

# San'yas Indigenous Cultural Safety Training Program

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## *Indigenous Cultural Safety Assessments Report*



*December 7, 2023*

Revised



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## Introduction

### *Background*

The *San'yas* c Anti-racism Indigenous Cultural Safety Training Program is an Indigenous-led, policy-driven, and systems-level educational intervention that fosters health equity and mitigates the effects of systemic racism experienced by Indigenous Peoples in health and other sectors. Its development began in 2008 amidst a growing awareness of the mistreatment of Indigenous Peoples in health care that resulted in provincial mandates calling for cultural competency training for the Regional Health Authorities in BC. Indigenous educators and health leaders created the BC Core ICS Health course curriculum.

In 2018, *San'yas* initiated the creation of assessment tools to aid organizations implementing Indigenous cultural safety, anti-racism, and decolonization efforts. These tools addressed requests from organizations seeking guidance on fostering culturally safe workplaces and delivering culturally sensitive services to Indigenous communities.

### *Indigenous Cultural Safety Assessments*

#### *Indigenous Cultural Safety Self-Assessment*

The Indigenous Cultural Safety Self-Assessment (ICSSA) was developed by the *San'yas* Anti-racism Indigenous Cultural Safety Training Program in BC's Provincial Health Services Authority (PHSA) in collaboration with Indigenous and non-Indigenous scholars, healthcare leaders, and health practitioners.

The assessment is an opportunity for employees to reflect on their knowledge, awareness and skills regarding foundational concepts and principles of Indigenous cultural safety (ICS) and to provide department and program insights into employee's perceptions of their readiness to implement ICS. The ICSSA provides a catalyst for dialogue and planning by identifying barriers perceived by employees, potential gaps in knowledge and understanding, and a measure of commitment to and enthusiasm for ICS among staff. It was administered confidentially online. A de-identified set of data was shared with OPH that is anonymized.

#### *Indigenous Cultural Safety Organizational Assessment*

The Indigenous Cultural Safety Organizational Assessment (ICSOA) is designed for use by healthcare organizations. It is intended to assist organizations to evaluate the degree to which their programs and services are adhering to the core principles of cultural safety as defined by Indigenous Peoples with experience working in healthcare organizations, Indigenous scholars, and organizational theory. These principles inform the structure of the ICSOA as well as this report. The ICSOA was completed by leaders within service areas where the ICSSA was administered across OPH.

## ***Considerations for Interpretation of this Report***

Though the Indigenous Cultural Safety Self-Assessment and Organizational Assessment were developed over several years through extensive research, consultation, and under the guidance of Indigenous thought leaders, it is important to acknowledge the limitations of the assessment process using these tools. This report on the findings of the San'yas Indigenous cultural safety assessments is not intended to be an appraisal of the work to date on OPH's Reconcili-ACTION Plan, strategic commitment to reconciliation, or an evaluation of actions associated with them. While this context is helpful for the interpretation and analysis of responses to the assessments, this report contains an analysis of the findings from the assessments only.

The report is structured around the 11 action areas defined in the ICSOA. Responses from the Self-Assessment are included under each of the action areas. This approach was taken to make the interpretation of the results more accessible and to generate actionable areas for further consideration by OPH. Though responses from both assessments made it possible to identify service and program areas within OPH, the results are not presented in this way as there was considerable heterogeneity in the size and response rates of program areas. We have included only high-level descriptive statistics where we thought it was informative and appropriate to do so.

Note that figures detailing responses to questions from the ICSOA often do not include eight responses for each question because several of the questions were left unanswered.

### ***Strategic Commitment to Reconciliation:***

We are guided by the principles of respect, relationship, reciprocity, and reflection as we work in partnership with Urban Indigenous Peoples – including First Nations, Inuit, Métis peoples and communities – to promote social justice and advance Indigenous rights and wellbeing.

