



In Plain Sight Response

SEMI-ANNUAL UPDATE | NOVEMBER 2022



Interior Health
ABORIGINAL PARTNERSHIPS

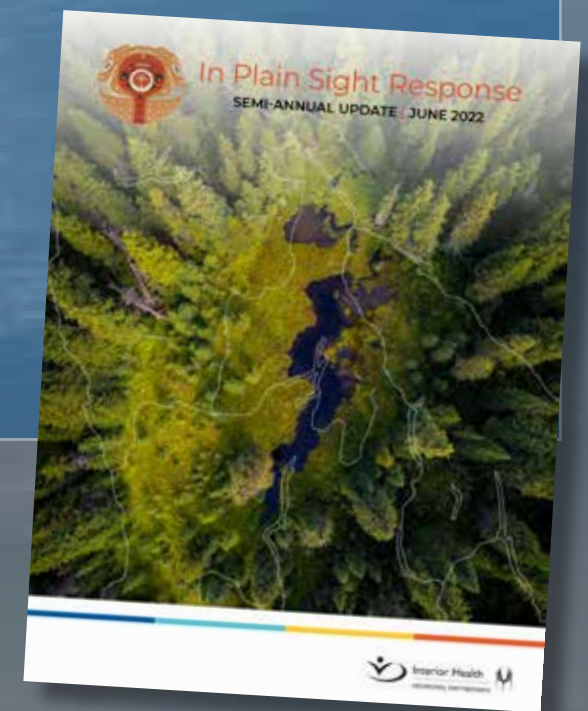


Introduction

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

This report is the second volume that highlights IH's progress over the past six months towards implementing the In Plain Sight (IPS) report recommendations, providing updates on strategic activities and taking a more in-depth look at key initiatives. Volume two builds on our [first response report](#), released in June 2022, that serves as our baseline for this work.

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 through implementation of our Aboriginal Health and Wellness Strategy 2022-2026 and strengthening Aboriginal partnerships through engagement and shared decision-making.





In Plain Sight (IPS) Recommendations

In June 2020, an investigation into Aboriginal-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 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 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.

- IH Board Chair Doug Cochrane issued a [public acknowledgment](#) that systematic racism exists and an apology to those who have experiences 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.



- Doug and Susan joined the Interior Voices podcast to discuss the In Plain Sight report, the IH Aboriginal Health & Wellness Strategy 2022-2026, and addressing patient safety concerns and appropriate recourse. 🎧 [Learn more in Season 4 Episode 5 of the Interior Voices podcast.](#)

- IH publishes Inaugural IPS Response Report. 🎧 [Learn more in Season 4 Episode 6 of the Interior Voices podcast.](#)

“We take this opportunity to show our commitment to listening, learning, and creating environments that are free from racism. Every staff member, every physician at Interior Health has a responsibility for their own behaviours and to speak up in situations that are wrong and unjust.”

- Susan Brown, President & CEO

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.



- IH has completed a draft revision of the Medical Staff Bylaws to specifically address Aboriginal-Specific Racism. Medical Staff Bylaws set out the conditions under which members of the Medical Staff serve the facilities and programs operated by Interior Health, provide patient care, and offer medical, dental, midwifery and nurse practitioner care advice to the Board. Proposed changes to the Medical Staff Bylaws include providing a statement of commitment and ongoing professional development to provide culturally safe care and eliminate anti-Aboriginal racism as outlined in the In Plain Sight report.



- It was discovered that IH did not contribute to Canadian Pension Plan (CPP) for First Nations employees who work on reserve, undermining our commitment to recruit, hire and retain First Nations people in our workforce. Following detection of this inequity, IH senior leadership rectified this imbalance by ensuring staff who qualify for tax exemption under Section 87 of the Indian Act can opt-in to CPP. Electing to participate in the CPP for all employees will strengthen IH's commitment to implementing our Aboriginal Human Resource Plan, eliminate differences in benefits for all IH employees, and support the hiring of Aboriginal-specific positions.

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.

