

CREATING A CULTURE OF COLLABORATION

PROGRESS REPORT

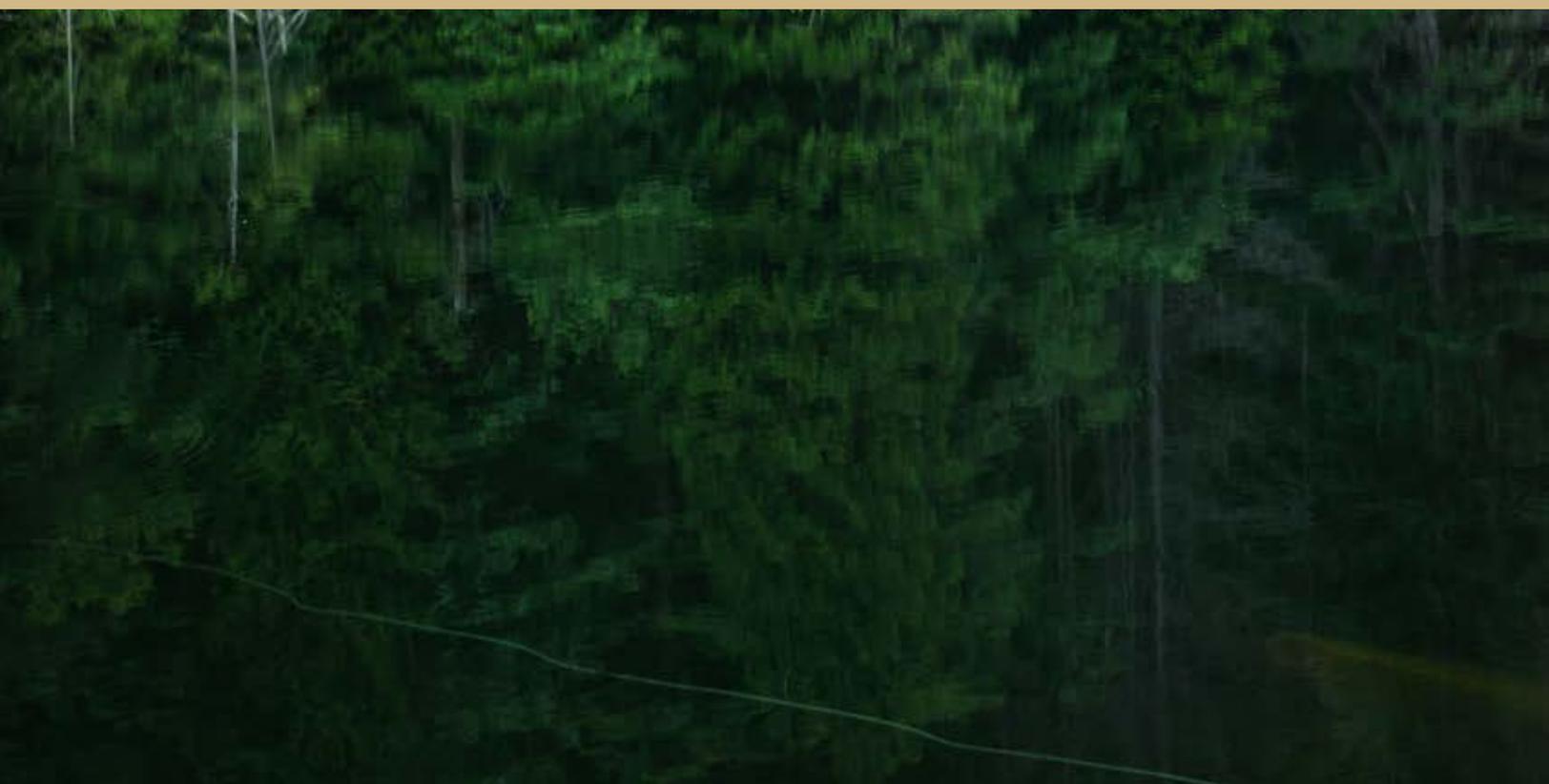
*IN PLAIN SIGHT: ADDRESSING INDIGENOUS RACISM
AND DISCRIMINATION IN B.C. HEALTH CARE*

