

NORTHERN HEALTH
CULTURAL SAFETY
AND SYSTEM CHANGE:
An Assessment Tool



northern health
the northern way of caring



Contents



GLOSSARY	2
1.0 INTRODUCTION	7
1.1 Purpose	7
1.2 Background	7
1.3 Development Process	8
1.4 Alignment with Northern Health Priorities	9
2.0 THE TOOL	11
2.1 Guiding Principles	11
2.2 The Tool and Its Use	12
3.0 DECISION-MAKING TREES	14
3.1 Engaging Indigenous Peoples	14
3.2 Addressing Health Equity through Access	15
3.3 Ensuring Indigenous Inclusion	16
3.4 Informing Evaluation	17
4.0 APPLYING THE DECISION-MAKING TREES	18
4.1 Engaging Indigenous Peoples	19
4.2 Addressing Health Equity through Access	20
4.3 Ensuring Indigenous Inclusion	21
4.4 Informing Evaluation	22
5.0 NEXT STEPS	25
APPENDIX A: The assessment tool's relationship to policy development stages	26
REFERENCES	28

Glossary



CULTURAL HUMILITY

“A life-long process of self-reflection and self-critique. It is foundational to achieving a culturally safe environment. While western models of medicine typically begin with an examination of the patient, cultural humility begins with an in-depth examination of the provider’s assumptions, beliefs and privilege embedded in their own understanding and practice, as well as the goals of the patient-provider relationship. Undertaking cultural humility allows for Indigenous voices to be front and centre and promotes patient/provider relationships based on respect, open and effective dialogue and mutual decision-making. This practice ensures Indigenous peoples are partners in the choices that impact them, and ensures they are party and present in their course of care”ⁱⁱ.

CULTURAL SAFETY

Cultural safety is when all people feel respected and safe when they interact with the health care system. Culturally safe health services are free of

racism and discrimination. People are supported to draw strengths from their identity, culture and community”ⁱⁱ. “Culturally unsafe environments diminish, demean, and disempower the cultural identity and well-being of an individual”ⁱⁱ.

CULTURALLY SAFE ENVIRONMENT

Is the desired outcome and can only be defined by the Indigenous person receiving care in a manner that is safe and does not profile or discriminate against the person but is experienced as respectful and safe and allows meaningful communication and service. It is a physically, socially, emotionally and spiritually safe environment, without challenge, ignorance or denial of an individual’s identity. To be culturally safe requires positive anti-racism stances, tools and approaches and the continuous practice of cultural humilityⁱ.

HEALTH EQUITY

“Equity is the absence of avoidable, unfair or remediable differences among groups of people, whether those groups are defined socially,

economically, demographically or geographically or by other means of stratification. “Health equity” or “equity in health” implies that everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential”ⁱ.

INCLUSIVITY

Assessment Tool actions allow individuals, teams and organizations to ensure voices of Indigenous peoples are included in governance, policy, and program development as well as service delivery.

OCAP PRINCIPLES

The First Nations Principles of OCAP® (Ownership, Control, Access, and Possession) as defined by the First Nations Information Governance Centre (FNIGC) are the guiding principles by which First Nations collect, manage, own, protect, use, and control their information (e.g., health and wellness data). Access to First Nations data is also important and First Nations determine, under appropriate mandates

and protocols, how access for external researchers is facilitated and respectedⁱⁱⁱ. The First Nations Information Governance Centre defines these principles as follows:

- **“Ownership:** Ownership refers to the relationship of First Nations to their cultural knowledge, data, and information. This principle states that a community or group owns information collectively in the same way that an individual owns his or her personal information.
- **Control:** The principle of control affirms that First Nations, their communities and representative bodies are within their rights in seeking to control over all aspects of research and information management processes that impact them. First Nations control of research can include all stages of a particular research project-from start to finish. The principle extends to the control of resources and review processes, the planning process,

management of the information and so on.

- **Access:** First Nations must have access to information and data about themselves and their communities, regardless of where it is currently held. The principle also refers to the right of First Nations communities and organizations to manage and make decisions regarding access to their collective information. This may be achieved, in practice, through standardized, formal protocols.
- **Possession:** While ownership identifies the relationship between a people and their information in principle, possession or stewardship is more concrete. It refers to the physical control of data. Possession is a mechanism by which ownership can be asserted and protected”ⁱⁱⁱ.

RECIPROCAL ACCOUNTABILITY

The activity of rendering an account within a group or between groups, relying on shared

agendas in order to encourage the behaviour changes needed to meet commitments. Reciprocal accountability is supported by evidence collected and shared among all partners^{iv}.

Health partnership agreements in BC define reciprocal accountability as a defining characteristic of the partnership commitments, meaning “that we will work together at all levels in a collaborative manner to achieve our shared goals, living up to our individual and collective commitments. It means that each Partner is accountable to the others for its actions, and for the effective implementation and operation of their responsibilities and systems, recognizing that our work as Partners is interdependent and interconnected. It means that we strive not only to live up to one another’s expectations, but strive to exceed them”^v.

RESPECT

Respectful consideration for Indigenous people and their knowledge of health and wellness.



