



British Columbia Health Regulators

Cultural Safety Task Force Report:

Gathering Wisdom Forum (GWX)

January 14 – 16, 2020

January 31, 2020

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Acknowledgments

The British Columbia Health Regulators (BCHR) Cultural Safety Task Force extends sincere appreciation to the staff of the Gathering Wisdom Forum (GWX) and the First Nations Health Authority (FNHA) for hosting the BCHR exhibit and facilitating participation in this important conference.

It is respectfully acknowledged that the Gathering Wisdom Forum 2020 was held on the traditional and unceded territories of the Musqueam, Tsleil-Waututh and Squamish Nations who have had a special relationship with this land since time immemorial. The BCHR Cultural Safety Task Force is grateful for the privilege of visiting and conducting important work from this traditional territory with sincere thanks and appreciation to the Musqueam, Tsleil-Waututh and Squamish Nations.

Introduction: BCHR and the Declaration

The British Columbia Health Regulators (BCHR) represents twenty-one regulatory colleges governed by the *Health Professions Act* and the *Social Workers Act*. Regulatory colleges are responsible for ensuring that licensed healthcare professionals are qualified to follow the standards of their regulated healthcare professions. The mandate of regulatory colleges is to protect the public by regulating qualified, ethical and safe healthcare practice. The BCHR leads collaboration and partnership among the healthcare profession regulators for excellence in public protection and safe, quality care for all British Columbians.

On March 1, 2017, the BCHR signed the *Declaration of Commitment – Cultural Safety and Humility in the Regulation of Health Professionals* (the “*Declaration*”). By signing this *Declaration*, all twenty-one health profession regulatory colleges made a commitment to integrating cultural safety and humility into their operations and regulation of their respective healthcare professions. The intent of the commitment was to effectively launch a partnership with the First Nations Health Authority (FNHA) that could help support the incorporation of cultural safety and humility in alignment with the regulators’ public interest mandates.

BCHR Task Force on Cultural Safety and GWX

In April of 2019, the BCHR launched the Cultural Safety Task Force comprised of staff representatives from the Colleges of Physical Therapists, Occupational Therapists, Nursing Professionals, Dental Hygienists, and Pharmacists, respectively. The task force is tasked with coordinating ways to support all regulatory colleges in fulfilling their commitment to the *Declaration* by confirming ways that regulatory colleges can operationalize cultural safety and humility to further efforts in decolonization and reconciliation in health care regulation for the protection of the public.

The Gathering Wisdom Forum is a recurring conference in its tenth year which provides an opportunity for First Nations governance, health and wellness leaders to dialogue with the FNHA on health programs and services, discuss the role of health and healing in Nation rebuilding, and learn about new opportunities in the areas of health and wellness for First Nations communities. The Forum and related events, exhibitors, and meetings provide an opportunity to discuss the future of the First Nation health governance structure in BC, measuring success and progress in relation to First Nations health in BC, and dialogue about the direction of the social determinants of health strategy that the First Nations Health Council is leading.

The BCHR Cultural Safety Task Force participated in the Gathering Wisdom Forum from January 14 through 16, 2020 as an exhibitor with two key objectives which relate to the mandate of public protection:

1. To raise awareness and build trust among members of the public and First Nations communities about health profession regulation in BC, including where to go with complaints about potentially unsafe and/or disrespectful healthcare services.
2. To dialogue with members of the public and First Nations communities about cultural safety, collecting stories and feedback regarding topics that center on culturally safe healthcare services.

In order to raise awareness regarding health profession regulation including complaints services, the BCHR booth provided two hand-out materials: one with contact information for complaints to each regulatory body, and a second with information regarding BCHR's journey in developing cultural safety initiatives following the signing of the *Declaration* in 2017. Images of both hand-outs are included under **Appendix 1: GWX Booth Materials**.

GWX Booth “Questions of the Day”:

The Gathering Wisdom Forum 2020 took place over three days: January 14, 15, and 16, 2020. The BCHR representatives at the booth offered attendees a different question each day, centered on cultural safety. This section provides the question that was posed each day followed by a summary of all responses received.

