

Growing Cultural Safety in Northern BC

Victoria Carter

Lead, Engagement and Integrations – Indigenous Health, NH

Hilary McGregor

Lead, KT and Community Engagement – Indigenous Health, NH

Verna Howard

Community Engagement Coordinator – FNHA

Sandra Garbitt

Community Engagement Coordinator – FNHA

Interacting in WebEx

The screenshot displays the WebEx meeting interface. On the left, a whiteboard contains a list of tools: 1. Pointer (orange arrow icon), 2. Raise Hand (hand icon), 3. Yes (green checkmark) / No (red X icon), 4. Text tool (T icon), and 5. Chat. The top toolbar includes icons for these tools, with the Pointer and Text tool icons highlighted by orange boxes. On the right, the 'Participants' panel shows a list of participants: 'Panelist: 1' and 'Attendee: 0'. The host is identified as 'BCPSQC - 2 (Host, me)'. Below the participants list, a toolbar contains icons for Raise Hand, Yes, and No, which are also highlighted by orange boxes. The 'Audio' button is also highlighted. At the bottom, the 'Chat' panel is visible, with the 'Send to' dropdown menu set to 'All Participants' and a 'Send' button, both highlighted by orange boxes.

Webex Tools:

1. Pointer →
2. Raise Hand 🙋
3. Yes ✓ / No ✗
4. Text tool
5. Chat

Participants

Speaking:

Panelist: 1

BCPSQC - 2 (Host, me)

Attendee: 0

Audio

Chat

Send to: All Participants

Select a participant in the Send to menu first, type chat message, and send...

Send



WebEx Audio

Look for the phone icon beside your name:

- Enables you to easily mute/unmute line
- Promotes a more effective discussion



WebEx Audio

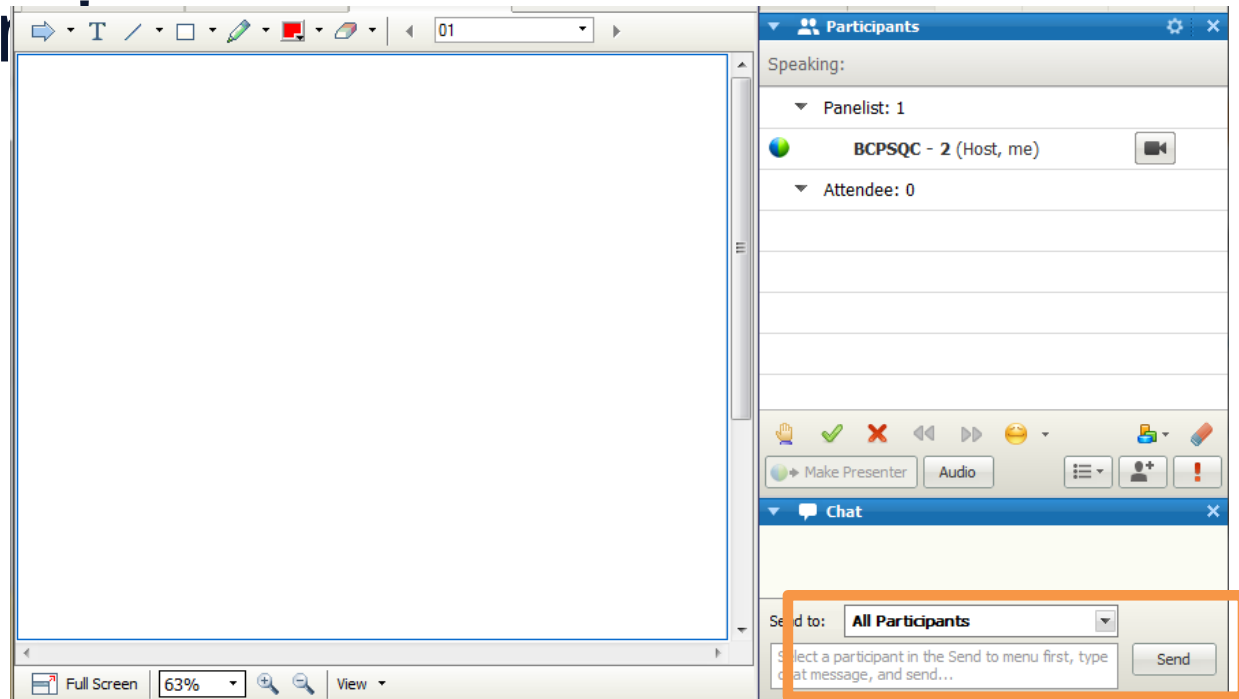
If there is NO phone icon beside your name:

1. Stay on WebEx. Hang up telephone
2. Pop-up window will appear
 - If not, click on “Audio” button
3. Pop-up window displays the dial-in details
4. If possible, **do NOT use** the “Use Computer Headset” option



WebEx Chat

- We invite you to introduce yourself in the chat panel (all participants)
- Let us know your name and where you are from



We Are Recording!

