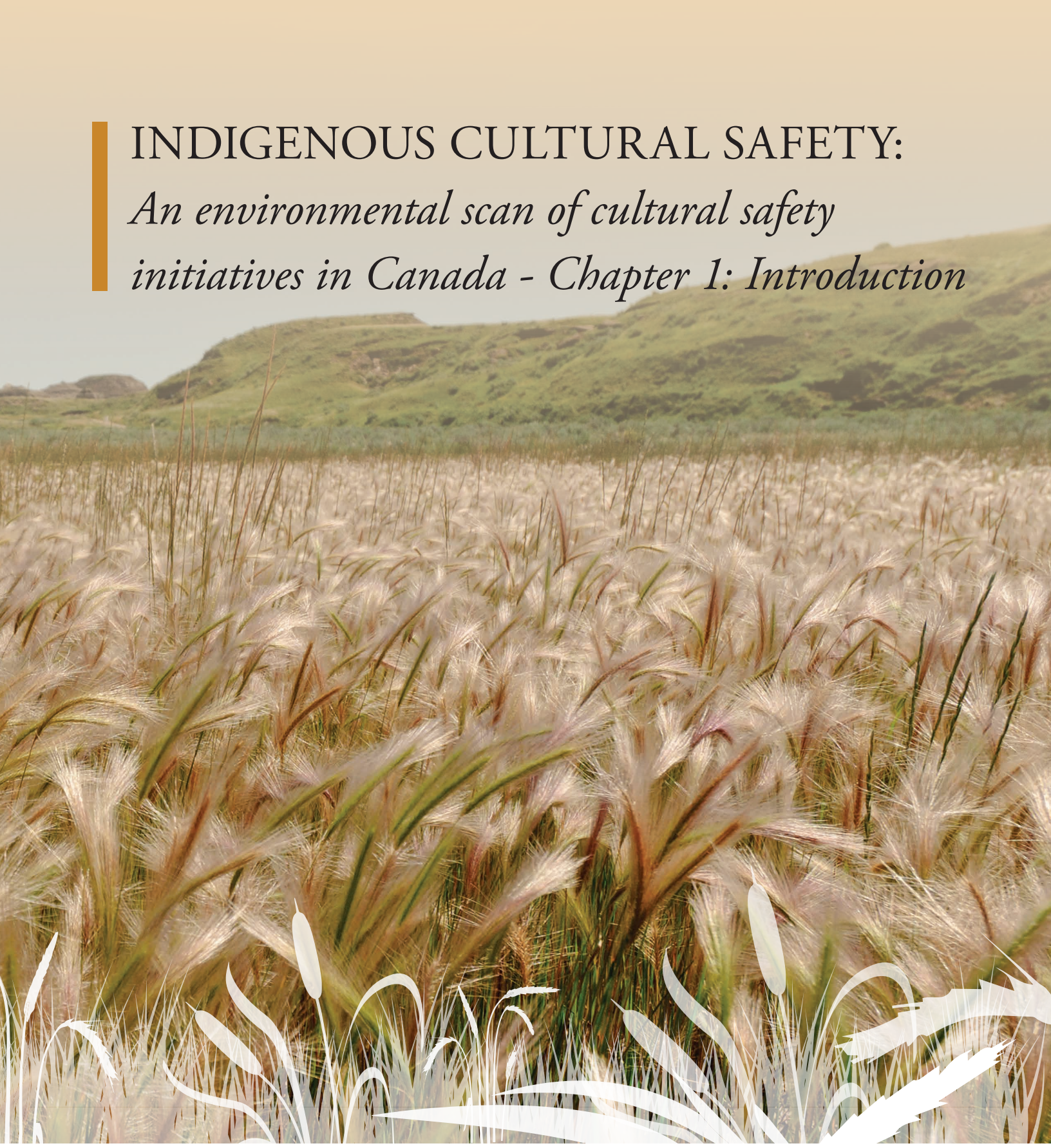
# INDIGENOUS CULTURAL SAFETY:

