



# BUILDING A CULTURALLY RESPECTFUL HEALTH AND SOCIAL SERVICES SYSTEM

OCTOBER 2016





## MESSAGE FROM THE MINISTER OF HEALTH AND SOCIAL SERVICES

In discussions with Indigenous leaders throughout the NWT on health and social issues, I have heard how important it is that we work together to improve health and social outcomes. Together, we will do this through reconciliation, system transformation and working to address the differences in health status between Indigenous and non-Indigenous Northerners. I believe that a cornerstone to making lasting improvements is to ensure cultural safety and respect throughout the health and social services system and integrate traditional methods into our practice and ways of doing business. Given other positive changes taking place, now is the time for us to commit to taking action so that we can address the systemic issues that have contributed to Indigenous people feeling disenfranchised in the system, and experiencing poorer health and social outcomes.

The health care and social services delivery system across the NWT is undergoing transformation. But, this means more than creating a single integrated system to better coordinate programs and services for Northerners. It also means changing the way we provide services so that people feel respected, feel that their voices are heard and feel safe and comfortable when accessing health care and social services.

I am committed to moving forward, in partnership with Indigenous governments, agencies and stakeholders, to implement changes that make sense and that make a positive difference. This document is the Government's pledge to lead the way and work with our Indigenous partners across the NWT to make meaningful change. Starting now, from our common interests, we can work together to define the issues and their root causes, and make a plan to address them. This is my commitment and I look forward to the continued expertise, wisdom, guidance and input from all our partners that will make positive change a reality.

## EXECUTIVE SUMMARY

*Building a Culturally Respectful Health and Social Services System* is a Commitment to Action by the Department of Health and Social Services (the Department) to work collaboratively with partners to ensure all aspects of health and social services are culturally safe and respectful for patients and clients throughout the NWT.

The creation of the Northwest Territories Health and Social Services Authority (NTHSSA) marks a period of change for the Department. This comes at a time when our country has entered into an era of reconciliation, an era that demands respectful and healthy relationships between Indigenous and non-Indigenous people. The Department has a role to play in reconciliation by ensuring not only Indigenous residents, but all residents, receive respectful, responsive and accessible care and services.

It is well documented that Indigenous people experience disproportionate health and social outcomes in comparison to non-Indigenous people in Canada. This is also the case for Indigenous people in the NWT, who comprise 50% of the population. There is also increasing evidence that Indigenous people in Canada experience racism both inside and outside of health and social services. The NWT health and social services system is not immune to this.

Providing culturally safe and respectful care is a strategy to improve the quality of health and social services for Indigenous people by examining how we as a system contribute to inequities in access to care and health outcomes. A key feature of this approach includes understanding and respecting Indigenous concepts of healing and finding ways to incorporate them into our system. It is important to note, that the importance of providing culturally safe and respectful care extends to all disenfranchised populations.

Informed by best practices, what we've done over the past three years and lessons learned, this Commitment to Action document identifies our actions going forward, specifically the development of an action plan to advance cultural safety across the system. Most importantly, we acknowledge that going forward on such an important issue must include meaningful collaboration with our partners. Our Action Plan commitments include:

- Leadership engagement and commitment.
- Collaboration and communication.
- Development and implementation of system-wide policies, standards and performance measures.
- Embedding cultural safety in all aspects of management, operations and front line service delivery.
- Actively advancing workforce diversity and training.

## INTRODUCTION

Throughout the Northwest Territories, the health and social services system works to provide quality services for all NWT residents – care that is respectful, responsive and accessible. **A key part of this is making sure that all aspects of health and social services system are culturally respectful and safe for everyone**, particularly for Indigenous peoples whose healthcare needs are often seen through a lens of racial discrimination. This also includes respecting Indigenous understandings of health and wellness and finding ways to accommodate traditional healing in our system.

