Transformative Change: Advancing Cultural Safety Across British Columbia: Webinar Transcript

Elder Gerry Oleman begins the session with a traditional greeting, asking how everyone is doing and asking permission to interact with the participants. Gerry invites the audience to begin the session by taking deep breaths and breathing in through the nostrils. According to Elder Gerry Oleman the word "breath" means "life", and that is why it is important to take deep breaths. Another deep breath is taken in honour of all the children. Gerry begins the webinar with a healing song.

Elder Gerry Oleman thanks the facilitators of this project. It is a contribution to the process of untangling the way of life here in Canada, which has not been safe for many Indigenous peoples.

Elder Gerry also thanked the First Nations Health Authority (FNHA) and the standard's technical committee for their involvement in the development of this project. The standard is intended to bring clarity to what is a herd mentality in this country, this beautiful country called Canada. The behaviours and beliefs of Canadians are that we all belong to this land. And the beliefs about Indigenous peoples are often wrong. Indigenous peoples are not inferior, they have a beautiful and vibrant culture. So many people have been misguided and misdirected by the identity that has been created for Indigenous peoples in this country. It is unfortunate because these beliefs are based on a reality we do not know, on the words of a few individuals. This has created avoidable harm.

Elder Gerry Oleman revealed that he felt nervous about participating in this webinar. This is not Gerry's first time participating in a webinar or conference. The nerves were not present before. However, given Gerry's investment in this project for the safety of his children, grandchildren, and great-grandchildren. Gerry wants them to be safe, to feel welcome in the great institutions of Canada.

We are not here to create fog. In fog, there is fear, obligation, guilt, or shared history. The goal is always to help people understand clearly what has happened, how it affects us all, and what we can do about it. We must not only focus on the wrongs that were done, but focus on the solutions and become responsible citizens.

Elder Gerry Oleman recalls that standards began in wartime; there was a flag around which soldiers could rally on the battlefield. Today, we are in a war against racism, against the harm done to those who are different. And this is the standard around which we can rally. The technical committee has worked hard to develop this standard, and they deserve our respect, as does the FNHA.

Putting our minds together allows us to see what we can do for the children says chief Sitting Bull. That is what this work is all about.

Dr. Nel Wieman serves in the role of Chief Medical Officer at the FNHA and is on the technical committee that developed this standard. The FNHA partnered with Health Standards Organization (HSO) in the fall of 2018. The launch of the Cultural Safety and Humility Standard for British Columbia is an important milestone. The standard aims to define the quality expectation of health and social care provided by organizations in BC. Even before the In Plain Sight report, it was clear that stereotypical racism and widespread and systemic discrimination against Indigenous peoples is present in British Columbia's health system. This has resulted in a range of negative impacts, including harm and even death. It is important to remember that somewhere, at some point, a member of the First Nations, Métis, or Inuit community in British Columbia is having the worst day of their lives. Not only because

they are dealing with a health condition, but also because of the way they are treated in the health care system. Indigenous peoples can be misdiagnosed, not receive the treatment they deserve, and be treated in an outright discriminatory or racist manner, and that is why this work is important. Indigenous peoples have the right to access a health care system that is free of racism and discrimination and to feel safe while seeking health care. This organizational standard applies to the operation of organizations at all levels, from leadership to governance, infrastructure, human capacity, physical environment, and service delivery.

The focus is on the implementation of the standard in health care and the recognition that this is the first standard of its kind developed in Canada, so there is much to be proud of, but there is also a lot of work to be done.

The goal was to develop a tool for the design, implementation, and assessment of culturally safe systems and services at the organizational and institutional levels. The standard is intended to be used by all health and social service organizations in British Columbia. It is a little different from other standards: it is an educational standard that sets out expectations for the quality of training provided to the health and social care workforce. It is not an occupational standard, which means that it does not hold people to professional practice guidelines, and it is not condition-based, which means that it is not targeted at a particular medical condition or disease. It is a standard for organizations, large and small, to commit or begin to commit to cultural safety, humility, and anti-racism.

Richard Jock, CEO at the FNHA acknowledged this milestone to embed cultural safety and humility across the health system. He thanked HSO, Health Canada, system partners across the BC health authorities and the Assembly of First Nations Chiefs Committee on Health for their contributions to the standard. It is important to recognize the role of the FNHA in supporting efforts to address systemic and individual incidents of racism that are well documented. First Nations people and all Indigenous peoples must have full access to culturally safe services. This standard is an important way to begin to make this possible and to measure the progress and effectiveness of organizational efforts.