## *An environmental scan of cultural safety initiatives in Canada - Chapter 1: Introduction*



National Collaborating Centre for Indigenous Health

Centre de collaboration nationale de la santé autochtone

CULTURAL SAFETY AND RESPECTFUL RELATIONSHIPS

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# BACKGROUND

Improved access to culturally safe health care practices and environments that are free of racism and discrimination remains a priority for First Nations, Inuit, and Métis peoples, communities, health leaders, and governments (Greenwood, 2019; Indigenous Health, 2017; Truth and Reconciliation Commission of Canada, 2015). As a legacy of colonialism, prejudice and racism against Indigenous Peoples[1] remains widespread in Canada's health care system (Allan & Smylie, 2015; Richardson & Murphy, 2018). A recent review of BC's health care system showed that 84% of Indigenous survey respondents reported experiencing some type of discrimination when seeking care[2] (Turpel-Lafond, 2020). The dominant culture of health care continues to be rooted in a Western bio-medical paradigm while access to Indigenous healing approaches is lacking (Allen et al., 2020). Consequently, many Indigenous people are reluctant to access the mainstream health care system, and if they do, are often denied timely access to culturally safe and relevant treatment and care (Greenwood, 2019; Greenwood et al., 2018; Loppie & Wien, 2022; Richardson & Murphy, 2018). Ameliorating these inequities in care and health outcomes will require complex health system change across the structural, systemic, and service delivery levels (Greenwood, 2019).

The 94 Calls to Action in the final report of the Truth and Reconciliation Commission (TRC) of Canada (2015) provide direction for how to improve access to culturally safe and responsive healthcare services and address the health and healthcare inequities lived by Indigenous Peoples. Especially, the TRC (2015) calls upon all levels of governments to "fully adopt and implement the United Nations Declaration on the Rights of Indigenous Peoples as the framework for reconciliation" (p. 4), and to "recognize the health-care rights of Aboriginal peoples as identified in international law, constitutional law, and under the Treaties" (pp. 2-3). Moreover, the TRC (2015) calls for actions that promote the integration of traditional approaches to health and healing in health care service delivery, the strengthening of the Indigenous health care workforce, and the training of all health care providers in cultural competency, conflict resolution, human rights and anti-racism. The purpose of this report is to identify the range of actions and initiatives that have been implemented over the last decade to make the Canadian health care system more culturally safe for Indigenous Peoples. Results are drawn from an environmental scan of cultural safety initiatives across Canada. Findings for national-level initiatives as well as for each province/territory are presented separately within different chapters of this report.

[1] In this report, Indigenous Peoples' refers to First Nations, Inuit, and Métis peoples inclusively, as defined by Section 35 of the 1982 Constitution Act. It is used synonymously with 'Aboriginal Peoples.'
[2] This calculation is based on respondents reporting discrimination on eight factors related to stereotyping when receiving health care.

At the service delivery level, actions for change aim to enhance health care professionals' understanding of, and ability to deliver, culturally safe services through education and training opportunities and/or local collaborations that foster stronger relationships and cultural understandings between Indigenous community partners and health care practitioners (Greenwood, 2019; Ward et al., 2016). Cultural safety is part of a continuum of elements used to discuss culturally-appropriate care for Indigenous patients that includes cultural awareness,[3] cultural sensitivity,[4] cultural competency[5] (Baba, 2013), and cultural humility.[6] Cultural safety addresses a key barrier to optimizing Indigenous Peoples' health – inequitable access to health services rooted in negative experiences with and mistrust of mainstream healthcare providers and healthcare systems (Allan & Smylie, 2015; Browne et al., 2016; Halseth et al., 2019). Best practices in culturally safe care include: adapting services to the unique priorities of every Indigenous community; respecting Indigenous knowledge(s) and systems of healing, with particular regard for Indigenous concepts of holistic health; and building relationships between patient and providers based on reciprocity and power balance (Yeung, 2016). To be effective, changes at the service delivery level must, however, be supported through systemic changes, such as initiatives developed by professional organizations and regulatory bodies intended to enhance cultural safety and humility among members of specific health professions, as well as structural enablers in the form of high-level legislation, policy, and formalized agreements (Greenwood, 2019).

## Cultural safety

The concept of cultural safety was introduced by Maori nurses in New Zealand to address the effects of power imbalances within health care, specifically the role and impact of Indigenous-specific racism (Nursing Council of New Zealand, 2011). Cultural safety is an inherently anti-racist approach (Allan & Smylie, 2015).

[3] 'Cultural awareness' is considered the first step towards achieving cultural safety. It is the ability and willingness to recognize and acknowledge differences between cultures, but does not ask practitioners to change their practices to better support a patient's care (Métis Centre of the NAHO, 2013).

[4] 'Cultural sensitivity' can be considered the second step in achieving cultural safety and involves being able to recognize and be sensitive to the different ways people do things because of their cultural background, respecting those differences, and taking the different perceptions and the experiences of patients into account when providing services to them (Métis Centre of NAHO, 2013).

[5] Cultural competence is when service providers have acquired a set of behaviours, attitudes, and policies that enable them to work effectively in cross cultural situations (Cross et al., 1989).

