



BRITISH
COLUMBIA



In Plain Sight
ANNUAL REPORT
May 2021 – May 2022

The Indigenous Health and Reconciliation (IHR) Division within the Ministry of Health (the Ministry), who work throughout the province of British Columbia, would like to acknowledge with gratitude and respect the distinct traditional territories of the First Nations peoples. We specifically acknowledge and express our gratitude to the lək'ʷəŋən people of the Songhees and Xwsepsum Nations where the Ministry main office is located.

The IHR Division also recognizes Métis people and Métis Chartered Communities, as well as the Inuit and urban Indigenous peoples living across the province on various traditional territories.

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Message from the Minister

In Plain Sight Annual Report

The Honourable Adrian Dix

In November 2020, the *In Plain Sight* (*IPS*) report was published which contained overwhelming evidence of Indigenous-specific systemic racism in the B.C. health system.

This inaugural Annual Report is intended to reflect the focus of our collective efforts in starting to implement these much needed recommendations, while also acknowledging how far we still have to go to make our health-care system unequivocally safe for all Indigenous people in B.C.

Within the the Ministry and the Health Authorities, some important changes are well underway, including the hiring of senior Indigenous staff across the province, working with First Nations and Métis partners on new legislation, and establishing the Vice President Standing Committee on Indigenous Health.

The Ministry assembled a province-wide group of First Nations, Métis, and health system leaders, supported by a Métis and a First Nations Elder, to oversee the implementation of the recommendations through the *IPS* Task Team.

The Task Team has established five working groups focussed on recommendations that address the complaints system, supporting and informing new legislation, communication and engagement discussions, advancing cultural safety and humility (CSH) in education, and being responsive and culturally safe at the point of care.

I acknowledge that we cannot move fast enough to respond to historic and ongoing Indigenous-specific racism.

Profound systems transformation takes time, dedication, and persistent work to ensure cultural humility is embedded and Indigenous-specific racism is eradicated across the health-care system.

I commend and honour the experience and stories of all those who bravely came forward and spoke their truth, for the review and since. As the Minister of Health, I re-assert our commitment to implementing the recommendations from *IPS* and to addressing Indigenous-specific racism in B.C. health care alongside Indigenous and health system leaders.

Message from the Associate Deputy Minister

This *IPS* Annual Report is an opportunity for us to share the work of our team as well as the work of partners across the health-care system. It is a chance for us collectively to reflect on how that work will evolve going forward. Although our team has only been together for a short time, we have been fortunate to bring together a dedicated and talented group. We are not alone in this effort and acknowledge the support and guidance of the Task Team who enable system coordination and move complex work forward.

There was good work being done prior to the release of *IPS*, and even more work is being accomplished now in every Health Authority and the Ministry. We see unprecedented attention to the issues identified by *IPS* and a sense of momentum that gives us real hope. It is our role to keep the focus of the health-care system on Indigenous-specific racism and discrimination and to sustain that momentum with unrelenting efforts. But we also need to be realistic; eliminating racism and discrimination is not something that can be accomplished in weeks or months. Our time frame may, indeed, be generational.

The work that is being done to eliminate systemic racism and its impacts across the health-care system in British Columbia is happening at the same time as two unprecedented public health emergencies; the toxic drug overdose crisis and the COVID-19 pandemic continue to have a disproportionate impact on Indigenous peoples across the province. Fires, floods and heat domes have also required extraordinary efforts from the health-care system. My thanks and gratitude go out to everyone in our health-care system working so hard to create better outcomes for families in this uniquely challenging moment.

Special thanks also to our partners who worked so hard to provide us with the most up-to-date information on all their accomplishments. Although not everything could be included in this Report, those initiatives will inform our future provincial-level discussions and be incorporated into the transformative change in health care we are all committed to.

- Associate Deputy Minister,
Dawn Thomas, Aa ap waa iik
Indigenous Health and Reconciliation
(November 2020 – May 2022)

"As a Coast Salish

**Matriarch and Elder working
alongside Métis Elder Bryce**

**Mercredi, it has been an honour to
witness the good works of our Associate
Deputy Minister Dawn Thomas and her
Team in guiding and leading the *In Plain
Sight* Task Team; I wish to give thanks to the
Ministry of Health in this step forward for
Reconciliation, this will create respectful
safer spaces for Indigenous people
within the province in health care.**

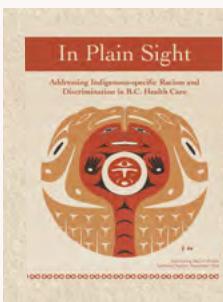
Oh Siem Ah Siem."

