



Measuring Cultural Safety in Health Systems



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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About this document

This paper introduces a framework for and identifies examples of measuring cultural safety and anti-Indigenous racism in health systems. The Canadian Institute for Health Information (CIHI) commissioned Nohotout Consultingⁱ to develop the framework, which is intended to contribute to a larger conversation.

We are sharing this draft paper with First Nations, Inuit and Métis organizations and others for comment. We are seeking feedback on the content as well as on potential opportunities for advancing the work in the right way.

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. For this work to be meaningful, it must be Indigenous-led and respect Indigenous data sovereignty. CIHI is committed to supporting the health and well-being of First Nations, Inuit and Métis Peoples, including through undertaking efforts to eliminate anti-Indigenous racism in Canada's health systems. CIHI has been working to develop its knowledge and skills to effectively partner with Indigenous Peoples and organizations and to contribute to reconciliation. CIHI is interested in playing a supporting role, where appropriate, through partnerships. Read about CIHI's commitment in [Appendix A](#).

i. Harmony Johnson, Principal, Nohotout Consulting.

Context

The experiences and death of Joyce Echaquan in September 2020 and the British Columbia investigation that culminated in the November 2020 report [*In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in B.C. Health Care*](#) brought nationwide attention to the systemic racism that First Nations, Inuit and Métis Peoples face in health care. This resulted in strengthened efforts at many levels to eliminate anti-Indigenous racism in health care. Governments, health authorities, health service providers and others have been called upon to take action to address this problem. In the same time frame, COVID-19 has highlighted inequities and increased calls for and commitments by governments to enhance the collection of race-based and Indigenous data.

Systemic racism results in poor health system performance and adverse health experiences for Indigenous Peoples, which have been associated with poor outcomes and preventable deaths.¹⁻⁹ Despite the impact, there is little data and reporting available to bring attention to the issues, to hold health systems accountable and to ultimately change practices. Currently, there are no measures of cultural safety or racism reported on a national basis. Because of this significant information gap, important truths remain hidden, making it more difficult to address the problems of anti-Indigenous racism. CIHI is interested in playing a role to support the measurement of cultural safety in health systems.

While health system players are accountable for delivering care that is culturally safe, only Indigenous Peoples can define what culturally safe care looks like for Indigenous populations and the appropriate strategies for putting it into practice. CIHI recognizes that work in this area requires Indigenous-led, culturally safe approaches built on trust, partnerships and respect for Indigenous data sovereignty.

What is racism? What is cultural safety?

Racism is the belief that a group of people is inferior based on the colour of their skin or cultural background. This belief drives discriminatory behaviours, practices and policies that oppress, ignore or treat racialized groups as “less than.” The result is inequity, with people not receiving services they need and lacking access to equitable opportunities or outcomes. Racism is systemic or institutionalized when discriminatory and prejudicial practices are normalized across society and in public services and institutions, and are embedded in laws, policies and regulations.⁴

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.

Why is cultural safety important?

There are numerous harms experienced as a result of racism in health care. These include inadequate access to care (sometimes due to care avoidance or leaving care against medical advice based on negative experiences), stereotyping and stigmatization, and inadequate or discriminatory treatment. These things in turn can result in poorer health outcomes, up to and including death.¹⁻⁹

Why measure cultural safety in health systems?