November 2021 – November 2022



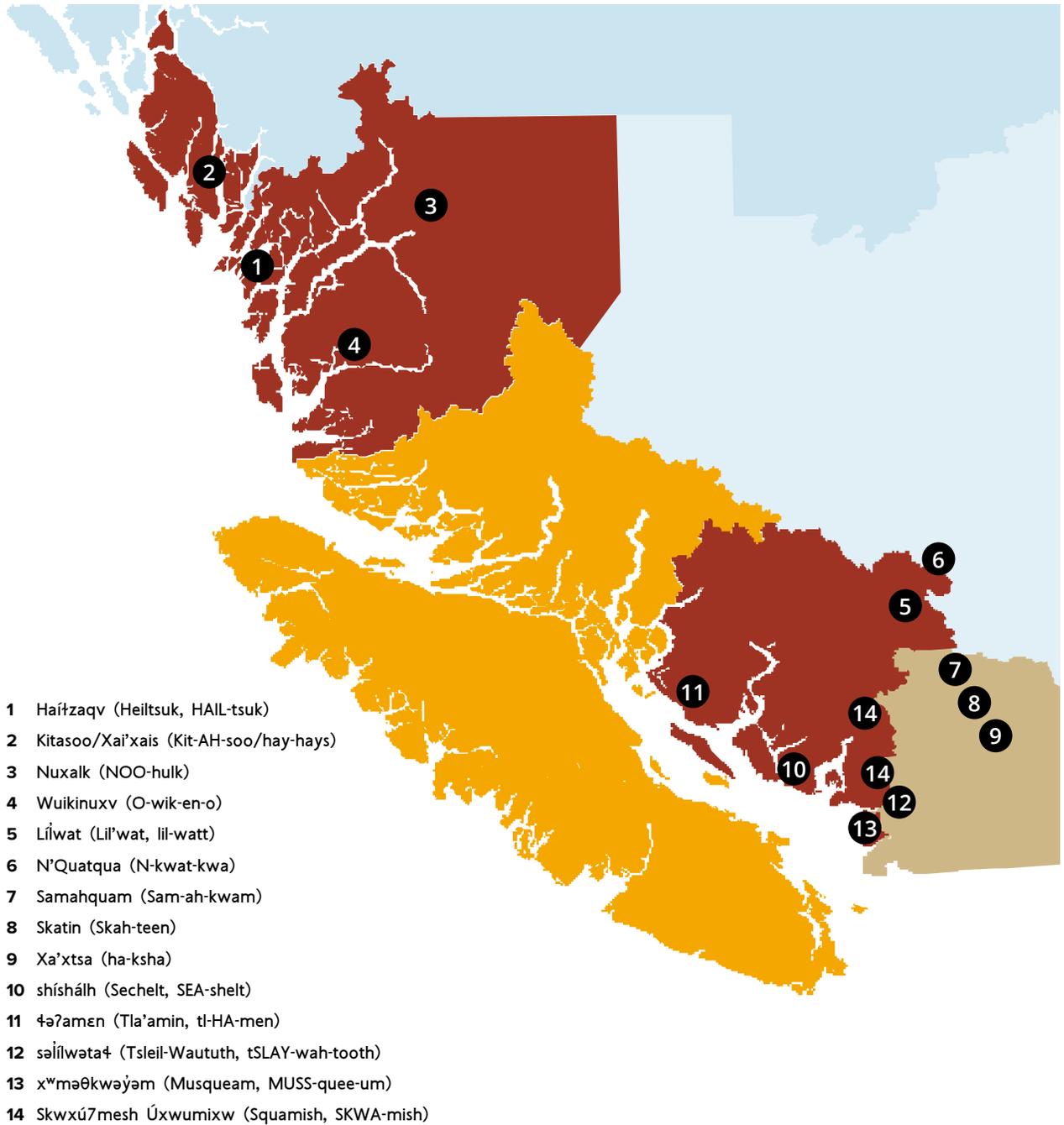
We wish to acknowledge that the land on which we live, work and play is the traditional and unceded territory of the Coast Salish Peoples, including the Musqueam, Squamish, and Tsleil-Waututh Nations.

Vancouver Coastal Health is committed to delivering exceptional care to 1.25 million people, including the First Nations, Métis and Inuit in our region, within the traditional territories of the Heiltsuk, Kitasoo-Xai'xais, Lil'wat, Musqueam, N'Quatqua, Nuxalk, Samahquam, shíshálh, Skatin, Squamish, Tla'amin, Tsleil-Waututh, Wuikinuxv, and Xa'xtsa.



