



# In Plain Sight Response

SEMI-ANNUAL UPDATE | JUNE 2023



Interior Health  
ABORIGINAL PARTNERSHIPS

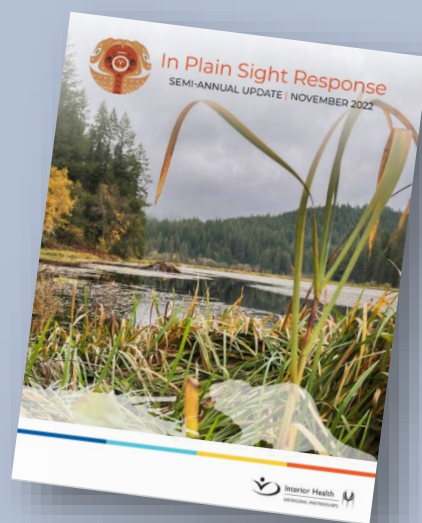


# Introduction

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

We acknowledge that racism and discrimination against First Nations, Métis and Inuit peoples still lives within our health system, and requires collaboration throughout the IH community to eliminate it. IH is committed to reconciliation and strengthening Aboriginal partnerships through engagement and shared decision-making.

The [Aboriginal Health and Wellness Strategy \(AHWS\) 2022-2026](#) sets the vision and direction for IH, and was developed in consultation with the seven First Nations in the Interior Region (Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, Syilx and Tšilhqot'in Nations), Métis Nation B.C. (MNBC), and IH leaders. The AHWS 2022-2026 aligns with recommendations from key foundational reports including those led by Nation partners.



## In Plain Sight (IPS) Recommendations

This report is the third volume and highlights key initiatives from November 2022 – June 2023 that support IH's progress towards implementing the In Plain Sight (IPS) Report recommendations. For a fulsome account of IH progress towards the implementing the IPS recommendations, we encourage readers to review the previous IH IPS Response reports:

- [Volume 1: June 2022](#)
- [Volume 2: November 2022](#)

### PLEASE NOTE

- Multiple IPS recommendations are the responsibility of other government departments (i.e. recommendations #3, 4, 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.

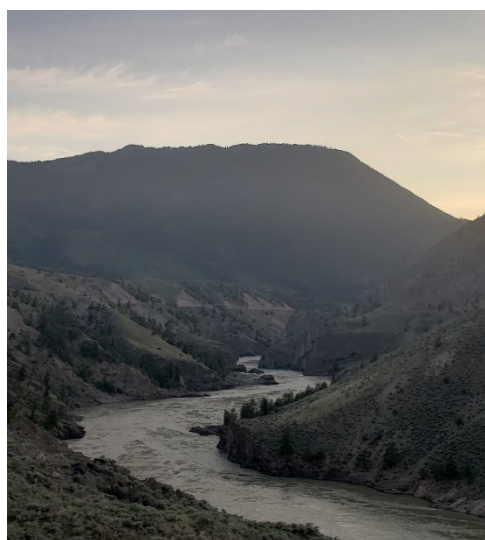
### **Recommendation #5**

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.

- IH is working to establish an Aboriginal Patient Care and System Improvement Collaborative to consider individual Aboriginal concerns and their contributions to patterns, themes and trends within available data sources to identify and action improvement towards culturally safe care for Aboriginal clients. Implementing a structured approach to drive systemic change is necessary to eliminate Aboriginal-specific racism and improve care for Aboriginal peoples.
- Aboriginal Patient Care Quality and Safety Consultants Lucie Poisson and Natalie Daniels took part in the Yunesit'in Health and Wellness Fair on May 30, 2023. They spoke to community members and other health professionals to gain a better understanding of community needs and to continue building relationships with health care providers, community partners, and community members.



