



Cultivating Cultural Safety in Your Clinic



A TOOLKIT FOR KOOTENAY BOUNDARY PRACTITIONERS

Prepared by the KB Cultural Safety Working Group, with the support of Kootenay Boundary Division of Family Practice, Kootenay Boundary Aboriginal Services Collaborative, and Circle of Indigenous Nations Society

Cultural Safety:

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.¹

Dear Kootenay Boundary Practitioner,

Thank you for taking the time to read this brochure. Our aim is to provide useful information you can use to take action in building approaches to care that contribute to greater cultural humility for all of us as care providers, with the goal of creating safety and improving the care we provide for Indigenous peoples in Kootenay Boundary.

Firstly, we want to acknowledge that no single course, book, or brochure will result in us achieving our objective. The goal of providing culturally safe care is a journey, not a destination. We have received feedback from health care providers at various stages in this journey requesting support with how to ask for Indigenous identity in a culturally safe way. We have also been told by Indigenous peoples that their Indigenous identity is a critical part of their wellness and they want it to be part of their care plan for multiple reasons. However, understanding how and why we ask for this information is critically important.

As we learned from the In Plain Sight Report, stereotyping, prejudice and racist treatment are common experiences for Indigenous people in B.C. health care at all levels, especially urgent care. 84% percent of all Indigenous In Plain Sight respondents reported being discriminated against when receiving health care. And more than one-third (35%) of health care worker respondents reported having personally witnessed discrimination inflicted upon Indigenous patients or their families and friends.³

There is a common misconception that there aren't many Indigenous peoples in Kootenay Boundary. However, according to the 2016 Census, there are 4,790 or 5% of the total population living in the Kootenay Boundary region, from a variety of different Indigenous cultures across Canada. So it is important to recognize that the aforementioned experiences are being felt by many of our patients locally.

¹ & ² Creating a Climate for Change, First Nations Health Authority

³ In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care. Victoria, BC: EngageBC.

Cultural Humility:

Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.²

It is incumbent upon us as health care workers to provide culturally safe care. Practical guidelines are offered in the CanMEDS-FM Indigenous Health Supplement. Key and enabling competencies which support the development of a culturally safe practice for Family Physicians are outlined in the supporting document which was released by the College of Family Physicians of Canada in November of 2020.

All Family Physicians and their learners are called to practise in a culturally safe manner as they engage and serve their Indigenous patients and their communities. The TRC's Calls to Action, numbers 18 to 24 were important beacons in the work of the Indigenous Health Committee who authored the CanMEDS-FM Indigenous Health Supplement "in a good way". In addition, the BC College of Physicians and Surgeons has committed to improving the health of Indigenous peoples and to eliminating anti-Indigenous racism from the health care system. The College directors have taken the In Plain Sight Report very seriously; a related Clinical Practice Standard has recently been released.

We are called to this way of practice - culturally safe, culturally humble, and culturally competent - morally, ethically, professionally, and legally.

Over the past decade, we have witnessed growing momentum in the reconciliation movement in Canada. We have an opportunity now more than ever in Kootenay Boundary to create a new way forward in our relationships with one another. We hope this toolkit provides a stepping stone to help you build approaches to care in your practice that contribute to cultural safety for all Indigenous patients in Kootenay Boundary.

In a good spirit,

Sage Laboucan,
Kootenay Boundary Aboriginal Health Coordinator

Dr. Leah Seaman,
KB Cultural Safety Working Group Physician Lead

Local Indigenous Context

In most areas of BC, Indigenous-led health and social services are provided in partnership with or through First Nations or Métis communities, as well as through Aboriginal Friendship Centres.

In Kootenay Boundary, the traditional and unceded territory of the Ktunaxa, Secwépemc, Sinixt and Syilx Nations, there are no First Nation Bands or Reserves (the closest band is the Lower Kootenay, of the Ktunaxa Nation, located near Creston). There are three chartered Métis Communities within the region, which provide cultural support and connections for Métis people. There is no Aboriginal Friendship Centre in the Kootenay Boundary.

There is a scattered population of Aboriginal peoples living in the region. While many Nation members from the unceded traditional territories of the four Nations named above live in Kootenay Boundary, there are also Aboriginal people from a variety of other Nations. With over 600 Nations across Canada's southern provinces, as well as the Inuit Tapiriit Kanatami, and Dene peoples in the North, it is important to recognize the diversity of cultures and traditions of Aboriginal people. Many local Aboriginal people live away from family and some may be disconnected from their land and cultures.



