



In Plain Sight Response

ANNUAL UPDATE | November 2024



Interior Health

INDIGENOUS PARTNERSHIPS



Acknowledgements

LAND ACKNOWLEDGEMENT

Interior Health provides health and wellness services across the ancestral, unceded and traditional territories of the Dǎkelh Dené, St'át'imc, syilx, T̓silhqot'in, Ktunaxa, Secwépemc and Nlaka'pamux Nations. We honour the First Nations as the traditional stewards of these lands and waters.

PARTNERSHIPS

Interior Health recognizes the Métis Nation British Columbia (MNBC), the 15 Métis Chartered Communities within the Interior region, and the Métis and urban and 'away from home' Indigenous Peoples who contribute to the diverse landscape of Indigenous knowing and being in this region.

Interior Health promotes and supports health equity for all First Nations, Métis, and Inuit peoples. Whenever possible, we distinguish between First Nations, Métis, and Inuit, recognizing that they are distinct peoples with unique cultures, histories, rights, laws, and governments, with specific rights, interests, priorities, and concerns.

Introduction

Racism and discrimination against First Nations, Métis, and Inuit peoples continue to persist within our health system. Interior Health (IH) remains steadfast in its commitment to eliminating Indigenous-specific racism through a unified, cross-organizational approach. We expect all IH leaders and staff to play a vital role, within their sphere of influence, in advancing the Indigenous health and wellness goals identified by Indigenous Peoples within the Interior region.

This report is the fourth installment detailing IH's progress in implementing the recommendations of the In Plain Sight (IPS) report since its initial release on November 30, 2020.



In Plain Sight (IPS) Recommendations

In June 2020, an investigation into Indigenous-specific racism in the provincial health care system was launched by the B.C. Minister of Health. The investigation found extensive examples of racism and discrimination against Indigenous patients, culminating in the IPS Report: *Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* and a subsequent data report. These were published in November 2020 and February 2021, respectively, and resulted in 24 recommendations to be implemented across the B.C. health-care system to combat Indigenous racism.

Creating a system where Indigenous rights are upheld and where anti-racism mindsets and skills are the norm requires changes in systems, behaviors, and beliefs. The recommendations aim to advance integrated change, where actions in systems, behaviors, and beliefs align to achieve comprehensive improvements.

This report highlights IH's progress in meeting these goals. For a fulsome account of IH progress towards implementing the IPS recommendations, we encourage readers to review previous IH IPS Response Reports:

- [Volume 1: June 2022](#)
- [Volume 2: November 2022](#)
- [Volume 3: June 2023](#)

Note: Some IPS Recommendations fall under the responsibility of other government departments (e.g., Recommendations #3, 4, 12, 13, 16, 18, 19, and 21).

RECOMMENDATIONS: SYSTEMS

Systems refers to the structures, processes, and contexts we operate through and within. We must change those systems to ensure we uphold the minimum standards of the UN Declaration, and Indigenous health and wellness.

Recommendation #1

That the B.C. government apologize for Indigenous-specific racism in the health care system, setting the tone for similar apologies throughout the health system, and affirm its responsibility to direct and implement a comprehensive system-wide approach to addressing the problem, including standardized language and definitions, and clear roles and responsibilities for health authorities, regulatory bodies, associations and unions, and educational institutions.

- The IH Board of Directors issued a [public acknowledgment](#) that systematic racism exists and an apology to those who have experiences racism.
- IH CEO Susan Brown issued immediate communication to all IH employees and medical staff, reaffirming our commitment to work with Indigenous partners to



ensure respectful, dignified, and compassionate care for all individuals accessing IH services.

- Late Board Chair Doug Cochrane and IH CEO Susan Brown discussed the In Plain Sight report, IH’s Indigenous Health & Wellness Strategy 2022-2026, and patient safety concerns on [Season 4 Episode 5 of the Interior Voices podcast](#).
- The health sector collective agreements ratified for 2022-25 including the Facilities Bargaining Association, Health Science Professional Bargaining Association, Resident Doctors of BC, Ambulance Paramedics and Ambulance Dispatchers Bargaining Association, Community Bargaining Association and Nurses Bargaining Association, as well as the Physician Master Agreement, include new provisions to address systemic racism and promote cultural safety and humility.

The introduction of this new language marks an essential first step in a long journey toward meaningful change by confronting Indigenous-specific racism, advancing cultural safety, identifying, and eliminating barriers within collective agreements, and increasing Indigenous representation in our workforce.

Indigenous employees within collective bargaining agreements are now entitled to up to five paid leave days per year to practice, develop, and teach their spiritual and cultural traditions, customs, and ceremonies. These same benefits are available to Indigenous, non-contract, management staff.