Question 1:

What would you want regulators to know about the care that health professionals provide (or don't provide)?

Feedback:

- Watch dog for racism in the care field.
- Triage.
- More support for rural communities and rural nurses.
- More funding for transportation.
- Need culturally diverse and knowledgeable healthcare providers.
- More recognition of First Nations benefits, especially off-reserve.
- To be or become open-minded.
- To learn more about the language, even to speak a little.
- Promote health by more wealth to larger reserves as a treaty if reached, so that our people can become more independent.
- Continued racism in hospitals.
- Recognize addiction issues in mental health for our youth.
- Need to take the time, ask the questions – know your client/patient before you treat.
- Clarity.
- More community understanding of patient travel and medical coverage.
- More education/awareness of the health benefits.
- User-friendly registration process.
- More awareness of what rural living ACTUALLY means, i.e doesn't have transportation/internet/phone/heat/running water, etc.

- Improve communication between doctors and patients. Share with patients their rights to healthcare.
- Pamphlets for medical disability benefits, dental care,
- Resource center, health and wellness workshops to inform people.
- Help those to understand about resources.
- Faster or easier access to GP's.
- Elder in residence is a great addition for people to feel safe in asking for help. Or to know where to get the support they need.
- More knowledge of traditional care.
- Some place to go between detox and treatment. Better connections.
- After care plan – especially with opioids, ensuring that there is no addiction.
- Assistance with special needs.
- Not giving choice on meds.
- Comments like “you people don’t need to be here; you’re just looking for a fix.”
- More advocacy.
- They should be aware of the history of residential schools and be understanding about it.
- Colleges are too self-interest controlled.
- Open heart, open mind, remove the barrier.
- Care after surgery – going back to work too soon.
- Take time to listen to the stories of clients.
- Remote assessments.
- Care for Elders after being released from hospital.
- Follow up care in remote communities.
- Tone of treatment.

- Inexperienced MD's.
- Better awareness about regulation.
- Reduce Indigenous prejudice in healthcare.
- Education on cultural safety – even mandatory part of registration, including the relationship-building piece with community.
- Racism in treatment and care.
- Bias – tone, laterally violent behaviour.
- Online prescriptions and delivery on reserve to isolated communities is not provided and it should be.
- Doctors need to remember what was discussed at previous appointments.
- Step by step complaints process.
- Communication- media.
- Knowledge about FNHA or Blue Cross benefits.
- Cultural safety – no assumptions.
- Reduce barriers to access services – cost is a barrier.
- Remoteness needs to be a high priority.
- Discharge follow through province wide.
- Traditional language speakers.
- More support in hospitals.
- Be there for our Elders. Extra support for Elders.
- We need doctors in remote areas.
- Remote communities lacking transportation.

Question 2:

What can regulators do better to help guarantee cultural safety in healthcare services?

Feedback:

- Medical personnel can only be educated about appropriate protocol if they genuinely take the time to spend/share cultural experiences delivered by local First Nations who they are providing services for.
- Computer interface to become educated in cultural safety is not acceptable as the only means to learn about our peoples.
- When incidents occur in medical services and their delivery and they are reported, there needs to be a real, meaningful, recordable, measurable, and active resolution and once addressed it must be sustained and reviewed to ensure that behaviour, especially racial profiling and rudeness, do not fall back into the routine treatment of our people.
- Partner with the Pacific Association of First Nations Women to become Champions Against Racism (CAR) and receive training and support to conduct training/education for each of your health regulators to become CAR in each College.
- Find a way to raise awareness/educate about cultural safety in reciprocal manner – how we are all part of this initiative – at public events provide info on how to move forward in a good way with this!
- OSCE needs to include cultural diversity and cultural safety component.
- Learn about the Nations whose land you practice on.
- Mandatory San'Yas cultural safety training across the board, in governance. In concert with hands on training.
- Cultural activities available in areas that our members need, e.g. Elder's care., smudging, etc.
- Ensuring First Nations are part of the voice.
- More accountability to those who do not share respect or practice cultural safety. Currently no consequence or accountability.
- Cultural safety course is a joke. Every staff does it to say they've done it, but they don't understand! Learn by firsthand experience – in communities.
- Commit to learning and understanding historical impacts of colonization.
- Learn more about cultural activities through video, youth games, etc.
- No need to self-identify.

