



# ABORIGINAL HEALTH

---

2017/18  
YEAR IN REVIEW



Aboriginal Health

Vancouver  
CoastalHealth



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.



# ABORIGINAL

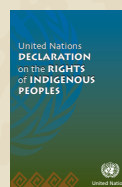
# HEALTH

2017/18

## YEAR IN REVIEW

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Page footers and callouts throughout this document highlight how the work of VCH-Aboriginal Health directly responds to, and aligns with, the calls of action of *United Nations Declaration on the Rights of Indigenous Peoples* and the *Truth and Reconciliation Commission of Canada*:



Truth and  
Reconciliation  
Commission of Canada

Commission de  
vérité et  
réconciliation  
du Canada



## INTRODUCTION

As Executive Sponsor of Aboriginal Health I am extremely proud of the accomplishments of the Aboriginal Health team over the 2018/2019 year. There has been significant work done across VCH programs and services to embed Indigenous perspectives into our health system. I want to commend the Aboriginal Health team for delivering on the implementation and action of our Indigenous Cultural Safety commitment. In this last year over 1500 VCH staff have taken the newly developed in-person Indigenous Cultural Safety (ICS) foundational training, including the Senior Executive team. We have also had an increased participation and partnership of Indigenous Elders as an integral part of our care teams, providing strategic guidance and historic context for decolonizing approaches.

As part of our growing and continued commitment to the Provincial Declaration of Cultural Safety and Humility, the Calls to Action of the Truth and Reconciliation Commission, and the United Nations Declaration of the Rights of Indigenous People (UNDRIP) we launched the updated VCH Indigenous Cultural Safety (ICS) Policy to continue to guide us forward to creating culturally safe care, practices and relationships with Indigenous people. This updated ICS policy now provides clearer direction to move us forward.

In May we launched the VGH pilot project with two pilot units to recognize, incorporate and resource traditional and cultural wellness into service design and delivery including Elders, ceremony and traditional medicines and acknowledgment of First Nations territory. The activities being trialed with the staff on the two pilot units are intended to be part of a proof of concept methodology. That is, a demonstration in principle, that if we provide multiple levels of education, training and opportunities for staff on a concentrated unit to learn more about Indigenous history, culture and health practices that we will see a change in practice and be able to verify that this theory has practical potential. The overwhelming positive results so far tell us we are on the right path.

Over the next two pages we have shared an image of our Journey toward Aboriginal Wellness. This illustrates the multi-pronged effort we are making to create meaningful change at the community and systemic levels that will transform health services for Indigenous people. In this report we look back to reflect on and share the details of the incredible work in progress. It is through the strength of all levels of leadership, our health system partners and First Nation communities working together that we will achieve this shared vision. There is much more work to do to create more effective, integrated, and culturally competent health care services and we look forward to this journey.

**Dr. Patty Daly**, Vice-President, Public Health and Chief Medical Health Officer.



## INTRODUCTION

The past year has been full of opportunities and some challenges as we continue to create meaningful changes in our health care system. We have seen the Aboriginal Health team grow, our programs expand and demand for our services increase dramatically. I'm so happy about the overall buzz in our office; there is always something going on whether it is an ICS training or the Elders are in ceremony; or we have meetings booked and other staff are here for the first time. My vision was always that people came here to learn, or to get support for their learning.

This year we filled three positions on the Indigenous Cultural Safety team to meet the increased demand for the ICS training and to support our growing curriculum development as we create this educational program for VCH staff. We have had a significant increase in requests from staff teams and individuals for our ICS training and have also partnered with the Vancouver and North Vancouver Division of Family Practice to provide the ICS training to all of their physicians.

Our Elder's circle has grown bringing in more Elders from our region who would like to meet monthly to provide support to each other. They have also developed an Elder's advisory group to support and guide the work of the Elders in Residence program and our team.

In May we launched the proof of concept at Vancouver General Hospital with teams from Segal Mental Health and Cardiac Sciences to provide multiple levels of training, education and resources to support a change in practice. The positive results we are hearing about from staff tell us we are on the right track.

Researchers on our team were successful recipients of three separate awards. Each of these awards promotes the practices of Indigenous cultural safety and humility in health care and in health research. They also emphasize the value of Indigenous voices as equal partners in our work.

We have developed a new partnership with Facilities to begin to embed Indigenous design principles into physical spaces across VCH and for the first time were included in the Request for Proposal for a new VCH build.

This year we updated all of our brochures, resources and web pages with our new logo and colours to create a cohesive and distinct brand identity within VCH. This has further strengthened our program awareness among staff.

Through all of this work I'm so happy with all the allies and friends we have been making along the way and look forward to another year of growth and exciting progress as we make changes to better serve all of the Indigenous people in our region.

Kw'as hoy (Thank you),

**Leslie Bonshor**, Executive Director, Aboriginal Health



## WHO WE WORK FOR

### VANCOUVER COASTAL REGION has an Aboriginal population of almost 27,000

There are an estimated 9,419 First Nations people residing at-home/on-Reserve (INAC, 2015) across 14 communities in the VC region, representing 11.9% of the total Aboriginal population in BC. The communities are served by 11 First Nations health organizations. All but one of these communities is located in the 'Coastal Community of Care'. Musqueam Indian Band is located in the 'Vancouver Community of Care' but members also access services in the 'Richmond Community of Care' since this is part of their traditional territory and their location is in close proximity to Richmond.

Urban Vancouver has the third largest Aboriginal population of any city in Canada, after Winnipeg and Edmonton. There are some 17,000 Aboriginal people residing in urban Vancouver (North Shore, Vancouver and Richmond) according to BC Stats statistics and this number is likely to be higher in reality as it is known some Aboriginal people do not identify their ethnicity. This number includes First Nations (both BC and non-BC), Métis and Inuit peoples. Of the total, over 4,500 or 26% reside in the Downtown Eastside Local Health Area (LHA) and 2,500 (15%) reside on the North Shore.

#### Health Priorities and Needs

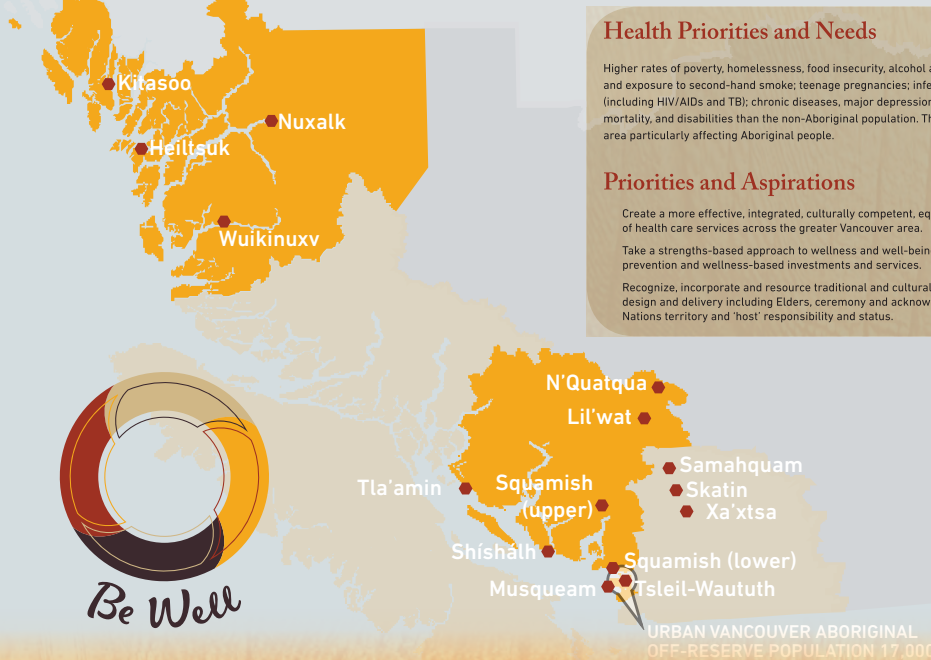
Higher rates of poverty, homelessness, food insecurity, alcohol and drug use, smoking and exposure to second-hand smoke; teenage pregnancies; infectious diseases (including HIV/AIDS and TB); chronic diseases, major depression, suicide rates, infant mortality, and disabilities than the non-Aboriginal population. The Opioid crisis is one area particularly affecting Aboriginal people.