- Dr. Elder Roberta Price

The Indigenous Health and Reconciliation Team



IHR has been working closely with Indigenous and provincial partners to support addressing Indigenous-specific racism in B.C. health care and achieving the conditions that create cultural safety and improved health outcomes for Indigenous people in B.C.



RECOMMENDATION 14
focused on the need for government to recruit Indigenous individuals into senior positions who could then oversee and promote needed system changes.



When the Acting Associate Deputy Minister was appointed, the Office of Indigenous Health (OIH) had two Indigenous staff. With this new senior leadership role inside the Ministry, the OIH shifted from a Branch within the Population Public Health Division into the Indigenous Health and Reconciliation Division. Alongside the Associate there has also been the recruitment of other senior leadership roles within the team, held by Indigenous health system leaders, including an Assistant Deputy Minister and Executive Director of Indigenous Health and Reconciliation. In addition, Indigenous-specific hiring has brought new policy analysts who are Indigenous to the Division.

Building Relationships and Awareness

A key IHR activity has been to raise awareness of the Division within the Ministry and intentionally form the relationships that will advance the work. Building trust with Indigenous people and representative bodies is a top priority. Doing this in a good way takes time, structuring safety for Indigenous staff and integrating Indigenous knowledge and ways of being into how we operate. The Division is guided by the wisdom of Elders and Indigenous leadership who have encouraged a steady and consistent pace towards progress, that centers on relationship and accountability.

Our Work and Partners

The health-care system is complex, with dozens of locations and tens of thousands of staff spread across B.C. With these complexities and intricacies of known and unknown barriers, the implementation of the *IPS* recommendations will take time.

For this report, we have focused on specific areas of work performed by IHR and our system partners as it relates to the *IPS* recommendations.

For clarity and consistency, we have organized the work into the three broad themes of activity used by *IPS* to categorize the recommendations.

1. Systems

2. Behaviours

3. Beliefs

"I hold my hands up to the all the leaders, communities and family members that made this work possible. This work is decades in the making and it's the hope of IPS task team that all Indigenous peoples in British Columbia will have their fundamental right to health restored."

- Dr. Kate Elliott, BSN, MPH, MD
Minister of Mental Health and Addictions
Minister of Women and Gender Equity
Métis Nation British Columbia (MNBC)

The Apologies

In Plain Sight

Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care



RECOMMENDATION 1

"That the B.C. government apologize for Indigenous-specific racism in the health-care system, setting the tone for similar apologies throughout the health system..."

At the public release of *IPS*, Minister Dix acknowledged and apologised for the harm Indigenous peoples in B.C. had suffered in the health-care system.

This was followed by a series of apologies and acknowledgments from the following health-care system participants:

- British Columbia College of Nurses and Midwives
- College of Pharmacists of British Columbia
- College of Dental Surgeons of British Columbia
- College of Physicians and Surgeons of British Columbia
- BC Health Regulators
- BC Health Authorities

Legislation

In Plain Sight

Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care



RECOMMENDATION 2

focused on implementing legislative changes "to require anti-racism and "hard-wire" cultural safety".



Some significant changes have already been made:

- Changes to the **Human Rights Code of BC** to include Indigenous Identity as a protected ground for discrimination.
- **Interpretation Amendment Act** – This ensures that when courts are interpreting legislation within B.C. they must be consistent with the UN Declaration on the Rights of Indigenous Peoples.
- A new **Anti-Racism Data Act** was recently introduced to help dismantle systemic racism and discrimination faced by Indigenous, Black and people of colour. Data collected under the Act will help identify gaps in programs and services, and allow government to better meet the needs of Indigenous, Black and racialized British Columbians. The Act is the first of its kind in Canada to be co-developed with Indigenous Peoples.

Complaints

In an effort to encourage Indigenous patients with concerns about coming forward, Interior Health developed a Talking Circle process to assist in the resolution of such complaints. This process is facilitated by a new role, the Aboriginal Patient Care, Quality and Safety (APCQS) consultant. In a recent case, a family that had significant concerns about the treatment of a family member requested a Talking Circle, the first to be held in this region. This involved bringing together the family, First Nations Health Authority (FNHA), an Elder and senior hospital clinical and operational leaders. The family set the agenda for the Talking Circle and the APCQS consultant created a physical space and cultural ceremonies to provide the best possible opportunity for open dialogue and potential resolution.



