

Sharing Nuu-chah-nulth patient voices will increase culturally safe care

Peoples in First Nations in central and northern Vancouver Island seek respectful and responsive – "culturally safe" – health care services. However, historical and structural barriers mean that the services are not consistently or predictably provided in a culturally safe manner.

This project will create opportunities and space or conversations about discrimination and cultural safety across health systems. After full consultation with two First Nations communities, we anticipate that Storywork, an Indigenous research methodology, and "brokered dialogue" will enhance collaboration and understanding, and improve experiences and health outcomes for Firs Nations peoples.

Project Overview

Peoples in First Nations in central and northern Vancouver Island seek respectful and responsive — "culturally safe" — health care services. However, historical and structural barriers mean that the services are not consistently or predictably provided in a culturally safe manner as people cross from Indigenousled health services to mainstream health care providers who serve Indigenous communities.

This project will facilitate dialogue and storytelling by communities and care providers. In doing so, it is believed that opportunities for reconciliation across health systems will be revealed, challenging the systemic racism and oppression that manifests brightly

at the interface between the two systems as a longstanding reminder of colonialization.

Building on established relationships within Nuu-chahnulth communities, first person narratives of the impact of culturally unsafe care delivery on health outcomes will be gathered. These stories will be used to facilitate dialogue between health care providers and Nuu-chahnulth community members to improve the interaction of the two health systems for the benefit of the patients, communities and care providers.

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What will we do?

■Phase 1: Community Engagement:

Partnering with the Nuu-chah-nulth Tribal Council and two First Nations, we will engage with members of these Nations to elicit the priority health care system issues that they face. Together, we will develop a framework for research that is collaborative, incorporating Indigenous and qualitative research methods to record authentic experiences and stories of community members and health care providers about the priority health care issues.

■Phase 2: Storywork and Brokered Dialogue:

The work completed from Phase 1 will direct the scope of inquiry and action for Phase 2, but we believe that in the second phase we may be incorporating the Indigenous research methodology called Storywork, which is especially useful for addressing controversial health issues. The brokered dialogue method will also likely be used to share with health care providers recorded video segments of patient narratives on what cultural safety means to them and how this has impacted their health. Providers' responses in turn will be shared with patients and community members. This process will be iterative until a final providers' response is shared with participants and communities.

Participants will continue to collaborate throughout this phase, as they will be invited to engage in editing their

videos to ensure control over their stories and representation.

■Phase 3 - Research to Action:

The videos and findings from the Storywork and brokered dialogue processes will be used to develop tools that can be used to increase cultural safety and collaboration between health systems. The tools to be developed will be determined collaboratively with the project partners based on community priorities, current needs, and findings from the brokered dialogue process.

What is the impact?

We believe that this research will foster mutual understanding, in terms of awareness among health care providers of systemic practices that are barriers for Indigenous patients. It will also foster greater knowledge and understanding among community members about determining their health care.

Findings and collected materials will support the development of resources that enhance cultural safety within the local health authority, Island Health, and collaboration between NTC and Island Health. We hope that the tools may be useful for other First Nations and health authorities.

Who are our collaborators?

Nuu-chah-nulth Tribal Council Mowachaht/Muchalaht First Nation Tseshaht First Nation Island Health First Nations Health Authority Carleton University.

How was the research funded?

This research is funded by the Canadian Institutes of Health Research – Institute of Indigenous Peoples' Health and by SE Health

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About the Research Centre

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