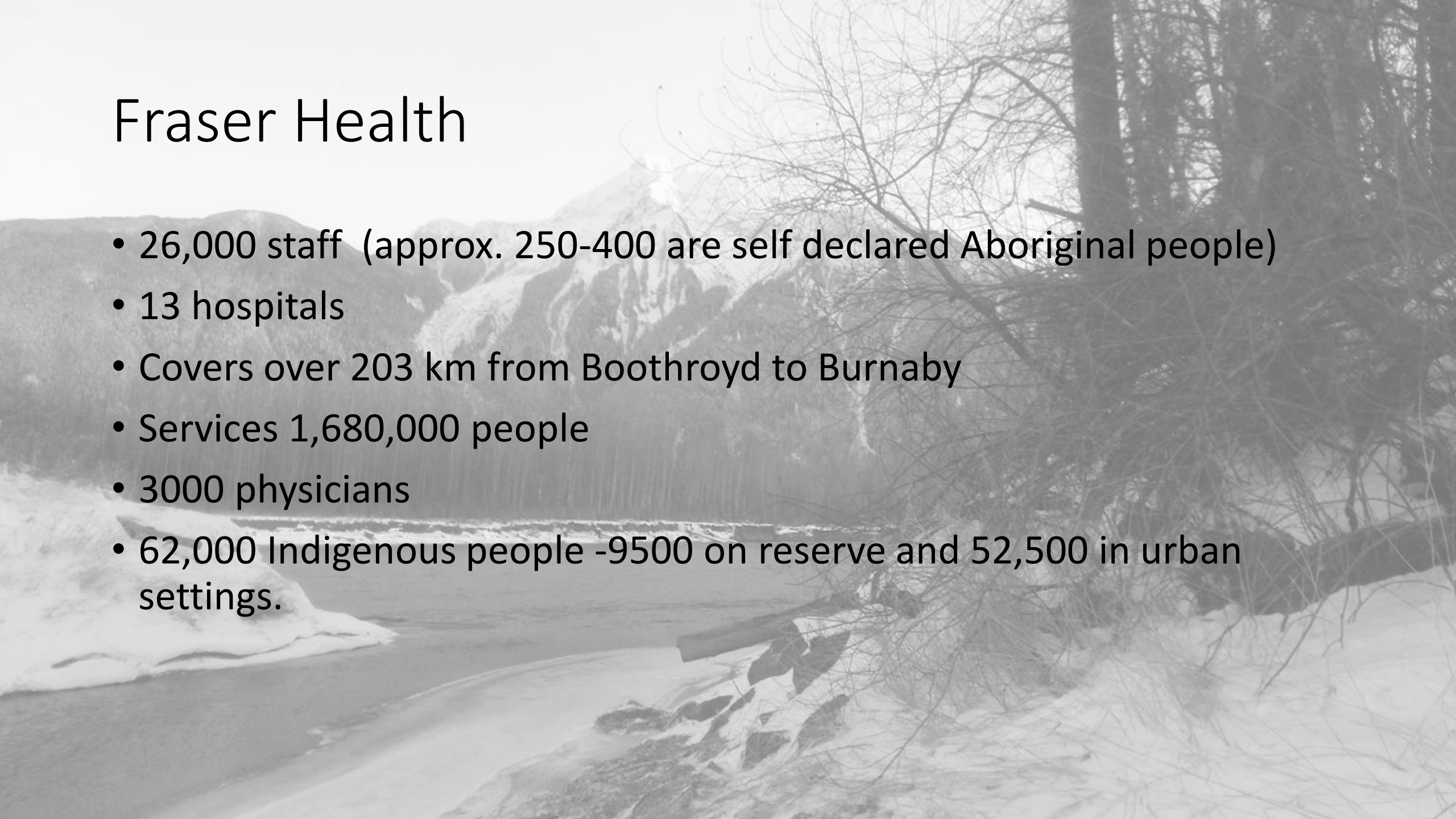




CULTURAL SAFETY AND HUMILITY Embedded in Fraser Health Authority

Fraser Health



- 26,000 staff (approx. 250-400 are self declared Aboriginal people)
- 13 hospitals
- Covers over 203 km from Boothroyd to Burnaby
- Services 1,680,000 people
- 3000 physicians
- 62,000 Indigenous people -9500 on reserve and 52,500 in urban settings.

What is Cultural Safety and Humility?

Cultural Safety

- Safe environment
- Safe program
- Safe service
- Safe experience

Humility

- A way of applying Cultural Safety
- Understanding our own values, attitudes, perceptions and beliefs that can shape a culturally safe environment

Transforming the System

Declaration of
Commitment on Cultural
Safety & Humility in
Health Services for First
Nations & Aboriginal
people in British Columbia

Endorsed & signed in July
2015 by BC Deputy
Minister of Health &
CEO's of 7 BC Health
Authorities

In October 2015 Fraser
Health Senior Executive
endorsed FH Cultural
Safety Framework

DECLARATION OF COMMITMENT - JULY 16 2015
CULTURAL SAFETY AND HUMILITY IN HEALTH SERVICES DELIVERY FOR FIRST NATIONS AND ABORIGINAL PEOPLE IN BRITISH COLUMBIA

Our Declaration of Commitment is an important step toward embedding cultural safety and humility within health services for First Nations and Aboriginal people in British Columbia. This commitment reflects the high priority we, as the designated BC First Nations and Aboriginal health system leaders, place on cultural safety and humility as essential dimensions of quality and safety within the First Nations and Aboriginal health services for which we are responsible.

