

# Indigenous Cultural Safety

## 1. Introduction

### 1.1. Purpose

This policy provides the framework for ensuring that Indigenous Cultural Safety is embedded across Providence Health Care ("PHC"). It supports PHC's goal to embed Truth and Reconciliation "[in everything we do](#)" and aligns with our stated [Mission, Vision and Values](#).

Indigenous cultural safety reduces barriers to care, increases the quality and safety of services, positively impacts patterns of service utilization, improves clinical outcomes and leads to fewer inequities in health status between Indigenous and non-Indigenous people. It also advances inclusion of Indigenous identity-affirming practices into provincial health care, such as embedding Indigenous ways of knowing in research practices, and making Indigenous-specific medical care available in hospital and other health care facilities.

The policy empowers Staff to address inequities in health outcomes and embrace anti-racism and cultural humility as a means to advance Indigenous wellness, Reconciliation, and cultural safety.

### 1.2. Context

In 2019, the Province of British Columbia passed the *Declaration on the Rights of Indigenous Peoples Act* adopting the *United Nations Declaration on the Rights of Indigenous Peoples* ("UNDRIP") as the framework for reconciliation. UNDRIP is a universal framework of minimum standards for the survival, dignity and well-being of Indigenous Peoples worldwide. Indigenous cultural safety is UNDRIP in action in healthcare — upholding Indigenous human rights to self-determination; to access services without discrimination; to utilize ancestral medicine; and, to achieve the highest possible standard of physical and mental health. UNDRIP upholds particular consideration for the needs of youth, Elders, women, and persons with disabilities.

Complementing UNDRIP are the findings and recommendations of key reports examining the historical, ongoing, and systemic discrimination and racism toward, and oppression of, Indigenous people in health care and Canadian society overall.

In June 2020, the BC Minister of Health ordered an independent review of Indigenous-specific racism in the health system. In November 2020, the findings of the review were released in the [In Plain Sight](#) report. The report highlighted critical observations where Indigenous Peoples' rights to health as described in UNDRIP, are not being met in BC's health care system.

As an important organization within this health care system, PHC is committed to addressing the findings and recommendations of *In Plain Sight* and other key reports, and we have embedded this commitment into the organization's Indigenous Wellness and Reconciliation Action Plan.

### *Dimensions of Indigenous Cultural Safety*

Indigenous Cultural Safety is achieved when the patient, resident, or their families say that it is. The following are key dimensions of Indigenous cultural safety:

- Respect: Indigenous people feel valued and feel that their dignity is upheld by PHC Leaders and Staff;
- Identity: Indigenous identity is positively acknowledged or affirmed by PHC Leaders and Staff;
- Empowerment and Equity: interactions with Indigenous people are marked by an equal partnership or a cooperative and reciprocal relationship that supports the Indigenous person's self-determination;
- Safety: Indigenous people have a sense of protection from harm or risk, and an experience free from racism;
- Relationality: Indigenous people experience a positive connection with PHC Leaders and Staff marked by compassion and empathy;
- Reciprocity: interactions with Indigenous people involves two-way or shared learning, curiosity, interest and effective communication, underpinned by a respectful understanding of the impacts of colonialism on Indigenous Peoples.

#### **1.3. Scope**

This policy applies to all sites and facilities within PHC, all PHC designated work sites and to all [PHC Staff](#).

## **2. Policy**

### **2.1 Support Organizational Accountability to Indigenous Cultural Safety**

PHC-Leaders and Staff are accountable for our commitment to anti-racism and Indigenous cultural safety and humility. A culture of accountability will be fostered to address anti-Indigenous racism and advance cultural safety.

PHC will maintain a position statement visible to the public outlining its commitment to anti-racism and Indigenous cultural safety and humility. This statement acknowledges PHC's past, ongoing role in the systemic and interpersonal harm done to Indigenous people, and outlines at a high level the actions we are taking to make our care and our sites culturally safe for Indigenous people.