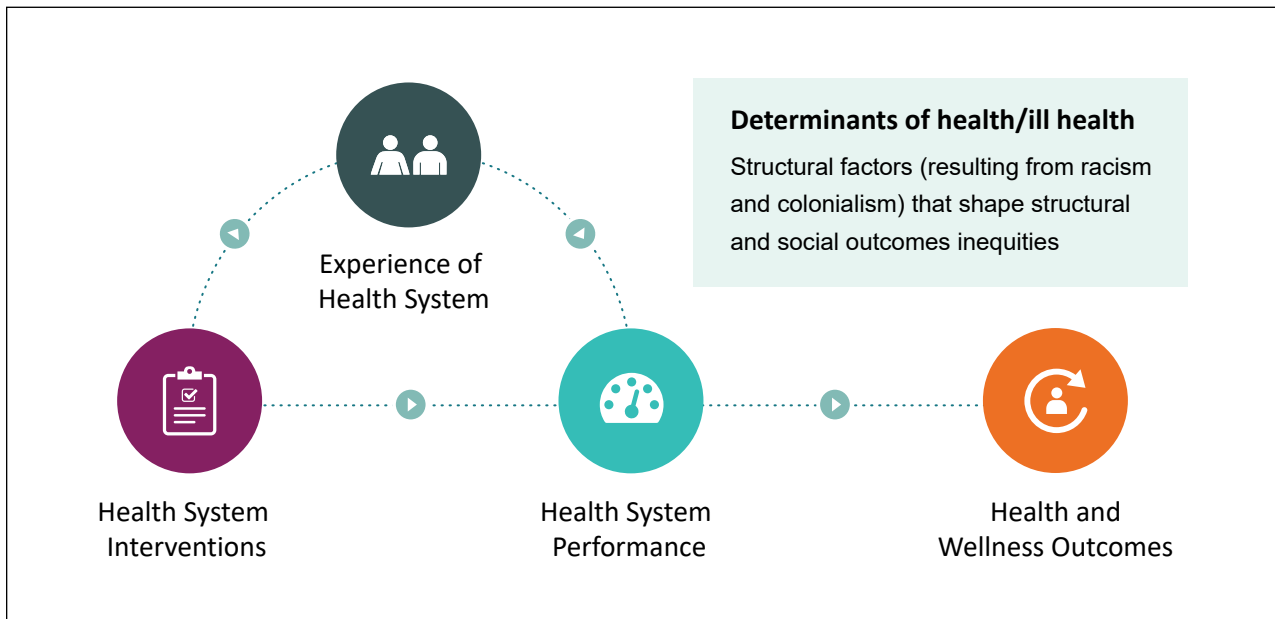
Measuring cultural safety in health systems in collaboration with First Nations, Inuit and Métis Peoples can help identify where the problems are in order to target quality improvement efforts. Both measurement and reporting help to ensure that health systems and health service providers remain accountable for providing culturally safe and equitable care as determined by those who receive that care.





A framework for measuring cultural safety

The framework depicted in the figure below relates to health systems in general but is considered here through the lens of cultural safety. It illustrates a process whereby culturally safe health system interventions contribute to culturally safe health system experiences, which lead to better health system performance which, in turn, yields better health outcomes. The whole process is influenced by the determinants of health (social, structural, biological, etc.). The 4 categories (Health System Interventions, Experience of Health System, Health System Performance, and Health and Wellness Outcomes) can be broken down into more specific themes, each with their own set of indicators for measuring cultural safety. The framework is best understood by considering the relationships among its components:

- Health system interventions and activities are implemented to increase cultural safety (e.g., Indigenous Peoples' involvement in governance, leadership, prioritization and decision-making; policies to address racism; recognition of a unique definition of health and wellness).
- Health system interventions and activities improve health system performance by addressing issues and disparities with, for example, access to or appropriateness of care.
- These same health system interventions and activities also shape more positive Indigenous experiences of health care.
- Improved experiences in health systems invite different patterns of health care utilization by Indigenous Peoples — such as increased use of primary and preventive care — which contribute to improved health system performance.
- Given that racism is associated with poorer health outcomes, the experience of culturally safe care will also support improved health outcomes.
- Equitable and high-quality health system performance is one contributor to improved health outcomes.
- The determinants of health or ill health — such as income, education and housing — influence all the components.