The Circle of Indigenous Nations Society (COINS) is the only Aboriginal-governed and staffed health and social services organization in Kootenay Boundary. It serves a geographically dispersed and culturally diverse Aboriginal population of 4,790 people (Census 2016), a total of 5% of the region's total population. With the introduction of Kootenay Boundary's Primary Care Network, two Aboriginal Health Coordinators have been hired to support the region's Indigenous population; they were joined in January 2022 by the Aboriginal Patient Navigator. All are based out of COINS.

Photo Credits | Circle of Indigenous Nations Photo Gallery <https://www.coinations.net/picture-gallery>



1 | Ask All Patients How They Identify, Give a Valid Reason Why

Steps Towards Creating a Culturally Safe Clinical Practice



“For the purpose of providing you the best care possible, can you please tell me if you identify as Aboriginal?”

A person’s identity and how they choose to identify is a crucial aspect of their wellness. It is critical that choosing to self-identify is always a voluntary act and patients should be made to feel comfortable declining if they so choose.⁴ Individuals should also be able/invited to change their response over time.⁵

The Aboriginal Administrative Data Standard explicitly states that no assumptions should be made regarding Aboriginal identification.⁶ Research shows that the majority of patients would like to be asked their race/ethnicity, providing a valid reason is given.⁷ It is also important to note that patients felt more comfortable sharing how they identify directly with their health care provider, so administrative staff should not be used to gather this information.⁸

Adhering to these principles in the context of primary care will help establish the basis for a patient-centered, longitudinal relationship built on a foundation of trust, mutual understanding and cultural humility.

Every patient receiving care should be asked: “For the purpose of providing you the best care possible, can you please tell me if you identify as Aboriginal?”⁹

If requested, or the practitioner feels it would be helpful, patients can be provided with further details regarding the potential health care benefits of knowing how they identify. These benefits include connecting them with an Aboriginal Health Coordinator, Indigenous specific funding/resources, as well as cultural resources.

⁴ Australian Indigenous Doctors’ Association 2019; Pierre, 2020; Province of British Columbia, 2007

⁵ Province of British Columbia, 2007

⁶ Province of British Columbia, 2007

⁷ A cross sectional survey by Baker et al. (2005) found that approximately 80% of patients surveyed agreed that healthcare providers should collect race/ethnicity data, >50% were concerned that this information could be used to discriminate against patients and minority groups were more likely to express discomfort. Telling patients that identity information will be used to monitor quality of care was shown to increase comfort levels for patients to disclose this information

⁸ Baker et al., 2005, p. 896

⁹ Scotney et al., 2010

2 | Beware Bias, Build Relationship

“Relationship change precipitates system change.”¹⁰

It is important to recognize that there is nothing intrinsically vulnerable about being an Aboriginal person; “relating the Indigenous with vulnerability as if this condition were inherent in their identity is another form of marginalization”.¹¹

Primary care providers must reassess and recommit to fostering meaningful relationships with Aboriginal peoples. This is where the work must begin if we wish to have an impact on health outcome equity.

When Aboriginal participants described positive experiences of culturally safe care in a study by Hole et al. (2015)¹², “being visible” was a common theme identified. Many participants describe being visible as “being respected and treated as a ‘human being’ in the patient–caregiver relationship”.

Some simple tips for practitioners to build relationship include:

- Offer a handshake
- Be present
- Establish a connection by sharing a bit about yourself as a mutual human being
- Inform and involve patients in all health care decisions

Kootenay Boundary Patient & Practitioner Perspectives:

- “For me in my practice, it’s really important to show up with humility and flatten the power discrepancy. I take time to center myself before each encounter. Be present, offer a handshake and make a connection before asking ‘what can I do most for you today?’” - Dr. Leah Seaman
- “When my practitioner explained why and gave me options to choose from, I felt empowered.” - Aboriginal Patient
- “When my practitioner sits down and speaks to me at eye level, I feel comfortable.” - Aboriginal Patient

¹⁰ British Columbia Office of the Human Rights Commissioner, Disaggregated demographic data collection in BC: The grandmother perspective, 2020, p. 24

¹¹ Colmenares-Roa & Peláez-Ballesteras, 2020, p. 132

¹² Hole et al. (2015)

3 | Focus on Strengths

Indigeneity is not a risk factor, it is a protective factor.

