

# Operationalizing Quality: Creating an Organizational Cultural Safety Framework

Quality Forum: Best of Both Worlds

*Vancouver, BC*

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## Disclosure

- Faculty: Cheryl Ward & Brad Anderson
- Relationships with commercial interests:
  - Grants/Research Support: n/a
  - Speakers Bureau/Honoraria: n/a
  - Consulting Fees: n/a
  - Other: n/a



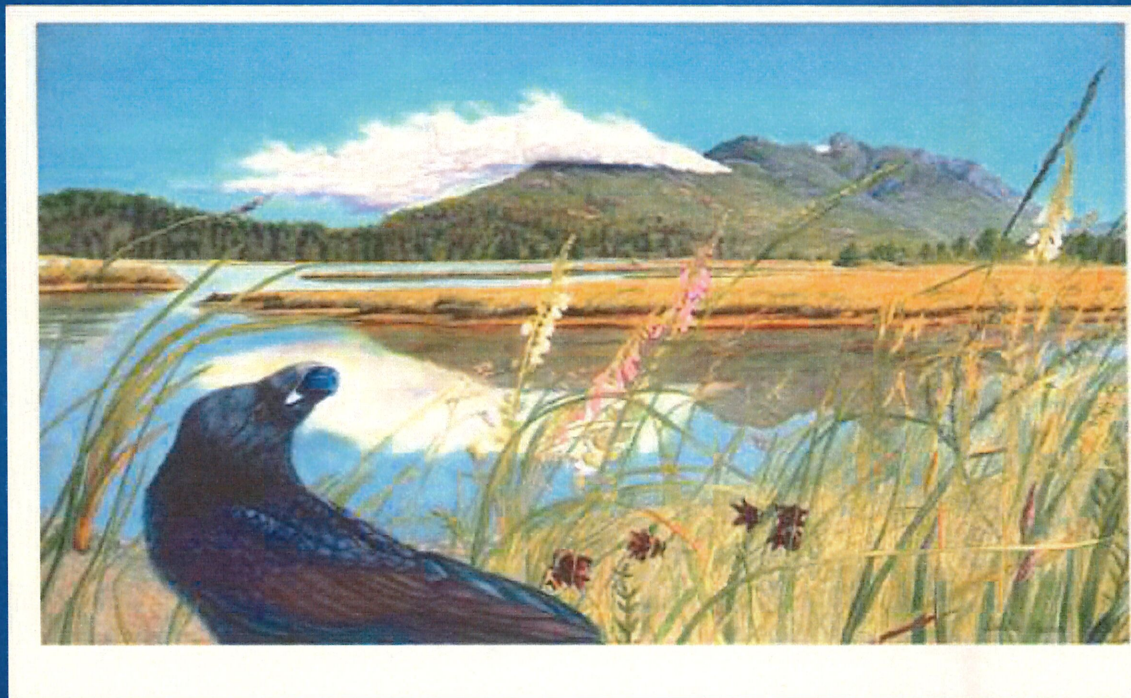
# Managing Potential Bias





All meetings are transformations,  
what brings you here?

Kwakwaka'wakw





# Intentions

- Context
- HR at Interior Health
- Assessment Tool
- Service Delivery at PHSA
- Racism Interventions
- Activity
- Q & A/Reflections





# An Agenda for Change

1996

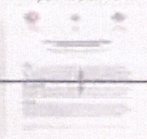
Royal  
Commission  
on  
Aboriginal  
Peoples