### ***OPH Reconcili-ACTION Plan, with a goal:***

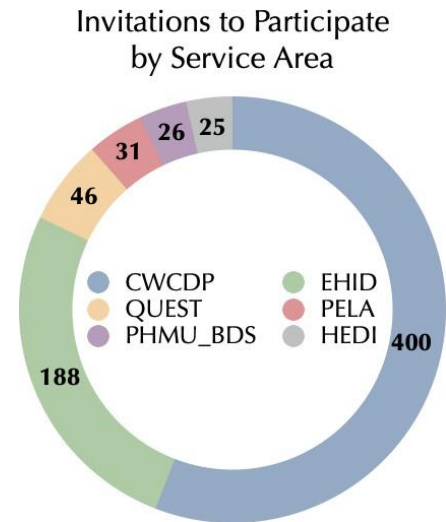
To become a culturally safe and humble organization through systematic quality improvement efforts that enable individual and collective actions that promote Indigenous health equity and reconciliation.

## Assessment Responses

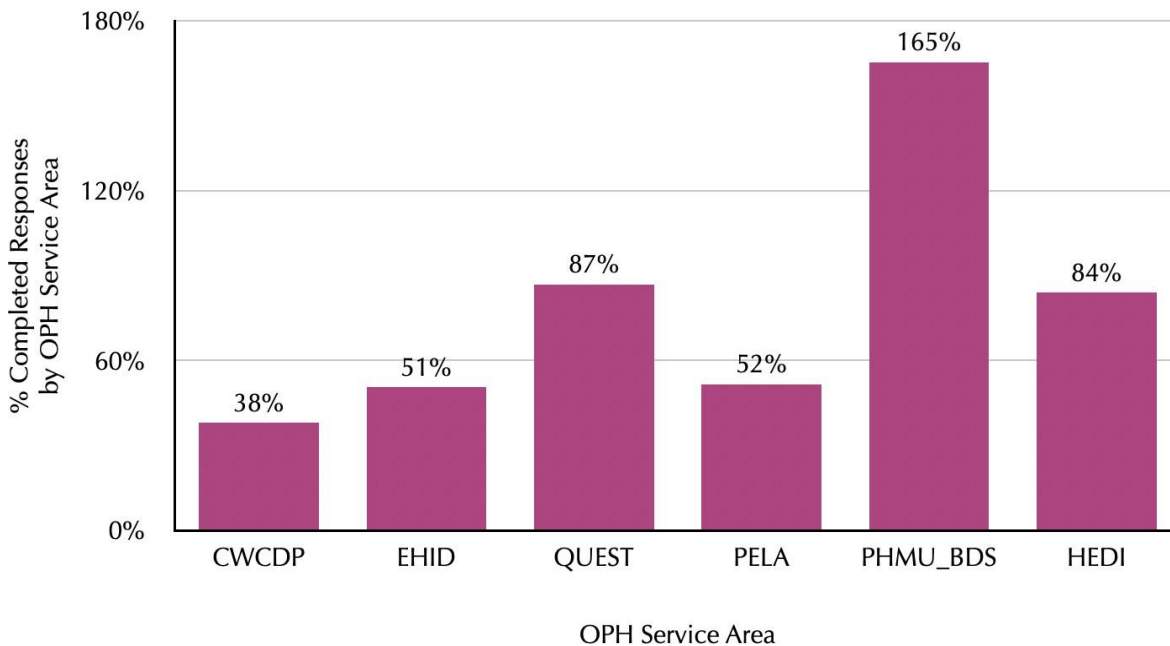
### Self-Assessment Response Rate

A total of 716 OPH staff were invited to take the San'yas Indigenous Cultural Safety Self-Assessment survey between September 11 and September 29, 2023. The number of invitations sent out to each service area is shown in the figure alongside. Four OPH staff did not consent to participate and exited the survey.

A breakdown of response rates by OPH service area is shown in the figure below. The response rate for the PHMU\_BDS service area (165%) indicates that some respondents incorrectly selected this as their service area when in fact they belonged to other units.



