



ABORIGINAL HEALTH

2019/20 YEAR IN REVIEW





We recognize that our places of work and Vancouver Coastal facilities lie on the traditional homelands of the fourteen First Nation communities of Heiltsuk, Kitasoo-Xai'xais, Lil'wat, Musqueam, N'Quatqua, Nuxalk, Samahquam, Sechelt, Skatin, Squamish, Tla'amin, Tsleil-Waututh, Wuikinuxv, and Xa'xtsa.

VCH began committing financial and human resources to the area of Aboriginal health in 1999, in order to work towards meaningful change in Aboriginal communities in our region. Our goal is to work closely with both urban and rural Aboriginal communities to help close the gap between the health status of Aboriginal community members and non-Aboriginal community members in our region.

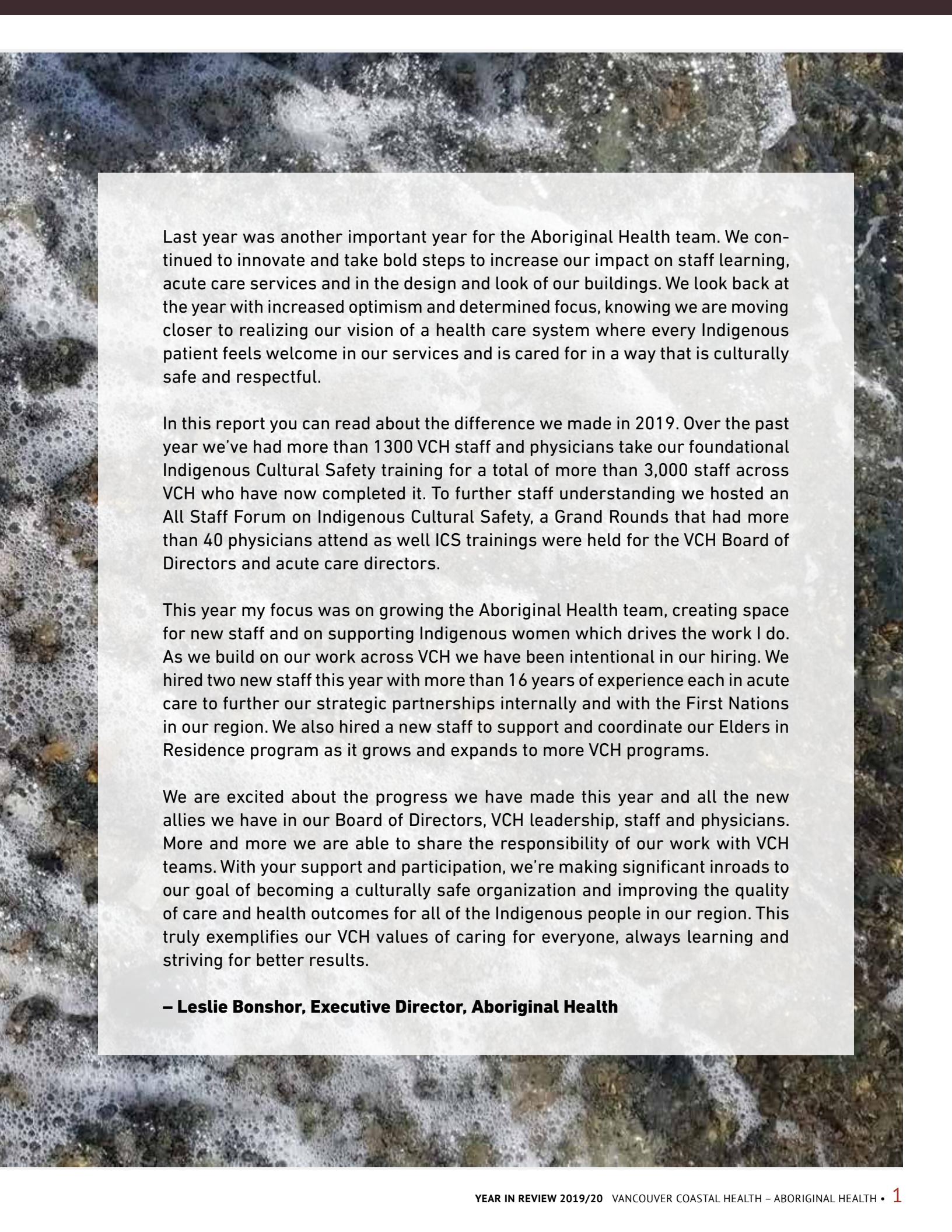
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**"WE LOOK BACK AT THE YEAR WITH INCREASED
OPTIMISM AND DETERMINED FOCUS, KNOWING WE
ARE MOVING CLOSER TO REALIZING OUR VISION OF
A HEALTH CARE SYSTEM WHERE EVERY INDIGENOUS
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CARED FOR IN A WAY THAT IS CULTURALLY SAFE
AND RESPECTFUL."**



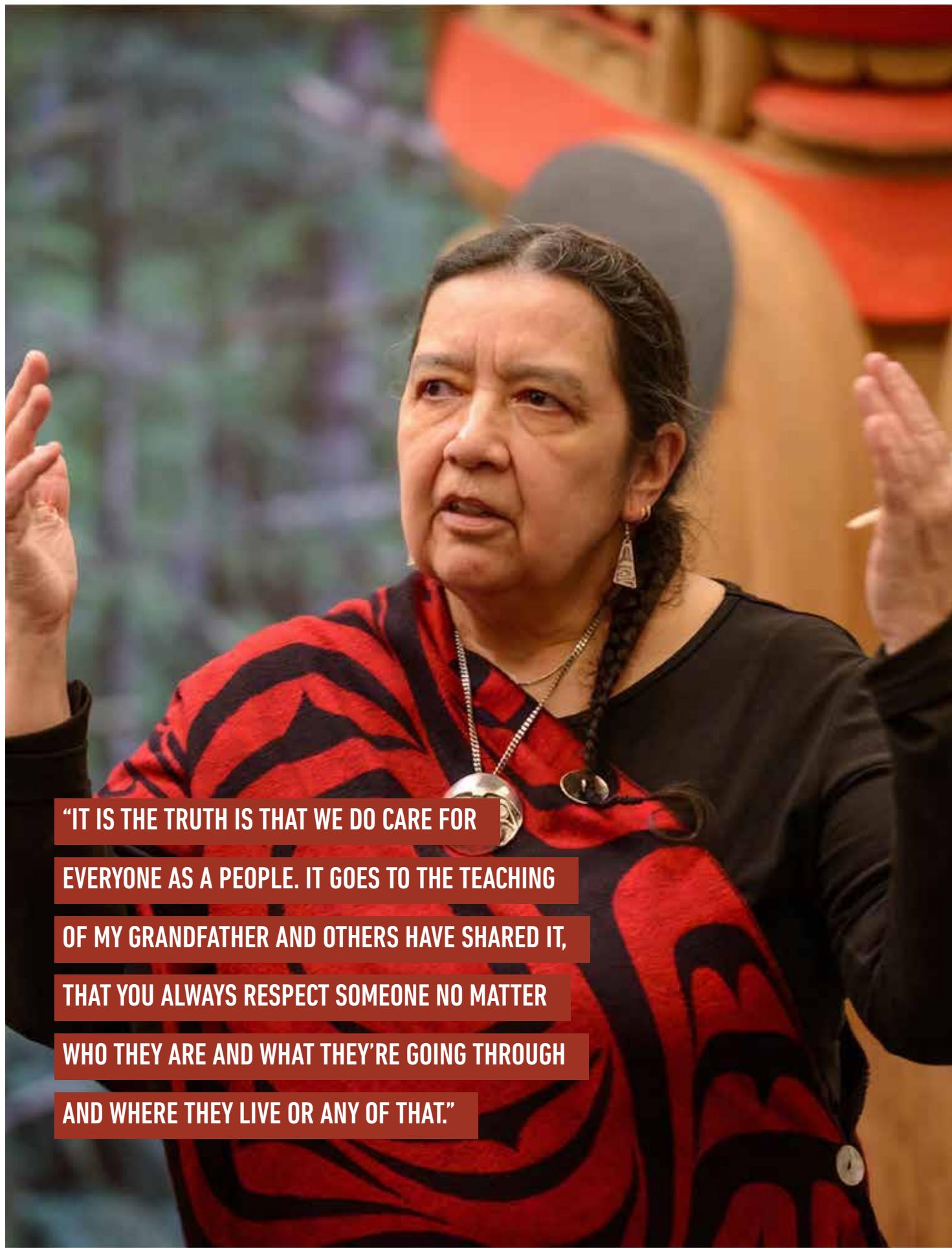
Last year was another important year for the Aboriginal Health team. We continued to innovate and take bold steps to increase our impact on staff learning, acute care services and in the design and look of our buildings. We look back at the year with increased optimism and determined focus, knowing we are moving closer to realizing our vision of a health care system where every Indigenous patient feels welcome in our services and is cared for in a way that is culturally safe and respectful.

In this report you can read about the difference we made in 2019. Over the past year we've had more than 1300 VCH staff and physicians take our foundational Indigenous Cultural Safety training for a total of more than 3,000 staff across VCH who have now completed it. To further staff understanding we hosted an All Staff Forum on Indigenous Cultural Safety, a Grand Rounds that had more than 40 physicians attend as well ICS trainings were held for the VCH Board of Directors and acute care directors.

This year my focus was on growing the Aboriginal Health team, creating space for new staff and on supporting Indigenous women which drives the work I do. As we build on our work across VCH we have been intentional in our hiring. We hired two new staff this year with more than 16 years of experience each in acute care to further our strategic partnerships internally and with the First Nations in our region. We also hired a new staff to support and coordinate our Elders in Residence program as it grows and expands to more VCH programs.

