Santa: Broadcasting from the University of British Columbia. This is Blue and Goldcast. I'm Santa Ono, the President and Vice-Chancellor of UBC. On this season of the Blue and Goldcast, I'm speaking with the people who are leading some of the most innovative and creative work coming out of our campuses.

My guest today is Dr. Margaret Moss. Dr. Moss is an enrolled member of the Mandan, Hidatsa, and Arikara nation, three affiliated tribes of North Dakota, and has Canadian Sioux and Saskatchewan lineage. She's director of UBC's first nation's house of learning and an associate professor in the school of nursing. In April of 2021, she was appointed to the board of population health and public health practice by the national academy of medicine.

Dr. Moss is working on multiple levels to improve health equity for marginalized populations. She was also a key stakeholder in the development of UBC's indigenous strategic plan, which launched in 2020. Margaret, welcome to Blue and Goldcast. Thank you so much for being on the show today. To start off, I'd like to hear a little bit about your story. How did you get started in academia? What was your journey like to get where you are today?

Dr. Moss: Thank you, Santa. I'm really happy to be here and glad that you've asked me. Sure, I can tell you a little bit about my journey. I started in science actually, and then a health trajectory. I first obtained my BS in biology actually at the Washington State University just below here, so I've been in the west before. Then I took a position at the National Institute of Health working in the National Cancer Institute. I worked on protocols to map carcinogens and feeding and using human lung cells and whatnot.

Although that was fascinating, I was more interested in people than in cells and I had worked in college through summers as a certified nursing assistant. I decided I wanted to go into healthcare and so I pursued the nursing degree. Actually, I was a nurse first for my first 10 professional years I guess, and then moved into the academia. I've been a nurse for 33 years and in academia for 22. Two years after earning the RN, I transferred into the Indian Health Service, which is an agency in the US that is to provide healthcare based in treaties and law and so forth.

I moved there from the Veterans Affairs where I had been working in Portland. We moved to New Mexico and I worked in the Santa Fe Indian Hospital for about six years. There, I noted that elders, which is my interest area, would never allow themselves to be discharged into what they say down there, Anglo or non-Indian care, and would rather go back to reservations and take their chances.

Unfortunately, they did take their chances. There weren't any services or very few, and they usually did not do well. This became my question when I started to move into more academic pursuits in both my masters and dissertation as to why won't, especially traditional elders and reservation-based elders, accept long term care as it is? Due gerontological theories really make sense with this population.

I did my dissertation as an ethnography on aging in the Zuni or Ashiwi people of New Mexico. They're very traditional. They all still speak their language. They weren't

Christianized and they're very traditional. Short answer, there are many, many cultural and spiritually bound reasons that they won't accept Anglo care and no, gerontological theories don't fit. Taking that, I went to my first academic position at the University of Minnesota and tenured there in 2006. Following that, I noted there were a lot of state and federal barriers to having American Indians have focused long-term care on their land.

Multiple states have what they call a moratoria, any new nursing home beds, but there were hardly any on reservations and now there couldn't be any. For all the same reasons, I just told you, they won't accept the other care, so around and around. These legal and structural barriers led me to law school. I focused in elder law, malpractice, and federal Indian law. I also minored in dispute resolution and conflict negotiation. Finally, I followed this up with a Robert Wood Johnson Health Policy Fellowship, and the US Senate special committee on aging during the Obama Care years. Although fascinated, I was recruited from there to Yale. Then I went to University of Buffalo, and now this is my fourth university.

Santa: We're so happy that you're here. That's a fascinating story. You worked on the 2020 *In Plain Sight* report, which is I think really a groundbreaking piece of work and really fundamentally important for us here in BC, but also has implications for healthcare across Canada and around the world. Specifically to your point about how elders felt, that report brought awareness to the issues of indigenous discrimination in the healthcare setting in BC, which is really quite severe, and also has implication for our role as a university graduating many healthcare providers that are going to be in the health authorities. What were some of the main results of that report?

Dr. Moss: One of the reasons that we named it *In Plain Sight* is because you've always heard it. Everybody already knew, and it was everywhere, but it wasn't really put down on paper. In the west, if it's not written down or studied or whatever, it doesn't exist. We already knew it existed. Everybody who responded to the questionnaires and the one-to-ones and sent us in stories and so forth, it was obvious. Of course, this report makes it clear that there is indeed racism experienced throughout healthcare in BC. Some things that struck out for me the most as an indigenous nurse was that there is no safe harbor for indigenous patients.

What I mean by that is there's almost no place or every touchpoint could be, I'm not saying it is, a potential trauma point. What I mean by this is from the minute somebody calls an ambulance, they could get racism in the ambulance. Then in the ER, at the clerk, by the nurses, by the doctors, by the radiologist, by the surgeons, by even pastoral workers, even security, especially security in some cases, social work. As we've learned, anti-racism then requires intention and action and not passive bystanding. There were 24 recommendations under three headings, systems, behaviors, and belief.

