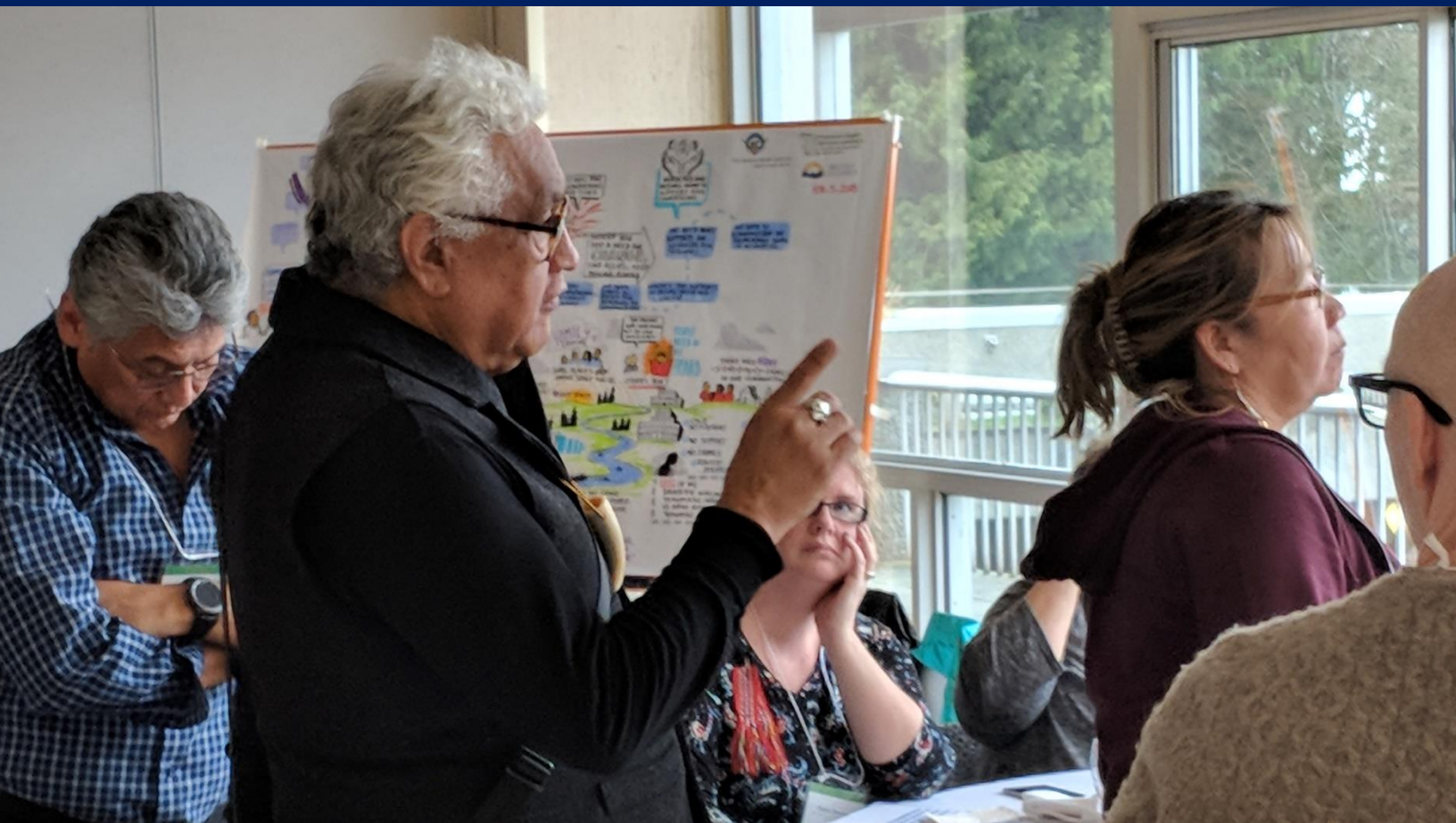


Patients as Partners, the First Nations Health Authority and the Provincial Health Services Authority Regional Engagement Table

*February 5, 2018 | Vancouver, B.C.
Executive Summary*



Executive Summary

*Patients, Family Caregivers, Practitioners and Health-Care Staff:
Aboriginal Cultural Safety and Humility in Health Care*



Graphic Recording of participants' responses to the terminology of 'cultural safety and humility' to identify gaps or concerns as well as document participants experiences.

Background: The B.C. Ministry of Health's Patients as Partners Initiative hosted a series of Regional Engagement Tables throughout British Columbia, and a final, provincial round-up meeting in 2018. The purpose of these events was to gather information to help both community and provincial health leaders when they develop new policies and strategies on health-care improvements. As part of this series of engagement tables, representatives from Patients as Partners, the First Nations Health Authority and the Provincial Health Services Authority worked together to host a full-day workshop on February 5, 2018, in Vancouver. There were 38 participants, including patients, family caregivers, health-care providers and health-care administrative staff. The workshop provided a culturally safe space where Aboriginal peoples living in urban areas could come together with health-care staff to discuss what cultural safety and humility means to them and what can be done to improve these key components of health care.

Workshop Format: To help create a safe space to share, the day included using large sheets of paper to capture ideas and discussions; story-telling; small and whole group discussions; and a bridge activity where small groups discussed the ideal future state of health care and what actions are needed to it get from its current state to this ideal. The agenda allowed for flexibility so that participants could adjust the timing and flow of the workshop. In addition, Elders were onsite and available to support any participant should they require it.



