



In Plain Sight Response

ANNUAL UPDATE | NOVEMBER 2025



Interior Health
INDIGENOUS PARTNERSHIPS



Acknowledgements

LAND ACKNOWLEDGEMENT

Interior Health provides health and wellness services across the ancestral, unceded and traditional territories of the Däkelh Dené, St'át'imc, syilx, Tšilhqot'in, Ktunaxa, Secwépemc and Nlaka'pamux Nations. We honour the First Nations as the traditional stewards of these lands and waters.

PARTNERSHIPS

Interior Health recognizes the Métis Nation British Columbia (MNBC), the 14 Métis Chartered Communities within the Interior region, and the Métis and 'away from home' Indigenous Peoples who contribute to the diverse landscape of Indigenous knowing and being in this region.

Interior Health promotes and supports health equity for all First Nations, Métis, and Inuit peoples. Whenever possible, we distinguish between First Nations, Métis, and Inuit, recognizing that they are distinct peoples with unique cultures, histories, rights, laws, and governments, with specific rights, interests, priorities, and concerns.

We are deeply grateful for the partnership, knowledge, and leadership of Indigenous Peoples across the Interior, whose guidance continues to shape and strengthen our collective journey toward equity, cultural safety, and reconciliation.



CEO Message

As we release our fifth *In Plain Sight Response Report*, Interior Health acknowledges that Indigenous-specific racism continues within our system and across the broader health sector. These experiences cause harm, erode trust, and contribute to inequitable health outcomes for First Nations, Métis, and Inuit peoples. Interior Health accepts responsibility for the role our organization has played, and continues to play, in these experiences.

Eliminating Indigenous racism is a core responsibility of Interior Health, and every leader, employee, and physician shares in this obligation.

The Indigenous voices that shape this report guide our understanding of where change is happening and where it is not. Patients and partners have been clear that trust grows when actions match our words. This requires eliminating Indigenous-specific racism whenever it shows up, creating culturally safe care environments, supporting Indigenous staff, and ensuring decisions about programs and services are guided by Indigenous leadership at local and regional levels.

Looking ahead, our focus is on deeper accountability and meaningful partnership. We will strengthen how we respond to incidents of racism, expand cultural safety and Indigenous-specific anti-racism education, and work closely with Nation partners to design and deliver services that reflect community priorities and uphold Indigenous rights and self-determination. Guided by our vision, mission, and values, we will continue to look inward, listen, and act to ensure Indigenous Peoples experience care that is respectful, grounded in belonging, and culturally safe.

To Indigenous partners, patients, staff, and communities across the Interior region, thank you for your leadership, your honesty, and your perseverance. Your guidance continues to shape our path forward.

Sylvia Weir
President & Chief Executive Officer
Interior Health



Grounding the Journey

Five years ago, the release of the [*In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*](#) called for a fundamental shift across the health system. The report exposed widespread Indigenous-specific racism and set out 24 recommendations for change.

Interior Health (IH) responded with a commitment to listen, learn, and act. Since 2020, this commitment has been reflected in a series of public reports that share progress, acknowledge challenges, and maintain transparency.



ABOUT THIS REPORT

This fifth *IH In Plain Sight Response Report* takes a deeper look at what has been learned and where change must be strengthened. It is organized into three parts:

[Part 1: The Voices of Partners, Patients, and Providers](#)

[Part 2: Progress and Reflection](#)

[Part 3: The Path Forward](#)

Across the years, IH has taken steps to confront Indigenous-specific racism within our systems, elevate Indigenous leadership, and embed cultural safety and humility throughout programs and services. Yet the experiences of Indigenous patients, families, and staff remind us that progress has not been quick or consistent enough. Trust continues to be built and rebuilt, and for many, racism and exclusion remain daily realities in health care.

The journey has been one of learning, unlearning, and accountability. The clearest measure of progress lies not in what IH has completed, but in how Indigenous patients, families, and staff experience care, respect, and belonging. The next section begins with these voices.

Part 1: The Voices of Patients, Partners, and Providers

INTRODUCTION

Understanding the experiences of Indigenous Peoples is central to IH's efforts to eliminate Indigenous racism and advance culturally safe care. This section represents the heart of this report. It reflects what Indigenous partners, patients, and providers have shared about their experiences with IH. What is changing, what remains unchanged, and what work still lies ahead. These experiences are shared with courage and generosity, reminding us that listening is the first act of accountability.

Throughout this section, short quotations from Indigenous partners, providers, and patients are included to reflect the range of experiences shared with IH. Patient quotes come from survey data collected by the *B.C. Office of Patient-Centred Measurement*. Quotations from partners and providers were gathered through interviews and are included with permission. All quotes are anonymized to protect privacy. These reflections help illuminate moments of respectful care as well as experiences where assumptions, dismissal, or racism caused harm. They are not presented to generalize or compare but to ground the themes in lived experiences of Indigenous Peoples who have interacted with our services and who guide our work.

HOW WE LISTENED

Perspectives in this section come from many voices across the Interior region. We gathered insights through interviews, partnership tables, and formal governance structures that guide our shared work in health and wellness.

Discussions from Nation-IH Partnership Tables and regional leadership tables, including the Partnership Accord Technical Table (PATT), Partnership Accord Leadership Table (PALT), and Métis Nation British Columbia-IH Leadership Table (MILT) helped shape the key themes described in Part 1. Nation Health Assemblies and Interior Region Health Caucuses also provided opportunities for leaders, health directors, and community members to speak openly about their experiences and priorities.

We invited health representatives from First Nations in the Interior region, Métis Nation B.C., and urban Indigenous service providers to share their reflections through virtual interviews. Indigenous Patient Navigators (IPNs) shared their experiences supporting Indigenous patients and families within our system.

To complement the voices shared in this section, patient experience data from the *B.C. Patient-Centred Measurement (BCPCM)* program provides additional insight into how self-identified Indigenous patients describe trust, communication, and cultural safety within IH hospital and emergency department settings. These data points are not intended to draw direct comparisons between groups or to interpret Indigenous experience through a statistical lens. Rather, they help illuminate patterns and gaps that align with what Indigenous partners and providers have expressed through engagement. Sample sizes for self-identified Indigenous respondents can be small; responses should be read with care and always alongside qualitative feedback shared throughout this report.

Details about interviews and data interpretation are provided in [Appendices B](#) and [C](#).



WHAT WE HEARD

Building Relationships & Rebuilding Trust

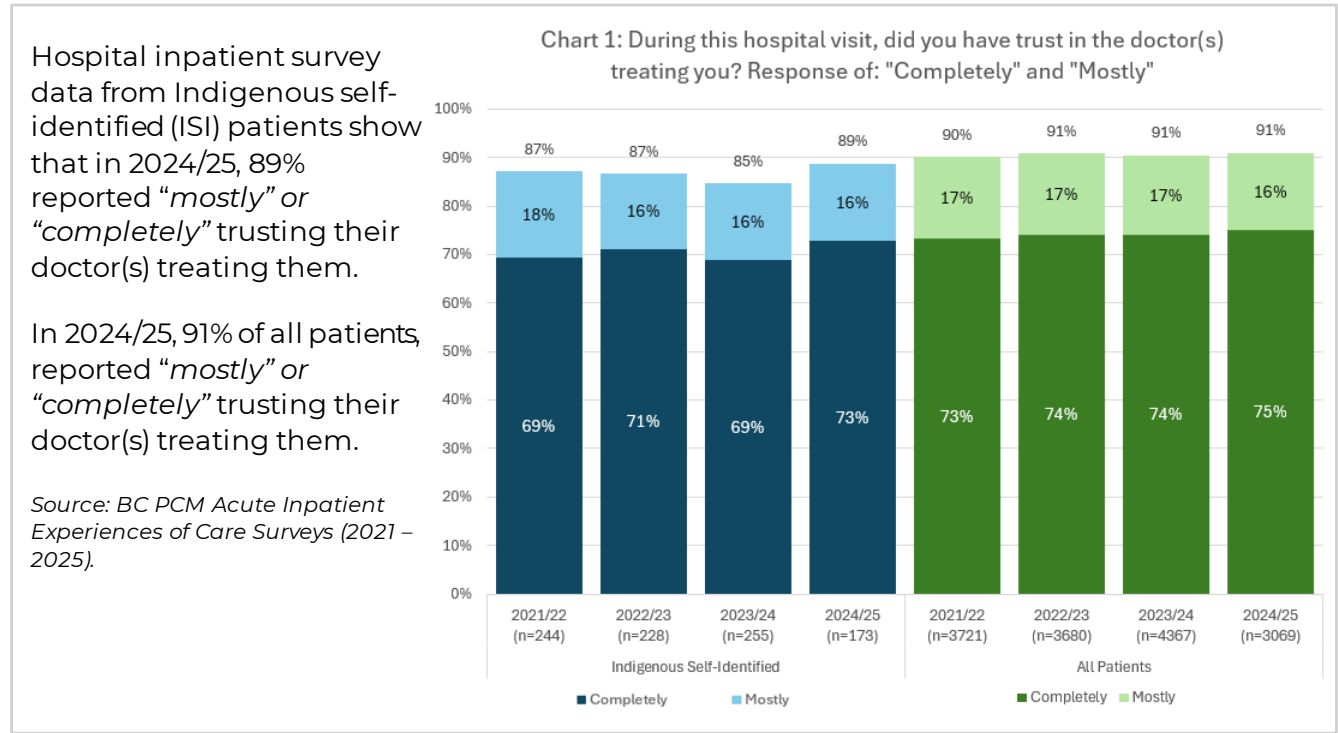
Relationships remain the foundation of progress. Nation partners emphasize that meaningful change depends on consistent, respectful relationships across the organization rather than with individual personalities or positions. When partnerships are strong and communication is regular, collaboration improves; when leadership changes or engagement slows, trust weakens.

