



Skookum Health

Final Report



ABSTRACT

Urban Indigenous Health in Surrey:
Building Research Relationships to
Strengthen Health and Well-being in
a Fast-Growing Population

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Acknowledgments



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Executive Summary

This report comes out of a year-long partnered research project between Simon Fraser University and the Surrey Urban Indigenous Leadership Committee. Dr. Lyana Patrick established relationships with SUILC's Skookum Lab to better understand community health and well-being in Surrey, home to the largest urban Indigenous population in BC. While neighbourhoods like Vancouver's Downtown Eastside attract significant research attention (Goodman et al 2018, DTES RAP 2021), there is a general lack of data on the well-being of urban Indigenous peoples. This results in fewer funded programs and services for the urban Indigenous population who have needs and concerns beyond or in addition to substance use and infectious disease (frequent focal points of urban health research).

The urban research data gap is particularly important to the Indigenous population in Surrey. In Metro Vancouver, Surrey saw the biggest increase in its Indigenous population, which grew 77 per cent between 2006 and 2016 to 13,460 (SUILC, 2019). In 2017, the SurreyCares Community Foundation conducted a survey of Indigenous peoples living in Surrey. The survey noted that the growing Indigenous population in Surrey is due to the increasing costs of living in Vancouver, however many Indigenous services still reside primarily in Vancouver. The survey, bolstered by secondary research, highlighted that there are few Indigenous cultural spaces and services in Surrey, with the Fraser Region Aboriginal Friendship Centre Association (FRAFCA) being the significant Indigenous service provider in the city. Additional survey results indicated that Indigenous people travel to Vancouver to access services and cultural events that are not yet available in Surrey, yet often face transit challenges and child-care and financial constraints, rendering services inaccessible. The survey results also identified the need for Indigenous peoples to "interact with family and community members who expose them to their culture and history." (SurreyCares, 2018b, p. 68).

This health research project began just after the release of Mary Ellen Turpel-Lafond's crucial 2020 report *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*. While the relevance of the SFU-Surrey research partnership was heightened by the *In Plain Sight* report, it was also an important project to initiate given that traditional health and social service models geared towards Indigenous populations tend to focus on on-reserve populations. The erasure of an Indigenous presence in urban areas is keenly felt by Indigenous peoples in urban centres across the country. A goal of the research was to establish research partnerships and relationships with community members and organizations in the Surrey region towards better understanding health needs and priorities in Surrey. Previous research demonstrated the importance of Indigenous culture to health and well-being, and another goal of the project was to determine what methodologies should be used when researching culture and health. We also wanted to support Skookum Lab's ongoing work building community-based leadership networks of Indigenous peoples in Surrey. We strongly committed to bridging capacity within the community to give voice to urban Indigenous needs and priorities.

SUILC provided intellectual leadership by helping convene an advisory committee that included the Fraser Region Aboriginal Friendship Centre Association, Fraser Health Authority and

Skookum Lab (now Skookum Surrey). In partnering closely with Skookum Lab, we were able to engage with grassroots community members through the Guide Groups (representing different groups in Surrey as described below). We also conducted 1-1 interviews with health and social service providers and completed a literature review on urban Indigenous health and well-being in Canada.

Literature Review

Three main themes consistently emerged in our literature review on urban Indigenous health research: importance of culture, experiences of mental health and addictions, and the need for culturally safe places in urban areas. *In Plain Sight* surfaced the reality that racism and discrimination are embedded in the health system, and the findings from our Skookum Health research supported the importance of centering culture in design and delivery of health and social services. The literature illustrated what that might look like for different groups of people in connection to specific aspects of health and well-being (e.g., access to food, exercise, primary health care). We see a gap in urban Indigenous health research looking at holistic health needs of Indigenous community members, particularly across the mental-physical-spiritual-emotional spectrum of health and well-being.

We also heard from Indigenous community members in Surrey the need for culturally relevant and safe addictions and mental health treatment, programming and services. There is extensive literature on how colonial policies have produced harm and dysfunction for Indigenous communities, particularly in the area of addictions and mental health. Yet there remains a lack of accessible and culturally relevant population health data to guide development and implementation of appropriate programs and services. Partnering with urban Indigenous organizations is key to any health initiative involving urban Indigenous populations.

