



First Nations Health Authority
Health through wellness

#itstartswithme

Creating a Climate for Change



*Cultural Safety and Humility in Health
Services Delivery for First Nations and
Aboriginal Peoples in British Columbia*

Trigger Warning: the content in this booklet may trigger unpleasant feelings or thoughts of past abuse. This information is intended to acknowledge the culturally unsafe care that exists in the health system and begin to address it.

First Nations and Aboriginal peoples who may require emotional support can contact the 24-Hour KUU-US Crisis Line at 1-800-588-8717.

“Although First Nations in BC are varied and diverse, they also have significant similarities, particularly in social and economic circumstances. Many of these situations stem from historic factors such as colonization, assimilation policies (including Residential Schools) and discrimination.

First Nations communities’ and individuals’ lack of access to, and to some extent a degree of alienation from, health services effect health outcomes and reduce the likelihood of early detection, treatment of disease and surviving serious injuries.”

Implementing the Vision: BC First Nations Health Governance

WE CAN DO BETTER.

First Nations have a rich history of wellness that extends back in time for many thousands of years. First Nations practiced a mix of hunting, fishing and gathering foods and enjoyed good health and wellness due to a lifestyle that was active, based on healthy traditional diets and enriched by ceremonial, spiritual, emotional and healing practices.

However, the arrival of Europeans marked a change of course in the First Nations wellness journey. First Nations health and wellness was disrupted through a process of colonization and oppression including tactics and policy initiatives such as the Indian Residential School System, the Indian Act and Indian Hospitals.

These institutions created a legacy of trauma and health and social inequities. First Nations self-determination was undermined, and decisions about health and wellness were made for them, not with them. As a result, First Nations continue to bear a disproportionate burden of disease or health disparities.

Today, colonial trauma and oppression takes place within the health system through culturally unsafe and discriminatory care.

"I have witnessed Aboriginal persons present with physical complaints, but being somewhat 'incoherent,' they were dismissed as intoxicated and discharged without their condition fully being assessed. They later returned with even more severe complaints, which had presented as life-threatening. It wasn't until dire consequences arose that they were taken seriously."


*Used with permission from the
San'yas Indigenous Cultural Safety Training Program
Provincial Health Services Authority*



CULTURAL SAFETY

/ `kəlCH(ə)rəl / / `sāftē /

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



“I work in acute care/maternity setting. When I first began my mat training, I was told that you could always tell when a Native is fully dilated as their top lip perspires, so I was looking more at their top lip than I was looking at the whole person.”

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Provincial Health Services Authority*



CULTURAL HUMILITY

/ ˈkəlCH(ə)rəl / / (h)yōō ˈmilədē /

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.

“I am really tired of Aboriginal people complaining and whining about the past. (Looks to me like they actually benefited from colonization.)”

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SYSTEMIC RACISM

/sə`stemik / / `rā,sizəm /

Also known as structural or institutional racism, systemic racism is enacted through societal systems, structures and institutions in the form of “requirements, conditions, practices, policies or processes that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups” (Paradies et al., 2008). Systemic racism is not only enacted proactively in efforts that create racialized inequality, but also in the failure by those in power (e.g. policymakers, funders) to redress such inequalities (Reading, 2013). It is commonly manifested in social exclusion and isolation that limits or prevents political and economic participation, or access to and participation in other social systems such as education and health (Reading, 2013).

First Peoples, Second Class Treatment, 2015

“Qualitative studies documenting the health care experiences of Aboriginal peoples highlight anticipated and actual poor treatment. For example, in examining the experiences of Aboriginal and non-Aboriginal persons accessing an inner-city emergency department, Browne et al. (2011) found that Aboriginal participants described anticipating that being identified as Aboriginal and poor might result in a lack of credibility and/or negatively influence their chances of receiving help.

This was such a common experience that participants actively strategized on how to manage negative responses from health care providers in advance of accessing care in the emergency department.”

First Peoples, Second Class Treatment, 2015



7.5

A Status First Nations person in BC is expected to live 7.5 fewer years than a non-Aboriginal BC resident born in the same period.