In Plain Sight

Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care



RECOMMENDATION 5

focused on the need to improve the patient complaint process. The Ministry, the Health Authorities and health system partners have taken a wide range of measures to make their improvements to complaints processes culturally safer and more responsive to Indigenous patients. Key measures include:

All Health Authorities are working towards increasing and improving education and cultural safety and humility training for all staff. Additionally, improvements to complaints processes are being worked on both at the provincial level through the working group, and individually at the Health Authority level.

Ministry of Health (the Ministry)

- Continued support of the CSH Collaborative to build relationships, align efforts and guide transformation across the B.C. health system.
- The Strategic Innovation Division leads the initiative to measure patients' self-reported experiences and health outcomes of the care and services they receive.

Northern Health

- Creating collaborative processes to address negative care experiences and/or racism with two new positions to support the work.

Interior Health

- Hired two full-time Aboriginal Patient Care Quality and Safety (APCQS) Consultants to develop resolution of complaints process.
- Revised all public-facing communication materials through a cultural safety lens.

Fraser Health

- Established a joint strategic working group with Fraser Salish Regional Caucus, First Nations Health Authority and Fraser Health to lead regional feedback and accountability transformation.
- Hired a full-time Indigenous Patient Care Quality Liaison position to support the culturally safe intake, management and resolution of complaints.
- Expanded the Indigenous health liaison (IHL) program to every acute site across the Fraser Region.
- Embedded an Indigenous self-identification process in the Patient Care Quality Office complaints intake process.
- Established a regular reporting cycle to the Fraser Health Board and Executive on Indigenous-specific complaints.

Provincial Health Services Authority (PHSA)

- A full review of all PHSA policies is underway and existing complaint processes are being revised to ensure complainants feel 'safe' when raising an issue.
- PHSA formed a Senior Leadership team to lead anti-racism work throughout the HA.
- Formalized processes for involving Indigenous Health team (including navigators and leaders) in complaints made by Indigenous patients and families.
- Complaints made by Indigenous patients and families are now considered "focus files" and senior leadership is alerted to these.

Island Health

- Established a working group to review the complaints process.
- Creating dedicated Indigenous Patient Care and Quality Liaison positions.
- Committee formed to identify mechanisms to embed "speak-up" culture.

Providence Health Care (PHC)

- Improved process to address and respond to complaints from Indigenous patients, residents and family members.
- CEO and the VP of Indigenous Wellness and Reconciliation (IWR) receive a report on every complaint received from an Indigenous client.
- Complaints and incident response processes include access to Knowledge Keepers and cultural approaches to resolution.
- Reviewing complaints policies and procedures through a cultural safety lens.

Vancouver Coastal Health

- Hired two specific Indigenous Patient Care Quality Liaisons who handle all Indigenous-specific complaints for Vancouver Coastal Health and added 7 Indigenous Patient Navigators (IPNs).

Health System Partners

First Nations Health Authority (FNHA)

- The FNHA Quality Team continues to improve the Quality Care and Safety Office and FNHA's Compliments and Complaints approach, including restorative approaches to health care harms.

College of Physicians and Surgeons British Columbia (CPSBC)

- Inquiry Committee has undergone training in trauma-informed practice.
- College undertaking a critical review of its complaints process.
- Hired a Complaint Navigator (CN) to assist with complainant engagement.
- The College has made it a priority to invest in supports to ensure that Indigenous people do not feel isolated or unsafe.

BC Patient Safety & Quality Council (BCPSQC)

- Facilitated development of 9 proposed principles to frame improvements to Indigenous patient complaints processes.

BC College of Nurses and Midwives (BCCNM)

- Reviewing the complaints process to ensure that principles of CSH are reflected throughout.
- Hiring the first of two positions with a focus on candidates with trauma-informed investigation experience and experience working with Indigenous communities.

Métis Nation British Columbia

- Through the Task Team working groups, Métis Nation BC is working on improving complaints processes.



Tripartite Process

In Plain Sight

Addressing Indigenous-specific Racism and
Discrimination in B.C. Health Care



RECOMMENDATION 6

focused on the honouring of commitments made during the Tripartite Process. The Tripartite Committee on First Nations Health (TCFNH) is a senior forum for coordinating and aligning First Nations health and wellness.

