



Three years in:  
A report on the  
achievements  
since signing  
the Declaration  
of Commitment  
to Cultural  
Safety and  
Humility

Respectfully submitted to the First Nations Health Authority  
and the Ministry of Health

June 2020



*On May 24, 2019 the College of Dental Hygienists of BC (CDHBC) Board of Directors and staff were honoured to unveil an art installation, Mother Earth's Song, by Lekwungen artist, Darlene Gait, in the CDHBC office which is located on the traditional territory of the Lekwungen speaking peoples, the Songhees and Esquimalt First Nations. This art installation represents CDHBC's vision for Cultural Safety and Humility in healthcare regulation represented in the modernist and traditional artistic elements of the West Coast Salish First Peoples.*

## Table of contents

03	Overview
04	What is Cultural Safety and Humility?
05	About BC Health Regulators
06	About FNHA
07	Three years in: What have we achieved together?
08	Key events: 2018 – 2020
11	Update on Cultural Safety and Humility activities taken by BCHR members
12	Thank you to FNHA
13	Appendix A: About the Declaration of Commitment to Cultural Safety and Humility in the Regulation of Health Professionals Serving First Nations and Aboriginal People in British Columbia
15	Appendix B: BC Health Regulators, Registrars
18	Appendix C: Gathering Wisdom IX Feedback
22	Appendix D: Spring symposium comments
23	Appendix E: Gathering Wisdom X Report

The BC Health Regulators acknowledge with great respect the *skwxwú7mesh* (Squamish), *xʷməθkʷəy̓əm* (Musqueam), and *selilwitulh* (Tsleil-Waututh) as well as the *Xwsepsum* (Esquimalt) and *Lekwungen* (Songhees) nations, within whose unceded and traditional territories our colleges are located, and whose historical relationships with the land continues to this day.

# Overview

On March 1, 2017, BC Health Regulators (BCHR) signed the Declaration of Commitment – Cultural Safety and Humility-in the Regulation of Health Professionals with the First Nations Health Authority (FNHA). Signing the Declaration affirmed BCHR members' commitment to integrating Cultural Safety and Humility into professional education and practice standards that are needed to ensure public safety and high-quality services.

This historic declaration from BCHR followed the landmark commitment made by BC's Ministry of Health and all six health authorities when they signed on to the first *Declaration of Commitment to Cultural Safety and Humility in Health Services* with FNHA in 2015. The FNHA has been working to 'hardwire' Cultural Safety and Humility into the health system with over 14 declarations signed to date with partnerships at local, regional, provincial and federal levels.

First Nations have a rich history of wellness that extends back in time for many thousands of years. However, the arrival of Europeans marked a change of course in the First Nations wellness journey. The process of colonization including the Indian Residential School System, the Indian Act, and Indian Hospitals resulted in degradation of First Nations health and wellness, practices, beliefs, and values, creating a legacy of trauma, and health and social inequities. First Nations rights and self-determination were undermined, and decisions about health and wellness were made for and not with First Nations.

Today, commitments from the federal and provincial governments to the United Nations Declaration on Indigenous Peoples and the Truth and Reconciliation Commission of Canada's Calls to Action recognize the vital importance of First Nations rights and self-determination; including related to health and wellness. The concepts of Cultural Safety and Humility provide a set of protocols for health-care professionals, the FNHA, and health organizations to follow in their partnerships and relationships with First Nations people.

# What is Cultural Safety and Humility?

The intent of BCHR’s commitment to the 2017 Declaration was to launch a partnership with FNHA to support the incorporation of Cultural Safety and Humility in alignment with regulators’ public interest mandates. One year following the signing of the Declaration, BCHR published the 2018 One-Year-In Report summarizing BCHR’s Cultural Safety and Humility journey and providing a narrative commentary on the value and importance of the achievements reached in that first year for their members.

This report reflects the shared progress towards ‘hardwiring’ Cultural Safety and Humility into the operations and practices of the BCHR. While there is still much work to do, we are proud of the advancements made to date. Success will be measured by the impact that activities of BCHR, in partnership with FNHA, have on improved access to culturally safe and quality care for First Nations and Aboriginal People by regulated health care professionals in BC. More information about the focus on indigenous Cultural Safety and Humility is included in Appendix A of this report.

**CULTURAL SAFETY**  
is an outcome-based on respectful engagement that recognizes and strives to address power imbalances inherent in the health-care system. It results in an environment free of racism and discrimination, where people feel safe when receiving and making decisions about their health care.

**CULTURAL HUMILITY**  
is a lifelong process of self-reflection to understand personal and systemic biases and develop relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience.



CDHBC Board Chair, David MacPherson, Artist, Darlene Gait, Robin Adams, Manager of Strategic Initiatives and Registrar, Jennifer Lawrence at the installation of Mother Earth’s Song.