Figure Framework for Measuring Cultural Safety in Health Systems



 Health System Interventions	 Experience of Health System	 Health System Performance	 Health and Wellness Outcomes
<p>Actions undertaken by organizations or health systems to enhance cultural safety</p> <p>Themes</p> <ul style="list-style-type: none"> • Indigenous perspectives and practices • Leadership, governance and administration • Partnership, communications and engagement • Planning • Policy and protocol • Data and evidence • Incidents, complaints and whistleblowing • Human resources • Health services • Physical spaces 	<p>Patients' experience with individual health service processes</p> <p>Themes</p> <ul style="list-style-type: none"> • Respect • Empowerment and equity • Safety • Relational • Identity • Reciprocity • Health system utilization 	<p>Capacity of health systems to provide care and the quality of that care</p> <p>Themes</p> <ul style="list-style-type: none"> • Effective, appropriate and efficient • Responsive • Accessible • Continuous • Capable • Sustainable 	<p>Overall goals of health systems, such as population health and well-being</p> <p>Themes</p> <ul style="list-style-type: none"> • Life expectancy and well-being • Death • Health conditions • Human function and behaviour



Health System Interventions themes

“Health system interventions” describe actions or activities undertaken by organizations or health systems to enhance cultural safety. Themes include the following:

- **Indigenous perspectives and practices:** The inclusion of Indigenous perspectives on health and wellness, traditional/culture-based practices and treatment, and Indigenous-specific programming.
- **Leadership, governance and administration:** Indigenous involvement in leadership positions and in governance.
- **Partnership, communications and engagement:** Communications and engagement with Indigenous Peoples on cultural safety and other priorities. This may include formalized partnerships, communications processes between the health service entity and Indigenous communities or their representatives, and focused community and client outreach and information sharing.
- **Planning:** Ensuring Indigenous involvement and having cultural safety reflected as a priority in strategic and service planning.
- **Policy and protocol:** Policies and protocols that address systematic racism and cultural safety.
- **Data and evidence:** Evaluations and assessments that address and measure racism and/or cultural safety.
- **Incidents, complaints and whistleblowing:** Culturally safe processes for complaints, feedback and quality improvement as well as mechanisms for employee incident reporting on cultural safety.
- **Human resources:** Culturally safe recruitment practices, and the ongoing management/ performance, recruitment and retention of Indigenous employees.
- **Health services:** Having culturally safe tools and guidelines in place (e.g., Indigenous-specific patient navigators, language interpretation, personalized care).
- **Physical spaces:** Having or creating safe spaces for Indigenous Peoples, including visual representations and signage of Indigenous culture, language and healing rooms.



Experience of Health System themes

“Experience of health system” refers to patients’ experiences with individual health service processes. The measures captured under each theme can include both positive or desired experiences, and undesirable experiences. Themes include the following:

- **Respect:** Positive and negative experiences of care, including whether the client feels they and their culture are treated with respect, dignity and value.
- **Empowerment and equity:** Positive and negative experiences of care related to whether clients feel empowered in decisions about their care and can exercise self-determination during the experience.
- **Safety:** Positive and negative experiences of care that relate to whether clients feel culturally safe and do not experience stigmatization.
- **Relational:** Positive and negative experiences of care that relate to whether clients feel connected to their health care provider, that the provider is empathetic, compassionate, etc. This also relates to the level of involvement of family members in the care.
- **Identity:** Positive and negative experiences of care related to whether clients feel that their Indigenous identity, culture and community are acknowledged.
- **Reciprocity:** Positive and negative experiences of care that relate to whether clients feel that there is shared learning and effective communication with the provider (e.g., provider understanding of the impacts of colonialism).
- **Health system utilization:** Positive and negative experiences of care related to whether clients received equitable and appropriate treatment for their health condition.



Health System Performance themes

“Health system performance” refers to the capacity of health systems to provide care and describes the quality of that care. Themes include the following:

- **Effective, appropriate and efficient:** Describes care that met the needs of the client, as well as appropriate outcomes based on established standards and the most cost-effective use of resources.
- **Responsive:** Describes care that is respectful and client-oriented, including respectful of dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks and choice of provider.

- **Accessible:** Describes care that allows people to obtain health care at the right place and right time regardless of income, cultural background, physical location, etc.
- **Continuous:** Describes care that is uninterrupted and coordinated across programs, practitioners, organizations and levels over time.
- **Capable:** A system's or organization's capacity to establish processes and ensure that the appropriate resources (including individuals who are skilled and knowledgeable) are in place to deliver culturally safe care.
- **Sustainable:** A system's or organization's capacity to provide infrastructure such as workforce, facilities and equipment, and to be innovative and respond to emerging needs (e.g., research, monitoring).



