



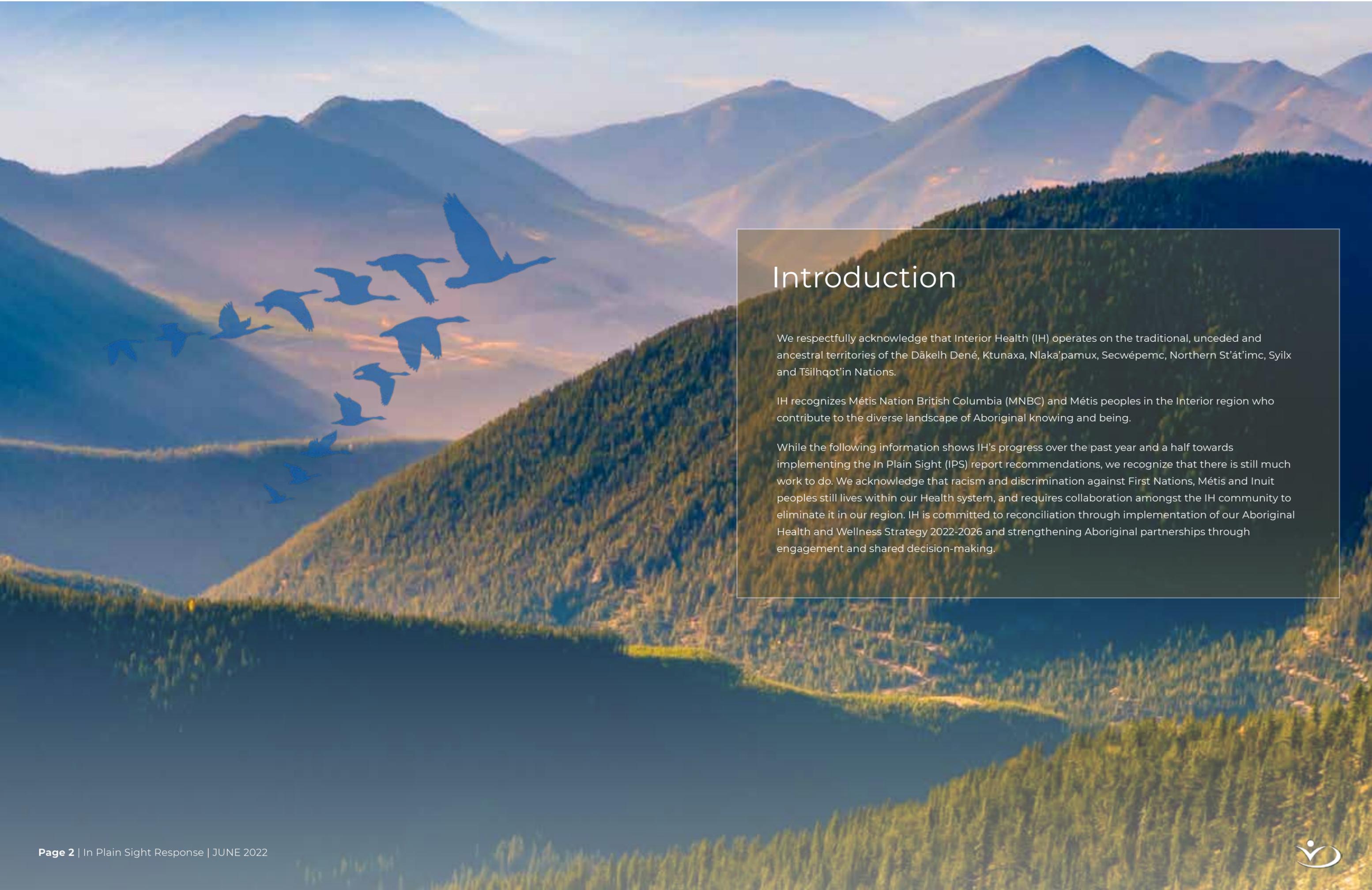
In Plain Sight Response

SEMI-ANNUAL UPDATE | JUNE 2022



Interior Health
ABORIGINAL PARTNERSHIPS





Introduction

We respectfully acknowledge that Interior Health (IH) operates on the traditional, unceded and ancestral territories of the Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, Northern St'át'imc, Syilx and T̓silhqot'in Nations.