Literature in the field of geography and Indigenous community planning demonstrated that culturally safe places where Indigenous knowledge and cultural practices and teachings can be shared are needed in urban areas. This emerged as a strong theme in the Skookum Health research (see the diagram "*what we heard*"). In addition, developing an Indigenous cultural and service hub is one of six prototypes that Skookum Surrey is currently working on as a community priority.

There is still a significant amount of "damage-centered research" (Tuck, 2009) being conducted on and with urban Indigenous communities. As Tuck notes, "Native communities, poor communities, communities of color, and disenfranchised communities *tolerate* this kind of data gathering because there is an implicit and sometimes explicit assurance that stories of damage pay off in material, sovereign, and political wins. Many communities engage, allow, and participate in damage-centered research and in the construction of damage narratives as a strategy for correcting oppression" (Tuck, p.414, emphasis original). This research project worked to move beyond damage-centered narratives by re-centering the role of Indigenous culture, and the wide range of community support services already in place, to support the health and well-being of urban Indigenous peoples in Surrey.

Skookum Lab/Skookum Surrey Overview

Skookum Lab was convened by the Surrey Urban Indigenous Leadership Committee in 2017 with the aim of addressing child poverty in Surrey, BC. Skookum means strong, powerful, and brave. With the support of strong leadership, powerful methodologies, and a brave community, Skookum Lab is developing new ways to address Indigenous child and youth poverty. Skookum Lab puts Indigenous wisdom at the center of its activities, using a social innovation approach to tackle the complex issue of child poverty. Skookum Lab received funding from the Vancouver Foundation for three years. The following are examples of what Skookum Lab has accomplished over the course of its work:

- Hosted hundreds of hours of conversations with over 1,000 Indigenous community members;
- Co-developed 16 prototypes for disrupting the systems that create and sustain Indigenous child poverty;
- Implemented 6 of the prototypes;
- Supported partners to implement 2 more prototypes;
- Developed a comprehensive strategy for increasing affordable Indigenous housing options in the City;
- Initiated partnerships with Indigenous academics to support the aspirations of community members; and,
- Created an Indigenous way of doing social innovation that uplifts the community.

Skookum Lab facilitates grassroots engagement and is overseen by an implementation group that includes City of Surrey staff and an Indigenous Social Innovation Coordinator. They have developed “Guide Groups” representing Elders, youth, community support workers, caregivers, Ambassadors (Skookum Lab’s leadership program) and the Métis community. These groups bring their diverse perspectives to the issue of Indigenous child and youth poverty and ensure work is done collaboratively and respectfully and is grounded by Indigenous methodologies. With the conclusion of Vancouver Foundation funding, Skookum Lab is now Skookum Surrey.

Summary of Health Needs and Priorities

The following chart summarizes the health needs and priorities of Indigenous community members in Surrey as heard through the Guide Group engagement sessions, and in 1-1 interviews conducted with health and social service providers. In describing what creates and sustains health for community members in Surrey, we identified opportunities to enhance and transform health systems across structural, systemic, and individual levels of change (Greenwood, 2019).

Health Needs and Priorities

Priorities: Existing Programs / Community Services	Activities That Support Healthy Indigenous Futures	Challenges	
		System Deficits	Structural Challenges
Indigenous vaccination clinics Programs/services that allow self-identification of Indigenous status Indigenous doula care Ongoing opportunities for community connections (e.g. bead nights, walks) Indigenous Primary Health and Wellness Clinic (FRAFCA) Language classes (e.g., FRAFCA, Pacific Association of First Nations women) Counselling Services (e.g., FRAFCA)	Time with family, community Skookum Surrey events: bead nights, guide groups, community powwow nights Traditional Medicine harvesting/ berry picking Intergenerational learning (elder and youth connections) on the land Creation of a birth centre (one stop shop for mom's to be) Health clinic for youth Canoe journeys Normalization of Indigenous teachings/ languages in schools Community kitchens	Lack of childcare/ transportation to health care appointments Lack of staffing at FRAFCA clinic and in the healthcare system. Lack of education on cultural safety in workplaces Racism, feeling judged, not being taken seriously, dismissed by health care providers; reinforces intergenerational trauma and harm Lack of supports (health, social service) during COVID/isolation Lack of gender-affirming care	Access to healthy/ nourishing food Access to safe/affordable housing Access to services/ programs Status vs non-status/Métis Low health literacy Mobility for elders (e.g., access to transportation) Poverty/living on income assistance Difficulty navigating complex systems

Research Process

Part of the research explored what culturally safe care looks like - and could look like - for Indigenous community members in Surrey. Cultural safety is defined as “a physically, socially, emotionally and spiritually safe environment, without challenge, ignorance or denial of an individual’s identity. To be culturally safe requires positive anti-racism stances, tools and approaches and the continuous practice of cultural humility” (Turpel-Lafond, 2020, p. 8). In addition, the research team worked to embed cultural safety values throughout the research process. This was achieved in part by looking at health needs and priorities across the spectrum of individual, organizational and systemic change.