The standard is the first of its kind and is intended to be a collaborative effort. It is intended to be used by health authorities and service providers to measure what matters and provide concrete mechanisms for moving forward.

The standard was developed by health leaders, champions, providers, patient partners, administrators, academics and researchers, and Knowledge Keepers. They carefully considered all the criteria in the standard and did so with dedication and thoughtfulness.

Kaye Philips works for HSO as the Executive Director overseeing the development of the standards. Kaye Philips explains that in this standard, the focus has been on British Columbia, but we know that across the country, leaders and service providers can benefit from the standard as a resource. In developing the standard, HSO incorporated the First Nations' way of doing and knowing into its methodology, and the full description of this blended step-by-step methodology is outlined in the standard.

The standard project began before the In Plain Sight report in the winter of 2019 when a call went out for the creation of a BC-focused Indigenous Technical Committee, which guided the work throughout

the process. The first face-to-face meeting was held in June 2019, with a second meeting held in October when an initial draft of the criteria was developed, 18 months before the standard was submitted for public review.

The work continued through virtual meetings on Zoom, and the work was emotional with many difficult moments over the past two years; the death of Joyce Echaquan, the death of George Floyd, the In Plain Sight report, the discoveries of lost children at residential schools.

The work has been difficult and humbling, and HSO is grateful for all the support received with over 1100 comments from approximately one hundred and fifty-five people from different organizations. These comments have all been reviewed by the technical committee members and have contributed to the development of a final standard.

Dr. Nel Wieman noted the standard work preceded the In Plain Sight report, but one of the things the report documented was the pervasive racism in the B.C. health system.

We have been in a negative cycle since the time of contact, since colonialism. There has been a change in the way health care has been perceived and the way health care has been delivered. We are hearing many stories from people who are accessing the health care system in British Columbia, and across the country, where they're having very negative experiences.

People have many stereotypes about First Nations, Inuit, and Métis people. This leads to discriminatory behaviours at the point of service, and people have abusive interactions, such as denial of service, ignorance, and shame, which reduces access. Even if people physically have access to a service, they may choose not to access it out of fear or apprehension of how they will be treated. And, of course, this can potentially lead to poor outcomes. Avoiding access to care or poor care can lead to negative health outcomes. The standard is integral to the work of breaking the cycle. By breaking the cycle, we are returning some of the knowledge and balance to the recognition of Indigenous health systems, Indigenous knowledge, and the importance of education.

The In Plain Sight report includes 24 recommendations. The eighth recommendation states that all health policymakers, decision-makers, health authorities, health regulators, health organizations, health facilities, patient care quality review committees, and health education programs in British Columbia should adopt an organizational standard for Indigenous cultural safety and humility and eliminate Indigenous-specific racism. This standard was developed in collaboration and cooperation with Indigenous peoples and the release of the final version of this organizational standard responds in some measure to the recommendation of the In Plain Sight report.

Plans to move the standard from a reference/guidance document to an assessment standard will be communicated later.

Dawn Thomas, the Associate Deputy Minister of Indigenous Health and Reconciliation with the BC Ministry of Health said the In Plain Sight report demonstrated that Indigenous clients, patients, and health care professionals do not feel safe in the health care sector, regardless of the facility. This points to the need to integrate cultural safety and humility into the health care system. To create lasting

change, anti-racism, cultural safety, and humility must be integrated into all future policies, legislation, and standards.

There must be consistency and accountability. The report found almost no accountability in the health care system concerning cultural safety and humility. This accountability needs to be built into the standards, but more importantly into the legislation.

The standard is an initial step to greater consistency and accountability for cultural safety and humility in the health system, as recommended in the In Plain Sight report.

This standard is an example of Indigenous peoples coming together to create much-needed change within the health care system. The group that came together provided a roadmap on how organizations and individuals working in health care can ensure better outcomes for Indigenous patients while ensuring safe and welcoming workplaces for Indigenous peoples. It is time for the BC health system to come together and embrace cultural safety and humility.

The goal is to be able to measure organizations against the standard and to ensure a better future for Indigenous patients. The question was asked about how love will be infused into the health care system, especially given the Indigenous-specific racism in health care and the tragic death of Joyce Echaquan. This issue has driven the work that was done. When we come together to work, we show love and respect for each other.

