

# INDIGENOUS HEALTH LEADERSHIP: PROTOCOLS, POLICY, AND PRACTICE

Tonya Gomes, MA, RCC  
Alannah Young Leon, PhD., Candidate.  
Lee Brown, PhD.

## ABSTRACT

This article describes the process of the Vancouver Coastal Health's Aboriginal Health Practice Council (AHPC) who provide policy direction to Vancouver Coastal Health (VCH). The AHPC operates within the unceded territories of the X<sup>w</sup>məθk<sup>w</sup>əyəm, Skwxwú7mesh, and Tsleil-Waututh Nations in what is now known as British Columbia, Canada. The council consists of Aboriginal Elders, knowledge keepers, community members, and VCH staff who work collaboratively to develop and implement best health care practices for Aboriginal people. Working within local Indigenous protocols to create policy for service delivery this council operates under the assumption that to improve health outcomes it is incumbent for VCH to create appropriate methods of access to Aboriginal health practices. The council facilitates Aboriginal leadership in policy development informing health care practitioners on how they can support Aboriginal clients' right to culturally appropriate Aboriginal health care services. The article describes the processes employed by the Aboriginal Health Practice Council. These processes offer a methodology for non-Indigenous organizations serving Aboriginal peoples to implement Indigenous community-based research principles, protocols, and practices central in the provision of effective, culturally appropriate health care.

**Keywords:** Aboriginal community health, Indigenous knowledge protocols, health policy, protection of Indigenous knowledge, human rights health care practice, culturally relevant health education, cultural competency, cultural harm restorative practices, Indigenous pre-research protocols.

---

We dedicate this work to beloved X<sup>w</sup>məθk<sup>w</sup>əyəm (Musqueam First Nation) Elder and educator Norman Rose Point, Papep, who generously provided her practical wisdom to the Health Practice Council. We acknowledge her tireless work in creating space for respectful reciprocal relationships in education health contexts, her vision truly encompassed the seven generations of which she often spoke. We also offer our deepest appreciation to the members of the practice council; their leadership, courage, generosity, and love embody the spirit of Indigenous teaching protocol principles. *Hyska OSiem*.

## INTRODUCTION

We acknowledge that we live, work, and study as guests in the unceded territories of the Coast Salish peoples. We believe it is our responsibility to demonstrate this acknowledgement through active ongoing engagements with local Indigenous communities by creating respectful relationships. This includes our responsibility to follow local Indigenous protocols in our health leadership practices. We extend our respect by working with the local Indigenous Elders and knowledge holders to cultivate a reciprocal, responsible relationship that honours the spirit of the Treaties and reflects a truth and reconciliatory practice as a means to making right relationships.<sup>1</sup>

Right relationship is the foundation for us to create access to culturally appropriate health systems. In this article we provide an account of the Aboriginal health practice council's work and share the story of working from Indigenous Knowledge holders' protocols to policy and practice; our journey thus far. We also acknowledge the work of many Indigenous scholars around the world who are working with local Indigenous Elders and knowledge holders in order to cultivate a reciprocal, responsible relationship as a means to making right relationships and providing access to culturally appropriate health systems (Marsden, 2005; Ahuriri-Driscoll et al., 2008; Kirkmeyer and Valaskakis, 2009; Reading,

---

1 The Government of Canada and the courts understand treaties between the Crown and Aboriginal people to be solemn agreements that set out promises, obligations, and benefits for both parties. Hunting, fishing, and gathering plants for food and medicinal purposes are examples of Aboriginal inherent rights. Aboriginal peoples also have the right to maintain their distinctive cultures and to live in accordance with their own customs and laws. Treaties are considered mutually beneficial arrangements that guarantee a co-existence between the treaty parties. <http://www.treaties.gov.bc.ca/>. We acknowledge that not all nations are in formal treaty relationships and that modern day treaties have a differing circumstances but that living as a good relative is an imperative we intend to operationalize.

Marsden, Kurbanova, and Link, 2009; Smylie et al., 2009). Many of these researchers have shown that right relationship and research involves a complex decolonizing process that involves reconciling settler and Native relations. As Linda Smith (2005, p. 88), describes Indigenous research, the decolonization project involves

the unmasking and deconstruction of imperialism and colonialism in its old and new formations alongside a search for sovereignty, for reclamation of knowledge, language and culture and for the social transformation of colonial relations between the native and settler.

Jeff Corntassel's (2012, p. 86), work on decolonization, cultural restoration, and resurgence of Indigenous knowledges links the struggles of Indigenous freedom to the everyday acts of all peoples to restore sustainable relationships to lands and resources. This is particularly true of *Idle No More* where, for example, limited access to fresh waters will affect the health of all peoples.<sup>2</sup>

For Native peoples surviving on the fault-line of the intersection of gender; race; and class violence, marginalized both in the dominant society and in their communities, the meaning of deconstruction; sovereignty; and reconciliation can start with reparations of settler relationships (Nadeau and Young, 2005). Health care providers in their position as settlers can actively educate or decolonize themselves as a contribution to building right relationships. One aspect of this decolonizing process is the creation, through leadership from Indigenous peoples, of processes for access to culturally appropriate health care systems.

Many others around the world have cultivated relationship and consultation with Indigenous peoples, however, we have been unable to find another Indigenous clinical practice council within a health authority and we believe this work to be the first of its kind to be documented in this region. While we are presenting decolonizing research engagement processes for policy development for

health care services for Aboriginal peoples, we understand that more research will be required to assess the short and long term effects of the Indigenous protocols on policy process.

Decolonizing our health care processes involves addressing the effects of colonialism as evidenced in the national and international indices that suggest a transformative change is required for health care.<sup>3</sup> Our leadership is committed to understand how we are all implicated in the ongoing injustices committed towards Aboriginal peoples and to explicitly address cultural harm and redress as required in International Human Rights instruments.<sup>4</sup> The practice council documents the process of how we are guided by a collective of local Indigenous health care leaders. We outline how we make space for the interface of decolonization and resurgence and we suggest that we cannot do this effectively without leadership from Indigenous knowledge and protocols.