#### Priorities and Aspirations

Create a more effective, integrated, culturally competent, equitably distributed set of health care services across the greater Vancouver area.

Take a strengths-based approach to wellness and well-being – focus on prevention and wellness-based investments and services.

Recognize, incorporate and resource traditional and cultural wellness into service design and delivery including Elders, ceremony and acknowledgment of First Nations territory and 'host' responsibility and status.



URBAN VANCOUVER ABORIGINAL OFF-RESERVE POPULATION 17,000

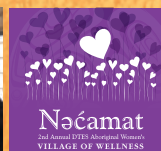
## WHAT WE ARE DOING RIGHT NOW



Bringing Indigenous Cultural Safety (ICS) learning sessions for VCH staff: in person training sessions to complement San'yas online training and resources.



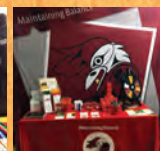
Elders-in-Residence (EIR) program supporting staff and patients with traditional advice, counsel and care.



Downtown Eastside Aboriginal Women's Na'amamat project: annual health and wellness 'Village of Wellness' Fair.



Mental Health and Addictions clinicians in First Nations communities with internal VCH clinical coordination (Flagship project).



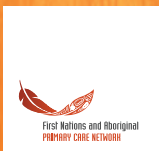
Prioritizing Aboriginal Health Strategic Investment (AHSI) grants for Mental Wellness and Substance Use across the region.



Implementing a new Aboriginal Addictions and Substance Use service for North Shore, Vancouver and Richmond.



Implementing a refreshed Support Program for Aboriginal People living with HIV through medication support and drop-in.



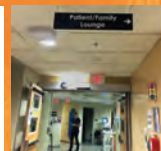
First Nations and Aboriginal Primary Care Network in Richmond, Vancouver and North Shore in partnership with three First Nations and three Aboriginal primary care clinics.



Supporting Nurse Practitioners in First Nations communities and urban Aboriginal clinics to increase access to primary health care.



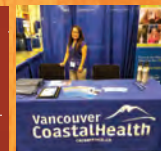
Working with Population Health to develop an Indigenous Health Surveillance Strategy designed around Wellness Indicators and alignment to OCAP principles.



Pilot Indigenous Cultural Safety project at VGH site with cardiac and mental health and addictions teams inclusive of training, facility enhancements and Aboriginal-specific supports for staff and clients.



Developing Aboriginal-specific resources such as 'Aboriginal Cultural Practices' booklet and App; newsletters; Year in Review reports, cultural collateral and posters, and Annual Report.



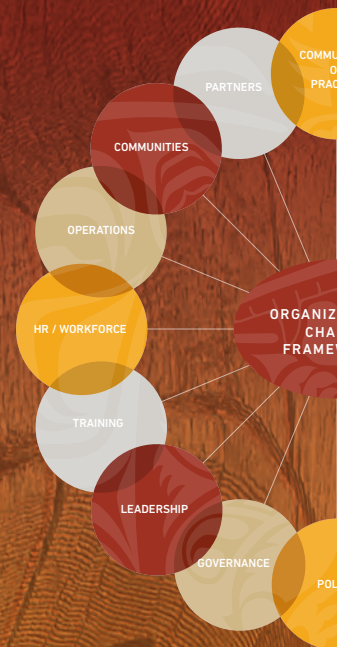
Supporting VCH's HR team to implement an Aboriginal Recruitment and Retention Strategy to increase ratio of Aboriginal staff in VCH.



Partnering with Joint Project Board models of care in First Nations communities in all areas to increase access to primary care, home care, and mental health.

# CONTINUING OUR JOURNEY TOWARD ABORIGINAL WELLNESS

## VCH System-Wide



[WWW.VCH.CA/YOUR-CARE/ABORIGINAL-1](http://WWW.VCH.CA/YOUR-CARE/ABORIGINAL-1)

STAFF HUB [HTTP://VCH-CONNECT/PROGRAMS/ICS/PAGES/DE](http://VCH-CONNECT/PROGRAMS/ICS/PAGES/DE)

#### GOVERNANCE

Aboriginal representation is maintained on VCH Board of Directors and Aboriginal impacts are considered in the decision-making and long term focus of VCH.

#### LEADERSHIP

Senior Executive Team and 2nd / 3rd tier Managers receive ICS training and strategic Aboriginal advice and support to perform their roles in a culturally safe and effective way.

#### TRAINING

All VCH staff trained in Trauma-Informed Care; Harm Reduction and Indigenous Cultural Safety; supported by Aboriginal Patient Navigators (APNs).

#### HR / WORKFORCE

VCH's ratio of Aboriginal staff is continually increasing at all levels in the organization and mechanisms are in place to support them to stay and build a career within the organization.

#### OPERATIONS

Operational Managers have the strategic advice and support of the Aboriginal Leads to support their work. Front-line staff know how to access Aboriginal Patient Navigators to support them.

#### COMMUNITIES

VCH maintains a focus on Aboriginal women and men-specific approaches in their program design; Aboriginal youth-specific initiatives are implemented including two spirit and gender diverse youth; VCH partners with First Nations on-reserve health care services and with Aboriginal organizations delivering care.

#### PARTNERS

VCH works positively with Providence Health and PHSA in the Vancouver area to deliver coordinated, culturally safe care; and offers Indigenous cultural safety training and resources for personnel.

#### COMMUNITIES OF PRACTICE

VCH includes First Nations and Aboriginal health practitioners (Doctors, NPs, Nurses, MWSU clinicians, Home Health Nurses etc) in creating and maintaining communities of practice in primary care, mental wellness and substance use, home health and primary care services.

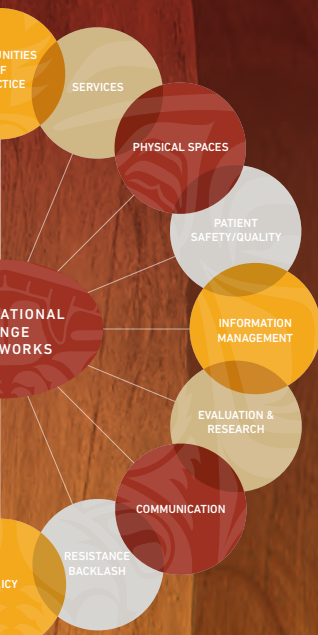
## HELP US REACH OUR SY



# NG RNEY

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# eTransformation



HEALTH  
FAULT.ASPX



## HOW WE DO OUR WORK

### OUR GUIDING DOCUMENTS



### PROVINCIAL LEVEL

**TRIPARTITE COMMITTEE ON FIRST NATIONS HEALTH (TCFNH)** – Federal, Provincial (including regional Health Authorities) and First Nations health leadership meeting regularly to oversee the implementation of the Tripartite First Nations Health Plan.

### REGIONAL LEVEL

**BOARD OF DIRECTORS**  
The board of directors oversees operations, works with management to establish overall strategic direction for the organization and ensures appropriate community consultation. The board also regularly reviews the organization's long-term plans, significant issues affecting the organization and evaluates results.

### CEO and SENIOR EXECUTIVE TEAM

CEO and the senior executive team report to the board of directors and manage the day to day operations of the organization.

**ABORIGINAL HEALTH STEERING COMMITTEE** (and executive) – VCH, Providence Health and FNHA managerial and operational leadership coming together to oversee implementation of the Partnership Accord.

**PARTNERSHIP WORKING GROUPS (PWGS)** – VCH service and program managers with FNHA regional office and program staff and service provider / community representatives, to implement the Partnership Accord priorities in:

- Primary Care
- Mental Wellness and Substance Use
- Indigenous Cultural Safety
- Urban Aboriginal Health Strategy
- E-Health and Data

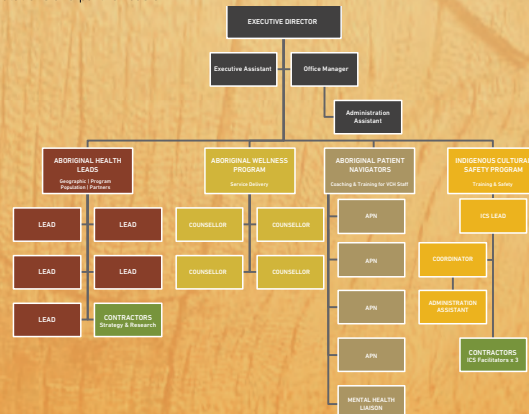
**VCH FUNDING INVESTMENTS:** VCH's Aboriginal Health and other teams investing directly in service / program delivery with First Nations and Aboriginal service providers (e.g. Aboriginal Health Strategic Investments grants fund; Smart Fund; service delivery contracts); co-investing in projects with the FNHA.