Mar 17, 2005



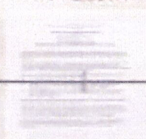
A New  
Relationship

Jul 15, 2005



First Nations  
Health Blueprint  
for BC

Nov 25, 2005



Transformative  
Change Accord

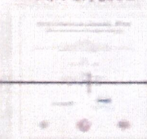
2006

Nov 27, 2006



Bilateral  
First Nations  
Health Plan

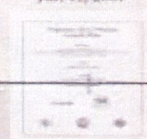
Nov 27, 2006



Tripartite  
First Nations  
Health Plan MOU

2007

Jun 11, 2007



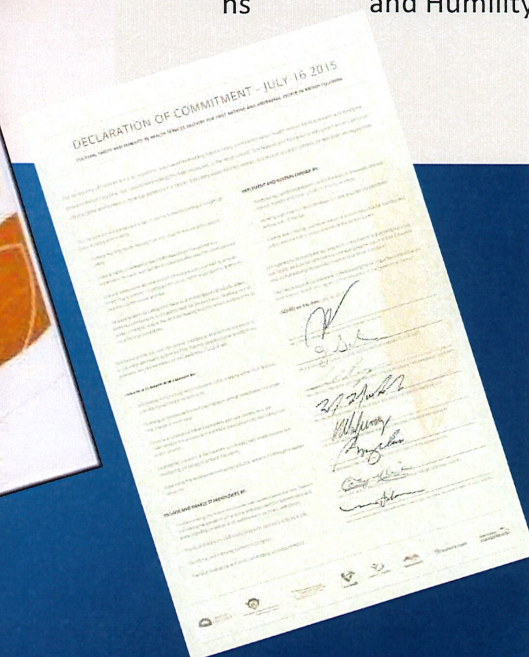
Tripartite  
First Nations  
Health Plan

2015

Truth and  
Reconciliation  
Recommendations

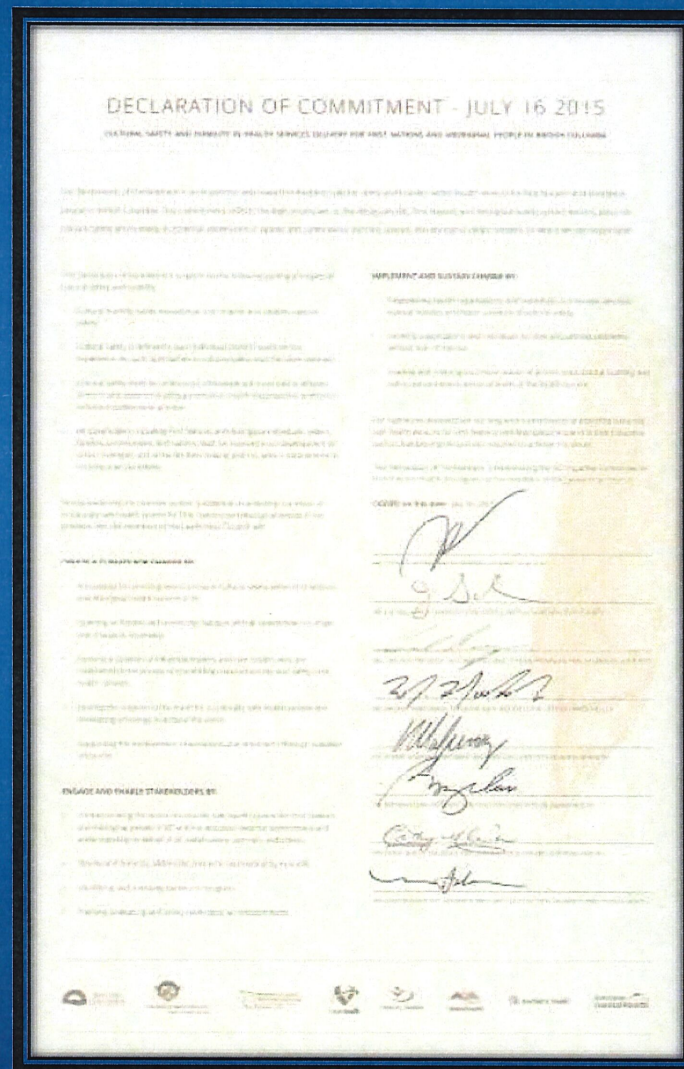
2016

Declaration of  
Commitment  
Cultural Safety  
and Humility





# Declaration of Commitment





# Cultural Safety goes beyond...





# Cultural Safety is:



An ongoing process



There is an historical,  
socioeconomic, political context



An outcome



# An Organizational Self-Assessment Tool for Indigenous Cultural Competency at IH



An Organizational Self-Assessment Tool for Indigenous Cultural Competency  
at Interior Health  
(Draft - Version 10.1)