ICSSA Survey Response Rates



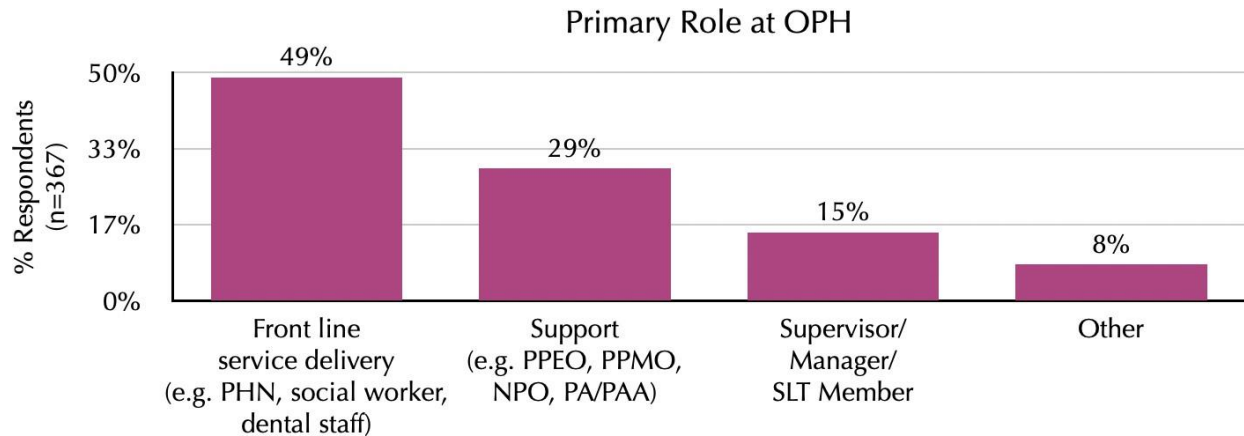
### Organizational Assessment Response Rate

We received eight responses to the ICSSA survey, representing all service areas that were invited to participate. This indicated a 100% response rate from the Senior Leadership Team (SLT).

## Self-Assessment Respondents

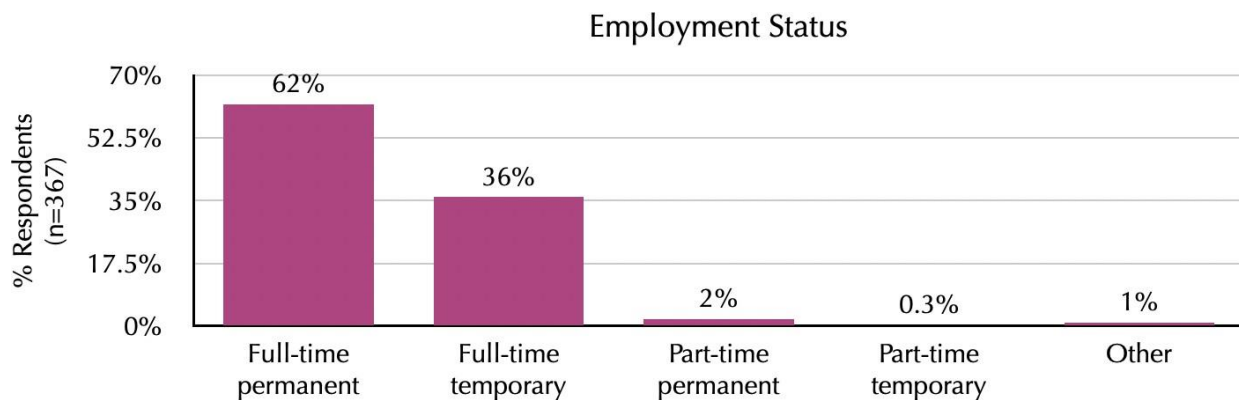
### Primary Role at OPH

Nearly half (49%) of those who completed the survey identified their primary role at OPH as front-line service delivery; 8% of employees selected “Other” (i.e., descriptions included AMOH; BSC; community engagement; data entry; dental; DVC; family visitor; health graphics designer; PMO; policy; project officer; public health inspector; public health physician; public health research assistant; receptionist; researcher; specialist; and staffing).



