

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

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Introduction

In order to redress the legacy of residential schools and advance the process of Canadian reconciliation, the Truth and Reconciliation Commission made 94 calls to action, released in 2015. Of the 94 calls, 7 were [specific to the health care system](#).¹ While [some progress](#) has been made on the calls specific to health care, there is a long way to go to support equitable access to and treatment from the health care system for Aboriginal people in Canada. Widespread reports of systemic racism and discrimination in the health care system are evidenced by well-publicized and preventable deaths such as that of [Joyce Echaquan](#), an Atikamekw First Nations woman and mother of seven children from Quebec who died shortly after filming racist remarks and treatment provided by two nurses in the hospital she was meant to receive care in September of 2020.

Stereotyping, prejudice and racist treatment are common experiences for Indigenous people in B.C. health care at all levels, especially urgent care.

Only 16 percent of all Indigenous In Plain Sight respondents reported not being discriminated against in any of eight factors related to stereotyping when receiving health care.

“Racism can often be a barrier to Indigenous people accessing health care. Building confidence in the system is extremely important, especially during a pandemic, but also for the longer term.”

“IN PLAIN SIGHT REPORT”, AUGUST 2020

Local Context

The Kootenay Boundary region is located on the unceded traditional territory of the (listed alphabetically) Ktunaxa, Secwepemc, Sinixt and Syilx Nations. First Nations people have lived in, traveled through, and utilized the land known as Kootenay Boundary² for millennia. Aboriginal people (First Nation, Métis, and Inuit) from many nations are living in and raising children on this land.

¹ Truth and Reconciliation Commission of Canada, Truth and Reconciliation Calls to Action, 2015, https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf, accessed November 2021.

² Kootenay Boundary is comprised of the 7 local health areas (Arrow Lakes, Castlegar, Grand Forks, Kettle Valley, Kootenay Lake, Nelson, and Trail)

The Kootenay Boundary Health Service Delivery region³ is considered a rural remote part of the province. It is one of four distinct service delivery regions within the Interior Health Authority. The Kootenay Boundary region comprises fourteen communities and sixteen rural areas between two Regional Districts (Central Kootenay and Kootenay Boundary). Services are centralized in the larger centres; Trail, Nelson, Castlegar, Grand Forks and access due to transportation, inclement weather or other factors can be challenging – in particular for marginalized persons.



In most areas of BC, Indigenous-led health and social services are provided in partnership with or through First Nations or Métis communities, as well as through Aboriginal Friendship Centres. In the Kootenay Boundary, traditional and unceded territory of the Ktunaxa, Secwepemc, Sinixt and Syilx Nations, there are no First Nation Bands or Reserves (the closest band is the Lower Kootenay, of the Ktunaxa Nation, located near Creston, an hour and a half drive from Castlegar). There is no Aboriginal Friendship Centre in the Kootenay Boundary. The one Aboriginal-governed and staffed health and social services organization, the [Circle of Indigenous Nations Society](https://www.mnbc.ca/communities/) (COINS), serves a geographically dispersed and culturally diverse Aboriginal population of 6,190 people (Census 2020), a total of 6.4% of the region’s total population. There are three chartered Métis Communities within the region, which provide cultural support and connections for Métis people, but no health care services. To find out more about the Metis Chartered communities, visit: <https://www.mnbc.ca/communities/>

Aboriginal people living in the Kootenay Boundary region are supported through the Aboriginal Community Wellness program (see Page 4, this document) which employs two coordinators and the Aboriginal Patient Navigator. Aboriginal people receive support to access the health services they need and can be connected to traditional and cultural wellness supports and care when in hospital. Consultation is provided to family doctors and other healthcare professionals to assist them in providing culturally safe and relevant care.

³ Interior Health, Interior Health Website, <https://www.interiorhealth.ca/sites/betterhere/OurCommunities/KootenayBoundary/Pages/default.aspx>, accessed September 2020.

Resources for Health Care Providers

Health care providers, through the Aboriginal Health Coordinator, can pass on [resources](#) and supports specific to Aboriginal patients in addition to seeking consultations to provide culturally safe and relevant care. For more information, contact the Aboriginal Health Coordinators (Page 4 of this document).

