



CULTURAL SAFETY & HUMILITY FUND EVALUATION 2022-23

Front row (L to R) Colleen Jacob, St'at'imc PCN planner, Bonnie Van Hatten, Sk'el'ep Reconciliation, Elder Flora, Bonaparte First Nation, Dr. Nancy Humber, Nora Billy, CEC, St'at'imc outreach services

Back row (L to R) Chris Dreyer, Chapter Coordinator RRDoFP, Shonna Jacob, Sekw'el'was health coordinator, Vanessa Thevarg, T'it'q'et Health Manager, Josie Froste, Xwisten Health Manager, Violet Dunn Xaxlip Health Manager, Elder John, Bonaparte First Nation, Jeff Harrison IH Site manager, Lillooet/Lytton. Missing (taking photo) Shannon McDonald, Ts'kw'aylaxw Health Manager.

Submitted to:

Rural and Remote Division of Family Practice

Submitted By

Reichert and Associates

Program Evaluation & Research



REICHERT & ASSOCIATES
PROGRAM EVALUATION & RESEARCH

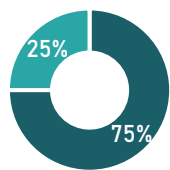
BACKGROUND

The Rural and Remote Division has provided funding to its Chapters and members to enable innovative approaches to supporting Indigenous cultural safety and humility. Through these microgrants each Chapter can take a unique, tailored approach to supporting its members and creating local cultural safety and humility learning opportunities.

The evaluation of this funding included a survey that was completed by chapter coordinators, and an interview with a family physician (n=1).

EVALUATION FINDINGS

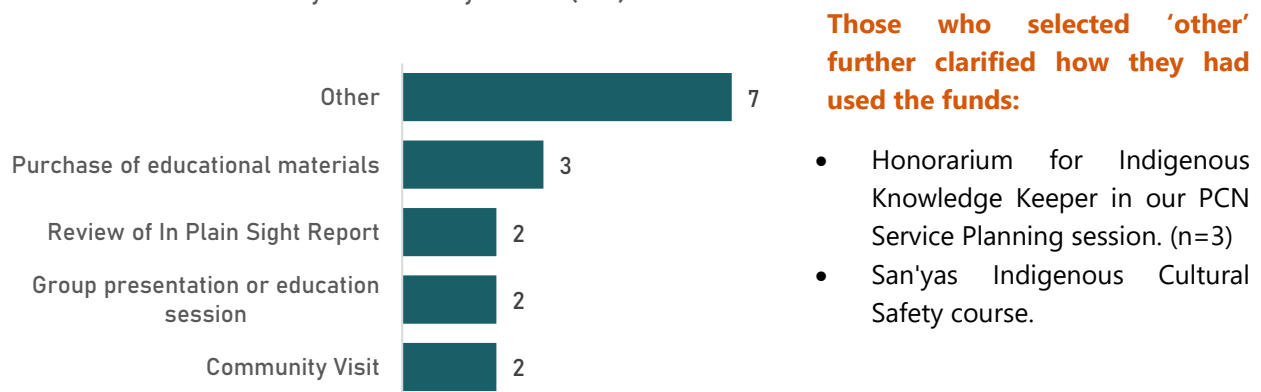
The survey was completed by 12 chapter coordinators representing 12 chapters within the Rural and Remote Division of Family Practice.



75% (8 of 12) of the respondents reported that they had implemented activities with the cultural safety and humility funds that they received from the division in the past year. This is an increase compared to last year: In 2021-22, 50% of chapters had implemented activities with these funds. Over the 2 years, 10 of 12 chapters (83%) have used these funds to support cultural safety and humility activities in their region.

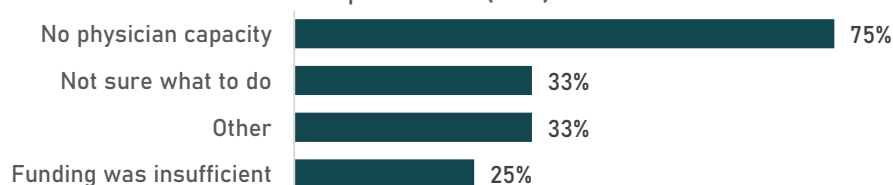
Of these, three purchased educational materials, 2 had reviewed the *In Plain Sight Report* and done group presentation or education session. (Fig 2)

Figure 2: What activities have you done with your cultural safety and humility funds? (n=9)



25% of respondents reported that they were unable implement projects or activities with the Cultural Safety funds. Challenges that were experienced across chapters included lack of physician capacity (9 of 12 respondents; Fig. 3). These challenges were similar to those reported in 2021-22.

