Indigenous Engagement and Cultural Safety Guidebook:

A Resource for Primary Care Networks

Prepared by the Cultural Safety Attribute Working Group

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Health through wellness

The Cultural Safety Attribute Working Group gratefully recognizes the First Nations traditional territories across the province on which we live and work, the Métis Chartered Communities, and the Inuit people living in B.C. We recognize and hold our hands up to the Indigenous expertise and leadership in the cultural safety and humility movement in B.C.

The Primary Care Network Indigenous Engagement and Cultural Safety Guidebook has been commissioned by the Ministry of Health's Provincial Primary Health Care Committee. It has been developed by the Cultural Safety Attribute Working Group (the working group), which was co-chaired by the Ministry of Health and the First Nations Health Authority (FNHA). Additional representation on the working group includes staff from the regional health authorities Aboriginal Health programs and the General Practice Services Committee (GPSC).

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Purpose

This document provides guidance and recommendations for supporting Indigenous[1] partnerships and engagement in the development of Primary Care Networks (PCN) and for supporting cultural safety as a core attribute of PCNs, as per the Ministry of Health's *Integrated System of Primary and Community Care*. It is designed for those who are planning and implementing PCNs, with the overall objective of enabling communities to build meaningful relationships and trust with Indigenous communities. To support the provision of culturally safe care, informed by the practice of cultural humility, the guidebook focuses around four critical components:

1. Engagement and Partnership with Indigenous Communities & Health Service Organizations
2. Policies and Mechanisms to Influence Culturally Safe Care
3. Education, Training and Performance Review
4. Obtaining Feedback on Individual Experiences of Receiving Care

Background

For many thousands of years in what is today known as British Columbia, First Nations populations enjoyed good health and wellness on their lands and territories. Processes of colonialism were systematically put in place to secure access to land and resources and assimilate First Nations peoples, including community displacement, denial of First Nations rights and title, residential schools, and Indian hospitals. The historic and ongoing impacts of colonialism and racism include but are not limited to institutional avoidance and intergenerational trauma.

This has resulted in: significant disruptions to health and wellness journeys and substantial health inequities between Indigenous and non-Indigenous people; a lack of Indigenous participation in B.C.'s health system planning and operations, and its associated governance structures; and, inequitable access to quality, culturally safe health care. Further, this has led to systematic exclusion and dismissal of Indigenous philosophies, perspectives, and practices of health and wellness.

As compared to other residents in B.C., Status First Nations residents:

- are less likely to be attached to a primary care provider.
- are less likely to access primary care services.
- are more likely to use emergency departments for primary care services.
- are more likely to be living with chronic diseases.
- experience higher rates of hospitalizations for ambulatory care sensitive conditions.[2]

[1] To be concise and inclusive throughout the guidebook, the term "Indigenous" is used to represent all First Nations (status and non-status, living at home and away from home), Métis (citizens and self-identified), and Inuit people living in B.C. When referring to public materials, terminology reflects the source document.

[2] Information is from the linked 2008/09 to 2014/15 Health System Matrix (HSM) to the First Nations Client File across the province and by region. Data pertaining to non-status First Nations, Métis, and Inuit peoples are not captured through the First Nations Client File and are not available at the provincial level at this time.

In order to address the systems of colonialism and to positively impact the health and wellness of Indigenous people residing in B.C., primary care needs to be culturally safe, through the practice of cultural humility.

Irihapeti Ramsden, a Maori nurse, first introduced the concept of cultural safety in 1990. Cultural safety is a key component of Canada's commitment to reconciliation between Indigenous and non-Indigenous peoples, as supported by the Truth and Reconciliation Calls to Action[3] (TRC) and the United Nations Declaration on the Rights of Indigenous Peoples[4] (UNDRIP).

In B.C., work towards reconciliation and cultural safety and humility led by Indigenous communities began long before these documents were published. The past several decades have signified a multitude of efforts by Indigenous peoples in B.C. to reclaim their wellness.

For example, multiple Declarations of Commitment, led by the First Nations Health Authority, to advance cultural safety and humility have been signed by health system partners or are in process. In July 2015, the Deputy Minister of the Ministry of Health and the Chief Executive Officers from each health authority signed a Declaration of Commitment to advance cultural safety and humility within their organizations and across the health system. In March 2017, 23 health regulators, including the College of Physicians and Surgeons of BC, signed a Declaration of Commitment and, in March 2018, the Doctors of BC, with the approval of their Board, signed a Declaration. The Ministry of Mental Health and Addictions also signed a Declaration in April 2018. To act on these commitments, signatories agreed to identify and implement concrete actions to embed cultural safety and humility in the health system.

The Province of B.C. has also entered into a series of transformative health plans and legal agreements with Indigenous partners. These agreements speak to a mutual commitment to advance cultural safety and humility and commit to ensuring Indigenous peoples are involved in the shared design and delivery of health services.

These efforts are emblematic of what has been articulated in UNDRIP and TRC, which have both been adopted by the Province of B.C. The UNDRIP and TRC highlight the rights of Indigenous peoples to participate in developing health policies and programs that impact their health and wellness, as well as the right to active involvement in measures to address discrimination.

Therefore, advancing cultural safety as an attribute of PCNs is integral.

[3] Truth and Reconciliation Commission of Canada. (2012). Calls to Action. Winnipeg, Manitoba: Truth and Reconciliation Commission of Canada.
[4] United Nations. (2008). *United Nations Declaration on the Rights of Indigenous Peoples*.

Cultural Safety as an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.[5] Cultural safety can only be achieved when the people receiving services say it has been achieved.	Integral to cultural safety is the concept of ***Cultural Humility***, which is a process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a *life-long* learner when it comes to understanding another's experience.[6]

As outlined in the mandate letter[7] to Minister of Health Adrian Dix from Premier John Horgan, the Ministry of Health is responsible for providing team-based primary care, as well as adopting and implementing UNDRIP and TRC Calls to Action.

PCNs will be established across B.C. to provide quality services to the population of local communities, coordinating access to health authority specialized services through integration and service redesign. The local PCN Steering Committee will work together to deliver the PCN core attributes, associated measurable outcomes, and the client and provider value propositions, as outlined below.

PCNs present an opportunity to effect change, to build relationships founded in the practice of cultural humility, and to support the development and implementation of mechanisms to promote the advancement of culturally safe care. Expectations for cultural safety, Indigenous engagement, and partnership have been included in the Ministry of Health's policies and guiding documents for PCNs, including:

- PCN core attribute: Care is culturally safe.
- Client[8] value proposition: I am treated with dignity and respect; I don't experience shame or intimidation and feel my health concerns are addressed without racial or other discrimination.
- Provider value proposition: I am given the training and supports to provide my clients with care that respects their culture and history.
- Expectations for Indigenous engagement and partnership in the expression of interest (EOI) and service plan documents.

[5] FNHA. Cultural Safety and Humility Definitions. Found online on July 8, 2019 at http://www.fnha.ca/wellness/cultural-humility.
[6] FNHA. Cultural Safety and Humility Definitions. Found online on July 8, 2019 at http://www.fnha.ca/wellness/cultural-humility.
[7] The full mandate letter be found at: https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/premier-cabinet-mlas/minister-letter/dix-mandate.pdf
[8] The term client is used here to reflect the language used in communications reflecting the value propositions. Throughout the rest of the document the language of persons receiving care is utilized, rather than clients.

First Nations Health in B.C.

First Nations title and rights, and unceded territories and land, continue to be key backdrops for the evolving health partnerships and relationships between First Nations in B.C., governments and health system partners.

The majority of First Nations in B.C. have not signed treaties or resolved outstanding issues of title, jurisdiction and self-government with the Crown.[9] As a result, First Nations in B.C. have a unique opportunity to redefine relationships with governments concerning the provision of health services. The past several decades have signified a multitude of efforts by First Nations in B.C. to make decisions for themselves and to reclaim their wellness through unity and by developing strategic partnerships to increase First Nations involvement in decision-making.

Since 2005, First Nations and federal and provincial governments have been on a shared journey of health transformation founded on the recognition of First Nations self-determination and the right to participate in decision-making. This journey has been marked by a series of political, legal and operational agreements outlining tripartite commitments to improve First Nations health, which includes an examination of policies that are not conducive to First Nations wellness and improving access to and quality of health services. These agreements include strong commitments to an integrated health system, and explicitly not creating a parallel health system for First Nations.

The creation of the new First Nations health governance structure in BC, including the First Nations Health Authority in 2013, represents an historical transformation in the approach to First Nations involvement in the delivery of health services. It represents nearly a decade of systematic work by all partners – federal and provincial governments and First Nations political organizations and communities to transform the historic colonial system and restore health governance to First Nations peoples.

The First Nations Health Authority (FNHA) works with community, health service organization, and health system partners in BC to blend the "best of both worlds" to support First Nations access to culturally safe, quality care and services with the goal of improved health and wellness outcomes.

The FNHA's work informed by engagement and relationships developed across communities, B.C. Regional and Provincial Health Authorities, B.C. Ministry of Health, Indigenous Services Canada, and the B.C. Provincial Health Officer. In the five regions (Fraser Salish, Interior, Northern, Vancouver Coastal and Vancouver Island), Regional Health and Wellness Plan are adopted, which articulate the collective health and wellness priorities of communities, and establishes a Regional Partnership Accord with the respective Regional Health Authority to support collaboration, shared planning, and issue resolution as related to health services accessed by First Nations.