SERVICE DELIVERY CHANGE

Service delivery change refers to “individual or direct service delivery and is where peoples’ access and experiences are more direct and acute. It is at [this] scale of human interaction, where people interface and interact with each other, {that} the promotion of culturally respectful and safe practice between Indigenous and non-Indigenous peoples becomes imperative”^v.

STRUCTURAL CHANGE

Structural change refers to changes to high-level structures that may include historical and contemporary events, legislation, judicial decisions, policies, and agreements. These changes can be at the societal level. The UN Declaration on the Rights of Indigenous Peoples (UNDRIP, 2007) and the BC Declaration on the Rights of Indigenous Peoples Act (DRIPA; Government of British Columbia, 2019) are examples of large structural changes. Another example of structural change is the creation of the *British Columbia Tripartite Framework Agreement on First Nation Health Governance*

(2011) through which the commitment was made to create the First Nations Health Authority and transfer responsibility and funding from the federal government to the First Nations Health Authority^{vii}.

SYSTEMIC CHANGE

Systemic change refers to “a fundamental change in policies, processes, relationships, and power structures, as well as deeply held values and norms.”^{viii} This includes change to organizational structures, policies, programs and/or practices. Examples of systemic change include revisions or updates to clinical guidelines, creation of leadership positions (e.g., Vice President of Indigenous Health), development of specific programs, and flexible funding models.





1.0 Introduction



1.1 PURPOSE

The purpose of this document is to support Northern Health staff and health care professionals to be inclusive and respectful of Indigenous peoples and communities in the development and implementation of health care initiatives¹. Ultimately, this tool is intended to support culturally safe health services and health outcomes for Indigenous peoples across the North.

1.2 BACKGROUND

Northern Health is committed to the strategic priorities articulated in its *Strategic Plan: Looking to 2023* (Northern Health, 2020)¹ that focus on partnering with communities to support people to live well and to prevent disease and injury. Achieving these commitments demands the provision of culturally safe and respectful health care services. These commitments are also situated in a broader social and political context that acknowledges the realities of Indigenous peoples in British Columbia. The *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP)^x endorsed in 2010 by Canada, and fully ratified in 2016, upholds the rights of Indigenous peoples around the world, including in British Columbia. In November 2019, the Province of British Columbia passed the *BC Declaration of the Rights of Indigenous Peoples Act* (DRIPA) into law. The *Act* is intended to create a shared path forward that respects the human rights of Indigenous peoples. Article 24(1) of the UNDRIP speaks directly to the health of Indigenous peoples, stating that:

“Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.”^x

¹ We are currently defining initiatives as policies, projects, programs, planning and strategies.



Upholding Indigenous people's human rights is at the heart of cultural safety. In this context, along with a commitment to positively impact Indigenous people's experiences within BC's health care system, the *Declaration of Commitment on Cultural Safety and Humility in Health Services for First Nations and Aboriginal Peoples in BC*^{xi} (the Declaration) was signed in early 2015 by Chief Executive Officers of all health authorities in BC, the Ministry of Health, and the First Nations Health Authority. In that same year and also calling for change, the *Truth and Reconciliation Commission of Canada* (TRC) released 94 *Calls to Action*^{xii}. Several of those *Calls* focus on health. They identify Indigenous people's right to health care services, education and training for health care professionals and health care system change.

Taken together, these large socio-political realities underscore and affirm the importance of the *Northern Partnership Accord* (NPA) signed in 2012 by Northern Health, the First Nations Health Authority, and Northern First Nations. A key component of the NPA is a

Northern First Nations Health and Wellness Plan (2013) that sets out a partnered approach to realizing priorities for the health and wellness of northern First Nations communities. These priorities are situated within a change approach that demands innovative policies, programs, strategies and processes. The creation of a Northern Health **Cultural Safety and System Change: An Assessment Tool** is one of those innovations that is intended to support the delivery of culturally safe and inclusive health care services.

Northern Health's Assessment Tool is based on a commitment to realizing cultural safety through respectful engagement, equity, and inclusion. The Assessment Tool aims to support Northern Health staff and professionals as they design, implement, and evaluate policies, projects, programs, plans and strategies that impact Indigenous peoples and communities. At the heart of this tool are four thematic decision-making trees: 1) Engaging Indigenous Peoples, 2) Addressing Health Equity through Access, 3) Ensuring

Indigenous Inclusion, and 4) Informing Evaluation. Each decision-making tree has a series of steps with key questions, prompts, considerations, supports, and resources.

1.3 DEVELOPMENT PROCESS

Several specific opportunities for providing input and feedback at an organizational level informed the drafting of the Assessment Tool. The list below identifies some of those opportunities.

The first was a workshop held in December 2018 with the Northern Health Indigenous Health and Policy teams, and several participants from other departments within Northern Health (NH). This meeting focused on gaining an understanding of the different administrative and public policy processes within NH and their potential application for a tool that would be inclusive of Indigenous-specific considerations in NH policy, programs and processes.

The second opportunity was a meeting in October 2019 wherein Health Impact and Health Equity Impact Assessments, used to support consideration of determinants of health and health equity by non-health promoters, were explored for their utility in the development of an Assessment Tool. Specifically, the NH Indigenous Health team along with other attendees (i.e., representatives from several NH departments and two external partner organizations: the First Nations Health Authority and the National Collaborating Centre for Indigenous Health) created a series of questions to examine the impact assessments.