PHC is accountable to patients, Long Term Care Residents, families, funders and partners on the quality of care we deliver. PHC Leaders are expected to develop and report in a timely manner on our organizational commitments and performance related to Indigenous patient care and experience.

All current PHC policies, guidelines, pathways, tools, forms and clinical resources will be reviewed with an Indigenous cultural safety lens. PHC will develop, review, and regularly update policies and procedures that address Indigenous cultural safety, racism and discrimination.

PHC will maintain policies, procedures and processes to report and respond to incidences of racism, such as (but not limited to) the [Safe Reporting](#), [Respect at Work](#), and [Medical Staff Professional Conduct](#) policies.

Staff are required to commit to equity, dignity, and belonging for all. Staff will make commitments to address anti-Indigenous racism and nurture a culture where everyone speaks up about racism and discrimination in the workplace, as outlined in PHC policies, code of conduct and Regulatory College or Association professional standards of practice.

Health and wellness services, initiatives, and programs are expected to be accessible, responsive, of high quality, relevant, and provided in a culturally safe manner. Research projects are also expected to be the same, and are also expected to consider all research proposals and partnerships with an Indigenous cultural safety lens.

## 2.2 Establish Inclusive and Meaningful Partnerships

xʷməθkʷəy̓əm (Musqueam), skwxwú7mesh (Squamish), sə́lilwətał (Tsleil-Waututh), and K'ómoks Nations have owned and stewarded their ancestral homelands since time immemorial. PHC is committed to respecting the self-determination and governance rights of these sovereign host Nations ("host Nations"), being a responsible guest within their territories, and honouring their guidance related to the work PHC carries out. This includes (where appropriate) seeking the participation and informed consent of the Nations in the design of policies, amenities, spaces, events, and services that may affect or involve them and their territories.

Purposeful, meaningful, safe, inclusive, and reciprocal partnerships will be sought with host Nations, Indigenous organizations, patients, residents, and families to co-design, develop and implement programs, services, events, training, facilities, and initiatives involving Indigenous clients. This may include where appropriate creating shared work-plans, collaborating with partners, developing agreements to formalize relationships and supporting efforts to address service delivery issues affecting Indigenous children, families and communities. Where possible, PHC will ensure that resources are available to assist Indigenous partners in participating in PHC work and events. PHC Leaders and Staff are responsible for making sure interactions with Indigenous people and communities are safe for them to share hard truths about our work, and are committed to learning from those truths spoken to us.

PHC recognizes the broad diversity of and differences amongst Indigenous people that we serve—the host Nations in BC, as well as self-identified First Nations and Métis people and Inuit from across the country. PHC will uphold and apply a distinctions-based approach in the development of our policies, programs, services, and spaces. PHC will engage a broad diversity of voices of Indigenous patients, residents and families in developing policies, programs, services, and spaces and in striving for culturally safe care.

### 2.3 Build Responsible Governance and Leadership

PHC will establish and/or maintain governance and leadership structures that uphold Indigenous self-determination and demonstrate PHC's commitment to anti-racism and Indigenous cultural safety and humility. These structures and the people working in them are expected to collaborate with Indigenous people and communities to embed anti-racism and Indigenous cultural safety and humility into the organization's values, decisions, and governance. PHC's Indigenous Wellness and Reconciliation Board Committee will assure accountability and progress in Indigenous Wellness and Reconciliation by providing strategic governance support and direction to Senior Leadership.

Indigenous cultural safety is the responsibility of all PHC Leaders—everyone owns a share in this work. Leaders within PHC are expected to encourage and empower Staff to find ways of building their knowledge about Indigenous peoples and communities and welcome the climate of positive change PHC is fostering as it embeds Indigenous cultural safety across the organization. To do this, Leaders must be open to identifying and removing barriers to progress and clearly communicate to Staff its intentions and rationale. Leaders are expected to learn about and identify colonialism's reach into their work and seek ways to counter its influence.