[9] Some historic treaties exist, including the Douglas Treaties on Vancouver Island and Treaty 8 in the Northeast corner of BC, and are foundational documents for those First Nations and the Crown. The first modern treaty in BC was achieved by the Nisga'a in 1998. The BC Treaty Process was initiated in 1993 to resolve the outstanding land question in BC and after 20 years has resulted in three treaties: the Maa-nulth, Tsawwassen and Tla'amin treaties.

Engaging & Partnering with Indigenous Communities & Health Service Organizations

Background

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

There is an opportunity throughout all stages of PCN planning, implementation and operations to solidify foundational relationships and partnerships with Indigenous partners. Meaningful and ongoing relationships and partnerships will increase the likelihood that cultural safety and cultural humility are hardwired within PCNs. Working in partnership with Indigenous communities and organizations makes space for direct involvement in decision-making with respect to the systems of care that serve them. Culturally safe engagement and partnerships with Indigenous communities and health service organizations are integral to designing PCNs that embody the commitments to cultural safety and cultural humility.

Indigenous engagement and partnership expectations have been included in Ministry of Health policy and documents, outlining direction for PCNs. The PCN EOI document states:

> **"where health services are provided to First Nations communities [Métis communities], and/or urban Indigenous populations (by the Nation, Band, First Nations Health Authority, regional health authority, contracted agency) or by First Nations, [Métis], or Indigenous [health service organizations], it is expected that leaders of these groups/organizations will be invited to participate as full members (or in another mutually agreed upon capacity) at the onset of the development of the EOI for the PCN."[10]**

To ensure success of the implementation of BC's *Integrated System of Primary and Community Care*, meaningful engagement and collaboration with Indigenous partners and health service organizations must occur. These are foundational to the formation and sustainment of a PCN.

The intention of engaging Indigenous partners in the development of PCNs is to ensure[11]:

a. Indigenous partners have the opportunity to collaborate with and contribute information, advice, and guidance to PCN planning, operations and evaluation;
b. PCN services are designed to be culturally safe and meet the needs of the Indigenous community population;
c. Indigenous organizations that deliver components of comprehensive primary care services within the geographic service area of the PCN have the opportunity to participate in developing the PCN service plan, and identify their contribution to the PCN and their resource needs; and

[10] Square brackets are used here to indicate added clarification.
[11] As adapted from the October 2018 PCN Expression of Interest document.

d. First Nations' rights to self-determination are acknowledged and supported.

There is not a one-size-fits-all approach to relationship building and meaningful engagement with Indigenous peoples in B.C.[12] For example, First Nations in B.C. have partnership and governance agreements which articulate appropriate pathways for engagement. Meaningful engagement is best achieved through direct relationship building with community representatives, including community Health Directors, administrators and/or Chief and Council.

The following organizations may be able to facilitate introductions or provide information on engagement considerations and protocols:

- **First Nations Health Authority (FNHA)**
- **Métis Nation British Columbia (MNBC)**
- **Regional Health Authorities' Aboriginal (or Indigenous) Health** programs, and
- Indigenous health and wellness organizations, including local Friendship Centres, including those associated with **BC Association of Aboriginal Friendship Centres (BCAAFC)**

Key considerations regarding engagement with Indigenous partners:

- First Nations in B.C. are rights and title holders. The majority of First Nations in B.C. have not signed treaties or resolved outstanding issues of title, jurisdiction and self-government with the Crown. As such, First Nations self-determination and governance, as outlined in the tripartite commitments to improve First Nations health, need to be respected.
- Building trusting relationships takes time. Begin the engagement process prior to initiating the EOI process and focus on relationship building and mutual understanding as a starting point, and continue throughout service planning, implementation and operations. Cultural humility is key to building and maintaining relationships, and involves understanding that individuals and communities are experts in their own health.
- Engagement and partnerships will look different in different areas. Be mindful that each community is unique and has various capacities and resources to support health and wellness initiatives.
- If Indigenous partners decide not to fully engage in the PCN process, it is still important to work with community representatives to identify the health and wellness needs of their communities and include them in the PCN service plan.
- Cultural safety is a desired and dynamic outcome at all stages in the design and coordination of meetings, in their facilitation and content, and in their intentions and outputs. Collaborative Services Committees, PCN Steering Committee members, and all others involved in PCNs, are encouraged and supported to advance their own awareness of the history and ongoing impacts of colonialism to support cultural humility. They are encouraged to ensure culturally safe engagement and partnerships and to support efforts towards achieving cultural safety in all aspects of the planning, implementation and delivery of primary care services.

[12] According to the 2016 Census, there are approximately 270,000 Indigenous citizens in B.C., making up about six percent of the population, with approximately 70 percent living off-reserve (or away from home).

Recommendations

- Prior to engaging communities, seek to understand Indigenous communities' governance, partnerships, and perspectives on health, healing and wellness by connecting with Health Authority Aboriginal Health programs, FNHA Regional Offices, MNBC's Health Ministry, and/or BCAAFC's Friendship Centres (see key contact list – Appendix A). Ensure urban Indigenous populations are meaningfully included in addition to land-based First Nations communities.
- Meet with Indigenous partners to determine their level of involvement and what partnership looks like for them. Use the modified International Association of Public Participation (IAP2) Model as a guide (see Appendix B). Respect First Nations right to self-determination, as reflected in their right to determine the degree to which they are involved. Indigenous communities and/or health service organizations may choose to attend all planning meetings, not to participate, to participate only as observers at initial stages, or other levels and manners of participation.
- Build a shared, common understanding of the PCN, including vision, goals and terminology.
- Integrate cultural safety and cultural humility into PCN policies and processes (e.g. meeting structures). If you will be developing formal Terms of Reference or governance structures to guide PCN planning, implementation and operations, build cultural safety and cultural humility into these processes.
- Respond positively to invitations initiated by Indigenous communities and organizations, and as often as possible, meet in person, and utilize existing partnership structures.
- Ensure meeting spaces are accessible; consider cultural safety and local Indigenous protocols. Where possible and appropriate, meet with representatives on their territory, co-develop documentation (agendas, proposals, etc.) and respect protocols for Indigenous community members to open and attend meetings. Connect with Health Authority Aboriginal Health programs, FNHA, MNBC, or BCAAFC to assist with appropriate considerations.
- Support Indigenous communities and health service organizations to engage in the PCN process.

Recommended Resources

Key Contact List for Indigenous Engagement & Partnership (Appendix A)

This document includes key contacts information for Health Authority Aboriginal Health Directors, Friendship Centres in B.C., MNBC's Chartered Communities, and key regional contacts from the FNHA.

A Guide to Indigenous Organizations and Services in British Columbia

This guide can support engagement and partnership practices, as it provides a province-wide list of First Nations, Métis, Inuit, and other Indigenous organizations and community services to enhance relationship-building with Indigenous peoples in B.C.

Link: A Guide to Indigenous Organizations and Services in British Columbia

Modified International Association of Public Participation (IAP2) (Appendix B)

The Ministry of Health's Patients as Partners has worked with all of the health authorities on building common language, common tools, training and an approach based on best practices for engagement.

Endorsed by the Auditor General in 2008, the Ministry of Health adopted the International Association of Public Participation (IAP2) spectrum of engagement as it is a transparent way for all parties to understand their role.

The table found in Appendix B has been modified from the standard spectrum as by:

- Changing the second level from 'consult' to 'gather/check-in' as the consultation terminology may have unintended expectations grounded in the common law duty to consult.
- Changing the fifth level from 'empower' to 'partner' as there may be the connotation that the organization seeking to empower community undermines indigenous rights to self-determination.
- Adding a layer of reciprocal accountability through identifying the community commitment to the participation process.

Cultural Safety and Cultural Humility

Three areas are foundational to the creation of a culturally safe experience for Indigenous patients within the PCN: policy development and operational implementation; education, training and performance review; and obtaining feedback from individuals receiving care. Cultural humility starts at a tangible, individual level, and is a foundational requirement to enable cultural safety. Each of the sections on the key areas contains recommendations and resources specific to the topic. The following resources from FNHA's Cultural Safety and Humility website are broadly encompassing of information and recommendations to support the movement towards cultural safety and humility across the health system in BC. Wisdom contained within these resources has been embedded throughout this guidebook.

- FNHA's Policy Statement on Cultural Safety and Humility
- Cultural Safety & Humility: Key Drivers and Ideas for Change
- Creating a Climate for Change

Policy and Other Mechanisms

Background

A culturally safe health system is one that has embedded the practice of cultural humility along with mechanisms that proactively and effectively create conditions for health equity and quality care for all Indigenous people living in B.C. There are several mechanisms, operational strategies and policies that can be implemented at the PCN level to foster cultural humility and the right conditions for culturally safe care. The First Nations Perspective on Health & Wellness, FNHA's Primary Health Care++ Approach, Métis Nation Perspective on Health and Wellness, TRC Calls to Action[13] and the UNDRIP[14] can inform policy and planning.

Integrating Indigenous approaches and healing practices into PCNs aligns with Article 24 of the UNDRIP, which states that Indigenous peoples have the right to their traditional medicines and practices, and numerous TRC Calls to Action, including #22, which call on the health system to recognize and use Indigenous healing practices.

TRC Call to Action #22:	**UNDRIP Article 24:**
We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients. [15]	Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.[16]

[13] Truth and Reconciliation Commission of Canada. (2012). Calls to Action. Winnipeg, Manitoba: Truth and Reconciliation Commission of Canada.
[14] United Nations. (2008). *United Nations Declaration on the Rights of Indigenous Peoples*.
[15] Terminology as it appears in the TRC's Calls to Action.
[16] Terminology as it appears in Item 1 of UNDRIP Article 24.

