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Executive summary

Anti-Indigenous racism in Canada's health systems is widespread and results in traumatic health experiences and poorer health outcomes for Indigenous Peoples, including preventable deaths, compared with those for non–Indigenous Peoples.[1-5] Measuring cultural safety and anti-Indigenous racism in health service organizations and health systems can help identify inequities, address systemic racism and improve accountability and health outcomes. This work must be done in partnership with First Nations, Inuit and Métis individuals and organizations through distinctions-based approaches   & X O W X U D O   V D I H W \   L Q   K H D O W K   V \ V W H P V
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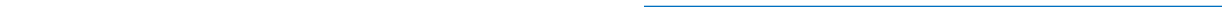
This report also summarizes the initial implementation approaches used across the pilot sites, and the adaptations made to the tool to address their local context and client populations. While adaptation to local context has been useful, there will be a need to maintain a core set of interventions that enable standardized monitoring and reporting over time and across health systems.

Pilot sites noted the importance of building cultural competence capability at the front lines of care delivery. This acknowledges the importance of the knowledge, behaviours and attitudes that are necessary to advance cultural safety.

0 R Y L Q J I R U Z D U G W K H W R R O D Q G J X L G D Q F H W R R O N L W Z L O O E H the all-Indigenous Cultural Safety Measurement Working Group. Edits will include modifying language and ensuring a singular focus of each intervention so it will be understood by a variety of audiences (e.g., patients/clients, families, administrators, clinicians).

These resources will be published in late 2024 to advance the implementation of interventions that improve culturally safe care across health systems.

Acknowledgements

About CIHI

&,+, LV D QDWLRQDO QRW IRU SUR¿W RUJDQL]DWLRQ ZLWK D UH standards, indicators and reporting. Data is a key component of strategies to address racism

Figure Development process for the CIHI Organizational Interventions Measurement Tool to Advance Cultural Safety

2021

Published the framework
Measuring Cultural Safety
in Health Systems.*

2023

Established the Cultural Safety
Measurement Working Group to further
refine the Health System Interventions
category of the framework.

