# COMING TOGETHER FOR WELLNESS

Supporting the journey toward cultural safety in B.C. pharmacies

First Nations Health Authority
Health through wellness

BRITISH COLUMBIA | BCPharmaCare

# Contents

# Preface

In 2020, the Ministry of Health established an independent investigation into systemic Indigenous-specific racism in health care in B.C.  The Addressing Racism Review's final report, *In Plain Sight*, gave health professionals in B.C. much to learn, grieve, reflect on and remedy.

Many were already aware of racism and discrimination against Indigenous people in the B.C. health care system. The Ministry of Health and B.C.'s health authorities, including the First Nations Health Authority, signed the Declaration of Commitment on Cultural Safety and Humility in Health Services in 2015. B.C.'s regulatory health colleges added their names to the declaration in 2017. Later that year, the College of Pharmacists of B.C. released a strategy to meet the declaration: Our Commitment to Cultural Humility.

This collection of articles, researched and written by First Nations Health Authority staff and originally published individually in the BC Pharmacare monthly newsletter, offers suggestions for pharmacists on how they can work toward the vision of a health system where all Indigenous people enjoy, express and fully participate in their right to care "without interpersonal, systemic and institutional interference, oppression or other inequities associated with Indigenous-specific racism and discrimination, wherever they reside," as the action plan for the B.C. Declaration on the Rights of Indigenous Peoples Act puts it.

From the impacts of colonialism on First Nations people's trust in the health care system to a history of prescription coverage for First Nations in B.C. and procedural reminders, these articles are intended to support the critical role that B.C. pharmacists play in a health care system that includes, respects and upholds the values and well-being of all Indigenous people.

# Article 1: Introduction

Pharmacists serve many unique ethnicities and cultures, including First Nations and other Indigenous peoples. The First Nations Health Authority (FNHA) and the Ministry of Health are collaborating on a series of 10 articles to increase awareness of First Nations perspectives in health care and build cultural safety and humility in pharmacies across B.C.

Coming Together for Wellness will:

- give a brief history of First Nations health care in B.C. and Canada;
- introduce the concepts of cultural safety and humility; and
- offer resources to help providers better support First Nations clients.

**Indigenous**

All First Nations, Inuit, and Métis people in Canada.

**First Nation(s)**

Indigenous Peoples within Canada who do not identify as Métis or Inuit.

**Métis**

Nation-specific, a communal identity, not for describing mixed-descent people.

The health care landscape for First Nations has changed significantly over the past few decades. In 2005, B.C. First Nations, the Province of B.C. and Canada signed the Transformative Change Accord (PDF), based on mutual recognition, respect, and accountability. This document, and further health plans and agreements, commit to improving health and wellness outcomes for First Nations in B.C. The FNHA was created out of this partnership to increase First Nations' involvement in the design and delivery of B.C. health services.

Two years ago, the Province further strengthened its commitment to B.C. First Nations by passing Bill 41. The Province must now implement the UN Declaration on the Rights of Indigenous Peoples ("the Declaration") in its institutions, laws, policies and practices. The Declaration sets standards for "the survival, dignity and well-being of the Indigenous peoples of the world."

But work is still needed. Following allegations of Indigenous-specific racism in B.C. emergency departments, the B.C. Minister of Health commissioned an independent review. In Plain Sight captured the experiences and health data of more than 185,000 First Nations and Métis patients. The 2020 report identified widespread, systemic Indigenous-specific racism throughout the B.C. health care system. The reviewers found that racism and discrimination compromises medical care and negatively affects the health and wellness of Indigenous peoples.

It’s time for health care professionals to come together with Indigenous peoples to build a partnership of care and to strive for greater wellness.

## Know the difference

**Cultural safety** is an outcome.

It is an environment free of racism and discrimination, where people feel safe. It is based on respectful engagement that recognizes and addresses power imbalances.

**Cultural humility** is a process of self-reflection.

It involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience.

**Racism**

A belief that one group is superior to others. Openly displayed in racial jokes, slurs or hate crimes. Rooted in attitudes, values and stereotypical beliefs.

**Discrimination**

The illegal expression of racism. Any action, intentional or not, that singles out people based on their race/culture and imposes burdens on or withholds or limits access to benefits available to others.

# Article 2: A history of resilience

First Nations people have lived on the land now called British Columbia (B.C.) since time immemorial.