- IH launched the [Indigenous Employee Experience Strategy \(2024-2029\)](#) on June 21, 2024, which will enable meaningful action towards reconciliation by enhancing the overall employee experience for Indigenous peoples. Shaped through engagement with Indigenous employees and Indigenous partners in the Interior region, this strategy integrates IPS report recommendations to attract, recruit, retain and improve our representative Indigenous workforce.



Recommendation #2

That the B.C. government, in collaboration and cooperation with Indigenous peoples in B.C., develop appropriate policy foundations and implement legislative changes to require anti-racism and “hard-wire” cultural safety, including an Anti-Racism Act and other critical changes in existing laws, policies, regulations and practices, ensuring that this effort aligns with the UN Declaration as required by DRIPA.

- IH launched our refreshed [2024-2027 Strategic Priorities](#), which set the strategic direction for how we deliver services and improve the health and well-being of those living in the B.C. Interior. Advancing Indigenous Health and Wellness continues to be a standalone key priority for IH. Additionally, all IH Strategic Priorities have Indigenous-specific actions to improve the shared accountability across the organization.

- The IH Indigenous Health & Wellness Strategy (IHWS) 2022-2026 sets the vision and direction for all IH staff in our pursuit to provide high quality, culturally safe, and effective health services to all Indigenous peoples in the Interior region. The strategy was developed in consultation with First Nations, MNBC, and IH leaders throughout all portfolios.

The IHWS 2022-2026 is rooted and aligns with key recommendations from the IPS Report, Truth and Reconciliation Commission (TRC) Calls to Action, Declaration on the Rights of Indigenous Peoples Act and its Action Plan (DRIPA, DRIPA AP), the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG), among other key foundational reports including those led by Nation partners.



- IH has implemented two policies ([Anti-Racism](#) and [Indigenous Cultural Safety & Humility](#) policies) outlining the responsibilities of all IH employees to foster a culturally safe, anti-racist, inclusive environment. [Learn more in Season 3 Episode 9 of the Interior Voices podcast.](#)
- An inequity was identified where Canadian Pension Plan (CPP) contributions were not made for First Nation employees who work on reserve. IH rectified this imbalance by ensuring staff who qualify for tax exemption under Section 87 of the Indian Act can opt-in to CPP. This correction reinforces IH's commitment to the Indigenous Employee Experience Strategy, eliminates disparities in employee benefits, and supports the hiring of Indigenous-specific positions.
- IH created a process to include Indigenous partner representation on interview panels for all non-contract Indigenous-specific positions. A Manager's Guide was created and socialized throughout the organization to further advance our commitment to partnership with the Indigenous communities we service and to improve shared decision-making with Indigenous partners.
- Following a consultation process and after careful consideration, IH transitioned from using the term 'Aboriginal' to using 'Indigenous' as the collective term to describe the diverse and distinct groups of First Nations, Métis, and Inuit. IH's change to the term 'Indigenous' is rooted in the feedback we received from Indigenous self-identified (ISI) employees, community partners, First Nations in the Interior region, and MNBC leaders, and Indigenous service providers. Changes have taken place within digital systems across the organization and within strategic planning, reporting, and policy documents.
- The revision of Medical Staff Rules to specifically address Indigenous-specific racism is in progress. A draft was presented to the Health Authority Medical Advisory Committee (HAMAC) for consultation in spring 2024, with continued input from medical staff. The revised rules are expected to be presented to the Board of Directors in 2025. These rules are a core part of Medical Staff Governance (including Bylaws, Rules, and IH Policies) that guide the conduct of medical staff across Interior Health facilities and programs.

Recommendation #5

That the B.C. government, First Nations governing bodies and representative organizations, and MNBC jointly develop a strategy to improve the patient complaint processes to address individual and systemic Indigenous-specific racism.

- In January 2022, IH hired two permanent Indigenous Patient Care Quality & Safety Consultants to join the Patient Care Quality Office (PCQO) team. All PCQO clients have the option to work with an Indigenous Consultant, who will review care concerns and provide a resolution or response within legislated timelines.
- In September 2022, a restorative approach, which is relationally focused, holistic, inclusive, and participatory, responsive, accountable, and forward-focused, was integrated into PCQO for Indigenous clients. Circle meetings, tailored to client needs and incorporating cultural practices, foster understanding, healing, and accountability by addressing concerns and responsibilities at individual, organizational, and system levels.
- In September 2022, IH Indigenous Consultants and leaders contributed to a provincial dialogue to generate a list of principles to guide Indigenous concerns processes. The *Sharing Concerns: Principles to Guide the Development of an Indigenous Patient Feedback Process* was published by Health Quality BC and integrated into the IH Indigenous PCQO process.
- In November 2022, the Indigenous Consultants began ongoing engagement sessions with each Nation in the Interior region, urban and away-from-home Indigenous peoples and Métis communities to raise awareness of the Indigenous PCQO process, build relationships, and gather feedback to enhance accessibility and cultural safety in the concerns process.
- In April 2023, IH approved the implementation of the Indigenous Systems Improvement Table, a structured process to consider patterns and trends in quantitative and qualitative Indigenous experience data and drive system change to improve care.
- In August 2023, IH contracted with external Indigenous evaluation specialists to develop an evaluation framework for the Indigenous PCQO process. Consultation with Indigenous PCQO clients and internal and external Indigenous program/organization leads guided the purpose and approach in the development of the framework.