Dr. Nel Wieman acknowledged that the standard was made possible by BC Indigenous leaders who used their professional and personal knowledge and experience to develop the standard and help forge a new path in BC.

The standard was developed by a British Columbia technical committee of opinion leaders and champions, care providers, patient partners, administrators, academics, and Indigenous Knowledge Keepers. They carefully considered all the criteria in the standard, including the more than 1100 comments received during the public review.

Many of the technical committee members have worked together since 2019, including through adversity, such as the pandemic. It is especially important to recognize the patient partners of the technical committee who are also part of the Patient Voices Network.

The right people were at the table, representing First Nations and their interests in the overall system, as well as their personal lived experiences.

Duane Jackson is a patient partner for the Patient Voices Network. When this work began, the term "patient-centred care" was commonly used, and it still is. It sounds like "looking from here and focusing on the person there" and gives the impression of working on something or someone. Working in partnership with service patient partners, you are working with someone, the only person who can tell their story. The only person who can tell his or her experiences is the person who has lived them. Having a patient partner at the table creates humility, understanding that there are things at stake here that are somehow out of our sight. The patient partner is the person who can tell their story most accurately. It is their experience, their care, and so it is the best chance of getting the information to the table.

There was a concern about the repetition of certain elements in different parts of the standard. Repetition is the essence of excellence; an effort was made to make the language direct to make the standard accessible.

For an Indigenous person going into a care facility, there are a lot of apprehensions. The general treatment of Indigenous peoples has not been good, and they have dealt with a lot of stereotypical behaviours. Historically, it is not a place where we feel safe and it's important to bring understanding to both sides of the table and stretcher, and to create a safe environment for everyone. When that safe environment is created for everyone involved, the health care of the patient becomes a shared conversation, something that is a two-way exchange. We have worked hard to be direct, and accessible and to create an inclusive environment. Starting to engage patient partners is a way to value their story, to make sure that they are heard. When someone is in a compromised position, when they feel unsafe, the thing they want more than anything is to be heard. Engaging patient partners allows us to ensure their voices are being heard.

Dr. Nel Wieman noted the standard has been divided into eight sections. It takes a quality-based approach that follows the Indigenous patient's health and wellness journey through the health system, including elements such as program design, access to services, assessment, and treatment, and covers all ages and stages of care, including end-of-life care. The standard guides the organizational structures and processes required at the governance delivery level to support anti-racism and enhance cultural safety and humility. The delivery of health and social services must be consistent with Indigenous traditions and values.

In addition, this standard seeks to guide organizations in supporting Indigenous populations in the workforce through culturally safe recruitment, retention, professional development, and mentoring criteria.

Carolyne Neufeld is the VP of Indigenous Health and Cultural Safety at Fraser Health and is a member of the technical committee. Fraser Health management and health authority have been supportive of the work, knowing how critical it is. Finalizing the standard was a lengthy process and now comes the exciting work of implementation. This standard is the next step on the path started with the Declaration on Commitment to Advancing Cultural Safety and Humility that Fraser Health and all regional health authorities signed in 2015. The impacts of this standard can be seen from a management perspective, but also the frontline workforce.

This standard for cultural safety and humility will ensure that the commitment to Indigenous peoples is met. Section five of the standard calls for the development of human capacity. Leadership will collaborate with Indigenous peoples and communities to advance the development, implementation, and assessment of anti-racism and anti-discrimination policies. It also means supporting the workforce, volunteers, and physicians to receive training in anti-racism, cultural safety, and humility, which we know will help provide excellent service to Indigenous peoples. Section six invites us to build a culture of quality and safety.

This standard will ensure cultural safe protocols, practices and approaches to dealing with harm are firmly established in our health care system so that we can respond to health care incidents in a

restorative and culturally safe manner. Section seven covers the design and delivery of culturally safe services. The frontline workforce works hard to provide safe and effective services and the principles embedded in the standard will further strengthen the efforts that are being made. This includes partnering with Indigenous populations in their health and wellness journey, using an approach that is culturally safe and trauma-informed.

Working in partnership with Indigenous peoples and communities means that the health system is aligned with the important principles of this standard.

Dr. Nel Wieman shared that efforts had been made to prioritize Indigenous studies, Indigenous authors, and publications or reports. Organizations and individuals who engage in the standard are invited to do their learning without overburdening Indigenous peoples in their institutions to educate them.