We are excited about the progress we have made this year and all the new allies we have in our Board of Directors, VCH leadership, staff and physicians. More and more we are able to share the responsibility of our work with VCH teams. With your support and participation, we're making significant inroads to our goal of becoming a culturally safe organization and improving the quality of care and health outcomes for all of the Indigenous people in our region. This truly exemplifies our VCH values of caring for everyone, always learning and striving for better results.

– Leslie Bonshor, Executive Director, Aboriginal Health



**"IT IS THE TRUTH IS THAT WE DO CARE FOR
EVERYONE AS A PEOPLE. IT GOES TO THE TEACHING
OF MY GRANDFATHER AND OTHERS HAVE SHARED IT,
THAT YOU ALWAYS RESPECT SOMEONE NO MATTER
WHO THEY ARE AND WHAT THEY'RE GOING THROUGH
AND WHERE THEY LIVE OR ANY OF THAT."**



“WE CARE FOR EVERYONE”

=

“ONE HEART, ONE MIND”

One time my grandfather was talking to one of our relatives, buying a carving from him, and my relative was one the heaviest drinkers in the community at the time. I was a young person, about 12 and I got mad at grandpa and said, “Why are you talking to him. You shouldn’t be talking him”

My grandpa got upset and asked me to sit down. He said, “You know that we as people, we take care of each other. No matter who they are, what they’re doing. If you see someone laying in the gutter, you go and say, Are you all right? And you pick them up and bring them in your house and, or you bring them home? You take care of them. You don’t judge them. You have to accept people, you know, the way they are. You don’t know everything they went through.”

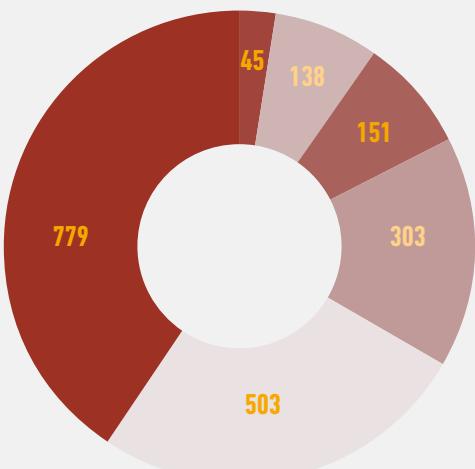
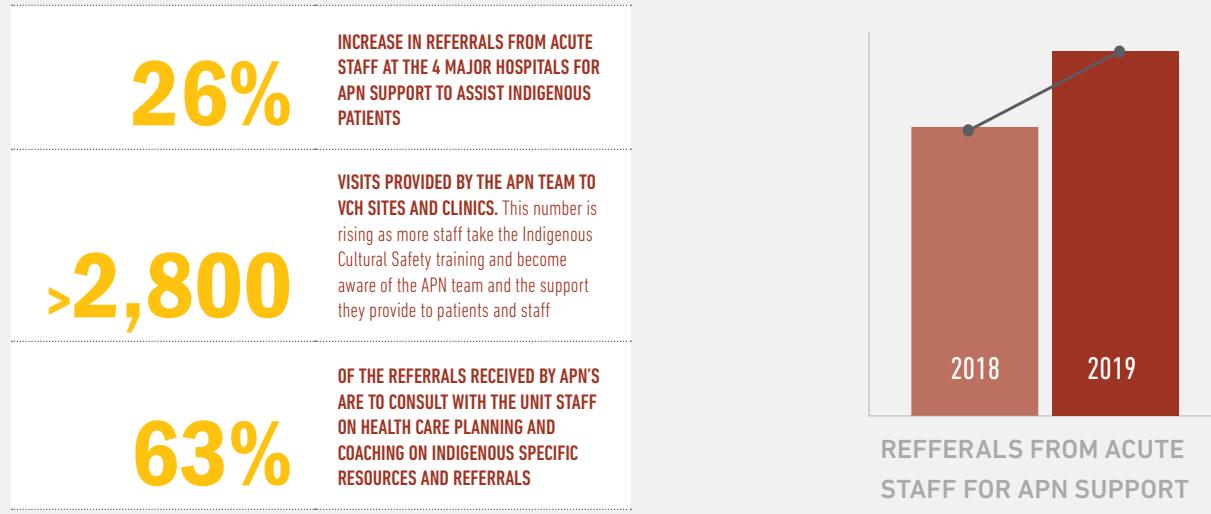
So that’s a teaching that we’ve been given – we need to care for everyone, not be judging anyone. And making sure that they’re safe. That’s the most important thing. You know. And so that is something that was taught to us.”

– Syexwáliya (Ann Whonnock), Squamish Nation

ABORIGINAL PATIENT NAVIGATORS UPDATE

This year the Aboriginal Patient Navigators moved significantly closer to their goal of becoming integrated with the acute units at Vancouver General Hospital, Lions Gate Hospital, UBC Hospital and Richmond Hospital. The program saw a sharp increase in staff requests for their services for support with Indigenous patients. Last year the APNs made a transition from providing direct support to patients to focus more on supporting staff. This year saw that continue with more and more staff requesting consults for health care case planning, resource coaching and assistance with traditional cultural supports.

IN 2019...



REQUESTS FOR APN SERVICE IN 2019...



APNs Continue to Impact Patient Care

The team at the Carlile Youth Concurrent Disorders Centre at Lions Gate Hospital has embraced their ICS training and the APN is considered a very important part of their team. The APN is so integral to how they support clients that this year at their annual team building event one of our APNs and Mental Health Liaison were invited to participate in curriculum planning to ensure an Indigenous lens was incorporated.

In addition, the team reached out to the APN team for further education and guidance on potential introduction of other cultural ceremonies such as spiritual baths, sweat lodges and to understand the significance of musical instruments. This is an excellent example of the VCH Indigenous Cultural Safety Policy at work – a team working to weave Indigenous knowledge and expertise in their health care planning and delivery.

We have seen several examples of patient care being positively impacted by the involvement and consultation with an APN. Most recently the APN's received a referral from the staff of a non-responsive patient at LGH. When the patient had been initially admitted he was not open to communicating with the unit staff, refusing care and had advised he was estranged from his family. The staff asked if the patient would be open to meeting with an APN and the patient agreed. When the APN and the social worker connected with the patient, the patient opened up and began to share with them information that provided the care team with insight and helped them to support the patient who in turn began to open up and accept care. The family shared that they felt the APN's involvement was a key

factor to help them reconnect with the patient and the patient seemed to improve and accept care.

While the team has had a lot of great successes such as above there is also a lot of work to still be done to coach and mentor staff on cultural practices. One example recently occurred at VGH where an APN was invited to consult with a family of a patient in care who was not doing well and was expected to pass soon. The unit staff invited the APN at the request of the family to provide supports/consultation to them as they needed to have family meeting to discuss care plans for the patient. The family had invited an Elder to attend the meeting. The unit staff openly stated that the Elder could not participate in the family meeting as they were not family even though the family requested the Elder's presence. The APN was able to gently connect and share with the unit staff that in Indigenous culture the Elder is seen as part of the family and are included in discussions. The APN was able to coach and mentor the staff on this piece of cultural knowledge which ended with the Elder being included in the discussions and allowed to support the family.



The Carlile Centre team with AH staff and Elder support



“THE APN’S (DENI WALLACE) PLAY A CRUCIAL ROLE ON THE CARLILE TEAM.

This connection has allowed us to support our youth both on a regular/weekly basis (groups) along with an “as-needed” basis. Given the nature of our average stay (3 weeks), it is important for us to get quick responses and gain access to local Elders in a timely fashion. Our APN’s ensure referrals are dealt with immediately and as a result, our youth are getting their needs met before they leave our program.

Through the APN’s we have also established a weekly group taught by one of our local Elders. They focus on the importance of healing, spirituality and ceremony in relation to each individual’s journeys. We regularly received positive feedback from the youth regardless of whether they are of First Nations ancestry or not.

We deeply value this connection with the APN’s and we look forward to continuing this relationship moving forward.”

MARK CHOI, MSW, RSW
Carlile Centre Social Worker/Family Therapist
Vancouver Coastal Health

MENTAL HEALTH & SUBSTANCE USE

Regional Indigenous Mental Wellness and Substance Use – Virtual Team

A new service was created this year to support mental health capacity building in rural and remote communities. The Regional Indigenous Mental Wellness and Substance Use – Virtual Team Program is a collaborative project led by clinical coordinator Tammy Brumwell. Tammy is supporting the development of a virtual community of practice that will build mental health capacity in rural and remote communities.

Tammy will also work to bring two worlds together enhancing the continuity of care between First Nation Mental Health Teams and VCH service providers and will bring an Indigenous lens to the VCH Regional Mental Health and Substance Use Clinical Practice Council. Tammy is finalizing a Mental Wellness and Substance Use Service Directory for rural and remote areas in an effort to create a virtual network in the region.

The project is funded and supported by First Nations Health Authority and based out of Aboriginal Health. This program was previously called the JPB (Joint Project Board), Mental Health Flagship Project.



