Early Findings on the Measurement of Interventions to Advance Cultural Safety

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

Cover image credit: Christi Belcourt, *Reverence for Life*, 2013, acrylic on canvas, collection of the Wabano Centre for Aboriginal Health.

Production of this document is made possible by financial contributions from Health Canada and provincial and territorial governments. The views expressed herein do not necessarily represent the views of Health Canada or any provincial or territorial government.

Canadian Institute for Health Information
495 Richmond Road, Suite 600
Ottawa, Ontario K2A 4H6
Phone: 613-241-7860
Fax: 613-241-8120
cihi.ca
copyright@cihi.ca

How to cite this document:
Canadian Institute for Health Information. *Early Findings on the Measurement of Interventions to Advance Cultural Safety*. Ottawa, ON: CIHI; 2024.

Cette publication est aussi disponible en français sous le titre *Constatations préliminaires sur la mesure des interventions pour la promotion de la sécurité culturelle*.

Table of contents

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. Cultural safety in health systems can be defined only by the Indigenous person receiving care. Culturally safe care does not profile or discriminate. It is experienced as respectful and safe with meaningful communication and service.[1]

To address the existing data and reporting gaps, CIHI released the 2021 framework *Measuring Cultural Safety in Health Systems*.[1] Beginning in 2023, CIHI collaborated with First Nations, Inuit and Métis advisors and partners to co-design a standardized tool that measures interventions that lead to culturally safe care. The CIHI Organizational Interventions Measurement Tool to Advance Cultural Safety ("the tool") is aligned with the interventions section of the framework. This tool may support organizational-level indicator data collection.

This document synthesizes discussions that took place between January and May 2024 with pilot sites that agreed to voluntarily test the tool and related guidance resource in their organizations and health systems. It provides an overview of the testing process, the insights on the value of measurement and the goals identified by pilot sites, and the initial approaches to assess and advance culturally safe care in their respective organizations.

The pilot sites differed in service scope and size, and there was wide variation in their progress on addressing anti-Indigenous racism. They welcomed the opportunity to implement the standardized tool and process to support both assessment and planning. Pilot sites appreciated the opportunity to validate areas of strength and highlight areas for focus based on perspectives from within and beyond the organization.

Early pilot site discussion themes focused on the high degree of alignment between the tool and organizational/system priorities, legislation, accreditation and health professional practice standards and foundational reports (such as the Truth and Reconciliation Commission Calls to Action). Furthermore, all pilot sites shared the goal of using their baseline data to develop an organization or system-wide action plan and/or an Indigenous health plan. Each site found the tool useful in facilitating dialogue within and beyond the organization.

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.

Moving forward, the tool and guidance toolkit will be refined with input from pilot sites and 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

The Canadian Institute for Health Information (CIHI) would like to acknowledge and thank individuals from each of the pilot testing organizations, patients, families and community members whose voices and actions contributed to this work. A list of the organizations is available in Appendix A. While CIHI received a wide range of feedback during the early stages of planning and pilot testing to inform this report, the content does not necessarily reflect the views of each individual and/or organization.

CIHI commissioned Sullivan Strategic Solutions (Patricia Sullivan-Taylor, Principal) to co-develop *Early Findings on the Measurement of Interventions to Advance Cultural Safety*. CIHI would especially like to thank the members of the Cultural Safety Measurement Working Group who have guided this project: Dr. Roseann Larstone; Lisa Main; Wynonna Smoke; Jo-Joe Van Hooser; Hilary Fry; Tania Dick; Alex McComber; and Kara Paul. CIHI would also like to acknowledge Dr. Sheila Blackstock, Mackenzie Daybutch, Jennifer Petiquay-Dufresne and Julia Dubé, who provided input on the measurement priorities, approach and resources.

