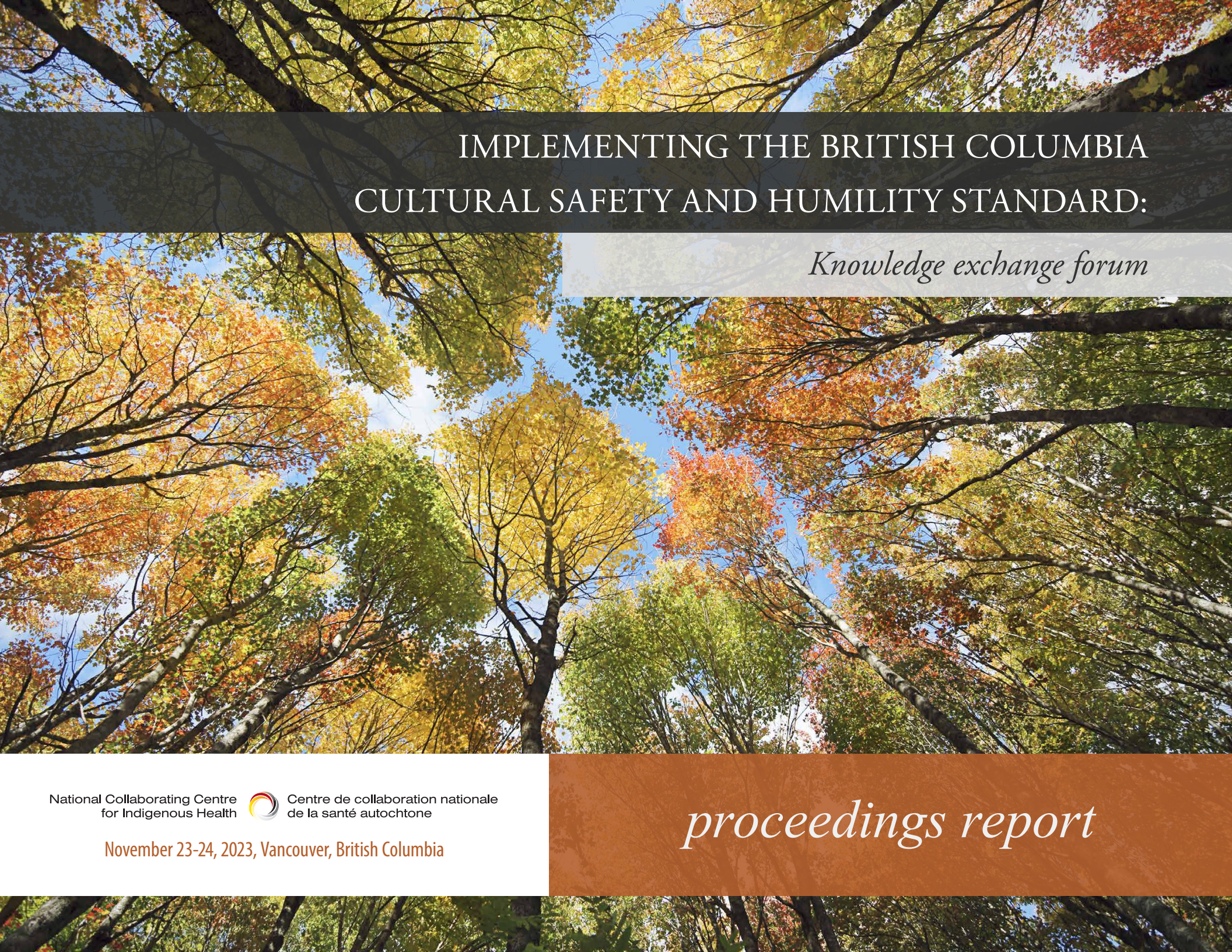

IMPLEMENTING THE BRITISH COLUMBIA CULTURAL SAFETY AND HUMILITY STANDARD:

Knowledge exchange forum

National Collaborating Centre for Indigenous Health
Centre de collaboration nationale de la santé autochtone

November 23-24, 2023, Vancouver, British Columbia

proceedings report

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Implementing the British Columbia Cultural Safety and Humility Standard: *Knowledge exchange forum*

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November 23-24, 2023
Sutton Place Hotel, Le Versailles Salon,
845 Burrard Street, Vancouver, BC

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INTRODUCTION

On November 23-24, 2023, the National Collaborating Centre for Indigenous Health (NCCIH), with support from the British Columbia Ministry of Health, hosted a knowledge exchange forum to discuss implementation of the *British Columbia Cultural Safety and Humility Standard*.

Indigenous[1] organization representatives, health authority leaders, and practitioners working in frontline organizations were invited to participate in the 1½ day gathering in Vancouver, British Columbia (BC) by sharing their collective wisdom and acknowledging the remarkably hard work being done to implement the Cultural Safety and Humility Standard in BC.

Precisely, the gathering provided an opportunity for forum participants to:

1. reflect on Indigenous experiences at points of care in the health care system;
2. realize the current state of cultural safety and humility approaches within health care organizations from an Indigenous leadership perspective;
3. understand how to implement culturally safe care in community and clinical practice;
4. partake in a knowledge exchange to implement the standard;
5. explore organizational approaches to develop policies to enact the standard; and
6. consider organizational approaches to monitoring and evaluating the standard.

This report provides an overview of the knowledge exchange forum as it unfolded and the main messages from the stories, insights, and diverse perspectives shared by event participants, including the facilitator and moderators, keynote speakers and panelists, Elders, and other invited delegates. A summary of recommendations that were gleaned from the sharing of knowledge, experiences, and ideas is included at the end of this report.

[1] The term "Indigenous" is used throughout this report to refer to First Nations peoples, Inuit, and Métis peoples collectively, regardless of registered status or location of residence. When referring to specific Indigenous groups, the terms "First Nations", "Inuit", or "Métis" will be used.

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DAY 1 - NOVEMBER 23, 2023

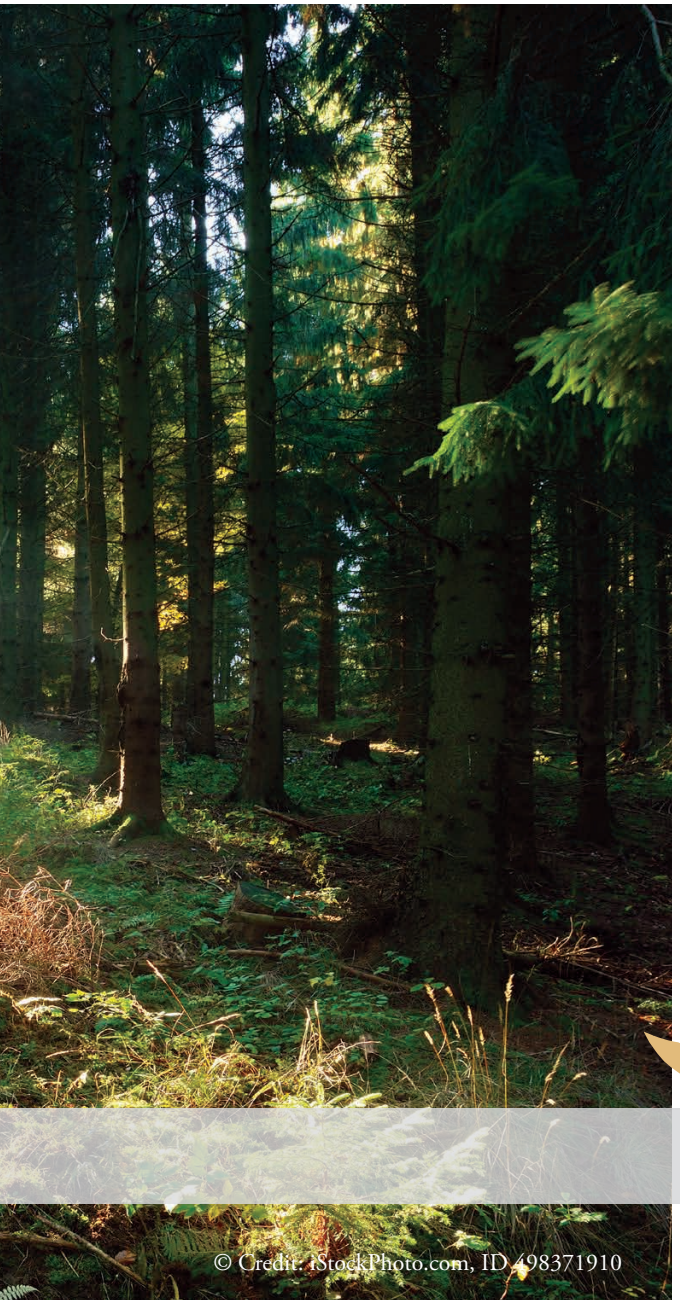
The knowledge exchange forum got underway shortly after 1:00 p.m. on Thursday, November 23, 2023. Melissa Hammell, Founder of Pine Gum Studio, facilitated the event.

Welcome and opening prayers

Hammell started the forum with a warm welcome to all participants in attendance, reiterating the purpose of the gathering to discuss implementation of the BC Cultural Safety and Humility Standard. Hammell acknowledged the traditional, ancestral, and unceded lands of the Musqueam, Squamish, and Tsleil-Waututh Nations. She then invited First Nations Elders, Roberta Price and Jean Wasegijig, to deliver opening prayers. Elder Price and Elder Wasegijig remained on-site and accessible throughout the event, offering cultural support to forum participants, as needed.

Respectively, Elder Wasegijig and Elder Price welcomed participants to the gathering, acknowledged the First Peoples – Musqueam, Squamish, and Tsleil-Waututh Nations – upon whose unceded territories they gathered, and offered thanks and prayers to Creator. Elder Wasegijig introduced herself as Anishinaabe and a proud member of the Bear Clan, stating that she had spent over two decades working in the justice system. She said that since moving to the Vancouver area, she's felt welcomed and respected, and was honored when asked to provide support to the people of the land. She explained that her home territory is Manitoulin Island in Ontario and that she's been away from her homelands for a very long time. She told of always working with her eagle feather, and of the sweetgrass she had on hand.

Elder Price introduced herself as Coast Salish and a matriarch Elder. She thanked her mentoring Elders and offered a powerful prayer, asking Creator to bless and give healing power to all those who are hurting and to anyone who is experiencing adversity in the face of climate change, violence and abuse, homelessness, and drug addiction.



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Opening remarks and introductions

Hammell thanked Elder Price and Elder Wasegijig for their prayers and blessings, reviewed a few housekeeping items, and went over the contents of the meeting package. In particular, she pointed out two NCCIH documents – an environmental scan of cultural safety initiatives across BC and a cultural safety measurement report – that provide varied examples of practical cultural safety initiatives (Appendix A). Hammell encouraged participants to reflect on their own efforts to implement cultural safety into their work and to actively engage in dialogue and discussion throughout the forum. She reviewed the forum agenda (Appendix B) and then invited Dr. Sheila Blackstock, the former Academic Co-Lead for the NCCIH, to provide some opening remarks.

Dr. Blackstock acknowledged the traditional lands and thanked Elder Price and Elder Wasegijig for grounding and guiding the forum, noting that our Elders remind us to work from our hearts. Dr. Blackstock stated that the NCCIH was honoured to be a part of this critical work and valued the commitment of health authorities, professionals, and community agencies in this regard. She briefly reviewed the list of speakers who were scheduled to talk about the implementation of the Cultural Safety and Humility Standard.

Hammell instructed forum participants to introduce themselves by way of roundtable discussions. At their individual tables, participants shared their responses to three introductory questions: Who am I? What do I do? Why am I here?

Lived experience from a patient perspective

Cathy Almost, Director of Indigenous Cultural Safety with Vancouver Coastal Health Authority, introduced herself as a member of the Northwest Territories Métis Nation. She thanked Elder Price and Elder Wasegijig for opening the forum in a good way and acknowledged the territory upon which they gathered. Almost introduced Elder Edna Leask and shared a teaching she received from Elder Leask. She remarked that the teaching taught her to never forget that Indigenous people without a home are not only homeless, but homeless on their own land, and they face many challenges on their own.

Elder Leask introduced herself and said that she would be talking about her lived experiences and observations in the healthcare system, from the perspective of a Canadian Indigenous person. She acknowledged that Indigenous people have had positive healthcare experiences, but the healthcare system in Canada is not good for everyone; many Indigenous people feel left out, excluded, and devalued as a result of their healthcare experiences.

Elder Leask talked about her upbringing and her Tagish, Tutchone, and Tlingit ancestral connections to the Yukon and Alaska. She spoke of European settlers who profited from the lands and resources; the colonial ideologies, policies, and laws that were imposed to support settler acquisition of Indigenous lands; the displacement of Indigenous people from their traditional homelands; the deep connections Indigenous people have to the land; and how land is intensely intertwined with Indigenous healing. She stressed that her peoples' history of contact with colonizers has only been about 180 years and that prior to this contact, her people had protocols and laws in place that people followed. The laws, policies, and services implemented by colonial governments in the region have been put in place as though the land was empty rather than continuously occupied by her peoples. Elder Leask emphasized that Indigenous people continue to carry the experiences of Canada's past atrocities and that history must be acknowledged to truly understand what is happening with Indigenous people today.

Elder Leask stressed the importance of listening to what young people have to say. She talked about her granddaughter, a Grade 12 student, who is deeply concerned with the unhealthy diet and food insecurity plaguing Indigenous children and youth. She shared how her granddaughter advocates for more whole-food diets that are rich in fruits and vegetables and low in sodium, fats, and added sugars; and creates awareness about the impact of diet on sleep patterns, moods, energy levels, skin health, and overall well-being. Elder Leask agreed that food education should focus on understanding the chemistry of food as a determinant of health and discuss how it influences adolescent development and the wellness of teenagers.

Elder Leask shared her insights on Indigenous cultural safety in healthcare environments. She spoke of a First Nations Elder who faced a multitude of healthcare challenges – distant travel, out-of-pocket expenses, red tape and run-around, onerous paperwork, denial of coverage, rushed appointments – following a referral to an eye care specialist. She also spoke about the difficulties – rickets in children, lack of vitamin D, limited access to fruits and vegetables, high food costs – that Indigenous people face in northern regions. She talked about a time when hospital doctors and nurses did not believe her relative was truly experiencing pain and about a similar experience she encountered when hospital staff wrongly assumed she was drug-seeking. Elder Leask shared how this experience made her feel judged and belittled, as well as angry and frustrated with having to remain calm in order to receive health services.

Elder Leask maintained that Indigenous people's stories hold valuable insight into their needs, vulnerabilities, and gifts. It is crucial to listen to these stories and recognize Indigenous people as human beings who deserve to be treated with dignity and respect, and to receive non-judgmental health care. This is essential for building trusting relationships with Indigenous people. Elder Leask stated that Indigenous people have a voice and should be able to speak on all issues that affect them. This includes caregivers who are caring for their loved ones. She further noted that both doctors and patients have their own stories; respectful communication – both ways – is key to building trust.

Elder Leask talked about some of the healthcare challenges Elders face – hearing problems, long wait times at appointments, difficulties filling out forms – and the need for more Indigenous nurses and support persons in health clinics. She condemned anti-Indigenous racism and discrimination, including against Indigenous healthcare workers, and dispelled common myths and stereotypes about Indigenous people. She stressed the importance of applying culturally appropriate language to government documents; incorporating Indigenous ways of recovery into trauma-informed care; doing away with bureaucratic privacy policies that impede accountability and reinforce denial of services to Indigenous people; and using better – non-judgemental, empathetic – language when communicating with Indigenous people. She also acknowledged the positive influences of Indigenous advisory committees that engage in dialogue with Indigenous knowledge holders and give Indigenous patients greater control over their own health and well-being. She said Indigenous people need to have fair and just opportunities to reach their full health potential and live a good life in their homelands.

In closing, Elder Leask talked about the importance of caring for all animals and creatures in the world to ensure we leave a peaceful and harmonious environment for future generations. She said that valuing and trusting Indigenous people are crucial for creating strong healthcare structures and high-quality services. Health and social service organizations must seek ongoing feedback from Indigenous people to ensure cultural safety standards are being met. Finally, Elder Leask emphasized the need for justice, balance, harmony, compassion, and kindness to be included and considered in governing laws and policies.

Elder Price and Elder Wasegijig honoured Elder Leask for her lifelong dedication to sharing the teachings of her ancestors. They wrapped her in a sacred blanket and brushed her with an eagle feather and cedar bow as an offer of continued protection. Elder Price declared that the matriarch Elders have extended their highest honour onto Elder Leask.

Introducing the BC Cultural Safety and Humility Standard documentary

Monica McAlduff, Vice President – Quality, Cultural Safety and Humility and the Officer of the Chief Nursing Office at the First Nations Health Authority (FNHA), thanked Elder Price and Elder Wasegijig for their opening prayers and acknowledged the traditional lands upon which they gathered. She talked about the FNHA's work in reforming healthcare services for First Nations people in BC, and of partnering with the Health Standards Organization (HSO) to implement cultural safety and humility in health service delivery. McAlduff said they began work on developing the standard in 2018 and, with endorsement from the First Nations Health Council (FNHC) and the First Nations Health Directors Association (FNHDA), the standard was released in June 2022. She expressed delight in being able to share this innovative journey with forum participants.

