Cultural Safety Measurement: Engagement Findings and Recommendations

Canadian Institute for Health Information
Institut canadien d'information sur la santé

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

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Acknowledgements

- We acknowledge with respect the traditional land and unceded territory on which Canadian Institute for Health Information (CIHI) offices are located. These lands are home to many diverse First Nations, Inuit and Métis Peoples.
- We acknowledge all those who have experienced and continue to experience anti-Indigenous racism. We acknowledge, with gratitude, all those who are working to eliminate it.
- We thank the Indigenous and non-Indigenous individuals and organizations who contributed their input to this consultation. The synthesis from these discussions captures themes to inform measurement of interventions that support more culturally safe care.
- CIHI contracted Sullivan Strategic Solutions (Patricia Sullivan-Taylor, Principal) to conduct this engagement and consolidate the findings.
- We thank members of the Indigenous Cultural Safety Measurement Working Group, including Roseann Larstone, PhD; Lisa Main; Wynonna Smoke; and Jo-Joe Van Hooser. They helped refine the engagement strategy and plan and provided input to identify relevant organizations and individuals.
- We would like to thank the many individuals throughout CIHI who were involved in the production of this report.

Engagement overview and key points

Goals

- Gather input from potential users of measurement tools that will help to advance cultural safety.
- Gather input from authors on cultural safety measurement and from Indigenous individuals with lived experience.
- Validate priority measurement areas and preferred methods.

Intended outcomes

Engagement will

- Clarify measurement priorities and methods for facilitating data capture locally;
- Identify potential sites for pilot testing a measurement tool in 2024–2025;
- Inform resources required; and
- Improve opportunities for alignment to regional priorities.

Engagement approach

CIHI identified 14 key informants through a literature review and known experts from existing CIHI relationships.

The preliminary list was validated with the Indigenous Cultural Safety Measurement Working Group and CIHI client affairs managers. (See Appendix A for the list of participants.) The 14 participants received a formal CIHI invitation letter via email, including context and interview questions (see Appendix B).

CIHI met with 20 individuals (12 Indigenous) from 14 organizations (8 Canadian, 6 Australian). The meetings were convened virtually as 1-hour interviews (via Microsoft Teams) in October and November 2023.

Discussion highlights were documented, shared and validated with participants.

Collective participants' views

The following quotes highlight the importance of cultural safety measurement, specific areas of priority and perspectives on the approach:

- "The absence of anti-Indigenous racism in the health system should be the basic minimum."
- "Priority is to have trauma-informed care and address racism."
- "Most Indigenous people will not report racist treatment and don't trust the system because they will be re-victimized in the process."
- "Need Indigenous people in the system to create a system that feels safer."
- "There has been no change in health inequity and systemic racism in Canada since the implementation of cultural safety training in the 1990s."
- "This work is high value and well-timed to help show the way."
- "Must include collaboration with Indigenous communities locally on use of tool and learnings. Focus on distinctions-based approaches."

Key points

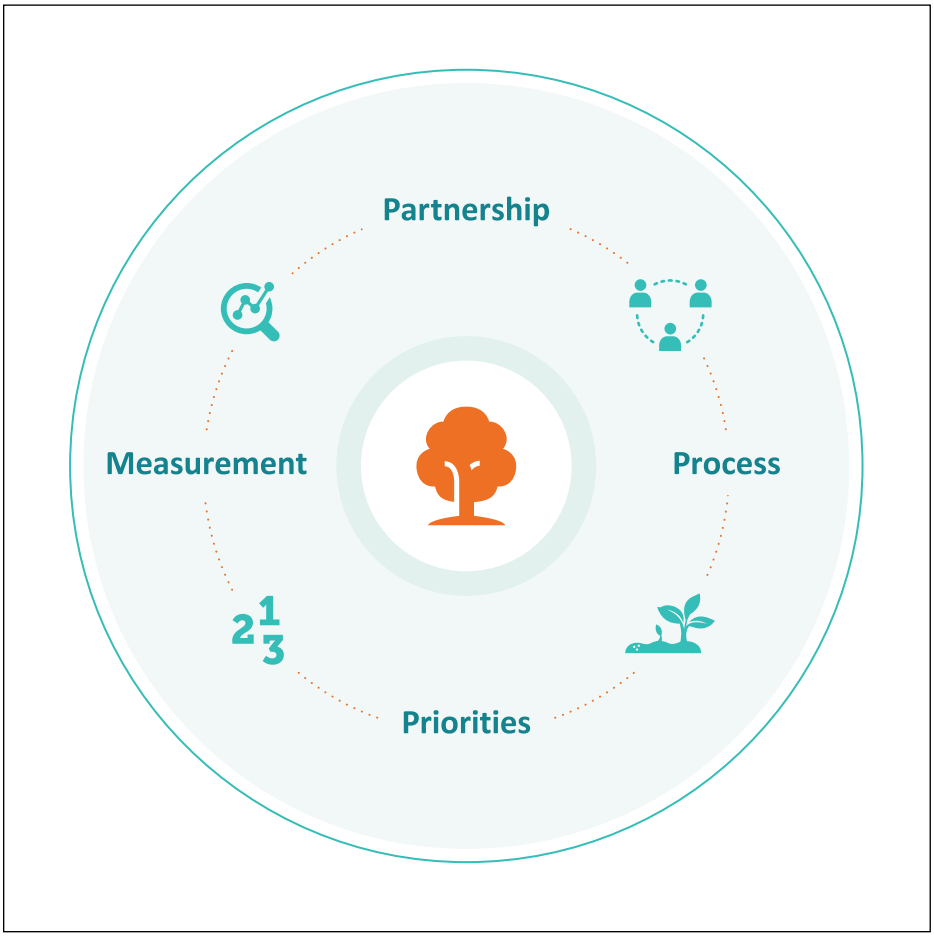
Overall, the participants see value in advancing the measurement of interventions as one step to address Indigenous-specific racism in health service organizations.