PHC will maintain an Indigenous Wellness and Reconciliation team to be subject matter experts on Indigenous issues, knowledge, and practices, as well as anti-Indigenous racism, biases and colonialism to provide expert consultation or coaching, and to assist PHC Leaders and Staff with implementation and results delivery.

### 2.4 Invest in Financial and Physical Infrastructure

PHC commits to investing in physical spaces and establishing the physical infrastructure necessary to ensure a healing, respectful and welcoming environment for Indigenous people and communities. PHC will collaborate with the host Nations and seek inputs from the Indigenous people and communities who access its services, to help design the physical environment of new or existing facilities. PHC will:

- Acknowledge host Nations' relationships with the land and their role as stewards from time immemorial.
- Reflect Indigenous Peoples in facility design and landscaping.
- Consider opportunities for social and economic benefit to Indigenous Peoples in the building or refurbishing of facilities.
- Create and maintain spaces for ceremony and ensure that Indigenous patients, residents, and families have access to these spaces.
- Create a positive way-finding experience (e.g. maps, naming, theming, signage, information kiosks etc.) throughout PHC facilities with the inclusion of safe and appropriate imagery and symbolism.

PHC commits to adapting financial and procurement practices to make them more accessible and visible to host Nations, Indigenous organizations and businesses, and Indigenous partners, artists, and contractors.

PHC Leaders must ensure that adequate financial and infrastructure resources are available for the work of Indigenous Wellness and Reconciliation. This commitment must be visible and embedded into our annual plans and investment strategies

PHC will promote utilizing names deemed appropriate by and that have meaning for the host Nations and will also ensure that any naming or renaming proposals for physical spaces, programs or services are reviewed from a perspective of Indigenous cultural safety and Truth and Reconciliation. See [Naming Privileges](#) policy.

PHC will take steps that welcome Indigenous artwork, stories, or displays throughout PHC facilities, while addressing art, stories or displays that may create discomfort or feelings of exclusion. PHC commits to:

- Take steps to ensure that all Indigenous art displayed in physical spaces is authentically made or designed by Indigenous artists and includes appropriate signage and descriptors to honour the artist and contextualize the work. All acquisition, use and display of Indigenous artwork, stories, or objects must be done in a way that respectfully and truly honours the fundamental and inalienable rights of Indigenous Peoples to cultural sovereignty.
- Engage with Indigenous artists and Nation Elders to avoid misuse, appropriation and misrepresentation of culture.
- Involve Elders and Knowledge Keepers to hold ceremony for the unveiling or instalment of certain art pieces in facilities where appropriate.
- Removal or relocation of any art which creates negative impacts for Indigenous patients, families, and visitors.

## 2.5 Develop Human Capacity

Learning through training and education is central to advancing Indigenous cultural safety and reconciliation. Supported by system-wide actions, PHC commits to supporting Staff learning through Indigenous cultural safety education, tools, coaching, practical practice-based supports, resources, and events.

Supervisors are responsible for working with Staff to identify Indigenous cultural safety competencies relevant to their roles and building them into performance management. The IWR Team shall assist in identifying appropriate training and education opportunities and resources.

Human Resources commits to reviewing its policies and practices with an Indigenous cultural safety lens to:

- Build Indigenous cultural safety up as a professional competency for all roles across PHC;
- Embed Indigenous cultural safety considerations in recruitment and selection procedures across all PHC roles;
- Bring PHC's Indigenous cultural safety work and interests forward to HEABC, unions and regulatory colleges as a vital component to our work together as health system partners.

PHC will develop and implement appropriate supportive measures to respond to instances of personal or moral distress caused by culturally unsafe practice and work to identify best possible resolutions.

PHC will progressively increase the number of Indigenous health care workers as a critical component of enhancing Indigenous cultural safety within the health care system, and will develop a strategy to retain those we hire.