2024

Refined
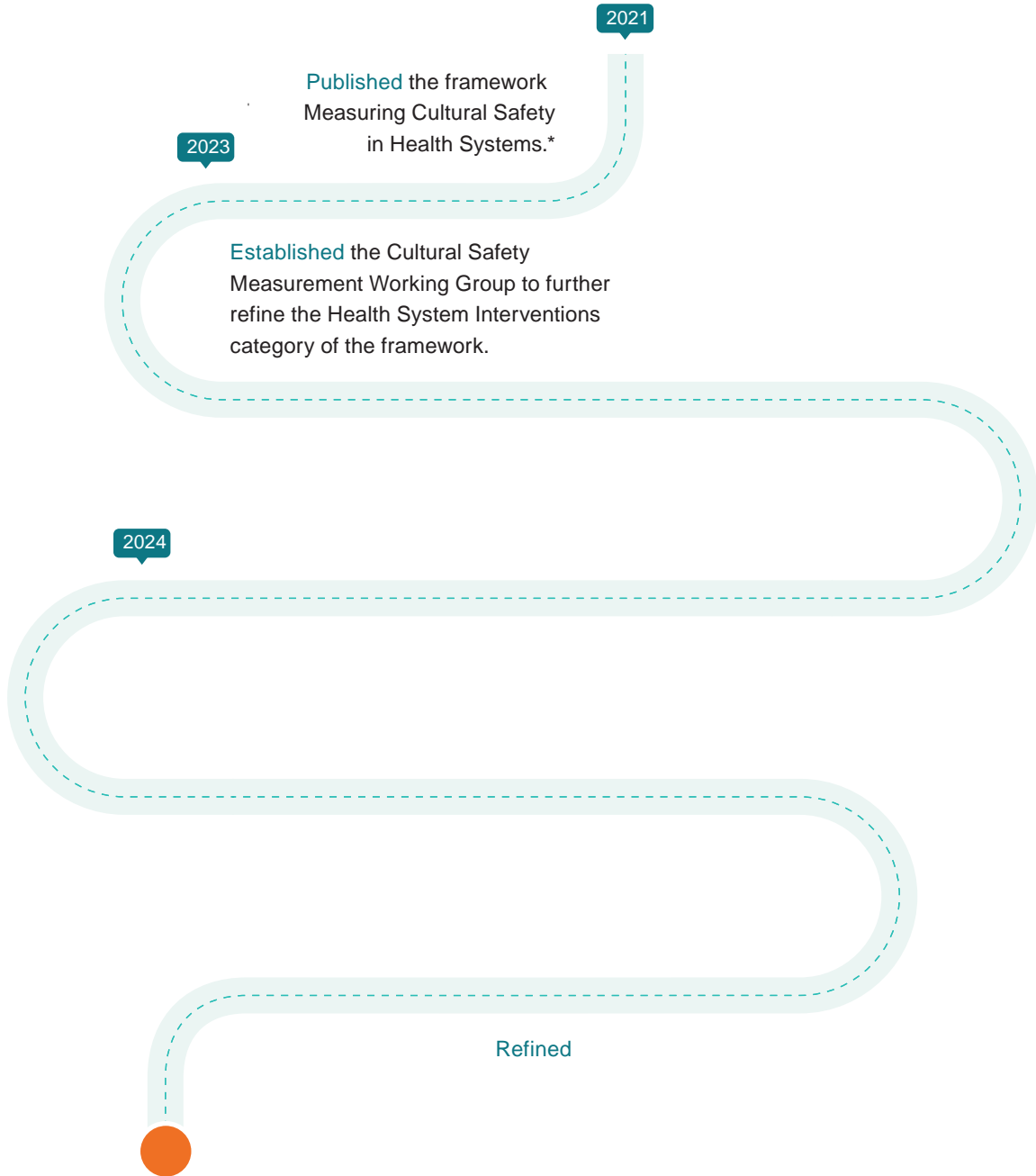
Document purpose

CIHI is committed to advancing cultural safety and humility. We also recognize that we can support accountability and transparency through better measurement. In spring 2024, CIHI launched pilot testing of the CIHI Organizational Interventions Measurement Tool to Advance Cultural Safety with 3 health service organizations (1 in Ontario and 2 in British Columbia) and 1 health system (Alberta Health Services). For simplicity, for the remainder of this report, the term "organizations" will be used broadly to include all 4 pilot sites.

This document synthesizes discussions that were held with pilot sites between January and May 2024 regarding early implementation experiences. It provides early insights on the value R I   P H D V X U H P H Q W   W K H   J R D O V   L G H Q W L ¿ H G   E \   S L O R W   V L W H V   D Q advance culturally safe care in their respective organizations.

Context

 7 K H   S L O R W   V L W H V   Z H U H   L G H Q W L ¿ H G   Z L W K   W K H   D V R U W W Q Q F H   R Group that has been working alongside CIHI since summer 2023, and site recruitment began in fall 2023.

Initial meetings with each organization in early 2024 focused on building awareness of cultural safety measurement interventions, and on understanding the current state of cultural safety practices within the organizations and how this measurement aligned with legislative and organizational/health system priorities. Through these conversations, we gathered input on W K H   F R Q W H Q W   D Q G   O D Q J X D J H   L Q   W K H   W R R O   7 K H   W R R O   Z D V   V X resource was developed to support implementation.