Prepared for:  
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Prepared by:  
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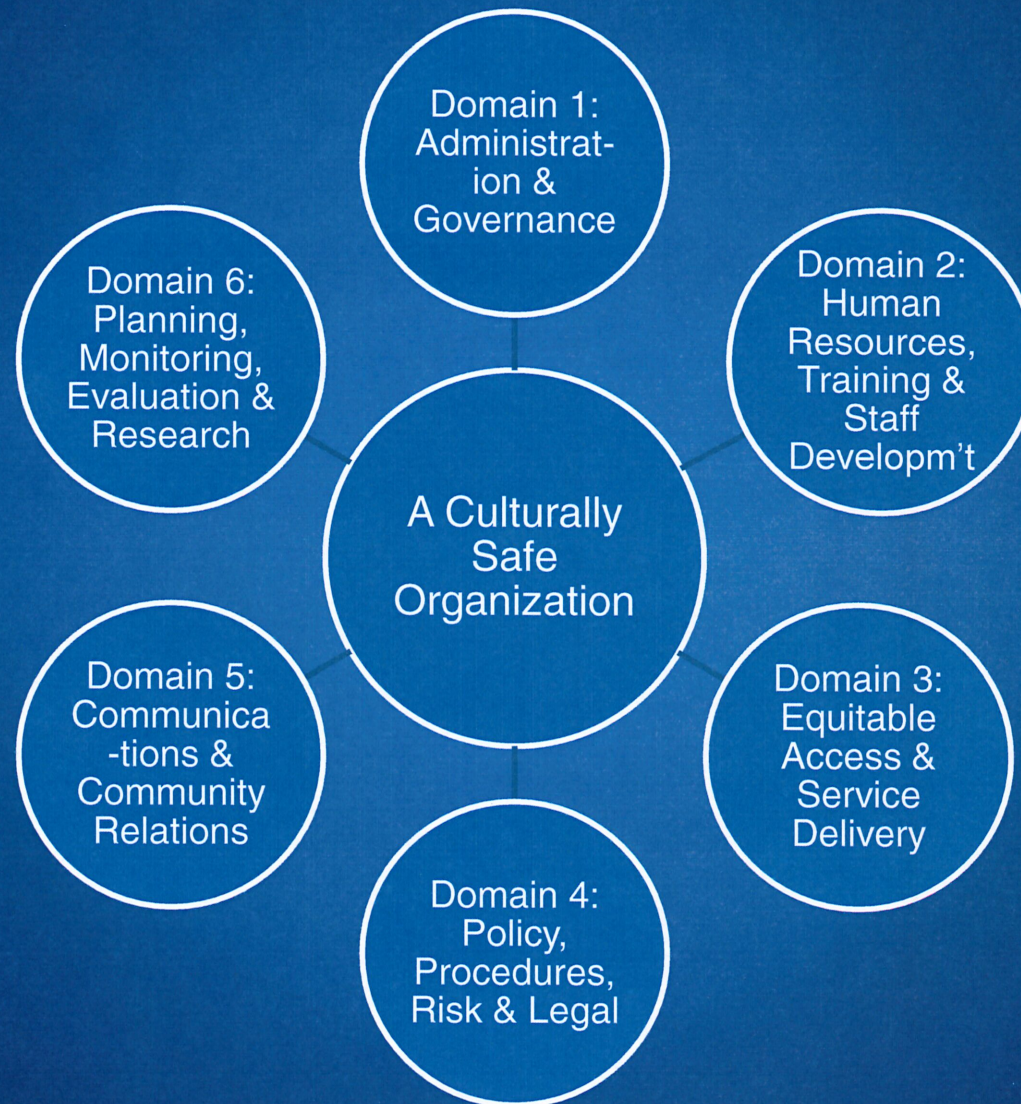
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Cheryl Ward, Provincial Lead - Indigenous Cultural Competency Training, PHSA  
Mary McCullough, Regional Health Liaison - Interior Region, FNHA