- The Patient Care Quality team is working in partnership with the First Nations Health Authority (FNHA) to plan engagement sessions with each of the seven Interior Region First Nations. The objective of the engagement sessions is to spread awareness of FNHA and IH feedback processes for Aboriginal patients, have patients review those processes, and build trust and safety for sharing concerns. Engagement sessions will also be conducted with Métis Nation BC and urban/away-from-home Aboriginal organizations and peoples.
- The Patient Care Quality Office (PCQO) brochure has been updated to describe the option to self-identify as Aboriginal and work with an Aboriginal Patient Care Quality & Safety Consultant when sharing a care concern or compliment. The brochure addresses fear of retribution when sharing concerns and the right to receive safe, quality health care that is free from racism and discrimination. We are in the process of translating that brochure into Aboriginal languages spoken throughout the Interior Region.
- Lucie Poisson and Natalie Daniels are established in their roles as Aboriginal Patient Care Quality & Safety Consultants in the PCQO. Lucie is a member of Métis Nation Québec from Île-du-Grand-Calumet who grew up in Orléans, Ontario on the traditional lands of Algonquin Nations along the Kichi Sibi River. Lucie has a Bachelor's Degree in Social Work and is a Licensed Registered Social Worker with the BC College of Social Workers with a Social Service Worker Certificate and Human Service Work Diploma. Natalie Daniels is a member of Wiikwemkoong First Nation and



a burgeoning speaker of Anishinaabemowin who grew up on the stolen and occupied lands of the k'ik'əłəm (Kwikwetlem), S'ólh Téméxw (Stó:lō), Qayqayt, and səłilwətaʔt təməx' (Tsleil-Waututh) First Nations. Natalie is a Registered Social Worker with diplomas in Theatre Arts and Human Service Work, as well as Bachelors and Magistrate Degrees in Social Work.

- Clients who share concerns with PCQO have an option to remain anonymous, to share a concern on behalf of someone else, and to participate in a restorative approach to healing from harm (specific to individual and Nation traditions, culture and preferences). Lucie and Natalie are both trained facilitators in a restorative approach, which involves shifting to a more relational way of working with clients and can include a talking circle or healing circle as part of the process for responding to care concerns.
- To reach Lucie and Natalie, contact PCQO at pcqo@interiorhealth.ca, toll-free at 1-877-442-2001 or contact them directly at 250-868-5200, 11511 (Natalie Daniels) or 250-420-2408 (Lucie Poisson).

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 Tsilhqot'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 principles.
- The Ktunaxa-IH LOU agreement has been revitalized through engagement sessions with Ktunaxa Chiefs, Ktunaxa health leadership, community and IH leaders that articulates a renewed partnership vision to evolve our joint commitment. The Ktunaxa Nation will host a re-signing ceremony to celebrate the new Memorandum of Understanding (MOU) agreement in the near future.
- The Secwépemc-IH LOU agreement is currently undergoing a refresh in consultation with Secwépemc Chiefs, the Secwépemc Health Caucus, community members and IH leaders. Several engagement sessions have been held to rejuvenate the LOU agreement and identify joint priorities and mechanisms to address Nation concerns.



- The Partnership Accord Leadership Table (PALT) is a leadership committee consisting of executive representatives from seven Interior region First Nations, FNHA and IH that meets quarterly. PALT oversees implementation of the Interior Region Partnership Accord to advance shared priorities and joint initiatives.
- On June 22 and 23, Interior Region Nation Executives and Technical Staff, FNHA and IH came together in celebration and dialogue to ground ourselves in the purpose and intention of the Interior Region Partnership Accord, reaffirm a foundation for trust and collaboration, and provide input into our continued commitment to accomplish meaningful change for First Nation health and wellness.
- A joint Action Plan was developed to articulate key priorities and partnership opportunities over the next two years. Progress updates on key commitments within the Action Plan include:



- Fostering an improved connection and understanding between PALT representatives and First Nation Territories includes hosting PALT meetings in First Nation communities on a regular basis. In September 2022, the Xeni Gwetin First Nation hosted the first PALT meeting outside of a large urban centre. [Read more at Stories@IH.](#)
- As part of our commitment to improve communication and accountability with Aboriginal communities, partners and service providers, IH has created a bi-monthly Aboriginal Partnerships Newsletter to share key activities and collaborations that support improved Aboriginal health and well-being in the interior. The newsletter provides a venue to communicate directly with Aboriginal community members, health staff and leadership. Development of the newsletter is a key recommendation from the PALT Action Plan IH Aboriginal Partnerships. [Subscribe to the Aboriginal Partnerships Newsletter online.](#)
- To increase the capacity of support for First Nation and Métis Nation BC leadership tables, a Coordinator, Partnership Tables & Reporting position was created to lead Action Plan implementation and reporting requirements.

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.

