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British Columbia Cultural Safety and Humility

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Preface

Health Standards Organization (HSO) develops evidence-based health and social services standards, assessment programs, and quality improvement solutions. Recognized as a Standards Development Organization by the Standards Council of Canada, we work with leading experts and people with lived experience from around the world, using a rigorous public engagement process, to co-design standards that are people-centered, integrated and promote safe and reliable care. For more information visit www.healthstandards.org

HSO's People-Centred Care Philosophy and Approach

People-centered care (PCC) is an integral component of HSO's philosophy and approach. PCC is defined by the World Health Organization as: “An approach to care that consciously adopts the perspectives of individuals, families and communities, and sees them as participants as well as beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways. People-centred care requires that people have the education and support they need to make decisions and participate in their own care. It is organized around the health needs and expectations of people rather than diseases” (World Health Organization, 2016). This definition is inclusive of all individuals – patients, residents, clients, families, caregivers, and diverse communities.

As such, PCC guides both what HSO does and how HSO does it. PCC calls for a renewed focus on the interaction and collaboration between people, leading to stronger teamwork, higher morale, and improved co-ordination of care (Frampton et al., 2017). This ensures people receive the appropriate type of care in the right care environment.

With a mission to inspire people, in Canada and around the world, to make positive change that improves the quality of health and social services for all, HSO has developed the following guiding PCC principles:

1. Integrity and relevance: *Upholding the expertise of people in their lived experiences of care; Planning and delivering care through processes that make space for mutual understanding of needs /perspectives and allow for outcomes that have been influenced by the expertise of all.*
2. Communication and trust: *Communicating and sharing complete and unbiased information in ways that are affirming and useful; Providing timely, complete, and accurate information to effectively participate in care and decision making.*
3. Inclusion and preparation: *Ensuring that people from diverse backgrounds and contexts have fair access to care and opportunities to plan and evaluate services; Encouraging and supporting people to participate in care and decision making to the extent that they wish.*
4. Humility and learning: *Encouraging people to share problems and concerns in order to promote*

continuous learning and quality improvement; Promoting a just culture and system improvement over blame and judgement.

About Our Standards

HSO standards are the foundation on which leading-edge accreditation programs and great public policy are built. Standards create a strong health care structure that the public, providers and policy makers can rely on, assuring high quality health services where it matters most.

HSO's standards are formatted using the following structure.

- **Subsection Title:** A section of the standard that relates to a specific topic.
- **Clause:** A thematic statement that introduces a set of criteria.
- **Criteria:** Requirements based on evidence, that describe what is needed by people to achieve a particular activity. Each criterion outlines the intent, action, and accountability.
- **Guidelines:** Provide additional information and evidence to support the implementation of each criterion.

This particular standard is intended to be used as part of a conformity assessment.

Disclaimer

HSO standards are not intended to replace clinical, management, or best practice guidelines or to contravene existing jurisdictional regulations.

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Introduction

Widespread and systemic racism, stereotyping, and discrimination experienced by First Nations, Métis, and Inuit Peoples, communities, and families in British Columbia (BC) health systems have resulted in a range of negative impacts, including trauma; physical, psychological, and spiritual harm; and death.

This standard reinforces calls to action to embed cultural safety and humility and address racism and discrimination experienced by First Nations, Métis, and Inuit Peoples in BC. The standard outlines the responsibilities of health authorities and health and social services organizations in BC to establish cultural safety and humility and a culture of anti-racism in their services and programs to better respond to the health and wellness priorities of First Nations, Métis, and Inuit Peoples, communities, and families served by those organizations. The standard focuses on designing, implementing, and evaluating culturally safe systems and services that effectively address systemic and interpersonal racism experienced by First Nations, Métis, and Inuit people. In the standard, cultural safety is defined as “an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe” (First Nations Health Authority, 2016, p. 5).

Indigenous-specific racism exists at all levels of Canada's health care system (Health Council of Canada, 2012; Reading, 2013; Allan & Smylie, 2015; Harding, 2018; Turpel-Lafond, 2020). “Indigenous-specific racism is ongoing, systemic and includes race-based discrimination experienced by First Nations, Métis, and Inuit peoples and communities. It maintains unequal treatment and is rooted in colonial practices and policies. More specifically, it is a form of racism against Indigenous peoples in which bias, stereotypes, and prejudice are rooted in colonialism” (Turpel-Lafond, 2020).

On November 30, 2020, the BC provincial government released In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care (full report) (Turpel-Lafond, 2020), The report explores the experiences and impact of Indigenous-specific racism on health system performance and on the health and wellness of Indigenous Peoples in BC. The report reflects over 9,000 voices and analyzes health system performance data from more than 185,000 Indigenous people. The findings demonstrate the existence of health care inequities between Indigenous and non-Indigenous people. For example, up to 23 per cent of Indigenous respondents feel “not at all safe” when receiving assisted living, long-term care, or mental health services. This percentage is three to four times higher than the percentage of non-Indigenous respondents' who feel not at all safe. The report outlines three common complaints about health care: (1) negative individual interactions with health care providers (e.g., disrespect and discrimination based on stereotypes, including verbal abuse); (2) restricted access to timely care (e.g., delays, lack of appropriate assessments or referrals, denial of treatment); and (3) poor care (e.g., lack of application of practice standards resulting in misdiagnoses and treatment errors).

Other reports yield similar findings. The National Report of the First Nations Regional Health Survey, Phase 3, Volume Two (First Nations Information Governance Centre, 2018) reports on regional and provincial community-delivered findings for health and wellness indicators in BC. More than 5,700 people from 122 communities contributed to this report. It found that First Nations people experience inequity when accessing health services for themselves or family members. Barriers include lack of access to health care (59 per cent), inadequate health care (33 per cent), high cost of associated services such as child care (32 per cent), and transportation issues (21 per cent).

The 2021 Métis Public Health Surveillance Program report, Taanishi Kiiya? (Métis Nation British Columbia & BC Office of the Provincial Health Officer, 2021), notes the widespread health disparities between Métis people and the general population, including in youth mental health and wellness and chronic diseases such as diabetes. The report concludes with recommendations to enhance cultural safety and cultural wellness for Métis people and ensure a health system that is responsive to and inclusive of the unique needs and cultural traditions of Métis Peoples. First Nations, Métis, and Inuit Peoples and communities experience racism and discrimination in distinct ways that can be compounded by other forms of social exclusion associated with a person's race, religion, sex, gender identity, sexual orientation, disability, or other protected characteristics, and this often causes further injustice and harm. In this standard, anti-racism and anti-discrimination principles include intersectionality (e.g., Two-Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual [2SLGBTQQIA] people, people with disabilities).

First Nations, Métis, and Inuit Peoples and communities experience racism and discrimination at many levels when seeking health-related care and services. Racism in the health system is a serious problem that poses a danger to those experiencing it. Indigenous-specific racism and discrimination in health care creates systemic barriers and causes harm in many ways, including

- physical and emotional harm caused by racism and stereotyping (Harding, 2018; Turpel-Lafond, 2020);
- reduced access to care and services due to racism, discrimination, stigma, sexism, and bias (Health Council of Canada, 2012; Harding, 2018);
- reduced access to obtaining health education (Waterworth et al., 2015);
- avoidance of the health care system due to fear and mistrust (Harding, 2018; Teixeira et al., 2018; Waterworth et al., 2015);
- non-adherence to treatment plans because of cultural incongruence resulting from ignorance of cultural practices (Turpel-Lafond, 2020);
- missed or delayed diagnoses (Harding, 2018);
- lack of treatment (e.g., denied treatment, improper assessments, or referrals) (Harding, 2018; Turpel-Lafond, 2020);
- common and pervasive exposure to racism and discrimination that results in chronic stress and is made worse by unique psycho-social and contextual factors (American Psychological Association, 2013); and

- death, as in the case of Keegan Combes, Brian Sinclair, and Joyce Echaquan (First Nations Health Authority, 2022, Browne et al., 2017; Canadian Broadcasting Corporation, 2017), among others.

The In Plain Sight report also notes that First Nations, Métis, and Inuit workforce members are also harmed through workplace policies and procedures that do not respect family and community values, do not support those experiencing trauma, do not support advancement, or do not provide mentoring opportunities (Turpel-Lafond, 2020). Furthermore, First Nations, Métis, and Inuit workforce members also experience interpersonal racism from colleagues, supervisors, clients, and others.

In July 2015, health authorities and organizations declared their commitment to embedding cultural safety and humility into their practice. The BC Minister of Health, the First Nations Health Authority (FNHA), and the chief executive officers from BC's six health authorities led the movement to enhanced cultural safety in the delivery of health services, followed in 2017 by all the regulators that govern health professionals working in BC (First Nations Health Authority, 2017). In November 2019, the Declaration on the Rights of Indigenous Peoples Act was unanimously passed by the Legislative Assembly of British Columbia.

The concept of cultural safety was introduced by Irihapeti Ramsden, a Māori nurse in Aotearoa (New Zealand), in response to disparities in Māori health, and the need to acknowledge and understand the impact of historical, social, and political processes on Māori health care. Ramsden (2002) developed the concept of cultural safety as an educational framework to examine power relationships between health care providers and service recipients. Health care providers Melanie Tervalon and Jann Murray-García (1998) first coined the term cultural humility to educate other providers on how to best provide services to members of minority cultures. This standard defines cultural humility as a process of self-reflection to understand personal and systemic biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience (First Nations Health Authority, 2016). Engaging in cultural humility during client–provider interactions positions Indigenous voices at the forefront and promotes mutual decision-making that makes Indigenous clients partners in their health care treatment (Turpel-Lafond, 2020).

According to Greenwood's change model (2019), real transformation of the health system requires change at three interconnected levels: (1) structural (policy), (2) systemic (organizational), and (3) interpersonal (provider and service delivery). This standard outlines the responsibilities of BC health systems and organizations, and their organizational leaders and service providers, to support cultural safety and humility within health systems. By specifying the responsibilities of BC health systems and organizations to address cultural safety and humility and Indigenous-specific racism, this standard has the potential to guide short- and long-term transformative change in BC health systems and organizations.

This standard uses the term First Nations, Métis, and Inuit Peoples and communities to describe First Nations, Métis, and Inuit populations within an interconnected, supportive network who participate in, and benefit from, the health system and health and social service organizations' programs and services as co-producers of health. Depending on the service setting or context, First Nations, Métis, and Inuit Peoples and communities may be served on an individual basis, or at the community or population levels. In this standard, the term First Nations, Métis, and Inuit Peoples and communities includes First Nations Peoples and communities who originate from the land or territory upon which a facility is located, as well as the First Nations, Métis, and Inuit Peoples and communities living within the territory. The standard also uses the term Indigenous to refer to First Nations, Métis, and Inuit Peoples. The term Aboriginal is used where appropriate, such as when referring to rights and obligations.

The standard applies and recommends a distinctions-based approach to working with First Nations, Métis, and Inuit Peoples and communities. This approach acknowledges that there are three distinct groups of Indigenous Peoples in Canada: First Nations, Métis, and Inuit. It recognizes that collaboration with First Nations, Métis, and Inuit Peoples and communities must occur at the outset, when legislation, standards, policies, or programs are developed, to create inclusive services that respect and meet the diverse priorities of each community (Assembly of First Nations, 2021; Indigenous Services Canada, 2021; National Association of Friendship Centres, 2020). Section 35 of the Constitution Act (1982) recognizes and affirms the rights of Aboriginal Peoples of Canada, while all Indigenous Peoples have human rights that are expressed in the United Nations Declaration of Human Rights. However, not all rights are uniform or the same among or between all Indigenous Peoples. In applying a distinctions-based approach, health and social service organization should acknowledge and respect the unique cultures, histories, rights, laws, and governments of First Nations, Métis, and Inuit Peoples.

The standard also recommends a strengths-based approach to working with First Nations, Métis, and Inuit Peoples and communities. This approach focuses on the strengths, resilience, and abilities of First Nations, Métis, and Inuit people and communities to positively adapt despite significant hardships or trauma, as opposed to concentrating solely on remedying the historical, social, health, and health care disparities they face. Calls for a strengths-based approach derive mainly from First Nations, Métis, and Inuit Peoples and communities and occur mostly in the context of health, education, and support for children and families. A strengths-based approach is considered not only a culturally appropriate way of engaging with Indigenous communities, but the only way (Askew et al., 2020; Public Health Agency of Canada, 2018).

The standard is organized into the following sections:

1. Supporting Social, Public, and Reciprocal Accountability
2. Establishing Inclusive and Meaningful Partnerships
3. Sharing Governance and Implementing Responsible Leadership

4. Investing in Financial and Physical Infrastructure
5. Developing Human Capacity
6. Building a Culture of Quality and Safety
7. Designing and Delivering Culturally Safe Services
8. Collecting Evidence and Conducting Research and Evaluation

Organizations need to develop or adapt their policies and processes to reflect the principles and criteria in the standard. The standard does not provide a detailed description of specific ways to apply the criteria. The standard also considers the principles of ownership, control, access, and possession (OCAP®); ownership, control, access, and stewardship (OCAS); and Inuit Qaujimajatuqangit when referring to gathering data and information. There is an emphasis on these principles in section 8.

Guided by this standard, it is expected that BC health systems and organizations will begin to fundamentally shift the paradigms that perpetuate racism and discrimination against Indigenous Peoples and start the work needed to uphold cultural safety, cultural humility, and reconciliation for all Canadians.

Scope

Purpose

This standard specifies the requirements for governing bodies, organizational leaders, teams, and the workforce in health authorities and health and social services organizations to provide culturally safe services to First Nations, Métis, and Inuit Peoples and communities and address Indigenous-specific racism in service delivery in BC.

The standard applies to First Nations, Métis, and Inuit Peoples' health and wellness journeys across the health system, including health promotion and disease prevention, access to health and social services, admission, assessment, treatment, discharge, and end-of-life care. The standard provides guidance on the organizational structures and procedures that are required in governance, leadership, and service provision to support cultural safety and humility and anti-racism and ensure the delivery of health and social services that are aligned with Indigenous traditions and values.

Applicability

This standard is intended to be used by governing bodies, organizational leaders, teams, and the workforce in health authorities and health and social services organizations in the province of BC to support the design, development, and implementation of health and social services and care delivery that respects cultural safety and humility principles.

Terms and Definitions

Definitions

Below is a list of terms and definitions that are used throughout this standard. For additional terms and definitions commonly used throughout all HSO standards please refer to our master glossary, HSO 0400 - HSO Terms and Definitions found here: https://healthstandards.org/files/HSO-MasterGlossaryList-2018E.pdf.

Standard Specific Definitions

Accessible communication. Communication that uses plain language and provides information that the intended audience is able to easily and unambiguously understand (Public Works and Government Services Canada, 2015), and is available in a variety of formats (i.e., oral, written, online, print). Accessible communication benefits all audiences by making information clear, direct, and easy to understand. It takes into consideration the various barriers to accessing information and provides opportunities for feedback (Communication Canada, 2003).

Accountability. Having responsibility for, and being able to answer to, a person or group regarding assigned obligations (Mihalicz, 2017). Accountability in integrated health systems is shared among policy makers, system partners, and affected parties. It includes financial accountability (e.g., system sustainability, budget allocation), public accountability (e.g., engagement, transparency), accountability to deliver comprehensive services (e.g., those that address the social determinants of health), reciprocal accountability, and evaluation accountability (e.g., evaluating health system performance).

Anti-racism. Taking action to create conditions of greater inclusion, equality, and justice. Anti-racism is more than just “not being racist”; it is the practice of actively identifying, challenging, preventing, and eliminating racist ideologies, and changing the values, structures, policies, programs, practices, and behaviours that perpetuate racism (Turpel-Lafond, 2020). In this standard, the anti-racism policies, programs, and practices are specific to First Nations, Métis, and Inuit Peoples and communities.

Best practice. A procedure that has been shown by research and experience to produce optimal results and that is established or proposed as a standard suitable for widespread adoption (Merriam-Webster, n.d.-a).

Client. A person who receives, participates in, and benefits from health systems and services, as a co-producer of health. Depending on the health setting or context, a client may be referred to as a patient, resident, or community member. Clients could include carers and families when desired by the person receiving health services. When the organization does not provide services directly to individuals, client refers to the community or population that is served by the organization.

Collaboration. A recognized relationship between an organization and First Nations, Métis, and Inuit Peoples and communities that has been formed to take effective and sustainable action that incorporates the experiences, values, and perspectives of those participating in health systems and services. Collaboration encompasses a full spectrum of activities, from coordinating culturally safe services and sharing information to integrating services through shared delivery and shared accountability for outcomes. During collaboration, engagement is ongoing and respectful.

Colonialism. Policies or practices whereby groups or countries partially or fully steal land and resources from Indigenous Peoples, occupy the land, and exploit the people and the land by racist policy and law for economic privileges. Following the acquisition of land and resources, colonizers establish laws and processes that continuously violate the human rights of Indigenous Peoples; violently suppress their governance, legal, social, and cultural structures; and force them to conform to the newly established laws and processes of the colonial state (Turpel-Lafond, 2020).

Colonial trauma. The historical impacts of political processes and systemic violence (e.g., colonialism, cultural genocide) on individuals. Intergenerational trauma is an outcome of colonial trauma, whereby the effects of colonial trauma (e.g., physical, psychological, and economic disparities) on Indigenous populations are compounded and passed from one generation to the next (Public Health Agency of Canada, 2018; Turpel-Lafond, 2020).

Community. Indigenous communities “are those which, having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing on those territories, or parts of them” (United Nations, 2004, p. 7).

Community-based participatory research. Research that “takes place in community settings and involves community members in the design and implementation of research projects, demonstrates respect for the contributions of success that are made by community partners, as well as respect for the principle of ‘doing no harm' to the communities involved” (San Francisco State University Institute for Civic and Community Engagement, n.d.).