Tammy Brumwell

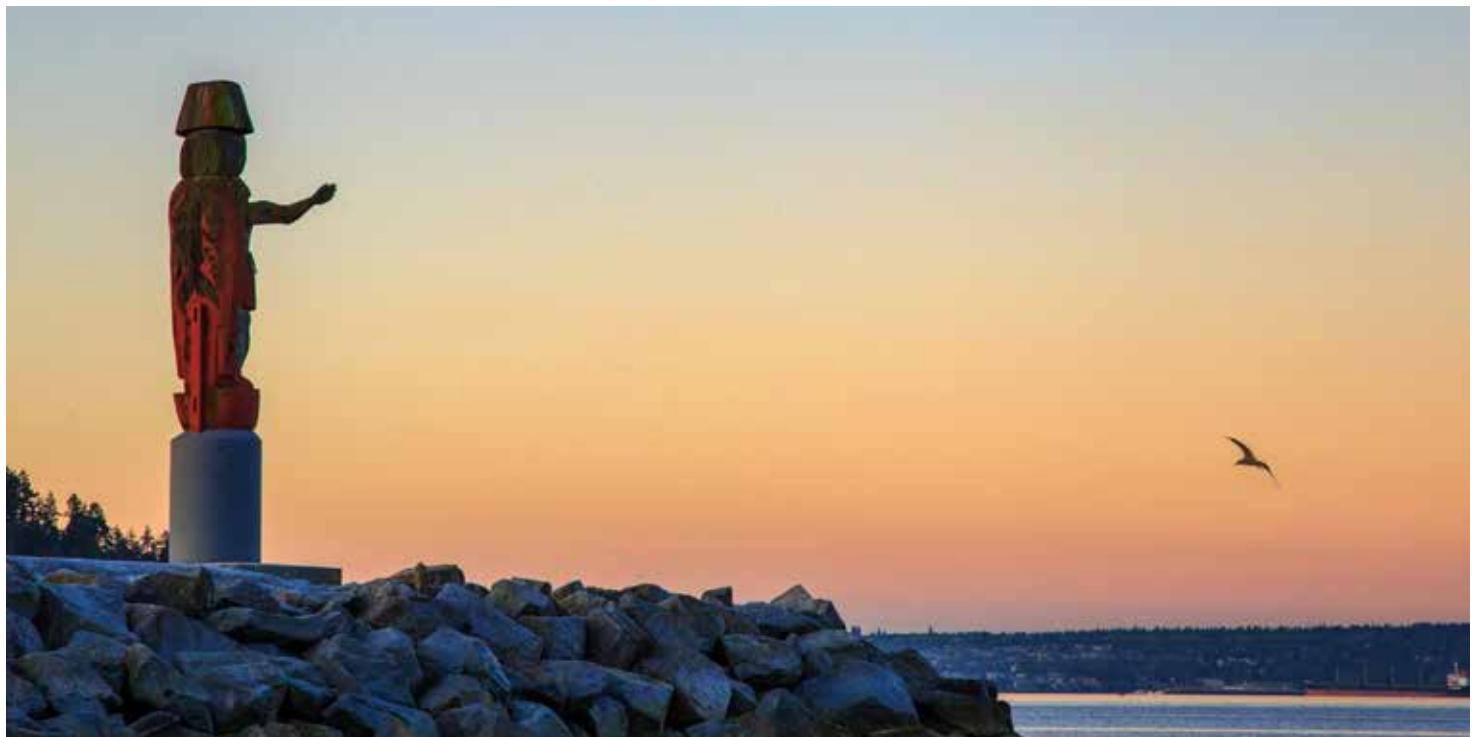
Overdose Response

This year Aboriginal Health continued to support the regional overdose response by bringing an Indigenous lens to the planning and roll out of the Vancouver Community Action Team (CAT) Planning Committee.

This year the CAT focused on creating working groups to create action-based recommendations to advise CAT membership and CAT Planning Committee on issues related to Safe Supply, Indigenous peers. Safe Supply was a priority for CAT and one recommendation was to establish a regulated supply of drugs as an alternative to the illegal supply. A Safe Supply statement was created by the Vancouver CAT and endorsed by the City of Vancouver.

Aboriginal Health continues to take a collaborative approach with the VCH Regional Addictions Program and First Nations Health Authority through a newly formed, Rural and Urban Indigenous Substance Use Services Working Group to ensure initiatives and actions are aligned.

Aboriginal Health also supported the Urban Indigenous Opioid Task force in the planning of a Witnessing Ceremony: A Reprieve from Chaos to honor peers and frontline workers in the community action efforts to address the opioid crisis. In addition to honoring witnesses much sharing and brainstorming discussion happened around the Overdose Crisis, Harm Reduction and Culture as Necessity to solicit feedback for future planning



WHAT PEOPLE ARE SAYING... about the AWP

"I feel like a human being, talking lifts my spirits up... strong enough to stay sober... I feel sober... I feel safe and secure" [at the Aboriginal Wellness Program.]

"AWP is my safe place, I don't feel judged and it keeps me grounded."

"The access to AWP has helped me so much in my healing from all the trauma I have endured being in rez school and foster care. It(AWP) has helped me to better understand the effects of trauma and use a safe and understanding way to heal myself. (I am) very grateful to be a part of AWP and the counsellors are awesome."

"AWP staff and Elders have been a big part of my recovery from years of trauma and addiction. From my personal one-on-one counselling to group sessions, AWP keeps me connected to my culture from teachings from the counselors and Elders. I have much more confidence to cope with issues in my life thanks to everyone at AWP. I'm so grateful we have somewhere to go where we can be reminded that we're cared about."



Aboriginal Wellness Program and the Redesign Plan

2019 was a year of transition for the Aboriginal Wellness Program (AWP). The program operated with one counselor and a mental health intake coordinator and this prompted a review of the program and over the next year several changes will be implemented that are meant to sustain the program.

The Aboriginal Wellness Program has been in operation since January 2004 providing adult counselling through Indigenous and Western approaches. Until 2015 AWP was managed by VCH Community Mental Health Services and is currently managed by VCH Aboriginal Health. In December 2005, an AWP Two-Year Evaluation Report was completed and in July 2014 a Program Redesign process was initiated but not completed.

This year Aboriginal Health committed to reviewing and redesigning the Aboriginal Wellness Program. The review and redesign process is intended to promote effective recruitment and retention; promote a sustainable core service delivery model and enhance the continuum of care for Indigenous adults seeking culturally safe counselling in VCH.

A strategy has been developed and will be implemented in 2020. The strategy includes a thorough engagement and consultation process with key stakeholders. The process will also identify the cultural safety and

trauma learning opportunities of VCH mental health programs, services and initiatives. From the findings, Aboriginal Health will identify key learning opportunities and partnerships.

HIGHLIGHTS

- Aboriginal Mental Health Forum
- Major contributions to ICS – training for trainers; ongoing training, participating in learning circle committee planning on Learning Circle celebration.
- Presentations to: UBC Psychiatry 2x, Social Work 2x, Internal Medicine; ACES Conference Poster Presentation, Occupational Therapy Bridges Conference at VGH.

ABORIGINAL MENTAL HEALTH FORUM

89 Vancouver Coastal Health mental health staff attended the 2nd annual Aboriginal Mental Health Forum. The purpose of the Forum is to build knowledge and capacity among mental health providers to better serve Aboriginal people in the region.



Vancouver Coastal Health (VCH), Aboriginal Health hosted the second annual one day Aboriginal Mental Health Forum for VCH Staff on April 26th, 2019 at the VanDusen Gardens BMO Great Hall. The intention of this year's forum was to be inclusive of Indigenous youth, Two-Spirit people, and Indigenous Elders.

This year's forum was for VCH mental health programs and contracted agencies to discuss emerging mental health issues and trends affecting Indigenous peoples. The chosen theme for this year's forum was 'Indigenous Stories of Resilience: Voices of Indigenous Elders, Indigenous Women and Indigenous Youth'.

The planning committee created a thoughtful and powerful agenda that included:

- Two-spirit Elder sharing the history of Two-spirit gatherings on Turtle Island.
- Lived experience of the child welfare system from Indigenous youth expressing resiliency.

- Indigenous Elders telling stories of prevailing through adversity as a result of colonization.
- A sharing of Indigenous humour and its healing effects from historical trauma.
- The insights of a pioneering Indigenous woman writer.

Evaluations indicated that the forum will improve practice of participants and was educational, inspirational, and insightful:

"The subject matter, depth and breadth of knowledge shared was deeply appreciated by myself. It was a deeply moving and enlightening experience too."

"It was ALL Indigenous voices, lived experience, resilience and perspective!"

"This should be required in nursing, social work and counselling school, all VCH employees."

"It was inspirational and insightful. Meet other people who work in this field. Educational. Gained a lot. Gives me incentive."

"It was positive and inspirational."



Wi ci so (Do it yourself) Men's Gathering

On July 19, 2019, Aboriginal Health (AH) in partnership with the DUDES Club hosted the first wi ci so, urban Indigenous men's wellness event. Wi ci so, meaning do it yourself in Cree, was grounded in the vision to empower Indigenous men in the DTES to take ownership of their own wellness, and the wellness of their families and communities.

The day brought Indigenous men in the DTES together for a feast and a day of wellness, culture, and collaboratively exploring decolonizing addiction, responding to overdoses, and culturally appropriate approaches to harm reduction. The agenda was designed by the men themselves and grounded in spiritual and community wellness incorporating drumming, food, dialogue, and givebacks.

The event focused on three main topics: culture, substance use, and parenting. Stories from the community and a drum group performance over lunch were also heard.]

168 people attended the Wi ci so (Do it yourself) Men's Gathering in July 2019. The gathering was designed by the community and focused on culture, substance use and parenting.

Staff and participants enjoyed the day and shared and reported that the following goals were achieved:

- the event was inclusive and well attended;
- the planning process was collaborative and privileged peers
- men were successfully certified in naloxone training;
- open dialogue around substance use, addiction, and men's wellness occurred.

Wi ci so reached over 150 participants in the DTES proving this is an effective method for reaching Indigenous men in this neighborhood. Funding was secured through a not just naloxone grant from First Nations Health Authority.