In an effort to ensure that Indigenous patients, residents and their families have access to cultural supports, PHC will appropriately compensate Indigenous Elders and Knowledge Keepers for their time, knowledge and expertise.

## 2.6 Build a Culture of Quality and Safety

Health care can only be described as culturally safe by the person(s) receiving care. To move PHC toward a vision where more Indigenous people are reporting culturally safe experiences at PHC sites, this policy requires that Staff [report](#) any anti-Indigenous racism and breaches of cultural safety, and Leaders address reports in alignment with PHC's larger organizational goals to address racism more broadly.

PHC Leaders and Staff will work with Indigenous people and communities to build their practices, methods, preferences and knowledge into our approaches to address harm. PHC is committed to building a culture of anti-racism, quality and safety by establishing culturally safe processes to receive and manage feedback and safety incidents as per policy on [Complaint Investigation and Follow-up](#). This includes providing safe channels for Staff, patients, residents, and the public to report culturally unsafe instances through multiple formal and informal pathways.

PHC must communicate our work to build a culturally safe culture to Indigenous people, Staff, and communities and to demonstrate that we have or will have pathways to connect them to culturally safe and appropriate supports.

To improve safety for Staff, patients, families, and visitors, PHC will review its policies and practices for Indigenous self-identification and identify/implement ways to make people feel more comfortable to self-identify as Indigenous. Staff must clearly explain the purposes of collecting this data and how it will be used. PHC will identify and implement procedures for

ensuring that Staff know how to connect Indigenous patients, residents, and families with the IWR Team.

PHC wants to encourage a positive relationship to Indigenous cultural safety, and will seek to provide positive feedback to Staff when the organization receives positive feedback and when we make progress on key Indigenous cultural safety measures.

## 2.7 Design and Deliver Culturally Safe Services

PHC is committed to designing, delivering, and continuously improving culturally safe services (including virtual and community outreach programs).

PHC is dedicated to ensuring Indigenous people have meaningful relationships with health care professionals reflective of the dimensions of Indigenous cultural safety discussed in section 1.2. Health care providers will:

- Listen to the health and wellness goals of Indigenous patients and residents, and co-create a strengths-based approach to achieving those goals;
- Incorporate a holistic approach to the patient's or resident's care plan that respects their values and rights including their right to access traditional medicines and foods, cultural ceremonies, practices, and supports, without discrimination, in consultation with and at the request of the patient, resident or family member;
- Assess the Indigenous patient's or resident's health in a culturally safe and trauma- and violence-informed way;
- Establish transparent, respectful, and reciprocally accountable relationships to support culturally safe care for the Indigenous patient or resident;
- Ensure that the Indigenous patient or resident has information about their rights and responsibilities when accessing health services;
- Connect self-identified Indigenous patients and residents with Indigenous Wellness Services.

PHC health care providers will respect the right of patients and residents to incorporate traditional practices. To abide by these rights, all PHC sites, program and facilities will facilitate opportunities in a timely manner for patients/residents to access spiritual support from Indigenous Elders and Knowledge Keepers and to accessing ceremonies while receiving health services within PHC facilities.

PHC recognizes Indigenous patients, residents or family members may request the burning of tobacco, sage, cedar or sweetgrass as part of ceremony as part of their care. All other use of tobacco products will comply with the [Policy on Smoke and Vape-Free Premises](#). A smudging ceremony requires a ventilated environment. PHC Staff receiving a request for Indigenous Smudging ceremonies are expected to contact the IWR Team and follow the process laid out in the [Procedure to Address Indigenous Smudging Requests](#).

Traditional Medicines are to be respected and stored in a safe and accessible place for use by Indigenous patients or residents as determined, in collaboration with the Indigenous



Traditional Practitioner, PHC Staff, and/or the clinical practice guidelines established by the PHC IWR Team.