*Figure 1: Yunesit'in Health and Wellness Fair in Tsilhqot'in Nation Territory*



*Figure 2: The Fraser River in St'át'imc Nation Territory*

- Lucie and Natalie attended the St'át'imc Nation Health Assembly and presented on the Patient Care Quality Office process and ongoing program improvements. Discussions surrounding ongoing cultural safety improvements as well as a story of a restorative approach healing circle were engaging for all in attendance.

To reach the Aboriginal Patient Care Quality team, contact [pcqo@interiorhealth.ca](mailto:pcqo@interiorhealth.ca) or toll-free at 1-877-442-2001.

### **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.

- In May 2023, Partnership Accord Leadership Table (PALT) was hosted at St. Eugene Resort in the community of ʔaq'am on the traditional territory of the Ktunaxa Nation. The PALT is committed to hosting every second meeting within a First Nations community.



*Figure 3: PALT meeting in Ktunaxa Territory*

- All seven First Nations in the Interior Region and IH have signed Letter of Understanding (LOU) agreements that define a collaborative, inclusive Nation-level process for engagement. These partnership agreements are the foundation of the IH relationship with Nation partners to address service delivery concerns and celebrate successes. As LOU agreements sunset in their terms, IH and Nation representatives are working to revitalize these partnership agreements. Progress on several partnership agreements has been made.
  - The Secwépemc-IH agreement has shifted in title from a Letter of Understanding to a Secwépemc-IH Partnership Accord with a re-signing planned for the summer in Tk'emlúps te Secwépemc.
  - The Ktunaxa-IH agreement has shifted in title from LOU to Memorandum of Understanding (MOU) with a re-signing scheduled for September 28 in Cranbrook (Ktunaxa territory).
  - The T̓silhqot'in-IH LOU is being reviewed and we are looking to refresh the agreement in the Fall.

### **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.

- In May 2023, the Métis-Interior Leadership Table (MILT) came together in Kamloops, the traditional territory of the Secwépemc Nation, to discuss joint health and wellness initiatives for Métis citizens in the Interior Region.



*Figure 4: MILT meeting in Secwépemc Nation Territory*

- MNBC and IH will be renewing our LOU in September 2023 during the MNBC Annual General Meeting.

The MNBC-IH Health Systems Advocate position was created and hired in March 2023. IH is working closely with MNBC and the Health Systems Advocate to create the Joint MNBC-IH Health and Wellness Action Plan which will guide implementing the commitments set out in the LOU.

- IH and MNBC are currently working towards signing an Information Sharing Agreement to ensure Métis health data in the Interior Region is accurately captured and assessed to steer program planning and care delivery that best serves the Métis population.



### **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.

- In 2012, a sturgeon-nosed canoe was presented as a gift from Yaqan Nuʔkiy Band to the Creston Valley Hospital (CVH) as part of a commitment to a healthy and healing partnership. The sturgeon-nosed canoe is “representative of life” and unique to the Yaqan Nuʔkiy Band.



*Figure 5: The sturgeon-nosed canoe on display at CVH*

In 2022 the canoe became a topic of discussion at the Kiʔsuʔk

Awumu (Good Medicine) Working Group, a group formed with Yaqan Nuʔkiy Band and IH staff. Regretfully, this symbol of healing had become forgotten in an almost out of sight area of the hospital. In September 2022, IH offered a gift of tobacco to Yaqan Nuʔkiy Band Nasuʔkin Jason Louie to signify the promise of renewed respect and commitment to honour this very important gift.

Today, the canoe is in its rightful and respectful place, displayed as a central piece in the hospital lobby under museum-quality glass. Work is underway in collaboration with Yaqan Nuʔkiy Band to establish a video display above the canoe to share its history and significance, and the Ktunaxa Nation’s culture. Learn more at [Stories@IH: Providing health care and building relationships in Creston](#)

- Kootenay Lake Hospital (KLH) Facility Engagement worked in partnership with IH and Kootenay Boundary Aboriginal Services Collaborative to reconstruct the former KLH Chapel into a multi-faith, sacred space. This was achieved and the grand opening of KLH's new Sacred Space was held on February 21, 2023. The space features a modern design, Aboriginal art, as well as spectacular views of Kootenay Lake and surrounding mountains in the Nelson area.