- This session is being recorded
- Will post after the call



Slides and Recording

- The link to the video and slides will be distributed via e-mail to all participants and posted on the FNHA site



Twitter

- Hashtags:
 - #IndigenousHealth
 - #culturalhumility
 - #itstartswithme
- Twitter Handles:
 - @Northern_Health
 - @FNHA
 - @BCPSQC



Sensitive Subject Matter

- Due to the sensitive subject matter and stories shared during the webinar sessions participants may become triggered. Please ensure you have prepared a support system for yourself in advance in which you may have easy access to. This could mean an Elder, trusted mentor/family/friend, Counsellor and/or crisis contact number.
- If you need support please do not hesitate to call the toll free crisis line here in the province of BC (1-800-588-8717). Or if you prefer, have a number prepared in advance locally.



Growing Cultural Safety in Northern BC

Victoria Carter

Lead, Engagement and Integrations – Indigenous Health, NH

Hilary McGregor

Lead, KT and Community Engagement – Indigenous Health, NH

Verna Howard

Community Engagement Coordinator – FNHA

Sandra Garbitt

Community Engagement Coordinator – FNHA

Opening Prayer



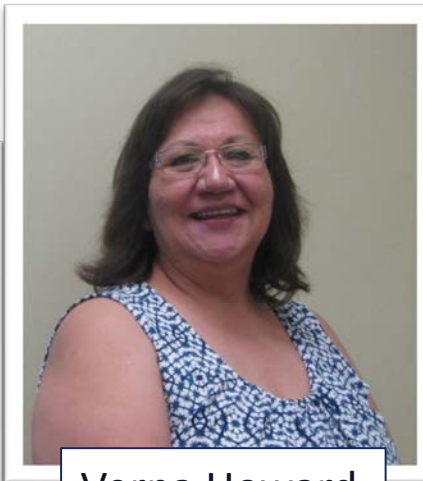
Introductions



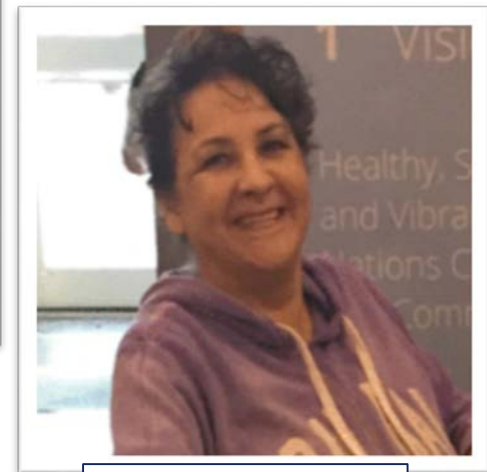
Victoria Carter



Hilary McGregor



Verna Howard



Sandra Garbitt

Overview

- Context for partnering
 - Partnership Accord
 - Commitment to cultural safety and humility
- Defining cultural safety and humility
- Growing cultural safety in northern BC:
 - Resources and initiatives at Northern Health
 - Aboriginal Health Improvement Committees



Context for Partnering

Northern Partnership Accord (May 2012)

- Northern Regional Health Caucus
- Northern Health
- First Nations Health Authority



Working together to improve health outcomes for First Nations people in the North Region

- Northern First Nations Health Partnership Committee
- Northern First Nations Health and Wellness Plan



DECLARATION of COMMITMENT

In July, 2015, all BC Health Authority CEOs signed the declaration to demonstrate their commitment to advancing cultural humility and cultural safety within health services.

This Declaration of Commitment is based on the following guiding principles of cultural safety and humility:

Cultural humility builds mutual trust and respect and enables cultural safety

Cultural safety is defined by each individual client's health service experience.

Cultural safety must be understood, embraced and practiced at all levels of the health system including governance, health organizations and within individual professional practice.

All partners, including First Nations and Aboriginal individuals, Elders, families, communities, and Nations must be involved in co-development of action strategies and in the decision-making process with a commitment to reciprocal accountability.