- The MNBC-IH LOU is the longest standing Métis LOU among the B.C. health authorities, first signed in 2012, refreshed in 2018. The MNBC-IH LOU Joint Committee recently refreshed their work plan to focus attention on advancing commitments within the LOU agreement, addressing racism, Métis engagement on joint priorities, advancing cultural safety and humility and data management. MNBC and IH have made a commitment to re-sign the LOU at the 'MNBC Annual General Meeting in September 2023.
- The Métis Interior Leadership Table (MILT) was established in 2020 and oversees the implementation of the MNBC-IH LOU. MILT is a place where MNBC and IH executives focus on the distinct health and wellness needs of Métis people through proactive planning and joint decision-making. MILT has agreed to embed Métis culture and learning into future meetings and cultural exchange events. [Learn more at Stoires@IH.](#)
- On November 16, IH acknowledged Louis Riel Day and the historic importance as a political leader and advocate of justice for Métis people. Recognizing the sacrifice Louis Riel made to create a future for Métis people from coast-to-coast-to-coast following the North-West Resistance, and understanding our shared history as Canadians is a critical step towards reconciliation. 🙏 We encourage you to listen to the [Interior Voices podcast Season 4 Episode 8 featuring Métis historian Brodie Douglas.](#)



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.

- In 2019, IH participated in Accreditation Canada's Qmentum accreditation program. A population-specific standard was assessed that focuses on Aboriginal Population Health and Wellness: promoting and protecting the health of the populations and communities served through leadership, partnership and innovation. Priority processes included:
 - IH seeks input from members of the priority population(s) to identify service needs.
 - IH sets measurable and specific goals and objectives for its services for its priority population(s).
 - IH dedicates resources to services and programs for its priority population(s).
 - IH works with primary care providers, partners, and other organizations to integrate information systems.
- Accreditation Canada surveyors hosted two separate community focus groups with First Nation and Métis Nation BC health leaders to seek insight from Aboriginal leaders and obtain a community and partner perspective.
- IH met 35 of 39 Aboriginal Population Health and Wellness Accreditation criterion and received overall accreditation status. Advancing progress in the four unmet criterion continues to be a focus for the IH Aboriginal Partnerships portfolio.
- The Journey to Aboriginal Cultural Safety & Humility (JACSH) Advisory formed in April 2021 and consists of representatives from the seven Interior Region First Nations and MNBC. The JACSH Advisory continues to provide guidance to IH in the development, delivery and evaluation of phase one of IH's Indigenous-Specific Anti-Racism Education modules for staff. Interior Region First Nations and Métis Nation BC were instrumental in providing content for modules two and three. Accreditation for Indigenous-Specific Anti-Racism Education staff modules will be sought following development of all ten modules.

- Curriculum Accreditation for Physician Indigenous-Specific Anti-Racism Education with University of British Columbia Continuing Professional Development will begin in the spring of 2023 in a three phase approach, following completion of the modules.

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. The ASI Client initiative includes all hospitals throughout the interior and in the following program areas: emergency department, acute admissions, mental health and substance use, and primary care centres. 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 and existing site renovations to ensure enhanced, culturally appropriate physical spaces. Check out some of the most recent partnerships.
- The Phil & Jennie Gaglardi Tower at Royal Inland Hospital opened its doors to patients on July 18, 2022, beginning a new era for the delivery of health care in Kamloops. The Gaglardi Tower features the RIH cultural wall, a mural led by Kamloops' Indigenous artist Chris Bose that acknowledges the traditional territory of the Tk'emlúps te Secwépemc and other Nations that rely on RIH including the Métis, Dakelh Dene, Tsilhqot'in.
- Outside the Emergency Department at Shuswap Lake General Hospital (SLH) in Salmon Arm, 308 orange feathers are displayed to honour the National Day for Truth and Reconciliation on September 30. Candace Nicholas, Aboriginal Patient Navigator (APN), first started the display with 215 feathers to honour the children from the Kamloops Indian Residential School. Since then, she has added another 93 feathers to honour the children at St. Joseph's Mission Residential School

in Williams Lake. Candace supports patients, families and staff at SLH; she's part of the SLH leadership team and has been supporting monthly education for truth and reconciliation for the site leadership team.

- The staff at South Okanagan General Hospital (SOG) recently had hoodies made with the assistance of Shining Bear Designs. SOG staff felt it important to use nsyilxcən (the language of the Syilx Okanagan peoples) on the hoodies as SOG is on Osoyoos Indian Band territory (OIB), and they wanted to acknowledge the importance and be inclusive.
- With the help of a member from OIB, SOG staff came up with the word MRIMSTS, which means "to heal someone." They also used the graphic element of sagebrush as sagebrush is indicative of the south Okanagan, and used by Aboriginal peoples for its healing properties.