Today, B.C. is home to 203 First Nations, about one third of First Nations in Canada. They have diverse cultures and traditions, and represent over half of the country's First Nations languages.

Before contact with Europeans, First Nations in B.C. had complex political, social and spiritual structures and systems, and sophisticated methods of harvesting and preserving the seasonal abundance of food. First Nations enjoyed good health due to an active lifestyle and traditional diets. Wellness was a way of life.

The federal Indian Act of 1867 gave the federal Department of Indian Affairs authority to make policy decisions, such as determining who was an "Indian." The Indian Act was based on the premise that the Crown needed to act as a "guardian" to First Nations until they could fully integrate into Canadian society. Amendments made to the act between 1876 and 1927 prioritized "assimilation" and "civilization," imposing greater controls that often pushed to end traditional ways of life. Spiritual and religious ceremonies such as the potlatch and the sun dance were banned.

One grievous vehicle for assimilation was the Indian Residential School system, which lasted from 1857 to 1996. This system forcibly separated children from their families for extended periods of time, and forbade the practice of their heritage and culture, such as speaking their own languages. The Truth and Reconciliation Commission's report summary said the schools amounted to cultural genocide.

The schools were often overcrowded, with poor sanitation and inadequate food and health care. Physical, emotional, and sexual abuse were common, as was death. This year, ground-penetrating radar has revealed 542 unmarked graves on former school sites in B.C., on the traditional territories of the Tk'emlúps te Secwépemc, Hul'qumi'num Treaty Group, and Ktunaxa Nation.

The physical and emotional impacts of colonialism, coupled with complex jurisdictional responsibilities shared between the federal and provincial government for health care, contributed to major gaps in the quality of health between First Nations and other British Columbians.

However, the history of First Nations in Canada is rooted in resilience (see the second question in the linked article). Today, many First Nations in B.C. have vibrant land-based practices, political structures, self-determination and are revitalizing traditional languages.

First Nations health care is embracing the philosophy of “two-eyed seeing,” which applies the strengths of both Indigenous and Western-scientific ways of knowing for the benefit of all. One example is *Coyote’s Food Medicines*, a resource that features traditional storytelling to educate and initiate conversation between First Nations people and their health care providers.

# Article 3: Cultural safety and humility

**Cultural safety** is an outcome. It is an environment free of racism and discrimination, where people feel safe. It is based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system.

**Cultural humility** is a process of self-reflection. It involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Everyone has a right to health care that is safe, and free of racism and discrimination. A person is safe when they can voice their perspectives, ask questions, and feel that their beliefs and values are respected.

The aggressive tactics and policies of colonialism included the suppression of traditional First Nations health and wellness knowledge, values and practices. Attempts to assimilate First Nations people left a legacy of trauma, as well as health and social inequities.

The impacts of colonialism continue today. First Nations people are often excluded from decision-making about their health and wellness, and often experience stigma and discrimination in health care interactions.

> "Our pledge now is to become anti-racist and to support the health professionals we regulate to do the same. We will take this journey together, knowing that recognizing racism in ourselves and others will not be comfortable or easy."

In 2017, the College of Pharmacists of B.C. (the College) and other health regulators signed the Declaration of Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in B.C. and published Our Commitment to Cultural Humility, a strategy to engage pharmacy. This year, B.C.'s four largest health regulatory colleges, including the College of Pharmacists of B.C., apologized to Indigenous People and signed a pledge to be anti-racist.

B.C.'s pharmacy professionals are encouraged to:

- Complete cultural safety training
- Learn about and practice cultural humility
- Explore and work to address personal and systemic biases
- Develop respectful processes and relationships based on mutual trust

Cultural safety and humility training resources are available for B.C. health professionals working with Indigenous people.

- The San'yas Indigenous Cultural Safety course: Core ICS Health is a facilitated online training program offered by the Provincial Health Services Authority (PHSA). The goal is to improve health outcomes for Indigenous people.
- The National ICS Learning Series is an ongoing series of webinars hosted by the Provincial Health Services Authority (PHSA) Indigenous Health (www.sanyas.ca). The webinars are intended for people who wish to know more about Indigenous Cultural Safety and who may be working with Indigenous people in varying capacities across settings.

# Article 4: The In Plain Sight report

In Article 2, we discussed the impacts of colonialism on the health and well-being of Indigenous people. The legacy of colonialism, which still exists today, can manifest in the form of racism or discrimination[1] against Indigenous people when they seek medical care.