In resisting imposed structures of thinking, outdated systems and service delivery models and moving towards reconciling and recovering the sense of connection with the peoples of this land as our relatives, as treaty peoples, we began to build right relationship. This is the first phase of our informal (pre) research process. Community readiness and the appropriate facilitator of the process are all factors that contribute to the success of a decolonization process. The process of moving from local land based cultural protocols to policy requires the engagement of local Indigenous protocols to inform the policy making process. We suggest that Aboriginal health leadership is demonstrated through collective cultural efficacy providing resources to enable

<sup>3</sup> *Understanding Health Indicators*, a report developed by the First Nations Health Center (2007b), gives examples of First Nations models and cultural frameworks to expand and understand indicators for health and well-being that are culturally relevant and reflect First Nations knowledge at all stages.

<sup>4</sup> See [www.un.org/esa/socdev/unpfii/en/drip.html](http://www.un.org/esa/socdev/unpfii/en/drip.html) ARTICLE 31

1. Indigenous peoples have the right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as the manifestations of their sciences, technologies and cultures, including human and genetic resources, seeds, medicines, knowledge of the properties of fauna and flora, oral traditions, literatures, designs, sports and traditional games and visual and performing arts. They also have the right to maintain, control, protect and develop their intellectual property over such cultural heritage, traditional knowledge, and traditional cultural expressions.

2. In conjunction with indigenous peoples, States shall take effective measures to recognize and protect the exercise of these rights.

<sup>2</sup> The Idle No More grassroots movement, started by four Aboriginal women in Canada, protests the creation of new and modified federal laws that harm Aboriginal rights and put the environment at risk. For information on the laws see Land, Bradley & Zimmerman. Olthuis Kleer Towshend LLP. Dec 2012. Toronto Ontario.

Aboriginal peoples, who are often marginalized in inner cities, to participate in their health care choices with improved patient outcomes. This happens when policies follow local protocols. It is our hope that this process of protocols to policy will also contribute to the resurgence of healthy leaders and community processes.

In this article we will highlight the steps taken in our methodology to allow non-Indigenous organizations serving Aboriginal peoples to implement Indigenous community-based research principles, protocols, and practices central to the provision of effective, culturally appropriate health care. We contextualize the work in the political framework of the time and outline the process of our work: protocols, principles of engagement, living the work, policy in practice, and research. We end with some issues, challenges, and recommendations.

## CONTEXT

The BC Tripartite First Nation Health Plan (First Nations Leadership Council, 2007), agreed to by the BC First Nations Health Council, the BC provincial government, and the Canadian federal government includes principles of respect and recognition of cultural health practices: “Cultural knowledge and traditional health practices and medicines will be respected as integral to the well-being of First Nations” (p. 3). In this ten year trilateral agreement, all three parties have committed to action in four priority areas: governance; relationships and accountability; health promotion and disease; and injury prevention. This agreement created the framework for Vancouver Coastal Health (VCH) to look to First Nations and Aboriginal leadership in creating health care services.<sup>5</sup> The question from the Indigenous community on ethically engaging with First Nations and Aboriginal communities in ways that would decolonize imposed health structures and support and respect the resurgence of Indigenous knowledges needed to be addressed.

## PROTOCOL PRINCIPLES: FIRST STEPS

In 2008, in response to the Tripartite Health Plan priorities, Aboriginal Health Services in the Vancouver region of VCH approached Tanya Gomes, an Indigenous female facilitator from Guyana South America. The facilitator, who was living and working with the urban Aboriginal community, was asked to form the Aboriginal Health Practice Council. Aboriginal Health Services wanted to establish a process for addressing Aboriginal peoples’ clinical services; and although VCH saw the initial task of the practice council as developing clinical guidelines for health care service delivery to urban Aboriginal community members, Tanya articulated the need to have Aboriginal leadership guide the work. This required the building of right relationships with the local land based and urban Aboriginal peoples.

Before accepting the responsibility of creating the health practice council, Tanya followed place-specific cultural protocols and engaged in a series of consultations with local traditional knowledge holders. She asked about the possibility of creating an Aboriginal health practice council with representation from local Indigenous nations. She wanted to find out their thoughts about the work and if she was the appropriate person to facilitate it. The facilitator followed local Indigenous protocol principles of the Coast Salish peoples and presented culturally appropriate gifts to spiritual leaders in the local unceded nations: x<sup>w</sup>məθk<sup>w</sup>əyəm, Skwxwú7mesh, and Tsleil-Waututh Tsiel-Waultuth, and Lil’wat. She asked their permission to ground the council’s work in protocols, ceremonial principles, and frameworks and she participated in cultural ceremonies with them to discuss their thoughts and recommendations. The Indigenous knowledge holders recommended having appropriate cultural representation on the council to provide input regarding health issues that affect the local nations and guidance on their protocols and ceremonies. The Indigenous knowledge holders also said that while they would see how the work evolved, it was the facilitator’s responsibility to continue to engage in annual consultations, and that this would be the foundation of a reciprocal relationship between all parties.

<sup>5</sup> There are approximately 1,172,785 Aboriginal people in Canada, of whom 196,070 live in British Columbia. Vancouver Coastal Health (VCH), one of the five health authorities within British Columbia, provides health services to 15 First Nations (12 rural, two subrural) and the urban Aboriginal population of Vancouver.

As a way to maintain accountability and sustainable relationships with citizens of the local First Nations and Aboriginal community knowledge keepers the facilitator committed to the ongoing ceremonial principles and processes required for centring the practice council's work in Aboriginal health leadership and for engaging Indigenous health care systems. The foundation of the council's work is informed by this pre-engagement practice ethic in which we take direction from Indigenous knowledge keepers and follow local protocol principles to begin any new work relating to the creation of service delivery policy to Aboriginal peoples. How we take direction is outlined in the visioning section of this article.

From these beginning consultations, Aboriginal Health VCH, urban Aboriginal community members and Elders from the local nations initially created a health practice council, based in local protocols and principles, to develop clinical practice guidelines for health services to urban Aboriginal people. Indigenous Knowledge systems and mainstream medical practices were to be addressed within these frameworks. However, once the council agreed to base their work on the recommendations from the Tripartite agreement, it quickly became clear that the task of the council would be to create policies for VCH staff to make space for Indigenous health knowledges within the health care system and to facilitate access to Indigenous health care.<sup>6</sup> The tension became how to build right relationships with the urban and local Aboriginal leadership based on local protocols and principles of decolonization and resurgence while concurrently creating policies and processes to guide VCH. The council was then structured to provide guidance from urban Aboriginal health leadership and align with the United Nations Declaration on the Rights of Indigenous Peoples (2007), to facilitate appropriate policymaking.

