

**Network Minutes**

**Thursday July 14, 2022 zoom**

**Present:** Denise Williams Chair, Sheila Service Co Chair, Cindy Lise, Khristine Sandhu, Anita McLeod, Rhoda, Taylor, Jane Hope, Jane Osborne, Madelaine McLeod, Henry Wikkerink, Carla Bortoletto, Tracy Pocock, Chris Hall, Rosalie Sawrie, Amanda Vance, Elizabeth Croft, Gretchen Hartley, Valerie Bob, Judy Stafford, Sue Kurucz, Bev Suderman

**Presenters**: Elizabeth Croft, Bev Suderman

**Call to order** at 5:30 by Denise who welcomed members and initiated round table introductions.

**The agenda was approved** by general consent.

**The Financial statement** was accepted as presented by general consent. Information regarding funding for Regional Health Survey and top up grant was provided to members.

## Closer look racism and marginalization in Cowichan Racism -Cowichan Intercultural Study Results Presented by Elizabeth Croft

Cowichan Intercultural Society (CIS) wrote the application for this grant in 2019 because we could not find the data regarding racism and marginalization information on a local basis. We learned this is common for small communities so we decided to do our own research.

How did we come to the place of wanting to define the gap? CIS has a mandate to welcome newcomers and help them to settle into the valley and to build a welcoming community. Their mandate is Inclusion equity and multiculturalism. With 18 different programs ongoing and responding to needs in the region there was lots of anecdotal information of people indicating they were struggling. CIS wanted to learn more but did not have the data. They wanted an evidence base to guide strategies for reducing discrimination and promoting a welcoming community. 637 people from ethnic and minority backgrounds responded to the survey.

Between 74% to 99% of respondents all reported discrimination in the last 3 years. This begs us to ask what is going on when other communities such as London Ontario for example experience almost half of the reports of discrimination.

Where is discrimination happening.

* Job
* Transit
* Public Areas such as parks, sidewalks and restaurants
* Health care
* Social gatherings
* Interacting with the courts

### KEY Findings

Across all 5 groups, a high percentage of respondents reported having experienced discrimination.

* White Immigrants and Indigenous Peoples reported the highest percentage.

In what situations did people experience discrimination?

* *“at a job“, public transit”, public areas, such as parks and sidewalks*”, “*social gatherings”,* and “*interacting with the courts*”.
* Very few participate anti-racism events, most would like to see more.

**To see the full study you can search Cowichan Intercultural Society a Closer Look or, go to:**

<https://cowichanintercultural.org/wp-content/uploads/2022/05/A-Closer-Look-2022.pdf>

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## Cowichan Women’s Health Collective Barriers to Services and Supports for Women- Study Results Presented by Bev Suderman

**Honouring women’s voices**

The Cowichan Women’s Health Collective is a new not for profit incorporated in 2019 for self identified women and girls. It came to be as a result of hearing from women in our region that there were gaps and barriers in our systems of care in our region. We asked What are the gaps in the health care system? The first steps were to host a forum (funded by Our Cowichan Communities Health Network Small Grant) with over 50 women who provide services and supports in the Cowichan Region to learn more. They shared a lot but we needed to go to the source.

This study is the result of reaching out to women directly to hear about their healthcare needs.

We heard a lot of stories during the research process. These stories were analyzed, and distilled down into four themes:

1. Women and gender diverse people feel that their voices are dismissed in their interactions with health care services. 84% of participants expressed how they felt “not taken seriously at all” and “like I don’t know what I am talking about.” Many expressed how their concerns were “brushed aside, especially when it came to reproductive health.” Women reflected how when they were not listened to, their “confidence diminished” and “mental health” was affected.
2. Many participants expressed that they faced barriers in accessing the health system, but those who needed support for both health concerns and social factors faced the greatest barriers. Social factors that increased barriers to care included homelessness or precarious housing, experience of trauma, having limited English skills, having a child with complex health needs, Indigenous identity, living with a disability, and living in poverty. Another way of describing complex health care needs, combined with social factors, is to talk about intersectional impacts. If people were not homeless, they would be unlikely to have to deal with street feet. If there was not a history of intergenerational trauma within Indigenous communities due to residential schools and other colonial legacies, there might be less substance use and mental health issues.
3. Culturally appropriate and culturally safe care makes a huge difference to people’s health care experiences. When it is present, it strengthens the experience. When it is absent, or the opposite of cultural safety (in the form of racism) is experienced, it negatively affects people and prevents the system from doing what it was set up to do, which is to help people be healthy.
4. Trauma-informed care matters to the people receiving care as well. Given the history of our nation, providing trauma-informed care can be seen as closely linked to providing culturally safe care. However, trauma is pervasive within our society, such that many people do not feel safe, which affects how they interact with the health care system. Trauma can be linked to histories of abuse, or current events in a person’s life, as well as colonial history.