**DIRECT SERVICE DELIVERY:** VCH Aboriginal Wellness Program (Indigenous counsellors); Aboriginal Patient Navigators; all VCH services in Home Health; Mental Health and Addictions; Acute Care, Public Health and Primary Care (Vancouver) being accessible, culturally safe and effectively partnering with and complementing First Nations health services on-reserve and urban Aboriginal services; Elders-in-Residence to support VCH with the wisdom of their cultural and traditional wisdom.

**ENGAGEMENT:** Leading and / or participating in various community engagements, Advisory Groups, sub-regional and regional Caucus with First Nations, community-led forums, attending and supporting health promotion / community events (booths / promotions), supporting partner engagements.

**STRATEGIC AND OPERATIONAL ABORIGINAL ADVICE AND LEADERSHIP:** Participating in internal and external projects to provide an Aboriginal lens to advocate for Aboriginal participation, engagement and inclusion; to support project engagement efforts; to provide quantitative and qualitative data; and to bring cultural expertise of the Elders.

**VCH ABORIGINAL HEALTH TEAM:** Providing strategic and operational advice and support to colleagues within VCH to help them engage, support and deliver culturally safe care to the Aboriginal population. Aboriginal Health is managed by the VCH Executive Director who works at the senior level with administrative and operational executives and managers. The team has designated 'leads' who work in areas which are assigned on a geographic, strategic, program, populations and partner basis.



### WHO WE WORK WITH



## SYSTEM-WIDE GOALS

### SERVICES

VCH services for Aboriginal people are equitably distributed and accessible; culturally safe and offering multiple means of access. First Nations health services are supported by VCH's services in a collaborative and seamless way.

### PHYSICAL SPACES

Working toward all VCH facilities being 'welcoming spaces' in recognition of local First Nations territory; inclusive of Aboriginal populations; Indigenous design features; signage / language / naming / artwork / carving etc.

### PATIENT SAFETY / QUALITY

Aboriginal-specific complaints processes; Aboriginal-specific Quality Indicators. Aboriginal patient experience is measured in culturally appropriate ways.

### INFORMATION MANAGEMENT

Collection of Aboriginal self-identifier aligned to BC Aboriginal Administrative Data Standard; Aboriginal Population Health Surveillance, Clinical Systems Transformation (CST).

### EVALUATION & RESEARCH

Aboriginal-specific research projects (e.g. DTES Aboriginal Women's research project); application of OCAP Principles; Indigenous role in managing, owning, collecting and interpreting data.

### COMMUNICATIONS

VCH website(s), newsletters, reporting, communicate, branding, collateral / resources. Community engagement is a priority focus and trust-based relationships are sustained.

### RESISTANCE BACKLASH

VCH staff are supported through ICS training to develop a deep understanding and appreciation of Aboriginal health, causal factors, impacts and working towards reconciliation.

### POLICY

VCH Indigenous Cultural Safety Policy CA 5200; Traditional Medicines Policy; Smudging Policy and review of patient care policies to ensure inclusion of Aboriginal lens.



# ABORIGINAL HEALTH TEAM

The Aboriginal Health team continues to grow adding several new members to the team this past year as well as celebrating milestone anniversaries for members of our team who have been long term VCH employees.

- Perry Omeasoo, Indigenous Mental Health & Liaison Worker is celebrating 20 years of service this year. He was providing outreach and mental health support in the downtown eastside as the only Indigenous support worker for two decades before he was brought onto our team.
- Dion Thevarge, has just been appointed to Director, Mental Health, Substance Use & Special Projects, and he is celebrating 10 years of employment with VCH.
- Jessica Lutwick, Aboriginal Patient Navigator, Donna Love, Strategic Lead, and Darren Sumner, Counsellor Aboriginal Wellness Program, are each celebrating five years with VCH.
- New to our team this year are Sarain Squakin, ICS Administrative Assistant; Courtney Smith, ICS Coordinator and our newest member is Janice Wardrop, ICS Strategic Health Lead. All three of these positions support our growing ICS workshop and curriculum development as we expand this educational program for VCH staff.

## TEAM BUILDING: Drums as medicine

Our team frequently uses drums as part of our healing work with clients, our trainings and within our team. In November our Aboriginal Health team brought in Elder Aline LaFlamme to lead us in the ceremonial process of drum making. Over three days we learned to sew the hide on the drum sticks, attach the hide to the base and finally how awaken the finished drums. This was a learning and team building opportunity for both our Indigenous and non-Indigenous members to understand the process and cultural teachings.

The 12 new drums are now ready to be used in our work and bring forward this important cultural connection a millennium in the making.



The Drum as Medicine project aligns with the following Calls to Action of the *United Nations Declaration on the Rights of Indigenous Peoples* and the *Truth and Reconciliation Commission of Canada*:

UNDRIP: Article 11: Practice of Culture

TRC: Action 22: Recognized healing practices, healers and Elders

TRC Action 23: Increase number of Aboriginal Health employees

# ABORIGINAL PATIENT NAVIGATORS

## Indigenizing Health Care

– one person, one health care team, one community at a time for today and tomorrow.

2018 saw a considerable increase in demand for the Aboriginal Patient Navigators services from staff across VCH. This increase in service requests was due to the APN's implementing a major shift in their scope of practice from providing direct support to patients in hospital/community to focus more on supporting staff. This change of practice allows the program to expand the reach of the three member team through building on our existing resources and educating more staff to be allies.

APNs now support, guide and advise staff who admit, work with and discharge Indigenous patients/clients and who need help to ensure the person and their family have a culturally safe experience of VCH services. APNs can support social workers, admitting staff, frontline nurses and physicians and discharge personnel to provide referral, health care advocacy and support to Indigenous patients/clients to ensure access to appropriate health care and community services.

The services provided by APNs include:

- Consultation with health care staff on health care planning for patients;
- Resource/contact information on Indigenous specific resources and referrals for health care teams;
- Coaching and consultation on Indigenous patient care;
- Traditional cultural support – smudging, traditional medicines;
- Consultation with patients and family on health care needs and
- Indigenous Cultural Safety education.



The Aboriginal Patient Navigators program and its projects align with the following Calls to Action of the *United Nations Declaration on the Rights of Indigenous Peoples* and the *Truth and Reconciliation Commission of Canada*:

UNDRIP: Article 1: Human Rights

UNDRIP: Article 2: Discrimination

UNDRIP: Article 8: Freedom from Assimilation

UNDRIP: Article 11: Practice of Culture

UNDRIP: Article 14: ICS Education for Aboriginal and non-Aboriginal staff

TRC: Action 23: Cultural Safety Training for Health Professionals



Team members Jessica Lutwick, Colleen Stewart and Deni Wallace support all of the acute sites for VCH. On average each APN has been doing approximately 50 visits a month. These visits include:

- Co-facilitating Learning Circles;
- Consulting in patient care planning with acute staff;
- Providing information on Indigenous specific resources;
- Traditional cultural supports (ceremony and medicine) and
- Presenting at staff meetings.

To support their new role the APN's have office space in the CIBC Centre for Families at VGH and there is an APN on site every weekday to support both Indigenous patients and acute care staff.

As we move into 2019 the APN's role will continue to evolve as they move toward providing more coaching and mentorship to acute care staff on the units to support and educate them about culturally safe care and resources available to them.