#### ABORIGINAL HEALTH PRACTICE COUNCIL

VCH Aboriginal Health extended invitations to the Vancouver urban Aboriginal health leadership members and VCH employees to discuss a framework for

developing the Aboriginal Health Practice Council (AHPC) and the first meeting was held in October 2008. One of the first tasks of the council was to establish relational protocols and terms of reference to frame the work.

### PRINCIPLES OF ENGAGEMENT

In the urban setting we were mindful that the majority of the council members are visitors to this territory and remain committed to the making of good relationships – in effect, they are guided by the commitment of being a good relative. As the council membership reflected the diversity of the urban Aboriginal population, we needed to have relational protocols on how to work together in ways that aligned with cultural protocols and principles. We knew that to accurately engage in a decolonizing process and reflect Indigenous knowledge systems, we needed to develop principles of engagement by following the protocol existent in ceremonial cultural practices. We agreed to begin with local land-based cultural protocol principles. Following the recommendations from the Indigenous knowledge keepers to have representation from local Aboriginal health leadership we invited local Elders to co-chair the council. Our practice principles and policy ensures that the Elder co-chairs are paid regular consultant fee for sharing their expertise.

Discussing principles of engagement enabled the council members to establish terms of reference for their meetings. We established that the council would consist of a minimum of fifteen members, meet monthly from September to June, and be co-chaired by an Aboriginal Elder from a local Nation. Of these members, three quarters would be of Aboriginal ancestry, represent Aboriginal health leadership, and the urban Aboriginal population. We drew our membership from three strategic areas: VCH staff; VCH Aboriginal Community Partnerships; and Aboriginal urban community members and organizations. The qualifications for membership included people with demonstrated commitment to Aboriginal health and social issues.

There are a total of fourteen guiding action items in the terms of reference and we list four points here. Each item is situated in the position of recognition,

<sup>6</sup> To improve health outcomes and access for Aboriginal people health care systems need to create appropriate access to Aboriginal health systems.

protection, and regeneration of Indigenous knowledges: developing, implementing, and evaluating evidence and culturally based practice standards, guidelines, protocols, and policies; identifying opportunities for practice improvements and addressing these opportunities using Aboriginal frameworks; developing evidence based and/or culturally based indicators that support integrated processes for Aboriginal, Euro medical, and alternative health practices; and identifying education needs of VCH staff specific to working with Aboriginal people.<sup>7</sup>

## DECOLONIZING OUR PRACTICE: PRINCIPLES OF PRACTICE

Decolonizing our practice reflects Indigenous principles and practices as central to Aboriginal health leadership in improving the health status of Aboriginal peoples and reconciling colonial imposition of structures that largely do not benefit the health of Aboriginal communities (Kelm, 1998).

We knew that working within the intersections of Indigenous and mainstream medical health systems would make how we came together in relationship and how we negotiated the language in our work critical. For instance, the term “medicine” has multiple meanings throughout health systems. We knew we would be weaving threads of understanding between multiple cultures while dealing with intellectual property rights of Indigenous knowledges (National Aboriginal Health Organization, 2008; Martin-Hill, 2003), Aboriginal sovereignty, indigenized education, and decolonizing practices to make space for Indigenous health care leadership. We saw that we had to reference larger legal frameworks informing our work: international human rights on Indigenous peoples as well as treaty and inherent constitutional rights (United Nations General Assembly, 2007; Canadian Constitutional Act 1867/1982; Government of Canada, 2000). Holding all of these frameworks, and situating ourselves with Corntassel’s (2012), recognition, protection, and the regeneration and restoration of sustainable relationships, we established, through practice, foundational principles to guide our partnership work.

These principles are:

- **Ceremony:** Our work always begins in ceremony and guided by local Elders we begin each meeting with acknowledgment of the local territory and prayers and songs as an integrated process.
- **Aboriginal sovereignty:** the council agreed to uphold and promote Aboriginal self-determined sovereignty and acknowledge Aboriginal inherent rights.
- **Protocol:** As a council we must practice protocol, not just talk protocol.
- **Culture:** We agreed to make the time to have cultural values woven through the work every day (addressing dynamics of bringing oral protocols to administrative polices).
- **Indigenous pedagogy:** to remain as true as possible to Indigenous ways of knowing, doing, and teaching. We knew that as a group we were dealing with more than the “genocide of a generation’s identity” (Horn, 2003), and that the majority of us had personal understanding of the impacts of colonization. We agreed to hold space for each other while working through the process of decolonizing mainstream health languages and re-indigenizing the language we used to reflect Indigenous world views.
- **Centring Aboriginal health leadership:** We agreed to seek on-going consultation with Aboriginal communities on how Aboriginal cultural values and beliefs can inform health care service delivery for Aboriginal people.
- **Reciprocal sharing:** To provide educational and learning opportunities for Aboriginal and non-Aboriginal communities by presenting at forums and networking with other Aboriginal councils across health authorities to “restore connections severed by colonization” (Alfred, 2005, p. 45).

The council’s next steps were to spend several months researching and networking with people and organizations about the work being done in Aboriginal Health internationally, nationally, and provincially to gain a clearer understanding of what constituted “best health care practices” for

<sup>7</sup> The AHPC Terms of Reference are internal documents to Vancouver Coastal Health.

Aboriginal people and to align their work within VCH's framework of health care.

We brought in speakers from the BC First Nations Health Council, researched the Tripartite Agreement and First Nations Health Blue Print, and participated in community forums on Aboriginal health care, mental health and addictions, and cultural competencies. We researched the work of various Indigenous and Aboriginal health organizations such as the Indigenous Physicians Association of Canada, National Aboriginal Health Organization, First Nations Nurse Association, and the Northern Ontario Medical University. Last, we identified two areas in the VCH Aboriginal Health and Wellness plan to target in our first year:

1. Increased access to health care services.
2. Inclusion of traditional practices in health care.

Focusing on these areas, the council then adopted the goals of Aboriginal Health Services Vancouver and our work plan for the first year included creating a guiding vision and identifying protocols (clinical guidelines), core competencies, and education.<sup>8</sup> Our overarching focus, after establishing our vision statement, advanced to developing guidelines to increase cultural competency of all VCH staff while building avenues to incorporate Aboriginal perspectives of health. Six months after the formation of the council we finalized our first goal with the creation of our vision statement.

