BCCOHP | British Columbia College of Oral Health Professionals

Mailing Address
110 - 1765 8th Ave W
Vancouver, BC V6J 5C6

Phone: 672.202.0448
Toll free: 1.888.202.0448
info@oralhealthbc.ca
www.oralhealthbc.ca

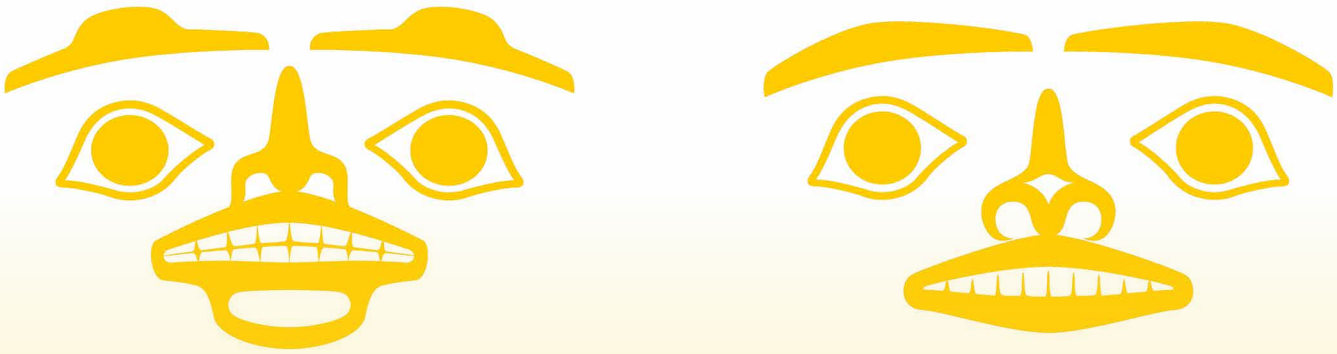
Lhéq'lomet Learning Toolkit

The legacy College of Dental Hygienists of BC developed this educational resource in consultation with subject matter experts, including those with Indigenous lived experience. This toolkit is applicable to all oral health professionals and we encourage all groups to engage with this meaningful and relevant learning as part of regular professional development.

Category: Quality Assurance
Source: CDHBC
September 1, 2022

Territorial acknowledgement

The offices of BCCOHP are located on the traditional, ancestral and unceded territory of the Coast Salish and Lekwungen-speaking Peoples, represented today by the Musqueam, Squamish, Tsleil-Waututh, Songhees and Esquimalt Nations. Acknowledging the territories and the original stewards of these lands is a fundamental responsibility of our organization and in keeping with our commitment to support the provision of safe, effective, culturally sensitive oral health care for British Columbians.



College of Dental Hygienists of British Columbia

Lhéq'lomet: A Toolkit of Indigenous Anti-Racism, Cultural Safety and Humility Learning Planning for Oral Health Professionals

LAST UPDATED JUNE 2022

TABLE OF CONTENTS

Trigger Warning and Support Resources ____ 3

A New Dawn by Roy Henry Vickers ____ 4

Introduction ____ 6

Important Terms to Know ____ 9

Foundational and Essential Resources ____ 11

Self-Reflection Learning and Development Guide ____ 13

Guidance for Selecting Appropriate IARCS&H Education Experiences ____ 17

A List of Examples of Recognized IARCS&H Learning Experiences ____ 18

- Novice IARCS&H Learning Experiences for Oral Health Professionals ____ 18
- Intermediate IARCS&H Learning Experiences for Oral Health Professionals ____ 19

A Non-Exhaustive List of Examples of Indigenous Methods of Learning ____ 21

- Examples of Indigenous methods of learning, and developing knowledge and wisdom ____ 21

References and Further Resources ____ 22

Trigger Warning and Support Resources

Content in Indigenous Anti-Racism, Cultural Safety and Humility learning experiences will often include information on the violent colonization of Indigenous peoples and the lands now commonly called Canada. Subjects will sometimes include residential schools and their impacts on oral health and other sensitive subjects.

If you or anyone you know needs support, consider reaching out to:

- **National Residential School Crisis Line at: 1-866-925-4419**
- **Mental Health and Wellness Support for Indigenous Peoples Indian Residential Schools Resolution Health Program Resources at: 1-866-925-4419**
- **KUU-US Crisis Line Society in British Columbia at: 1-800-588-8717**
- **Mental health resources organized on the Canadian Centre for Mental Health and Sport website**

Please proceed to engage in IARCS&H learning experiences with gentle discretion.

When you are ready to engage in IARCS&H learning planning and learning experiences, it is recommended that you do so in a safe environment that allows for ample time and opportunity to thoughtfully process the information and learning reflections.

Lhéq'lomet: A Toolkit of Indigenous Anti-Racism, Cultural Safety and Humility Learning Planning for Oral Health Professionals

About the Name

"**Lhéq'lomet**" (pronounced: lake-lo-met) means "Knowledge" in the Halkomelem (Halqemeylem) language. This language has been spoken in the Coast Salish territory of the southwestern coast of what is now commonly called British Columbia, since time immemorial. On these lands, saying "Lhéq'lomet" was the first way in which human beings verbally articulated a concept of knowledge. As CDHBC recommends that all oral health professionals engage in meaningful Indigenous Anti-Racism, Cultural Safety and Humility learning journeys, they are also encouraged to continuously reflect upon and continue developing their knowledge.

Translation completed by Win Translation in 2022.