Family Doctors and medical students across Canada will benefit from engaging with the [CanMEDS Family Medicine Indigenous Health Supplement](#), which contains case studies and key competencies in regard to the practice of cultural humility. This report was authored by seven family medicine practitioners - the majority of whom are Indigenous - and offers insights as to ways to apply a lens of Indigenous health to the seven roles developed in the CanMEDS framework that enable physicians to effectively meet the health care needs of the people they serve.



For practitioners working within the Primary Care Network, access to ongoing Cultural Safety [talking circles](#) to support the development of culturally safe practices are available. The provision of culturally safe care is one of eight attributes of the delivery of care through the Primary Care Network. Providing space for courageous conversations around Indigenous health has enhanced the learning practice of providing culturally humble care of many practitioners in our region.

Ongoing learning around cultural awareness and humility is considered an important step in the provision of culturally safe care. A cultural humility and awareness learning resource, containing a multitude of educational opportunities for healthcare providers is available [here](#).

The development of a new resource package regarding best practices around asking about Aboriginal identity and other Aboriginal service information can be found at: www.KBculturalsafety.org.

Resources for Aboriginal Patients

The Aboriginal Community Wellness Program through COINS offers the following for Aboriginal people:

Support Services

- Help to access health care services, including family doctor, nurse practitioner, dentist or other health professionals
- Accompaniment to appointments
- Assistance completing forms
- Navigating referrals to services that may be supportive

Facilitating Traditional and Cultural Wellness

- Access to Elders
- Traditional ceremonies
- Cultural gatherings
- Access to other cultural resources and support

Referrals and Advocacy

- Counseling
- Assessing mental wellness and substance use programs
- Food security
- Housing programs and supports
- Social service agencies and community supports

Contact Aboriginal Health Coordinators

West Kootenay region – healthcoordinatorwk@coinations.net or 250-608-4552

Boundary region – healthcoordinatorgf@coinations.net or 250-444-9599

Referral form for Aboriginal Health Coordinators: click [HERE](#)

Aboriginal Patient Navigator

The Aboriginal Patient Navigator position, hosted by Circle of Indigenous Nations Society, offers practical support to Aboriginal persons utilizing Interior Health services in the Kootenay Boundary region. The purpose of the APN position is to provide a communication linkage

between the patient, family, community and health care provider, assisting the team with health care, mental health, substance use and discharge planning. The APN provides non-clinical services and is an adjunct to health care staff.

Contact the APN

Phone or text: 250-551-4395

Email to: patientnavigator@coinations.net

Referral form for the Aboriginal Patient Navigator: click [HERE](#)

Facilities Planning Considerations

The following insights as to how to make places of care more welcoming for Aboriginal people has been taken from work completed by Interior Health's Aboriginal Mental Health and Wellness team.⁴

Physical – design, layout and appearance

The physical, emotional and relational aspects of spaces are all critical components of creating welcoming environments (Australian Commission on Safety and Quality in Healthcare, 2019):

- Warm lighting (less fluorescent lighting)
- Comfortable seating
- Private spaces (especially when co-locating with other services)
- Softening spaces with elements of nature
- The need for spaces to be seen as healing rather than medical or clinical
- Recognized space within MHSU sites for cultural/traditional practices

Emotional – the feeling of being supported and cared for within the health service organization

- Welcome signs, general signage, and waiting room resources in the language(s) of the Aboriginal peoples in the area; as well as acknowledgement of the traditional territory of the local First Nations
- The acknowledgement of Métis and Inuit accessing the space
- Aboriginal clients and families seeing themselves and their Nations represented in the environment through art and other culturally relevant items i.e. feathers, rocks
- A map of the area First Nations and Métis Nation BC Chartered Communities
- A friendly reception and support to navigate the building

Relational – the quality of the relationship (for i.e. understanding, validation, recognition) and the need for spaces to reflect the holistic nature of the Aboriginal worldview

- Art and knowledge shared on the walls that represents the distinct Aboriginal communities in the territory the health care site is situated on

⁴ Interior Health, 'Partnering to Enhance MHSU Environments'.