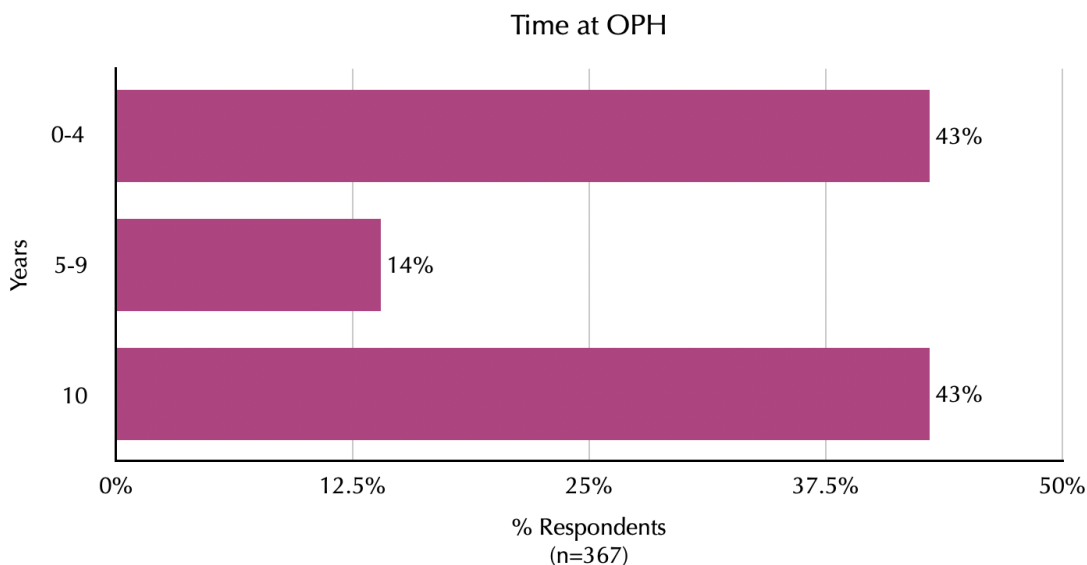
### Employment Status

When asked to select what best described their employment status, the majority (62%) of respondents selected full-time permanent. 1% of people selected “Other” which included casual staff.



### Time at OPH

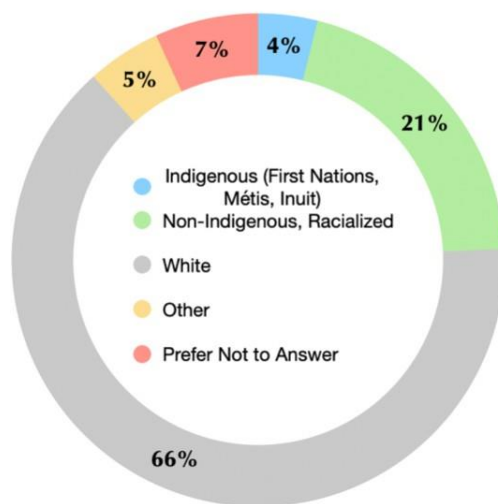
There was an equal split between staff who had spent under 5 years (43%) and over 10 years (43%) at OPH, 14% of respondents indicated they had been with OPH for between 5 and 9 years.



### Racial Identity

Four (4) percent of participants identified as Indigenous, while the majority of participants (66%) identified as White. Of the 5% of respondents who selected "Other" as one of their identities, descriptions included Arab, Asian, Black, Black African, Chinese, Hispanic, Immigrant/Nationalized, Middle Eastern, Pacific Islander, South Asian, and White passing Latin. Seven percent of respondents selected 'prefer not to answer'.

Which of the following best describes you?