## 2.8 Collect Evidence and Conduct Research and Evaluation

PHC Staff and affiliated researchers must respect the practice and integration of traditional healing, medicine, oral narrative, oral knowledge and wisdom in health care and seek to identify data collection, research and evaluation opportunities which address epistemic racism, platform Indigenous knowledge, and illuminate root causes of poor health for Indigenous people and communities.

PHC affirms Indigenous rights to data, data sovereignty and Intellectual Property; as such, Staff and researchers are expected to adopt Indigenous Data Governance protocols using a distinction-based approach to collect, analyze, interpret, and release Indigenous knowledge and data. Staff must strive to validate any identification, collection, analysis, and use of Indigenous data with Indigenous people, communities, and organizations.

PHC will ensure that our research agenda is continuously responding to the priorities and contexts of Indigenous people and communities. PHC researchers are expected to adhere to [Chapter 9 of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans](#). PHC will continually engage with host Nations, Indigenous organizations, patients, residents, and families to align the research agenda with key priorities and opportunities.

For research that involves Indigenous populations, PHC will collaborate with Indigenous people and communities to design and conduct the research, including any development of agreements or protocols. A data consent model and agreements should be established to meet this goal.

PHC will conduct evaluations on anti-racism and Indigenous cultural safety and humility and use the results for quality improvement. Key to this will be a commitment to collaborate with host Nations, Indigenous organizations, patients, residents and families to incorporate their considerations into evaluation design.

PHC will develop and monitor performance indicators relating to the quality and experience of care of Indigenous patients served by PHC which illuminate and focus attention and resources on Indigenous cultural safety, inequities, and oppression experienced by Indigenous patients.



### **3. Responsibilities**

#### **3.1 Leaders and Managers**

PHC Leaders and Managers will support health services to be culturally safe, including demonstrating support for Staff to participate in Indigenous cultural safety professional development opportunities. This includes Staff opportunities to address gaps in personal knowledge and Indigenous cultural safety practice by attending ongoing education and learning opportunities that facilitate an applied knowledge of Indigenous cultural safety in their work.

Leaders and Managers are expected to consistently apply this policy across the organization, and review all instances of concern or complaints about Staff compliance with this policy and with the practice of Indigenous cultural safety per PHC's normal investigation processes. In the spirit of Truth and Reconciliation, PHC Leaders and Managers are expected to set a good example of building relationships with Indigenous people by establishing and maintaining good relations with host Nations and key Indigenous service organizations, and finding ways to embed their perspectives into PHC practices and sites. Leaders and Managers are also expected to learn about and identify ways in which the colonial health system puts up barriers to culturally safe care and practice, and work to undo those colonial ties.

#### **3.2 Medical/Clinical Staff, Students and Trainees**

Medical/Clinical Staff are expected to conduct themselves in culturally safe and humble ways when interacting with Indigenous patients, clients, families and Staff members. They will provide equitable, anti-racist care, and work with Indigenous patients and clients to empower them in their own care decisions. This includes, but is not limited to, safely integrating cultural practices into care plans.

Medical/Clinical Staff are encouraged to contact the Indigenous Wellness Services Team to ensure that Indigenous patients are aware that they have access to cultural connection, services and supports.

In order to support culturally safe and trauma informed practices, Medical/Clinical Staff are responsible for knowing and understanding PHC's Indigenous cultural safety expectations, including completing mandatory educational requirements, and practicing Indigenous cultural safety when charting. Support for Medical/Clinical Staff is available from the Indigenous Wellness and Reconciliation Team.

#### **3.3 Non-Clinical Staff, Students and Trainees**

Staff are responsible for taking relevant mandatory and recommended education and training to enhance their Indigenous cultural safety. In the interest of being a good colleague, Staff can identify and communicate opportunities to enhance Indigenous cultural safety within their team(s) to managers, supervisors, or designated Human Resources Advisor.