Participants were then shown the video, *BC Cultural Safety and Humility Standard*. The video documents the prevalence and impact of Indigenous-specific racism in health service delivery; the development of the Cultural Safety and Humility Standard to address this issue; the core features of the standard; and the need for a national cultural safety and humility standard.

Following the video, Vishal Jain, Director of Cultural Safety and Humility at the HSO, thanked the FNHA for documenting the comprehensive process that went into developing the BC Cultural Safety and Humility Standard, commenting that the video told an important story. He talked about the HSO's continued work in this area since the publication of the standard in June 2022. Among the updates, Jain shared that in April 2023, the HSO and FNHA partnered with Accreditation Canada to prepare and test the BC Cultural Safety and Humility Standard for use by health and social services organizations from across BC. Additionally, HSO partnered with the Canadian Indigenous Nurses Association to engage with Indigenous governing bodies, communities, and peoples from coast-to-coast-to-coast to scope the needs and design of a national cultural safety and humility standard. Jain concluded his comments by stating that HSO was proud to have the opportunity to continue collaborating with the FNHA to build on the vital work of the technical committee and the hundreds of people who contributed their diverse perspectives to build the BC Cultural Safety and Humility Standard.

Jain opened the session for questions and comments from forum participants. One participant commented on the importance of cultural safety and, citing Australia's Indigenous health legislation as an example, emphasized the need for First Nations people in Canada to have their own health legislation. She asserted that healthcare professionals need to set aside their biases and demonstrate empathy and compassion toward Indigenous patients, adding that it is not just about changing their minds but also about changing their hearts, which is integral to developing good healthcare standards.

Another participant commented on traditional accreditation methods in which outside teams – not Indigenous people using the services – come in and evaluate whether standards are being met. They commented on how the work of the FNHA and HSO presents an opportunity to rethink this process to make it more inclusive and culturally sensitive of Indigenous people.

Jain confirmed that the HSO and FNHA convened a working group to provide concrete recommendations for ensuring the accreditation process is culturally safe and appropriate. He said the standard is not about checking boxes; it provides concrete criteria that reflect the distinct priorities and objectives of Indigenous Peoples in BC and address

the complexity and challenges of advancing cultural safety and humility.

McAlduff encouraged participants to consider new approaches when working with Indigenous communities, and to work with their health quality departments to determine how to do things differently.

Another participant voiced concern about cultural safety work being carried out at higher systemic levels and not being translated to people on the ground. She acknowledged that good cultural safety work has been done, but people are still not accessing health services and they are dying as a result. She encouraged building connections with grassroots organizations to ensure Indigenous people know their pathways to health care. She also stated that cultural safety policies are only as good as their implementation and accountability processes. Indigenous health practitioners must be protected from racism and they need conflict resolution systems that prioritize their safety.

McAlduff thanked the participants for their comments and acknowledged that there is still much implementation work to be done. Part of this journey involves organizations doing their own internal evaluations.

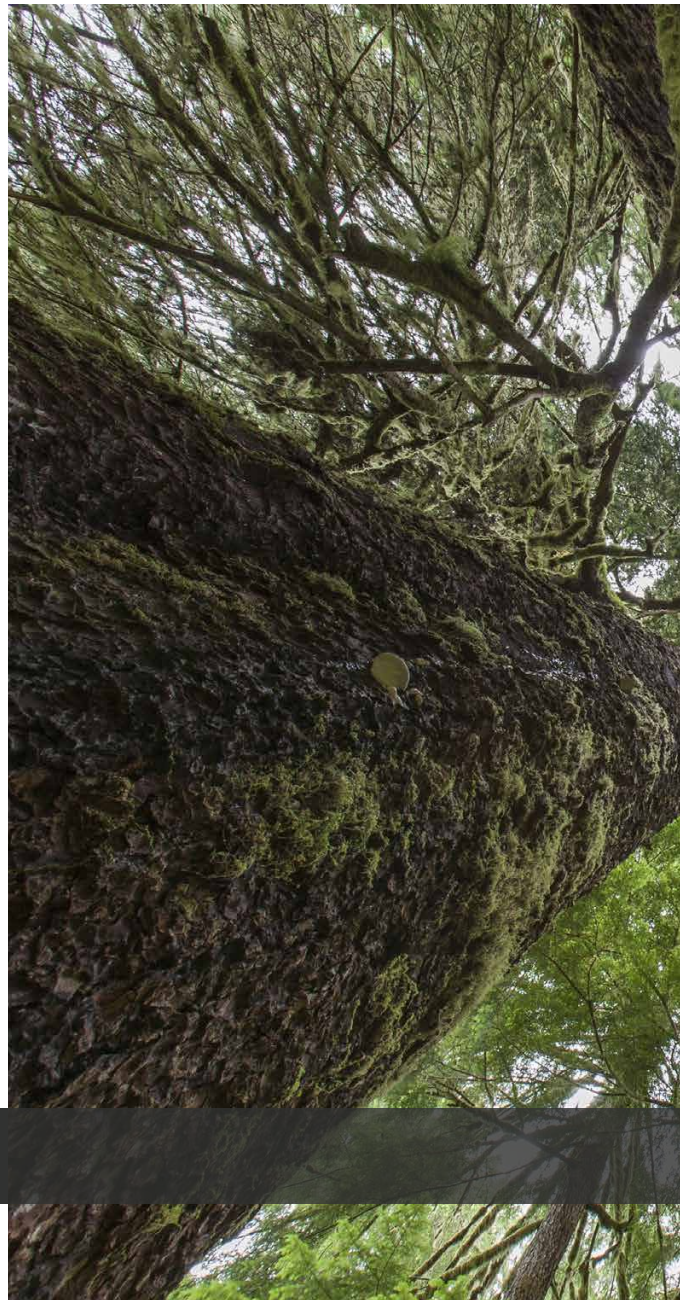
Current state of cultural safety and humility

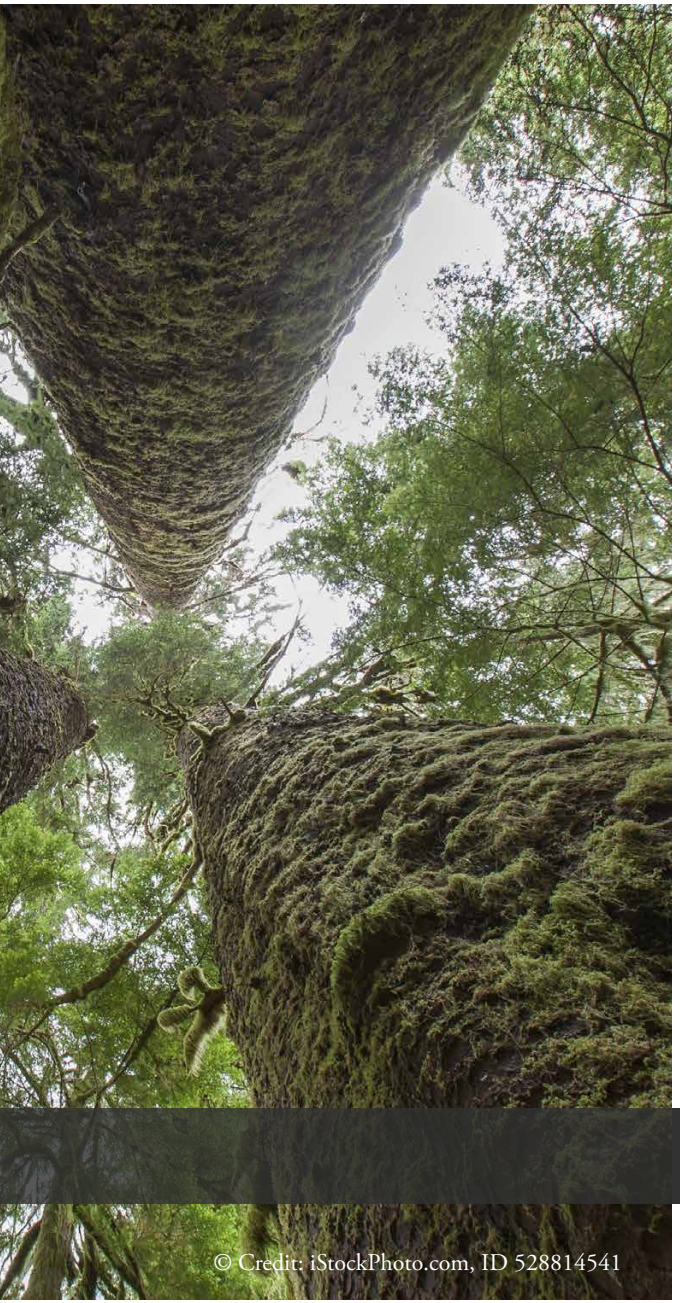
Following a brief health break, Kimberley Thomas, a student in the University of British Columbia's Northern Medical Program, welcomed the three panelists and invited them to introduce themselves.

Mark Matthew, Director of Indigenous Health with Health Quality BC, introduced himself as being First Nations and from BC's interior region. He talked about his current role in bringing people together to learn about delivering quality care to Indigenous people and how this work requires understanding and respecting the unique experiences of Indigenous people and how they respond to the healthcare system. Matthew described his role in determining how to implement the standard, assess cultural safety, and align the standard with recommendations #20 and #21 from the In Plain Sight report.

Dr. Danièle Behn-Smith, Deputy Provincial Health Officer, Indigenous Health, at the BC Ministry of Health, introduced herself as cisgender, hetero, and a member of Fort Nelson First Nation. She touched briefly on her Métis and First Nations heritage, and the lengthy process she underwent in becoming a band member. Dr. Behn-Smith explained how a draft review of the standard in 2020-21 influenced her organization to redirect the focus of its cultural safety work from centering Indigenous people – because they are not the problem – to centering white supremacy and racism embedded within the Office of the Provincial Health Officer. She acknowledged that the standard has helped to keep the BC Ministry of Health accountable and committed to this work; however, there is still an inclination to tailor the standard to the organization's work. For example, proposed modifications to specific directions and objectives within the standard have been suggested so that tracking standard implementation can more easily 'fit' with the Objectives and Key Results model being adopted generally to track the BC Ministry of Health's progress on many other fronts. It is important for organizations that are implementing the standard to keep the voices of the Indigenous experts and authors intact because there is a risk that they will lose their impact and intent if/when they are modified.

Elder Duane Jackson, Indigenous Patient and Family Partner with the Patient Voices Network, is from the Gitanmaax Nation. Elder Jackson introduced himself as a messenger who brings life experience and shares what he has





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learned. He talked about the importance of living in peace and harmony with the world around us; his background in early childhood education; and how he works to protect First Nations cultures and languages. Elder Jackson maintained that patriarchs are responsible for safeguarding the well-being of the matriarchs and young girls because they are the reason women are constantly at risk.

After the brief self-introduction of the panelists, Thomas asked them about the challenges involved in implementing the Cultural Safety and Humility Standard.

Dr. Behn-Smith named white supremacy and racism as root problems and key challenges. She stated that having supportive leaders who use terms like w*hite supremacy* – even though it may make some people uncomfortable and defensive – is critical to working in a meaningful way. She also said that jamming all cultural safety work into one 'bucket' without clarifying whose work it is presents another challenge. Since cultural safety generally coincides with Indigenous health, there is a tendency to assign this work to people with *Indigenous Health* in their job titles. Dr. Behn-Smith recognized, however, that there are two distinct 'buckets' of work to be done – and resourced – by different groups of people. She explained that the first bucket encompasses the 'birchbark basket' work of First Nations/ Inuit/Métis people, which is focused on intergenerational healing; the second bucket involves the 'copper pot' settler work, which is focused on tackling white supremacy and racism within structures. Dr. Behn-Smith asserted that this latter bucket of work must be tackled by non-Indigenous people, recognizing that Indigenous health team members cannot do this work for them.

Elder Jackson talked about the inconsistency of culture, safety, and humility across mainstream healthcare systems, and about non-Indigenous people's sense of entitlement. He pointed out that Canadian culture was built over the span of 200 years. As such, building a culture and cultural values will take time. Elder Jackson talked about systemic racism as a product of people's environment; systemic racism does not exist unless racism first exists within the society in which those systems operate in. He also talked about how cultural safety and humility are key to fostering respect and how building relationships and respect take work but are essential for creating community and a sense of belonging.

Matthew indicated that safety and quality are fundamental values in every organization, but healthcare leaders do not fully understand the broad concept of safety. He said the standard offers a helpful tool to support a commitment to cultural safety and humility but this should not be seen as additional work; rather, it is a solution to existing problems. He described the standard as a simple, plug-and-play application with readily available instructions. Matthew also stressed the importance of thinking about cultural safety and humility as distinct from other diversity, inclusion, and equity exercises and as a response to colonial harms that are unique to First Nations people, Inuit, and Métis people.

Thomas asked the panelists to highlight a few examples of successful strategies for engaging local Indigenous leaders in partnership with healthcare organizations.

Elder Jackson talked about community engagement and the guidance he seeks from his mother and other matriarchs. He stressed the importance of meeting people where they live; learning about what makes them laugh, sing, and play; and adapting to their diverse preferences. He asserted that there is not just one model for success. However, the one thing that he found promising is tending to advisory committees and other working tables without judgement. He shared how he enjoys watching people shift their language and attitudes and stressed that the story will not change if the language does not change. He insisted that academic language should only be used in academic circles; not in other circles. Elder Jackson expressed a deep sense of respect for people who embark on the journey to learn about Indigenous cultures and that this requires courage.

Dr. Behn-Smith expressed concern with leaders becoming overburdened. She emphasized the importance of understanding when engagement is appropriate, with whom, at what level, and where to start the process. She talked of doing the necessary homework before starting the engagement process, and of our legal obligation to do this work, which is documented in: the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP); the Cultural Safety and Humility Standard; the Truth and Reconciliation Commission (TRC) of Canada's Calls to Action; the National Inquiry of Missing and Murdered Indigenous Women and Girls (NIMMIWG) report; and the In Plain Sight report. Dr. Behn-Smith shared a story of exercising humility, drawing on the example of doing territorial and rights acknowledgements. In this case, doing the homework – which is part of the reconciliation process – involved online research to learn about the territory and proper pronunciations associated with the First Nation. Through the process, she learned that she had been mispronouncing the name of a First Nation for eight years. She reflected on her need to stand in this discomfort with humility. Dr. Behn-Smith shared a second story – this time of failing to engage with Métis Nation BC on the development of an Indigenous women's health report. She shared about learning through this experience and the significance of acknowledging moments of failure and discomfort, approaching them with humility and correcting them to the best of our ability to maintain good relationships.

Matthew noted that the word 'engagement' lacks a universally endorsed definition for an inclusive, participatory process, particularly when working with nations or communities based on language groupings. He pointed out that 'nation' – defined by its cultural and linguistic grouping – differs from 'community', and doing your homework and knowing what you are doing are important for ensuring intention and agreement. He also said it is crucial not to be burdensome to leaders who are already busy with other pieces of work. There has to be some benefit or reciprocity when reaching out to leadership, as well as understanding of their timelines, as they may

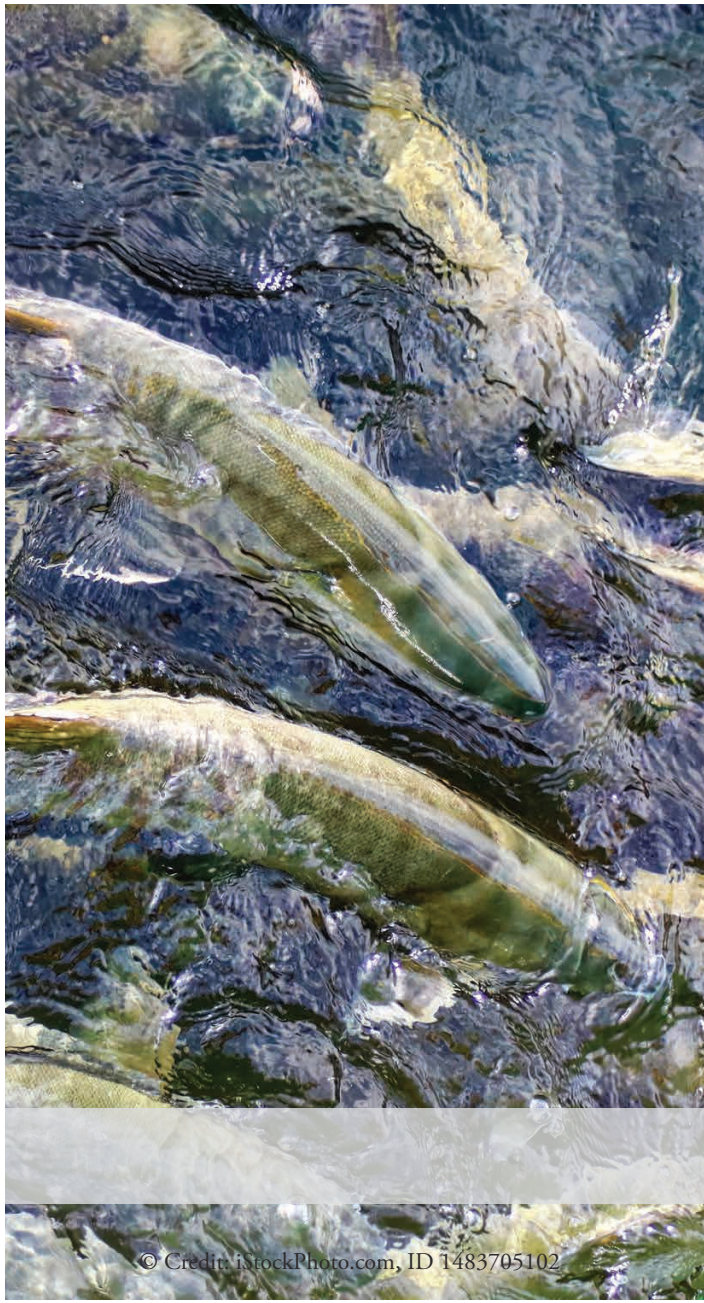
have other things going on. Both of these aspects speak to the necessity of co-designing the process.