## Shared Understanding

Shared understanding describes actions that convey an understanding and acknowledgement of the history of colonialism in Canada and the ways it informs Indigenous and non-Indigenous people's experiences today. It is more than just the acquisition of knowledge and signals the acceptance and integration of the truth of Canada's history. It can be observed through actions such as land acknowledgements, having a clearly articulated definition of ICS, the inclusion of ICS in vision and mission statements, and public acknowledgements of the role an organization plays in creating cultural safety for the people it serves. An understanding of the concept of equity and an awareness of one's own social location are also necessary to reach a shared understanding of ICS.

## *Self-Assessment*

The first question of the self-assessment asks, "What does Indigenous cultural safety mean to you?" Most people working in OPH seemed to have a good understanding of ICS. Some were more confident than others in expressing their thoughts, and some were missing key elements and fundamental concepts. The following are some key takeaways from respondents' definitions of ICS:

- ❖ Not everyone was able to distinguish between the concepts of equity and equality
- ❖ Some respondents used statements that would be considered 'colour blind' and showed a lack of understanding of the central aspect of colonization in shaping Indigenous Peoples' experiences in Canada as unique in relationship to other racialized people/settlers/Canadians
- ❖ Many people spoke about service provision and service design that was free of racism and discrimination and some included health outcomes defined by Indigenous Peoples
- ❖ Many people recognized historical colonialism and some also acknowledged ongoing colonial practices and associated harms
- ❖ Many people were aware of their own social location with regards to cultural safety; some acknowledged the importance of respecting Indigenous culture but had no awareness of their own role or relationship to ICS
- ❖ Some people spoke about a workplace culture that was free of racism and discrimination and respectful of Indigenous culture(s)
- ❖ Many explicitly named trust, power, and respect as essential elements of ICS
- ❖ Many people acknowledged and understood the ongoing presence and historical impacts of structural racism, there were several people who put forward equality narratives that deny historical and current colonialism and structural racism (i.e. "I treat everyone the same")

