



Christi Belcourt, Reverence for Life — Acrylic on Canvas, 2013 — Collection of the Wabano Centre for Aboriginal Health

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Engagement overview and key points

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Key points

CIHI and/or users may want to designate a subset of questions for community, patient and caregiver partners. This enables a more balanced perspective to inform the organizational

Process

- The value is in the measurement, discussions and workplans, and in the actions that result.
- The processes and approaches must be culturally safe and use strengths-based language.
- Include glossary of terms and descriptions or examples with each question to promote consistent interpretation.

Priorities

Participants felt that the following areas should be prioritized for measurement to advance culturally safe care:

- Connection with local Indigenous communities and organizational resources.
- Policies and practices that reinforce commitment to culturally safe care.
- 2QJRLQJ FXOWXUDO VDIHW\ WUDLQLQJ IRU DOO VWD‡ DQG YR VWD‡ WR DWWHQG WKH WUDLQLQJ DQG WRROV WKDW VXSSRU
- Indigenous art, food and spaces that support feelings of community.

Measurement

- Participants suggested that people/organizations have a propensity to self-assess as

- This work requires long-term change management to acknowledge and address structural racism at the organization and system levels. Racism is built into health care institutions, regulations and legislation.
- Organizations will need to mitigate the propensity to score more positively than what is demonstrated in practice. This can be addressed by ensuring balanced perspectives that include representation from Indigenous communities and local organizations to collectively conduct an assessment.



Priorities

Additional areas to be prioritized in measurement to advance culturally safe care include the following:

- Policies, processes and care practices that reinforce the commitment to culturally safe
- Application of a zero-tolerance policy across operations, administration and care providers.
- attend training, and tools/supports to implement in daily activities.
- An Indigenous workforce that is representative of the population being served.
- Creation of safe spaces and processes that protect those who report racism, so they are not re-traumatized.

Areas that support connection with local Indigenous communities and organizational resources may include the following:

- Display of Indigenous artwork;
- Access to Indigenous food and spaces that support feelings of community;
- Communication that is plain language, strengths-based and understood;
- Access to trauma-informed care.

Measurement

- Participants felt that the timing for this cultural safety measurement is good. They see it as well-aligned with other initiatives to increase awareness and build capability within Canada's health care systems. There is collective value in a standardized measurement tool and resources to support shared learning and uptake.
- While measuring interventions is important, there is a need to concurrently measure patient experience since cultural safety is based on the care recipient's experience.
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Recommendations and next steps

This section summarizes recommendations that stem from the participants, the Indigenous Cultural Safety Working Group and CIHI's Indigenous Health team members.

Recommendations (2024)

1. Review potential implications for CIHI's Indigenous Health portfolio of work, including cultural safety measurement indicators. Ensure alignment and/or coordination where appropriate.
2. Engage Indigenous survey experts to co-design a testing approach and update the

Next steps

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Measurement Tool to Advance Cultural Safety. Additional engagement as part of pilot testing
ZLOO LQIRUP UH¿QHPHQWV WR WKH WRRO DQG RWKHU FXOWXU
is committed to supporting the health and well-being and data priorities of First Nations,
Inuit and Métis Peoples. This includes work to support the measurement of cultural safety
across health systems. We recognize that this is an evolving area, that we are all learning
DQG WKDW HDFK FRQWH[W LV GL¿HUHQW ,Q WKDW VSLULW ZH
on advancing the work of cultural safety measurement.

Please email us at IndigenousHealth@cihi.ca.

Appendices

Appendix A: Participants

Table A1 Participants — Canada

Name	Organization	Title	Area	Indigenous
Sandy Penney	Newfoundland and Labrador Health Services (Labrador–Grenfell Zone)	Vice President, COO	Newfoundland and Labrador	No
LoriAnn Lyall	Nunatsiavut Government (Happy Valley–Goose Bay, Newfoundland and Labrador)	Research Coordinator	Newfoundland and Labrador	Yes
Hilary Fry	Nunatsiavut Government (Happy Valley–Goose Bay, Newfoundland and Labrador)	Indigenous Health Relations Manager	Newfoundland and Labrador	Yes
Ashley Dicker*	Newfoundland and Labrador Health Services	Indigenous Patient Navigator	Newfoundland and Labrador	Yes
Karennahawi McComber	First Nations of Quebec and Labrador Health and Social Services Commission	Strategic and Operational Development Advisor	Quebec	Yes
Tammy MacLean, PhD*	Women's College Hospital Centre for WISE Practices	CIHR Post Doctoral Fellow/ Research Associate	Ontario	No
Bonnie Healy*	Blackfoot Confederacy Tribal Council Kainai Nation	Health Director	Alberta	Yes
Tisha Bromley	Blackfoot Confederacy Tribal Council Kainai Nation	Health Coordinator	Alberta	Yes
Travis Yellow Wings	Blackfoot Confederacy Tribal Council Kainai Nation	Administrator	Alberta	Yes
Lori Meckelborg	Indigenous Wellness Core, Alberta Health Services	Director, Performance, Impact and Measurement	Alberta	Yes
Madelaine Robillard	Indigenous Wellness Core, Alberta Health Services	Health Promotion Facilitator II	Alberta	Yes
Richard Oster, PhD*	Indigenous Wellness Core, Alberta Health Services; University of Alberta; University of Calgary	6 F L H Q W L ¿ F ' L U H F W R U	Alberta	No

Note

Table A2 Participants — International

Name				

Appendix B: Interview questions

1. What is your/your organization's experience in cultural safety measurement?
2. : K D W D U H H V V H Q W L D O W K H P H V W R P H D V X U H F X O W X U D O V D I H regions and jurisdictions, distinctions-based, care settings?
3. What value do you see in organizational self-assessment? Why?
4. What would be important to make this type of measurement have impact?
5. What type of instrument should be used to support measurement (e.g., online survey or form, printable form)?
6. How do you feel the process to complete the organizational self-assessment form should be handled? What about reviewing and sharing results?
7. What guidance is needed to support self-assessment in primary care, public health, hospitals, home care and long-term care?
8. Are there areas you feel should be avoided at this time?

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