IAC LOGO COMING SOON

Indigenous Advisory Committee – Intentions and Agreements

(Reviewed: October 28, 2021)

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

#itstartswithme

FNHA's Policy Statement on Cultural Safety and Humility

Context

The members of the Indigenous Advisory Committee are committed to the leadership of First Nations, Métis, and Inuit voices within the health care system by ensuring that the structure of this committee is representative of Indigenous worldviews. To demonstrate this we begin our terms of reference with the teachings of the Sacred Fire, which informs the series of Agreements intended to guide the intent and participation of membership.

Fire Agreements

Agreements about how IAC members will work together were developed in the first year of the Committee's work together (May 2020 – April 2021). These Agreements serve as a reminder about why the group comes together and how each member is an important contributor. The Agreements also serve as an exemplar of how the group is working to support cultural safety and humility.

The Fire[1]

An intentional place. One would not light a fire without a purpose. Although the purpose may vary from functional (heat) to ceremonial/spiritual (connecting with ancestors), it is important to know the reason for starting the fire. Often individuals involved in lighting a fire have specific roles, for example, Fire Keepers may hold a leadership[2] role; others are there to support; others may not attend, but are acknowledged for the wood/fuel/gifts they had prepared. There may also be rules about what can be put into the fire and what cannot.

In translating this principle to conventional terms, those around the fire are required to reflect on the following:

- *Know why you are here*: What is the purpose of this gathering or space?
- *Know your role*: Who lit the fire? Who leads it? Are you here to add something or 'keep warm?' Have we acknowledged those who are not here or contributed in other ways?
- *Know what to contribute*: Have we agreed upon what we bring to this space and how we bring it?

[1]The fire is mentioned at 1:21 of this video https://www.youtube.com/watch?v=t7ALJ7viGog&t=1709s
by Willie J. Ermine, Assistant Professor Emeritus with the First Nations University of Canada.
The analogy was expanded on by IAC working group members: Mark Matthew, Jenny Morgan, Dion Thevarge

2 Consideration of 'leadership' as a non-hierarchical approach. Leadership may change depending on what the reason is for lighting the fire. For example, the person who has the most experience in the issue we are working on at the time will take a leadership role but when we shift to other issues, another leader may step forward to provide their knowledge and experience in a particular area.

Our Agreements

How do you bring your knowledge, skills and experience to the gathering to ensure that what we each contribute is meaningful?

- **I have prepared myself (I have gathered knowledge)**
  - I continually seek to understand our shared history, the foundation of racism on which our systems exist and the harm these systems inflict on First Nations, Métis and Inuit
  - I humbly acknowledge my unearned privilege and intend to leverage that privilege for the benefit of others
  - I will elevate ancestral teachings and recognize Indigenous ways of knowing as legitimate foundations to this work (Evidence and Ethics)
  - I appreciate the strength of First Nations, Métis, and Inuit
- **I will hold myself responsible (I am a safe person)**
  - I will reflect and navigate my personal biases when they arise to limit harm in this space
  - I can share my truth and will hear yours without judgment – everyone's voice is important; I am prepared to lead by example and model these agreements in this space and others
- **I commit to change (I am ready)**
  - I accept Indigenous ways of knowing and being
  - I will situate myself in this space
  - I will initiate or continue work that has both immediate and long-term positive impact for First Nations, Métis, and Inuit
  - I will strive to be humble and focused when in this space, appreciating that I am participating in a process of change

Background

The British Columbia Office of Patient-Centred Measurement (OPCM) on behalf of the BC Patient-Centred Measurement (PCM) Steering Committee (SC) of the Ministry of Health and the seven health authorities implements a program of provincially coordinated, scientifically rigorous surveys in order to solicit feedback from patients about their assessment of the quality and safety of their healthcare experiences in British Columbia.

Survey questionnaires and plans for collecting and reporting the results are developed for several healthcare sectors, with guidance from expert consultation groups. The survey results are provided to the Ministry and all health authorities and there is a commitment to public transparency in the release of the results and availability of the data to support local and system level quality improvement and evaluation efforts, and research. The aim is to create an evidence base, based on people's voices, to improve care and ultimately, the health of people using the BC health system.

We would like to thank and honour all the First Nations, Métis, and Inuit voices and perspectives that have contributed to these efforts and shared their voices to this point. We are grateful to continue their work for the next seven generations.

With great humility, the OPCM and SC acknowledge that until now, no structure existed to ensure Indigenous representation and leadership to lead meaningful change in patient centred measurement. The OPCM/SC commit to ensuring that First Nations, Métis and Inuit leadership is permanently in place to move towards decolonizing colonial methods and processes in patient centered measurement.