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.

- A joint IH/Thompson Rivers University (TRU) Research Project commenced in 2019, where participants attended talking circles to share their experiences as Indigenous health professionals in mainstream, westernized models of healthcare, and calls for change to address Indigenous-specific racism, and improve experiences and wellbeing of Indigenous health professionals. Knowledge translation for the project and final publication will occur in the coming months. [🎧 Learn more on Season 2 Episode 9 of the Interior Voices podcast.](#)
- The IH Aboriginal Human Resources Plan is currently under revision to include improving pathways for Aboriginal staff to bring forward and resolve experiences of racism and discrimination in culturally safe ways. 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.
- The quarterly IH Dive-In Newsletter supports Diversity and Inclusion, elevates stories and experiences of staff from all demographics and intersectionalities, encourages staff to bring their whole, authentic selves to the workplace, and provides many resources for learning.

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 B.C. Office of the Human Rights Commissioner approved IH’s application for Section 42, a Special Program that will give preference to applicants who self-identify as Indigenous, which began on October 17, 2022. The ongoing legacy of colonialism contributes to significant disparities between Indigenous and non-Indigenous people in education, employment, income, health and housing. Indigenous peoples continue to experience racism individually and as a group.

Initial and ongoing education is being developed and delivered by the IH Employee Experience and Recruitment teams to support equitable hiring practices. The program will initially focus on excluded, non-unionized positions within IH and support our self-identified IH Aboriginal workforce goal of ten per cent by 2025.

- Interior Health is accountable to report progress back to the BC Office of the Human Rights Commissioner at the mid-way point and at the end of the five-year special program.
- The IH Aboriginal Partnerships Vice President (VP) portfolio was established in August 2021, which paved the way for our inaugural Aboriginal Partnerships VP Addie Pryce to have a permanent seat at the IH Senior Executive Table.
- The Aboriginal Partnerships portfolio expanded its leadership team to consist of two corporate directors (Aboriginal Cultural Safety & Humility and Aboriginal Health & Wellness), two managers (Engagement and Strategy & Accountability) and 20 program staff focused on advancing the objectives within the IH Aboriginal Health and Wellness Strategy and fostering strong partnerships with Aboriginal partners across the region.



- Eight new Nation-IH Partnership positions were created to support Nation engagement on joint priority areas and assist with implementing key recommendations within the IPS Report. One Partnership position has been allocated to each of the seven Interior region First Nations and one for MNBC. Each Nation will determine how the role is implemented within their communities.



- The Ktunaxa Nation hired Shawna Biron as their Aboriginal Liaison in April 2022. Shawna is leading the revitalization of the longstanding Ktunaxa-IH Letter of Understanding (LOU) to become a new post-colonial agreement to replace it. [Read more at Stories@IH.](#)

“This is a really different approach, way beyond just being invited to the decision-making table. It’s about the way we want to relate to Interior Health and what a respectful relationship looks like from our perspective”

– Shawna Biron, Aboriginal Liason

- The Syilx and Tsilhqot’in Partnership positions (now titled Collaborative Health Coordinators) started in September 2022, with Mary Jack and June Lulua joining the Aboriginal Health and Wellness team.

The Uktacho First Nation and Métis Nation BC have hired their Partnership positions, starting in December 2022/January 2023.

Recruitment is underway for additional Partnership positions to support relationships between IH and First Nation communities and help to address systemic Indigenous-racism in health care.



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.

- Nine Pandemic Health Coordinators supported Aboriginal clients on-the-ground in response to COVID-19 and provided isolation resources (i.e., hotel accommodation) and wrap-around supports. The Pandemic Health Coordinator program concluded in August 2022.
- As the COVID-19 pandemic enters more of an endemic state, collaborative engagement and dialogue continues with Interior region First Nation, FNHA and IH via the monthly Rural, Remote, First Nations Emergency Management Committee. Topics of discussion over the past six months have focused on heat emergency preparedness, evacuation planning, and other emergency related topics. IH hired a dedicated Aboriginal Emergency Response Lead to coordinate with Aboriginal partners in the planning and preparedness of future emergencies.

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.

- Regular engagement with MNBC, FNHA and Interior region First Nations to provide direction on how IH can advance shared goals to improve access and adapt MHSU services to be culturally safe, welcoming and accessible for Aboriginal peoples in the Interior.
- Addressing Stigma Dialogue Sessions for all IH health care staff were held throughout the Interior region that were led by Indigenous Lived Experience Educators to explore stigma and consequences to health care experiences with Indigenous-specific racism.
- MHSU staff and clients accessing care in Williams Lake were joined by a Secwépemc Elder who led the group through an educational experience that included Secwépemc songs and stories.