A New Dawn by Roy Henry Vickers

Figure 1: A New Dawn by Roy Henry Vickers

Watch Roy Henry Vickers' explanation of the artwork here >>

The College of Dental Hygienists of British Columbia is honoured to present *A New Dawn*, created by Roy Henry Vickers. Roy's father was a fisherman of three northwest coast First Nations ancestries: Tsimshian, Haida, and Heiltsuk. Roy's mother was a schoolteacher whose parents had immigrated to Canada from England. Roy feels his mixed heritage has had a strong influence on his art. CDHBC is grateful to work in collaboration with Roy to create *A New Dawn*, which tells the story of Indigenous Cultural Safety and Humility education for regulated oral health care professionals in what is now commonly called British Columbia. Each element of the piece carries significant meaning.

The yellow tone in the sky represents the dawning of a new day and a new era for oral health care professionals in the acquisition and development of Indigenous Anti-Racism, Cultural Safety and Humility knowledge. The faces in the sky represent two First Nations Elders. The Elder on the left is male and the Elder on the right is female, distinguished by the labret in the lower lip. The eyebrows, noses, and smiles are different between the two Elders' faces, representing the need to treat each client with individualized care. The Elders are carriers of knowledge and wisdom. Oral health care professionals engage in Indigenous Anti-Racism, Cultural Safety and Humility education to acquire important knowledge and must further have the wisdom to know how to use that knowledge in practice.

The mountain is large and seems insurmountable at first. To some oral health care professionals engaging in Indigenous Anti-Racism, Cultural Safety and Humility education for the first time, it too can seem daunting. With a change of perspective, the mountain can be seen as a source of strength and with time and determination, oral health care professionals can climb their own mountain in the pursuit of Indigenous Anti-Racism, Cultural Safety and Humility knowledge. The snow on the mountain signifies that it is a later time of year, and this symbolizes the maturity that oral health care professionals must have to successfully engage in Indigenous Anti-Racism, Cultural Safety and Humility education.

The water at the base of the mountain is a river which flows out to the Pacific Ocean. Oral health care professionals will start their Indigenous Anti-Racism, Cultural Safety and Humility learning journey much like this river, slowly and meaningfully building on the journey until they have acquired a wealth of knowledge which symbolically takes them out to the big sea of experience and understanding.

The CDHBC looks to the meaning of *A New Dawn* to guide its structure of supporting oral health care professionals on their Indigenous Anti-Racism, Cultural Safety and Humility learning journey.

Introduction

Prior to the European colonization of the lands now commonly known as Canada, large populations of Indigenous peoples were thriving in good health and wellness, living autonomously under their own culturally relevant methods of governance, economy, education, law and justice, and indeed health care methods and perspectives. A strong, ancestral connection to these lands and its many resources for foods, water, medicines, shelter, clothing, canoes, etc., contributes to positive health outcomes for Indigenous peoples. Indigenous peoples have had a strong and special relationship to these lands for thousands of years, or since time immemorial. This special relationship continues today. Colonization of these lands and Indigenous peoples, and the maintenance of colonialism within public systems and spaces today has interfered with this important land and health connection, and interrupted the good health and wellness journeys of many Indigenous peoples.

Part of the system of colonization of the lands and its First Peoples, included many Indigenous and human rights violations including the residential school system, where medical and dental abuse and experimentation caused lasting physical, emotional, psychological, and spiritual trauma and injuries. **Watch this video of First Nations Artist and Author, Roy Henry Vickers explaining why he has a fear of seeking oral health treatment today**. Many Indigenous peoples are distrusting of medical and dental professionals today, which leads to complications with communication, participation, and contributes to negative health outcomes. Many Indigenous peoples experience distrust and a heightened sense of anxiety during oral health services. These experiences are exacerbated by systems, spaces, and health professionals who may not be aware they are perpetuating colonialism, discrimination, and racism in health services which are unsafe.

As described within the ***In Plain Sight*** report (2020), Indigenous peoples in what is now commonly called British Columbia experience a disproportionate amount of barriers to good health and wellness, including prejudice, bias, discrimination and both personal and systemic racism in health services, including oral health services. Indigenous Anti-Racism, Cultural Safety and Humility education and development is essential for oral health professionals in the pursuit of providing anti-racist, culturally safe, humble, accessible and relevant oral health services that contribute to positive health outcomes.

The CDHBC's Board and Quality Assurance Committee is endorsing this toolkit in order to support all registrants in engaging in meaningful and relevant Indigenous Anti-Racism, Cultural Safety and Humility (IARCS&H) learnings as part of regular professional development. As part of this learning journey, registrants are encouraged to complete a minimum of 4 Continuing Competency (CC) credits in IARCS&H learning per 5-year QAP cycle.

The CDHBC signed a ***Declaration of Commitment to Cultural Safety and Humility in the Regulation of Health Professionals Serving First Nations and Aboriginal People in BC*** with the First Nations Health Authority (FNHA) and BC Ministry of Health in 2017. Further to this commitment, the CDHBC signed a **Joint Statement of Apology and Commitment to Action** with other health profession regulators in BC in 2021. The CDHBC is committed to enhancing awareness of the importance of Indigenous Anti-Racism, Cultural Safety and Humility training for all registrants, regardless of practice setting(s) or location.

This education toolkit called Lhéq'lomet: A Toolkit of Indigenous Anti-Racism, Cultural Safety and Humility Learning Planning for Oral Health Professionals has been thoughtfully designed in consultation with experts including an education and Reconciliation subject matter expert with lived Indigenous experience. CDHBC registrants are strongly encouraged to use the tools within this toolkit document to reflect on gaps in IARCS&H knowledge, explore recommended opportunities for learning and development, and make a plan to complete at least 4 CC credits of IARCS&H learning per 5-year QAP cycle. Registrants are encouraged to create a relevant and meaningful learning plan which takes into account the local Indigenous populations, histories, customs, and health needs where they work, and the particular IARCS&H knowledge and skills required for particular practice settings. For example, dental hygiene educators may consider focusing on advanced learning based in the decolonization of academia, in order to create and maintain learning spaces and systems free from discrimination, colonialism, and racism for the next generations of Indigenous oral health professionals. Dental hygienists in clinical settings may find the most relevant and meaningful IARCS&H education experiences to be related to pain and anxiety management, and the decolonization of conversations regarding smoking cessation, as examples.

