



# ANTI-RACISM, CULTURAL SAFETY & HUMILITY ACTION PLAN

First Nations Health Authority  
First Nations Health Council  
First Nations Health Directors Association

April 22, 2021

## Introduction

Eliminating anti-Indigenous racism in health care and achieving health equity are shared goals of the First Nations Health Authority (FNHA), First Nations Health Council (FNHC) and First Nations Health Directors Association (FNHDA), partners in the made-in BC health governance structure for First Nations. These goals are critical in attaining our shared vision of *healthy, self-determining and vibrant BC First Nations children, families and communities*. The FNHA, FNHC and FNHDA recognize the importance of enhancing access to quality, culturally safe health care that affirms First Nations cultures, rights, and identities – in tandem with addressing systemic racism in the health care system. The FNHA, FNHC and FNHDA remain committed to championing cultural safety and humility (CSH) across the health system and to working with partners to embed CSH into health and wellness service delivery to improve health outcomes for First Nations people. The Anti-Racism, CSH Action Plan (the Action Plan) is a companion document to the Anti-Racism, CSH Framework and is provincial in scope – reinforcing and supporting strategies and action plans in the five regions.

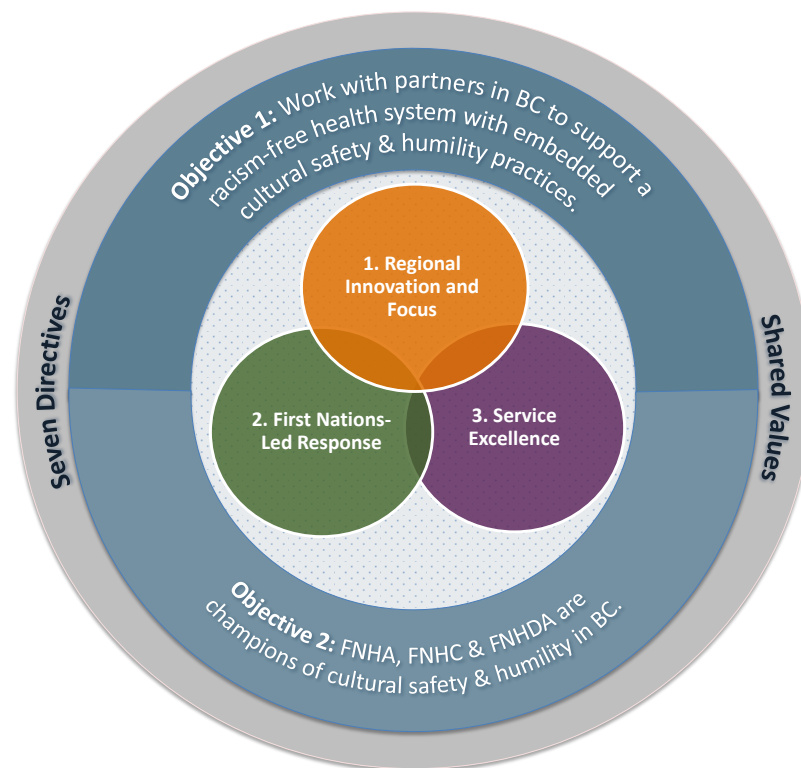
## Strategic Objectives & Priority Areas

The Action Plan is organized around two strategic objectives that support First Nations to be able to seek and access health and wellness care in BC in a culturally safe manner, free from anti-Indigenous, institutional and interpersonal racism:

1. **Work with partners in BC to support a racism-free health system with embedded CSH practices.**
2. **FNHA, FNHC & FNHDA are champions of CSH in BC.**

**The FNHA, FNHC and FNHDA embed CSH within our respective organizations through policies, practices, places, services and staff and work with partners to advance CSH and a racism-free system. To continue to build on these actions, the partners will hold zero tolerance for anti-Indigenous racism.**