The Kamloops Aboriginal Friendship Society provided a hand-drum making workshop to Kamloops MHSU staff and clients accessing MHSU services.





Fostering improved relationships (with Nation partners and Aboriginal service providers) and providing clinical MHSU staff with local Aboriginal educational opportunities is a priority in the region to help promote safe access to IH MHSU services.

- A new and innovative role, Lead, Indigenous Health Nurse, Knowledge Translation Mental Wellness, has been co-created in partnership with Interior Health Research Department, Interior Health Aboriginal Mental Wellness, and the BC Chair Indigenous Health Nursing (IHNR) program. The Lead, Indigenous Health Nurse, Knowledge Translation Mental Wellness will facilitate and support the development of a collaborative team approach to guide mental health and wellness knowledge translation initiatives through a decolonizing framework and Indigenous research methodologies. The partnership between the BC Indigenous Health Nursing Research program and IH Aboriginal Mental Wellness will support cultivating meaningful and reciprocal community engagement pathways with an enhanced focus on implementing distinctions-based, rights-based, and strength-based frameworks to support Indigenous community-driven goals and strategies surrounding mental health and wellness services, access, and resources.

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.

- Current Aboriginal Cultural Safety Education is being rejuvenated to meet recommendations within the In Plain Sight Report. The refresh is reflected in moving the prior curriculum from Culturally Responsive Education to Indigenous-Specific Anti-Racism Education. The Indigenous-Specific Anti-Racism Education Framework has three phases, each phase will take approximately one year to complete. The first phase contains 10 modules, involving two distinct parts. Part A consists of two-and-a-half hours of self-guided learning on a virtual platform where the learners create a final project utilizing knowledge they obtain from self-guided study. Part B consists of a virtual classroom where learners come together to share their final project with colleagues.
- Phase one modules are outlined below and consist of three learning themes:
 1. Coyote (curious and getting ready to transform)
 - Module 1: Preparing for the Indigenous-Specific Anti-Racism Education Journey
 - Module 2: T̓silhqot'in, Secwépemc & D̓ākelh Dené Nations
 - Module 3: St'at'imc, Syilx, Nlakapamux & Métis Nations, along with the Urban and away Indigenous Community
 2. Eagle (starting to get the vision)
 - Module 4: Eagle's perspective of the history
 - Module 5: Land acknowledgment (deeper dive)
 - Module 6: Settler colonialism
 - Module 7: Structural racism
 3. Salmon (perseverance and responsibility)
 - Module 8: Whiteness & white fragility
 - Module 9: Bias/stereotypes & tokenism, appreciation & appropriation
 - Module 10: Allyship/co-resistor



- One module will be released each month, beginning spring 2023. The IH Senior Executive Team will be the first group of IH staff to complete the Indigenous-Specific Anti-Racism modules.

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 three 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.
- Two KAIROS Virtual Blanket Exercises (vKBE) were offered to all IH staff by Indigenous Elders, Knowledge Keepers and educators in November 2022 with a total of eight sessions to be made available over the next six months. vKBE is an interactive and experiential teaching tool that reflects on Canada's historic and contemporary relationship with First Nations, Métis and Inuit. This workshop is a live, participatory experience—not a webinar or lecture. The facilitation team supports participants through online interactive features and virtual talking circles during the second half of the session. Three Elders trained as Blanket Exercise facilitators supported facilitation of the session. In-person Blanket Exercises and box-circle workshops will also be offered in the New Year to IH staff and leadership.

Conclusion

Aboriginal clients who access our health-care facilities and services deserve culturally safe care provided with dignity, compassion and respect. Anything less is unacceptable.

We must continue to confront the dark historic legacy of colonialism and acknowledge the significant impact it continues to have on the health and well-being Aboriginal peoples. We remain steadfast in our commitment to make meaningful systemic progress on recommendations from the IPS Report. All IH employees need to examine their beliefs, build an understanding of the past and present realities of health care for Aboriginal peoples, and consider the role they can play in building a better future free of discrimination and racism.

Interior region First Nation and Métis Nation BC leaders continue to provide the much needed guidance and direction to our leadership as we advance key initiatives aimed at creating the systemic change required to address Aboriginal racism and discrimination.

We have made strides forward, however there remains considerable work left to do. 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.



