

Category: BOARD POLICY – BOARD PROCESS	
Title: TERMS OF REFERENCE: Cultural Safety and Humility Committee	Reference Number:
Approved by: PHSA Board of Directors	Last Approved: September 21, 2023 Last Reviewed: September 21, 2023

1. INTRODUCTION

Provincial Health Services Authority (PHSA) recognizes the distinct cultures, self-determination and the individual and collective Rights of Indigenous Peoples, as well as the distinct Rights and Title of First Nations peoples on the lands that PHSA is situated and serves. As part of the British Columbia (B.C.) health care system, PHSA acknowledges that the roots of historic and ongoing settler colonialism, white supremacy and Indigenous-specific racism and discrimination are embedded in PHSA policies, practices, procedures and decision-making processes.

PHSA and BCEHS are accountable, through their mandates, to incorporate the [Declaration on the Rights of Indigenous Peoples Act](#) (DRIPA), [DRIPA Action Plan](#), and [Calls to Action of the Truth and Reconciliation Commission](#) within its specific areas of responsibility. Further, the PHSA Board of Directors has also [committed](#) to implementing all recommendations of the [In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care Report](#) within its responsibility to lead, and to partner and support implementation of all others. From a Distinctions-Based Approach, PHSA is committed to the application of Indigenous-specific anti-racism and cultural humility in all policies, practices and procedures to eradicate systemic Indigenous-specific racism and discrimination, create a zero-tolerance environment for Indigenous-specific racism and discrimination, promote ‘speak-up’ culture, and hardwire Indigenous cultural safety throughout PHSA.

The purpose of the Cultural Safety and Humility Committee (“The Committee”) is to operate as stewards and champions for the PHSA Board in fulfilling its obligations under its mandate, the Foundational Documents (see Appendix), and all other PHSA Board strategies and actions to eradicate Indigenous-specific racism and discrimination and hardwire Indigenous cultural safety and humility across the organization. Informed and Guided by Coast Salish Teachings and Protocols and Indigenous Thought Leadership, the Committee will role model new ways of working together.

The Committee will also collaborate and support B.C. Emergency Health Services (BCEHS) and its Board in fulfilling its responsibilities to eradicate Indigenous-specific racism and discrimination and hardwire Indigenous cultural safety and humility throughout its policies, programs and services.

2. COAST SALISH TEACHINGS

The Terms of Reference is living and iterative, intended to be continuously improved and revised over time based on evaluations and relevant changes to the organization or wider Indigenous health and wellness local, provincial, and national contexts.

Coast Salish Teachings guide the operations and processes of the function of this Committee. The Committee will provide governance oversight and monitoring to ensure that these Teachings are adopted and lived throughout PHSA.

3. RESPONSIBILITIES

A. Responsibilities of the Committee include:

- i. championing Indigenous thought leadership, and providing advice and making recommendations to the Board with respect to eradicating Indigenous-specific racism and discrimination and hardwiring Indigenous cultural safety and humility in policies, programs, and services for which PHSA has accountability.
- ii. following Indigenous thought leadership and Coast Salish Teachings and protocols, and ensuring a health- and wellness-centred approach is taken in in the Board's governance and oversight responsibilities;
- iii. ensuring First Nations governance protocols and ways of operating respecting the protocol of the lands are adhered to at the Board, and across PHSA;
- iv. receiving guidance from the PHSA Indigenous leadership on a regular basis and provide consideration and oversight to their recommendations regarding the eradication of Indigenous-specific racism and the hardwiring of Indigenous cultural safety and humility across PHSA;
- v. championing and stewarding the development and implementation of Board and PHSA Indigenous-specific strategies and action plans, and subsequent iterations;
- vi. monitoring Indigenous-specific anti-racism and Indigenous cultural safety and humility education and training for the PHSA Board and all PHSA staff;
- vii. ensuring safe and high-quality care for Indigenous peoples, including Indigenous-specific racism and discrimination complaints pathways and processes;
- viii. ensuring Indigenous staff have positive experiences, including Indigenous hiring, retention, and staff wellness supports;

- ix. ensuring standards, health information, data and measurements are in place to track progress on eradicating Indigenous-specific racism and hardwiring Indigenous cultural safety and humility; and,
- x. collaborating and supporting BCEHS and its Board in fulfilling its responsibilities to eradicate Indigenous-specific racism and discrimination and hardwire Indigenous cultural safety and humility throughout its policies, programs and services, as required.