IH recognizes Métis Nation British Columbia (MNBC) and Métis peoples in the Interior region who contribute to the diverse landscape of Aboriginal knowing and being.

While the following information shows IH's progress over the past year and a half towards implementing the In Plain Sight (IPS) report recommendations, we recognize that there is still much work to do. We acknowledge that racism and discrimination against First Nations, Métis and Inuit peoples still lives within our Health system, and requires collaboration amongst the IH community to eliminate it in our region. IH is committed to reconciliation through implementation of our Aboriginal Health and Wellness Strategy 2022-2026 and strengthening Aboriginal partnerships through engagement and shared decision-making.



DID YOU KNOW?

Three members of the [IH Board of Directors](#) identify as Aboriginal.



Diane Jules served four terms as an elected Band Councillor for Adams Lake Indian Band and as President of Adams Lake Band Development Corporation. Ms. Jules has served as Vice-President of the Secwépemc Child and Family Service Board and was an integral part of the First Nation Education Council for almost 10 years.



Allan Louis serves as a councillor of the Okanagan Indian Band (OKIB). Allan formerly served as co-chair of the Aboriginal Education Committee for School District 22 and member of the First Nations Health Council. Mr. Louis is currently appointed to the Assembly of First Nations on the Chiefs Committee for Health.



Willie Sellars was elected to Williams Lake First Nation (WLFN) Council at the age of 24 in 2008 — one of the youngest elected Councillors in WLFN history. After serving 10 years on Council, he was elected as the Chief of the WLFN in 2018 and is currently in his first term.



Learn more about Diane and Allan in [Season 1 Episode 19](#) and [Season 1 Episode 20](#) of the *Interior Voices* podcast.

In Plain Sight (IPS) Recommendations

In June 2020, Dr. Mary Ellen Turpel-Lafond was appointed by the B.C. Minister of Health to review Aboriginal-specific racism in the provincial health care system. The investigation found extensive examples of racism and discrimination against Aboriginal patients and resulted in the IPS Report: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care – the full report and a data report – published in November 2020 and February 2021 respectively. IPS made 24 recommendations to be implemented within and integrated into the B.C. health-care system in response to Aboriginal racism.

In order to create a system where Aboriginal rights are upheld, and an anti-racist mindset and skillset are the norm, there must be changes in systems, behaviours and beliefs. The Recommendations aim to advance an integrated and comprehensive change approach where actions in relation to systems, behaviours and beliefs are purposefully designed in relation to one another, and reflect the fact that to fully achieve the benefits of progress in any one area requires advancements in the others.

The following report shows IH's progress on those recommendations.

PLEASE NOTE

- Some IPS Recommendations are the responsibility of other government departments (i.e. Recommendations #12, 13, 16, 18, 19 and 21).
- The term “Indigenous” is increasingly replacing the term “Aboriginal” in many areas of discourse. The term “Indigenous” is recognized internationally through the United Nation Declaration on the Rights of Indigenous Peoples, and in Canada we celebrate National Indigenous Peoples Day on June 21.

However, the best guideline comes directly from Aboriginal people. Within the Interior region, IH sought guidance from First Nation and Métis Leadership Tables, and at this time their preference is the term “Aboriginal,” as it’s consistent with the Canadian Constitution (Section 35.2). The Canadian Constitution recognizes three groups of Aboriginal peoples: First Nations, Métis and Inuit. These are three distinct people with unique histories, languages, cultural practice and spiritual beliefs.



RECOMMENDATIONS: 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 Aboriginal health and wellness.

Recommendation #1

That the B.C. government apologize for Indigenous-specific racism in the health care system, setting the tone for similar apologies throughout the health system, and affirm its responsibility to direct and implement a comprehensive system-wide approach to addressing the problem, including standardized language and definitions, and clear roles and responsibilities for health authorities, regulatory bodies, associations and unions, and educational institutions.



- Following release of the IPS Report, IH Board Chair Doug Cochrane issued [a public acknowledgment](#) that systematic racism exists within IH and apology to those who have experienced racism.



- IH CEO Susan Brown issued immediate communication to all IH employees and medical staff reaffirming our commitment to working together with Aboriginal partners to ensure each person who receives care and services from IH is treated with respect, dignity and compassion.

