any KI guides FNHA Focus Group Guides 1 (Health Authority CEOs, including FNHA) and 4 (FNHA, FNHC, IC TCFNH complete survey), asks “Is the concept of reciprocal accountability well understood by the Parties?” and Are there things that need to be done to strengthen the understanding and application of “reciprocal accountability”? Guides 5 and 6 Contain “The Framework Agreement committed the parties to build a new partnership and a new way of working together based on reciprocal accountability. How would you rate the extent of progress of the Parties in meeting the commitments to build a new partnership based on reciprocal accountability?”

Outcome Statement	Evaluation Question	Indicators	Interview Questions	Sources, Guide #, KI group, and FNHDA survey
Health services are delivered and received in a responsive manner.	12. a) To what extent have FNHA health care initiatives, programs, services and policies been responsive to BC FNs health needs? b) To what extent have other provincial health care initiatives, programs, services and policies accessed by FNs been responsive to BC FNs health needs?	● Initiatives, programs, services and policies established / modified to meet the health needs identified by trends (population needs) in indicators and regional processes ● Perceptions about how responsive the BC FN health care initiatives / programs / services / policies are to the identified health needs	Can you describe what is necessary for a health service environment to be a culturally safe space? What examples are there of such spaces in practice? What efforts are underway to build such spaces?	FNHDA: Health Directors / Regional Health Authorities FNHDA: Health Directors Survey Literature Review: Fed/Prov/FNHA PHSA/FNHA FNHDA, but regional partnership accord.
			What processes within the health system could be improved with respect to Cultural Safety (e.g. intake processes, referral mechanisms, procedures of care and continuity of care)? How have concerns been identified and addressed? What are the barriers to progress? What would be required to remove or surpass them?	FNHDA: Health Directors / Regional Health Authorities FNHDA: Health Directors Survey Literature Review: Fed/Prov/FNHA PHSA/FNHA Included verbatim in the FNHDA Survey/KII Guide Variant of question is asked in the top row, see associated guides
			What policies exist to ensure a representative workforce in health service environments for BC First Nations, including a cross-section of First Nations leadership and staff?	Document Review

Outcome Statement	Evaluation Question	Indicators	Interview Questions	Sources, Guide #, KI group, and FNHDA survey
			How is the health system in BC performing to ensure a high percentage of staff are trained in Indigenous Cultural Safety and other relevant training?	FNHDA: Health Directors / Regional Health Authorities FNHDA: Health Directors Survey Literature Review: Fed/Prov/FNHA PHSA/FNHA Not included in any KI guides
			What efforts are being made by the province and other organizations to create culturally safe health environments? What are the gaps in knowledge and skills affecting the Cultural Safety of those environments?	FNHDA: Health Directors / Regional Health Authorities FNHDA: Health Directors Survey Literature Review: Fed/Prov/FNHA PHSA/FNHA Not included in any KI guides
Delivery of health care program / services to BC FNs is holistic and wellness-oriented	13. a) To what extent are FNHA health care initiatives / programs / services / policies reflective of FNs' perspective on wellness (FN POW)? b) To what extent are other provincial health care initiatives / programs / services / policies reflective of the FN POW?	● % of initiatives / programs / services / policies that reflect FN POW ● Perceptions that initiatives / program / services / policies are reflective of FN POW ● % of persons receiving FNHA-delivered health services who report receiving human-centered care	How do programs and services integrate First Nations traditional practices, medicines and models of health?	FNHA materials/ FNHDA survey Literature Review Regional Health Authorities Regional Partnership Accord Included in FNHDA guide Guides 3 and 5 ask - How would you rate the performance of the FNHA on the following mandated responsibilities listed below? - “Working with BC MOH and BC Health Authorities to integrate First Nations model of wellness into the health system”

Outcome Statement	Evaluation Question	Indicators	Interview Questions	Sources, Guide #, KI group, and FNHDA survey
		• % of persons receiving provincial-delivered health services who report recieving human-centered care	To what extent are health care programs / services culturally safe and delivered with humility?	Variant is asked in Guide 1 (CEOs), Guide 4 (FNHA, FNHC, IC, TCFNH) Guide 5 (FNHA, FNHC, IC and TCFNH), Guide 6 (FNHA, FNHC, IC, TCFNH completed survey) (see question in top row)
			What policies and initiatives have been implemented to integrate First Nations culturally responsive and safe care / traditional practices in health care?	FNHA materials/ FNHDA survey JPB Literature Review Aboriginal Health Directors / Regional Health Authorities Regional Partnership Accord / Health Directors/ Framework working group Variant asked in Guide 3, "How would you rate the performance of the FNHA on the following mandated responsibilities listed below? -Working with BC MOH and BC Health Authorities to integrate First Nations model of wellness into the health system"
			Can you describe what is necessary for a health service environment to be a culturally safe space? What examples are there of such spaces in practice? What efforts are underway to build such spaces?	FNHA materials/ FNHDA survey Literature Review Aboriginal Health Directors / Regional Health Authorities Regional Partnership Accord / Health Directors/ Framework working group Included in FNHDA Survey Guide

Outcome Statement	Evaluation Question	Indicators	Interview Questions	Sources, Guide #, KI group, and FNHDA survey
			How are health organizations and individuals empowered to innovate, develop Cultural Humility and foster a culture of Cultural Safety?	FNHA materials/ FNHDA survey Literature Review Aboriginal Health Directors / Regional Health Authorities Regional Partnership Accord / Health Directors/ Framework working group Not included in KI guide