The Royal College of Physicians and Surgeons, among others, has documented the differences in health outcomes and the inequities in the quality of health care provided to Indigenous people in Canada compared to other Canadians.<sup>1</sup> In 2014 at the 55th Annual Premiers' Conference, Canadian Premiers discussed the disproportionate and large number of Indigenous children in care across the country and the many complex social and economic factors that underlie this situation. Cultural safety is a **key part of reconciliation** between Indigenous and non-Indigenous Canadians. In fact, the Truth and Reconciliation Commission's (TRC) Call to Action Report makes a specific recommendation (#23) which calls upon all

levels of government to “provide cultural competency training for all health care professionals”.<sup>2</sup>

While over 50% of the NWT's population is Indigenous, it is apparent from disparities in population health outcomes that the health and social services system has not been effectively meeting Indigenous peoples' needs. This has to change, and the **Department, together with our partners, is taking action** to do so. Given the principle of “nothing about us without us”, we are committing to moving forward in collaboration, building on discussions and engagement with Indigenous governments, and other stakeholders over the past three years. While the mandate for health care rests with the GNWT, we will work in partnership to build a system that is respectful and reflective of the cultures and people we serve.

**With the creation of the NTHSSA in August 2016, the time is right** to reinforce cultural safety as a foundational piece for the territorial health and social services system. This will ensure it is a priority across the system, while working to incorporate traditional and cultural approaches unique to the different parts of the NWT.

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<sup>1</sup> Royal College of Physicians and Surgeons of Canada. *Disparities in health outcomes and inequities in the quality of health care services for Aboriginal Peoples*(2012).

<sup>2</sup> Truth and Reconciliation Commission of Canada, *Calls to Action* (2015), 3 (section iii)

## A CULTURALLY SAFE SYSTEM IS IMPORTANT

*“To the Commission, reconciliation is about establishing and maintaining a mutually respectful relationship between Aboriginal and non-Aboriginal peoples in this country... We are not there yet. The relationship between Aboriginal and non-Aboriginal peoples is not a mutually respectful one. But, we believe we can get there, and we believe we can maintain it.”<sup>3</sup>*

Indigenous people experience a disproportionate level of health issues when compared to non-Indigenous Canadians. These are largely attributed to the social determinants of health—the economic and social conditions that influence the health of individuals and groups. In addition to the social determinants of health, Indigenous health is influenced by a legacy of colonization and racism that often filter through the health and social services system.<sup>4</sup>

At the same time, Indigenous people have long understood that culture and traditional healing practices are a source of strength, happiness, resilience, identity and confidence for themselves and their communities, and this in turn has a positive impact on overall health.

In order to provide equitable care, health services should be respectful of and responsive to cultural diversity as well as the impacts of conscious and unconscious racism or bias. Indigenous people will be more likely to access health and social services if the care provided is respectful and culturally safe.<sup>5</sup> While cultural safety for Indigenous people is our main focus, given the demographics and history of the NWT, we also recognize that other clients may experience challenges and discrimination when accessing care—such as members of the LGBTQ+ community, refugees and other racialized people.

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<sup>3</sup> Honouring the Truth, Reconciliation for the Future. *Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (2015), 8.

<sup>4</sup> Billie Allen and Janet Smylie. *First Peoples, Second Class Treatment: The Role of Racism in the Health and Well-being of Indigenous Peoples in Canada*. (Wellesley Institute, 2015).

<sup>5</sup> Australian Indigenous Doctors Association. *Cultural Safety for Aboriginal and Torres Strait Islander Doctors, Medical Students and Patients* (AIDA: Canberra, 2014).

## VISION

*Cultural safety is a cornerstone of the Department's Vision, "Best health, best care, for a better future" and we will work to implement this throughout our health and social services system.*

## GOALS

Through this Commitment to Action, we commit to working collaboratively with partners in order to ensure all aspects of health and social services are culturally safe and respectful for patients and clients throughout the NWT.

In the **short term**, we will identify and implement a range of actions that advance cultural safety across all areas of the health and social services system, including system leadership, program and policy design, front line delivery, traditional healing, staff training and performance measurement.