Thomas commented on the privileging of biomedical and Western medical practices and the power dynamic between doctors as exalted experts and patients as passive care recipients. She asked the panelists what they think needs to change at a systemic level to ensure First Nations, Inuit, and Métis healing practices are respected and fully integrated as evidence-based standards of care.

Matthew suggested reconsidering the definition and source of evidence used to make decisions about quality health care. He acknowledged that the biomedical model has been the standard approach to health care, but it has not been successful in improving Indigenous people's health and wellness. Accordingly, what is needed is a more innovative and responsive approach that is tailored to the needs of care recipients and based on First Nations healing practices that have been proven to work.

Dr. Behn-Smith said that privileging biomedical approaches could be harmful and hurtful. Biomedical practitioners need to recognize this and we need to ensure our policies align with the goal of protecting people from harm. She suggested revamping Medical Officer of Health practice standards to operate within the authority of BC First Nations and be anti-racist and respectful of Indigenous people and their inherent rights. She also said we need to examine the harmful practices that are currently the status quo and focus on unlearning and undoing these practices. Moreover, we need to recognize Indigenous health systems, practices of care, and medicines. Dr. Behn-Smith shared a story of a residential school survivor who, after giving testimony, was told by one of the TRC commissioners, "I see you. I hear you. I believe you." She said that offering meaningful words such as these are essential in showing Indigenous patients respect, care, and compassion during clinical encounters.

Elder Jackson reaffirmed the need to change the language. He told of his journey through the healthcare system with his daughter; of his struggle with the derogatory and devaluing language used around patient-centred care; and of seeking a more partnership-based approach where patients and healthcare professionals could collaborate on the same level. He reiterated the importance of being non-judgmental, learning about people's stories, and being patient in working through the process – rather than trying to quick-fix problems. Elder Jackson also pushed for prioritizing non-profit and community-based solutions.



Closing remarks and prayers

In closing, Hammell announced an evening networking event; thanked Elder Price and Elder Wasegijig for opening the forum; and reflected on the stories shared by Elder Leask, in relation to her own experiences. She told a story of her friend's mistreatment by doctors and shared a quote that spoke to this experience: "Changing minds isn't working, so we need to change our hearts." Hammell then provided a brief overview of the planned agenda for Day 2, before calling on Elder Price and Elder Wasegijig to offer closing prayers.

Elder Wasegijig reflected on the gathering and said it was great to exchange ideas, meet new people, and reconnect with old friends. She commented on the valuable insights shared by all the speakers and offered a prayer for the well-being of loved ones.

Elder Price also reflected on the afternoon, saying it was a powerful day of sharing and teachings, and much was learned from each other about the treatment of people – especially Indigenous people – in health care. Elder Price emphasized the importance of self-care and of taking care of our hearts and spirits before we can take care of others. She asserted that there is no such thing as right or wrong; this is a colonial construct. She reminded participants that everyone has their own story and listening to, respecting, and believing each other is important.

Adjournment

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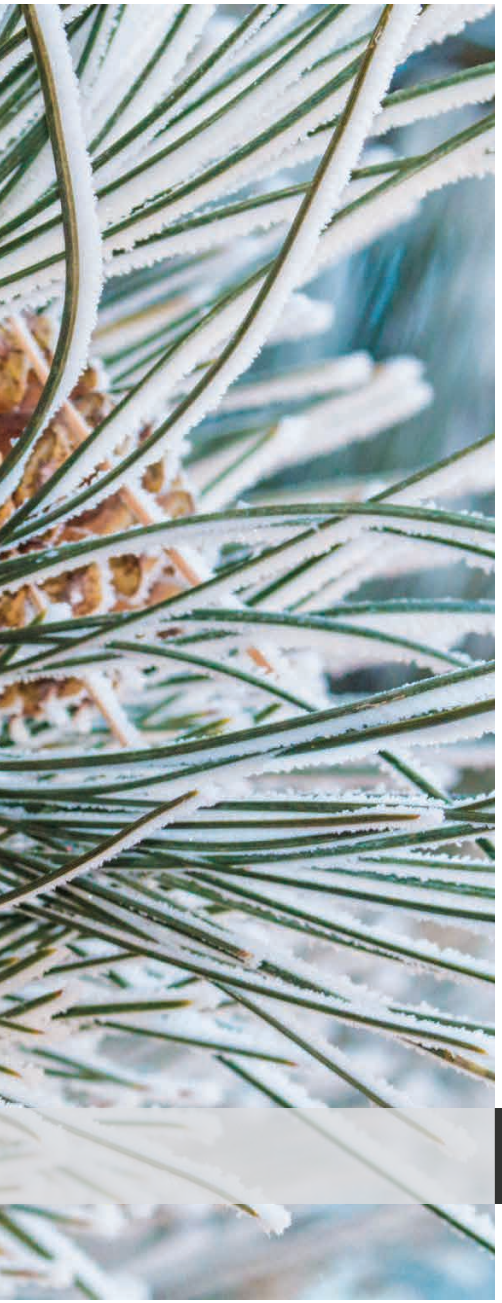

DAY 2 - NOVEMBER 24, 2023

Welcome and opening prayers

Melissa Hammell opened Day 2 of the knowledge exchange forum by greeting participants and calling upon Elder Jean Wasegijig and Elder Roberta Price to start the day with opening prayers. Respectively, the Elders offered prayers and blessings for meaningful discussions.

Hammell shared a few highlights from an external event she attended the previous evening; reviewed some housekeeping items; and reminded participants about the importance of self-care and the one-on-one cultural support available from Elder Wasegijig and Elder Price. She then invited Marion Erickson from the Health Arts Research Centre to talk about her organization's anti-Indigenous racism initiative. Erickson described the Care Box teaching tool and advised participants that the anti-Indigenous racism resource kits were available for order and could be shipped to them at no cost, upon request.

Dr. Sheila Blackstock, (former) Academic Co-Lead of the NCCIH, welcomed participants to the second day of the forum. She noted that Day 1 of the forum was grounded in the words of the Elders, while Day 2 is intended to provide the tools needed to implement the Cultural Safety and Humility Standard. Dr. Blackstock then asked participants to reflect on Day 1 and, at their individual tables, share their success stories – from within their organization or anecdotally – of cultural safety and humility.

Developing cultural safety and humility policies, protocols, allyship and settler positionality

Following this brief table discussion, Dr. Blackstock welcomed the three panelists of the Developing Cultural Safety and Humility Policies, Protocols, Allyship and Settler Positionality panel. She invited them to introduce themselves.

Kimberley Thomas, a medical student in the Northern Medical Program at the University of British Columbia, introduced herself as a descendant of Zimbabwe with ancestral connections to the Mozambique slave trade. She commented on the parallels and distinctions between the displacement and genocide of her ancestors and the experiences of Indigenous people in Canada. Thomas acknowledged that, despite her solidarity with Indigenous people, she benefits from having power and privilege as a settler, which is what motivated her to work towards Indigenous cultural safety.

Christine Añonuevo, a doctoral student in Human and Health Sciences at the University of Northern British Columbia, talked about her parents' immigration from the Philippines and how the Penticton Indian Band – where her mother worked as a nurse – welcomed her family into the community. She told of her mother exchanging traditional Filipino dishes for gifts of salmon; of marrying a First Nations – Gitxsan and Wet'suwet'en – man; and of having mixed-race children. She acknowledged the tensions facing settlers and emphasized the necessity of practicing cultural humility and anti-Indigenous racism in everything we do.

Becky Palmer, Chief and Vice-President, People, Nursing and Health Professions Officer at Providence Health Care, talked about her origins in Treaty 6 territory and current residency in the traditional and ancestral territories of Katzie First Nation and Semiahmoo First Nation. She spoke about her appreciation for Mother Earth and identified as an aspiring ally – meaning she still has much to learn. Palmer stated she was honoured to work with the Chief Nurse and Allied Health portfolios of her organization and welcomed the opportunity to learn about and encourage new perspectives on cultural safety and humility, particularly at the point of care and in surveys.

Penny Trites, Leader of Indigenous Cultural Safety and Humility at the Fraser Health Authority, described herself as a proud Cree and Métis woman from Cumberland House Nation, with a strong background of working with children and families and instilling cultural safety and humility into her life. She talked about her personal experiences of how the system treated her family as a young person, and of vowing to always work in a culturally safe way, walking alongside families and communities.

Dr. Blackstock asked the panelists how healthcare organizations can make cultural safety real and authentic on the ground, as they begin implementing the standard.

Thomas recommended a critical examination of what we tolerate as normal and acceptable in healthcare delivery, especially in emergency departments. She talked about the harmful influences of staffing and capacity shortages on patients and relationships, and the difficulties healthcare providers face when dealing with psychological injuries. Thomas described a holistic wellness centre in Haida Gwaii that is entirely run by Indigenous people whose worldviews are fully integrated into all aspects of service provision. She pondered whether this centre reflects what cultural safety looks like;

with Indigenous self-determination and the well-being of Indigenous people at the core of the way services are provided.

Añonuevo talked about the ethics of care and the need to prioritize and implement cultural safety and humility in practical ways. She asserted that healthcare systems need to align with Indigenous governments and Indigenous laws to create a more holistic approach to care. Añonuevo spoke of Indigenous people's crucial connections to the lands; her fortune in living on lands with a strong foundation of language and care; and the current healthcare system, which is under-resourced and operates from the top down.

Palmer reflected on cultural safety and humility at the point of care. She stated that only First Nations people, Inuit, and Métis people can determine when cultural safety is achieved, based on their own healthcare experiences, but this would entail much more than simply checking off boxes related to performance and completed tasks. She also said we need to shift toward honouring culture as medicine in healthcare organizations and seeing it as the foundation of care provision and reception. She talked about embracing the best of both worlds – blending traditional and Western medicines in a way that serves everyone – and having Indigenous wellness liaisons as an integral part of the care team rather than just calling them in to address specific challenges.

Trites talked about the challenge of achieving cultural safety and humility on the ground. She spoke at length about her own psychological struggles in her journey working with children and families. She perceived that in order to achieve true cultural safety and humility, it starts with each person creating and holding the space to take care of themselves, creating and holding space to take care of each other as a team, so that we can then create and hold space for those accessing health services. Trites showcased the integral role of insurance companies, which are an extension of the healthcare system, and asserts that they, too, must be held accountable for their culturally unsafe processes and potentially harmful actions.

Dr. Blackstock asked panelists about the role of non-Indigenous people in cultural safety and humility work.

Thomas reiterated the need to let go of checklists and to start thinking about cultural safety as an ongoing, iterative process that necessitates experiencing discomfort and criticism when carrying out this work.

Añonuevo reasoned that settlers often fail to recognize the influence of the colonial mindset and living in a system where they benefit from colonial laws. They need to acknowledge that their desire for perfection and good intentions are also rooted in colonial values. As such, they need to learn to deal with the guilt, shame, and fear associated with their settler status without becoming paralyzed by these feelings. They also need to reflect on their unique gifts, skills, and talents and figure out a way to use these strengths to enable Indigenous people to access their medicines.

Palmer acknowledged that cultural safety can be overwhelming and that there is a tendency to lean on Indigenous people to do this work, but Indigenous people are not responsible for doing cultural safety. Palmer conceded that she needs to do this work herself and not rely on her privilege to avoid doing it. She said being courageous enough to make mistakes, staying committed to this work, and accepting that this is difficult work are important steps for creating a culture in which we can learn from each other and support one another in this journey.

Trites added that to walk with humility, people need to value and celebrate diversity by being genuinely empathetic. This means truly listening, celebrating differences, accepting people without judgement, and walking alongside them. She talked about Indigenous cultures and how Indigenous people generally think from the heart before the head. She also shared about her own reconnection to culture, and of learning to speak up with confidence – not shaming anyone – whenever she hears her colleagues speaking poorly of Indigenous people.

Dr. Blackstock opened the session for questions and comments from forum participants. One participant shared her insight on 'doing the good work', which entails taking the time needed to learn about the land and the Indigenous Nations of the land and striving to do things thoughtfully and respectfully. It means taking the steps necessary to learn and educate ourselves, not only through direct interactions with Indigenous people, but through a variety of avenues such as podcasts, books, and other resources.

Palmer agreed that having an open heart and mind and being willing to learn are important attributes for supporting one another in our learning journeys. She also pointed out that people often worry about making mistakes or getting things wrong, and this sometimes stands in the way of their learning. She stressed the importance of creating learning environments in which people are comfortable asking questions and recognized as learners.

Another participant mentioned the learning opportunities that come with attending Indigenous ceremonies and visiting Indigenous communities. She told of a friend who organized a one-week trip to an Inuit community so nurses could learn about the people and their culture, adding that these types of experiences are life-changing. She talked about whole groups of people – insurance agents, developers, big corporations, mining companies, the banking industry – who are not thinking about reconciliation but need to be part of these conversations. She recommended Indigenous advisory committees be established in all segments of society to address these knowledge gaps and pointed to the need for non-Indigenous people to put in the effort, ask questions, and be willing to listen and learn.

Trites related these comments to her own unfortunate experiences of feeling culturally unsafe when dealing with an insurance agent who was insensitive to her application for long-term disability. She elaborated on key aspects of the situation and the claims process that were especially distressing and recounted the moment when she decided to act. Trites emphasized that she needed to use her voice for change.

Elder Price thanked the panelists for sharing their stories and work experiences of cultural safety and humility. She talked about the cultural support she and Elder Wasegijig have provided to thousands of BC children and families since 2009; the increasingly welcoming healthcare environment and growing respect she receives within this environment, especially from younger generations; her current role and recognized position within the healthcare system; and the teachings, guidance, and ongoing support she receives from her mentoring Elders. She divulged that people feel safe speaking to her from their hearts but they often make statements that are not appropriate – like, "you cannot be a role model unless you have a graduate degree." These types of statements leave her feeling sad and disappointed. Elder Price stressed the importance of staying grounded and knowing your identity, family history, and where you come from. She said if people don't know these things, it's never too late for them to learn and grow. She added that Elders are always there to support and keep people in their prayers.

One participant expressed gratitude and appreciation to the panelists for sharing their knowledge and insights, especially on the topic

of aspiring allyship. She noted that when we talk about cultural safety, we are often talking about Indigenous people receiving services, but what gets missed are Indigenous people who work in the healthcare system; they are often overlooked. She reiterated the quote cited by Dr. Daniele Behn-Smith – "I see you. I hear you. I believe you." – and related it to her mother's vast experience of mistreatment in the healthcare system. She emphasized the need to see Indigenous people as human beings rather than as a statistic or number on a chart, and to recognize Indigenous employees as intelligent and qualified individuals with extraordinary skills rather than as just another equity hire. She concluded that people must be held accountable for their actions and they must encourage one another to do better.

After the panel, Dr. Behn-Smith provided a brief overview of a resource aimed at unlearning racism and white supremacy. She advised that the resource – including a curriculum and two unlearning and undoing tools – is available for download, in PDF format, from the BC Office of the Provincial Health Officer website (Appendix A).

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DAY 2 - November 24, 2023

Cultural safety and humility practice standard and guidelines: What does it mean for clinics and health care providers?