Following allegations made in June 2020 of Indigenous-specific racism in hospital emergency rooms, the Minister of Health commissioned a review to investigate systemic racism in B.C.'s health care system.

The *In Plain Sight* review found widespread Indigenous-specific stereotyping, racism and discrimination. In examining health utilization and outcome data of approximately 185,000 First Nations and Métis individuals and additional survey data, the review found that racism at points-of-care limits access to medical treatment. In turn, this can significantly impact the health and wellness of Indigenous peoples and has led to unnecessary deaths of Indigenous people.

*In Plain Sight* highlighted that Indigenous individuals accessing the health system experience stereotyping, unacceptable personal interactions and poorer quality of care. As a result, Indigenous people sometimes avoid seeking care, and this exacerbates poorer health outcomes such as higher prevalence and earlier age-onset of multiple chronic physical or mental health conditions.

## Accreditation standard

A commitment to cultural safety and humility is important for the provision of a high standard of care and improved health outcomes for Indigenous peoples.

Recommendation eight from *In Plain Sight* endorses 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." Further, it recommends that the standard be "developed in collaboration and cooperation with Indigenous peoples."

The *In Plain Sight* Indigenous Peoples' Survey found that only **27% of Indigenous respondents** always felt like their needs were taken seriously, compared to **59% of non-Indigenous respondents.**

[1] Racism is the belief that personality, behaviour and morals can be traced back to race. Discrimination is acting on racist thoughts.

The Health Standards Organization and First Nations Health Authority partnered to develop a B.C. cultural safety and humility standard. A provincial technical committee led by First Nations developed this standard. It underwent public review in Summer 2021 and will be published in Spring 2022. In advance of the final standard, there are learning opportunities as mentioned in Article 3 that will prepare people and their organisations to be in alignment with the standard.

The *In Plain Sight* report invites all health care professionals to "build an understanding of the past and present reality of health care for Indigenous people."

Cultural humility is a life-long process of self-reflection and learning about others' experience and culture. All health care professionals can actively improve health care quality and outcomes for Indigenous peoples.

Take action today by reviewing the In Plain Sight report and make a personal commitment to cultural safety and humility

# Article 5: History of medication coverage for Indigenous Peoples in B.C.

The 1867 British North America Act (BNA) assigned health services to the provinces, while "Indian Affairs" came under federal jurisdiction. The Indian Act (1876) also identified health care for Indigenous people as a federal responsibility. The disconnect in accountability and subsequent cost-shifting between provincial and federal governments has led to significant gaps in health services for Indigenous people in B.C. and Canada.

## "Indian hospitals"

In the early 1900s, "Indian hospitals" evolved from federally funded missionary hospital care in some First Nations communities. Ostensibly to reduce the spread of tuberculosis, the hospitals were "a method of segregation and restriction, and operated in the same way as reserves and residential schools, as a part of the larger colonial system," notes UBC's Indian Residential School History and Dialogue Centre (IRSHDC).

The Canadian Encyclopedia points out that "Indian hospitals did not provide Indigenous medicines, midwives or holistic notions of illness and its treatment. To the contrary, the hospitals were intended to further assimilationist goals and replace traditional healing with biomedicine."

By 1960, the federal government operated 22 hospitals with 22,000 beds. As the IRSHDC notes, the hospitals were "chronically understaffed, overcrowded, and the staff…were often undertrained and sometimes unlicensed."

Many former patients of the Indian hospitals reported traumatic experiences of experimental treatment, painful and disabling surgeries, physical restraints and forced sterilization. Joan Morris, who was kept in the Nanaimo Indian Hospital from 1950-1952, notes that those who endured abuse in the hospitals "are now skeptical of the entire health care system."

> *"The experience of receiving discriminatory treatment instills mistrust of health care."*
>
> *—In Plain Sight Report*

In the 1960s, the body that ran the Indian hospitals merged with the federal Medical Services Branch (MSB). In 2000, the MSB was renamed the First Nations and Inuit Health Branch (FNIHB) under Health Canada.

## First Nations health benefits

The Non-Insured Health Benefits (NIHB) program under FNIHB administers health benefits, including eligible pharmacy items, for "status Indians" and "registered" Inuit. One jurisdictional dispute led to the legacy of Jordan River Anderson, a child from Norway House Cree Nation in Manitoba, born with multiple disabilities, , who died in hospital

because of disputes over who would pay for home-based care. Jordan's Principle makes sure all First Nations children living in Canada can access the products, services and supports they need, when they need them.