# About BC Health Regulators

The BCHR is a non-profit organization that provides an administrative foundation for twenty-one health regulatory bodies (also called colleges) to come together to collaborate and share best practices in health regulation.

Under the *Health Professions Act*, health regulators are legally mandated to serve and protect the public by establishing, monitoring and enforcing standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants.

Each college has a duty to respond to complaints from patients, the public, and other health care providers. Colleges will take action if a health professional’s practice is unsafe or unethical. Each college has a board that includes members elected by its peers and public representatives appointed by government. Members of the professions and the public are also involved in committees focused on inquiry (complaints), discipline, registration, quality assurance, and other topics.

While the colleges regulate the profession, Boards oversee college activities and are accountable for how a college operates. This is called self-regulation. Self-regulation is a privilege granted by government to recognize that the professions are best positioned to know what education and practice standards are needed to ensure public safety and high-quality services. A list of the colleges and their registrars is included in this report at Appendix B.

BC Health Regulators is a society of 21 health regulatory colleges which oversees and regulates 118,000 health professionals in the province of BC.

The list of colleges can be found at [www.bchealthregulators.ca](http://www.bchealthregulators.ca) and includes oversight of the following professions:

- Acupuncturists
- Audiologists
- Certified Dental Assistants
- Chiropractors
- Dental Hygienists
- Dental Technicians
- Dental Therapists
- Dentists
- Denturists
- Dietitians
- Hearing Instrument Practitioners
- Licensed Practical Nurses
- Massage Therapists
- Midwives
- Naturopathic Physicians
- Occupational Therapists
- Opticians
- Optometrists
- Pharmacists
- Pharmacy Technicians
- Physical Therapists
- Physicians
- Podiatric Surgeons
- Registered Psychologists
- Nurse Practitioners
- Registered Nurses
- Registered Psychiatric Nurses
- Registered Social Workers
- Speech-Language Pathologists
- Traditional Chinese Medicine Practitioners

## About FNHA

BC First Nations have a unique health governance partnership with the Province of BC and the Government of Canada. The parties have agreed to establish a new relationship based on mutual respect and recognition to improve the health outcomes of BC First Nations peoples and communities. The new relationship recognizes the role of BC First Nations to make decisions over the design and delivery of health and wellness services for First Nations people. Through consensus, BC First Nations leadership confirmed a shared vision, values and seven Directives that continue to guide the work of the health governance partnership. This work included the formation of the FNHA, which enabled the successful transfer of federal health services to BC First Nations control.

As a health and wellness partner to BC First Nations, the FNHA is responsible for planning, management, service delivery and funding of health and wellness programs, including First Nations Health Benefits. Working to transform the system from sickness to wellness, the FNHA champions a First Nations perspective of health and wellness, as well as Cultural Safety and Humility in health service delivery across the province. The FNHA works to improve the way health and wellness services are delivered to First Nations in BC through direct services, provincial partnership collaboration, and health systems innovation. For more information about the FNHA please visit their website at <https://www.fnha.ca/about/fnha-overview>.



*Marie Gait, one of the last surviving Elders of the Esquimalt Nation, leading staff and stakeholders in traditional prayer and blessing.*

# Three years in: What we have achieved together?

As acknowledged in the first Cultural Safety and Humility progress report, BC Health Regulators and the First Nations Health Authority have taken unprecedented steps to develop an open, engaged, and transparent relationship. Through ceremonies, educational events and the formation of a BCHR Cultural Safety and Humility Task Force, we have worked together to challenge the status quo and identify actions and efforts to improve the integration of culturally safe and humble practices within BC’s health profession regulatory framework.

BCHR members continue to learn about Cultural Safety and Humility for First Nations and Aboriginal People in BC. This learning is not a one-time or check-off-the-list event; rather, it is “lifelong journey”. Staff, Board, and Committee members at BCHR member colleges have continued to benefit from the efforts of FNHA to support BCHR through sharing resources, providing educational opportunities, and offering counsel that bring the commitments identified in the Declaration to life.





## Key events: 2018-2020

### GATHERING WISDOM FOR A SHARED JOURNEY IX

May 15-17, 2018

BCHR representatives attended and hosted a booth at the 2018 Gathering Wisdom for a Shared Journey IX. The Gathering Wisdom forum is the largest gathering of First Nations leaders in BC, and this event provided an opportunity to seek feedback on the question, “How can BC’s health professionals incorporate Cultural Safety and Humility into their individual practices?” Community feedback was robust, and themes that emerged from the event included the following:

- Recognize and respect local territories, protocols, knowledge, and perspectives
- Understand that culture is healing
- Learn about colonial traumas and their impacts on health and wellness
- Build good relationships with BC First Nations
- Improve access to care and information
- Integrate Cultural Safety and Humility in health service settings

Read the themed feedback received at Gathering Wisdom for a Shared Journey IX in Appendix C.