168

PEOPLE ATTENDED

4

ORGANIZATIONS PARTNERED AND PARTICIPATED

4

SPEAKERS PRESENTED

27

NEW PEOPLE RECEIVED NALOXONE TRAINING

63

NALOXONE KITS WERE GIVEN OUT

100%

OF THOSE SURVEYED ENJOYED THE EVENT AND WANTED TO DO IT AGAIN



FIRST NATIONS AND ABORIGINAL PRIMARY CARE NETWORK

VCH supports the First Nations and Aboriginal Primary Care Network which as of last year now consists of eight members. The eight members are the only dedicated Indigenous primary care clinics in greater Vancouver:

- Musqueam Indian Band Health Department: Primary care clinic (MIB)
- Squamish Nation: Yúustway Health Services Department: Kal'númer primary care clinic (SN)
- Tsleil-Waututh Nation: Health Department: Helping House primary care clinic (TWN)
- Lu 'ma Medical Centre (Lu 'ma)
- Urban Native Youth Association (UNYA): Native Youth Health & Wellness Centre
- Vancouver Native Health Society (VNHS)
- Kilala Lelum Health Centre (KLHC)
- Tla'amin Nation: Health Department (TNHD)

This network was established in 2016 through a partnership between the three First Nations Primary Care clinics – Musqueam, Squamish and Tsleil-Waututh Nations of which an invitation was extended to three urban Aboriginal health organizations delivering primary care to improve access to primary care for the First Nations and Aboriginal population. In the past year, two new members, have joined the network being Kilala Lelum Health Centre, in the Downtown Eastside and Tla'amin Nation on reserve. This unique and exciting collaboration is growing from strength to strength – they regularly come together for the benefit of their First Nations and Aboriginal patients in the host Nation territories.

The Province through the Ministry of Health announced their primary care direction through the establishment of PCN's (groups of practices) and therefore it was pleasing that the FNAPCN was already established to support this new provincial way of thinking. Members of the FNAPCN have been able to advocate and support this new investment to expand the current primary care services including Indigenous cultural supporting roles.

"The First Nations Primary and Community Care Network has started measuring wellness. This year, each of the eight sites commenced trialling a Wellness Registry holistic tool whereby members are asking their patients to rate their Wellness, not only from a sickness perspective but also from a strength based traditional wellness lens. The network will be reviewing the results in the coming year providing unique and positive insights that can be measured over time."



Kilala Lelum Health Centre (KLHC)



"WHAT REALLY GOT ME IS THAT I HEAR THAT LU'MA MEDICAL IS FOR FIRST NATIONS PEOPLES..."



I'm not by any means traditional, but I was impressed by the do it yourself medicine bags they have at the doors, that was really cool. And so I was impressed by that and thought it was pretty cool. And every once in a while I'm waiting to meet the doctor I hear the drumming from over [in the other room]. And I hear it and I think: "This is pretty cool, you can come in here, and you totally feel relaxed, and you totally feel like you belong. They really want you to be well, and I've never had that before [Talking circle 1]."

nəćamat 2019

300 Indigenous women attended the fourth annual **nəćamat** Urban Indigenous Women's Village of Wellness Event. The event was held on Tuesday November 5, 2019 and weaved together clinical and holistic care and created interactive opportunities for women to engage with each other and with service providers. This year over 30 stations offered a variety of services to support Indigenous women of the DTES including: traditional healing and medicines; hair and beauty services; health checks; giveaways; entertainment and access to clothing and other donations.



This year's theme was "weaving our wisdom" and the event began with ceremonial brushing and opening by female leaders from the host Nations – Musqueam, Squamish and Tsleil-Waututh First Nations. Participants engaged freely with the providers and activities throughout the day. Both traditional and contemporary cultural performances and a lunchtime feast punctuated the day.

Over 70 helpers consisting of health staff, organization peers and community volunteers welcomed and supported all of the Indigenous women who came through the doors to enjoy this culturally grounded event that acknowledged the gifts of Indigenous women, particularly those in the Downtown East Side of Vancouver.

The planning and delivery of the event was peer-led and supported by over 30 partner organizations. 180 care packages were shared with Indigenous women attending.





Urban Aboriginal Health Strategy



The collaborative *Urban Aboriginal Health Strategy* was recently completed by the First Nations Health Council, Vancouver Coastal Health and the First Nations Health Authority. The strategy is intended to create a more effective, integrated, and culturally competent set of health care services to improve health outcomes of Aboriginal people living in Vancouver, Richmond and the urban North Shore communities.

The strategy was informed by extensive community engagement of this population, and a review of decades of health research. The strategy includes a summary of current work in the six areas of focus, as well as objectives for future work.

The six strategic areas of focus included in this strategy are:

- (1) Strengthen relationships in the urban community;
- (2) Strengthen access to culturally appropriate primary health care;
- (3) Strengthen access to culturally appropriate mental wellness and substance use services;
- (4) Promote wellness and prevention of illness;
- (5) Information about, and access to, services; and
- (6) Improve data and information on Aboriginal health outcomes.

This strategy will continue to be implemented over the next year.





**"IT'S REALLY THAT LONG TERM TRAJECTORY,
WHEN WE'RE GOING ON OUR CANOE JOURNEYS
AND YOU POINT THE BOW OF YOUR CANOE,
EVEN A SLIGHT DEGREE, IN THE LONG TERM,
THAT SLIGHT DEGREE IS GOING TO BECOME HUGE."**



"WE STRIVE FOR BETTER RESULTS"

=

THROUGH CULTURAL SAFETY/ HUMILITY/RECONCILIATION

"One of my values that I learned along the way was, if better was possible is good, good enough? Sometimes you're not going to get immediate results, and people want instant gratification. And when people are already stretched and pulled in a million directions, like overwhelmed with the healthcare system it's all incremental to me. It's really that long term trajectory, when we're going on our canoe journeys and you point the bow of your canoe, even a slight degree, in the long term, that slight degree is going to become huge. So we have to know that we're creating a trajectory for the entire system. The cultural safety team can certainly play an integral role in reinforcing a lot of what that possibility is."

– Chief Ian Campbell, Squamish Nation

INDIGENOUS CULTURAL SAFETY (ICS)

The Indigenous cultural safety program serves all of Vancouver Coastal Health with training, resources, capacity building and curriculum development. Through this training we are embedding ICS principals into every department and program across VCH to improve the health experiences and health outcomes of Indigenous people.

"So many in the medical profession look at us like we are a number, look at us like we're not people. We're either completely invisible and get forgotten about or get on the receiving end of abuse."

[Talking circle 1]

In 2019/2020 1,395 VCH staff completed the three-hour Land, Acknowledgment, History and Self-Reflection training for a cumulative total of 3,000 staff who have now completed the course. With demand for training beginning to outgrow available resources, the ICS team also focussed on revising curriculum and training 25 new facilitators.

The ICS training program hit the road this year and saw the team travel to Squamish, Sechelt and Lions Gate Hospital to deliver trainings for these staff who would not otherwise be able to take it.

During the course of the year the ICS team developed further curriculum for the VGH pilot project that was trialed with staff and based on feedback this has now been turned into a second level for the ICS training. The training that has been delivered to VCH staff to date is the first level of a broader curriculum that is being developed and will be rolled out over the next year.



2019/20 STATS

89

TOTAL ICS TRAININGS
APRIL 1 2019 – MARCH 30 2020

1,395

TOTAL NUMBER OF PARTICIPANTS
APRIL 1 2019 – MARCH 30 2020



The ICS training highlights from this year included a special session for the VCH Board of Directors, a session for members of the Senior Executive Team presenting at a Grand Rounds for physicians and hosting an all staff forum on this topic. Here is some of the feedback shared from this session:

"The interactive timeline was a great way to learn about the history of colonization and how this has the potential to influence First Nations peoples' reactions to the healthcare system. The fact that Leslie, Janice and Chief Marilyn Slett (from our Board) were willing to generously share how the timelines we discussed had influenced their lives brought these events in recent history to life."

DR. MARGARET MCGREGOR
VCH BOARD MEMBER

"It was more painful to realize that there is continuous colonization and marginalization of indigenous people by government policies and practices TODAY. The inequity of resource allocation and the importance of social and cultural determinants of health should be front and center for VCH Board discussion."

WENDY AU
VCH BOARD MEMBER



SPOTLIGHT: VGH PILOT PROJECT

2019 was our second year of the VGH ICS pilot project intended to improve the health experiences and health outcomes of First Nations and urban Aboriginal people and ensure they receive culturally safe services when they are at Vancouver General Hospital. This project wrapped up in December of 2019 and an evaluation of it is underway. The question posed was how can we deliver intensive in person training sessions to change health care practices/delivery to Indigenous patients during regular operations? There were many activities that were trialed that fall into four overarching goals.



WHAT PEOPLE ARE SAYING... about the need for ICS

"I was in a car accident and I went to the emergency. The doctor wouldn't even touch me. He wouldn't even check me physically. What he said to me was, "Ordinarily I would prescribe you some T3s, because that's what you want". And I said, "No, I want to discuss pain relief I'm allergic to pain relievers and I take my own medicines."

[Talking circle 1].

"When we were losing my brother to leukemia he took a bad fall and he started fading away really fast, and so we all jumped in the car and headed down. What we do is make sure that no one is alone, not even for a minute, there's always somebody there holding their hand. And VGH didn't understand that. The two young nurses said they had never seen that before, but we were welcome. And we told them we needed to be there 24/7. The doctors didn't really like it, but the nurses stood by us until the end. There were two human beings who understood and respected our wishes."