It includes representation from First Nations, health care service providers, as well as the provincial and federal governments. Its functions include:

- Establishing priorities to eliminate barriers impacting the health and wellbeing of First Nations people in B.C.
- Coordinating high-level operational planning and the advancement of key priorities.

Current areas of priority are:

- COVID-19 response, including immunizations, rural communities and direct emergency funding.
- CSH and the elimination of systemic racism in the health system.
- Supporting government efforts to address systemic racism through national dialogues to foster action and incorporate Indigenous ways of health into mainstream care.
- Introducing virtual health care to provide primary health care and mental wellness services remotely.
- Making First Nations a key priority in the response to the overdose crisis that is affecting First Nations more than other populations.
- Advancing First Nations led; primary health care initiatives.
- Joint FNHA-Ministry project board provides annual funding to 27 health related projects.

Métis Nation British Columbia

In Plain Sight

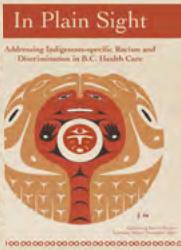
Addressing Indigenous-specific Racism and
Discrimination in B.C. Health Care



RECOMMENDATION 7

The Ministry establish a structured senior-level health relationship table with Métis Nation BC, with direction to Health Authorities to enter into Letters of Understanding with Métis Nation BC and Métis Chartered Communities.

On October 27, 2021, the Province and Métis Nation BC signed a Letter of Intent to create a new collaborative cross-government approach to Métis relations, incorporating an Assistant Deputy Minister's Committee and a new Métis Relations Working Table as the hub for engagement between Métis Nation BC and the Province.



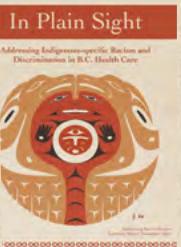
RECOMMENDATION 8

That all health policy-makers, health authorities, health regulatory bodies, health organizations, health facilities, patient care quality review boards and health education programs in B.C. adopt an accreditation standard for achieving Indigenous cultural safety through cultural humility and eliminating Indigenous-specific racism, that has been developed in collaboration and cooperation with Indigenous peoples.

FNHA and HSO published a CSH Standard in June 2022 to enable organizations meet these goals.

It is the first of its kind in Canada and was developed by Indigenous thought leaders and health professionals to focus on designing, implementing, and evaluating culturally safe systems and services at the organizational and institutional level.

Measurement and Data



RECOMMENDATION 9

focused on the need for appropriate Indigenous data governance. Timely access to accurate data about Indigenous health care outcomes is necessary to assess progress. Although this seems obvious, the reality is that obtaining this information remains challenging. The data are not currently available in one place and many databases are incompatible with each other.

IHR is now collaborating with provincial partners, the FNHA and Health Authorities to provide enhanced reporting and access to health datasets that will provide an accurate picture of health system performance for Indigenous individuals and communities.

A technical working group has been established under the VP's Standing Committee on Indigenous Health, with support from the Ministry's Health Sector Information, Analysis and Reporting Division, to develop a system-wide measurement framework, building on the work of the Canadian Institute for Health Information.

The Métis Nation BC and the Office of the Provincial Health Officer released their report "Taanishi Kiiya? Miilyayow Métis Saanti Pi Miyooayaan Didaan BC: Métis Public Health Surveillance Program-Baseline Report in February, 2021. Métis Nation BC, the PHO and the Ministry have developed a plan to monitor and report on the health and wellness of Métis people every three years as they work toward the 10-year health outcome targets outlined in the report.

Indigenous Spaces

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



RECOMMENDATION 10

focused on the design of hospital facilities “so that Health Authorities create culturally appropriate, dedicated physical spaces in health facilities for ceremony and cultural protocol, and visibly include Indigenous artwork, signage and territorial acknowledgement”.



The Royal Jubilee Hospital has an All Nations Healing Room, inspired by a Coast Salish Longhouse. Cariboo Memorial Hospital is incorporating spaces for families to gather and smudge, while the New St. Paul's Hospital has designed an All Nations Sacred Space, as well as an Indigenous Health and Medicine Garden.

Behaviours

"Speak-up" Culture and *Public Interest Disclosure Act*

In Plain Sight

Addressing Indigenous-specific Racism and
Discrimination in B.C. Health Care



RECOMMENDATION 11

That government strengthen the health-care system's "speak-up" culture to allow employees to identify and disclose information about racism or any other matter.