Following a short health break, Dr. Terri Aldred, Primary Care Executive Medical Director at the First Nations Health Authority, introduced herself as a member of the Carrier (Dakelh) Nation and family physician with Carrier Sekani Child and Family Services. She talked briefly about her upbringing in Prince George, family and community connections, and passion for education and learning, particularly from her Elders. Dr. Aldred then spoke at length about the tensions – racism, shame-based learning, patriarchal ideologies, colonial practices, lack of belonging, burnout – that Indigenous practitioners face in the medical field, both during training and in practice. She remarked that some people have used terms like "walking in two worlds" and "balancing two-eyed seeing" to describe Indigenous people in medicine but she sees it more like "sleeping with the enemy", which is not a good feeling.

Dr. Aldred recounted some of the more difficult experiences she endured throughout her own medical training and professional practice, stating that she's not surprised by the healthcare outcomes we see today. Aldred noted that without system-wide structures and supports and everyone working together, we will never be able to address the fundamental issues that make it so easy to practice bad medicine. She asserted that healthcare providers need to reflect on their own worldviews and how to establish ethical spaces with people from different cultures. People and health systems need to support healthcare providers to be their best because their patients deserve them at their best. It is important to incorporate Indigenous cultural and healing practices into policies throughout the healthcare system so care is more culturally safe. She stressed the importance of holding people accountable for their actions and decisions – whether individuals, teams, or whole systems – and pointed out that the way we hold them accountable matters too. Shaming people is not an effective way to bring about change; instead, she said we need to focus on being compassionate, reflective, and open to learning from our mistakes.

Dr. Aldred talked about her experiences of burnout, which left her questioning whether she's actually helping – or harming – people. She shared some of her insights on cultural safety, which were informed by her experiences with training and providing care. Dr. Aldred

then provided an overview of how each of the eight domains of the Cultural Safety and Humility Standard could be used in clinical settings. She pointed out that the tool was designed to address multiple levels, from policy to operations to frontline, with the understanding that the interconnection of these three levels is fundamentally essential to achieve improved outcomes on the ground. Dr. Aldred noted the intent of the standard is not to represent a clinical standard on what it means to be culturally safe or anti-racist – nor is it something to aspire to – but rather, to serve as a minimum standard to practice medicine in BC and a framework to hold practitioners accountable for their actions. It's a commitment to engaging in self-reflective practice, building knowledge through education, cultivating anti-racist practice, and creating safe health care experiences.

Dr. Aldred spoke to the need for people working in clinical settings to be involved in the conversations on how to implement the standard. She also talked about the need for regular anti-Indigenous racism training over time and discussed what this means for practitioners in their clinical roles. She advised that the training must include a focus on local and nation-based Indigenous cultures, teachings, and healing practices, and on cultivating relationships on the ground. Dr. Aldred talked about the importance of holistic health and healing, centering Indigenous identity, and building those strong roots. She asserted that Western views of patient-centred care – that is, the patient in the centre with the care team wrapped around them – are very short-sighted. She questioned whether she, as an Indigenous person, is at the centre or wrapping around. Dr. Aldred used the analogy of a community gathered around a campfire to depict a healthcare system in which everyone is a relative and has something to learn and receive from each other. In closing, she affirmed that her job, as an administrator, is to create a culturally centred and ethical space between frontline service providers and patients, which is crucial for demonstrating effective and meaningful health care.

Hammell opened the session for questions and comments from forum participants. One participant asked whether the standard was part of the College's efforts to do practice assessments and if not, how do we get there? Dr. Aldred noted that holding people accountable and keeping others safe from harmful practices are essential, but it is not just a few people who are responsible for the harm we see; we all have biases and work to do. She maintained that we need to create systems and structures that help us continually improve. This involves reflecting on our biases, working on tangible goals and skills to develop cultural safety and anti-racism, and collecting and measuring the impact of these efforts to ensure we are making a meaningful difference. Dr. Aldred asserted that unless we seek affirmation that what we are doing is culturally safe, we won't know if our changes are effective.

Another participant asked about some of the positive things Dr. Aldred has been doing in the community. She responded with a story about how, during ceremony, she was able to release a lot of the trauma and negative feelings she had toward the medical industry. She also talked about the events leading to her chosen career path and the opportunities she has had over the past 10 years to provide safe and supportive care to patients in care homes and other healthcare networks. Dr. Aldred advised that Carrier Sekani is a great model of effective and meaningful patient care in BC.

Another participant shared that there is a non-Indigenous nurse who has worked in her First Nations community for 40 years and she is so knowledgeable about the community that community members often forget she is non-Indigenous. The participant stated that this is the standard we need to meet.

Dr. Aldred talked about the Indigenous Family Medicine Program, which was designed to create a small space for hope, healing, and medical education. She explained that what the students – non-Indigenous and Indigenous – develop through the two-year program is a love of working with Indigenous patients and communities.

Implementing the BC Cultural Safety and Humility standard

After the lunch break, facilitator Christine Añonuevo remarked that the BC Cultural Safety and Humility Standard is a call to action that involves a lifelong commitment. She opened a panel session on how to implement the standard by welcoming the three panelists and inviting them to introduce themselves.

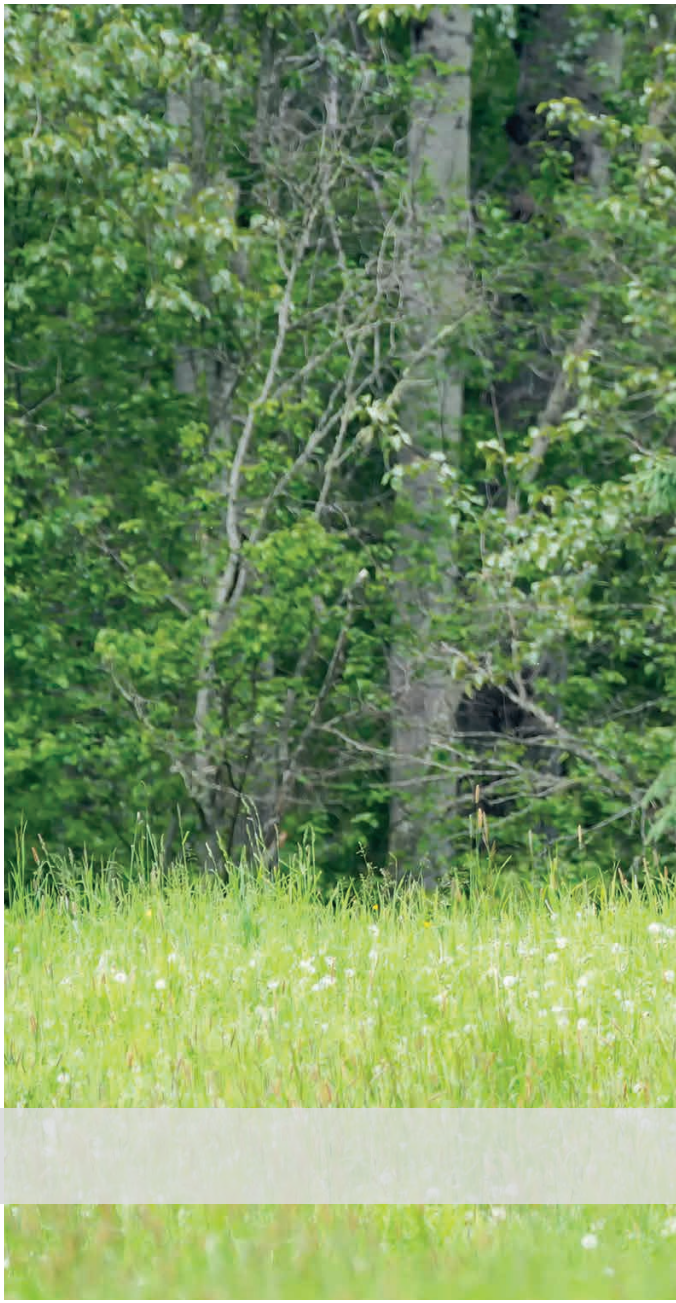
Addie Pryce, Vice President, Aboriginal Partnerships with the Interior Health Authority, introduced herself as being from the Nisga'a Nation and belonging to the Eagle Clan. She stated that she's been working in health care since 1981, advocating for the health and well-being of First Nations, Inuit, and Métis communities across Canada.

Nicole Cross, Vice President, Indigenous Health of the Northern Health Authority, thanked participants for attending and participating in the forum. She acknowledged the traditional territories of the Musqueam, Squamish, and Tsleil-Waututh Nations and advised that she is from the Killer Whale clan. She also acknowledged the Ministry of Health and First Nations Health Authority for their continued work in improving the healthcare system in BC.

Monica McAlduff, First Nations Health Authority, thanked Elder Wasegijig and Elder Price for their guidance and presence. She acknowledged the traditional unceded territories of the Musqueam, Squamish, and Tsleil-Waututh Nations, and advised that she would be sharing information about FNHA team-based initiatives to improve health for First Nations communities.

Añoneuvo asked the panelists how they plan to implement the Cultural Safety and Humility Standard and what they need to carry out this work. She also asked participants to self-reflect on these questions.

Pryce talked about thinking outside the box, not limiting herself to linear thinking, and supporting her colleagues to better understand why cultural safety and humility – and anti-Indigenous racism – are so important when working with Indigenous communities. She said she plans to create a safe environment where people can ask questions without fear. Pryce acknowledged that the standard will provide a foundation for moving forward, but this process will take time.



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Cross noted that understanding what is right or wrong is important when adopting or implementing something new. The standard will help take the guesswork out of doing the right thing. It provides a clear roadmap with specific, easy to understand actions to improve services in eight areas. Cross cautioned, however, not to make the standard appear too complex or challenging. She pointed to the need for balance between education on the standard and practice, stating that people need to be teachers and students at the same time, learn from each others' experiences, and help each other by sharing knowledge. Cross suggested using existing infrastructure – accreditation infrastructure – rather than creating something new, which will help to move forward faster and with greater likelihood of success. She also indicated that responsibility for this work needs to be clearly mapped out to ensure everyone understands their role.

McAlduff talked about the FNHA's self-assessment to ensure its programs, policies, and operations align with its standards. She shared how the evaluation process was well-planned and involved input from various organizational stakeholders. The evaluation results were shared with executives who are now working to address identified areas needing improvement and recommendations were made by people who had a good understanding of the issues. A simple yet effective framework was used to better understand where standards are being met and the steps needed to move forward. McAlduff emphasized that the evaluation was a valuable, collaborative effort that benefitted everyone involved.

Añonuevo commented that we are not starting from scratch in this work. These success stories provide an excellent foundation to build upon. She asked the panelists how we could measure our progress to ensure we are moving in the right direction and doing things the right way.

Pryce talked of working with an amazing team to develop a strategy for improving the health and wellness of Indigenous people, and of hiring leads to work directly with each of the portfolios to provide support and guidance when needed. She emphasized that it is not Indigenous people's responsibility to address every Indigenous issue that arises, but they can help educate and guide non-Indigenous people in understanding the issues and finding solutions.

Cross indicated that one of the first steps toward accountability is raising awareness across organizations about what accountability is and how to achieve it. She said we need to be bold and transparent in holding ourselves accountable for our actions. This includes embedding accountability goals into the organization's strategic plan, prioritizing accountability, and measuring progress toward achieving it. She said HSO standards need to be linked to supporting documents such as the TRC and NIMMIWG reports. Cross asserted that embedding accountability into the core of our identity as healthcare providers is essential, and these are some of the key pieces needed to move forward.

McAlduff reflected on how important it is for Indigenous patients to feel comfortable and respected when receiving health care. She pointed out that the standards can help healthcare providers determine what they are doing well, identify where to improve, and measure their success in this area. By changing how we engage with communities when evaluating healthcare services, we can make the healthcare system better for everyone. McAlduff also emphasized that if we want to know how we are doing, we must talk to the right people, such as frontline practitioners, and hear their thoughts on meaningful improvements.

Añonuevo reiterated that the standards are a call to action for many people and everyone needs to support each other at all levels. She said we'll know cultural safety is getting done when there are less intergenerational stories of continued racism and fewer stories about people not getting the help they need. She asked the panelists how they would be able to tell if the standard is doing what it is intended to do.

Pryce agreed that the first and foremost indication of success would be hearing from Indigenous clients, nations, and communities that they feel safe accessing care across the health authority but, again, it will take time for change to occur in a good way. Pryce stressed the importance of not only listening to healthcare staff and understanding their struggles and stress levels, but also understanding the impacts of colonialism and residential schools on Indigenous people and recognizing that it is not a reflection of their identity. She asserted that working together – sharing resources and learning from other one another – could be beneficial in making positive change happen.

Cross agreed with Pryce, stating that ultimate success is when communities tell us we're doing a good job. Still, a measurement framework is needed to hold ourselves accountable and move toward better services. She said it's also essential to create a workplace where Indigenous staff can be themselves without facing discrimination or negative experiences. Cross emphasized the need to be more accepting and supportive of Indigenous staff in public health and hear less comments like, "Why do they get this?" and more like "How do we help Indigenous staff access this?" She acknowledged that sometimes, as leaders, we need to get out of the way and leave space for local staff to do innovative things. She pointed out that the standards are about empowering people and organizations to do beautiful things and we need to find a balance between controlling everything and allowing creative ideas to flourish.

McAlduff reminded others that the Cultural Safety and Humility Standard reflects recommended standards and the FNHA is moving it towards an accreditation standard, with measures for each of the domains. This will help to not only ensure healthcare providers are held accountable for providing safe care to Indigenous people, but also provide clear guidelines on what needs to be done to make health care safe for Indigenous patients. McAlduff stressed the importance of accountability and ensuring this work is a priority for healthcare administrators. She also talked about bringing health system partners together to determine how to align the standards.

Añonuevo opened the session for questions and comments from forum participants. One participant questioned the readiness of hospitals and health systems to adopt the new standards as part of their accreditation process. She said there's a lack of clarity around what this process will look like and is concerned with how implementation of the standards will affect accreditation. She asked whether hospitals that cannot meet the new standard would be at risk of losing their accreditation, which could create serious problems.

McAlduff advised that cultural safety in health care is ongoing work and there are many accreditations and certifications that hospitals need to meet. They should start planning for the new standard now because it's coming. She also recognized that engaging with local communities and listening to First Nations voices are essential for doing this work well but, sometimes, administrators want to rush through the process to check off a box, which is not the right way to do this work. McAlduff maintained that the key to success is building strong relationships and taking the time to do this work right.

Another participant commented on the idea of making safe spaces for Indigenous staff. He told of a recent workplace event that encompassed a full day of learning about Métis culture and concluded with a sharing circle. He said that before that event, many staff hadn't disclosed their Indigenous identity. As a result of this event, they were able to do so for the first time, which was a very powerful and moving experience. He affirmed that creating safe spaces for Indigenous staff to self-identify is very important. Cross agreed that connecting with Indigenous people is important, not only for showcasing available resources, but also for supporting Indigenous staff.

One participant asked the panelists about who would assess the standard and how it would be assessed. Pryce acknowledged that a new standard for evaluating the healthcare industry could be challenging, but proper documentation is essential for supporting implementation. She said the most crucial part of this work is making people feel comfortable talking about this concept of cultural safety and humility, which will be new to many people. Pryce encouraged others to ask questions, take risks, and be curious in their limited capacity.

Cross indicated that right now, her organization's focus is on understanding the standard and living up to it, knowing the assessment process will be coming. Experts are working together to create a fair process for assessment, with MNBC and FNHA collaborating to guide that process.

Another participant asked panelists to expand on what an accountability framework might look like and how it can be implemented. Cross responded by stating that organizations need to take responsibility for promoting reconciliation with Indigenous communities. They need to openly demonstrate their commitment to reconciliation in their vision and values, as well as in their strategic plans. Not only will this make the system safer for Indigenous people, it will hold organizations accountable by measuring progress. Cross acknowledged that the government has provided an opportunity for organizations to achieve this, but everyone must be aligned and working toward achieving the same goal.

McAlduff commented that asking good questions and being curious are essential, but it's also crucial to remember that everyone involved in the system – both within and outside an organization – is valuable.

One participant remarked that the standards are a fabulous minimum for providing safe care, but a continuous quality improvement outlook is needed, not just to meet those standards, but to exceed them. Even with improvement areas identified, we must strive to always provide the best care possible. The participant also mentioned that accreditation is critical to ensuring patients receive culturally safe care. We should be proud to meet these high standards.

Dr. Aldred commented that it's great to have strategic plans, but the percentage of the budget allocated to those plans provides a better indication of the degree to which organizations value those plans, compared to other priorities. She asserted that we do not have good baseline data, and evidence suggests we have a lot of work to do to improve the situation. Cross agreed that evaluating progress and identifying areas of improvement are essential, and we still have a long way to go before we reach the minimum standard, but we need to learn from our mistakes and continue to strive toward progress; there is no need to downplay how far we still have to go.

A participant cautioned that mandatory accreditation would be met with resistance and ongoing racism. She also acknowledged that a lot of great work is happening for Indigenous people who access health services, but Indigenous employees, too, need to feel safe and see themselves within the system. She advised that mandatory accreditation is a step in the right direction, but we must remember to protect the safety of Indigenous employees who bear the burden of this work. Reflecting on the notion of burnout, the participant stressed the need to consider the cultural safety, humility, and lived experiences of everyone involved, including Indigenous health practitioners.