Many partners describe the relationship between Nations and IH as evolving, but still fragile. They express that reconciliation requires reciprocity and shared decision-making that honors Indigenous knowledge and guidance in daily practice. Trust grows when IH shows up consistently, follows through, and communicates clearly about what is happening and why.

"[Community level] relationships are the most progressive because they focus on service delivery."

"IH has displayed the ability to be partners, it's almost person-dependent, which isn't effective long-term. If certain individuals leave their positions, you have to start the relationship all over again."

-- 2025 IPS Interview Participant

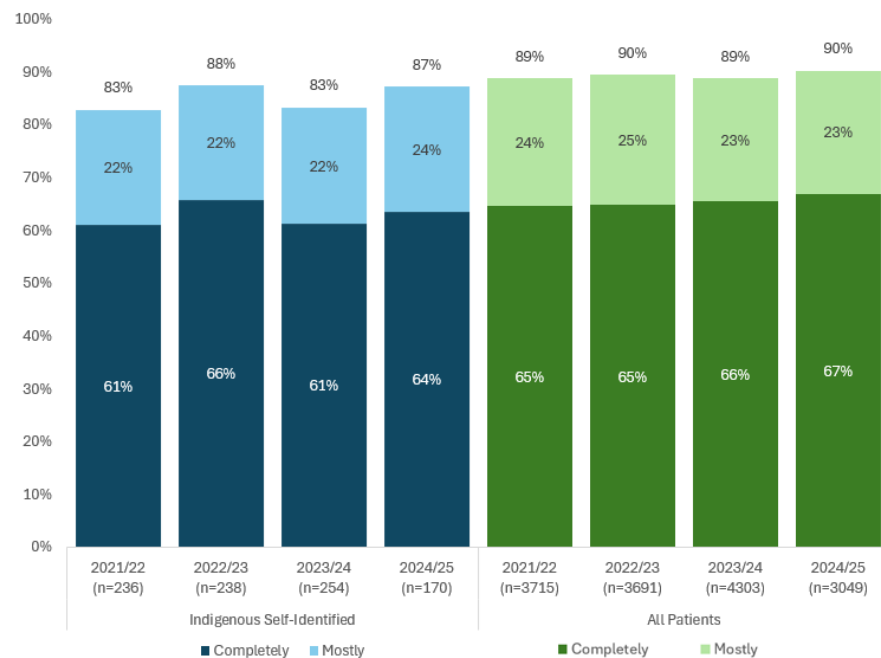


Hospital inpatient survey data from ISI patients show that in 2024/25, 87% reported “mostly” or “completely” trusting the nurses and other care providers who treated them.

In 2024/25, 90% of all patients, reported “mostly” or “completely” trusting the nurses and other care providers who treated them.

Source: BC PCM Acute Inpatient Experiences of Care Surveys (2021 – 2025).

Chart 2: During this hospital visit, did you have trust in the nurse(s) and other care providers treating you? Response of: “Completely” and “Mostly”

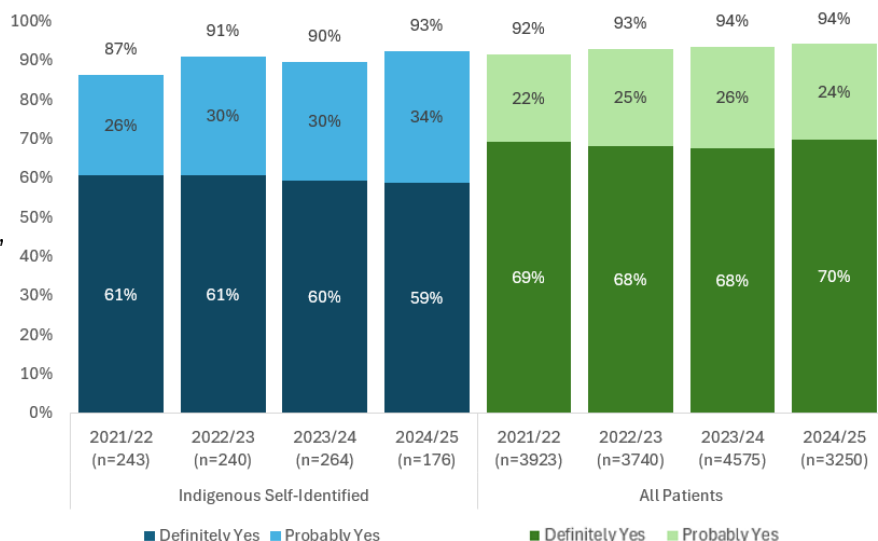


Hospital inpatient survey data from ISI patients show that in 2024/25, 93% reported “definitely yes” or “probably yes” would recommend the emergency department to friends and family.

In 2024/25, 94% of all patients, reported “definitely yes” or “probably yes” would recommend the emergency department to friends and family.

Source: BC PCM Acute Inpatient Experiences of Care Surveys (2021 – 2025).

Chart 3: Would you recommend this hospital to your friends and family? Response of: “Definitely Yes” and “Probably Yes”



Taken together, these data suggest that while many self-identified Indigenous patients who were surveyed do report respectful and trusting care, partners emphasize that trust must be rebuilt through consistent relational accountability, not isolated positive experiences.



Addressing Racism & Improving Cultural Safety

Indigenous partners and providers acknowledged that conversations about racism and cultural safety are now more open, marking a shift from silence to dialogue. However, many share that awareness alone is not enough; they want to see real accountability when racism occurs and when harm is caused.

Indigenous Patient Navigators (IPNs) continue to bear a heavy emotional and cultural load as they support patients who experience racism and dismissal. They take on many roles and are asked to educate staff, de-escalate harm, advocate for patients, and navigate our complex colonial system, often as the only Indigenous-specific staff member in the hospital.

Education was identified as one of the strongest levers for change. Indigenous partners and providers stress that cultural safety and Indigenous-specific antiracism training must move beyond general awareness to action. Efforts such as the IH Indigenous-specific antiracism education (ISAE) and IPN-led staff educational sessions were recognized as positive steps.

"The reason why we do cultural safety work...it's not an if [Indigenous racism and discrimination will] happen, it's a when it'll happen.

Build relationships so that when issues arise, there is a foundation to address them."

-- 2025 IPS Interview Participant

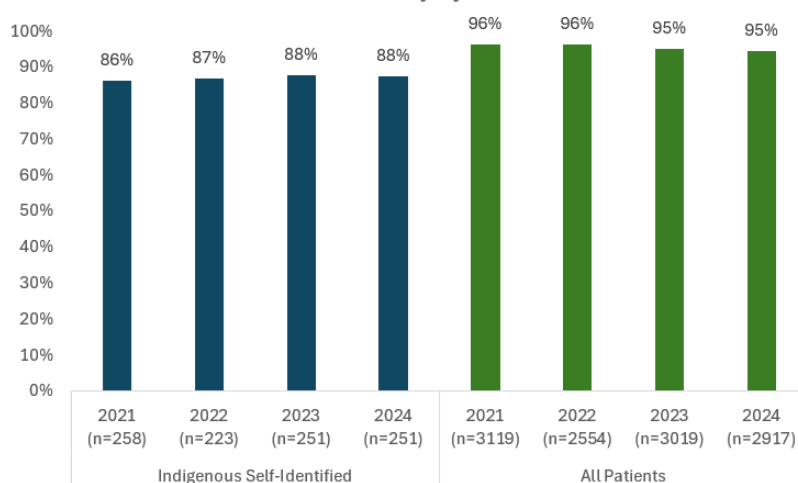
Partners and providers highlighted the need for ongoing, mandatory education for all staff and physicians, rather than relying on individual initiative to complete non-mandatory education. The importance of empowering and enabling Nations to lead and drive the education agenda was also emphasized.

Emergency department survey data from ISI patients show that in 2024, 88% reported *"I was not treated unfairly by ED staff"* due to race or cultural background.