Health Authority employees will come under "whistleblower" legislation by June 2023, and will be protected from retaliation for speaking up.

Office of the Ombudsperson

In Plain Sight

Addressing Indigenous-specific Racism and
Discrimination in B.C. Health Care



RECOMMENDATION 12

The Ombudsperson consider Indigenous-specific racism in the health-care system as a key priority. As an Independent Officer of the Legislature, the mandate of the Ombudsperson is governed by the *Ombudsperson Act*. The mandate includes, but is not limited to, many aspects of the health-care system.

At the conclusion of *IPS* review activities, the Ombudsperson began and continues hosting the racism-reporting telephone line previously used by the *IPS* team, with 169 files opened as a result.

The Ombudsperson's Indigenous Communities Service Plan began in the Summer of 2020 with the hiring of an Indigenous Liaison Officer, with the goal of increasing awareness, effectiveness and access to the Office. A key target under the Ombudsperson's Strategic Plan for 2021-2026 is "*to advance and support Reconciliation through our work with Indigenous Peoples*".

The Indigenous Communities Service Plan's implementation was impacted by COVID-19 and the confirmed findings of death at residential school sites throughout the province. Consultations on the second phase began in January, 2022 and were held with First Nations in five geographical regions. Additional sessions engaged with Métis, Inuit, Urban Indigenous communities and youth. Informed by these consultations, the second phase will be developed in the Fall of this year.

Recruitment and Retention

In Plain Sight

Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care



RECOMMENDATION 14

Directs provincial Health Authorities and other health service organizations to recruit Indigenous individuals to senior positions to oversee and promote system change.

In alignment with Recommendation 14, by 2021 every Health Authority had recruited an Indigenous Health VP to develop partnerships with Indigenous communities, build CSH capacity, advance Indigenous health priorities, and integrate Indigenous knowledge and values into the policies and practices of their respective organizations. They form the core of the Vice Presidents Standing Committee membership along with senior executive members from FNHA, PHC, and the Ministry of Health.

In roles outside of executive leadership, there is significant concern that Indigenous staff are leaving the health system, which is hard to assess as there is no reliable data tracking this. Efforts are underway to address this.

Progress in Indigenous representation cannot be measured by headcounts alone and IHR would like to honour the many senior leaders and staff members who identify as Indigenous in each health authority, including on specific Indigenous Health Teams and with executive oversight for Indigenous Health and Cultural Safety.

The Office of the Human Rights Commissioner Special Program

One innovative strategy now being used by several Health Authorities and others is seeking the approval of B.C.'s Office of the Human Rights Commissioner (BCOHRC) for a "*special program*", defined by that Office as "*any program adopted by an employer or other service provider that aims to improve the conditions for an individual or group that has faced disadvantage.*" A special program provides the opportunity to preferentially hire with the goal of achieving greater equality for historically marginalized people. For example, a Health Authority could seek to hire Indigenous health care workers to provide care to Indigenous communities that have traditionally been under-served.

Under the special program, the BCOHRC has the authority to pre-approve preferential hiring and such hiring cannot then be considered as discriminatory. Employers make application to the BCOHRC and, if approved, are required to report on the progress of the special program throughout its duration. Special programs are time-limited, but may be renewed on application.

The Indigenous Youth Internship Program (IYIP)

This Program encourages Indigenous Youth to intern with various ministries within government to provide them with experience and highlight opportunities available to those who wish to work in government.

Elders In Residence Program

Health system partners are now leaning in to the wisdom and knowledge of Elders to help guide their program services. One such example is the Vancouver Coastal Health Elder in Residence Program. Since 2016, Vancouver Coastal Health has been recruiting Elders to join their Indigenous Health team to support patients in hospital and primary health care teams in community. As service delivery has begun to normalize with the easing of COVID-19 restrictions, more requests for Elder support are being received and more Elders are being brought on to continue building the program's capacity.



Illustration by Métis artist, Darcy Senger

Cultural Safety and Humility Training

In Plain Sight

Addressing Indigenous-specific Racism and
Discrimination in B.C. Health Care



RECOMMENDATION 20

Focused on the need for “*a refreshed approach to anti-racism, cultural humility and trauma-informed training for health workers to be developed and implemented*”.