Cross agreed that we have a lot of work to do in creating positive and supportive environments for everyone. She suggested bringing people together in a community of practice that allows Indigenous staff to connect and share their experiences while identifying policies and practices that are harmful, and then working to change them. She said it's a long journey, but it's essential for success.

Pryce talked about the importance of creating safe environments where everyone can speak up and share their experiences, especially regarding racism from colleagues. She acknowledged that many people are still afraid to speak up because they fear negative consequences, such as being criticized, facing discrimination, or even losing their jobs. Pryce spoke of a recent workshop, for example, which encouraged people to speak up, but even in simulated situations, people were too uncomfortable to participate. She said we need to find ways to help people feel safe and supported when they share their experiences, even if it's difficult work. McAlduff added that we need to keep this conversation going and partner up and collaborate to make it happen.

Elder Price asserted that human resources and finance departments present major barriers to progress. She spoke about their conflicting values, protocols, and practices around honouring Elders for their services, and the need to ensure Indigenous cultural safety training and education are implemented everywhere, including in academic organizations and administrative departments.

A participant commented that organizations cannot measure their own success; they need the people they serve to tell them how they are doing.

The last participant to offer feedback to the panelists reflected on previous comments about burnout and the treatment of Indigenous staff. Rhetorically speaking, she questioned why it's always left to Indigenous people to right the wrongs of the past. She pointed out that making things right could be difficult and costly, but it's essential to support Indigenous communities and ensure programs and services are culturally appropriate, especially for the area where care is delivered – rather than pan-Indigenous cultural safety training offered by people who are not from the community.

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Organizational monitoring and evaluation of cultural safety and humility

Vishal Jain, Health Standards Organization, began by acknowledging the tremendous work done by the technical committee to bring this standard to fruition. He advised that this session was about diving into the inherent tensions – between what we intend to do and what we can do – for systemic change. He then welcomed the four panelists to the session and invited them to introduce themselves.

Courtney Defriend, Director, Research and Knowledge Exchange at the First Nations Health Authority, introduced herself as a director in the area of research and knowledge exchange. She also did a lands acknowledgement and thanked Elder Price and Elder Wasegijig for their opening teachings.

Laurel Lemchuk-Favel, founder and consultant with Fav Com, shared that her work toward cultural safety and governance began with the First Nations Health Authority and has continued through the In Plain Sight investigation and work with Providence Health Care. She also stated that she originates from Treaty 4 territory.

Georgina MacDonald, Vice President of Western Canada at the Canadian Institute for Health Information (CIHI), acknowledged the traditional territory of the Musqueam, Squamish, and Tsleil-Waututh Nations and expressed a deep sense of gratitude for the opportunity to attend the gathering. She talked briefly about residing in Victoria, her husband, three sons and a golden retriever, and of staying connected to the environment and keeping grounded in her work.

Lastly, Stephen Thomson, Director of Health Governance for the Métis Nation BC, introduced himself as a proud Métis citizen. He spoke briefly about his ancestral ties to Medicine Hat, being raised in Treaty 4 territory, and moving from his traditional homelands to pursue a graduate degree. Thomson stated that he was humbled and honoured to represent his Nation in this work.

Jain stated that the BC Cultural Safety and Humility Standard concludes with a section dedicated to guiding health and social service organizations on how to collect evidence and conduct research and evaluation in a culturally safe way. Specifically, he shared that the standard calls on organizational leaders to adopt First Nations, Métis, and Inuit data governance protocols.

Jain noted that many non-Indigenous health organizations have discussed the tension between fully adopting distinctions-based data governance protocols and current provincial legislation about privacy and confidentially (e.g.

the Freedom of Information and Protection of Privacy Act). He asked the panelists to speak about how organizations can begin to collaborate with Indigenous governing bodies, communities, and organizations to begin the process of alignment with Indigenous data sovereignty processes.

Defriend talked about Indigenous people's identity, their connections to the land and environment, and how data governance in different territories relates to Indigenous rights and titles to the land. She spoke of the influences of colonization, oppression, and pan-Indigenous views on Indigenous people's autonomy and self-determination. She also spoke about meaningful data collection – that procures subjective and anecdotal aspects of Indigenous people's lives – which would allow Indigenous people to create programs and services that reflect their unique cultures and identities. Defriend acknowledged that developing culturally safe systems is challenging work that could create tension and conflict, including lateral violence in communities. She asserted that as Indigenous people, we need to take personal responsibility for healing and understanding. We also need to recognize our privileges and limitations, and work toward being allies to people from different backgrounds. Moreover, we need to respect and honour the diversity of Indigenous identities in Canada, which is built on a complex history of colonization and oppression.

Lemchuk-Favel spoke about the bureaucratic challenges she experienced when trying to access data. She stated that organizations need to be more willing to work collaboratively with Indigenous groups to make data sharing easier, rather than use legislation as an excuse not to share data. She said it's important to remember that Indigenous Nations have distinct and diverse worldviews and ideas of data sovereignty, and we must be respectful of their needs and priorities. Lemchuk-Favel added that organizations can bring value to Indigenous health systems by providing data and helping with capacity building and analysis tailored to the needs of Indigenous people. She maintained that in true partnership, we can work together towards improving health care for Indigenous communities.

MacDonald talked about how the CIHI collects and shares health-related data and how, in 2016, the CIHI engaged in a strategic plan to prioritize Indigenous health, which led to a lot of foundational work and organizational learning to develop relationships with Indigenous groups. She indicated that as a data organization, the CIHI spends considerable time thinking about data governance and developing policies to guide them in the future. MacDonald spoke of developing a partnership with the FNHA and considering what it means to live by ownership, control, access, and possession (OCAP ®) principles, and *nothing about us without us*. She maintained that the CIHI intends to bring its data and analytic skills to the table to help close the gap in quality metrics across all measurements. The CIHI is also committed to improving Indigenous identity in health data to ultimately improve Indigenous health care and outcomes.

Thomson talked about data privacy and having distinct data governance protocols for working with individual nations. He pointed out that Indigenous people have a fundamental right to own and access their own data, but this is something the healthcare system has yet to grasp. Thomson raised concerns with the government's handling of Census data – such as charging Indigenous people to access their own data – and suggested government-to-government level conversations as the way to move this work forward.

Defriend spoke about the increasing value of Indigenous communities having access to their own data and the need to govern the way Indigenous-specific data are used. She maintained that data can be a powerful tool for driving change and improving programs and services for Indigenous communities, but we need to make sure we are collecting and using data in ways that respect and align with the unique values and traditions of Indigenous Nations. Defriend urged organizations to find out what Indigenous Nations have to say about using data in ways that are respectful and beneficial to them, rather than imposing external or – Western – interpretations and practices of data governance.

Lemchuk-Favel talked about an Indigenous data governance framework that Providence Health began developing two years earlier. She said they kept the process transparent, with Indigenous rights holders kept apprised of this work. Lemchuk-Favel noted that the project is overseen by Indigenous Wellness and Reconciliation, which developed a suite of indicators measuring cultural safety, in addition to a data sharing framework and agreement (draft). This data is available to the Indigenous rights holders, for example, host Nations and the MNBC.

MacDonald commented on having the wonderful opportunity to partner with Providence Health on this project, learning about indicators that are important for First Nations peoples, Inuit, and Métis peoples. She explained that as an organization that looks at data, they usually start with what they know, while setting aspirations for new data. She said she appreciated going through this process with Providence; it has been a great learning experience.

Jain observed that health systems measure what matters, which needs to include cultural safety and humility. However, recent studies have commented on the complexity of implementing patient reported outcome measures and patient reported experience measures within healthcare centres, especially within high acuity care settings. He asked the panelists to share their insights on how healthcare organizations can bring Indigenous patient/client experiences to the forefront and health service design and delivery, specifically, to enhance clinical care, evaluate healthcare services, and ultimately support patient-centred and culturally safe healthcare experiences.

Thomson stated that Indigenous experiences are truths that need to be acknowledged. Oftentimes, there's a tendency to downplay or ignore these experiences, which can lead to misunderstandings and mistakes in health care. Indigenous people have a history of having their voices silenced, so we need to make sure there are processes in place that are not only responsive and respectful of Indigenous people and their experiences, but also promote good data governance and sovereignty. Thomson said it's essential to listen to and respect Indigenous people and create a healthcare system that recognizes Indigenous people's experiences as important and valuable. We also need to ensure that our data collection methods include Indigenous perspectives, and data are presented in ways that are meaningful and understandable to Indigenous communities.

MacDonald talked about the importance of sharing Indigenous stories to change how things work in the healthcare system, improve the experiences of Indigenous patients, and ensure Indigenous people get the care they need. She acknowledged that reporting patient experiences can be difficult, so we need to find ways for Indigenous people to share their experiences in a safe way without the fear of harm. MacDonald cautioned that patient experience is crucial when looking at data because, sometimes, the numbers do not match what people are experiencing. Accordingly, we need to learn what good patient experiences encompass and how to build this into the healthcare system.

Lemchuk-Favel talked about the lengthy but beneficial process of patient journey mapping and the different ways of conducting surveys to solicit patient feedback. She asserted that the goal of having patients fill out surveys – either by themselves or with assistance from someone else – is to get an honest assessment of their experiences and use this information to improve their healthcare experiences.

Defriend talked about Indigenous people's mistrust of systems; the need to collect data in a good way; the relevance of data in terms of meaningful and purposeful data collection; and how personal biases can influence data collection and interpretation. She also talked about the need to consider the impact of education and other social determinants of health on people's well-being. Defriend maintained that by understanding these issues and working together, we can create more just and equitable systems that benefit all people.

Thomson emphasized the importance of having proper resources to complete this work, as well as support from Indigenous Nations. Without resources and support, progress will be challenging.

MacDonald reflected on her organization's connection with Accreditation Canada and the expertise they bring to the table. She thinks there are great opportunities to use the expertise of such organizations and other allies, which might help address issues related to lack of resources.

Jain opened the session for questions and comments from forum participants. One participant commented on the unexpected outcomes that sometimes come with gathering data on Indigenous people. She talked of a survey on Indigenous education, for example, that showed Indigenous people do not value education; however, the report failed to mention the role of white supremacy in Indigenous student drop-out. She concluded that the way data are presented and packaged for specific groups can be challenging.

Thomson acknowledged the unique challenges Indigenous people face around data collection and reporting, noting that they need to be in control of their own narratives. He suggested that everyone can flip the script on the story. The health inequities that Métis people experience, for instance, are not a deficiency of Métis people but, rather, a burden of colonization that was placed on the Métis Nation. He noted that quantitative data are essential, but we must understand that it cannot capture the full impact of colonization. By using a health inequities lens, we could better navigate difficult conversations and address biases that may arise.

Lemchuk-Favel talked about the data sharing agreement that Providence drafted with Indigenous rights holders. The commitments made in the agreement included: recognizing that being Indigenous is a risk factor and colonization has had an adverse effect on

Indigenous people; ensuring strengths-based perspectives and an Indigenous patient lens are utilized; and making sure data does not bring harm to Indigenous people. She commented that this relationship with Indigenous rights holders helps to ensure data are correctly interpreted and Indigenous people have a say in how the data are used. What's more, it helps to improve patient experiences for Indigenous people by listening to their voices and ensuring their needs are met.

Defriend talked about her organization's data governance work and how data results go to Indigenous people first and are presented in a way that everyone can understand. She said this process of listening to Indigenous people's feedback and making changes when necessary is slower, but it empowers Indigenous communities to act and make positive changes in their health care. Defriend commented that Indigenous people are often unaware they are being mistreated, so it's essential to ask questions and speak up if something seems wrong. She said it's all about ensuring everyone has access to the information they need to make informed decisions about their health.

Dr. Aldred acknowledged that the way research has been conducted in the past has been harmful to Indigenous people, but it's important to recognize that there are different types of data and uses, and some data are necessary to balance risks in health care. She talked about an award-winning patient-centred approach in Alaska that routinely asks for patient feedback and allocates ample resources for data collection and analysis, which is crucial for tracking patient metrics and ensuring timely follow-up. She said it's essential to have the humility to collect data and course-correct when necessary because our stories and data matter, and we need to do both to create systems that are meaningful to oppressed and underserved communities.

Lastly, one participant talked about the value of national cultural competence standards; the need for organizations in Canada to prepare for this change; and the need for greater investment in training and keeping more Indigenous people in our workforce. She challenged others to think about how they could apply the lessons learned from the COVID-19 pandemic to Indigenous people and address the 10-year gap in life expectancy between Indigenous Peoples and the rest of Canada. She commented that these are significant issues that require big policy changes.

Jain thanked the panelists for their hard work, as well as the event organizers for bringing everyone together. He stated that he's excited to see the new national standard implemented.

First Nations social workers - educating our own

Following a short health break, Melissa Hammell introduced the two speakers for the next session – Mary Teegee, MBA and Executive Director of Child and Family Services with Carrier Sekani Family Services, and Sue Sterling-Bur, PhD Candidate and Vice President of Students at the Nicola Valley Institute of Technology. The two speakers presented information about cultural safety and humility within the social work field, and the importance of Indigenous people educating our own people to work with and serve our communities.

Teegee provided an overview of Carrier Sekani Family Services (CSFS) and the range of services the organization has been providing to Indigenous communities for over 30 years. She indicated that the organization has access to 14 physicians and 170 other professionals, including child and family services, social workers, health services, and legal advisors. All services offered by CSFS are based on community needs and reflect Indigenous cultures and principles of holism. Teegee talked about the organization's practice framework – based on a lifecycle model – for measuring the effectiveness of its services, and its commitment to the healing and empowerment of First Nations families. She also spoke of the Bah'lats system, which is the organization's governing structure for making sure child and family services are seamless and no child falls through the cracks. The Bah'lats' system encompasses laws, jurisdiction, training, research, and service delivery.

Sterling-Bur provided information on the establishment and mission of the Nicola Valley Institute of Technology (NVIT), a public post-secondary institution that was created by five First Nations bands in the Nicola Valley First Nations territory. She shared how the institution was built on four pillars: learner-centredness, academic excellence, community relevance, and organizational effectiveness. Sterling-Bur talked about NVIT's mission to share traditional ways and incorporate Indigenous knowledge into all educational programs; how the institution offers several community cohorts in partnership with Indigenous Peoples and allies; and that it has campuses in Burnaby, Merritt, and other places. She then presented information on NVIT's partnership with CSFS, which is focused on community education for Indigenous self-governance and autonomy, and helping Indigenous communities advance their educational goals in the areas of early childhood education, holistic wellness and addictions, human services, and social work. Sterling-Bur indicated that over the last four years, 134 students have participated in NVIT/CSFS training programs, and the organizations are currently collaborating to create an Indigenous Child and Youth Care degree program for CSFS to offer in their territory.

Teegee emphasized that staffing decisions are crucial for CSFS to achieve its goals. She talked about the organization's plan to create houses in each community to ensure children never have to leave their community due to child protection concerns. She said CSFS recently received approval for eight clan houses; however, the staffing needs for operationalizing these clan houses are significant. They must grow their staff and use their community directors and other resources. Teegee then presented a recruitment video, *Practice differently with CSFS*, that the organization prepared to support these efforts and showcase the mission, mandate, and lifecycle approach of the CSFS (Appendix A).

Hammell opened the session for questions and comments from forum participants. Elder Price thanked Teegee and Sterling-Bur for carrying on this important work of empowering people and being a role model, not only in the province, but also in Canada and the world. She commented that their dedication to improving the lives of our grandchildren and great-grandchildren is truly admirable and deserves recognition. Elder Price expressed hope that this work inspires others to do the same for our children and future generations. She raised her hands as a gesture of honour and appreciation for the team's hard work and commitment to making a difference.