In B.C., First Nations leadership decided to take ownership and create a new approach. This led to the creation of the First Nations Health Authority (FNHA) in 2013. The FNHA is the first provincial health authority of its kind in Canada, governed by and responsible to First Nations.[2] The FNHA aims to transform healthcare and health benefits to better meet the unique needs of First Nations in B.C.

The FNHA took responsibility for programs and services formerly delivered by NIHB and partnered with the B.C. Ministry of Health to integrate FNHA clients into the provincial drug benefits insurance program and improve ease of access to benefits and services. On October 1, 2017, the delivery of the FNHA's pharmacy benefits transitioned to BC PharmaCare Plan W (for Wellness). Plan W is a unique and integrated provincial drug benefit plan designed to meet the health needs of FNHA clients.

[2] The term 'First Nation' came into use in the 1970s to replace the term "Indian". First Nations are classified according to whether they are registered under the federal Indian Act as Status or non-Status Indians. First Nations individuals in B.C. registered as Status Indian under the Indian Act are eligible for FNHA Health Benefits.

# Article 6: About the First Nations Health Authority's Plan W

Article 5 highlighted the role of the FNHA and creation of Plan W in reducing the federal and provincial jurisdictional complexities faced by First Nations in B.C. accessing healthcare services.

On October 1, 2017, the FNHA launched Plan W (for Wellness). Plan W was a first-of-its-kind partnership between the FNHA and BC Pharmacare. The drug benefit plan is funded by the FHNA, administered through PharmaCare and designed to meet the unique health needs of First Nations in B.C. Plan W is the first payer of eligible pharmacy benefits for FNHA clients. FNHA clients can also access benefits from other PharmaCare plans if they meet the criteria.

## Plan W has unique characteristics

Enrolment for Plan W is through the FNHA. The FNHA determines enrolment in Plan W, which requires at least three months of residency in B.C. and registered Indian status.

> *"The best health outcomes for Indigenous peoples are achieved when they design and develop health programs that meet their unique needs."*
>
> The Honourable Ginette Petitpas

Plan W is not based on income testing. Income testing relies on annual income tax returns; however, some First Nations people are exempt from filing income taxes. Plan W (and previously, the Non-Insured Health Benefits formulary) is not based on income testing. This removes systemic barriers to First Nations accessing medications.

Plan W is a fully paid plan with no deductible. The FNHA is committed to promoting equitable access by providing full coverage of eligible items (under PharmaCare's Full Payment Policy for First Nations in B.C. Coverage for Plan W drug benefits is subject to PharmaCare's Low Cost Alternative and Reference Drug Program pricing policies; however, fully covered alternatives are available for these drugs.

Plan W covers some over-the-counter (OTC) items not available under other PharmaCare plans. When an FNHA client consults with a pharmacist about an ailment that can be treated with an eligible OTC medication, the pharmacist can recommend and bill the OTC medication through Plan W. This is possible due to the flexibility of FNHA's partnership with the Ministry of Health.

For clients who live with diabetes, the FNHA can add a diabetes education centre (DEC) certification number to the client's Plan W account. Many FNHA clients do not have easy access to provincial DECs. Requiring clients to travel to a DEC for blood glucose monitoring

training can delay access to much-needed blood glucose test strips (training is required for PharmaCare coverage). The ability to add DEC certification to Plan W accounts is particularly important when First Nations communities have a higher prevalence of diabetes. Pharmacists can support FNHA clients at point of care by calling First Nations Health Benefits to activate coverage of test strips for them.

> *"Patient care and safety [are] at the heart of [the] new First Nations PharmaCare 'Plan W' program."*
>
> - College of Pharmacists of British Columbia

## Plan W continues to evolve

The FNHA, under direction from First Nations communities and leadership, continues to work with the Ministry of Health to evolve Plan W in a way that meets the unique needs of First Nations in B.C. and aligns with provincial standards.

The FNHA and Ministry of Health are committed to achieving the shared vision of "a better, more responsive and integrated health system for First Nations in British Columbia," as outlined in the Health Partnership Accord.

# Article 7: How can I support Plan W clients?

Article 6 highlighted unique characteristics of Plan W. The FNHA works with BC Pharmacare to ensure that Plan W meets the unique health needs of First Nations across the province.