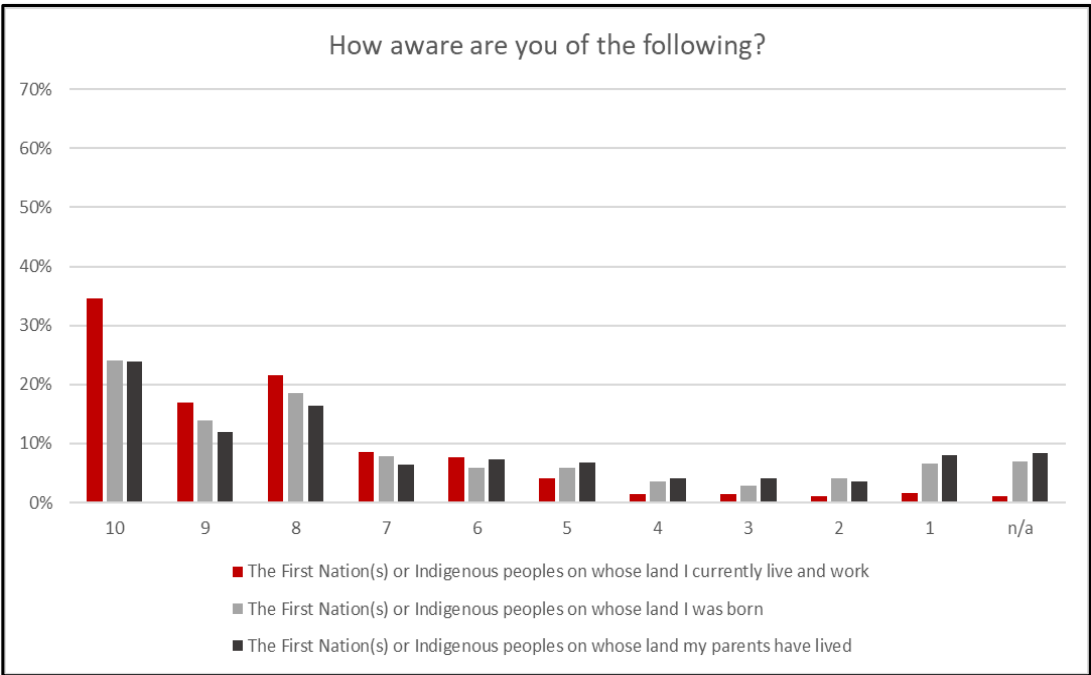


Staff mentioned including land acknowledgements in meetings; reflecting on their own feelings, biases and working toward self-improvement; seeking out Indigenous stories, art and perspectives; and trying to implement the recommendations of the TRC as actions they were taking. Several employees mentioned that they had spent time reflecting on and personalizing their land acknowledgement. Many OPH staff seemed to understand that ICS is about more than simply understanding Indigenous cultures, it is about examining one’s own relationship with the colonization of Indigenous Peoples in Canada and how Indigenous-specific racism appears in one’s life and in one’s work.

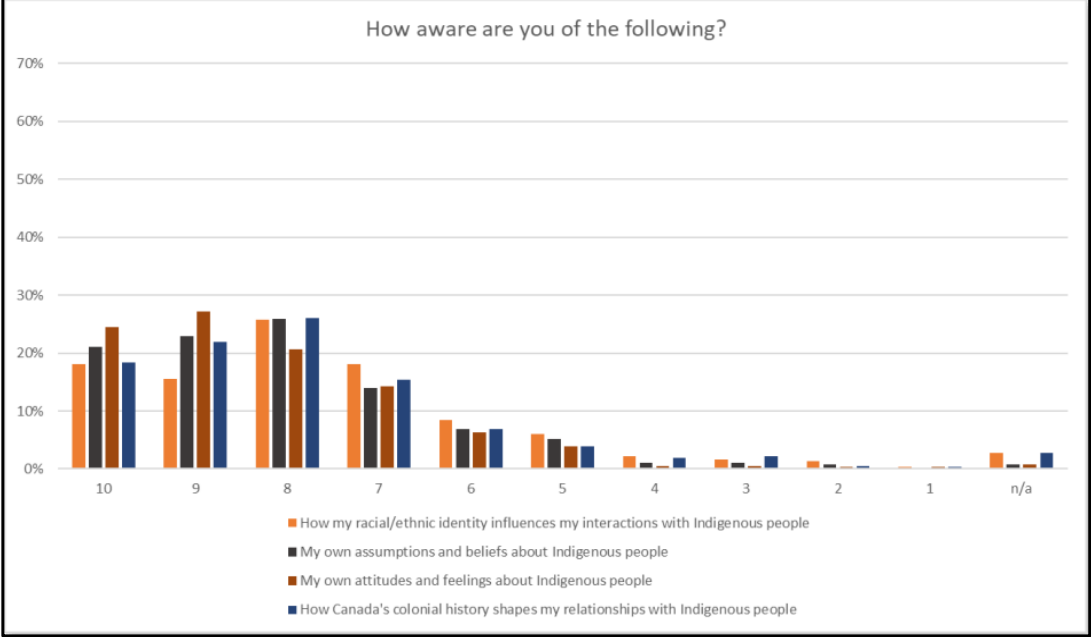
*“I wish that more people put a greater emphasis on the importance of improving our services for Indigenous people. Sometimes when I speak up about it, the response is that we don’t have time to make it a top priority and it’s someone else responsibility (like HEDI) to ensure we’re doing so - to me, it’s all of our responsibility to make the time and prioritize it.”*