First Nations Perspective on Health and Wellness

The First Nations Perspective on Health and Wellness (**Figure 1**) is a visual articulation of a holistic understanding of health and wellness. Good health and wellness starts with every human being and extends outwards to include and be influenced by broader social, economic, cultural and environmental determinants of health and wellness. This perspective serves as an important lens for the design and delivery of health care services that embody cultural safety and humility.

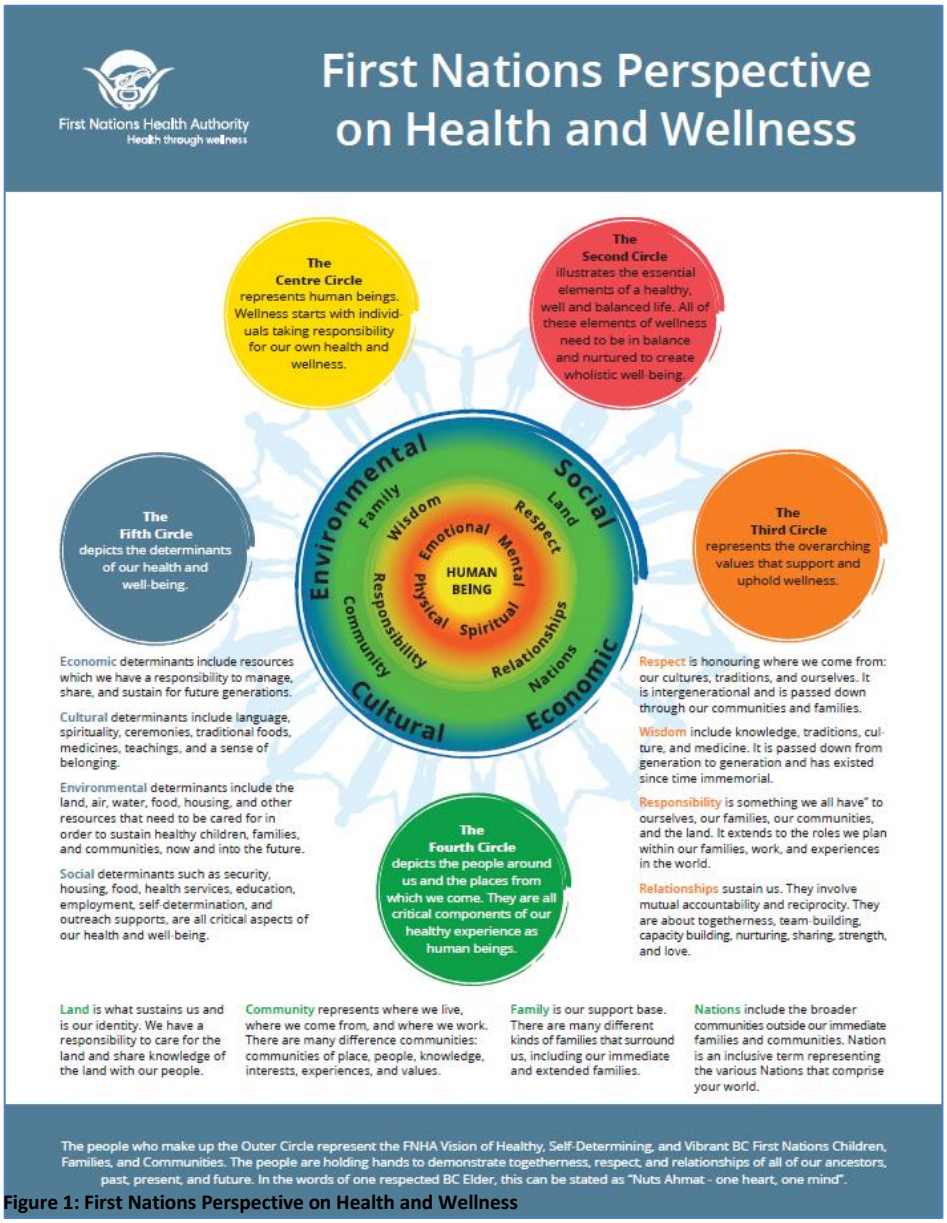

Figure 1: First Nations Perspective on Health and Wellness

FNHA's Primary Health Care++ Approach

To guide efforts towards increasing access to quality, culturally safe care, the FNHA envisions a holistic approach to primary health care for First Nations in B.C, informed by a decade of engagement with First Nations in B.C. The Primary Health Care ++ (PHC++) Approach (**Figure 2**) places the individual, family and community at the centre, supported by interdisciplinary team-based care and wrap-around services provided at primary, secondary and tertiary levels with seamless integration enabled by technology. The '++' represents unique perspectives on health and wellness for First Nations people living in B.C, including: the importance of cultural safety and humility as well as trauma-informed care; the provision of traditional wellness, oral health and mental health and wellness at the primary health care level; and strong integration with upstream community public health, allied health and wellness services.

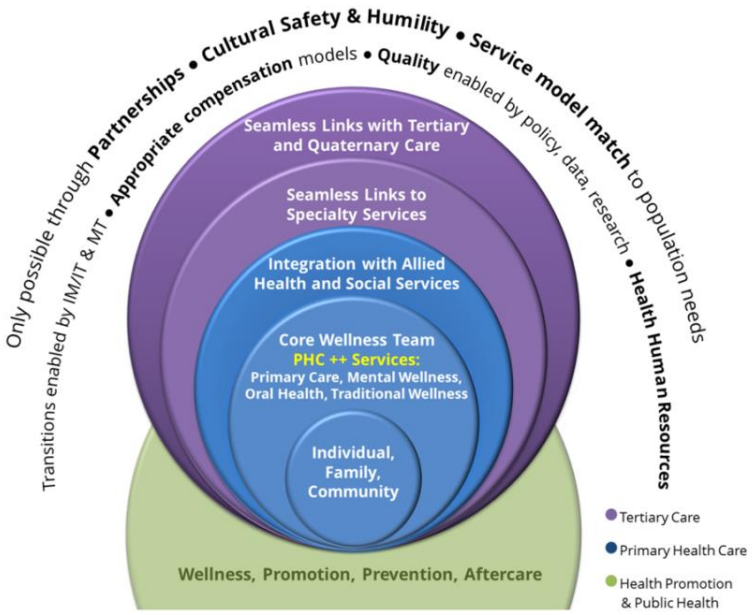

Figure 2: First Nations Health Authority's Primary Health Care++ Approach

Métis Nation Perspective on Health and Wellness

Figure 3: Métis Nation Perspective on Health and Wellness

The Métis are a distinct group of Indigenous people as identified in Canada's Constitution. Métis people in B.C. today are as resilient as ever. The Métis Nation is well-connected to the land and its offerings. Métis culture and heritage includes distinct music, dance, language, art, traditional food and medicines. Métis Nation works to preserve and share traditional teachings, gifts received from their Elders, Cultural Protocols, the Michif language and way of living. Communities struggle to revitalize and promote their distinct Métis identity and diverse cultural practices which impacts community health and wellness.

Métis people's overall health and well-being is impacted when this is not properly acknowledged in Indigenous programs and services. Their perspectives must be included in the design and delivery of programs and services for Indigenous peoples. The Métis Nation Perspective on Health and Wellness **(Figure 3)** is a resource developed by Métis Nation BC (MNBC). Wellness for Métis people includes the holistic connectedness of physical, mental, emotional, spiritual and cultural aspects of life. Health and well-being for Métis is focused on Métis Community, family and individuals (according to the Métis Nation Relationship Accord II).

MNBC advocates for appropriate engagement and resources from all levels of government. Métis people are the "Otipemisiwak" which is a Cree term meaning the "people who own themselves" or the "people who govern themselves."

The following sections outline considerations and recommendations for PCNs during development and integration of health systems-level cultural safety and humility policies, operational principals and mechanisms.

Key considerations in the development of policies and mechanisms to enable culturally safe care:

- The First Nations Perspective on Health and Wellness (**Figure 1**), FNHA's Primary Health Care ++ (PHC++) Approach (**Figure 2**) and Métis Nation Perspective on Health and Wellness (**Figure 3**) are important to consider during PCN service planning, as each is based on extensive engagement with Indigenous people living in B.C. These perspectives are a starting point toward a comprehensive approach toward necessary Indigenous considerations and leadership; however, the approach must also include meaningful collaboration with Indigenous partners.
- Integration of Elders and/or Traditional Healers onto interdisciplinary health care teams can improve health outcomes.[17] Increasing equity in health status for Indigenous peoples is an important outcome and needs to be considered in PCN service planning and evaluation.
- Health sector data shows Indigenous people experience significant disparities in health status when compared to the rest of the population of BC and this needs to be considered in PCN development. For example, Status First Nations individuals experience shorter life expectancy, higher infant mortality rates, higher youth suicide rates, and higher diabetes prevalence.[18] First Nations also tend to access the health system differently. For example, Status First Nations are less likely to be attached to a primary care provider; are less likely to access primary care services; and are more likely to use emergency departments for primary care services.[19]
- Due to historic and ongoing racism and systems of colonialism, trauma-informed policies and practices are key to addressing health equity within PCNs. Culturally safe care is trauma-informed and enabled by cultural humility.

To ensure cultural safety, PCNs will need to consider the following recommendations.