In March 2024, each pilot site received a formal invitation letter and terms of reference that outlined the goals, objectives and accountabilities for pilot-testing organizations and

The following section highlights unique features of each pilot site:

- [Cedars Recovery](#) is a bed-based recovery centre that provides long-term treatment
  S U R J U D P V   I R U   L Q G L Y L G X D O V   D ‡ H F W H G   E \   D G G L F W L R Q   & H G D U
  teaching and is located on 60 acres on Vancouver Island, British Columbia. Land-based
  healing is an integrated practice that can include cultural-based counselling, education,

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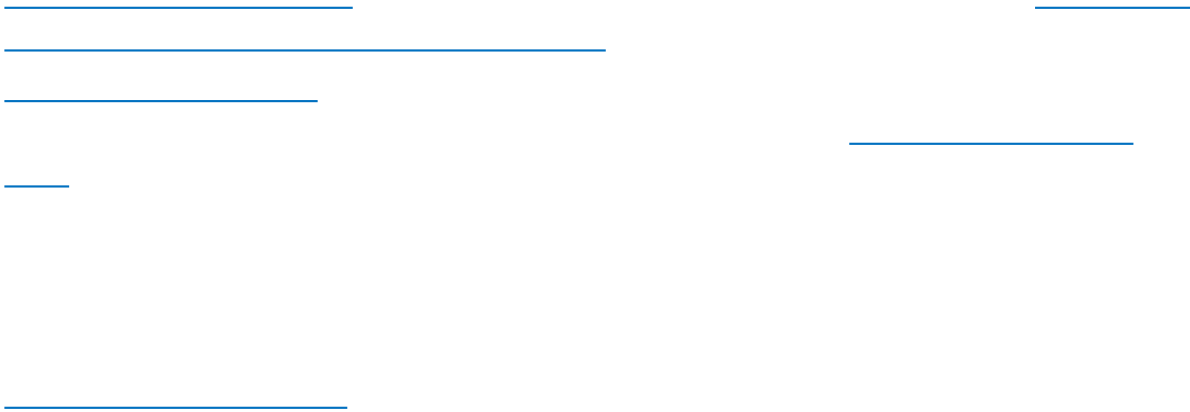
Alignment with legislation, standards and reports

The CIHI Organizational Interventions Measurement Tool to Advance Cultural Safety was developed using evidence and leading practices in consultation with Indigenous advisors and organizations. An important part of this evidence is documented in the [Cultural Safety Measurement: Literature Review](). This semi-systematic literature review of the Canadian and selected international landscape on cultural safety measurement included peer-reviewed and grey literature from 2016 to 2023.[7]

There were also notable structural enablers that reinforced the need not only to address D Q W L , Q G L J H Q R X V U D F L V P E X W D O V R W R L P S O H P H Q W V S H F L ¿ F of alignment in the tool with legislation — such as [United Nations Declaration on the Rights of Indigenous Peoples Act]() 8 1 ' 5 , 3 $ I R X Q G D 5 , t5iS/Sp>BDR-5 ,UG DV [(VI RFL J KDDV [(W K

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Pilot sites used a variety of iterative engagement strategies in April and May 2024. 2 pilot sites focused on internal engagement including senior leadership and other areas of the organization. For the other 2 sites, this was complemented by external engagement of Indigenous and non-Indigenous community members and/or partner organizations through regularly scheduled meetings to build awareness of the cultural safety measurement pilot testing.

> "Engagement takes time and trust… more so if relationships are not well-established."

Some sites voiced concerns about the appropriate timing and wanting to engage with external partners in the "right" way. Having knowledge and demonstrating respect for the diversity of cultural protocols and practices among and between Indigenous peoples, communities and Nations is paramount to meaningful engagement.

Relationships with local Indigenous community members, Elders and Knowledge Keepers take time to develop to guide the work in a good way. Even where external partnership with Indigenous organizations existed, several sites acknowledged that these organizations often have very limited resource capacity and felt they may be unable to participate in assessment at a given point in time.

Engagement took the form of one-on-one and group discussions, combined with organization/ V \ V W H P Z L G H F R P P L W W H H V D Q G U H J L R Q D O I R U X P V   2 Q H V L W H O H expertise in the areas to be assessed (e.g., governance, human resources, clinical services, data/analytics). Another site included distinctions- and land-based approaches for engagement in collaboration with Friendship Centres and local partners, as well as with Indigenous communities and governments.