In the spring and summer of 2020, the NH Indigenous Health team developed a first draft of the Assessment Tool decision-making trees and related approach using the information generated from the questions created in October 2019. It is important to note that based on this information, the scope of the Assessment Tool was expanded significantly from a single focus on policy to one that includes policies, projects, programs, planning, and strategy

processes (collectively referred to as "initiatives" throughout this document). Given the reality of COVID-19, in August 2020 two virtual opportunities were created to engage with participants from the previous two workshops in order to provide an update on the development of the tool and to solicit feedback on the draft Assessment Tool decision-making trees and related approach.

The first was a webinar which offered participants an opportunity to engage in dialogue about the draft Assessment Tool decision-making trees. A total of 13 participants representing 9 different Northern Health departments and one partner organization attended the webinar. While not all original partners were able to participate in the webinar, a survey which contained print and video information mirroring that of the webinar was sent to the whole group to ensure everyone who had participated in the development process had an opportunity to provide input. This development process embodied and demonstrated the values of respect and inclusion underpinning the work.

1.4 ALIGNMENT WITH NORTHERN HEALTH PRIORITIES

This tool is a critical component of fulfilling Northern Health's commitment to ensure a culturally safe and respectful health care system and associated practices. Likewise, this Assessment Tool addresses specific Indigenous considerations critical to the BC Ministry of Health's requirement for a Gender-Based Analysis Plus (GBA+) analysis of health care service delivery. This Assessment Tool also has the potential to take into account diversity amongst Indigenous peoples and the inequities that they experience in relation to health care and health outcomes, while looking to ways of addressing those challenges.



2.0 The Tool



2.1 GUIDING PRINCIPLES

The creation and implementation of the Northern Health Cultural Safety and System Change Assessment Tool is guided by the principles shown in Figure 2.2.

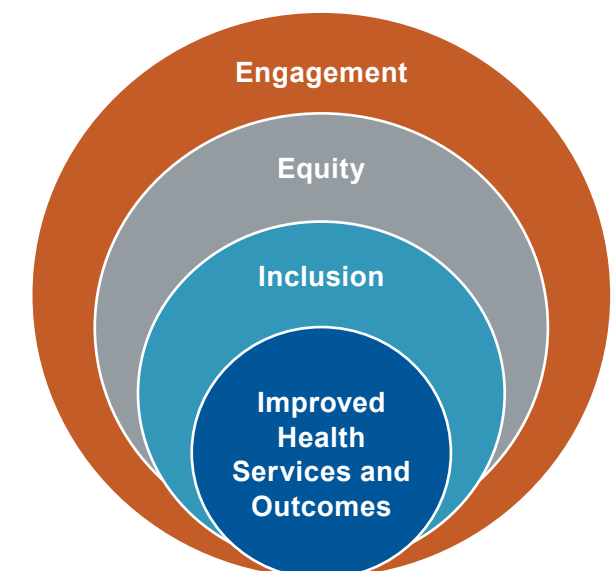


Figure 2.2: Guiding Principles

These guiding principles are defined as:

- **Engagement:** Respectful engagement with Indigenous peoples that recognizes their knowledge of health and wellness
- **Equity:** Focussed on access and accessibility to health care services
- **Inclusion:** Including partners and stakeholders in the development and implementation of the Assessment Tool
- Improved health services and outcomes for Indigenous peoples

It is important to note that the names of the decision-making trees mirror the guiding principles.



2.2 THE TOOL AND ITS USE

At the heart of the Assessment Tool are four decision-making trees designed to guide users through a series of questions that assess an initiative(s) for appropriate and respectful inclusion of Indigenous peoples. The ultimate goal of these actions is to support the operationalization of culturally safe health care services and address; in part, Article 24 of UNDRIP^x.

The thematic decision-making trees focus on:

- Engagement
- Equity
- Inclusion
- Evaluation

The decision-making trees are loosely sequential in nature, beginning with Engaging Indigenous Peoples and moving to Addressing Health Equity through Access, to Ensuring Indigenous Inclusion, and finally to Informing Evaluation (see Figure 2.3). Developing initiatives demands interactions between some or all of those dimensions of the decision-making trees where activities are

dependent on one another.

Representing these steps visually illustrates the following interdependency: the absence of arrows in the graphic above signals the fact that directionality or linear sequencing is not necessarily required. In all initiatives, defining

how to partner and engage is crucial and is always an early step. It is important to note that not all initiatives require the application of all four decision-making trees; it depends on the nature of the initiative and the stage of development and/or implementation.



Figure 2.2: Assessment Tool Decision-Making Trees

The process of utilizing this Assessment Tool and the decision-making trees interfaces with Northern Health’s policy development stages. Engagement and support from the NH Policy Office and team has been critical in the development of the Assessment Tool. The connections between this Assessment Tool and the NH policy process are outlined in Appendix A.