MR. STEPHEN BROWN, DEPUTY MINISTER, MINISTRY OF HEALTH

MR. JOE GALLAGHER, CHIEF EXECUTIVE OFFICER, FIRST NATIONS HEALTH AUTHORITY

MR. CARL ROY, PRESIDENT AND CHIEF EXECUTIVE OFFICER, PROVINCIAL HEALTH SERVICES AUTHORITY

MR. MICHAEL MARCHBANK, PRESIDENT AND CHIEF EXECUTIVE OFFICER, FRASER HEALTH

DR. ROBERT HALPENNY, PRESIDENT AND CHIEF EXECUTIVE OFFICER, INTERIOR HEALTH

DR. BRENDAN CARA, PRESIDENT AND CHIEF EXECUTIVE OFFICER, ISLAND HEALTH

MS. CATHY LEBRICH, PRESIDENT AND CHIEF EXECUTIVE OFFICER, NORTHERN HEALTH

MS. MARY ACKENHUSEN, PRESIDENT AND CHIEF EXECUTIVE OFFICER, VANCOUVER COASTAL HEALTH



Cultural SAFETY





Growing Cultural Safety in Northern BC

Resources and initiatives at
Northern Health

Indigenous Health Website

www.indigenoushealthnh.ca

The screenshot shows the homepage of the Northern Health Indigenous Health website. At the top left is the logo for Northern Health Indigenous Health, featuring a stylized green figure. To the right is a search bar. Below the logo is a navigation menu with links for HOME, ABOUT US, WHAT WE DO, INITIATIVES, RESOURCES, NEWS, and CONTACTS. The main banner features a blue background with a yellow and green maple leaf. The text on the banner reads "RESPECTING DIVERSITY AND THE UNIQUE INTERESTS OF INDIGENOUS PEOPLES". Below the banner are navigation arrows and a "PLAY" button. Underneath is a "QUICK LINKS" section with four colored buttons: "ABORIGINAL HEALTH IMPROVEMENT COMMITTEES" (blue), "ABORIGINAL PATIENT LIAISONS" (green), "CULTURAL SAFETY" (grey), and "INTERACTIVE MAP" (orange). Below this are two columns: "WHAT WE DO" and "WHO WE ARE", each with a short paragraph and a "Learn more..." link.

Follow on Twitter: @Northern_Health | @FNHA | @BCPSQC | #IndigenousHealth | #CulturalHumility | #ItStartsWithM



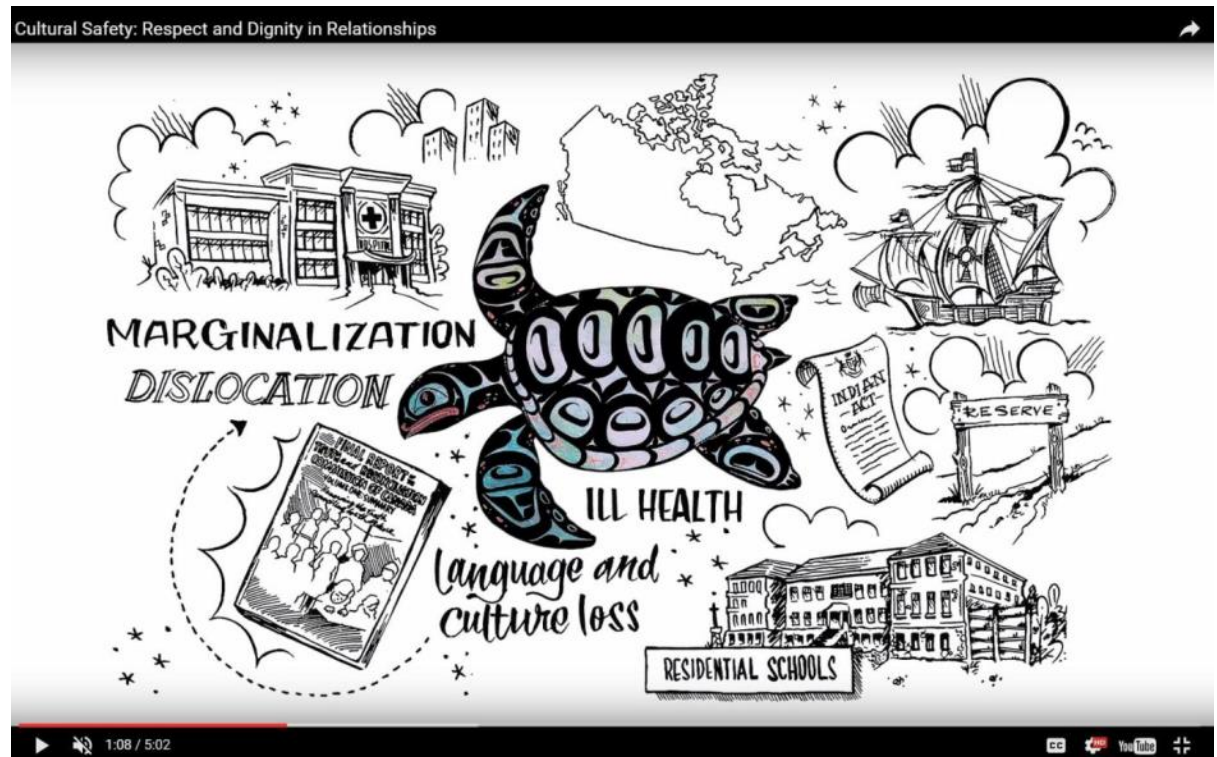
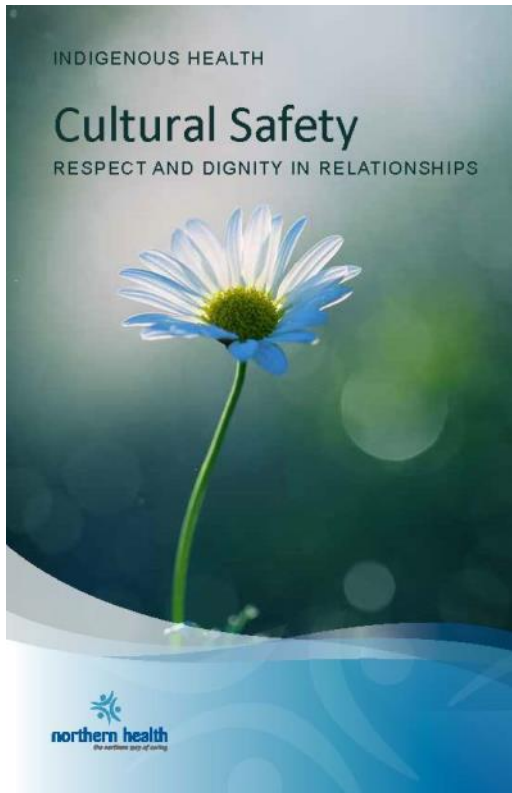
AHIC Webinar Series