Draft Version 10.1: October 6, 2015 (References expanded April 10, 2016)



# Domains





# Human Resource Training and Staff Development Domain

- Process
  - 15 staff volunteered to self-assess
  - Ability to provide notes, evidence of scoring and recommendations
  - Survey on validation

Column Number	1	2	3	4
Rating	Inadequate	Emerging	Approaching	Meeting
Description of Contents	No Evidence	Evidence of concept	Evidence of action	Evidence of action, collaboration, accountability and leadership



# Human Resources Training and Staff Development: Categories

- HR: Recruitment Strategy - 2.5 score
- HR: Orientation (New worker and Reorientation) – 1.63 score
- SD: Training Course – 1.96 score
- SD: Volunteers - 1.30 score
- HR: Performance Reviews – 1.3 score
- HR: Retention – 1.96 score
- HR: Aboriginal Staff Support System – 1.86 score





## Lessons Learned

- Allowed for foundational internal evidence to begin conversation
- Showed commitment to IH's Aboriginal partners to work towards cultural safety
- Increased Awareness amongst staff
- OPPORTUNITIES to move the organization forward





# Action Plan



- Examples

- Move towards Represented Aboriginal Workforce
- Focus recruitment on Aboriginal populations
- Emphasize CS training on new employees
- Embed CS in performance reviews
- Support volunteers with education and awareness
- Interview current Aboriginal employees for suggestions and recommendation
- Build Traditional supports for employees (elders)



## Next Steps for IH

- Human Resource Aboriginal Recruitment Lead
- Attention paid by Senior Executive Team
- Administration and Governance
- Planning, Monitoring, Evaluation and Research





# Rate Your Organization





# PHSA Indigenous Cultural Safety Framework

Focus Area	1 Non- Existent	2 Developing	3 Meeting	4 Leading	Score (Out of 4)
Provincial, Regional and Federal Partnerships	No evidence of partnerships.	Identify cultural safety leaders  Articulate mutual goals  Awareness of protocols	Meets criteria 2  Organization al coalition  Joint meetings  Protocols followed  Alignment with FNHA Framework  Information sharing	Meets criteria 3  PHSA at the table in ICS initiatives  Joint planning aligned w/ partner- ships  Province- wide ICS advisory committee	