Cultural humility. A lifelong process of self-reflection and self-critique to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience. It is foundational to achieving a culturally safe environment. “While western models of medicine typically begin with an examination of the patient, cultural humility begins with an in-depth examination of the provider's assumptions, beliefs and privilege embedded in their own understanding and practice, as well as the goals of the patient-provider relationship” (College of Physicians and Surgeons of British Columbia, 2022, p. 1). Undertaking cultural humility ensures Indigenous Peoples are partners in the choices that impact them throughout their care (First Nations Health Authority, 2016; Turpel-Lafond, 2020).

Cultural safety. “An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care” First Nations Health Authority, 2016, p. 5). In this standard, cultural safety means Indigenous cultural safety. A culturally safe environment for Indigenous Peoples is one that is physically, socially, emotionally, and spiritually safe without challenge, ignorance, or denial of a person'sidentity (Turpel-Lafond, 2020). Practising cultural safety requires having knowledge of the colonial, sociopolitical, and historical events that trigger the health disparities encountered by Indigenous Peoples and perpetuate and maintain ongoing racism and unequal treatment (Allan & Smylie, 2015).

Decolonizing approach. An approach that aims to resist and undo the forces of colonialism and re-establish Indigenous Nationhood. It is rooted in Indigenous values, philosophies, and knowledge systems. It is a way of doing things differently that challenges colonial influences by making space for marginalized Indigenous perspectives.

Determinants of health. Personal, social, economic, and environmental factors that determine health at individual and population levels (Public Health Agency of Canada, 2020). Social determinants of health are “the conditions in which people are born, grow, work, live, and age, as well as the wider set of forces and systems shaping the conditions of daily life. The social determinants of health include: culture and language; social support networks; income and social status; employment and working conditions; physical environment (housing, land, water, food security); personal health practices and coping skills; early childhood development; access to health services; genetics; gender; and social inclusion” (First Nations Health Authority, 2018, p. 3).

Discrimination. Targeting an individual or group of people for negative treatment because of specific characteristics such as race, religion, sex, gender identity, sexual orientation, disability, or other protected characteristics (Canadian Human Rights Commission, n.d.). Discrimination can occur at an individual, organizational, or societal level. It occurs when a particular social group is denied access to goods, resources, and services, either through action or inaction (Turpel-Lafond, 2020).

Distinctions-based approach. An approach that acknowledges that First Nations, Métis, and Inuit Peoples have unique cultures, territories, histories, strengths to build on, and challenges to face. A distinctions-based approach means working with First Nations, Métis, and Inuit together and independently in recognition of their distinctions and rights as affirmed under section 35 of the Constitution Act (1982) and the Declaration on the Rights of Indigenous Peoples Act (2019) (Indigenous Services Canada, 2023). This approach recognizes that collaborations with First Nations, Métis, and Inuit Peoples must occur from the outset when developing legislation, standards, policies, or programs to ensure that services are inclusive, and respect and meet the diverse priorities of each group (Assembly of First Nations, 2021; Indigenous Services Canada, 2021; National Association of Friendship Centres, 2020).

Elders. Leaders, teachers, role models, mentors, and Healers who are recognized by their Indigenous communities and who play a pivotal role in the health and wellness of their communities (First Nations Health Authority, 2014a). In First Nations, Métis, and Inuit cultures, Elders play a prominent, vital, and respected role. They are held in high regard as Knowledge Keepers who carry traditional teachings and information that has been passed down through oral history, customs, and traditions, which encompass beliefs, values, worldviews, language, and spiritual ways of life. First Nations, Métis, and Inuit Elders are acknowledged by their respective communities as an Elder through a lifetime of learned teachings and earned respect. Many communities have a defined protocol and process for becoming an Elder. Gender and age are not factors in determining who is an Elder (Carleton University, n.d.).

Executive leader. The senior-most leader of the organization (e.g., the chief executive officer) and head of the senior leaders. The executive leader reports to the governing body.

First Nations. The preferred term for Indigenous Peoples of what is now Canada, and their descendants, who are neither Métis nor Inuit. First Nations people who are legally registered as Indian under the Indian Act are considered “status,” while those who are not are considered “non-status.” A First Nations person's status can have many implications, including on their health and wellness (Indigenous Corporate Training Inc., 2016).

First Nations, Métis, or Inuit partner. A First Nations, Métis, or Inuit organization or service provider with which the health or social services organization has a partnership agreement.

Governing body. The body that holds authority, ultimate decision-making power, and accountability for an organization and its services. This may be a board of directors, a health advisory council, a Chief and Council, or another decision-making body. A governing body may work independently or with government in jurisdictions where government is responsible for one or more governance functions.

Healer or Indigenous Traditional Healer. A person recognized by their community for providing traditional health practices, approaches, knowledge, and beliefs rooted in Indigenous healing and wellness while using Ceremonies; plant, animal, or mineral-based medicines; energetic therapies; or physical, hands-on techniques (First Nations Health Authority, 2021a; First Nations Health Authority, n. d.-a). Healers provide “an important entry point on the pathway to care for people who use traditional health services” (First Nations Health Authority, 2014b, p. 15).

Health equity. Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, geographically or by other means of stratification. Health equity implies that all people have an equitable opportunity to reach their full health and wellness goals. Health equity can be impacted by a variety of factors including a person's culture, geography, and socioeconomic status (World Health Organization, 2021b).

Health literacy. The degree to which people have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions (Ratzan et al., 2000), and the degree to which organizations implement strategies to make it easier for clients to understand health information, navigate the health care system, engage in the health care process, and manage their health (Brach et al., 2012). Both at the individual level and within organizations, health literacy involves an understanding and recognition of the power imbalances inherent in the health system.

Health system. The organizations, institutions (including governments), resources, and people whose primary purpose is to improve health. This includes efforts to influence determinants of health as well as more direct health improvement activities. Health systems deliver preventive, promotive, curative, and rehabilitative interventions. The actions of the health system should be responsive and financially equitable, while treating people with respect. A health system needs staff, funds, information, supplies, transport, communications, and overall guidance and direction to function. Strengthening health systems thus means addressing key constraints in each of these areas (World Health Organization, 2010).

Indigenous. The First Peoples of Canada, who identify as First Nations, Métis, or Inuit. The Declaration on the Rights of Indigenous Peoples Act (2019) defines Indigenous with the same definition as Aboriginal in the Constitution Act (1982). Some First Nations, Métis, and Inuit Peoples may prefer the use of the term Aboriginal.

Indigenous client navigator. A person who provides culturally safe support and facilitates access to services and resources, both traditional and Western (First Nations Health Authority, 2016). May also be known as an Indigenous client liaison, wellness coach, Elder in residence, or cultural navigator.

Indigenous Peoples and communities. The First Nations, Métis, and Inuit populations within an interconnected, supportive network who participate in, and benefit from, the health system and organizations' programs and services as co-producers of health. Depending on the service setting or context, First Nations, Métis, and Inuit Peoples and communities may be served on an individual basis or at the local, community, or population level. First Nations, Métis, and Inuit Peoples and communities include First Nations Peoples and communities who originate from the land or territory upon which a facility is located, as well as the First Nations, Métis, and Inuit Peoples and communities living within the territory.

Indigenous ways of knowing. The complex and diverse ways in which Indigenous Peoples learn and teach. Learning and teaching are not limited to human interactions; they encompass all elements that can teach people, from flora and fauna to objects in the environment that many consider inanimate (Office of Indigenous Initiatives, n.d.).

Infrastructure. The built environment and its supporting elements such as equipment, information technology, systems and processes, sustainability initiatives, and staff required to deliver integrated health and wellness services (Luxon, 2015).

Inuit. An Indigenous circumpolar people found across the north. In Canada, Inuit primarily live in the Inuit Nunangat. The Inuit term Inuit Nunangat includes land, water, and ice. Inuit consider the land, water, and ice of their homelands to be integral to their culture and way of life. Inuit Nunangat includes the Inuvialuit Settlement Region (Northwest Territories), Nunavut, Nunavik (Northern Quebec), and Nunatsiavut (Northern Labrador) (Royal Canadian Geographical Society, 2018). Inuit are one of three recognized Indigenous Peoples in Canada; the others are First Nations and Métis (Library and Archives Canada, 2020).

Inuit Qaujimajatuqangit. Inuit epistemology or the Indigenous knowledge of the Inuit. The term translates directly as “that which Inuit have always known to be true.” Like other Indigenous knowledge systems, Inuit Qaujimajatuqangit is recognized to be a unified system of beliefs and knowledge characteristics of the Inuit culture. The term Inuit Qaujimajatuqangit was formally adopted by the Government of Nunavut (Tagalik, 2009–2010).

Jordan's Principle. A commitment that First Nations children would get the products, services, and supports they need, when they need them, to address a wide range of health, social, and educational needs. Jordan's Principle is named in memory of Jordan River Anderson, a young boy from Norway House Cree Nation in Manitoba, Canada. Jordan was born in 1999 with multiple disabilities and stayed in the hospital from birth. When he was two years old, doctors said he could move to a special home that could accommodate his medical needs. However, the federal and provincial governments could not agree on who should pay for his home-based care. Jordan stayed in the hospital until he passed away at the age of five. In 2007, the House of Commons passed Jordan's Principle in memory of Jordan (First Nations Health Authority, n.d.-e).

Knowledge Keeper or Indigenous Knowledge Keeper. An Indigenous person who is recognized by their community as holding traditional knowledge and teachings taught by an Elder or senior Knowledge Keeper within their community (Office of Indigenous Initiatives, n.d.).

Lateral kindness. An approach based on Indigenous values that addresses lateral violence. It promotes social harmony and healthy relationships. Many Indigenous cultural teachings include the message that everyone is connected. Healing and decolonizing from the effects of colonialism means acting with lateral kindness to each other to honour these teachings (First Nations Health Authority, 2020).

Lateral violence. Behaviours such as gossip, passive aggressive behaviour, blaming, shaming, demeaning activities, bullying, threatening or intimidating behaviour, verbal and physical assault, and attempts to socially isolate others (First Nations Health Authority, n.d.-d).

Métis. A person who self-identifies as Métis, is of historic Métis ancestry, is distinct from other Aboriginal Peoples, and is accepted by the Métis Nation (Métis Nation British Columbia, 2003).

Métis Chartered Community. The base unit of the Métis government. No geographic area (city, town, municipality, or unincorporated municipal unit) has more than one community. A community is made up of at least 25 Métis citizens who are 18 years of age or older. Métis Chartered Communities recognized by Métis Nation British Columbia are required to enter into Community Governance Charters that define an affiliated relationship for financial and political accountability, mutual recognition, and dispute resolution. All communities must implement a constitution that is consistent with the Constitution of the Métis Nation British Columbia and legislation (Métis Nation British Columbia, 2003).

Métis community. For the purposes of this standard, a group of Métis citizens and self-identified Métis people living in Métis Nation British Columbia's seven defined regions.

OCAP principles or First Nations OCAP principles. The First Nations principles of ownership, control, access, and possession (OCAP) are a set of standards that establish how First Nations data and information should be collected, protected, used, or shared (First Nations Information Governance Centre, 1998).

OCAS® principles. The Métis principles of ownership, control, access, and stewardship (OCAS®) are a set of standards that establish how Métis data and information should be collected, protected, used, or shared. OCAS® principles have been subscribed to by the Manitoba Métis Federation (University of Manitoba, 2019).

Organizational leaders. People in an organization who work in a formal or leadership management capacity to support, manage, and recognize their team, unit, organization, or system (Dickson & Tholl, 2014). Leaders include executive and other senior leaders. For the purposes of this standard, an organization's governing body is not included in the term organizational leaders.

Prejudice. “A negative way of thinking and attitude toward a socially defined group and toward any person perceived to be a member of the group” (Turpel-Lafond, 2020, p. 5)

Privilege. Unearned social advantages, favours, and benefits afforded to non-racialized people in comparison to racialized groups. Privilege occurs at many levels of society, including personal, interpersonal, cultural, and institutional (Turpel-Lafond, 2020).

Profiling. “Creating or promoting a preset idea of the values, beliefs and actions of a group in society and treating individuals who are members of that cohort as if they fit a preset notion, often causing them to receive different and discriminatory treatment” (In Plain Sight, 2020, p. 5).

Program. A coordinated and comprehensive set of health strategies, policies, benefits, supports, services, and community links that respond to community needs and are designed to encourage health and wellness.

Racism. “The belief that a group of people are inferior based on the colour of their skin or due to the inferiority of their culture or spirituality. It leads to discriminatory behaviours and policies that oppress, ignore, or treat racialized groups as ‘less than' non-racialized groups” (Turpel-Lafond, 2020, p. 6).

- **Indigenous-specific racism**. “The unique nature of stereotyping, bias and prejudice about Indigenous peoples in Canada that is rooted in the history of Settler colonialism. It is the ongoing race-based discrimination, negative stereotyping and injustice experienced by Indigenous peoples that perpetuates power imbalances, systemic discrimination, and inequitable outcomes stemming from the colonial policies and practices” (Turpel-Lafond, 2020, p. 5). Examples of Indigenous-specific racism at the systemic level include chronic underfunding of health services in rural and remote Indigenous communities, the exclusion of Indigenous content from Settler-imposed elementary and secondary school curricula, and the exclusion or dismissal of Indigenous approaches to health and health care in the mainstream health care system. This last example can also be interpreted as a form of epistemic racism (Provincial Health Services Authority, 2019).
- **Epistemic racism**. The practice of knowledge domination (e.g., favouring Western perspectives on health and wellness) that is rooted in the belief that the knowledge of one racialized group is inferior to non-racialized groups (Turpel-Lafond, 2020; Reading, 2013).
- **Interpersonal or relational racism**. The most apparent form of racism. It is often displayed during day-to-day interactions and can include a spectrum of discriminatory behaviours such as name calling, racial slurs, microaggressions, and violence (Turpel-Lafond, 2020; Provincial Health Services Authority, 2019).
- **Microaggression**. A brief and commonplace verbal, behavioural, or environmental indignity, whether intentional or unintentional, that communicates a hostile, derogatory, or negative racial slight and insult toward racialized people (Sue et al., 2007).
- **Organizational racism**. Organizational policies, practices, and workplace cultures that consistently penalize, disadvantage, or otherwise harm Indigenous Peoples, such as a lack of accountability for incidents of interpersonal racism (e.g., a lack of mechanisms to report or follow up on incidents), a workplace culture that normalizes stereotyping or racist remarks about Indigenous Peoples, or policies that are not designed with Indigenous Peoples in mind or are not enforced equally across racialized groups (Provincial Health Services Authority, 2019).
- **Systemic racism**. Also referred to as structural racism or institutional racism, a form of racism that is embedded and enacted into societal structures, institutions, and systems (e.g., practices, policies, legislation) and results in perpetuating inequities such as profiling, stereotyping, social exclusion, and discrimination for racial groups (Turpel-Lafond, 2020; Reading, 2013).

- **Explicit racism**. Overt and often intentional racism practised by "individuals and institutions that openly embrace racial discrimination and hold prejudicial attitudes towards racially defined groups" (Moore, 2008, p. 156).
- **Implicit racism**. "An individual's utilization of unconscious biases when making judgments about people from different racial and ethnic groups" (Moore, 2008, p. 156).

Reciprocal accountability. The foundation of First Nations' traditional social systems whereby each member of the community is held accountable for their decisions and actions and for their contributions to the community's wellness as a whole (First Nations Health Authority, 2013).

Reconciliation. Ongoing, collective efforts of all Canadians to revitalize the relationship between Indigenous Peoples and Canadian society. Reconciliation involves "repairing damaged trust by making apologies, providing individual and collective reparations, and following through with concrete actions that demonstrate real societal change" (Truth and Reconciliation Commission of Canada, 2015a, p. 16).

Safe space. A supportive, non-threatening environment where all people can feel comfortable to express themselves and share experiences without fear of discrimination or reprisal (Mental Health Commission of Canada, 2019).

Senior leaders. Organizational leaders in senior positions. They are accountable at the highest levels for the management and operations of the organization. Senior leaders include the executive leader.

Service provider. An individual or organization that provides preventive, curative, promotional, or rehabilitative health and social services in a systematic way to people and communities. For example, individual providers may be health professionals or social service workers, while organizational providers may be service delivery organizations such as hospitals, primary care centres, or social service organizations.

Services. A range of medical, social, and preventive care or treatments provided to people and communities by government, for-profit, and not-for-profit organizations. Services cover the spectrum of care from health promotion and disease prevention to diagnostic, treatment, rehabilitation, and palliative care and are provided in a variety of settings.

Settlers. Those who occupy lands previously stolen or in the process of being taken from Indigenous inhabitants or who are otherwise members of the "Settler society," which is founded on co-opted lands and resources. In the contemporary sense, the term Settlers increasingly includes people from around the globe who intentionally come to live in occupied Indigenous territories to seek enhanced privileges (Barker, 2009).

Speak-up culture. A safe space for people to speak up and speak out, where they can feel comfortable to point out both challenging areas and opportunities for new disruptions and innovations (Finnie, 2019).

Strengths-based approach. An approach that focuses on the strengths, resilience, and abilities of Indigenous people and communities to positively adapt despite significant hardships or trauma, rather than concentrating solely on remedying the historical, social, health, and health care disparities faced by First Nations, Métis, and Inuit Peoples and communities. A strengths-based approach is considered to be not only a culturally appropriate way to engage with Indigenous Peoples and communities, but the only way (Askew et al., 2020; Assembly of First Nations & Health Canada, 2015).

Team. People collaborating to meet the goals, needs, and preferences of the client. The team includes the client and, if incapable, their substitute decision maker; essential care partners with consent; and workforce members involved in the client's care. Depending on the care provided, the team may also include organizational leaders, volunteers, learners, external service providers, and visitors.