In 2024, 95% of all patients reported *"I was not treated unfairly by ED staff"* due to race or cultural background.

Source: BC PCM Emergency Department Patient Experiences of Care Surveys (2021 – 2025).

Chart 4: During this emergency department visit did you feel you were treated unfairly by ED staff due to your race or cultural background? Response of: "I was not treated unfairly by ED staff"



Ongoing Barriers and Systemic Inequities

Systemic barriers continue to limit access to care for Indigenous Peoples, particularly for those living in rural and remote areas with fewer services, limited transportation options, and ongoing challenges linked to the social determinants of health.

A recurring theme is under resourcing of IPNs and other Indigenous-specific roles. Partners and providers described this as a form of inequity; with other disciplines having full contingents of teams and coverage and many hospitals relying on a single IPN to support all Indigenous patients and families.

Partners and patients shared frustration about the lack of clarity and follow-up when concerns about racism are raised. Processes were described as inconsistent with outcomes rarely communicated. There is a clear call for stronger reporting mechanisms, transparent responses, and visible accountability when racism occurs.

Survey data from IH emergency departments show that self-identified Indigenous patients continue to report a lower overall, physical, and mental and emotional health status than the general population (all patients), reflecting the broader impacts of racism, marginalization, and inequity. These persistent disparities serve as clear indicators that systems-level change is still urgently needed.

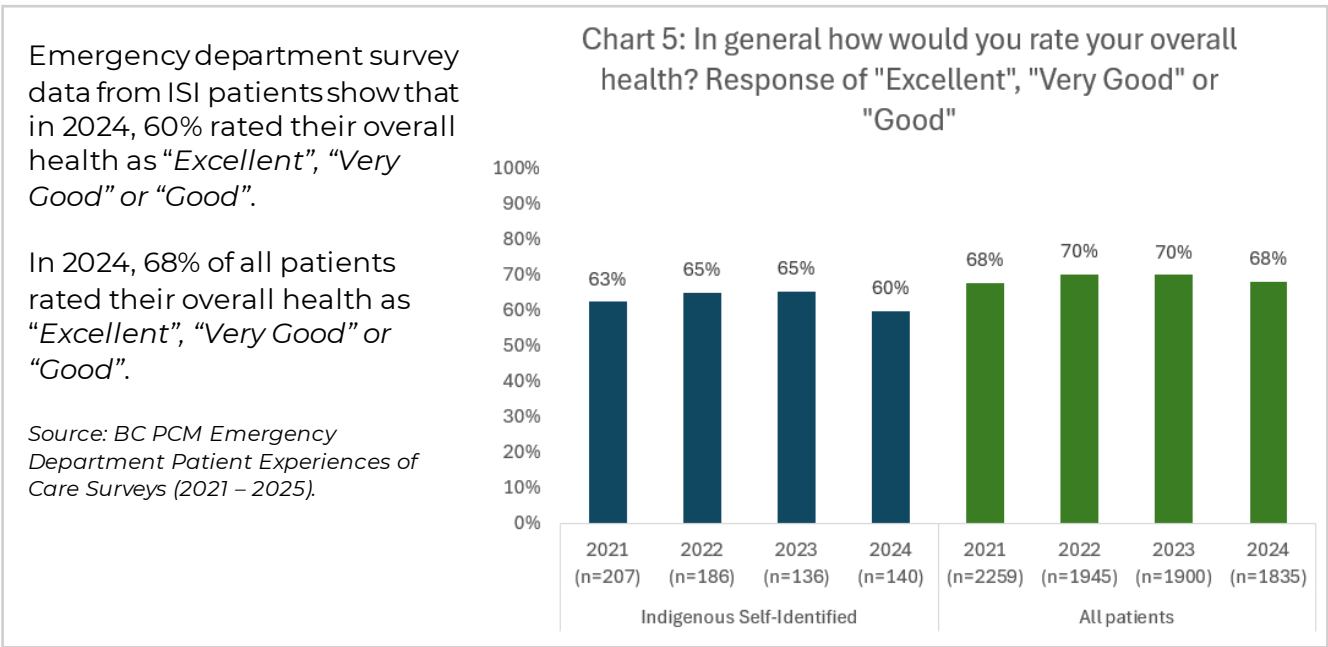
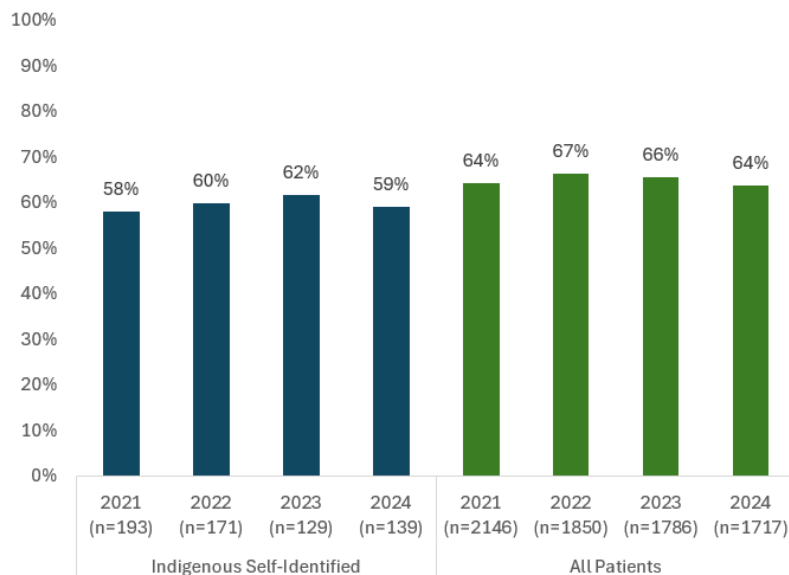


Chart 6: In general how would you rate your overall physical health? Response of "Excellent", "Very Good" or "Good"



Emergency department survey data from ISI patients show that in 2024, 59% rated their overall physical health as "Excellent", "Very Good" or "Good".

In 2024, 64% of all patients rated their overall physical health as "Excellent", "Very Good" or "Good".

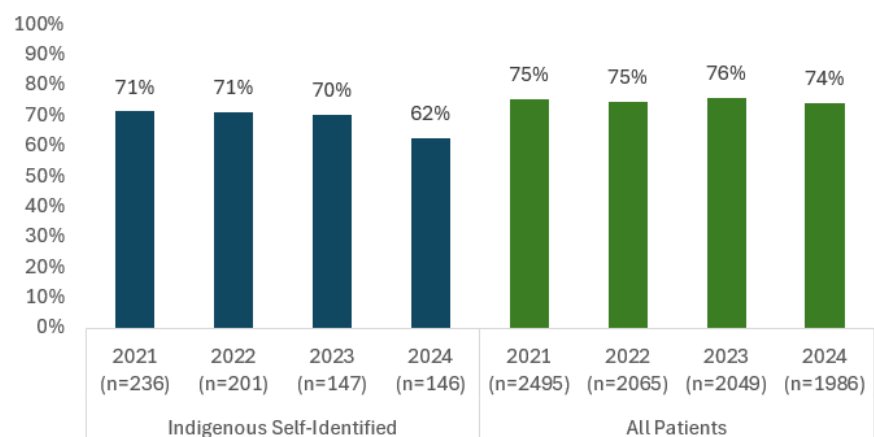
Source: BC PCM Emergency Department Patient Experiences of Care Surveys (2021 – 2025).

Emergency department survey data ISI patients show that in 2024, 62% rated their overall mental or emotional health as "Excellent", "Very Good" or "Good".

In 2024, 74% of all patients rated their overall mental or emotional health as "Excellent", "Very Good" or "Good".

Source: BC PCM Emergency Department Patient Experiences of Care Surveys (2021 – 2025).

Chart 7: In general how would you rate your overall mental or emotional health? Response of "Excellent", "Very Good" or "Good"



What Culturally Safe Care Looks and Feels Like

Indigenous partners, providers and patients describe culturally safe care as care delivered with respect, humility, and humanity. It begins with being treated as a person rather than a stereotype and with care teams taking the time to explain what is happening and to involve and support patients in decision-making within their care. Some shared that culturally safe care simply feels like being met with kindness, patience, and dignity.



Culturally safe care also means that culture is honored alongside clinical care. The importance of Indigenous-specific supports (like an Indigenous Patient Navigator), being welcomed to involve family in decisions, and having access to ceremony and sacred spaces when needed, were some examples shared.

Partners shared that cultural safety is strengthened when care environments reflect local Indigenous identity and belonging. This includes being able to access traditional foods and medicines within our care settings, having access to translation and interpreter services, and receiving care in spaces that acknowledge the territory and community they come from.

