# The Pulse!

Fall 2020

# Indigenous Wellness and Cultural Safety on the South Island

IN THIS ISSUE:

Commitment to Relationship Building and Cultural Safety with Indigenous Communities

Calls to Action: Different Perpectives on Improving Indigenous Wellness and Cultural Safety

Learning Cultural Safety and Changing the Status-Quo

The Next Health Leaders: UBC's Indigenous Residency Program

Wellness Strategies for First Nations Patients

Continued Learning: Recommended Resources for Further Information

### **Current Efforts and Advice for the Future**

Tseycum First Nation

Pauquachin First Nation

Tsartlip First Nation

Tsawout First Nation

Pacheedaht Nation

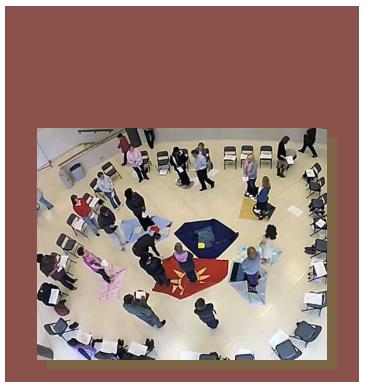
T'Sou-ke Nation OBeecher Bay First Nation

**Esquimalt** Nation

Songhees Nation



South Island Division of Family Practice Commitment to Relationship Building and Cultural Safety with Indigenous Communities



Blanket exercise at the Queen Alexandra Centre Auditorium as part of the Child and Youth Mental Health and Substance Use Collaborative. First Nations history in BC is a long narrative, wrought with conflict, oppression and pain. Understanding Indigenous experience is an important part of moving from the past into a brighter future. The healthcare system on the South Island is one area where providers are working to repair trust and create a positive experience for patients.

The board of the South Island Division of Family Practice has identified Indigenous wellness and cultural safety as a top priority for the organization. They want to include this work in all that they do, starting with the providers who care for patients.

Dr. Krista Stogryn works with patients from many different backgrounds, although the majority of her practice is with First Nations patients. She says the two biggest challenges in Indigenous healthcare are simply accessing the care, then feeling safe once engaging with the system.

"Because many Indigenous people grew up with a history of oppression and being treated differently than other patients, they delay seeking help for their healthcare needs. Once they finally do they have much bigger problems than if doctors had been able to intervene sooner," Stogryn says. She adds the existing healthcare system is not set up for Indigenous patients which leads to a perception of a lack of transparency and feeling unsafe seeking care.

But solving long-standing, generational issues is a complex task. That's where Indigenous Liaison Valerie Nicol has an important role. She works as the intermediary between the South Island Division and First Nations communities. "Each of the four WSÁNEĆ communities (on the Saanich Peninsula) have different needs. I need to build the bridges and help each define those needs and figure out how to reconcile that with what is being offered by the government."

As part of that work Valerie helps each community identify and articulate their concerns and then, more importantly, define what culturally safe means to them. It also includes communicating those ideas to providers so they can learn how they can respond differently to patients.

Another way to tackle cultural safety is getting several different stakeholders around the same table-- literally. There are now several Primary Care Networks (PCN) around the region. The goal of a PCN is to support and strengthen primary health care by all practitioners in communities, including culturally safe care for Indigenous people.

Kari Wuttunee, the Regional Manager of Primary Care at the First Nations Health Authority says the PCNs are creating the space for transformational change and cultural safety is a part of that process. "Cultural Safety is a daily conversation. What does this mean for our providers? What protocols are we putting in place? It feels like we're making progress."

That momentum benefits everybody. Jesse Jim, the Director of Health with the Songhees Nation sees the results of the Primary Care Networks already. "Being new to my role, there are ideas I have and the PCN is able to help me get what I need," she says. "I could do it on my own, but it would take much longer and I would have to track down the needed resources myself. The PCN is there to make the whole process smoother."

The South Island Division of Family Practice is committed to building stronger relationships and working toward a culturally safe environment for all people. "With the 4 WSÁNEĆ and the 5 Western First Nations communities we continue to seek opportunities to share meals and stories to better understand truths, to seek funding and project work aimed at restoring trust and to provide opportunities for our members to learn about and practice in a culturally safe manner." Clay Barber, Executive Director, SIDFP.

"When you go on the same journey together, it leads to useful discussions," says Wuttunee.

# Calls to Action:

### Different Perpectives on Improving Indigenous Wellness and Cultural Safety

"We all need to recognize cultural humility and listen more than we speak. I hope this continued effort will lead to an ongoing conversation about what culturally safe care means and how it evolves over time."