In the **long term**, we will aim for positive outcomes which are the result of a culturally safe and respectful health and social services system, including:

- Improved health of Indigenous persons.
- A more diverse workforce.
- Better communications and public education with Indigenous persons on health related issues.
- Additional and focused research on health issues for Indigenous persons.
- Recognition and greater use of traditional healing and traditional practices in concert with western medicine.

## CONCEPTS

*If we are to work together effectively, we need to have common understanding of the terms and concepts that define and influence cultural safety.*

**Culture** – a dynamic process where meanings are created between people and shaped by historical and social contexts. Important features to remember about culture include<sup>6</sup>:

- We are all bearers of culture.
- Most people identify with multiple cultures, for example Western culture, Dene culture, Canadian culture, health care culture.
- While people may identify with a certain culture, they may not participate in practices associated with that group.
- Culture is constantly evolving and adapting to peoples' experiences.

**Systemic Racism** – “is racism backed up by systemic power.<sup>7</sup> At the core of racism is an unequal distribution of power” and resources. In other words, systemic racism occurs when our systems, such as health care, give space to discrimination whether it is intentional or not.

**Traditional Healing** – health practices that are based on Indigenous understandings of health and wellness that typically include plant-based medicines, ceremonies, counseling, and hands on techniques to promote an individual's mental, physical, emotional and spiritual aspects of health.

**Equitable Services** – a health and social services system that fairly distributes its services so that each client's needs are met. This includes not only the availability of health care and social services, but the quality of care as well. Equitable services means that barriers such as geographic remoteness, lack of infrastructure, transportation issues, long wait times, availability of traditional healing and systemic racism will not impact the services you seek.

**“Nothing about us without us”** – no policy should be decided by any representative without the full and direct participation of members of the groups affected by the policy.

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<sup>6</sup> Colleen Varcoe and Annette Browne, *Possible Approaches to 'Culture'* (presentation, Possible Approaches to “Culture” in Health care in the Northwest Territories. Planning for Action: How Can We Really Make a Difference?, Yellowknife, NT, July 12-13, 2016).

<sup>7</sup> Elizabeth A. McGibbon and Josephine B. Etowa, *Anti-Racist Health Care Practice* (Toronto: Canadian Scholars' Press, 2009), 117.



Engaging meaningfully and respectfully with different cultural groups can be seen as being on a continuum – from increasing one’s basic understanding to taking actions that positively influence health outcomes.

**Cultural Awareness**

**Cultural Sensitivity**

**Cultural Competency**

**GOAL:  
CULTURAL SAFETY**

**Cultural Awareness** – the ability to recognize and appreciate diversity and the differences between people.

**Cultural Sensitivity** – building on cultural awareness, cultural sensitivity recognizes the need to appreciate cultural differences and treat different cultural groups professionally and with respect.

**Cultural Competence** – cultural competence is typically measured in the knowledge and actions of the staff/practitioner and reflects the process of building effective relationships with Indigenous patients, rather than the outcome or results.

**Cultural Safety** – “is an outcome that is based on respectful engagement which recognizes and strives to address power imbalances inherent in the health and social services system. It results in an environment free of racism and discrimination where people feel safe receiving health care”.<sup>8</sup>

<sup>8</sup> First Nation Health Authority of BC. *Creating a Climate For Change – Cultural Safety and Humility in health Services Delivery for First Nations and Aboriginal Peoples in British Columbia* (2016), 5.

## BACKGROUND

Cultural respect and safety are not new concepts. There is a lot of work being done nationally and internationally to improve health care's responsiveness to cultural diversity and power balance. In the NWT, we have been moving in this direction, working with Indigenous governments, communities and experts to seek to improve understanding and learn from our own, and others' experiences. A lot of positive work has taken place, and more needs to happen as we move forward.