Paulette Flamond is the Minister of Health with Métis Nation British Columbia. Cultural safety and humility in health care is a concern shared by Métis, First Nations, and Inuit people in British Columbia. Colonization continues to influence the health outcomes of Métis people and our communities in British Columbia and across Canada. When we talk to our people, they are often stories of trying to navigate a health system that does not include Indigenous peoples. Indigenous peoples are too often lumped together and the unique identity and needs of the Métis people are lost. As the In Plain Sight report indicates, Métis people have poorer health outcomes on several important indicators.

We support the efforts to ensure that when organizations work with Indigenous peoples, it means that they recognize the existence of the three distinct groups in Canada: Métis, First Nations, and Inuit. The Métis have a long and distinct history in British Columbia and efforts to improve cultural safety and humility in British Columbia must include a distinct Métis voice. This standard is a step towards a future where the health care system recognizes Métis identity. And it is together that we take steps to address the impacts of colonization. It is important to work with organizations to educate them on what it means to be Métis and to help them develop practices and protocols that will improve health outcomes for Métis people and their communities.

Citizens want to see change, want to lead transformative efforts, and support a better future for those in British Columbia. The standard will improve health services and health outcomes for all Indigenous peoples. The standard calls on all system partners and organizations to build relationships and collaborate with the people they serve.

Dr. Nel Wieman asked participants, what does the launch of this standard mean for the BC health system? The standard is linked to the Declaration of Commitment to Cultural Safety and Humility that were approved and signed many years ago. These commitment declarations were initially signed by the BC Deputy Minister of Health and the CEOs of all health authorities in the province in July 2015. Declarations of commitment to cultural humility in safety were also approved and signed in 2017 by all health profession regulatory bodies in the province. This includes health professionals such as chiropractors, dental hygienists, optometrists, pharmacists, physicians, surgeons, psychologists, nurses, social workers, etc. They represent a common message to First Nations, Métis, and Inuit people in British Columbia. The focus will be on concrete actions to achieve the vision of a culturally safe health system for BC First Nations by creating a climate for change by building a coalition of influential leaders

and role models committed to integrating cultural safety and humility into health services. This will be done by enabling and engaging stakeholders, identifying, and removing barriers to progress, implementing, and sustaining change, and leading and enabling successive waves of action until cultural safety and humility are integrated at all levels of the health system.

These declarations are important because they provide a framework for action at the system, organizational and individual levels. At the time these declarations were signed, there was no clear direction on how these commitments would be implemented. With the launch of the Cultural Safety and Humility standard, there is a way to operationalize the commitments.

Dr. Becky Palmer is the Chief Nursing Officer with FNHA. She noted that the organizational standard complements other efforts within the BC health system to create a future where all Indigenous peoples can access safe and culturally safe care. On February 25, 2022, the British Columbia College of Nurses and Midwives released its practice standard on cultural safety, humility, and anti-racism. The purpose of this standard of practice is to set clear expectations on how members of the College of Nurses and Midwives are to provide culturally safe and anti-racist care to Indigenous patients. This is a tremendous step forward in addressing Indigenous-specific racism and discrimination in the health care system. However, it is vitally important that the expectations placed on health care providers be reflected in the expectations placed on the institutions and organizations in which they work.

Those who work in health care, supported by their colleagues and employers, have the tools, resources, and processes to meet the standards of practice and do their best work, which is why we developed this organizational standard for cultural safety and humility. It requires leaders to make a public commitment to anti-racism and calls on organizations and institutions to work with unions, associations, and regulatory bodies. The standard helps to make organizations safer and promotes a culture of speaking out against racism when it occurs, regardless of the power hierarchies and interprofessional dynamics present in health care.

All the criteria in the standard enable nurses and care teams to better meet their standards of practice and be stronger partners in care and advocates for the patients they serve.

In all aspects of their work, nurses and care teams support First Nations people every step of the way to provide culturally safe care. The standard will better support nurses and care teams in all aspects of their work so that nurses are key champions of cultural safety and anti-racism.

Dr. Nel Wieman reinforced that this standard will support the practice standards developed by other health regulatory bodies. The College of Physicians and Surgeons of British Columbia has developed a practice standard for cultural safety and humility. When used with this organizational standard, it will support standards of practice and hopefully increase the cultural safety of services provided to First Nations, Métis, and Inuit people in British Columbia.

