Operationalizing Quality: Creating an Organizational Cultural Safety Framework

Quality Forum: Best of Both Worlds
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Disclosure

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  - 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

Report of the Royal Commission on Aboriginal Peoples

1996

Mar 17, 2005
A New Relationship

Jul 15, 2005
First Nations Health Blueprint for BC

Nov 25, 2005
Transformative Change Accord

2006
Bilateral First Nations Health Plan

2007
Tripartite First Nations Health Plan MOU

2015

Truth and Reconciliation
Recommendations

2016

Declaration on Commitment
Cultural Safet and Humility
Declaration of Commitment

DECLARATION OF COMMITMENT - JULY 16 2015

CULTURAL, SPIRITUAL AND HISTORICAL LEADERS AND PEOPLE OF FIRST NATIONS IN BRITISH COLUMBIA

We, the leaders of First Nations, as culturally and spiritually connected people, and the people of British Columbia, recognize the importance of preserving our cultural, spiritual, and historical legacies. We commit to working together to ensure that these values are upheld and promoted within our communities and across the province.

Our communities are built on a foundation of respect for tradition and the environment, and we recognize the need to preserve these values for future generations. We are committed to working with all levels of government and other stakeholders to support initiatives that promote cultural, spiritual, and historical education and awareness.

We pledge to uphold our cultural traditions and to work collaboratively with other communities to ensure that our cultural, spiritual, and historical values are preserved for the benefit of all.

Signature:

[Signatures]

[Signatures]
Cultural Safety goes beyond...

- Cultural Safety
- Cultural Humility
- Cultural Competency
- Cultural Sensitivity
- Cultural Awareness
Cultural Safety is:

An ongoing process

There is an historical, socioeconomic, political context

An outcome

PHSA Indigenous Health (2016)
An Organizational Self-Assessment Tool for Indigenous Cultural Competency at IH

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Cheryl Ward, Provincial Lead - Indigenous Cultural Competency Training, PHSI
Mary McCullough, Regional Health Liaison - Interior Region, PHSA

Draft Version 10.1: October 6, 2015 (References updated April 11, 2016)
Domains

Domain 1: Administration & Governance

Domain 2: Human Resources, Training & Staff Developm’t

Domain 3: Equitable Access & Service Delivery

Domain 4: Policy, Procedures, Risk & Legal

Domain 5: Communications & Community Relations

Domain 6: Planning, Monitoring, Evaluation & Research

A Culturally Safe Organization
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

<table>
<thead>
<tr>
<th>Column Number</th>
<th>Rating</th>
<th>Description of Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>Inadequate</td>
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<td></td>
<td>2</td>
<td>Emerging</td>
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<td>3</td>
<td>Approaching</td>
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<td>4</td>
<td>Meeting</td>
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<td>Evidence of action, collaboration, accountability and leadership</td>
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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

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

Adapted from Jackson (2012). The Psychology of Prejudice.
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

Pilot Sites
- BCCDC
- Women’s and Children’s Hospital
- Labour/Delivery, Emergency, NICU

Assessment Tool
- Organized by Six Domains
- Non-Existent, Developing, Meeting, Leading
- Rating each element across Domains

Planning Tool
- Site specific
- Developed in collaboration
- 1-2 year scope

Intervention Tools
- Building on existing tools
- Working with UBC School of Nursing
- Interventions for policy and practice

Framework for Responding to Harmful Practices
- Literature Review
- Best Practice Models
- In Collaboration with Indigenous Health Leads

Evaluation
- Rigorous methodology
- Measuring impact
- Measuring implementation

Existing Structures
- BC Women’s and Children’s ICS Task Force
- Workplace Culture / Patient Experience Councils
- Accreditation
Responding to discriminatory comments

This information is adapted from:
- Anti-Discrimination Response Training developed by Dr. Ishu Ishiyama of UBC;
- Diane Goodman: 'Promoting Diversity and Social Justice'
  Gender, Inclusion, and Cultural Safety Training, UBC
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.
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!
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)
Speak the unspeakable.

How can we ensure Indigenous people experience harm in health care?

TRIZ:
- Lack of representation
- Bias regulations
- Bar access
- Unwelcome
- Disregarding voice
- Invisibility
- Ignore
- Deny understanding
- Segregation
- Escalating prematurely

How many of these things are we already doing?

So that racist behaviour is not tolerated over the fear of naming it:

Disrupt
We must acknowledge:
Theory vs practice

There are no consequences to violating policies.

Why?

Change the culture:
Address power.


dichotomy=

In fact, there are social consequences to speaking up.

Taking courage to mend the HDP with a broken heart.

There is enough evidence... it's time for action.

We must start with ourselves.

But we cannot end it there.

Today's focus: Equitable access

Culture-safe organization:
- Experience
- Personal learning
- Site-specific knowledge

Good culture safety training unsettles:
- Good culture safety training

Duty of care to treat people regardless of who they are.
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