“Everyone who comes to our health care facilities or accesses our services deserves culturally safe care with respect and dignity — anything less is unacceptable.”

Recommendation #2

That the B.C. government, in collaboration and cooperation with Indigenous peoples in B.C., develop appropriate policy foundations and implement legislative changes to require anti-racism and “hard-wire” cultural safety, including an Anti-Racism Act and other critical changes in existing laws, policies, regulations and practices, ensuring that this effort aligns with the UN Declaration as required by DRIPA.

- IH has revitalized our Aboriginal Health & Wellness Strategy (AHWS) 2022-2026 that will set vision and direction for the next five years. The strategy was developed in consultation with First Nations, MNBC, and IH leaders throughout all portfolios.

The AHWS 2022-2026 is rooted and aligns with key recommendations from the IPS Report, Truth and Reconciliation Commission (TRC) Calls to Action, Declaration on the Rights of Indigenous Peoples Act and its Action Plan (DRIPA, DRIPA AP), the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG), among other key foundational reports including those led by Nation partners.



- On April 29, 2021, IH unveiled two key policies ([Anti-Racism](#) and [Aboriginal Cultural Safety & Humility Policies](#)) that outline the expectations and accountability of every person working across IH to foster a culturally safe, anti-racist, inclusive environment. These policies signal our clear commitment to change. The ongoing collaboration with First Nation and Métis partners continues to be invaluable and their partnership was essential in developing these two policies over several months. 🎧 [Learn more in Season 3 Episode 9 of the Interior Voices podcast.](#)
- In May 2022, B.C.'s Office of the Human Rights Commissioner approved our application for Section 42, a Special Program that will give preference to applicants spanning all fields of practice, who self-identify as Aboriginal for positions that are excluded (non-unionized). This will ensure IH is placing focus on qualified Aboriginal candidates for excluded (in most cases leadership-focused and management) positions spanning the Health Authority.



Recommendation #5

That the B.C. government, First Nations governing bodies and representative organizations, and MNBC jointly develop a strategy to improve the patient complaint processes to address individual and systemic Indigenous-specific racism.



- Two new Aboriginal Patient Care Quality & Safety Consultant positions were created and were hired in January 2022 to support feedback and response to adverse events for Aboriginal clients. The Consultants will work with Aboriginal partners to develop an Aboriginal-specific patient feedback and resolution process. 🗣️ [Learn more in Season 4 Episode 2 of the Interior Voices podcast.](#)

- IH Patient Safety, IH Research, and IH Aboriginal Partnerships are working together with UBCO academic partners to plan engagement for the use of a restorative approach to healing from healthcare harm. The engagement sessions with First Nation or Métis Communities will be supported by a fully funded summer student intern from the BC Patient Safety & Quality Council.

Recommendation #6

That the parties to the bilateral and tripartite First Nations health plans and agreements work in co-operation with B.C. First Nations to establish expectations for addressing commitments in those agreements that have not been honoured, and for how those expectations will be met through renewed structures and agreements that are consistent with the implementation of DRIPA.

- All seven Interior region First Nations (Däkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, Northern St'át'imc, Syilx and Tšilhqot'in Nations) and IH have Letter of Understanding (LOU) agreements that define a collaborative, inclusive Nation-level process for engagement. LOUs are the foundation of IH's relationship with Nation partners to address concerns and celebrate successes, and continue to evolve, respecting Community-Driven, Nation-Based principle.
- As part of the Interior region First Nations Governance Framework and in alignment with DRIPA, IH co-chairs the Partnership Accord Technical Table (PATT) and the Partnership Accord Leadership Table (PALT). The PATT is comprised of representatives from each of the seven Interior region First Nations, FNHA and IH. The committee provides advice and recommendations to the PALT on matters important to the improvement of health and health services for Aboriginal people.

- The PALT is a leadership table consisting of executive representatives from seven Interior region First Nations, FNHA and IH. PALT oversees implementation of the Partnership Accord to advance shared priorities and joint initiatives. The PALT is preparing for a strategic planning session (June 2022) that will help set the direction and reaffirm joint priorities for the next year.