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

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

Strong leadership on collective actions is essential to achieving our vision of a culturally safe health system for First Nations and Aboriginal people in our province. We, the members of the Leadership Council, will:

CREATE A CLIMATE FOR CHANGE BY:

- Articulating the pressing need to ensure cultural safety within First Nations and Aboriginal health services in BC.
- Opening an honest and continuing dialogue with all stakeholders to show that change is necessary.
- Forming a coalition of influential leaders and role models who are committed to the priority of embedding cultural humility and safety in BC health services.
- Leading the creation of the vision for a culturally safe health system and developing a strategy to achieve the vision.
- Supporting the development of workplans and implement through available resources.

ENGAGE AND ENABLE STAKEHOLDERS BY:

- Communicating the vision of culturally safe health system for First Nations and Aboriginal people in BC and the absolute need for commitment and understanding on behalf of all stakeholders, partners and clients.
- Openly and honestly addressing concerns and leading by example.
- Identifying and removing barriers to progress.
- Tracking, evaluating and visibly celebrating accomplishments.

IMPLEMENT AND SUSTAIN CHANGE BY:

- Empowering health organizations and individuals to innovate, develop cultural humility and foster a culture of cultural safety.
- Allowing organizations and individuals to raise and address problems without fear of reprisal.
- Leading and enabling successive waves of actions until cultural humility and safety are embedded within all levels of the health system.

Our signatures demonstrate our long term commitment to providing culturally safe health services for First Nations and Aboriginal people in British Columbia and to championing the process required to achieve this vision.

This Declaration of Commitment is endorsed by the BC Tripartite Committee on First Nations Health and signed by the members of the Leadership Council.

SIGNED on this date: July 16, 2015

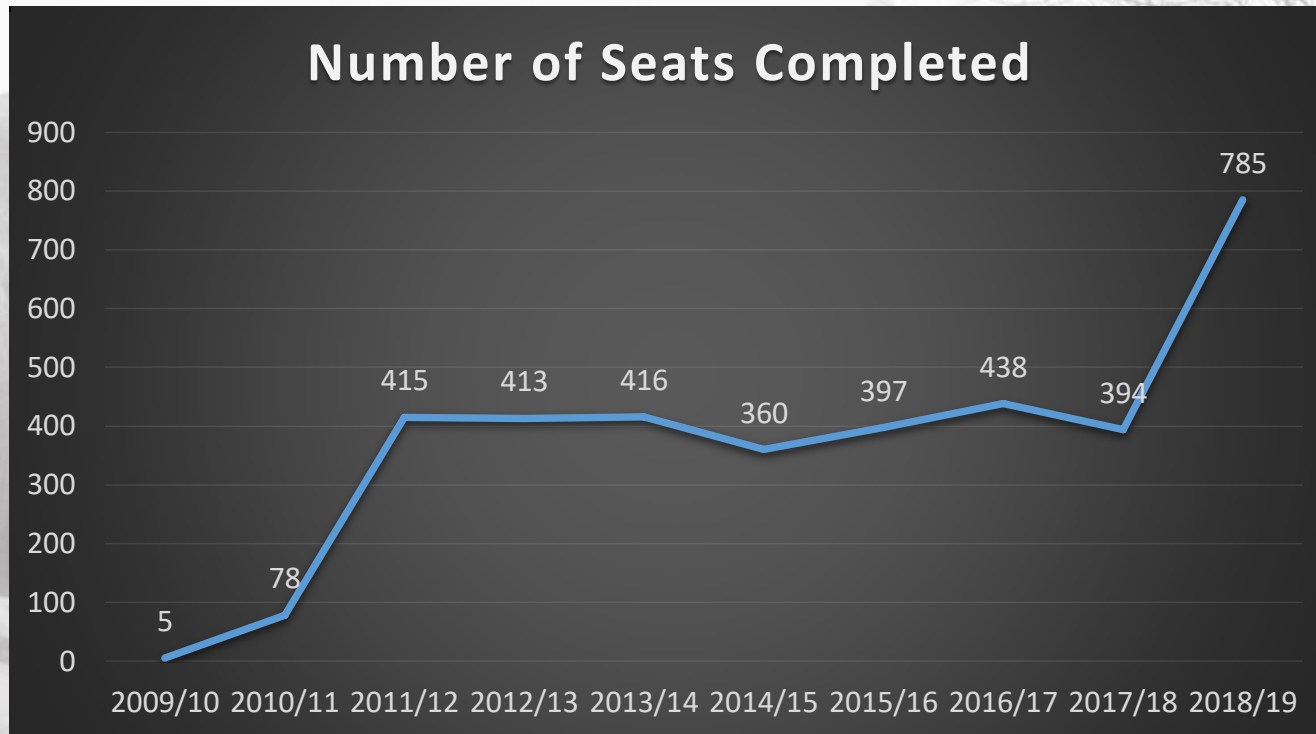
MR. STEPHEN BROWN, DEPUTY MINISTER, MINISTRY OF HEALTH
MR. JOE GALLAGHER, CHIEF EXECUTIVE OFFICER, FIRST NATIONS HEALTH AUTHORITY
MR. SAUNDERS, PRESIDENT AND CHIEF EXECUTIVE OFFICER, PROVINCIAL HEALTH SERVICES AUTHORITY
MR. MICHAEL HANCOCK, PRESIDENT AND CHIEF EXECUTIVE OFFICER, UNIVERSITY HEALTH
DR. ROBERT HAY, PRESIDENT AND CHIEF EXECUTIVE OFFICER, INTERIOR HEALTH
DR. BROWNE, CHIEF, PROGRAM AND CHIEF EXECUTIVE OFFICER, FRASER HEALTH
MR. GREGORY, PRESIDENT AND CHIEF EXECUTIVE OFFICER, NORTHERN HEALTH
MR. MARY AKENKAGAK, PRESIDENT AND CHIEF EXECUTIVE OFFICER, VANCOUVER COASTAL HEALTH