Follow on Twitter: @Northern_Health | @FNHA | @BCPSQC | #IndigenousHealth | #CulturalHumility | #ItStartsWithM



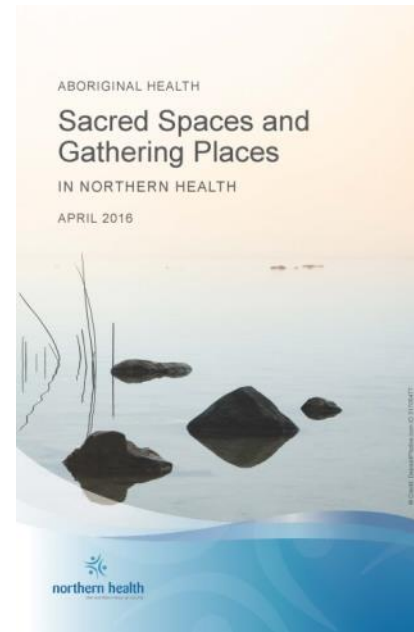
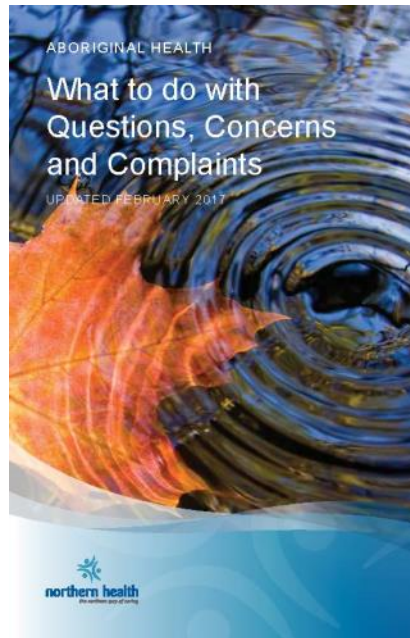
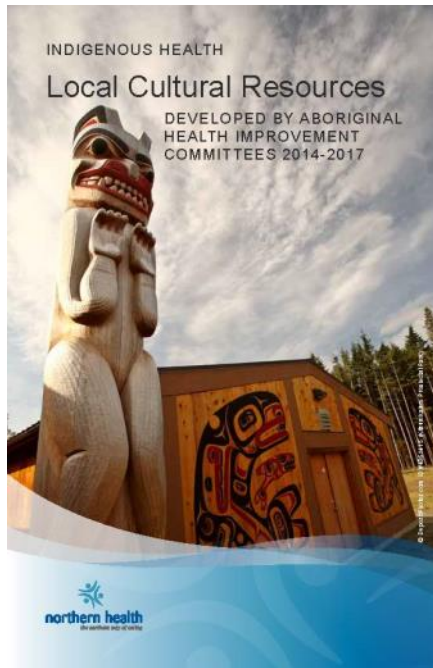
Animated Video and Booklet