[Talking circle 1]



VGH PILOT PROJECT STATS

269

NO. OF PARTICIPANTS WHO COMPLETED ICS TRAINING APRIL 1 2019 – MARCH 30 2020

LEARNING CIRCLES

119

NO. OF PARTICIPANTS WHO COMPLETED LC1

103

NO. OF PARTICIPANTS WHO COMPLETED LC2

84

NO. OF PARTICIPANTS WHO COMPLETED LC3



GOAL ONE

INCREASE CULTURAL COMPETENCY OF VGH STAFF

Two units at VGH were targeted, one acute department, Cardiac Sciences and one community, Segal Mental Health to receive:

- Foundations of Indigenous Cultural Safety (ICS) training (3 hrs)
- Bi-monthly Learning Circle education sessions (proposed 30 mins x 6 sessions)
- Aboriginal Health facilitated 17 x 3 hour ICS training sessions between May and August 2018 across both units.
- 325 out of an estimated 350 unit staff completed ICS training – 93% uptake with 70+% knowledge increase across 6 knowledge domains
- ICS completion recognition ceremonies held with the Chiefs of local nations
- Self-Learning Practice Guide developed for all 325 staff
- 6 x 30 minute Learning Circle education sessions initiated in September 2018 – - - 71% of Cardiac completed first session / 28% completed for Mental Health (low uptake primarily due to Mental Health restructure)
- 119 staff completed second Learning Circle education session after one month

HOSPITAL WIDE ACTIVITIES:

- 30 minute ICS orientation session approved for all VCH new hires
- Approximately 90 hospital wide staff attended the 30 minute Lunch & Learn presentations (High profile speakers present over lunch)
- Chief Chats provided informal learning sessions for hospital staff and the public from Chief Ian Campbell , Squamish Nation
- 200+ attendees at All Staff Forum on ICS – Paetzold Auditorium (May 2019) positive feedback received)
- 40+ physician attendance at the ICS Grand Rounds Presentation





GOAL TWO

CREATING A WELCOMING SPACE FOR FIRST NATIONS AND ABORIGINAL PATIENTS

- Two Aboriginal/Indigenous patient advisory groups established to inform welcoming space. They were able to identify ways to make an immediate impact as well as develop a document to help inform future design projects at VGH.
- Increased presence of Indigenous Artwork (e.g. Connie watts in Sassafrass Café, VGH; Susan Point UBCH entrance and Segal MH entrance VGH, Ben Houstie, Maple Boardroom, VGH)
- Land Acknowledgement plaques have been approved for all meeting room spaces at VGH and these have now been included as part of the Diamond Courtyard piece of work.
- Aboriginal Health purchased three yellow cedar logs for house poles to be carved and raised at VGH. Three carvers have been engaged – one from each nation Squamish, Tsleil-Waututh and Musqueam. A video crew has been hired to document this process.
- VGH hospital leadership has agreed to a redesign of the Diamond Family Courtyard, VGH – an architect and VGH/UBC Foundation engaged to support design and fund raising to cover the project costs.

GOAL THREE

INCREASED ACCESS TO AND AWARENESS OF CULTURAL SUPPORTS FOR VGH STAFF

- Aboriginal Patient Navigators (APNs) are now located in a new space in the CIBC Centre for Patients and Families at VGH - operating five days a week
- APN's involved in pilot unit education sessions – greater awareness of their roles. Seen as "Important part of the hospital care team"
- APN's invited to VGH staff meetings/huddles – resulted in increased APN calls from VGH staff
- Elders in Residence support - in progress of rolling out this service to VGH staff
- "It Starts with Me" Culture campaign posters have been placed in high traffic areas throughout the hospital in the Emergency room, elevators and the cafeteria

GOAL FOUR

INCREASED ACCESS AND AWARENESS OF INFORMATION AND RESOURCES FOR VGH STAFF AND PATIENTS

- 250 ICS Pilot Project Launch flyers disseminated at ICS launch – booth/tables
- VCH Indigenous Cultural Safety policy refreshed in 2018
- P'éska newsletter shared to over 1000+ distribution list – 25% read rate
- Cultural guides, Traditions booklet and sacred spaces booklets distributed to staff who attended training
- Indigenous Cultural Safety All Staff Staff Forum was held in May 2019

ICS ALL STAFF FORUM

A significant turning point for staff in gaining an understanding of Indigenous Cultural Safety (ICS) health care and the Aboriginal Health team was in hosting an all staff forum at VGH in May with more than 300 staff in attendance and another 300 staff watching online. The forum focussed on answering the questions why does ICS matter and what are we doing about it by sharing learnings and results from the ICS pilot project. Staff learned from stories recounted by an Aboriginal health care user, an Elder, a traditional healer and VGH pilot project participants and leaders. By the end of the forum a majority of attendees said they have a better understanding of what we mean by Indigenous Cultural Safety in health care and gained insight into why Indigenous Cultural Safety matters including a better understanding of what the VGH Indigenous Cultural Safety pilot involves.



Feedback from staff who attended the forum included:

- Much, much needed and long overdue topic and training. VCH staff ALL need this knowledge/history shared, this training and need more compassion.
- I realized after attending the forum that I know very little about the Indigenous culture and I have made assumptions regarding Indigenous patients I have looked after.
- It was very helpful for me to have both indigenous and non-indigenous cultures on the panel - providing a richer opportunity to hear experiences from both sides - but all supporting the same message. A very warm and inspiring session.

NƏĆAMAT ONE HEART. ONE MIND INDIGENOUS ALLYSHIP AWARD



The annual People First Awards ceremony was held on Sept 12 and this year Aboriginal Health added a new **nəćamat** One heart. One mind Indigenous Allyship Award and had our very first winner Philip Charlebois, Clinical Nurse Educator, Access and Assessment Centre at Segal Mental Health. This award was for an individual who demonstrated allyship by embracing Indigenous values and demonstrating through practice the inclusion of culture in care. As part of the People First Awards ceremony, members of the Aboriginal Health team led by Executive Director, Leslie Bonshor and Elder Glida Morgan, held an Indigenous honoring ceremony that included wrapping Philip in a blanket meant to lift him up and protect him on his journey. It's the first time that Aboriginal Health has held an honoring ceremony at a VCH event. Executive Director, Leslie Bonshor described the process, the meaning and importance of each part of the ceremony for the benefit of those in the audience. The result was a moving experience for everyone who attended.

"My experience in being presented the award, as well as the blanket ceremony was amazing and unexpected for me! A couple things really resonated with me. First, was the fact that this was the inaugural year that this award was given. I feel extremely proud to be the first recipient of this award. Second, I was extremely moved by the blanket ceremony, particularly the meaning behind it. It was such an emotional and humbling experience that I will be able to take with me in both my professional and personal life forever."

NATIONAL INDIGENOUS PEOPLES DAY – 100 YEARS OF LOSS EXHIBIT

As part of our effort to educate VCH staff, patients and visitors about Indigenous history in Canada and the Residential School experience in particular, we brought a travelling exhibit to VGH for National Indigenous history month in June. Using archival images and texts, art and first-person statements, 100 Years of Loss presented the full history of the Residential School System in Canada, from the beginnings of colonization through to confederation, the establishment and growth of the system, and its decline. The exhibition also examined recent developments in healing and reconciliation and included components on youth and reconciliation.

An opening reception was held with guest speaker Chief Dr. Robert Joseph O.B.C., O. C., who spoke of his life shaped by his Residential school experience at St. Michael's Residential school in Alert Bay. He is



currently the ambassador for Reconciliation Canada to help people understand the effects of trauma caused by the Residential school system.

100 Years of Loss was loaned to us courtesy of the Legacy of Hope Foundation.

CULTURAL SAFETY STARTS WITH ME

In December 2019 Aboriginal Health launched the *Cultural Safety starts with me* campaign, a series of compelling public facing posters aimed at increasing cultural safety and humility in our health-care system. The posters were put up at VGH in strategic locations including the Emergency Department, cafeteria and elevators. The campaign encourages personal change for improved health services for Indigenous people. It asks health care providers to learn more about cultural safety and cultural humility in health care, and to make personal pledges of commitment to improve their everyday practices. The posters feature VGH leadership, physicians, nurses, social worker, Elder and Aboriginal Patient Navigator.

"As VGH leadership we're committed to working with the First Nation communities in the Vancouver region to develop priorities that support the health of Aboriginal people."

DR. DEAN CHITTICK
VP Medicine, Quality & Safety
Senior Medical Director, VCH
Senior Medical Director, VA

VIVIAN ELIOPOLIS
Vice President
Vancouver-Richmond Acute

MARCEL DVORAK
Senior Medical Director
Vancouver Acute

Cultural Safety starts with me

Vancouver Coastal Health Aboriginal Health Biwa

"As an Indigenous Elder and knowledge keeper, I share my wisdom, teachings and cultural ceremonies from our ancestors to improve the health of my people."

ROBERTA PRICE
Coast Salish
Elder in Residence

Cultural Safety starts with me

Aboriginal Health Biwa

Vancouver Coastal Health

"As an emergency doctor, I support Indigenous patients and their families to access traditional Indigenous practices to provide comfort in times of stress."

DR KENDALL HO
Emergency Physician

Cultural Safety starts with me

Vancouver Coastal Health Aboriginal Health Biwa

GRAND ROUNDS

On February 28 Aboriginal Health hosted a Grand Rounds session for VCH physicians and medical students in the Paetzold auditorium. This was the first Grand Rounds Aboriginal Health has presented at and came at the request of physicians who have been hearing about the Indigenous Cultural Safety training being provided to VCH staff and wanted to know more about it.

VGH Chief Operating Officer, Vivian Eliopolous opened the session with an introduction that spoke of the important guidance of Aboriginal Health Executive Director Leslie Bonshor then introduced the work of the Aboriginal Health team, Indigenous Cultural Safety training and gave background on the need for this work to improve the health experience and outcomes of Indigenous patients.

The presenters included Dr. Michael Dumont, family physician with Lu'ma clinic. He presented on physician care working with First Nations and how to make meaningful connections with Indigenous patients using case examples from his practice.

Dr. David Tu followed with a discussion on health equity using the data of positive and negative health outcomes and how those are connected to the strength of a person's cultural identity. He also shared the importance

of creating a more culturally safe practice through the use of Elder support and opportunities for cultural expression.

The last presenter was Dr. Jay Slater who is the Medical Director VCH Community Geriatrics, and Board of Directors Chair for the Division of Family Practice. He shared his experience of taking the Indigenous Cultural Safety foundational training and how that has positively impacted him personally as well as in his practice.



The aim of this session was to introduce doctors and medical students to the need for the particular focus on Indigenous health and to begin to look at how individual practitioners within the system can change their practices to keep up to date in this important evolving area.