*The Aboriginal Patient Navigators have been instrumental to our work with clients and their families. Their support, education and openness to assist allowed us the opportunity to enhance our engagement with our clients and families through increased cultural sensitivity and understanding. Furthermore, the team's willingness to engage in ceremonies and practices with clients and their families really made a huge difference during their stay in hospital, preventing isolation and allowing for more holistic care.*

Nabeela Rasool, Social Worker, Neuroscience (T5&T6)

*I wish to highly commend our Aboriginal patient navigator. Deni provides valuable culturally sensitive support to our First Nations patients and families, not only from British Columbia, but other areas as well. Staff benefit from his education on Aboriginal practices and beliefs. Deni identifies patients and families struggling with the devastating consequences of residential schools. This is helpful when forming relevant assessments and treatment programs with our First Nations client population. It is a privilege to work with Deni who I regard as an integral part of our Inpatient Mental health team at Hope Centre. I could not do my job effectively without him.*

Betsy Spicer, Social Worker, Psychiatry, HOpe 4

*I believe that access to traditional spiritual and cultural supports is an essential element of healing for my Indigenous patients and families, and I rely on the APN team and their community contacts for that support.*

Michael Pasche,, Spiritual Health Practitioner

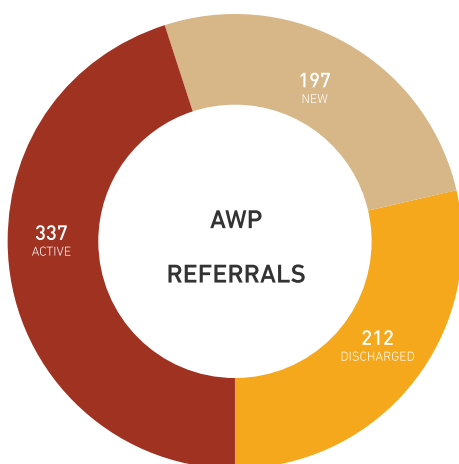


# ABORIGINAL WELLNESS PROGRAM

2018 was a notable year for the Aboriginal Wellness Program as the program received high praise from the clients they serve in a Patient Experience of Care survey completed in the spring. The survey highlighted the exemplary services the AWP therapists provide and showed high levels of client satisfaction in all areas. (See diagram)

The Aboriginal Wellness Program offers culturally safe, long term therapy to Indigenous adults, families, and couples in Metro Vancouver. The therapists are Masters-level trained and offer a relational approach to heal clients from trauma as a result of the impact of ongoing colonization. The Indigenous therapists reflect knowledge and understanding of diverse Indigenous cultures. All programs and activities are grounded in Indigenous perspectives of health and healing.

The program supports Indigenous as well as mainstream therapeutic practices of health and wellness in a variety of modalities including individual adult and couple counselling, workshops and therapy groups. Elders, traditional teachings and ceremonies are also available.



AWP highlights of the year include:

- Client Care Survey that showed high level of client satisfaction
- Hosted a Grief & Loss Group including with ceremony in May 2018
- Hosted an Intergenerational Healing Workshop
- Supported the Indigenous Mental Health forum with 85 people May 2018

*"I really love this safe space, where I can share extremely painful experiences, feel honoured, respected and supported, as I become stronger and wiser, by reframing and processing, decades of guilt, loss, and disillusionment."*

*"When my husband and I lost our son we needed to find someone to help us...we were lost. We met our Counsellor who is awesome. It makes a big difference seeing an Aboriginal therapist who relates to our grief, our healing, our ways and who listens without judgement. We feel accepted and not stereotyped. AWP honoured us."*

*"This is the first time I feel safe enough, in a counselling setting, to express my thoughts without fear of being judged."*

*"You don't focus on my diagnosis and you don't put words in my mouth and assume you know what's best for me."*

The Aboriginal Wellness program and its projects align with the following Calls to Action of the *United Nations Declaration on the Rights of Indigenous Peoples* and the *Truth and Reconciliation Commission of Canada*:

UNDRIP: Article 11: Practice of culture and tradition  
 UNDRIP: Article 12: Spirituality and Ceremony  
 UNDRIP: Article 24: Traditional Medicines

TRC: Action 20: Recognize needs of Aboriginal off-reserve  
 TRC: Action 22: Recognize healing practices, healers and Elders

# ABORIGINAL WELLNESS PROGRAM

## VANCOUVER COMMUNITY

### PATIENT EXPERIENCE OF CARE SURVEY

2017/18 - Q1

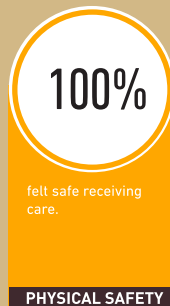
#### OVERALL QUALITY



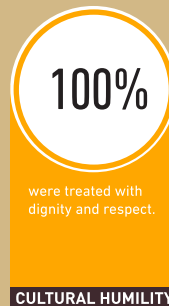
#### ACCESS



#### ENVIRONMENT



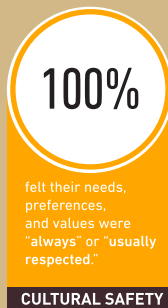
#### STIGMA



#### ELDERS



#### RELATIONSHIPS / EMPOWERMENT



# INDIGENOUS CULTURAL SAFETY

**Cultural safety considers the social and historical contexts of health and health care inequities and is not focused on understanding “Aboriginal culture.”**

## INDIGENOUS CULTURAL SAFETY (ICS) POLICY

The Aboriginal Health team has updated the Indigenous Cultural Safety (ICS) policy that will continue to guide VCH to become a culturally safe organization for Indigenous people accessing care throughout VCH.

Formerly known as the Aboriginal Cultural Competency (ACC) policy, it was endorsed in July 2015. Now it has been renamed, refreshed and rewritten to provide a concise policy for staff to follow and is also supported by the VCH Senior Executive team.

The new policy provides direction to VCH regarding the approach to Indigenous Cultural Safety (ICS) by informing organizational change that will enhance patient/client experience, include patients/clients as partners in their own care and improve service delivery and patient/client outcomes. Aboriginal Health completed a review of the policy and three important changes have been endorsed by SET effective September 2018. All VCH staff who have completed the ICS Foundational training will have received training on the policy, including recent revisions..

### August 2018 Changes to the Indigenous Cultural Safety Policy

The policy has clearly defined roles and responsibilities of all staff including for executive leadership, management and front line staff.

Like any other VCH policy there is now a compliance piece and direction for follow up should a violation of the policy occur.

Key guidelines and recommendations are provided to implement Indigenous knowledge and expertise in health care, provide a land acknowledgment, and the right to ceremonial use of tobacco and smudging medicines.



The Indigenous Cultural Safety program and its projects align with the following Calls to Action of the *United Nations Declaration on the Rights of Indigenous Peoples* and the *Truth and Reconciliation Commission of Canada*:

UNDRIP: Article 1: Human Rights

UNDRIP: Article 2: Discrimination

UNDRIP: Article 8: Freedom from Assimilation

UNDRIP: Article 11: Practice of Culture

UNDRIP: Article 13: Incorporate & recognize Indigenous languages & histories

UNDRIP: Article 14: ICS Education for Aboriginal and non-Aboriginal staff

UNDRIP Article 25: Acknowledge Traditional Territories

UNDRIP: Article 34: Recognize Indigenous structures

TRC: Action 22: Recognize healing practices, healers and Elders

TRC: Action 23: Cultural Safety Training for health professionals

TRC: Action 24: Learning in medical and nursing programs





## INDIGENOUS CULTURAL SAFETY (ICS) FOUNDATIONAL TRAINING

2018 was a milestone year for the ICS training as we reached over 1000 VCH staff trained since we began delivering the training in 2017. All of our ICS learners so far have been participating in the first level of our curriculum – our hummingbird level. Hummingbirds (or P'esk'a is the Halq emeylem word for hummingbird) symbolize powerful messengers and knowledge spreaders in Indigenous mythology. This is how we imagine the journey of our staff to be as they gain insights from the workshop they will share their new knowledge with others and help us change the health system to be more inclusive of Indigenous knowledge, health practices and ultimately improve the health of the Indigenous people in our region.

**Land, Acknowledgement, History and Self-Reflection** is a three hour in person workshop that we have been delivering to staff and to community organizations. Learners are given a history of colonization, information on how to give a traditional land acknowledgement, as well as an overview of VCH's ICS policy and its application.

### In-person workshops

- Total ICS Trainings April 1 2018 - March 30 2019 = 95
- Non-VCH teams trained = 6
- Non-VCH participants = 107
- In Community Trainings = 9
- Total # participants cumulative = 1708

### Trainings in community

Over the past year we also held trainings in communities throughout the VCH region including Sechelt, Powell River, Whistler and Squamish. We also provided three trainings to physicians from the Division of Family Practice and Sheway.