### FORMATION OF CULTURAL SAFETY AND HUMILITY TASK FORCE

April 2019

In April 2019, BCHR formed a Cultural Safety and Humility Task Force to support taking action towards improving Cultural Safety and Humility in health care delivered by BC regulated health professionals. The Task Force aims to support the development and implementation of BCHR’s Cultural Safety and Humility commitment collectively and individually as regulatory bodies responsible for the oversight and regulation of ~107,000 health professionals in the province of BC.

### 2019 SPRING EDUCATION SYMPOSIUM

May 8, 2019

BCHR and FNHA hosted a full-day Spring Symposium on Cultural Safety and Humility for 120 regulatory leaders. The symposium marked the second time that staff, Board, and Committee members gathered specifically for Cultural Safety and Humility learning. The following summary of the event is based on a document written by former FNHA CEO Joe Gallagher, titled *“From the CEO: FNHA family members share what Cultural Safety and Humility means for them during BC Health Regulators Spring Symposium”*.

The day began with FNHA family members singing the Coast Salish Anthem, led by Vancouver Coastal Living Marker Janelle Tom (Skwx̱ wú7mesh Úxwumixw). This was followed by Migizzi Miigwan Equa Shannon Beauchamp (Ojibwe from the Garden River & Michipicoten First Nations) who weaved her own story into a presentation on “uncomfortable truths” in our shared history. She spoke about the impact of the Indian Act, residential schools, the child welfare system, and the pass system on our health and wellness.



The keynote speaker was Dr. Jaris Swidrovich (Saulteaux from Yellow Quill First Nation), Assistant Professor in the College of Pharmacy and Nutrition at the University of Saskatchewan. By sharing his own family's experience with the Sixties Scoop<sup>1</sup>, as well as his clinical work as a pharmacist in the health system, he offered a 'two eyed seeing' perspective that resonated with the health providers in the audience.

Three FNHA family members who are health professionals by training offered their perspectives on what Cultural Safety and Humility mean to them.

Arlene Clair (Kwakwaka'wakw), a nurse who works as an FNHA Family Wellness Navigator for the Island Region, shared her work to bring together different groups to build Cultural Safety and Humility in the health system. Cindy Preston, a pharmacist who joined FNHA from Health Canada, shared that Cultural Safety and Humility represents a change in priorities that are driving decision-making. Hanna Scrivens, a Social Worker and the Regional Manager, Maternal, Child and Family Health for the Island Region, shared her views on the changing culture in the health system brought about by prioritizing Cultural Safety and Humility.

Participants had the pleasure of hearing from three Indigenous students in training to become health care professionals. Hailey Matheson, Peguis Nation (UBC Social Work); Bret Watts, Nuw Chah Nulth (UBC Kinesiology); and Tatyana Daniels, Gitksan First Nation (UBC Dietetics). The students made up team Smoked Salmon that won first place at the 2018 International Indigenous HealthFusion Team Challenge led by the Centre for Excellence in Indigenous Health in Sydney, Australia. The competition focuses on breaking down silos between culture and Western medicine by using case presentations to demonstrate knowledge and healing.



*From Left to Right: Hailey Matheson, Peguis Nation (UBC Social Work), Joe Gallagher, Tla'amin First Nation, Tatyana Daniels, Gitksan First Nation (UBC Dietetics), and Bret Watts, Nuw Chah Nulth (UBC Kinesiology)*

The symposium concluded with participants reflecting on their perspectives about Cultural Safety and Humility, which confirmed that the journey has just begun, and we have more work to do. See Appendix D for symposium comments.

<sup>1</sup> The Sixties Scoop was a large-scale apprehension of children in the 60's. Child welfare authorities forcibly removed thousands of Indigenous children from their families and communities. They placed the children in foster care or adopted them out to non-Indigenous families" For more information go to: <https://www.thecanadianencyclopedia.ca/en/article/sixties-scoop>

**GATHERING WISDOM FOR A SHARED JOURNEY X**  
**January 14-16, 2020**

BCHR representatives had the pleasure of attending and hosting a booth over three days at the 2020 Gathering Wisdom for a Shared Journey X. The BCHR booth profiled BCHR activities to date and provided information about health professions regulation, including who are the leaders, how to make a complaint, and where to get more information about regulation. The forum allowed for more feedback to be collected from First Nations leaders, using a “question of the day” approach. The questions included the following:

- What would you want regulators to know about the care that health professionals provide (or don’t provide)?
- What can regulators do better to help guarantee cultural safety in healthcare services?
- How do you know when you have received culturally safe care?

Read the full report on Gathering Wisdom for a Shared Journey X in Appendix E.