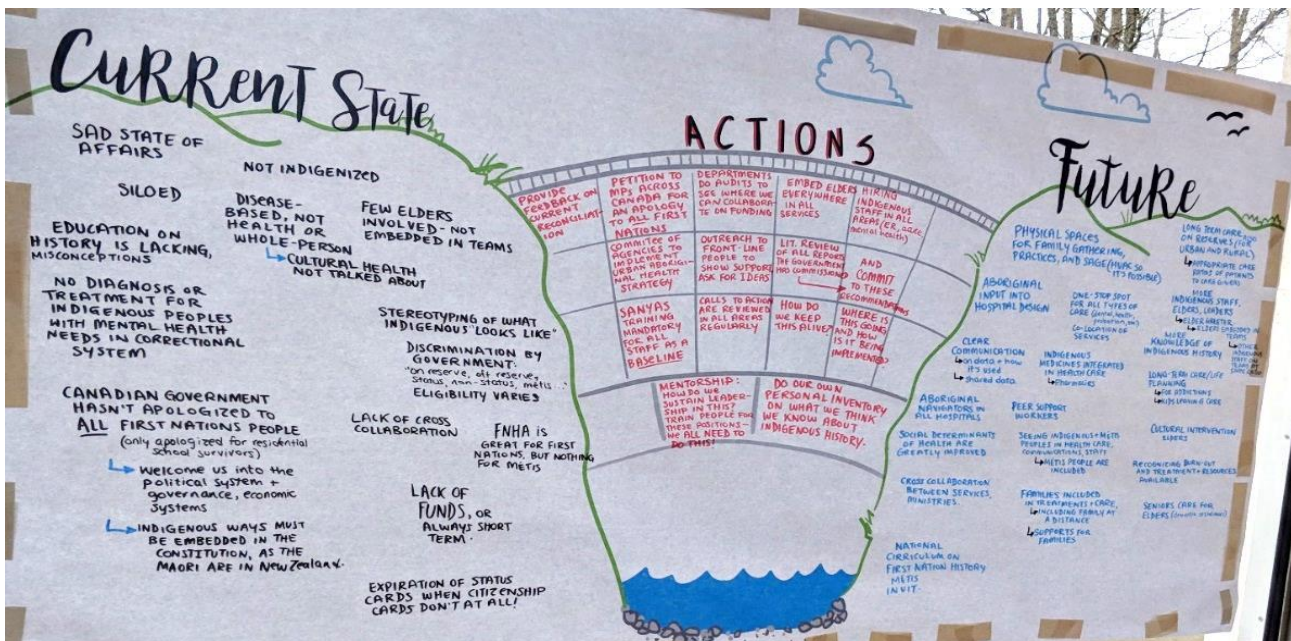
Participants work on their ideal future state in the Bridge Activity

Eight main themes emerged during the day:

- 1) **Aboriginal engagement:** Deliberate, well-planned effort and consideration are required when planning broader engagement of Aboriginal peoples.
- 2) **Funding and evaluation:** Provide resources and do ongoing evaluation to know if cultural safety and humility are being implemented in meaningful ways for Aboriginal peoples in the health sector. Use different, more Indigenized measures, so that the evaluation is meaningful for Aboriginal people.
- 3) **Knowledge and communication:** Mandate cultural safety and humility training for health-care professionals across the health system, including ongoing opportunities to communicate and learn from each other and Elders in particular. Also provide learning opportunities for health-care providers and the public about Canada's Aboriginal peoples and their history.
- 4) **Physical spaces:** Provide spaces for Aboriginal peoples to come together in health-care facilities to practice ceremonies, gather and meet. To reflect the land on which they are located, facilities should have Aboriginal languages, art and recognition in place.
- 5) **Reconciliation and broader government policy:** The National Inquiry into Missing and Murdered Indigenous Women and Girls, federal apology, and other provincial and national historic wrongs and policies need to be recognized and have the support of the health-care system.
- 6) **Representation of Elders and Aboriginal providers:** Include more often and recognize the work of Elders and Aboriginal health providers throughout the health-care system.

- 7) **Social determinants of health:** Health cannot be considered alone. We need to understand the full person, including their home territories, access to healthy food, education, and community and social supports.
- 8) **Traditional medicine and culturally appropriate care:** Traditional medicine and culturally appropriate care need to be taught in medical school and recognized in health-care delivery.

The Bridge Activity: Three separate groups completed the bridge activity, one of which is shown below. The **current state** was described as a place that is not “Indigenized”, services are siloed, care is disease-focused, Elders are not part of care teams, and health care includes stereotyping, discrimination and racism. The **ideal future** state was captured when an Elder said: “we exist,” “we are here.” The ideal future was described as a place where young Aboriginal children are proud, well, and there is a focus on the social determinants of health.



Most **actions** that will help us to reach the future state are included in the eight themes described above. Other suggested actions include:

- A program to establish and/or expand navigators for Aboriginal people
- Change the language of evaluation to be more Aboriginal I focused and culturally appropriate
- Work to preserve Aboriginal knowledge related to communities and health and wellness
- Make culturally safe environments for a growing number of Aboriginal health providers and staff
- Integration of traditional medicine

In the evaluation survey, 100% of participants agree or strongly agree that it was valuable to hear from others.

90% of participants agree or strongly agree that they contributed to a list of ideas/actions/supports that could enhance culturally safe health-care delivery.

"I really appreciated the stories of lived experience. Hearing stories helped me to make an emotional and intellectual connection to Indigenous experiences."



Responses to the question: How can we grow opportunities to engage with Indigenous peoples living in urban areas? The most common suggestions included: Host engagements at safe, accessible places such as Friendship Centres, provide honorariums, communicate that it was “worth it,” and the results.

Note about terminology: Although Indigenous peoples is more commonly being used to represent First Nations, Inuit and Metis in British Columbia, those involved in planning the session preferred to use the word Aboriginal peoples. To respect the wishes of the group, this table used the term Aboriginal peoples.

For more information on the Patients as Partners Initiative, please go to our website:
<https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/patients>