Recommendation #6

That the parties to the bilateral and tripartite First Nations health plans and agreements work in co-operation with B.C. First Nations to establish expectations for addressing commitments in those agreements that have not been honoured, and for how those expectations will be met through renewed structures and agreements that are consistent with the implementation of DRIPA.

- All seven First Nations in the Interior Region and IH have signed partnership agreements (i.e., Letter of Understanding (LOU)) that define a collaborative, inclusive Nation-level process for engagement. These partnership agreements are the foundation of the IH relationship with Nation partners to address service delivery concerns and celebrate successes. As agreements sunset in their terms, IH and Nation representatives are working to revitalize these agreements:
 - The Ktunaxa-IH agreement has shifted in title from LOU to Memorandum of Understanding (MOU) with an intention to re-sign in 2025 following engagement with the Ktunaxa Community Governments.
 - The syilx Okanagan Nation Alliance (ONA)-IH LOU agreement has been refreshed and is intended to be ready for re-signing in 2025.
 - LOU Agreements with T̓silhqot'in, Ulkatcho, and Secwépemc Nations will be revitalized in 2025 at Nation direction.
 - Northern St'át'imc and Nlaka'pamux Nations are slated for renewal in 2026.
- As part of the Interior Region First Nations Governance Framework and in alignment with DRIPA, the Interior Partnership Accord agreement between IH and the seven First Nations in the Interior region was signed in 2012 and renewed in 2019. The Partnership Accord is currently being refreshed and modernized with re-signing anticipated for Spring 2025.

With the purpose of improving health and wellness outcomes for First Nations peoples, IH co-chairs the Partnership Accord Leadership Table (PALT) and the Partnership Accord Technical Table (PATT).

The PALT is a leadership table consisting of executive representatives from seven First Nations in the Interior region, First Nations Health Authority (FNHA) and IH. PALT oversees implementation of the Partnership Accord to advance shared priorities and joint initiatives.

Fostering an improved connection and understanding between PALT representatives and First Nation Communities includes hosting PALT meetings in First Nation communities on a regular basis.

- In September 2022, the Xeni Gwet'in First Nation hosted the first PALT meeting outside of a large urban centre.
- In May 2023, the community of ?aq'am on the traditional territory of the Ktunaxa Nation hosted PALT at St. Eugene Resort.
- In May 2024, PALT was held in Tsal'lath on the traditional territory of the St'át'imc Nation.



- In February 2024, IH hosted a multi-day [Indigenous Engagement Forum](#) that brought together Indigenous partners throughout the region and IH leadership and staff to talk about Indigenous health and wellness. The event consisted of speakers, panels, breakout sessions, and a blanket ceremony to honour IH Indigenous Patient Navigators.



Figure 1: Blanket ceremony to honour IH Indigenous Patient Navigators

- In collaboration with FNHA, IH hosted three annual Indigenous Food Forums (November 2022 – Osoyoos Indian Band, September 2023 - Tk'emlúps te Secwepemc, September 2024 – Secwepemc & Tsilhqot'in Territories) and one virtual session (March 2023) that focused on fostering connections, promoting Indigenous wellness, and sharing knowledge. The 2024 Forum included day trips to the communities of Esk'etemc (Secwepemc territory) and Tl'esqox (Tsilhqot'in Territory) who hosted traditional feasts with locally harvested food and game.



Figure 2: Esk'et Garden Tour

Recommendation #7

That the Ministry of Health establish a structured senior-level health relationship table with MNBC, and direct health authorities to enter into Letters of Understanding with MNBC and Métis Chartered Communities that establish a collaborative relationship with clear and measurable outcomes.

- The MNBC-IH LOU is the longest standing Métis LOU among the B.C. health authorities, first signed in 2012, refreshed in 2018 and again in 2023. The resigning of the MNBC-IH LOU occurred at the MNBC Annual General Meeting in Kamloops in front of MNBC community leaders and citizens.