I'm particularly familiar with the last one, number 24, which is the BC government established a task team to propel and ensure the implementation of these recommendations. I'm familiar with that because I was lucky enough to be co-faculty in the school of nursing's mandatory course. One of the few across campus, which is the indigenous people's health promotion, where we had some of those implementer, the people on those implementation teams come to our course.

Santa: That's really wonderful. It's important work, as I said. My next question is really part of the strategy, is that people will change in leadership positions, but we have to figure out a way to hardwire into the DNA of the institution this accountability, this responsibility. You also worked on the Indigenous Strategic Plan, which is meant to be that hardwiring of steps that we take, our responsibility, our accountability. Tell me about what that process was like. You were a key part of developing the ISP. Has it attracted global attention, as you know? Can you tell us a little bit about what the project process was like and tell us about the plan itself?

Dr. Moss: Sure. Yes, I was so glad to have co-led the ISP, Indigenous Strategic Plan. I was able to bring my knowledge, as I've just outlined in the beginning, of strategic planning from my managerial and legal education. That was very helpful to see, understanding what plans are all about. The process was rigorous, it was representative and it was bottom-up, which is what we hope to bring in indigenous ideas and so forth, and not top-down hierarchy. It was, of course, a lot of prep work behind the scenes and then four months of targeted engagement, which took us to the first draft.

The stakeholders in that, we talked to 11 in-person engagement sessions and workshops, individual meetings with deans, VPs, leadership, both campuses. Then we had an online survey, which of course, was both campuses and was able to capture also some alumni. We collated up to upwards of 15,000 data points from our in-person and online engagements. The in-person sessions included a hundred indigenous students, faculties and staff. That's pretty good. Survey response is about seven to 11%, depending on how you counted the completed processes and Whatnot.

Then after we collated and analyzed what everybody said we took it to open houses, both campus, to prioritize what we found. The result was eight goals and 43 actions, and it's in the form. You see it today and you can see it online, isp.ubc.ca, and now implementation is key. Until I checked this interim AVP equity role couple months ago, I was chair of the ISP implementation committee for the last three years.

We are now piloting an implementation questionnaire to two faculties to see how to collect, collate and report what's being done around the campus. We are doing this because we heard loud and clear at the launch from some of the chiefs and others that this is great, but now we need action. That's where we're rolling to now.

Santa: Now, the universe has put aside resource. There's resource just for a set of projects and that's already rolled out and we have a fund for students and all that's being adjudicated right now. I understand that there's been a flood of proposals that have been received. That's good, because we wanted to have more ideas than what we could fund so that we could really hone in on the best ideas and support them well.

It's a little unusual for the approach that UBC's taking, which is really opening it up to everyone and not, as you say, a top-down approach where I would say, or the provost would say, "This is what we need to do." It really is going to be indigenous-led by both indigenous and non-indigenous members of the community. It's an approach that I think is wholly appropriate for an indigenous strategic plan. Would

you agree that this is a way that we should be moving forward? That everything we do should be bottom-up or the ground-up? Would you agree with that?

Dr. Moss: Absolutely. I was in one meeting maybe a month or two ago specifically talking about having a student stream so students could also put it into this funding. We really collected these voices and had wide collaboration to come to this point to have the ISP. Then why wouldn't we have wide casting to get the ideas back in, because that's where we got the ideas to make it in the first place, was a wide net. Yes, I agree with that.

Santa: With UBC's Longhouse, which is an incredibly important space for faculty, staff and students. It's actually, if I'm correct, is being expanded as we speak. Tell us a little bit about your work there and what's going on in terms of this renovation.

Dr. Moss: Sure. That Longhouse is epic. It's one of the things that finally drew me here too, is that, and the prewall library I thought, "Wow, this is great to have spaces it's even a long way ahead of any of those other universe I mentioned that had no spaces." At the Longhouse, I'm excited to say there are a lot of things going on. First, our staff has grown into areas identified as high needs, such as the addition of first year retention coordinator, which we brought on just this last year.

We're happy to say that a second launch has just now been available to be trialed coming up in answer to the food security issues and in continued community building. That's exciting. We opened the Indigenous Student Collegium in fall of 2019. Unfortunately, six months later came the pandemic. It has had to go virtual this last fall. We did try using it in an alternative space, which is the Great Hall, because the Longhouse has been shut down for all these various construction projects as well as some COVID issues.

We are remodeling. We're able to remodel because we moved them into another space, but now then they went virtual. The good and the bad. The good part is we were able to remodel the space. It should be opening very soon, brought up the same as all the others where there's fabulous kitchen spaces, study space, lounging space and so forth. It should open imminently, so that's fabulous.