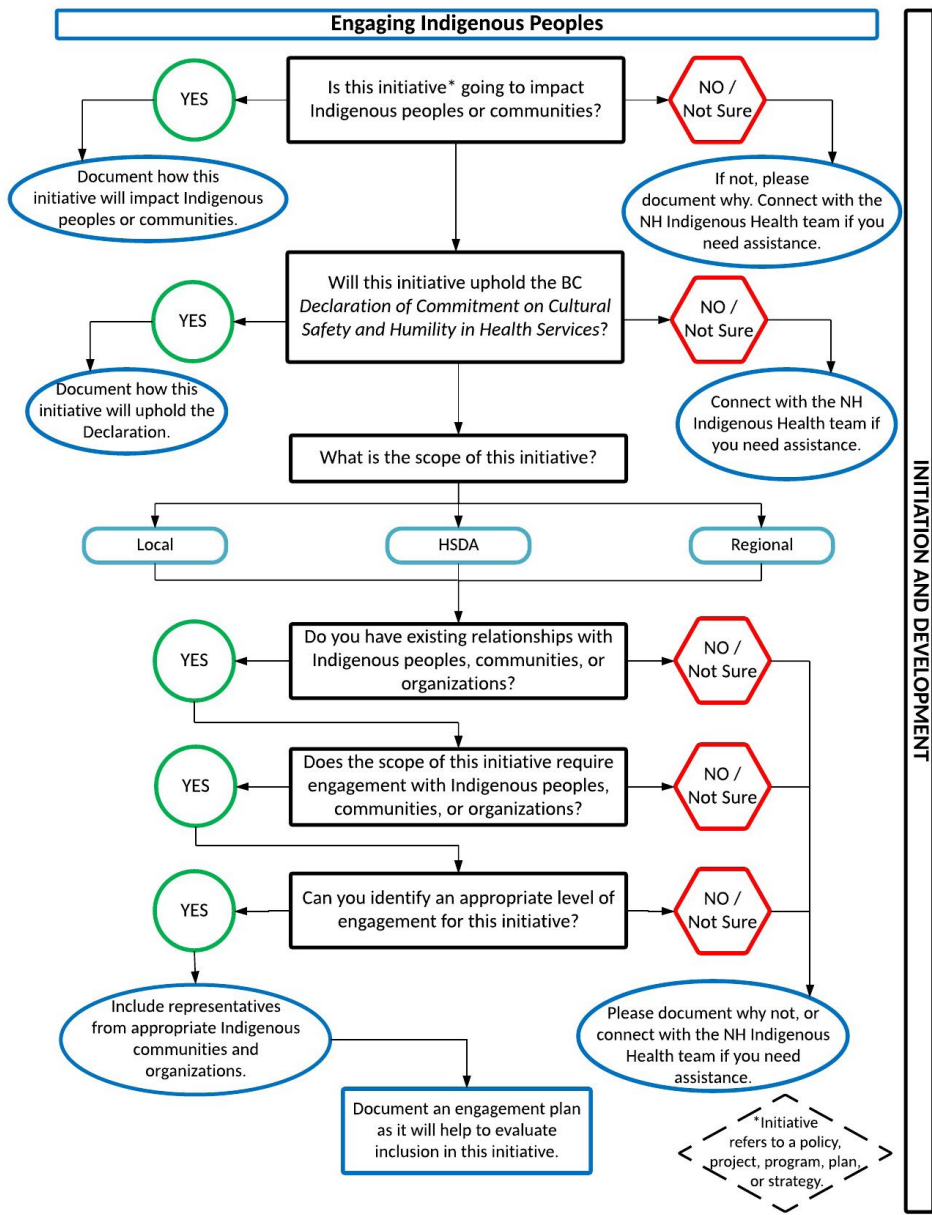


3.0 Decision-making Trees

3.1 ENGAGING INDIGENOUS PEOPLES

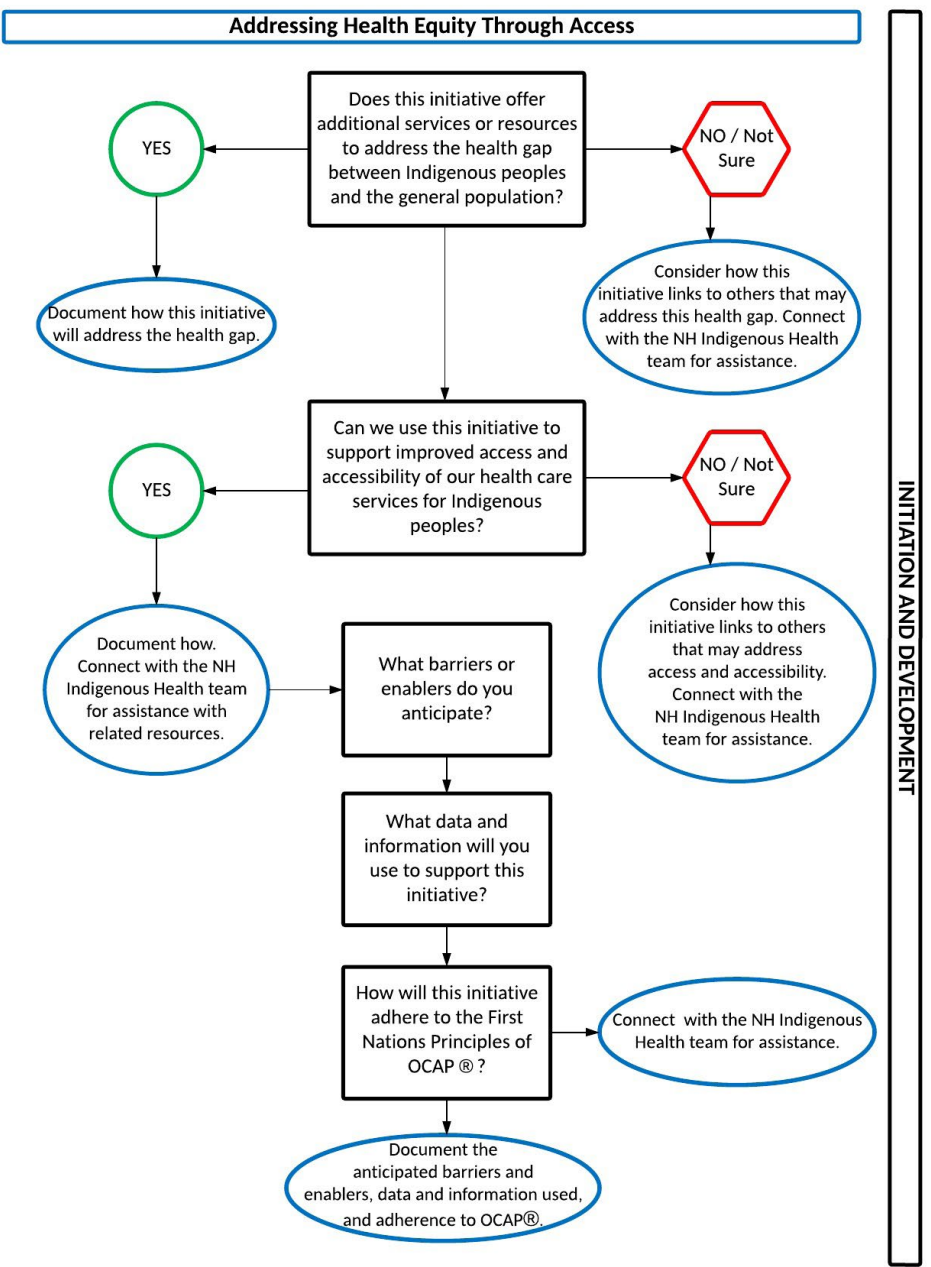
Engaging Indigenous peoples is arguably the most important action area to support respectful, inclusive, and equitable initiative development. This decision-making tree includes screening questions and prompts to:

- 1) assess whether the initiative will impact Indigenous peoples or communities;
- 2) determine whether the initiative upholds the *Declaration of Commitment*^{xi};
- 3) determine the scope of the initiative;
- 4) assess whether established relationships with Indigenous peoples, communities, or organizations exist;
- 5) determine whether to engage Indigenous peoples, and
- 6) identify an appropriate level of engagement. See Section 4.1 for expanded questions and considerations in applying this tool and decision-making tree.