**In conclusion,** there are challenges to be met within every component of our analytical framework:

* ***Individuals and their families:*** better support individual women, trans and non-binary people’s needs, so that their health care needs, and those of their family, can be addressed in a manner that best suits their individual needs.
* ***Community:*** Address racism, poverty, and violence within our community, so that self-identified women and their families can be safer and healthier.
* ***Organizations:*** Create a network of organizations within the Cowichan Valley that meet a person’s health care needs in a gender affirming, inclusive and holistic, way.
* ***Health Care System:*** Create a holistic and inclusive system that is integrated and mutually supportive in meeting the health care needs of women and gender-diverse folks and their families.

**Based on the findings of the research, CWHC is recommending:**

1. **The creation of a gender affirming wellness space**, including a clinic, in the Cowichan Valley. This centre would:
* provide access to female health providers (nurse practitioners, physicians, outreach workers, and social determinants of health workers);
* reduce barriers;
* ensure a trauma informed and culturally safe approach to providing health care,
* include a safe space for sexual assault survivors;
* provide advocacy for improving access to services for self-identified women, trans and non-binary people;
* connect people to resources, linking health and social supports;
* provide supports for access to health care (food, child care, transportation, home visits, street visits, etc.); and
* include a navigation and advocacy component to link and support access to health and community supports.
1. **Provide more comprehensive supports for survivors of sexual assault**. While a number of programs exist, and are valued and provide value to the community, it does not appear to be enough. Therefore, CWHC specifically recommends that:
* local health professionals receive both forensic sexual assault examination and trauma informed practice training, to provide capacity within the community for responding to sexual assault crises at any time in a trauma informed way
* there be enough locally trained personnel to cover shifts at the hospital 24 hours/day and 7 days/week;
* Locally trained personnel be listed with Island Health’s Forensic Nursing Services; and
* The Cowichan District Hospital modify its protocols to ensure that wait times for services for people who have experienced sexual assault are minimized.
1. **Create a Cowichan Women’s Health Network**

Such a network, made up of the existing community-based gendered organizations, would engage regularly to address the themes identified in this study as well as other areas of concern at the community level

4. **Strengthen culturally appropriate care throughout the health care system**

Decolonized and culturally appropriate care saves lives. There is a need for changes in policies and practices to remove barriers and promote cultural safety. The concept of cultural safety applies at different levels, with the ideal situation involving the implementation of strategies at various levels within the healthcare system that work together to create change. There is a lot of work to be done in this area, as we decolonize ourselves.

5. **Ensure there is readily available trauma informed care throughout the health care system**

This means that clinical protocols for interacting with all people automatically takes a trauma informed approach, new ethical guidelines are put in place, and strategies are developed, to stabilize recently traumatized individuals, so they get the care they need despite challenging behaviours.

**6. Provide supports to keep women and their babies together, and reduce child apprehension**

Our research has identified that, while much work is being done for Indigenous women and communities, there are gaps for women who have disabilities, and related physical and intellectual challenges. A number of participants talked about the traumas associated with the apprehension of their children at the hospital. They dream of a better future where they could be supported to keep and raise their children.

CWHC commends the work that is currently being done, and calls on all of the relevant agencies to

* Decolonize policies and practices within each respective jurisdiction. This could include providing supports for the whole family (fathers as well as mothers), recognizing that trauma does not recognize gender, and that families sometimes need help to stay together;
* Continue to develop holistic, wrap around support services for women and individuals impacted by trauma, to prevent child apprehension. These services can include system navigators and advocates, housing, parenting supports, child development, and cooking classes;
* Increase the supply of supportive housing within the Cowichan Valley, specifically to assist women to keep their children in a supportive, healing environment;
* Move towards becoming a non-apprehension community, with a focus on doing no harm and interrupting the cycle of inter-generational trauma, per the findings of the Qu’shintal project;
* Find ways to remedy the harms that have been done to children, youth and families.

**New Business**

**Update on the Regional Health Survey -**A new project manager has just been offered the position today and an announcement will be made soon as to who our successful candidate is. The project will move into full swing in the fall and we will be reaching out to all OCCHN members in regards to learning about what questions should be asked and building the momentum and engagement to get over 4500 community members to take the survey. More information will be coming in September.

**The Village Open House July 27, 3 pm to 7pm at the Ramada** For anyone who has wondered what it is like in the Village at 610 Trunk Road you are invited to an open house at the Ramada to come and speak to service providers and residents about why it is so successful. The Village is about to undergo a request for a second Temporary Use Permit so this is an opportunity to come and learn more.

**Next Meeting September 8 in Person Cowichan Community Centre Heritage Hall**