*"... I had the opportunity to participate in your Foundational ICS training and I cannot tell you enough how impressed I was with the training. I found it to be very powerful and impactful, and I think everyone in the health care system needs to take this course."*

Evan Wood, MD, PhD, FRCPC, FASAM  
Executive Director, BC Centre on Substance Use  
Professor of Medicine & Canada Research Chair in Addiction Medicine, UBC

*"I loved it. Seriously, I went not really knowing what to expect and it was amazing ...life changing even..it was surprising how little I actually knew."*

Workshop participant

*"Never have I been so moved and educated in such a caring and open atmosphere. I am truly thankful for this experience and my time with the session leaders. It is rare that I can say that my views were so radically changed as a result of just one session. I was deeply affected and know that it will have a beneficial effect on my teaching and patient care moving forward."*

Alison Parker  
Regional Clinic Planner





## VGH PILOT PROJECT

In March 2018 Aboriginal Health embarked on an Indigenous Cultural Safety (ICS) Initiative at VGH to improve the health experience of First Nations and Aboriginal peoples. The aim of our initiative is that First Nations and Aboriginal peoples access a care environment where they feel safe, respected and acknowledged, and talk about their satisfaction with their care at VGH. Two teams were selected – one acute, Cardiac and one community, Segal Mental Health.

There are four parts to our approach:

- **Providing cultural resources and policies** – ex. Aboriginal Cultural Practices guidebook and app; Indigenous Cultural Safety policy;
- **Supporting culturally safe VGH staff** – by providing ICS training, Learning Circles and other educational opportunities;
- **Supporting access to cultural supports** – Aboriginal Patient Navigators, Elders etc. and
- **Creating a welcoming space** by increasing visual presence through posters, art, and design.



We have hosted informal Chief Chats with local Squamish Chief Ian Campbell and lunch and learns with various guests to support learning and for staff to hear directly from members of the local First Nations.

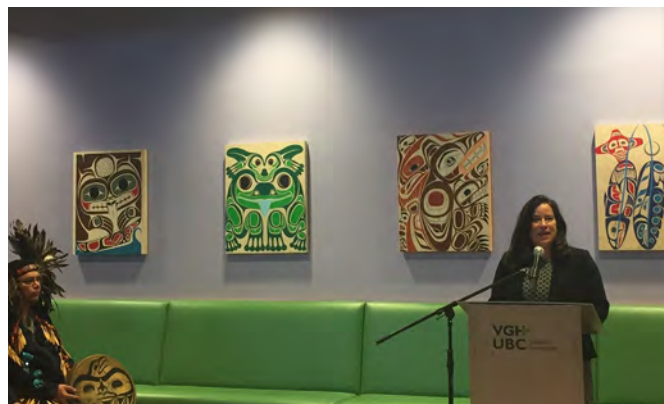
## LEARNING CIRCLES

The Aboriginal Health ICS team began facilitating a series of six Learning Circles on the two pilot units in September 2018. The Learning Circles are intended to provide staff with the space to support a deeper understanding of Indigenous Cultural Safety, how their messages, questions and listening skills play a key role with patients and explore applying it to their practice. Learning Circle 2 is currently underway providing staff the opportunity to take what they've learned about ICS in previous trainings and apply them to practice through simulated patient interactions. Each of the six Learning Circles support a different learning objective.

## LEARNING CIRCLES BY THE NUMBERS

367	24	28	127	11
STAFF WHO WENT THROUGH ICS WITH VGH PILOT MARCH 31-JANUARY 24	STAFF WHO WENT THROUGH ICS WITH VGH PILOT MARCH 31-JANUARY 24	TOTAL LEARNING CIRCLE 1 SESSIONS	PARTICIPANTS WHO COMPLETED ICS AND LC1	SCHEDULED LC2 SESSIONS





## INDIGENOUS DESIGN

Aboriginal Health has been building off the business case for Indigenous Design Principles completed in 2017 and beginning to embed Indigenous perspectives into physical spaces at VCH.

In the summer of 2018, Indigenous patients and their families as well as Indigenous design and planning students interested in Indigenous design and how the look and feel of a space can influence patient experiences and health outcomes were invited to participate in dialogue sessions. Two sessions were conducted. Each session included a tour of Vancouver General Hospital followed by a sharing circle to gather their thoughts and feedback. Findings and recommendations for both quick wins and long term projects were presented to the VGH Aboriginal Health Steering Committee.

Aboriginal Health worked in partnership with Vancouver Capital Projects throughout 2018. Indigenous design principles were included for the first time in the RFP for a new VCH build. An Indigenous designer has been contracted and works jointly with the two teams to support the inclusion of Indigenous design and engagement in current and future projects.



## ART BRINGS HEALING TO THE WORKPLACE

Artists Paul Windsor, Heiltsuk and Jerry Whitehead, Cree, painted murals in the Aboriginal Health office space as part of our effort to bring Indigenous culture into our facilities. Over several weeks, they transformed our space with colorful and vibrant murals that bring healing for our team and clients. It also models the kind of environment our program supports as part of the updated Indigenous Cultural Safety (ICS) Policy to make Indigenous people feel welcome when they use our services.



## ELDERS IN RESIDENCE

This year, three new Elder-in-Residence programs began in VCH: Pender Community Health Centre, Heatley Community Health Centre, and Downtown Community Health Centre. These new programs are in addition to the Elder-in-Residence program at Sheway, which has now been running for just over a year.

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. Research shows that working with Indigenous Elders results in a significant reduction in depressive symptoms and suicide risk for primary care clients. They are also integral in helping staff understand Indigenous culture and traditional healing approaches as they work alongside each other.

Elder Glida Morgan, Elder-in-Residence at Downtown Community Health Centre, describes her approach, "I try to show and teach about kindness. I don't judge. I believe we should be kind to yourself and to others, and laugh! That's where relationships start and the healing takes place."

We are honored to be able to support the Elders in their role as members of the care teams and will continue to grow and strengthen Elder inclusion to help create a culturally safe health care organization envisaged by our leadership, and expected by our Aboriginal populations.

*"Our work is stressful in the downtown eastside. We're thrilled that we have an Elder in Residence. She's there for our clients, but she's also there for staff. She does smudges, circles and we do a lot of healing as a team. Her presence and service is invaluable."*

Jill Phillips,  
Interim Manager,  
Pender Community Health Centre



# ABORIGINAL STRATEGIC INITIATIVES



Strategic Health Leads Laruel Jebamani, Bree Beveridge

## NEW STAFF ORIENTATION

In June 2018, the Aboriginal Health Team began presenting to new VCH staff as part of regional orientations, which take place three times per month at Richmond Hospital, Lions Gate Hospital, and Vancouver General Hospital. Aboriginal Health Leads and Patient Navigators collaboratively present to all new hires about the Aboriginal Health Team, Indigenous Cultural Safety Policy and how staff can provide better care to Indigenous clients. Since joining the regional orientations, VCH Aboriginal Health has presented to nearly 1,000 new hires. Approximately 80% of survey respondents rated the presentation valuable or very valuable.

## RECRUITMENT & RETENTION

In June 2018, VCH began collecting Aboriginal identity data for all applicants to vacant VCH positions. This will enable VCH to better understand the difference in success rate between Indigenous and non-Indigenous applicants, and future initiatives will include generating ideas to better support Indigenous applicants at the time of application.

There were 24 new hires in 2018 who identified as Indigenous. The majority of these staff are employed in Vancouver, the Central Coast, and the Sunshine Coast.

The VCH Aboriginal Health Team holds an annual Holiday Potluck for Indigenous staff working in VCH. This annual event provides Indigenous staff an opportunity to come together in person. In addition, Indigenous staff throughout VCH are always welcome to drop in to the Aboriginal Health team office as a safe space to practice their culture or to connect with other Indigenous staff.

