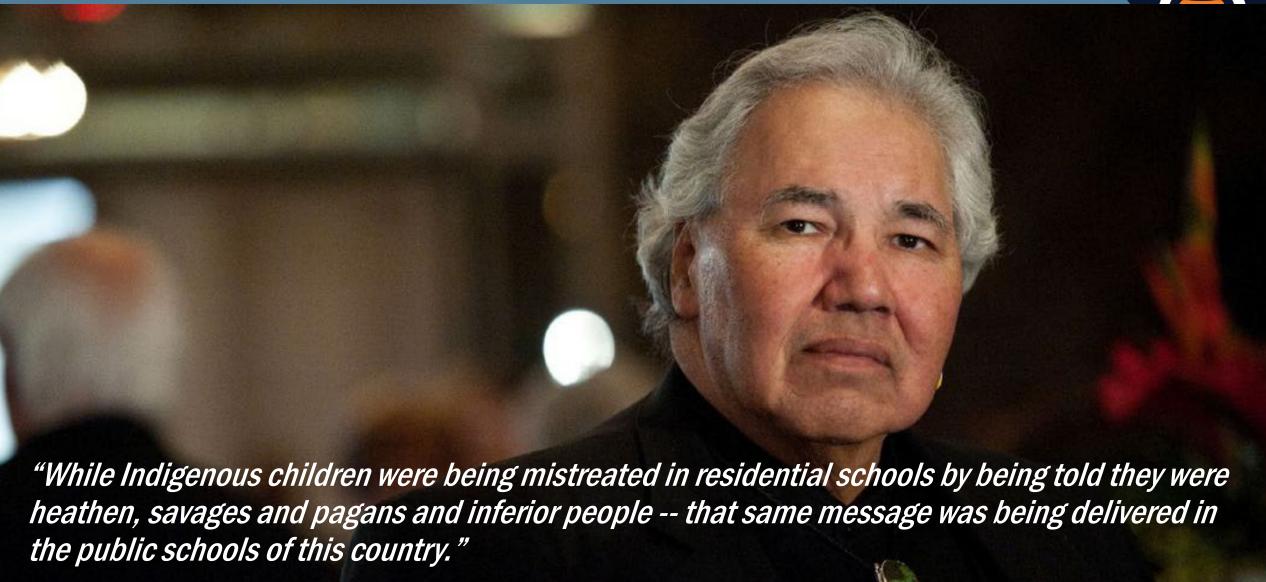




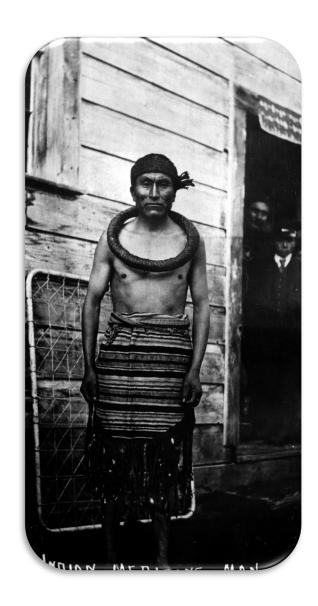
First Nations Health Authority Cultural Safety and Humility

Mark Matthew – Quality Initiatives and Partner Relations









Our History

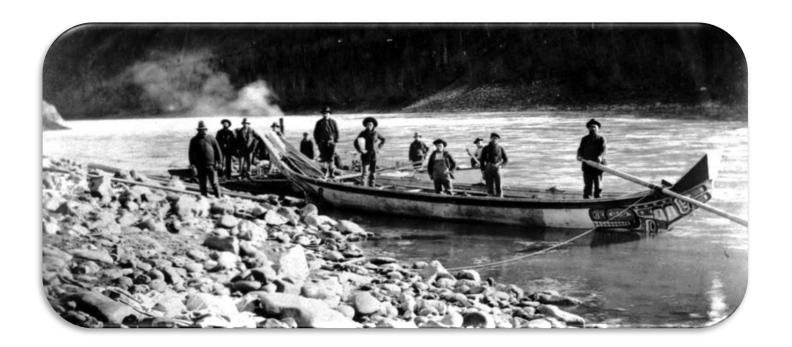
- 10,000+ years
- Economic systems
- Education and training
- Resource management
- Leadership structures
- Languages and cultures
- Health and Wellness





Health and Wellness Interrupted

- Our vision of health and wellness comes from the ancestors and is relational
- Colonization interrupted this worldview





Imposition of Colonial Institutions & Systems

The Indian Act, 1876

- Expropriation of land and territory (creation of reserves)
- Cultural genocide (removal of children, ceremonies and potlatches outlawed until 1951)
- Denied access to Justice (denied voting rights, prohibited legal action until 1951)
- Segregation (created reserves, Indian hospitals, Residential Schools, pass systems)
- Imposition of foreign governance (eg. Band councils)
- Undermining of Identity (status system)
- Imposition of patriarchal approaches (status for women)
- Undermining of self-determination (individual and collective)





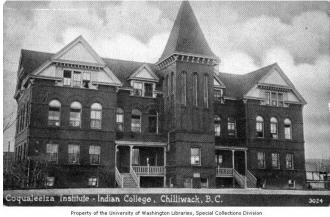
Colonial Institutions & Systems

Residential Schools



St Paul's Indian Residential School, North Vancouver BC

Indian Hospitals



Coqualeetza Indian Hospital, Sardis BC

Children in 'care'



Regina Leader-Post newspaper on Nov. 14, 1972

Justice System



Alouette Correctional Centre for Women, Maple Ridge BC



Impact of Residential Schools



In British Columbia, there were 21 residential schools mandated by the federal government and operated between **1861** until **1984**.