Collaboration between 2 pilot sites occurred to leverage expertise with online platforms, resulting in shared learning and capability building. There was also collaboration with regional experts to align data collection with provincial legislation and accreditation standards.

Engagement typically involved creating awareness of the work and alignment with strategic plans and corporate or legislative commitments. This was followed by determining what sections of the CIHI tool would be used (e.g., all sections, one section, versus a cross-section subset of intervention measures). Pilot sites that intended to gather external input also began deliberating approaches to determine an appropriate subset of intervention measures for clients/families and Indigenous and non-Indigenous community partners.

> "We need to take care to ensure culturally safe and appropriate approaches to planning, implementing and evaluating."

Various communication approaches were used. Sometimes messaging was delivered by leadership, through a designated individual, and in one case with co-branding messaging to reinforce the importance and level of commitment. Regardless of the strategies and tactics used by each pilot site, there was general agreement on the importance and value of engagement.

> "Early conversations reinforced the importance of capturing community feedback in data collection and results… balancing internal perspectives with those from community, patients and families."

Pilot site–specific tool adaptations

The CIHI Organizational Interventions Measurement Tool to Advance Cultural Safety is

Notable enablers and barriers

Enablers

Jurisdictions with legislation and public declarations of commitment helped to reinforce cultural safety as a priority. Examples included the [Declaration on the Rights of Indigenous Peoples Act](#) (2019) in British Columbia and the [Alberta Health Services (AHS) Indigenous Health Commitments](#) (2020) in Alberta.

Organizations with a specific mandate and or a declaration with accountability for action found it easier to position this work as a strategic priority.

> "This [cultural safety intervention] self-assessment provides the baseline data and potential roadmap."

Having the infrastructure, accountability and sustained funding to advance cultural safety in health systems and organizations was highlighted by all pilot sites. 3 sites had dedicated Indigenous health resources, and for 1 of them, it was a temporary contract position.

All sites felt that having accreditation and standards that set expectations for addressing anti-Indigenous racism was an enabler.

> "The CIHI tool is well aligned to our legislation, organizational priorities and accreditation expectations."

Next steps

Pilot sites will continue localized engagement and implementation of the tool over the summer and early fall of 2024. Subsequently, each site will submit adaptations made to the tool or resources and provide additional information via a standardized set of questions (see Appendix C for the type of feedback CIHI will collect). Pilot data collected in the tool remains within the custody of organization or health system.

Pilot site feedback will support refinement of the tool planned for late 2024. These resources will support the implementation of interventions that improve culturally safe care across health systems.

Measuring the implementation of cultural safety interventions is one area of cultural safety indicators monitoring and reporting. This work is helping to inform a core set of indicators that organizations and health systems can use to monitor progress over time.

For more information or to provide feedback on this collaborative work with First Nations, Inuit and Métis Peoples, please contact us at contact us aM-CA8ctuallS9n30091528 at

Appendices

Appendix A: Pilot site primary participants

Name	Organization	Title	Area	Indigenous
Wynonna Smoke (member of Cultural Safety Measurement Working Group)	Formerlsoy(0tifMCID 657>>BDC BT .212 .322 .3359 I S	EMC Q q 1 0 0 1	72 16 I -069999l0iFormerlsoy(0tifM	

Name	Organization	Title		

Appendix B: Glossary

The table below presents a list of key terms and concepts used in this document, as well
 D V   W K H L U   G H ¿ Q L W L R Q V   , W   L V   S U R Y L G H G   W R   F O D U L I \   W K H   O D Q
and distinguish these terms and concepts from colloquial language and understandings,
where applicable.