About CIHI

CIHI is a national not-for-profit organization with a responsibility to strengthen health data, standards, indicators and reporting. Data is a key component of strategies to address racism in health care. CIHI is on a journey, guided by what we have learned, and continue to learn, from Indigenous Peoples. Our work is grounded in cultural safety and humility, respectful engagement, and Indigenous-driven processes and partnerships. We all have a role to play to address anti-Indigenous racism in health systems. To learn more about CIHI's commitment and focus areas for Indigenous health, visit our website or contact us at IndigenousHealth@cihi.ca.

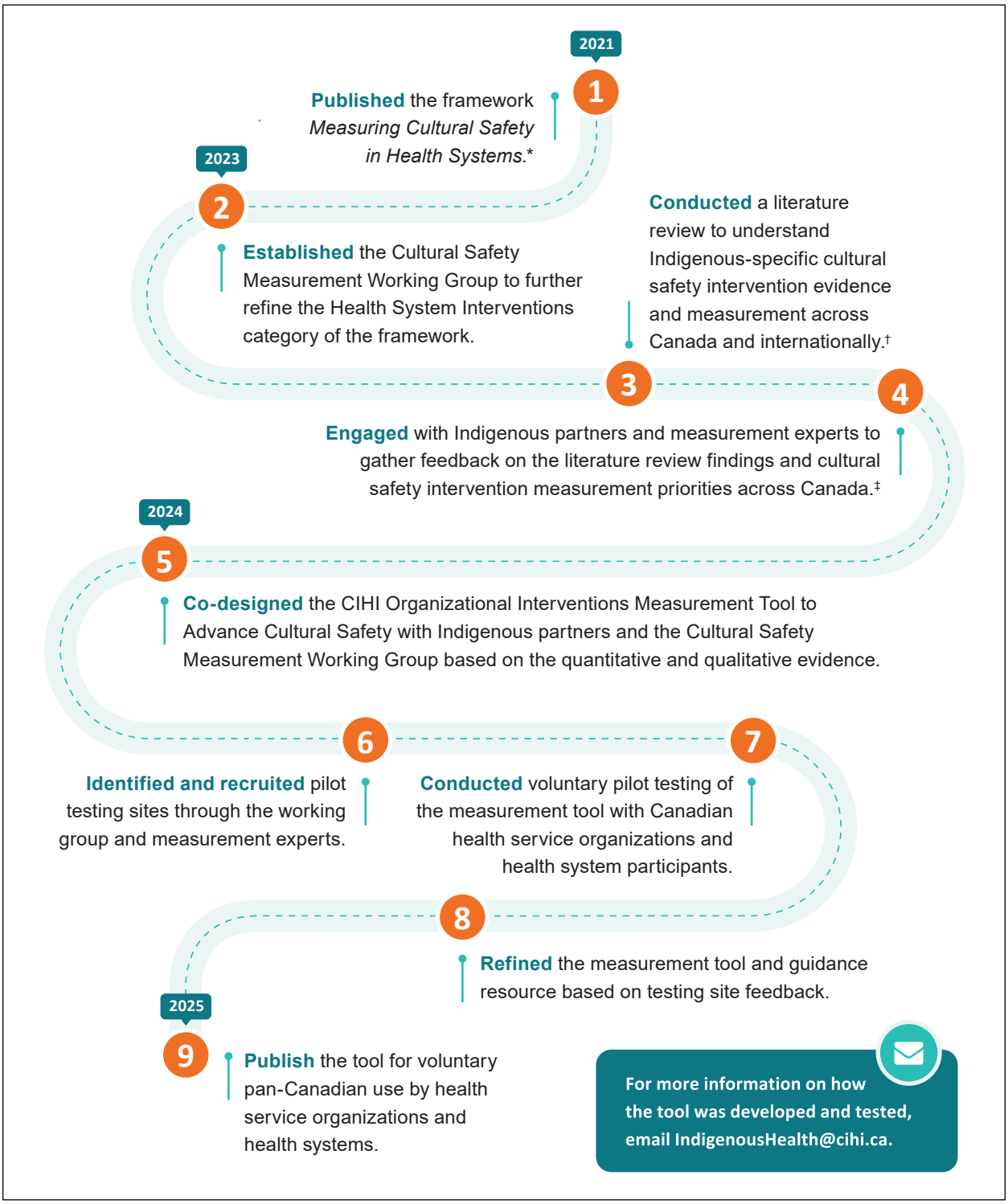
Background

Anti-Indigenous racism in Canada's health systems is widespread. This results in traumatic health experiences and poorer outcomes for Indigenous Peoples, including preventable deaths, compared with those for non–Indigenous Peoples.[1–5] The tragic deaths of Joyce Echaquan and Brian Sinclair are very public reminders of the racism experienced by Indigenous Peoples in the health systems in Canada.

Measuring cultural safety and anti-Indigenous racism in health service organizations and health systems can help identify inequities, drive improvements, address systemic racism and improve health outcomes. This work must be done in partnership with First Nations, Inuit and Métis individuals and organizations through distinctions-based approaches. Cultural safety in health systems can be defined only by the Indigenous person receiving care. Culturally safe care does not profile or discriminate. It is experienced as respectful and safe with meaningful communication and service.[1]

To create culturally safe health systems for First Nations, Inuit and Métis Peoples, there is a need for measurement and reporting to drive accountability and improvement. To address the existing data and reporting gaps, CIHI released the 2021 framework *Measuring Cultural Safety in Health Systems*.[1] In 2024, CIHI partnered with Indigenous health system thought leaders to select a core set of cultural safety indicators. Concurrently, to help inform this work, CIHI collaborated with First Nations, Inuit and Métis advisors and partners to co-design a standardized tool that measures interventions that lead to culturally safe care. The CIHI Organizational Interventions Measurement Tool to Advance Cultural Safety (hereafter referred to as "the tool") is aligned with the interventions section of the framework. This tool may support organizational-level indicator data collection. For details on the scope of this initiative, see our information sheet *Measuring and Monitoring of Cultural Safety Interventions*;[6] the figure below summarizes the development process for the tool.