*Figure 6: KLH Sacred Space*

## 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.

- In May, IH launched a new i-Learn: Understanding & Managing Micro-aggressions. The content creates awareness and educates staff on the meaning of micro-aggressions to highlight the everyday indignities often experienced by people from marginalized groups.
- A new *Business Partner, Aboriginal Employee Experience*, was hired to focus on refreshing the Aboriginal Human Resource (HR) Plan and improving the HR systems and structures experienced by Aboriginal employees.

### **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.

- A refresh of the Aboriginal HR Plan was initiated in 2022. The plan focuses on expanding Aboriginal recruitment and retention efforts and commits to addressing concerns from the IPS Report, Truth and Reconciliation Commission (TRC) Calls to Action, Missing and Murdered Indigenous Women and Girls (MMIWG) Calls to Justice, and Declaration on the Rights of Indigenous Peoples Act and its Action Plan (DRIPA, DRIPA AP). The refresh focuses on programs and initiatives to recruit and retain Aboriginal employees. Community engagement with First Nations in the Interior Region and MNBC on the draft will take place over the next couple of months and be compiled by the end of September 2023.
- IH has reviewed the [Diversity Policy \(AU2100\)](#) to ensure language supports the training of hiring panels and managers in inclusive hiring practices, anti-racism, cultural awareness, and unconscious bias.



- IH is committed to reaching 10% Aboriginal workforce representation by 2025. Current Aboriginal self-identification reflects a 6.7% representation—up from 6.3% one year ago.

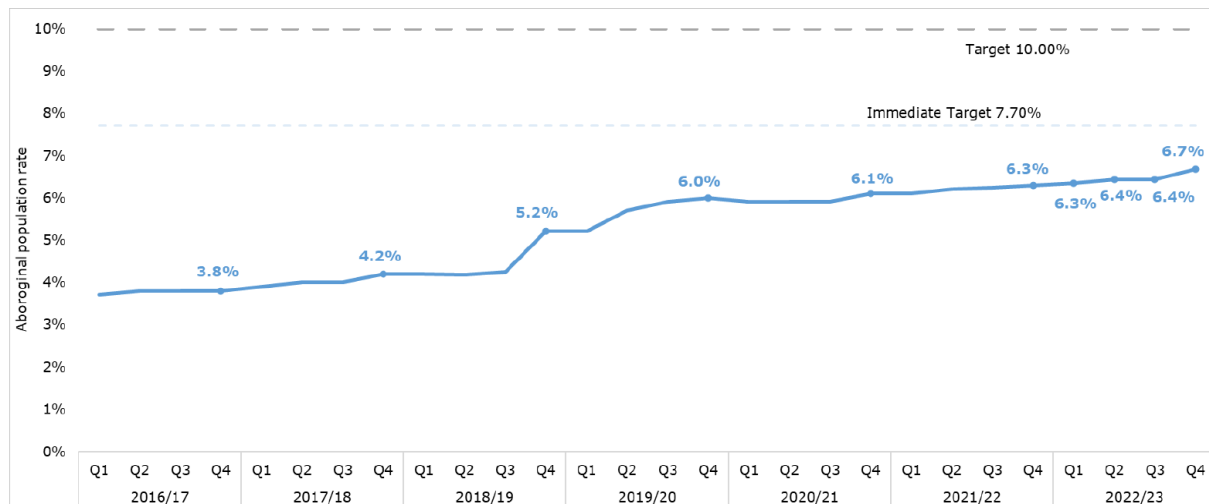


Figure 7: Percentage of Active IH employees who have self-identified as Aboriginal, by Fiscal Quarter, from June 2016 to March 31, 2023

### 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.

- Building on the collaboration and partnerships established during the COVID-19 Pandemic Response, First Nations, FNHA and IH have designed a collaborative emergency response process to coordinate meeting health and wellness needs of First Nation communities during environmental emergencies. Partners are seeking ways to translate this shared, emergency approach to the unregulated drug poisoning emergency response.