First Nations: Vancouver Coastal Region

VCH facilities are located on the traditional territories of the fourteen First Nation communities, including: Heiltsuk, Kitasoo-Xai'xais, Lil'wat, Musqueam, N'Quatqua, Nuxalk, Samahquam, Sechelt, Skatin, Squamish, Tla'amin, Tsleil-Waututh, Wuikinuxv, and Xa'xtsa.



IN PLAIN SIGHT REPORT RECOMMENDATIONS

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.
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.
3. That the B.C. government, First Nations governing bodies and representative organizations, and MNBC jointly establish the position of B.C. Indigenous Health Officer with legislative recognition and authority in the Public Health Act, and a structured relationship with the Provincial Health Officer.
4. That the B.C. government, First Nations governing bodies and representative organizations, and MNBC jointly establish the Office of the Indigenous Health Representative and Advocate with legislative recognition and authority to provide a single, accessible, supportive, adequately funded resource for early intervention and dispute resolution for Indigenous people who require assistance to navigate, fully benefit from, and resolve problems within, B.C.’s health care system, including all health authorities, regulatory colleges and other health providers. The position should be reviewed in five years after establishment to determine if it has been effective in rooting out racism in the B.C. health care system.
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.
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.
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.
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.
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.
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 acknowledgement throughout these facilities.
11. That the B.C. government continue efforts to strengthen employee “speak up” 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.
12. That the Ombudsperson consider including a focus on Indigenous-specific racism in the health care system as a key priority and seek input from appropriate partners on current plans to strengthen this priority through engagement, special activities to promote greater fairness in public services to Indigenous peoples, and reporting to the public on progress.
13. That the B.C. government establish the new position of Associate Deputy Minister for Indigenous Health within the Ministry of Health, with clear authorities including supporting the Deputy Minister of Health in leading the Ministry’s role in implementing these Recommendations.
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.
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.
16. That the B.C. government implement immediate measures to respond to the MMIWG Calls for Justice and the specific experiences and needs of Indigenous women as outlined in this Review.
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.
18. That the B.C. government require all university and college degree and diploma programs for health professionals in B.C. to implement mandatory strategies and targets to identify, recruit and encourage Indigenous enrolment and graduation, including increasing the safety of the learning environment for Indigenous students.
19. That a Centre for anti-racism, cultural safety and trauma-informed standards, policy, tools and leading practices be established and provide open access to health care organizations, practitioners, educational institutions and others to evidence-based instruments and expertise and to expand the capacity in the system to work collaboratively in this regard.
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.
21. That all B.C. university and college degree and diploma programs for health practitioners include mandatory components to ensure all students receive accurate and detailed knowledge of Indigenous-specific racism, colonialism, trauma-informed practice, Indigenous health and wellness, and the requirement of providing service to meet the minimum standards in the UN Declaration.
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.
23. That the B.C. government, in partnership with First Nations governing bodies and representative organizations, MNBC, Indigenous physicians, experts, and the University of British Columbia or other institutions as appropriate, establish a Joint Degree in Medicine and Indigenous Medicine. That the B.C. government, in partnership with First Nations governing bodies and representative organizations, MNBC, Indigenous nurses, experts, and appropriate educational institutions, establish a similar joint degree program for nursing professions.
24. That the B.C. government establish a task team to be in place for at least 24 months after the date of this report to propel and ensure the implementation of all Recommendations, reporting to the Minister of Health and working with the Deputy Minister and the Associate Deputy Minister for Indigenous Health, and at all times ensuring the standards of consultation and cooperation with Indigenous peoples are upheld consistent with the UN Declaration.