BCHR booth

# Update on Cultural Safety and Humility activities taken by BCHR members

In 2018, BCHR identified a list of activities that BCHR members agreed to continue to work on. A survey was conducted in May 2020 to document the progress health regulators have made. A total of 17 of 21 colleges responded to the survey. The following overview is based on colleges’ survey responses:

Activity	Number of colleges reporting			Notable Initiative
	Yes	No	In progress	
Cultural Safety and Humility included in strategic plans.	14	1	2	The principles of diversity, Cultural Safety and Humility, and inclusion are increasingly represented in many college strategic plans.
Review complaints processes with a lens of Cultural Safety and Humility.	4	5	8	The College of Physicians and Surgeons of BC developed an infographic to depict the complaints process, which FNHA has distributed for posting in rural clinics.
Develop and implement an ethically appropriate question(s) that supports gathering data about the number of regulated health professionals who identify as Indigenous.	5	8	4	An ethically appropriate question was drafted and circulated to all colleges. It is expected that the number of colleges incorporating the question will increase over time.
Review existing policies, practices, and programs with a lens of Cultural Safety and Humility.	6	5	6	There is considerable interest in doing this work, however, external expertise would assist in developing a strategy to incorporate cultural safety and humility into policy and practice.
Incorporate cultural humility and safety into day-to-day operations.	8	1	8	Colleges are incorporating land acknowledgments into operations and recognizing that this is a longer term journey that needs attention.
Develop methods for incorporating the promotion of recommended culturally safe practices within the quality assurance programs offered by each college.	7	4	6	Many colleges have an interest in providing continuing professional development that could be incorporated as a component of quality assurance programs.

Activity	Number of colleges reporting			Notable Initiative
	Yes	No	In progress	
Expand diversity on college Boards and Committees by increasing the number of participating individuals identifying as Indigenous.	6	2	9	This is a desirable outcome for colleges. The College of Naturopathic Physicians of British Columbia has developed a new appointments and evaluations procedure that welcomes and recognizes the expertise and lived experiences of First Nations, Metis, Inuit, and Indigenous people.
Continue to support Board, Committee, and staff members to complete the San'yas Indigenous Cultural Competency Course.	13	0	4	Many colleges encourage this, with information made available to staff, Board, and Committee members.
Promote completion of the San'yas Indigenous Cultural Competency Course and ongoing learning by registrants.	14	1	2	Some colleges collect information about completion by registrants as part of registration renewal. FNHA also has a series of webinars on cultural safety.
Engage educators, the Ministry of Health, and the Ministry of Advanced Education in ensuring that entry-level competencies for all health professionals include Cultural Safety and Humility.	5	5	7	The University of British Columbia has programs for health professional students. Colleges are discussing, provincially and nationally, how to fill gaps.
Continue to build and foster a strong, collaborative partnership with FNHA through regular meetings and the exchange of ideas, experiences, and opportunities for ongoing learning.	11	5	1	BCHR and individual colleges have benefited from FNHA's expertise and willingness to share and participate in various events.
Add Cultural Safety and Humility resources to college websites.	8	4	5	BC College of Pharmacists have a web page dedicated to Cultural Safety and Humility.

# Thank you to FNHA

BC Health Regulators are very grateful to FNHA, and in particular to founding and past CEO Joe Gallagher, Tla'amin Nation, Janene Erickson, Nak'azdli Whut'en, and the entire FNHA team for their support, encouragement, and generosity.



First Nations Health Authority  
Health through wellness

## Appendix A

# About the Declaration of Commitment to Cultural Safety and Humility in the Regulation of Health Professionals Serving First Nations and Aboriginal People in British Columbia



### DECLARATION of COMMITMENT

MARCH 1, 2017

**CULTURAL SAFETY AND HUMILITY IN THE REGULATION OF HEALTH PROFESSIONALS SERVING FIRST NATIONS AND ABORIGINAL PEOPLE IN BRITISH COLUMBIA**

**#itstartswithme**

**Our Declaration of Commitment** is an important step towards advancing cultural safety and humility among regulated health professionals who are involved in the delivery of health services to First Nations and Aboriginal people in British Columbia. This commitment reflects the high priority we, as the regulatory and health professional regulatory bodies, place on cultural safety and humility as equity and safety dimensions that are integral components of our public protection mandate.