Another key part of cultural safety is ensuring that transitions in care and discharges from our facilities are intentional and coordinated with community service providers and loved ones. Clear communication and strong links to community supports help patients feel safe and confident when leaving IH facilities.

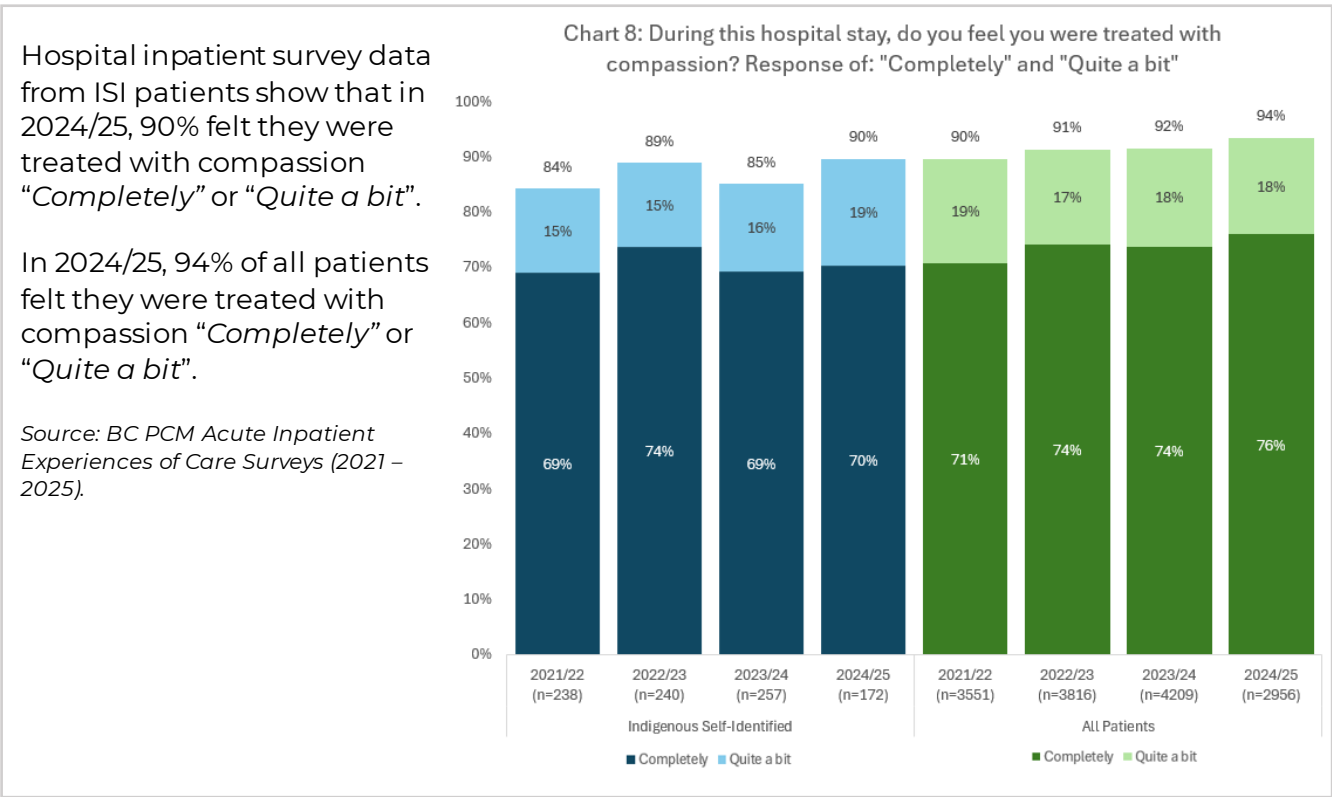
These practices are some of the key components to rebuilding trust and creating care environments where Indigenous Peoples feel more welcomed and respected.

"The staff was amazing and caring. I have connected with the community resources for assistance with my post partum issues and am very thankful that these services were explained to me and available to me."

-- First Nations patient, Vernon Jubilee Hospital

"I ended up seeing 4 doctors, different specialists before they found out what was going on. Sometimes I don't understand what the doctors are saying, and we have different cultures."

-- First Nations patient, 100 Mile House Emergency Department



Messages to IH Leadership

Consistent themes emerged from partner and provider engagements that IH leadership is encouraged to reflect and prioritize. Eliminating Indigenous racism is everyone's responsibility and IH must demonstrate this commitment through action. Statements alone are not enough. Leaders across all departments must step forward, take ownership, and model the behaviours and decisions to advance this work.

"Antiracism is not about saying – I don't see color. It involves being mindful of words, giving people space to share their stories, and using strengths-based approaches

Encouraging people to be stewards of their own care, understanding reliance on families, and calling them in is culturally safe and anti-racist."

-- 2025 IPS Interview Participant

Partners stressed that Indigenous voices must guide decisions at both regional and community levels. Stronger shared decision-making and meaningful relationship building at the community-level are described as essential to rebuilding trust and accountability. Change must be visible in day-to-day operations, with local IH leaders engaging consistently with community health directors, staff, and service providers. We are encouraged to share promising practices and examples of positive partnerships across sites and communities so that learning is collective rather than isolated.

IH leaders and staff are urged to take ownership for their own learning. This includes building a deeper understanding of the communities and Nations they serve, participating in cultural events, and approaching education with curiosity and humility. While many staff are eager to learn, partners empathized that leadership must model this behaviour and make learning an ongoing expectation rather than an optional activity.

Partners and providers also highlighted the need to demonstrate progress in improving cultural safety, patient experience, and health outcomes through better use of data and measurement. Data should play a larger role to meaningfully guide decision-making and resource allocation where gaps and inequities persist.

Finally, partners, providers, and patients identified the need for more Indigenous-specific, frontline Indigenous Patient Navigator positions across the region. These roles are viewed as essential for safe navigation and support for patients and families. They called for expanded Navigator resources in communities where positions do not yet exist and more adequate coverage and backfill for existing positions. The responsibility placed on Navigators is significant, and ensuring their well-being and support must be prioritized.

These messages are not only reflections of experience but direction for action, shaping the work described in the next sections of this report, on our progress and our path forward.



Figure 1: Indigenous Patient Navigators (IPNs) were honoured with a blanket ceremony at the Indigenous Engagement Forum.