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



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.

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 of measurement, the goals identified by pilot sites and their initial approaches to assess and advance culturally safe care in their respective organizations.

Context

The 4 pilot sites were identified with the assistance of the Cultural Safety Measurement Working 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 the content and language in the tool. The tool was subsequently refined and a guidance 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 CIHI. The pilot testing formally launched in April 2024 with meetings with each pilot site to review the materials and address any outstanding questions. Subsequent discussions in April and May 2024 focused on how each pilot site had engaged or planned to engage assessment participants and implement the tool. During this time, we also reviewed learnings and approaches used across the pilot sites, since each approach was adapted to their local context.

The following section highlights unique features of each pilot site:

- Cedars Recovery is a bed-based recovery centre that provides long-term treatment programs for individuals affected by addiction. Cedars prides itself on its land-based 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, recreation, ceremony and harvesting. Cedars practices are guided by Elders and Knowledge Keepers. Language is respected and used in all ceremonies of all Nations: First Nations, Inuit, Métis, and non-Indigenous Peoples.
- Cowichan District Hospital is a community hospital in British Columbia, with a new facility in development with planned opening in 2027.
- Alberta Health Services (AHS) is a provincially integrated health system in Canada, responsible for providing care and services across Alberta. The Indigenous Wellness Core (IWC) led all aspects of the pilot testing, including adapting the CIHI Organizational Interventions Measurement Tool to Advance Cultural Safety to the contexts of AHS and First Nations, Métis and Inuit in Alberta. The partnership between CIHI and IWC has enhanced the ability of AHS to measure and determine its organizational capacities to provide culturally safe care.
- Hamilton Health Sciences (HHS) is an academic health care organization composed of 5 hospitals, 1 cancer centre and other satellite health facilities in Hamilton, Ontario. HHS is affiliated with the Michael G. DeGroote School of Medicine at McMaster University and is also affiliated with Mohawk College. HHS has over 18,000 staff, physicians, researchers and volunteers and is the largest employer in the Greater Hamilton region.