This learning is a journey and not a destination. There is no specific amount of learning that can be done in order to determine that one has obtained all the necessary knowledge and skills in Indigenous Anti-Racism, Cultural Safety and Humility. Oral health professionals must commit to continued learning in this area, throughout the life of their time in practice, and keep up to date with this ever-evolving field that develops with the changing needs of society.

This complex subject area requires thoughtful planning in order to ensure meaningful learning experiences specific to the oral health professional's practice setting(s). Oral health professionals are encouraged to use this document as a suite of tools in their IARCS&H learning planning and implementation. This document contains:

- A list of foundational and essential resources that articulate Indigenous health rights in Canada and BC. All oral health professionals should be familiar with these important declarations, legislation, and calls to action and justice, recommendations, and findings from major reports that resulted from large-scale public investigations.
- A Self-Reflection Learning and Development Guide that provides guidance to oral health professionals as they reflect on their current level of knowledge and competency in IARCS&H, and help determine what areas they may need to focus on next. This tool can be used to determine how to fulfill a minimum recommended 4 CC credits of learning in IARCS&H subject areas, and/or assist in developing a plan to continue learning beyond the minimum 4 recommended CC credits.
- Guidance for selecting appropriate IARCS&H education experiences.
- A list of examples of recognized IARCS&H learning experiences, ranging from novice to intermediate in subject focus. Novice learning experiences contain essential information regarding IARCS&H in health care, and are approachable for any health professional learner no matter their background in IARCS&H subject areas. Learning experiences listed as more intermediate go beyond the essential components of IARCS&H in health care, and dive deeper into more complex areas of IARCS&H knowledge. These experiences are more suitable for health professionals who self-assess that they have completed essential and foundational IARCS&H learning through education, life, and work experience.
- A non-exhaustive list of examples of Indigenous methods of learning and developing knowledge. The CDHBC recognizes Indigenous methods of learning and sharing knowledge, and further supports decolonization and Indigenization in the pursuit of IARCS&H knowledge. This non-exhaustive list of Indigenous learning experiences provides optional examples for oral health professionals to consider while planning their learning journeys.

Completion of all of the following activities together as a set bundle can be claimed for at least one CC Credit in the area of IARCS&H learning:

- ✓ Watch the **CDHBC video with Roy Henry Vickers**,
- ✓ Complete the Self-Reflection Learning and Development Guide,
- ✓ Review the list of examples of recognized IARCS&H learning activities,
- ✓ Review the guidance for selecting meaningful and appropriate IARCS&H learning experiences, and
- ✓ Make a plan for a relevant and meaningful IARCS&H learning journey.

In watching the video and completing the Self-Reflection Guide, registrants begin to learn about the history of Indigenous dental abuse, trauma, and racism in oral health services. They begin to assess gaps in knowledge and develop a process of meaningful self-reflection as part of their professional development planning. Evidence of the self-reflection and planning work might be reflected in a Required Learning Plan, subject to receiving category B1-Psychology/Sociology on the QAP Assessment Tool. Alternatively, if not a Required Learning Plan, registrants could also submit a completed Self-Directed Learning Plan in their Online Learning Plan (OLP).

In order to claim one or more CC credit(s) for this activity bundle (including the development of a learning plan), registrants need to add this as an activity within their OLP. Registrants should select the "Indigenous Anti-Racism, Cultural Safety & Humility" option from the activity type dropdown menu when claiming credit for this activity bundle. Likewise, registrants should also select this option when claiming other IARSC&H learning activities, in order for these credits to be tallied towards the recommended minimum 4 CC credits per QAP cycle.

When oral health professionals engage in meaningful Indigenous Anti-Racism, Cultural Safety and Humility learning and development, oral health services become more accessible, relevant and safer for Indigenous clients. This contributes to the protection of the public and positive oral health outcomes.

Important Terms to Know

Anti-Racism

"is the practice of actively identifying, challenging, preventing, eliminating and changing the values, structures, policies, programs, practices and behaviours that perpetuate racism. It is more than just being "not racist" but involves taking action to create conditions of greater inclusion, equality and justice" (In Plain Sight, 2020, p. 212).

Colonialism

"Colonizers are groups of people or countries that come to a new place or country and steal the land and resources from Indigenous peoples, and develop a set of laws and public processes that are designed to violate the human rights of the Indigenous peoples, violently suppress the governance, legal, social, and cultural structures of Indigenous peoples, and force Indigenous peoples to conform with the structures of the colonial state" (In Plain Sight, 2020, p. 212).

Cultural Humility

"is 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" (In Plain Sight, 2020, p. 212).

Cultural Safety

"A culturally safe environment is physically, socially, emotionally and spiritually safe. There is recognition of, and respect for, the cultural identities of others, without challenge or denial of an individual's identity, who they are, or what they need. Culturally unsafe environments diminish, demean or disempower the cultural identity and well-being of an individual" (In Plain Sight, 2020, p. 212).

Decolonization

"In Canada, decolonization is usually discussed in terms of the relationship between Indigenous and non-Indigenous peoples, and particularly associated with the Truth and Reconciliation Commission of Canada's final report and *Calls to Action*. It is related to Indigenous resurgence (Indigenous people reclaiming and restoring their culture, land, language, relationships, health, etc., both independent of and with the support of non-Indigenous people). Decolonization is also associated with other relationships between groups of people within Canada and in other countries and contexts around the world, and for some, is linked to broader principles of inclusion and equity" (Queen's University, n.d).