4. ORGANIZATION

- A. PHSA's Vice President, Indigenous Health and Cultural Safety, is the PHSA Executive Leadership Team ("ELT") Designate to support the Committee Chair and Committee members. Additional ELT members may be assigned to assist and report to the Committee as required.
- B. The Committee will meet up to five times each year. Frequency of meetings will be reviewed annually.
- C. The Chair will set the agenda, in collaboration with the Vice President, Indigenous Health and Cultural Safety.
- D. The Committee will strive to have an appropriate number of Indigenous participants to advance Indigenous thought leadership. If additional Indigenous participants are required, the Committee may make appropriate recommendations to the Board Chair who may invite additional Indigenous representatives from within or outside the Board to provide support, recognising that the decision-making authority rests with appointed Directors.
- E. The Committee may create Indigenous health sector issue-based advisory groups within PHSA jurisdiction to support the overall work of the Committee and the Board.

5. PROTOCOLS

- A. Meetings and decision-making may be conducted in accordance with the First Nations Teachings and Protocols as determined by the Committee and the Committee Chair, and may reflect First Nations consensus-based decision-making models. Examples include, but are not limited to:
 - Starting meetings with a meaningful Land Acknowledgement by a non-Indigenous Committee member, including reflections on their Indigenous-specific anti-racism learning journey.

- Including cultural openings and closings based on appropriate Teachings and Protocols.
 - Holding meetings in circle format and an approximation of circle work when in virtual space, as appropriate.
 - Sharing Truths at the meeting to improve relational accountability among Committee and Board members. The Chair will determine whether PHSA leadership are witness to the sharing of Truths.
- B. Supports will be made available to the Committee, including PHSA Indigenous health teams, Elders, Knowledge Keepers to provide a welcome to the territory and/or provide guidance and advice on Committee work. Knowledge Keepers will hold sacred and honoured positions at Committee meetings whenever present.
- C. Stereotyping, racism and discrimination will not be tolerated at any Committee meetings. The Committee will demonstrate and role model ‘Speak-up Culture’ to create a safe space to speak up and speak out on Indigenous-specific anti-racism and anti-discrimination.
- D. As part of the Committee members’ learning journeys, Committee members may consider visiting a First Nations community or a First Nations organization in B.C. and undertake specific education and training (such as group book readings) to advance knowledge-building and knowledge-transferring among Committee members.
- E. Ongoing monitoring and evaluation of Committee processes may be undertaken and used to inform revisions to Committee ways of working.

6. ACCOUNTABILITY

- A. The Committee will report its discussions and recommendations to the Board by providing an oral or written report at each Board meeting.

APPENDIX – Foundational Documents

The CSH Committee will steward the PHSA Board in fulfilling obligations relating to the eradication of Indigenous-specific racism and discrimination and hardwiring of Indigenous cultural safety and humility across PHSA in accordance with the following PHSA mandates and Foundational Documents:

- [The Transformative Change Accord: First Nations Health Plan](#) (2005)
- [United Nations Declaration on the Rights of Indigenous Peoples](#) (2007)
- [Declaration of Commitment on cultural Safety and Humility in Health Services for First Nations & Aboriginal People in B.C.](#) (2015)
- [Calls to Action of the Truth and Reconciliation Commission](#) (2015)
- [Calls for Justice from the Missing and Murdered Indigenous Women and Girls Report](#) (2019)
- [Declaration on the Rights of Indigenous Peoples Act \(DRIPA\)](#) (2019)
- [Remembering Keegan: A BC First Nations Case Study Reflection](#) (2022)
- [DRIPA Action Plan](#) (2022)
- [In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care](#) (2022)