Thematic learnings

Value and alignment with organization and system priorities

Pilot sites see considerable value in the tool at the organization (“on the ground”) and system (regionally and provincial) levels. They noted that a standardized organizational assessment tool enables baseline reporting and ongoing progress monitoring across the health system.

Pilot sites appreciated the Indigenous co-design of the measurement tool, the guidance resource and the evidence that went into the development and testing. Participants felt that the tool and process support both assessment and planning. This allows organizations to identify areas of strengths, and opportunities for focus and prioritization. Sites appreciated the opportunity to validate areas of strength and highlight areas for focus based on perspectives from within and beyond the organization.

Most sites felt that the resulting data and dialogue would increase demand for change with greater accountability for ongoing progress and monitoring.

"This serves as a helpful guide for leaders, to see where we are at, as an evaluation and reflection tool. Helps to learn if we are focusing energy and attention in the right places."

Some participants liked the fact that their organizational self-assessment data resulting from the pilot testing would be maintained within the organization. Others felt there would be value in reviewing their own progress with national data.

"It will empower our organization to do a better job addressing Indigenous-specific racism rather than being compared to others."

One site found value in the measurement process because it aligned with a recently initiated equity, diversity and inclusion (EDI) multi-year plan and results would be used to inform the organization's Indigenous health plan.

All sites felt that implementing the CIHI tool provided an opportunity to engage in self-reflection, which would help to identify strengths and opportunities and prioritize actions to do better (with respect to Indigenous health traditions and health service provision that includes on-site traditional healing practices).

"The CIHI tool is a way to create a picture of the organization's progress in implementing culturally safe services. It can help us to improve services."

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 anti-Indigenous racism but also to implement specific actions. Pilot sites liked the high degree of alignment in the tool with legislation — such as *United Nations Declaration on the Rights of Indigenous Peoples Act* (UNDRIPA) foundational reports (such as the Truth and Reconciliation Commission Calls to Action) and accreditation and professional practice standards.

Several sites planned to prioritize self-assessment content with legislation and accreditation standards.

> **"We are prioritizing content expected in accreditation standards (e.g., training) and collecting data to have a clear action plan resulting from the baseline data collection in preparation for accreditation."**

Pilot site goals

All 4 pilot sites were pleased to participate in pilot testing to inform refinements and to share their experience with others committed to advancing culturally safe care. All sites planned to use this baseline data to develop an organization- or system-wide action plan and/or an Indigenous health plan.

Additional stated goals included the following:

- Working with the leaders to assess the organizations' baseline and then actioning needed changes.
- Facilitating conversations to understand knowledge and awareness gaps.
- Developing action plans based on input from leadership, patients, providers and community members.
- Establishing accountability for ongoing assessment and monitoring of progress.

"The CIHI tool facilitated incredible dialogue internally and with external organizations and individuals."

"This measurement tool and process support partnering to improve what we do as an organization and improve what services look like for Indigenous Peoples across the country."

Current state

Progress in addressing anti-Indigenous racism

Embarking on organizational self-assessment resulted in each pilot site taking stock of where it was in its journey to address anti-Indigenous racism, including staff and organization-level readiness. As expected, the 4 sites were at various stages in their learning and action journey. While all organizations had some public form of a declaration of commitment to advance the Truth and Reconciliation Commission Calls to Action, some did not have a specific action plan in place to monitor this commitment. Consequently, using this standardized measurement tool to provide a baseline was deemed extremely useful.

"(We) intend to develop action plans using the baseline data and monitor continuous improvement through periodic assessments."

Organizations ranged from being at preliminary stages of addressing anti-Indigenous racism to having more structural and foundational enablers. For example, one organization had recently completed cultural safety training with the Executive team and had a public commitment to address anti-Indigenous racism on its website. Another site had commitment in provincial legislation and a formal mandate with a newly created structure to "eliminate racism against Indigenous people." Having legislation, political will and senior leadership support were noted as important enablers.

