



Standard 4: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism

Applies to Opticianry

The College of Health and Care Professionals of BC was created on June 28, 2024 through the amalgamation of seven health regulatory colleges:

- College of Dietitians of British Columbia
- College of Occupational Therapists of British Columbia
- College of Optometrists of British Columbia
- College of Opticians of British Columbia
- College of Physical Therapists of British Columbia
- College of Psychologists of British Columbia
- College of Speech and Hearing Health Professionals of British Columbia

All current requirements for standards of clinical and ethical practice issued by the seven colleges remain in place upon amalgamation.

This document was created by the College of Opticians of British Columbia and will be updated to reflect the amalgamation.

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In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care provides evidence of the Indigenous-specific racism that Indigenous communities in this province have long reported experiencing in the BC health care system. Indigenous-specific racism and discrimination negatively affect Indigenous clients' access to health care and positive health outcomes. These impacts include lower life expectancy, higher infant mortality, and the increased presence of chronic health conditions.

The purpose of this standard is to set clear expectations for how opticians can provide culturally safe and anti-racist care for Indigenous clients.

This standard is organized into six core concepts. Within these concepts are the principles to which opticians are held.

Acknowledgements

Eleven health profession regulatory colleges have adopted this Indigenous Cultural Safety, Humility, and Anti-Racism practice standard for their registrants. This collective work was guided by Sulksun (Shane Pointe), proud member of the Coast Salish Nation and the Musqueam Indian Band, and Knowledge Keeper to all, and Joe Gallagher (k'wunəmen) of Tla'amin Nation, Principal at Qoqoq Consulting Ltd.

This Standard is adapted with permission from the British Columbia College of Nurses and Midwives (BCCNM) and the College of Physicians and Surgeons of BC (CPSBC) who collaboratively developed the Indigenous Cultural Safety, Cultural Humility and Anti-racism Practice Standard (Jan 2022). We gratefully and humbly acknowledge the contributions from Indigenous people and guidance from Indigenous leaders during the consultation process, which informed the development of the BCCNM and CPSBC Standard.

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Related Standards of Practice

Standard 4 is foundational to all other standards. Opticians should endeavour to incorporate Indigenous cultural safety, cultural humility, and anti-racism not only into their client interactions, but into all aspects of their opticianry work.

Description

The optician engages in an ongoing examination of the values, assumptions, beliefs, and privileges embedded in their knowledge and practice and considers the ways in which these factors may impact their therapeutic relationship with Indigenous clients. They seek to continually improve upon their ability to provide culturally safe care for Indigenous clients by working collaboratively with those clients to meet their physical, mental/emotional, spiritual, and cultural needs, as well as their health and wellness goals. The optician facilitates safe health care experiences and builds client relationships based on respect, open and effective dialogue, and mutual decision-making.

Expected Outcome

The client can expect that their optician will take active steps to identify, address, prevent, and eliminate Indigenous-specific racism in the practice environment. The client can also expect their optician to have knowledge about different types of trauma and their impact on Indigenous clients—including how intergenerational and historical trauma affects many Indigenous Peoples during health care experiences—and to focus on the resilience and strength the client brings to the health care encounter.

Criteria

SELF-REFLECTIVE PRACTICE

- 4.1 Reflect on, identify, and do not act on any stereotypes or assumptions about Indigenous peoples.
- 4.2 Reflect on how personal privileges, biases, values, belief structures, behaviours, and positions of power may impact the therapeutic relationship with Indigenous clients.
- 4.3 Evaluate and seek feedback on behaviour towards Indigenous peoples.

BUILDING KNOWLEDGE THROUGH EDUCATION

- 4.4 Undertake ongoing education on Indigenous health care, determinants of health, cultural safety, cultural humility, and anti-racism.
- 4.5 Learn about the negative impact of Indigenous-specific racism on Indigenous clients accessing the health care system, and its disproportionate impact on Indigenous women and girls and two-spirit, queer, and trans Indigenous peoples.
- 4.6 Learn about the historical and current impacts of colonialism on Indigenous peoples and how this may impact their health care experiences.
- 4.7 Learn about local Indigenous communities, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between Indigenous communities.

ANTI-RACIST PRACTICE

- 4.8 Take appropriate action when observing others acting in a racist or discriminatory manner towards Indigenous peoples by:
 - a. Helping colleagues to identify and eliminate racist attitudes, language, and behaviour.
 - b. Supporting clients, colleagues, and others who experience and/or report acts of racism.
 - c. Reporting acts of racism to leadership and/or the relevant health regulatory college.

CREATING SAFE HEALTH CARE EXPERIENCES

- 4.9 Treat the client with respect and empathy by:
 - a. Acknowledging their cultural identity.
 - b. Listening to and seeking to understand their lived experiences.
 - c. Treating them and their family with compassion.
 - d. Being open to learning from them and others.
- 4.10 Care for the client holistically, considering their physical, mental, emotional, spiritual, and cultural needs.
- 4.11 Acknowledge and incorporate into the plan of care Indigenous cultural rights, values, and practices, where possible.
- 4.12 Facilitate the involvement of the client's family and others (e.g., community and Elders, Indigenous cultural navigators, and interpreters) as needed and requested.

PERSON-LED CARE

- 4.13 Respectfully learn about the client and the reasons they have sought health care services.
- 4.14 Engage with the client and their identified supports to identify, understand, and address the client's health and wellness goals.
- 4.15 Actively support the client's right to decide on their course of care.
- 4.16 Communicate effectively with the client by:
 - a. Providing them with the necessary time and space to share their needs and goals.
 - b. Providing clear information about the health care options available, including information about what they may experience during the health care encounter.
 - c. Ensuring information is communicated in a way that they can understand.

STRENGTHS-BASED AND TRAUMA-INFORMED PRACTICE

- 4.17 Work with the client to incorporate their personal strengths in a way that will support the achievement of their health and wellness goals.
- 4.18 Recognize the potential for trauma (personal or intergenerational) in the client's life and be thoughtful and respectful of this, including seeking permission before engaging in assessments or treatments.
- 4.19 Recognize that colonialism and trauma may affect how clients view, access, and interact with the health care system.
- 4.20 Recognize that Indigenous women and girls and two-spirit, queer, and trans Indigenous Peoples are disproportionately impacted by Indigenous-specific racism in the health care system, and consider the impact that gender-specific trauma may have on the client.