## VISION STATEMENT

We, the AHPC of VCH, believe in Aboriginal self-governance and self-determination in health care and we honour traditional wisdoms and practices. We will work to provide the inclusion and availability of traditional practice within all communities including mainstream health care systems while strongly advocating for and safeguarding cultural practices. We commit to act as cultural diplomats to both Aboriginal and non-Aboriginal

health care providers, globally and locally, and will uphold Aboriginal traditional values of respect, integrity, wellness, caring, and reciprocity.

## LIVING THE TEACHINGS

During the course of the first year, the council had four strategic goals: education and training; clinical practice protocols; Aboriginal self governance in health services; and culturally competent services. We highlight the work accomplished in each area in the sections below.

### EDUCATION/TRAINING: BUILDING CULTURAL COMPETENCIES

- Companion Document
- Traditional Medicine Brochure
- Gatherings and Forums

#### *Companion document*

The council reviewed and made recommendations to the "Aboriginal Health Services Vancouver Companion Document" for understanding health service provision for Aboriginal people in BC. The document provides a brief introduction of historical and current contexts that outline some of the key components shaping health standards for Aboriginal people and provides links for more in-depth information. It includes information on the provision of federal health benefits, determinants of health, and leads into current agreements regarding self-governance in health care.

#### *Traditional medicine brochure*

The council identified a need to develop educational brochures to share with Aboriginal clients of VCH and VCH staff to build cultural understanding of some of the knowledge of Aboriginal peoples. To acknowledge the traditional territories of the Coast Salish peoples, and the diversity in the urban setting, we asked knowledge keepers from the x<sup>w</sup>məθk<sup>w</sup>əyəm, Skwxwú7mesh, Lil'wat, Fountain, Cree, Dakota, Anishnabe, and Cherokee Nations to join us in a circle. We shared with them our vision statement, work plan, and intention to provide opportunities for cultural education. They shared some of their recommendations from past experiences working

<sup>8</sup> Aboriginal Health Services Vancouver has four strategic operational goals: self-governance in service coordination – building structures for Aboriginal leadership in determining health service delivery and practice; education and training: cultural competency training and promoting Aboriginal models of wellness; culturally relevant and informed services: through the Aboriginal Wellness program and the eleven urban contracted services and Aboriginal Health practice standards: developing clinical practice guidelines and/or protocols for service delivery.

with multiple health systems. The knowledge keepers used the circle as an opportunity to network and exchange information on working with different medicines. After discussion, they agreed to participate in providing cultural education if it improved relationships with health care practitioners and increased access and positive health outcomes for Aboriginal people. After the initial gathering, we spent several months with the knowledge keepers reviewing and revising information. They established that we needed to highlight local medicines before including imported medicines. The traditional medicine brochure was finalized in June 2010. This brochure is now available for VCH health care practitioners, clients, and the general public.

#### *Gatherings and forums*

As part of our on-going consultation through protocol and ceremonial frameworks, the council hosted a number of gatherings of First Nations and Aboriginal traditional knowledge keepers and health practitioners. Our focus was to build extended relationships with traditional knowledge keepers and health practitioners. We saw this as an opportunity to share the work the council had been doing. Traditional knowledge holders and practitioners who actively engage with health systems attended. These have been rare opportunities to gather together. The knowledge holders represent the diversity of the urban Aboriginal population in Vancouver and their willingness to participate in this process may indicate an intersection of community readiness and Vancouver Coastal Health's commitment to take action to support both systems of health care. From this gathering, the council and VCH agreed to consult with urban knowledge keepers on a regular basis (2–4 times a year) to increase cultural education opportunities for VCH staff and clients. To date, the council has facilitated or helped facilitate five such gatherings, including a provincial First Nations Traditional Healers' Gathering led by the First Nations Health Authority in 2011.

The council also participated in forums on cultural competency held by Aboriginal Health Strategic Initiatives (AHSI) for VCH health care staff. AHSI holds these forums on a yearly basis as part of

their overall educational plan to build cultural safety within VCH. The council shared protocols, policies, and some of their other work such as the companion document of selected papers and the traditional medicine brochure. We also invited several Elders from the local nations to be speakers as part of the forums. The council will continue to utilize these forums and other educational opportunities within VCH for Indigenous knowledge translation and transfer. The council will be part of future aspects of the Aboriginal Health Strategic Initiatives tiered education plan for VCH. This will continue to centre Aboriginal health leadership in informing VCH program development and service delivery.<sup>9</sup>

## CLINICAL PRACTICE PROTOCOLS

- Aboriginal leadership in health care
- Acknowledgment of First Nations traditional territory
- Cultural competency
- Ceremonial use of tobacco and smudging medicines
- Working in respectful partnership with Aboriginal Elders
- Transport to sweat lodge

Our first step in identifying and creating clinical practice standards for service delivery to Aboriginal clients in this section of our work plan was to define a framework for the practice standards. We were clear that we would provide standards (what the council saw as protocols) that would enable VCH staff to create a culturally safe environment within Vancouver Coastal Health and provide opportunities for Aboriginal clients to access culturally appropriate and relevant care. The opportunities to access cultural services were to be part of individual health plans and were to be documented that way. Through the establishment of these guidelines we began to build structures within VCH to support a cultural services model, where, if requested by Aboriginal

<sup>9</sup> The facilitator, as a VCH staff member, has an on-going responsibility of sustaining right relationships. This is done through reciprocal relationships and participation in community events and cultural ceremonies in ways that community understands and acknowledges. Without this on-going commitment the facilitator risks perpetuating colonial approaches and acting against the transformation of settler/Indigenous relationships.



clients, Aboriginal traditional health practitioners would be part of the Aboriginal client's interprofessional health team.

We also wanted to be clear that we would respect Aboriginal intellectual property rights (Martin-Hill, 2003; National Aboriginal Health Organization, 2008) regarding cultural ceremonies and practices. We would not teach ceremony in our guidelines and we would not depict actions VCH staff needed to do as part of ceremony; in fact, we would state that VCH staff would not facilitate any cultural ceremony, even if they were willing to do so, unless it was part of their own Aboriginal cultural background and they were asked to do so by Aboriginal clients. Their job is limited to providing access to cultural services for clients. The work of the council is to provide policies to assist them in providing access.