Traditional Indigenous healing practices. A broad term that describes the many different healing traditions within the different belief systems in Indigenous cultures in Canada. Indigenous traditional healing has been used by Indigenous Peoples for thousands of years (Canadian Cancer Society, n.d.).

Trauma. “Trauma is the lasting emotional response that often results from living through a distressing event. Experiencing a traumatic event can harm a person's sense of safety, sense of self, and ability to regulate emotions and navigate relationships. Long after the traumatic event occurs, people with trauma can often feel shame, helplessness, powerlessness and intense fear” (Centre for Addiction and Mental Health, n.d.).

Trauma- and violence-informed approaches. Approaches that focus on minimizing the potential for harm and re-traumatization and enhancing safety, control, and resilience for those involved with systems or programs. These approaches benefit everyone, regardless of whether they have experienced trauma or whether their personal history is known to service providers. Service providers and organizations who do not understand the complex and lasting impacts of violence and trauma may unintentionally re-traumatize. Embedding trauma- and violence-informed approaches into all aspects of policy and practice can create universal trauma precautions that provide positive support for everyone. They also provide a common platform that helps integrate services within and across systems and offers a basis for consistent ways of responding to people with such experiences (Public Health Agency of Canada, 2018).

Trigger. A stimulus that sets off a memory of a trauma or a portion of a traumatic experience. A trigger is any sensory reminder of the traumatic event: noise, smell, temperature, or other physical sensation or visual scene. Triggers can generalize to any characteristic, no matter how remote, that resembles or represents a previous trauma, such as revisiting the location where the trauma occurred, being alone, having children reach the age the person was when the trauma occurred, or hearing loud voices. Triggers are often associated with the time of day, season, holiday, or anniversary of the event (Center for Substance Abuse Treatment, 2014).

Truth telling. Telling the story of Canada's history, including residential schools, as it has affected and continues to affect First Nations, Métis, and Inuit Peoples, communities, and families (First Nations Child & Family Caring Society, 2020).

Urban and away-from-home. “A term that acknowledges that First Nations peoples were displaced from their home communities due to colonialism, or for economic, educational, or other opportunities. Not all First Nations peoples living in a city identify themselves as away from home; for some, the city is their home and is sometimes part of their traditional territory. The First Nations urban and away-from-home population includes status and non-status First Nations people who live in any of the following areas:

- An urban area or city.
- A rural, remote, or isolated area that is not in a First Nations community or on a reserve.
- A reserve that is away from their home community” (First Nations Health Authority, n.d.-f, p. 21)

Virtual health services. Any interaction between clients or their family members and members of their circle of care that occurs remotely using any form of communication or information technology, with the aim of facilitating or maximizing the quality and effectiveness of client care (Shaw et al., 2018).

Wellness. The presence of positive emotions and moods; the absence of negative emotions; and feelings of satisfaction with life, fulfillment, and positive functioning. Wellness is an individual state related to what is meaningful for each person and results from a combination of factors including physical wellness, economic wellness, social wellness, emotional wellness, psychological wellness, meaningful activities, and life satisfaction (Centers for Disease Control and Prevention, 2018). According to the First Nations Perspective on Health and Wellness, the balance between the mental, emotional, spiritual, and physical aspects of life is crucial for wellness. These aspects work together to nurture a wholistic level of well-being (First Nations Health Authority, n.d.-a).

Wise practices. Strengths-based actions, tools, principles, or decisions that are culturally appropriate and community driven. Wise practices recognize the wisdom in each Indigenous community and in the community's own stories of achieving success. The concept of wise practices recognizes that culture matters (Wesley-Esquimaux & Calliou, 2010).

Workforce. Everyone working in or on behalf of an organization on one or more teams. The workforce includes those who are salaried and paid hourly, in term or contract positions, clinical and non-clinical roles, regulated and non-regulated health care professionals, and all support personnel who are involved in delivering services in the organization.

Abbreviations

2SLGBTQQIA – Two-Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual

BC – British Columbia

DRIPA – Declaration on the Rights of Indigenous Peoples Act

FNHA – First Nations Health Authority

FNHC – First Nations Health Council

HSO – Health Standards Organization

MMIWG – Missing and Murdered Indigenous Women and Girls

MNBC – Métis Nation British Columbia

OCAP® – ownership, control, access, and possession

OCAS – ownership, control, access, and stewardship

RCAP – Royal Commission on Aboriginal Peoples

TCPS – Tri-Council Policy Statement

TRC – Truth and Reconciliation Commission

UDHR – Universal Declaration of Human Rights

UNDRIP – United Nations Declaration on the Rights of Indigenous People

HSO Quality Dimensions

HSO Standards are based on eight-quality dimensions. Each dimension highlights themes of safety and high quality care in all health and social services sectors. Each criterion within the standard is defined by one of the eight quality dimensions.

Population Focus: Work with my community to anticipate and meet our needs

Accessibility: Give me timely and equitable services

Safety: Keep me safe

Worklife: Take care of those who take care of me

Client-centred Services: Partner with me and my family in our care

Continuity of Services: Coordinate my care across the continuum

Appropriateness: Do the right thing to achieve the best results

Efficiency: Make the best use of resources

Criteria Types

- **Required Organizational Practices:** Required Organizational Practices (ROPs) are essential practices that an organization must have in place to enhance client safety and minimize risk.
- **High Priority Criteria**: High priority criteria are criteria related to safety, ethics, risk management, and quality improvement.
- **Normal Priority Criteria:** Normal priority criteria are criteria that are not high priority or ROPs.

Assessment Methods

Assessment methods are used to assess an organization's conformity against criteria. The following assessment methods are used to support a progressive learning journey that is informed by both evidence and lived experience.

- **Attestation:** A formal procedure where an organization attests their conformity against identified assessment criteria. The criteria tagged with "attestation" means that an organization will be expected to review the identified assessment criteria and attest their conformity against the identified assessment criteria.
- **On-Site:** A third-party review conducted to assess an organization's conformity against identified assessment criteria. The criteria tagged with "on-site" means that the criteria will be assessed on-site by a third-party reviewer.

1 Supporting Social, Public, and Reciprocal Accountability

1.1 The organizational leaders are accountable for the organization's commitment to cultural safety and humility and anti-racism.

1.1.1 The organizational leaders develop a cultural safety and humility and anti-racism position statement that acknowledges the harm experienced by First Nations, Métis, and Inuit Peoples and communities, including racism and discrimination, and outlines the organization's commitment to addressing Indigenous-specific racism and discrimination.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to develop a strengths-based position statement that acknowledges the experiences of First Nations, Métis, and Inuit Peoples, including racism and discrimination.

The position statement also outlines the organization's commitment to addressing Indigenous-specific systemic, structural, and interpersonal biases within the organization's structures and processes, including how the organizational leaders will promote cultural safety and humility. The commitment addresses the organization's goals and expectations related to cultural safety and humility and anti-racism.

The organizational leaders share the position statement publicly, including with affected internal and external parties, partners, and the workforce, and use the position statement to inform strategic and operational planning.

Supporting Documentation

The organizational leaders use these key documents that reflect the importance of a commitment toward Indigenous rights and cultural safety and humility to inform the development of the organizational position statement:

- *Declaration on the Rights of Indigenous Peoples Act action plan* (British Columbia Ministry of Indigenous Relations and Reconciliation, 2022)

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)* (Turpel-Lafond, 2020)
- *Declaration of commitment* (BC health authorities, 2015)
- *Expanding our vision: Cultural equality & Indigenous Peoples' human rights* (Walkem, 2020)
- *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls* (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)
- *Métis Nation British Columbia letters of understanding with health authorities*
- *Métis Nation relationship accord II* (Métis Nation British Columbia, Government of British Columbia, 2016)
- *British Columbia tripartite framework agreement on First Nations health governance* (First Nations Health Society, Government of British Columbia, Government of Canada, 2011)
- *Truth and Reconciliation Commission of Canada: Calls to action* (Truth and Reconciliation Commission of Canada, 2015b)
- *Navigating the currents of change: Transitioning to a new First Nations health governance structure* (Interim First Nations Health Authority, 2012)
- *British Columbia First Nations perspectives on a new health governance arrangement: Consensus paper* (Interim First Nations Health Authority, 2011)
- *United Nations declaration on the rights of Indigenous peoples* (United Nations, 2007)
- *Report of the Royal Commission on Aboriginal Peoples* (Royal Commission on Aboriginal Peoples,1996)
- *Transformative change accord: First Nations health plan* (British Columbia Ministry of Health, 2015)
- *Partnership accords*
- *Remembering Keegan: A BC First Nations case study reflection* (First Nations Health Authority, 2022)
- *Universal declaration of human rights, article 1* (United Nations, n.d.)

Legislative Commitments

- *Human Rights Code*, RSBC 1996, c 210
- *Declaration on the Rights of Indigenous Peoples Act*, SBC 2019, c 44

1.1.2 The organizational leaders report to the appropriate entity on their commitments to respecting and upholding the rights of First Nations, Métis, and Inuit Peoples and communities.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

Reporting entities differ by jurisdictions. The reporting could be to the organization's workforce or board, Indigenous committees or Nations, or broader communities served by the organization. The reporting processes and methods of communication (e.g., annual report) may also vary.

Supporting Documentation

The organizational leaders use the following key documents regarding Indigenous rights to health and self-determination to determine monitoring and reporting needs and requirements:

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report),* recommendations 6 and 16 (Turpel-Lafond, 2020)
- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 18* (Truth and Reconciliation Commission of Canada, 2015b)
- *Expanding our vision: Cultural equality & Indigenous Peoples' human rights* (Walkem, 2020)
- *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls* (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)
- *Métis Nation British Columbia letters of understanding with health authorities*
- *Métis Nation relationship accord II* (Métis Nation British Columbia, Government of British Columbia, 2016)
- *British Columbia tripartite framework agreement on First Nations health governance* (First Nations Health Society, Government of British Columbia, Government of Canada, 2011)
- *Navigating the currents of change: Transitioning to a new First Nations health governance structure* (Interim First Nations Health Authority, 2012)
- *British Columbia First Nations perspectives on a new health governance arrangement: Consensus paper* (Interim First Nations Health Authority, 2011)
- *United Nations declaration on the rights of Indigenous peoples* (United Nations, 2007)
- *Report of the Royal Commission on Aboriginal Peoples* (Royal Commission on Aboriginal Peoples,1996)
- *Transformative change accord: First Nations health plan* (British Columbia Ministry of Health, 2015)
- *Partnership accord 2019* (Interim Region Nations, Interior Health Authority, 2019)
- *Anti-racism, cultural safety & humility action plan* (First Nations Health Authority, First Nations Health Council, First Nations Health Directors Association, 2021)
- *Universal declaration of human rights, article 1* (United Nations, n.d.)

Legislative Commitments

- *Constitution Act*, RSC 1985, c C II, s 35
- *Declaration on the Rights of Indigenous Peoples Act*, SBC 2019, c 44

1.1.3 The organizational leaders establish clear accountabilities to address Indigenous-specific racism and discrimination and advance cultural safety and humility.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

The organizational leaders establish concrete and observable expectations and accountabilities for the organization's anti-racism and cultural safety and humility goals and objectives throughout the organization, including within organizational reporting relationships and accountability structures.

Legislative Commitments

- *Human Rights Code*, RSBC 1996, c 210
- *Declaration on the Rights of Indigenous Peoples Act*, SBC 2019, c 44

2 Establishing Inclusive and Meaningful Partnerships

2.1 The organizational leaders engage in purposeful, ongoing, and inclusive partnerships and communication with First Nations, Métis, and Inuit Peoples and communities.

2.1.1 The organizational leaders designate a lead to support inclusive and meaningful partnerships with First Nations, Métis, and Inuit organizations and service providers.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **Attestation**

Guidelines

The organizational leaders designate a lead to collaborate with First Nations, Métis, and Inuit Peoples and communities to identify organizations and service providers for collaboration or partnership to advance First Nations, Métis, and Inuit health and wellness goals and objectives.

The organization's partnerships with First Nations, Métis, and Inuit organizations and service providers, as with its relationships with First Nations, Métis, and Inuit Peoples and communities, depend on strong, reciprocal relationships and shared decision-making. The organizational leaders recognize that partnerships are complex and that power dynamics between partners may shift over time.

Partnerships are protected and enhanced through coordinated planning, management, design, and delivery of services that result in an integrated health system that meets health and wellness goals and objectives for First Nations, Métis, and Inuit Peoples and communities.

Partnerships are documented in written agreements where applicable.

Each partnership agreement outlines

- specific and defined roles and responsibilities for each party to the agreement;
- First Nations, Métis, and Inuit health and wellness goals and objectives;
- ways in which the partners will work to collectively achieve the goals and objectives as per the defined roles and responsibilities;

- reciprocal accountabilities and reporting requirements;
- engagement processes that meet agreed-upon principles;
- communication methods and processes that are accessible to all partners (e.g., in-person meetings, email);
- regular engagement (e.g., quarterly, biannual, annual);
- requirements to evaluate the effectiveness of the partnership agreement (e.g., identifying indicators related to the quality of the partnership and the achievement of the collective goals and objectives; collecting indicator data; gathering feedback; recognizing achievements and challenges); and
- a commitment to using evaluation results for quality improvement.

Reports on evaluation findings are submitted to the organizational leaders.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 7 (Turpel-Lafond, 2020)
- *United Nations declaration on the rights of Indigenous peoples* (United Nations, 2007)
- *Universal declaration of human rights*, article 21(1) (United Nations, n.d.)

Legislative Commitments

- *Constitution Act*, RSC 1985, c C II, s 35
- *Declaration on the Rights of Indigenous Peoples Act*, SBC 2019, c 44

2.1.2 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples, communities, and partners to define each partner's reciprocal accountabilities to collectively achieve First Nations, Métis, and Inuit health and wellness goals and objectives.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders ensure that partnership agreements clearly state each partner's reciprocal accountabilities and include clear, regular, and transparent reporting requirements, including frequency and reporting mechanisms. The partnership agreements also address circumstances where accountability expectations are not being met. They identify how the organization and First Nations, Métis, and Inuit partners work together to identify and implement corrective action to achieve accountabilities, and the goals and objectives of the partnership.

These expectations are linked to each partner's individual capacity, as well as all partners' collective capacity to deliver programs and services to achieve the First Nations, Métis, and Inuit health and wellness goals and objectives outlined in the partnership agreements.

2.1.3 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to establish processes to engage with First Nations, Métis, and Inuit Peoples, communities, and partners to inform the quality and safety of the organization's services.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders proactively form and nurture strong partnerships with First Nations, Métis, and Inuit Peoples and communities by engaging them in organizational and clinical governance as well as in service planning, design, and delivery.

The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to establish culturally safe and humble processes and learn about First Nations, Métis, and Inuit experiences of care. This includes establishing culturally safe participation and feedback mechanisms (e.g., First Nations, Métis, and Inuit client and community advisory committees; client experience surveys; client navigators) to gather information about and understand First Nations, Métis, and Inuit health and wellness needs, concerns, and priorities; obtain feedback about the organization's programs and services; and identify areas for improvement.

The organizational leaders actively invite and support at-home, urban, and away-from-home First Nations, Métis, and Inuit Peoples and communities to use the participation and feedback mechanisms. The organizational leaders ensure that training is provided to the workforce on relevant engagement principles, including on how to best engage with First Nations, Métis, and Inuit Peoples and communities.

The organizational leaders consult with and leverage internal knowledge and experience (e.g., Indigenous health teams, health departments, client navigators) and support existing engagement processes.

Recognizing that societal change requires multi-sector collaboration, the organizational leaders establish cross-agency and cross-sector forums and decision-making bodies that include First Nations, Métis, and Inuit Peoples, communities, and organizations to share information, make decisions, and develop networks and trust.

The organizational leaders ensure the organization collaborates with First Nations, Métis, and Inuit Peoples, communities, and organizations to identify interested parties for engagement. When engaging with First Nations, Métis, and Inuit Peoples and communities, the organizational leaders include representatives from relevant and interested First Nations, Métis, and Inuit partners.

The organizational leaders ensure validated evaluation tools are used to assess the organization's engagement approach with First Nations, Métis, and Inuit Peoples and communities, facilitate their participation in organizational processes, gather their feedback, and implement changes in response to the feedback received. This can help sustain and further improve meaningful and purposeful engagement with First Nations, Métis, and Inuit Peoples and communities.

Supporting Documentation

- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 20* (Truth and Reconciliation Commission of Canada, 2015b)
- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)* (Turpel-Lafond, 2020)

2.1.4 The organizational leaders collaborate directly with First Nations, Métis, and Inuit Peoples, communities, and partners to implement programs and services that collectively achieve First Nations, Métis, and Inuit health and wellness goals and objectives.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders work with First Nations, Métis, and Inuit Peoples, communities, and partners to inform and agree on the design, implementation, and evaluation of the organization's programs and services to collectively achieve First Nations, Métis, and Inuit health and wellness goals and objectives.

Collaboration with First Nations, Métis, and Inuit Peoples, communities, and partners involves openly and regularly sharing learnings to ensure a common understanding of joint goals and objectives informing programs and services and adjusting where necessary.

Supporting Documentation

- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 20* (Truth and Reconciliation Commission of Canada, 2015b)
- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)* (Turpel-Lafond, 2020)

2.1.5 The organizational leaders allocate dedicated resources for the workforce to meaningfully engage with First Nations, Métis, and Inuit Peoples and communities to take collective action on achieving First Nations, Métis, and Inuit health and wellness goals and objectives.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders dedicate resources to ensure the organization's workforce engages with First Nations, Métis, and Inuit Peoples and communities in culturally safe and appropriate ways, including resources to train the workforce in cultural safety and humility and anti-racism.