Our Progress on IPS Report Recommendations

Completed In Progress Outside Vancouver Coastal Health (VCH) Jurisdiction

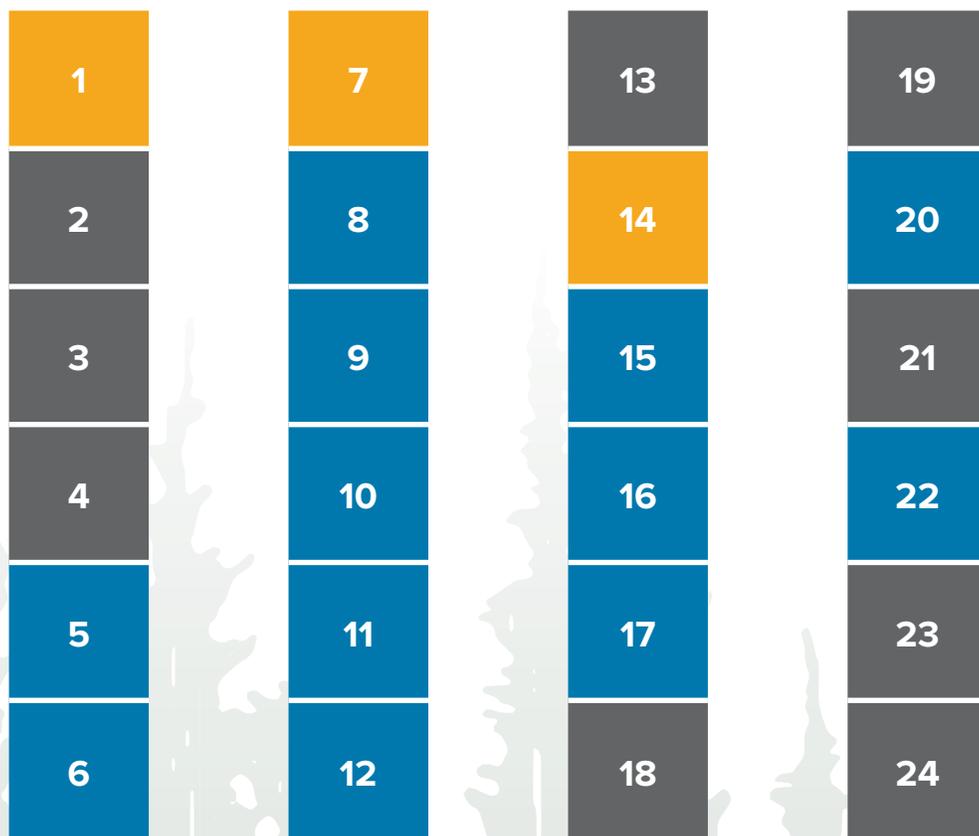






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The key to advancing this transformative change is recognizing that we are all connected, and partnering with all our relations is essential.

Only by working together, with respect and humility, can we create a health care system that honours the unique needs and perspectives of Indigenous Peoples, and truly supports their health and well-being.

- Leslie Bonshor, Vice President, Indigenous Health, VCH



Introduction

Building a solid foundation through partnerships

In November 2020, the In Plain Sight Report was released, providing accounts of Indigenous specific racism and discrimination of thousands of Indigenous people in British Columbia (B.C.). The report demonstrated that racism and discrimination have been prevalent in B.C.'s health care system for generations. It provided twenty-four recommendations to begin addressing these systemic issues.

At Vancouver Coastal Health (VCH), we recognize the urgent need to take action to implement these recommendations and we are committed to addressing systemic Indigenous-specific racism.

The VCH Indigenous Health team is building partnerships internally, with Indigenous communities and organizations, and with partners across our region that form a solid foundation for the collaborative implementation of the In Plain Sight report recommendations. **This year-two progress report highlights our work to create a culture of collaboration.**

Hard-wiring Indigenous cultural safety into the health care system is essential and this cannot be achieved without strong Indigenous-led leadership, teams and collaboration (IPS #14). Last year, Indigenous Health appointed six Indigenous directors to the VCH senior leadership team. This year, the team continued to grow and, with leadership guidance, our culture of collaboration is enabling us to further embed Indigenous cultural safety across the health care system.

Addressing the findings of the report to improve Indigenous health outcomes will require efforts far beyond the work of a single team within our organization. That's why we are uplifting voices from Indigenous communities and connecting with teams across VCH. Through these shared efforts, we have already seen new policies and initiatives that directly improve the quality of care for Indigenous patients, families and communities.

By remaining accountable and collaborating with Indigenous partners, we can transform the health care system.





About Indigenous Health

Growing to support patients, clients and partnerships

Partnerships: Strategic Partnerships and Performance team and service providers, and Indigenous Peoples

Indigenous Health experienced significant growth during the 12 months prior to November 2022, continuing to deliver on recommendation #14. The team saw an increase of approximately 29 FTE across all portfolios to a total of 65 FTE, adding more capacity to develop and foster new partnerships.

Indigenous Health is made up of two areas of focus:

- **System Transformation** - Strategic Partnerships and Performance, Indigenous Research, and Indigenous Design and Projects portfolios.
- **Patient Experience** - Indigenous Patient Experience and Professional Practice, Office of Women and Family Health, Indigenous Mental Health and Substance Use, Indigenous Cultural Safety, and Indigenous Community Engagement and Inclusion portfolios.