- Consider representation of the circular or interconnectedness nature of Aboriginal cultures
- Posting the commitments made to Aboriginal partners i.e. framed copies of LOU's, Partnership Accord, [Declaration of Commitment to Cultural Safety and Humility](#)
- When co-locating or leasing a space, it is important prior to entering lease agreements to be conscious of existing relationships with other government organizations in the building such as the long-term oppression in the legal and/or child protection systems

Spiritual - relationship between spirituality and mental wellbeing, including spiritual growth, open-mindedness, self-actualization

- Opportunity for clients and families to practice ceremony i.e. smudging, brushing off
- Hosting culturally safe ceremonies, circles, and land-based teachings with Aboriginal partners
- Access to traditional healers and elders
- Access to sacred spaces (most IH Acute sites have such spaces)

In addition to the information listed above from the Interior Health report, the following points were shared by members of the Kootenay Boundary Aboriginal Services Collaborative to support facilities planning requests.

- Regarding the use of 'Multi-faith' terminology, consider 'sacred' instead as it is more inclusive of non-spiritual traditions.
- Location of any sacred space(s) in a healthcare setting is important. Consider accessibility and visibility, the first or main floor of any building is recommended.
- Many hospitals have 'Pastoral' staff, consider approaching local communities to expand pastoral staff to include Elders and Knowledge Keepers.
- Locate the Aboriginal Patient Navigator near the Sacred Space.
- If planning for smudging or brushing, which is recommended as being able to work with elements of water, earth, fire are all important in a sacred context, consider installing a ventilator and/or air filter.
- Placing cultural items as patients may be more likely to use space and/or have discussions with care providers about identity and cultural practices if they see their culture represented in care settings.
- Consider flooring that is not 'rock hard' but allows for some cushion for anyone who may need to stomp on the floor to move through big emotion.
- Well sound insulated for privacy.
- The 'Gathering Space' at the Castlegar Campus of Selkirk College has incorporated many of these elements and it is a good example of a sacred space that is central and accessible to all.

Governance and Oversight

In support of the wellbeing of Aboriginal people living in the Kootenay Boundary, the Kootenay Boundary Aboriginal Services Collaborative was established in June of 2019. The Collaborative (referred from this point on in this report as KBASC) has membership representing Nation partners, Métis Nation BC and Urban Aboriginal Service Agencies. The KBASC interfaces with leadership within the local health care system, working together to:

- Provide mechanisms for the collaboration of Aboriginal organizations with those who provide supports and service to Aboriginal people.
- Advocate for Aboriginal self-determination through ensuring voices of Aboriginal people are represented in the design, delivery, assessment and strategic direction of supports and services.
- Ensure culturally relevant, culturally safe, and holistic supports and services that advance the health and well-being of Aboriginal people.

As awareness of the KBASC and its mandate spread through the health care system in the Kootenay Boundary region, requests for engagement and advisory support for facilities planning are increasing. This document has been created to provide some baseline information to support planning that enhances health care spaces to be more culturally safe within the Kootenay Boundary. It offers links to existing resources as well as additional information specifically provided by KBASC members.

Signage and Language

Requests for Aboriginal language from the Nations on which health facilities operate are more increasingly requested. Any request for language on signage should be directed to the Nations on whose traditional territories the requesting health facility stands.

A few points to consider when making requests for language on signage:

- Welcome to the lands of can only be done by the Nations who have ancestral ties to the land known as Kootenay Boundary
- Recognize that there are many Aboriginal people who now reside in Kootenay Boundary
- All Aboriginal people need to feel culturally safe

- There is a difference between ‘welcome to’ signage and having other cultural representations present in health care settings (i.e. art from First Nation and Métis peoples)

The engagement form for the KBASC and Nation partners can be found online by clicking [HERE](#).

This document has been developed as a living document and will be updated with additional information provided by the member Nations of the Kootenay Boundary Aboriginal Services Collaborative.

More information on the KBASC can be found here: www.kbasc.org

For Further Support and Information

Contact Aboriginal Health Liaison, Christy Anderson at kbasc@coinations.net