



## **Indigenous Cultural Safety Plan**

## Intent and Purpose

Health Care Institutions have not always been the safest places for Indigenous Peoples to access and participate in, as providers and receivers. Systems that were supposed to protect have resulted in harm.

Systemic racism occurs when an institution or set of institutions working together maintain racial inequity. To create change it has to be on the individual and organizational level. Systemic racism is often caused by hidden biases, resulting in doing things the way they have always been done.

It is essential that organizations acknowledge that systemic racism exists and actively confront that unequal power dynamic between groups sustains it. Thus organizations have to consistently assess systems to monitor that outcomes ensure fairness and equity.

To combat racism successfully, it takes a collective effort to acknowledge it exists and design strategies that promote equity and inclusion.

Cultural Safety can only be defined by an Indigenous person receiving care. Culturally safe care does not profile or discriminate but is experienced as respectful and safe and allows meaningful communication and service. To be culturally safe requires positive anti-racism stances, tools and approaches, and the continuous practice of cultural humility. This is why we need to connect to local indigenous populations.

A culturally competent approach should consider:

- **Holistic Well-being:** Recognizing that health is interconnected—mentally, physically, emotionally, and spiritually.
- **Trauma-Informed Care:** Acknowledging historical and intergenerational trauma and its impact on health-seeking behaviors.
- **Communication Barriers:** Ensuring medical terminology is explained in an accessible way and respecting traditional knowledge and healing practices.
- **Trust and Relationship-Building:** Understanding the importance of relationships, community, and traditional healing in Indigenous cultures.

In order for this plan to be successful it has to be modeled by the workforce and a whole system approach is required. This is going to make some people uncomfortable, unless we are indigenous we are not going to understand how they feel or think. Stating we welcome everyone is not enough; we need to understand their needs are unique and different.

# **Hanover & District Hospital's Indigenous Cultural Safety Plan**

Indigenous Cultural Safety (ICS) is a long term and continuous development process that is linked to Hanover & District Hospital goals and objectives.

Hanover & District Hospital (HDH) is committed to ensuring the ICS plan is embedded throughout the hospital. HDH is committed to addressing and decreasing health inequalities for Indigenous people by providing culturally safe and responsive services. Cultural safety reduces barriers to care, increases the quality and safety of services, positively impacts patterns of service utilization, improves clinical outcomes and leads to fewer disparities in health status between Indigenous and non-Indigenous people.

The purpose of this plan is to provide direction to HDH regarding the organization's approach to ICS by informing the hospital change that will enhance service user experience, include service users as partners in their own care and improve service delivery and health service user outcomes.

## **Indigenous Cultural Safety Principles**

1. Indigenous culturally competent and responsive health care practices are embedded throughout HDH.
2. Indigenous communities are central in the identification, development, delivery and evaluation of health services for Indigenous people.
3. Indigenous cultural practices are included in culturally competent health care delivery for Indigenous people.
4. Indigenous people have an inherent and recognized right to access cultural practices as part of their health care plan.
5. Indigenous people's connection to traditional and unceded territories is recognized as an integral component to Indigenous health, well-being and care.
6. Indigenous beliefs are diverse amongst Indigenous people and therefore traditional medicines and health care practices will vary by individual.

We recognize that place of work lie on the traditional homelands of the Saugeen First Nations and the Chippewas of Nawash Unceded First Nation.

## Becoming a Culturally Safe Organization

This plan guides HDH to become a Culturally Safe hospital and inform health care provision. It identifies the following three areas for implementation to transform the culture of care delivery and improve health outcomes for Indigenous people.

### **1. *Inclusion of Indigenous knowledge and expertise in health care***

HDH will actively bring in Indigenous knowledge and expertise at all levels of health service delivery. This will reflect in engagement with Indigenous leadership, communities and clients, staff education, recruitment and retention and health service delivery.

### **2. *Welcoming and land acknowledgement of traditional territory***

As official HDH protocol, staff will give a land acknowledgment at all public meetings, public events or conferences.

### **3. *Right to traditional medicines***

HDH staff will facilitate the inclusion and access to traditional medicines in health care planning on request.

## Responsibilities

Executive Leadership will:

- Lead and demonstrate the overall hospital commitment to delivering Indigenous Cultural Safety;
- Endorse and support hospital initiatives and the development of practice guidelines that strengthen Indigenous Cultural Safety;
- Support the meaningful engagement of Indigenous groups in governance and decision making; and
- Plan and deliver services that meet the health care needs of Indigenous people.