Activities serving these strategic priority areas are identified under three priority areas: 1) Regional Innovation and Focus; 2) First Nations-Led Response; and 3) Service Excellence. Ongoing action prioritization will occur as our environment evolves, in consideration of provincial and national landscapes and public health emergencies. **The FNHA, FNHC and FNHDA will work together and with health system partners to identify adequate resourcing for priority actions.**



## Key Drivers

### Communities, Nations and Regions

The wisdom and priorities of First Nations in BC, including those at home or in urban centres and/or away from home, are integral to achieving the strategic objectives set out in this Action Plan. Working together, the FNHA, FNHC and FNHDA will continue conversations with First Nations, through existing engagement pathways, to identify actions and priorities.

Regional work is a key pillar of the Action Plan and continues to evolve. The five regions continue to prioritize and approach CSH and anti-racism in different ways through regional governance structures, with local needs, priorities and pathways in mind. Various regional CSH and anti-racism initiatives are underway, focused on activities such as training and practice support, regional task forces, strategic planning and accountability structures, recruitment and retention, developing and promoting culturally relevant resources and events and First Nations complaint resolution processes. Each region is defining approaches that work best locally.

### Seven Directives and Shared Values

The Action Plan is underpinned by the [Seven Directives](#), and [Shared Values](#), serving as guiding principles, keeping work grounded and focused and supporting FNHA, FNHC and FNHDA to move real and systemic change related to CSH and anti-racism. The Seven Directives stem from extensive engagement and work with First Nations in BC and describe fundamental standards and instructions for the health governance relationship.

## Action Plan

### Priority Area 1: Regional Innovation and Focus

This Priority Area is focused on supporting, enhancing and promoting community-driven, Nation-based, and regionally led solutions, with natural overlap with the other priority areas. Regional work is innovative, creating solutions that address the diverse and individual needs of communities and, in many cases, longstanding efforts are already underway. It includes engagement of First Nations through the established engagement pathways; strengthening of regional partnership accords; building on the success of local initiatives that are community-driven and Nation-based; and developing local initiatives to address racism and further embed CSH into care. This Priority Area is about prioritizing and promoting work from the ground up and supporting existing partnerships, relationships and innovations at the regional and local levels.

<b>Prioritize community, Nation and regionally driven approaches</b>	
<i>Outcome: Increased First Nations-led decision-making</i>	
<b>FNHA/FNHC/FNHDA Activities:</b>	<b>Draft Indicators:</b> <ul style="list-style-type: none"><li>• FNHA, FNHC and FNHDA strategic plans reflect engagement</li></ul>

<ol style="list-style-type: none"> <li>1. With participation from our provincial and federal health partners, continue to host targeted regional engagements pertaining to provincial and federal Health Legislation, implementation of <i>Declaration on the Rights of Indigenous Peoples Act</i> (DRIPA), and Regional Partnership Accords</li> <li>2. Ongoing engagement feedback review to inform strategic planning, decision-making and advocacy</li> </ol>	<ul style="list-style-type: none"> <li>• Evidence of feedback having informed/impacted strategic planning, decision-making and advocacy.</li> <li>• % policies informed by engagement</li> <li>• Total # of engagement events and participants, disaggregated by region.</li> </ul>
<p><b>Support ongoing regional work</b>  <i>Outcome: Increased First Nations-led decision-making</i></p>	
<p><b>FNHA Activities:</b></p> <ol style="list-style-type: none"> <li>1. Continue to support innovative regional work such as: engagement with communities, Nations and cultural healing and wellness providers; regional reports (e.g. LaFontaine Report); Anti-Racism task forces and innovative pilot initiatives; updating and renewing elements of Regional Partnership Accords and relationships with health system partners; onboarding Cultural Safety support; and, implementing First Nations-led primary health care initiative sites, etc.</li> </ol>	<p><b>Draft Indicators:</b></p> <ul style="list-style-type: none"> <li>• Regional plan priorities accomplished</li> </ul>

### Priority Area 2: First Nations-Led Response

This Priority Area focuses on continuing to work in partnership alongside First Nations and health system partners to prioritize CSH and a racism-free system. It includes First Nations driven decision-making; internal and system-wide accountability mechanisms; strategic policy, planning, reporting and evaluation work; consideration of legislation and, communications. It also includes advocacy through established bilateral and tripartite partnership tables and with other First Nations organizations to complement and align with this important work. This priority area is about honouring First Nations voices and wisdom, holding our organizations and partners accountable and enabling system-level change.