## WHAT WE'VE DONE...

*In recent years, we have worked to make the health and social services system more responsive to Indigenous peoples' perspectives and experiences. Actions include:*

### WORKING WITH INDIGENOUS GOVERNMENTS, ORGANIZATIONS AND PEOPLE

- **Established the Aboriginal Health and Community Wellness Division (AHCW)** within HSS to address persisting health gaps between NWT Indigenous people and everyone else. AHCW is mandated to:
  - » build relationships with Aboriginal communities and government
  - » develop culturally appropriate, meaningful prevention programs
  - » explore Aboriginal approaches to health and wellness including traditional healing
  - » staff orientation and training.
- Minister Glen Abernethy **worked with Indigenous Government leaders on system transformation.**
- Collaborated on Weaving Our Wisdom Wellness Gathering, Community Healthy Living Fairs, Dene Nation health summits.

### TRANSFORMING THE HEALTH AND SOCIAL SERVICES SYSTEM IN THE NWT

- In August 2016, GNWT created the NTHSSA, **uniting and strengthening the health and social services system** by breaking down barriers to efficient and effective service to patients.
- Minister Abernethy's letter of **direction to the Chair of the new Northwest Territories Health and Social Services Leadership Council** reaffirmed that a culturally competent system must be a priority for the new Council.
- The Department's Chief Clinical Advisor position mandated to ensure **physicians are culturally competent.**
- The **Strategic Cancer Initiatives** unit was established to target key types of cancers and key populations, particularly Indigenous persons in smaller communities.

## TRANSFORMING THE HEALTH AND SOCIAL SERVICES SYSTEM IN THE NWT CONTINUED

- The **Esther** model has been adopted, which is a patient-centered model for holistic care, where care and service is:
  - » based on relationships with people and families
  - » provided where individual is at
  - » integrated team based on patient/family needs
  - » respectful of culture
  - » delivered through partnership with individuals, family, communities
  - » based on options for patients
  - » supported by healthy staff
  - » measured.
- The Department actively researched **best practices** for Indigenous health in Alaska, BC, Saskatchewan and other locations.

## IMPLEMENTING STAFF DEVELOPMENT AND TRAINING

- Organized and evaluated cultural **competency and trauma-informed practice workshops for clinicians**, in collaboration with a number of nationally recognized experts in the field. These initial workshops have allowed us to evaluate which approaches are most effective in our system.
- **Orientation** for the amalgamated NTHSSA staff includes cultural safety training.

## ENGAGING PARTNERS

- Engaged with the **Canadian Foundation for Healthcare Improvement (CFHI)** to begin to develop cultural safety tools within the system.
- Examined the current Aboriginal Wellness Program at Stanton Territorial Hospital through support from the **Health Services Integration Fund**. This project defined the scope of Aboriginal Wellness Services while working to better understand how to support the expressed values of Indigenous communities.

## WHAT WE'VE LEARNED...

*The actions we have taken to date have taught us a lot:*

- **Ongoing engagement** with Indigenous governments, agencies, people and Regional Wellness Councils is critical to ensure that cultural safety is authentic and is integrated into all aspects of the health system.
- We need to move away from ad hoc responses and have **a comprehensive, planned approach** – cultural safety has to be planned and coordinated across every part of the health system, integrating with policy and program design, front line service delivery, staff development and competence, research and knowledge capacity and traditional methods.
- **Systemic Racism is deep rooted and will take time to address, and we need to continue a strong approach** to eliminate it which includes program design, front line delivery, staff training and education, communication, facilities and patients in order to make progress.
- It is important to **pay particular attention to how “culture” is defined** and understood by service providers, particularly that we are all bearers of culture.
- There are a number of **partners** who can support and participate in this work.
- **All aspects of the health and social services system** – organizations, staff, facilities, programs – have a role and are accountable to contribute to positive change in creating a culturally safe environment.
- **Holistic health** – looking at the whole person is essential if we are to see positive changes.
- Members of the **LGBTQ+** community have expressed that sometimes our services do not feel safe or inclusive. We must work to better understand these challenges and create awareness in our system.
- **We have a lot more work to do.**

*The principle of “nothing about us without us” must guide our work to ensure cultural safety for all people within the health and social services system.*

# BEST PRACTICES

When we look at health care systems that have successfully embraced cultural safety, some common themes emerge.