As we move towards the adoption of the organizational standard, we recognize the commitment that will be required for organizational leaders to publicly commit to anti-racism and increase cultural safety and humility. It also requires organizations to work with others, including unions and regulatory bodies, to address Indigenous-specific racism and discrimination in the workplace. It encourages the

development of a culture of speaking out against racism when it occurs. This is a particularly challenging time for those working in the health care system who have endured more than two years of the global pandemic, as well as other public health emergencies in British Columbia, including the toxic drug poisoning crisis. It is important to be aware of the fatigue of people in the system, but also to want to move forward in terms of anti-racism and increasing cultural safety.

All the work that needs to be done needs to be done at all levels, from the front lines or point of care of health service delivery to senior management. The FNHA, as a leader in cultural safety and humility and the health system, will also align with this standard of cultural safety and humility.

The FNHA will ensure alignment with this standard, including preparation of the internal assessment process and reporting. It is important that the FNHA, as a leader in cultural safety and humility in the province and within the health care system, be given the guidance necessary to improve.

The FNHA will be an example for all British Columbia by ensuring that the organization and operations promote a safe environment and do not tolerate racism.

As the standard moves from an organizational standard as a resource to guide best practices, to an assessment standard that will allow us to measure what matters.

An assessment standard will resemble other existing standards and organizations will be held accountable for meeting each of the criteria. The FNHA Board, the First Nations Health Directors Association, and the Vice President's Standing Committee on Indigenous Health have all emphasized the need to move this standard from a reference document to an assessment standard as quickly as possible.

The BC Board of Directors agreed to support the development of tools and resources for the standard to move it into the assessment phase, demonstrating that the health system has the support of the leadership.

Kaye Phillips reminded participants the standard is available as a resource document for health and social service organizations in British Columbia.

A fact sheet for client families is also available as a companion document to the standard to provide an overview of what is important and the key messages that follow. It can be accessed via the HSO publication page.

In terms of implementation of the standard, this will vary depending on the evolution of the organization. Current relationships with First Nations, Métis, and Inuit communities and peoples and the size of the organization may affect this. Some organizations may have limited capacity to work through while others may be more agile.

All organizations will need to break down the implementation; some may focus on certain aspects of the standard that they have already begun to work on, or on a specific section or area that they have identified as being most needed.

The FNHA Cultural Safety webpage, the National Collaborating Center for Indigenous Health, and the CIHI Cultural Safety Measurement Framework are resources that may also be useful.

Section five of the recently released HSO governance standard is specifically aimed at addressing racism against Indigenous peoples to generate more discussion at the governance level. That will also be a lever for change, and of course, the Cultural Safety and Humility standard for BC is a building block for systemic change.

Questions and Answers

If it is an organizational standard that is not yet part of the assessment or accreditation process, how voluntary is its adoption by organizations? How strong is it in the context of commitments made by the health system?

Dr. Nel Wieman shared that this standard is a guidance and resource document. All health and social service organizations in British Columbia, large and small, should be aware that the standard is now available. At this time, it is voluntary, but as also mentioned, there are plans to make it an assessment standard for accreditation.

Gerry Oleman closed the session with closing remarks. It is a blessing in life to have people teaching us. It is our responsibility to absorb those lessons. Organizations and individuals must ask themselves if they have the capacity to respond to racism. Any meaningful change comes from within. To hold ourselves accountable, we must first believe that change is possible.

Change is possible and can help build dynamic, compassionate, and dedicated health care providers. Our path is compassion in humility. We work with those who come to us and suffer. Unhealthy people are trying to help unhealthy people all around the world and it is a responsibility for everyone because all the children rely on adults to do the right thing.

We must believe that things can change, because if we do not, we'll be treading water. There are no hopeless cases, only hopeless methods. When our methods do not work, we have to change; we mustn't fear change. As others have said, everything is constantly evolving, everything is constantly changing, and we must go with the flow. The winds of change are here now. By making meaningful and lasting changes, we can influence the planet.

We have a responsibility to do the right thing on behalf of all children so that they can have a future, peace, and prosperity.

Elder Gerry Oleman closes the session with an Indigenous song about the cycle of life. This song is sung to babies on their birthdays. The song is to wish the baby a long life and for the baby to reach their potential and find their gift. Gerry Oleman explains that this is a bit of a birthday for the standard.

We need to put our heads together to see what we can do for the children. They are the future. We must follow the Indigenous philosophy of seven generations. Seven generations from today, 560 years from today, it is our responsibility that our descendants, will have a life comparable to today, or an even better life.

Love is not a feeling; it is a commitment that we make to the future.