The organizational leaders also dedicate resources whenever possible to support First Nations, Métis, and Inuit Peoples and communities to fully participate and engage in building relationships with the organization and its workforce to support reconciliation and collective action on First Nations, Métis, and Inuit health and wellness goals and objectives.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)* (Turpel-Lafond, 2020)
- *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls, article 15.7* (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)

2.1.6 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples, communities, and partners to create an environment for culturally safe truth telling and reconciliation.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders engage with First Nations, Métis, and Inuit Peoples, communities, and partners to create a respectful social, psychological, and physical environment that supports truth telling, and acknowledges Canada's colonial history and its ongoing negative impacts on First Nations, Métis, and Inuit health and wellness. The organizational leaders create an environment that respects the importance of truth in the reconciliation journey.

The organizational leaders offer space and support for reflection following difficult conversations that may be triggering, and work with the First Nations, Métis, and Inuit partners to access cultural support.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 22 (Turpel-Lafond, 2020)

2.1.7 The organizational leaders partner with First Nations, Métis, and Inuit Peoples and communities to participate in events that support truth and reconciliation.

Priority: **Normal Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders partner with First Nations, Métis, and Inuit Peoples and communities to acknowledge, recognize, and participate in events that support truth and reconciliation. As part of this process, the organization takes the time to engage with and learn from First Nations, Métis, and Inuit Peoples and communities. Examples of events include National Indigenous Peoples Day, Louis Riel Day, Orange Shirt Day, International Inuit Day, National Day for Truth and Reconciliation, and National Day of Action for Missing and Murdered Indigenous Women and Girls.

Supporting Documentation

- *Truth and Reconciliation Commission of Canada: Calls to action* (Truth and Reconciliation Commission of Canada, 2015b)
- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)* (Turpel-Lafond, 2020)
- *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls, article 15.2* (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)

2.1.8 The organizational leaders publicly communicate progress made toward the organization's commitments to advancing cultural safety and humility and addressing Indigenous-specific racism and discrimination.

Priority: **Normal Priority** | Quality Dimension: **Population Focus** | Assessment Method: **Attestation**

Guidelines

The organizational leaders regularly and publicly communicate the progress made toward the organization's commitments to internal and external audiences using a variety of communication tools (e.g., websites, newsletters, strategic and operational documents).

Communication may include information about the organization's collaboration with First Nations, Métis, and Inuit Peoples and communities; its collective goals and objectives with First Nations, Métis, and Inuit partners; and progress made toward implementing programs and services that are culturally safe and adapted to address systemic barriers and integrate First Nations, Métis, and Inuit approaches and traditional healing practices.

3 Sharing Governance and Implementing Responsible Leadership

3.1 The organizational leaders work with the governing body to establish governance and leadership structures that demonstrate a commitment to cultural safety and humility and uphold the eradication of Indigenous-specific racism.

3.1.1 The organizational leaders uphold established governance processes with First Nations, Métis, and Inuit Peoples and communities to respect their right to self-determination.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

The organizational leaders understand and recognize the impact of colonialism and racism on First Nations, Métis, and Inuit Peoples and communities. The organizational leaders acknowledge the long-term work of First Nations, Métis, and Inuit leaders to assert the inherent right to self-determination that is now enshrined in Canadian provincial, territorial, and federal law, as well as in international law.

The organizational leaders recognize that governance is community-driven and Nation-based within the territory where the organization is located. They take direction from local First Nations, Métis, and Inuit Peoples and communities to determine which governance processes are legitimate. For example, the organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities, in accordance with local First Nations, Métis, and Inuit governance and protocols, to increase First Nations, Métis, and Inuit decision-making and control; foster meaningful partnerships; develop transparent, reciprocal relationships; and outline clear accountabilities. This collaboration can be reflected by signing letters of understanding with local First Nations, Métis, and Inuit organizations and communities or involving First Nations, Métis, and Inuit Peoples and communities in governance through the board of directors and advisory or steering committees.

The organizational leaders uphold contractual arrangements with First Nations, Métis, and Inuit communities, including BC First Nations and Métis Chartered Communities, and acknowledge land, treaty, Aboriginal title, and Aboriginal rights and obligations.

The organizational leaders communicate effectively with service providers to ensure they are aware of and uphold contractual arrangements in their daily practice.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 2 (Turpel-Lafond, 2020)
- *Universal declaration of human rights*, article 21(1) (United Nations, n.d.)
- *United Nations declaration on the rights of Indigenous peoples*, article 3 (United Nations, 2007)

Legislative Commitments

- *Constitution Act*, RSC 1985, c C II, s 35
- *Declaration on the Rights of Indigenous Peoples Act*, SBC 2019, c 44

3.1.2 The organizational leaders work with the governing body to maintain governance and leadership positions in the organization for First Nations, Métis, and Inuit Peoples.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities on leadership and governance decisions to expand organizational knowledge; understand First Nations, Métis, and Inuit priorities; identify opportunities to meaningfully integrate the Truth and Reconciliation Commission's calls to action into strategic and operational planning; and ensure accountability to First Nations, Métis, and Inuit Peoples and communities.

The organizational leaders work with the governing body to recruit and retain First Nations, Métis, and Inuit people who represent the clients and populations served by the organization for the governing body and other governance mechanisms (e.g., board committees, steering committees). Membership decisions are led by First Nations, Métis, and Inuit leadership.

The organization's human resources policies and practices, including those related to leadership recruitment, retention, and dismissal, ensure diversity and address conscious and unconscious bias and inequities in the organization's recruitment and selection procedures. The organizational leaders publicly express their commitment to employment equity for First Nations, Métis, and Inuit Peoples in their strategic documents, and their human resources policies support and ensure equal opportunities

for advancement to leadership positions for First Nations, Métis, and Inuit workforce members.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 14 (Turpel-Lafond, 2020)

3.1.3 The organizational leaders actively establish strategic and operational plans to support the delivery of culturally safe care.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **Attestation**

Guidelines

The organizational leaders recognize that cultural safety and humility and anti-racism are essential elements to enable the organization to deliver high-quality, accessible, and safe services. As a result, the organizational leaders incorporate the following elements into the organization's strategic and operational plans:

- goals and objectives related to First Nations, Métis, and Inuit health and wellness, cultural safety and humility, and anti-racism
- indicators to measure and evaluate the achievement of the goals and objectives
- dedicated resources to achieve the goals and objectives
- reporting requirements on progress toward the goals and objectives

To achieve the cultural safety and humility and anti-racism goals and objectives, the organizational leaders outline strategies and initiatives, from activities undertaken at the executive level to front-line services, to address Indigenous-specific racism and discrimination in the organization. They also develop and deliver a range of culturally safe services that respond to and meet the needs of First Nations, Métis, and Inuit Peoples and communities (e.g., incorporating traditional healing practices into programs and services).

The organizational leaders acknowledge and incorporate Indigenous ways of knowing as part of evaluating organizational goals and objectives related to First Nations, Métis, and Inuit health and wellness, cultural safety and humility, and anti-racism.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 10 (Turpel-Lafond, 2020)

- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 19* (Truth and Reconciliation Commission of Canada, 2015b)
- *United Nations declaration on the rights of Indigenous peoples*, article 24 (United Nations, 2007)

Legislative Commitments

- *Declaration on the Rights of Indigenous Peoples Ac*t, SBC 2019, c 44

3.1.4 The organizational leaders identify a senior leader who is accountable for the organization's cultural safety and humility and anti-racism initiatives.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

The organizational leaders designate a senior leader who is familiar, through training or lived experiences, with cultural safety and humility and anti-racism initiatives. The senior leader is accountable for collaborating with First Nations, Métis, and Inuit Peoples and communities to oversee the systematic design, implementation, and evaluation of the organization's cultural safety and humility and anti-racism initiatives, and for achieving the target goals and objectives. The organizational leaders may designate a team to manage and oversee these initiatives, in which case the team is led by the senior leader. First Nations, Métis, and Inuit Peoples and communities have access to the senior leader or team for prompt action on complaints or grievances.

The organizational leaders dedicate adequate budget to the designated senior leader or team. The designated leader or team champions and coordinates the initiatives; oversees the budget and other resources for the initiatives; and uses feedback from First Nations, Métis, and Inuit workforce members and First Nations, Métis, and Inuit Peoples and communities to inform the evaluation of the initiatives. The designated leader or team may also identify and seek support from First Nations, Métis, and Inuit organizations and communities for the organization's cultural safety and humility and anti-racism initiatives.

The designated senior leader or team reports to the executive leader and the governing body on the organization's progress toward achieving the cultural safety and humility and anti-racism goals and objectives. The designated leader is also accountable for reporting on the organization's recruitment results and the number of First Nations, Métis, and Inuit people in leadership positions.

The organizational leaders implement a knowledge translation plan to share best and wise practices regarding cultural safety and humility and anti-racism with other organizations.

3.1.5 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples, communities, and partners to inform the organization's direction and priorities.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organization's direction includes

- its vision, mission, and values;
- strategic and operational plans, including goals and objectives;
- its quality improvement agenda;
- resource allocations;
- client rights and responsibilities; and
- codes of conduct.

The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples, communities, and partners to identify, understand, and address First Nations, Métis, and Inuit health and wellness goals and objectives, and incorporate them into the organization's direction. This facilitates the participation of First Nations, Métis, and Inuit Peoples, communities, and partners in the organization's decision-making processes.

The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to define First Nations, Métis, and Inuit client rights and responsibilities. The organization acknowledges and recognizes First Nations, Métis, and Inuit Peoples' right to health, meaning they should have the right to their traditional medicines and to maintain their health practices. First Nations, Métis, and Inuit Peoples also have the right to access, without any discrimination, all social and health services.

To facilitate participation, the organizational leaders establish mechanisms for ongoing reciprocal communication with First Nations, Métis, and Inuit Peoples, communities, and partners regarding policy development, program planning, service delivery, evaluation of services, and quality improvement. The organizational leaders may seek guidance from diverse resources (e.g., reports, publications, best practices, guidelines) on how to engage and build relationships with First Nations, Métis, and Inuit Peoples and communities.

Supporting Documentation

- *Universal declaration of human rights*, articles 18 and 26 (United Nations, n.d.)
- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)* (Turpel-Lafond, 2020)

Legislative Commitments

- *Declaration on the Rights of Indigenous Peoples Act*, SBC 2019, c 44 s 23, 24

3.1.6 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to embed cultural safety and humility and anti-racism into organizational values.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders demonstrate a commitment to cultural safety and humility and anti-racism as part of creating an organizational culture of quality and safety. They embed cultural safety and humility and anti-racism into the organization's values, including in its quality and safety goals and objectives, as part of the ongoing commitment to First Nations, Métis, and Inuit Peoples and communities to deliver culturally safe services.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 2 (Turpel-Lafond, 2020)

3.1.7 The organizational leaders use quantitative and qualitative data that is endorsed by First Nations, Métis, and Inuit Peoples and communities to inform the organization's strategic and operational plans.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders ensure the strategic and operational plans are informed by First Nations, Métis, and Inuit population health data; complaints and feedback; service use and access information; data governance protocols (e.g., ownership, control, access, and possession [OCAP]®, ownership, control, access, and stewardship [OCAS], Inuit

Qaujimajatuqangit); and other sources of data and information. The organizational leaders take direction from First Nations, Métis, and Inuit leaders on who to collaborate with and how it should be done.

Supporting Documentation

- *Disaggregated demographic data collection in British Columbia: The grandmother perspective* (British Columbia's Office of the Human Rights Commissioner, 2020)

3.1.8 The organizational leaders acknowledge the Nations on whose territories the organization is located.

Priority: **Normal Priority** | Quality Dimension: **Population Focus** | Assessment Method: **Attestation**

Guidelines

The organizational leaders use a variety of ways to acknowledge the presence and land rights of First Nations Peoples and communities, such as in daily meetings and communications (e.g., agendas, minutes). The organizational leaders add meaning and intention to the land acknowledgements by, for example, providing a history of the territory where the organization is located, acknowledging the impact of colonialism and its relationship to the territory, and emphasizing their intention to dismantle and disrupt colonialism.

Prior to a meeting or an event, the organizational leaders work with First Nations, Métis, and Inuit Peoples and communities to identify appropriate ways to acknowledge First Nations, Métis, and Inuit rights to or presence on the land where the meeting or event takes place. The governing body establishes protocols with First Nations, Métis, and Inuit communities or territories for when a Knowledge Keeper or Elder is conducting an opening or welcoming prayer.

In meetings or events where an Indigenous Elder or Knowledge Keeper has been invited to provide an opening and welcoming prayer, the organizational leaders meet with the Elder to review the meeting outline and intent, and confirm the length of time required. The organizational leaders ensure they introduce Indigenous speakers and that the speakers are compensated appropriately.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)* (Turpel-Lafond, 2020)

- *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls, article 15.2* (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)

4 Investing in Financial and Physical Infrastructure

4.1 The governing body and organizational leaders work together to invest in cultural safety and humility and anti-racism by establishing the financial and physical infrastructure necessary to ensure a respectful and welcoming environment for First Nations, Métis, and Inuit Peoples and communities.

4.1.1 The governing body demonstrates the organization's commitment to cultural safety and humility and anti-racism by allocating a dedicated and adequate budget for cultural safety and humility initiatives and anti-racism, including First Nations, Métis, and Inuit health and wellness programs and services.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **On-site**

Guidelines

The governing body shows its commitment to cultural safety and humility and anti-racism by dedicating resources to design, implement, and evaluate First Nations, Métis, and Inuit cultural safety and humility and anti-racism initiatives as well as health and wellness programs and services. The budget includes dedicated resources to collaborate with First Nations, Métis, and Inuit Peoples and communities as part of the design, implementation, and evaluation of such initiatives, programs, and services.

The governing body dedicates the resources required to

- design and implement First Nations, Métis, and Inuit health and wellness programs and services that meet the needs of First Nations, Métis, and Inuit Peoples and communities;
- develop and implement policies and procedures to support cultural safety and humility and anti-racism in the organization, including supporting engagement for related initiatives and First Nations, Métis, and Inuit health and wellness programs and services (e.g., honorarium or gifting policies);
- provide regular, mandatory cultural safety and humility, anti-racism, and trauma- and violence-informed education and training to the workforce;

- support and sustain long-term awareness of, and commitment to, the First Nations, Métis, and Inuit cultural safety and humility and anti-racism initiatives, thus creating a system where Indigenous rights are upheld; anti-racist mindsets and skillsets are the norm; and changes in systems, behaviours, and beliefs are promoted;
- provide First Nations, Métis, and Inuit support persons to internal teams advancing initiatives related to cultural safety and humility, anti-racism, and First Nations, Métis, and Inuit health and wellness programs and services (e.g., Indigenous health teams and health departments; client navigators; Elders, Healers, and Knowledge Keepers who are recognized by their communities); and
- promote cultural safety and humility and anti-racism within and beyond the organization, including co-creating networks and partnerships with Indigenous and non-Indigenous organizations, service providers, and clients and families to share data, information, and learnings to achieve cultural safety and humility and anti-racism goals and objectives.

Supporting Documentation

- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 20* (Truth and Reconciliation Commission of Canada, 2015b)
- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)* (Turpel-Lafond, 2020)
- *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls*, articles 7.4 and 7.7 (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)

4.1.2 The organizational leaders allocate an adequate budget to ensure First Nations, Métis, and Inuit programs and services are sustainable over the long term.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **On-site**

Guidelines

The organizational leaders work with the governing body to formalize the budget as base funding, similar to dedicated budgets for other core activities, to sustainably and sufficiently support the commitment to cultural safety and humility and anti-racism and First Nations, Métis, and Inuit health and wellness.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)* (Turpel-Lafond, 2020)

- *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls,* articles 7.4 and 7.7 (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)

4.1.3 The organizational leaders co-design the physical infrastructure of facilities with First Nations peoples and communities on whose territories the facility is located.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **On-site**

Guidelines

The organizational leaders recognize the land rights of First Nations Peoples and communities on whose territories the organization provides programs and services. The organizational leaders collaborate with First Nations Peoples and communities from these territories to seek input about the environment from First Nations, Métis, and Inuit Peoples, communities, and organizations.

Co-designing the physical infrastructure in existing and new facilities includes using land acknowledgements, integrating local artwork, and considering appropriate language and location of signs. Facilities should also include culturally safe spaces that are inviting, accessible, and available for First Nations, Métis, and Inuit cultural practices and protocols. These spaces may be inside or outside (e.g., traditional medicine gardens, places for smudging and sweat ceremonies). If the organization or facility is too small to have a dedicated space, an alternative space is made available.

Building interiors and exteriors reflect First Nations, Métis, and Inuit guidelines. New facilities incorporate innovative and transformative approaches to enhance cultural safety and humility in the design.

The organizational leaders foster effective collaboration by building strong, lasting relationships and maintaining ongoing dialogue with the First Nations Peoples and communities of the territory and the First Nations, Métis, and Inuit Peoples within the territory. The organization conducts in-person meetings in the community to the extent possible.

Buildings and locations with historical and organizational significance (e.g., building names) are considered before designating a meeting space, to recognize First Nations, Métis, and Inuit histories, truths, and healing practices. The organizational leaders also consider whether changes may be needed before using these locations. The organizational leaders consult with First Nations communities to determine whether a ceremony is appropriate (e.g., brushing ceremony).

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendations 2 and 10 (Turpel-Lafond, 2020)
- *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls,* article 7.2 (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)
- *Universal declaration of human rights,* article 18 (United Nations, n.d.)

5 Developing Human Capacity

5.1 The organizational leaders ensure human resources policies and practices address racism and discrimination and are developed in partnership with First Nations, Métis, and Inuit Peoples and communities.