Then on the other end of the Longhouse, we are building out an extension, which was in the plans 30 years ago when the Longhouse was built. It's now being finished with prompting by Verna Kirkness. The first FNHL director came to me and said, "I've got something for you to do." [laughs] With that prompting and commitment from the provost and the provost office, it's actually being done. It's really moving along, it's wonderful. Should be done sometime in the summer this year, just ahead of the 30 year anniversary, which will be 2023. We're looking forward to some openings and things happening there.

Santa: Whatever we can do to shine a spotlight on this expansion project and what you think will stem from it and really telling a story of why these spaces are important to the students. I think it's very, very important. It's also, I think a model for what we should be doing with other equity deserving groups. That we don't have these spaces for the diversity of groups that we have on campus.

I can tell you that one of the reasons that I'm excited that you've moved into another role in working with the equity and inclusion office is because you have already done this. You have already thought about to your earlier work, what it actually feels like not to feel included. You understand what the barriers are, you know what some of the solutions are through your work with *In Plain Sight*.

You've been working with the equity and inclusion office, and I know it's early days. I know it's a big place and you and I have been talking regularly. I know that you're trying to figure out what everyone's doing. You're thinking about how streamline some of the work, align it with some of these plans like the ISP and the Inclusion Action Plan. That in and of itself is difficult work. I thank you for that leadership, but what are some of the main goals that you might be able to point to in your early days there?

Dr. Moss: It is a whole new enchilada over there. It's quite a big team as compared to my First Nations House of Learning team. Yes, I'm glad I had the experience over at FNHL and I could bring some of those lessons over. Reaching back through my experience in education, I am lucky enough to have as a background in disability, aging and disability, and these things as in my nursing area. That's one area that is upcoming in focus. It is the focus for Canada research chairs now. I find there's so many aspects of this in the inclusion arena. I'm happy to guide this burgeoning area as we take that on over there with a much needed lens.

I find my legal and conflict resolution background is valuable in the human rights area, as well as in the education and partnership. I'm able to just get a handle on what it looks like in our office, outside of our office, across both campuses and so forth, and be able to start organizing in my head those things. I do note that I do have directors and managers and staff in these areas, and they're all doing a very specific, wonderful work. I'm happy to lend my understanding, support, voice where it's needed.

I really do to try to choose to work collaboratively. I just want to help lead where it's needed and see where we're going. As more needs are coming to this portfolio, along with the Inclusion Action Plan implementation, I like to take stock as to what's needed and when. Priorities are shifting constantly, new things are coming at us all the time. This is the time we live in. I am trying to offer a steadying hand, move priorities forward as they're needed, and support the staff to do their work. Those are some of the, just in the very preliminary stages what I'm thinking about.

Santa: Margaret, you've been involved in the ISP, you have been involved in the conversations to the area task force with the group that's really been focused on equity and diversity and inclusion across all the groups. It's a massive document of 330 pages, but it's about to be released. There's some overlap, but it's also distinctiveness. I'd love to have your perspective on how we move forward all of these different initiatives, but we also have alignment, but also respect the distinctiveness of each of those initiatives.

Dr. Moss: Sure. As people know the anti-racism and inclusion excellence report and coming out of the task force, which we will be assisting in the implementation throughout the whole university. We do have people in our office who are currently putting together this rather large scanning document. It includes the Inclusion Action

Plan, of course, where it's started, than eight other plans that are either in part or in whole around EDI issues, and then the ISP.

I have made it clear to my team that the ISP should be there, but make notation that there are certain separate things that just don't go on along with everyone else due to sovereignty issues, land issues, treaties, things that don't apply at all to the other equity deserving groups but importantly, it should be there. For instance, what is happening with this huge scanning document is looking at the overlap. There's 50-some recommendations in the area report and 43 actions in ISP, and I think 50-some in the IAP. I think there's a total of 500 or something total actions and things. Luckily, people are really putting their head down and put this thing together.

There are areas that in principle overlap, one being recruitment and retention, the students and staff. That's in the ISP, it's also in many of these others. While that's in areas of overlap, and intersect, perhaps the way you take care of it is going to be different and specific for the ISP, as opposed to the other.

It's important when thinking about funding and some other things to recognize there are many, many areas. Spaces is another one too. When we talked about the Longhouse, the extension and remodel hit about three of the goals of the ISP about holistic learning spaces and recruitment and whatnot. It's really important to see where there are some overlaps so targeted funding and efforts can can happen once instead of 500 times. Yes, we're putting that together now.

Santa: The idea of health equity is a through line in a lot of your research and work. What exactly is health equity? What can it look like?

