

Anti-Racism, Cultural Safety & Humility Framework

First Nations Health Authority
First Nations Health Council
First Nations Health Director's Association

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Introduction: Cultural Safety and Humility and Anti-Racism

For many thousands of years in what is today known as British Columbia (BC), First Nations enjoyed good health and wellness on their lands and territories, upheld by traditional cultural practices that maintained and supported wholistic healing and wellbeing. Processes of colonialism and racism systematically disrupted, and continue to disrupt, the health and wellness of First Nations. Systemic racism is woven into the foundation and practices of the health system, including through the exclusion and dismissal of First Nations perspectives and practices related to health and wellness. Health inequities between First Nations and other populations residing in BC persist. As compared to other residents, First Nations in BC are more likely to be living with chronic diseases; less likely to be attached to a primary care provider/access primary care services; and more likely to be hospitalized for conditions that could have been addressed in primary care¹. Research and reviews continue to affirm what our people know and experience – race is a social determinant of health, and racism is a public health issue.

Eliminating anti-Indigenous racism in health care and achieving health equity are shared goals of the First Nations Health Authority (FNHA), First Nations Health Council (FNHC) and First Nations Health Directors Association (FNHDA), partners in the made-in BC health governance structure for First Nations. These goals are critical in attaining our shared vision of *healthy, self-determining and vibrant BC First Nations children, families and communities*. The FNHA, FNHC and FNHDA recognize the importance of enhancing access to quality, culturally safe health care that affirms First Nations cultures, rights, and identities – in tandem with addressing systemic racism in the health care system. The FNHA, FNHC and FNHDA remain committed to championing cultural safety and humility (CSH) across the health system and to working with partners to embed CSH into health and wellness service delivery to improve health outcomes for First Nations people.

Recent highly publicized incidences of racism targeted at Indigenous peoples in hospitals in BC and Quebec placed a brighter light on the ongoing and urgent necessity of systemic change to ensure First Nations people experience equitable treatment and have access to quality, culturally safe care. Provincial and national partners have acknowledged the importance of addressing the issue. At the end of November 2020, the provincial Addressing Racism Review released the report *In Plain Sight*, and a subsequent data report was published mid-January 2021. The reports confirm the prevalence of anti-Indigenous racism across the BC health system and make recommendations to address it.

The Framework is situated in the context of reconciliation between Indigenous and non-Indigenous peoples in BC and Canada, as put forth by the ***United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)***, the provincial ***Declaration on the Rights of Indigenous Peoples Act (DRIPA)***, the federal ***Bill C-15, United Nations Declaration on the Rights of Indigenous Peoples Act (UNDRIPA)***, the ***Truth and Reconciliation Commissions' Calls to Action***, and the ***Missing and Murdered Indigenous Women and Girls Inquiry Report: Calls for Justice***. Each outline actions required for systemic change to occur.

Purpose

The purpose of the Anti-Racism, Cultural Safety & Humility Framework (the Framework) is to outline strategic objectives and priority action areas to support a vision of a health and wellness system in BC that is free of racism and discrimination against First Nations; one where First Nations people seeking health care feel safe from racism; and, have access to care that positively affirms their cultures, rights and identities. *To achieve this vision, it is critical that First Nations-led structures are a key driver, including upholding and supporting the existing First Nations health governance structure.* The Framework will remain evergreen and responsive to evolving contexts and needs.

Strategic Objectives

All approaches should be led by First Nations, including at regional levels, supported by the BC First Nations health governance structure with resources and support from our partners. The Framework is organized around two strategic

¹ Information from linked 2008/09 to 2014/15 Health System Matrix with First Nations Client File across province and by region.

objectives that support First Nations people being able to seek and access health and wellness care in BC in a culturally safe manner, free from anti-Indigenous, systemic and interpersonal racism:

1. **Work with partners in BC to support a racism-free health system with embedded cultural safety and humility practices.**
2. **FNHA, FNHC and FNHDA are champions of cultural safety and humility in BC.**

The FNHA, FNHC and FNHDA embed CSH within our respective organizations through policies, practices, places, services and staff and work with partners to advance CSH and a racism-free system. To continue to build on these actions, the partners will hold zero tolerance for anti-Indigenous racism.