<p><b>Work with partners to embed CSH and anti-racism in policy and legislation</b>  <i>Outcome: CSH and anti-racism embedded into policy and legislation</i></p>	
<p><b>FNHC Activities:</b></p> <ol style="list-style-type: none"> <li>1. Continue working with partners to engage Chiefs and Leaders on the implementation of DRIPA, with support from FNHA</li> <li>2. Work with partners on implementation of pending federal UNDRIP Act, Bill C-15, with support from FNHA</li> <li>3. Per section 9.1 of the BC Tripartite Framework Agreement on First Nations Health Governance, work with Tripartite partners to determine a need for enshrining authority for the FNHA in BC legislation</li> <li>4. Leverage opportunities to influence upcoming federal distinctions-based Indigenous health legislation</li> </ol>	<p><b>Draft Indicators:</b></p> <ul style="list-style-type: none"> <li>• Achievement of consensus among Tripartite partners regarding enshrining authority for FNHA in BC legislation</li> </ul>

<ol style="list-style-type: none"> <li>5. Recommend Truth and Reconciliation Commission health specific Calls to Action be fully implemented</li> <li>6. Work with BC Government in supporting development of system-wide measurement framework on Indigenous cultural safety, Indigenous rights to health and Indigenous-specific racism (including identifying potential linkages to (NICWA) draft mental health and wellness reporting framework)</li> <li>7. Work with BC Government to advocate for implementation of measures to respond to the MMIWG Calls for Justice and specific experiences and needs of Indigenous women outlined in Addressing Racism Review</li> <li>8. Work with partners to Tripartite MOU on mental health and wellness to measure progress and accomplishments to date on commitments to increase access to culturally safe mental health and wellness and substance use services</li> </ol> <p><b>FNHA Activities:</b></p> <ol style="list-style-type: none"> <li>9. Provide expert advice and support to legislative issues and contribute to engagement process.</li> <li>10. Provide input to BC Government on the pending provincial <i>Anti-Racism Act</i>; legislation mandating the collection, use and disclosure of demographic data; amendments to the <i>Health Professionals Act, Hospitals Act, Health Authorities Act, Patient Care Quality Review Board Act, BC Human Rights Code, Evidence Act</i> and others as identified</li> </ol> <p><b>FNHC/FNHA/FNHDA Activities:</b></p> <ol style="list-style-type: none"> <li>11. Recommend mandatory CSH training across health system</li> <li>12. Support tripartite and health authority partners to update policy and documents with anti-racism and CSH principles</li> <li>13. Continue to work with Tripartite partners to advance bilateral and tripartite health plan and agreements including policy and legislative changes</li> </ol>	<ul style="list-style-type: none"> <li>• Evidence of advocacy relating to Anti-Racism and CSH in policy and legislation</li> <li>• Evidence of provision of anti-racism and CSH expertise and support to partners</li> </ul>
<p><b>Work with partners on plans, driven by First Nations-led CSH and anti-racism approaches</b>  <i>Outcome: Increased access to culturally safe health and wellness programs free of racism.</i></p>	
<p><b>FNHA Activities:</b></p> <ol style="list-style-type: none"> <li>1. Work with partners on their targeted plans, actions and joint work, including accountability mechanisms and relationship principles</li> <li>2. Enhance partnership structures focused on implementing local solutions</li> <li>3. Finalize Indigenous Women’s Health report in partnership with the Provincial Health Office (PHO)</li> <li>4. Work with SFU, UBC and Providence Health care on respective joint priority areas and new programs, schools and institutions, with support from FNHDA Learning &amp; Development</li> </ol> <p><b>FNHA/FNHC/FNHDA Activities:</b></p> <ol style="list-style-type: none"> <li>5. Work with TCFNH partners on new approach to CSH Change Leadership Strategy</li> <li>6. Work with federal partners on Joint Action Plan to Advance CSH in Health and Wellness Services</li> </ol>	<p><b>Draft Indicators:</b></p> <ul style="list-style-type: none"> <li>• % of partners with CSH and anti-racism policies and action plans</li> <li>• Joint priority plan targets met</li> </ul>
<p><b>Finalize BC led CSH accreditation standard</b></p>	