Management will:

- Support the meaningful engagement and partnership with Indigenous elders and Knowledge Keepers in the planning and delivery of services;
- Allow Indigenous people to be a part of the decision making regarding overall hospital care.
- Facilitate the development of policies, procedures and other changes in HDH's operations to enhance Indigenous Cultural Safety;
- Plan and deliver services that meet the health care needs of Indigenous people;
- Respond to practices and barriers that hinder Indigenous Cultural Safety. These practices and barriers may be identified by staff, external agencies or communities;
- Provide on-going professional development opportunities and resources for staff to build Indigenous Cultural Safety; and
- Support staff to incorporate Indigenous Cultural Safety into the delivery of services and to put knowledge and skills into practice.

Front Line Employees will:

- Provide appropriate, equitable and culturally safe care;
- Support Indigenous clients to engage in decision-making around their own care;
- When possible and requested, integrate traditional Cultural Practices into client care plans based on safety and benefit;
- Develop personal and professional knowledge and skills in Indigenous Cultural Safety;
- Identify barriers to services whenever possible and report barriers to management

## **1. Inclusion of Indigenous Knowledge and Expertise in Health Care**

HDH will include Indigenous knowledge and expertise in all levels of health service delivery. This will be reflected in engagement of Indigenous leadership, communities, and clients, staff education, recruitment and retention and health service deliver.

Key guidelines and recommendations to implement Indigenous knowledge and expertise in health care:

### *Recruitment and Retention*

- HDH will ensure all staff will have on-going education and training
- HDH will actively work to increase employment and career opportunities for Indigenous people at all levels of the hospital,
- HDH will seek out and prioritize candidates of Indigenous ancestry for positions that required Indigenous knowledge and expertise
- Hiring Indigenous candidate(s), visibility helps First Nations to be comfortable knowing they are not alone.

### *Engagement*

- HDH will engage and consult with Indigenous Knowledge Keepers in the development of health programs and services for Indigenous clients.
- HDH will create opportunities to Indigenous Staff, Knowledge Keepers, Traditional Practitioners and Elders to share their expertise on health matters for Indigenous people.
- HDH understands the practice of offer a Tobacco Tie and honorariums.

### *Education*

- HDH recommends Indigenous Cultural Safety training for staff.
- HDH provides on going Indigenous Cultural Safety training for staff
- HDH will provide local Indigenous training whenever possible to staff

### *Practice*

- Indigenous service users have a way to identify health options for their care.
- HDH staff will consult and include culturally-specific health care options in health care planning for Indigenous service users.

- HDH staff will include Indigenous Health Care Navigators, Traditional Practitioners or Elders when possible to facilitate the inclusion of cultural support.
- Indigenous cultural practices provide with HDH are conducted by Indigenous people when possible.
- HDH physicians and staff will consult with the Indigenous Navigators when support is requested, understanding they act as a spokesperson for the Indigenous patient.

#### *Documenting Cultural Practices*

- Cultural practices and consultation with Indigenous Health Care Navigators and Practitioners will be documented in the patient's care notes.
- The following information will be documented:
  - The name of the navigator, practitioner or traditional knowledge keeper
  - The type of ceremony i.e smudging, birthing, end of life, etc
  - Details of ceremonies are not included.

## **2. Welcoming and Acknowledgment of Traditional Territory**

As official HDH protocol, staff will give a land acknowledgement at formal meetings, public events or conferences.

Key Guidelines and recommendation to implement Land Acknowledgement

#### *Application*

- Recognition of the First Nations unceded homelands where we are conducting business is respectful and is supported by HDH. When holding formal meetings, public events or conferences, recognition will be stated at the beginning.

#### *Land Acknowledgement*

- HDH staff will recognize the unceded homelands
- The land acknowledgement can be done by the emcee, speakers and/or HDH staff

## **3. Right to Traditional Medicines**

HDH staff will facilitate the inclusion and access to traditional medicines in health care planning on request. Recognizing each Knowledge Keeper/Elder may follow different traditions for each patient. Staff will consult with them and support them. HDH staff will have access to some traditional medicine (located in medication rooms) if requested by patient or family member.

Some examples of traditional medicine ceremonies: smudging, cedar baths, and sweat lodges.

**References:**

1. *Indigenous Cultural Safety Policy*, Vancouver Coastal Health
2. *NE'IKAAANIGAANA Toolkit, Guidance for Creating Safer Environments for Indigenous Peoples*, Indigenous Primary Health Care Council, 2021
3. Kewaquom, Lori (December 19, 2024) Personal Communication
4. John, Shirley (February 24, 2025) Personal Communication