This Declaration of Commitment is based on the following guiding principles of cultural safety and humility:

- Cultural humility is a life-long process of reflection to understand individual and systemic biases and to develop and maintain respectful personal and relationships based on mutual trust.
- Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. Cultural safety is the experience of people feeling safe when receiving health care services.
- Cultural safety must be understood, upheld and practiced at all levels of the health system including governance within health professional regulatory bodies and within individual professional practice.
- All stakeholders, including First Nations and Aboriginal individuals, tribes, families, communities, and nations must be involved in co-development of future strategies and in the decision-making process with a commitment to reciprocity and accountability.
- Strong leadership on concrete actions is essential to achieving our vision of a culturally safe health system for First Nations and Aboriginal people in our province. This vision requires representation of BC's health professional regulatory councils to:

- CREATE A CLIMATE FOR CHANGE BY:**
  - anticipating the pressing need to establish cultural safety as a framework to improve First Nations and Aboriginal health services in BC;
  - opening an honest, informed and continuing dialogue with all stakeholders to show that change is necessary;
  - forming a coalition of influential leaders and champions who are committed to the priority of embedding cultural safety and equity into the regulation of BC health professionals;
  - contributing to the professional vision of a culturally safe health system as a leading strategy to enhance professional regulation in BC;
  - encouraging, supporting and enhancing cultural safety and cultural competency amongst health professionals in BC;
- ENGAGE AND ENABLE STAKEHOLDERS BY:**
  - communicating the vision of culturally safe health regulation together for First Nations and Aboriginal people in BC and the critical need for commitment and understanding on behalf of all stakeholders, health professionals and clients;
  - clearly and proactively addressing concerns and leading by example, identifying and removing barriers to progress;
  - monitoring and visibly celebrating accomplishments;
- IMPLEMENT AND SUSTAIN CHANGE BY:**
  - empowering and empowering our regulators' staff, partners and volunteers to develop cultural humility within a culture of cultural safety;
  - creating processes where regulators and individuals can raise and address problems without fear of reprisal;
  - leading and enabling successive waves of action and cultural humility and safety, we established within all levels of health professional regulation.

**REPORTING ON PROGRESS BY:**

Working with the Ministry of Health and the First Nations Health Authority to prepare a public annual report on strategic activities, outcomes and demonstrating how the commitment is being met.

Our signatures demonstrate our long-term commitment to the regulation of health professionals to promote and advance cultural safety and humility for First Nations and Aboriginal people in British Columbia and to championing the process required to achieve this vision.

This Declaration is endorsed by the Ministry of Health and the First Nations Health Authority and signed by their representatives and the members of the BC Health Regulators.

**SIGNED ON THIS DATE: March 1, 2017**

 First Nations Health Authority - Jane Gallagher, CEO, FNHA	 Ministry of Health - Stephen Brown, Deputy Minister
<b>- and BC Health Regulators:</b>	
 College of Physicians & Surgeons of BC - Robert Reid, President	 College of Physicians & Surgeons of BC - Robert Reid, President
 College of Physicians & Surgeons of BC - Robert Reid, President	 College of Physicians & Surgeons of BC - Robert Reid, President
 College of Physicians & Surgeons of BC - Robert Reid, President	 College of Physicians & Surgeons of BC - Robert Reid, President
 College of Physicians & Surgeons of BC - Robert Reid, President	 College of Physicians & Surgeons of BC - Robert Reid, President
 College of Physicians & Surgeons of BC - Robert Reid, President	 College of Physicians & Surgeons of BC - Robert Reid, President
 College of Physicians & Surgeons of BC - Robert Reid, President	 College of Physicians & Surgeons of BC - Robert Reid, President
 College of Physicians & Surgeons of BC - Robert Reid, President	 College of Physicians & Surgeons of BC - Robert Reid, President
 College of Physicians & Surgeons of BC - Robert Reid, President	 College of Physicians & Surgeons of BC - Robert Reid, President
 College of Physicians & Surgeons of BC - Robert Reid, President	 College of Physicians & Surgeons of BC - Robert Reid, President
 College of Physicians & Surgeons of BC - Robert Reid, President	 College of Physicians & Surgeons of BC - Robert Reid, President
 College of Physicians & Surgeons of BC - Robert Reid, President	 College of Physicians & Surgeons of BC - Robert Reid, President
 College of Physicians & Surgeons of BC - Robert Reid, President	 College of Physicians & Surgeons of BC - Robert Reid, President
 College of Physicians & Surgeons of BC - Robert Reid, President	 College of Physicians & Surgeons of BC - Robert Reid, President
 College of Physicians & Surgeons of BC - Robert Reid, President	 College of Physicians & Surgeons of BC - Robert Reid, President
 College of Physicians & Surgeons of BC - Robert Reid, President	 College of Physicians & Surgeons of BC - Robert Reid, President
 College of Physicians & Surgeons of BC - Robert Reid, President	 College of Physicians & Surgeons of BC - Robert Reid, President
 College of Physicians & Surgeons of BC - Robert Reid, President	 College of Physicians & Surgeons of BC - Robert Reid, President
 College of Physicians & Surgeons of BC - Robert Reid, President	 College of Physicians & Surgeons of BC - Robert Reid, President
 College of Physicians & Surgeons of BC - Robert Reid, President	 College of Physicians & Surgeons of BC - Robert Reid, President
 College of Physicians & Surgeons of BC - Robert Reid, President	 College of Physicians & Surgeons of BC - Robert Reid, President

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

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

Signed on March 1, 2017 by the members of BC Health Regulators (BCHR), the First Nations Health Authority (FNHA), and the Ministry of Health, the Declaration of Commitment sets out the following objectives.