5.1.1 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to implement a cultural safety and humility and anti-racism policy.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders develop a cultural safety and humility and anti-racism policy, in collaboration with First Nations, Métis, and Inuit Peoples and communities, to recognize and address racism and discrimination throughout the organization. The policy addresses Indigenous-specific determinants of health, including colonization and systemic racism and discrimination and their ongoing legacies, which have resulted in physical, emotional, and spiritual harm. The policy also affirms the humanity, rights, dignity, and safety of First Nations, Métis, and Inuit clients, families, and workforce members.

The purpose of the policy is to

- create a zero-tolerance environment for racism and promote a speak-up culture throughout the organization, with protection from negative consequences;
- define the forms of Indigenous-specific racism that exist in the organization (e.g., interpersonal, systemic) and set out procedures to report and address racism;
- affirm the organization's responsibility to implement policies, procedures, education, and training to create a zero-tolerance environment and eliminate the expression of racism in any form;
- describe the commitments and proactive steps being taken to foster learning and work environments that fully respect First Nations, Métis, and Inuit Peoples' rights, values, and beliefs, including the inherent rights of Indigenous Peoples as described in the Declaration on the Rights of Indigenous Peoples Act; and
- set out requirements for the workforce about respectful conduct, especially for those in instructional, supervisory, or managerial and leadership positions who

have a duty to educate, intervene when they observe racism impacting anyone in the organization, and deal appropriately with allegations regarding violations of the policy.

The organization's cultural safety and humility and anti-racism policy outlines the strategies, structures, and mechanisms that support prompt action and protection from negative consequences when Indigenous-specific racism and discrimination is reported. The policy is consistent with applicable collective agreements.

The organizational leaders recognize that everyone associated with the organization needs to be involved in, and committed to, the development and implementation of an effective cultural safety and humility and anti-racism policy that promotes equity and diversity and limits harm. The organization monitors compliance with the policy and provides updates to its workforce, clients, families, and communities on compliance with the policy and the policy's effectiveness in addressing Indigenous-specific racism and discrimination.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report),* recommendations 2 and 20 (Turpel-Lafond, 2020)

Legislative Commitments

- *Declaration on the Rights of Indigenous Peoples Act*, SBC 2019, c 44

5.1.2 The organizational leaders collaborate with unions and regulatory bodies to develop collective or other applicable employment agreements that outline the procedures to address Indigenous-specific racism and discrimination in the workplace, in accordance with the organization's cultural safety and humility and anti-racism policy.

Priority: **Normal Priority** | Quality Dimension: **Population Focus** | Assessment Method: **Attestation**

Guidelines

Strong support from unions and regulatory bodies is essential to an effective cultural safety and humility and anti-racism policy. Organizational leaders collaborate with health care unions (e.g., Hospital Employees' Union, BC Nurses' Union) and regulatory bodies (e.g., Health Sciences Association, College of Physicians and Surgeons of British Columbia) to develop collective or other applicable employment agreements that support a zero-tolerance and staged organizational approach to acknowledge and eliminate

Indigenous-specific racism and discrimination in the workplace. To do this, the organizational leaders

- create awareness by ensuring that procedures in the collective or other applicable employment agreements reflect the organization's role in building workforce awareness through opportunities for education and awareness about Indigenous-specific racism. This includes education about the history of colonialization in Canada and how it has impacted First Nations, Métis, and Inuit Peoples and communities who access health services at community, regional, and provincial levels;
- create experiential learning opportunities and resources aimed at supporting peer-to-peer coaching and mentoring to encourage behavioural change by ensuring that procedures in the collective agreements reflect the organization's role in creating culturally safe opportunities for learning and having uncomfortable conversations about Indigenous-specific racism;
- address remediation by ensuring that procedures in the collective or other applicable employment agreements permit the organization to follow its cultural safety and humility and anti-racism policy to address incidents of Indigenous-specific racism and discrimination by taking remedial action where required and as outlined in policy; and
- address dismissal by ensuring that procedures in the collective or other applicable employment agreements permit the organization to follow its cultural safety and humility and anti-racism policy to address incidents of Indigenous-specific racism and discrimination by moving to dismissal where required and as outlined in policy. Incidents could include situations where remediation efforts have not been successful and harmful events have been repeated, or racist conduct resulting in severe harm.

The organizational leaders document the process and how it is to be followed in the collective or other applicable employment agreements, to ensure compliance.

5.1.3 The organizational leaders implement protocols to provide protection from negative consequences for people who report an incident of direct or indirect Indigenous-specific racism and discrimination associated with the organization.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

The organizational leaders inform First Nations, Métis, and Inuit Peoples and communities, as well as its workforce, clients, families, partners, and the public, about how to safely and confidentially report incidents of Indigenous-specific racism and

discrimination associated with the organization. The organizational leaders ensure its protocols to report an incident are accessible and outlined clearly, and the workforce understands the process. The protocols also encourage colleagues, clients, and families to report an incident.

The protocols are aligned with the organization's cultural safety and humility and anti-racism policy and protect whistleblowers from negative consequences, such as blocking opportunities for advancement in the organization.

5.1.4 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to ensure the cultural safety and humility and anti-racism policy applies a spectrum of consequences for Indigenous-specific racism and discrimination, in accordance with the organization's collective and other employment agreements.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organization's cultural safety and humility and anti-racism policy outlines the prompt and consequent actions that will be taken when incidents of Indigenous-specific racism and discrimination occur. The actions are defined along a spectrum depending on the severity of the incident.

Consequences can range from providing remedial support and training to workforce members to support learning and behaviour change to suspensions, terminations, and formal complaints to the regulatory body. The organization collaborates with First Nations, Métis, and Inuit Peoples and communities to reflect restorative justice approaches within the spectrum of consequences, where the person whose actions caused harm may take responsibility and, in discussion with those harmed, establish a suitable way to address the incident.

5.1.5 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to implement procedures to respond to incidents of Indigenous-specific racism and discrimination in a timely and transparent manner.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders are transparent with First Nations, Métis, and Inuit Peoples and communities and its workforce, clients, and families about the process followed to

review and investigate a complaint about an incident of Indigenous-specific racism or discrimination. The organizational leaders provide the complainant with information to pursue a complaint with the regulatory body, the human rights tribunal, or both, if the complainant so wishes.

The organizational leaders provide the complainant with the name of a contact person for the complaint, and estimated timelines for when the complaint will be reviewed and investigated and when a resolution will be available.

The organizational leaders follow the cultural safety and humility and anti-racism procedures to determine appropriate actions to be taken in response to an incident. The response process includes providing cultural support to the complainant and connecting them with additional support (e.g., Indigenous client navigators, health representatives, advocates) if needed.

When a workforce member is involved in the incident, the organizational leaders inform the workforce member about the complaint and the possible consequences (e.g., remedial support, training, suspension, dismissal). The incident and the result are recorded in the workforce member's human resources file, in accordance with regulatory requirements and collective agreements.

The organizational leaders evaluate incidents to look for opportunities to promote cultural humility, reflection, learning, and improvement as a foundation to achieving a culturally safe environment.

5.1.6 The organizational leaders incorporate competency requirements related to cultural safety and humility and anti-racism into the organization's recruitment and selection procedures.

Priority: **High Priority** | Quality Dimension: **Worklife** | Assessment Method: **Attestation**

Guidelines

The organizational leaders define competency requirements related to cultural safety and humility and anti-racism in accordance with the organization's cultural safety and humility and anti-racism policy. This includes requirements for a basic understanding of Indigenous rights, protocols, and practices. The organizational leaders incorporate the competency requirements into position descriptions and job postings as well as procedures to recruit and select candidates.

5.1.7 The organizational leaders define the roles, responsibilities, and accountabilities of the workforce to create safe spaces for First Nations, Métis, and Inuit Peoples

and uphold cultural safety and humility and anti-racism principles in the workplace.

Priority: **High Priority** | Quality Dimension: **Worklife** | Assessment Method: **On-site**

Guidelines

The organizational leaders incorporate roles, responsibilities, and accountabilities for creating safe spaces for First Nations, Métis, and Inuit Peoples into position descriptions and workforce performance appraisal procedures, to create anti-racist mindsets and skillsets as the norm. The roles, responsibilities, and accountabilities align with the organization's quality and safety processes and frameworks as well as its strategic goals and values.

5.1.8 The organizational leaders publicly share the organization's cultural safety and humility and anti-racism policy, including any related policies.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

The organizational leaders make any policies related to cultural safety and humility, anti-racism, a respectful workplace, psychological health and safety, and discrimination available to the public through various means, such as ensuring they are posted on the organization's website and any other public-facing platform used by the organization.

5.2 The organizational leaders regularly provide the workforce with cultural safety and humility education and training that incorporates the views and experiences of First Nations, Métis, and Inuit Peoples and communities.

5.2.1 The organizational leaders provide an orientation to the workforce on the organization's cultural safety and humility and anti-racism policy and commitments.

Priority: **High Priority** | Quality Dimension: **Worklife** | Assessment Method: **Attestation**

Guidelines

The organizational leaders ensure that the orientation to cultural safety and humility and anti-racism is driven by a distinctions- and strengths-based approach. The organizational leaders include information about the following topics in the orientation:

- the complex, cumulative way in which social identities such as race, religion, sex, gender identity, sexual orientation, disability, or other protected characteristics contribute to systemic oppression and discrimination
- organizational commitments to cultural safety and humility and anti-racism, including any related to the following documents:
  - Declaration of commitment (BC health authorities, 2015)
  - Declaration of commitment: Cultural safety and humility in the regulation of health professionals serving First Nations and Aboriginal people in British Columbia (British Columbia Health Regulators, 2017)
  - Declaration on the Rights of Indigenous Peoples Act, SBC 2019, c 44
  - In plain sight: Addressing Indigenous-specific racism and discrimination in B. C. health care (full report) (Turpel-Lafond, 2020)
  - Related letters or memoranda of understanding, or other service-level agreements
  - Métis Nation British Columbia letters of understanding with health authorities
  - Canada–Métis Nation accord (Office of the Prime Minister, Métis Nation, 2017)
  - Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)
  - Partnership accords
  - Report of the Royal Commission on Aboriginal Peoples (Royal Commission on Aboriginal Peoples, 1996)
  - Transformative change accord: First Nations health plan (British Columbia Ministry of Health, 2015)
  - Truth and Reconciliation Commission of Canada: Calls to action (Truth and Reconciliation Commission of Canada, 2015b)
  - Kaa-wiichitoyaahk: We take care of each other—Métis perspectives on cultural wellness (Métis Nation British Columbia, 2019)
  - Constitution of the Métis Nation British Columbia (Métis Nation British Columbia, 2008)
  - Anti-racism, cultural safety & humility action plan (First Nations Health Authority, First Nations Health Council, First Nations Health Directors, Association, 2021)
  - Declaration on the Rights of Indigenous Peoples Act, SBC 2019, c 44

- the organization's cultural safety and humility and anti-racism accountabilities, goals, and objectives, including the following:
    - cultural safety and humility and anti-racism policy and procedures related to creating a zero-tolerance environment for racism and discrimination and the procedures to report and respond to incidents
    - commitments to respecting Indigenous rights, protocols, and practices, and to health and wellness for First Nations, Métis, and Inuit Peoples and communities

The orientation also outlines the tools and resources that are available to help the workforce learn about cultural safety and humility, and participate in decolonization, by learning about the history of colonialism in Canada and the systemic racism that exists against Indigenous people in the health care system in BC. This can support the workforce's understanding of how racism and discrimination in the health care system are demonstrated through a lack of respect for and implementation of the basic human rights of First Nations, Métis, and Inuit Peoples, both of which affect their ability to access health services.

Supporting Documentation

- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 23* (Truth and Reconciliation Commission of Canada, 2015b)

5.2.2 The organizational leaders provide regular, mandatory cultural safety and humility and anti-racism education and training to the workforce and volunteers.

Priority: **High Priority** | Quality Dimension: **Worklife** | Assessment Method: **Attestation**

Guidelines

The organizational leaders use a combination of Indigenous-led in-person and online training, community engagement, and reflective practice to increase the cultural knowledge and skills of the organization's workforce and volunteers, including people in clinical and non-clinical roles (e.g., service providers, maintenance staff), organizational leaders, and the governing body. The training and education are tailored to the specific audiences.

The organizational leaders use available resources (e.g., from other health systems or organizations; international resources; internal curriculum; First Nations, Métis, and Inuit community resources) to provide mandatory education on cultural safety and humility and anti-racism. The organization collaborates with First Nations, Métis, and Inuit communities to determine how frequently the education is offered.

The organizational leaders partner with local First Nations, Métis, and Inuit communities to determine which organizations are representative of the First Nations, Métis, and Inuit population in the area. The organizational leaders collaborate with local First Nations, Métis, and Inuit communities to identify an educator who is recognized by the Nation or community.

The organizational leaders ensure the orientation is Indigenous-led and developed with First Nations, Métis, and Inuit Peoples and communities. The orientation, education, and training about cultural safety and humility and anti-racism includes information about the following topics:

- First Nations, Métis, and Inuit Peoples and communities with whom the organization works
- distinctions-based approaches to health care, explaining the unique needs of First Nations, Métis, and Inuit communities and the differences among them
- the interrelated concepts of colonialism, power, privilege, racism, discrimination, prejudice, and bias in Settler societies in Canada, from First Nations, Métis, and Inuit perspectives
- how First Nations, Métis, and Inuit women, girls, and gender diverse people face disproportionately negative impacts of colonialism, racism, and violence in the health care system, using a gendered-lens approach
- how racism in the health care system reflects a lack of respect for and a lack of implementation of the basic human rights of First Nations, Métis, and Inuit Peoples
- the Indigenous right to health, which means that First Nations, Métis, and Inuit Peoples have full access to health care services, without discrimination and in ways that reflect and respond to Indigenous worldviews and conceptions of health
- the structures and systems that produce and perpetuate First Nations, Métis, and Inuit health inequities
- trauma- and violence-informed care, harm reduction, and lateral kindness
- the meaning of cultural safety and humility and anti-racism, as well as strategies for applying the concepts in practice
- partnership development with First Nations, Métis, and Inuit Peoples and communities and organizations
- the ways in which stereotyping and discrimination manifest in health care and strategies to interrupt discrimination
- protocols for whistleblowers so they can safely and confidentially report incidents of direct or indirect Indigenous-specific racism and discrimination associated with the organization, without fear of negative consequences
- the concept of speak-up culture and how it is promoted in the organization's daily work

- key documents such as the In Plain Sight reports, the Truth and Reconciliation Committee's Calls to Action, the United Nations Declaration on the Rights of Indigenous Peoples, the National Inquiry into Missing and Murdered Indigenous Women and Girls' Calls for Justice, the Declaration on the Rights of Indigenous Peoples Act, and the Indian Act, including its negative impacts

Through continued education and training, the organizational leaders build their workforce competencies related to cultural safety and humility and anti-racism. They create and grow a knowledge base of teachings and learnings from the First Nations, Métis, and Inuit Peoples and communities the organization serves. They ensure service providers understand the determinants of health of First Nations, Métis, and Inuit Peoples and communities that are rooted in colonialism and develop strategies to counter systemic health inequities.

The organizational leaders also advocate for cultural safety and humility and anti-racism as core competencies to be incorporated into education programs and professional development courses offered by training institutions and professional bodies, to help embed these competencies into practice. All core competencies are developed with a distinctions- and strengths-based approach.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 20 (Turpel-Lafond, 2020)
- *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls,* articles 7.6 and 15.2 (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)
- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 2*3 (Truth and Reconciliation Commission of Canada, 2015b)
- *Universal declaration of human rights*, article 26 (United Nations, n.d.)

Legislative Commitments

- *Declaration on the Rights of Indigenous Peoples Act*, SBC 2019, c 44

5.2.3 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to ensure the organization's cultural safety and humility and anti-racism education and training incorporates the views, protocols, experiences, and contexts of local First Nations, Métis, and Inuit Peoples and communities in a culturally safe way.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

As part of its cultural safety and humility and anti-racism education and training, the organizational leaders support ongoing opportunities for community engagement with First Nations, Métis, and Inuit Peoples and communities, and Elders in particular, as part of workforce members' learning plans.

The organizational leaders honour and respect First Nations, Métis, and Inuit Peoples by embedding First Nations, Métis, and Inuit protocols such as gifting or honorariums for these learning sessions in the organization's policies.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 20 (Turpel-Lafond, 2020)

5.2.4 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to regularly evaluate the effectiveness of the organization's cultural safety and humility and anti-racism education and training.

Priority: **Normal Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to define indicators and targets that are relevant and important to them and uses these indicators and targets to evaluate the organization's education and training (e.g., First Nations, Métis, and Inuit client-reported experience measures, client feedback). The results of the evaluation of the cultural safety and humility and anti-racism education and training are used to identify and address areas for improvement.

5.2.5 The organizational leaders maintain records of each workforce member's completion of the cultural safety and humility and anti-racism orientation, education, and training.

Priority: **Normal Priority** | Quality Dimension: **Worklife** | Assessment Method: **Attestation**

Guidelines

The organizational leaders record the completion of the orientation, education, and training in each workforce member's human resources file and uses it as part of performance management, in accordance with its human resources policies and procedures.

5.3 The organizational leaders embed cultural safety and humility into professional development opportunities and performance appraisals.

5.3.1 The organizational leaders implement processes that enable the workforce to develop cultural safety and humility through ongoing learning and critical self-reflection.