Key Drivers

Communities, Nations and Regions

The wisdom and priorities of First Nations in BC, including those at home or in urban centres and/or away from home, are integral to achieving the strategic objectives set out in this Framework. Working together, the FNHA, FNHC and FNHDA will continue conversations with First Nations to clearly define the terms and the problem that together, we are working with partners to address. Our existing engagement pathways are a key driver going forward.

In terms of what we have already heard, community health and wellness plans consistently highlight embedding culture into community-delivered services and the importance of CSH training for those in the health and wellness system, including providers, leadership, policy makers, evaluators, etc. Reviewing input from community and regional health and wellness plans and engagements will continue as this Framework and associated action plans evolve. Priorities shared by First Nations reported in the Addressing Racism Review report, *In Plain Sight*, have also shaped the Framework and will continue to impact ongoing actions to address anti-Indigenous racism across the BC health system.

Regional work is a key pillar of the Framework and continues to evolve. The five regions are working with First Nations communities, Nations, leadership, health authority partners and other partners. Regions continue to prioritize and approach CSH and anti-racism in different ways through regional governance structures, with local needs, priorities and pathways in mind. Various regional CSH and anti-racism initiatives are underway, focused on activities such as: training and practice support, regional task forces, strategic planning and accountability structures, recruitment and retention, developing and promoting culturally relevant resources and events and First Nations complaint resolution processes.

Each region is defining approaches that work best locally. Key considerations include:

- Strengthening Regional Partnership Accords, including consideration of UNDRIP articles
- Working through existing regional tables and agreements on specific CSH and anti-racism priorities
- Exploring new approaches and concepts through regional approaches and discussions
- Identifying resources that will be needed to be successful

The Framework and associated Action Plans will continue to be updated based on regional priorities and plans.

Seven Directives and Shared Values

The Framework is underpinned by the [Seven Directives](#), and [Shared Values](#), serving as guiding principles, keeping work grounded and focused on the direction provided and supporting FNHA, FNHC and FNHDA to move real and systemic change related to CSH and anti-racism. The Seven Directives stem from extensive engagement and work with First Nations in BC and describe fundamental standards and instructions for the health governance relationship:

Seven Directives	Anti-Racism, Cultural Safety & Humility Framework
1. Community-Driven, Nation-Based	This directive is woven throughout the framework to ensure community and Nation voices guide the work, including: <ul style="list-style-type: none"> • Ensuring a regional and Nation-based lens to improving services • Ensuring engagement remains a fundamental component of the Framework
2. Increase First Nations decision-making	This directive is a priority area: First Nations-Led Response , supported by: <ul style="list-style-type: none"> • Embedding cultural safety within our processes • Aligning accountability processes with First Nations-led work
3. Improve Services	This directive is a priority area: Service Excellence , supported by: <ul style="list-style-type: none"> • Cultural healing practices within the health system • First Nations designing and delivering culturally-safe models of care
4. Foster Meaningful Collaboration and Partnership	This directive is a priority area woven throughout the framework , supported by: <ul style="list-style-type: none"> • Working with partners on culturally safe complaints processes • Working with partners to embed anti-racism and cultural safety plans initiated by First Nations • Working with government partners at the federal and provincial level to advance legislation and policy as it relates to Indigenous health care and social determinants of health
5. Develop Human and Economic Capacity	This directive is a priority area: Service Excellence , supported by: <ul style="list-style-type: none"> • Indigenous people assuming a number of senior leadership roles within FNHA and in the broader health system
6. Be without prejudice to First Nations interests	This directive is woven throughout the framework , ensuring First Nations-led and driven approaches are promoted, including: <ul style="list-style-type: none"> • Increasing First Nations influence over the philosophy, design and delivery of anti-racism and CSH related initiatives • Respecting the autonomy and authority of Nations to make decisions and achieve outcomes set by their communities • Increasing availability of and access to related data to inform local level decision-making
7. Function at a high operational standard	This directive is woven through Service Excellence and Regional Innovation and Focus including: <ul style="list-style-type: none"> • Being accountable through clear and regular communication, evaluations and reporting • Promoting collaboration and collective approaches to anti-racism and CSH related initiatives • Promoting good governance in the design of new approaches