NEW STAFF ORIENTATION

The regional orientations for all new VCH staff happen three times per month and the Aboriginal Health team has been presenting at them to all non-clinical staff since 2018. In 2019 Aboriginal Health worked with the Regional Orientation Clinical Education team to change the time of the Aboriginal Health presentation so that it is provided to all new VCH staff, including clinical staff.

In an effort to be more inclusive and demonstrate the diversity of staff as well as patients, the 'Welcome to VCH' portion on the first day of the orientation has been extended to accommodate a session led by Aboriginal Health on Indigenous Cultural Safety. The new welcome sessions began in January 2020.

"This move demonstrated VCH's commitment to be more inclusive by ensuring all new staff are made aware of the presence of the Aboriginal Health team and the services we provide as well as share information about the ICS policy and ICS training sessions."

– Kate McBride, Regional Manager, Clinical Education



I REALLY FEEL THIS EDUCATION HAS OPENED UP

A DIFFERENT WAY IN THE WORLD OF HOW

INDIGENOUS PEOPLE MAY COME INTO A PLACE AND FEEL

SOME SENSE OF SAFETY, SOME SENSE OF CARE AND

A SENSE OF DIGNITY.



"WE ARE ALWAYS LEARNING"

=

"BEST OF BOTH WORLDS/ TWO EYED SEEING"

USING A COMBINED APPROACH OF INDIGENOUS APPROACHES AND WESTERN MEDICINE TO HEAL

"Hych' ka siem. As I look back over the last four years that I have been part of our Indigenous Cultural Safety education I feel that on both sides - those of us who are sharing the education around ICS training and the people who have attended and listened - that there was probably a bit of unease on both sides. What I have noticed over the years is that there are many people out there who listen with compassionate hearts, with open hearts, open minds and listen very respectfully. I feel in doing so they've gone back in to their work places and they've been able to embark on a different way of doing things that may bring more respect to the Indigenous people who may come in for help whether it's into the emergency ward or if it's for appointments.

That's what I think about when I look back and the many, many people who have chosen to attend these trainings and education sessions. We are not just sharing the experiences of Indigenous people and the history here in Canada, but we also celebrate the goodness and the teachings from our Elders and our Knowledge Keepers. I think that makes the journey better for all of us."

– Elder Roberta Price, Chief Elder in Residence, Snuneymuxw and Cowichan First Nations

ELDERS in RESIDENCE

The inclusion and recognition of Indigenous Elders as contributing members of primary care teams has been shown to have a positive impact for clients and the whole care team. Elders' life experience, historical perspective, spiritual knowledge, and cultural connections make them a valuable resource.



The definition of Elder varies from Nation to Nation, and community to community, but an Elder is generally described as a person recognized by their own community as being the carriers of the wisdom and teachings of their culture.

In 2019 the Elders in Residence program expanded both in numbers of Elders joining our program and the number of VCH programs they are supporting. Approximately 20 Elders from our local communities meet monthly for peer support and to share updates on the work they are doing. There is an Elders' advisory group of up to eight Elders that also meet monthly to advise on program materials being developed as well it is an

opportunity for Elders and staff to consult each other about decisions to be made regarding culturally safe materials and programs.

We also now have Elders in place at several downtown community health clinics including Heatley, Pender, Downtown as well as the Pain Clinic, Robert and Lily Lee and Sheway. They are also supporting the Carlisle Centre at Lions Gate hospital and in February 2020 we began the initial process to introduce an Elder to the two pilot teams at Vancouver General Hospital. This work is supported by an initial orientation to working with Elders provided by Chief Elder in Residence, Elder Roberta Price and an orientation video has also been created for staff to watch prior to setting up a meeting with an Elder.

We are happy to have hired a long needed Elders support assistant this past year as well and this has proven to be a valuable resource to support the Elders ongoing participation in ceremonies, events, and healing activities for staff and patients. The support assistant checks in regularly with the Elders and ensures they have what they need to do their work and is able to help trouble shoot should any issues arise.

COMMUNITY HEALTH CENTRE ELDERS IN RESIDENCE SESSIONS

DCHC | 30

HEATLY | 38

BC PAIN CLINIC | 16

PENDER | 18

ROBERT + LILY LEE | 13

SHEWAY | 38

"As an Elder in Residence whenever I am called on to help our people, clients and anyone who needs support, I always look for the light out of darkness to help us manage our daily lives. I always hope to lift their spirits and talk to people who are troubled or experiencing challenges in their daily lives. There can be so much darkness in people's lives. I look for the light and positive to help guide them on their journey to wellness.

**ELDER GLIDA
ELDER IN RESIDENCE**

"The work we do as Elders in Residence in the downtown eastside is so important because in every community there is work to be done, wounds to heal and in our hearts we have the power to do it. We just have to take the time to listen without judgement, and give a kind word to those who are hurting."

**ELDER RUTH
ELDER IN RESIDENCE**

"What I like about being an Elder in Residence is to be able to serve and help people who are in trauma or suffering and to lift some of that burden makes me feel good. So many of our people are looking for connection and ask how to be connected.

**ELDER DORIS
ELDER IN RESIDENCE**



My Health My Community, Indigenous Engagement

My Health My Community (MHMC) is a community health survey that collects local-level data to improve our understanding of the determinants of health in the communities VCH serves. The information aims to support local governments, First Nations, and community organizations in the development of health promoting strategies, policies, and initiatives.

VCH is currently planning the second round of MHMC to be launched in the spring of 2020. A primary goal for this second round of MHMC is to give First Nations communities, urban Indigenous organizations, and the Métis Nation the opportunity to benefit from this survey in the same way that other local governments have.

The Aboriginal Health team in collaboration with the larger MHMC team has worked in partnership with First Nations Health Authority (FNHA), Elders, Indigenous organizations and First Nations in the survey region to operationalize the Ownership, Control, Access and Possession (OCAP) principals that guide this work. Health Directors of the 15 First Nations in the Vancouver Coastal region have been engaged about the survey, offered briefing packages for Chief and Council, as well as were given the opportunity to submit five questions to be asked of their community participants. All 15 communities in the Vancouver Coastal region have agreed to participate.

The aim is for each participating community to receive a health and wellness profile that will provide actionable results that inform local policy and programs designed to improve wellness.

Urban Indigenous Elders, the Metro Vancouver Aboriginal Executive Council and Métis Nation BC were all involved to develop the implementation and analysis strategies for Indigenous people living away from home in the urban context.

A question set for survey participants who identify as First Nations, Métis, or Inuit was designed together with Elders, Health Directors of First Nations communities, FNHA, Métis Nation BC, and urban Indigenous organizations. This question set supplements the MHMC survey with health and wellbeing topics in the Indigenous context. Questions include access to cultural knowledge, traditional foods and medicine, as well as language and spirituality. From these consultations, additional important topics, such as cultural safety in health care, were added to the main survey questionnaire for all respondents.



A question set for survey participants who identify as First Nations, Métis, or Inuit was designed together with Elders, Health Directors of First Nations communities, FNHA, Métis Nation BC, and urban Indigenous organizations.

RESEARCH



MICHAEL SMITH FOUNDATION FOR HEALTH RESEARCH REACH GRANT

On June 12, Aboriginal Health hosted a research event focused on centering Indigenous methodologies. The workshop: Through an Indigenous Lens: A Collaborative Learning Workshop on Decolonizing Health Research brought together individuals from across VCH as well as other health organizations to learn more about Indigenous methodologies in health research, the importance of Indigenous voices in health research, and creating system-wide change to include a cultural safety lens. Participants were also given the opportunity to discuss practical steps in moving forward to ensure Indigenous peoples are appropriately represented in research, and groups created their own calls-to-action to advance the commitment to better research practices.

This event was funded through the Michael Smith Foundation for Health Research Reach Grant, as well as the Indigenous Research Support Initiative at UBC. Prior to the event, participants were also given the opportunity to take part in an adapted version of the VCH ICS workshop to ensure attendees had an understanding of colonial history and its impacts on Indigenous health and Indigenous research today.

VCH RESEARCH INITIATIVE TEAM GRANT

The VCH Indigenous Women's Voices project was awarded the VCHRI Team Grant for \$30,000 in 2018. Throughout 2019, the project held a series of sharing circles to gather Indigenous Women's experiences and recommendations for health care and health research priorities. The sharing circles were overwhelmingly popular, demonstrating the need for safe spaces for Indigenous patients to share their feedback. The information received will influence policy and programs across VCH. The team is currently working on a final report.

VANCOUVER FOUNDATION SYSTEMS CHANGE TEST GRANT

VCH Aboriginal Health was awarded \$265,700. from the Vancouver Foundation for the Systems Change Test Grant. Systems Change Test Grants support multi-year projects that take action to address the root causes of pressing social, environmental or cultural issues, and discover what works to influence change.

This project will address the discrimination and poor quality of care which many Indigenous peoples experience in our mainstream health care system. With the understanding that discrimination stems from a power differential (such as that between health care provider and patient), and false beliefs or stereotypes one has about a group of people, the Aboriginal Health team is educating staff to demystify any false beliefs about Indigenous peoples and provide guidance on becoming more culturally safe. Implementing an ICS initiative aims to promote equity through changing the attitudes and beliefs of healthcare staff to create an environment of empathy and cultural sensitivity within the health-care system.

PARTNERSHIPS

CENTRE FOR GENDER AND SEXUAL HEALTH EQUITY

We are also in partnership with the Centre for Gender and Sexual Health Equity with funding from the Ministry of Women and Gender Equity to address gender-based violence and access to responsive justice for women. This is a three-year grant worth \$1,000,000.

BC NETWORK ENVIRONMENT FOR INDIGENOUS HEALTH RESEARCH GRANT

VCH Aboriginal health has partnered with the University of Victoria, among other partners, and was awarded a development grant for the BC Network Environment for Indigenous Health Research (BC NEIHR). The project will engage key Indigenous Elders, Knowledge Holders, leaders, knowledge users and researchers in relationships and activities to support the preparation of a full BC NEIHR grant proposal. The main objectives of this development project are to establish good relations within a network of diverse Indigenous peoples and allies to assess the viability of a BC NEIHR with respect to partnerships, strategies, and sustainability; and to determine the readiness, priorities, and capacities of Indigenous communities, collectives and organizations relevant to a BC NEIHR.