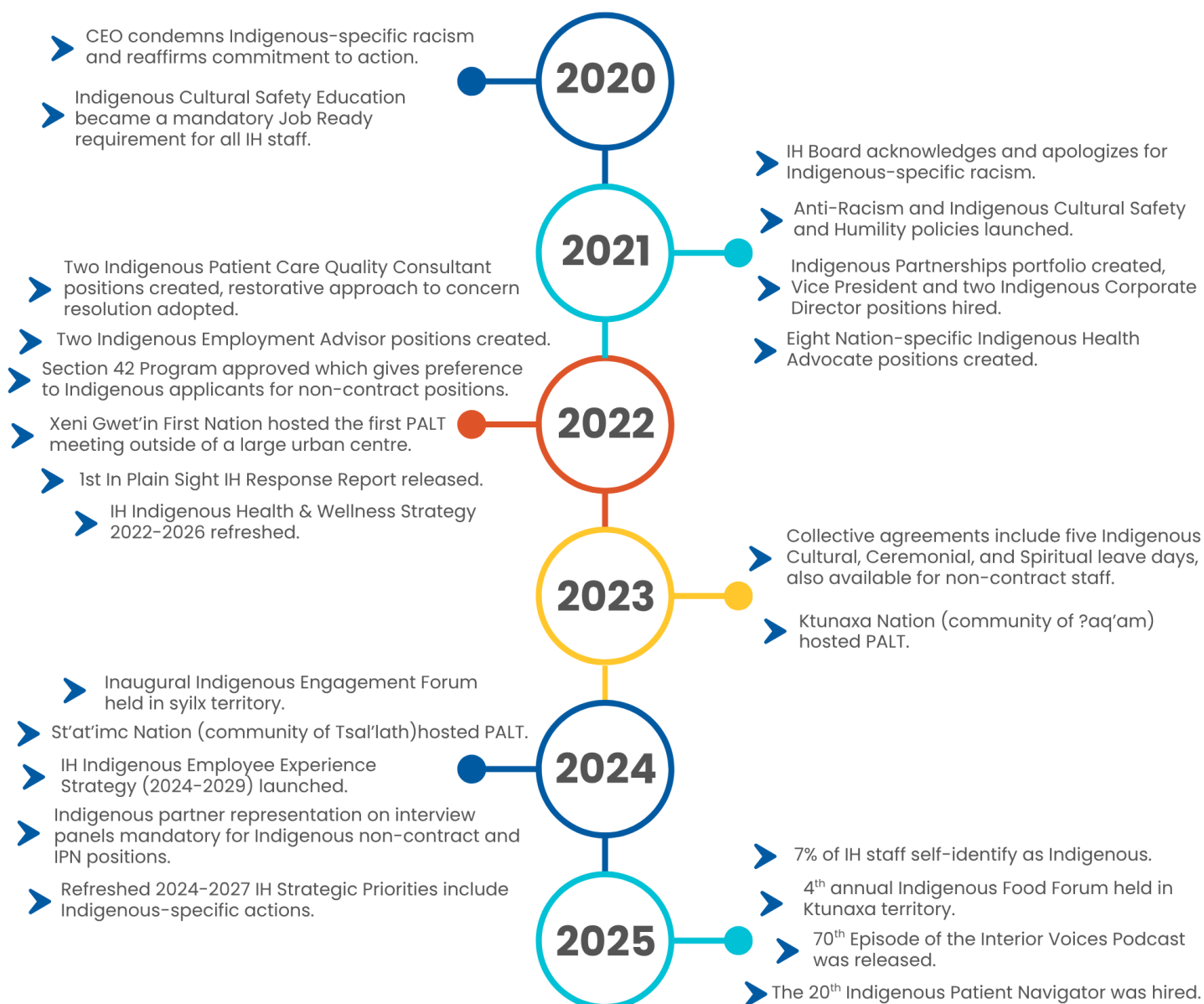
Part 2: Progress and Reflection

KEY STEPS FORWARD IN OUR JOURNEY

Since the release of *In Plain Sight (IPS)* in 2020, IH has taken steps to confront Indigenous-specific racism, strengthen relationships, and begin the long process of building or rebuilding trust. Each action reflects ongoing effort and learning, not completion.

Over the past five years, IH has responded to the IPS recommendations across three interconnected areas: **Systems**, **Behaviours** and **Beliefs**. Progress has been made in some areas, highlighting both the complexity of change, and the continued effort required to create meaningful and lasting change.

The following summaries highlight key actions and lessons that continue to shape IH's journey toward eliminating Indigenous-specific racism, improving cultural safety, and strengthening accountability.



SYSTEMS

Systems refers to the structures, processes, and contexts we operate through and within. We must change those systems to ensure we uphold the minimum standards of the UN Declaration, and Indigenous health and wellness.

Acknowledging Harm & Setting Expectations

Following release of the IPS report, the IH Board of Directors and CEO [publicly acknowledged](#) the existence and harm of Indigenous-specific racism within our organization and issued an apology to those who have experienced racism. Early and consistent communication to staff and medical leadership made clear that Indigenous-specific racism and discrimination have no place in health care. These messages shared through public statements, organization-wide memos, leadership meetings, and podcasts, emphasized that cultural safety and humility are essential to professional accountability of all staff. Over time, the focus has shifted from apology to action and shared responsibility. IH has made it clear that eliminating Indigenous-specific racism is the responsibility of everyone who works within IH.

IH has zero tolerance for racist conduct, and has comprehensive policies and procedures to prevent, identify, and address anti-Indigenous racism in the workplace. These measures are integral to our broader framework of diversity, equity, and inclusion in the health-care system and reflect our ongoing commitment to uphold a safe, respectful, and inclusive environment for all patients, employees, and medical staff. There are formal reporting mechanisms and investigation procedures to ensure that concerns of anti-Indigenous racism, whether reported by an IH employee, medical staff, or patient, are addressed promptly, appropriately, and in accordance with organizational and legal standards.

In circumstances where a breach of policy is found, appropriate relief and remedies, including termination of employment, will be implemented.

Building Accountability Across the Organization

Creating culturally safe care requires collective ownership. Advancing Indigenous Health and Wellness is one of [IH's Strategic Priorities](#) and is central to how the organization defines success. This commitment is shared across every department and leader, not confined to a single portfolio. Each of the organization's other Strategic Priorities, whether focused on quality care, sustainable health care or cultivating a healthy and engaged workforce, includes Indigenous-specific outcomes and actions that reflect our responsibility to eliminate Indigenous-specific racism and improve health equity.

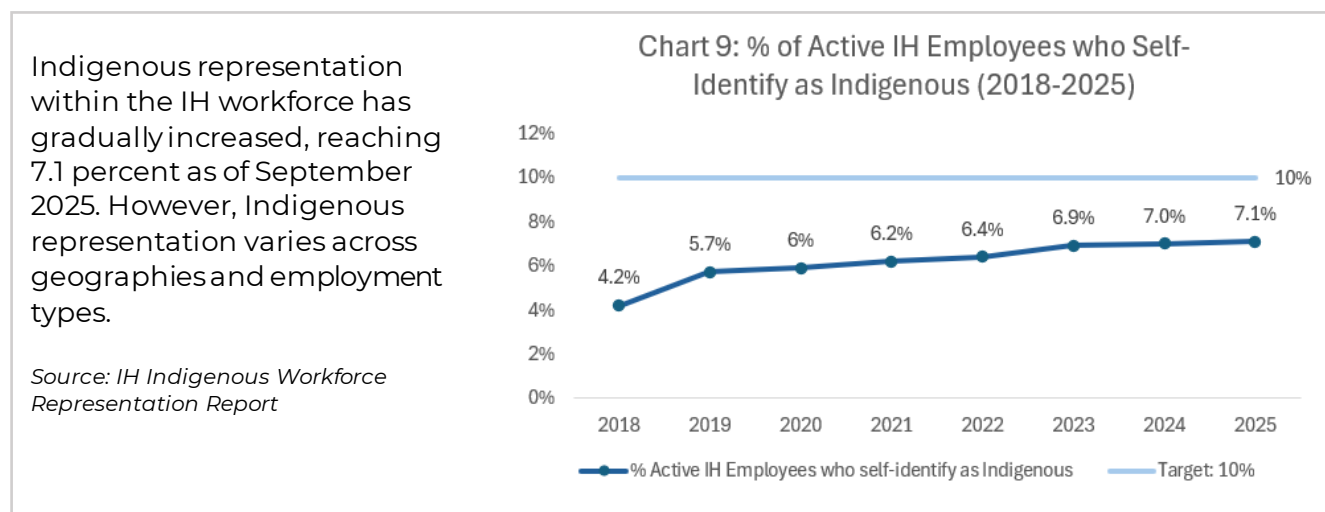
The [IH Indigenous Health and Wellness Strategy \(2022-2026\)](#) anchors this work. It provides a clear roadmap for shared accountability across IH and aligns with provincial and national commitments, including the *In Plain Sight* report, the *B.C. Declaration on the Rights of Indigenous Peoples Act and Action Plan*, the *Truth and Reconciliation Commission Calls the Action*, and the *Missing and Murdered Indigenous Women and Girls Calls for Justice*.



Supporting Indigenous Employees and Building an Inclusive Workplace

A safe and welcoming workplace for Indigenous employees is essential to achieving cultural safety for Indigenous patients. The [Indigenous Employee Experience Strategy \(2024-2029\)](#) sets out actions to recruit, support, and retain Indigenous staff. Collective bargaining agreements now include *Cultural, Ceremonial, Spiritual and Bereavement (CCSB)* leave, allowing employees time for ceremony, healing, and family responsibilities.

Indigenous partners are enhancing the hiring processes by serving on interview panels and shaping the recruitment practices for non-contract Indigenous-specific positions, which include Indigenous Patient Navigator positions. The [Anti-Racism](#) and [Indigenous Cultural Safety & Humility](#) policies set expectations for workplace conduct. We continue to find ways to recognize staff, through our *Reconciliation Recognition Award*, who demonstrate leadership and allyship in working with Indigenous partners and patients to improve the cultural safety of programs and services.



Improving the Indigenous Patient Care Quality Process

The [Patient Care Quality Office \(PCQO\)](#) has been working with Indigenous partners and patients to make the feedback and concern process more culturally responsive. Two permanent Indigenous Patient Care Quality and Safety Consultants provide direct support to Indigenous patients and families who bring concerns forward. A restorative approach, introduced in 2022, emphasizes healing, understanding, and shared accountability. This approach explores the use of talking circles and culturally grounded meetings to address harm and support change at both the individual and system levels.

An evaluation of the Indigenous PCQO process was completed in 2025 to assess its reach, cultural safety, effectiveness, and impact. The review found that most Indigenous patients and families had a positive experience, valued the support of Indigenous consultants, and would recommend the process to others. However, it also identified areas needing improvement, including limited awareness of the process, inconsistent response timelines, and dissatisfaction with the response to their concern.



Working Alongside First Nations Partners

Partnership with First Nations communities remains at the heart of Indigenous health work at IH. At the regional level, the *Partnership Accord Leadership Table (PALT)* and *Partnership Accord Technical Table (PATT)* bring together representatives from the seven First Nations in the Interior region, the First Nations Health Authority (FNHA) and IH. These tables identify shared priorities, review progress, and hold the organization accountable for commitments under the [Interior Region Partnership Accord](#).