## POLICY STATEMENT

We started with a policy statement for all of the guidelines. Our scope of practice at this time included Aboriginal health, addiction and HIV/AIDS services in VCH Vancouver community:

Addiction, HIV/AIDS & Aboriginal Health Services promote a culturally safe health care framework and publicly recognize Aboriginal sovereign rights, including the right to incorporate Aboriginal cultural health care practices into current health care services. Provision of culturally safe care is in alignment with the Canadian Charter of Rights and Freedoms and the United Nations Declaration on the Rights of Indigenous Peoples. Culturally safe health care incorporates the individual accessing health care to be the judge of what constitutes relevant health care, including the right for Aboriginal people to access traditional ceremonies, health practices, Aboriginal Elders, Traditional Healers and/or Traditional medicines.

We also agreed to have a "need to know" section in each guideline where we would include information to situate the need for the protocol. We would include historical and current social realities and/or overviews of practices across nations to help clinicians and health care workers contextualize the work.

We built a section called "Teaching through Stories" into each VCH clinical practice guideline

to reflect indigenous ways of teaching and learning. We worked with a Squamish Nation consultant/knowledge keeper (Skwxwú7mesh Sníchim NexwsUtsáyih, 2009), to help us indigenize our process and speak to cultural practices and protocols of teaching through storytelling. Throughout all of the Aboriginal Health Clinical Practice Guidelines, we agreed to include storytelling as a model of presenting information. We included stories and words from the council members' experiences, to depict the teachings in the guidelines.

Addressing the aspects of education, self-governance, and cultural competency and inclusion (the promotion of Aboriginal models of health and wellness) the council has developed six protocols. Excerpts from these protocols are provided below.

### *Aboriginal leadership in health care*<sup>10</sup>

The purpose of this protocol is to establish a framework to secure and entrench Aboriginal voice in all areas of health services (within VCH) where an Aboriginal context enhances health practice, especially in the area of knowledge transmission. VCH recognizes that Aboriginal people need to be central in the identification, development, and delivery of health services to Aboriginal people. This includes any knowledge transmission or translation of Aboriginal health care practices and the implementation of culturally competent health care services accessed by Aboriginal people. VCH acknowledges that Aboriginal people are the knowledge keepers of their life experiences and, in this way, they possess the inherent right to articulate how and what knowledge is generated and transmitted to health care providers regarding their health and wellness.

### *Acknowledgement of First Nations traditional territory*

Vancouver Coastal Health provides health care services to fourteen First Nations communities throughout British Columbia (is it throughout BC or just lower mainland) and to a diverse urban Aboriginal

<sup>10</sup> All protocols listed here are internal documents to VCH. Only Ceremonial use of Tobacco and Smudging Medicines, Working in Partnership with Aboriginal Elders and Transporting Aboriginal Clients to Sweat Lodges are signed off for all of VCH Vancouver programs. Most of these are currently completing the process of becoming regional policies for VCH.



population. As we work in Aboriginal communities, we seek to acknowledge Aboriginal rights and title, including the sovereign historic rights to the land where we provide our services. We recognize the importance of the inherent spiritual connections Aboriginal people have to this land and in respect and awareness of this, we provide an acknowledgment of the nation of the land we are holding our meetings and gatherings on and invite Elders to provide welcoming prayers, songs, and stories. This policy is to provide information to VCH staff on the protocols regarding acknowledgement of traditional territories and the invitation to First Nations to welcome us to their hereditary land when we are hosting events, meetings or gatherings.

#### *Culturally competent services*

Raymond Obomsawin (2009), in *The Central Issue of Culture*, states “Culturally competent care results in improved health outcomes for Aboriginal peoples; increased self-determination of own health care; increased client satisfaction; and enhanced access to health care services.” Aboriginal peoples are significantly overrepresented in almost every area of poor health status compared to any other group in Canada. Large gaps in health status exist. Life expectancy rates are lower, infant mortality rates are higher, and hospitalizations for mental health issues including suicide can be five times the national rate. Health problems such as diabetes, HIV/AIDS, FAS/E, tuberculosis, hepatitis, smoking and substance abuse affect Aboriginal people at a higher percentage than other residents (Aboriginal Health Practice Council, 2010a).

Developing a cultural safety lens for VCH will facilitate positive learning experiences for health care staff to build meaningful skills and awareness in delivering services to First Nations, Inuit, and Métis peoples. Cultural safety an outcome of culturally competent practices and ensures that the recipients of care are the ones providing feedback on the services they receive. Cultural safety highlights the power dynamics in health care and seeks to address inequities through the promotion of culturally competent practices (Indigenous Physician’s Association of Canada, 2008).

#### *Working in partnership with Aboriginal Elders*

Elders of Aboriginal communities are the central carriers of Aboriginal ways of knowing and being. Aboriginal Elders come from many different nations and are diverse in their teachings and healing practices. It is imperative that health care practitioners understand the context and variety of practices Aboriginal Elders will bring. Aboriginal Elders stimulate life for those who are sick or unwell and the presence and wisdom of Aboriginal Elders can help to improve the health of Aboriginal people and benefit the Aboriginal circle of life.

Working with an Aboriginal Elder is a reciprocal relationship that benefits all persons involved. The purpose of this guideline is to convey the value, respect, honour, and love which Aboriginal people have for their Elders and that Aboriginal Elders are an integral and crucial part of the holistic wellbeing of Aboriginal people. These guidelines also provide VCH staff a deeper understanding of ways of being in relationship with all Aboriginal Elders and traditional healers.

#### *Ceremonial use of tobacco and smudging medicines*

Many Aboriginal ceremonies throughout North, Central, and South America involve the ceremonial burning of traditional plants and medicines. This ceremony, often called a smudge ceremony, is a holistic health practice used for prayer, offerings, cleansing and healing of mind, body, emotion, and spirit. Cleansing ceremonies can also include the brushing off of people with medicinal branches or boughs. This policy respects the range of traditional practices and facilitates the inclusion of these practices into the current health care system. VCH health care providers are to respect the right of Aboriginal people to choose these practices and are obligated to create the opportunities and environments to support access to these ceremonies.