The Shared Values of Respect, Discipline, Relationship, Culture, Excellence and Fairness, are key to how each organization functions and their work with First Nations and health system partners.

Definitions

To ensure clarity on the problem and response, FNHA, FNHC & FNHDA are proposing the following definitions within the Framework, as per *In Plain Sight* report (2020), which can be further discussed and refined:

Racism is the belief that a group of people are inferior based on the colour of their skin or due to the inferiority of their culture or spirituality. It leads to discriminatory behaviours and policies that oppress, ignore or treat racialized groups as “less than” non-racialized groups (p.8).

Systemic racism is enacted through routine and societal systems, structures, and institutions such as requirements, policies, legislation, and practices that perpetuate and maintain avoidable and unfair inequalities across racial groups including the use of profiling and stereotyping (p.8).

Anti-racism is the practice of actively identifying, challenging, preventing, eliminating and changing the values, structures, policies, programs, practices and behaviours that perpetuate racism. It is more than just being “not racist” but involves taking action to create conditions of greater inclusion, equality and justice (p.8).

FNHA's definitions for Cultural Safety and Cultural Humility are as follows:

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.

Cultural Humility: 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.

Context

FNHA, FNHC and FNHDA

The FNHA, FNHC and FNHDA cannot alone transform the health system into one that is culturally safe. The FNHA, FNHC and FNHDA will continue to work together as the First Nations health governance structure in BC, with partners. The FNHA is responsible for planning, management, service delivery and funding of health programs for First Nations in BC. The FNHC's role is to advocate for First Nations health and wellness priorities, support health system transformation and build partnerships to make progress on the Social Determinants of Health (SDOH). The FNHDA supports professional development and serves as a technical advisory body to the FNHC and FNHA on research, policy, program planning and design, and the implementation of the Health Plans.

FNHA, FNHC and FNHDA acknowledge there is always more work to do and that our organizations play essential roles in working with the health system to advance anti-racism and CSH. Each organization will support related Framework components and priority areas consistent with its respective role and work together through ongoing joint planning and First Nation health governance collaboration. FNHA, FNHC and FNHDA will also work together with health system partners who need to drive change within their own organizations at the regional, provincial and federal levels.

In BC, work towards reconciliation and CSH led by Indigenous communities began decades ago. The FNHA, FNHC and FNHDA continue to advance this work through the First Nations health governance structure recognized by our federal and provincial partners, built on the shared vision of *healthy, self-determining and vibrant BC First Nations children, families and communities*.

Since 2015, a number of tripartite/bilateral agreements and processes, and Declarations of Commitment have laid the groundwork to permanently embed CSH throughout the BC health care system. Public commitments to transformative change were signed by all levels of government and partners across the health care system. Efforts to enhance regional and organizational work continues, including identifying strategies to coordinate and strengthen system-wide efforts and establish meaningful accountability measures through the Tripartite Committee on First Nations Health that is developing a change leadership strategy and backbone team.

FNHA

In 2016, the FNHA launched a "Creating a Climate for Change (#It Starts With Me)" campaign, offering resources to facilitate learning about CSH across the system, including a booklet titled *CSH: Key Drivers and Ideas for Change*. In 2016/17, the FNHA published a CSH Policy Statement and launched a CSH webinar series. In addition, a component of the evaluation of the BC Tripartite Framework Agreement on First Nation Health Governance completed in 2019/20 was a CSH case study. In 2020, FNHA launched a Client Complaints and Compliments Policy email and phone line. The FNHA continues to strengthen its organizational efforts regarding CSH and anti-racism, including building CSH into organizational policies and practices, coordinating training and orientation efforts and providing access to in-house knowledge keepers and opportunities to engage in cultural practices.