Follow on Twitter: @Northern_Health | @FNHA | @BCPSQC | #IndigenousHealth | #CulturalHumility | #ItStartsWith



Additional Resources



Campaign Participation



Follow on Twitter: @Northern_Health | @FNHA | @BCPSQC | #IndigenousHealth | #CulturalHumility | #ItStartsWithN

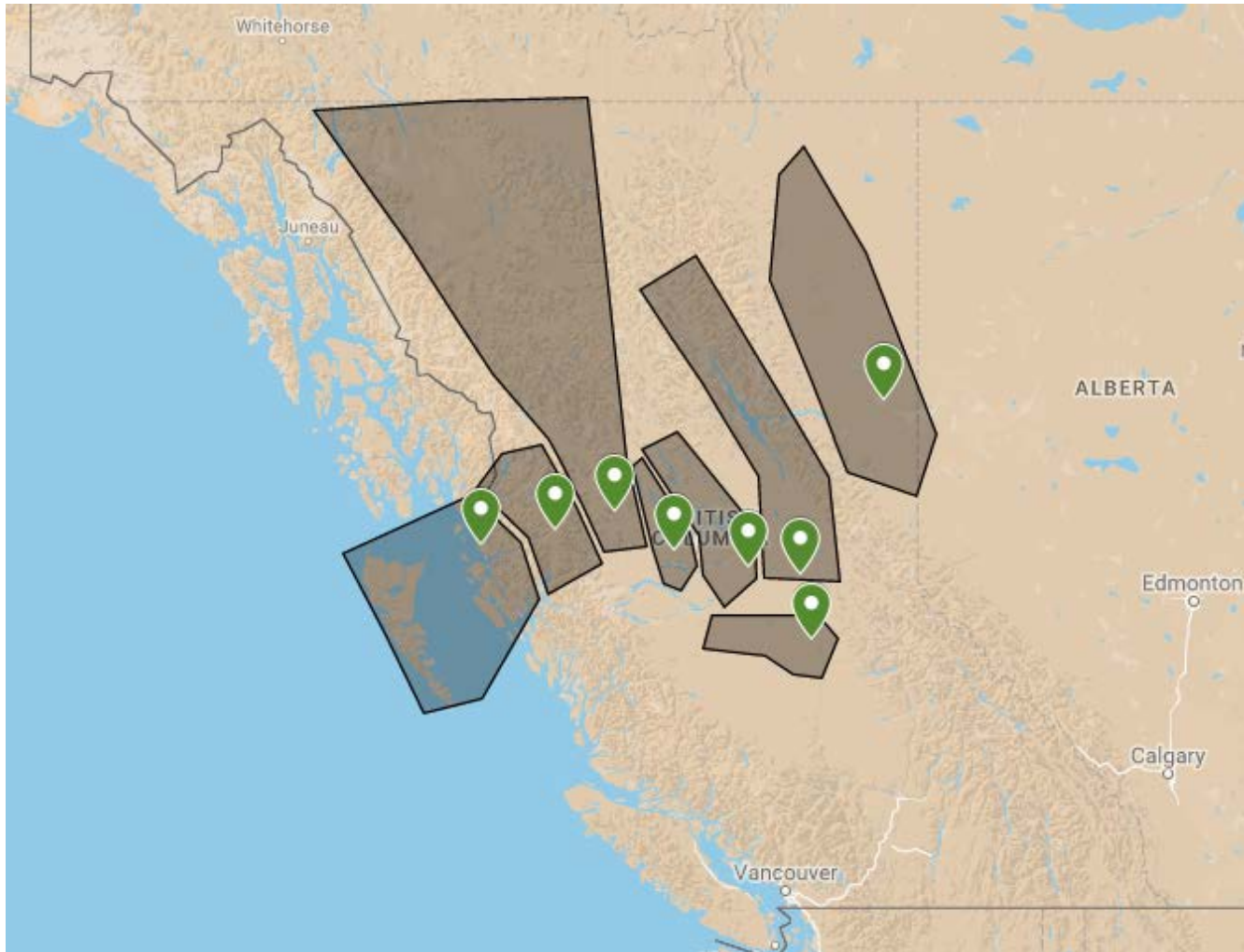




Growing Cultural Safety in Northern BC

Aboriginal Health Improvement
Committees

Aboriginal Health Improvement Committees (AHICs)



Follow on Twitter: @Northern_Health | @FNHA | @BCPSQC | #IndigenousHealth | #CulturalHumility | #ItStartsWithM





Growing Cultural Safety in Northern BC

Northeast AHIC

Treaty 8 First Nations: Protocols for Health Research Report



May 2015

Prepared for:
The Northern Health Authority
#230 – 9900 100th Ave.,
Fort St. John, BC