Figure 3: What were some challenges or barriers you experienced? (n=12)



The respondents further explained the challenges they faced:

Response in Fig. 1	Comments in open-ended follow up
No Physician capacity	<ul style="list-style-type: none"> The Chapter planned to offer learning opportunities through a working group. Unfortunately, due to limited physician availability caused by system challenges in the region, the learning opportunities were not feasible. The chapter had planned to create a brief cultural orientation video during this fiscal year. Unfortunately, the filming had to be cancelled due to a death that occurred in the community. Physicians are very busy. lack of Chapter capacity to organize a group activity and lack of chapter member capacity to attend an activity.
Funding was insufficient	<ul style="list-style-type: none"> Able to subsidize part of the San'yas Indigenous Cultural Safety course, The course's cost was \$300 per person, therefore the CS&H fund did not have sufficient funds to support it. Reallocated other finances to cover the course fee for physicians/NPs. The cost exceeded the amount they had available.
Other	<ul style="list-style-type: none"> The chapter is in the process of finalizing its plans, expected to conclude in the coming days. Although the event presented some challenges, all physicians were successfully onboard. Bystander to Ally course (San'yas Advanced Training) wasn't available prior to fiscal year end. Partnered with local nations to establish clinics in communities.

When asked if the activities/funds had made any difference for the patients, providers, or the community, **4 out of 9** survey respondents (44%) shared that it had **made a difference** while the other **5 indicated that they were not sure (Fig 3)**. In 2021-22, 33% reported that the funds had made a difference, while the remainder were not sure.

Figure 3: Have these activities/funds made a difference for patients, providers or your community? (n=9)
 ■ Yes ■ Not Sure ■ No



"This was difficult to coordinate and organize but very worthwhile to the community. It has really changed my viewpoint on Indigenous history in Canada as well as the cultural and social impacts that have been felt and continue to be felt today." – Chapter Coordinator organizing a blanket exercise

Some of the experiences shared by chapter coordinators:

- The feedback received from the blanket ceremony was positive. As a result, a larger ceremony is expected to be arranged later in 2023, which will have a wider attendance from physicians and health authority staff.
- Including First Nation voices and perspectives in PCN planning work is an important component of developing a culturally safe primary care environment moving forward.

Physician Perspective:

A family physician shared how the funds made a difference in enhancing cultural safety activities in their region. First, they were able to use the Division-provided funds to augment work that had already begun in the region. They noted that the relationships with local First Nation communities had been started, through meetings and elder luncheons the previous year using Facilities Engagement funding. Thus, the Division funding was able to help continue that work. The physician interviewee also shared that having the support of the chapter coordinator was a major benefit in being able to organize and bring everyone together for a first blanket exercise, and to help in planning for the larger ceremony later this year.

NEXT STEPS

Recommendations or lessons learned to share with other chapters who are seeking to improve cultural safety/humility:

- Asking local Indigenous communities what they want/need from their health care system.
- The process is as important as the delivery of any one program or activity, building relationships takes time.
- Be creative with combining funding sources where possible, to have a greater reach or impact. Some examples included Facilities Engagement Initiative and BCCFP Cultural Safety Grants¹ program.
- Collaboration with Indigenous leaders and health authority managers to create learning opportunities and acquire educational resources that honor each unique Indigenous nation.
- Organizing and coordinating was challenging, but it was worth the effort and valuable for the community.
- Attending Local First Nations Health Fairs could help establish relationships collaboration with the chapter coordinator.
- Conducting a regional workshop last year proved to be an effective means of delivering cultural safety/humility programming, considering the limited capacity of the Chapters.
- More prioritization by coordinator, physician lead, and Chapter members of cultural safety/humility training such as San'yas and being aware of Calls to Action as they apply to current project deliverables.

"Doing this work, I had an epiphany – I had worked in this community a long time, but had never asked – 'what do you want'. What I heard was relationship based care. We [health care providers] can't do it all, there are limited resources, so we need to ask instead of assuming."
– family physician

¹ [Cultural Safety Grants - BCCFP](#)