The *In Plain Sight* report notes that Indigenous individuals experience racism, different forms of discriminatory treatment, negative interactions with health professionals and poorer quality of care. Some examples are not communicating with or shunning the patient, not believing the patient or minimizing their concerns, and not recognizing and respecting cultural protocols.

Improving health outcomes for Indigenous people requires a shift in knowledge, attitudes and practices among health professionals. Below are some actions you can take to support Plan W clients:

## Knowledge

- Learn about the history and culture of the local First Nations community and Indigenous people in Canada.
- Recognize and appreciate the cultural differences between Indigenous groups. There are over 100 unique First Nations in B.C., each with their own cultural norms. For example, in some Indigenous communities, prolonged eye contact is considered rude—a patient may pay attention to you and your treatment explanation without direct eye contact.

## Practice

- Believe patients when they report health care concerns and symptoms. Take time to ask your patient about their medical history and to listen to their story to understand their health care concerns.
- Include the unique perspective of each patient as part of your care decisions. For example, ask about their goals for treatment or their preference for brand or generic medications.
- See patients as capable of taking responsibility for their care. Taking time to explain treatment plans and answering questions and concerns about medications helps patients make informed decisions about their care.
- Learn about trauma-informed care and how it can support trusting relationships with patients.

The broader health care system is adopting and integrating cultural safety and humility as part of quality care. In "Racism in Health Care: An Apology to Indigenous People and a Pledge to Be Anti-Racist," the College of Pharmacists of British Columbia and three other health regulatory colleges set an intention to earn the trust of Indigenous people. Health professionals should identify opportunities for building respectful and lasting relationships with members and health leaders of First Nations communities.

Principles for relationship-building with First Nations communities include:

- Mutual recognition and respect
- Trust
- Recognition of First Nations rights to self-determination
- Commitment
- Transparency

## Knowledge into practice in the community

Pharmacists play an important role in a Plan W client's primary health care team. Patients rely on pharmacists to access quality and appropriate pharmaceutical care. In some rural and remote settings, pharmacists are the first point of contact for medical care, and they directly impact Plan W clients' health outcomes. Thus, pharmacists are encouraged to support Plan W clients in resolving benefit coverage issues and with navigating the health care system.

When pharmacists encounter an issue with a Plan W claim for an eligible drug benefit, FNHA's Transitional Payment Request (TPR) enables payment for one fill of a medication. The TPR fills the gap between coverage transition periods; it immediately helps Plan W clients avoid out-of-pocket payment for benefit items while facing plan coverage issues that are expected to be resolved soon.

# Article 8: Accessing the first BGTS fill

Article 6 indicated that FNHA can add a Certificate of Training in Blood Glucose Monitoring for its clients who live with diabetes. This article explores the topic in greater detail.

PharmaCare covers blood glucose test strips (BGTS) for eligible B.C. residents who have completed blood glucose monitoring training at an accredited diabetes education centre (DEC) or a designated primary care network (PCN). A certificate of training needs to be in the client's PharmaNet profile in order for a pharmacy to receive payment for a BGTS claim.

## Historical and geographical context

FNHA functions as a DEC for clients who can't access training from the usual DEC or a PCN. Distance has been a barrier to accessing training and education. This is one example of the health disparities faced by First Nations in B.C. due to the lasting effects of structural racism and colonization in the healthcare system and broader determinants of health.

Article 2 highlighted how colonization and forced dislocation of First Nations disrupted access to healthy, traditional foods and food practices. First Nations living in rural and remote regions have inequitable access to quality, healthy and affordable food and medicines. Furthermore, intergenerational trauma stemming from experiences in Indian hospitals and residential schools led to mistrust and avoidance of the health care system. These combined factors have contributed to an increased risk of Type 2 diabetes and related complications in First Nations people, who show higher prevalence than non-First Nations residents of B.C.

*The Carrier Sekani Family Services clinic team provides mobile diabetes prevention and intervention education, check-ups and testing in communities across northern British Columbia.*

FNHA's DEC program continues to evolve, and many First Nations communities have holistic diabetes programming focused on managing diabetes through nutrition, activity, medications and emotions. There are well-developed programs like the mobile diabetes clinics run by Seabird Island Band and Carrier Sekani Family Services that have provided culturally safe diabetes care to First Nations communities for years.

## How FNHA clients can get their first BGTS fill

The first fill of BGTS can be pre-activated for Plan W beneficiaries by calling First Nations Health Benefits at 1-855-550-5454.