*~ ICSSA respondent*

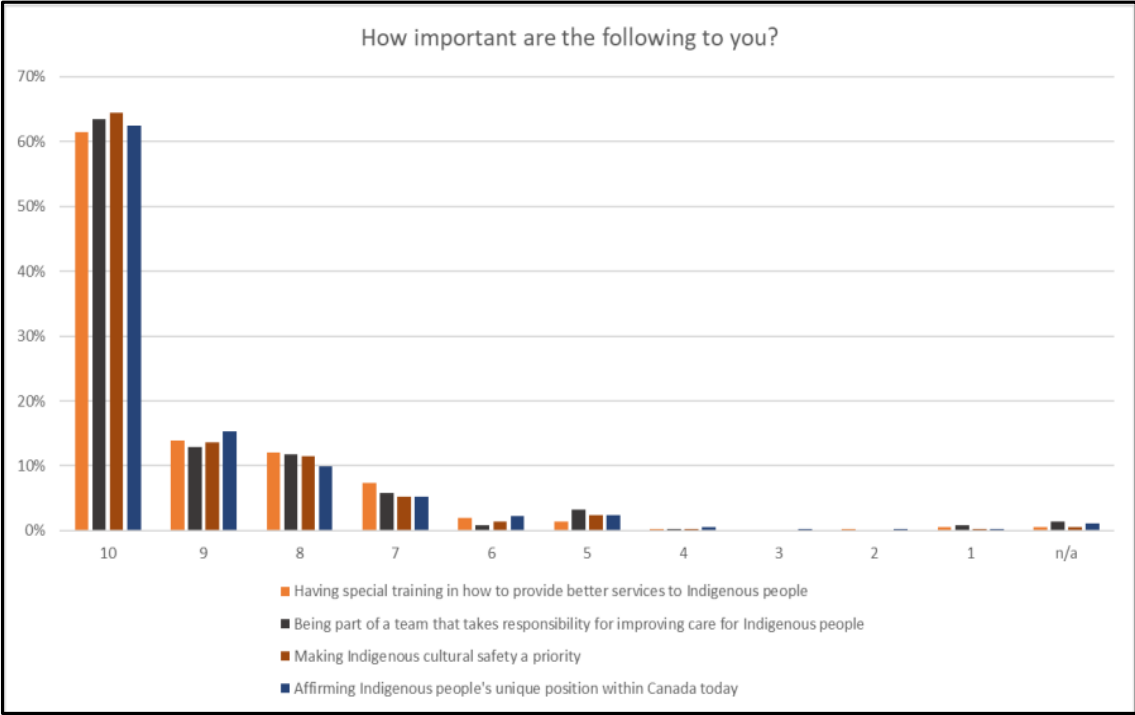
The second question of the Self-Assessment asks respondents how aware they are of the First Nations or Indigenous Peoples on whose land they currently live, were born, and where their parents have lived. One (1) indicates being not at all aware, and 10 indicates being totally aware.



The third question of the Self-Assessment asks respondents about their awareness of how aspects of their identity and experiences influence their understanding of and interactions with Indigenous Peoples. One (1) indicates being not at all aware, and 10 indicates being totally aware.



Question four of the self-assessment is about values. Respondents were asked what they think is important when providing services to Indigenous Peoples. One (1) indicates being not at all important and 10 indicates being totally important.