Staff shall model behaviours and actions that are consistent with an anti-racist, culturally Safe workplace, including but not limited to, respect, inclusiveness, self-reflection and self-awareness, and non-judgmental behaviour. Staff can participate as allies in initiatives and activities that address Anti-Indigenous Racism and support Indigenous cultural safety.

### 3.4 Fellows, Researchers and Research Students

Research fields today are still strongly underpinned by practices, conventions and processes that are colonial in nature and dismissive of non-Western approaches. Researchers are expected to be informed and considerate of the long and unfortunate history of unethical, racist, and at-times illegal research studies carried out using Indigenous people as uninformed subjects, and let this understanding be a key lens on projects and studies.

Researchers are expected to be considerate of Indigenous ways of knowing and communicating, and to be respectful and reflexive when analyzing, summarizing and communicating findings or discussions.

Those proposing and conducting research projects or studies involving Indigenous people and/or communities shall ensure they follow appropriate principles such as OCAP® and those supporting Indigenous Data Governance. These projects or studies should also be viewed with anti-racist and anti-colonialism lenses in the planning stages, and issues identified and resolved as early as possible.

### 3.5 Volunteers, Contractors and Service Providers

Volunteers, Contractors and Service Providers attending PHC sites are expected to conduct themselves in a culturally safe, anti-racist manner.

### 3.6 Indigenous Wellness and Reconciliation Team

The IWR team provides Indigenous cultural safety leadership, support, and facilitation of meaningful connection to key learning and professional development opportunities and expert consult and leadership to the implementation of the Indigenous Wellness and Reconciliation Action Plan for PHC. The team also provides a critical role supporting service providers to understand principles of Indigenous cultural safety and humility and apply their learnings to the care environment. Finally, the team provides or coordinates Indigenous-specific care, including access to Elders and Indigenous Traditional Medicines.

## 4. Compliance

Compliance with this policy is expected. Staff, including self-identified and non-self-identified Indigenous Staff, can expect to experience and contribute to a culturally Safe, anti-racist work environment. Harassment of or discrimination against Staff who identify culturally unsafe practices will not be tolerated and will be swiftly addressed.

Staff have mechanisms to report racism, discrimination, or breaches in Indigenous cultural safety in the workplace. Anyone noting a violation of this policy may support others to locate and understand the policy and/or advise leadership of the need for education and support regarding the policy. Where non-adherence to this policy persists or creates risks to the organization, disciplinary action may be taken.

## 5. Supporting Documents

Procedure to Address Indigenous Smudging and Pipe Ceremony Requests  
Connecting with Indigenous Wellness Services  
Territorial Acknowledgements  
Welcoming and Openings (Events)  
Indigenous Self-Identification  
Key Cultural Safety Learnings

[Cultural and Ceremonial Use of Indigenous Traditional Medicines and Smudging Practices](#)  
[Complaint Investigation and Follow-up](#)  
[Environmental Sustainability](#)  
[Naming Privileges](#)  
[Rules, rights and responsibilities at St. Paul's Hospital](#)  
[Smoke and Vape-Free Premises](#)  
[Respect at Work Policy](#)  
[Safe Reporting](#)  
[Medical Staff Professional Conduct](#)

## 6. Definitions<sup>1</sup>

**"Anti-racism"** is the practice of actively identifying, challenging, preventing, eliminating and changing the values, structures, policies, programs, practices and behaviours that perpetuate racism. It is more than just being "not racist" but involves taking action to create conditions of greater inclusion, equality and justice.

- **"Anti-racism lens"** means viewing systems, institutions, and frameworks through the lens of addressing imbalances created by using power to disadvantage individuals, communities and institutions belonging to other races. This lens magnifies the questions and perspectives on race-based power imbalances often overlooked in policy and process development; identifying those imbalances is not enough, it means also considering that more than one approach may be necessary to make the system safer for all.