Valerie Nicol, Indigenous Liaison, South Island Division of Family Practice

"Create a cultural safety committee in every hospital, just like an ethics committee. They'd be responsible for relationships with nations, handling complaints, and taking care of Indigenous education for doctors. Over time, they would also work on transparency of policies to ensure healthcare is accessible by all."

#### Dr. Krista Stogryn

"There needs to be a baseline Indigenous wellness curriculum taught in medical school and residency that all physicians should know. Then, continuing medical education should provide ongoing training on cultural safety because the literature shows the longer you go without revisiting these topics, the more you lose the information."

#### Dr. Terri Aldred, UBC Indigenous Residency Program

"Right now, there is a lack of familiar faces reflected in the system so Indigenous patients may not feel as comfortable or safe. We need a commitment and action at every stage of the process-- human resources seeking out Indigenous candidates and elevating the profile of diversity in leadership within an organization."

#### Dr. Kelsey Louie, Medical Officer, First Nations Health Authority

"We need to spend the time helping those learning about cultural safety go down their own journey because it is deeply personal work that needs deep reflection and embodiment to be effective. People are coming to their learning from a wide range of places so you need to approach teaching cultural safety and humility in a way that allows anybody to jump in where they are in their journey."

#### Kathleen Harris, Regional Nurse Manager, First Nations Health Authority

"Ask about cultural safety, don't assume. Even within all the Coast Salish nations there are so many different traditions. Approach us with an open heart and an open mind."

Jennifer Routhier, Community Health Nurse, T'Sou-ke Nation.













# Learning Cultural Safety and Changing the Status-Quo

It is well-documented that Indigenous people have very different experiences engaging with the healthcare system than other patients. Simply being of Indigenous descent is a negative social determinant when it comes to health outcomes. There are myriad reasons for this but it is, in part, because First Nations patients don't feel safe and comfortable seeking the care they need.

That needs to change. Cultural safety initiatives strive to address the power imbalances in the current system through cultural humility-- self-reflection from providers to understand the personal and systemic biases and learning to change behaviour to change the outcomes for Indigenous patients.

Kathleen Harris, a Regional Nurse Manager with the First Nations Health Authority has spent more than 30 years as a nurse and witnessed firsthand how damaging it is for Indigenous people to be treated differently and the way that experience of racism is internalized by people, which then significantly impacts their health outcomes.

One example that illustrates this is transportation. Harris notes that many patients don't have access to reliable transit and, when they miss an appointment or show up late, they are labeled as uncooperative or non-compliant. "We, as healthcare providers, need to change our approach," she says. "What else is going on for this person that I might not be appreciating?"

Understanding one's own biases is part of the training Kathleen wrote for the University of Victoria Nursing program. Cultural humility involves acknowledging oneself as a learner when it comes to understanding another's experience. As a facilitator of that process, she sees it as important to create a safe space for learners to explore their own journey.

Continuing education throughout a career is important as well. Dr. Vanessa Young, a doctor and board member with the South Island Division of Family Practice has recently completed the San'yas Indigenous Cultural Safety Training program. The eight week program allows participants to work at their own pace and learn about terminology, colonial history and context for understanding social disparities and inequities.

"The South Island Division board has named cultural safety training as a top priority of what they would like to offer members," she says. "Although the work is self-paced for individual learning, I did it at the same time as several colleagues. That put us all on a level playing field of understanding the engagement process for the latest primary care network and I am already seeing incredible value in doing the work."

There are other tools and programs for teams and cohorts that can have a powerful impact. Blanket exercises show the loss of land, culture and identity for Indigenous groups in Canada. Often led by Indigenous Elders,

#### LEADING & FRAMEWORK for CULTURAL SAFETY & HUMILITY



the program leads participants through First Nations history and encourages them to process their feelings and ask questions to deepen their understanding. Dr. Randal Mason participated in one and says it is important to embrace the lessons it offers. "If you're not in a good place to be doing it, you'll only tick boxes. You need to be willing to be vulnerable."

And yet, some others advocate relationship building and participating in the local First Nation community is the best way to learn cultural safety. Because much of cultural safety depends on trust between the healthcare providers and patients, some physicians say participating in ceremonies, gatherings, and sharing meals is a great way to learn and build that trust at the same time.

Dr. Kelsey Louie says the small efforts make a big impression. "Opening prayer or the acknowledgement of territory that you're on illustrates important, but significant honor and respect."