CANADIAN INSTITUTE OF HEALTH RESEARCH OPERATING GRANT

We have also partnered with the Women's Health Research Institute on a CIHR Operating grant. This is a five year grant worth \$1,024,304. The project will evaluate impacts of structural and community-led interventions on sexually transmitted and blood born infection risk environments for street and off-street sex workers.

BC CENTRE FOR EXCELLENCE IN HIV/AIDS

Lastly, VCH Aboriginal Health is also partnering with the BC Centre for Excellence in HIV/AIDS on the STOP HIV/AIDS Program Evaluation (SHAPE) Study, as well as the (RETAIN) study. This project will assess a provincial health care provider alert system which monitors for individuals who stop treatment for their disease in order to better engage them in care.

A STARTING POINT FOR RECONCILIATION –

The final report of the Truth and Reconciliation Commission of Canada (TRC) was released in December 2015. It contains several recommendations pertaining specifically to health. The Minister's mandate letter of 2019 made it clear that provincial agencies such as Vancouver Coastal Health (VCH) are required to incorporate the Calls to Action from the TRC report as well as the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

The purpose of this document is to provide background on the Truth and Reconciliation Commission and UNDRIP and to provide a framework and guidance for VCH on meeting these mandate requirements. The VCH Reconciliation Framework aims to demonstrate that by interpreting UNDRIP and the Calls to Action at multiple levels, we can draw connections between everyday work as practitioners and systemic change in our community and beyond.



STRATEGIC INITIATIVES

As we continue our systems transformation work to embed cultural safety into everything we do at VCH , three initiatives stand out that are structural moves intended to have a significant impact for Indigenous patients. Hiring an Indigenous Designer who created an Indigenous design guiding principles document to ensure new VCH buildings incorporate Indigenous design principles meant to create more welcoming spaces. The Indigenous self-identification question for patients being admitted into hospitals in the Sea to Sky area of our region is intended to help improve health care services by providing an accurate snapshot of the number of Indigenous people who use our services; and new recruitment measures will be used by Employee Engagement meant to increase the number of Indigenous employees working in our health system.

Indigenous Design

Aboriginal Health and Vancouver Capital Projects have continued to grow their partnership throughout 2019. The Indigenous Designer contracted by the two teams currently supports the incorporation of Indigenous engagement and collaborative design into five large-scale projects that foster VCH's commitment to Indigenous cultural safety. An Indigenous design guiding principles document was created to support the inclusion of protocol and process in each project's development of Indigenous design.

2019 saw the development of an Indigenous design advisory to inform these projects. In honour of the important role of Indigenous women on the unceded land of the *Skwxwú7mesh, xʷməθkʷəy̓əm*, and *səl̓íl-wətaʔ4*, both past and present, the Indigenous Design advisory is made up of Matriarchs from the three host nations. The matriarch-led design advisory team supports the creative direction of new and ongoing initiatives throughout the VCH region through the creation of spaces that respect and honour the history and importance of the land and fostering VCH's commitment to Indigenous cultural safety. The contracted Indigenous Designer ensures that this narrative and its values are incorporated in the development permit in all areas of the building design from beginning to end.

2020 will see the procurement of contracted Indigenous artists for the projects public-art and wayfinding implementations. A best practices document will be produced that covers the gaps that need to be filled in future large-scale projects. The incorporation of Indigenous design will continue to be supported in each of the five large-scale projects as they get closer to construction.



Aboriginal Self-Identification – Clinical and Systems Transformation (CST)

CST is an electronic health record that will make it easier for health care professionals to share information about a patient's medical history. This year it was implemented at Lions Gate hospital and health centers in Squamish, Whistler and Pemberton.

As part of this project in November 2019, a new initiative began where all patients who are admitted to Vancouver Coastal Health's acute care or inpatient services at Lions Gate Hospital, Squamish General Hospital, Whistler Health Care Centre and Pemberton Health Centre are asked if they wish to self-identify as Aboriginal during the registration process. The purpose of this initiative is to improve the health experiences and outcomes of Indigenous people.

Every patient admitted into acute care or inpatient services is now asked if they wish to self-identify as Aboriginal during the registration process; no assumptions are being made as to who is Aboriginal and who is not. Self-identification is completely voluntary; people are not required to answer.

When a patient self identifies as Aboriginal – First Nations, Inuit or Métis– they will be asked a few more questions including whether or not they want to receive Aboriginal Health services to help them through their stay.

At VCH, we have an Indigenous Cultural Safety policy that guides us to become a culturally safe organization and inform health care provision. By knowing if patients are Aboriginal, VCH staff and physicians are able to deliver more culturally sensitive care and integrate traditional practices into the patient's care plan.

This work is further guided by the Urban Aboriginal Health Strategy created in partnership with the First Nations Health Authority that has as one of its goals "to improve data and information on Aboriginal health outcomes by improving monitoring and reporting on Aboriginal health outcomes through routine collection of the Aboriginal identifier at all VCH community-based and acute sites."

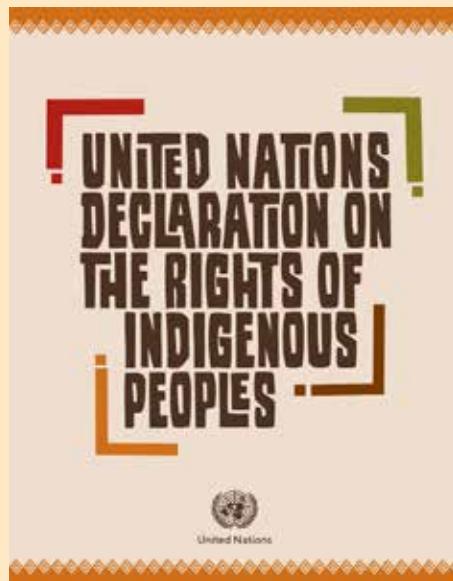
UNDRIP becomes law

On Tuesday, November 26, 2019 *United Nations Declaration on the Rights of Indigenous People* (UNDRIP) received royal assent in the BC legislature making BC the first jurisdiction in Canada to make this law. This is a historic moment for all residents of BC.

UNDRIP is an international set of standards to protect the rights of Indigenous peoples. It outlines rights in all areas of life – like human rights, education, and health. The BC government is now working on a plan to determine which laws to change first to align with the UN Declaration.

VCH ALIGNMENT WITH UNDRIP

There are 46 calls to action and VCH can align with all but three of them. Aboriginal Health has created a new resource to help leaders align the work we do with these calls. This new UNDRIP legislation will go a long way towards creating meaningful change to improve the health of Indigenous people now and for future generations.



Employee Engagement

As part of Employee Engagement's commitment to making VCH a great place to work and receive exceptional care, they are moving to set precedence at VCH in employment and leadership equity. Employment equity means more than treating people in the same way; it also requires acknowledging and accommodating our unique differences and ensuring special measures are in place so that all staff are given an opportunity to succeed.

The goal of employment equity is a discrimination-free workplace where all current and prospective employees receive equitable treatment in hiring, training and promotion. The "Designated Group" (The "Designated Group" includes the four groups designated by legislation – Women, Aboriginal Peoples, Visible Minorities, and Persons with Disability as well as a recommended fifth category Sexual/Gender) historically has had limited employment opportunities; lower than average salaries and concentration in low-status jobs or unemployment. Fostering a representative workforce of leaders and staff that represent the communities

we serve helps achieve better results in attraction, retention, and patient satisfaction and care outcomes.

Over the last year, Employee Engagement participated in extensive consultation, research and engagement to identify priority actions based on best practice and provide a pragmatic starting point to an organizational journey of employment and leadership equity and our commitment to making reconciliation a reality.

Each of the priority actions identified will require a deep dive to create robust implementation plans once resourcing is in place.

THE FOLLOWING PRIORITY ACTIONS HAVE BEEN DEVELOPED TO MOVE FORWARD IN 2020 – 2023:

- 1. Establish a baseline of our "Designated Group*" in order to evaluate our progress in increasing the number of:**
 - a. Aboriginal health professionals delivering health care services;
 - b. "Designated Group*" in leadership roles (inclusive of medical leadership roles);
 - c. Collect data on what we are doing well and what we need to do more of in our clinical practice to ensure health equity for patients.
- 2. Source and/or develop unconscious bias training for all hiring managers and implement Diversity, Equity and Inclusion best practices in our recruitment, selection, interviewing and hiring processes in order to address and impact systemic barriers.**
- 3. Build external relationships and partnerships, starting with our Indigenous communities, in order to implement targeted recruitment and outreach to under-represented equity groups;**
- 4. Ensure the retention of our "Designated Group*" by ensuring our workforce is culturally competent (has the knowledge, skills, and attitudes to work with across the "Designated Group") via training, recognition, rewards and events.**
- 5. Implement mentorship and sponsorship for "Designated Group*" starting with leadership roles to ensure robust talent pipeline.**
- 6. External and internal facing communication plan to ensure that our diverse patient population feels comfortable at VCH and can understand and communicate with their health care teams about their care through culturally appropriate language, signage and services (e.g. in-person and website translation services).**

Recruitment and Retention

In November 2019 Employee Engagement and Aboriginal Health partnered to begin planning the Aboriginal Employee Self-identification project to help make Vancouver Coastal Health more culturally safe and develop a representative VCH workforce.

The Aboriginal Employee Self-ID initiative asks VCH employees to identify if they are Aboriginal – First Nations, Inuit or Métis. Understanding how many of our current employees and medical staff identify as Aboriginal staff at VCH is needed to help us evaluate our progress in developing a representative workforce, make informed decisions and remove barriers that exist in order to promote inclusion at VCH. It will also help us set achievable goals around the recruitment and retention of Aboriginal professionals.