The *2025 Partnership Accord Work Plan* reflects the voices and priorities of the seven First Nations in the Interior region and focuses on four areas: improving culturally safe services, supporting better access to services, systems transformation, and emergency response. Each priority includes shared actions, such as enhancing cultural safety training, advancing workforce equity, improving mental wellness supports, increasing access to traditional healing, and strengthening Nation-led engagement processes.

At the local level, *Nation-IH Letters of Understanding (LOUs)* and *Memorandums of Understanding (MOUs)* establish pathways for collaboration and dialogue. Regular meetings between Nation and IH teams provide opportunities to share updates, address barriers, and celebrate progress. Relationship building remains at the centre of this work and trust grows when commitments lead to visible action and consistent follow-up.

In 2024, the first [Indigenous Engagement Forum](#) was held on syilx territory, bringing together Community, Nation and IH leadership to share progress, discuss challenges, and identify opportunities for stronger partnership and engagement.



Figure 2: Panel of Elders at the Indigenous Engagement Forum.

Working Alongside Métis Nation British Columbia

IH and Métis Nation British Columbia (MNBC) continue to work together through the *MNBC-IH Leadership Table (MILT)* and *MNBC-IH Letter of Understanding* committees. This partnership works to ensure that Métis perspectives inform planning, policy, and education across the health system.

Recent work has focused on advancing the [MNBC-IH Métis Health and Wellness Plan](#), increasing visibility of Métis identity in programs and services, and celebrating Métis culture through events such as Louis Riel Day.

Designing Welcoming and Culturally Safe Spaces

The design of health-care spaces shapes how people feel when they walk through the door. IH has worked with local First Nation and Indigenous artists, and health and cultural leaders to ensure that new and renovated buildings reflect the lands and cultures they serve.

Projects such as the [Dr. F.W. Green Memorial Home in Cranbrook](#), the [Kamloops Cancer Centre](#), the [Cariboo Memorial Hospital Redevelopment](#) and the renovated [Elkford Health Centre](#)

have incorporated Indigenous-led artwork, ceremony, and design elements from the earliest stages. These spaces were developed through collaboration with Elders, Knowledge Keepers, and Indigenous artists whose teaching and stories help ground each project in local community and Nation history and culture.



Figure 3: Ground blessing at Dr. F.W. Green Memorial Home in Cranbrook on Ktunaxa Territory



Figure 4: Indigenous Healing Garden at Shuswap Lake General Hospital. Signs identify each plant, provide its Secwépemc name and describe how it is used in traditional healing. (photo credit: Matthew Timmins Photography)

Across the region, more facilities are including signage and place names in local Indigenous languages. This simple yet powerful gesture acknowledges the territories where care is delivered and helps patients, families, and staff feel more connected and welcomed. Many sites have also created or improved Sacred Spaces for ceremony, reflection, and connection.

These visible expressions of partnership show that reconciliation can be lived through design.

"The Secwépemc people have sustainably stewarded these lands since time immemorial and it is an honour to bring some of their traditional knowledge to Shuswap Lake General Hospital."

-- Karl Rhebergen, Director, Clinical Operations, SLGH and QVH

BEHAVIOURS

Behaviours refers to the norms and actions that are taken, and how they reflect an anti-racist skillset and are respectful of Indigenous human rights, health, and well-being.

Leadership & Representation

Leadership plays a pivotal role in shaping organizational culture. Today, Indigenous leadership is represented at every level of IH's governance and decision-making. Two of the eight positions on the IH Board of Directors are held by Indigenous members, bringing lived experience and Indigenous leadership to the organization's highest table.

At the executive level, the Vice President of Indigenous Partnerships sits as a permanent member of the Senior Executive Team and helps to ensure that Indigenous priorities and perspectives are part of every major discussion and decision. Indigenous-specific roles have also expanded across key departments including Digital Health, Human Resources, Patient Care Quality, Communications, and Mental Wellness. Indigenous staff in management positions (Range 9 and above) with direct reporting staff has seen an increase from 2.9% in 2023/24 to 4.6% as of September 30, 2025.



Figure 5: Ceremony recognizes incoming and outgoing Vice Presidents of Indigenous Partnerships.

Eight Nation-specific Indigenous Health Advocate positions have been established, one for each of the seven First Nations in the Interior region and one for Métis Nation B.C. These positions strengthen collaboration, advance shared priorities, and support Nation-led initiatives that improve the cultural safety of health services. Each Nation determines how the role best aligns with governance structure.

Response to Public Health & Environmental Emergencies

The past five years have underscored the importance of partnership and communication during public health emergencies. During the COVID-19 pandemic, IH worked closely with First Nations and FNHA to coordinate culturally safe testing, vaccination, and communication across the region.

This collaboration has expanded to include environmental and climate-related emergencies. Through the *First Nations-FNHA-IH Emergency Management Committee*, IH supports a 'no wrong door' approach to health supports during wildfires, floods, landslides, and other emergencies.



An Indigenous Health Emergency Management liaison within Health Emergency Management B.C. (HEMBC) helps ensure that First Nation communities are included from the earliest stages of emergency planning and response. The role connects IH teams with communities and government partners, supporting Indigenous-led decision-making and recovery. The liaison also advocates for stronger inclusion of First Nation voices in emergency preparedness, recognizing that communities hold vital knowledge and expertise that guide effective response and rebuilding.

Through the [Climate Change and Sustainability Roadmap \(2023-2028\)](#), IH is taking action to reduce greenhouse gas emissions, build climate-resilient health facilities, and support Indigenous-led adaptation and knowledge-sharing. These efforts include climate risk assessments, equity focused climate planning, and partnerships with Indigenous and local governments to plan for seasonal readiness, environmental health, and long-term sustainability.

Mental Health & Harm Reduction

IH's Mental Health and Wellness teams continue to work alongside First Nations, Métis, and urban Indigenous service partners to improve access to culturally safe mental wellness and harm reduction services. Indigenous Mental Wellness Leads and IPNs help bridge care between communities, FNHA, and IH programs. Patients are supported through trauma-informed and culturally grounded approaches that honour Indigenous ways of healing, connection, and belonging.

We continue to advance priorities identified by Indigenous partners through initiatives such as the Integrated Child and Youth Project, which supports Indigenous-led input on program design and aligns funding with Nation-specific service needs. IH has also expanded training through the Health Career Access Program (HCAP), supporting Indigenous partners to build local capacity in mental health and substance use (MHSU) care. In addition, IH continues to share MHSU educational resources with Indigenous partners through our iLearn platform.



Figure 6: Since 2023, the HCAP has welcomed sixteen new Health Care Assistants to IH or within the communities where they trained.

Sharing Food, Knowledge & Connection



Figure 7: A sharing circle around a fire at the 2025 Food Forum hosted at the aq'am? community harbour.

Food connects health, relationship, and culture. The Interior Indigenous Food Forum began in 2021 and has become an annual space for Indigenous communities, knowledge keepers, FNHA, and IH teams to gather, learn, and share how food security and sovereignty connect to health and wellness. These gatherings highlight local initiatives in harvesting, nutrition, and food sustainability, and have strengthened understanding between health staff and communities.

The Forums have created opportunities to discuss access to traditional foods in hospitals, long-term care, and community

programs. These conversations are helping IH identify safer and more respectful ways to honor Indigenous food practices within health-care settings. The work continues to reinforce that food is not only nourishment but a reflection of relationships, belonging, and cultural safety.

Indigenous Patient Navigators

Indigenous Patient Navigators (IPNs) play an essential role in helping Indigenous patients and families access safe, coordinated, and culturally grounded care. Their presence improves communication, trust, and understanding between patients and care teams. There are currently eight IPNs working in hospitals, five IPNs in primary care, one IPN in public health, one IPN in outreach urban health, and four IPNs in mental wellness, with recruitment underway for five additional positions across the Interior region.

"It was my first time I have been in hospital in many years. I appreciated the native liaison. They need more people like that."

-- Indigenous self-identified patient, East Kootenay Regional Hospital

In 2024, IH completed a review of the IPN program with input from the IPNs, Indigenous partners, and clinical operations leaders. Based on this feedback, the IPN program was realigned under the Indigenous Partnerships portfolio, helping to ensure the program is supported through Indigenous-led leadership, mentorship, and alignment with the *IH Indigenous Health & Wellness Strategy*. The review also led to revised job descriptions and strengthened recruitment and retention through Nation-involved hiring practices.