One commonality that every training and program offers is the understanding that each person's personal experience contributes to their own unique journey. It is important to recognize those experiences without shame or blame and learn from the past to make way for a better future. Says Dr. Young, "It's not your fault you have biases, but it is your responsibility to look at them."



Dr. Mason



Photo provided by the University of British Columbia

From a young age, Dr. Kelsey Louie knew he wanted to do work that focused on treating First Nations patients. Growing up as part of the Tla'amin First Nation near Powell River, he was always aware of the health and wellness disparities that existed for Indigenous communities compared to other populations. He wanted to advocate and make change to reduce inequities-- he just didn't know how.

"I didn't think of pursuing a path of medicine until late in university. Mentors allowed me to believe I could do it, and once I made the commitment, I was certain I would go down a family practice route with a big focus on Indigenous health."

As he went through medical school, he learned about the UBC Indigenous Residency program, which was an excellent fit for the work he wanted to do. The program, which has been running since 2002, aims to create health leaders in Indigenous communities. With only five residents admitted to the program each year, it's a passionate and committed group that ultimately ends up in the program.

Dr. Randal Mason found the program by chance as well. He grew up in Nanaimo near the Snuneymuxw First Nation community, attending school and building friendships with members of the community. He had the fortunate opportunity to attend cultural events and learn from community members during his youth.

But when he got to medical school and started learning healthcare outcome disparities of the people he had grown up with, he looked around the room and realized there was no one like that in his class. That experience encouraged him to seek out opportunities and he found the Indigenous Residency Program.

The program is an addendum to a typical residency, with graduates being placed with a home base community. Most are on the island but they also travel to other remote areas to see the challenges other First Nations face. That helps build their understanding of the complexities of each Indigenous region and how successful healthcare is defined differently in each community.

### The Next Health Leaders:

### UBC's Indigenous Residency Program

Physicians with backgrounds similar to Dr. Louie and Dr. Mason are exactly who the Indigenous Residency program is meant for. The purpose is to attract residents with life experience and existing relationships with First Nations communities who can serve the communities they are passionate about throughout their careers.

"We want to nurture and support the physicians who have good relationships with First Nations patients," says Site Director Teri Aldred. "We want to find and support the students who are well suited to be leaders." She adds in recent years, the program has grown in popularity, with more than 100 applicants each year for just a handful of spots.

"This program creates a safe space within a system that was not designed or supportive of Indigenous ways of approaching healthcare," says Dr. Louie. "You have western medicine often butting up against traditional ways of health and wellness. I wanted to find a way to have both those ideologies work in conjunction with each other."

Dr. Louie spent three years with the First Nations Health Authority and now provides leadership as a Medical Officer, works as a hospitalist in the psychiatry department at Royal Jubilee Hospital, and treats patients through the First Nations Virtual Doctor of the Day service.

Dr. Mason has also carved out his own role as a dedicated ally and advocate for equitable healthcare in Indigenous communities. He works to change the experience Indigenous patients have in the healthcare system as part of the Westshore AVI Clinic (detailed on page 6). "I consider myself extremely privileged to have taken part in the Indigenous Residency program. I got all the same experiences as my colleagues, but also the added benefit of learning how to serve Indigenous patients in a way that works for them."

The field of healthcare is vast and programs that allow for the specialization of care can only enhance the experiences of both patients and providers. Unique opportunities like the Indigenous Residency Program also help to build the trust and confidence that has been lacking for First Nations patients for so long.

## Wellness Strategies for First Nations Patients

It is well-established that Indigenous patients approach the healthcare system differently than the non-Indigenous population. There is fear and lack of trust that comes from a long history of systemic racism and colonial structures that have resulted in many years of unsafe, inequitable, and ineffective healthcare services for First Nations people. These disparities have led to a disproportionately negative impact on the overall health of First Nations people. In an effort to reduce inequities in the system, there are a number of innovative ways doctors and nurses are delivering care that is better suited to Indigenous needs.

Virtual Doctor of the Day - Launched April 1, 2020, this program is available to First Nations people and their family members living in BC. This service provides access to family practice physicians for primary health care.

The main focus of this program is to provide culturally safe primary care medical services for First Nations people who do not have family doctors, or who have encountered barriers to accessing primary care.

Physicians for this program are selected through a rigorous screening process that focuses strongly on cultural safety and humility. As of Oct 1, there are 36 GPs in the program, and over 30% of the doctors are Indigenous. Each day there are four doctors covering the five regions of the province.

How to get in touch: First Nations people and their family members living in BC can self-refer by calling 1-855-344-3800. They'll be given a meeting time and emailed a link for their appointment. The service aims to make appointments within 0-24hrs.