- Five remain standing

Over the 135 years of residential schools across Canada:

150,000 Aboriginal children were taken

Estimated reported number of residential schools student deaths: **Over 6,000**

Indian Residential School Survivors: **80,000** (2015)

Since 1941, **29 Indian Hospitals** were federally run across Canada. (**3 in BC**).



"We are at a pivotal moment in our collective history, one where we have a unique opportunity to mature as a society. We are now entering a post-colonial era.

This country is founded and built on a very solid foundation of Indigenous people. We will no longer be invisible in our own land."

-Hereditary Chief Ian Campbell, Squamish Nation





What was the impetus for change?

- Socio-economic and health status of First Nations Limited First Nation involvement and decision-making
- Health Services- Access and quality issues
- Parallel System- lack of integration
- Inefficiency / Limited Capacity-
 - FNIHB policies not a good fit for BC Partners readiness- A New Relationship with BC
- It's our time!



Questions/Discussion?

First Nations Health Authority





British Columbia First Nations

26 Cultural Groups34 Languages

Over 200 First Nations (or Indian Bands)

- 41 communities are either rural or rural/remote
- ~57% live away from home

Three Provincial First Nations Organizations

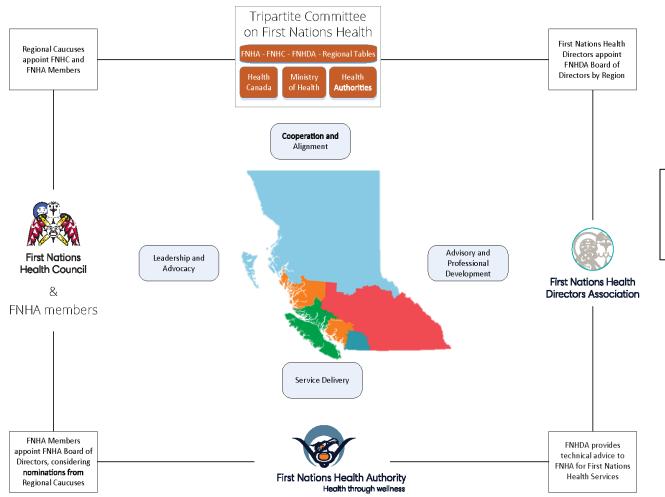
- BC Assembly of First Nations
- First Nations Summit
- Union of BC Indian Chiefs





Relationships - Amongst Ourselves & with our Partners

First Nations consensus-based, collective decision-making. Process of Nation-rebuilding through collective governance.







"The health & wellbeing of my people depends on how well I work with each & every one of you in this room."

-Chief Douglas White III Kwulasuitun





Our Common Foundation

Shared Vision

Healthy, self-determining and vibrant, BC First Nations children, families and communities



Shared Values

- Respect
- Discipline
- Relationships
- Culture
- Excellence
- Fairness

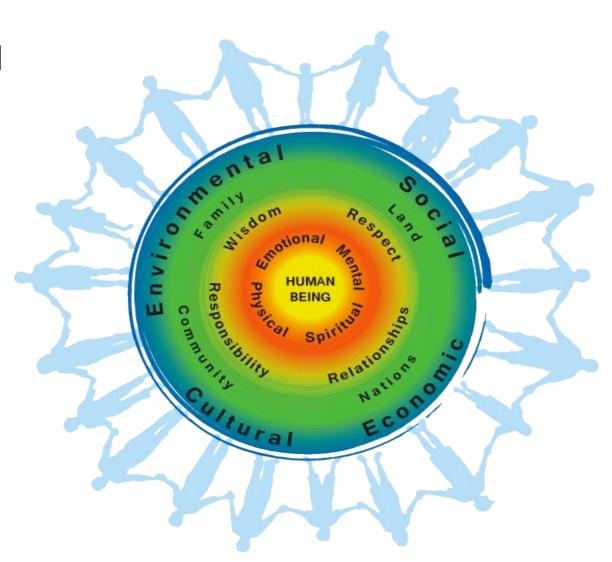
7 Directives

- 1. Community Driven, Nation Based
- 2. Increase First Nations Decision-Making
- 3. Improve Services
- 4. Foster Meaningful Collaboration and Partnerships
- 5. Develop Human and Economic Capacity
- 6. Be without Prejudice to First Nations Interests
- 7. Function at a High Operational Standard