#### *Transporting Aboriginal clients to sweat lodges*

The sweat lodge ceremony is a traditional ceremony practiced by Aboriginal peoples throughout Turtle Island. The sweat lodge is a sacred place where people of all nations may come together for healing and prayer and is often referred to as the womb

of Mother Earth. Sweat lodge is also about purification, healing, and balance, balancing all four aspects of human life: the spirit, the heart, the body, and the mind. Many Aboriginal people have suffered displacement, disconnection, isolation, and trauma. Part of the healing aspect of Aboriginal ceremonies is about experiencing being loved and respected, of being part of a family, of being united with the past, present, and future generations and with all living things (all our relations). The sweat lodge ceremony is about finding your place in the circle of life, the family of Aboriginal people (as Aboriginal people are the wisdom keepers of these ceremonies) and the family of all people.

VCH health care providers are to respect the right of Aboriginal people to choose these practices. The purpose of this policy is to provide practical guidelines to VCH health care practitioners who are escorting or providing transportation to a VCH Aboriginal client to attend a sweat lodge ceremony.

The council sees these six guidelines for practice as protocols in Aboriginal pedagogical frameworks and processes (Battiste, 2002). During the creation of the guidelines, it became clear that what we were developing were more policies for service delivery than actual hands-on clinical practice guidelines and that as policies, these would inform practice on a regional basis and not be limited to practice in VCH's Vancouver community. We now have a process to establish these documents as VCH regional policies.

Aboriginal communities must guide improving the health outcomes and access for Aboriginal people. It is crucial that VCH, through the Aboriginal Health Practice Council and other community led initiatives, continue the process for Aboriginal leadership in health care and participate where appropriate in the protocol, principles, and ceremonial frameworks to develop clear and ethical policies for practice. We wish to establish a decolonizing guiding framework on how VCH can work with Aboriginal knowledge keepers and health practitioners to improve health outcomes for Aboriginal people while increasing culturally competent practice.

## POLICY IN PRACTICE

The council is encouraged by the impact of their work, such as the recognition and engagement of

Indigenous ceremonies for Aboriginal clients within VCH facilities,<sup>11</sup> the creation of All Nations Healing rooms in health care settings,<sup>12</sup> the now commonly practiced acknowledgement of First Nations traditional territories and the welcoming to the traditional territories by First Nations peoples for VCH public events, the renaming of VCH executive forums to reflect local Indigenous language, and collaboratively held cultural awareness days for health care practitioners hosted by local First Nations. Building on this work, the focus for 2013 is to regionalize the council's membership to include First Nations and Aboriginal people from across the fourteen First Nations and the urban Aboriginal communities to which VCH provides services. The council will also assist with the creation of the VCH culturally competent and responsive strategic framework,<sup>13</sup> and continue to develop policies/protocols, and education that will expand into research initiatives.

One of the first research areas for the council is to explore methodologies for bringing together best practice ideas and models for improving the health of Aboriginal people by promoting and including Aboriginal traditional perspectives and practices of health and wellness. Literature reviews, community engagement and visits to several innovative and leading Aboriginal health agencies have already taken place to lay the foundations for this research. White Horse General Hospital, Alaska South Central Foundation, Anishnawbe Health Centre, and the Puyallup Tribal Health Authority are a few of the places visited with models in health service delivery to Aboriginal peoples and well developed working frameworks supporting Aboriginal traditional practitioners and medicines. The Council is now able to review culturally appropriate interdisciplinary research as identified by the BC ACADRE,<sup>14</sup> NEHR

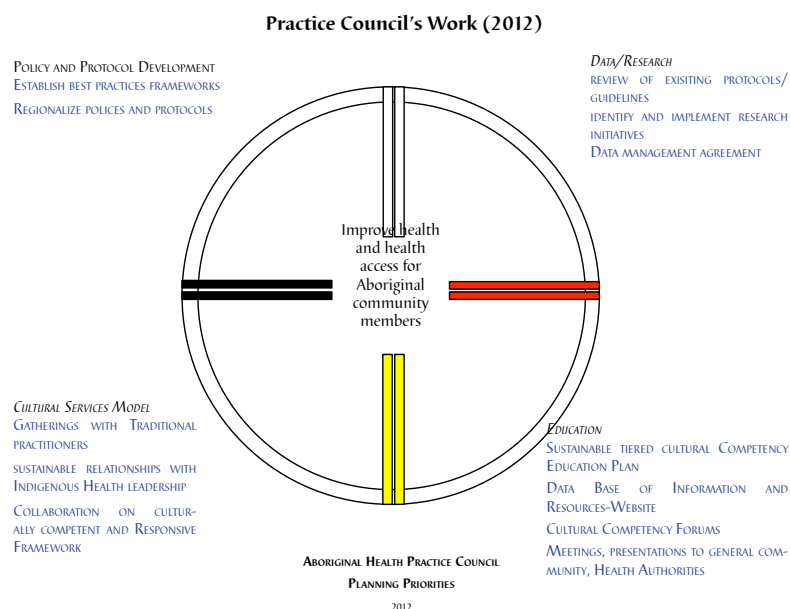
11 These Indigenous ceremonies include spiritual ceremonies such as Pipe and Yuwipi ceremonies with VCH hospitals and health centers.

12 The All Nations Healing rooms, in two large urban hospital settings, have been created with extensive consultation with the local First Nations.

13 The Culturally Competent and Responsive Framework is a deliverable in the Partnership Accord agreement signed by VCH and the First Nations Health Authority in May 2012.

14 Aboriginal Capacity and Developmental Research Environment (ACADRE) Network, was created by the Canadian Institutes of Health Research (CIHR) (2002). BC ACADRE, like its seven provincial counterparts, fostered collaborative research with postsecondary institutions, Aboriginal and non-Aboriginal organizations.

BC,<sup>15</sup> and Ownership, Control, Access and Possession (OCAP) (First Nations Centre, 2007a). This research will also follow the First Nations Health Authority and the Provincial Ministry of Health guidelines for culturally appropriate data management protocols with health authorities.



## RESEARCH

The council's work is guided by the ethics in health research with Aboriginal peoples (Indian and Northern Affairs, 1996; First Nations Centre, 2007a). Stating Aboriginal concerns of a lack of community involvement and consent, OCAP (First National Centre, 2007a, p. 5), advocates that research must "respect the privacy, protocols, dignity and individual and collective rights of First Nations. It must also derive from First Nations values, culture and traditional knowledge." The council includes the aspects of self-determination of First Nations governance and Aboriginal control over information in mutually evolving partnerships with any research initiatives they will be part of.