Recommendation #7

That the Ministry of Health establish a structured senior-level health relationship table with MNBC, and direct health authorities to enter into Letters of Understanding with MNBC and Métis Chartered Communities that establish a collaborative relationship with clear and measurable outcomes.

- MNBC and IH signed our first LOU in 2012 and since renewed and refreshed the LOU commitment in 2018. The LOU Joint Committee aims to meet quarterly and is guided by a workplan.
- In 2020, to further evolve our relationship with MNBC, the MNBC-IH Leadership Team (MILT) was developed to bring MNBC and IH executives together quarterly to advance shared priorities and joint initiatives.

Recommendation #8

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

- IH Aboriginal Cultural Safety Education (ACSE) is a Job Ready requirement for all IH employees. Additionally, two instructor-led Accredited ACSE modules are required for staff identified as high priority (i.e., Mental Health & Substance Use, Patient Care Quality Office, Emergency Department, Urgent & Primary Care, Home Health, Management, Senior Executive Team, Human Resources).
- Physician ACSE received Accreditation status from UBC Continuing Professional Development (CPD). Physicians can apply for credits for completing the modules, advancing the cultural competency of medical staff within the region.



Recommendation #9

That the B.C. government establish a system-wide measurement framework on Indigenous cultural safety, Indigenous rights to health and Indigenous-specific racism, and work with First Nations governing bodies and representative organizations, MNBC, the Indigenous Health Officer, and the Indigenous Health Representative and Advocate to ensure appropriate processes of Indigenous data governance are followed throughout required data acquisition, access, analysis and reporting.

- IH Aboriginal Self-Identification (ASI) client and employee project launched in 2011, in partnership with the Ktunaxa Nation, collects ASI information within the IH clinical information system (Meditech) from a variety of program areas. To-date, the ASI Client initiative has expanded to include all hospitals throughout the interior and in the following program areas: emergency department, acute admissions, mental health and substance use, and primary care centres.
- ASI data is used to assist in efforts to design and deliver more culturally sensitive programs, improve health equity and access to services across the Interior region, and increase support for Aboriginal clients. The Aboriginal Administrative Data Standard (AADS) is used to ensure consistency in collecting ASI information from clients/patients and IH staff.
- Development of an IH ASI Data Governance Framework, in collaboration with First Nation and Métis Nation partners, will allow for the use of ASI data to support planning and service delivery discussion with Nation partners. This work will be initiated as Nation partners indicate readiness.



Recommendation #10

That design of hospital facilities in B.C. include partnership with local Indigenous peoples and the Nations on whose territories these facilities are located, so that health authorities create culturally-appropriate, dedicated physical spaces in health facilities for ceremony and cultural protocol, and visibly include Indigenous artwork, signage and territorial acknowledgment throughout these facilities.

IH has collaborated with Nation partners on significant hospital builds (i.e., Royal Inland Hospital) and existing site renovations to ensure enhanced, culturally appropriate physical spaces.

Learn more in these stories featured in News@IH:

- [Language matters at Cranbrook urgent and primary care centre](#)
- [Indigenous artist Chris Bose to create cultural wall at Kamloops](#)
- [Creating Welcoming Spaces](#)
- [Tower smudging close to the heart](#)



RECOMMENDATIONS: BEHAVIOURS

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

Recommendation #11

That the B.C. government continue efforts to strengthen employee “speakup” culture throughout the entire health care system so employees can identify and disclose information relating to Indigenous-specific racism or any other matter, by applying the Public Interest Disclosure Act (PIDA) to employees throughout the health care sector without further delay.

- IH has created the Employee Voices Advisory Group (EVAG) to advise and make recommendations to support diversity and inclusion by promoting an engaged workforce and a healthy workplace, where all employees feel included and are able to bring their whole selves to work. 🗣️ [Learn more in Season 3 Episode 6 of the Interior Voices podcast.](#)
- The Anti-Racism and Aboriginal Cultural Safety & Humility Policies identify the expectations of all IH staff to contribute to an anti-racist work environment, outlines mechanisms to report racism and articulates IH’s zero tolerance for racist conduct.



Recommendation #14

That the B.C. government, PHSA, the five regional health authorities, B.C. colleges and universities with health programs, health regulators, and all health service organizations, providers and facilities recruit Indigenous individuals to senior positions to oversee and promote needed system change.