Figure 3: Members of the Métis Nation BC - IH Leadership Table (MILT) at the 2023 MNBC AGM. From left to right: Nicole Taylor-Sterritt, Tanya Davoren, Stephen Thomson, Addie Pryce, Dr. Doug Cochrane, Louis De Jaeger, Becca Britton, Kaelyn Elfert, Kris Murray

- The Métis Interior Leadership Table (MILT) was established in 2020 and oversees the implementation of the MNBC-IH LOU. MILT is a place where MNBC and IH executives focus on the distinct health and wellness needs of Métis people through proactive planning and joint decision-making. MILT has embedded Métis culture and learning into meetings and cultural exchange events.
- The hiring and onboarding of the Métis Health Systems Advocate role has significantly increased IH and MNBC's capacity to support work that actions commitments outlined in the MNBC-IH LOU and has been instrumental in the development of the [MNBC-IH Métis Health & Wellness Plan 2024-2028](#) was released in September 2023.
- Annually on November 16, IH commemorates the legacy of Louis Riel and his profound sacrifice and enduring influence. We remember and pay tribute to a man who was a great Métis leader by recognizing his advocacy for the protection of the rights and culture of the Métis Nation. Recognizing the sacrifice Louis Riel made to create a future for Métis people from coast-to-coast-to-coast following the North-West Resistance, and understanding our shared history as Canadians is a critical step towards reconciliation.

- Métis-specific Interior Voices podcast episodes:
 - [Season 5 Episode 8: Métis Nation British Columbia](#)
 - [Season 4 Episode 8: Métis historian Brodie Douglas](#)
 - [Season 3 Episode 8 Part 1: Louis Riel Day Interview with Debra Fisher](#)
 - [Season 3 Episode 8 Part 2: Louis Riel Day Interview with Dean Gladue](#)
- MNBC hosted [Ta Saantii Mamawapowuk health gathering](#), a Métis-specific cultural safety education and training experience in October 2023 that brought Metis community members and IH staff together to learn, engage, and share Metis priorities in the Interior region.

Recommendation #8

That all health policy-makers, health authorities, health regulatory bodies, health organizations, health facilities, patient care quality review boards and health education programs in B.C. adopt an accreditation standard for achieving Indigenous cultural safety through cultural humility and eliminating Indigenous-specific racism that has been developed in collaboration and cooperation with Indigenous peoples.

- The BC Cultural Safety and Humility Standard (CSHS) officially became an assessment standard by Health Standards Organization (HSO) in the fall of 2023 to help organizational leaders identify, measure, and achieve culturally safe systems and services that better respond to the health and wellness priorities of First Nation, Métis, and Inuit peoples and communities.

Accreditation Canada will soon be announcing their Qmentum version of the standards for organizations to assess their work against. To prepare for testing of the assessment standard (likely in 3-4 years), IH is in the process of conducting a comprehensive environmental scan on progress towards each of the assessment standards.

- IH participates in the provincial CSHS Health System Community of Practice that brings together Indigenous and Quality leaders across all regional health authorities and partner organizations (i.e. MNBC, FNHA) to collaborate, share best practices and support our organizations to advance cultural safety and humility and eradicate Indigenous-specific racism in the B.C. health sector.



Recommendation #9

That the B.C. government establish a system-wide measurement framework on Indigenous cultural safety, Indigenous rights to health and Indigenous-specific racism, and work with First Nations governing bodies and representative organizations, MNBC, the Indigenous Health Officer, and the Indigenous Health Representative and Advocate to ensure appropriate processes of Indigenous data governance are followed throughout required data acquisition, access, analysis, and reporting.

- The BC Indigenous Cultural Safety Measurement Working Group, co-chaired by PHSA and Providence Health Indigenous leadership along with representatives from all health authorities, the Ministry and subject matter experts, is working to develop this framework. The goal is to enable better data sharing across the system, determine a balanced indicator set to measure cultural safety, and implement a performance monitoring dashboard.
- The IH Indigenous Self-Identification (ISI) client and employee project, launched in 2011, asks clients voluntary self-identification questions upon at registration throughout IH hospitals and in priority program areas (i.e. Mental Health, Primary Care, Home Health, etc.). The B.C. Ministry of Health's Aboriginal Administrative Data Standard (currently under revision) is used to ensure consistency in collecting ISI information from clients and IH staff. The project aims to ensure that Indigenous patients receive culturally safe and appropriate care, and that Interior-specific Indigenous health data is available to support program planning and service delivery.
- The IH ISI Steering Committee is comprised of senior leadership from across the organization tasked with monitoring all aspects of the IH ISI initiative. Developing and improving key elements of the data management process (i.e. acquiring, storing, analyzing, auditing, and reporting data), improving the cultural safety for Indigenous clients, advancing the cultural competency of staff, and working towards data governance with Indigenous partners are the primary objectives of the committee.