Table   Glossary of key terms and concepts

Concept	Definition
cultural competence	7 K H F D S D F L W \ W R L Q W H U D F W F R P S D V V L R Q D W H O \ V H Q V L W L Y H R I G L ‡ H U H Q ᵖ W F X O W X U H V
cultural safety	& X O W X U D O V D I H W \ L Q K H D O W K V \ V W H P V F D Q E H G H ¿ Q H G R Q O U H F H L Y L Q J F D U H & X O W X U D O O \ V D I H F D U H G R H V Q R W S U R ¿ O as respectful and safe and allows meaningful communication and service. To be culturally safe requires positive anti-racism stances, tools and approaches, and the continuous practice of cultural humility.[1]
distinctions-based	$ Q D S S U R D F K W K D W D L P V W R D Y R L G F R Q À D W L Q J W K H , Q G L J H and instead recognizes First Nations, Inuit and Métis as separate groups, each with their own diverse cultures, traditions, communities and histories. A distinctions-based approach ensures that the unique rights, interests and circumstances of each of these J U R X S V D U H D F N Q R Z O H G J H G D ᵐ U P H G D Q G L P S O H P H Q W H G
health system intervention	Actions undertaken by organizations or health systems to enhance cultural safety.[1]
Indigenous	First Nations, Inuit and Métis Peoples inclusively.[4]

Appendix C: Type of feedback collected

CIHI is using the following questions to collect feedback on the measurement tool, which will be used to inform improvements:

1. What was most useful in the tool?

2. What was least useful in the tool, or should be changed?

3. What approach did you use to implement the tool in your organization? What steps were taken?

   For example, who was engaged in planning, prioritizing questions to include, implementing the process, interpreting results and prioritizing actions? How did you align this work with existing priorities to advance culturally safe care?

4. What worked well?

5. 8 S R Q   U H À H F W L R Q   Z K D W   Z R X O G   \ R X   P R G L I \   L Q   \ R X U   D S S U R D F

   If you adapted the tool to align with your organization's needs, please email a copy of the revisions to IndigenousHealth@cihi.ca to support CIHI's ongoing tool enhancements.

6. What additional support would be helpful (from CIHI, your health system, your health service organization, other individuals or organizations)?

7. What other insights would you like to share to inform planning for additional implementation of this tool?

8. + R Z   K D V   W K H   W R R O   L Q À X H Q F H G   \ R X U   Z R U N   W R   D G G U H V V   D Q W your organization?

9. Do you have any examples of lessons learned and/or success stories related to your experience using this tool that you would like to share with others? If yes, please elaborate below.

Appendix D: Alternative text for figure

7H[W DOWHUQDWLYH IRU ¿JXUH 'HYHORSPHQW SURFHVV IRU WK 0HDVXUHPHQW 7RRO WR $GYDQFH &XOWXUDO 6DIHW\

In 2021:

- Published the framework Measuring Cultural Safety in Health Systems.*

In 2023:

- (VWDEOLVKHG WKH &XOWXUDO 6DIHW\ 0HDVXUHPHQW :RUNLQJ System Interventions category of the framework.
- &RQGXFWHG D OLWHUDWXUH UHYLHZ WR XQGHUVWDQG ,QGLJH evidence and measurement across Canada and internationally.†
- Engaged with Indigenous partners and measurement experts to gather feedback on the literature UHYLHZ ¿QGLQJV DQG FXOWXUDO VDIHW\ LQWHUYH‡QWLRQ PHDV

In 2024:

- Co-designed the CIHI Organizational Interventions Measurement Tool to Advance Cultural Safety with Indigenous partners and the Cultural Safety Measurement Working Group based on the quantitative and qualitative evidence.
- ,GHQWL¿HG DQG UHFUXLWHG SLORW WHVWLQJ VLWHV WKURXJ
- Conducted voluntary pilot testing of the measurement tool with Canadian health service organizations and health system participants.
- 5H¿QHG WKH PHDVXUHPHQW WRRO DQG JXLGDQFH UHVRXUFH

In 2025:

- Publish the tool for voluntary pan-Canadian use by health service organizations and health systems.

For more information on how the tool was developed and tested, email IndigenousHealth@cihi.ca.

Notes
* See Measuring Cultural Safety in Health Systems for details.
† See Cultural Safety Measurement: Literature Review for details.
‡ See Cultural Safety Measurement: Engagement Findings and Recommendations for details.

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