FNHC

The FNHC has been leading work on transforming health and making progress on the social determinants of health through its political leadership and advocacy. It is well positioned to leverage its established political, bilateral and tripartite tables with government partners to advance the strategic objectives of the Framework. In addition, the FNHC will use its relationships to advance the development of federal and provincial legislation to implement the UN Declaration on the Rights of Indigenous Peoples and the development of distinctions-based federal health legislation.

FNHDA

The FNHDA provides quality and timely technical advice to our partners, provincially and regionally, to advance health transformation. The FNHDA also continues to advance professional development, including its Certification program that will build upon existing capacity amongst Health Directors to ensure culturally safe delivery, and advocate for and navigate safe access for First Nations people within the health care system.

Multi-Year Health Plan and Social Determinants of Health

The Framework is an extension of priorities and commitments within FNHA's Multi-Year Health Plan (MHYP) and the FNHC's work on SDOH. FNHA is undertaking an engagement process to set out goals for the next five years and will realign the Framework with the updated plan.

BC Health System

In 2015, FNHA, the BC Ministry of Health and CEOs of health authorities signed a Declaration of Commitment on Cultural Safety and Humility in Health Services. By 2016/17, all health BC regulatory bodies who regulate and oversee the practice of health professionals across BC signed a CSH Declaration of Commitment, including nurses, doctors, dentists, pharmacists and many others. In 2018/19, the FNHA signed CSH Declarations of Commitment with Indigenous Services Canada, Health Canada, the Public Health Agency of Canada, the Ministry of Mental Health and Addictions, and Pacific Blue Cross. In 2019/20, the FNHA signed CSH Declarations of Commitment with Emergency Management BC, Doctors of BC, and the Federation of Optometric Regulatory Authorities of Canada.

Despite achievements through these early commitments, further implementation plans and accountability are needed. Urgent system-wide action is needed, as incidences of racism and mistreatment in health care persist. **The FNHA, FNHC and FNHDA are collectively committed to advancing the strategic objectives of this Framework. The provincial health care system partners are accountable for this urgent and necessary work, and the FNHA, FNHC and FNHDA call upon them to acknowledge systemic racism and commit to meaningful and timely actions to address these challenges together with us.**

Unique Place in Time

This Framework is situated in the context of system-wide efforts which are amplifying the importance of addressing Indigenous-specific racism and providing CSH, including provincial and national responses to highly publicized incidences of anti-Indigenous racism in health care, provincial and federal legislation (DRIPA and Bill C-15), and responses to dual public health emergencies in BC (COVID-19 pandemic and Opioid).

1. **DRIPA:** DRIPA and any forthcoming decision-making agreements that support Indigenous human rights and reconciliation are an opportunity for framing FNHA, FNHC and FNHDA's strategic objectives.
2. **Bill C-15 (Federal UNDRIP Act):** Bill C-15 was tabled by the federal government, alongside leaders from the Assembly of First Nations, Inuit Tapiriit Kanatami and the Métis National Council, on December 3, 2020. If passed by parliament, the Act will require the federal government, in consultation and cooperation with Indigenous peoples, to take all measures necessary to ensure that the laws of Canada are consistent with the UN Declaration on the Rights of Indigenous Peoples.