Health care providers, diabetes educators, health directors, and health advocates may also call First Nations Health Benefits on behalf of a client.

## Pharmacy support

Pharmacists can support FNHA clients in the following ways:

- Support access for an FNHA client who visits the pharmacy for BGTS for the first time and has no coverage in place. The pharmacist should contact Health Benefits and consider using the FNHA Transitional Payment Request (TPR) (PDF, 208KB) form to provide the client immediate access.
- Encourage ongoing learning about diabetes and counsel clients on monitoring their blood sugar levels with purpose (coverage limits for BGTS; PDF, 205KB).
- Seek opportunities to strengthen care-team relationships and collaboration with diabetes care providers at local First Nations health service organizations.

# Article 9: Next steps in Indigenous health care in B.C.

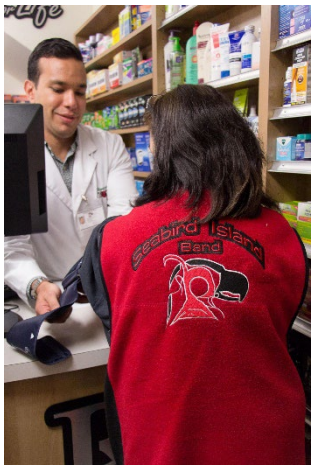
Efforts are underway to improve the experiences of Indigenous people within the B.C. health care system. This article highlights efforts made and presents opportunities for building on existing work through continuous self-reflection, learning and unlearning.

In 2015, the Truth and Reconciliation Commission of Canada (TRC) released a historical record of the horrifying legacy of the residential school system. The final report detailed 94 calls to action across a wide range of areas, including child welfare, education, health, justice, language and culture. These calls to action provided a path for the B.C. government and Indigenous and non-Indigenous communities to create a joint vision of reconciliation.

As discussed in previous articles, a number of commitments have been made by governments, health care providers and health provider associations, in alignment with the TRC's recommendations:

- 2017: The College of Pharmacists of British Columbia (CPBC) pledged their commitment to improving B.C. pharmacy professionals' work with First Nations and Aboriginal people when it signed the Declaration of Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in B.C.
- November 2019: The B.C. government adopted the United Nations Declaration on the Rights of Indigenous People and passed the Declaration on the Rights of Indigenous Peoples Act
- May 2021: The CPBC participated in Racism in Health Care: An Apology to Indigenous People and a Pledge to Be Anti-Racist.

These commitments signal a clear awareness of the need for cultural safety and humility in the B.C. health system.




Many pharmacists are moving from words to actions. Some pharmacies (such as Epic Pharmacy, Pharmasave Old Mill Plaza, and Seabird Island Pharmacy) are increasing culturally safe care by strengthening relationships with their local First Nations health service organizations. Collaboration with the First Nation's health team fosters trust and provides insights into culturally safe pharmacy services that are appropriate for that community. Others are advancing their knowledge through training courses (e.g. San'yas Anti-Racism Indigenous Cultural Safety Training) or experiential learning opportunities, such as National Indigenous Peoples Day activities and other Indigenous-led activities.

Solidifying individual commitment toward cultural safety and humility requires continuous self-reflection and self-examination. This can include asking yourself:

- Do I have an awareness of Canada's historical treatment of Indigenous populations and, if so, am I practising with a trauma-informed approach?
- Do I recognize the differing health status of First Nations and non-First Nations patients that exist as a result of colonization? Have I incorporated strategies in my practice to address these?
- Do I reflect on my own cultural values? Can I explain the impact that my identity, including cultural values, has on my practice?
- What will I do if I witness unethical, unprofessional conduct or racist behaviours in pharmacy practice?

Cultural safety and humility will vary by community because the relationships between health care professionals and the people they serve are unique and evolve over time. Pharmacists, through continuous self-reflection, can make necessary changes to provide enhanced services that are culturally safe and free of racism and discrimination.

Pharmacists are encouraged to review the resources and links shared throughout the PharmaCare Newsletter series.

# Article 10: Envisioning a culturally safe health care system

Pharmacists play an indispensable role in realizing the vision of a culturally safe health care system.

As this series has shown, First Nations people continue to experience colonialism in health care settings. They are often excluded from decision-making about their own health and wellness and frequently experience stigma, racism and discrimination in health care interactions. As a result, many First Nations people distrust and avoid the health system, leading to adverse health outcomes and disparities.