<b>Outcome: Improved CSH across health services</b>	
<p><b>FNHA &amp; FNHDA Activities:</b></p> <ol style="list-style-type: none"> <li>1. Finalize BC led accreditation standard with Health Standards Organization</li> <li>2. Work with regions and partners on appropriate Standards implementation</li> <li>3. Support standard within FNHA context</li> </ol>	<p><b>Draft Indicators:</b></p> <ul style="list-style-type: none"> <li>• Standard completed</li> <li>• # and % of health service organizations that have adopted and are tracking the CSH accreditation standard</li> <li>• # and % of health service organizations in the process of adopting the CSH accreditation standard</li> </ul>
<b>Prioritize health and wellness workforce CSH and anti-racism education and training</b>	
<b>Outcome: Health Human Resources better equipped to provide cultural safe care informed by cultural humility.</b>	
<p><b>FNHA &amp; FNHDA Activities:</b></p> <ol style="list-style-type: none"> <li>1. Outreach with post-secondary institutions to embed anti-racism and CSH training with education of health and wellness care providers</li> <li>2. Work with partners to prioritize opportunities for structured training for health professionals, including in-community options</li> <li>3. Support regulatory colleges to implement anti-racism and CSH professional development and competency requirements and enforce zero tolerance standards</li> <li>4. Work with union partners on zero tolerance in collective agreements</li> <li>5. Engage cultural healing and wellness providers to identify how FNHA can support provider mentorship and training</li> <li>6. Share best practices and regional approaches to integrating cultural healing and wellness into services</li> <li>7. Support Indigenous students to pursue health careers and retention of graduates in the health sector</li> <li>8. Support FNHDA professional development initiatives, including Certification Program, to ensure culturally safe delivery and safe access within health care system</li> </ol>	<p><b>Draft Indicators:</b></p> <ul style="list-style-type: none"> <li>• Yearly # of outreach to institutions/colleges</li> <li>• # or % of institutions/colleges that have implemented mandatory anti-racism and CSH training</li> <li>• % of health care students/providers that have taken CSH training</li> <li>• % of Health Directors completed FNHDA Certification Program</li> <li>• Year over year % of Indigenous training sessions completed in local First nations communities</li> <li>• % yearly increase in enrollment and retention of Indigenous students in health career training programs</li> <li>• # of union partners negotiating zero tolerance in collective agreements</li> <li>• Evidence of dissemination of best practices and regional approaches for integrating cultural healing and</li> </ul>