- Make the cultural training specific to that Nation's culture. Not just generalized training. We all have very different and unique histories.
- Have training sessions on cultural safety.
- Culture is healing!
- Get youth and Elders together at a young age.
- Elders – listening, young people need to learn how to listen. Elders will tell it like it is.
- Connecting our youth with Elders to pass on the teaching and give them responsibilities to carry out seasonally.
- Have workshops for employers to educate practitioners about specific cultural practices and protocols in remote areas.
- Listening to community members.
- Culturally appropriate to the local area.
- More First Nations peoples working in hospitals.
- Respectful tone of voice when questioning or seeking info.
- Live it...doing/participating to be of service.
- Teach our young generations.
- Hospital staff more involved in cultural events in communities, be present and learn firsthand.
- Keep cultural safety training as part of the curriculum!
- Include First Nations who are local and knowledgeable to collaborate in the development and delivery of cultural sensitivity.
- Create more awareness of what cultural safety actually means and write in more grassroots wording.
- Hire more First Nations staff, include Elders and cultural knowledge healers.
- Listen to the community wants/needs and expectations.

- Every hospital should have a First Nations advocate available 24/7 and a back-up person, more than once a week.
- Monthly cultural safety sessions with staff.
- Bring spiritual healers to the bedside of a loved one in a hospital to honour the special life and bring prayers to the family. Be a positive support and have easy accessibility as needed.
- Listen, be patient, and be respectful.
- Visit and know the communities you represent.
- Involve community healthcare providers in conversations regarding Indigenous health services.

Question 3:

How do you know when you have received culturally safe care?

Feedback:

- Active listening on the part of the health professional.
- Being respectful in the way you ask the question: “do you drink/smoke?” vs. “how much do you drink/smoke?”
- When you feel respected and heard by the health care provider.
- When you feel heard!
- When traditions and culture are integrated to provide holistic care.
- When you know before hand that it is the responsibility of my health care provider, when it is not something I need to request, it is expected.
- Having the value of traditional medicines recognized.
- Feeling always in your heart, feeling of a full heart. You feel good.
- Cultural rooms in hospitals, patient navigators.
- When you feel comfortable with the care of your doctors.
- Having more diversity in health professions.
- Building trust.
- When the provider is empathetic and compassionate.
- When the conversation is easy and happy.
- Being understood as First Nations, different cultures in BC.
- When I am heard, not made to feel less than (respected).
- You feel comfortable, at ease, you feel safe,
- When you feel comfortable, when the caregiver is friendly.
- Being listened to!
- At least some traditional foods.
- Non-judgmental environment.

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- Detailed, clear explanations of diagnosis and treatments.
 - First Nations self-identified culturally based supports. Assisted living, community living.
 - Having a cultural safety room to practice spirituality.

Conclusions

Throughout the three-day exhibit of the BCHR booth at the Gathering Wisdom Forum, representatives had the opportunity to collect written feedback, dialogue with attendees, and hear anecdotal stories about the need for cultural safety in the provision of healthcare services in British Columbia. Several themes related to cultural safety in healthcare profession regulation became apparent through the collection of feedback and oral histories.

Locally Relevant, Mandatory Cultural Safety Training

Attendees discussed the need for locally relevant, mandatory cultural safety training for healthcare providers. It is not enough to take a universal cultural safety course online; it is necessary to have meaningful participation in local cultural events and practices, and to know the specific needs of the individual local Nation a healthcare provider is serving.