The research team also worked to bridge capacity in the community by including an Elder and a Community Research Trainee as core team members. This approach honours the lived experience of community members and draws upon knowledge they bring as people who access programs and services within the community. This also facilitate the co-creation of knowledge with community, rather than a “top-down” approach where researchers describe what is valuable and important to the community. This reflects a relationally accountable approach to the people who shared their stories, experiences, strengths and challenges. While the research process worked to be culturally safe, we also asked health and social service providers how they are providing culturally safe care, or how they would like to support patients with culturally safe care and social supports.

What we heard



Methodology

Adapting to Virtual Research in COVID-19

Due to the ongoing COVID-19 pandemic, this project almost entirely took place virtually to prioritize the health and wellness of all team members involved. Conducting Indigenous community-based and led research virtually posed interesting new and complex questions and situations, and throughout the process it became clear that weaving opportunities for community members to use the virtual spaces our project provided to socialize and connect with each as well as participate in the research was important.

Advisory Committee

Prior to meeting with community members to discuss their priorities for healthcare and well-being, an Advisory Committee consisting of members of the Surrey Urban Indigenous Leadership Committee (SUILC) was established to serve as an oversight body for the project. Members included representatives from Fraser Health Authority, Fraser Regional Aboriginal Friendship Centre Association, and Skookum Lab. The advisory committee served as an accountability mechanism for our work as we proceed through different stages. It was also a source of community connection to ensure that the work we are doing resonates with previously identified community needs.

Guide Group Talking Circles

Dr. Lyana Patrick and the Skookum Health team facilitated two Guide Group Talking Circles virtually during February 2021. These talking circles welcomed participation from members of all of Skookum Lab's different Guide Groups (Elders, Youth, Caregivers, Service Providers, and Ambassadors) for a total of 30 participants. In addition to the three Skookum Health research team members, participants included 6 Elders, 6 caregivers, 3 Skookum Lab ambassadors, 5 from the Skookum Lab implementation team, and 7 additional community members. Questions asked during the Guide Group circles and 1-1 interviews are included in Appendix A. This was an opportunity for Guide Group members to share what activities, programs and services supported their health and well-being. These sessions were recorded, transcribed, and coded¹. After many meetings with our research team, important themes began to emerge from the data. Results (talking circles and interviews) are presented in the outcomes section below.

¹ In the process of data analysis, to code something means to attach a particular phrase in a transcript to an idea for analysis of themes.

Healthcare Provider One-to-One Interviews

From April 2021 - June 2021, we conducted 12 interviews with healthcare and social service providers and elders located in and serving the urban Indigenous community in Surrey, BC. These interviews ranged from 30 minutes to 90 minutes and were responses to a set series of questions. The questions were semi-structured to allow flexibility and responsiveness to participants interests and expertise. All participants received the questions in advance of our scheduled interview (see Appendix A). These interviews were also recorded, transcribed, and coded.

Community Wellness Day

To celebrate completion of data-gathering, the Skookum Health team organized a virtual Community Wellness Day with Skookum Surrey. We invited local land-based nations to share songs and drumming, reported back to the community on our initial findings, brought Elder Verl Ferguson in to share her sacred teachings, and shared a meal together.

What word or phrase describes what keeps you healthy?



Figure 1. Word map from Wellness Day Celebration June 18, 2021

Outcomes

From the beginning, our research team was committed to using a strengths-based lens throughout the research process. This responds to Eve Tuck's call to push back against "damage-centered narratives" (Tuck, 2009). This does not mean ignoring the colonial roots of contemporary experiences of health and well-being but centering Indigenous-led interventions that fundamentally re-frame Indigenous experiences of health and wellbeing. As described above, three themes guided our inquiry with the Guide Groups and health and social service providers: importance of culture, experiences of mental health and addictions, and the need for culturally safe places in urban areas.