The Aboriginal Strategic Initiatives program and its projects align with the following Calls to Action of the *United Nations Declaration on the Rights of Indigenous Peoples* and the *Truth and Reconciliation Commission of Canada*:

UNDRIP: Article 8: Freedom from Assimilation

UNDRIP: Article 11: Practice of Culture

UNDRIP: Article 13: Incorporate & recognize Indigenous languages & histories

UNDRIP: Article 14: ICS Education for Aboriginal and non-Aboriginal staff

UNDRIP Article 25: Acknowledge Traditional Territories

UNDRIP: Article 34: Recognize Indigenous structures

TRC: Action 18: Implement Aboriginal healthcare rights

TRC: Action 20: Recognize needs of Aboriginal off-reserve

TRC: Action 22: Recognize healing practices, healers and Elders

TRC: Action 23: Increase number of Aboriginal health professionals; provide cultural safety training for all professionals;

TRC: Action 24: Learning in medical and nursing programs

# POPULATION HEALTH

## MY HEALTH MY COMMUNITY

**My Health My Community** (MHMC) is a regional population survey that collects local-level data to better understand the determinants of health and wellbeing for the populations we serve. This information aims to support local governments, First Nations, and community organizations in developing strategies for creating health promoting environments. Results from the first round of the survey have been used to inform municipal healthy living strategies.

VCH is currently planning the second round of MHMC to be launched in Spring/Summer 2019. The Aboriginal Health Team is collaborating with the MHMC Team to ensure relevance of the MHMC data and reports to Indigenous communities. VCH has prioritized collaboration with Indigenous communities for the second round, and is working with the First Nations communities and Aboriginal service agencies in the VCH region to include Indigenous-specific questions in the survey for anyone who self-identifies as First Nations, Metis or Inuit. In addition, leadership from the 14 First Nations have the option to submit additional questions to MHMC for the second round of the survey.

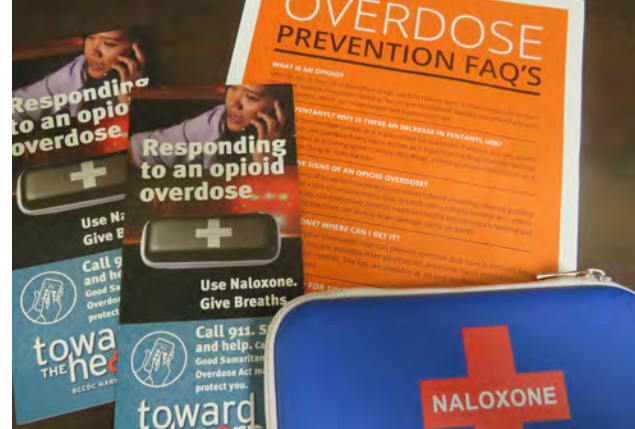


The Aboriginal Strategic Initiatives program and its projects align with the following Calls to Action of the *United Nations Declaration on the Rights of Indigenous Peoples* and the *Truth and Reconciliation Commission of Canada*:

TRC: Action 19: Report on Health Outcomes (influence MHMC reporting)



# OVERDOSE RESPONSE



## Partnerships

Partnerships have been key in VCH Aboriginal Health's response to the overdose crisis. In 2018, VCH had 12 partnerships in place with Aboriginal agencies in Vancouver to address the opioid crisis. All partner agencies and First Nations communities in the region have been trained in Naloxone. A more detailed discussion of partnership initiatives follows.

## Prevention

A primary strategy in overdose response is to prevent people who overdose from dying, and keep people safe when using substances. 2018 marked the start of the Urban Indigenous Health and Healing Cooperative, which provides the only Indigenous-specific iOAT (injectable opioid agonist therapy) replacement opioid therapy in Vancouver. VCH provided support to the UIHHC in its implementation phase. VCH also supported the Western Aboriginal Harm Reduction Society to provide Indigenous-specific overdose prevention services in the DTES.

## Women-Specific Overdose Initiatives

VCH supported a number of women-specific overdose initiatives in 2018. Pacific Association of First Nations Women was funded to provide a Naloxone training program. WISH Drop-In Centre was funded for a three year project increasing access to cultural services for Indigenous women involved in sex work. VCH Aboriginal Health in partnership with VCH Regional Prevention and the City of Vancouver, funded PHS Indigenous Services to run a series of cultural workshops for Indigenous women in the DTES. The first of these workshops has been completed, with four additional ones planned for 2019.

## Stigma Reduction

Stigma reduction was an important focus for Indigenous-specific overdose response initiatives in 2018. VCH Community Investments provided a three year grant to Culture Saves Lives for their "All Our Relations" Anti-Stigma Project, which aims to build awareness of harm reduction and addictions issues in communities across VCH. Squamish Nation, Sechelt Nation, and VCH Regional Prevention partnered to provide Knock for Naloxone, a community-based initiative that includes Naloxone training and community awareness. Knock for Naloxone started in Squamish Nation, and was expanded to Sechelt Nation later in 2018.

## Cultural Services

Finally, VCH Aboriginal Health works to increase access to cultural services in the DTES, to support Indigenous people on their healing journey regardless of where they are on that journey. VCH Aboriginal Health is supporting Pain BC to increase the cultural safety of a non-pharmacological chronic pain management initiative for DTES clients at risk of opiate use. Through partnerships with Culture Saves Lives, Metro Vancouver Indigenous Services Society (MVISS), Portland Hotel Society, and WISH Drop-In Centre, VCH Aboriginal Health supports cultural services throughout the DTES, including annual events such as the DTES Powwow and Winter Feast, the Anwe (Cloud) Low-Barrier Cultural Outreach Project, and cultural drop-in services at Overdose Prevention Sites and DTES Community Health Centres.

The Overdose Response program aligns with the following Calls to Action of the *Truth and Reconciliation Commission of Canada*:

TRC Action 18: Implement Aboriginal health care rights

TRC Action 20: Recognize needs of Aboriginal off-reserve



# PRIMARY HEALTH CARE NETWORK

VCH continues to support the Urban Aboriginal Primary Care Network – an innovative partnership between Musqueam, Squamish, Tsleil-Waututh, Vancouver Native Health Society, Lu'ma Medical Clinic, and UNYA Clinic. The vision of the network is to improve Aboriginal Health outcomes in greater Vancouver, both on- and off-reserve. In 2018, the Network formed two Working Groups – one for Funding & Policy and the other for E-Health & Data – that explore Network priorities related to these two areas.



## Funding & Policy Working Group

The Funding & Policy Working Group shared a Policy Advice paper with partners in VCH, Ministry of Health, First Nations Health Authority, and other partner organizations in early 2018. The premise of this paper was advocacy for a policy of equitable funding distribution and appropriate remuneration models for Aboriginal clinics. Additionally the paper seeks support for a more holistic service model that includes allied health services as well as Elders/Knowledge Keepers and social workers. The Network has an aspiration of increasing access to culturally safe primary care and potentially growing their combined client base from 5,500 to 10,000.

## E-Health and Data Working Group

The E-Health and Data Working Group was established to look at how to collect data across the Network to enable the group to advocate together to improve health of their clients. The Working Group supported all member clinics to undertake panel assessments in 2018, in order to ensure accurate denominator data. The Working Group is now in the process of developing a Master Coding List to streamline and promote consistent coding of diagnoses by all primary care providers in the 6 clinics. Once the Master Coding List is finalized, the network will have the ability to report on the characteristics of their client population, as well as accurate utilization data.

The Aboriginal Strategic Initiatives program and its projects align with the following Calls to Action of the *United Nations Declaration on the Rights of Indigenous Peoples* and the *Truth and Reconciliation Commission of Canada*:

UNDRIP: Article 8: Freedom from Assimilation

UNDRIP: Article 11: Practice of Culture

UNDRIP: Article 13: Incorporate & recognize Indigenous languages & histories

UNDRIP: Article 14: ICS Education for Aboriginal and non-Aboriginal staff

UNDRIP Article 25: Acknowledge Traditional Territories

UNDRIP: Article 34: Recognize Indigenous structures

TRC: Action 18: Implement Aboriginal health care rights

TRC: Action 20: Recognize needs of Aboriginal off-reserve

TRC: Action 21: Fund Aboriginal healing centres

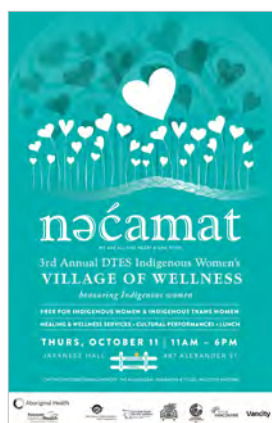
TRC: Action 22: Recognize healing practices, healers and Elders

TRC: Action 23: Increase number of Aboriginal health professionals; provide cultural safety training for all professionals;

TRC: Action 24: Learning in medical and nursing programs



## nəcámat 2018



October 11, 2018 was the third annual **nəcámat**, Indigenous women's village of wellness. This is the first year the event was planned for and by Indigenous women living in the DTES. The women planned the best attended event yet, with approximately 350 participants. The theme was honouring Indigenous women and there was a focus on creating an inclusive,

engaging environment for women and service providers to interact as peers.