	wellness
<b>Expand FNHA leadership who self-identify as First Nations</b>	
<i>Outcome: Increased First Nations-led decision-making</i>	
<b>FNHA Activity:</b> 1. Recruit self-identified First Nations staff into senior executive positions where gaps and possible	<b>Draft Indicator:</b> <ul style="list-style-type: none"> <li>% First Nations executive representation and retention rates</li> </ul>
<b>Expand staff who self-identify as First Nations</b>	
<i>Outcome: Strengthened First Nations decision-making and control/ Increased staff knowledge and skills related to CSH and anti-Indigenous racism /First Nations staff supported at FNHA</i>	
<b>FNHA Activities:</b> <ol style="list-style-type: none"> <li>Review staff self-identification by position and level</li> <li>Review hiring criteria, recognizing lived experience and Indigenous knowledge</li> <li>Finalize Indigenous recruitment and retention strategy, including development of work experience programs</li> <li>Create work experience programs/internships for First Nations people</li> <li>Enhance leadership development programs for First Nations staff</li> <li>Promote learning opportunities for FNHA staff and community members</li> </ol>	<b>Draft Indicators:</b> <ul style="list-style-type: none"> <li>% change in self-identification data</li> <li>Recruitment processes include CSH fit consideration</li> <li>Establishment of a First Nations recruitment and retention strategy</li> <li>Establishment of work experience programs/internships for First Nations people</li> </ul>
<b>Develop CSH and anti-racism Communication Plan</b>	
<i>Outcome: Increased clarity on and promotion of FNHA, FNHC &amp; FNHDA positions with respect to anti-racism, CSH</i>	
<b>FNHA, FNHC &amp; FNHDA Activities:</b> <ol style="list-style-type: none"> <li>Finalize joint Communications Plan</li> <li>Promote CSH and anti-racism messaging and actions</li> <li>Support FNHDA related training materials and curriculum launch</li> </ol>	<b>Draft Indicators:</b> <ul style="list-style-type: none"> <li>Communications Plan targets met</li> <li>FNHDA curriculum training launched</li> </ul>
<b>Support First Nations individuals and families who share their stories</b>	
<i>Outcome: First Nations feel safe and supported sharing their stories</i>	
<b>FNHA, FNHC &amp; FNHDA Activities:</b> <ol style="list-style-type: none"> <li>Develop communications to support those who have shared their stories and continue to share stories</li> <li>Highlight available supports and services to First Nations individuals, families, leaders and communities</li> </ol>	<b>Draft Indicators:</b> <ul style="list-style-type: none"> <li>Messaging launched</li> <li>Reach of messaging</li> </ul>
<b>Update resources to raise CSH and anti-racism awareness</b>	
<i>Outcome: Greater awareness and understanding across the system related to CSH</i>	
<b>FNHA &amp; FNHDA Activity:</b> 1. Update CSH curriculum/resources aligned with Shared Values and First Nations approaches to addressing racism and cultural safety	<b>Draft Indicators:</b> <ul style="list-style-type: none"> <li>Excellence recognition guidelines completed</li> </ul>

<p><b>FNHA Activity:</b> 2. Develop role modelling excellence recognition process for staff, partners and communities</p>	<ul style="list-style-type: none"> <li>• # of curriculum, resources that have been updated</li> <li>• Resource/curriculum utilization (i.e. dissemination to and incorporation of resources by partners, unique views/hits/downloads)</li> <li>• Establishment of role modelling excellence recognition process</li> </ul>
<p><b>Entrench internal CSH accountability mechanisms</b> <i>Outcome: Enhanced practices of cultural safety and humility</i></p>	
<p><b>FNHA Activities:</b> 1. Ensure CSH commitments in mandate letters and strategic plans 2. Dedicate a team to lead CSH and anti-racism work, including regional structure 3. Entrench CSH guidelines for organizational decision-making 4. Quarterly CSH updates to Board of Directors</p>	<p><b>Draft Indicators:</b></p> <ul style="list-style-type: none"> <li>• Executive mandates include CSH</li> <li>• Establishment of dedicated Anti-Racism CSH team with regional structure</li> <li>• Strategic plan CSH performance measures tracked quarterly</li> </ul>
<p><b>Per Section 9.1 of the First Nations Tripartite Framework Agreement, work with Tripartite Partners to determine need for additional authority for FNHA through legislation</b> <i>Outcome: Strengthened Indigenous decision-making and control</i></p>	
<p><b>FNHA, FNHC &amp; FNHDA Activities:</b> 1. Hold conversations with governance partners on need for additional authority and come to agreement on next steps</p>	<p><b>Draft Indicators:</b></p> <ul style="list-style-type: none"> <li>• Position and forward approach determined</li> </ul>

### Priority Area 3: Service Excellence

This Priority Area focuses on enhancing the quality and cultural safety of FNHA and FNHDA delivered, funded and supported programs and services and supporting health system partners to do the same. This includes enhancing and standing up complaints processes; enabling meaningful integration of cultural healing and wellness into the health system; and, people development, including training and learning opportunities, recruitment and retention, performance, promotion and leadership.