“While the Social Determinants of Health movement has helped to shift some of the ‘blame’ off individuals to political and economic systems, the focus is still on what is deficient - what is missing or wrong with the community and how those deficiencies negatively affect children and families.”¹³

The First Nations Population Health & Wellness Agenda includes a broader framework of strengths-based indicators for First Nations health and well-being in BC, which includes:

- themes of healthy, vibrant children and families, with physical, mental, spiritual, and emotional determinants of wellness;
- supportive systems, such as acceptable housing, education, and cultural safety and humility;
- and healthy, self-determining Nations and communities, which includes self-determination, connection to land, and cultural wellness.¹⁴

According to community members, “instilling cultural values and positive cultural identity is requisite to well-being as much as economic security or physical health.”¹⁵

If you need to discuss specific risk factors, we suggest the following wording: “The following questions I’m going to ask you, we ask all patients:”

And with an open and curious mindset, practitioners can use the following questions to support a strengths-based approach:

- “What are some of the ways you are supporting your/your family’s wellness?” and/or “What practices are you using to support your/your families wellness?”
- “Can you talk about some of the areas where you are feeling really well and healthy?”
- “What is culturally and/or spiritually important to you that supports your wellness?”
- “Is there anything you’d like to share with me that’s important to you regarding your health, that we haven’t yet discussed.”

¹³ Rountree & Smith, 1999, p. 206-207

¹⁴ First Nations Health Authority & PHO, 2020

¹⁵ Rountree & Smith, 1999, p. 217

Become familiar with resources available to Aboriginal peoples to share with your patients.

kbculturalsafety.org is a resource hub for Kootenay Boundary practitioners. Here you will find an inventory of patient resources, filterable by nation, for practitioners to use in helping patients to find the health care supports they need for themselves, and/or their family.

For further hands-on support, practitioners can also refer patients to one of Kootenay Boundary's Aboriginal Health Coordinators using this referral form: <https://bit.ly/refer-ahc-coins>.

Next Steps



Commit to Learning with Humility

Creating Welcoming and Culturally Safe Environments Throughout the Kootenay Boundary Health Care Region:

<https://bit.ly/kbasc-cultural-considerations>

Report by the Kootenay Boundary Aboriginal Services Collaborative

KB Aboriginal Cultural Safety, Humility and Competency Resources:

<https://bit.ly/KB-Indigenous-Cultural-Safety-Resources>

Including:

- Page One: Kairo Blanket Exercise, Returning to Spirit Workshop, and more
- Page Two: Understanding Local Nations - Ktunaxa, Métis, Secwépemc, Sinixt, Syilx
- Page Three: Regional Health Surveys and Reports
- Page Four: Aboriginal Online Articles and Videos - Understanding My Privilege (TEDx), Mansbridge One On One: Cindy Blackstock (CBC), and more

Connect to Events in Our Region:

<https://www.coinations.net/events-gatherings-calendar>

SAN'YAS Anti-Racism Indigenous Cultural Safety Training Program:

<https://bit.ly/sanyas-core-training>

A course for anyone working in health care to enhance knowledge, awareness, and skills when working with Indigenous people.

The Unforgotten: <https://theunforgotten.cma.ca>

A five-part film exploring the health and well-being of Indigenous peoples living in Canada, created by the Canadian Medical Association. College of Family Physicians of Canada (CFPC) members and Mainpro+ participants can claim 5 Certified Assessment credits by filling out a Linking Learning to Practice exercise

Indigenous 100, Regional Indigenous Perspectives on Language and Culture: <https://selkirk.ca/indigenous-100>

An introductory course on the histories, languages, values, oral traditions and literature of the Sinixt (Lakes), Okanagan-Syilx, Ktunaxa and Métis peoples.

The Truth and Reconciliation Commission of Canada, Calls To Action:

<https://bit.ly/trc-calls-to-action>

Recommendations 18-24 and 55 pertain specifically to health.

In Plain Sight, Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care:

<https://bit.ly/in-plain-sight-govbc>

CanMEDS, Family Medicine Indigenous Health Supplement:

<https://bit.ly/CANMeds-IHS>

Key competencies that support the development of a culturally safe practice for Family Physicians.

Indigenous Ally Toolkit: <https://bit.ly/ally-toolkit>

First Nations Health Authority, Cultural Safety and Humility

Resources: <https://bit.ly/fnha-cultural-safety-humility>

Indigenous Engagement and Cultural Safety Guidebook, A Resource for Primary Care Networks:

<https://bit.ly/pcnbc-cs-guidebook>

Interior Health Aboriginal Cultural Safety, How to be an Ally:

<https://bit.ly/ih-ally-youtube>



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