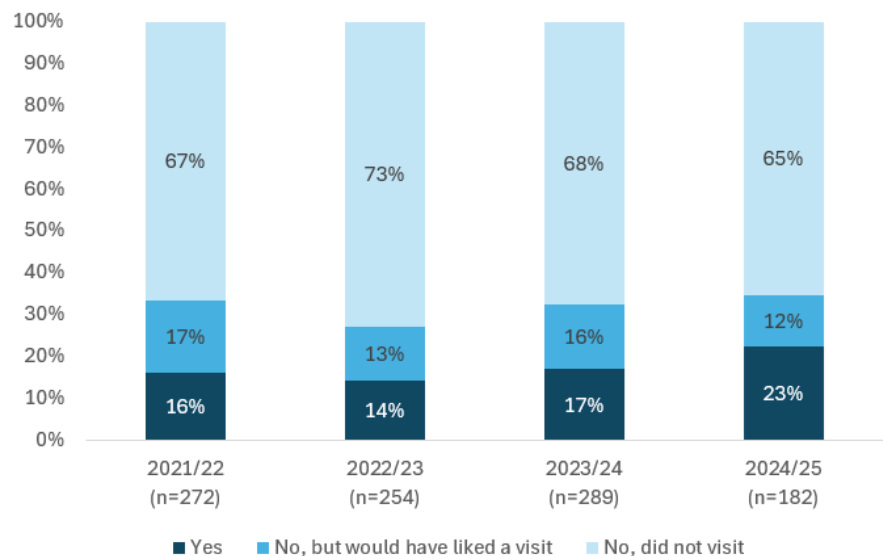


Hospital inpatient survey data from ISI patients show that in 2024/25, almost 1 in 4 (23%) received a visit from an Indigenous Patient Navigator (IPN) during their hospital stay.

Approximately two-thirds (65%) of ISI patients did not want an IPN visit. 12% of ISI patients did not report a visit but would have liked one.

Source: BC PCM Acute Inpatient Experiences of Care Surveys (2021 – 2025).

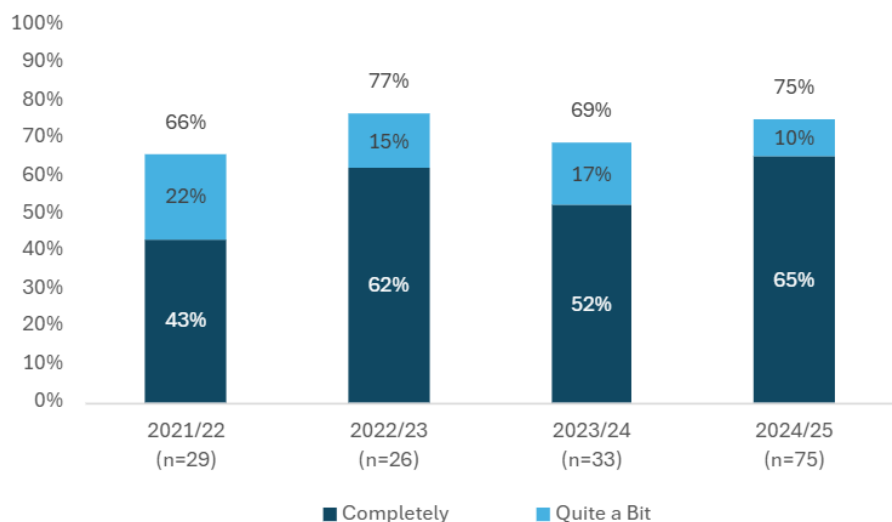
Chart 10: Were you visited by an Indigenous Patient Liaison during your hospital stay?



Hospital inpatient survey data from ISI patients show that in 2024/25, 75% of patients who received visit(s) by an IPN reported their needs were met either "Completely" or "Quite a Bit".

Source: BC PCM Acute Inpatient Experiences of Care Surveys (2021 – 2025).

Chart 11: Did the visit(s) by the Indigenous Patient Liaison help meet your needs? Response of: "Completely" or "Quite a Bit"



BELIEFS

Beliefs refer to attitudes and understandings that individuals or groups hold, which reflect, enable, or reinforce anti-Indigenous racism.

Indigenous Cultural Safety & Antiracism Education

IH continues to expand Indigenous cultural safety and humility and antiracism education opportunities for staff and leaders. IH has four mandatory Indigenous Cultural Safety Education (ICSE) modules that are part of IH's *Job Ready* requirement for all staff. These modules help to ensure that everyone entering the organization has a baseline understanding and awareness of the history and ongoing impacts of colonialism, the presence of systemic racism in health care, and their personal responsibility to provide culturally safe care. As of September 2025, 96% (n=32,000+) of staff have completed these required modules.

To deepen learning, IH launched the Indigenous-specific Antiracism Education (ISAE) Framework, which builds on these foundational modules and responds directly to recommendations from the IPS report. The framework combines self-paced online learning with reflection circles designed to move staff from awareness to action. As of September 2025, over 1,700 IH employees have started at least one course in the ISAE series.

A review of the ISAE Framework to understand its impact and guide future improvements was completed in 2025 through engagement with Nation partners, IH staff, and the Indigenous Cultural Safety & Humility Education team. The review highlighted strengths of the ISAE program, such as engaging learning methods, inclusion of Nation-specific content, and a focus on self-care. It also identified opportunities to improve collaboration with Nation partners and align future work with provincial education strategies through the development of a comprehensive Interior region Indigenous Education Strategy.

Learning From Nations

Elders, Knowledge Keepers, and community leaders continue to guide IH's learning journey. Through video projects (some still in development), Nations and Elders share teachings, stories, and lived experiences from across the Interior region. These projects offer meaningful learning opportunities for staff by grounding education in local voices and perspectives.

Storytelling through Nation videos elevates Indigenous knowledge, worldviews, and voices, supporting IH employees and medical staff in their ongoing journey toward truth and reconciliation. These resources allow staff to hear directly from Indigenous partners about what culturally safe care means to them, helping create safer spaces for Indigenous patients and a more inclusive environment for Indigenous staff.



In June 2025, IH launched a video titled [*T̓silhqot̓'in: People of the River*](#), which shares teaching about the deep connection between language, land, and health.



Figure 8: T̓silhqot̓'in – People of the River Video

Sharing Stories Through Communications

Stories have the power to shift understanding and strengthen connection. IH's [Indigenous Partnerships newsletter](#), [Interior Voices podcast](#), and ongoing internal and public communication channels share the experiences of Indigenous partners, employees, and patients. These stories celebrate the diversity of Indigenous cultures, languages, and experiences, and help staff see the direct impact of culturally safe care.

As a public health organization, IH carries a responsibility to support truth-telling and public education about the history and ongoing impacts of Indigenous-specific racism in health care. This includes helping staff and the public understand the history of Indigenous health and wellness before colonization and the resilience that continues today. Through storytelling, video, and educational content, IH continues to support broader learning across the health system and within our spaces, helping to build empathy, awareness, and collective responsibility for change.

Throughout the year, awareness is raised through recognition of Indigenous-specific days and months, including National Indigenous Peoples Day, [Orange Shirt Day](#) and [National Day for Truth and Reconciliation](#), Louis Riel Day, Indigenous Nurses Day, and others. Articles, videos, and social media features amplify Indigenous leadership and reinforce that reconciliation must be visible, ongoing, and part of everyday practice.



Figure 9: All My Relations First Nations performance group hand drummers, pictured with IH staff Victoria Jaenig (second from left) and Lenora Starr (right).

Part 3: The Path Forward

IH's next chapter will be defined by focus and depth. Over the past five years, many efforts have taken shape; however, meaningful change requires us to go further beneath the surface. Partners and patients remind us that the impact of this work depends not on how many initiatives we launch, but on how deeply we commit to the ones that matter the most.

The path forward will continue to be guided by Indigenous voices and informed by lessons learned through successful partnerships and advancement of joint priorities.

Strengthening Accountability and Action on Racism

Indigenous partners, providers, and staff have been clear that policies alone are not enough. They expect IH to demonstrate visible and consistent action when racism occurs. IH will strengthen how we respond to incidents of racism and discrimination through greater transparency, early intervention, and clearer communication with those affected. Privacy laws limit what can be shared about specific cases; however, IH affirms that racist and discriminatory behaviour results in real consequences, including termination.

The renewal of the *Indigenous Health and Wellness Strategy (IHWS)* in 2026 will serve as a roadmap for accountability, guiding our next phase of action. IHWS renewal will be informed by Indigenous patients, families, staff, leaders, and partners to ensure that our direction reflects the priorities and experiences unique to the Interior region. The refresh of *IH's Strategic Priorities* in 2027 also offers a critical opportunity to embed Indigenous-specific expectations across the organization.

IH will prepare for implementation of the *Health Standards Organization: Cultural Safety and Humility Accreditation Standard*. This work will be carried out in collaboration with Indigenous partners to ensure local priorities are reflected. Success will depend on shared accountability across all IH portfolios and departments.

Deepening Shared Decision-Making with Indigenous Partners

Partners have emphasized that shared decision-making must be strengthened and lived out at every level of the organization. IH will work with First Nations to renew and re-sign the *Interior Region Partnership Accord*, reaffirming our commitment to Nation self-determination. The *Partnership Accord Technical Table (PATT)*, *Partnership Accord Leadership Table (PALT)*, and the *MNBC-IH Leadership Table (MILT)* will continue to guide our work and ensure that priorities reflect the voices of Indigenous communities across the region.