Vancouver Coastal Health and the practice council recognize the importance of following ethical and cultural protocol principles in engaging with Aboriginal communities. In conducting the research for building a cultural services model based

on these protocol principles, a decision was made to work in collaboration with the then First Nations Health Council of BC. Collaboratively, it was decided that the facilitator, co-chair of the practice council, and a member of the First Nations Health Council would visit several leading Aboriginal health organizations to ask for assistance in creating a culturally appropriate and Aboriginal led model of service delivery and to share the policies and education developed by the council. In person visits allow engagement of proper cultural protocols for meeting and requesting assistance as demonstrated by the initial process of seeking leadership for the possible formation of the practice council; it also creates space for mutually beneficial dialogue and partnership.

Face to face right relationship building will build long term working relationships in which health authorities, Aboriginal peoples, traditional knowledge keepers, and practitioners can build strong, collective service models that will engage traditional practitioners and Aboriginal communities to increase cultural competency and encourage appropriate participation of non-Aboriginal health care providers while building a wide resource partnership of Aboriginal health providers.

The council will look at the following questions to guide further research: What policies support Aboriginal leadership in health care, including accessing traditional knowledge keepers within multiple health systems? Are health policies built from Aboriginal protocols moving all of us forward in "restoring the connections that define Indigenous consciousness and ways of being" (Alfred, 2005, p. 45), and in doing so, restoring Indigenous peoples to positive health status and healthy communities?

## ISSUES AND CHALLENGES

As the work continues to broaden, the council needs to work with VCH to identify indicators on the degree of change in the culturally competent practices of health care practitioners in VCH. They will also

<sup>15</sup> The Network Environments for Aboriginal Health Research (NEAHR) (2007) Centre's focus on exploring critical Aboriginal health issues, capacity development for Aboriginal research across Canada.

need indicators of Aboriginal people's experience of access to health services and partnerships in the contexts of ongoing impacts of colonization (race, class, and gendered violence, in patriarchal systems), governmental changes, funding priorities, and shifting personnel.

## SUMMARY

The Aboriginal members of the council intend that the work will ensure the enhancement and protection of Indigenous knowledge as a health leadership process that does not impose external **requiems** or expropriation and/or the selling or misrepresentation of Indigenous knowledge. The council leadership role has navigated educating colonial systems about how to reciprocally engage with Indigenous health models, protocols, and processes. More research is required on how Indigenous protocols and principles can be sustained while supporting self-determined governance and resurgence projects for the maintenance of the people's holistic health leadership. This article describes the processes of attending to right relationships employed by the Aboriginal Health Practice Council and offers a useful methodology for non-Indigenous organizations serving Aboriginal peoples to assist them in implementing Indigenous health leadership when working with community-based preresearch principles, protocols, policies, and practices.

In the context of *Idle No More* social movements we are also aware that this process includes the protection of Indigenous knowledge; for example on how plants and food medicinal knowledge is navigated in institutional spaces. We continue to be guided by the following questions: how can we effectively position our work to contribute to the restoration of sustainable Indigenous relationships to lands and health care education? How can our everyday acts inform a decolonizing health leadership process? We hope documenting how local Indigenous protocol principles have guided our practices will inform other health education, health policy development, and preresearch contexts.

## REFERENCES

- Aboriginal Health Practice Council. (2008). *Terms of Reference*. Vancouver, BC: Vancouver Coastal Health Authority. Vancouver Coastal Health Aboriginal Health Services.
- (2010a). *Companion Document of Selected Papers*. Vancouver, BC: Vancouver Coastal Health Aboriginal Health Services.
- (2010b). *Traditional Medicine Brochure*. Vancouver, BC: Vancouver Coastal Health Aboriginal Health Services.
- Alfred, Taiaiake G. (2005). *Wasase: Indigenous Pathways of Action and Freedom*. Toronto: Broadview Press.
- Ahuriri-Driscoll, A., Baker, V., Hepi, M., Hudson, M., Mika, C., and Tiakiwai, S (2008) The future of rongoa Maori: Wellbeing and sustainability. A summary. Christchurch: Institute of Environmental Science and Research/Ministry of Health. 22. <http://www.esr.cri.nz/SiteCollectionDocuments/ESR/PDF/RongoaMaoriSummaryReport.pdf>.
- Battiste, M. (2002). *Indigenous Knowledge and Pedagogy in First Nations Education: A Literature Review with Recommendations*. Ottawa: Indian and Northern Affairs Canada.
- British Columbia Ministry of Aboriginal Relations and Reconciliation. (2007). Province of British Columbia's website for B.C. Treaties. Available at <http://www.treaties.gov.bc.ca/>.
- British Columbia First Nations Leadership Council. (2005). *First Nations Health Blueprint for British Columbia*. Submitted to the Assembly of First Nations. <http://www.fns.bc.ca/pdf/HBprintBC150705.pdf>.
- Canadian Constitution Act* (1867/1982) Section 35. Ottawa: National Working Group on education and the Minister of Indian Affairs. <http://laws.justice.gc.ca/eng/Const/>.
- Corntassel, J. (2012). Cultural restoration in international law: Pathways to Indigenous self-determination. *Canadian Journal of Human Rights*, 1(1). <http://www.corntassel.net/culturalrestoration.pdf>.
- Denzin, N.K., Lincoln, Y.S., and Smith, L.T. (2008). *Handbook of Critical and Indigenous Methodologies*. Los Angeles: Sage.