Damage-centered narratives look to "historical exploitation, domination, and colonization to explain contemporary brokenness, such as poverty, poor health, and low literacy. Common sense tells us this is a good thing, but the danger in damage-centered research is that it is a pathologizing approach in which the oppression singularly defines a community" (Tuck, 2019, p. 413).

Guide Groups - Outcomes

Themes that emerged were the importance of connection to culture (ceremony, land-based activities, etc.), family support and self/community care, and impacts of COVID-19 on the community (including effects of isolation and impacts on mental health) This research took place during a very particular experience of a global pandemic. In some ways, this exacerbated existing deficits in the health and social service system, while surfacing community strengths that were mobilized to support Indigenous community health and well-being. As one participant described:

“A lot of our people have passed on reserve, and our families can't join each other the way we usually do. So, we are all doing that through these virtual meetings and through the prayer and some of our people are doing their dance, their song and dance, to help each other that way. It's really amazing how you can feel when someone is praying for you, or dancing for you. That energy that they are putting out, it comes and hits you right in the spirit and just uplifts you to feeling a healthy feeling again.”

Many people spoke to the importance of gathering virtually, and how they would even miss it when in-person gatherings resumed: “I think I am actually going to miss [online gatherings] when we're in person because I won't hear everyone's pets in the background, and their kids, you know!” At the same time, especially for Elders, lack of social contact was very hard on mental, emotional and physical health: “It is harming our mental emotional health where we have nobody to talk to. And whenever anybody comes by for donating food, etc., I live at the Kekinow Housing and they don't make time for us. They just give us the food and walk away.” Lessons learned from COVID-19 create opportunities to improve individual and community health and well-being and strengthen the social networks that are vital to urban Indigenous peoples.

Experiences of anti-Indigenous racism and discrimination were shared, particularly in the context of maternal and child health. One participant said, “it's not fair that people have to worry about bringing their kids to the hospital and having social services called on them.” This was something also described in detail by health and social service providers (one service provider commented to the research team that “racism is rampant in the health care system. The leaders in the healthcare system should do better to initiate change”). Another participant described how racism permeates the health system in the form of systemic violence, but also as lateral violence: “We are looking at how we can bring [culture] into the hospitals, and into clinics, the health care system in itself, because it's kind of difficult to bring our culture, our spirituality into the healthcare system. It's a real fine balancing act to do this, and it takes a lot of time, but we are still getting that pushback from systemic racism, and you know the straight-out racism, the lateral violence...”

The importance of community care (as an extension of the concept of “self-care”) was heard consistently throughout this research. Community care is connected to Indigenous practices of ceremony, culture and land-based activities. One participant described how cultural activities help family members in Surrey deal with losses: “Community care has just been so incredible and revitalizing those kinship systems and community. I am also part of a ceremonial community and I haven't been able to access it much because of COVID but I go to sweats and that just really helps me to integrate all the healing that I'm doing and really ground me and bring me back down to earth.” Community care validates individual experiences and was seen as uplifting by participants: “...being part of this project, this community care right now feels so wonderful just being able to hear peoples' voices and experiences and uphold those, lift those stories up, that's what that is for me...this really contributes to my health and well-being.”

Outcomes – Health and Social Service Providers

Important themes that we consistently heard in our interviews with health and social service providers include: importance of access to culturally safe prenatal, labour and delivery, and postpartum care; consistent and repeated experiences of trauma in the healthcare system; need for a team-based, primary care network versus a fee-for-service model of care; impact of socioeconomic circumstances on urban Indigenous health and well-being (access to food, housing, transportation, financial security); challenges of accessing health services for Métis community members; importance of access to Elders; and importance of flexibility in providing care and meeting the needs of community members.