Recommendations

At a minimum, cultural safety and humility policies, protocols and resources should be developed in collaboration with local Indigenous partners as they are experts in their own realities and provide a

[17] Hadjipavlou, G., Varcoe, C., Tu, D., Dehoney, J., Price, R. & Browne, A.J. (2018). "All my relations": experiences and perceptions of Indigenous patients connecting with Indigenous Elders in an inner-city primary care partnership for mental health and wellbeing. *CMAJ, 190*(20), pp. E608-E15. Retrieved from: http://www.cmaj.ca/content/190/20/E608

[18] https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/indigenous-health-well-being-2018.pdf

[19] Information is from the linked 2008/09 to 2014/15 Health System Matrix (HSM) to the First Nations Client File across the province and by region. Data pertaining to non-status First Nations, Métis, and Inuit peoples are not captured through the First Nations Client File and are not available at the provincial level at this time.

necessary lens on any policies and protocols that impact their care. Indigenous partners should be included in all stages of the PCN planning, implementation and operations that will impact them.

In addition to the above, it is recommended that PCNs:

a) **Designate a cultural safety and humility lead from within the PCN planning team.** In recognition of the importance of ensuring PCNs are culturally safe and acknowledging varying resources and capacities of Indigenous partners, a person could be identified to lead cultural safety and humility planning and implementation across the PCN.

b) **Implement health human resources policies at the PCN level that promote recruitment and retention of Indigenous practitioners and staff.** When staff and care practitioners are reflective of the people they serve, it contributes to positive experiences of cultural safety. Greater efforts to include Indigenous practitioners and staff should be made, especially when PCNs serve Indigenous communities or high numbers of Indigenous people. This option is inclusive of practitioners and staff in all roles within a PCN.

c) **Incorporate Indigenous perspectives on health and wellness (examples above in this section) into PCN service plans.** Key elements of local Indigenous community perspectives should inform service planning to address service gaps for Indigenous individuals, families and communities. Whenever possible and pending available resources, interdisciplinary care teams within PCNs should include practitioners and staff that operate from a wholistic[20] perspective and are able to support individuals receiving care in addressing environmental, social, cultural and economic health and wellness concerns. This includes practitioners such as mental health and wellness workers, Elders, Traditional Healers, and Traditional Dieticians.

d) **Incorporate local Indigenous cultural elements in PCN design and operations.** Each step of the experience from the time an individual calls to schedule an appointment to the time they leave a clinical space have the potential to contribute to cultural safety. Being able to recognize elements of oneself and one's culture reflected in a physical space (such as signage and artwork) and in communications/operations (such as greeting protocols, family and community centered care) can contribute to feelings of safety. These elements should be discussed with local Indigenous partners.

Recommended Resources

First Nations Perspective on Health and Wellness

This resource depicts the vision of the First Nations Health Authority, for *Healthy, Self-Determining, and Vibrant BC First Nations Children, Families and Communities.* Including the First Nations Perspective on

[20] This spelling is deliberate as it implies "whole," as recommended by Mi'kmaw Elder Murdena Marshall. Wholistic health includes supporting the whole person, i.e., the physical, mental, emotional and spiritual aspects of their well-being.

Health and Wellness into PCN design will help inform service planning to meet the needs of Indigenous individuals, as per recommendation c) above.

Link: The First Nations Perspective on Health and Wellness

Improving Indigenous Cancer Journeys in BC: A Road Map

This resource, also called B.C.'s "Indigenous Cancer Strategy," was created in partnership between the FNHA, Métis Nation BC, the BC Association of Aboriginal Friendship Centres, and BC Cancer. The resource features the First Nations Perspective on Health and Wellness, and Métis Nation Perspective on Health and Wellness.

Link: Improving Indigenous Cancer Journeys in BC: A Road Map

EQUIP Health Care Toolkit

This resource focuses on sharing knowledge regarding equity-oriented health care practices and includes key tools to take the theory and evidence behind equity-oriented care and put it in real, concrete terms with examples of how to shift conversations, practices and clinic spaces toward equity.

Link: EQUIP Health Care Toolkit

Indigenous Elders in Primary Care

The Canadian Medical Journal Association article titled, "All my relations: experiences and perceptions of Indigenous patients connecting with Indigenous Elders in an inner-city primary care partnership for mental health and wellbeing" (Hadjipavlou, Varcoe, Tu, Dehoney, Price, & Browne, 2018) presents qualitative results of having a cultural mentorship Elder partnership program, followed by Elders providing direct patient care. The findings compliment quantitative data linking Elder care to reductions in suicidality and depression. In addition to important mental wellness impacts, having Elders on the care team improved trust/relationships between Indigenous patients and non-Indigenous practitioners at the clinic.

Link: All my relations: experiences and perceptions of Indigenous patients connecting with Indigenous Elders in an inner-city primary care partnership for mental health and wellbeing

First Nations Pronunciation Guide

This document provides an English phonetic guide to pronunciation of First Nations communities across BC.

Link: A Guide to the Pronunciation of Indigenous Communities and Organizations in BC

Education, Training and Performance Review

Background

All PCN practitioners and staff play a key role in ensuring a culturally safe experience for Indigenous people receiving care through meaningful relationships founded in the practice of cultural humility, and interactions that are based on mutual respect. Indigenous cultural safety and humility training and ongoing performance review[22] are important elements that enable the delivery of culturally safe care. Further, ensuring that health care practitioners and staff attend appropriate training provides the opportunity for PCN practitioners and staff to learn and practice cultural humility.

TRC Call to Action #23:

We call upon all levels of government to:

I. Increase the number of Aboriginal professionals working in the health-care field.

II. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.

III. Provide cultural competency training for all healthcare professionals.[21]

There are a variety of training opportunities available that seek to enhance the learner's knowledge of the historic and contemporary impacts of colonialism and racism and gain skills and abilities to work with Indigenous individuals, families and communities in culturally safe ways. It is critical that education and training be paired with ongoing performance assessment and review, as one cannot simply achieve competency in cultural safety provision as a static, fixed result. Finally, as trauma underpins many of the health disparities experienced by Indigenous peoples due to historic and ongoing colonial oppression, trauma-informed care [23] is inextricably linked to successful cultural safety practices.

Key considerations regarding education, training and performance review:

- Consider the development of a continuous education and training framework that identifies foundational training recommendations for all PCN practitioners and staff, regardless of position (e.g. practitioners, administrators, board and committee members), and specific training recommendations for front-line health care practitioners. San'yas Indigenous Cultural Safety training, and where available, Nation-specific and/or regional cultural safety training are options for foundational training.
- As a health care experience begins at first contact, whether by telephone, in-person or through virtual care, every practitioner and staff member that an individual patient (family and/or caregiver) encounters when seeking care should participate in Indigenous cultural safety and humility education and training.
- Training should not be a 'one and done,' but rather focus on continuous learning principles and practices (such as debriefing circles, webinars, workshops, etc.) to encourage and support

[21] Terminology as it appears in the TRC's Calls to Action.

[22] Performance Review is an iterative process of planning, checking-in, and review through which practitioners, management and staff ensure that PCN goals and objectives are being met.

[23] *Trauma-informed care* is when all facets of health care planning and delivery include the understanding of how trauma impacts individuals seeking care (Raja et al., 2015)

capacity development towards practicing in a culturally safe and humble way. In this model, PCNs provide practitioners and staff with the opportunity to practice cultural humility to continually enhance cultural safety. Ongoing, and at minimum annual performance reviews, that include progress towards cultural humility should be considered for all PCN practitioners and staff.

- Indigenous practitioners and staff may have a wealth of lived and professional experience with regards to cultural safety and humility and trauma-informed care. Varying training options such as an opt-out or advanced training plan should be considered for Indigenous practitioners and staff; however, this would not preclude Indigenous practitioners and staff from learning about local protocol and cultural practices, as well as learning about other Indigenous people in the area.

Recommendations

PCNs are expected to work in collaboration with local Indigenous communities and organizations to determine local training and performance management and enhancement options. Some training and performance management options are as follows:

a) **Strongly encourage/require practitioners and staff to take formal foundational Indigenous cultural safety and humility training.** One foundational course is the provincial San'yas[24] Indigenous Cultural Safety training, which is offered through the Provincial Health Services Authority (PHSA). In addition, some health authorities have developed Indigenous cultural safety foundational courses, and in some regions Indigenous communities have developed Nation-specific resources and training opportunities.

b) **Recognize and accommodate training needs for PCN practitioners, staff, and administrators, who identify as Indigenous.** San'yas Indigenous Cultural Safety training also provides an Indigenous-participant-only cohort. The Indigenous-participant-only cohort has been adapted to address the needs of Indigenous practitioners and staff, who may bring with them lived experience and a deeper understanding of cultural safety and trauma-informed care. The cohort is specifically designed to mitigate the risk of triggering trauma.

c) **Provide training on trauma-informed care for all service practitioners and staff.** Historical and ongoing colonialism and racism, the residential school system, Indian hospitals and other contemporary policies and practices such as community and family violence, sexual abuse, and the corrections and child welfare systems, all contribute to experiences of trauma and intergenerational trauma. In order to understand cultural safety, PCN practitioners and staff must understand and be able implement trauma-informed care, i.e. care informed by the recognition of the impact trauma may have on individuals, families and communities and responds accordingly to create a safe, supportive and empowering environment.

[24] 16 Continuing Medical Education credits are provided to physicians for the completion of this program.

d) **Develop cultural safety and humility training protocols in partnership with local Indigenous partners.** This option is left open-ended to enable unique community-driven and Nation-based approaches to develop cultural safety training and protocol that best suits the needs of the individuals, families and communities served by the PCN.

e) **Incorporate measures to ensure performance review and enhancement of cultural safety and humility over time.** This might include addressing cultural safety and humility skill assessment and development with PCN practitioners and staff performance reviews or utilizing the BC Government's Indigenous Relations Behavioural Competencies to guide performance review.

f) **Encourage practitioners and staff to pledge commitments to advancing cultural safety & humility.** At various stages of learning and development, encourage practitioners and staff to make formal commitments to actions to enable culturally safe care and further their practice of cultural humility. Practitioners and staff may consider making a pledge and posting it in their office as part of the FNHA's #itstartswithme campaign, and PCNs may consider signing a Declaration to Cultural Safety & Humility. Details for each of these options are available on Cultural Safety & Humility website.