The day began and ended with ceremony and prayer and was filled throughout with food, music, and laughter. As in previous years women enjoyed the many services available, including haircuts, manicures, health information and HIV testing, and Indigenous healing. This year also saw the addition of a flu shot clinic, the women's mobile health clinic, and a medicine bundle station. Women were also invited to get their picture taken, participate in the speakers' corner, and drumming circle. Free clothing, cosmetics, toiletries, books, and grocery cards were available. As always participants left feeling uplifted, grateful, and happy.

**nəcámat** is planned and hosted in partnership with FNHA, PHSA, City of Vancouver, VanCity, PHS, WAHRS, and the Province of British Columbia.

## HONOUR CEREMONY FOR INDIGENOUS WOMEN IN THE DOWNTOWN EASTSIDE



On February 22, 2019, Vancouver Coastal Health Aboriginal Health, Culture Saves Lives, and the **nəcámat** Indigenous Women's Wellness working

group partnered to honour Indigenous women who live and work in Vancouver's Downtown Eastside. In a beautiful and moving ceremony hosted by the three local Nations and held at the Japanese Hall, over 50 women were recognized for their contributions to the Indigenous community.

The event began with a stew and bannock feast, followed by a Stl'at'imx Bear Ceremony to cleanse the auditorium and prepare it for the honouring ceremony. The honouring ceremony led by Elder Syexwaliya began with a calling of witnesses, ceremonial honouring of the women through blanketing and cedar brushing, and recognition of their work. The ceremony ended with the witnesses speaking about their experiences of the event.

**nəcámat** aligns with the following Calls to Action of the *United Nations Declaration on the Rights of Indigenous Peoples* and the *Truth and Reconciliation Commission of Canada*:

UNDRIP Article 11: Practice of culture and tradition  
UNDRIP Article 12: Spirituality and Ceremony  
UNDRIP Article 15: Prejudice and Discrimination

UNDRIP Article 22: Special needs groups (youth, women, elders)  
TRC: Action 20 Recognize needs of Aboriginal off-reserve

# VCH ABORIGINAL MENTAL HEALTH FORUM 2018

Aboriginal Health hosted a one day Aboriginal Mental Health Forum for VCH Staff on May 10th, 2018 at VanDusen Gardens BMO Great Hall. The intention of the forum was to improve mental health inequities by creating an opportunity for knowledge exchange between Indigenous and non-Indigenous health staff in VCH. The chosen theme for this year's forum was trauma and history informed practice. The planning committee successfully created a well balanced forum that included:

1. Canada's first Indigenous female psychiatrist, Dr. Cornelia Wieman, who shared her perspective on providing mental health care in First Nation communities.
2. A trauma and history informed practice panel through the eyes of an Indigenous therapist, grassroots cultural leader and esteemed Indigenous Elder.
3. A research panel on the impact of culture on mental health.
4. A review of the impact of colonization through a one woman monologue play.

The forum was attended by 83 VCH staff members and the evaluations indicated the forum was very successful.

*"The forum was extremely useful and thought provoking."*

*"The forum gave me hope and immensely useful for my life and work."*

*"The story telling from elders and Indigenous health staff vs. academic approach was refreshing."*



The VCH Aboriginal Mental Health Conference aligns with the following Calls to Action of the *United Nations Declaration on the Rights of Indigenous Peoples* and the *Truth and Reconciliation Commission of Canada*:

UNDRIP: Article 11: Practice of culture and tradition  
 UNDRIP: Article 12: Spirituality and Ceremony  
 UNDRIP: Article 24: Traditional Medicines

TRC: Action 20: Recognize needs of Aboriginal off-reserve  
 TRC: Action 22: Recognize healing practices, healers and Elders



# PLANTING SEEDS

## The Regional Trauma Informed Practice Steering Committee

The committee is working on a strategy to roll out new guidelines and education across VCH and PHC. The Aboriginal Health team is continuing to support the work by ensuring an Indigenous perspective is incorporated.

## Regional Community Mental Health and Substance Use Clinical Practice Council

The Aboriginal Health (AH) team are part of the Regional Community Mental Health and Substance Use Clinical Practice Council. A new DST (Decision support tool) for suicide risk assessments is being developed and the AH team ensured Indigenous specific aspects were included in the tool.

## Public Health Nurses redesign

The AH team is included in the Vancouver Public Health Nurses redesign. The AH team is able to support the project by highlighting Indigenous specific considerations for the redesign.



## Patient Journey Mapping

The Aboriginal Health team were included with a patient journey mapping session held by the Emergency Department I-Care (ED I-Care) team. The team works in the emergency department to identify patients, usually over 70 years of age, whose admission to acute care could be avoided with increased community supports. The Aboriginal Health team were able to increase awareness for the ED I-Care team of unique differences for Indigenous patients, especially for those living on reservation.

## Indigenous Traditional Practitioners in to acute care at VGH

The AH team has partnered with the UBC iCON (Intercultural Online Health Network) team to advance work around the integration of Indigenous Traditional Practitioners into acute care at VGH. The initiative aims to explore barriers and what is currently working well in practice. The information gathered will inform ongoing work with the aims of increasing awareness and understanding of staff around the importance and rights of Indigenous patients to access traditional practices whilst in VCH facilities and how to best support staff to achieve this.

## Regional Chronic Pain Council

The AH team has been interacting with the regional lead for chronic pain and an AH team member now sits on the Regional Chronic Pain Council. This provides the opportunity for an Indigenous lens to be brought to the council providing them with information regarding unique circumstances for Indigenous clients and holding space for Indigenous principles at the table.

Planting Seeds aligns with the following Calls to Action of the *United Nations Declaration on the Rights of Indigenous Peoples* and the *Truth and Reconciliation Commission of Canada*:

UNDRIP Article 5: Right to participate

UNDRIP Article 24 and 25: Traditional Medicines and Traditional Territories

TRC: Action 18 Implement Aboriginal health care rights

TRC: Action 20: Recognize needs of Aboriginal off-reserve

TRC: Action 22: Recognize healing practices, healers and Elders

TRC: Action 23: Cultural safety training for all professionals



# MICHAEL SMITH

## FOUNDATION FOR HEALTH RESEARCH



### IMPLEMENTATION SCIENCE TEAM (IST) 2018

The Michael Smith Foundation for Health Research (MSFHR) Implementation Science Team (IST) Program is designed to support the implementation and adoption of evidence-based, implementation-ready interventions that will improve the quality and effectiveness of health, health services and care. Specifically, implementation science examines the process, including strategies, of implementing an intervention, or adapting an intervention to settings different from the ones in which it was originally developed and tested

This is an exciting opportunity for the Aboriginal Health team, as they are piloting their Indigenous Cultural Safety (ICS) education program at Vancouver General Hospital. The complexity of implementing the program into a large hospital setting and working with acute staff require different strategies and processes than used to deliver the training to community staff.

The IST competition consists of two phases, a Development Grant and a Project Grant. In September 2018, Leslie Bonshor and team were awarded the \$10,000 MSFHR Development grant. The six-month Development grant allowed supported teams with opportunities to further their knowledge and skills in implementation science. The Development grant was also used to expand their team to include members with knowledge of implementation science, as well develop an innovative Indigenous framework for implementation science, to which the project proposal would follow.

Teams with successful Project Grant applications will be awarded \$500,000 over a three year period to support their implementation research projects.

### REACH 2018

In September 2018, Leslie Bonshor and her team were awarded a \$10,000 grant for the Michael Smith Foundation Health Research (MSFHR) Reach Program. The MSFHR Reach Program provides 1-year funding for teams of researchers and research users to support the dissemination and effective uptake of research evidence to inform and improve further research, practice and policy-making.

In line with VCH's commitment to Indigenous Cultural Safety, the Reach team is planning a daylong event in late Spring 2019, to share information on the inclusion of Indigenous populations in health research, including discussions on building relationships with Indigenous communities, respectful research, and research priorities as seen by the urban Indigenous population. The event will also provide an Indigenous Cultural Safety workshop to pre-registered participants. The event is hoping to reach up to 100 people, mostly health researchers.