42%

42 percent of Aboriginal people in Canada reported experiencing racism in the past two years, 74 percent of which was enacted by non-Indigenous people.



800X

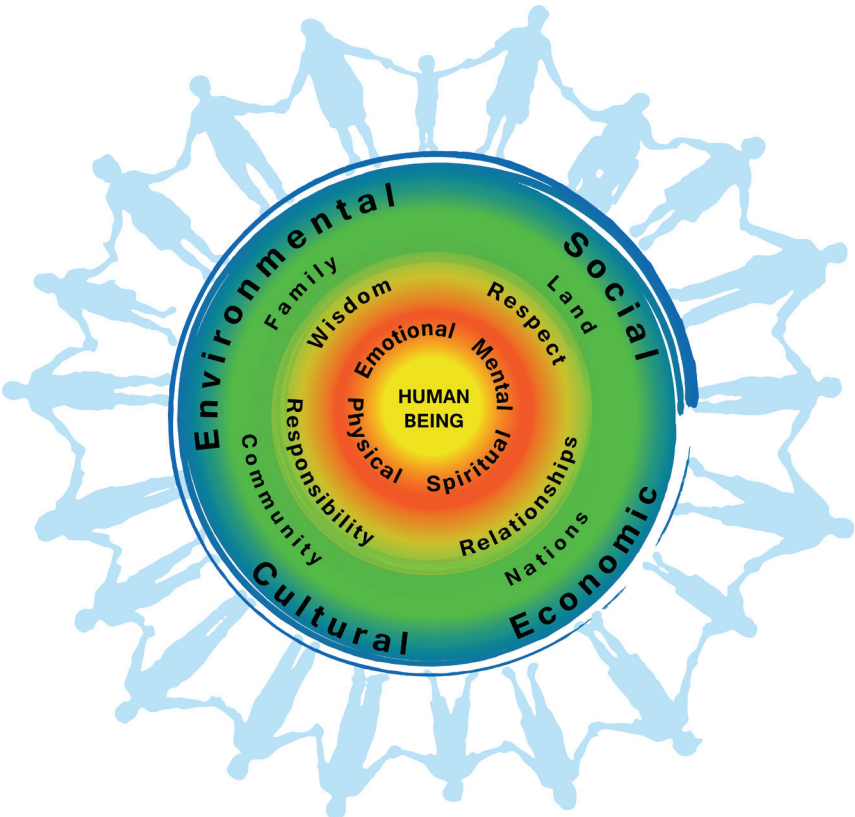
In some First Nations communities, youth suicides occur at a rate 800 times the national average, while in others, suicides may happen rarely.

TOWARD POSSIBILITIES:

A Vision for Something Better...



When health care professionals engage with First Nations peoples from a place of cultural humility, they are helping to create a safer health care environment where individuals and families feel respected. First Nations peoples are therefore more likely to access care when they need it and access care that is appropriate to their wellness beliefs, goals and needs.





First Nations Perspective on Health and Wellness

Cultural safety includes an understanding of what health and wellness means to First Nations. The First Nations Perspective on Health and Wellness articulates a holistic vision of wellness. First Nations recognize that good health and wellness starts with every human being and extends outward to include broader social, economic, cultural and environmental determinants of health and wellness.



Relationship-based Care and Cultural Safety

Relationship-based care is an intentional caring relationship between health care professionals and the people they serve. This relationship is seen as core to a healing environment. Relationship-based care requires attention to key elements of cultural safety and humility and the ways in which these concepts can be integrated into professional practice in BC.



Access to Quality Health Care

Increasing the level of cultural safety in the health care system through approaches such as cultural safety, cultural humility, health literacy and relationship-based care will assist in improving the quality of health services for First Nations people. Unfortunately, racism and discrimination towards First Nations people continues to be a major problem in many contemporary health care settings, resulting in lack of appropriate treatment and barriers to accessing health care.

Access to health care is an important determinant of health and wellness for First Nations - when First Nations people do not access the care they need, they are more likely to experience poorer health. Cultural safety can play a key role in improving the quality of health care services for First Nations, which can in turn improve access to care.