Recommendation #10

That design of hospital facilities in B.C. include partnership with local Indigenous peoples and the Nations on whose territories these facilities are located, so that health authorities create culturally-appropriate, dedicated physical spaces in health facilities for ceremony and cultural protocol, and visibly include Indigenous artwork, signage, and territorial acknowledgment throughout these facilities.

- In October 2024, IH hired an Indigenous Capital Planning Engagement Lead to advance our collaboration goals with Indigenous partners.
- *Indigenous Engagement Guidelines for Capital Projects* was developed to support meaningful inclusion of Indigenous partners in key capital projects.



- IH has made tangible efforts to partner and incorporate Indigenous culture within our facilities through territory acknowledgements, signage, artwork, and ceremony. Our approach includes engagement and collaboration with Interior region First Nations to ensure cultures are respected and reflected in the design of new capital projects and renovating existing spaces.
- Recent partnerships and projects:
 - Work is underway for an updated and [expanded Cariboo Memorial Hospital \(CMH\)](#), which will improve access to care for people in Williams Lake and the surrounding Cariboo-Chilcotin area, including the First Nations of the Secwépemc, T̓silhqot'in and D̓ākelh Dené. Robust engagement efforts in 2024, were initiated with Indigenous partners in the region, and will contribute greatly to the design of the new building.
 - In June 2024, IH staff and Tsq̓escen First Nation members held a powerful [smudging ceremony at the 100 Mile House District General Hospital](#), led by Elders who explained the ritual's significance in purifying and connecting with Mother Earth. With drumming, singing, and smudging, participants from diverse backgrounds, including Elders, youth, and healthcare workers, came together in a meaningful celebration of healing and unity.



Figure 4: From left to right: Alisha Sterling, Penny Ecker, Audrey Ward, and Sheri Fleming were among the guests at the smudging ceremony at 100 Mile House District General Hospital

- The [Scared Space at CMH received a facelift](#) thanks to the inspired work of Secwépemc artist, Autumn Christopher. The art was officially unveiled in April 2024.
- In January 2024, a new culturally inclusive mural was unveiled at Creston Valley Hospital (CVH), inspired by a conversation between Dr. Nerine Kleinhans and a patient. The patient mentioned how the main hallway felt long, dark, and intimidating, especially when awaiting difficult news. Moved by this, Dr. Kleinhans led a project to bring color and positivity to CVH. The mural, created collaboratively by local Indigenous and non-Indigenous

artists from Arts Space, now brightens the hallway, creating a welcoming atmosphere for patients and staff.

o Other articles:

- [Providing health care and building relationships in Creston](#)
- [Language matters at Cranbrook urgent and primary care centre](#)
- [Indigenous artist Chris Bose to create cultural wall at Kamloops](#)
- [Creating Welcoming Spaces](#)
- [Tower smudging close to the heart](#)

RECOMMENDATIONS: BEHAVIOURS

Behaviours refers to the norms and actions that are taken, and how they reflect an anti-racist skillset and are respectful of Indigenous human rights, health, and well-being.

Recommendation #11

That the B.C. government continue efforts to strengthen employee “speakup” culture throughout the entire health care system so employees can identify and disclose information relating to Indigenous-specific racism or any other matter, by applying the Public Interest Disclosure Act (PIDA) to employees throughout the health care sector without further delay.

- IH encourages a speak-up culture where employees can share ideas, opinions, and concerns, without fear of retaliation, penalty or any other kind of harm resulting from speaking up. If you see something, say something. IH’s Workplace Environment Guide outlines how to report acts of racism in the workplace.
- In November 2023 the Indigenous Cultural Safety and Humility team hosted a Speak Up Culture workshop and theatre event, accompanied by a toolkit, that supports IH employees to address Indigenous-specific racism in health care. The initiative used the participatory forum theatre model to deliver plays that provided opportunities for the audience to step into a character, explore strategies to speak up, and expose deeper systemic issues.
- The IH Employee Voices Advisory Working Group (EVAG) was formed to advise and make recommendations to support diversity and inclusion by promoting a healthy workspace, where all employees feel included and are able to bring their whole selves to work. [Learn more in Season 3 Episode 6 of the Interior Voices podcast.](#)
- The quarterly IH DIVERsity and INclusion (DIVE-IN) Newsletter is curated by the EVAG that elevates stories and experiences of staff from all demographics and intersectionality’s.



Recommendation #14

That the B.C. government, PHSA, the five regional health authorities, B.C. colleges and universities with health programs, health regulators, and all health service organizations, providers and facilities recruit Indigenous individuals to senior positions to oversee and promote needed system change.