Indigenous Specific Racism

"The unique nature of stereotyping, bias and prejudice about Indigenous peoples in Canada that is rooted in the history of settler colonialism. It is the ongoing race-based discrimination, negative stereotyping, and injustice experienced by Indigenous peoples in Canada that perpetuates power imbalances, systemic discrimination and inequitable outcomes stemming from the colonial policies and practices" (In Plain Sight, 2020, p. 214).

Indigenization

"If decolonization is the removal or undoing of colonial elements, then Indigenization could be seen as the addition or redoing of Indigenous elements. Indigenization moves beyond tokenistic gestures of recognition or inclusion to meaningfully change practices and structures.[9] Power, dominance and control are rebalanced and returned to Indigenous peoples, and Indigenous ways of knowing and doing are perceived, presented, and practiced as equal to Western ways of knowing and doing" (Queen's University, n.d).

Reconciliation

"To some people, reconciliation is the re-establishment of a conciliatory state. However, this is a state that many Aboriginal people assert never has existed between Aboriginal and non-Aboriginal people. To others, reconciliation, in the context of Indian residential schools, is similar to dealing with a situation of family violence. It's about coming to terms with events of the past in a manner that overcomes conflict and establishes a respectful and healthy relationship among people, going forward.

It is in the latter context that the Truth and Reconciliation Commission of Canada has approached the question of reconciliation. To the Commission, reconciliation is about establishing and maintaining a mutually respectful relationship between Aboriginal and non-Aboriginal peoples in this country. In order for that to happen, there has to be awareness of the past, acknowledgement of the harm that has been inflicted, atonement for the causes, and action to change behaviour" (TRC, 2015, p. 6)

Systemic Racism

"is enacted through routine and societal systems, structures and institutions such as requirements, policies, legislation and practices that perpetuate and maintain avoidable and unfair inequalities across racial groups, including the use of profiling and stereotyping" (In Plain Sight, 2020, p. 215).

Foundational and Essential Resources

Understanding Indigenous Anti-Racism, Cultural Safety and Humility, and Indigenous Health Rights in BC

Indigenous health rights are enshrined and articulated in various declarations, legislation, and public reports in Canada. See below for a list of foundational and essential resources that articulate Indigenous rights in areas including sovereignty, governance, education, justice, social services, land rights, and health care, including Indigenous methods of good health maintenance as well as healing. The list of resources below contains articles, declarations, calls to action and justice, recommendations, findings, and legislation related to Indigenous rights including health rights and the right to access safe health services without discrimination. It behooves all health professionals in BC to understand and fulfill these Indigenous health rights within their practice settings. Meaningful IARCS&H education and knowledge development supports health professionals in fulfilling Indigenous rights in the provision of Anti-Racist and culturally safe health services.

Oral health professionals are encouraged to review the following resources as part of their professional responsibilities, and IARCS&H learning journey and planning. These resources are lengthy, and it is advantageous to focus on the elements of these resources which pertain to health professionals and health services specifically. Some guidance has been provided below.

- **Section 35** of the *Constitution Act of Canada 1982*. "Aboriginal" (Indigenous) and treaty rights were formally embedded within the Canadian *Constitution* in 1982. An essential foundation of Indigenous rights in Canada, this law supports the space for Indigenous peoples and governments in Canada to work towards the recognition, respect, and Reconciliation of Indigenous rights and title.
- **United Nations Declaration on the Rights of Indigenous Peoples** (2007), UNDRIP is enshrined in law in BC since 2019 under the **Declaration on the Rights of Indigenous Peoples Act** (DRIPA). This *Act* mandates that all laws in BC be made consistent with the articles of UNDRIP. Many of the articles describing Indigenous rights relate to health. In 2021, the Government of Canada assented the **United Nations Declaration on the Rights of Indigenous Peoples Act**, which provides a roadmap for implementing the articles of UNDRIP within Canada.
- The Truth and Reconciliation Commission of Canada collection of **Final Reports** and **94 Calls to Action** (2015). *Calls to Action* 18 through 24 pertain specifically to health.
- In 2017, all health profession regulators, including all oral health profession regulators, signed a **Declaration of Commitment to Cultural Safety and Humility in the Regulation of Health Professionals Serving First Nations and Aboriginal People in BC,** with the First Nations Health Authority and the BC Ministry of Health. This declaration states that oral health profession regulators will encourage, support, and enhance cultural safety and cultural competency among health professionals in BC.
- In 2019, the National Inquiry of Missing and Murdered Indigenous Women and Girls (MMIWG) concluded its final report, **Reclaiming Power and Place**, including more than 200 **Calls for Justice**. Calls 3.1 through 3.7 pertain to health. The disproportionate amount of barriers to health and wellness for Indigenous women, girls, and Two-Spirit peoples, including experiences of racism and discrimination in health care services, is contributing to a national public safety crisis where IWG2S peoples are 12 times more likely to be murdered or go missing.

- In 2019, the CDHBC released an *Interpretation Guideline* entitled, **Cultural Safety and Humility.** This *Guideline* is provided to oral health professionals to enhance awareness of Indigenous Cultural Safety and Humility, and assist oral health professionals in applying ICS&H concepts in their practice settings. Registrants are expected to be familiar with and regularly review Practice Standards, and *Interpretation Guidelines*, etc.
- In 2020, the Honourable Dr. Mary-Ellen Turpel-Lafond, former judge and Representative for Children and Youth in BC, released a report with the BC Ministry of Health called, **In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care.** This report contains data and evidence to support a conclusion that Indigenous peoples in BC are subjected to disproportionate amounts of stereotyping, prejudice, bias, racism, and discrimination when seeking health services. The report contains findings, conclusions, and recommendations.
- In 2021, the CDHBC joined 11 other health profession regulators in signing a joint statement of apology: **Indigenous Racism in BC Health Care: An Apology and Commitment to Action.** This statement includes a commitment to support an ICS&H education framework for regulated health professionals.