THE STRATEGIC PARTNERSHIPS AND PERFORMANCE (SP&P) TEAM plays a crucial role in addressing the recommendations outlined in the IPS report and enabling Indigenous Health to tackle these systemic issues. The team added expertise in Project Management (3.0 FTE), business and data analytics (3.0 FTE), recruitment and retention (2.0 FTE) and Community Planning (1.0 FTE). The SP&P team is leading the way for VCH in establishing memorandums of understanding (MOUs) with Indigenous communities expanding access to culturally safe care through external service providers, and ensuring Indigenous voices are reflected in facilities design.

THE INDIGENOUS PATIENT EXPERIENCE TEAM (IPET) has also expanded with a new manager, four additional Indigenous Patient Navigators (IPNs) and four new Indigenous Nurse Educators (INEs). This growth helped increase Indigenous support services in rural and remote regions.

The investments in these teams demonstrate progress towards education, mentoring and data analysis. These initiatives are improving the inclusion of Indigenous perspectives in health care and contributing to the provision of culturally safe care.



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These agreements are a natural evolution in our partnerships with Indigenous communities. They provide a foundation of guiding principles and shared priorities that further enable us to co-develop services and service delivery models.

- Chris Mullen, Director of Indigenous Strategic Partnerships and Performance

Goal: Indigenous Peoples are respected and acknowledged

Strengthening partnerships with Indigenous Peoples and service organizations

We actively seek opportunities to engage with Indigenous communities and organizations, ensuring their voices are heard, valued, and are part of our decision-making processes.

Partnerships: Tla'amin Nation and VCH, Métis Nation British Columbia and VCH

In July 2022, VCH was honoured to have participated in a traditional ceremony hosted by the Tla'amin Nation, which marked the **signing of a Memorandum of Understanding** between Tla'amin Nation and VCH. VCH also worked closely with Tla'amin Nation on the **renaming of the Powell River General Hospital to qathet General Hospital**, a name gifted by the Nation, which means “working together” (IPS #10).

In November 2022, VCH was honoured to take part in a **Letter of Understanding signing** ceremony with the Métis Nation of British Columbia. This was a significant step in our commitment to provide a distinctions-based approach to health care for Métis people, and **directly addressed IPS recommendation #7**.

Goal: Partners with VCH support reconciliation principals

Partnership: The Office of Indigenous Women and Family Health and Sheway Pregnancy Outreach Program

In 2021, the Office of Indigenous Women and Family Health (OIWFH) **signed a Joint Statement of Commitment with Sheway to help provide anti-racist, trauma-informed, and culturally safe services** for Indigenous pregnant people and new parents. Located in Vancouver's Downtown Eastside, Sheway is one of the longest running programs in Canada that supports pregnant and parenting people with substance use experience. Up to sixty-five per cent of Sheway clients self-identify as Indigenous.

The OIWFH was instrumental in establishing a partnership with Sheway. Created directly in response to In Plain Sight Recommendation #16, the OIWFH is helping address the Murdered and Missing Indigenous Women and Girls (MMIWG) Calls for Justice, and the specific experiences and needs of Indigenous women.

This is the first team of its kind within B.C. health authorities to focus on Indigenous families as a whole, from a gender-equity lens. With Indigenous midwives, doulas, matriarchs and knowledge keepers, the OIWFH is a hub for Indigenous knowledge in perinatal and sexual health.



Indigenous Midwives Keisha Charnley and Olivia Louie

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Indigenous people hold ancestral wisdom for supporting well-being through every stage of life, and this wisdom is key to strengthening the health of our current and future generations. By uplifting the voices of women, Two-Spirit people, matriarchs, and birth workers, we are able to transform the health system in ways that promote cultural safety, and ultimately improve care for everyone.

- Danette Jubinville, Director, Office of Indigenous Women and Family Health

Goal: Indigenous patients, clients and families can access culturally safe care

Improving access to Indigenous cultural support services

Partnerships: Indigenous Health team and decision support; IPET team, medical staff and First Nations and others.

VCH has introduced a new Indigenous Self-Identification tool within our medical records system, resulting in **a significant increase of patient referrals to the Indigenous Patient Experience Team** – more than doubling referrals since November 2021 and continuing to show strong growth through 2022 and 2023.

In addition to growing the Indigenous Patient Experience team, **we have expanded service hours and geographic availability of Indigenous Patient Navigators (IPNs)** to meet this demand.

