Towards Cultural Competency, Safety and Humility to Improve Health and Healthcare for First Nations: Learning from the BC Experience

Tuesday December 1, 2015
Please turn on your computer speakers to hear today’s session.

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WHO’S ON THE CALL TODAY

JOE GALLAGHER
Chief Executive Officer
First Nations Health Authority, British Columbia

STEPHEN SAMIS
Vice President, Programs,
Canadian Foundation for Healthcare Improvement

ROSE LEMAY (HOST)
Director, Northern and Aboriginal Health
Canadian Foundation for Healthcare Improvement

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Webinar Objectives

To provide participants with information about:

• What cultural competency, safety and humility in health services means;

• The process undertaken to develop the Declaration of Commitment and the core components of that document;

• The ongoing development of a Guiding Framework for Action and the next steps for spreading this work within and beyond BC; and

• Considerations for how cultural competency, safety and humility can be embedded or hardwired into how we deliver care for all Canadians.
The Case For Action

• Research has proven that Indigenous clients in health and mental health systems face higher risks of racism
  • One third of First Nations in Canada experienced an instance of racism in the last 12-months, and between 30% to 50% of them felt it had a significant impact on self-esteem (FNIGC Regional Health Survey 2008/10)
  • Research shows that racism against Indigenous peoples in the health care system is so pervasive that people strategize around anticipated racism before visiting the emergency department or, in some cases, avoid care altogether (Kurtz et al. 2008; Tang & Browne, 2008; Browne et al. 2011).

• Studies show links between race-based discrimination and depression and anxiety, as well as smoking, substance use, psychological distress and poor self-assessed health status (Paradies, Y., Harris, R. and Anderson, I. 2008)

• Racism has also been associated with increased levels of marijuana use and alcohol consumption (Zubrick, Silburn, Lawrence et al. 2005)

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Questions and Comments

Please submit your questions and comments electronically using the “Chat Box” on the bottom of your webinar screen at anytime during the webinar.
Leading a Framework and Action Plan for Cultural Safety and Humility for First Nations and Aboriginal people in British Columbia

Presented by Joe Gallagher
Chief Executive Officer, First Nations Health Authority
Presentation Overview

- New health partnership in British Columbia
- Hardwire an approach into the Provincial Quality and Safety Agenda
- Leading change through a clear commitment of leadership
  - Declaration of Commitment
- A Guiding Framework for Action
  - Accountabilities at all levels – provincial, regional and local
- Cultural Safety and Cultural Humility
Our Common Foundation

Our Vision
Healthy, self-determining and vibrant, BC First Nations children, families and communities

Our Values
Respect, Discipline, Relationships, Culture, Excellence & Fairness

Our Directives
1. Community Driven, Nation Based
2. Increase First Nations Decision-Making and Control
3. Improve Services
4. Foster Meaningful Collaboration and Partnerships
5. Develop Human and Economic Capacity
6. Be without Prejudice to First Nations Interests
7. Function at a High Operational Standard
Goal

“Hardwire” cultural safety and cultural humility into health services in BC as part of the Provincial Quality and Safety Agenda

- 5 Regional Health Authorities
- 1 Provincial Health Authority
- Ministry of Health
- FNHA
Cultural Safety

The aim of cultural safety is to create an environment free of racism and discrimination where people feel safe receiving care.

Cultural safety goes beyond:
- Cultural awareness, which refers to awareness of differences between cultures.
- Cultural sensitivity, which is about realizing the legitimacy of difference and the power of one’s own life experience can have on others.

Cultural Safety:
- power imbalances inherent in the health care system.
- self-reflection on culture and power.
- Improve client experiences and lead to better care.

Indigenous Physicians Association of Canada and Association of Faculties of Medicine of Canada. 2009; National Aboriginal Health Organization, 2009
What is Cultural Humility?

"I believe you understand what you think I said, but I'm not sure you realize that what you heard is not what I meant."

- Unknown, written on a blackboard in the band hall of the Weagamow Lake Reserve, 380 air miles north of Thunder Bay, Ontario.
Cultural Humility

A life-long process of self-reflection and self-critique to understand personal biases and to develop and maintain mutually respectful partnerships based on mutual trust.
Cultural humility enables cultural safety.
Transforming the System

Declaration of Commitment on Cultural Safety and Humility in Health Services for First Nations and Aboriginal people in British Columbia

- Endorsed and signed in July 2015 by British Columbia Deputy Minister of Health and CEO’s of 7 BC Health Authorities
Declaration of Commitment on Cultural Safety and Humility in Health Services for First Nations and Aboriginal people in British Columbia

Guiding principles:

- Cultural humility builds mutual trust and respect and enables cultural safety.
- Approaches to cultural safety are client-centred.
- Must be present at all levels of the health system.
- All stakeholders must be involved in co-development.
Declaration of Commitment on Cultural Safety and Humility in Health Services for First Nations and Aboriginal people in British Columbia

Overarching Goal

- Cultural Safety and Humility in Health Services for First Nations and Aboriginal people in British Columbia.