Addressing Stereotypes and Providing Respectful Care

The topics of disrespect and judgement came up frequently as issues in care, particularly with medical doctors and hospital staff.

Representatives of the BCHR booth took great care and time to listen to oral histories and accounts of culturally unsafe care to take away lessons and ideas for improving cultural safety outcomes in the regulation of healthcare practices. Although the tone of the conference was hopeful and every dialogue was productive in nature, it bears confirming the stark reality that racism continues to be a serious issue in the provision of healthcare services for Indigenous peoples in British Columbia.

Cultural Safety Outcomes

Attendees shared their thoughts around cultural safety outcomes; how First Nations clients know when they are receiving culturally safe care. Repeated feedback about cultural safety outcomes centered on feeling heard, respected, questioned about histories without judgement or assumptions, and integrating traditional healing practices into a holistic approach to treatment.

Other notable themes included increasing the diversity of the healthcare professions to include more First Nations peoples, specialized support for Elders, and more access to healthcare services for remote communities.

The message from attendees at the Gathering Wisdom Forum X is clear: BC Health Regulators need to continue to improve the provision of culturally safe care for Indigenous Peoples in what is now called British Columbia. This report, and the learnings within it, will be shared with all BC Health Regulators, FNHA and the public to continue to build awareness of these issues and the opportunities to improve the care Indigenous Peoples receive in BC

Appendix 1: GWX Booth Materials

Handout 1: BC Health Regulator Contact Information



BC health regulator colleges have a mandate to protect you.

Each health regulator has a complaints process to ensure that health professionals are held accountable for their responsibility to provide ethical and safe care.

**Feel like you have received unsafe care or not been treated respectfully?
We want to hear from you.**



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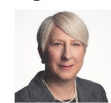


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Learn more about BC health regulators and the complaints process at bchealthregulators.ca

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Handout 2 (Side 1): Our Commitment to Cultural Safety and Humility



Our Commitment to Cultural Safety and Humility

All Health Regulators declared their commitment to making the health system more culturally safe for First Nations and Aboriginal Peoples. Together, we need to create a healthcare environment free of racism and discrimination, where individuals feel safe and respected.

Cultural Safety

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Cultural Humility

Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Learn more about our commitment to cultural safety and humility at fnha.ca/wellness/cultural-humility

Handout 2 (Side 2): Our Cultural Safety and Humility Journey

Our Cultural Safety and Humility Journey



Declaration of Commitment

BC Health Regulators pledged their commitment to make the health system more culturally safe for First Nations and Aboriginal Peoples in BC on March 1, 2017.



Truth and Understanding

BC Health Regulators learn about the history of colonization and its impact on our society and the lives of Indigenous Peoples and start to uncover unknown biases. For example, two Education Symposiums were held for BC Health Regulator board, committee and staff members.



Cultural Safety Training

BC Health Regulators have begun to encourage their staff and board members, and the health professionals they regulate, to take cultural safety training (e.g. San'yas Indigenous Cultural Competency Training Program). Some are also starting to collect data on health professional completion of cultural safety training.



Reflecting on Our Duty

BC Health Regulators reflect on how cultural safety relates to their mandate to serve and protect the public. To support this, First Nations Health Authority representatives have also shared their wisdom through presentations at many College Board Meetings to raise awareness of issues Indigenous Peoples face within the health system and highlight opportunities for improved cultural safety.



Blanket Ceremony

A moving and educational ceremony marked the official beginning of the journey that the BC Health Regulators and the First Nations Health Authority agreed to undertake together. The ceremony was led by Elder Qut Same Leonard George of the Tsleil-Waututh Nation.



Incorporating Cultural Humility into Our Operations

BC Health Regulators are exploring how to incorporate cultural safety and humility into their policies and processes from land acknowledgments to Indigenous input into decision making. For example, inviting input into our policies and practices and reviewing them with a lens of cultural safety and humility.

Learn more about our commitment to cultural safety and humility at fnha.ca/wellness/cultural-humility

Exhibit Photos