One participant thanked Teegee and Sterling-Bur for their brilliant and good work, stating that their love, kindness, and passion for their work are truly inspiring, and it's heartening to see that everyone involved in this work is committed to making a positive difference in people's lives. She stressed the importance of education in pulling Indigenous children and youth from the dark past and commented on the discussions she's heard over the past two

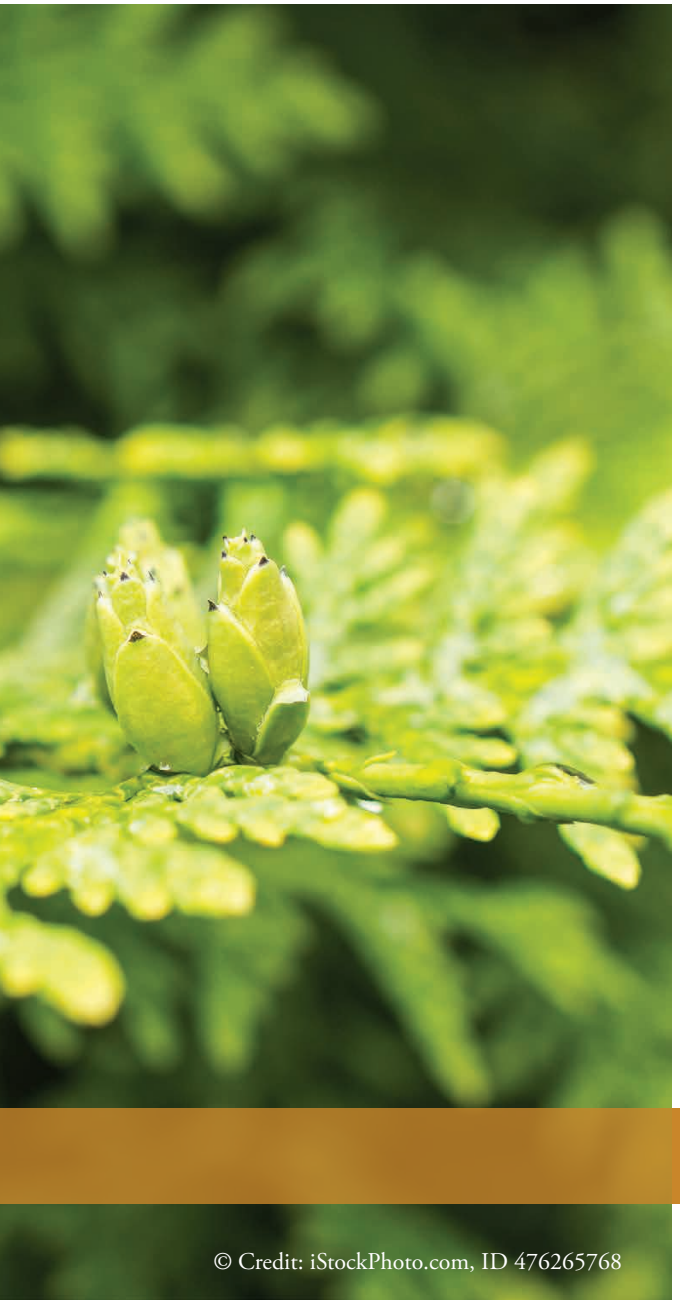
days about love and speaking from the heart. She asserted that this is how we are going to get this work done; by loving ourselves and the people we work with and serve, and by putting love into the education system, child welfare services, and other child and youth systems. She said it's all about love.

Another participant noted that both CSFS and NVIT prioritize Indigenous knowledge and have strong governance structures, which is especially important in health care. She said that one thing that really needed to change was how we govern different aspects of healthcare environments. She asked Teegee and Sterling-Bur how organizations could better utilize knowledge from Indigenous governments, noting that when the most vulnerable people are helped, the whole community benefits.

Teegee responded that we need to look at governance and understand how communities operate. She talked about self-determined community roles and responsibilities and how experts are valued for their knowledge. She advised that Indigenous people have always led with guidance from Elders, who are integral to their decision-making processes. Teegee pointed out that trust is a key factor in working with Indigenous communities, which starts with valuing Indigenous people. She said this means walking the talk and educating our staff and leadership about our values and traditions.

Sterling-Bur maintained that as an Indigenous-mandated post-secondary institution, NVIT does not come with the colonial structure of being a post-secondary institution and has the flexibility to offer education with and for Indigenous communities in their Nations. She said the institution is governed by an all-Indigenous board and an Education Council that is 75% Indigenous. She talked about working closely with Indigenous communities to create culturally appropriate programs that meet their unique needs, stating that Indigenous people are the experts in their communities and NVIT follows their guidance to ensure the institution is doing good work for Indigenous people.

Another participant commented on the high number of Indigenous children who are still in foster care and still being removed from their homes. She spoke about the need to build more systems specifically designed for First Nations children and families in other regions of BC, based on what's best for vulnerable children and families. She encouraged Teegee and Sterling-Bur to visit other communities to share their valuable insights and potentially upscale this work.



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Accreditation and national scoping

Melissa Hammell advised that, due to time constraints, Vishal Jain would not be presenting this session. Participants were advised to instead contact Jain directly if they had comments or required further information about scoping a national cultural safety and humility standard.

Open plenary - participant check in to share next steps to implementing the BC Cultural Safety and Humility Standard

Melissa Hammell shared a quote from Richard Wagamese's collection of Ojibway meditations in *Embers* to emphasize the importance of not only dreaming, but actually taking small steps toward achieving one's dream. She talked about creating a culture of safety and respect for all individuals, regardless of their location or profession, and encouraged others to think about the different ways they can help create positive and inclusive environments.

Hammell instructed forum participants to discuss at their individual tables their responses to two concluding questions: What will you do to bring love into your work? In leading with love, what is your next step?

Closing remarks and prayers

Dr. Blackstock addressed a few final housekeeping items and then thanked Elder Price and Elder Wasegijig for their guidance and cultural support over the past two days. She thanked the NCCIH partners for trusting the NCCIH in this work and stated that she looks forward to their continued partnerships. She also thanked the panelists, moderators, and participants for sharing their stories and speaking from their hearts. Dr. Blackstock then invited Elder Price and Elder Wasegijig to provide closing prayers to conclude the forum.

Elder Price shared a touching story about the lifelong friendship between two women; one, a First Nations woman, the other, a non-Indigenous woman. She encouraged Indigenous and non-Indigenous people to come together, care for each other, and heal as a community. Elder Price stressed the importance of self-care and building relationships with others.

Elder Wasegijig shared a story about her cousins who were apprehended as teenagers by child welfare authorities after their mother passed away because their father could not take care of them. She acknowledged the hard work being carried out by people who work with Indigenous children and families. She also expressed gratitude for the opportunity to learn and meet new people at the gathering.

Elder Price provided a closing prayer.

Summary of recommendations

Recommendations to guide the implementation of the Cultural Safety and Humility Standard emerged from the forum. These recommendations touched on areas of recruitment, education/training, and retention in health care; health legislation and policies; health care practices and standards in care; data and information in health care; and partnership building. The recommendations include:

Recruitment, education/training, and retention in health care

- Recruit and train more Indigenous health care professionals – including nurses and report persons – to work in health clinics.
- Ensure Indigenous wellness liaisons are an integral part of the healthcare team, as opposed to filling challenge-specific roles.
- Create learning environments in which people are comfortable asking questions, not worried about making mistakes or getting things wrong, and recognized as learners.
- Ensure cultural safety education and training includes appropriate practices and protocols for honouring Elders for their services.
- Ensure cultural safety programs and services are offered by and reflect the local area, rather than pan-Indigenous cultural safety training offered by people who are unfamiliar with the community.
- Increase investments to train and keep more Indigenous people in the workforce.

Health legislation and policies

- Ensure the use of culturally appropriate language in government documents.
- Support First Nations people in Canada to develop their own health legislation.
- Develop processes for effectively implementing and communicating cultural safety policies and anti-racism policies systems-wide, from higher levels of leadership to frontline employees.
- Implement cultural safety policies to protect Indigenous employees from racism and include conflict resolution systems that prioritize their safety.
- Align healthcare systems with Indigenous governments and laws to create a more holistic approach to care.

Health care practices and standards in care

- Incorporate Indigenous ways of recovery into trauma-informed care.
- Implement accountability frameworks in which health and social service organizations receive ongoing feedback from Indigenous people to ensure Cultural Safety and Humility Standard is being met.
- Revamp Medical Officer of Health practice standards to operate within the authority of BC First Nations.
- Identify harmful practices that are currently the status quo and focus on unlearning and undoing these practices.
- Honour culture as medicine in healthcare organizations and in the foundation of care provision and reception.
- Examine currently accepted practices in healthcare delivery, especially in emergency departments, and incorporate Indigenous worldviews into all aspects of service provision.

Data and information in health care

- Reconsider the definition and source of evidence used to make decisions about quality health care and ensure First Nations, Inuit, and Métis health systems, practices of care, and medicines are respected and fully integrated as evidence-based standards of care.
- Commence government-to-government level conversations to start developing distinct data governance protocols about Indigenous people's access to their own data (e.g., census data).
- Find out what Indigenous Nations have to say about using data in ways that are respectful of their unique values and traditions and beneficial to them, without imposing Western interpretations and practices of data governance.

Partnership building

- Ensure that cultural safety and humility protocols are extended to external organizations – such as insurance companies – that are integral to and work in partnership with healthcare systems.
- Create Indigenous advisory committees in all segments of society to address knowledge gaps in reconciliation efforts, such as insurance agents, developers, big corporations, mining companies, the banking industry, among others.
- Engage in ongoing, collaborative discussions to find ways for Indigenous people – including Indigenous healthcare staff – to feel safe and supported in speaking up and sharing their experiences, without fear of repercussions.

THANK YOU

The NCCIH extends a deep sense of gratitude to all speakers, panelists, and moderators who helped to make this knowledge exchange forum possible by sharing their insights and experiences. We also express our sincere appreciation to all participants who took part in sharing and demonstrating the Cultural Safety and Humility Standard in policy, practice, culture, and public dialogue in British Columbia.

Elders

Thank you to Elder Roberta Price, and Elder Jean Wasegijig.

Facilitator

Thank you to Melissa Hammell, Pine Gum Studio.

Notetaker

Thank you to Christel Guenette, Raincoast Ventures.

Moderators, speakers, and panelists

Thank you to:

Dr. Terri Aldred
Medical Director for Primary Care
FIRST NATIONS HEALTH AUTHORITY

Cathy Almost
Director of Indigenous Cultural Safety, Indigenous Health
VANCOUVER COASTAL HEALTH

Christine Añonuevo
PhD Candidate/HARC, Health Sciences
UNIVERSITY OF NORTHERN BC

Dr. Danièlle Behn-Smith
Deputy Provincial Health Officer, Indigenous Health
BC MINISTRY OF HEALTH

Nicole Cross
VP, Indigenous Health
NORTHERN HEALTH

Courtney Defriend
Director, Research and Knowledge Exchange
FIRST NATIONS HEALTH AUTHORITY

Elder Duane Jackson
Indigenous Patient and Family Partner
PATIENT VOICES NETWORK

Vishal Jain
Director, Cultural Safety and Humility
HEALTH STANDARDS ORGANIZATION (HSO)

Elder Edna Leask
PATIENT VOICES NETWORK

Laurel Lemchuk-Favel
Owner
FAV COM

Georgina MacDonald
VP, Western Canada
CANADIAN INSTITUTE FOR HEALTH INFORMATION

Mark Matthew
Director, Indigenous Health
HEALTH QUALITY BC

Moderators, speakers, and panelists *(continued)*

Monica McAlduff

Acting Vice-President, Quality, Cultural Safety and Humility, and Chief Nursing Officer
FIRST NATIONS HEALTH AUTHORITY

Becky Palmer

Chief and VP, People, Nursing and Health Professions Officer
PROVIDENCE HEALTH CARE

Addie Pryce

VP, Aboriginal Partnerships
INTERIOR HEALTH AUTHORITY

Sue Sterling-Bur

VP, Students
NICOLA VALLEY INSTITUTE OF TECHNOLOGY

Mary Teegee

Executive Director of Child and Family Services
CARRIER SEKANI FAMILY SERVICES

Kimberley Thomas

MD Student
UNIVERSITY OF BC, NORTHERN MEDICAL PROGRAM

Stephen Thomson

Director, Health Governance
MÉTIS NATION BC

Penny Trites

Leader, Indigenous Health
FRASER HEALTH AUTHORITY

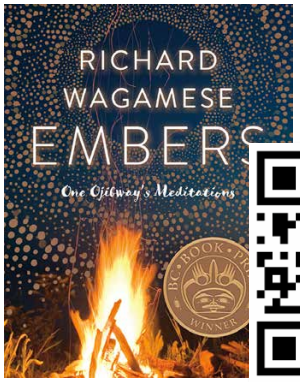
Resources

British Columbia Cultural Safety and Humility Standard, Health Standards Organization

healthstandards.org/standard/cultural-safety-and-humility-standard

Care Box, by the Health Arts Research Centre

healtharts.ca/be-cause-you-care-box

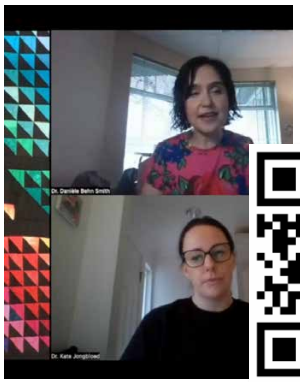


Embers: One Ojibway's Meditations, by Richard Wagamese (published by Douglas & McIntyre)

douglas-mcintyre.com/products/9781771621335

Practice differently with CSFS, by Carrier Sekani Family Services

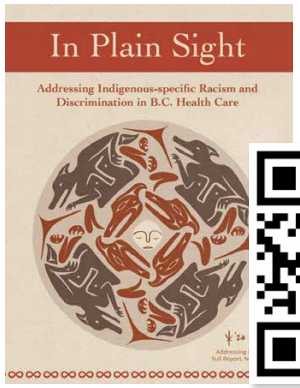
youtube.com/watch?v=rsSijiV-6wE&ab_channel=CarrierSekaniFamilyServices



Unlearning and undoing systemic white supremacy and Indigenous-specific racism within the BC OPH Officer

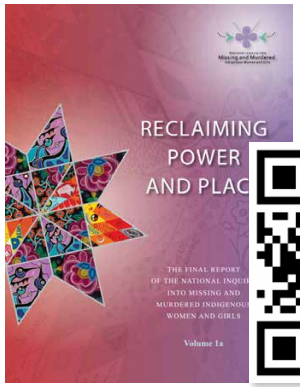
www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/unlearning-undoing-project

Supporting documents



In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care

engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report-2020.pdf



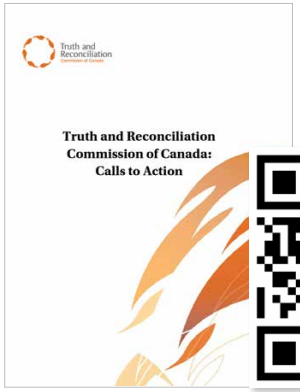
Reclaiming Power and Place: The Final Report on the National Inquiry into Missing and Murdered Indigenous Women and Girls

mmiwg-ffada.ca/final-report/

Report of the Royal Commission on Aboriginal Peoples

bac-lac.gc.ca/eng/discover/aboriginal-heritage/royal-commission-aboriginal-peoples/Pages/final-report.aspx

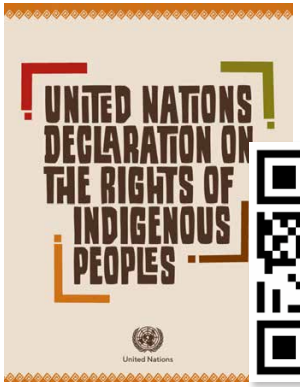
data2.archives.ca/e/e448/e011188230-01.pdf



Truth and Reconciliation Commission of Canada: Calls to Actions

nctr.ca/records/reports/#trc-reports

ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf



United Nations Declaration on the Rights of Indigenous Peoples

un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

NCCIH resources

A conceptual framework for Indigenous cultural safety measurement

nccih.ca/495/conceptual-framework-cultural-safety-measurement.nccih?id=10375

Review of core competencies in public health: An Aboriginal public health perspective

nccih.ca/495/review-core-competencies-public-health.nccih?id=145

Cultural safety and respectful relationships

Cultural safety is a response to systemic and structural barriers and health inequities that have affected access to and quality of health care provided to First Nations, Inuit, and Métis peoples. First introduced into nursing education and practice in New Zealand, cultural safety seeks to address health inequities experienced by Indigenous Peoples within all health care interactions and embodies principles of cultural humility, competency, and awareness.

nccih.ca/34/Publication.nccih?pillar=8

Cultural Safety Collection

The Cultural Safety Collection is a selective repository of resources related to addressing barriers in accessing health and social services for First Nations, Inuit and Métis Peoples due to their experiences with racism, discrimination and marginalization.