Our signatures demonstrate our long-term commitment to the regulation of health professionals to promote and advance Cultural Safety and Humility for First Nations and Aboriginal People in British Columbia and to championing the process required to achieve this vision.

**Create a climate for change by:**

- Articulating the pressing need to establish cultural safety as a framework to improve First Nations and Aboriginal health services in BC.
- Opening an honest, informed, and convincing dialogue with all stakeholders to show that change is necessary.
- Forming a coalition of influential leaders and champions who are committed to the priority of embedding cultural humility and safety into the regulation of BC health professionals.
- Contributing to the provincial vision of a culturally safe health system as a leading strategy to enhance professional regulation in BC.
- Encouraging, supporting, and enhancing cultural safety and cultural competency amongst health professionals in BC.

**Engage and enable stakeholders by:**

- Communicating the vision of culturally safe health profession regulation for First Nations and Aboriginal people in BC and the critical need for commitment and understanding on behalf of all stakeholders, health professionals, and clients.
- Openly and honestly addressing concerns and leading by example. Identifying and removing barriers to progress.
- Monitoring and visibly celebrating accomplishments.

**Implement and sustain change by:**

- Encouraging and empowering staffs, governors, and volunteers to develop cultural humility and foster a culture of cultural safety.
- Facilitating processes where organizations and individuals can raise and address problems without fear of reprisal.
- Leading and enabling successive waves of action until cultural humility and safety are embedded within all levels of health professional regulation.
- The declaration identifies the need to report out annually on the achievements reached in support of the commitments made.



Appendix B

BC Health Regulators, Registrars



**Louise Aerts**  
*Registrar*  
College of Midwives of BC  
604-742-6318  
[cmbc.bc.ca](http://cmbc.bc.ca)



**Cameron Cowper**  
*Registrar*  
College of Speech and Hearing Health Professionals of BC  
604-742-6380  
[cshbc.ca](http://cshbc.ca)



**Lisa Bannerman**  
*Registrar*  
College of Opticians of BC  
604-742-6472 ext 8602  
[cobc.ca](http://cobc.ca)



**Louise Crowe**  
*Registrar*  
College of Podiatric Surgeons of BC  
604 986-0403  
[cpodsb.org](http://cpodsb.org)



**Joanie Bouchard**  
*Registrar*  
College of Dietitians of BC  
604-736-2016  
Toll Free 1-877-736-2016  
[collegeofdietitiansobc.org](http://collegeofdietitiansobc.org)



**Michelle Da Roza**  
*Registrar*  
College of Chiropractors of BC  
604-742-6470  
[chirobc.com](http://chirobc.com)



**Kathy Corbett**  
*Registrar*  
College of Occupational Therapists of BC  
250-386-6822  
Toll Free 1-866-386-6822  
[cotbc.org](http://cotbc.org)



**Dale Dergousoff**  
*Registrar*  
College of Optometrists of BC  
604-623-3464  
Toll Free 1-866-910-3464  
[optometrybc.com](http://optometrybc.com)





**Chris Hacker**  
*Registrar*  
College of Dental Surgeons of BC  
604-736-3621  
Toll Free 1-800-663-9169  
[cdsbc.org](http://cdsbc.org)



**Andrea Kowaz**  
*Registrar*  
College of Psychologists of BC  
604-736-6164  
[collegeofpsychologists.bc.ca](http://collegeofpsychologists.bc.ca)



**Mark Hillenbrand**  
*Registrar*  
BC College of Social Workers  
604-737-4916  
[bccollegeofsocialworkers.ca](http://bccollegeofsocialworkers.ca)



**Jennifer Lawrence**  
*Registrar*  
College of Dental Hygienists of BC  
250-383-4101  
Toll Free 1-800-778-8277  
[cdhbc.com](http://cdhbc.com)



**Jonathan Ho**  
*Registrar*  
College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC  
604-736-3621  
[ctcma.bc.ca](http://ctcma.bc.ca)



**Dianne Millette**  
*Registrar*  
College of Physical Therapists of BC  
604-742-6335  
[cptbc.org](http://cptbc.org)



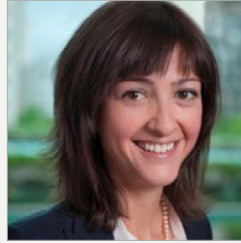
**Cynthia Johansen**  
*Registrar*  
BC College of Nursing Professionals  
604-742-6200  
Toll Free 1-866-880-7101  
[bccnp.ca](http://bccnp.ca)



**Bob Nakagawa**  
*Registrar*  
College of Pharmacists of BC  
778-330-0967  
Toll Free 1-877-330-0967  
[bcpharmacists.org](http://bcpharmacists.org)