3.2 ADDRESSING HEALTH EQUITY THROUGH ACCESS

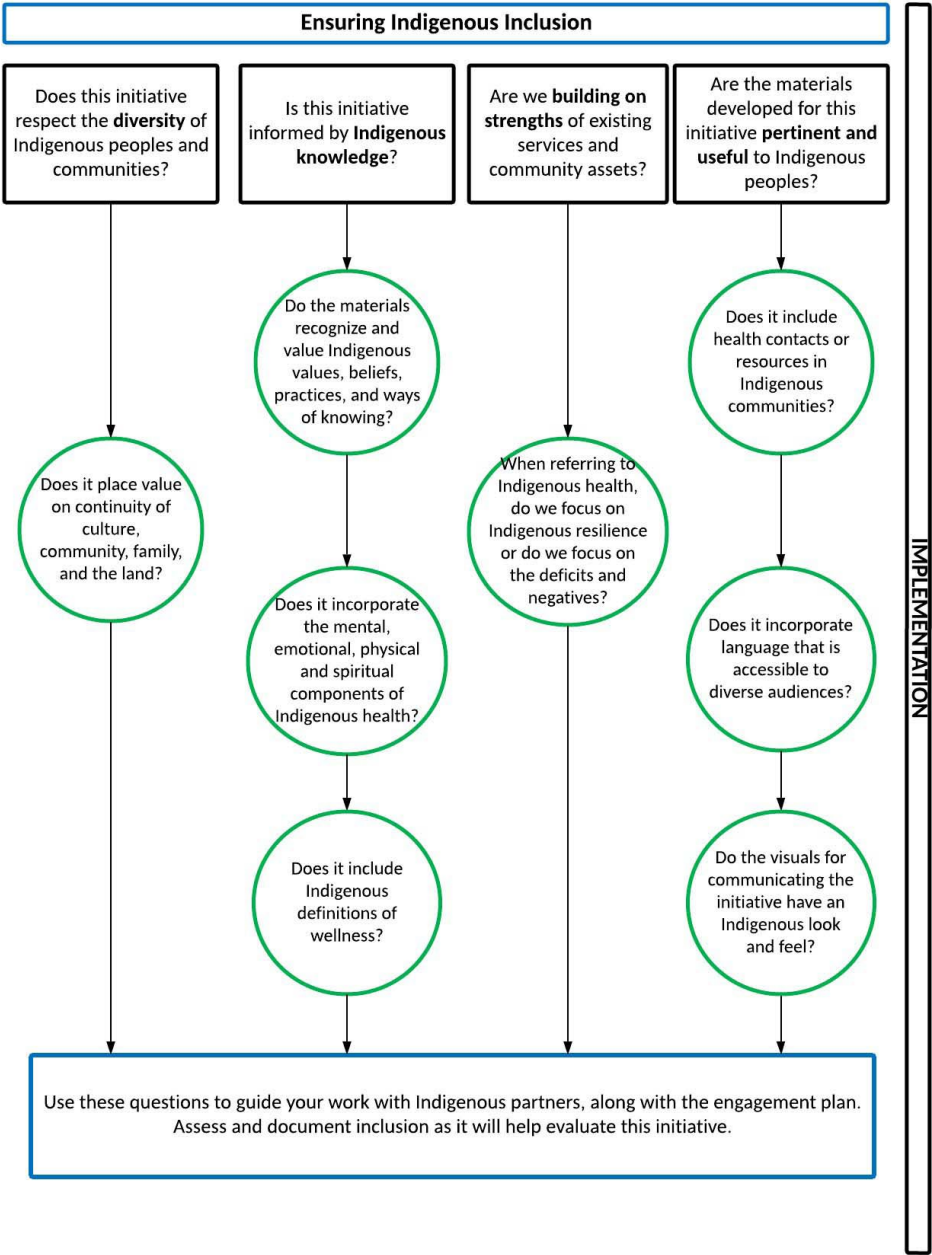
It is important to remember that working on even a single practical change to an initiative is always more powerful and effective than making plans to do so in the future. This decision-making tree provides end users and their partners opportunities to address health equity for Indigenous peoples by focusing on access and accessibility. The decision-making tree prompts consideration of how the initiative will adhere to the First Nations Principles of OCAP^{® iii} to ensure the ethical collection, management, and use of Indigenous people’s data. See Section 4.2 for expanded questions and considerations in applying this tool and decision-making tree.