# What we are trying to address: RACISM





# Pathway to Harm

**Colonial Ideology**  
(worldview)

**Stereotype**  
(beliefs)

**Prejudice**  
(attitudes)

**Discrimination**  
(behaviours)

*"They are inferior  
to us"*

*"They benefit  
from colonization"*

*"They are just  
biologically  
different"*

*"They are slow  
learners"*

*"Just another one  
of those kids  
looking for free  
stuff"*

*"They're all  
drunks"*

**Patronizing  
Pity**

**Anger  
Resentment  
Hostility**

**Disgust  
Contempt**

**Invisible/Ignored  
Labelling**

**Violence  
Aggression  
Maltreatment**

**Avoidance  
Denial of Care  
Misdiagnosis**



# Activity





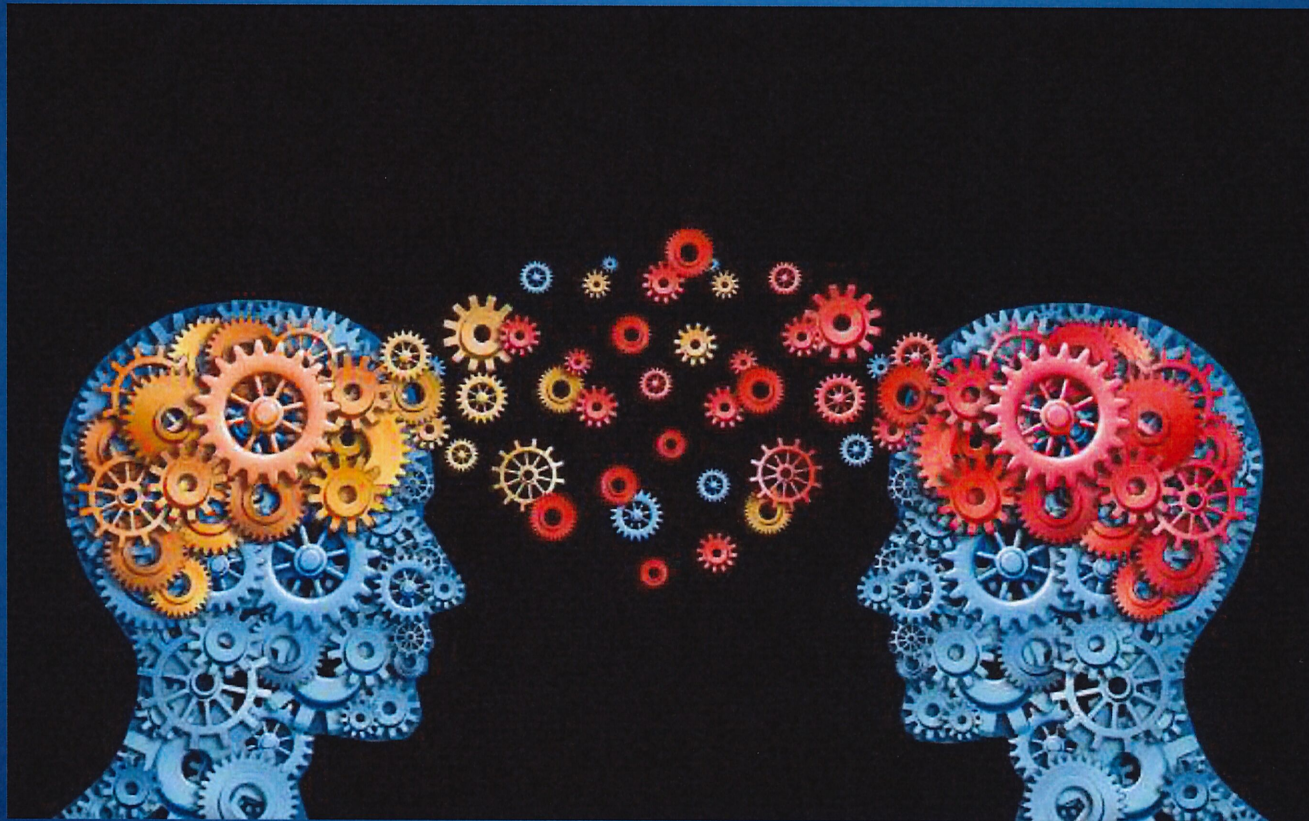
1. What assumptions or stereotypes are being made?
2. What attitudes are surfacing here? How is prejudice shaping the doctor's behaviour?
3. What are the potential impacts on the patient? On the family?



1. What needs to change to make sure this never happens again?
2. What next steps can we take as an organization to make those changes?
3. What actions can we take as individuals to shift the workplace culture?