Barriers and Opportunities for Providing Culturally Safe Care in Surrey

We asked health and social service providers and Guide Group members what is needed to create and sustain culturally safe care in Surrey. They shared with us the following:

What is needed for culturally safe care:

- Advocacy (e.g., Métis Nation British Columbia does intensive advocacy work)
- Increase number of Indigenous health care and social service providers
- Trauma-informed counselling
- Mandatory training on complex histories, cultures, contemporary experiences of Indigenous peoples for non-Indigenous health and social service providers
- Knowing what programs and services are available to Indigenous peoples
- Patient navigators/liaisons to help navigate complex systems
- Safe birthing practices: encouraging Indigenous doula care, childcare, access to healthy food, family support, cultural supports
- Humility
- Flexibility with seeing health care professionals (online options, telehealth, more time with appointments)
- Indigenization of physical spaces (lobbies, exam rooms, board rooms, etc.) as well as dedicated Indigenous space (gathering spaces, smudge rooms, sacred rooms)
- Hire and appropriately compensate traditional healers throughout the health care system
- Political will to create a radical framework for structural transformation

Barriers to accessing culturally safe care:

- Inadequate childcare/transportation makes it difficult to make/keep appointments
- Attitudes within the healthcare system that reinforce experiences of trauma: community members not being taken seriously, lack of respect, experiences of racism, feeling judged, dismissed, not being heard
- Lack of strong social support networks
- Fee-for-service health care model that restricts amount of time that can be spent with patients
- Lack of access to Indigenous care providers and Indigenous clinics

The following is a long excerpt from an interview with a health care provider. We provide it in full as a powerful example of how simple and yet transformative it can be to provide culturally safe care in a system that perpetuates racism and discrimination:

“...there was actually an elder that had called and she was experiencing some mental health issues and she hadn't been to a doctor in about 6 years, even though she had injuries from a car crash and she had medications that needed to be topped up, and her living situation was not the greatest. And so she had called us and asked "I've pretty much given up at this point, but is there any way that you could find me a physician that would actually pay attention to my needs, as someone who experiences a lot of chronic pain and trauma?" So we were able to connect with an Indigenous clinic here in the Lower Mainland and find a physician that is Indigenous herself and has that kind of training in trauma informed care and we were able to make sure that she got a consultation in right away. So, one of the things that I really appreciated about that experience was that, you know, with COVID and also just her kind of lack of trust in meeting with care providers, we were, it was a bit of a challenge at first but we were able to set up actually a four-way phone call, so there was me, the physician, one of my coworkers, and myself, so we were able to advocate for her and just kind of bear witness to that conversation, which was what she had requested. So, you know, I didn't expect that that would be an experience that would have been possible, but when you have care providers that are willing to make adjustments to the way that they provide care and the way that they do consultations and kind of go above and beyond to make sure that they are checking in with patients regularly and are comfortable having advocates or family members or supporters present during those consultations and doing things that are not always standard, that shows me that there is a little bit of change happening and that it very much is possible for patients to access culturally safe care.”

Quotes that tell the story of health and well-being in Surrey

Importance of Elders

"...There's quite a good population of Elders in Surrey, and they are not being utilized as much as they should be. There is so much teachings that are going idle, and I think that they should be approached and offered something in order to give those teachings to the people in healthcare systems." – *Provider*

"What I've noticed is being able to connect with elders...it's almost like the first step to having youth and young adults involved in their culture is connecting them with an elder and the elder will...share stories and they will take their knowledge and share with the youth and a lot of the times...it's just the sharing and the opening that up for the youth and young adults." – *Provider*

"Another thing that I think is important is connecting elders to youth again. That's essential for the elders and for the youth. The youth need to know their culture and their traditional ways and the only way to learn is from the elders." – *Guide Group member*

Connection to Culture

"...I grew up knowing my culture, not all, and it's hard to teach my kids it from the city. I feel like it's important for them to know themselves because I feel like when you grow up not knowing your culture you feel like a part of you is missing, and you don't know what the emptiness is until you start learning about your culture." – *Guide Group member*

"...we also like to connect to the land here, and acknowledge the ancestors of the territory that we are on and just connect to them as well. And by doing that, we like to offer medicines to the water, we ask for signs when we are out in nature...we go for walks, medicine harvesting, even though our traditional medicines that our ancestors have used are not - some of them are here but not all of them - and we try to access what we can when we need it here and that's such good medicine for us and it feels like staying connected." – *Guide Group member*

Community Care

“...So when you look at addictions or anything along the lines of chronic illnesses, a lot of times when one person in the family or the community is suffering in some sort of way then other people in the community suffer. At the same time, community wellness and ensuring the community functions in a healthy way can really lift somebody up if they are struggling in any sort of way and can actually probably reduce the amount of time or level of suffering when someone is going through something. So yeah, just highlighting community wellness.” – *Guide Group member*