Implementing organizational self-assessment

Some organizations had small, dedicated teams to facilitate this work as part of an EDI program or within an Indigenous health and wellness team. Other organizations had no dedicated resources to address anti-Indigenous racism and advance cultural safety.

Most organizations participating in this pilot had no way of identifying clients or workforce members within the organization as First Nations, Inuit or Métis. Consequently, various options to involve Indigenous patients and families in pilot testing the tool were used. These included involving patient and family advisory committees, members of EDI committees, Indigenous community partners, and community nurses who collaborate directly with local Indigenous communities.

CIHI provided the following resources to support pilot testing:

- Terms of Reference
- Guidance Resource
- CIHI Organizational Interventions Measurement Tool to Advance Cultural Safety
- Pilot Site Feedback Form
- CIHI Alignment of Cultural Safety Interventions With Legislation, Reports and Standards
- Meetings to support preliminary engagement and readiness, launch, progress monitoring and debrief
- Meeting minutes and action items

Engagement approaches and learning

Pilot sites were encouraged to conduct the organizational self-assessment in a culturally safe way through partnership and by incorporating multiple perspectives. This includes Indigenous and non-Indigenous representation, with input from staff, patients, family members and community partners.[8]

Each pilot site determined its preferred approach for engagement based on several factors. These factors included resource availability; established Indigenous leadership; existence and strength of Indigenous partnerships; existence of cultural safety or EDI committee; and the presence of a patient and family advisory committee.

All sites articulated a commitment to Indigenous co-leadership in cultural safety measurement, ensuring that initiatives are culturally safe and led by internal champions. Several sites placed emphasis on involving Indigenous staff members and/or community partners to co-lead and shape the process. This ranged from having an Indigenous lead or co-lead help to plan and prioritize self-assessment questions or involving Indigenous and non-Indigenous staff volunteers committed to advance cultural safety within the organization.

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/system-wide committees and regional forums. One site lead met with staff with subject matter 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 standardized to enable repeatable monitoring and alignment with cultural safety indicators. That said, pilot sites were encouraged to adapt the tool to align with the First Nations, Inuit and Métis populations that they served, preferred terminology and local priorities.[8]

Half of the pilot sites conducted internal consultation to inform tool adaptions, whereas the other half adapted the tool in consultation with external partners, patients, families and clinicians.

The following types of adaptations were made:

- The language in several intervention measures within the tool was modified to specify the treaty lands or land claims where the organization is located and the Indigenous populations who access care.
- Content within a specific theme was kept, with the remainder of content being removed (e.g., governance, leadership, administration). This permitted focused self-assessment and alignment with role accountability.
- Wording was modified to simplify language and ensure singular focus of each intervention measure.
- The measurement scale was adapted and a subset of interventions used across each theme to test with a small group prior to broader implementation.
- Introductory information was added within the tool to clarify the wording related to "perspective of respondents" (e.g., leadership team members).

Notable enablers and barriers

Enablers

Jurisdictions with legislation and public declarations of commitment helped to reinforce cultural safety as a priority. Examples that influenced pilot sites 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 of commitment combined 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."**

Barriers

While pilot sites all saw the value and alignment of this cultural safety measurement work, most reported competing organizational and/or jurisdictional priorities. Examples included development of new facilities, relocation to new facilities, and/or health system structural changes.

All pilot sites had limited resource bandwidth. In some cases, 1 person led the activities on behalf of the organization or a dedicated group of staff took on responsibility for this work in addition to their regular activities.

Staff in some pilot sites felt they lacked the essential competencies to participate in the assessment. This was most notable where no cultural competence or cultural safety training was offered. Organizations that lack this cultural competence are unlikely to have the capabilities to ensure safe spaces and dialogue where differences on cultural safety priorities and perspectives may occur.