Prepared by:
Tse'Kwa Heritage Society
10233 – 100th Ave.,
Fort St. John, BC
V1J 1Y8



16. DEATH AND DYING

- The concept of soul was mentioned in one focus group, in which the participant said his grandfather, a well-known healer and knowledge keeper, told him that there is a little bird that rests to the left side of the heart, near the shoulder (the bird is like the soul). Consequently, the bird/soul can be harmed or stolen, or simply fly away. A lost soul could result in illness, derangement and eventual death. (Dane-zaa participant).
- Several focus group participants discussed the use of singing, drumming, smudging, burning and presenting tobacco and prayer during death and after. Singing was a common way to help the soul move on to the next realm. (Cree/Saulteau/Dene participants).
- Smudging was a way of sending prayers up to the creator and for ritual cleansing. The smoke carries the prayer. Tobacco is presented as a form of thanks, or for giving prayers to the mother earth, or to the person (elder/knowledge holder) who is giving the prayer. Sometimes it is given in the left hand because it represents the heart. (Saulteau/Cree Participant).
- Traditionally, when someone died, they were buried in moose hide and their eyes closed. For a



ROLES FOR MEN AND WOMEN

In written historic accounts, there were few mentions of the role and influence of Indigenous women in health care. Furthermore, healing skills that involved the female body were rarely elaborated on. More often than not, Indigenous women were depicted in historical accounts as ‘beasts of burden’, or as hard-working, submissive individuals with lascivious natures. Historian Sarah Carter has labelled this “historical amnesia” to be part of the undermining process of colonialism (Burnett, 2010: 47).

It is evident that Indigenous women possessed a great deal of knowledge about medicinal plants and midwifery, and that they were essential for the well-being and survival of both their own communities and the settlers arriving in Canada (Burnett, 2010). Newcomers to Canada, especially non-Indigenous women who lived in remote regions without doctors, were reliant on Indigenous women for medical care. And at times non-Indigenous women preferred to seek the medical advice of Indigenous women because of their close ties to the community and their success as midwives and healers.

My grandmother said, “When you have lots of weight (negativity), sing my girl.” I have passed on my songs, not all, to my daughter. My daughter is a dreamer.

~ (Focus Group Participant # 22)

treat stomach aches, hemorrhaging, diarrhea, fevers, mental/spiritual illness, and so on. Willow bark was invaluable for treating bronchitis – the bark of a willow contains salicin, an active ingredient in aspirin that helps sooth pain (Burnett, 2010). Other remedies involved various herbs, roots and sap, which could be boiled, then made into poultices to treat sprains, ulcers and much more. The application of medicinal



resolution to a proposed treaty. Indigenous people resisted because they were very aware that they needed to keep their connection to the land for their own well-being and for economic survival. With pressure from missionaries and from a deteriorating economic situation due to reduced trapping income and environmental changes, Treaty 8 groups began to sign on to the Treaty.

First to sign in BC were Dane-zaa and Cree around Fort St. John in 1900. People from Prophet River and Fort Nelson areas did not sign until 1910, while Dene-Tha in BC and the Northwest Territories signed in groups between 1911 and 1922. Reserves were established in Fort St. John in 1911, but were not created in Prophet

I was raised by my grandmother. She spoke fluent Cree. I had to carry my grandmother's songs, they were 200 years old (at least). She said, "when you sing, you sing cause your heart is good, your Elders are good."

~ (Focus Group Participant # 22)



NORTHEAST BRITISH COLUMBIA Aboriginal Community Health Resources

UPDATED MARCH 2017



Photo credit: Teepees near Fort St. John (C.Brinkworth)