[6] Cultural humility has been defined by Tervalon & Murray-Garcia (1998) as "a lifelong commitment to self-evaluation and critique, to redressing power imbalances… and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations" (as cited by Greene-Moton, & Minkler, 2020, p. 142).

# METHODOLOGY

Environmental scanning for relevant, publicly available strategies, initiatives, tools, and resources related to cultural safety in the healthcare system was conducted. With the exception of seminal works, the search was limited to the last 10 years (2012–June 2022). Search terms to describe Indigenous populations in Canada, including Aboriginal, First Nations, Inuit, Métis, and Indigenous, were used together with 'cultural safety' and related terms such as cultural humility, cultural competency, anti-racism, equity, and reconciliation. These terms were used in conjunction with search terms related to health and social systems such as health, health system, child welfare, and regional health authority, along with various provinces and territories. Additionally, the scan included a review of relevant Indigenous, governmental, and health-related organizational websites.[7]

Only content that was Indigenous- and health-focused (in full or in part), and targeted at professionals and practitioners working with Indigenous children, families, and communities was included. Excluded from the scan were academic and research-related activities (e.g. journal articles or conference presentations), unless they were done in partnership with or on behalf of governmental departments, Indigenous communities, or other non-university-based health-related organizations, self-government agreements,[8] and long-term flexible funding arrangements,[9] as well as municipal government initiatives. While this search was thorough, it was not exhaustive and may not be inclusive of every strategy, initiative, tool, and resource developed or implemented across Canada.

## Limitations

It is important to note the methodological limitations that may affect interpretation of findings in the scan. First, all search terms used in the Internet search were in English, which affects findings in regions where the primary language used by governments and organizations may not be in English; for example, in Quebec, where French is the primary language used, and in regions where Indigenous languages may be the primary language used, such as Nunavut. As such, there is likely an underrepresentation of cultural safety initiatives in these regions. Second, not all provincial and territorial government websites have good search functions that enable users to easily identify relevant resources. Third, it should be noted that some cultural safety initiatives may have been implemented but are simply not publicly accessible, including smaller-scale initiatives, such as establishing working groups, task forces, or committees.

[7] Where appropriate, strategies, initiatives, tools, and resources developed and implemented by Indigenous organizations, non-profit organizations, and other organizations with a health-related mandate were also included; however, no targeted search was undertaken to specifically identify these types of initiatives.

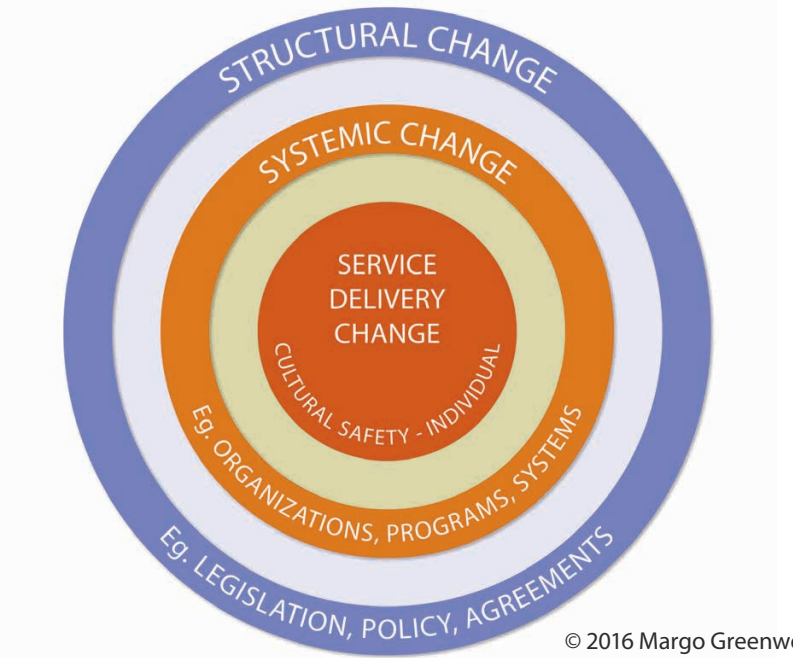
[8] Self-government agreements typically establish mechanisms for First Nations, Inuit, and Métis groups to work collaboratively with federal and provincial/territorial governments on issues considered important to the health and well-being of those Indigenous groups, enabling their health priorities to be considered and addressed.

[9] Long-term flexible funding arrangements allow First Nations, Inuit, and Métis communities to plan for long-term priorities, carry over unspent funds or redistribute funds, and use funds in more innovative and integrated ways.