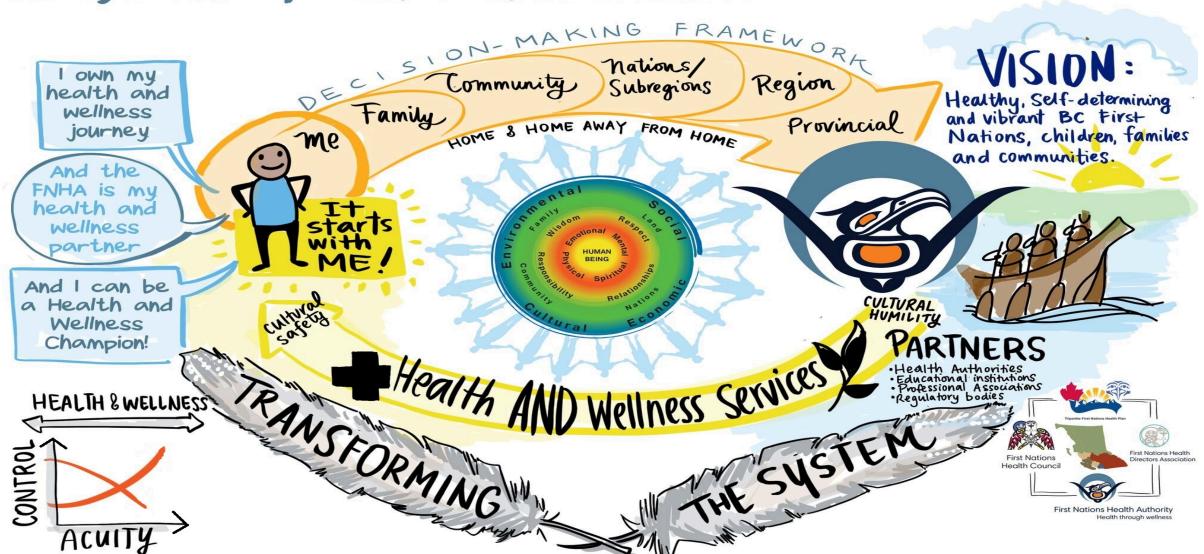
First Nations Perspective on Health & Wellness

- Wellness belongs to every human being and their reflection of this perspective will be unique
- The FNHA through its services or partnership works to support BC First Nations on their wellness journey
- Acknowledging that personal health and wellness is impacted by the world around them





Ecosystem of Health and Wellness





Questions/Discussion?



FNHA Definitions of Cultural Safety and Humility

Cultural Humility

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

Cultural Safety

 Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.



Core Concepts

Racism:

Prejudice, discrimination, or antagonism directed against someone of a different race based on the belief that one's own race is superior

Institutional racism or systemic racism:

Racism embedded into political and social institutions, leading to 'hardwired' discrimination, deliberately or indirectly, against certain groups of people which limits their rights.

Cultural safety means health care professionals adopt a humble, self-reflective clinical practice that positions them as respectful and curious partners when providing care, rather than as a figure of higher knowledge and authority.

Approach to Change – Initiatives | Tools | Resources

- Creating a Climate for Change Resource Booklet
- Partner Declarations of Cultural Safety and Humility
- FNHA's Policy Statement on Cultural Safety and Humility
- Key Drivers and Ideas for Change
- #itstartswithme Campaign
- 10+ Cultural Safety and Cultural Humility Webinars
- Website: http://www.fnha.ca/wellness/cultural-humility





Hardwiring Cultural Safety & Humility into BC Health Services

With accountability to First Nations

- ✓ Ministry of Health
- ✓ Ministry of Mental Health & Addictions
- ✓ First Nations Health Authority
- √ 5 Regional Health Authorities
- ✓ 1 Provincial Health Services Authority
- √ 20+Regulatory Bodies and Colleges
- ✓ Health system partners
- ✓ Health Canada/Public Health Agency of Canada/Indigenous Services Canada
- ☐ Health System Associations
- □ Academic Institutions

And we will know that we've achieved cultural safety when the voice of the people receiving our services tells us we have. – FNHA's vision for Cultural Safety & Humility





Cultural Safety and Humility – What's Next?

- Leadership space and momentum has been created in BC → continue to spread across the country
- Implement systemic action
 - System-wide reporting and measurement
 - Change leadership strategy
 - Organizational assessment tools
 - Critical incident response & complaints management
 - Training and education
 - Policy review and change
 - Physical space improvements
- Building tools and curriculum
 - Toolkits for local knowledge and planning
 - Multi-media approaches
- Continued commitment to #itstartswithme campaign
- Cultural Safety and Humility Standard





Questions/Discussion?

Engaging with First Nations

Take time to build relationship – trusted hand introduction

- Consider partnering
- Define what 'engagement' means to your audience
- IAP2 is helpful (caution regarding Consultation/Empowerment)
- What will be the impact of results?
- How will it benefit them?

Patient, Family, Caregiver and Public Engagement Planning Guide 2018

- Ensure maximum foresight as to the impact of the engagement be meaningful
- Do your homework on First Nations lived experience generally and locally be prepared
- If you're not sure, ask for help and guidance from someone familiar with the community/location
 - be humble
- Requesting an Elder opening is not a tick box activity be respectful of their time









Questions/Discussion

