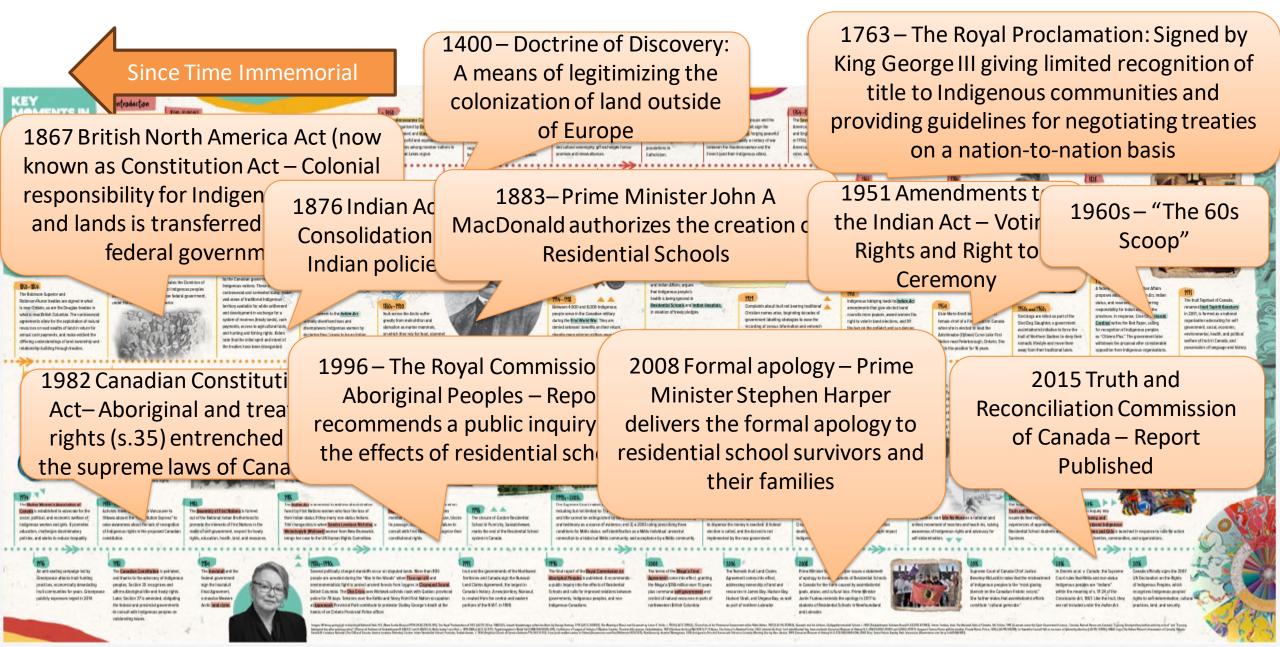
While Indigenous children were being mistreated in residential schools by being told they were heathens, savages and pagans and inferior people – that same message was being delivered in the public schools of this country.

- The Honorable Murray Sinclair

Key moments in Indigenous History





Learnings from the Indigenous Advisory Committee to the BC Patient-Centred Measurement Steering Committee



Our (two-fold) Intentions for Contributing Today

The Intention of sharing our work

To demonstrate the in depth and thoughtful relationships that were built to do this work in a good way

HOW we work

The Intention of our work

To understand and share what people say about the **Cultural Safety** of their care, and specifically to hear from **First Nations, Inuit and Métis people**, to improve accountability of the health system to hear and work to improve areas where experiences are not positive

WHAT we have accomplished

Who we are

The BC Office of Patient-Centred Measurement

 Since 2003, the OPCM has collected BC patient perspectives via surveys across health care sectors on behalf of the seven health authorities and Ministry of Health, guided by the BC Patient-Centred Measurement Steering Committee; for more info: <u>https://www.bcpcm.ca</u>



The Indigenous Advisory Committee

 Established in March 2020 to provide input on measurement of Cultural Safety and Humility and to decolonize and Indigenize methodologies for patientcentred measurement, as well as to provide 'just in time' advice on surveys; for more info: <u>https://www.bcpcm.ca/indigenous-pcm</u>





Our Guiding Principle:

"We will know that we have achieved cultural safety when the voice of the people receiving our services tells us we have."