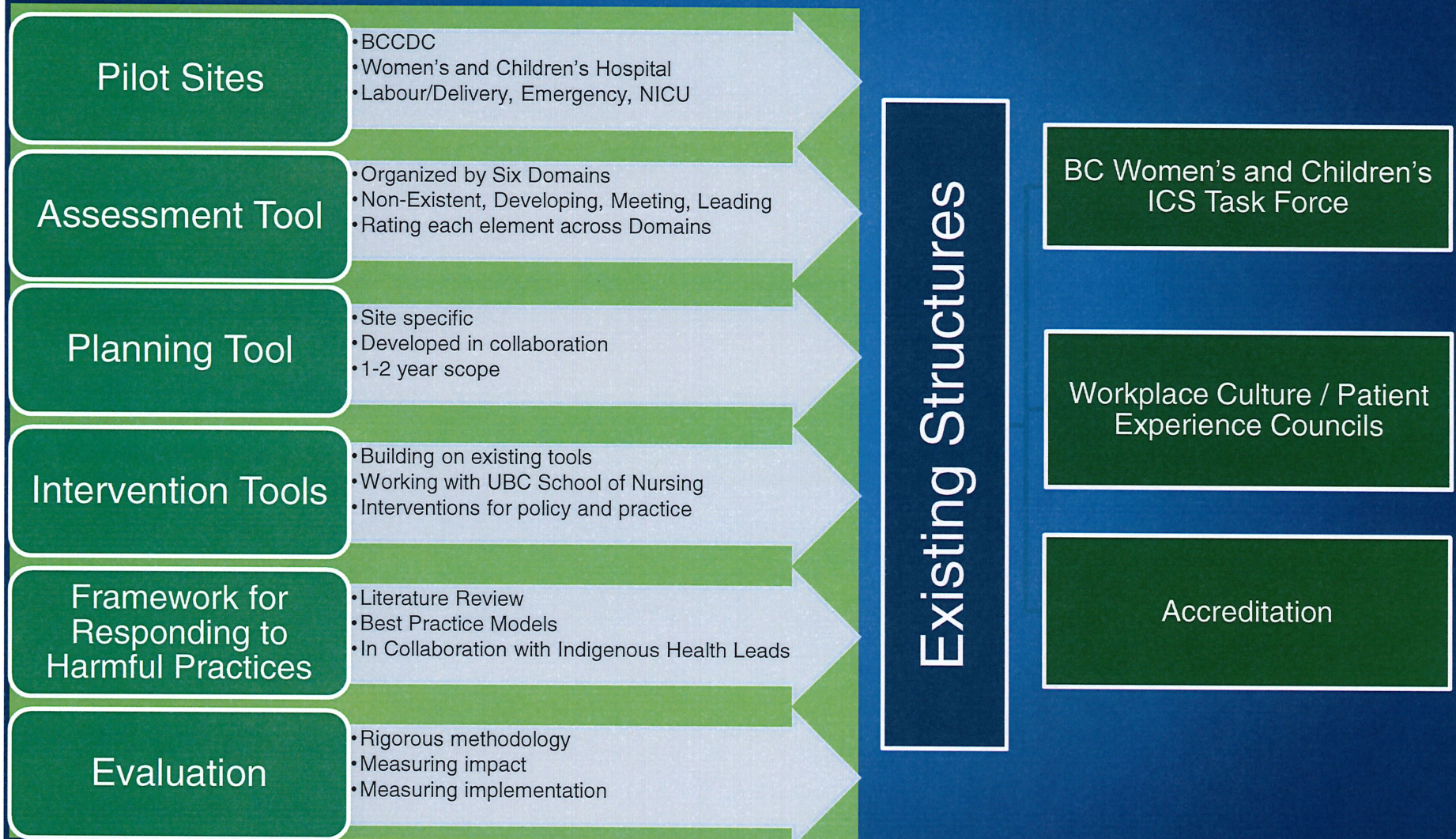


# Reflect Back





# Now What? Interventions on Racism







# Responding to discriminatory comments

Below the title, there is a horizontal line with a diamond shape in the center, flanked by two white speech bubble icons with blue outlines.

This information is adapted from:

- Anti-Discrimination Response Training developed by Dr. Ishu Ishiyama of UBC;
- Diane Goodman: 'Promoting Diversity and Social Justice'



# Things to think about...

There isn't a right or wrong way to respond to a racist, sexist, or other discriminatory comment.  
We all learn by speaking out and finding what feels comfortable for us.

## What is your goal?

Do you just want the behaviour to stop, or do you want to educate the person? When you have little invested or there is no relationship, sometimes you might just want to stop the behaviour.

## Tone is as important as what you say

If you want someone to listen, try to use a conversational and non-confrontational tone

## Relationship and setting

What you say will be different with a family member vs. a stranger; in a meeting vs. at a party



A close-up photograph of two brown goats with small, dark horns. They are facing each other with their heads locked in a struggle, a common behavior for goats. The background is dark and out of focus.