IH will focus on building stronger relationships at the community level. Leaders will be expected to form and sustain meaningful relationships with community health staff, leadership, and service providers. These relationships are where change is felt most directly, and where trust can be rebuilt or lost. Where strong local partnerships already exist, IH will learn from these examples to strengthen relational accountability across the Interior.



Creating Culturally Safe Care Environments

IH will continue to strengthen care environments so that Indigenous patients and families feel seen, welcomed, and safe. This includes advancing new policy that upholds the rights of Indigenous Peoples to utilize medicines and ceremony within IH facilities, including at the bedside. As new major capital projects and renovations move forward, IH will build on the existing partnerships to ensure that Indigenous design, language, and culture remain central in every project.



Figure 10: Cariboo Memorial Hospital Redevelopment project receives traditional blessing.

Technology continues to play an important role in improving communication and information sharing between IH and Indigenous community health providers. Access to wound care platforms such as Pixalere and home health assessment tools like InterRAI has been identified by Indigenous community providers as essential to supporting culturally safe, coordinated care.

The recommendations from the Indigenous Patient Care Quality Office (PCQO) evaluation will be implemented to strengthen clarity, consistency, response times, and the overall experience Indigenous patients and families who raise concerns.

Indigenous Patient Navigators (IPNs) play a vital role in helping Indigenous patients and families access care in our colonial and complex health system. They are frequently the first to confront Indigenous-specific racism within care settings. IH will invest in stronger networks of support for IPNs through standardized onboarding, mentorship, community of practice development, and expansion of IPN coverage across hospitals, primary care, and mental health programs.

Supporting Indigenous Employees

A stronger Indigenous workforce is foundational to cultural safety and trust. IH will advance the *Indigenous Employee Experience Strategy* to improve recruitment, retention, wellness, and pathways to leadership for Indigenous employees. This will include strengthening Indigenous representation at all levels, improving equitable employment practices, and embedding Indigenous perspectives in workplace policies and processes.

Education will remain central to this work. IH will continue to advance Indigenous-specific antiracism and cultural safety training, guided by Indigenous leaders and supported by a new *Cultural Safety and Humility Sub Committee of the PALT*. It will guide the alignment of Nation-led and IH learning and educational opportunities to bolster cultural competency and humility of staff and support improved cultural safety of patients accessing our services.

Conclusion

IH recognizes that addressing Indigenous-specific racism is not a single initiative or milestone. It is an ongoing responsibility that requires truth, accountability, and systemic change. The experiences shared by Indigenous leaders, partners, patients, and providers continue to remind us that progress must be measured by the safety and trust felt by Indigenous Peoples when they access care.

As we look ahead, IH Indigenous voices and leadership will continue to guide our work. The wisdom and strength of First Nation, Métis, and urban Indigenous partners continue to shape how we learn, plan, and act. These perspectives help us understand not only what has changed but what still must change within our systems, behaviours, and beliefs.

This report reflects progress made, lessons learned, and the work still required to create a health system that truly honours Indigenous knowledge and experience. It reinforces that meaningful transformation depends on humility, consistency, and the willingness to listen deeply and act with intention. IH will continue to advance this work in partnership, ensuring that Indigenous patients, partners, providers, and staff remain at the centre of decisions that affect Indigenous health and wellness.

Our commitment is to stay present in this work and to move with care and purpose. We will continue to report openly on our progress, learn from feedback, and be held accountable by those we serve. The path forward is one of shared responsibility, guided by the voices and teachings of Indigenous Peoples across the Interior region. We will work together to build a health system where safety, respect, and belonging are lived realities for every Indigenous person.



Appendix A: In Plain Sight (IPS) Recommendations

In June 2020, an investigation into Indigenous-specific racism in the provincial health-care system was launched by the B.C. Minister of Health. The investigation found extensive examples of racism and discrimination against Indigenous patients, culminating in the [*IPS Report: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*](#) and a subsequent data report. These were published in November 2020 and February 2021, respectively, and resulted in 24 recommendations to be implemented across the B.C. health-care system to combat Indigenous racism.

Creating a system where Indigenous rights are upheld and where anti-racism mindsets and skills are the norm requires changes in systems, behaviors, and beliefs. The recommendations aim to advance integrated change, where actions in systems, behaviors, and beliefs align to achieve comprehensive improvements.

Note: Some IPS Recommendations fall under the responsibility of other government departments (e.g., Recommendations #3, 4, 12, 13, 16, 18, 19, and 21).

Read [the summary report](#) released on November 30, 2020

Read [the full report](#) released on November 30, 2020

Read [the data report](#) released on February 4, 2021

Read [the supplement about the United Nations Declaration on the Rights of Indigenous Peoples and In Plain Sight](#) released on February 4, 2021



Appendix B: Indigenous Partner & Provider Interviews

To help ground and guide this year's report, IH invited a sample of First Nations and Métis Nation B.C. health representatives, urban Indigenous service providers and Indigenous Patient Navigators to share their reflections through virtual interviews. Conducted by IH Indigenous Communications Consultants these conversations explored progress made, ongoing challenges and opportunities for deeper systemic change. Participation was voluntary and all feedback treated respectfully and without attribution unless permission was provided. With immense gratitude, we thank the Indigenous partners and providers who took the time to share their wisdom through these conversations. A total of six interviews were conducted.

The insights shared through these interviews reflect both progress and continued need for action. They serve as guidance for IH's ongoing efforts to build trust, strengthen relationships and ensure care that honours Indigenous knowledge, leadership, and cultural safety.

The following questions guided participants' reflections on progress, challenges, and priorities for advancing cultural safety within Interior Health.

- How have you seen the relationship between your Nation, organization or community and Interior Health over the last five years?
- Have you noticed any changes with Interior Health addressing Indigenous-specific racism or providing culturally safe care in the last five years?
- Has Interior Health demonstrated progress in providing anti-racist, culturally safe or equity driven health services?
- Do you still see barriers or systemic racism within Interior Health that affect Indigenous Peoples experiences of care, whether through your Nation, organization or in the work you do supporting Indigenous patients and families?
- What does culturally safe and anti-racist care look and feel like for the Indigenous Peoples, community, or patients you represent or support today?
- What message or advice would you provide Interior Health leadership to strengthen their accountability and partnership in advancing anti-racism and cultural safety?



Appendix C: B.C. Patient-Centred Measurement Data

OVERVIEW

The B.C. Patient-Centred Measurement (BCPCM) program collects and reports on patient experience and outcome data across the provincial health system. It is a collaborative initiative between the Ministry of Health, the seven regional health authorities and partner organizations. The program provides an evidence base to understand how people experience care and where improvement is needed.

Surveys are administered across a range of health-care settings, including hospitals, emergency departments, long-term care, mental health, and community programs. Patients are randomly selected and invited to share their experiences through online, phone or mailed surveys. Results are analyzed and made available to health authorities through a secure platform. This system allows leaders and teams to view results in near real time and identify opportunities to improve patient experience.

INDIGENOUS CONTEXT

In recognition of the unique rights, histories and experiences of Indigenous Peoples, the BCPCM Indigenous Advisory Committee has developed a specific Indigenous framework. The committee includes First Nations and Métis representation from across the province. Its purpose is to ensure that data collection and interpretation reflect Indigenous values, priorities, and self-determination.

This work is guided by a conceptual framework for Indigenous approaches to patient centred measurement, which identifies three progressive stages of engagement: Indigenous Lens (review and reflect), Indigenous Lean (co-design) and Indigenous Lead (self-determination).

CAVEATS AND CONSIDERATIONS

Data provides valuable insight into Indigenous patient experience but must be interpreted with care. We aimed to take a strengths-based and balanced approach in the presentation of quantitative and qualitative information from the BCPCM.

Survey results represent a snapshot in time and reflect only those who chose or were able to respond. We recognize that not all Indigenous people feel safe or comfortable self-identifying. Indigenous self-identified respondents often represent a small portion of the overall sample; caution should be utilized when making comparisons with all patient respondents. Results are not weighted for age, geography, or service type, and may be influenced by differences in response rates and accessibility.

Indigenous identity is reported in total rather than by group to strengthen sample size, which limits the ability to understand distinctions among First Nations, Métis, and Inuit respondents. Quantitative results alone cannot fully reflect Indigenous experiences of cultural safety, trust, or discrimination, and should always be read alongside qualitative feedback and engagement input.

The PCM statistics in this report were produced by the Indigenous Partnerships portfolio and may differ from BCPCM reports due to differences in weighting methods, filtering choices, and other analytical decisions. Questions about the PCM information in this report may be directed to IndigenousPartnerships@interiorhealth.ca.