FNHA's Policy Statement on Cultural Safety and Humility

Decolonizing and Indigenizing how we work together

Our Fire Agreements serve as an exemplar of how our Indigenous Advisory Committee is working to support cultural safety and humility.

FIRE AGREEMENTS

Reflecting on how we are undertaking this work

How do we each bring our knowledge, skills and experience to our gatherings to ensure that what we each contribute is meaningful?

Have I prepared myself?✓ I have gathered knowledge

Have I held myself responsible? ✓ I am a safe person

Am I committed to change? ✓ I am ready

Why this work is needed

- History of, and ongoing, colonialism and resulting health disparities
- Mistreatment of Indigenous people in the health system and history of racist research
- Mistrust in research, low participation
- To counteract the racism in healthcare, increased focus on Cultural Safety and Humility



In Plain Sight

Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care



Identity: First Nations, Inuit, Métis patients feel welcome, traditional practices included, Liaison available

Free from discrimination: Not treated unfairly, denied services, spoken to rudely

wishes

Self-Determination & Equity: involved in decisions, can

decline treatment, get support for additional services or to address barriers

Cultural Relationship Safety based care: doctors explain things, listen, spend time, include family if the patient

Respect:

Being treated with respect

IAC Cultural Safety module

- Questions related to Relationship-based care, Autonomy (involvement in decisions) and **Respect** were considered to be universal aspects of patient experience; many were adopted/adapted from other surveys
- Identity and Discrimination were more unique dimensions related to Indigenous Cultural Safety with few examples in existing surveys.
- **Identity** questions were developed to be asked only of Indigenous respondents

See <u>www.bcpcm.ca</u> for a full description of all questions

What next?:

Moving from "Just in Time" to "Strategic" work

A revised principle to guide this work:

Data is the story. Stories have power. Who is telling (has control over) "our" stories?

Contextual Factors:

Alignment with:

- Declaration on the Rights of Indigenous Peoples Act
- ✓ In Plain Sight Report/Findings
- ✓ Cultural Safety & Humility Standards (e.g., Accreditation Canada)





Key concepts – Gathering and listening as an Indigenous Methodology

- Indigenous concepts of evidence are valid...because we say they are valid
- Set safer and critical spaces
- Ensure everyone knows the purpose
- Participants are compensated for their time and contributions
- Address a problematic topic early and bring forward solutions prior to harms
- Listen to those who have shared experiences
- Take the time that is needed

Connecting concepts and partnerships

System Improvement

- Indigenous inclusion
- Policy enhancements
- More relevant measures

System and Indigenous Partnership

- Joint decision making
- Co-design
- New standards

Indigenous management

- Self determination
- Direct investments
- System recognition

Indigenous patient-centred measurement

Our work was here

Lens Lean Led



Gayaxsixa (Hailhzaqvla)

Haa'wa (Haida)

Gila'kasla (Kwakwaka'wakw)

Kleco Kleco (Nuu-Chah-Nulth)

K^wuk^wstéyp (Nlaka'pamux)

Snachailya (Carrier)

Mussi Cho (Kaska Dena)

Tooyksim niin (Nisga'a)

Huy tseep q'u (Stz'uminus) Kukwstsétsemc (Secweper

čečehadeč (Avaiuthem)

Sechanalyagh (Tsilhqot'in)

kw'as ho:y (Halqeméylem)

T'oyaxsim nisi (Gitxsan)

Maarsii (Michif)

Thank you (English)

For more information, please contact: info.bcpcm@providencehealth.bc.ca

BC's Cultural Safety from the patient perspective module/questions are posted on our website: https://www.bcpcm.ca/indigenous-pcm