# ORGANIZATION OF THE REPORT

As previously noted, the results of the environmental scan at the national level and for each province and territory are presented within separate chapters. Chapter Two summarizes the various efforts that are underway at the national level to embed cultural safety in Canadian healthcare while Chapters Three to Fifteen report on the cultural safety initiatives undertaken within each of the ten provinces and three territories. Initiatives will be cross-referenced in multiple chapters and sections if they involve multi-level (for example, between provincial and federal governments) and/or cross-sectoral (for example, between Indigenous and non-Indigenous professional organizations) partnerships and collaborations. Greenwood's (2019) change model for creating cultural safety (see Figure 1) is used as an organizing framework for presenting cultural safety initiatives within each chapter.

FIGURE 1: THE CHANGE MODEL FOR CREATING CULTURAL SAFETY






Source: Greenwood (2019), p. 12.

## The change model for creating cultural safety

The change model posits that creating culturally safe health care environments and practice for Indigenous Peoples demands simultaneous action across the structural, systemic, and service delivery levels. As depicted in Figure 1, examples of structural enablers for culturally safe change include legislation, policy, and agreements, while system change occurs at the level of organizations, such as regulatory bodies, and programs. Structural and systemic changes enable change at the service delivery level, through for example cultural safety education and training opportunities for healthcare professionals.

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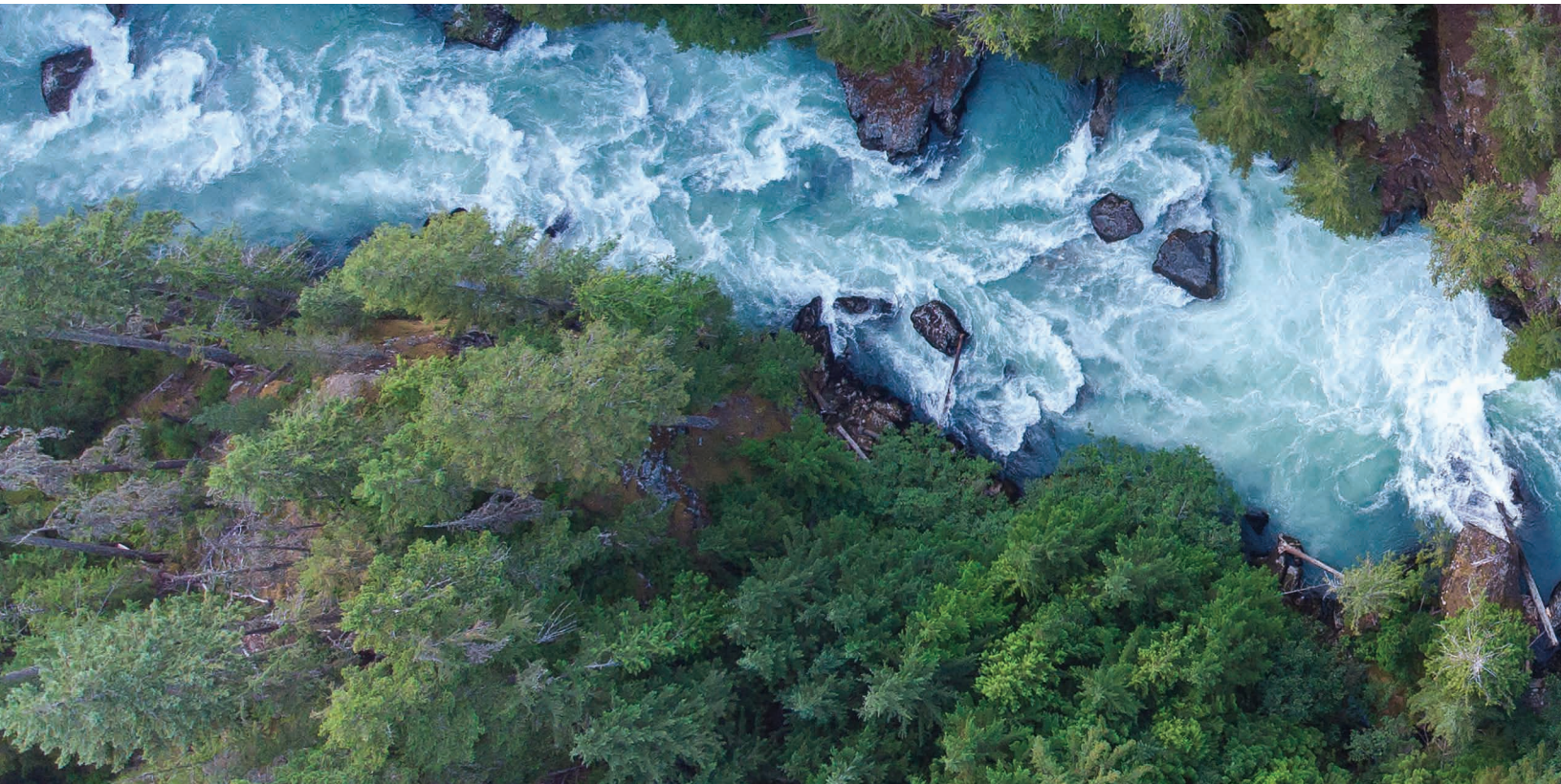