- Ermine, W. (2007). Ethical space of engagement. *Indigenous Law Journal*, 6(1), 193–203.
- First Nations Centre. (2007a). *OCAP: Ownership, Control, Access and Possession*. Sanctioned by the First Nations Information Governance Committee, Assembly of First Nations.
- (2007b). *Understanding Health Indicators*. Ottawa: National Aboriginal Health Organization. [http://www.naho.ca/documents/fnc/english/FNC\\_OCAPInformationResource.pdf](http://www.naho.ca/documents/fnc/english/FNC_OCAPInformationResource.pdf).
- First Nations Leadership Council. (2007). *The Tripartite First Nations Health Plan*. Assembly of First Nations, British Columbia's Provincial Government and the Canadian Federal Government. [http://www.gov.bc.ca/arr/social/health/down/tripartite\\_health\\_plan\\_signed.pdf](http://www.gov.bc.ca/arr/social/health/down/tripartite_health_plan_signed.pdf).
- First Nations make historic Decision in health. (2011). News release. Available at [http://www.fnhc.ca/index.php/health\\_governance/](http://www.fnhc.ca/index.php/health_governance/)
- Government of Canada. (2000). Parliamentary Research Branch. *Aboriginal and Treaty Rights*. Prepared by Mary Hurley. Law and Government Division. <http://publications.gc.ca/collections/Collection/LoPBdP/EB/prb9916-e.htm>.
- Horn, Gabriel. (2007). The genocide of a generation's identity. In Marijo Moore, ed., *Genocide of the Mind: New Native American Writing*. New York: Thunder's Mouth Press/Nation Books.
- Indian and Northern Affairs Canada (1996). *The Royal Commission Report on Aboriginal Peoples*. <http://www.aadnc-aandc.gc.ca/eng/1100100014597/1100100014637>.
- Indigenous Physician's Association of Canada. (2008). *First Nations, Inuit, Métis Health: Core Competencies*. The Association of Faculties of Medicine of Canada. <http://www.afmc.ca/pdf/CoreCompetenciesEng.pdf>.
- Kelm, M. (1998). *Colonizing Bodies: Aboriginal Health and Healing in British Columbia*. Vancouver, BC: University of British Columbia Press.
- Kirkmeyer, L and Valaskakis, G. (2009). *Healing Traditions: Mental Health of Aboriginal Peoples in Canada*. Vancouver, BC: University of British Columbia Press.
- Marsden, D. (2005). Indigenous wholistic theory for health: enhancing traditional-based indigenous health services in Vancouver. PhD Dissertation. <https://circle.ubc.ca/handle/2429/17209>.
- Martin-Hill, D. (2003). *Traditional Medicine in Contemporary Contexts: Protecting and Respecting Indigenous Knowledge and Medicines*. [http://www.naho.ca/documents/naho/english/pdf/research\\_tradition.pdf](http://www.naho.ca/documents/naho/english/pdf/research_tradition.pdf).
- National Aboriginal Health Organization. (2008). *An Overview Of Traditional Knowledge And Medicine And Public Health In Canada*. <http://www.naho.ca/documents/naho/publications/tkOverviewPublicHealth.pdf>.
- Obomsawin, R. (2009). *The Central Issue of Culture* (power point presentation), National Aboriginal Health Organization. Aboriginal Health Strategic Initiatives: Cultural Competency and Inclusion Conference. Vancouver Coastal Health. Vancouver, BC.
- Reading, J., Perron, D., Marsden, N., and Edgar, R. (2010). *Global Indigenous Health — An Opportunity for Canadian Leadership*. Victoria, BC: Centre for Aboriginal Health Research. [http://cahr.uvic.ca/wp-content/uploads/2010/09/CAHR\\_02078\\_GlobalHealth2010Report\\_OUT\\_web.pdf](http://cahr.uvic.ca/wp-content/uploads/2010/09/CAHR_02078_GlobalHealth2010Report_OUT_web.pdf).
- Skwxwú7mesh Sníchim NexwsUtsáylh. (2009). Squamish Nation Education Department. Personal Correspondence. Vancouver, BC.
- Smith, L.T. (2005). Building a research agenda for Indigenous epistemologies and education. *Anthropology & Education Quarterly*, 36, 93–95. doi: 10.1525/aeq.2005.36.1.093
- Smith, T.L. (2005). On tricky ground: Researching the native in the age of uncertainty. In N. Denzin and Y.S. Lincoln, eds., *The Sage Handbook of Qualitative Research*. Third edition. Thousand Oaks, CA: Sage Publications, pp. 85–107.
- Smylie, J., Kaplan-Myrth, N., McShane, K., Métis Nation of Ontario-Ottawa Council, Pikwakangan First Nation, and Tungasuvvingat Inuit Family Resource Centre (2009). Indigenous knowledge translation: Baseline findings in a qualitative study of the pathways of health knowledge in three Indigenous communities in Canada. *Health Promotion Practice*, 10(3), 436–446.
- Simpson, L.R. (2004). Anti-colonial strategies for the recovery and maintenance of indigenous knowledge.

*American Indian Quarterly*, 28(3), 373–384.

UN General Assembly. (2007) *United Nations Declaration on the Rights of Indigenous Peoples: Resolution Adopted by the General Assembly. A/RES/61/295*, available at: <http://social.un.org/index/IndigenousPeoples/DeclarationontheRightsofIndigenousPeoples.aspx>.

Young, A. and Nadeau, D. (2005). Decolonizing bodies in Indigenous women: The state of our nations. *Atlantis: A Women's Studies Journal/Revue d'études les femmes*, 29(2), 13–22. <http://www.msvu.ca/atlantis/vol/292pdf/292young.PDF>.

**Alannah Young Leon** is a PhD candidate in the Faculty of Education at the University of British Columbia. She is Anishnabikwe and Opaswayak and her work documents the ongoing resurgence of Indigenous principles. Alannah's qualitative research examines a tribal centred Indigenous Elders pedagogy in rural land-based health education programs. She explores mechanisms that restore Indigenous health care systems and how local Indigenous protocols regenerate Indigenous health education and revitalize Indigenous centered concepts of leadership.

[alannahearlyyoung@gmail.com](mailto:alannahearlyyoung@gmail.com)

**Tonya Gomes**, MA, RCC, of Amerindian and Caribbean Black descent, and is the Clinical Practice Initiatives Lead for Aboriginal Health Services, Vancouver Coastal Health (VCH). Tonya is the facilitator of the Aboriginal Health Practice Council and works with First Nations and Indigenous Health leadership both provincially and internationally in the building of policies to protect, bring together and extend Indigenous health practices, policies and protocols.

[tgoms@shaw.ca](mailto:tgoms@shaw.ca)

**Dr. Lee Brown** is a member of the Cherokee Nation, Wolf Clan, and is the Director of the UBC Institute of Aboriginal Health at the University of British Columbia. He is the co-author of *The Sacred Tree*, and has also worked at the Round Lake Native Healing Centre in Vernon, BC for over three decades. He is an author and culturalist and revitalizes Indigenous foods and plant as medicines at the IAH Indigenous Gardens and is internationally renowned for his Indigenous knowledge leadership.

[Lee.Brown@ubc.ca](mailto:Lee.Brown@ubc.ca)