3. **National Action Plan:** Indigenous representatives from across the country and federal ministers from several departments participated met in October 2020 to discuss racism experienced by Indigenous peoples in health care. In January 2021 subsequent meetings were held to discuss action planning amongst provincial and territorial governments, federal departments and organizations to inform a National action plan to address health care anti-Indigenous racism.
4. **Evaluation of the Tripartite Agreement on First Nations Health Governance:** There is work ahead to co-develop an action plan with First Nations, provincial and federal partners in response to the findings of the Evaluation of the Tripartite Framework Agreement, with focus on Cultural Safety and Humility Case Study findings.
5. **Addressing Racism Review Report, In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care and subsequent data report:** Led by Dr. Mary Ellen Turpel-Lafond, the independent investigation examined alleged incidents of Indigenous-specific racism in emergency departments in BC, within a broader context of Indigenous-specific systemic racism in the provincial health care system, and made recommendations to the BC Minister of Health on how to effect meaningful change. Both reports present clear evidence of pervasive interpersonal and systemic racism that adversely affects patient and family experiences and long-term health outcomes for Indigenous peoples.
6. **Provincial Response to Addressing Racism Review Report:** Led by Chris Mazurkewich, Special Advisor, BC Ministry of Health (MOH), the mandate is to provide specific advice and recommendations to the MOH to advance the province-wide commitment to plan and deliver culturally safe and appropriate health care services for First Nations, Inuit and Métis people in BC and for a coordinated and provincial response to the findings of the Addressing Racism Review.

Accountability and Evaluation

Accountability for this Framework and related action plans will be upheld through the principles of reciprocal accountability and through ongoing performance measurement and evaluations, including through existing bilateral and tripartite agreements and associated mechanisms. This will include working with partners to support data collection and analysis on inequalities and service delivery improvements, evaluating progress against this Framework, and supporting external partners in their related evaluation implementation.

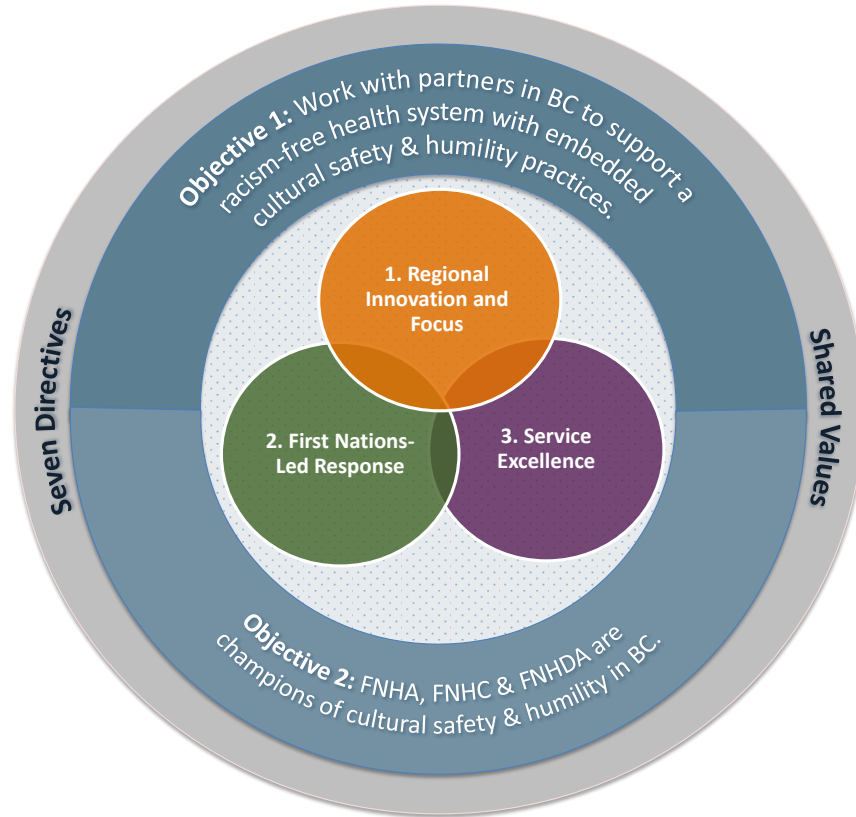
Priority areas of work:

The Framework is structured around two strategic objectives:

1. *Work with partners in BC to support a racism-free health system with embedded CSH practices.*
2. *FNHA, FNHC & FNHDA are champions of CSH in BC.*

There are three priority areas under the strategic objectives:

- | | | |
|---|--------------------------------------|------------------------------|
| 1. Regional Innovation and Focus | 2. First Nations-Led Response | 3. Service Excellence |
|---|--------------------------------------|------------------------------|



The FNHA, FNHC and FNHDA collaboratively held discussions with health governance partners to develop the Framework’s priority work areas, and completed a document review (CSH Tripartite Evaluation Case Study, CSH Change Leadership Strategy, regional reports and community and regional health and wellness plans).