The Health Authorities, the Ministry and health system partners have been devoting significant time and attention to ensuring their staff have the appropriate training to provide culturally safe and appropriate care for Indigenous clients. Notable trends in this area include updating or revamping existing training, moving training to online platforms, making training mandatory and prioritizing training for those teams that are likely to be the first points of contact for Indigenous patients.

Northern Health

Northern Health has identified anti-racism and cultural safety education training as a key priority with the creation of a set of key learnings. The *Respectful Relationships Culturally Safe Indigenous Health Care* program is now being piloted across Northern Health, with participation from Board members, clinicians, administrators and regional program representatives.

This training is a component of a newly created *Cultural Safety and Anti-Indigenous Racism Education Strategy*, which includes orientation for new employees, “*on the land*” cultural experiences, anti-racism workshops and ongoing professional development opportunities for staff. Northern Health’s Medical Advisory Committee has been developing a training strategy for physicians working with Northern Health, partnering with the FNHA and local First Nations in its creation. At the same time, Northern Health has partnered with the University of Northern B.C. to offer a series of health-related courses on Indigenous-specific racism that can be offered on their virtual platform.

Interior Health

Interior Health partnered with seven Interior Region First Nations and the Métis Nation BC to develop an Aboriginal Cultural Safety Education (ACSE) training program that has received accreditation status from the University of B.C.’s Continuing Professional Development Program, so physicians can receive professional development credits for completing the instructor-led modules. Interior Health has made this ACSE training mandatory for staff in areas of high potential risk for cultural harm, including the Emergency Department (ED), Mental Health and Substance Use (MHSU), Primary Care, Human Resources and senior executives. This training was adapted for use on a virtual platform in response to pandemic restrictions and 93% of Interior Health staff had completed this training as of February, 2022.

Fraser Health

Fraser Health has recognized Indigenous Cultural Safety and Anti-racism training for health care workers as an urgent priority. Fraser Health has established a strategic working group, in partnership with the Fraser Salish Regional Caucus and First Nations Health Authority, to support the creation of a required Indigenous Cultural Safety Course driven by regional perspectives, knowledge and experiences. Fraser Health currently delivers online, in-person and virtual education opportunities as part of employee orientation as well as for health care workers, management and senior leaders. Specialized curriculum is provided for clinical settings such as Emergency Departments, Registration Clerks etc. Between April 1, 2021 and March 31, 2022, 12,748 staff, medical staff, volunteers and contracted affiliates have completed Indigenous Cultural Safety and Anti-racism education.

The Kwantlen Cultural Centre was also the site for a Physician Experiential Learning session, in which 18 participants engaged in a dialogue on co-designing culturally safe approaches to clinical practice.

Providence Health Care (PHC)

The Indigenous Wellness and Reconciliation (IWR) Team at Providence is using the new St. Paul's Hospital as a once-in-a-lifetime opportunity to integrate ICS at all levels, including targeted educational interventions with specific areas and teams within the hospital as a priority to improve point of care experiences for Indigenous patients.

Provincial Health Services Authority (PHSA)

PHSA has been focusing on the delivery of both Anti-Indigenous racism and trauma informed practice training. The Anti-Indigenous Racism Response Training is an online program that will launch in the Summer of 2022. Trauma Informed Practice training for IPNs and Patient Quality Care Office (PQCO) staff has been delivered, as well as anti-racism training directed at the Executive Leadership Team. IPNs are also being supported via a community of practice hosted alongside Elder Gerry Oleman.

The BC Mental Health and Substance Use Service has partnered with Kwikwetlem First Nation for staff cultural safety training, as well as developing substance use programming options for Indigenous people incarcerated in Prince George, Victoria and Nanaimo.

Island Health

Like other Health Authorities, Island Health has identified and prioritized teams within its organization to receive Cultural Safety workshops and San'yas training, as well as updating an online course to be delivered to all staff and new employees. There has also been collaborative development of localized Cultural Safety learning for staff and physicians in the Comox Valley Primary Care Network. Island Health continues to develop an Indigenous-specific Anti-Racism Framework, which will include a regional strategy for implementation.

First Nations Health Authority (FNHA)

The FNHA is partnering with the University of BC Faculty of Medicine to embed anti-racism, trauma informed care and CSH into training for new physicians, while fostering a welcoming environment for Indigenous students within the Faculty of Medicine. Training is also now a requirement for mental health providers and health insurance customer service representatives who serve FNHA clients. The Health Benefits Department is hiring a new specialist to provide leadership on Cultural Safety within that program area, as well as to engage with external partners and health providers.