Additional key messages

Discussion with pilot sites and their engagement internally and externally reinforced the value of measurement of interventions that can advance cultural safety. As noted, organizations will need to have both the capacity and capability to meaningfully engage with patients, families, Indigenous partners and communities to ensure organizational self-assessment offers a balanced and non-biased perspective.

As discussed in the *Cultural Safety Measurement: Literature Review* and *Cultural Safety Measurement: Engagement Findings and Recommendations*, organizational self-assessment is one method to address anti-Indigenous racism in health service organizations. This work must be complemented with patient and workforce experience surveys. These additional results would help to understand whether patients and staff feel that the care is culturally safe, as well as help to determine the impact of the interventions.

"One of the only ways to truly measure impact is to hear from patients, families and communities."

Preliminary results from pilot testing have been helpful to inform refinement. Some edits will be required to the wording of interventions so that the text can be understood by a variety of audiences (e.g., patients/clients, families, administrators, clinicians). A subset of interventions will need to be revised to ensure a singular focus of each measure; otherwise, the responses may be misleading.

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 also highlighted 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. Where organizational cultural competence training has been implemented, it typically was initiated with senior leadership, which may impact the ability of client-facing staff to understand their role in creating a more culturally safe environment. Health professional practice standards (e.g., those in British Columbia and Ontario) may help to reinforce these expectations.

> **"Moving anti-racism and cultural safety change work to the front lines is very challenging."**

Furthermore, pilot site participants highlighted the need to ensure the spread and scale of interventions that promote cultural safety. CIHI is collaborating with other organizations that may be able to help in this capacity.

> **"Many providers work across the system so this will need to be infused everywhere."**

Several pilot sites were interested in participating as a case study or as part of a collective to share their experience and learn from others who are working to advance cultural safety. All sites see considerable value in ongoing monitoring of progress and repeating the organizational assessment periodically.

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 and guidance toolkit, with publication 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 IndigenousHealth@cihi.ca or refer to our website.

Appendices

Appendix A: Pilot site primary participants

Name	Organization	Title	Area	Indigenous
Wynonna Smoke (member of Cultural Safety Measurement Working Group)	Formerly Hamilton Health Sciences Employment and Social Development Canada	Formerly Indigenous Strategic Advisor Policy Analyst, Indigenous and Northern Analysis	Ontario	Yes
Val Austen-Wiebe	Alberta Health Services	Senior Director, IH Core; and Co-Chair, ERA-IP (Eliminating Racism Against Indigenous Peoples)	Alberta	No
Stacy Greening	Alberta Health Services	Chief Zone Officer, North Zone; and Co-Chair, ERA-IP	Alberta	No
Lori Meckelborg	Alberta Health Services	Director	Alberta	Yes
Donna Matier	Alberta Health Services	Director, North Zone	Alberta	No
Kienan Williams	Alberta Health Services	Program Lead, Indigenous Wellness Core (IWC)	Alberta	Yes
Sara Waters	Alberta Health Services	Senior Advisor, IWC	Alberta	No
Angie Wong	Alberta Health Services	Senior Consultant, IWC	Alberta	No
Shelly Bayley	Alberta Health Services	Executive Administrative Coordinator	Alberta	No
Ellie Kim	Alberta Health Services	Senior Consultant, North Zone	Alberta	No
Stacey Petersen, RSW	Cedars Recovery	Chief Executive Officer	British Columbia	No
Ethan McCandless	Cedars Recovery	Director, Admissions	British Columbia	No
Geoffrey Schmidt	Cedars Recovery	Director, Human Resources	British Columbia	No
David Huntley	Cowichan District Hospital	Director, Clinical Service Delivery	British Columbia	No