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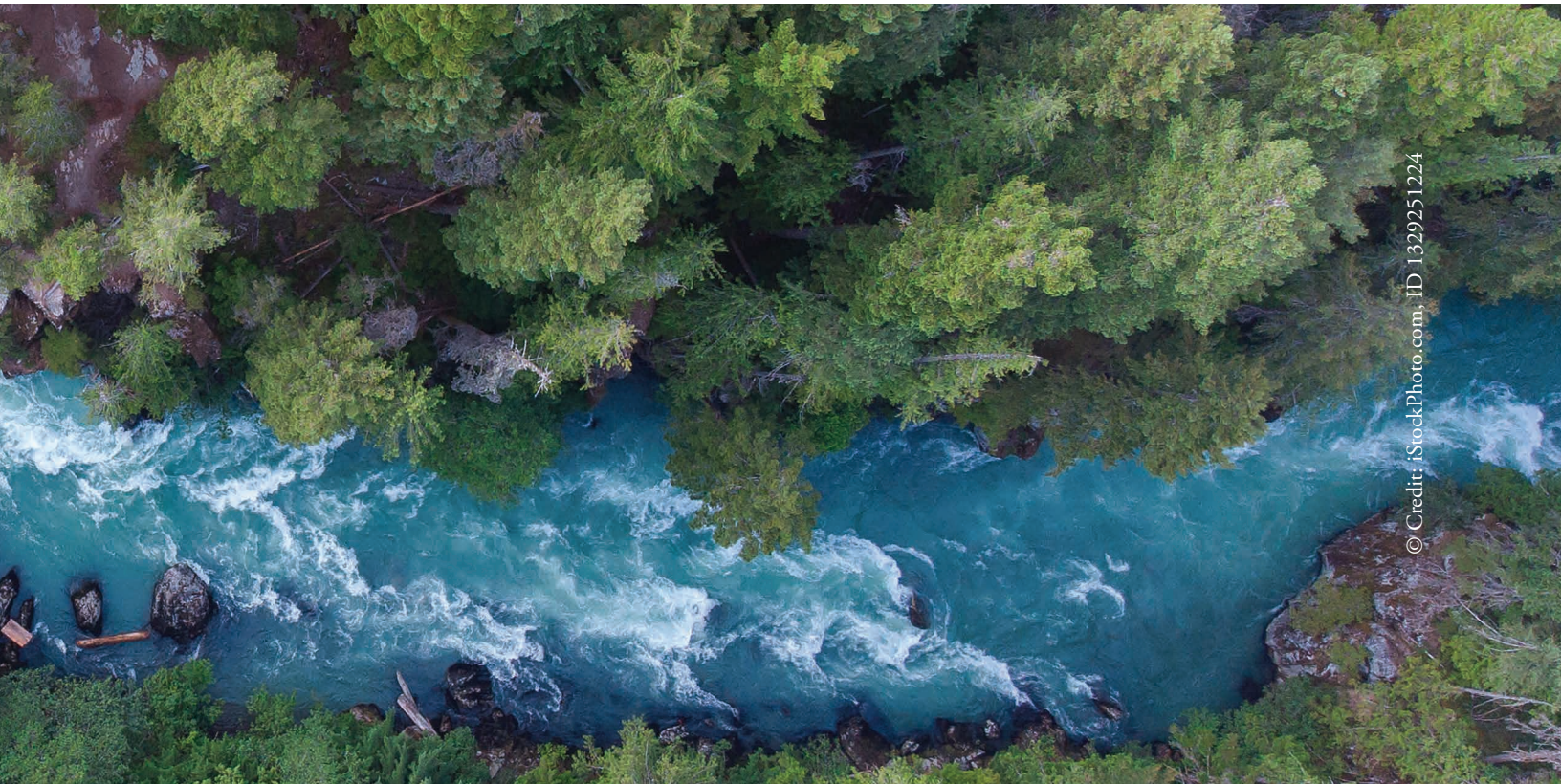

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