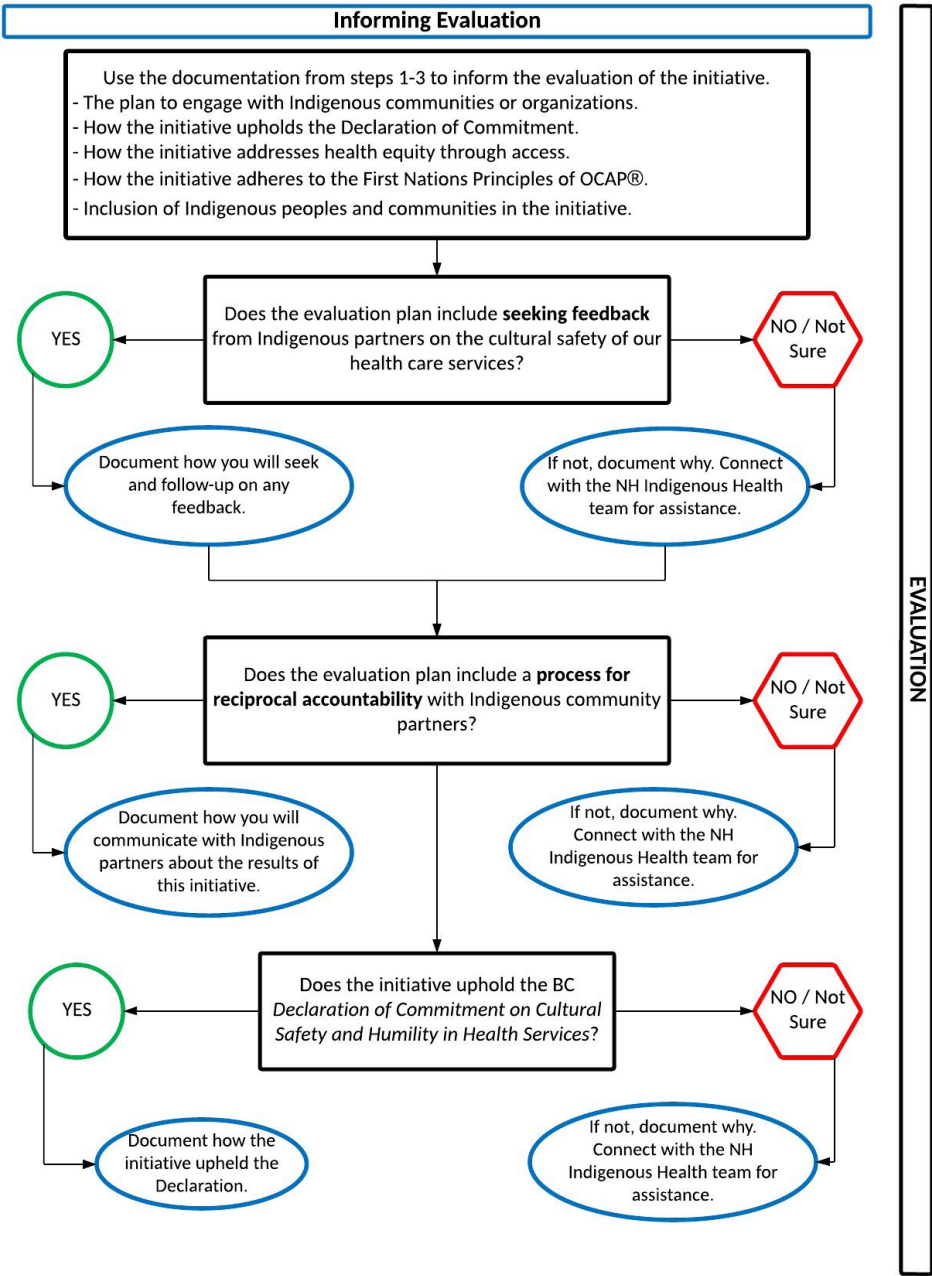
3.3 ENSURING INDIGENOUS INCLUSION

Ensuring that Indigenous peoples can see themselves reflected in initiatives is important. Ultimately, First Nations, Inuit, and Métis people, communities, organizations, partners, and nations will determine whether any given initiative has met its goals and objectives in relation to inclusivity. This decision-making tree provides a series of questions and prompts for partners to assess how the initiative respects and recognizes Indigenous peoples, including their definitions of health and wellness. See Section 4.3 for expanded questions and considerations in applying this tool and decision-making tree.



3.4 INFORMING EVALUATION

Reciprocal accountability is central to true partnership and includes seeking and following up on feedback, as opposed to conducting a one-time consultation without further contact. This decision-making tree focuses on informing a self-evaluation of the initiative through documenting the actions outlined in the preceding decision-making trees. It is important to ensure that evaluation processes adhere to the OCAP® principlesⁱⁱⁱ, thus safeguarding the ethical use of Indigenous-specific data. See Section 4.4 for expanded questions and considerations in applying this tool and decision-making tree.



4.0 Applying the Decision-making Trees

The following section expands on questions in the decision-making trees for consideration during initiative implementation. This section of the workbook provides additional prompts for each step and suggests related resources. The Northern Health Indigenous Health team is available to provide support as you work through this tool.

4.1 ENGAGING INDIGENOUS PEOPLES

Is this initiative going to impact Indigenous peoples or communities?	<ul style="list-style-type: none">• The first step is to assess whether Indigenous communities will be impacted by this initiative.• If you are unsure, please contact the NH Indigenous Health team.
Will this initiative uphold the BC <i>Declaration of Commitment on Cultural Safety and Humility in Health Services</i> ?	<ul style="list-style-type: none">• At a minimum, all Northern Health initiatives follow this commitment. It is important to document how the initiative promotes cultural safety and cultural humility.• Discuss with partners ways to ensure cultural safety is a part of the initiative.
What is the scope of this initiative?	<ul style="list-style-type: none">• Determine the scope of the initiative. Is it local? Does it pertain to several communities in the Health Service Delivery Area? Is it regional in nature?
Do you have existing relationships with Indigenous peoples, communities, or organizations?	<ul style="list-style-type: none">• Identify established relationships that may support the initiative and/or new ones to be established.• Be considerate of Indigenous communities' and organizations' capacity to participate in your initiative.
Does the scope of this initiative require engagement with Indigenous peoples or communities?	<ul style="list-style-type: none">• Do you need to involve local Indigenous peoples and communities? Indigenous communities and organizations across the Health Service Delivery Area? Does the initiative require engagement at a regional level? All of the above?
Can you identify an appropriate level of engagement for this initiative?	<ul style="list-style-type: none">• Consider the scope, potential Indigenous partners, and an appropriate level of engagement for the initiative.
Document an engagement plan as it will help evaluate inclusion in this initiative.	At this stage, documentation can be simple and can follow a 5W format (Who, What, Why, Where, and When) using the different levels of engagement as a template (see related resources below).
Related Resources <ul style="list-style-type: none">• Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in BC• Northern Health Guide for Engaging Indigenous Peoples• Indigenous Engagement and Cultural Safety Guidebook: A Resource for Primary Care Networks (Cultural Safety Attribute Working Group, 2019)^{xiii}• Contact the NH Indigenous Health team for resources and related support specific to the initiative and team as you work through this tool.	