Vancouver Coastal Health

Vancouver Coastal Health developed an online foundational ICS workshop as well as a more intensive in-person program. At the same time, a study is underway to evaluate the impact of an ICS program within the Vancouver General Hospital ED. Planning continues for a cognitive screening tool that will be relevant to Indigenous clients. To date, more than 4,000 staff have received ICS training and more training is planned for Emergency Department staff, managers and social workers.

System Partners

I The BC Patient Safety & Quality Council (BCPSQC)

The Council is developing a resource outlining eight key principles and a series of recommended actions to support culturally safe engagement, and also has a four-part Patient Engagement Learning Series that discusses culturally safe and appropriate ways to engage Indigenous patient partners.

College of Physicians and Surgeons British Columbia (CPSBC)

In February, 2022, the College approved a new practice standard: ICS, Cultural Humility and Anti-Racism. This new standard was supported by learning resources, a patient guide and a series of short videos. This was accompanied by ongoing training for College Board and committee members, medical consultants, assessors and staff.

BC College of Nurses and Midwives (BCCNM)

The College is now in the process of setting expectations and requirements around training for registrants by the end of 2022. College Board members are now completing six sessions of training to support bringing CSH into the strategic plan, with the aid of an Indigenous advisor. Organization-wide training on unconscious bias was provided in 2021 for all staff, Board and committee members. This training has now been moved into an online platform for training new staff, as has a self-directed learning module. The College is also working with nursing and midwifery programs to ensure each of those programs include adequate cultural safety competencies for graduates.

The Task Team

IPS also included a final Recommendation related to the implementation of all the Recommendations:



RECOMMENDATION 24

That the B.C. government establish a task team to be in place for at least 24 months after the date of this report to propel and ensure the implementation of all Recommendations, reporting to the Ministry and working with the Deputy Minister and Associate Deputy Minister for Indigenous Health, and at all times ensuring the standards of consultation and co-operation with Indigenous peoples are upheld consistent with the UN Declaration.

The Task Team is guided by Elders Bryce Mercredi and Dr. Roberta Price, and led by three Co-Chairs, Richard Jock (FNHA), Dr. Kate Elliott (MNBC), and the Acting Associate Deputy Minister (the Ministry). Its mandate is to drive the implementation of all the report recommendations forward and will be in place for a minimum of 24 months. The Task Team members, a group of Indigenous and non-Indigenous experts within the health-care system, came together for the first time in May 2021, and have been completing the foundational work of building relationships, developing key partnerships, and strategizing the working groups necessary to move the work forward in a good way.

The Task Team reports to the Ministry and works with the Deputy Minister and the Associate Deputy Minister, IHR.

"Our partners, the First Nations Health Directors Association, have stated that racism is a determinant of health and well-being. Recognizing its effects creates a state of urgency to make real progress. The Task Team is gathering momentum and much effort is being spent in the working groups. It will be important to build on this in a team approach".

- Richard Jock, Task Team Co-Chair (FNHA, CEO)



What's Next?

Despite the constraints imposed by external events such as the pandemic, there is a genuine desire within the health-care system to do the work to eliminate Indigenous-specific racism and fully implement the *IPS* recommendations. Although the process will continue for years, IHR is looking forward to some specific near-future accomplishments:

IHR Team Continuity

The creation of the IHR was an extraordinarily rapid process, in line with the urgency felt by all the involved parties to address the issues identified by *IPS*. Some staff were seconded away from their prior existing roles on a temporary basis, including the Acting Associate Deputy Minister, to provide the necessary support for this important work. As IHR matures, there is now an opportunity for increased stability and continuity as new permanent staff come on board.

The Upcoming 24 Month Comprehensive Report on *IPS* Recommendation Progress

This Report will be a detailed examination of the progress made on each recommendation contained in *IPS* two years after the release of that Review. This Report will serve as a road map for our future activities, as it highlights where progress has been made and where further efforts have to be devoted to achieving the desired outcomes. This Report will provide transparency and accountability to the public and all our work partners on what has been achieved and what remains to be done.

"For generations our people have been verbally, sexually and physically abused by people who think that we are subhuman and not worthy of the medical care that the non-Indigenous take for granted.