The Indigenous Advisory Committee's (IAC) role is to advise the OPCM and SC on the application of Indigenous ways of knowing throughout the PCM process (i.e., survey tool selection and development, data collection processes, reporting and dissemination); and to prioritize PCM related matters impacting First Nations, Métis, and Inuit patients.

The OPCM will ensure the IAC guides the evolving ways that patient surveys are conducted in BC with Indigenous Peoples. IAC members will have reciprocal learning opportunities, individually and collectively, about existing methods and the application of Indigenous methodologies to patient centred measurement. These learning opportunities may be presented through peers, networking, contributing to materials shared provincially, nationally and internationally, and where there is interest, to be involved in writing journal articles for publication to a broader audience.

First Nations, Métis and Inuit are distinct, rights-bearing communities with their own unique histories. This includes their history and relationship to the Crown and existing settler colonial institutions (Canadian Department of Justice, 2018). The work of repairing and renewing relationships based on the recognition of Indigenous rights, respect, co-operation, and partnership must reflect the unique interests, priorities and circumstances of each Peoples.

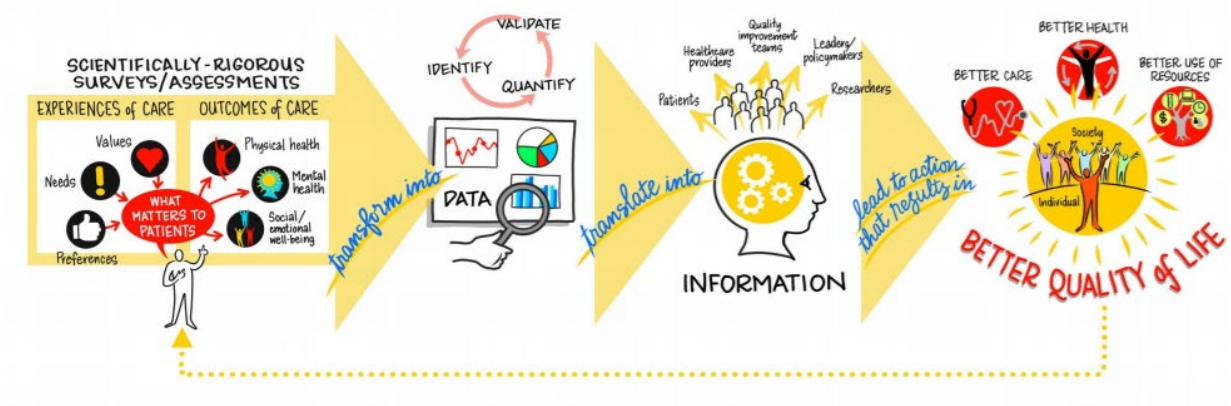
Adopting the *United Nations Declaration on the Rights of Indigenous Peoples* as its framework, the OPCM will take responsibility for the respectful development of relationships with and between First Nations, Métis, Inuit and provincial healthcare organisations in a manner that upholds Indigenous rights, values, beliefs and legal systems. The OPCM will aspire to develop and incorporate Indigenous Methodologies for Patient-Centred Measurement and is aware of the collective journey required to shift the current system.

Scope

The role of the Indigenous Advisory Committee (IAC) is twofold:

1. **Advise on current work (Indigenous lens to 'just in time' work):** Provide advice toward decolonizing and Indigenizing processes in the development and implementation of province-wide surveys of people's experiences of health services.

   Figure: *Definition of Patient Centred Measurement*



   With First Nations, Métis, and Inuit perspectives, the IAC will contribute to:

   - Advising on survey instruments or methods used to collect patient, family, community reported experiences and outcomes of care;
   - Providing input on the development and testing of question lines that address prioritized survey themes;
   - Advising on the process of recruiting and interviewing of First Nations, Métis, and Inuit patient partners for testing of question lines;
   - Providing input on methods for collecting information/conducting the survey;
   - Reviewing, commenting and making recommendations on report structures and key messages; and

- Assessing the cultural safety and effectiveness of initiatives undertaken by members of the British Columbia PCM Steering Committee and OPCM and suggest improvements that may lead to more strategic focused work.

2. **Strategic role (Indigenous led)**: To explore how Indigenous knowledge, experiences and ways of knowing can inform, transform and decolonize current PCM processes. IAC members will consider if and how the value chain or current information collection methods from First Nations, Métis, and Inuit community members could/should be adopted, adapted and/or changed to collect information in a more culturally appropriate and relevant way. IAC members will ensure there is an ethical focus that collected information be actioned and utilized to improve the healthcare experiences and outcomes for Indigenous Peoples.

   This may include advice on ways to:

   - Prioritize measures of quality important to Indigenous families and communities with consideration to how to collect, report and disseminate information that respects Indigenous rights and data governance
   - Make recommendations to the SC at the annual strategic meeting about priority areas, framed in Indigenous knowledge, experience and worldviews, in the value chain for provincial surveys, and include culturally safe and appropriate ways of designing surveys, collecting, analyzing, sharing and presenting information and supporting action for Indigenous specific reports.