Self-Reflection Learning and Development Guide

Supporting a Commitment to a Meaningful Indigenous Anti-Racism, Cultural Safety and Humility Learning Journey

Introduction to this Learning and Development Guide

This Self-Reflection Learning and Development Guide supports oral health professionals in reflecting on their knowledge and planning a meaningful Indigenous Anti-Racism, Cultural Safety and Humility (IARCS&H) learning commitment. Participation in this Self-Reflection Guide is optional, and those who choose to use this tool should do so individually and honestly. Completion of this Guide, in tandem with open, sincere self-reflection of one's own knowledge supports the development of a relevant and valuable IARCS&H learning journey. When oral health professionals commit to acquiring and developing IARCS&H knowledge, they are better able to contribute to oral health systems, spaces, and practices which are culturally relevant, accessible, and safe for Indigenous clients. As Indigenous peoples are experiencing a disproportionate amount of barriers to access safe health services, this learning commitment is urgent and essential in ensuring the protection of the public, including Indigenous peoples, from unsafe oral health services.

Oral health professionals are further encouraged to reflect on their unique practice settings whether they include clinical, public health, research, education, advocacy, regulation, evaluation, or other fields. Depending on the practice setting(s) and the results of the Guide, oral health professionals are encouraged to engage in self-reflection and plan meaningful and relevant IARCS&H learning and development experiences for their practice setting(s).

This tool is meant to be used as a general supporting guide while the oral health professional uses their own self-reflection, judgement and professional expertise to plan the most meaningful and relevant learning and development experiences to support IARCS&H in their particular practice setting(s). This guide is not a legal document and does not contain legal advice, standards, limits or conditions regarding practice. Practice must always remain compliant with the Health Professions Act, Regulation and bylaws, Code of Ethics, practice standards and policies, patient relations program, and scope of practice statement.

IARCS&H attributes, knowledge, skills and abilities must be developed as part of a continuous learning journey supported by self-reflection over the work life of the oral health professional's practice. As best practices evolve with the changing needs of society, and people in Canada progress in their Reconciliation journeys with Indigenous peoples, it is imperative that health professionals commit to life-long and regular learning in the pursuit of providing culturally relevant and safe health services.

Self-Reflection Learning and Development Guide

Supporting a Commitment to a Meaningful Indigenous Anti-Racism, Cultural Safety and Humility Learning Journey

Please ensure you have read the introduction on the previous page prior to engaging with the Self-Reflection Learning and Development Guide.

The following topics are listed in no particular order to support oral health professionals in beginning a self-reflecting process regarding their own level of knowledge of essential IARCS&H subjects. In reflecting whether or not one possesses sufficient knowledge of a topic, one might consider whether one can accurately articulate the importance of the topic or subject area as it relates to the provision of safe oral health services. It is important to conduct IARCS&H knowledge self-reflection privately and honestly, in order to accurately identify gaps in knowledge which should then inform a meaningful IARCS&H learning and development plan.

A Self-Reflection Commitment:

In the pursuit of providing accessible, culturally relevant, safe, and humble oral health services to Indigenous clients and communities, I will self-reflect, openly and honestly regarding my level of knowledge of the foundational IARCS&H topics listed below. I will consider my specific practice setting(s) in addition to honest self-reflection of my IARCS&H knowledge gaps and plan a meaningful IARCS&H learning and development journey.

In my honest IARCS&H knowledge self-reflection, I consider whether I can fully describe and also link the following topics to accessible, safe, and relevant oral health services for Indigenous clients:

- Indigenous rights in BC, including Indigenous land and health rights as articulated in the following foundational legislations, declarations, reports, and calls to action and justice as listed below. See Foundational and Essential Resources starting on page 11 for more information about reviewing these materials with a focus on health services.
  - ✓ **Section 35** *of the Constitution Act of Canada 1982.*
  - ✓ **Final reports** of the Truth and Reconciliation Commission (TRC) of Canada including the **94 Calls to Action**.
  - ✓ **United Nations Declaration on the Rights of Indigenous Peoples** (UNDRIP) as well as the legislations (**DRIP Act** in BC and **UNDRIP Act** in Canada) that mandate all laws be made consistent with UNDRIP and that UNDRIP be implemented within Canada.
  - ✓ **Declaration of Commitment to Cultural Safety and Humility in the Regulation of Health Professionals Serving First Nations and Aboriginal People in BC**, signed by all health profession regulators with the First Nations Health Authority and the BC Ministry of Health in 2017.

- ✓ **Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls**, including the *Calls for Justice*.
- ✓ **In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care**, Full Report including findings and recommendations.
- ✓ **2021 Statement on Indigenous racism in BC health care, apology, and commitments to action**.