**Heidi M. Oetter**  
*Registrar*  
College of Physicians and  
Surgeons of BC  
604-733-7758  
[cpsbc.ca](http://cpsbc.ca)



**Phillipa Stanaway**  
*Registrar*  
College of Naturopathic  
Physicians of BC  
604-688-8236  
[cnpbc.bc.ca](http://cnpbc.bc.ca)



**Ron Revell**  
*Registrar*  
College of Dental  
Technicians of BC  
604-742-6315  
[cdtbc.ca](http://cdtbc.ca)



**Eric Wredenhagen**  
*Registrar*  
College of Massage  
Therapists of BC  
604-736-3404  
[cmtbc.ca](http://cmtbc.ca)



**Jennifer Roff**  
*Registrar*  
College of Denturists  
of BC  
604-357-1263  
[cd.bc.ca](http://cd.bc.ca)

## Appendix C

# Gathering Wisdom IX Feedback

### **How can BC's Health Professionals incorporate Cultural Safety and Humility into their individual practices?**

#### RECOGNIZE AND RESPECT LOCAL TERRITORIES, PROTOCOLS, KNOWLEDGE AND PERSPECTIVES

- Incorporate Indigenous voices and perspectives into planning and collaborative work
- Promote Language- learn the language of the 1st Nations in the area
- For doctors and services to learn about the local First Nations culture and the effects of IRS- we cannot "just get over it."
- Professionals should learn about First Nations culture
- Start naloxone learning with a prayer or brushing
- Workshops- cultural workshops for health professionals
- Acknowledge, Respect and Honor the unceded Traditional Territory of the Ucwalmicw where you live and work. Not just the reserves!! Nor just at conference meetings.
- Elder teachings!
- Learn each Nations protocol's and implement them into how you deliver your services; create table tops; be respectful- be courteous- slow down!
- Understand our cultural history
- Know the cultural practices of bands in their area. Ask input from the band on what traditions/ culture are utilized in the band. Follow the lead of the band members.
- Listen to community knowledge
- Getting into culture/ ceremony
- Visible First Nations Art Work so people can see and recognize our culture (Totems, paddles, speaking sticks)
- By being educated in cultural ways of First Nations they work with, knowing is power!
- Inclusive of all family members. Respectful settings incorporate longhouse (self-place?)

#### UNDERSTAND THAT CULTURE IS HEALING

- Cultural is Healing \*Showed up multiple times\*
- Include traditional medicines in practices and be more connected with patients
- Talking circles
- Cultural intervention- i.e. Elder RCMP (multi-level intervention)
- Professionals need to work with elders to learn and understand how cultural healing is medicine.
- Host informational/ educational workshops that are focused on awareness/ initiatives and create a safe environment for people to share their traditional remedies/ treatments and encourage to find a balance between traditional and western medicine (i.e. diabetes awareness with traditional diets etc.)
- Include elders in how to incorporate cultural teachings
- Understanding knowledge and culture to aid in healing

## LEARN ABOUT COLONIAL TRAUMAS AND THEIR IMPACTS ON HEALTH AND WELLNESS

- Listen, learn and apply
- Learn about impacts of Residential School “Indian Horse”
- Trauma informed training to understand effects of Residential schools through all generations
- For doctors and services to learn about the local First Nations culture and the effects of IRS- we cannot “just get over it.”
- Have knowledge of history of Indigenous people and how this impacts health outcomes, social issues etc. and incorporate this into practice.
- Understanding multiple traumas
- Accepting their past so they heal collectively
- Understanding that residential school trauma effects multiple generations
  - Sexual
  - Physical
  - Mental
  - More awareness
  - Education
- Learn about the history of pre-contact First Nations in BC
  - Contact
  - Colonization
  - Residential Schools
  - Current State
  - The road forward- Reconciliation!
- First Nations 101
  - Orientation to Non- First Nations (i.e. Sixties scoop, residential schools)
  - Ongoing education
  - What does FN governance look like?
  - Learn about traditional healing (i.e. soopalilie for cancer)

## BUILD GOOD RELATIONSHIPS WITH BC FIRST NATIONS

- Hold training/ conferences on/in First Nations communities with First Nations Health Reps
- Host the community for a meal first there’s magic that happens and speech is free flowing after a meal.
- They should visit communities and speak to the elders
- People need people- share your time, coffee, a meal, your wisdom. Support through talking!

- Relationship between local nation and health to be developed so that the nation and health organization can be open to each other events, practices, ceremony
- Consistent, relationship building!
- Speak with Knowledge Keepers and Elders within communities to create a connection and build relationships.
- A more user-friendly system that encourages collaboration

### IMPROVE ACCESS TO CARE AND INFORMATION

- More medical information/ access to information from doctors & specialists to semi-remote communities
- Accessible services
- Bring information to the community
- Understand the system of NIHB. It is there to help not something to be withheld.
- Community information workshop for health benefits
- Provide advocacy to remote community understanding.
- Afterhours support for our members
- Native liaison workers in hospitals should “Go see” the patient and let the patient know what supports they offer. Most times I’ve visited family, they were not aware that these supports existed in the hospital; or will not go look for the native liaison.