VCH has been collecting Aboriginal identity data since 2018 for all applicants to vacant VCH positions. In 2019/20 fiscal year there were 47 new hires that have self-identified as Indigenous.



WHO WE ARE

Communication Update

To further our goal of increasing the visibility of the Aboriginal Health team and their roles within VCH we have focussed on developing a strong brand identity through our logo, colors and overall style of our materials. This branding supports our newsletter, leadership reports, brochures and posters used to market our programs, services and events. We align closely with the values of VCH as well as our translations of these values into Indigenous teachings such as 'we care for everyone' translates to 'we are all one heart and one mind', 'We are always learning' translates to 'best of both worlds/Two eyed seeing – using a combined approach of Indigenous approaches and western medicine to heal' and 'we strive for better results' through 'Cultural safety/humility/reconciliation.' In this way we are balancing both approaches – Western and Indigenous to health and healing.

ICS pages on MY VCH intranet

The ICS pages on My VCH intranet continue to be one of the ways we provide staff with all of the information, resources, training, and toolkits to better understand Indigenous cultures, perspectives and healing practices. Providing a detailed understanding of Indigenous cultural safety is an important part of our work as well as providing ways staff can educate themselves on this topic has been a focus of this year.

Since April 1, 2019 we have had:



2,971

TOTAL PAGEVIEWS ON MY VCH

1,509

PAGEVIEWS ON THE ICS HOME PAGE

385

PAGEVIEWS ON ICS IN PERSON WORKSHOPS

307

PAGEVIEWS ON ICS LEARNING RESOURCES

252

PAGEVIEWS ON ABORIGINAL PATIENT NAVIGATOR PROGRAM

Social Media

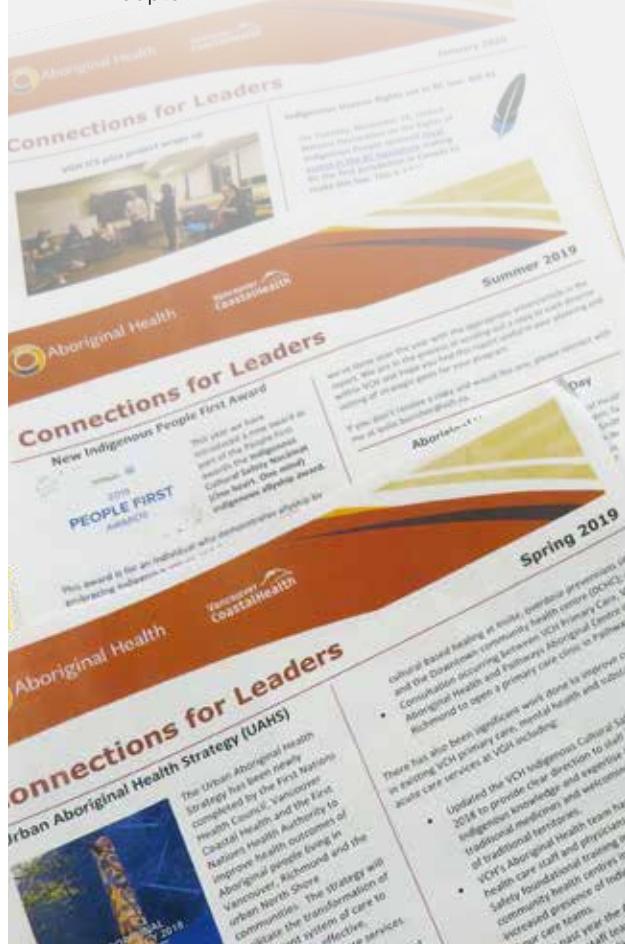
Our FB page continues to be our main tool for connecting with our community and sharing our holistic approach to health. This year we reached over 660 followers with an average of four to five posts per week.



These stories helped to highlight all the ways we are influencing the health care system through our programs and services by introducing Indigenous knowledge, expertise and perspectives to support a change in the way health care is delivered to Indigenous patients.

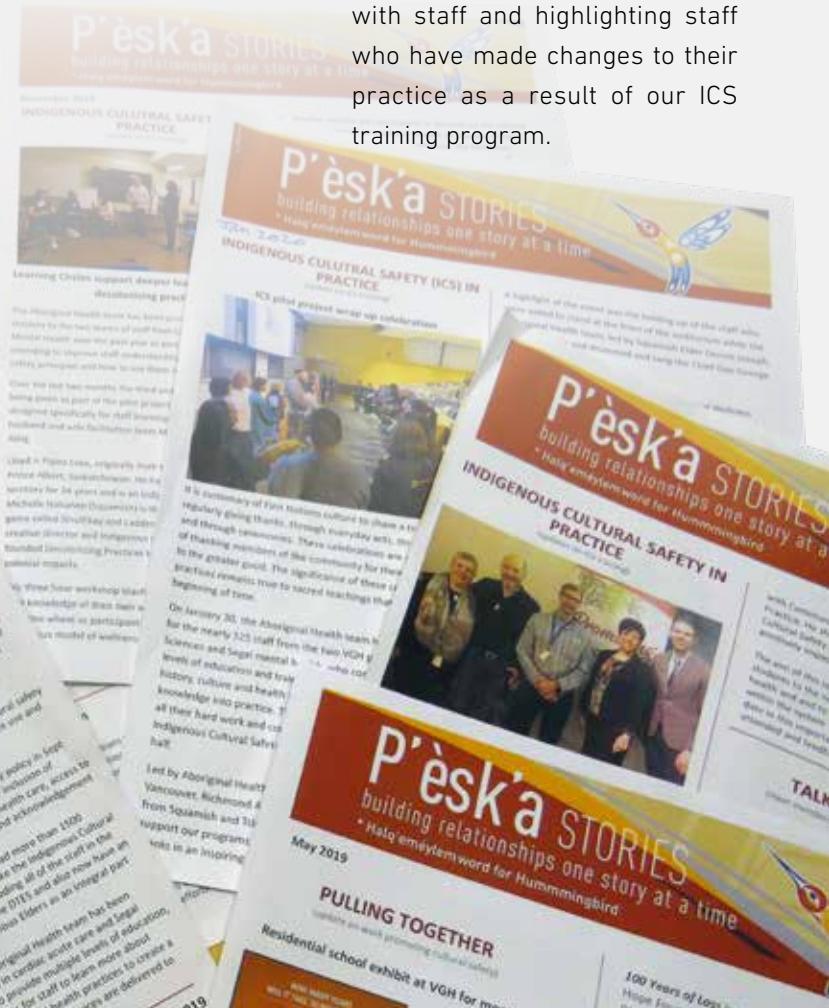
CONNECTIONS FOR LEADERS

This quarterly newsletter provides leaders across VCH with short summaries of the projects, initiatives and work of the Aboriginal Health team to keep the executive team updated on how we are creating system transformation and embedding the Indigenous perspective and expertise within VCH services. It also provides leaders with an understanding of the alignment between the work we are involved in and the calls to action from the Truth and Reconciliation Commission and the United Declaration on the Rights of Indigenous People.



PESKA NEWSLETTER

This bimonthly newsletter was developed to spotlight the Aboriginal Health team members, share their perspectives and expertise with the work they are involved in. It is shared with all of the attendees of our Indigenous Cultural Safety training to provide them with updates on the ways we are incorporating Indigenous knowledge, perspectives and cultural healing practices into VCH services. The newsletter distribution list is at 1,500 with an average twenty five percent read rate.



VCH NEWS STORIES

There were 25 news stories written for VCH news sharing information about the progress of the ICS pilot project at VGH, honoring ceremonies for staff who participated in our ICS pilot project, growing of our Elders in residence program and the ways Elders are supporting VCH services, the work of Nurse Practitioners in Indigenous led primary care clinics, research grants supporting Indigenous led research projects, celebratory events such as the National Indigenous Peoples day event shared with staff and highlighting staff who have made changes to their practice as a result of our ICS training program.



**"I ALWAYS SHARE THAT WE JOIN HANDS
AND WE ALL GO FORWARD TOGETHER –
TAKING CARE OF EVERYONE THAT NEEDS
THAT KIND CARE IN THE MOMENT."**

“WE NEED TO TAKE CARE OF EVERYONE”

“In this journey the need to take care of everyone is going back to our old ways and sharing those teachings with others about how we used to be. We used to be true communities who took care of each other; each family, each person that needed to be brought back into balance that we took care of them and in doing so that they would join in and take care of other families and other community members who needed balance in their lives. I think going back to our old ways in our teachings and to share that with whomever we are working with and whatever arena we are working within, that we share those teachings and that we all come together as a team. I always share that we join hands and we all go forward together – taking care of everyone that needs that kind care in the moment.”

**– Elder Roberta Price
Chief Elder in Residence, Snuneymuxw and Cowichan First Nations**



Aboriginal Health



www.vch.ca/your-care/aboriginal-health

FOLLOW US ON FACEBOOK @VCHAH2015

VCH RECOGNIZES THE FOURTEEN FIRST NATION
COMMUNITIES TO WHICH WE PROVIDE PROGRAMS
AND SERVICES INCLUDING HEILTSUK,
KITASOO-XAI-XAIS, LIL'WAT, MUSQUEAM, N'QUATQUA,
NUXALK, SAMAHQUAM, SECHELT, SKATIN, SQUAMISH,
TLA'AMIN, TSLEIL-WAUTUTH, WUIKINUXV, AND
XA'XTSA. WE ALSO SERVE MÉTIS PEOPLE AND WORK
IN PARTNERSHIP WITH MÉTIS NATION BC,
FIRST NATIONS HEALTH AUTHORITY AND
FIRST NATIONS HEALTH COUNCIL AS WELL AS THE
METRO VANCOUVER ABORIGINAL EXECUTIVE COUNCIL
(MVAEC).



Aboriginal Health



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