Name	Organization	Title	Area	Indigenous
Dr. Graham Blackburn	Cowichan District Hospital	CDH Site Medical Director; and Chief of Staff	British Columbia	No
Emma Jane James	Cowichan District Hospital	Executive Director, Clinical Service Delivery, Cowichan Valley and Western Communities	British Columbia	No
Dr. Maki Ikemura	Cowichan District Hospital	Executive Medical Director, Cowichan Valley Clinical Operations, St. Paul Hospital and Lady Minto Hospital	British Columbia	No
Garrett Elliott	Cowichan District Hospital	Director, Indigenous Health, Central Island	British Columbia	Yes
Jennifer Jones	Cowichan District Hospital	Director, Indigenous Engagement, Cowichan District Hospital Replacement Project	British Columbia	Yes
Lorraine Harry	Cowichan District Hospital	Manager, Indigenous Health, Central Island	British Columbia	Yes

Appendix B: Glossary

The table below presents a list of key terms and concepts used in this document, as well as their definitions. It is provided to clarify the language, avoid the blending of concepts, and distinguish these terms and concepts from colloquial language and understandings, where applicable.

Table Glossary of key terms and concepts

Concept	Definition
cultural competence	The capacity to interact compassionately, sensitively and effectively with people of different cultures.[9]
cultural safety	Cultural safety in health systems can be defined only by the Indigenous person receiving care. Culturally safe care does not profile or discriminate but is experienced 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	An approach that aims to avoid conflating the Indigenous Peoples within Canada, 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 groups are acknowledged, affirmed and implemented.[10]
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. Upon reflection, what would you modify in your approach?

   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. How has the tool influenced your work to address anti-Indigenous racism in 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

Text alternative for figure: Development process for the CIHI Organizational Interventions Measurement Tool to Advance Cultural Safety

In 2021:

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

In 2023:

- Established the Cultural Safety Measurement Working Group to further refine the Health System Interventions category of the framework.
- Conducted a literature review to understand Indigenous-specific cultural safety intervention evidence and measurement across Canada and internationally.†
- Engaged with Indigenous partners and measurement experts to gather feedback on the literature review findings and cultural safety intervention measurement priorities across Canada.‡

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.
- Identified and recruited pilot testing sites through the working group and measurement experts.
- Conducted voluntary pilot testing of the measurement tool with Canadian health service organizations and health system participants.
- Refined the measurement tool and guidance resource based on testing site feedback.

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.

References

1. Canadian Institute for Health Information. *Measuring Cultural Safety in Health Systems*. 2021.
2. Allan B, Smylie J. *First Peoples, Second Class Treatment: The Role of Racism in the Health and Well-Being of Indigenous Peoples in Canada*. 2015.
3. Turpel-Lafond ME. *In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in B.C. Health Care*. 2020.
4. Loppie S, et al; National Collaborating Centre for Indigenous Health. *Indigenous Experiences With Racism and Its Impacts*. 2020.
5. Oster RT, et al. Action, accountability and transparency for Indigenous health systems safety. *HealthcarePapers*. 2023.
6. Canadian Institute for Health Information. *Measurement and Monitoring of Cultural Safety Interventions* [information sheet]. 2024.
7. Canadian Institute for Health Information. *Cultural Safety Measurement: Literature Review*. 2024.
8. Canadian Institute for Health Information. CIHI Organizational Interventions Measurement Tool to Advance Cultural Safety — Guidance Resource: Spring 2024 — For Testing Sites. 2024.
9. Assembly of First Nations. It's our time education toolkit. Accessed June 2024.
10. Department of Justice Canada. *Principles Respecting the Government of Canada's Relationship With Indigenous Peoples*. 2018.

help@cihi.ca

CIHI Ottawa
495 Richmond Road
Suite 600
Ottawa, Ont.
K2A 4H6
613-241-7860

CIHI Toronto
4110 Yonge Street
Suite 300
Toronto, Ont.
M2P 2B7
416-481-2002

CIHI Victoria
880 Douglas Street
Suite 600
Victoria, B.C.
V8W 2B7
250-220-4100

CIHI Montréal
1010 Sherbrooke Street West
Suite 511
Montréal, Que.
H3A 2R7
514-842-2226

cihi.ca

56664-0824