nccih.ca/1673/Cultural_Safety_Collection.nccih?Collectionid=3

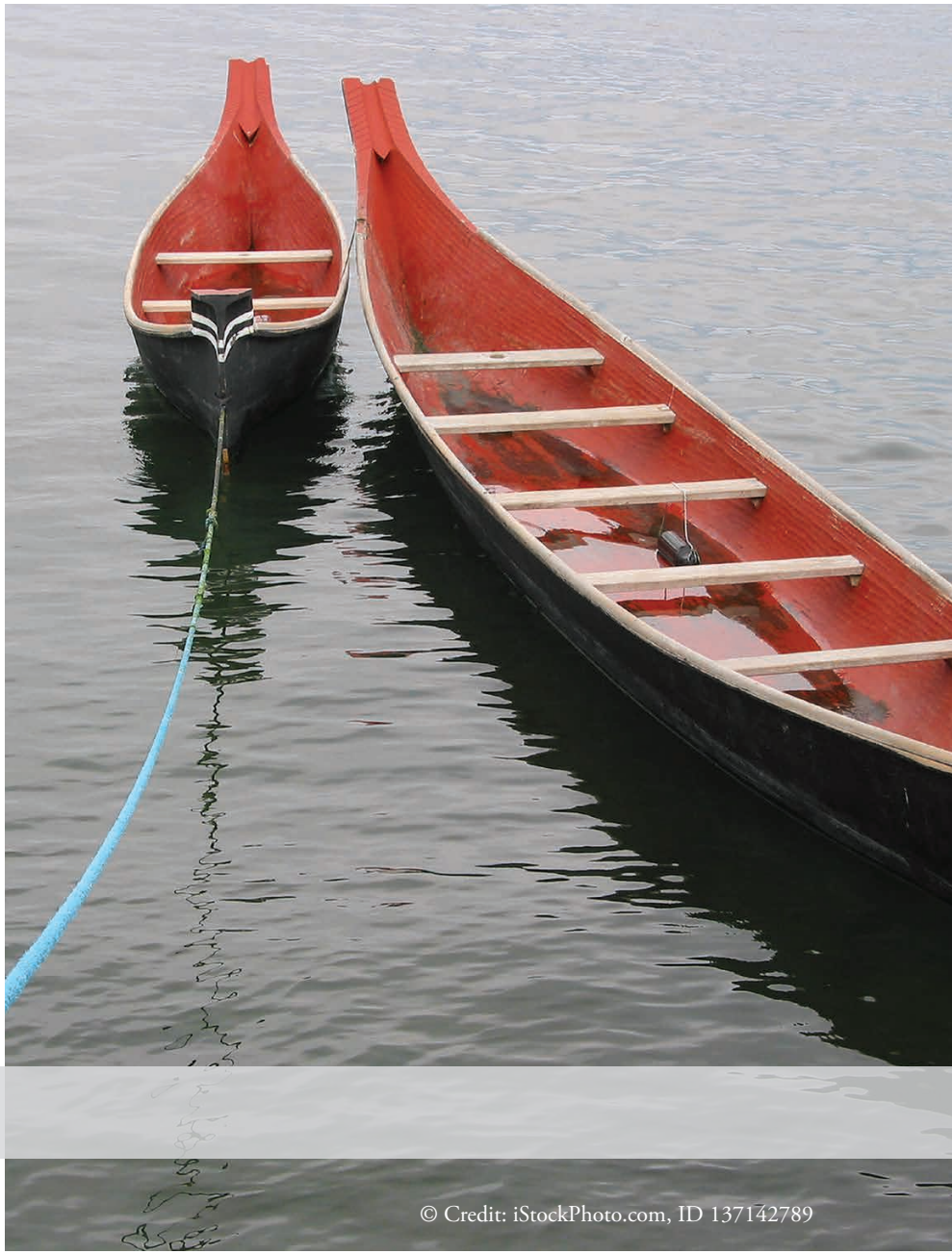
Indigenous cultural safety: An environmental scan of cultural safety initiatives in Canada

Funded in part with contributions from Health Canada and Indigenous Services Canada, the National Collaborating Centre for Indigenous Health completed an environmental scan to identify the diverse actions and initiatives implemented across Canada to improve access to culturally safe health services for Indigenous Peoples. This environmental scan covers initiatives undertaken up to June 2022, with emphasis on the past decade, and targets professionals and practitioners working with Indigenous children, families, and communities. The environmental scan contains separate chapters for cultural safety initiatives at the national level and for each province and territory.

nccih.ca/485/NCCIH-News.nccih?id=513

Chapter 3 - Cultural safety initiatives in British Columbia

nccih.ca/495/cultural-safety-scan-bc.nccih?id=10422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Meeting objectives

In terms of the BC Cultural Safety and Humility Standard, participants will:

- *Reflect on Indigenous experiences at points of care in the health care system.*
- *Realize the current state of cultural safety and humility approaches within health care organizations from an Indigenous leadership perspective.*
- *Understand how to implement culturally safe care in community and clinical practice.*
- *Partake in a knowledge exchange to implement the standard.*
- *Explore organizational approaches to develop policies to enact the standard.*
- *Consider organizational approaches to monitoring and evaluation of the standard.*

Thursday afternoon, November 23, 2023

12:00 PM **Registration**
- Le Versailles Salon

1:00 PM *Opening prayer*
- Elder Roberta Price
- Elder Jean Wasegijig

Welcome and opening remarks
- Sheila Blackstock, National Collaborating Centre for Indigenous Health
- Melissa Hammell, Pine Gum Studio

1:20 PM *Participant roundtable introductions*

1:30 PM *Lived experience from a patient perspective*
- Elder Edna Leask , Patient Voices Network
- Cathy Almost, Vancouver Coastal Health Authority

2:00 PM *Introducing the BC Cultural Safety and Humility Standard Documentary*
- Monica McAlduff, First Nations Health Authority
- Vishal Jain, Health Standards Organization
- Q&A

2:30 PM *Cultural safety and humility in practice – A regional perspective*
- Bev Lambert, First Nations Health Council, Northern Region
- Q&A

2:45 PM **Health break**

3:00 PM *Current state of cultural safety and humility*

Moderator: Kimberley Thomas, UBC Northern Medical Program
- Mark Matthew, Health Quality BC
- Daniele Behn-Smith, Ministry of Health
- Q&A

4:00 PM *Closing remarks - Overview of day two*
- Melissa Hammell, Pine Gum Studio

Closing prayer
- Elder Roberta Price
- Elder Jean Wasegijig

4:30 PM to **5:30 PM** *Networking Reception*
- Chateau Lafite Room
- Appetizers and cash bar available

Friday morning, November 24, 2023

9:00 AM

Opening prayer

- Elder Roberta Price
- Elder Jean Wasegijig

Welcome to day two

- Sheila Blackstock, National Collaborating Centre for Indigenous Health

9:10 AM

Open plenary - Participant check-in

- Melissa Hammell, Pine Gum Studio

9:20 AM

Developing cultural safety and humility policies, protocols, allyship and settler positionality

Moderator: Sheila Blackstock
- Kimberley Thomas, University of BC, Northern Medical Program
- Christine Anonuevo, University of Northern BC
- Becky Palmer, Providence Health Care
- Penny Trites, Fraser Health Authority
- Q&A

10:00 AM **Health break**

10:15 AM

Cultural safety and humility practice standard and guidelines: What does it mean for clinics and health care providers?

- Terri Aldred, First Nations Health Authority
- Q&A

11:15 AM

Implementing the BC Cultural Safety and Humility Standard

Moderator: Christine Anonuevo, University of Northern BC
- Monica McAlduff, First Nations Health Authority
- Nicole Cross, Northern Health Authority
- Addie Pryce, Interior Health Authority
- Q&A

12:15 PM **Lunch (provided)**

Friday afternoon, November 24, 2023

1:15 PM *Organizational monitoring and evaluation of the cultural safety and humility*

Moderator: Vishal Jain, Health Standards Organization
- Stephen Thomson, Métis Nation BC
- Laurel Lemchuk-Favel, Fav Com
- Georgina MacDonald, Canadian Institutes for Health Information
- Courtney Defriend, First Nations Health Authority
- Q&A

2:30 PM **Health break**

2:45 PM *First Nations Social Workers - Educating our own*

- Sue Sterling-Bur, Nicola Valley Institute of Technology
- Mary Teegee, Carrier Sekani Family Services

3:10 PM *Accreditation and national scoping*

- Vishal Jain, Health Standards Organization

3:30 PM *Open plenary - Participant check in to share next steps to implementing BC Cultural Safety and Humility Standard*

- Melissa Hammell, Pine Gum Studio

4:10 PM *Closing remarks*

- Sheila Blackstock, National Collaborating Centre for Indigenous Health
- Melissa Hammell, Pine Gum Studio

Closing prayer

- Elder Roberta Price
- Elder Jean Wasegijig

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Dr. Terri Aldred

First Nations Health Authority

KEYNOTE SPEAKER – CULTURAL SAFETY AND HUMILITY PRACTICE STANDARD AND GUIDELINES

Dr. Aldred is Dakelh (Carrier) from the Tl'Azt'En territory located north of Fort St. James. She is Lysiloo (Frog) Clan, who are traditionally known as the voice of the people. She follows her mother's and Great-Grandmother's line Cecilia Pierre (Prince).

Dr. Aldred grew up in both the inner city of Prince George and on the Tachet reserve (in Lake Babine Territory) and these experiences helped motivate her to go to medical school so she could give back to her community. Dr. Aldred has a Bachelor of Health Science Degree and a Doctor of Medicine Degree from the University of Alberta. She then went on to complete the UBC Indigenous Family Medicine residency program.

Currently, Dr. Aldred is the Co-Site Director for the UBC Indigenous Family Medicine Program, Family Physician for the Carrier Sekani Family Services Primary Care team that serves 12 communities in north-central BC, the Executive Medical Director for Primary Care for the FNHA, the Indigenous Lead for the Rural Coordination Centre of British Columbia, and an editorial board member for the BC Medical Journal. She is a past board member of the BC College of Family Physicians (BCCFP).

She was a recipient of the 2018 BCCFP's First Five-Years in Practice Achievement Award, 2020-21 Resident Doctors of Canada Mikhael Award for Medical Education, 2021-22 Alumni Horizon Award. She is passionate about Indigenous health, physician well-being, and medical leadership.

Cathy Almost

Vancouver Coastal Health Authority

Cathy Almost is part NWT Metis Nations, Gwitch'in, Cree, and Scottish. She is the Director of Indigenous Cultural Safety at Vancouver Coastal Health. She met Edna Leask through her work with Indigenous patients with the Patient Voices Network and introduced Edna as a keynote speaker.

Christine Añonuevo

University of Northern BC

MODERATOR AND PANELIST – DEVELOPING CULTURAL SAFETY AND HUMILITY POLICIES, PROTOCOLS, ALLYSHIP AND SETTLER POSITIONALITY

Christine Añonuevo was born and raised in the Okanagan Valley on Sylix Okanagan territory. She is a PhD candidate and a critical scholar in Human and Health Sciences at UNBC under the supervision of Dr. Sarah de Leeuw. Her research involves the health stories of Indigenous, Black, and Filipino women in so-called northern BC and how relationships with land, islands, bodies of water, and air impact their health stories. Her creative and autoethnographic writing was recently published in *Magdaragat: An Anthology of Filipino-Canadian Writing* from Cormorant Books. Christine dwells on Gitxsan territory with her partner and family.

Dr. Danièle Behn-Smith

BC Ministry of Health

PANELIST – CURRENT STATE OF CULTURAL SAFETY AND HUMILITY

Dr. Behn Smith is Métis from the Red River Valley and Eh Cho Dene from Fort Nelson First Nation. She has the honour and privilege of working as BC's Deputy Provincial Health Officer, Indigenous Health. She works alongside Dr. Bonnie Henry and other team members at the Office of the Provincial Health Officer to uphold the inherent rights of Indigenous Peoples, unlearn and undo systemic white supremacy and racism, and advance truth and reconciliation.

Nicole Cross

Northern Health Authority

PANELIST – IMPLEMENTING THE BC CULTURAL SAFETY AND HUMILITY PRACTICE STANDARD

Nicole Cross, Noxs Ni'isYuus, belongs to the Killerwhale Clan and the House of Niisyuus and was born and raised in the Nisga'a community of Laxgalts'ap. Nicole has held various leadership positions supporting Indigenous Health which have included working as an Indigenous Patient Liaison at University Hospital of Northern BC, Health Director with Tsay keh Dene, ten years of supporting the First Nations Health Authority in Northern BC in various roles and most recently, an assignment with the Ministry of Health as the Executive Director and Assistant Deputy Minister of Indigenous Health. The compliment of these experiences and relationships with community and health colleagues throughout the North are ones Nicole treasures and carries forward in her role as Vice President, Indigenous Health, with Northern Health.

Nicole graduated from Nisga'a Elementary Secondary School and received her Bachelor's degree from the University of Victoria and a Master of Health Administration from the University of British Columbia.

Courtney Defriend

First Nations Health Authority

PANELIST – ORGANIZATIONAL MONITORING AND EVALUATION OF THE CULTURAL SAFETY AND HUMILITY STANDARD

Dr. Courtney Defriend (Traditional name is Ti'yuqtunat) is a member of the Stz'uminus First Nations through her mother and was born and raised in Snuneymuxw (Nanaimo territory). Her father's family originally comes from Scotland. Working at the Nanaimo Friendship Centre for 13 years, she was exposed to teachings from First Nations people all over Canada while working front line with children and families. Defriend also consulted privately in community development work, cultural competency, and alternative wellness.

Courtney has worked with interdisciplinary teams, specifically on social issues such as mental health, addictions, and homelessness. These interests led her to work with the First Nations Health Authority, currently serving as the Director, Research and Knowledge Exchange. With a Bachelor of Arts in Child and Youth Care (2011), a Master of Arts in Leadership (2015), a certificate in Family Mediation (2017), and a Doctorate in Social Sciences (2023), she is passionate about working with Indigenous communities.

Sheila Blackstock

Thompson Rivers University and (former) Academic Co-Lead of the National Collaborating Centre for Indigenous Health

MODERATOR

Dr. Sheila Blackstock is a Gitxsan nursing scholar and Associate Professor in the Nursing Faculty at the Thompson Rivers University (TRU). She has over 32 years of nursing experience ranging from acute care to rural health, Indigenous and occupational health nursing.

Dr. Blackstock has developed and delivered an interdisciplinary Indigenous health course and an Indigenous nursing practice course for Thompson Rivers University. She is a Board of Director for the First Nations Health Authority and the inaugural Indigenous faculty representative on the board of the Canadian Nurses Association. She was appointed by the Minister of Health to the provincial In Plain Sight task force where she is working to change health care legislation and enact cultural safety and humility for Indigenous Peoples at points of care.

Dr. Blackstock's research and scholarship focus on using a decolonizing approach to improving Indigenous holistic health and the empowerment of nurses and nurse leaders to improve the quality of nursing practice work environments. She uses an organizational context to explore the role of oppression embedded within organizational workplace structures, processes, policies. The effects of oppression on nursing leadership, new graduate nurses, and students are linked to the creation of fertile work environments where experiences of incivility and bullying are more apt to occur. The findings of her research arm health care administrators with the information to change organizational structures, processes, and policies to improve the quality of nursing practice environments for nursing leaders and nurses.

Vishal Jain

Health Standards Organization

MODERATOR AND KEYNOTE SPEAKER – INTRODUCING THE BC CULTURAL SAFETY AND HUMILITY STANDARD DOCUMENTARY; ACCREDITATION AND NATIONAL SCOPING

Vishal Jain is the Director of Cultural Safety and Humility at the Health Standards Organization. His interdisciplinary academic training includes degrees in Human Rights and Public Health, with a concentration in social inequities and health. Vishal brings expertise in the areas of health strategy and administration, policy and program development, public health, and Indigenous health strategy. He is an Adjunct Professor in the Faculty of Health Sciences at Simon Fraser University where he teaches courses related to the social determinants of health, anti-oppression, and health systems transformation.

Over his career, he has held multiple research positions exploring developing organizational capacity to address systemic and structural barriers towards the access, quality, and experience of care for equity-deserving communities. Prior to joining the Health Standards Organization, Vishal was the Director of Strategic Initiatives at Fraser Health Authority where he facilitated the implementation of the organization's anti-racism strategy and action plan.

Elder Edna Leask

Patient Voices Network

KEYNOTE SPEAKER – LIVED EXPERIENCE FROM A PATIENT PERSPECTIVE

Edna was born and raised in the Yukon. She is a citizen of Selkirk First Nations in Pelly Crossing, a self-governing First Nation for over 20 years, but has lived in B.C. for most of her life. She has been advocating for herself, her family, her friends, and her community all her life. Presently, she is a member of the Elders-in-Residence program at School District 71, in Comox, BC, and serves as a member of Comox Valley Primary Health Care's steering committee and Indigenous health working group.

Laurel Lemchuk-Favel

Fav Com

PANELIST – ORGANIZATIONAL MONITORING AND EVALUATION OF THE CULTURAL SAFETY AND HUMILITY STANDARD

Laurel Lemchuk-Favel is a fourth-generation settler who was raised on the traditional lands referred to as Treaty 4 territory, encompassing the ancestral lands of the Cree, Ojibwe (OJIB-WĒ), Saulteaux (SO-TO), Dakota, Nakota, Lakota, and on the homeland of the Métis Nation. Her 30-year consulting business in Indigenous health has been focused on using data to empower Indigenous people in their path of improved health and wellness.

Recent relevant experience related to Indigenous cultural safety includes a role as Director of Data and Analytics, Investigation into Anti-Indigenous Discrimination in BC's Health System (In Plain Sight). She is a co-author, with Harmony Johnson, of the CIHI Indigenous Cultural Safety Measurement Framework. Laurel is currently leading a project at Providence Health Care to develop and report on Indigenous measures of cultural safety.