- Pre-contact Indigenous histories, stories, governance, justice, economy, health care, and land use. How the land was used prior to colonization, and the connection between land and good health and healing for Indigenous peoples.
- Post-contact history including colonization of the lands now commonly called Canada and British Columbia, including but not limited to the *Indian Act 1876*, the residential school system, the '60's Scoop', "Indian" hospitals, and more.
- Thorough understanding of the medical and dental experimentation and abuse that took place in residential schools, and how those experiences contribute to lasting injuries, negative social determinants of health, and anxiety when seeking health services today. The TRC's final report, **The Survivors Speak** communicates many of these experiences, including physical, emotional, psychological, and spiritual abuse and punishments.
- **Trauma-informed care** for Indigenous peoples.
- Social determinants of health and chronic health issues as they relate to Indigenous peoples in what is now commonly called BC.
- Comparisons of health statistics and realities for Indigenous and non-Indigenous peoples in Canada, considered thoughtfully through a lens of the impacts of violent colonization including but not limited to land dispossession and intergenerational trauma.
- Consideration of the barriers to access, relevance, and safety for Indigenous peoples in one's specific practice setting(s). Assessment of systemic racism and colonialism maintained in systems, spaces, policies/forms, and language where health services are delivered and developed for individuals and communities.
- Self-reflection work which includes assessment of personal bias, prejudice, and stereotyping that may be causing barriers to access culturally safe and humble health services for Indigenous peoples.
- Understanding of the First Nations Health Authority and their resources, systems and services, including making referrals to culturally relevant health services and professionals.
- Specific knowledge of the local and nearby Indigenous communities, including their own special connection to the surrounding lands, history, language and dialects, health perspectives and methods, customs and protocols, governance and council, etc.

NOTES:

- Understanding of how to accurately and meaningfully acknowledge the traditional, ancestral, unceded or treaty territory, or Chartered Community where one lives, and where one provides oral health services.
- IARCS&H in communications including culturally safe, inclusive verbal language and body language. Respecting Indigenous clients comfort with or avoidance of **eye contact**, for example.
- The difference between traditional tobacco and commercial tobacco use, and **culturally relevant and safe tobacco cessation support**.
- Understanding and celebrating the diversity of Indigenous peoples in BC who come from distinct and unique areas of land, histories, protocols, languages, laws, and more.
- Recognizing the strength of Indigenous peoples as autonomous and self-determining peoples who are experts in their own health and healing journeys, and make valuable contributions to health service relationships and partnerships.
- Indigenous laws and methods of conflict resolution, truth seeking, and justice in use today, which are relevant to the local area of the health professional.
- Indigenous methods of education, Ways of Knowing and developing knowledge. Protocols will vary from community to community.
- Indigenous allyship, speak-up culture, Anti-Racism, Reconciliation commitment and leadership in the provision of health services.
- Intersectionality, positionality and assessing social intersections. Understanding, identifying, and addressing the barriers to good health and wellness which are made more complex for Indigenous peoples at various social intersections where their Indigeneity intersects and intertwines with their sex, gender identity, social and economic status, education level, family status, (dis)ability and physical/mental/emotional health status, geographic region (access to services), and so on.

  For example, the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls, **Reclaiming Power and Place**, articulates the barriers to access safe health services disproportionately experienced by Indigenous women, girls, and Two-Spirit peoples. This inability to access safe health services, at the intersection of Indigeneity and sex and gender, is contributing to situations in which Indigenous women, girls, and Two-Spirit peoples are placed in positions of harm. Indigenous women, girls, and Two-Spirit peoples are 12 times more likely to be murdered or go missing in Canada and all health professionals need to understand how IARCS&H in health services impacts this public safety crisis.

NOTES:

Guidance for Selecting Appropriate IARCS&H Education Experiences

Oral health professionals are recommended to think critically about where they are sourcing learning experiences related to IARCS&H in health services. Indigenous sources including Indigenous-produced materials, content, and platforms that highlight Indigenous voices, perspectives, and worldviews are essential. There are government organizations as well as health authorities, associations, universities, and conferences producing excellent IARCS&H learning experiences informed and delivered by Indigenous peoples. It is important to consider heavily relying on sources that come from and feature Indigenous-led initiatives and programs. Indigenous peoples are the experts in their own histories, experiences, health and healing journeys, and nothing can replace the voices and perspectives of Indigenous peoples as a vital and valuable part of the IARCS&H learning journey for health professionals.

IARCS&H subject matter areas include, but are not limited to:

- Declarations, legislation, and public reports that outline Indigenous-specific barriers in health care, and articulate Indigenous health rights.
- Colonization of the lands now commonly called Canada and the First Peoples on these lands, including but not limited to forced relocations and land loss/theft, the *Indian Act*, the residential school system including medical and dental abuse, "Indian" hospitals, the '60's Scoop', and more.
- Social determinants of health of Indigenous peoples in Canada.
- Indigenous health care methods including sacred medicines, **respecting traditional tobacco**, health and healing perspectives, protocols and ceremonies, etc.
- Identifying colonialism, racism, and other barriers in oral health care, decolonization and Indigenization of oral health care systems and services.
- Strengths and self-determination of Indigenous peoples in health care. Partnering with Indigenous peoples as the experts in their own care.
- Indigenous Anti-Racism in health care services. Self-assessment of biases, prejudices, and stereotyping.
- Trauma-informed care, including **principles of trauma-informed care adopted by the CDHBC**.
- Pre-contact Indigenous histories, stories, governance, justice, economies, health care, and land use. Land sovereignty and self-determination in governance.
- Indigenous laws and methods of conflict resolution in use today.
- Indigenous methods of education and Ways of Knowing.
- Indigenous allyship, and Reconciliation commitment and leadership in health services.
- Indigenous peoples and diabetes, cancers, and chronic health issues as a result of systemic neglect.
- Intersectionality, positionality and assessing social intersections. Understanding, identifying, and addressing the barriers to good health and wellness which are made more complex for Indigenous peoples at various social intersections where Indigeneity intersects and intertwines with sex, gender identity, social and economic status, education level, family status, (dis)ability and physical/mental/emotional health status, geographic region (access to services), and so on.