Recommended Resources

Provincial Health Services Authority: San'yas Indigenous Cultural Safety Training

The *San'yas Indigenous Cultural Safety (ICS) Online Training Program*, is available to any individual interested in or currently working with Indigenous populations across B.C. This training is designed to increase self-awareness and strengthen skills through Indigenous-specific knowledge and learning activities. There is an Indigenous-specific ICS health training program, with the goal of improving access to health services and information for Indigenous peoples.

Link: San'yas Indigenous Cultural Safety Training

Link: San'yas Cultural Safety Training for Indigenous Participants Only

Indigenous Cultural Safety (ICS) Collaborative Learning Series

The ICS Learning Series provides a forum for learning about Indigenous cultural safety in a variety of contexts. It offers an interactive webinar forum in which listeners can engage with issues and learn from Indigenous leaders and allies from across Canada and internationally.

Link: National Indigenous Cultural Safety Learning Webinar Series

BC Trauma-Informed Practice Guide

This guide supports the translation of trauma-informed principles into practice and would help PCNs plan and implement more well-rounded culturally safe training policies and protocols.

Link: BC Trauma-Informed Practice Guide

Indigenous Relations Behavioural Competencies (British Columbia)

To support a government-to-government relationship between the Province of BC and Indigenous people, the Indigenous relations behavioural competencies improve individual and team-level skills in working with Indigenous people. These competencies would support and strengthen training policies and protocols for health care providers and align with provincial-level approaches to cultural safety.

Link: Indigenous Relations Behavioural Competencies

Can-SOLVE Wabishki Bizhiko Skannj Learning Pathway

This tool is a learning pathway designed for researchers to enhance their knowledge and awareness culturally safe health research practices, Indigenous stories and voices, racial biases and the impacts of colonialism on the health and wellness of Indigenous communities.

Link: Wabishki Bizhiko Skannj Learning Pathway

Obtaining Feedback from Individuals Receiving Care

Background

Cultural safety, informed by cultural humility, can only be achieved when the people receiving services say it has been achieved. As cultural safety may only be assessed at the level of the individual receiving care, with respect to each interaction with the health system, it is recommended that PCNs implement measures to obtain individual, family and caregiver feedback on the provision of culturally safe care, on an ongoing basis. Meaningfully reviewing and addressing feedback is a key practice of cultural humility.

Through the practice of cultural humility, cultural safety strives to address power imbalances inherent in the health system. Cultural safety and cultural humility should protect Indigenous persons receiving care in circumstances with a significant power differential between recipient and provider, ensure effective care and mitigate race-based discrimination in the health care setting. Focusing on individual voices as a mechanism for evaluation is one way of shifting the balance of power and ensuring safer care.

The “Two-Eyed Seeing” concept, introduced by Mik’maq Elders, Albert Marshall and Murdena Marshall from the Eskasoni Nation, should be considered as a guiding framework when obtaining feedback from Indigenous individuals and communities. Two-Eyed Seeing is learning to see the strengths of Indigenous worldviews with one eye and the strengths of Western ways of knowing with the other. Utilizing both viewpoints together will support the collection and analysis of feedback that upholds and honours Indigenous ways of knowing, which will support enhanced reflection and learning regarding the delivery of culturally safe care.

Key considerations regarding the collection of feedback include the following:

- The PCN Evaluation Working Group is in the process of determining cultural safety and humility indicators, which may have implications for the collection of feedback from individuals engaging in care.
- Obtaining feedback must itself be a culturally safe process, and not place undue burden on the individual receiving care, their family or the PCN. This includes using a formal complaints

process as a way of obtaining feedback. Providing a mechanism for complaints and processes to address issues are encouraged and are important steps in working towards care that is culturally safe for all. The complaints mechanism should be clearly established, communicated, available in common waiting rooms and provided to each patient.

- As individuals may be hesitant to report experiences of culturally unsafe care, stigma and racism out of fear of repercussions, it is important to ensure confidential and/or anonymous methods of obtaining feedback that will not have a real or perceived impact on future services.
- At the provincial level, Indigenous partners will be engaged in the development of culturally appropriate and respectful data collection, use, and disclosure guidelines. In addition, the GPSC Information Sharing Task Group is exploring the creation of an agreement that will provide certainty and clarity of legislative authority and rules to share health information between parties within a PCN, enabling continuity of care.
- Some regional health authorities are in the process of implementing the Government Standard for Aboriginal Administrative Data (AADS), which is a provincial standard to data collection involving Indigenous communities. Training and wrap-around support for data collection is critical and must be considered in PCN development. Indigenous peoples and communities have complex and intersecting cultural identities. As such there may be elements of a health care interaction that make a client feel unsafe that relate to gender, sexuality, (dis)ability, age, and other factors. These experiences, whether they are related to Indigeneity, contribute to the overall experience of cultural safety, or lack thereof, and are important to consider. It is important therefore, to utilize trauma-informed practices when obtaining feedback.
- PMH evaluation tools, such as the GPSC PMH Assessment and the Patient Experience Tool, may support the collection of feedback from persons engaging in care.

Recommendations

At a minimum, PCNs should discuss the collection of feedback with Indigenous partners and utilize community-driven approaches where possible. Health Authority Indigenous or Aboriginal Health teams can help ensure alignment to a conscientious, culturally safe approach. PCNs could consider the following options, which are not mutually exclusive:

a) **Simple digital mechanisms such as text message or online surveys.** This method would help ensure confidentiality and anonymity. Questions could be standardized across PCNs or developed at the Interdivisional Strategic Council or Regional Health Authority level. This method would enable a greater number of people surveyed. This could be incorporated within existing mechanisms to elicit feedback. It is important to note, however, that digital mechanisms may be a barrier for some individuals due to varying levels of technological literacy/experience.

b) **Semi-structured interviews, talking circles or focus groups.** This method of obtaining information permits oral feedback and the potential for richer data on individual experiences and areas for improvement to be collected. This method could be designed to include cultural elements and information should be collected through a neutral third party not associated with health care practitioners or staff.

c) **Community-based participatory approaches, such as community planning or advisory committees and Elder Advisory roles.** To inform program development and delivery of care, and to better elicit client feedback on culturally safe care when necessary. This method could also be designed to include cultural elements.

d) **Nominations and recognition of the practice of cultural humility and culturally safe work for PCN practitioners and staff, or sites**. Utilizing a method for persons receiving care to identify practitioners and/or clinics that they felt were culturally safe and embodied cultural humility in their practice may enable others to seek care via these practitioners and providers.

Recommended Resources

The First Nations Information Governance Centre: Ownership, Control, Access and Possession (OCAP®)

This resource provides nationally adopted standard principles for conducting research on First Nations, including governance of First Nations' information, which should be incorporated into data collection protocol for gathering feedback on culturally safe care from Indigenous individuals.

Link: Ownership, Control, Access and Possession (OCAP®): The Path to First Nations Information Governance

Government Standard for Aboriginal Administrative Data (British Columbia)

Following the principles of OCAP®, this resource provides information on the commitment by the province to closing the socioeconomic gap between Indigenous and non-Indigenous people living in BC. One mechanism by which the provincial government aims to meet their commitment is the implementation of a provincial data standard to data collection involving Indigenous individuals.

Link: Government Standard for Aboriginal Administrative Data (AADS)

Two-Eyed Seeing: A Framework for Understanding Indigenous and Non-Indigenous Approaches to Indigenous Health Research (Debbie H Martin, 2012).

This resource is a journal article from the Canadian Journal of Nursing Research, published in 2012, that provides an academic lens on the key characteristics and principles of the concept of Two-Eyed Seeing and discusses the origins of Western and Indigenous approaches to understanding health and wellness.

Link: Two-Eyed Seeing: A Framework for Understanding Indigenous and Non-Indigenous Approaches to Indigenous Health Research

Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, Chapter 9 - Research Involving the First Nations, Inuit, and Métis Peoples of Canada (Government of Canada)

This chapter of the Tri-Council Policy Statement regarding the ethical conduct of research involving humans is centred on research involving Aboriginal peoples in Canada including First Nations, Inuit, and Métis peoples. The chapter provides a framework for ethical conduct with First Nations, Inuit, and Métis peoples including respectful relationships, collaboration and engagement.

Link: Research Involving the First Nations, Inuit, and Métis Peoples of Canada

General Practice Services Committee (GPSC): PMHs and PCNs

This resource provides information on the integrated system of care designed by the GPSC to enable greater access to quality primary health care across all populations living in British Columbia. Information about the structure and function of PMHs and PCNs will inform data collection procedures from individuals seeking care, from the perspective of the PMH model.