Goal: As the strategic role evolves, the methodologies, protocols and approaches defined as a result of the IAC's strategic work will become embedded as "usual practice" for the work of the SC.

Membership & Governance

The IAC will include representatives from First Nations Health Authority and Métis Nation British Columbia, and may include other Indigenous participants. The IAC will be co-chaired by members nominated from the membership.

IAC membership may change, as needed, to ensure a balance of representation and expertise to inform the work of the OPCM.

The IAC reports to the British Columbia Patient-Centred Measurement Steering Committee[3]. The IAC will bring recommendations forward to the Steering Committee for final review and decision. One member will be nominated to act as the primary IAC liaison to the BCPCM Steering Committee (SC). This member will share updates to the Committee and bring forward questions and recommendations from the IAC.

There is no fixed term for members and they may cycle on and off as roles, availability, and IAC priorities evolve.

The OPCM will

- Provide secretariat support to the IAC.
- Ensure a safe space for Indigenous peoples to meaningfully participate in these processes. This will include scheduled feedback sessions as needed, where processes may change and/or be adapted to ensure ongoing safety and alignment to agreements above.

[3] The SC, comprised of representatives from the MoH and representatives nominated by the CEOs of each of the seven health authorities (HAs), annually holds a strategic planning meeting informed by broad stakeholder engagement to assess Ministry, HA and other strategic priorities for the next year to five years; these are then prioritized within limitations of the annual budget into recommendations which are taken to BC's Leadership Council (Deputy Minister and HA CEOs) via the Standing Committee on Performance Measurement, Analytics and Evaluation (SCPMAE) for our annual work.

- Provide funding to secure community engagement, including honorariums for patient partner(s) and Elder(s) representatives on the IAC
- Support the co-chairs of the committee in calling/hosting meetings, organizing logistics of meetings.
- Identify a facilitator as possible contacts for all IAC members if conflict or concerns arise, and collaborate co-chairs to mediate and or mitigate as needed. Any actions taken shall be culturally informed in alignment with the agreements above

Meetings

The Indigenous Advisory Committee will meet at the call of the Co-chairs. Meetings will be by videoconference. One annual meeting may be held face to face if the purpose of the meeting is more meaningfully done in person or members suggest it would be helpful to meet in person and resources permit. The presence of one IAC Co-chair, one First Nations member, one Métis member and one OPCM member of the IAC will constitute a quorum at meetings [total = 4].

Additional sessions may be called for the purpose of an intentional and distinct conversation amongst the Indigenous participants of the committee on an as needed basis.

Core Membership –August 2021

Co-chair: Stephen Thomson (Fraser Health Authority)
Co-chair and BCPCM Steering Committee Liaison: Mark Matthew, Manager; Quality Initiatives and Partner Relations (FNHA)
Jenny Morgan, University of Victoria
Nancy Laliberté, Indigenous Health [PHSA]
Namaste Marsden, Research and Knowledge Exchange (FNHA)
Terri Gillis, Provincial Harm Reduction Coordinator, (MNBC)
Lena Cuthbertson (OPCM)
Facilitator: Lisa Corscadden (OPCM)
Secretariat:
Setareh Nourani (OPCM)
Zeena Yesufu (OPCM)
Ex-officio: Co-chair: Diana Clarke, Dion Thevarge
Previous members: Jillian Jones, Meghan Muller
Megan Misovic

Additional Membership

Indigenous Elder Advisor "touchstone" role: An Elder will be invited to advise on important activities of the IAC.As well the Elder Advisor will be invited to contribute at key decision making times for the IAC. A wide possible range of Elder involvement may include: bearing witness at meetings, providing guidance to ensure culturally safe collaboration, sharing teachings about traditional knowledge, helping build trusting relationships, leading ceremonies and traditional wellness practices, supporting dialogues and processes. Remuneration will be provided at the standard rate.

Patient partner role: Moving forward, the IAC has indicated the importance of recruiting a patient partner to be part of the circle; defining the role and process for recruitment will follow the Elder member addition.

Regional Health Authority participation: While provincial consistency is a key mechanism of effective reporting, there is space for regionally driven patient centred measurement activities. The IAC has an interest in collaborating on those opportunities as they pertain to First Nations, Métis, and Inuit populations.

Sector specific membership by invitation

From time to time or as required, to inform the discussions of the IAC guest speakers or experts may be invited to attend meetings. The IAC may also identify working groups to complete specific work associated with Indigenous methodologies for patient-centered measurement.

Review of the Intentions and Agreements

The IAC Intentions and Agreements take the place of a Terms of Reference, and are to be reviewed annually (Next Review August 2022).