Logos for: BRITISH COLUMBIA, First Nations Health Authority, Provincial Health Services Authority, Fraser Health, Interior Health, Island Health, northern health, Vancouver Coastal Health.

Cultural Safety Framework



San'yas Indigenous Cultural Safety Training



- Between 2009 - 2019 3,701 FH staff completed ICS On-line Training
- Since November 2017 2,038 health care professionals have enrolled in FH's introduction to Indigenous health
- In 2018 The Board and senior leaders had all completed ICS Training.



Accountability & Transparency



Fraser Health Staff Survey



Aboriginal Staff Survey



Aboriginal Health Cultural Safety and Humility Review



Provincial 2018 ER Department Survey Results



DETERMINING INDIGENOUS

CULTURAL SAFETY & CULTURAL HUMILITY

Priorities

CULTURAL SAFETY & HUMILITY COMMUNITY PRIORITIES

BRING YOUR VOICE
to HELP SHAPE the FUTURE of HEALTH CARE

the PATIENT Knows BEST for their OWN Care & their FAMILY'S CARE!

SUPPORT FAMILIES

ACCESS to SERVICES!

Access to TRADITIONAL WELLNESS
RESPECTFUL & CONSISTENT SERVICES!
JUDGEMENT-FREE ENVIRONMENT!

Community Engagement

MORE NETWORKING & RELATIONSHIP BUILDING BETWEEN HEALTH AUTHORITIES & COMMUNITIES

WE MUST COMMUNICATE SERVICES EXIST

DISSEMINATE INFORMATION!

We need CONSISTENCY with PROVIDERS!

Meeting Patients where they're AT!!

PROVIDER APPROACH

- o LISTEN
- o ASK QUESTIONS
- o BE RESPECTFUL
- o BUILD TRUST EARLY

LIAISONS & ADVOCATES

- o NEED ACCESS to: HOLISTIC HEALERS
- o ABORIGINAL HEALTH LIAISON!

ORIENTATING NEW PROVIDERS

NEED A MORE ROBUST COMMUNITY-DRIVEN PROCESS -> BECOMING A FACET of COMMUNITY!

BECOMING KNOWN!

PHYSICAL SPACE

- o "LESS CLINICAL"
 - o SACRED or TALKING SPACE
 - o MORE INVITING *
o MORE HOME! VISITS!
- TRADITIONAL CULTURAL TEACHERS

MULTI-DISCIPLINARY HOLISTIC TEAMS...

Should BE ACCESSIBLE!

LOCAL HEALTH AUTHORITY

NEED TO CONNECT with other ORG's -> STRATEGIZE Together!

HEALTH CARE SYSTEMS & SPECIFIC SERVICES

QUALITY services to ALL!

IN ONE SPACE CARE AREA

EVALUATION & FEEDBACK

- o EVALUATE ELDER in RESIDENCE PROGRAM
- o MUST BE ONGOING Feedback from the Community!

TRAINING & EDUCATION

COMMUNITY FOCUSED Cultural Safety TRAINING

PARTNER WITH COMMUNITIES!

INTEGRATING CULTURAL PRACTICES in CARE

Respect BIRTH & DEATH protocol...

SWEAT LODGE

HEALERS

TRAUMA-INFORMED!

ONGOING

SHARE BETWEEN communities
TRADITIONAL MEDICINE PRACTICES

TRANSPORTATION CHALLENGES

PATIENTS & PROVIDERS TRAVEL LONG DISTANCES TO ACCESS SERVICES

TRUST ISSUES with PROVIDERS - colonization

CARE for ALL GENERATIONS!
BOSTON BAR Season!

SEABIRD ISLAND Season!

STO: LO Season!

Next Steps