Link: Patient Medical Homes (PMH) and Primary Care Networks (PCN)

Appendix A: Key Contact List

Health Authority Aboriginal (or Indigenous) Health Directors		
Health Authority	**Contact**	**Contact Information**
Fraser Health Authority	Carolyne Neufeld Executive Director, Aboriginal Health	Fraser Health Authority Central City Tower 3450 102nd Ave Suite 400 Surrey BC V3T 0H1 **Phone :** 604-587-5737 ext. 765737 **Mobile :** 236-332-1509 **Fax :** 604 587-4640 **E-mail :** Carolyne.Neufeld@fraserhealth.ca **Assistant:** Angela Lew **Phone:** 604 587-4405 **E-mail:** Angela.Lew@fraserhealth.ca
Interior Health Authority	Brad Anderson Program Director, Aboriginal Health	Interior Health Authority 519B Columbia St Kamloops BC V2C 2T8 **Phone:** 250 320-5551 **Fax:** 250 372-7400 **E-mail:** Bradley.Anderson@interiorhealth.ca **Assistant:** Christine Matvenko **Phone:** 250 838-2473 **E-mail:** Christine.Matvenko@interiorhealth.ca
Northern Health Authority	Margo Greenwood, PhD Vice President, Indigenous Health	Northern Health Authority 600–299 Victoria St Prince George BC V2L 5B8 **Phone:** 250-649-7061 **Fax:** 250-565-2640 **E-mail:** Margo.Greenwood@northernhealth.ca **Assistant:** Candice Campbell **Phone:** 250-649-7226 **E-mail:** Candice.Campbell@northernhealth.ca

Provincial Health Services Authority	Cheryl Ward, Ed.D., Executive Director, Indigenous Cultural Safety and Strategy, Indigenous Health	Provincial Health Services Authority 1333 West Broadway Vancouver BC V5Z 4C2 **Phone:** 604-707-6393 **Fax:** 604-707-6399 **E-mail:** cward-02@phsa.ca **Assistant:** Diana Hayward **Phone:** 604-707-6386 **E-mail:** Diana.Hayward@phsa.ca
Vancouver Coastal Health Authority	Leslie Bonshor Executive Director, Aboriginal Health	Vancouver Coastal Health Authority 601 West Broadway Suite 800 Vancouver BC VC2 **Mobile:** 604-831-4713 **Fax:** 604 731-2756 **E-mail:** leslie.bonshor@vch.ca **Assistant:** Nola Wuttunee **Phone:** 604-675-2530 ext: 22231 **E-mail:** Nola.wuttunee@vch.ca
Vancouver Island Health Authority	Ian Knipe Director, Aboriginal Health	Vancouver Island Health Authority 208-528 Wentworth St Nanaimo BC V9R 3E4 **Phone:** 250 755-6281 **Mobile:** 250 713-4549 **Fax:** 250 740-6909 **E-mail:** Ian.Knipe@viha.ca **Assistant:** Averil Henderson **Phone:** 250 331-8582 **Fax:** 250 331-8601 **E-mail:** Averil.Henderson@viha.ca

BC Association of Aboriginal Friendship Centres (BCAAFC) Friendship Centres in BC	
Friendship Centre	**Contact Information**
Cariboo Friendship Society http://www.cariboofriendshipsociety.ca	Address: 99 South Third Ave Williams Lake, BC V2G 1J1 Email: admin@cfswl.ca Phone: 250-398-6831
Conayt Friendship Society http://conayt.com/	Address: 2164 Quilchena Ave Merritt, BC V1K 1B8 E-mail: reception@conayt.com Phone: 250-378-5107
Dze L K'ant Friendship Centre http://www.dzelkant.com/	Address: 1188 Main Street Ave Smithers, BC V0J 2N0 E-mail: dzelkant@gmail.com Phone: 250-847-5211
First Nations Friendship Centre http://www.vernonfirstnationsfriendshipcentre.com/	Address: 2904 29th Ave Vernon, BC V1T 1Y7 E-mail: fnfc@shawcable.com Phone: 250-542-1247
Fort Nelson Aboriginal Friendship Centre http://www.fnafs.org/	Address: 5012-49th Ave Box 1266, Fort Nelson, BC V0C 1R0 E-mail: fnafs@northwestel.net Phone: 250-774-2993
Fort St. John Friendship Society	Address: 10208-95th Ave Fort St. John, BC V1J 1J2 E-mail: friendship@bluenova.ca Phone: 250-785-8566
Fraser Region Aboriginal Friendship Centre Association http://frafca.org/	Address: 10095 Whalley Boulevard Surrey, BC V8T 4G1 E-mail: reception@frafca.org Phone: 604-595-1170
Friendship House Association of Prince Rupert http://friendshiphouse.ca/	Address: 744 Fraser St Prince Rupert, BC V8J 1P9 E-mail: reception@friendshiphouse.ca Phone: 250-627-1717
Hiiye'yu Lelum (House of Friendship) Society http://hofduncan.org/	Address: 106-5462 Trans Canada Hwy Duncan, BC V9L 3Y2 E-mail: arlenesam@hofduncan.org Phone: 250-748-2242
Kamloops Aboriginal Friendship Society http://www.kafs.ca/	Address: 125 Palm St Kamloops, BC V2B 8J7 E-mail: june.smathers@iifs.ca

BC Association of Aboriginal Friendship Centres (BCAAFC) Friendship Centres in BC	
Friendship Centre	**Contact Information**
	Phone: 250-376-1296
Kermode Friendship Society http://kermodefriendship.ca/	Address: 3313 Kalum St Terrace, BC V8G 2N7 E-mail: info@kermodefriendship.ca Phone: 250-635-4906
Ki-Low-Na Friendship Society http://www.kfs.bc.ca/	Address: 442 Leon Ave Kelowna, BC V1Y 6J3 E-mail: reception@kfs.bc.ca Phone: 250-763-4905
Lillooet Friendship Centre Society http://www.lfcs.ca/	Address: 357 Main St Lillooet,BC V0K 1V0 E-mail: info@lfcs.ca Phone: 250-256-4146
Mission Friendship Centre Society	Address: 33150 A First Ave Mission, BC V2V 1G4 E-mail: receptionist@mifcs.bc.ca Phone: 604-826-1281
Nawican Friendship Centre	Address: 1320-102nd Ave Dawson Creek, BC V1G 2C6 E-mail: community@nawican.ca Phone: 250-782-5202
Ooknakane Friendship Centre http://www.friendshipcentre.ca/	Address: 146 Ellis Street Penticton, BC V2A 4L5 E-mail: reception@friendshipcentre.ca Phone: 250-490-3504
Port Alberni Friendship Center http://www.pafriendshipcenter.com/	Address: 3555 4th Ave Port Alberni, BC V9Y 4H3 E-mail: sbakker@pafriendshipcenter.com Phone: 250-723-8281
Prince George Native Friendship Centre http://www.pgnfc.com/	Address: 1600 Third Ave Prince George, BC V2L 3G6 E-mail: info@pgnfc.com Phone: 250-564-3568
Quesnel Tillicum Society http://www.quesnel-friendship.org/	Address: 319 North Fraser Drive Quesnel, BC V2J 1Y9 E-mail: ellen.brown@qnfc.bc.ca Phone: 250-992-8347
Sacred Wolf Friendship Centre	Address: 8950 Granville Street Port Hardy, BC V0N 2P0

BC Association of Aboriginal Friendship Centres (BCAAFC) Friendship Centres in BC	
Friendship Centre	**Contact Information**
http://www.sasamans.ca/index.php/en/sacred-wolf-friendship-centre	E-mail: admnswfc@telus.net Phone: 250-902-0552
Tansi Friendship Centre Society	Address: 5301 South Access Road Chetwynd, BC V0C 1J0 E-mail: reception@tansifcs.com Phone: 250-788-2996
Tillicum Lelum Aboriginal Society http://www.tillicumlelum.ca/	Address: 927 Haliburton Street Nanaimo, BC V9R 6N4 E-mail: educationcentre@tillicumlelum.ca Phone: 250-753-8291
Vancouver Aboriginal Friendship Centre Society http://www.vafcs.org/	Address: 1607 East Hastings St Vancouver, BC V5L 1S7 E-mail: info@vafcs.org Phone: 604-251-4844
Victoria Native Friendship Centre http://www.vnfc.ca/	Address: 231 Regina Ave Victoria, BC V8Z 1J8 E-mail: admin@vnfc.ca Phone: 250-384-3211
Wachiay Friendship Centre http://www.wachiay.org	Address: 1625B McPhee Ave Courtenay, BC V9N 5N4 E-mail: info@wachiay.com Phone: 250-338-7793

Métis Nation British Columbia (MNBC)			
Provincial Director: Tanya Davoren, tdavoren@mnbc.ca **Manager**: Ashley Turner, aturner@mnbc.ca **Contact**: Health Program Assistant, Marcella Williams, mwilliams@mnbc.ca			
MNBC Chartered Community	**President**	**Location**	**E-mail**
Vancouver Island Health Authority			
Mid-Island Métis Nation Association	President Joy Bremner	Nanaimo	MidIslandCC@mnbc.ca
North Island Métis Association	President Tyler Massee	Campbell River	NorthIslandCC@mnbc.ca
Cowichan Valley Métis Association	President Richard Lewis	Duncan	CowichanValleyCC@mnbc.ca
Alberni Clayoquot Métis Association	A/President June Graham	Port Alberni	AlberniClayoquotCC@mnbc.ca
Miki'siw Métis Association	President Bryce Mercredi	Comox	MikisiwCC@mnbc.ca
The Métis Nation of Greater Victoria Association	President Patrick Harriott	Victoria	GreaterVictoriaCC@mnbc.ca
Vancouver Coastal Health Authority			
Powell River Métis Society	President Russell Brewer	Powell River	PowellRiverCC@mnbc.ca
North Fraser Métis Association (Richmond)	President Anthony Krilow	New Westminster	NorthFraserCC@mnbc.ca
Fraser Health Authority			
Fraser Valley Métis Association	President Dawn Johnson	Abbotsford	FraserValleyCC@mnbc.ca
Golden Ears Métis Society	President Dave Peltier	Maple Ridge	GoldenearsMétissocietyCC@mnbc.ca
Chilliwack Métis Association	President Paul Gauthier	Chilliwack	ChilliwackCC@mnbc.ca
Waceya Métis Society	President Shelby Desjarlais	Abbotsford	WaceyaCC@mnbc.ca
Nova Métis Heritage Association	A/President Harland Coles	Surrey	NovaCC@mnbc.ca
Interior Health Authority			
Nicola Valley & District Métis Association	President Phil Dumont	Merritt	NicolaValleyCC@mnbc.ca