The B.C. health care system is adopting and integrating cultural safety and humility into everyday health care provider practice that reflect changes to legislation and new practice standards, such as:

- Declaration on the Rights of Indigenous Peoples Act
- Cultural Safety and Humility Practice Standard
- College of Physicians and Surgeons of B.C. Consent to Treatment Practice Standard

> "I attended a health and wellness fair in one community and there was a table set up for the local pharmacist to chat with the community members and answer questions. It was the most popular booth of the event! He was continually surrounded by mothers and their babies, Elders sitting in their walkers… There was no mistaking the relationship he had with the entire community," Candy-Lea Chickite, member of We Wai Kai First Nation and a Project Analyst at the FNHA.

Pharmacists are well positioned to meaningfully align their practice with these standards and legislation when providing care to First Nations individuals. This is a critical step toward repairing the disrupted relationship between First Nations people and the health care system.

"Pharmacists have an opportunity to become leaders in the movement for health care that prioritizes cultural safety and humility because they work so closely with First Nation community members," says Jennifer Smith, member of Tlowitsis First Nation, grandmother of three and Community Relations Manager at the First Nations Health Authority (FNHA). "The vision of a culturally safe health care system calls on pharmacy professionals to continue on the lifelong journey of self-reflection, learning and unlearning so that everyone feels safe when receiving care."

## Pharmacists are encouraged to...

Respect cultural beliefs and values: Interact respectfully with First Nations clients and consider how their beliefs, values, culture and experiences affect their health care decisions. Use a trauma-informed lens and be aware that historical health care experiences impact health behaviors and access to present-day care. Article 9 highlights the efforts some pharmacists take to learn about the culture of the communities they serve.

Be open-minded and continuously learn: Article 3 highlights some cultural safety and humility training resources for B.C. health professionals as a starting point. After initial learnings, pharmacy professionals should be humble and continue to learn from patients in order to strive towards providing culturally safe care. Acknowledge that everyone has implicit bias, recognize yours, and be mindful.

Cultivate and maintain trusting relationships: Offer a private space and take time to discuss and inform First Nations individuals of the pros and cons of their therapeutic options, and empower them to be the main decision-makers regarding their health. Listen and incorporate the individual's values and priorities in your recommendations. Support the individual in how they would like to proceed. Be proactive and offer assistance navigating coverage without waiting for the individual to ask for it. Keep them informed about what is occurring and who they can follow up with if needed. Be aware that pharmacists may be perceived as an authority figure, and that trust may take time to build. Article 7 shares additional ideas on how to interact and build rapport with First Nations clients.

Provide robust pharmacy care to help patients meet their health and wellness goals: First Nations clients have a right to access the best care pharmacists are able to provide. This may include discussing traditional medicines available in their community or providing support for appropriate medication selection based on the client’s preferences and medication effectiveness, safety, and/or affordability. Discuss symptoms and care goals in order to recommend and provide a covered over-the-counter (OTC) therapy when appropriate.

# Sources and suggested reading


FNHA: Our History, Our Health

The Bryce Report

FNHA Policy Statement: Cultural Safety and Humility

FNHA Anti-Racism, Cultural Safety and Humility Action Plan

The College of Pharmacists of B.C.'s Cultural Safety and Humility ReadLinks Series

*In Plain Sight* report

FNHA's wellness website

A Guide for Health Professionals Working with Aboriginal Peoples: The Sociocultural Context of Aboriginal Peoples in Canada

First Nations Health Authority: Governance and Accountability

This Last Frontier: Isolation and Aboriginal Health

For any questions about Plan W, contact First Nations Health Benefits at 1-855-550-5454.

Plan W non-drug OTC benefits

Plan W OTC drug benefits (PDF)

FNHA pharmacy benefits

Racism in Health Care: An Apology to Indigenous People and Pledge to Be Anti-Racist (First Nations population health and wellness agenda: p. 92-97; PDF, 22.7MB)

Truth and Reconciliation Commission of Canada's 94 Calls to Action

B.C. health regulators

San'yas anti-racism Indigenous cultural safety training program

College of Pharmacists of B.C. National Indigenous Peoples Day activities and other Indigenous-led activities

How to implement trauma and violence-informed approaches (Government of Canada)

College of Pharmacists of B.C. Commitment to Cultural Safety and Humility

FNHA-Creating-a-Climate-For-Change-Cultural-Humility-Resource-Booklet.pdf