“And then being part of this project, this community care right now feels so wonderful just being able to hear peoples’ voices and experiences and uphold those, lift those stories up, that’s what that is for me. Yeah, this really contributes to my health and well-being.” – *Guide Group member*

Importance of health literacy

“we do tend to have longer appointments and a lot of that is because many people don’t fully understand their health conditions, or what their medications are for, and are therefore often would have been labelled as “non-compliant”, when really its just a lack of understanding and so health literacy is something that we try to focus on building so that patients can feel more empowered and respected in their decisions for their healthcare and understanding what we are doing and why, instead of just saying here is your prescription see you later.” – *Provider*

Experiences of racism and discrimination in the health system

“There are a lot of people that get in touch with me, and they say that they are either afraid to self-identify because they are worried about their quality-of-care declining, or that they already know from past experiences with the other physicians and nurses that when they try to seek out pain medication they are often assumed to be overexaggerating or making up trauma and other, you know, other really ridiculous accusations that care providers make.” – *Provider*

“Racism in healthcare kills patients and I see it all the time.” – *Provider*

Need for trauma-informed care

“The health system needs to be radically transformed, because the services that are present are not comprehensive enough, they are not accessible enough, and there is a huge gap in the health needs that get, I guess, ignored or swept to the side, that are equally important when it comes to...Like, I would say, personally, counselling needs to be covered as much as cancer care.” – *Provider*

Impacts of COVID-19 on community health and well-being

“Living in the city, you know, it is hard to have that family connection from our territory. Because of COVID we can’t travel and can’t go there on long weekends throughout the holidays so that has been restrictive for us. But trying to keep that strong family connection back to our family in our territory during COVID is health and well-being for me.” – *Guide Group member*

Recommendations

Indigenous community members in Surrey actively envision a healthy future for their families. Participants in this research spoke about the importance of **spending time with children, family members and the larger community**. They spoke about the importance of events hosted by Skookum Lab, such as **beading nights, Guide Group sessions, community powwow nights, berry picking and attending other community events**. They spoke of the importance of **harvesting traditional medicines and connecting Elders and youth through land-based activities**. Being a young population, it was not surprising to hear of the need for a **birth centre**, a place for pre-and post-natal care, somewhere “that can facilitate...culturally safe, culturally celebratory ceremonial birth spaces for families” (Care Provider). We heard the need for a **clinic devoted to Indigenous youth** – similar to Urban Native Youth Association’s Native Youth Health & Wellness Centre. As the provider quoted below illustrates, Indigenous youth need to feel cared for and supported across the spectrum of health and social service needs. A centre for Indigenous youth health would support relationship building, culturally safe care, confidentiality, and connections across the health and social service-support spectrum.

Community members talked about **connections to land and water**, particularly as “canoe people.” One Guide Group member said “I’m thinking about the canoe journeys I do every year...to me that brings me right, it grounds me. I feel totally at home on the water. And when we do ocean,

“You know...one of the foundational pieces of being, belonging to an Indigenous culture is being able to gather, being able to sweat, being able to sing in the longhouse, to dance, to sit in a canoe together, to be on the land together...” – Care Provider

lakes, rivers, so much fun. I love it.” We heard many times how the teachings that are passed on through **cultural activities support mental health and well-being**. Such teachings must be normalized – along with the teaching of Indigenous languages – in schools and other educational institutions. Importance of nutrition – and particularly **access to healthy and nourishing food** – was discussed throughout the research. One health provider shared that “even just the limits that I have in health would be so much reduced if all my patients had housing, if all my patients had access to food, if all my patients had transport and you know genuine support with addictions or things like that.” When socioeconomic needs are not met, physical-mental-emotional health suffers.

“I think that is a challenge...for the youth in Surrey is having a lot of professionals come in and out of their lives not knowing who to go to, not knowing what to ask as well... I think for any type of service to be able to say, hey, if you ever need us, even if we can't provide it for you, contact us we will help support you in making those connections.” – *Care Provider*