### CULTURAL SAFETY AND HUMILITY IN HEALTH SERVICE SETTINGS

- By questioning regular common practices and keeping an open mind/ continually learning
- Be mindful of personal bias/ lived experience and how that influences our interactions with others.
- Educate yourself on First Nations; learn to notice your biases and assumptions and put them aside.
- Be kind always!
- Let clients know that it is “ok” for a friend or perhaps a community assist in making a complaint to a regulator!
- Be humble and open minded- respect everyone!
- Cultural Competency
- Always be unconditional and remember we have two ears and only one mouth and a big fat open heart.
- Be compassionate to our people! A strange setting is traumatizing already!
- Respect that our elders are IRS Survivors... and hospitals are much like Residential Schools. When told patient is a survivor, deal with respect and know the situation is linked to PTSD. Notify all staff involved.

- Show that you care about how the people feel when they are in need
- Be open minded to doing things differently
- Be patient and listen
- Remove Stereotyping
- Ask, don't assume!
- Don't look at the color of the skin when caring for patients
- Treat all as you would your own loved ones. Be sure our Elders and Youth are heard!
- Understand how to practice humility and being humble- understanding the person and not always the condition/ health
- Cultural competency as part/ requirement of BC Registry with Health Regulators
- Learn/ Listen and be open minded!
- Develop and incorporate lens of reconciliation into their practices
- Work with hospitals on cultural awareness and cultural safety
- Teach bed side manners and better communication
- Work with physicians on Culture Humility. Don't judge or assume.

## OTHER

- Go to the source for solutions- the patients with mental health issues in particular.
- Better Business Bureau oversight for quality assurance, quality control, alternative medicine and practitioners.
- Advocate for ongoing funding for MH NOT time limited funding.
- Provide training in conjunction with medical teachings
- Offer training on health and culture
- Get the youth educated and involved 100%
- Youth Council
- Train and hire more indigenous service providers. Women = Woman provider
- Incorporate as part of Nations HR Policy
- Inclusive of First Nations – Community health workers

Appendix D

# Spring symposium comments

64 RESPONDENTS PROVIDED FEEDBACK ON THE FOLLOWING QUESTIONS:

- 1. Today’s session was productive and a good use of time
- 2. As a result of attending today’s session, I have gained more knowledge about Cultural Safety and Humility
- 3. There was sufficient opportunity to contribute and engage in discussion during today’s session
- 4. I feel more appropriately equipped to support/lead a discussion on Cultural Safety andHumility with my college

Question	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Don't Know	Total Repsonses
1.	43	19	2				64
2.	45	16	3				64
3.	31	26	3	3	1		64
4.	20	32	11	1			64

COMMENTS

Participants provided many comments on the day and suggestions for ongoing Cultural Safety and Humility symposia. The feedback reinforced how much we still need to learn and how this is an ongoing journey.

Comments representative of the group follow:

- I am struck by how much I do not know.
- I feel that I can go away and have positive conversations to create meaningful change.
- Today was even more impactful than other events about the background of the many different racism acts that occurred in Canada.
- Thank you for the uncomfortable truths, the hope and breaks of humor to help.
- The student presentations were great. Inspiring to see youth-led initiatives and focus on indigenous health.
- Today was very emotional. I am inspired to learning more about indigenous peoples.
- No matter how much training I engage in, how many symposiums I attend, stories I hear, this work never fails to affect me deeply, emotionally, spiritually. I continue to be transformed and am humbly grateful to FNHA and everyone who shares their knowledge to support the change we are trying to make.
- We are honoured to participate in this journey with FNHA.

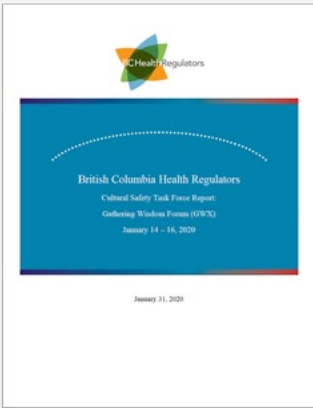
**Going forward:** Participants are keen to continue with these learning events. Sharing stories, learning more from elders, discussing collaborative actions with colleges and FNHA, learning from successes and failures, sharing resources, and allowing time for ongoing discussion are all important actions to continue.



Appendix E

# Gathering Wisdom X Report

**British Columbia Health Regulators  
Cultural Safety Task Force Report:  
Gathering Wisdom Forum (GWX)  
January 14 – 16, 2020**



Please [click this link](#)  
to read the report