- The IH Indigenous Partnerships Vice President (VP) portfolio was established in August 2021, which paved the way for our inaugural Indigenous Partnerships VP Addie Pryce to have a permanent seat at the IH Senior Executive Table.
- The Indigenous Partnerships portfolio consists of two corporate directors (Indigenous Cultural Safety & Humility and Indigenous Health & Wellness), three managers (Indigenous Cultural Safety Education, Engagement, and Strategy & Accountability) and 29 program staff focused on advancing the objectives within the IH Indigenous Health and Wellness Strategy and fostering strong partnerships with Indigenous partners across the region.
- Eight Nation-IH Indigenous Health Advocate positions were created to support Nation engagement on joint priority areas and assist with implementing key recommendations within the IPS Report. One Indigenous Health Advocate position has been allocated to each of the seven First Nations in the Interior region and one for MNBC.
- In May 2022, B.C.'s Office of the Human Rights Commissioner approved our application for Section 42, a Special Program that will give preference to applicants spanning all fields of practice, who self-identify as Indigenous for positions that are excluded (non-unionized). This will ensure IH is placing focus on qualified Indigenous candidates for excluded (in most cases leadership-focused and management) positions spanning the health authority. Section 42 was officially implemented in October 2022, and since then, the rate of Indigenous employees in non-contract positions has increased from 5.3% to 7.0% (as of Sept 2024).
- In November 2023 the new Lead, Indigenous Recruitment position was created to further support IH's commitment to increasing the Indigenous representative workforce to 10% by 2025. Current Indigenous self-identification as of November 2024 reflects a 7.0% representation—up from 6.7% one year ago.
- IH developed a Retention Team with a focus on onboarding, orientation, change management, talent management, and management mentorship. Retention is one of the four cornerstones of BC's Health Human Resources (HHR) Strategy and can be achieved through fostering healthy, safe, and inspired workplaces by supporting mental health and wellness, leadership development, and incentivizing workers in high-need areas. The Indigenous employee retention is at 97.7% from March 31, 2023, to March 31, 2024.

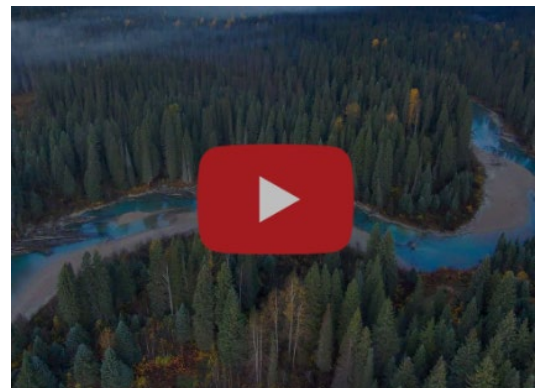


Recommendation #15

That the B.C. government, First Nations governing bodies and representative organizations, MNBC, the Provincial Health Officer and the Indigenous Health Officer develop a robust Indigenous pandemic response planning structure that addresses jurisdictional issues that have arisen in the context of COVID-19, and which upholds the standards of the UN Declaration.

- Building on the collaboration and partnerships established during the COVID-19 Pandemic Response, First Nations, FNHA and IH have designed a collaborative emergency response process to coordinate meeting health and wellness needs of First Nation communities during environmental and health emergencies.
- The First Nation – IH – FNHA Emergency Management Committee, a revised version of the COVID-19 Response Committee that launched during the pandemic, has continued, and grown to include Community Emergency Preparedness Coordinators and Nation representatives. The committee continues to meet to discuss extreme heat planning, freshet response, emergency recovery, and collaborations with partners during response.
- An Indigenous Health Emergency Management B.C. (HEMBC) liaison was hired to support First Nation communities throughout the Interior region. The main focus of the role is to coordinate the writing of emergency plans, help facilitate responses in times of emergency and organizing training and resources for staff and leadership. [Learn more in Season 5 Episode 3 of the Interior Voices podcast.](#)
- The structures and pathways created during the pandemic have improved collaboration, planning and implementation of key initiatives in response to the toxic drug emergency with Indigenous partners. The IH Toxic Drug Strategy, IH Mental Health and Substance Use Strategy, and the Medical Health Officer report on the toxic drug crisis are key examples of these partnerships and progress.
- IH released our five-year [Climate and Sustainability Roadmap](#) aimed at providing environmentally sustainable health care services, reducing greenhouse gas emissions and impacts on the natural environment, and supporting climate resilience across the organization and communities we serve. Several Indigenous-specific actions are included on the roadmap including collaborating with Indigenous communities on climate adaptation and mitigation actions, coordinating seasonal readiness planning with Indigenous communities and enhancing communication and data governance with Indigenous partners.