<p><b>Develop First Nations complaints processes and support other accountability mechanisms</b> <i>Outcomes: First Nations feel safe and supported sharing their stories/Decreased experiences of racism and discrimination in care reported by First Nations in BC.</i></p>	
<p><b>FNHA Activities:</b></p>	<p><b>Draft Indicators:</b></p>



<ol style="list-style-type: none"> <li>1. Work with regions and partners to develop and execute a strategy to improve patient complaint processes, with the following priorities:             <ol style="list-style-type: none"> <li>a. Regional First Nations-led incidents and complaints processes through First Nations models such as cultural healing/restorative justice</li> <li>b. Support individuals with individual, regional or provincial access to complaints pathways</li> </ol> </li> <li>2. Refine and align FNHA complaints and complements processes with First Nations-led incidents and complaints processes.</li> <li>3. Ensure whistleblower policy and processes are reflective of anti-racism, CSH practices</li> </ol> <p><b>FNHA, FNHC &amp; FNHDA Activities:</b></p> <ol style="list-style-type: none"> <li>4. Advise partners on phased approach for other potential options such as:             <ol style="list-style-type: none"> <li>a. Regional pilot projects, task forces and other regional initiatives</li> <li>b. Placement of Indigenous leaders at Executive Level within Regional Health Authorities, including consideration of FNHA/FNHC opportunities</li> <li>c. Permanent executive leadership and health authority Board seats for Indigenous leadership</li> </ol> </li> </ol>	<ul style="list-style-type: none"> <li>• Existence of Indigenous approaches to address incidents and complaints</li> <li>• Year over year % of complaints offered cultural approaches to resolution (from baseline)</li> <li>• Year over year decrease in negative First Nations reported experiences (from baseline)</li> <li>• Year over year % of external cultural safety complaints resolved to satisfaction of complainant (from baseline)</li> </ul>
<p><b>Support cultural healing and wellness providers and practices integration within health system</b>  <i>Outcome: Increased access to quality, culturally safe and wholistic health and wellness programs and services, delivered with respect and humility</i></p>	
<p><b>FNHA Activities:</b></p> <ol style="list-style-type: none"> <li>1. Expand and integrate cultural healing and wellness services and providers</li> <li>2. Continue funding cultural healing and wellness providers based on regional and Nation based approaches and protocols</li> <li>3. Explore options for First Nations specific roles for cultural supports to patients, education and assisting with health system navigation</li> </ol>	<p><b>Draft Indicators:</b></p> <ul style="list-style-type: none"> <li>• % yearly increase in cultural programming and support staff per region (e.g. Elders, traditional healers)</li> <li>• % of facilities where traditional food and/or medicines available</li> <li>• Evidence of Indigenous healing approaches embedded in services</li> </ul>
<p><b>Enhance access to quality, timely and culturally safe services</b>  <i>Outcome: Increased access to culturally safe health and wellness programs and services</i></p>	
<p><b>FNHA Activities:</b></p> <ol style="list-style-type: none"> <li>1. Apply CSH, Primary Health Care ++ and harm reduction lenses to services and determine enhancement needs</li> <li>2. Stand up mental health and wellness and substance use projects including new resources for treatment infrastructure and centres</li> <li>3. Continuous quality and cultural safety improvement in program reviews</li> <li>4. Support First Nations clients/patients in monitoring/evaluating care and identifying service enhancements</li> </ol>	<p><b>Draft Indicators:</b></p> <ul style="list-style-type: none"> <li>• Quality Agenda targets met</li> <li>• CSH embedded in program evaluation processes</li> <li>• % of program reviews with CSH recommendations</li> </ul>