- The Vice President (VP) Aboriginal Partnerships Portfolio was created in August 2021. Addie Pryce, VP, Aboriginal Partnerships, is a member of the IH Senior Executive Team (SET) and will champion the effort to ensure meaningful collaboration with Aboriginal partners is at the forefront of all key initiatives across the organization, improve the cultural safety of IH staff and services and address the recommendations within the IPS report.

Addie is from the Nisga’a Nation of Ginglox, on the north coast of B.C. Addie has held senior management roles within B.C. and Ontario, including working with the First Nations and Inuit Health Branch, Aboriginal Affairs and Northern Development, and the First Nations Information Governance Centre. Most recently, Addie was the Director of the Health Sector for the Assembly of First Nations.



- Two corporate director positions, Aboriginal Health & Wellness and Aboriginal Cultural Safety & Humility, were created and filled in November 2021 and January 2022 respectively, and will provide leadership to these two program areas.

Kris Murray is a citizen of MNBC and a member of the Rocky Mountain Métis Association. Kris has Master of Science in Human Nutrition and Metabolism, Graduate Certificate in Community Based Research and Evaluation, and a Bachelor of Science in Biological Sciences.



- Shawna Duncan has Cree and English ancestry and has a Master of Education (Curriculum) from Simon Fraser University. Shawna most recently held the position as a faculty member and educational developer at Capilano University, where she provided consultations to faculty on decolonizing and indigenizing curriculum.

- Two manager positions, Strategy & Accountability and Aboriginal Engagement, were created and filled in January and March 2022 respectively.



IH is also committed to investing in a dedicated Aboriginal Partnerships Portfolio and Team. Embedding Aboriginal-specific positions throughout the organization will help provide leadership and direction in key portfolios and program areas.

- Eight new Aboriginal Liaison positions were created to support Nation engagement on joint priority areas and assist with implementing key recommendations within the IPS Report. One Aboriginal Liaison position has been allocated to each of the seven Interior region First Nations and one for MNBC.
- Two new Aboriginal Employment Advisor positions were created and hired in February 2022 and have joined the existing Aboriginal Human Resource Team (four positions total).

Recommendation #15

That the B.C. government, First Nations governing bodies and representative organizations, MNBC, the Provincial Health Officer and the Indigenous Health Officer develop a robust Indigenous pandemic response planning structure that addresses jurisdictional issues that have arisen in the context of COVID-19, and which upholds the standards of the UN Declaration.

- In alignment with the Rural, Remote, First Nation and Indigenous COVID-19 Response Framework, announced by the Premier on April 20, 2020, Partnership Pathways were co-developed with FNHA, MNBC and Nation partners to improve access and coordination of COVID-19 pandemic response. To support the pathways, cue cards and circle of care resources were developed to guide and support healthcare provider conversations with community members to ensure culturally safe testing, notification and case and contact tracing, isolation, and care.
- Eight Pandemic Health Coordinators and one regional Pandemic Health Coordinator hired to support Aboriginal clients on-the-ground in response to COVID-19 and provide isolation resources (i.e., hotel accommodation) and wrap-around supports.
- IH and FNHA developed a strong partnership in the Interior region COVID-19 vaccination campaign. They worked collaboratively with First Nation Community Health Nurses to establish COVID-19 testing and specimen collection services in First Nation communities and appropriate lab transport pathways to increase rural and remote access to services. 🗣️ [Learn more in Season 4 Episode 1 of the Interior Voices podcast.](#)
- The Cultural and Traditional Support Toolkit in the context of public health emergencies was developed to support a safer experience for Aboriginal community members.
- Rural, Remote, First Nation Emergency Management Committee established where First Nation, FNHA and IH partners collaborate, discuss and share information to support future emergency response partnership activities.

Recommendation #17

That the B.C. government and FNHA demonstrate progress on commitments to increase access to culturally safe mental health and wellness and substance use services.