[Learn more in Season 5 Episode 7 of the Interior Voices podcast.](#)



Recommendation #17

That the B.C. government and FNHA demonstrate progress on commitments to increase access to culturally safe mental health and wellness and substance use services.

- IH's [Peer Inclusion and Engagement Project](#) gives people who have lived with or have living experience with substance use the opportunity to get involved and share their voice. The project offers a variety of ways that people can share their expertise: through employment with IH as a Peer Support Worker, or through Peer Advisory Group and Peer Volunteer roles. Learn more at [Stories@IH](#) or listen to [Season 5 Episode 1 of the Interior Voices podcast](#).
- Through the Indigenous Harm Reduction Campaign, it was recommended to develop culturally reflective harm reduction and overdose prevention promotional material. A call was put out to Indigenous artists across the Interior Region asking for submissions of artwork that reflect anti-stigma and harm reduction messaging. This work enhances care environments to be more reflective of the Nations and Indigenous territories they are situated on.

The artwork, in the form of window clings, stickers and buttons, have been mailed out to all Indigenous health centres, health centres in the Interior region, and to community partners who provide harm reduction supplies and services. We encourage all sites to proudly display the signage where it is most visible to folks accessing services.

- Four new full-time Mental Health and Substance Use (MHSU) Indigenous Patient Navigator (IPN) positions provide enhanced navigational support for Indigenous individuals and families to access community MHSU services and resources that are culturally safe, relevant, and client-centered. The focus of these positions will be to support rural care recipients. The positions have been implemented in Kamloops, Williams Lake, East Kootenay, and Thompson rural area regions, with 2 of the 4 positions filled and 2 being recruited for.
- Elders and Knowledge Keepers continue to provide support to MHSU services and MHSU Network teams. This includes participation from a Knowledge Keeper in the Cariboo Chilcotin area to explore supports available in remote communities; Elders supported a smudging ceremony for the downtown Vernon MHSU site and staff; and an Elder from the Westbank First Nation participated in knowledge exchange at a Provincial MHSU Dialogue Action conference.



RECOMMENDATIONS: BELIEFS

Beliefs refer to attitudes and understandings that individuals or groups hold, which reflect, enable, or reinforce anti-Indigenous racism.

Recommendation #20

That a refreshed approach to anti-racism, cultural humility and trauma-informed training for health workers be developed and implemented, including standardized learning expectations for health workers at all levels, and mandatory, low-barrier components. This approach, co-developed with First Nations governing bodies and representative organizations, MNBC, health authorities and appropriate educational institutions, to absorb existing San'yas Indigenous Cultural Safety training.

- IH has four online Indigenous Cultural Safety Education (ISCE) modules to improve the baseline educational understanding and awareness of Indigenous Peoples. These modules are part of IH's Job Ready requirement for all staff. As of November 6, 2024, 94.4% of IH employees have completed the four required modules.
- In response to recommendations within the IPS report, IH is working to develop a refreshed curriculum, the Indigenous-Specific Anti-racism Education (ISAE) Framework. The ISAE Framework was built on the shoulders of those who came before and complement the additional learning opportunities available, such as the San'yas Indigenous Cultural Safety Training. The ISAE framework embeds anti-racism, cultural humility, and trauma informed practice.
- The ISAE Microcourse Series is one of the ISAE Framework's key offerings. Each microcourse comprises of multiple modules. Modules feature an online component that allows staff to proceed at their own pace, where a final project will be completed and shared at a subsequent virtual learning circle with fellow staffers. The microcourses are completed sequentially and build upon another with later modules requiring deeper self-reflection. This training was soft launched in April 2023 and to date, over 1,000 staff have begun this learning journey.



- The Journey to Cultural Safety and Humility advisory committee (JACSH) was instrumental in developing the Host Nation modules within the Coyote's Curiosity



microcourse. The JACSH consists of representatives from each of the seven First Nations in the Interior Region (Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx, and Tšilhqot'in), and Métis Nation BC.