## CULTURAL SAFETY BEST PRACTICES

Patient defines Culturally Safe Care

Staff Training

Culturally Appropriate Facilities

More Diverse Workforce

Commitment from Leadership

System Wide Integration

### 1. COMMITMENT FROM LEADERSHIP

Commitment and support at the leadership level is essential to achieving a culturally safe organization. This can be done by making an explicit commitment to cultural safety through vision and mission statements, values and policy statements. By doing so, leadership sets the tone for cultural safety to become part of an organization's identity and how it conducts business.

### 2. SYSTEM WIDE

Most notably, success includes embedding cultural safety throughout the organization, into programs and policies, training programs, facility design. **“The impact of a single good doctor or nurse who builds respect, equality and trust into the relationship is not enough if the underlying policies and structures are culturally unsafe”.**<sup>9</sup>

### 3. PATIENTS DEFINE CULTURALLY SAFE CARE

A culturally safe relationship is characterized by a shift in power from service provider to Indigenous patient where the patient **“has the power to make decisions regarding their health (or other matters) and also the power to judge if the interaction has been culturally safe”.**<sup>10</sup>

### 4. MORE DIVERSE WORKFORCE

A culturally safe health system reflects the population it serves. In the NWT, this means we should expect to see more Indigenous peoples working in the health and social services system in a variety of positions. Not only do Indigenous staff/practitioners add cultural safety, their presence demonstrates that organizations are working to address overall inequities for Indigenous peoples. Building a diverse workforce will also ensure representation from other marginalized client groups.

<sup>9</sup> Simon Brascoupe and Catherine Waters, “Cultural Safety: Exploring the Applicability of the Concept of Cultural Safety to Aboriginal Health and Community Wellness”, *Journal of Aboriginal Health*, (2009): 29.

<sup>10</sup> Brascoupe et al., “Cultural Safety: Exploring the Applicability of the Concept of Cultural Safety to Aboriginal Health and Community Wellness”, 29.

## 5. CULTURALLY APPROPRIATE FACILITIES

The physical nature of our health and social service facilities and the ways they promote access to care for Indigenous residents is important. Examples include:

- Culturally appropriate facility designs, patient intake and health promotion materials.
- Space for traditional healing and approaches, including land based programs where appropriate.

## 6. STAFF DEVELOPMENT

Staff must have the knowledge, skills and behaviors needed to provide appropriate, equitable care. The skill of self-reflection to understand power differences, personal biases, and appreciate the complexities of culture is a particularly important skill to learn.

## PARTNERS AND ROLES

*The Department is leading this work, developing the legislation, policy, program and service standards for the entire system, and we rely upon and honour the expertise, knowledge and contributions of key partners. We look to our partners, including the following, to collaborate with us:*

- **NTHSSA, TCSA, Hay River HSSA**
  - » Implement health and social services, providing operational expertise and front line delivery to people across the NWT. Their staff are the face of health care and social services to people in all 33 communities and so are the backbone of quality care that is culturally safe.
- **Regional Wellness Councils**
  - » Engage residents and provide guidance to the health and social services system to ensure it is respectful, responsive and reflective of the way of life in our communities.
- **Indigenous governments/organizations**
  - » Collaborate to share their political, cultural and operational goals with the NWT health and social services system in order to align interests, increase access and improve health outcomes of their citizens.
- **Health Academics/Experts**
  - » Provide best practice knowledge and expertise that can inform NWT health care.
- **Government of the NWT – other Departments/Agencies**
  - » Collaborate to deliver coordinated programs and services to NWT residents that educate Northerners and improve quality of life, including responding to the TRC’s Call to Action.
  - » Coordinate tools for staff that are intended to ensure cultural safety.
- **Communities**
  - » Identify and share culturally appropriate ways of connecting that work for each community.
  - » Support residents to be aware of, and advocate for, responsive and culturally safe services.
- **NGOs/agencies**
  - » Engage with and advise on both the successful and the less-than-stellar approaches to culturally safe program delivery.
- **Patients, Individuals and Families**
  - » Be aware and advocate for culturally safe health care.
  - » Identify and share issues and experiences as soon as they arise so that steps can be taken to address those experiences.