### 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.

- IH's [Peer Inclusion and Engagement Project](#) gives people who have lived with or have living experience with substance use the opportunity to get involved and share their voice. The project offers a variety of ways that people can share their expertise: through employment with IH as a Peer Support Worker, or through Peer Advisory Group and Peer Volunteer roles. Learn more at [Stories@IH](#) or listen to [Interior Voices Podcast Season 5 Episode 1: Peer Inclusion & Engagement within Mental Health and Substance Use](#).





- Through the Indigenous Harm Reduction Campaign it was recommended to develop culturally reflective harm reduction and overdose prevention promotional material. A call was put out to Indigenous artists across the Interior Region asking for submissions of artwork that reflect anti-stigma and harm reduction messaging. This work enhances care environments to be more reflective of the Nations and Indigenous territories they are situated on.

The artwork, in the form of window clings, stickers and buttons, have been mailed out to all Indigenous health centres, health centres in the Interior region, and to community partners who provide harm reduction supplies and services. We encourage all sites to proudly display the signage where it is most visible to folks accessing services.



Artists: (left) Aly Testawich; (middle and right) Darcy Luke



Artists: (left) Donna James; (middle two circles) Barbara Derrick; (right) Mathew Lewis

Figure 8: Indigenous-specific harm reduction artwork

- The two new full-time Mental Health and Substance Use (MHSU) Aboriginal Patient Navigator (APN) positions will provide enhanced navigational support for Aboriginal individuals/families to access community MHSU services and resources that are culturally safe, relevant, and client-centered. The focus of these positions will be to support rural care recipients. Kamloops will be the first to implement this position, followed by Williams Lake. There is planning underway in the rural Thompson and East Kootenay regions for integration of this service as well.
- Elders and Knowledge Keepers continue to provide support to MHSU services and MHSU Network teams. This included participation from a Knowledge Keeper in the Cariboo Chilcotin area to explore supports available in remote communities; Elders supported a smudging ceremony for the downtown Vernon MHSU site and staff; and an Elder from the Westbank First Nation participated in knowledge exchange at a Provincial MHSU Dialogue Action conference.