Health and Wellness Outcomes themes

“Health and wellness outcomes” are a fundamental goal of health systems and include the health and well-being of both individuals and populations.

- **Life expectancy and well-being:** Includes broad or “big dot” measures of physical, mental and social well-being of individuals.
- **Death:** Includes measures related to age- and/or condition-specific mortality rates.
- **Health conditions:** Includes measures of disease prevalence, injuries/trauma or other health-related states.
- **Human function and behaviour:** Includes measures related to alterations to the body structure or function (impairment), activities (activity limitation), behaviours and participation (restrictions in participation).

The [addendum](#) provides a list of indicators that could be captured under each theme.

How can the framework help?

The framework presented here can help organize a comprehensive approach to the measurement of cultural safety in health systems. Indigenous and non-Indigenous governments, organizations and communities can collaboratively use it to plan their measurement strategies. This includes identifying data gaps as well as developing, selecting and reporting on measures relevant to local needs, drawing on the list of indicators in the addendum and other sources. Partners can undertake an evaluation of their local health system or services as one component of an overall strategy to tackle anti-Indigenous racism and build cultural safety. The framework provides some standard language and mapping of concepts to support local collaboration.

Feedback

CIHI is committed to supporting the health and well-being of First Nations, Inuit and Métis Peoples, including undertaking efforts to support the measurement of cultural safety across health systems. We welcome your feedback on the content of this discussion paper, and your advice on opportunities and approaches to advance the work of cultural safety measurement.

Questions for consideration

- Do you see the development of cultural safety indicators as important work?
- The framework in this paper links culturally safe care to positive experiences, better health system performance and better outcomes. Is this a helpful framing of the issue? How do you think about it and what else should be considered?
- CIHI is interested in partnering with Indigenous organizations to develop indicators of cultural safety in health systems. Are you aware of any partnership opportunities with First Nations, Inuit and Métis organizations or governments?
- Do you have any other advice or feedback on the content of this paper?

Please email us at IndigenousHealth@cihi.ca.

Appendices

Appendix A: CIHI's commitment

The Canadian Institute for Health Information (CIHI) is committed to supporting the health and well-being of First Nations, Inuit and Métis Peoples, including through undertaking efforts to eliminate anti-Indigenous racism in Canada's health systems. CIHI has been working to develop its knowledge and skills to effectively partner with Indigenous Peoples and organizations and contribute to reconciliation. CIHI's work in this regard involves 4 core components:

- **Foundational capacity:** Develop foundational capacity by promoting and embedding cultural safety and humility within CIHI. This includes supportive policies, training and processes.
- **Relationships and partnerships:** Build relationships and partnerships locally, regionally and nationally with First Nations, Inuit and Métis Peoples, communities, governments and organizations to identify opportunities to work together in pursuit of Indigenous health and wellness.
- **Governance of Indigenous data:** Develop a respectful approach to the governance of Indigenous data at CIHI that aligns with data sovereignty principles.
- **Analysis and capacity-building:** Enable actionable analysis and capacity-building by working in collaboration with First Nations, Inuit and Métis Peoples to identify analyses, products, services, training, data infrastructure and/or tools to support their health priorities, health planning and improvements in well-being.

CIHI's commitment to First Nations, Inuit and Métis Peoples, their health and well-being, and our expertise in data and measurement provides a unique opportunity for the organization to support work to measure cultural safety in health systems. CIHI is interested in respectfully partnering with interested jurisdictions, and Indigenous governments and organizations to evolve this framework and to pilot approaches and methods in ways that honour and respect Indigenous governance and data sovereignty principles.

Appendix B: Text alternative for figure

This is a framework for measuring Indigenous cultural safety in health systems. It illustrates a process whereby culturally safe health system interventions contribute to culturally safe health system experiences, which in turn lead to better health system performance and health outcomes. The whole process is influenced by the determinants of health. The 4 categories (Health System Interventions, Experience of Health System, Health System Performance, and Health and Wellness Outcomes) can be broken down into more specific themes, each with their own set of indicators for measuring cultural safety.

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