**"Colonialism"** occurs when groups of people or countries come to a new place or country and steal the land and resources from Indigenous peoples, and develop a set of laws and public processes that are designed to violate the human rights of the Indigenous peoples,

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<sup>1</sup> Key definitions and others may be found in the glossaries of the *In Plain Sight* Report and other PHC policies.

violently suppress the governance, legal, social, and cultural structures of Indigenous peoples, and force Indigenous peoples to conform with the structures of the colonial state.

- **“Anti-colonial lens”** means seeing the current colonial-built and -operating system and institutions in place and the harms they continue to do to Indigenous people and communities. This lens elevates the need “to resist the everyday devaluation, denial and negation of the creativity, agency, resourcefulness and knowledge systems of [Indigenous] peoples.”<sup>2</sup>

**“Cultural humility”** is a life-long process of self-reflection and self-critique. It is foundational to achieving a culturally safe environment. While western models of medicine typically begin with an examination of the patient, cultural humility begins with an in-depth examination of the provider’s assumptions, beliefs and privilege embedded in their own understanding and practice, as well as the goals of the patient-provider relationship. Undertaking cultural humility allows for Indigenous voices to be front and centre and promotes patient/provider relationships based on respect, open and effective dialogue and mutual decision-making. This practice ensures Indigenous peoples are partners in the choices that impact them, and ensures they are party and present in their course of care.

**“Cultural safety”** A culturally safe environment is physically, socially, emotionally and spiritually safe. There is recognition of, and respect for, the cultural identities of others, without challenge or denial of an individual’s identity, who they are, or what they need. Culturally unsafe environments diminish, demean or disempower the cultural identity and well-being of an individual.

- **“Cultural safety lens”** A way of looking at systems, frameworks, institutions and their parts through the lens of Indigenous systems (e.g., governance, leadership, communications, relations, etc.), worldviews, and ways of knowing. An Indigenous Cultural safety lens treats Indigenous perspectives and worldviews as equal to those that created and sustained the health system and its practices for decades. It is a way to see and address racism and discrimination, and support equity.

**“Culture”** Refers to a group’s shared set of beliefs, norms and values. It is the totality of what people develop to enable them to adapt to their world, which includes language, gestures, tools, customs and traditions that define their values and organize social interactions. Human beings are not born with culture – they learn and transmit it through language and observation.

**“Discrimination”** Through action or inaction, denying members of a particular social group access to goods, resources and services. Discrimination can occur at the individual, organizational or societal level. In B.C., discrimination is prohibited on the basis of “race, colour, ancestry, place of origin, religion, family status, marital status, physical disability,

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<sup>2</sup> George Sefa Dei *“Indigenous anti-colonial knowledge as ‘heritage knowledge’ for promoting Black/African education in diasporic contexts”*. Decolonization: Indigeneity, Education & Society Vol. 1, No. 1, 2012, pp. 102---119

mental disability, sex, age, sexual orientation, political belief or conviction of a criminal or summary conviction offence unrelated to their employment.”

**“Distinctions-based approach”** A distinction-based approach means that our work with First Nations and Métis people and Inuit will be conducted in a manner that acknowledges the specific rights, interests, priorities and concerns of each, while respecting and acknowledging these distinct Peoples with unique cultures, histories, rights, laws, and governments.

**“Elder”** The title of being an Elder is bestowed on an individual by the community because of the high level of spiritual and cultural knowledge they hold. The term does not refer to age, but instead to their deep understanding of traditional teachings, ceremonies and cultural practices, and the recognition that they have earned the right to pass this knowledge on to others and give guidance. Something to keep in mind is that different communities may have different meanings for the term “Elder”, and it is not a blanket term.

**“Health equity”** Equity is the absence of avoidable, unfair or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. “Health equity” or “equity in health” implies that everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential. The practice of intentionally or unintentionally treating people differently and unfairly because of their race, sex, national origin or disability leads to health inequity.