Represents a common message to BC First Nations and Aboriginal people and all health agencies and partners.

Provincial Leadership will focus on concrete action to achieve the vision of a culturally safe health system for First Nations and Aboriginal people in BC by:

- Creating a climate for change.
- Engaging and enabling stakeholders.
- Implementing and sustaining change.
Transforming the System

- The declaration provides a **Framework for Action** at the system, organization and individual level.
- We now look to **operationalize** this commitment at all levels.
- Guided by **stories and best practice**.
- **Building** on existing relationships, structures and successes inside/outside the health system.
- Need to **Measure Success**.
Looking Ahead
Questions?
Accelerates the spread of proven innovations by supporting healthcare organizations to adapt, implement and measure improvements in patient care, population health and value for money.
CFHI: What we do

- Build leadership and skill capacity
- Enable patient, family and community engagement
- Create collaboratives to spread evidence-informed improvement
- Apply improvement methods

To support healthcare organizations in improving patient care, population health and value for money
CFHI’s Six Levers For Accelerating Healthcare Improvement™

- Engaging front-line managers and providers in creating an improvement culture
- Focusing on population needs
- Creating supportive policies and incentives
- Promoting evidence-informed decision-making
- Engaging patients and citizens
- Building organizational capacity

www.cfhi-fcass.ca/AssessmentTool
## CFHI Improvement Approach

### Organizational Commitment and Collaborative Leadership
- Builds leadership and skill capacity
- Enables patient, family, and community engagement
- Applies improvement methodologies
- Creates collaboratives to spread evidence-informed improvement

### Improves
- Healthcare system performance
  - Value for money
  - Patient and family experience of care
  - Patient outcomes
- The health of Canadians
  - Population Health

### Provides
- Tailored learning
- Improvement facilitation and coaching
- Improvement resources and tools
- Cross-team learning and networking

### Builds
- Leaders’ competency to:
  - Assess the problem using evidence
  - Design innovative solutions
  - Implement the change
  - Evaluate the difference it makes

### Enables Improvements in
- Healthcare leaders knowledge and skills to carry out healthcare improvement
- Patient, family, and community engagement in healthcare improvement and co-design
- Organizational practices and delivery models
- Policies and incentives

### Spreads
- Improvement competencies
- Best practices within and across organizations, regions, and provinces/territories

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**Improvement Principles**

Improvement requires engaging stakeholders in a process of change based on six assumptions:

- Healthcare delivery should be patient-centred and population-based
- Strategy should be informed by evidence and experience
- Design and implementation should engage a wide range of stakeholders
- Design and implementation should take a participative approach
- Large scale improvement can be achieved through an incremental process
- Improvement is a collective learning process that builds on carefully evaluated experimentation and critically assessed potential solutions

**Action Levers To Accelerate Healthcare Improvement**

Improvement in healthcare requires initiative in the following six areas:

- Promoting evidence-informed decision-making
- Engaging patients and citizens
- Building organizational capacity
- Creating supportive policies and incentives
- Engaging healthcare executives, providers and managers in creating an improvement culture
- Focusing on population health needs

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*Leaders include healthcare executives, managers, and providers.*

*Last updated November 2015.*

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Process to Develop Declaration

A consultative, iterative process launched in March 2015:
• An orientation session with all key stakeholders.
• A broad review of the literature pertaining to cultural safety and health system transformation.
• A series of small group and individual interviews conducted by CFHI with senior-level key informants.
• Ongoing dialogue with the Executive Working Group to review iterative drafts of the Framework and refine results.
• November 16 workshop to dive deeper into what the Framework and Declaration really mean for the BC Ministry of Health, and health organizations at provincial and regional levels.
Looking Ahead

• BC leads action in Canada to embed cultural safety and humility in health services for First Nations and Aboriginal people.
• The resulting Framework for Action will be a model which will have the potential to be adapted and spread in Canada.
Questions and Comments

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Thank you!
Stay in touch...

Joe Gallager: ceo@fnha.ca
Stephen Samis: stephen.samis@cfhi-fcass.ca
Rose LeMay: rose.lemay@cfhi-fcass.ca