Patient Information Wallet Card

My name is: _____

I live in: _____

My home community is: _____

First Nation I belong to: _____

My first language is: _____

 northern health

ABORIGINAL HEALTH





Growing Cultural Safety in Northern BC

Northwest AHICs

Hazelton Cultural Learning Session



Ron Mitchell



Ardythe
Wilson



John
Ridsdale



Vicky
Russell



Sharing Feast



Traditional Welcome



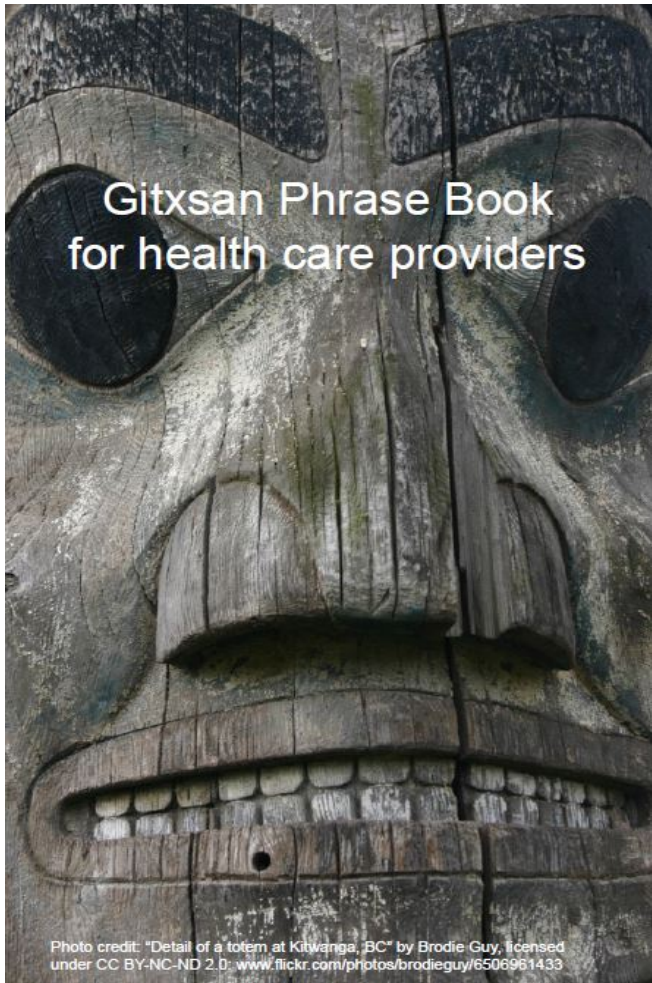
Community Welcome



Feast Overview



Gitksan phrase book for health care providers



Unveiling of Gitksan Art at Wrinch Memorial Hospital



Shared with NH Executive

Celebrating the Unveiling of Gitksan Art at Wrinch Memorial Hospital: An example of partnering with community to heal relationships and build culturally safe health care environments

Northern Health is committed to partnering with First Nations and Aboriginal peoples and to building a health system that honours diversity and provides services in a culturally safe and relevant manner. Many initiatives are underway across Northern Health to realize these commitments.

A powerful example is the recent event in October 2016 at Wrinch Memorial Hospital in Hazelton celebrating the unveiling of Gitksan art in the entryway. The Northwest East AHIC commissioned the art as part of an initiative funded by Aboriginal Health to develop local cultural resources.



Mary Vanstone and Chief George Gray unveil the art. The art was made by residential school survivors participating in the Gitksan Health Society Indian Residential School Resolution Health Support Program. The crest represents the four clans of the Gitksan Huvu'lip inside a mother and child, portraying the matrilineal foundation of the Gitksan Nation. It recognizes those who suffered the abduction of their children and the intergenerational healing that continues to take place as a result of the long-reaching impacts of residential schools.



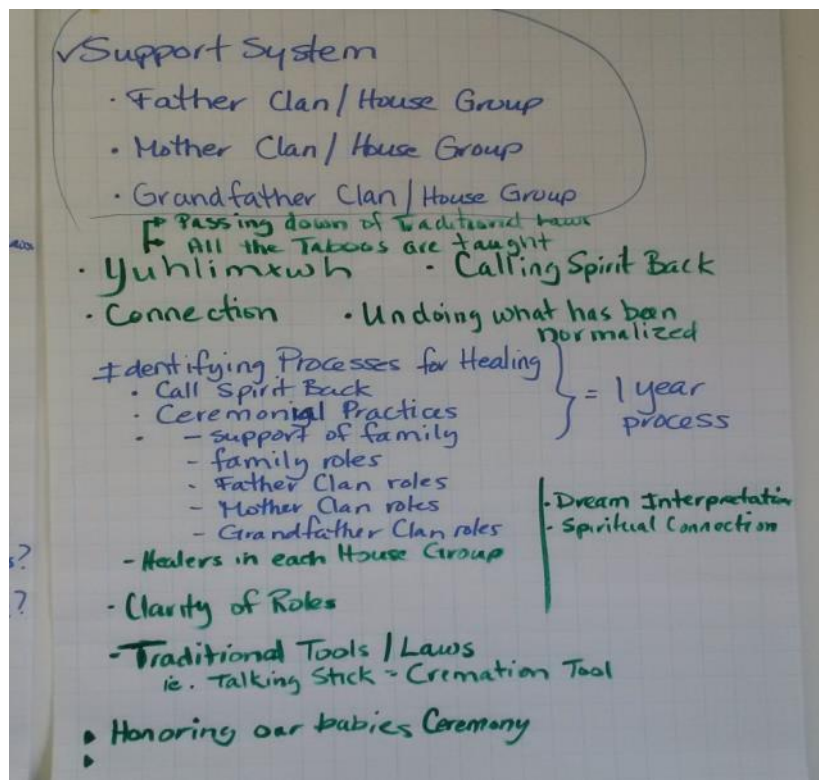
At the unveiling event, several speakers shared their experiences of participating in the creation of the art, or about its meaning for communities.