Change will not come easily, but this hard-working Task Team will see that the In Plain Sight recommendations will be instituted province wide and Indigenous people will feel safe when accessing medical help.

This is a job that cannot be rushed, but thoroughly thought out with the help of communities and Elders for the benefit for all of our people, First Nations, Métis and Inuit.

It is time that we set up our own timetable and agenda for this very important work and governments must understand that "haste makes waste".

- Elder Bryce Mercredi

Acronyms

B.C.	British Columbia	HA	Health Authority
IPS	<i>In Plain Sight</i> <i>In Plain Sight: Addressing Indigenous specific Racism and Discrimination in B.C. Health Care</i>	VP	Vice President
IHR	Indigenous Health and Reconciliation	RHA	Regional Health Authority
OIH	Office of Indigenous Health	PHC	Providence Health Care
CBRC	Community Based Research Centre	FH	Fraser Health
APCQS	Aboriginal Patient Care, Quality and Safety	FNLC	First Nations Leadership Council
FNHA	First Nations Health Authority	EMBC	Emergency Management British Columbia
PHSA	Provincial Health Services Authority	CRHEM	COVID Response and Health Emergency Management
BCPSQC	BC Patient Safety & Quality Council	FN	First Nations
CPSBC	College of Physicians and Surgeons British Columbia	PSSG	Ministry of Public Safety and Solicitor General
CEO	Chief Executive Officer	MMIWG	Missing and Murdered Indigenous Women and Girls
CN	Complaint Navigator	AG	Attorney General
BCCNM	BC College of Nurses and Midwives	GBVA	Gender-Based Violence Action Plan
CPSBC	College of Physicians and Surgeons British Columbia	MOU	Memorandum of Understanding
TCFNH	The Tripartite Committee on First Nations Health	AEST	Advanced Education Skills Training
HSO	Health Standards Organization	TT CSH-Ed WG	Task Team Cultural Safety and Education Working Group
PIDA	Public Interest Disclosure Act	NCCIH	National Collaborating Centre for Indigenous Health
BCOHR	BC Office of the Human Rights Commissioner	MMHA	Ministry of Mental Health and Addictions
IYIP	Indigenous Youth Internship Program	NHA-UNBC	Northern Health Authority-University of Northern British Columbia
ACSE	Aboriginal Cultural Safety Education	IAHLA	Indigenous Adult and Higher Learning Association
IWR	Indigenous Wellness and Reconciliation	FNESC	First Nations Education Steering Committee
ICS	Indigenous Cultural Safety	BSN	Bachelor of Science Nursing
HPA	Health Professions Act	MPH	Master of Public Health
MIRR	Ministry of Indigenous Relations and Reconciliation	MD	Medical Doctor
DRIPA	Declaration on the Rights of Indigenous Peoples Act	ED	Emergency Department
UNDRI	United Nations Declaration on the Rights of Indigenous Peoples	MHSU	Mental Health and Substance Use
LOU	Letter of Understanding	IPN	Indigenous Patient Navigators
DM	Deputy Minister	PQCO	Patient Quality Care Office
CSH	Cultural Safety and Humility	UN	United Nations
TDQSA	Tripartite Data Quality & Sharing Agreement		
PHO	Provincial Health Office		
CIHI	The Canadian Institute for Health Information		



Guided by a Sea of Stars, 2022

This artwork is a visual narrative meant to honour the work taking place to create meaningful change within BC health care. The path has been set and now the work is carrying ourselves forward along that path and moving towards that goal. What does it mean to move forward in a good way? How can we follow our guide? How can each of us participate in this in the present moment as people who are here?

The imagery draws upon the spindlewhorl, one of the main instances of Coast Salish art that connects us to our culture and artforms prior to contact. It was used with the spinning of wool for weaving. They are things of movement and transformation. The geometric shapes in this design are inspired by weaving patterns. The spindlewhorl's geometric patterns open into a first-person perspective scene as we follow the guide canoe in a sea of stars toward a destination on the horizon. The stars guide us and contextualize us, as our teachings do.

The guide canoe has set the path and the beat, and we are to follow. Each of us is paddling forward.

The four faces around the outside are ancestor faces, bearing witness to the work that is taking place. The use of the red ochre colour is significant, tumulh, or red ochre, is the blood of the land in our worldview and is sacred and used to protect ourselves. The work ahead is difficult and heavy, I use this colour to offer healing and protection to those involved.

Artist, Eliot White-Hill