It is timely for key areas of change to advance, ensuring First Nations feedback and initiatives drive any new system approaches led by First Nations organizations, with strong accountability mechanisms. The FNHA, FNHC and FNHDA expect to work jointly with partners to map priority work and the associated processes to get there.

1. Regional Innovation and Focus

This Priority Area is focused on supporting, enhancing and promoting community-driven, Nation-based, and regionally led solutions, with natural overlap with the other priority areas. Regional work is innovative, creating solutions that address the diverse and individual needs of communities and, in many cases, longstanding efforts are already underway. It includes engagement of First Nations through the established engagement pathways; strengthening of regional partnership accords; building on the success of local initiatives that are community-driven and Nation-based; and developing local initiatives to address racism and further embed CSH into care. **This Priority Area is about prioritizing and promoting work from the ground up and supporting existing partnerships, relationships and innovations at the regional and local levels.**

2. First Nations-Led Response

This Priority Area focuses on continuing to work in partnership alongside First Nations and health system partners to prioritize CSH and a racism-free system. It includes First Nations driven decision-making; internal and system-wide accountability mechanisms; strategic policy, planning, reporting and evaluation work; consideration of legislation, including federal and DRIPA and, communications. It also includes advocacy through established bilateral and tripartite partnership tables and with other First Nations organizations to complement and align with this important work. **This**

priority area is about honouring First Nations voices and wisdom, holding our organizations and partners accountable and enabling system-level change.

3. Service Excellence

This Priority Area focuses on **enhancing the quality and cultural safety of FNHA and FNHDA delivered, funded and supported programs and services and supporting health system partners to do the same.** This includes enhancing and standing up complaints processes; enabling meaningful integration of cultural healing and wellness into the health system; and, people development, including training and learning opportunities, recruitment and retention, performance, promotion and leadership.

Taking Action

Regionally Led Engagement

The FNHA regions, FNHC and FNHDA continue working collaboratively with First Nations and partners on key action priorities and locally driven solutions, supporting the journey towards a racism-free health system.

Taking Action

There is urgency to take action now.

Short Term

- Continue to prioritize actions specific to the dual public health emergencies;
- Consider concepts for shared decision making agreements to advance work and impacts of DRIPA;
- Clarify expectations of health system partners and refine the roles of the FNHA, FNHC and FNHDA in this work;
- Discuss *In Plain Sight* report with tripartite partners;
- Support regional engagement processes, plan development and regionally led development of First Nations incidents, complaints and compliments processes;
- Board Chair of FNHA work with FNHC Chair and with Ministry of Health Deputy Minister to oversee development and follow up by a task group overseeing implementation of Report and work with an Associate Deputy Minister with overall responsibility;
- Consider follow up on accreditation and backbone team as appropriate;
- Follow up on disposition of complaints raised during the course of the investigation;
- Determine roles of FNHA Board of Directors in tracking complaints and advocacy in partnership with FNHC; and,
- Allocate any available resources.

Long term

- Support regional engagement processes specific to action plans and Tripartite evaluation, specifically Cultural Safety and Humility case study;
- Finalize both provincial and regional frameworks or action plans;
- Continue to work with partners to support First Nations driven related plans;
- FNHA CEO to arrange calls with federal partners; and

Ongoing

- Continue to participate in national processes on anti-Indigenous racism in health care and action planning;
- Continue to implement mental health and primary health care models led by First Nations; and
- Ongoing action prioritization, considering provincial/national landscapes and public health emergencies; and,
- Work with health system partners to identify adequate resourcing for priority actions.