**“Health inequity”** The presence of systematic disparities in health (or in the major social determinants of health) among groups with different social advantage/disadvantage.

**“Indigenous peoples”** The first inhabitants of a geographic area. In Canada, Indigenous peoples include those who may identify as First Nations (status and non-status), Métis and/or Inuit.

**“Indigenous-specific racism”** The unique nature of stereotyping, bias and prejudice about Indigenous peoples in Canada that is rooted in the history of settler colonialism. It is the ongoing race-based discrimination, negative stereotyping, and injustice experienced by Indigenous peoples in Canada that perpetuates power imbalances, systemic discrimination and inequitable outcomes stemming from the colonial policies and practices.

**“Indigenous Traditional Medicines”** are plants used by Indigenous Peoples throughout North and South America for healing of mind, body, emotion and spirit.

**“Oppression”** Refers to discrimination that occurs and is supported through the power of public systems or services, such as health care systems, educational systems, legal systems and/or other public systems or services; discrimination backed up by systemic power. Denying people access to culturally safe care and/or subjecting them to racism or discrimination are all forms of oppression.

**“Racism”** is the belief that a group of people are inferior based on the colour of their skin or due to the inferiority of their culture or spirituality. It leads to discriminatory behaviours and policies that oppress, ignore or treat racialized groups as ‘less than’ non-racialized groups. Racism can be systemic when it is enacted through routine and societal systems, structures and institutions such as requirements, policies, legislation and practices that perpetuate and maintain avoidable and unfair inequalities across racial groups, including the use of profiling and stereotyping.

**“Smudge”** refers to the many Indigenous ceremonies for wellness throughout North, Central and South America that involve the ceremonial burning of traditional plants and medicines. This ceremonial burning, often called a “smudge” ceremony, is a holistic health practice used for prayers, offerings, cleansing and healing of mind, body, emotion and spirit.

**“Staff”** means all employees (including management and leadership), medical Staff (including physicians, midwives, dentists, and nurses), residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by PHC.

**“Indigenous Wellness Services”** include culturally-safe, supplementary and integrated holistic and whole-person care for Indigenous patients accessing PHC services. Three distinct roles within this team work directly with patients and families: Indigenous Wellness Liaisons, Indigenous Peer Support Team and Elder supports. IWLs are a specialized internal consultation service working directly with patients and families by providing cultural connection, services and supports for self-identified Indigenous people including:

- Access to cultural ceremonies, practices, resources, supports, traditional foods and medicines.
- Integration of Indigenous practitioners such as Elders, Healers, Knowledge Keepers and Indigenous healthcare practitioners into the client’s care plan as per the client’s request.
- Access to interpretation services and supports (e.g. Indigenous languages) as needed to support communication with the client at the point of care.
- Discharge planning and connection to community supports.
- Consultation, advocacy and navigational support.
- Access to sacred spaces.
- Culturally safe support in the complaints process at PHC
- Supporting healthcare professionals in embedding principles of Cultural safety and humility into patient care.

## 7. References

[Health Standards Organization – British Columbia Cultural Safety and Humility Standard](#)  
[Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 \(2018\)](#)  
[– Chapter 9: Research Involving the First Nations, Inuit and Métis Peoples of Canada](#)

[In Plain Site: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care](#)  
[Mission: Forward](#)

<b>Effective Date:</b>	Oct 14, 2022			
<b>First Released:</b>	Oct 14, 2022			
<b>Last Revised:</b>	Oct 14, 2022			
<b>Last Reviewed:</b>	Oct 14, 2022			
<b>Approved By:</b>	PHC Senior Leadership Team			
<b>Owners:</b>	VP Indigenous Wellness & Reconciliation			
	Director, Indigenous Cultural Safety Development			
<b>Revision History:</b>	<b>Version</b>	<b>Date</b>	<b>Description/ Key Changes</b>	<b>Revised By</b>
	1	Oct 14, 2022		Fancy Poitras