Priority: **Normal Priority** | Quality Dimension: **Worklife** | Assessment Method: **On-site**

Guidelines

The organizational leaders encourage workforce members to engage in critical self-reflection related to

- their experiences and how they can play their roles and practise their responsibilities as leaders in the health system and be agents of change to improve service delivery and the experiences of First Nations, Métis, and Inuit Peoples and communities who access the organization's services;
- the values, assumptions, and belief structures they bring to interactions with First Nations, Métis, and Inuit clients;
- how a person's race, religion, sex, gender identity, sexual orientation, disability, or other protected characteristics can impact and compound their experiences of racism and discrimination;
- recognizing how various forms of racism are unknowingly perpetuated;
- recognizing how their engagement with First Nations, Métis, and Inuit clients can be done in a timely manner, including discovering the purpose of the visit and the services that are required; and
- their willingness to advocate for additional support for First Nations, Métis, and Inuit clients if required (e.g., specialists, second opinions, follow-up appointments, social workers, requests for traditional ceremonies, or the involvement of a traditional Healer on the care team).

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 20 (Turpel-Lafond, 2020)
- *Truth and Reconciliation Commission of Canada: Calls to action*, call to action 23 (Truth and Reconciliation Commission of Canada, 2015b)
- *Inclusion self-assessment tool* (University of British Columbia Equity & Inclusion Office, n.d.)

- *Creating a climate for change* (First Nations Health Authority, 2016)

5.3.2 The organizational leaders require the workforce to establish performance and learning objectives related to cultural safety and humility and anti-racism, as part of their performance appraisal.

Priority: **Normal Priority** | Quality Dimension: **Worklife** | Assessment Method: **Attestation**

Guidelines

The organizational leaders require the workforce to complete a cultural safety and humility self-assessment that includes

- an acknowledgement that cultural safety and humility is a lifelong learning journey,
- a requirement to self-reflect on their cultural safety and humility competencies as a baseline for ongoing evaluations of their learning journey, and
- a requirement to identify what they want to learn more about as the next step in their learning journey.

Supporting Documentation

- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 23* (Truth and Reconciliation Commission of Canada, 2015b)

5.3.3 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to provide the workforce with opportunities for mentorship and community interactions that promote recognition of, and respect for, First Nations, Métis, and Inuit rights, cultural values, protocols, and traditional medicines.

Priority: **Normal Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

Opportunities for mentorship and community interaction can promote recognition of, and respect for, the distinct rights, cultural values, protocols, and traditional medicines of First Nations, Métis, and Inuit Peoples and communities, which can include protocols related to birth and death; and the importance of cultural ceremonies and mores such as smudging, drumming, storytelling, languages, names, and hair care.

The organizational leaders partner with First Nations, Métis, and Inuit Peoples and communities to provide all levels of the workforce, including members in clinical and non-clinical roles, service providers, organizational leaders, and the governing body,

opportunities to be actively mentored about engaging in respectful, reflective, and collaborative practice. Through such opportunities, the workforce gains experience, understanding, and knowledge about providing culturally safe and humble care, designing culturally safe and humble programs and services, building relationships, and more.

The organizational leaders establish policies and dedicate a budget and resources for providing mentorship opportunities to the workforce as part of ongoing professional development. The allocated budget accounts not only for the time of the mentees but also appropriately compensates the community Elders and educators who are participating as mentors for their time and energy.

Supporting Documentation

- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 23* (Truth and Reconciliation Commission of Canada, 2015b)

5.4 The organizational leaders develop a First Nations, Métis, and Inuit workforce strategy.

5.4.1 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to identify First Nations, Métis, and Inuit workforce goals and objectives, including ensuring the workforce is representative of the population served.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders outline First Nations, Métis, and Inuit workforce goals and objectives to create a workforce that is representative of the First Nations, Métis, and Inuit Peoples and communities served. The organization's workforce also has the necessary skills and capabilities to provide culturally safe and humble services to achieve First Nations, Métis, and Inuit health and wellness goals and objectives. This includes establishing targets for First Nations, Métis, and Inuit representation.

Supporting Documentation

- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 23* (Truth and Reconciliation Commission of Canada, 2015b)
- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 14 (Turpel-Lafond, 2020)

5.4.2 The organizational leaders collaborate with First Nations, Métis, and Inuit professionals who have demonstrated experience in cultural safety and humility and human resources to develop a fair, equitable, and inclusive workforce strategy and plans.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders work with First Nations, Métis, and Inuit professionals who have demonstrated experience in cultural safety and humility, organizational development, human resources, and education to develop a strategy and plans to achieve the organization's First Nations, Métis, and Inuit workforce goals and objectives (e.g., recruitment and retention; education and training; coaching and mentorship advocacy and support for jurisdictional strategies for more trained First Nations, Métis, and Inuit people, including at the senior leadership level). The strategy and plans are co-designed by the organizational leaders and First Nations, Métis, and Inuit Peoples and communities.

Supporting Documentation

- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 23* (Truth and Reconciliation Commission of Canada, 2015b)
- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 14 (Turpel-Lafond, 2020)

5.4.3 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to regularly collect data to support the achievement of the First Nations, Métis, and Inuit workforce strategy goals and objectives.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders use transparent and culturally safe methods to collect data and information about the composition, diversity, competencies, and other aspects of the workforce, to assess the organization's ability to meet the needs of First Nations, Métis, and Inuit Peoples and communities. This could include data related to race, age, education, tenure, attrition, and populations served.

The organizational leaders also collect data, information, and feedback from current and prospective First Nations, Métis, and Inuit workforce members. They use the data,

information, and feedback to inform the First Nations, Métis, and Inuit workforce goals, objectives, and strategy and to define process and outcome indicators to regularly monitor and evaluate the effectiveness of the strategy. They use the results of the evaluations to identify, share, and address areas for improvement in the organization's strategy.

Supporting Documentation

- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 23* (Truth and Reconciliation Commission of Canada, 2015b)
- *The First Nations principles of OCAP®* (First Nations Information Governance Centre, 1998)
- *Framework for research engagement with First Nations, Métis, and Inuit Peoples* (University of Manitoba, 2019)
- *Inuit Qaujimajatuqangit* (Tagalik, 2009–2010)

5.4.4 The organizational leaders ensure the First Nations, Métis, and Inuit workforce strategy includes plans for First Nations, Métis, and Inuit recruitment, retention, professional development, and mentorship.

Priority: **High Priority** | Quality Dimension: **Worklife** | Assessment Method: **On-site**

Guidelines

The organizational leaders actively recruit and retain First Nations, Métis, and Inuit workforce members to ensure the workforce is representative of the population served and to help the organization understand and benefit from diverse perspectives.

The organization's First Nations, Métis, and Inuit workforce retention strategy includes supporting a culture of safety and offering culturally relevant support mechanisms to increase First Nations, Métis, and Inuit workforce members' satisfaction (e.g., First Nations, Métis, and Inuit peer support networks; mentoring opportunities; professional development; access to Elders and trauma therapists; Indigenous workplace culture advisory councils). The organizational leaders provide professional development and First Nations, Métis, and Inuit peer mentorship opportunities for First Nations, Métis, and Inuit workforce members to encourage their retention and growth.

The organizational leaders collaborate with First Nations, Métis, and Inuit workforce members to select and monitor relevant workforce satisfaction indicators.

The organizational leaders educate and train non-Indigenous workforce members to be more culturally safe and culturally aware, while also recognizing the positive impact that comes from having First Nations, Métis, and Inuit workforce members provide culturally

responsive health care, services, and programs. Indigenous workforce members may also be involved in helping to educate colleagues and mediate cultural issues when they arise, and in bridging the cultural divide between = systems.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 14 (Turpel-Lafond, 2020)
- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 23* (Truth and Reconciliation Commission of Canada, 2015b)
- *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls,* articles 7.7 and 7.8 (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)

Legislative Commitments

- *Canadian Human Rights Act*, RSC 1985, c H-6, s 9(1)
- *Constitution Act*, RSC 1985, c C III, s 36(1)

5.4.5 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples, communities, organizations, and service providers to identify Elders, Healers, and Knowledge Keepers who are recognized by their communities.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders work with First Nations, Métis, and Inuit Peoples, communities, organizations, and service providers to identify Elders, Healers, and Knowledge Keepers who are recognized by their communities and who can help meet First Nations, Métis, and Inuit health and social service needs; participate as team members and support team development; support First Nations, Métis, and Inuit workforce members; and participate in the governance of the organization.

Supporting Documentation

- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 22* (Truth and Reconciliation Commission of Canada, 2015b)

5.4.6 The organizational leaders acknowledge the expertise of Elders, Healers, and Knowledge Keepers by integrating them into the team.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders work with First Nations, Métis, and Inuit Peoples, communities, organizations, and service providers to define the roles and responsibilities of Elders, Healers, and Knowledge Keepers on teams to enable them to support the First Nations, Métis, and Inuit Peoples and communities served by the organization, and First Nations, Métis, and Inuit workforce members.

The organization provides Elders, Healers, and Knowledge Keepers with tools, resources, and opportunities for engagement (e.g., education, orientation, equal membership in the team, collaboration, attendance at meetings and other forums) so they can participate on the team in an integrated way.

Supporting Documentation

- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 22* (Truth and Reconciliation Commission of Canada, 2015b)

5.4.7 The organizational leaders adequately compensate Elders, Healers, and Knowledge Keepers for their work.

Priority: **High Priority** | Quality Dimension: **Worklife** | Assessment Method: **Attestation**

Guidelines

The organizational leaders work with Elders, Healers, or Knowledge Keepers to establish appropriate and adequate compensation for their work in accordance with First Nations, Métis, and Inuit protocols.

Supporting Documentation

- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 22* (Truth and Reconciliation Commission of Canada, 2015b)

5.4.8 The organizational leaders engage Elders, Healers, and Knowledge Keepers to provide cultural programs and services to First Nations, Métis, and Inuit Peoples, communities, and workforce members.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders engage the Elders, Healers, and Knowledge Keepers who are recognized by their communities and integrated onto the team to provide cultural programs and services to First Nations, Métis, and Inuit Peoples, communities, and workforce members.

Supporting Documentation

- *Truth and Reconciliation Commission of Canada: Calls to Action, call to action 22* (Truth and Reconciliation Commission of Canada, 2015b)

5.4.9 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities, organizations, and service providers to facilitate access to programs and services that support First Nations, Métis, and Inuit workforce members who are experiencing trauma, racism, or discrimination.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders support the physical, mental, spiritual, and emotional safety of First Nations, Métis, and Inuit workforce members who are dealing with trauma.

The organizational leaders ensure that culturally relevant supports (e.g., an Elder, Knowledge Keeper, or Cultural Wellness Provider) are available to First Nations, Métis, and Inuit workforce members. They also provide First Nations, Métis, and Inuit workforce members with opportunities for constructive debriefing with appropriate persons, without blame or shame.

Supporting Documentation

- *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls,* article 7.2 (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)
- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 23* (Truth and Reconciliation Commission of Canada, 2015b)

5.4.10 The organizational leaders ensure the organization's human resources policies and practices are responsive to First Nations, Métis, and Inuit rights, values, protocols, and practices.

Priority: **High Priority** | Quality Dimension: **Worklife** | Assessment Method: **On-site**

Guidelines

The organizational leaders work in partnership with First Nations, Métis, and Inuit communities to review the organization's human resources policies and practices to ensure they are responsive to and respectful of First Nations, Métis, and Inuit workforce members and First Nations, Métis, and Inuit Peoples' and communities' priorities and values, and that the policies support First Nations, Métis, and Inuit workforce members' growth and advancement throughout the organization.

5.4.11 The organizational leaders establish mechanisms for First Nations, Métis, and Inuit workforce members to provide confidential feedback about the organization's human resources policies and practices, with protection from negative consequences.

Priority: **High Priority** | Quality Dimension: **Worklife** | Assessment Method: **On-site**

Guidelines

The organizational leaders use qualitative and quantitative feedback from First Nations, Métis, and Inuit workforce members to identify and address opportunities to improve its human resources policies and practices.

6 Building a Culture of Quality and Safety

6.1 The organizational leaders and teams build a culture of cultural safety and humility, anti-racism, quality, and safety by establishing culturally safe processes to manage feedback and address safety incidents.

6.1.1 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples, communities, and workforce members to design culturally safe processes to report on the quality and safety of the organization's services.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders recognize that Indigenous-specific racism and discrimination may be embedded in the organization's feedback and safety incident reporting processes. They also recognize there may be risks for First Nations, Métis, and Inuit Peoples and communities who provide feedback or report safety incidents due to negative experiences or lack of trust in the health care system.

The organizational leaders ensure First Nations, Métis, and Inuit Peoples, communities, and workforce members have culturally safe ways to report safety incidents and provide feedback on quality to improve the organization's programs and services.

The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples, communities, and workforce members in a culturally safe and humble way to design accessible, culturally safe, and appropriate reporting processes. The organizational leaders ensure it is clear that First Nations, Métis, and Inuit Peoples and communities are welcome to confidentially report safety incidents themselves or through workforce members. Complainants may also involve other people (e.g., family members, a speaker or representative) to support them or be their proxy during parts of the feedback or safety incident reporting process.

The organizational leaders are transparent with First Nations, Métis, and Inuit Peoples and communities at all stages of designing the organization's processes. They ensure the organization's processes for clients to provide feedback on quality of services apply to all service providers and other members of the workforce, including consultants and contracted staff.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 5 (Turpel-Lafond, 2020)
- *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls,* article 7.1 (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)

6.1.2 The organizational leaders ensure the processes to report on the quality and safety of the organization's services include a safe and confidential option to self-identify as First Nations, Métis, or Inuit.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **On-site**

Guidelines

The organizational leaders include First Nations, Métis, and Inuit self-identification as part of the quality and safety incident reporting processes. Feedback and safety incident processes provide an avenue for First Nations, Métis, and Inuit people to confidentiality share their socio-demographic data so the organization can identify where the programs and services are meeting the health and wellness goals of First Nations, Métis, and Inuit Peoples and communities and where they are not. If the organization is not meeting the health and wellness goals of First Nations, Métis, and Inuit Peoples and communities, the organizational leaders identify root causes, take action to improve, and continue to measure progress.

Including an option for self-identification requires consideration of, and partnership with, First Nations, Métis, and Inuit Peoples and communities to incorporate a change management strategy to build trust, transparency, and an understanding of how the data will be used. The organizational leaders consult with First Nations, Métis, and Inuit communities and other organizational leaders on how to best approach and manage self-identification data collection to ensure the process is culturally safe and accessible to First Nations, Métis, and Inuit Peoples.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 5 (Turpel-Lafond, 2020)
- *Disaggregated demographic data collection in British Columbia: The grandmother perspective* (British Columbia's Office of the Human Rights Commissioner, 2020)

- *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls, article 7.3* (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)

6.1.3 The team ensures First Nations, Métis, and Inuit clients are informed about how to access the organization's process to report on the quality and safety of its services.

Priority: **High Priority** | Quality Dimension: **Client-centred Services** | Assessment Method: **On-site**

Guidelines

Service providers work with First Nations, Métis, and Inuit clients to answer questions and ensure clients are informed about the organization's zero-tolerance approach to racism and discrimination as well as how to provide feedback with protection from negative consequences. The team encourages First Nations, Métis, and Inuit clients to give feedback about their experience with the organization and the care they receive as a way to improve service delivery and quality of care.

To enhance clients' comfort in providing feedback and reporting safety incidents, service providers work with clients to create an environment that is safe; open; respectful; welcoming; and free of Indigenous-specific racism, discrimination, assumptions, and judgment. The team ensures clients have access to an Indigenous representative who can assist them in this process.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 5 (Turpel-Lafond, 2020)

6.1.4 The organizational leaders collaborate with First Nations, Métis, and Inuit peoples and communities to co-design culturally safe processes to manage safety incidents.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders ask First Nations, Métis, and Inuit Peoples and communities to co-design culturally safe processes to manage safety incidents that are reflective and representative of the clients served (e.g., determining the role of representatives and

advocates, respecting cultural protocols and practices). The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to come to a shared understanding about how to proceed.

Processes can include collecting information about the impact of a safety incident on a First Nations, Métis, or Inuit individual or family, the circumstances surrounding the incident, and contributing factors. The organization respects the client's right to privacy throughout the processes.

The organizational leaders use feedback on the quality of the organization's services to identify, learn from, and address opportunities for quality improvement.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendations 5 and 11 (Turpel-Lafond, 2020)
- *Sharing concerns: Principles to guide the development of an Indigenous patient feedback process* (BC Patient Safety & Quality Council, 2022)

6.1.5 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to use their feedback in culturally safe ways that will improve the quality of the organization's services.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders develop and sustain, in a culturally safe way, ongoing relationships and respectful communication with First Nations, Métis, and Inuit Peoples and communities, to better understand their experiences of the quality of the organization's programs and services, and to use their feedback to identify opportunities for improvement. The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to address opportunities for continuous improvement and evaluation, reinforced by Indigenous methodologies.

The organizational leaders regularly report back to First Nations, Métis, and Inuit Peoples and communities about the results of the improvement efforts.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 11 (Turpel-Lafond, 2020)

6.1.6 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples, communities, and organizations to incorporate recognition of the harms caused by Indigenous-specific racism into the organization's safety incident reporting and management processes.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders acknowledge that racism poses a serious danger to quality of care and is considered a safety incident.

The organizational leaders use a broad lens to define Indigenous-specific racism and discrimination, recognizing that all types of racism (e.g., structural, systemic, interpersonal) pose safety risks and can cause harm. The organizational leaders include all types of racism in the organization's safety incident reporting management and learning processes.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendations 5 and 11 (Turpel-Lafond, 2020)

6.1.7 The organizational leaders ensure that safety incidents related to Indigenous-specific racism and discrimination are a priority, in accordance with the cultural safety and humility and anti-racism policy.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **On-site**

Guidelines

As part of its safety incident management processes, the organization has processes to prioritize and act on safety incidents related to Indigenous-specific racism and discrimination, in accordance with its cultural safety and humility and anti-racism policy.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendations 5 and 11 (Turpel-Lafond, 2020)

6.1.8 The organizational leaders provide the workforce with education and training about how to address, in culturally safe ways, reports from First Nations, Métis, and Inuit Peoples and communities on the quality and safety of the organization's services.