A List of Examples of Recognized IARCS&H Learning Experiences

The following list of examples of recognized IARCS&H learning experiences is categorized by novice or intermediate learning. Novice learning experiences contain essential information regarding IARCS&H in health care, and are approachable for any health professional learner, no matter their background in IARCS&H subjects. Learning experiences listed as intermediate go beyond the essential components of IARCS&H in health care, and dive deeper into more complex areas of IARCS&H health knowledge. These experiences are more suitable for health professionals who have completed essential and foundational IARCS&H learning through education, life, and work experience. Recommended learning experiences feature both online and in-person learning. Some of these experiences are free of cost and some have a fee. Contact each course/administrator directly to find out more about their offering.

The optional Self-Reflection Guide may assist health professionals in assessing their IARCS&H level of knowledge and create a meaningful and relevant plan in IARCS&H learning.

Novice IARCS&H Learning Experiences for Oral Health Professionals

Listed in alphabetical order.

Indigenous Canada, University of Alberta with Coursera

- Online course over several weeks (2 hours of work per week, up to an estimated 21 hours),
- Enrollment accepted at intervals and synchronous delivery,
- Free of cost.

https://www.coursera.org/learn/indigenous-canada

Indigenous Corporate Training Inc., Self-Guided Training Courses

- Various online courses with different completion times ranging from 2 to 6 hours,
- Self-paced, asynchronous delivery,
- Various courses range from $65 to $300 for 30-day access.

  Course titles include: Indigenous Awareness, Indigenous Relations, Working Effectively With Indigenous Peoples, and more.

https://www.ictinc.ca/training

Indigenous Relationship and Cultural Safety Courses, Cancer Care Ontario

- Completion times for various online courses vary,
- Asynchronous delivery,
- Free of cost.

Free, online foundational/novice ICS&H courses offered by **Cancer Care Ontario** include:

- Truth and Reconciliation Commission of Canada (TRC) and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP),
- First Nations, Inuit and Métis Culture, Colonization and the Determinants of Health,
- The Need for Cultural Competence in Healthcare,
- Indigenous Knowledge and Traditional Health,
- The Health Landscape of First Nation, Inuit and Métis People,
- Health Literacy - Indigenous Perspectives on Health and Well-being.

https://elearning.cancercare.on.ca/course/index.php?categoryid=20

Kairos Blanket Exercise

- In-person one-day experience (altered to include pandemic-safety protocols as of Sept 1, 2020),
- Must book 8 weeks in advance of event date,
- Cost depends on number of participants; estimates are provided in advance,
- Great for groups and teams.

https://www.kairosblanketexercise.org/

San'yas Anti-Racism and Indigenous Cultural Safety Training Program, Core Health option (BC) offered through the Provincial Health Services Authority of BC

- 8-week online course, participation varies (1-4 hours per week),
- Synchronous delivery, waiting list to start,
- $300 per person and free of cost for health authority employees.

https://sanyas.ca/core-training/british-columbia/core-health

UBC 23 24 Indigenous Cultural Safety (ICS), UBC Centre for Excellence in Indigenous Health

Currently, UBC 23 24 ICS is only available for students in one of 13 health professional programs, including dental hygiene. Inquiries regarding this curriculum can be made to the UBC 23 24 team at **23.24@ubc.ca**

https://health.aboriginal.ubc.ca/#section-3055

Intermediate IARCS&H Learning Experiences for Oral Health Professionals

Listed in alphabetical order.

Aboriginal Worldviews and Education, University of Toronto with Coursera

- 14-hour online course,
- Asynchronous delivery,
- Free of cost.

https://www.coursera.org/learn/aboriginal-education

Indigenous Relationship and Cultural Safety Courses, Cancer Care Ontario

- Completion times for various online courses vary,
- Asynchronous delivery,
- Free of cost.

Free, online intermediate ICS&H courses offered by **Cancer Care Ontario** include:

- Aboriginal History and Political Governance
- Chronic Disease Prevention for First Nation, Inuit and Métis People,
- Pediatric Oncology.

https://elearning.cancercare.on.ca/course/index.php?categoryid=20

Reconciliation Through Indigenous Education, UBC with EdX

- 6 weeks, 2-4 hours of work per week,
- Synchronous, instructor-led on course schedule, view course materials at any time,
- Free of cost or $50 for completion certificate.

https://www.edx.org/course/reconciliation-through-indigenous-education

San'yas Anti-Racism and Indigenous Cultural Safety Training Program, Advanced Training & Ongoing Learning, Bystander to Ally (BTA)

"BTA is designed for people who have completed one or more Core Training courses, and wish to enhance their skills in speaking out and advocating for social justice for Indigenous people."

$300/person. For participation and registration details, visit: **https://sanyas.ca/registration** and **https://sanyas.ca/advanced-training**

Trans Care BC Resources (including courses and materials provided by Provincial Health Services Authority)

Many resources including a free, online, 3-hour, asynchronous training course regarding the provision of accessible, safe, and culturally relevant health services to Indigenous trans and Two-Spirit peoples. Films, articles, books, tools, guides, mental health and community support groups and resources, recommended websites, terms and concepts, all provided online together on the Trans Care BC website:

http://www.phsa.ca/transcarebc/gender-basics-education/terms-concepts/two-spirit

UBC Centre for Excellence in Indigenous Health

Various courses and programs of different durations and costs, offered online and in-person. Intermediate experiences of ICS&H training offered by the UBC Centre for Excellence in Indigenous Health include:

- Indigenous speakers series,
- Indigenous public health training, and
- Indigenous health administration and leadership.

https://health.aboriginal.ubc.ca/#section-3055

Webinars, the Indigenous Cultural Safety Collaborative Learning Series

- Various live and recorded online webinars of various durations,
- Asynchronous viewing,
- Free of cost.