# **Should I respond publicly or privately?**

**There are many factors to consider. Ultimately, it's up to you.**

Private conversations provide a better opportunity to educate and start a dialogue with someone.

A public response can embarrass the speaker, but publicly acknowledges what is wrong with the statement -- you may end up educating others too.





## In the moment...

The following suggestions are all ways to interrupt something while it is happening. Sometimes it can even be helpful just to say

**'hold on a minute'**

to interrupt the flow and give yourself time to think of what you want to say.





## Later on...

If you are more comfortable speaking to the person later, in private, you can still use all of the strategies in this tool. You can start out by saying something simple like

**'I wanted to talk to you about  
something you said earlier'**



# Health Equity Pocket Cards

Small changes in the way you  
speak to a patient can make a  
big difference!



**EQUIP Healthcare**

Research to Equip Primary Healthcare for Equity



INSTEAD OF...

“How much do you drink?”

TRY THIS:

“In order to provide the best care possible, it’s helpful for me to know about people’s alcohol use. Could you tell me if you drink alcohol?”

- ▶ If yes, “OK, and can you tell me how often do you drink? For example, most days?, once a week?, once a month?”

(Start with most days)



**EQUIP Healthcare**

Research to Equip Primary Healthcare for Equity



**Speak the Unspeakable.**

TAIZ

HOW CAN WE ENSURE that **INDIGENOUS PEOPLE** EXPERIENCE **HARM** IN HEALTH CARE?

- NO REPRESENTATION
- BIAS REGULATIONS
- BAR ACCESS
- UNWELCOME
- DISREGARDING VOICE
- INVISIBILITY
- IGNORE
- DENY UNDERSTANDING
- SEGREGATION
- ESCALATING PREMATURELY
- GET OVER IT

**DISRUPT**

WE MUST ACKNOWLEDGE:

HOW MANY OF THESE THINGS ARE WE **ALREADY DOING?**

SADLY, **MOST**

why?

Dichotomy = **THEORY** vs **PRACTICE**

there ARE NO CONSEQUENCES TO **Violating Policies.**

**CHANGE the CULTURE:**  
**ADDRESS POWER.**

in fact, THERE ARE SOCIAL CONSEQUENCES TO **SPEAKING UP.**

So THAT **RACIST BEHAVIOUR** IS NOT TOLERATED OVER THE **FEAR** OF NAMING it.

**A ROADMAP of OPPORTUNITY**

THERE IS ENOUGH EVIDENCE... IT'S TIME for ACTION.

"IT TAKES **COURAGE** TO MEND the HOOP WITH A **BROKEN heart.**"

WE MUST START WITH OURSELVES.

**DECOLONIZE!**

BUT WE CANNOT END IT THERE.

**TODAY'S FOCUS:**  
**EQUITABLE ACCESS**

EXPERIENCE  
PERSONAL LEARNING  
SITE-SPECIFIC KNOWLEDGE

to CONTRIBUTE TOWARDS A **CULTURALLY SAFE ORGANIZATION.**

**duty of CARE** to TREAT people

~~REGARDLESS~~  
**REGARD-ful** of WHO THEY ARE.

we Must be Willing to **MAKE A LOT**  
**GOOD CULTURAL SAFETY TRAINING UNSETTLES.**





# What's Your Commitment?

- How to motivate and move?
- Who needs to be engaged?
- How to build champions?
- Where can you start?
- Why is this important to you?





# Questions? Reflections?



Gilakas'la



**Exhibit: National Inquiry into Missing and  
Murdered Indigenous Women and Girls**

**Location/Phase:** Parts II/III - Igaliit

**Witness:** Janet Smylie

**Submitted by:** Christa Big Canoe

**Add'l info:** P02-03 P01 P02 01

**Date:** SEP 11 2018

**Initials**

**I/D**

**Entered**

63

18