Policy Considerations

- Important that directives for culturally safe care and support come from the land-based nations, chiefs, Elders, patients, families, and those with lived experience.
- Provide education and training to all health and social service providers on the history and contemporary experiences of Indigenous peoples, including experiences of anti-Indigenous racism in the health care system; they need to know how to connect with Indigenous peoples and help them navigate complex health and social service systems.
- Indigenous peoples are called upon to do significant labour when educating and training around cultural safety. This needs to be recognized and compensated appropriately, and the labour needs to be distributed equitably across Indigenous and non-Indigenous health and social service providers.
- Implement Recommendation 5 from the *In Plain Sight* report to ensure safety and confidentiality in the patient complaint process: *“That the B.C. government, First Nations governing bodies and representative organizations, and MNBC jointly develop a strategy to improve the patient complaint processes to address individual and systemic Indigenous-specific racism.”*

Conclusion

This project builds upon work first started by Skookum Lab to better understand how community strengths and vulnerabilities intersect and what the priorities and needs are in terms of supporting social, emotional, cultural, and physical dimensions of well-being. This research supports on-going efforts in grassroots urban self-determination as a key pathway to improved well-being. The knowledge and experiences embedded in stories shared by community members and health and social service providers is critical for the development of services and programs being requested by urban Indigenous communities. Surrey is a strong, resilient community that offers much by way of skills, history, cultural strengths and community-centered values. Drawing upon this wisdom will only strengthen community health and well-being.

Turpel-Lafond's *In Plain Sight* report carefully articulates the need for research precisely like this: research that highlights concrete actions that can be taken to permanently embed cultural safety within the health care system. We need to honour the courage of community members and providers to be the drivers of change by sharing their stories and experiences. It is only through culturally appropriate, Indigenous-led change models that health and well-being can be strengthened and improved across all sectors for Indigenous peoples in Surrey.

Appendix A

Interview Questions: Guide Groups

Section 1: Community Health And Well-Being

Questions	Prompts
What supports your physical/mental/emotional health?	<i>What activities make you feel healthy? What spaces make you feel healthy (e.g. rec centres, community spaces, parks)?</i>
What cultural activities do you participate in? Do they contribute to your health and well-being?	<i>Can you tell me more about how these activities support your health?</i>
What supports would you like to see in the community to improve or support your health?	<i>How could existing programs or services better help you?</i> <i>What new programs or services could be created to support Indigenous health?</i>

Section 2: Health Service Provision For Indigenous Patients

Questions	Prompts
What is it like for you to access services through the health care system (e.g. clinics, family doctor, hospital emergency)?	<i>Do you feel supported/heard in your health care interactions?</i> <i>What helps you feel supported? What makes you feel not supported?</i>
What do you think should be done differently to better support Indigenous people and their families?	<i>Are there other services that could be offered?</i> <i>What resources/training might help health care professionals better support Indigenous patients? What would help them be better allies/supports?</i>

Interview Questions: Health and Social Service Providers

Section 1: Introduction

Questions	Prompts
To start off, could you tell me a little bit about your work?	<p><i>What is your job title/scope of practice?</i></p> <p><i>Could you tell me about the populations you serve?</i></p>

Section 2: Community Health And Well-Being

Questions	Prompts
What are the health needs and priorities of Indigenous peoples in the Fraser Health Region?	<i>What do you feel are the main health issues facing Indigenous peoples?</i>
How do you support people to access culturally safe care and support?	<p><i>What is your role in supporting people to have access to culturally safe healthcare? Can you tell me more about how do you do this?</i></p> <p><i>What supports do you offer?</i></p>
What are some of the barriers you experience (in your practice or work) to support Indigenous peoples to access health care?	<p><i>Can you give me an example?</i></p> <p><i>Why is this a barrier?</i></p> <p><i>Were you able to overcome those barriers? If so how?</i></p>

Section 3: Health Service Provision For Indigenous Patients (For Health Care Providers)

Questions	Prompts
<p>What approaches have best supported Indigenous health in Surrey?</p>	<p><i>What specific supports are available that are geared towards Indigenous peoples?</i></p> <p><i>What have you learned from your research/practice about the needs of Indigenous patients?</i></p>
<p>Are there barriers to Indigenous peoples accessing health care services? What should be done differently to reduce these barriers?</p>	<p><i>How would you like to be able to support patients to engage with care that isn't possible right now?</i></p> <p><i>What is preventing that from happening?</i></p>
<p>What needs to happen to support Indigenous health and well-being in the health care system?</p>	<p><i>What changes could health care professionals make to support Indigenous patients?</i></p> <p><i>Are there other services you think should be offered to Indigenous patients or that you wish you could offer to your patients that you can't right now? What services?</i></p>

All Our Relations.