4.2 ADDRESSING HEALTH EQUITY THROUGH ACCESS

Does this initiative offer additional services or resources to address the health gap between Indigenous peoples and other residents?	<ul style="list-style-type: none">The team's and partners' experience will help point out gaps in the initiative, especially those within Northern Health.How can these inequalities be addressed?
Can we use this initiative to support improved access and accessibility of health care services for Indigenous peoples?	<ul style="list-style-type: none">It is important to scope your actions: what can you achieve that will have the most impact? For some projects, it is better to tackle a few points with meaningful and sustained action rather than trying to do everything.
What barriers or enablers do you anticipate?	<ul style="list-style-type: none">Identify barriers and enablers for actions designed to address access and accessibility.Since the social determinants of health (e.g., employment, income, education, and housing) are more influenced by other sectors than the health sector per se, it could be relevant to coordinate and/or partner initiatives with internal and external actors or with other existing coalitions.
What data and information will you use to support this initiative?	<ul style="list-style-type: none">Think about the data and information needed from the onset of the project that will be useful in scoping out which activities are feasible. The goal is not to take all the steps at the same time but to make sure that all steps, taken together, move the project forward.
How will this initiative adhere to the Principles of OCAP®?	<ul style="list-style-type: none">Identify how this initiative will adhere to the Principles of OCAP® (ownership, control, access, possession) and ensure the ethical use of Indigenous-specific data.
Related Resources <ul style="list-style-type: none">The First Nations Principles of OCAP® (Ownership, Control, Access, Possession)Contact the NH Indigenous Health team for resources and related support specific to this initiative and team as you work through this tool.	

4.3 ENSURING INDIGENOUS INCLUSION

Does the initiative respect the diversity of Indigenous peoples and communities?	<ul style="list-style-type: none">• The associated questions in the decision-making tree are prompts to ask questions of and exchange information and knowledge with partners. Depending on the focus of the initiative, this may take a minimal amount of time, while other initiatives may require more time.• The more culturally safe, respectful, and inclusive services are, the more effective they will be for the client.• Partners support defining excellence, what it means to them, and how to partner for shared accountability.
Is this initiative informed by Indigenous knowledge(s)?	
Are we building on the strengths of existing services and community assets?	
Are the materials developed for the initiative pertinent and useful to Indigenous peoples?	
Related Resources <ul style="list-style-type: none">• Contact the NH Indigenous Health team for resources and related support specific to your initiative and team as you work through this tool.	



4.4 INFORMING EVALUATION

<p>Use the documentation generated from steps 1-3 to help develop the evaluation plan, including the following elements:</p> <ul style="list-style-type: none">• The engagement plan• The way(s) in which the initiative upholds the <i>Declaration of Commitment</i>• The way(s) in which the initiative addresses health equity through access• The way(s) in which the initiative adheres to Principles of OCAP[®]• The inclusion of Indigenous peoples and communities in your initiative	<ul style="list-style-type: none">• Gather all documentation created over the first 3 stages to help define a baseline from which to measure Indigenous inclusion in this initiative.• Use relevant health and administrative data. Include more qualitative information, including Indigenous patient health care testimonials, where appropriate.
<p>Does the evaluation plan include seeking feedback from Indigenous partners regarding whether health care services and initiatives are experienced as being culturally safe?</p>	<ul style="list-style-type: none">• It is also important to assess not only whether the initiative includes a process to plan for culturally safe health care provision, but also whether the initiative articulates a process to identify how Indigenous end users assess cultural safety. For example, include a survey and/or discussion in community with partners/patients following implementation within the evaluation plan.• A larger survey by multiple teams including patients/end users to make any changes to the initiative may also be appropriate.
<p>Does the evaluation plan include a process for reciprocal accountability with Indigenous community partners?</p>	<ul style="list-style-type: none">• The team collaboratively works with partners to define a process for reciprocal accountability and validate whether participants experienced the partnership as being meaningful and effective. Some potential questions to consider include: What are we doing with the feedback? How will we report on that? Is there a process to revisit the initiative to see if common objectives were met?• Include a jointly approved timeline in the evaluation and monitoring plan.

<p>Does this initiative uphold the BC <i>Declaration of Commitment on Cultural Safety and Humility in Health Services</i>?</p>	<ul style="list-style-type: none">• At a minimum, all Northern Health initiatives follow this commitment. It is important to document how the initiative promotes cultural safety and cultural humility.• Have ongoing discussions with partners regarding the ways in which cultural safety is embedded throughout the initiative.
<p>Related Resources</p> <ul style="list-style-type: none">• Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in BC• The First Nations Principles of OCAP[®] (Ownership, Control, Access, Possession)• Contact the NH Indigenous Health team for resources and related support specific to this initiative and team as you work through this tool.	



5.0 NEXT STEPS



The Northern Health Cultural Safety and System Change: Assessment Tool is endorsed for implementation. The Northern Health Indigenous Health team is engaging strategically with several departments across the organization to begin applying the tool to initiatives. The Assessment Tool will be refined and improved as we move through implementation and evaluation across Northern Health.

APPENDIX A



THE ASSESSMENT TOOL'S RELATIONSHIP TO POLICY DEVELOPMENT STAGES

Appendix A illustrates the relationship between policy development stages and the decision-making trees.

Policy development stages include an identification and initiation stage in which the “who, what, when and where” of the initiative are defined; a development stage wherein the scope and specific work plan activities are identified; an implementation stage; and an evaluation stage.

Table A: Relationship between Policy Development Stages and Assessment Tool Decision-Making Trees

POLICY DEVELOPMENT STAGES	DECISION-MAKING TREES
Identification and Initiation	Engaging Indigenous Peoples
Content Development	Addressing Health Equity Through Access
Implementation	Ensuring Indigenous Inclusion
Evaluation	Informing Evaluation



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