- As part of the ISAE Framework, IH offers several experiential learning opportunities, both virtually and in person, with grant funding from the Kelowna General Hospital Foundation further supporting these initiatives:
 - The Indigenous Cultural Safety and Humility team has offered an in-house, virtual blanket exercise for IH employees. The blanket exercise was created by Sk'elep Reconciliation specifically for IH, with an Interior region and health focus. The exercise is an interactive and experiential teaching tool that explores the historic and contemporary relationship between Indigenous and non-Indigenous peoples in the land we know as present-day Canada. Previously, the virtual blanket exercise was provided by external Indigenous contractors, to whom we are grateful. IH has also offered in-person Blanket Exercises, led by external Indigenous contractors. To-date, 695 staff have taken the blanket exercise, either in-person or virtually. Several toolkits and resources have been developed that support this training.
 - The in-person workshop called the Box Circle Exercise, led by an external facilitator, helps the learner become familiar with Indigenous and Euro-Canadian worldview and how they differ. To-date, 158 staff have taken the box circle exercise.
 - IH has also piloted several other experiential workshops including Decolonize First, intended for non-Indigenous participants to explore how they might unconsciously be upholding colonial values and begin to move towards being an Indigenous ally, and several handwork workshops which had participants bead Orange Shirt pins or make Medicine Pouches while listening to a syilx Knowledge Keeper.

Recommendation #22

That the B.C. government, in consultation and co-operation with Indigenous peoples, consider further truth-telling and public education opportunities that build understanding and support for action to address Indigenous-specific racism in the health care system; supplemented by a series of educational resources, including for use in classrooms of all ages and for the public, on the history of Indigenous health and wellness prior to the arrival of Europeans, and since that time.

- IH external communication tools (news magazine: [Stories@IH](#), social media channels: [Facebook](#), [X](#), [Instagram](#), [YouTube](#), [Linkedin](#)) continue to promote and help educate the public and IH staff on Indigenous-specific issues and history, including: National Day for Truth and Reconciliation, National Indigenous Peoples Day, National Indigenous History Month, Louis Riel Day, National Day of Awareness and Action for Missing and Murdered Indigenous Women, Girls and Gender Diverse People, among others.



- IH hosts an Indigenous health-focused podcast called Interior Voices that uses story and conversation to explore the intersection of wellness and culture in the workplace, everyday life, and patient care. The main focus of the podcast is to promote the Indigenous Health and Wellness work happening around the Interior region, highlighting champions for change, and speaking to Cultural Safety and Humility and Anti-Indigenous racism. Sixty-seven episodes have been released since Interior Voices launched in 2019. Listen [on iTunes](#) or [on our hosting site](#). Our most recent episodes are listed below:
 - [Season 5 Episode 12 Part 2: Cultural Safety is for everyone](#)
 - [Season 5 Episode 11 Part 1: Cultural Safety is for everyone](#)
 - [Season 5 Episode 10: Year in Review](#)
 - [Season 5 Episode 9: Indigenous Foods in IH Facilities](#)
 - [Season 5 Episode 8: Métis Nation British Columbia](#)
- In September 2024, IH launched a video series to elevate Indigenous knowledge, worldview, and voices through the power of storytelling to eliminate/address Indigenous-specific racism within IH and create a safe space for Indigenous Peoples accessing care. [Passing the Mic](#) is the first in the video series featuring Dr. Nancy Humber, a family physician serving communities within the Northern St'at'imc territory. Dr. Humber reflects on her cultural safety and humility journey, how to provide culturally safe care and how she has aspired to be an ally to Indigenous Peoples.
- As part of our commitment to improve communication and accountability with Indigenous communities, partners, and service providers, IH has created a bimonthly Indigenous Partnerships Newsletter to share key activities and collaborations that support improved Indigenous health and well-being in the interior. The newsletter provides a venue to communicate directly with Indigenous community members, health staff and leadership. Development of the newsletter is a key recommendation from the PALT Action Plan. Subscribe to the Indigenous Partnerships Newsletter: [IH Indigenous Partnerships \(mailchi.mp\)](#)



Conclusion

Interior Health recognizes that addressing Indigenous-specific racism in health care demands unwavering dedication to systemic transformation and cultural responsiveness. The progress made so far reflects the commitment of staff, leaders, and community partners to cultivate a health system where every Indigenous client is welcomed with respect, dignity, and understanding. But we know that true cultural safety goes beyond policy change; it requires a shift in practice, accountability, and the humility to learn and evolve continually.

As we advance the actions stemming from the In Plain Sight report, we reaffirm our commitment to embedding Indigenous voices into the planning and decisions that shape health care in the Interior region. We are guided by the wisdom and experiences of First Nations and Métis Nation BC leaders and partners, as we embed cultural safety principles across services, policies, and care environments. This work is not a moment but a movement toward an enduring transformation where reconciliation is not only spoken about but lived.

Despite our strides, we remain clear-eyed about the persistent challenges and the responsibility to confront all forms of racism and discrimination. In partnership with Indigenous communities, Interior Health is dedicated to sustaining this work with transparency, accountability, and a relentless pursuit of meaningful change. As a cornerstone of this accountability, IH will continue to share annual updates on our progress, ensuring that each step taken is open to reflection and collective improvement.