Dr. Moss: I've taught on it in all the universities that I've been in. I have published two books on these topics. The first being *American Indian Health and Nursing* in 2015, which talks a lot about the inequities, the roots of these inequities, structural determinants of health that are still in place affecting, of course, American Indian or indigenous people in North America. Inadequate funding, access issues, lack of education in the health professions on indigenous health. This is true, both US and Canada. Then I published *Health Equity and Nursing*, which is the second book completed since I've been here and published in 2020. Health Equity is when people have the fair opportunity to reach their fullest health potential.

This happens when people or systems find, recognize barriers. Sometimes they find them and just move on, they didn't even recognize it. That's part of the *In Plain Sight* thing, recognize those barriers to fair opportunity and then mitigate those barriers. Lift where areas are lagging, add where is absent. This is both structural and systemic, but it's also individual responsibility. All these things have to happen on all levels. These inequities have led to things like the long-term care thing I started out with, where there's nothing available on and this is in the US reservations, and yet states now say there can't be anything available.

They have to go to Anglo, the Southwest facilities, and we've already told you they won't. It's Catch-22 over and over. Or they're murdered and missing especially in US, murdered and missing Indigenous women and girls, due largely to laws still in place on reservations where if a non-Indian comes, and this is US vernacular, onto Indian

lands, they can do heaven knows what and leave, and they know that nothing's going to happen.

They literally call it open season, because the laws aren't in place. They know they're going to get away with it, and laws have to change and the policies. The laws guiding that are still from the 1800s. You can imagine what people thought of indigenous people in the 1800s. These are some barriers that are right there that need to be changed. I incorporated ideas from indigenous knowledge and culture, and that is, you can't have health unless all four aspects of the person, the domains are healthy. There's the physical, mental, emotional, and spiritual domain to look for, especially indigenous and even some other groups, that has to happen, balance, all that sort of thing.

One elder told me the story of think about it as four tires on a car. They all need to be inflated and going. If one's blown, it's going to be a bumpy ride. If two are blown, heaven help you, you have to pull up the side of the road. In many cases for indigenous people, both countries, all four tires are blown and again, nobody's noticed and they've just limped off to the side of the road. Health equity is recognizing the blown tires and doing what you can to fill them up and make sure that person can keep moving as well as they can.

Santa: What is your future vision for health equity in BC? What kind of tangible changes would you like to see?

Dr. Moss: Yes, and again, as both a nurse with the underlying tenets here of mind, body, and spirit, and then the indigenous four domains with regard to health. Health equity in BC is going to have to attend to all of these domains. Right now, even with *In Plain Sight*, it's largely focused on the physical because that's what health professions teach mostly. We're lucky if we get to mental rarely than out to spiritual and emotional.

If we can start to widen, I know we're even having a trouble just on the physical. How to take care of this person without having them run out the back door, or take care of them halfway, and then they have four outcomes. Really if we start bringing in the idea of the full person, each one of those areas feeds the other.

Here at UBC in BC, we're thinking of that wider perspective of person and health, and thinking about elders programs to bring in as an alternate to some of the other may be mental health or emotional support that's on here. Community engagement, these lunches around food insecurity, because it has a social determinants of health, food and housing, and education, and so forth. Those things have to be mitigated to absolutely hit health equity. I think bringing these ideas about all the services, not just physical, will all lead to health equity.

Santa: Thank you so much. As for your work here at UBC, which is ever-expanding, what are your future goals and how can I help you?

Dr. Moss: Given my background as an indigenous woman and nurse scholar in disability and minority health, my legal training, and so forth, I would like to continue to move in whichever area I'm in the JEDDII aspect to all these things. The justice, equity, disability, and the second D, decolonization, inclusion, and the second I of

indigenization or however you want to. Health equity or even this JEDDI stuff that is a through-line through all my work since I hit the health professions and the legal work.

We don't want to let up on these very crucial areas that intersect and was success for university vision of inspiring people and pursuing excellence and so forth. For the university, we need constant, persistent thought and action around this, so that time, talent and treasure to attain this excellence. I often say, especially my nursing courses, the persistent, targeted way that some of these equity determining groups have been put down or held under the same persistent, targeted actions and so forth have to happen to revert it.

Santa: We will be there to help, I'll be there to help. You inspire us, Margaret. Thank you for the enormous impact of your work in these different areas in a very short period of time.

Dr. Moss: Thank you.

Santa: Margaret Moss, thank you so much for being a Blue and Goldcast today. Dr. Margaret Moss is Director of UBC's First Nations House of Learning and an associate professor in the School of Nursing. That does it for this episode. You can find links to our guest's work as well as previous editions of the show at blueandgoldcast.com. You can also find us on your favorite podcast app like Apple Podcasts, SoundCloud or Spotify. You can tweet at me at UBC prez, that's press with a z. I'm Santa Ono, thanks for listening.