Gitksan cultural dancers performed at the unveiling event.

Re-igniting Culture with Mental Health

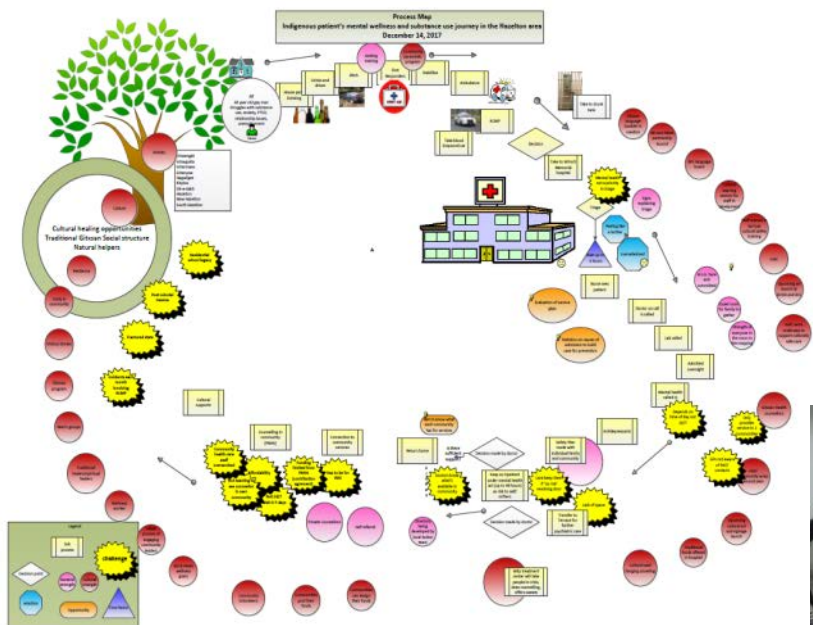
Clan Support System



Documentation of Gitksan Cultural Practices



Mental wellness and substance use mapping



Patient Journey mapping
Process Mapping
Asset Mapping



Sharing of Mental Wellness Projects

Event Being planned for June 8

- To share about these projects with:
 - AHIC members
 - Northern Health
 - FNHA
 - Community
- Learn from each other



Launch of Videos

1. Cultural Practices around Illness and Death
2. Cultural Practices around Birth



Haisla and NH Emergency/ Integration Collaboration



Reclaiming Our Health

A family doctor visit can help with more complicated problems

Talk to your local community health nurse

Write down what's happening and how you feel about it

Don't wait for it to become an emergency

Bring a list of medications and any other conditions

Call 811 if you need help deciding

Not feeling well?

Unsure if you should go to the Emergency Room?

Reclaiming Our Health

Write down what the doctor or nurse told you about your health and what you need to do

northern health | First Nations Health Authority

When you visit the Emergency Room

Write down everything that has been going on about your condition. Write down your questions. Bring a list of your medications and any other medical conditions you have. When you are in pain or worried, you may forget important details of what you are experiencing.

What has been going on:

My questions are:

My medications are:

Other medical conditions I have:

Tips to make the most of the service you receive in the hospital

- Choose a family spokesperson to keep everyone updated. Let your doctor/nurse know. Let your family know as well.
- Bring a family member with you to listen and remember what the doctor says.
- Ask for a discharge summary if follow-up is needed by home care or other health care providers.

If you are getting transferred to another hospital and/or need extra support, the Social Worker can provide assistance. The Social Worker can also connect you with the Aboriginal Patient Liaison (APL) in Terrace. To reach the Social Worker, Call 250-632-8322 in Kitimat or ask one of the nursing staff.

If you have a large family with you, speak with the APL or nurse as they have spaces available for families to gather.

I need medical care. I feel safe to wait.
→ Call your family doctor. 

I need medical care today. I do not feel safe to wait a few hours.
→ Call your family doctor, if your doctor can't see you, go to Emergency. 

I need medical care now. I do not feel safe to wait.
→ Call 9-1-1 or go to the Emergency Department. 



Reclaiming Our Health

Should I go to the Emergency Room?

*If you are a facing an emergency situation
CALL 9-1-1
or visit the emergency room immediately*

northern health | First Nations Health Authority





For more information:

indigenousealth@northernhealth.ca

info@fnha.ca

Questions/Discussion





Webinar: Noon – 1:00

JULY 5, 2017



Survey