- Participants indicated that the timing to introduce measurement of interventions that advance culturally safe care is appropriate. Most members felt that across Canada, organizations and health systems are in the early days of learning and this type of resource could help guide the way.
- There is a desire to measure interventions using a standardized tool that allows for local customization.
- Customization should be done in collaboration with Indigenous Peoples in the community and informed by their priorities.
- Participants recommended that organizational self-assessment be complemented by patient and workforce experience surveys. These survey results would help to understand whether patients and staff feel that the care is culturally safe, as well as to determine the impact of the interventions.
- Messaging needs to reinforce that the CIHI tool is measuring interventions that contribute to culturally safe care versus measuring cultural safety or measuring racism directly.
- Engagement participants noted that CIHI and organizations themselves need to be realistic with the time and multiple strategies required to appropriately engage, measure and address Indigenous-specific systemic racism.

Overarching themes

Throughout the engagement, 4 themes emerged: partnership, process, priorities and measurement. The results are summarized below, by theme.

Figure Engagement themes



Partnership

It is essential to engage with Indigenous and other community partners and agree on the use of the tool. This requires establishing trust, transparency and accountability.

- The areas of measurement and interventions must be aligned with Indigenous community priorities, where benefit can be realized.
- The tool could be adapted by organizations and health systems to align with and help advance action on legislation and jurisdictional priorities.

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 assessment findings.

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.
- Ongoing cultural safety training for all staff and volunteers. This includes funding to permit staff to attend the training, and tools that support implementation in daily activities.
- Indigenous art, food and spaces that support feelings of community.

Measurement

- Participants suggested that people/organizations have a propensity to self-assess as more positive than actual practice would indicate. To mitigate this, all organizations should conduct assessments with balanced representation from community and Indigenous organizations.
- Consider core and optional questions in the measurement tool; include a subset to be completed by each perspective (e.g., Indigenous and non-Indigenous patient, board member, community organization, family member, administrator).
- Combine quantitative and qualitative measurement using open- and closed-ended questions to capture more complete information about approaches used to plan the testing, implement the assessment and action results.

Detailed findings

Each theme can be further expressed in the following findings from engagement participants.

Partnership

The partnership models must reflect Indigenous values, including Indigenous views beyond Western value systems.

- Involve Indigenous communities, people and organizations in methodology. Ensure that the partnership reflects distinctions-based approaches.
- There must be a commitment to developing, building and sustaining trusting relationships.
- Organizations and health systems must co-design reports and actions based on priorities identified by First Nations, Inuit and Métis communities.
- Indigenous data governance and stewardship practices must be incorporated into the implementation plan and rollout.

Process

- Existing relationships must be leveraged within health systems and communities to share information about the cultural safety measurement work as well as the learning and action plans that result.
- Education and awareness will be required to help assessment participants, organizations and health systems have a shared understanding of the “why.” Acknowledge that not everyone will be starting from the same place.
- Approaches to measurement and learning must be culturally safe. There may be value in having the process facilitated (e.g., by Indigenous Elder, Knowledge Keeper or non-Indigenous facilitator with expertise working as an ally).
  - Organizations and health systems must collaborate with Indigenous communities to adapt the tool to reflect Indigenous priority areas of measurement.
  - Indigenous patient/caregiver involvement is seen as vital to provide input to the organizational assessment approach and to be involved in co-creating next steps.
- The CIHI tool supports assessment, learning and improvement. It will encourage conversations where gaps are identified. The tool provides structure to co-design an action plan based on the initial assessment and then enables ongoing progress monitoring.