Health Literacy and Cultural Safety

Cultural safety and humility includes health literacy. There is a common assumption that in health care encounters, individuals and their families need to become more health literate in order to accurately interpret information given by their health care professional. While increasing the level of health literacy among First Nations people is important, health care professionals must also work to increase their level of health literacy in working with First Nations people, which includes understanding what wellness means from First Nations perspectives and how poverty, education and housing, among other determinants of health and wellness, influence a person's health.

We can do it together...

Cultural Humility is a life-long process of self-reflection and self-critique to understand personal biases and to develop and maintain mutually respectful partnerships based on mutual trust.

Health care providers are not expected to be cultural experts for all First Nations and Aboriginal peoples. Exercising humility is about being open to learning and comfortable starting with what we don't know.

We envision a future where First Nations people have a new relationship with their care providers, one that:

- Is based on mutual respect, understanding and reciprocal accountability.
- Provides an understanding of what health and wellness means to First Nations and Aboriginal people that are seeking care.
- Resets the balance of power between a care provider and the community member.

Creating a culturally safe and humble health care system for First Nations means taking action to support cultural humility approaches at multiple levels in the system. Recognizing that colonization and oppression continues today throughout our health system, it is important to review and revise structures and policies that support cultural safety.

First Nations people have a right to access a health care system that is free of racism and discrimination and to feel safe when accessing health care. This means people are able to voice their perspectives, ask questions, and be respected by the health care professional on their beliefs, behaviours and values. As partners in their own care, First Nations are entitled to be a part of their health care decision-making.





DECLARATION *of* COMMITMENT

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

Signatories



Mr. Stephen Brown

Deputy Minister
Ministry of Health



Mr. Joe Gallagher

Chief Executive Officer
First Nations Health Authority



Mr. Carl Roy

President and Chief Executive Officer
Provincial Health Services Authority



Mr. Michael Marchbank

President and Chief Executive Officer
Fraser Health



Dr. Robert Halpenny

President and Chief Executive Officer
Interior Health



Dr. Brendan Carr

President and Chief Executive Officer
Island Health



Ms. Cathy Ulrich


President and Chief Executive Officer
Northern Health



Dr. Mary Ackehusen

President and Chief Executive Officer
Vancouver Coastal Health





Our Declaration of Commitment is an important step toward embedding cultural safety and humility within health services for First Nations and Aboriginal peoples. As health system leaders, we place a high priority on cultural safety and humility as essential dimensions of quality and safety within the 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.
- Cultural safety must be understood, embraced and practiced at all levels of the health system including governance, health organizations and within individual professional practice.
- All partners, including First Nations and Aboriginal individuals, Elders, families, communities, and Nations must be involved in co-development of action strategies and in the decision-making process with a commitment to reciprocal accountability.



**1. CREATE *a*
CLIMATE *for*
CHANGE**



- Articulating the pressing need to ensure cultural safety within First Nations and Aboriginal health services in BC.
- 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 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 to be implemented through available resources.



**2. ENGAGE
and ENABLE
STAKEHOLDERS**



- 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.



**3. IMPLEMENT
and SUSTAIN
CHANGE**



- 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.



What is your Commitment to Cultural Safety and Humility?

A good place to start is with reflection on the following questions:

- What is culture?
- What culture do you identify with?
- What is your perception of Indigenous cultures?
- Where did you get this information?
- Can you identify any potential biases or stereotypes in the sources of that info?

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Creating a culture of change for better health services
for First Nations and Aboriginal peoples



*Join us and make your commitment as an individual or
an organization. For more information, connect with us
online: www.fnha.ca/culturalhumility*

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Vancouver
CoastalHealth
Promoting wellness. Ensuring care.



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island health



Interior Health
For your whole life



northern health
the northern way of caring



Provincial Health
Services Authority
Province-wide solutions.
Better health.



BC PATIENT SAFETY
& QUALITY COUNCIL
Working Together. Accelerating Improvement.



BRITISH
COLUMBIA

Ministry of
Health



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