Priority: **High Priority** | Quality Dimension: **Worklife** | Assessment Method: **On-site**

Guidelines

The organizational leaders work to create a culturally safe environment where First Nations, Métis, and Inuit Peoples and communities feel safe and are encouraged to provide feedback on the quality of services and report safety incidents with protection from negative consequences.

The organizational leaders provide the workforce with education and trauma-informed training about how to confidentially receive and manage information from First Nations, Métis, and Inuit Peoples about their service experiences in a culturally safe manner. To make the experience of providing feedback as safe and accessible as possible, the organizational leaders strive to create an Indigenous-led and Indigenous-offered approach, to give First Nations, Métis, and Inuit Peoples and communities the option of providing their feedback to Indigenous persons.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendations 5 and 11 (Turpel-Lafond, 2020)

6.1.9 The organizational leaders share positive feedback from First Nations, Métis, and Inuit Peoples and communities with the workforce to promote good practice and reinforce a culture of quality and safety.

Priority: **Normal Priority** | Quality Dimension: **Worklife** | Assessment Method: **Attestation**

Guidelines

The organizational leaders recognize the value of sharing and celebrating positive feedback from First Nations, Métis, and Inuit Peoples and communities with the workforce. The feedback may be about programs and services, client experiences and outcomes, or general organizational culture.

The organizational leaders understand that sharing positive feedback helps demonstrate that the organization values the workforce's contributions to building a culture that promotes quality and safety.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendations 4 and 12 (Turpel-Lafond, 2020)

6.1.10 The organizational leaders incorporate First Nations, Métis, and Inuit Peoples' rights, cultural protocols, practices, and approaches into processes to resolve safety incidents.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **On-site**

Guidelines

The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to embed distinct rights and protocols into the organization's safety incident management and resolution processes to address and promote healing from harm caused by racism and discrimination. For example, the organizational leaders embed opportunities for First Nations, Métis, and Inuit Peoples, communities, and workforce members to access cultural support from First Nations, Métis, and Inuit ceremonies as well as from Elders, Healers, and Knowledge Keepers.

By embedding First Nations, Métis, and Inuit ways to address and heal from harm in safety incident management and resolution processes, the organizational leaders promote restorative justice approaches. As part of this process, the organizational leaders also account for the legal and regulatory requirements placed on service providers by their regulatory bodies, unions, medical protection agencies, and other similar groups.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 5 (Turpel-Lafond, 2020)

6.1.11 The organizational leaders facilitate access for First Nations, Métis, and Inuit Peoples, communities, and workforce members to the jurisdictional ombudsperson, or equivalent, to provide support to address complaints of Indigenous-specific racism.

Priority: **High Priority** | Quality Dimension: **Accessibility** | Assessment Method: **On-site**

Guidelines

The organizational leaders ensure a person responsible for receiving, investigating, and responding to safety incidents, including incidents of Indigenous-specific racism (e.g., Office of the Ombudsperson of British Columbia) is available to all First Nations, Métis, and Inuit Peoples, communities, and workforce members.

The organizational leaders advocate for the ombudsperson to prioritize safety incidents related to Indigenous-specific racism and discrimination through

- engagement with First Nations, Métis, and Inuit Peoples and communities;
- specialized activities to promote equitable access to and greater fairness in health and social services to Indigenous Peoples; and
- reporting progress to the public.

The organizational leaders may also ensure information is provided about how to pursue a complaint with regulatory bodies or human rights tribunals.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendations 4 and 12 (Turpel-Lafond, 2020)

7 Designing and Delivering Culturally Safe Services

7.1 The organizational leaders and teams ensure culturally safe programs and services are developed, implemented, and sustained.

7.1.1 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to incorporate a wholistic approach to health and wellness into the organization's models of care.

Priority: **Normal Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders engage with First Nations, Métis, and Inuit Peoples and communities to learn about their approaches to, and perspectives on, health and wellness. They use what they learn to drive systematic change in service delivery through integration, transformation, and collaboration.

The organizational leaders ensure that service providers work with First Nations, Métis, and Inuit clients to take a wholistic approach to care that looks beyond illness to understand First Nations, Métis, and Inuit Peoples' perspectives on health and wellness. This includes understanding the balance between physical, mental, emotional, and spiritual health and the importance of social and environmental determinants on individual, family, and community health and wellness. This wholistic approach is a key element in traditional First Nations, Métis, and Inuit health and wellness practices.

To enable a wholistic approach, the organizational leaders work with First Nations, Métis, and Inuit Peoples and communities to develop culturally safe and humble care processes that respect traditional First Nations, Métis, and Inuit protocols, practices, and ways of healing, including the use of sacred space, language, ceremonies, family, and art. The organizational leaders update the organization's policies and advocate for government policies to support First Nations, Métis, and Inuit healing practices and increase access to Elders, Healers, Knowledge Keepers, and ceremonies that are recognized by First Nations, Métis, and Inuit Peoples and communities. They also work in partnership with First Nations, Métis, and Inuit Peoples and communities to update the model of care. All updates are included in the orientation for new service providers and other workforce members.

The organizational leaders work with service providers and First Nations, Métis, and Inuit Peoples and communities to increase the service providers' understanding and health literacy about First Nations, Métis, and Inuit rights and health and wellness knowledge and practices. They encourage service providers to move beyond a biomedical model to include Indigenous knowledge and practice in their provision of care.

The organizational leaders work with service providers to increase the service providers' understanding of the importance of social determinants of health in health promotion and healing. They also work to increase the service providers' understanding of the significant impact of colonialism on First Nations, Métis, and Inuit health and wellness and the need to rebuild intergenerational connections that were disrupted by colonialism.

The organizational leaders encourage First Nations, Métis, and Inuit service providers to share their learnings and cultural awareness, to facilitate communication and knowledge transfer among all service providers.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 17 (Turpel-Lafond, 2020)
- *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls, article 7.1* (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)

7.1.2 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples, communities, organizations, and service providers to design culturally safe programs and services to achieve First Nations, Métis, and Inuit health and wellness goals and objectives.

Priority: **Normal Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders work with First Nations, Métis, and Inuit communities and organizations to uphold the organization's commitments to support First Nations, Métis, and Inuit Peoples and communities in designing and creating their own health and wellness goals, strategies, and solutions. This includes developing and establishing processes and protocols to engage Elders and Knowledge Keepers.

The organizational leaders proactively form and nurture strong partnerships with First Nations, Métis, and Inuit Peoples and communities, collaborating with them to plan, design, and evaluate First Nations, Métis, and Inuit health and wellness programs and services, including virtual health services and associated materials. The organizational

leaders collaborate with First Nations, Métis, and Inuit Peoples, communities, organizations, and service providers to adapt and validate existing programs and services to meet the needs of First Nations, Métis, and Inuit clients. The organizational leaders consult with Elders, Healers, and Knowledge Keepers who are recognized by First Nations, Métis, and Inuit Peoples and communities to ensure Indigenous rights, protocols, and practices are followed.

The organizational leaders engage with First Nations, Métis, and Inuit Peoples and communities to create a variety of avenues by which First Nations, Métis, and Inuit Peoples and communities can provide information, guidance, advice, and direction to plan, implement, and evaluate culturally appropriate programs and services. Evaluations are done using culturally relevant tools and methods of evaluation and, wherever possible, are facilitated by First Nations, Métis, and Inuit people.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendations 16 and 17 (Turpel-Lafond, 2020)
- *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls, article 7.3* (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)

7.1.3 The team uses a strengths-based approach to achieve the First Nations, Métis, or Inuit client's health and wellness goals.

Priority: **High Priority** | Quality Dimension: **Client-centred Services** | Assessment Method: **On-site**

Guidelines

The team collaborates with the First Nations, Métis, or Inuit client to support the client in achieving their health and wellness goals, as defined by the client.

By supporting the First Nations, Métis, or Inuit client with community-driven strategies, the team demonstrates the value of the knowledge, capacity, and skills of First Nations, Métis, and Inuit Peoples and communities. Through education and training, the team increases their knowledge about Indigenous rights and the value of a strengths-based approach and how to integrate this approach into their practice. The team works with the First Nations, Métis, or Inuit client to identify and incorporate personal and community strengths (e.g., extended family, commitment to community, neighbourhood networks,

community organizations, community events) into the care plan. Service providers recognize First Nations, Métis, and Inuit clients' right to make important decisions about their health to meet their health and wellness goals.

7.1.4 The team integrates First Nations, Métis, and Inuit practitioners such as Elders, Healers, and Knowledge Keepers into the First Nations, Métis, or Inuit client's care plan at the client's request, to help the client achieve their health and wellness goals.

Priority: **High Priority** | Quality Dimension: **Client-centred Services** | Assessment Method: **On-site**

Guidelines

The team values and respects cultural knowledge and traditional health practices and medicines as integral to the wellness of First Nations, Métis, and Inuit Peoples and communities. The organization's systems and processes enable the recording, safekeeping, and communication of those components within the circle of care and across the care continuum, while recognizing the sacredness of ceremony and traditional protocols.

Service providers who understand Indigenous rights, protocols, and practices can better serve First Nations, Métis, and Inuit clients by recognizing and understanding the role of Elders, Healers, and Knowledge Keepers who provide valuable Indigenous knowledge, expertise, and healing practices (e.g., herbal medicines and other remedies; psychological and spiritual wellness through ceremony, counselling, teachings, and accumulated wisdom). This understanding may help service providers and First Nations, Métis, and Inuit clients work together to integrate wholistic and culturally safe and humble care into the care plan. Service providers show respect for and develop skills in collaborating with Elders, Healers, and Knowledge Keepers, including in providing clinical care.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 17 (Turpel-Lafond, 2020)
- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 22* (Truth and Reconciliation Commission of Canada, 2015b)

7.1.5 The organizational leaders implement policies and procedures that support the provision of culturally safe virtual health services for First Nations, Métis, and Inuit Peoples and communities.

Priority: **High Priority** | Quality Dimension: **Accessibility** | Assessment Method: **On-site**

Guidelines

Virtual health services (e.g., virtual primary care services, virtual addiction medicine and psychiatry services) can increase access to culturally safe and humble care and reduce the burden of travel for First Nations, Métis, and Inuit clients, especially those who live in rural or remote communities. Policies and procedures are in place on how to provide virtual health services in a culturally safe and humble way. The organizational leaders allocate sufficient funding to support culturally appropriate virtual health services.

The organizational leaders work with First Nations, Métis, and Inuit Peoples and communities to ensure virtual health services are accessible and culturally safe (e.g., welcoming a client's family or friend to join as support; using principles of accessible communication when needed; using oral, written, online, or print formats as well as languages that meet client needs). The organizational leaders ensure service providers have cultural safety and humility training and can collaborate with First Nations, Métis, and Inuit Peoples and communities to provide culturally safe virtual health care in accordance with the organization's policies and procedures.

To implement virtual health policies and procedures, the organizational leaders ensure tools are provided to help service providers and First Nations, Métis, and Inuit clients incorporate virtual follow-up care into the clients' care plans. This could include tools to virtually transmit health care data from clients to service providers, and tools and information so clients can follow up and ask questions.

7.1.6 The organizational leaders implement policies and procedures that support the provision of culturally safe community outreach services for First Nations, Métis, and Inuit Peoples and communities.

Priority: **High Priority** | Quality Dimension: **Accessibility** | Assessment Method: **On-site**

Guidelines

Outreach services bring services to and provide care in First Nations, Métis, or Inuit clients' homes or communities, thus enhancing support and access for those who cannot access these services.

The organizational leaders provide adequate funding, policies, and procedures on how to organize and provide community outreach services in a culturally safe and humble way.

7.2 The team ensures the provision of care and delivery of services are culturally safe.

7.2.1 The team establishes a transparent, respectful, and reciprocally accountable relationship with the client to support the delivery of culturally safe care.

Priority: **High Priority** | Quality Dimension: **Client-centred Services** | Assessment Method: **On-site**

Guidelines

Service providers can help create an anti-racist environment and build working relationships with First Nations, Métis, and Inuit clients that are respectful, transparent, reciprocally accountable, trauma-informed, and culturally safe by

- equalizing power imbalances in client–provider relationships;
- introducing themselves to First Nations, Métis, and Inuit clients and explaining their role;
- self-reflecting on the values, assumptions, and belief structures they bring to interactions with First Nations, Métis, and Inuit clients;
- explaining how the service or unit operates so clients understand how and when to access services;
- taking the time to get to know clients and their communities, being genuine, listening respectfully, being collaborative, being aware of stereotypes, being attentive, and acknowledging clients' lived experiences;
- providing time for clients to share their experiences;
- if a physical exam is necessary, explaining the procedure, answering questions, and obtaining informed consent before beginning an examination and during if multiple areas are being examined;
- allowing a support person to be present if a sensitive physical examination is performed (e.g., a gynecological procedure);
- asking clients' permission before performing tasks;
- using a respectful tone;
- practising open communication by using accessible language and expressing concern or reassurance, and allowing clients to express their feelings and talk about their experiences without fear of judgment;
- asking questions and providing input and feedback; and
- respecting clients' cultural beliefs, lifestyles, and privacy and confidentiality.

To foster their relationships with First Nations, Métis, and Inuit Peoples and communities, service providers develop self-awareness of their privileges and biases, to avoid giving offence or making assumptions that can manifest in harmful approaches to First Nations, Métis, and Inuit client care; negatively impact First Nations, Métis, and Inuit client experiences and outcomes; or jeopardize service providers' relationships with First Nations, Métis, and Inuit Peoples and communities.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)* (Turpel-Lafond, 2020)
- *Universal declaration of human rights,* articles 1 and 5 (United Nations, n.d.)

7.2.2 The team ensures that the First Nations, Métis, or Inuit client has information about client rights and responsibilities when accessing health services.

Priority: **High Priority** | Quality Dimension: **Client-centred Services** | Assessment Method: **On-site**

Guidelines

The team works with Indigenous client liaisons or navigators, when available, to ensure the First Nations, Métis, or Inuit client receives information about client rights and responsibilities and where they can access relevant resources and cultural supports (e.g., Elders, Healers, Knowledge Keepers, interpreters). The team ensures the client receives this information at intake or at the earliest opportunity and in a language that meets their needs, using interpreters as necessary.

Service providers document in the clients' records when clients received the information and ensures clients have enough time to review the information and ask questions.

Information about client rights and responsibilities is developed in collaboration with jurisdictional Indigenous health departments and First Nations, Métis, and Inuit Peoples and communities. The resources include information about First Nations, Métis, and Inuit client rights, appropriate engagement processes, and feedback mechanisms or courses of action that can be taken during culturally unsafe experiences.

Supporting Documentation

- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 18* (Truth and Reconciliation Commission of Canada, 2015b)
- *Universal declaration of human right*s, article 21 (United Nations, n.d.)

Legislative Commitments

- *Declaration on the Rights of Indigenous Peoples Act*, SBC 2019, c 44

7.2.3 The team assesses the First Nations, Métis, or Inuit client's health in a culturally safe and trauma- and violence-informed way.

Priority: **High Priority** | Quality Dimension: **Client-centred Services** | Assessment Method: **On-site**

Guidelines

Service providers acknowledge that systemic Indigenous-specific racism, stereotyping, and discrimination experienced by First Nations, Métis, and Inuit Peoples and communities results in negative or traumatic experiences. Service providers collaborate with First Nations, Métis, and Inuit clients to conduct an assessment (e.g., emergency department admissions and triage, palliative care assessments) that aligns with clients' values and care goals, and is culturally safe, people-centred, and trauma- and violence-informed. This includes the sensitive process of gathering information about clients' personal, social, economic, and environmental determinants of health.

When conducting an assessment, the team collaborates with the client's family and community as well as with Elders and Indigenous client navigators and interpreters as needed and requested by the client.

The team regularly assesses and documents the First Nations, Métis, or Inuit client's health status, to monitor changes over time.

7.2.4 The team takes a wholistic approach to the First Nations, Métis, or Inuit client's care plan to demonstrate respect for the First Nations, Métis, or Inuit client's values and rights.

Priority: **Normal Priority** | Quality Dimension: **Client-centred Services** | Assessment Method: **On-site**

Guidelines

Service providers work with First Nations, Métis, and Inuit clients to incorporate a holistic wellness approach into the care plan. Service providers work with clients to understand clients' values and rights. As part of people-centred, team-based care, service providers

respect First Nations, Métis, and Inuit clients' right to access cultural ceremonies, practices, and supports (e.g., traditional healing practices and ceremonies, Elders, Healers, Knowledge Keepers, Indigenous client navigators).

Service providers work with clients to incorporate ceremonies, practices, and supports into clients' care plans if requested and help clients access them. Service providers document this information in the clients' records as appropriate. For example, with regard to death, dying, medical assistance in dying, and end-of-life discussions, service providers and First Nations, Métis, and Inuit clients work as a team to incorporate cultural values, practices, and ceremonies into advanced care planning.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 17 (Turpel-Lafond, 2020)
- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 22* (Truth and Reconciliation Commission of Canada, 2015b)
- *United Nations declaration on the rights of Indigenous peoples*, articles 24 and 31 (United Nations, 2007)
- *Universal declaration of human rights*, article 27 (United Nations, n.d.)

Legislative Commitments

- *Declaration on the Rights of Indigenous Peoples Act*, SBC 2019, c 44

7.2.5 The team facilitates access to cultural practices, ceremonies, resources, and supports including Elders, Healers, and Knowledge Keepers as requested by the First Nations, Métis, or Inuit client.