Virtual Substance Use and Psychiatry Services - This new service was launched August 17th, 2020 and provides First Nations people and their family members living in BC with access to physicians who specialize in addictions and psychiatric care.

The main focus of this service is to provide culturally safe specialty substance use and psychiatry services. The intent is to facilitate access to these services for First Nations people who have encountered barriers related to transportation, availability, or cultural safety.

First Nations people can access the service through referral from a health and wellness provider (e.g. GP, NP, Traditional Medicine Specialist, Mental Health Counsellor, Community Health Nurse, etc.). To promote continuity of care and collaborative care planning, the service asks that the referring provider, with patient consent, attends the specialist appointment with the patient.

Following referral from their health and wellness provider, First Nations people can access the virtual substance use and psychiatry service online from their personal computers, smartphones, or community health centre, or by phone if connectivity or computer equipment is an issue.

How to make a referral: Health and wellness providers can find more details in the Referral Guide issued by the First Nations Health Authority. Zoom Link or phone number will be sent to patient and referring provider. The service aims to make appointments within a few days. Virtual Substance Use & Psychiatry Service webpage.



**T'Sou-ke Wellness** - For nearly the last decade, the T'Sou-ke nation has offered regular holistic services on top of the monthly visits from a physician. From reflexology to acupuncture and counseling, health leaders there see the benefit of preventative medicine. They also offer boot camps, yoga, and zumba which are now all held virtually.

"These have been incredibly popular efforts for our health services team," says Community Health Nurse Jennifer Routhier. "We struggle to get more physician time on reserve, but the residents here appreciate that they can do more proactively to take care of themselves."

Westshore AVI Health Clinic - Opening their doors in 2017, the Westshore AVI Health Clinic has a goal to make care accessible to anyone who feels less comfortable in the traditional healthcare system. Their focus is on harm reduction, care around priority populations and advocacy for patients.

"When you walk through the doors, the clinic doesn't feel like a typical medical office," says Dr. Randal Mason. "We believe there are a lot of things you can do to make the clinical experience less intimidating and we aim to give people the time and space to share."

Their model also invites elders for celebrations and cultural events and they open celebrations with prayer. Physicians are paid an hourly rate, as well as the fees they bill out. This is proving to be a successful model with First Nations patients who struggle with transportation, but also face significant noshow or late fees at offices.

**Coming in 2021 - Expanded Services -** Dr. Mason is part of a team who, in conjunction with Pacific Centre Family Services Association, hopes to expand the services at the Westshore AVI Health Clinic to offer more Indigenous health specific services. They would like to have an elder as part of the staff and provide more outreach work at specific First Nations. The goal is to eventually attach ten-thousand currently unattached patients.

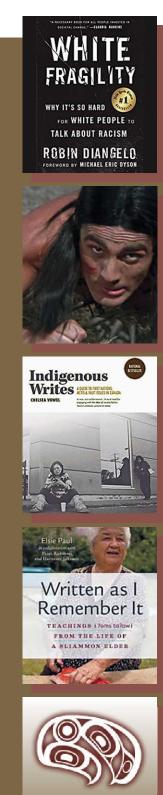
The team-based care model also provides a different funding model. Physicians and staff would be paid on salary or on contract with the Ministry of Health and Island Health.

Dr. Mason adds, "We can't go in with an assumption of what the community needs. We plan to engage with them and assure patients we are there to build relationships and offer a service. Our hope is that patients will be able to tell us what they need as well so we can create a place Indigenous patients feel safe and respected."

The approval process is underway with a goal of opening the doors of the clinic in Spring 2021.

# **Continued Learning:**

### **Recommended Resources for Further Information**



San'yas Indigenous Cultural Safety Training

White Fragility: Why it's So Hard for White People to Talk About Racism

By Robin D'Angelo

https://www.amazon.ca/White-Fragility-People-About-Racism/dp/0807047414

Reel Injun Native Americans Portrayal in Hollywood (Documentary)

Directed by Neil Diamond

https://www.pbs.org/independentlens/films/reel-injun/

Indigenous Writes A Guide to First Nations, Métis, and Inuit Issues in Canada

By Chelsea Vowel

https://www.amazon.ca/Indigenous-Writes-Nations-issues-Canada/dp/1553796802

Written as I Remember It Teachings from the Life of a Sliammon Elder

By Elise Paul, with Paige Raibmon and Harmony Johnson

https://www.ubcpress.ca/written-as-i-remember-it

San'yas Indigenous Cultural Safety Training

https://www.sanyas.ca/home