## GOING FORWARD

*Our commitment going forward is to work collaboratively to ensure cultural safety is woven into the fabric of health care and social services in the NWT. We will develop a broad action plan for all parts of the health and social services system, including major themes and detailed actions, with accountabilities and timelines, and will include the following:*

### LEADERSHIP ENGAGEMENT AND COMMITMENT

- Establish a Mission, Vision, and Core Values for the NTHSSA, including incorporation of the concepts of cultural safety and equity as paramount principles in the operation of NTHSSA.
- Build capacity of newly appointed members of the Regional Wellness Councils (RWC) and Leadership Council on the broad concept of Cultural Safety so that they can act as champions in the system.
- Develop a five year Action Plan that outlines the work to be done – in training, policy development, standards, measures – and the timelines to complete this work.

### COLLABORATION AND COMMUNICATION

- Engage Indigenous advisory expertise and formalize their role to inform the policies, programs and overall implementation of health and social services.
- Maintain working connection with community and regional wellness organizations, agencies, partner NGOs and people/patients – seek knowledge and share knowledge.
- Develop and deliver community and regional orientations for all staff/practitioners.
- Actively develop methods of sharing knowledge, best practices and results.

### DEVELOP AND IMPLEMENT SYSTEM-WIDE POLICIES, STANDARDS AND PERFORMANCE MEASURES

- Develop Value Statements, incorporating the advice of the Indigenous Advisory Body, Leadership Council, Regional Wellness Councils, community sharing circles and others.
- Undertake a policy review (policies reflect values; reconcile policies and procedures with values and principles).
- Develop a culturally safe ethical decision-making framework.
- Support the evolution of new communities of practice that understand and model cultural safety.
- Create a safe active offer for culturally safe care.
- Implement an equity assessment tool or lens in policy and program development.
- Apply critical cultural lens to understand that culture is influenced by historical and social contexts and that we are all bearers of culture.
- Appoint Elders available in health and social services facilities who can be available for counsel (patients and employees).
- Develop and monitor meaningful metrics that reflect cultural capacity.



## INTEGRATE CULTURAL SAFETY INTO ALL ASPECTS OF MANAGEMENT, OPERATIONS AND FRONT LINE SERVICE DELIVERY

- Develop organizational competencies, ways of doing business that are culturally safe.
- Develop design criteria for facilities and service locations.
- Ensure accessible cultural knowledge for practitioners.
- Establish supports to achieve a culturally safe practice.
- Incorporate a more welcoming physical environment into the new Hospital and other facilities.
- Honour and integrate traditional healing practices into care.

## WORKFORCE DIVERSITY AND TRAINING

- Create and offer ongoing staff orientations, including regional/community specific elements.
- Develop staff self-reflection tools and supports, recognizing unintentional and systemic racism, grieving, address guilt/resentment, trauma enforced practice, self-care.
- Increase the number of Indigenous Wellness workers in communities.
- Share tips and information for the public on how to be an ally in maintaining cultural safety.

***We will develop our Action Plan by the end of 2017, drawing upon our partners' wisdom and contributions that will lay out our plans for the next five years.***

## GIVING THANKS

As we work to enhance the health system and build in cultural safety, it is important to acknowledge the partners who work with us, advise us, and show their commitment to making things better for everyone:

- Thanks to Indigenous governments, HSSAs, patients, residents, staff/practitioners who have identified issues, contributed knowledge and made recommendations to date; and
- Thanks in advance to all our partners for ongoing commitment and collaboration to create and sustain cultural safety in all aspects of health care and social services throughout the NWT.