Recommended by the San'yas program at the Provincial Health Services Authority as part of advanced ICS&H learning.

https://www.icscollaborative.com/webinars

Webinars, the UBC Learning Circle

- Various live and recorded online webinars from 1 to 2 hours in length,
- Asynchronous viewing,
- Free of cost.

https://learningcircle.ubc.ca/past-sessions/

4 Seasons of Reconciliation offered by the First Nations University of Canada and Reconciliation Education

- 3-hour online course,
- Asynchronous delivery,
- $199/person.

https://www.reconciliationeducation.ca/

A Non-Exhaustive List of Examples of Indigenous Methods of Learning

The CDHBC is dedicated to making room for decolonization and Indigenization in systems, policies, practices, and spaces. This is part of a meaningful, wide-scope agenda of various Reconciliation projects. To strongly recommend IARCS&H training for dental hygienists, but only recognize the value of Eurocentric methods of learning, and developing knowledge and wisdom would be colonial and racist. To only feature Eurocentric and colonial education methods would send a message that colonial methods of learning about Indigenous peoples are superior to all other methods. Recognizing, valuing, and providing examples of optional Indigenous methods of learning and developing IARCS&H knowledge and wisdom is valuable for all dental hygienists and supports Indigenous dental hygienists in their learning journeys. The Quality Assurance Program makes room for and encourages Indigenous Ways of Knowing, being, and doing in the pursuit of Indigenous Anti-Racism, Cultural Safety and Humility education.

Please note the examples provided below are non-exhaustive. Indigenous peoples in BC are not homogeneous; they represent a diversity of histories, languages, customs, protocols, and perspectives. It is imperative to learn and respect the customs and protocols of Indigenous peoples and their unique and diverse communities.

Examples of Indigenous methods of learning, and developing knowledge and wisdom:

- Holding conversation with an Elder and/or Knowledge Carrier and listening to stories.
- Observance of and/or participation in an Indigenous health or healing ceremony.
- Personal reflection and planning using the Medicine Wheel as a guide.
- Participation in a sharing circle, a space where everyone has an opportunity to speak, and listen without judgement.
- A nature walk with an Elder, Knowledge Carrier, and/or Indigenous subject matter expert to learn about and discuss the land, including how it was used prior to colonization, first methods of plant and natural medicine uses, Indigenous health perspectives connected to land, etc.
- Attendance of Indigenous produced and managed conferences and events that highlight Indigenous health experts and ceremonies, such as the **Gathering Wisdom Forum**, and experiences organized by the **Indigenous Dental Association of Canada**, etc. Attendance includes volunteering to staff a booth and holding discussions with Indigenous peoples about health and oral health care, visiting various booths to engage in conversation and story sharing about Indigenous health needs and perspectives, immersive experiences led by Indigenous experts, as well as observance and participation in good health maintenance and healing ceremonies, dances or songs for health, etc.

References and Further Resources

College of Dental Hygienists of BC (2021) ***Root of The Matter: Trauma-Informed Care***

Retrieved from: **https://oralhealthbc.ca/wp-content/uploads/2022/08/02.02.008-RoM-Trauma-Informed-Care.pdf**

Declaration of Commitment – Cultural Safety and Humility in the Regulation of Health Professionals Serving First Nations and Aboriginal People in British Columbia (2017)

Retrieved from: **https://bchealthregulators.ca/wp-content/uploads/2020/05/Cultural_Safety_and_Humility_Declaration_of_Commitment.png**

First Nations Health Authority (n.d) Respecting Tobacco

Retrieved from: **https://www.fnha.ca/wellness/wellness-for-first-nations/wellness-streams/respecting-tobacco**

Government of British Columbia (2019) ***Declaration on the Rights of Indigenous Peoples Act***

Retrieved from: **https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/19044**

Government of British Columbia and Mary-Ellen Turpel-Lafond (2020) ***In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care***

Retrieved from: **https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report-2020.pdf**

Government of Canada (2022) ***Fact sheet – United Nations Declaration on the Rights of Indigenous Peoples Act***

Retrieved from: **https://justice.gc.ca/eng/declaration/fact-fiche.html**

Government of Canada (2021) ***Justice Laws Website, United Nations Declaration on the Rights of Indigenous Peoples Act***

Retrieved from: **https://laws-lois.justice.gc.ca/eng/acts/U-2.2/**

Joint Statement of Apology and Commitments to Action (2021)

Retrieved from: **https://oralhealthbc.ca/wp-content/uploads/2022/08/02.01.21-Joint-Statement-of-Apology-and-Commitments-to-Action.pdf**

Joseph, B. (2012) ***Indigenous Corporate Training Inc., Eye Contact and Aboriginal Peoples***

Retrieved from: **https://www.ictinc.ca/blog/eye-contact-and-aboriginal-peoples**

National Inquiry into Missing and Murdered Indigenous Women and Girls (2019) ***Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls***

Retrieved from: **https://www.mmiwg-ffada.ca/final-report/**

Queen's University (n.d), Centre for Teaching and Learning, ***What is Decolonization? What is Indigenization?***

Retrieved from: **https://www.queensu.ca/ctl/resources/decolonizing-and-indigenizing/what-decolonization-what-indigenization**

Truth and Reconciliation Commission of Canada (2015) ***Honouring the Truth, Reconciling for the Future Summary of the Final Report of the Truth and Reconciliation Commission of Canada***

Retrieved from: **https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Executive_Summary_English_Web.pdf**

Truth and Reconciliation Commission of Canada (2015) ***The Survivors Speak***

Retrieved from: **https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Survivors_Speak_English_Web.pdf**

Truth and Reconciliation Commission of Canada (2015) ***94 Calls to Action***

Retrieved from: **https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf**

United Nations (2007) ***United Nations Declaration on the Rights of Indigenous Peoples***

Retrieved from: **https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html**