Ashcroft & District Métis Association	President Bev Hodgson	Ashcroft	AshcroftCC@mnbc.ca
Kelowna Métis Association	President Jean Neufeld	Kelowna	KelownaCC@mnbc.ca
Boundary Local Métis Community Association	President Myrna Logan	Grandforks	BoundaryCommunityCC@mnbc.ca
Vernon & District Métis Association	President Linda Van Wieringen	Vernon	VernonCC@mnbc.ca
Two Rivers Métis Society	President Dean Gladue	Kamloops	TwoRiversCC@mnbc.ca
South Okanagan Similkameen Métis Association	President Terry Kennedy	Kaleden	OSimilkameenCC@mnbc.ca
Salmon Arm Métis Association	President Sharon Bailey	Salmon Arm	SalmonArmCC@mnbc.ca
Vermillion Forks Métis Association	President Trudi Turner	Princeton	VermillionForksCC@mnbc.ca
Columbia Valley Métis Association	President Debra Fisher	Invermere	ColumbiaValleyCC@mnbc.ca
Métis Nation Columbia River Society	President Paul Ricard	Golden	ColumbiaRiverCC@mnbc.ca
Elk Valley Métis Association	President Jean Sulzer	Fernie	ElkValleyCC@mnbc.ca
Rocky Mountain Métis Association	President Jana Schulz	Cranbrook	RockyMountainCC@mnbc.ca
Nelson & Area Métis Association	President Don Courson	Slocan	NelsonCC@mnbc.ca
Kootenay South Métis Society	President Myrtle Servatius	Trail	KootenaySouthCC@mnbc.ca
Cariboo-Chilcoltin Métis Association	President Marlene Swears	Williams Lake	CaribooChilcotinCC@mnbc.ca
Northern Health Authority			
Métis Nation New Caledonia Society	President Lana Olson	Vanderhoof	NewCaledoniaCC@mnbc.ca
North Cariboo Métis Association	President Tony Goulet	Quesnel	NorthCaribooCC@mnbc.ca
Prince George Métis Community Association	A/President Victor Lavalee	Prince George	oka1@telus.net

Tri-River Métis Association	President Lynette McLean	Smithers	TriRiverCC@mnbc.ca
Prince Rupert & District Métis Association	President Joy Sundin	Prince Rupert	PrinceRupertCC@mnbc.ca
Northwest BC Métis Association	President Sid Peltier	Terrace	NorthwestCC@mnbc.ca
North East Métis Association	President Sadie Lukan	Pouce Coupe	NorthEastCC@mnbc.ca
Moccassin Flats Métis Society	President Darlene Cambell	Chetwynd	MoccasinFlatsCC@mnbc.ca
Fort St John Métis Society	President Jacqueline Alderking	Fort St. John	fsjMétis@telus.net
Int. Charter: Peace of the River Métis Society	President Valerie Paice	Hudson Hope	vpaice@pris.ca

First Nations Health Authority Regional Contacts and Regional First Nations
Fraser Region

Regional Executive Director: Michelle DeGroot, Michelle.Degroot@fnha.ca
Regional Manager of Projects: Jay Lambert, Jay.Lambert@fnha.ca
Primary Care Lead: Tegan Parsons Becker, Tegan.Parsons@fnha.ca
Director, Regional Engagement: Diane McEachern, Diane.Mceachern@fnha.ca
Regional Health Liaison: James George, James.George@fnha.ca
Community Engagement Coordinator: Antonia Victor, Antonia.Victor@fnha.ca

Nations:

North (3)

- Qayqayt
- Kwikwetlem
- Katzie

South (3)

- Kwantlen
- Semiahmoo
- Tsawwassen

East (21)

- Aitchelitz
- Cheam
- Peters
- Seabird Island
- Chawathil
- Chehalis
- Kwak'Kwaw'Apilt
- Scowlitz
- Shxw'ōwhámél
- Squiala
- Skwah
- Soowahlie
- Leq'a:mel
- Skawahlook
- Skowkale
- Shxwha:y Village
- Sumas
- Popkum
- Tzeachten
- Yakweakwioose
- Sts'ailes

North East (5)

- Boothroyd
- Boston Bar
- Union Bar
- Spuzzum
- Yale

First Nations Health Authority Regional Contacts and Regional First Nations
Interior Region

Regional Director: Lisa Montgomery-Reid, Lisa.Montgomery-Reid@fnha.ca
Regional Nurse Manager: Pamela Crema, Pamela.Crema@fnha.ca

Nation Contact	Division of Family Practice & Communities
Dakelh Dene Jamie Tanis Jamie.Tanis@fnha.ca Phone: 250-398-7033	Central Interior Rural Division 100 Mile House, Williams Lake and Tatla Lake
Ktunaxa Shannon Girling-Hebert sgirling-hebert@ktunaxa.org	East Kootenay Division Cranbrook, Creston, Kimberley, Fernie, Invermere, Golden
	Kootenay Boundary Division Castlegar, Christina Lake, Fruitvale, Grand Forks, Greenwood, Kaslo, Midway, Nakusp, Nelson, New Denver, Rossland
Secwepemc Londea Riffel Londea@secwepemchealth.ca Morgan Christopher hubtech@secwepemchealth.ca	Shuswap North Okanagan Division Armstrong-Spallumcheen, Vernon, Salmon Arm
	Thompson Division Ashcroft, Barriere, Chase, Kamloops, Logan Lake, Sun Peaks
	Central Interior Rural Division
	Clearwater Chapter of the Rural and Remote Division
Syilx Jennifer Lewis Wellness.manager@syilx.org	Shuswap North Okanagan Division
	Central Okanagan Division Kelowna, Oyama, Westbank, Peachland
	South Okanagan Similkameen Division Keremeos, Naramata, Oliver, Osoyoos, Penticton, Princeton, Summerland
	Kootenay Boundary Division
	Rural and Remote Division – Revelstoke Chapter
St'at'imc Sue Wilson Cheechoo scheechoo@statimchealth.net Leo Porter lporter@statimchealth.net	Rural and Remote Division – Western Interior Chapter Lillooet, Ashcroft, Lytton, Logan Lake
Tsilhqot'in Connie Jasper cjasper@tsilhqotin.ca	Central Interior Rural Division
Nlaka'pamux Bernadette Collins Bernadette.Collins@fnha.ca Phone: 250-315-5227	Rural and Remote Division – Western Interior Chapter
	Thompson Region Division

First Nations Health Authority Regional Contacts and Regional First Nations
Northern Region

Regional Director: Nicole Cross, Nicole.Cross@fnha.ca, 250-645-3020
Administrative Assistant to Regional Director: Lori Devereux, Lori.Devereux@fnha.ca, 250-645-3027
Regional Manager, Primary Care: Trish Howard**,** Patricia.Howard@fnha.ca, 250-645-3032

Nations:
There are 54 First Nations within the Northern Region. Map of Northern BC First Nations: https://chip.northernhealth.ca/CommunityHealthInformationPortal/Maps/NorthernBCCommunitiesMap.aspx

Northeast (8)

- Blueberry River First Nation
- Doig River First Nation
- Fort Nelson First Nation
- Halfway River First Nation
- McLeod Lake Indian Band
- Prophet River First Nation
- Saulteau First Nation
- West Moberly First Nation

North Central (20)

- Burns Lake Band
- Cheslatta Carrier Nation
- Kwadacha Nation
- Lake Babine Nation
- Lheidli T'enneh First Nation
- Nadleh Whuten
- Nak'azdli Whuten
- Nazko First Nation
- Nee-Tahi-Buhn Band
- Saik'uz First Nation
- Skin Tyee Nation
- Stellat'en First Nation
- Takla Lake First Nation
- Tl'azt'en Nations
- Tsay Keh Dene
- Wet'suwet'en First Nation
- Yekooche

Belong to Interior Regional Tribal Councils:

- ?Esdilagh Indian Band
- Lhoosk'uz Dene Government (Kluskus)
- Lhatko Dene

Northwest (26)

- Daylu Dena Council
- Dease River Band Council
- Gingolx Village
- Gitanmaax Village
- Gitanyow Village
- Gitga'at Nation
- Gitlaxt'aamiks Village
- Gitsegukla Village
- Gitwangak Village
- Gitwinksihlkw Village
- Gitxaala Nation
- Hagwilget Village
- Haisla Nation
- Iskut Band
- Kispiox Village
- Kitselas First Nation
- Kitsumkalum Band
- Lax galt'sap Village
- Lax Kw'alaams First Nation
- Metlakatla Indian Band
- Moricetown Band
- Old Massett Village Council
- Sik-e-dakh Village
- Skidegate Band
- Telegraph Creek
- Taku River Tlingit First Nation

First Nations Health Authority Regional Contacts and Regional First Nations
Vancouver Coastal Region