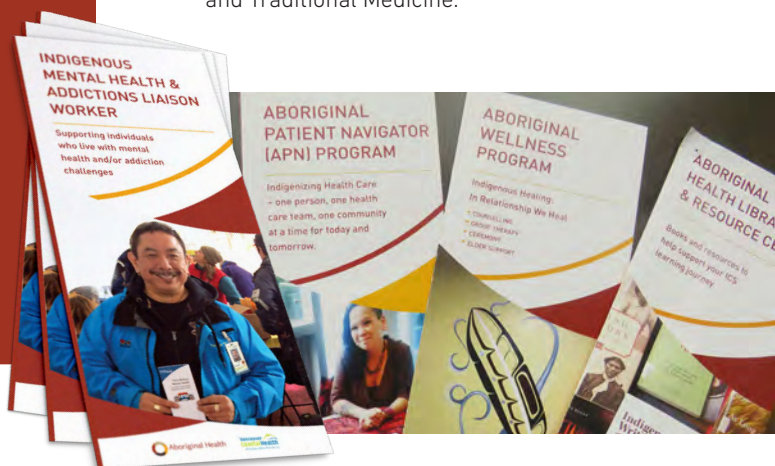
Prior to the event, the team is hosting talking circles (or 'focus groups'), to gather information. The research team will ask participants of the Vancouver Community Indigenous population on what their experiences are with research, what went well, and how researchers could do better. The team will also inquire about what topics are seen as a priority. This information will then inform presentations and panel discussions on the day of the event.

The overall goal of the project is to encourage health researchers to engage with Indigenous populations, and to do so in a respectful, culturally safe way.

# WHO WE ARE

## VISUAL IDENTITY/BRANDING

This year we continued to improve our program and service recognition with staff and within Indigenous communities by updating all of our program brochures including ones for the Aboriginal Patient Navigators, Aboriginal Wellness Program, Indigenous Mental Health & Addictions Liaison worker and the Aboriginal Health Library and Resource Centre. These brochures provide information about who our programs serve and how staff and/or clients can access the service. In development we also have brochures for Working with Elders and Traditional Medicine.



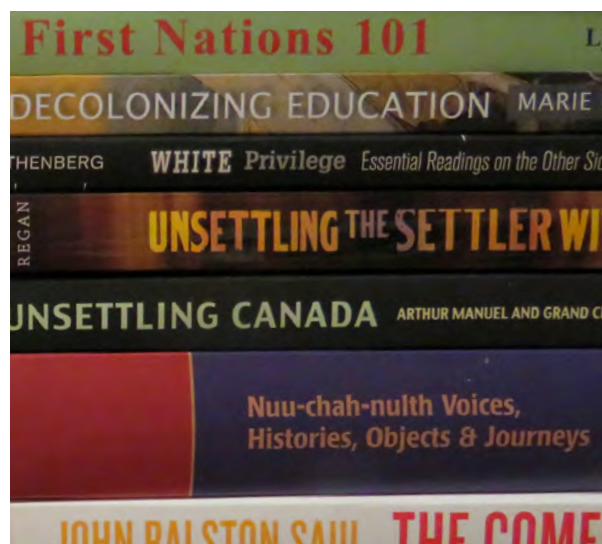
## ABORIGINAL HEALTH LIBRARY & RESOURCE CENTRE

We developed an online library that features books and resources for staff to support their learning journey in creating culturally safe care for Indigenous people at VCH. The library operates through an inter-library loan system. All requests are received through the VCH library webpage and can be transferred to the closest location for staff.



## ABORIGINAL CULTURAL PRACTICES GUIDEBOOK MOBILE APP

This year we also made the Cultural Practices guidebook into an app that is a free, iOS and Android app developed to support health care staff to provide culturally responsive care services for Aboriginal patients. Created in partnership with local First Nation communities in the Vancouver region, the app gives access to cultural guidelines that aim to help health care staff understand and work with Aboriginal health practices and beliefs. To date there have been 149 downloads.



The work of VCH-Aboriginal Health aligns with the following Calls to Action of the *United Nations Declaration on the Rights of Indigenous Peoples* and the *Truth and Reconciliation Commission of Canada*:

UNDRIP Article 8: Freedom from Assimilation

UNDRIP Article 9: Freedom to Belong

UNDRIP Article 11: Practice of Culture and Tradition

UNDRIP Article 12: Spirituality and Ceremony

UNDRIP Article 13: Languages and +Histories

UNDRIP Article 14: Indigenous education [for staff]



## NEWSLETTERS

### Connections for Leaders

In spring 2018 we launched Connections for Leaders. This is a quarterly newsletter for VCH leadership to provide a snapshot of the projects and work the Aboriginal Health team is involved in.

### P'èsk'a Stories

In spring 2018 Aboriginal Health introduced our new newsletter – **P'èsk'a Stories** – for staff who have completed the Indigenous Cultural Safety (ICS) training or for anyone interested in Indigenous health and wellness.

**P'èsk'a** is the Halq emèylem word for hummingbird. Hummingbirds can fly long distances spreading their messages far and wide. This is what we hope with this newsletter; that the stories will resonate with staff and our features about Indigenous culture and how culturally safe care is being provided will be shared and talked about widely. We have a distribution list of over one thousand staff and community members with an average of twenty five percent open rate on each issue.

### VCH News stories

22 news stories were written for VCH news sharing information on changes to our APN program, promotion of the ICS training, sharing cultural practices, Indigenous perspectives on health, launch of the Elders in Residence program and introducing the new ICS policy.

## ICS PAGES ON MY VCH INTRANET

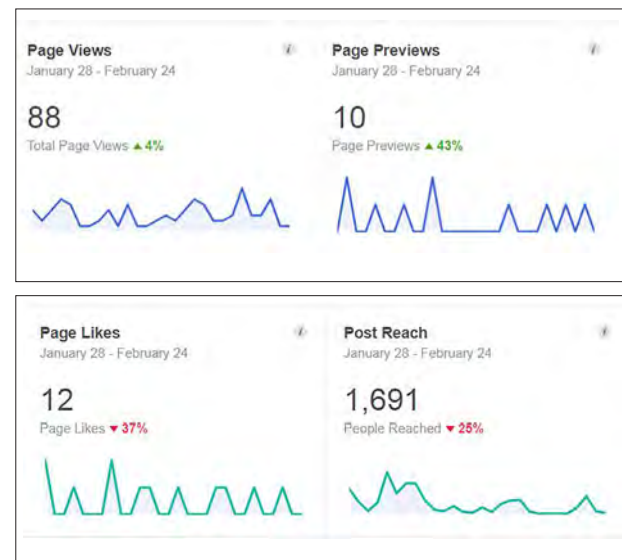
We launched our Indigenous Cultural safety pages on the new My VCH intranet in May to provide easy access to information and resources to further staff knowledge around our programs and services as well as cultural safety information.

Since May we have had:

- 1,276 pageviews ICS home page
- 308 pageviews ICS resources
- 356 pageviews ICS in person workshops
- 245 pageviews VGH learners
- 285 pageviews APN program

## SOCIAL MEDIA

Our Facebook page continues to gather followers with over 400 new followers on our page since we launched in April 2017. The measurements shown below offer the key metrics for the page over an average 28 day period.



UNDRIP Article 15: Prejudice and Discrimination

UNDRIP Article 22: Special needs groups [within indigenous population]

UNDRIP Article 24 & 25: Traditional Medicines and Traditional Territories

UNDRIP Article 34: Recognise Indigenous structures

UNDRIP Article 35: [Promote] Individual responsibility

UNDRIP Article 44: Gender Equality

UNDRIP Article 45: Indigenous rights protected

TRC: Action 18: Implement Aboriginal health care rights

TRC: Action 20: Recognize needs of Aboriginal off-reserve

TRC: Action 22: Recognise healing practices, healers and Elders

TRC: Action 23: Increase number of Aboriginal health professionals; cultural safety training for all professionals





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[www.vch.ca/your-care/aboriginal-health](http://www.vch.ca/your-care/aboriginal-health)

 FOLLOW US ON FACEBOOK @VCHAH2015

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