Georgina MacDonald

Canadian Institutes for Health Information

PANELIST – ORGANIZATIONAL MONITORING AND EVALUATION OF THE CULTURAL SAFETY AND HUMILITY STANDARD

As Vice President of Western Canada, Georgina MacDonald provides strategic leadership and oversight for CIHI's presence, products, and services in the four western provinces and the three territories. In this role, she fosters strategic relationships with partners and clients to understand their evolving health information needs and to provide insight and direction on the solutions required to meet the challenges of health care delivery in the western provinces and the territories. She works closely with First Nations, Inuit, and Métis partners to ensure CIHI's work aligns with matters that are important to them.

Prior to joining CIHI in October 2014, Ms. MacDonald served on the executive leadership team at the Vancouver Island Health Authority (Island Health) as the Vice President, Planning and Improvement. She has been responsible for strategy development, performance monitoring, advanced analytics, and process improvement. Ms. MacDonald has an extensive background in health care planning and in data analyses to support decision-making and stakeholder engagement, and she has a passionate belief in a values-based corporate culture. Before joining CIHI, she also held senior roles in the Saskatchewan and British Columbia ministries of health.

Ms. MacDonald earned her undergraduate degree in business from St. Francis Xavier University and master's degrees in arts from the University of Waterloo and in health administration from Dalhousie University.

Mark Matthew

Health Quality BC

PANELIST – CURRENT STATE OF CULTURAL SAFETY AND HUMILITY

Mark joined Health Quality BC in September 2022 as Director in the Indigenous Health team. He grew up on the reserve of the Simpcw First Nation near Barriere, B.C. and has observed the consequences of colonization in his family, friends, and community. He continues to reflect on his unearned privilege of a white presenting male due to mixed parentage.

Mark's career in health began in 2007 as the Aboriginal Contracts Advisor at Interior Health. Just over a year later he joined the FNHA as a Community Development Liaison and eventually took on the role of Acting Director of Community Engagement in 2011, supporting communication, collaboration, and planning and health with First Nations throughout BC. After nearly a decade working in engagement, he moved to a new Quality team at the FNHA in 2019 as the Manager of Quality Initiatives and Partner Relations. Here he was able to support efforts like the revision of the BC Health Quality Matrix and BC's Standard on Cultural Safety and Humility and participate on an Indigenous Advisory Committee for Patient Centred Measurement and the Cultural Safety and Humility Complaints Collaborative. This work has given him the opportunity to explore various opportunities for change across the health system.

Mark continues to be motivated to pursue a career where he can be part of positive change in First Nations and Indigenous communities. He has been an effective facilitator and relationship builder, and has been successful at finding the commonalities between the different realities faced by First Nations and non-Indigenous health leaders/providers.

Currently Mark lives on Tk'emlúps te Secwépemc (Kamloops) with his wife and two kids. He likes to keep active and enjoys a good friendly competition from time to time.

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Monica McAlduff

First Nations Health Authority

PANELIST – IMPLEMENTING THE BC CULTURAL SAFETY AND HUMILITY PRACTICE STANDARD; KEYNOTE SPEAKER – INTRODUCING THE BC CULTURAL SAFETY AND HUMILITY STANDARD DOCUMENTARY

Monica McAlduff is from the Secwepemc Nation and serves as the Vice President, Quality, Cultural Safety and Humility and the Chief Nursing Officer (OCNO). Monica proudly joined the FNHA in January 2020 as the Executive Director within the OCNO, bringing with her over 30 years experience in health care, first as a Registered Psychiatric Nurse in Vancouver and the Lower Mainland and then progressing to several leadership roles within the health care system.

Monica holds a Bachelor of Health Sciences in Psychiatric Nursing from Thompson Rivers University as well as a Master of Arts in Leadership and Training from Royal Roads University. She has held numerous leadership roles across the system of care and is known for her strong client and family advocacy and passion for improving quality and safety to the health care system. Monica's leadership approach is from a humility lens and seeing the strengths and resilience that First Nation's people possess, as the way to change the system.

Outside of her professional life, Monica enjoys being with her husband and her son as well as experiencing the outdoors on the North Shore. She has a passion for connecting with people and experiencing the fullness that life has to offer.

Elder Duane Jackson

PANELIST - CURRENT STATE OF CULTURAL SAFETY AND HUMILITY

Elder Duane Jackson is from the Gitanmaax Nation. His background is in early childhood education. He has worked with Success by 6 and Children First, as well as partnered with various early childhood and health initiatives in BC. He has worked with the Patient Voices Network for eight years, wanting to bring the patient voice into the circle of health academia. Duane has partnered with many groups within the healthcare system with an approach to creating safe environments for all involved, on both sides of the gurney.

Elder Duane Jackson has retired from a 35 year basketball coaching career, working with children as young as seven years old through to adult males and females.. He has a passion for developing well rounded individuals, both on and off the court, which was acknowledged in 2006 when he was the recipient of the 2006 Aboriginal Coach of the Year by the Aboriginal Sports and Recreation Association of BC.

Elder Duane Jackson also has an interest in men's health. He is the founder of the Tauhx Gadx men's program, which focuses on being a whole person. He believes that the idea is not to look at what it means to be a "man" within today's society but rather to get to an understanding of what it means to be a "whole person." Currently, he serves on the UBC's Human Early Learning Partnership Aboriginal Steering Committee.

Becky Palmer

Providence Health Care

PANELIST – DEVELOPING CULTURAL SAFETY AND HUMILITY POLICIES, PROTOCOLS, ALLYSHIP AND SETTLER POSITIONALITY

Becky Palmer is the Chief People, Nursing and Health Professions Officer at Providence Health Care. With over 30 years of nursing experience, and almost 20 years of senior executive experience – including with the FNHA, BC Children's Hospital, and BC Women's Hospital – Becky is a dynamic, collaborative, and respected senior executive health care leader in BC.

Becky has a PhD in Nursing from UBC and a Master's in Nursing and Nurse Midwife from the University of Alberta, as well as numerous professional awards and distinctions.
Becky has a passion for strategic compassionate leadership, learning, professional practice/policy, coaching, quality, and systems transformation in academic and health care organizations and systems. She is an internationally recognized professional with extensive experience leading change within complex and transformative systems. She has a proven track record of leading high-performing teams, achieving strategic goals, and redesigning systems for optimal outcomes.

BC's health care sector is facing new and unprecedented challenges as we emerge into a post-COVID world. Providence is moving forward as an organization with a visionary strategic plan for the future, which includes focusing on people through health care redesign, staff recruitment and retention, professional development, staff wellness and Equity, Diversity and Inclusion. In this transformational role for Providence, Becky will oversee an integrated portfolio – i.e. human resources, nursing, and professional practice – and play a key role in creating innovative solutions to deal with the changing dynamics in health care, while embracing quality, safety, inclusivity, and professional excellence in a continuously learning environment for staff. This includes the planning, delivery, and implementation of information systems used in both the clinical and people services environment, ensuring that we adopt and enhance clinical and human resources information systems.

Elder Roberta Price

For over 30 years, Elder Roberta Price has actively shared her leadership, wisdom, and teachings at UBC and throughout the Lower Mainland to assist both Indigenous and non-Indigenous community members to achieve improved outcomes in health care. A member of the Coast Salish Snuneymuxw and Cowichan Nations, she has been instrumental in helping to create shared spaces for both Indigenous and Western approaches to healing and health. Her ongoing involvement and leadership in research projects have been key to the continued work of decolonizing health care and creating cultural safety and equity for Indigenous patients.

Addie Pryce

Interior Health Authority

PANELIST – IMPLEMENTING THE BC CULTURAL SAFETY AND HUMILITY PRACTICE STANDARD

Addie Pryce is from the Nisga'a Nation of Gingolx, on the north coast of British Columbia. In her role as Vice President, Aboriginal Partnerships, with the Interior Health Authority, Addie is committed to the health and well-being of all Aboriginal people and communities in the Interior region. She fosters relationships with First Nations and Métis partners and organizations and provides executive leadership to IH's work in cultural safety and humility.

Before joining IH in 2021, Addie held senior leadership roles within B.C. and Ontario, including working with the First Nations and Inuit Health Branch, Aboriginal Affairs and Northern Development, and the First Nations Information Governance Centre. Most recently, Addie was the director of the health sector for the Assembly of First Nations, where she advocated for First Nations' health and well-being.

Addie holds a Bachelor's degree in Political Science from Carleton University and a Diploma in Adult Education from University of British Columbia. In 2006, she was the recipient of an Assistant Deputy Minister Award of Excellence in relation to work with early childhood development.

Sue Sterling-Bur

Nicola Valley Institute of Technology

KEYNOTE SPEAKER – FIRST NATIONS SOCIAL WORKERS – EDUCATING OUR OWN

Sue Sterling-Bur is a proud member of the Nłeʔkepmx and Stó:lō Nations, belonging to the Duntem'yoo (Bear) Clan within the Bahlats with Nadleh Whut'en from the Carrier Sekani Nation. Sue's educational journey is marked by an Early Childhood Diploma, a Master's Degree in Social Work, and her ongoing pursuit of a Ph.D. at UBC, Okanagan. Her doctoral research is centered on illuminating Indigenous knowledge systems related to giftedness in children with disabilities. She draws from the *Nłeʔkepmx Spilahem* and *Speta'kl* stories to uncover the ethical foundations, values, and beliefs guiding the support and engagement of Indigenous individuals with disabilities.

Sue's professional background is both diverse and impactful. She services as a Board Member for the BC Aboriginal Childcare Society and has been actively involved in various capacities, including Aboriginal Early Childhood Development, Aboriginal Infant Development, and Supported Child Development programs. She also contributed as a Child and Youth Mental Health Advisor for the Doctors of B.C and held a role as a Provincial Childcare Advisor for the Ministry of Children and Family Development. Most notably, she has been appointed as the Co-Lead for the Indigenous Research stream at the Canadian Institution for Inclusion and Citizenship.

Sue has lent her expertise to numerous research projects, collaborating with Dr. Jeannette Armstrong to revitalize and reclaim Interior Salishan Knowledge systems and with Dr. Rachelle Hole on comprehensive reviews of National Respite programs, Child and Youth with Special Needs reviews and the Transitioning Youth with Disabilities (TYDE) research project.

Currently, Sue Sterling-Bur is the Vice President of Students at the Nicola Valley Institute of Technology (NVIT), the only Indigenous public post-secondary institution in British Columbia. Sue is committed to the advancement of Indigenous people, their knowledge systems, and the betterment of Indigenous communities.

Mary Teegee

Carrier Sekani Family Services

KEYNOTE SPEAKER – ORGANIZATIONAL MONITORING AND EVALUATION OF THE CULTURAL SAFETY AND HUMILITY STANDARD

Mary Teegee is Gitk'san and Carrier from Takla Lake First Nation, a proud member of the Luxgaboo Wolf Clan, and she holds the Hereditary Chiefs name Maaxswxw Gibuu (White Wolf). She has been raised to live her culture, customs, laws, and traditions. Mary has long espoused that in order for nations to be revitalized, they have to heal from the atrocities that occurred through colonization. She also maintains that all services, programs, and initiatives developed to benefit First Nations have to be built on a cultural foundation. She advocates that healing and wellness have to be priorities for leaders.

Mary is the Executive Director of Child and Family Services at Carrier Sekani Family Services (CSFS) where she oversees provincially delegated programs, prevention programs, and the Highway of Tears Initiative, as well as violence prevention programs. Mary is an accomplished presenter at global and national conferences, always with the intent to educate and raise awareness of social issues for the First Nations people of Canada.

Prior to working at CSFS, Mary worked for her nation as Chief Negotiator and as Deputy Chief. At CSFS, she started developing and implementing community health programs for CSFS nations. She was also a part of the development of the CSFS Family Justice Facilitation Program in partnership with UNBC, the Justice Institute, and the BC Mediators Roster Society. This collaboration produced approximately 20 First Nation mediators for northern families.

Mary also contributes as:

- BC Representative on National Advisory Committee on First Nations Child and Family Services
- President of BC Aboriginal Child Care Society
- Chair of the BC Indigenous Child and Family Services Directors Forum
- BC Board Representative for the First Nations Child and Family Caring Society of Canada (FNCFS)

As the BC representative on the FNCFS, she has had the privilege of working with the FNCFS Board, Cindy Blackstock, and the AFN on the Canadian human rights court case which proved Canada was discriminatory against First Nation children. Mary also participated on the National Legislative Working Group tasked to develop federal enabling legislation for Indigenous children and families, which led to the Act Respecting First Nations, Inuit and Metis Children, Youth and Families. Her goal is to assist in the reformation of child and family services within Carrier nations, BC, and Canada to ensure First Nation children are protected, taken care of by their own families, and have the freedom to live up to their full potential within their culture. She firmly believes that the way forward for our nations is to revitalize cultural practices, traditions, customs and governing systems while embracing secular education and training.

Kimberley Thomas

University of BC, Northern Medical Program

MODERATOR AND PANELIST – DEVELOPING CULTURAL SAFETY AND HUMILITY POLICIES, PROTOCOLS, ALLYSHIP AND SETTLER POSITIONALITY

Kimberley Thomas is currently in the final year of her Doctor of Medicine (MD) degree in the Northern Medical Program at UBC and is a graduate of the Master of Health Sciences program at the University of Northern British Columbia. She identifies as a Black 1.5 generation immigrant and settler in so-called B.C. and is learning how to advance cultural safety and anti-oppression as an aspiring future psychiatrist.

Stephen Thomson

Métis Nation BC

PANELIST – ORGANIZATIONAL MONITORING AND EVALUATION OF THE CULTURAL SAFETY AND HUMILITY STANDARD

Stephen Thomson is a proud Métis Citizen, tracing his heritage to the Pope family and scrip given out in Medicine Hat in 1901. He currently serves his Nation as the Director of Health Governance at Métis Nation British Columbia. Stephen was raised in Regina, Saskatchewan where he discovered his Métis heritage and completing a Bachelor of Science in Biology. Stephen moved to British Columbia to pursue his Master's in Public Health at Simon Fraser University. Stephen started with Métis Nation British Columbia in 2019, working in a few different roles before moving into his current portfolio. Stephen works to develop Métis-specific data, programming, and educational opportunities and to advocate for the Métis Nation with Health Authorities and all levels of government.

Penny Trites

Fraser Health Authority

PANELIST – DEVELOPING CULTURAL SAFETY AND HUMILITY POLICIES, PROTOCOLS, ALLYSHIP AND SETTLER POSITIONALITY

Penny Trites is a proud Cree Métis woman with roots from Cumberland House Nation in Northern Saskatchewan. She has been a guest in Stó:lō Territory for the past 26 years. Penny brings 24 years experience as a social worker walking alongside Indigenous children, youth, families, and communities in front line, team leader, and Director roles in the Ministry of Children and Family Development and Executive Director of Staff and Community Relations for Xyólheméylh.

Penny's greatest passion is working collectively to provide loving, wrap-around, culturally safe service delivery to all those receiving support. Her most recent personal health and wellness journey has shifted her passion to serve in the field of health, joining Fraser Health in the Leader of Indigenous Cultural Safety and Humility role.

Penny holds a Bachelor's Degree in Social Work, was the recipient of the 2015 Emerging Leader Premier Award, and was recently accepted to Quantum University, where she will slowly complete her PHD and Doctorate in Natural Medicine. She is happily married, with a son graduating this year and a labradoodle fur baby, and she resides in Chilliwack.

Elder Jean Wasegijig

Elder Jean is Anishinaabe, Odawa and Ojibway First Nation from the Wikwemikoong Reserve in northern Ontario. Elder Jean is of the Bear Clan and her traditional name is "Good Medicine Woman," a name that was given to her at a Sundance Ceremony in Montana. Elder Jean participates in ceremonies and cultural traditions. She is a mother and grandmother.

Elder Jean worked with Aboriginal male offenders in BC for twenty years, as a program facilitator and counsellor, and worked closely with Elders. From her Odawa grandmother and the Elders generosity, she obtained priceless traditional teachings and utilized them as she delivered cultural interventions that responded to the specific needs of Aboriginal offenders. She also served on its national committees. After her retirement from Correctional Service Canada in 2014, Elder Jean worked at Tsow-Tun Le Lum Treatment Centre on Vancouver Island as a Drug and Alcohol Counsellor, Trauma and Grief Counsellor, and Resident Elder.

Elder Jean is involved with Elder services for Spirit of the Children, working with families who are preparing for family court. In addition, she works with the Salvation Army Harbour Light as an Addictions Counsellor with offenders on parole. She teaches the Indigenous Perspective course at Vancouver Community College and is also one of the Resident Elders. Elder Jean provides Elder support and Indigenous counselling with the UBC Wellness Office. In the community, she facilitates cultural workshops, medicine wheel teachings, and Indigenous history. As well, Elder Jean is a writer, published poet, and artist, with her work exhibited in the Fraser Valley.

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National Collaborating Centre for Indigenous Health

Centre de collaboration nationale de la santé autochtone

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