FNHA Vancouver Coastal Regional Office

Regional Executive Director: Kim Brooks, Kim.Brooks@fnha.ca, 604-661-3861
Acting Regional Manager: Trina Carpenter, Trina.Carpenter@fnha.ca, 604-693-6554
Administrative Coordinator: Shayla Jacobs, Shayla.Jacobs@fnha.ca, 604-693-6546
Primary Care Manager: Ann Hunter, Ann.Hunter@fnha.ca, 604-693-6590
Acting Team Lead Engagement: Brent Tom, Brent.Tom@fnha.ca, 604-693-6595

Nations:

South Coast (5)

- Musqueam (Vancouver)
- Shíshálh (Sechelt)
- Squamish (Squamish Valley & North Vancouver)
- Tla'amin (Powell River)
- Tsleil-Waututh (North Vancouver)

Community Engagement Coordinator: Judy Mitchell, Judy.Mitchell@fnha.ca, 604-661-3821 (West Vancouver)

Central Coast (4)

- Heiltsuk (Bella Bella)
- Kitasoo (Klemtu)
- Nuxalk (Bella Coola)
- Wuikinuxv (Rivers Inlet)

Community Engagement Coordinator: Bonnie Cahoose, Bonnie.Cahoose@fnha.ca, 250-799-5613 (Bella Coola)

Southern Stl'atl'imx (5)

- Lil'wat (Mount Currie)
- N'Quatqua (D'Arcy)
- Skatin (Skookumchuk)
- Samahquam (Lillooet River)
- Xa'xtsa (Douglas)

Community Engagement Coordinator: Darla John, Darla.John@fnha.ca, 604-894-0151 (Mount Currie)

First Nations Health Authority Regional Contacts and Regional First Nations
Vancouver Island Region

Regional Executive Director: Brennan MacDonald, Brennan.Macdonald@fnha.ca, 250-924-6125
Regional Manager, Primary Care: Kari Wuttunee, Kari.Wuttunee@fnha.ca, 250-816-6890
Regional Planner: Celeta Cook, Cleta.Cook@fnha.ca, 250-896-9060

Nations:

Coast Salish (20)

- Beecher Bay (Scia`New)
- Cowichan Tribes
- Esquimalt
- Halalt
- Homalco
- Klahoose
- Lake Cowichan
- Lyackson
- Malahat
- Nanoose
- Pauquachin
- Penelakut
- Qualicum
- Snuneymuxw
- Songhees
- Stzuminus
- T`Sou-ke
- Tsartlip
- Tsawout
- Tseycum

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Jon Rabeneck jon.rabeneck@fnha.ca

Nuu-chah-nulth (15)

- Ahousaht
- Ditidaht
- Ehattesaht
- Hesquiaht
- Hupacasath
- Huu-ay-aht
- Ka:'yu:'k't'h'/Che:k'tles7et'h'
- Mowachaht/Muchalaht
- Nuchatlaht
- Pacheedaht
- Tla-o-qui-aht
- Toquaht
- Tseshaht
- Ucucklesaht
- Yuutu?it?ath

Janice Johnson, Janice.johnson@fnha.ca
Sandra Tate, Sandra.tate@fnha.ca

Kwakwaka'wakw (15)

- Kwakiutl (Kwagu'l)
- Mamalilikulla (Mamalilikala)
- 'Namgis
- Tlowitsis (Lawit'sis)
- Da'naxda'xw
- Dzawada'enuxw
- Kwikwasut'inuxw Haxwa'mis
- Gwawae'nuxw
- Gwa'sala-'Nakwaxda'xw
- Gwa't'sinuxw
- Tlat'lasikwala
- Wei Wai Kum
- We Wai Kai
- Kwixa
- K'omoks

Cary Lee Calder, cary-lee.calder@fnha.ca
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Appendix B: Modified International Association of Public Participation (IAP2)

	Community Participation Goals	Organizational commitment	Community commitment	Platforms/ Techniques
Inform	To provide community with clear and objective information to assist in understanding the priority/problem/decision opportunity	Keep community informed and respond to their communication requests	To identify information needs as well as attend and review	− Emails − Websites − Newsletters − Workshops
Gather / Check-in	To obtain early community feedback on draft plans and recommendations	Listen to and acknowledge concerns and aspirations, and provide feedback on how community input influenced the decision	To respond and provide comments and suggestions, bring forward priority concerns	− Surveys − Focus Groups − Session Evaluations
Involve	To involve the community in the planning or design phase to ensure that their ideas and concerns are considered and reflected in alternatives and recommendations	Work with community to ensure that your concerns and ideas are directly reflected in the alternative or changes developed, and provide feedback on how community involvement influenced the decision	To contribute options/proposals based on realities their community population is faced with	− Topic Specific Sessions − Program Evaluation − Partnership Tables
Collaborate	To collaborate with community in the development of alternatives, recommendations and solutions	Look to community for advice and innovation in formulating solutions, and incorporate your recommendations into the decision as much as possible	To generate community agreement on advice or solutions for recommendations within the scope of the plan/goal for improvement	− Topic Specific Sessions − Advisory Committees & Working Groups − Partnership Tables
Partner	To place the direction in the hands of the community	Implement the community direction within scope/control available	To share consensus or majority recommendations on strategic options	− Joint Project Development − Common Goals, Activities and Evaluations

**The term "community" can refer to a single First Nations community, a collective of communities, or a specific group gathered as an audience with similar interests – e.g., Indigenous urban working group.*

Appendix C: Additional Resources

Webinar Series

National Indigenous Cultural Safety Learning Series
FNHA and BC Patient Safety & Quality Council
National Collaborating Centre for Aboriginal Health
University of British Columbia Learning Circle
University of Victoria Cultural Safety (Module 1; Module 2; Module 3)

First Nations Health Authority

FNHA's Cultural Safety and Humility website
FNHA's Policy Statement on Cultural Safety and Humility
Cultural Safety & Humility: Key Drivers and Ideas for Change
Creating a Climate for Change

Fraser Region

Aboriginal Health
Towards Cultural Competency, Safety and Humility to Improve Health and Healthcare for First Nations: Learning from the BC Experience (Webinar slide deck)

Interior Region

Aboriginal Health
IH Commitment to Aboriginal Health
Aboriginal Health and Wellness Strategy 2015-2019
Aboriginal Self Identification Project

Northern Region

Northern Health Indigenous Health
Cultural Safety: Northern Health Initiative
Northern Health Cultural Safety Case Study
Cultural Safety: Respect and Dignity in Relationships booklet
Local Cultural Resources (Booklet form)
Cultural Safety Posters
Cultural Safety Webinars

Vancouver Island Region

Aboriginal Health
Aboriginal Health Strategic Plan 2017–2021
VIHA Cultural Safety
Aboriginal Health Initiative Program
Setting the Table for a Healthy Food Conversation

Vancouver Coastal Region

Aboriginal Health

Aboriginal Cultural Practices: A guide for physicians and allied health care professionals working at Vancouver Coastal Health
Indigenous Cultural Safety: Allyship in Health Care webinar
Sacred Spaces and Gathering Places booklet
Aboriginal Health Complaints Process booklet
Aboriginal Cultural Practices booklet

Provincial Health Services Authority

Indigenous Health
San'yas Indigenous Cultural Safety Training
Indigenous Cultural Safety Learning Series webinars

BC Association of Aboriginal Friendship Centres

BCAAFC
List of Friendship Centres in BC

Métis Nation British Columbia

MNBC
MNBC Ministry of Health

Appendix D: Glossary

Term	Definition
Indigenous	For the purpose of using concise but inclusive language throughout the guidebook, the term "Indigenous" is used to represent all persons who self-identify as Indigenous, First Nations (status and non-status), Métis, Inuit, Aboriginal and/or other nation-specific terminology.
Systemic Racism & Discrimination	Racism and discrimination refers to the systemic oppression of Indigenous peoples in Canada, driven by the country's historic and ongoing colonial objectives, and the experiences of systemic racism and unequal access to health care resources, which includes the denial by health care administrators and staff that racism is a determinant of Indigenous peoples' health (Gunn, B.L., 2016).
Systemic Racism (FNHA)	Also known as structural or institutional racism, systemic racism is enacted through societal systems, structures and institutions in the form of "requirements, conditions, practices, policies or processes that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups" (Paradies et al., 2008). Systemic racism is not only enacted proactively in efforts that create racialized inequality, but also in the failure by those in power (e.g. policymakers, funders) to redress such inequalities (Reading, 2013). It is commonly manifested in social exclusion and isolation that limits or prevents political and economic participation, or access to and participation in other social systems such as education and health (Reading, 2013).
Client	The term client is used here to reflect the language used in communications reflecting the value propositions. Throughout the rest of the document the language of persons receiving care is utilized, rather than clients.
Cultural Safety (FNHA)	Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.
Cultural Humility (FNHA)	Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.
Cultural Competency (PHSA)	Health professionals' effectiveness in cross-cultural relations, which requires self-awareness and recognition of how this influences perceptions and treatment of others. *Indigenous Cultural Competency* refers to the knowledge, self-awareness, and skills that enable health professionals to work with and treat Indigenous people with respect. This knowledge includes cultural concepts, protocols, diversity and colonial context.

	Note: While this term has been defined for reference, as one cannot expect to achieve competency in another's culture, this term is not preferred.
Trauma-Informed Care	Trauma-informed care is when all facets of health care planning and delivery include the understanding of how trauma impacts individuals seeking care (Raja et al., 2015).
Performance Management	Performance Management is an iterative process of planning, checking-in, and review through which management and staff ensure that PCN goals and objectives are being met.
Institutional Avoidance	Mistrust or inability to interact with systems, such as health care and public safety, due to unsafe practices and trauma inflicted by the associated institutions.
Intergenerational trauma	Untreated trauma-related stress, experienced by survivors, that is passed on to second and subsequent generations.

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