- In Lower Mainland urban facilities, IPNs are available an additional 36 hours per week, seven days a week.
- IPN services now available in the remote regions of Bella Bella, Bella Coola, Sechelt/shíshááh and the qathet.
- Most IPNs and Indigenous Nurse Educators are members of Indigenous communities, which contributes to Nation representation in hospitals and improves collaboration.

Indigenous Health is collaborating with VCH decision support staff to better understand the connection between Indigenous Self-Identification and referral rates. **The rise in demand for the IPET services is one of the first signs that staff and medical staff across VCH are embracing the new Indigenous Self-Identification tool and the IPN referral processes.**

We are also making strides toward measuring the impact of Indigenous Patient Care Quality Liaisons, who were hired earlier in 2021 and have been reviewing complaints lodged by Indigenous patients. Early data indicates that their work is connected to a decrease in complaints regarding Indigenous-specific care.



Goal: *VCH as an organization upholds key reconciliation principals*

Hard-wiring cultural safety through collaboration and expertise

Partnerships: Indigenous Health team with Mental Health, Substance Use (MHSU) teams and Indigenous Peoples, and other partnerships

Working in a consultative role, Indigenous Health is weaving connections within VCH to embed cultural safety at the start of care planning, and fostering respectful, mutually beneficial partnerships with Indigenous Peoples that pave the way for further effective collaboration.

Collaboration is crucial to increasing access to culturally safe mental health, wellness and substance use services (IPS #17). The Indigenous Health team works closely with other Mental Health and Substance Use (MHSU) teams and the Regional MHSU Program to develop a strategy for youth suicide prevention in partnership with First Nations.

Through complex care housing projects, the Indigenous Health team helps our communities of care engage with Nations in Bella Coola, qathet, Sechelt, and North Shore to tailor services to the unique needs of Indigenous clients with overlapping, complex MHSU concerns, and/or concurrent medical issues.





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We are fortunate to have expertise within our teams at VCH of working with Indigenous people in addressing suicide, and have experience and knowledge of land-based healing and cultural practices that can help shape and ground programming and interventions. We will bring the best of all modalities together to create a sustainable, responsive plan for all.

- Leslie Bonshor, Vice President, Indigenous Health, VCH



Collaborating on a life-long journey of Indigenous cultural safety

Partnership: Staff and medical staff across VCH, ICS team, Indigenous Research team, Vancouver General Hospital Emergency Department, external grant providers

We are collaborating internally to support and promote learning with all VCH staff and medical staff. The IPS report highlights the importance of learning to integrate cultural safety and humility into health care to create a welcoming environment for Indigenous patients (IPS #20, 22).

The Indigenous Health Research and Indigenous Cultural Safety (ICS) teams worked closely with VGH's Emergency Department (ED) and conducted a research study where they **provided foundational ICS education** to a majority of ED nurses, registration clerks, and allied health professionals. Funded by the Vancouver Foundation, the preliminary results demonstrate an improvement in cultural capability, with **statistically significant improvements observed in ED's respect, communication, and safety and quality scores** from before to after the completion of the course.

The ICS team **expanded access to learning with an online training course** for new and existing staff and medical staff. Staff now participate in the online learning prior to attending an in-person session where they learn about relationships, honoring the territory and Indigenous Peoples. They review historic truths, including the ongoing impact of colonization, and the VCH Indigenous Cultural Safety policy.

Additionally, the ICS team **collaborated** with nursing and allied health teams to co-create an ICS competency tool **to help measure understanding of cultural safety with staff and medical staff.** This tool supports individual and collective journeys of ongoing self-assessment, learning, and commitments to incorporating ICS and anti-racism into clinical practice. It encourages clinicians to identify their own learning needs and opportunities, put them into practice and then return to the tool or engage in self-reflection and ongoing learning in a continuous way.

To reinforce this effort on the ground, the Indigenous Nurse Educators team traveled to various hospitals, conducted unit huddles to discuss Indigenous cultural safety, cultural approaches to patient work, ICS policy, and resources available for patients, staff and medical staff.



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I'm excited to see the passion of all VCH staff and medical staff as they embark on their lifelong Indigenous cultural safety learning journey. Our work to evaluate the implementation of the Indigenous cultural safety program is critical to ensuring we make meaningful progress towards eliminating anti-Indigenous racism and providing equitable, culturally safe care to all Indigenous Peoples. We are in the midst of promising growth and transformation, and I am proud to be a part of it.

- Dr. Brittany Bingham, VCH Director of Indigenous Research