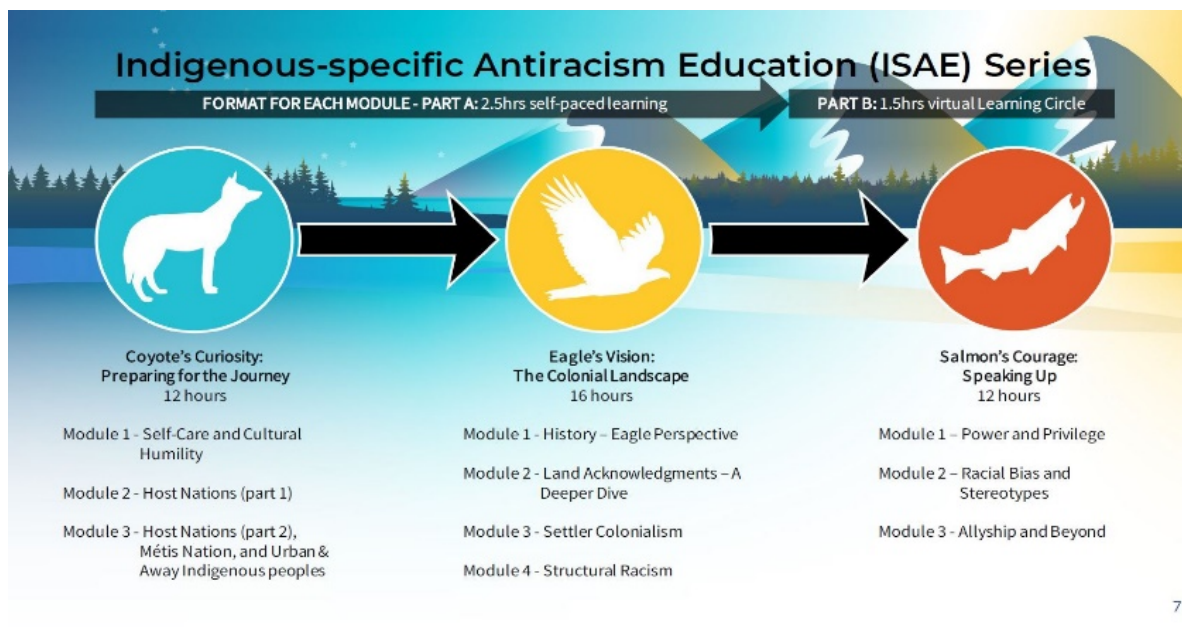
## RECOMMENDATIONS: BELIEFS

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 Indigenous-Specific Anti-Racism Education (ISAE) microcourses as one of the strategies to address Indigenous-specific racism. Phase 1 has three microcourses, each made up of several modules. The modules are interactive and engaging, and support the learning journey by layering concepts.
- Modules 1.2 and 1.3 of Microcourse 1 were developed in collaboration with the Journey to Cultural Safety and Humility Advisory committee (JACSH). The JACSH consists of representatives from each of the seven First Nations in the Interior Region (Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, Syilx, and Tšilhqot'in), and the Métis Nation BC. The JACSH Advisory provides guidance to IH in the development, delivery and evaluation of phase one of the ISAE modules.



- For more information contact [Aboriginalculturalsafetyhumility@interiorhealth.ca](mailto:Aboriginalculturalsafetyhumility@interiorhealth.ca).



## **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-eight episodes have been released since its launch in 2019. Listen [on iTunes](#) or [on our hosting site](#).
  - [Season 4 Episode 9 Territory Acknowledgements with Dr. Martin Lavoie](#)
  - [Season 5 Episode 1: Peer Inclusion and Engagement](#)
  - [Season 5 Episode 2: Aboriginal Partnerships Leadership](#)
  - [Season 5 Episode 3: Indigenous Health Emergency Management Liaison](#)
  - [Season 5 Episode 4: Indigenous Nurses Day](#)
  - [Season 5 Episode 5: Moose Hide Campaign](#)
- A series of interactive and experiential education sessions were offered to IH staff and physicians. The sessions were facilitated by Indigenous Elders, Knowledge Keepers and educators. A total of 280 participants attended KAIROS Blanket Exercises which explore the impacts and harms of colonialism, particularly the residential school system. More than 55 participants attended the Box/Circle Exercises which examine the differences between colonial and Indigenous worldviews, specifically the role that gender and gender identity plays





## Conclusion

Clients, families, and communities deserve access to safe, compassionate care. Wellness should be defined by the client and should take into consideration language, traditional wellness, spiritual health, and culture. It is integral that we better understand client experiences and in addition to resolving care concerns raised by the client in a way that is meaningful to them, we have a responsibility to identify patterns of harm and enact change.

Interior Health continues to review, reflect on, and target action towards the Recommendations of the In Plain Sight Report. The commitment to this work has not wavered over the two and a half years since the Reports were released. We continue to build relationships at the provincial level with multiple Ministries to ensure alignment to broader Government of British Columbia action. As well, we simultaneously continue to strengthen the collaborative work with Aboriginal partners in the Interior Region to ensure the how of addressing the Recommendations is at the guidance of local Aboriginal communities and organizations.

We are pleased to share the steps we have taken and wish to celebrate the advocacy, allyship, and collaboration that has driven us forward, however we know there remain continued experiences of racism and much work to do to address discrimination and harms in care. As part of ongoing commitment towards accountability, IH will publicly release progress updates on key activities and actions to support recommendations within the IPS report.



*Figure 9: St. Eugene Resort in Ktunaxa Territory*