- 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 care, reflect Indigenous value systems and are inclusive of distinctions-based approaches.
- Application of a zero-tolerance policy across operations, administration and care providers.
- Ongoing training for all staff and volunteers, accompanied by funding to permit staff to 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;
- Having sufficient time to talk with care providers; and
- 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.
- Workforce experience data will help to inform whether the organization or health system is culturally safe.
- One participant felt that the focus should be measuring and addressing Indigenous-specific racism before moving to other solutions to advance cultural safety.
- Quantitative measurement should be combined with qualitative measurement to capture important learnings at this early stage.
- Strengths-based language should be used in the tool and the reporting.
- Data interpretation must be unbiased, conducted in partnership with Indigenous representatives and include balanced perspectives.
- Descriptions and/or examples should be included with each assessment question to optimize consistent interpretation.
- Cognitive testing should be conducted, and a glossary of terms included to ensure that terminology (e.g., intervention, tool, measure, self-assessment) is understood among different audiences.
- Funding to sustain and improve data quality may be limited, so it is important to build quality into data collection.
- At present, there are very limited organizational tools in place. Those that exist are aligned to legislation, jurisdictional/regional priorities and/or reports.

Other observations

- Not all services/approaches will result in the same sense of cultural safety; every person's experience is unique.
- Existing patient and workforce survey tools are not standardized or co-designed with Indigenous, First Nations, Inuit and Métis communities.
- Traditional healing and related service offerings are often not captured in billing fee codes. Consequently, measuring access to these types of interventions may be anecdotal or non-existent.
- Having a standardized and validated measurement tool may support more research and evidence in this area.

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 assessment tool based on findings.
3. Advance/influence cultural safety measurement through experience surveys to understand the impact of interventions on patients' experiences with care as well as staff experiences in the workplace.
4. Consider an additional phase of consultation with the people who were identified through this process.
5. Promote awareness of cultural safety measurement work, and highlight alignment of this work with policy, legislation, indicators and standards.
6. Develop/sustain relationships with First Nations, Inuit and Métis advisors to ensure that Indigenous approaches and priorities inform implementation.

Recommendations (ongoing beyond 2024)

1. Sustain relations with First Nations, Inuit and Métis communities and partners to meaningfully evolve this work in ways that benefit Indigenous Peoples.
2. Use emerging qualitative and quantitative evidence to influence policy change.
3. Build health system capability for measuring and improving culturally safe care in health service organizations.
4. Periodically publish evidence in peer-reviewed publications to advance knowledge mobilization, share learnings and avoid duplication of effort.
5. Consider cognitive testing of the measurement tool and guidance resources as part of implementation planning.

Next steps

This engagement feedback will be used to finalize the CIHI Organizational Interventions Measurement Tool to Advance Cultural Safety. Additional engagement as part of pilot testing will inform refinements to the tool and other cultural safety measurement resources. CIHI 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 and that each context is different. In that spirit, we welcome your feedback and your advice 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	Scientific Director	Alberta	No

Note

* Individuals were identified through CIHI's Cultural Safety Measurement Literature Review.

Table A2 Participants — International

Name	Organization	Title	Jurisdiction	Indigenous
Monica Green, PhD*	Menzies School of Health Research, Charles Darwin University	Senior Research Officer	Australia — Melbourne	No
Melinda Jolly	St. Vincent's Health Australia	Pastoral Care Coordinator	Australia — New South Wales	Yes
Dr. Christopher Bourke*	CSIRO (Indigenous Science and Engagement)	Program Director	Australia — Canberra	Yes
Henrietta Marrie	University of Queensland	Researcher and Elder	Australia — Canberra	Yes
Adrian Marrie	Bukal Consultancy Services Pty Ltd	Consultant	Australia — Canberra	No
Fadwa Al-Yaman, PSM, PhD*	Australian Institute of Health and Welfare	Group Head, First Nations Health and Welfare Group	Australia — Canberra	No
Pooja Chowdhary	Australian Institute of Health and Welfare	Unit Head, Mental Health and Suicide Prevention	Australia — Canberra	No
Katie Kemp	Australian Institute of Health and Welfare	Project Manager, Cultural Safety Monitoring Framework	Australia — Canberra	No

Note

* Individuals were identified through CIHI's Cultural Safety Measurement Literature Review.

Appendix B: Interview questions

1. What is your/your organization's experience in cultural safety measurement?
2. What are essential themes to measure cultural safety? How might that be different: across 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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