	<ul style="list-style-type: none"> <li>• Services free from racism and other preventable harms</li> </ul>
<p><b>Enhance CSH and anti-Indigenous racism staff training and resources</b></p>	
<p><i>Outcome: Increased staff knowledge and skills related to CSH and anti-Indigenous racism/Indigenous staff supported at FNHA</i></p>	
<p><b>FNHA &amp; FNHDA Activity:</b></p> <ol style="list-style-type: none"> <li>1. Amplify lateral kindness promotion</li> </ol> <p><b>FNHA Activities:</b></p> <ol style="list-style-type: none"> <li>2. Update internal training content, inclusive of CSH, racism and colonialism and ensure staff take mandatory training</li> <li>3. Update CSH resource repository and sharing spaces</li> <li>4. Support staff to access cultural healing and wellness supports/staff</li> </ol>	<p><b>Draft Indicators:</b></p> <ul style="list-style-type: none"> <li>• CSH and anti-racism included in updated training materials</li> <li>• % of staff that have taken CSH and anti-racism training taken</li> <li>• Staff engagement survey feedback</li> <li>• Staff supports in place</li> <li>• Indigenous employee retention rate</li> </ul>
<p><b>Apply anti-racism CSH lens in policy and planning processes</b></p>	
<p><i>Outcome: CSH embedded in planning and policy approaches</i></p>	
<p><b>FNHA Activities:</b></p> <ol style="list-style-type: none"> <li>1. Apply anti-racism, CSH lens in policy, planning, reporting and evaluation processes and associated tools</li> <li>2. Ensure community voices embedded into policy, planning, reporting and evaluation processes and products</li> </ol>	<p><b>Draft Indicators:</b></p> <ul style="list-style-type: none"> <li>• CSH, anti-racism policy lenses developed</li> <li>• FNHA planning process and plans reflect CSH</li> <li>• FNHA reporting and evaluation processes reflect CSH</li> <li>• Existence of organizational policies on CSH and anti-racism</li> </ul>
<p><b>Enhance understanding of First Nations experiences in the health system</b></p>	
<p><i>Outcomes: FNHA providing access to meaningful data to inform health and wellness planning/FNHA has access to data and information to support internal and external accountability mechanisms and quality improvement.</i></p>	
<p><b>FNHA Activities:</b></p> <ol style="list-style-type: none"> <li>1. Implement First Nations-led approaches to support CSH and racism data collection and evaluation</li> <li>2. Work with partners to support data collection and analysis on inequities and service delivery improvements</li> <li>3. Develop evaluation strategy and evaluate Action Plan progress</li> <li>4. Support partners in their evaluation implementation</li> <li>5. Implement CSH Evaluation Case Study Finding approaches</li> </ol>	<p><b>Draft Indicators:</b></p> <ul style="list-style-type: none"> <li>• CSH Framework evaluation &amp; CSH Case study recommendations implemented</li> <li>• Results from client/patient feedback tools and partner evaluations</li> </ul>

	<ul style="list-style-type: none"> <li>• Evaluation approaches reflect Indigenous worldviews, models and methodologies</li> </ul>
<p><b>Collect, analyze and release First Nations data in a culturally safe manner</b>  <i>Outcome: First Nations data rights respected/Enhanced learning on anti-racism, CSH across the health system</i></p>	
<p><b>FNHA Activities:</b></p> <ol style="list-style-type: none"> <li>1. Ensure FNHA led and supported research and data governance done in culturally safe manner, upholding principles of OCAP®</li> <li>2. Consider other data governance initiatives and strategies regionally and nationally</li> </ol>	<p><b>Draft Indicators:</b></p> <ul style="list-style-type: none"> <li>• Research priorities informed by First Nations and Indigenous communities</li> <li>• Indigenous data governance processes followed</li> </ul>