- One-time funds were secured to support 28 communities with Mental Health and Substance Use (MHSU) Cultural Safety Site improvements. This includes engaging with Aboriginal partners to create trauma-informed and welcoming spaces, including improving traditional language visibility and incorporating local Aboriginal artwork. 🗣️ [Learn more in Season 3 Episode 2 of Interior Voices.](#)
- IH Aboriginal Mental Wellness and the broader IH MHSU Network in collaboration with FNHA Mental Wellness and other organizational and agency partners have worked closely to advance shared goals related to increased access to culturally safe mental health and wellness and substance use services, including joint response to the toxic drug crisis.
- Regular and ongoing engagement with MNBC, FNHA and Interior region First Nations provides direction on how IH can adapt services to be more culturally safe, welcoming and accessible for Aboriginal peoples in the Interior.



RECOMMENDATIONS: BELIEFS

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

Recommendation #20

That a refreshed approach to anti-racism, cultural humility and trauma-informed training for health workers be developed and implemented, including standardized learning expectations for health workers at all levels, and mandatory, low-barrier components. This approach, co-developed with First Nations governing bodies and representative organizations, MNBC, health authorities and appropriate educational institutions, to absorb existing San'yas Indigenous Cultural Safety training.

- IH has developed Interior specific online and in-person, instructor-led employee Aboriginal Cultural Safety Education (ACSE) to improve the baseline educational understanding and awareness of the Aboriginal partner and community context within the Interior region. As of June 2022, 93% of all IH employees have completed the four required online ACSE modules.
- All IH employees are categorized into high, medium and low priority groups for ACSE training. High priority staffing groups (i.e., Mental Health & Substance Use, Patient Care Quality Office, Emergency Department, Urgent & Primary Care, Home Health, Management, Senior Executive Team, Human Resources) are required to complete two additional, instructor-led ACSE modules.
- The Journey to Aboriginal Cultural Safety & Humility (JACSH) Committee was formed in April 2021 and consists of representatives from the seven Interior region First Nations and MNBC. The JACSH Committee provides guidance to IH in the development, delivery and evaluation of ACSE modules and training sessions.

Recommendation #22

That the B.C. government, in consultation and co-operation with Indigenous peoples, consider further truth-telling and public education opportunities that build understanding and support for action to address Indigenous-specific racism in the health care system; supplemented by a series of educational resources, including for use in classrooms of all ages and for the public, on the history of Indigenous health and wellness prior to the arrival of Europeans, and since that time.

- IH hosts an Aboriginal health-focused podcast called *Interior Voices* that uses story and conversation to explore the intersection of wellness and culture in the workplace, everyday life and patient care. The main focus of the podcast is to promote the Aboriginal Health and Wellness work happening around the Interior region, highlighting champions for change, and speaking to Cultural Safety and Humility and Anti-Aboriginal racism. Fifty episodes have been released since its launch in 2019. 2022 marks our fourth season. [Listen on iTunes](#) or [on our hosting site](#).
- IH Communication Tools ([Stories@IH](#) external news magazine and [In-The-Loop](#) internal newsletter) continue to promote and help educate IH staff on Aboriginal-specific issues and history, including: National Day for Truth and Reconciliation, National Indigenous Peoples Day, National Indigenous History Month, Louis Riel Day, National Day of Awareness and Action for Missing and Murdered Indigenous Women, Girls and Gender Diverse People, among others.
- The [IH Aboriginal Health Library](#) includes a robust collection of resources (i.e., journals, books, multimedia) to support IH employees in advancing their educational goals and integrating research evidence into organizational decision-making.



Conclusion

Addressing Aboriginal-specific racism in the health care system, as identified in the In Plain Sight report requires addressing the underlying root causes of racism. The enduring legacy of colonialism continues to have a considerable detrimental impact on Aboriginal Peoples. Interior Health is fiercely committed to an organizational-wide approach to improving the cultural safety of services and eliminating anti-Aboriginal racism from every facet of the health care system. It is the responsibility of all of us at IH to take meaningful action to improve the experience and health outcomes for Aboriginal peoples within the Interior region.

We take ownership of the systemic change and reconciliation required within in the health system to eradicate anti-Aboriginal racism, advance Nation self-determination, share decision-making with Nation partners and improve the health outcomes for Aboriginal peoples in the Interior. We will continue to seek guidance and wisdom from First Nations governance and Métis Nation BC partnership tables to create the change required to eradicate racism from our system. We recognize and acknowledge that have much work to do.

As part of ongoing commitment towards accountability, IH will publically release bi-annual progress (June, November) updates on key activities and actions to support recommendations within the IPS report.