Priority: **High Priority** | Quality Dimension: **Client-centred Services** | Assessment Method: **On-site**

Guidelines

The team acknowledges the First Nations, Métis, or Inuit client's rights and priorities and works together to access, without discrimination, traditional medicines and healing practices, including physical, mental, social, spiritual, and economic support to meet the client's health and wellness goals. The team respects the informed choice and right of the First Nations, Métis, or Inuit client to use wholistic treatments such as ceremonies, traditional medicines, and healing practices and protocols provided by Elders and Healers.

The team works with the First Nations, Métis, or Inuit client to create an integrated approach to health care that combines traditional and Western approaches to health. The team respects First Nations, Métis, and Inuit Peoples and communities' established ways of accessing Elders and Healers.

Supportive Documentation

- *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls*, article 7.4 (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)
- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 22* (Truth and Reconciliation Commission of Canada, 2015b)
- *United Nations declaration on the rights of Indigenous peoples*, article 16 (United Nations, 2007)

Legislative Commitments

- *Declaration on the Rights of Indigenous Peoples Act*, SBC 2019, c 44

7.2.6 The team facilitates access to First Nations, Métis, and Inuit interpretation and accessibility services and support to enable communication with the First Nations, Métis, or Inuit client at the point of care.

Priority: **High Priority** | Quality Dimension: **Accessibility** | Assessment Method: **On-site**

Guidelines

Service providers know how to access organizational and community interpretation resources to facilitate timely and equitable access to care. They recognize that the resources needed to access care varies by client.

Service providers work with First Nations, Métis, and Inuit clients to identify language, interpretation, and accessibility needs to ensure clear communication between service providers and First Nations, Métis, or Inuit clients. Service providers facilitate timely access to the required services and ensure there is a support person with First Nations, Métis, and Inuit clients if requested.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 17 (Turpel-Lafond, 2020)

7.2.7 The team continually improves their health literacy skills through ongoing professional education to ensure they make well-informed decisions to help the First Nations, Métis, or Inuit client achieve their health and wellness goals.

Priority: **Normal Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

Service providers and First Nations, Métis, and Inuit clients work together to ensure clients understand the health information they receive (e.g., information about assessment, diagnosis, discharge, and care plans). This can be done by ensuring First Nations, Métis, and Inuit clients are provided time to review, process, and ask questions about the information. The team includes appropriate supports as needed (e.g., family members, Indigenous client navigators) to communicate and exchange health information with all members of the team.

Service providers understand, use, and enhance their own health literacy skills to improve the experience of care for First Nations, Métis, and Inuit clients. For example, service providers increase their health literacy by working with First Nations, Métis, and Inuit Peoples and communities to better understand what health and wellness means from First Nations, Métis, and Inuit perspectives. This includes understanding the factors that may impact First Nations, Métis, and Inuit clients' health (e.g., social and environmental determinants of health) as well as protective factors that can contribute to a strengths-based approach.

8 Collecting Evidence and Conducting Research and Evaluation

8.1 The organizational leaders use a distinctions- and strengths-based approach to collect data related to First Nations, Métis, and Inuit Peoples and communities.

8.1.1 The organizational leaders adopt First Nations, Métis, and Inuit data governance protocols to collect, analyze, interpret, and release First Nations, Métis, and Inuit data.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

Data and information governance protocols protect individual and collective data or information, as well as rights. The organizational leaders acknowledge First Nations, Métis, and Inuit Peoples and communities' ownership of their data and information. The organizational leaders recognize the inherent rights of First Nations, Métis, and Inuit Peoples and communities to control how information about them is collected, used, and disclosed throughout the information life cycle. The organizational leaders develop rules, regulations, policies, and protocols to define how population data is collected, shared, and protected (e.g., data stewardship, data sharing agreements).

The organizational leaders understand and adopt the local First Nations, Métis, and Inuit data and information governance protocols based on existing distinctions-based guidelines (e.g., OCAP® and OCAS principles, Inuit Qaujimajatuqangit, and the protocols of the Métis Data Governance Council and National Inuit Strategy on Research). They work with First Nations, Métis, and Inuit Peoples and communities to determine the best approaches around control and ownership of their health data and information.

The organizational leaders

- provide ready access for First Nations, Métis, and Inuit Peoples and communities to the information and aggregated data about them and their communities, on request;
- have protocols to consider requests from First Nations, Métis, and Inuit Peoples and communities to access their data;

- have protocols for First Nations, Métis, and Inuit Peoples and communities to assert and protect ownership and control of their data and information;
- have protocols for First Nations, Métis, and Inuit Peoples and communities to terminate data and information governance agreements at any time and to have their data removed;
- have protocols for the permanent and complete removal or destruction of First Nations, Métis, and Inuit data at the end of the information life cycle;
- complete a privacy impact assessment to identify potential privacy and security risks to First Nations, Métis, and Inuit data and information, provide mitigation strategies, and implement and regularly review privacy procedures and training;
- develop comprehensive legal and service agreements that protect personal and community First Nations, Métis, and Inuit information; and
- advocate to government for the removal of structural barriers to the application of the First Nations, Métis, and Inuit data and information governance protocols and distinctions-based guidelines.

The organizational leaders ensure that service providers who participate in data collection and interpretation (e.g., through knowledge translation platforms such as webinars and resource pages) complete training on adherence to local First Nations, Métis, and Inuit data and information governance protocols and distinctions- and strengths-based guidelines. Training can also include

- cultural safety and humility training;
- general information management;
- information about how data and information have historically been misused; and
- how to work with First Nations, Métis, and Inuit Peoples and communities to understand their interpretation of the protocols.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 9 (Turpel-Lafond, 2020)
- *The First Nations principles of OCAP®* (First Nations Information Governance Centre, 1998)
- *Framework for research engagement with First Nations, Métis, and Inuit Peoples* (University of Manitoba, 2019)
- *Inuit Qaujimajatuqangit* (Tagalik, 2009–2010)
- *Disaggregated demographic data collection in British Columbia: The grandmother perspective* (British Columbia's Office of the Human Rights Commissioner, 2020)

8.1.2 The organizational leaders consult with First Nations, Métis, and Inuit Peoples, communities, and organizations to ensure the organization's processes to identify, collect, and analyze First Nations, Métis, and Inuit data align with First Nations, Métis, and Inuit perspectives.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders confirm that the data the organization identifies, collects, and analyzes is from sources that are recognized by First Nations, Métis, and Inuit Peoples, communities, and organizations.

The organizational leaders ensure the organization follows First Nations, Métis, and Inuit data governance protocols, such as the OCAP and OCAS principles, Inuit Qaujimajatuqangit, and the protocols of the Métis Data Governance Council and the National Inuit Strategy on Research.

The organizational leaders seek guidance from the organization's First Nations, Métis, and Inuit partners about the appropriate use of a distinctions-based approach to data analysis and interpretation.

8.2 The organizational leaders conduct research in partnership with First Nations, Métis, and Inuit Peoples and communities.

8.2.1 The organizational leaders adhere to chapter 9 of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

Chapter 9 of the Tri-Council Policy Statement, which is a framework that governs ethical conduct in research, addresses research involving First Nations, Inuit, and Métis Peoples of Canada. Indigenous policies and positions (e.g., data governance protocols such as OCAP®, OCAS, and Inuit Qaujimajatuqangit) are additional documents that guide research.

The organizational leaders ensure that the organization complies with the provisions in chapter 9 and the codes of research practice established by Indigenous communities in all its research activities. Chapter 9 emphasizes the need for equitable partnerships and provides safeguards specific to First Nations, Métis, and Inuit Peoples and communities.

It highlights that research needs to be culturally responsive and beneficial to First Nations, Métis, and Inuit Peoples and communities as well as government agencies.

Supporting Documentation

- *Tri-council policy statement: Ethical conduct for research involving humans* (Canadian Institutes of Health Research et al., 2018)

8.2.2 The organizational leaders collaborate with First Nations, Métis, and Inuit peoples and communities to co-create research protocols or agreements.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders ensure affiliated researchers and research teams work with First Nations, Métis, and Inuit Peoples and communities from the beginning to the end of the research project. This may include collaborating with Elders to ceremoniously open and close the project and provide ongoing guidance throughout, receiving a Spirit name for the study from a Knowledge Keeper, and offering a sacred gift to participants to bind their commitment. If community-specific research protocols exist for use in other communities, they are adapted to the individual community as necessary.

Research teams collaborate with First Nations, Métis, and Inuit Peoples and communities to use First Nations, Métis, and Inuit population health data to inform research protocols. The teams keep First Nations, Métis, and Inuit Peoples and communities informed throughout the process (e.g., providing drafts of research reports for review and approval). The organization ensures there is Indigenous oversight or participation on its research boards or committees, and that the research considers cultural diversity throughout the research endeavour. Collaboration may occur with universities, health authorities, governing bodies, and other organizations.

8.2.3 The organizational leaders ensure the organization's research agenda responds to the priorities and contexts of First Nations, Métis, and Inuit Peoples and communities.

Priority: **Normal Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders ensure the research teams understand the broad contexts and priorities of First Nations, Métis, and Inuit Peoples and communities to ensure an

informed health equity lens is applied to the research agenda and priorities, in accordance with local First Nations, Métis, and Inuit data governance protocols. The organizational leaders may also establish an Indigenous advisory or steering committee with members from First Nations, Métis, and Inuit Peoples and communities being involved in informing and guiding the organization's research agenda. In addition, research ethics boards include First Nations, Métis, and Inuit peoples as members.

Wherever possible and appropriate, First Nations, Métis, and Inuit knowledge is incorporated into the ethics and review processes.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)* (Turpel-Lafond, 2020)

8.2.4 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to co-design and conduct research that involves First Nations, Métis, and Inuit Peoples and communities.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

In accordance with local First Nations, Métis, and Inuit data governance protocols, the organizational leaders support research teams to collaborate and establish partnerships with First Nations, Métis, and Inuit Peoples and communities to incorporate Indigenous methodologies into the design and conduct of the research. This includes developing respectful partnerships between Indigenous and non-Indigenous researchers and including Indigenous-led and community-based participatory research with First Nations, Métis, and Inuit Peoples and communities as part of research grants or proposals or research ethic board approval requirements.

Supporting Documentation

- *Truth and Reconciliation Commission of Canada: Calls to action, call to action 78* (Truth and Reconciliation Commission of Canada, 2015b)
- *Universal declaration of human rights, article 27* (United Nations, n.d.)

8.2.5 The organizational leaders compensate First Nations, Métis, and Inuit community members who are involved in data collection.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

The organizational leaders ensure First Nations, Métis, and Inuit community members and organizations involved in data collection are compensated for their contributions. The organizational leaders recognize their responsibility to discuss appropriate compensation, costs, fees, and other expenses with First Nations, Métis, and Inuit Peoples and communities when engaging them in research.

8.3 The organizational leaders evaluate the organization's commitments to cultural safety and humility and anti-racism and use the results for quality improvement.

8.3.1 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to co-create an evaluation framework for the organization's cultural safety and humility and anti-racism initiatives.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples, communities, and organizations to develop or adapt a cultural safety and humility and anti-racism evaluation framework. To guide this work, the organizational leaders may create a cultural safety and humility oversight committee that includes First Nations, Métis, and Inuit Peoples and communities.

The framework is intended to evaluate the organization's achievement of the goals and objectives associated with the cultural safety and humility and anti-racism initiatives. The cultural safety and humility and anti-racism evaluation framework is aligned with broader organizational performance measures and strategic plans.

The organizational leaders build cultural safety and humility outcomes into the organization's quality framework and quality improvement plan.

The organizational leaders ensure the organization's cultural safety and humility and anti-racism evaluation framework is adopted throughout the organization, including by service providers. The organizational leaders provide the workforce with resources to support the adoption of the framework.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report),* recommendation 9 (Turpel-Lafond, 2020)

8.3.2 The organizational leaders incorporate First Nations, Métis, and Inuit methodologies into the organization's cultural safety and humility and anti-racism evaluation framework.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

The organizational leaders, in partnership with First Nations, Métis, and Inuit Peoples and communities, identify Indigenous methodologies to support a cultural safety and humility and anti-racism evaluation framework.

8.3.3 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to identify indicators that measure the impact of the organization's safety and humility and anti-racism initiatives on the quality and safety of its First Nations, Métis, and Inuit health and wellness programs and services.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

In collaboration with First Nations, Métis, and Inuit Peoples and communities, the organizational leaders identify indicators for the organization's cultural safety and humility and anti-racism evaluation framework (e.g., complaints received from those identifying as First Nations, Métis, and Inuit; incidents that caused serious harm; requests to access Elders). They also work with policy makers to include indicators that align with the jurisdiction's impact-based performance measurement framework as well as mandatory cultural safety indicators collected and reported across the jurisdictional health authority (e.g., data on the number of certified First Nations, Métis, and Inuit health care providers actively practising; incidents related to Jordan's Principle; data from home and away-from-home populations) The organizational leaders collaborate with First Nation, Métis, and Inuit Peoples and communities to conduct client journey mapping of First Nations, Métis, and Inuit clients through the system to identify relevant indicators that support continuous quality improvement.

The organizational leaders use jurisdictional guidance to identify how the indicators could be used to measure the impact of the organization's cultural safety and humility and anti-racism initiatives on the quality of First Nations, Métis, and Inuit health and wellness programs and services and the achievement of the associated goals and objectives. This includes determining how to collect and monitor improvements against baseline data. Establishing a baseline reference point makes it possible to monitor progress toward meeting objectives by comparing pre- and post-activity data and noting changes. Establishing a baseline may require one or many data points and occurs over a defined period. Once the baseline is established, the organization re-evaluates its established outcomes, outputs, and transformation drivers as necessary to ensure they remain feasible and relevant.

Supporting Documentation

- *Measuring cultural safety in health systems* (Canadian Institute for Health Information, 2021)
- *Indigenous patient-centred measurement* (British Columbia Office of Patient-Centred Measurement, 2022)

8.3.4 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples, communities, and organizations to collect cultural safety and humility and anti-racism indicator data in culturally safe ways from sources recognized by First Nations, Métis, and Inuit Peoples and communities.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders engage with First Nations, Métis, and Inuit Peoples, communities, and organizations to design or identify sources of information (e.g., feedback mechanisms, surveys, focus groups, complaint records, client and family satisfaction or experience data, incident analysis information, financial reports) to collect data and monitor progress on cultural safety and humility and anti-racism indicators. The organizational leaders ensure service providers are trained on how to capture indicator data in a respectful and culturally safe and humble way. The organizational leaders seek help from First Nations, Métis, and Inuit Peoples and communities to identify gaps that hinder accurate and meaningful data collection.

The organizational leaders monitor the organization's progress against the jurisdiction's cultural safety and humility indicators.

The organizational leaders ensure the organization has the appropriate infrastructure and processes to effectively collect and analyze cultural safety and humility indicator data. The organizational leaders follow local First Nations, Métis, and Inuit data governance protocols and distinctions-based guidelines when working with First Nations, Métis, and Inuit Peoples and communities, to determine how data will be collected and how often.

In accordance with local First Nations, Métis, and Inuit data governance protocols and distinctions-based guidelines, the organization has a system to compile data in a central data repository that can be used, with appropriate authorization controls, throughout the organization and by partners. The organizational leaders may include a visual analytics dashboard (e.g., Tableau) so partners can see in real time the impact of the information they are sharing. This reduces the administrative burden and increases the accuracy, timeliness, and security of the information.

8.3.5 The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to use cultural safety and humility and anti-racism indicator data to regularly evaluate the organization's cultural safety and humility and anti-racism initiatives.

Priority: **Normal Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to analyze indicator data and assess the effectiveness of the cultural safety and humility and anti-racism initiatives on First Nations, Métis, and Inuit health and wellness programs and services. They use the results of the evaluations to identify and address opportunities for quality improvement. The organization has mechanisms to ensure meaningful action has been taken on the recommendations of the evaluation to improve services.

8.3.6 The organizational leaders regularly update service design and delivery based current health data from First Nations, Métis, and Inuit Peoples and communities.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

The organizational leaders use First Nations, Métis, and Inuit population health data, including quantitative and qualitative data and feedback, to update service design and

delivery. Data includes Indigenous ways of knowing and traditional knowledge systems (e.g., oral histories, stories of Indigenous Peoples). The organization uses both aggregated and disaggregated data (e.g., distinctions-based data) to ensure service design and delivery meets First Nations, Métis, and Inuit health and wellness goals and objectives. The organization uses this data to identify underserved populations and health inequities and disparities.

8.3.7 The organizational leaders regularly report on the impact of the organization's cultural safety and humility and anti-racism initiatives to First Nations, Métis, and Inuit Peoples, communities, and partners and other internal and external parties.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

In accordance with local First Nations, Métis, and Inuit data governance protocols and distinctions-based guidelines, the organizational leaders report to First Nations, Métis, and Inuit Peoples and communities, and other affected internal and external parties, such as the governing body, senior leaders, and the workforce, to keep them informed about the cultural safety and humility and anti-racism initiatives and the impact on the organization's programs and services. Sharing results, learnings, and information about continuous improvement efforts as well as celebrating positive results helps foster a culture of quality improvement and accountability.

Where information is collected about specific communities, the findings are shared with those communities.

Displaying and reporting trends demonstrates progress toward goals and objectives. Findings are evaluated to be shared in a timely way to ensure the results are still relevant and actionable.

Supporting Documentation

- *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (full report)*, recommendation 17 (Turpel-Lafond, 2020)

8.3.8 The organizational leaders demonstrate reciprocal accountability by participating in an inclusive and transparent process to evaluate established relationships and partnerships with First Nations, Métis, and Inuit Peoples, communities, and organizations.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The organizational leaders evaluate the First Nations, Métis, and Inuit partnership agreements and other relationships to assess progress on the organization's commitment to cultural safety and humility and anti-racism. The organizational leaders assess the effectiveness of the partnerships with First Nations, Métis, and Inuit Peoples, communities, and service providers to improve First Nations, Métis, and Inuit health services and health and wellness outcomes.

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