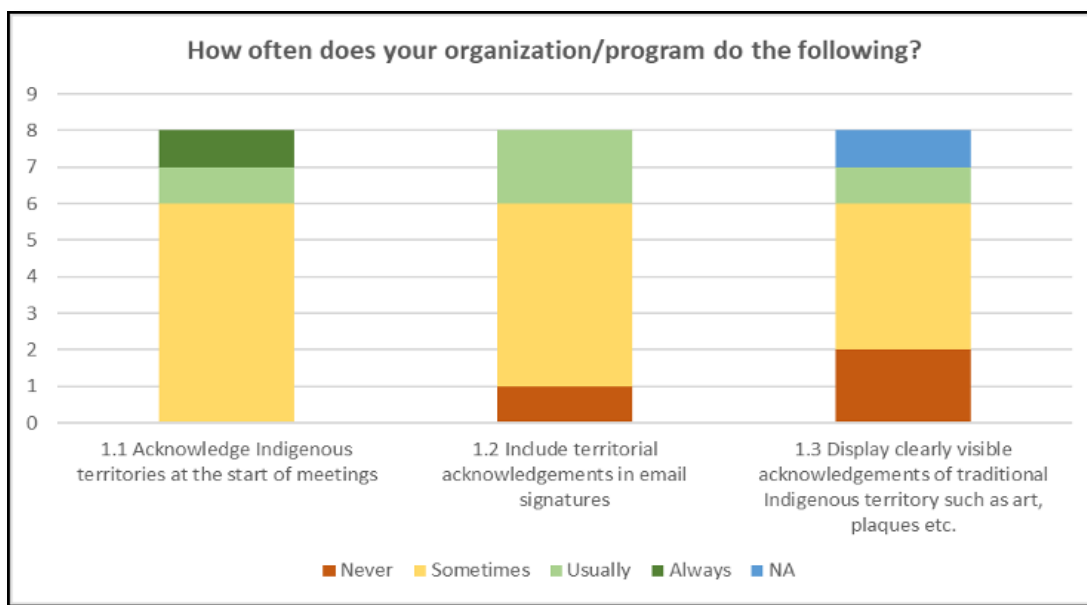


## Organizational Assessment

All service areas were familiar with the references to Indigenous cultural safety (ICS) in OPH's Strategic Plan as well as the OPH Reconcili-Action Plan. Some also mentioned ICS being included in OPH's values statement (organizational commitments). Service areas that mentioned ICS in operational and action planning included Chronic Disease, Injury Prevention and Service Integration, and Supportive Healthy Environments. There was a perception that a working definition of ICS appears to still be in development and not widely socialized, however it was noted that greater capacity is needed to develop ICS specific resources and support further action. As reflected in the Self-Assessment responses, OPH encourages all employees to develop a personalized land acknowledgement.

It was pointed out that mandate letters for all service areas at OPH call on all leaders and their teams to deliver results for the people of Ottawa by ensuring that they embed an accessibility, equity and inclusion lens, in support of the self-determination and rights of First Nations, Inuit and Métis Peoples. We learned that OPH has a Knowledge Exchange Specialist, an Indigenous Health Specialist and a Project Officer who work across the organization to ensure Indigenous knowledges and perspectives are integrated into strategic documents. An additional Indigenous Health Specialist is being hired to support key strategic work. It was acknowledged that work remains to learn how to integrate Indigenous knowledges and perspectives in a way that is not burdensome on OPH's internal and external Indigenous partners. Examples that were cited as positive relationships in this regard included the engagement of the Ottawa Aboriginal Coalition in the development of OPH's 2023-2027 strategy and annual check in meetings with Indigenous health leaders and local Indigenous service providers.

The ICSSOA results suggest that the inclusion of ICS in job descriptions is limited to jobs that specialize in Indigenous health. Indigenous art or recognition plaques do not seem to be common at OPH sites. The table below summarizes the SLT's responses to question one of the ICSSOA.



## *Current Working Definition of Indigenous Cultural Safety in OPH*

The goal of culturally safe health care is that people feel respected and safe from discrimination when they access health services. Cultural safety includes cultural awareness, cultural sensitivity, cultural competency, and cultural humility.

The 2023-2027 OPH Strategic Plan includes reconciliation as an organization-wide commitment, stating *“We are guided by the principles of respect, relationship, reciprocity and reflection as we work in partnership with Urban Indigenous Peoples – including First Nations, Inuit, Métis peoples and communities – to promote social justice and advance Indigenous rights and wellbeing.”*

OPH’s Reconcili-ACTION Plan includes the goal of becoming “a culturally safe and humble organization through systematic quality improvement efforts that enable individual and collective actions that promote Indigenous health equity and reconciliation.”

## *Areas for Future Curiosity*

- ❖ Provide additional training regarding the unique position of Indigenous Peoples in Canada and how it is distinct from racialized settlers who may also experience racism and discrimination
- ❖ Provide additional training on Canada’s colonial history and the distinction between equity and equality (how the equality narrative is a form of erasure of Canada’s colonial history and the harms it has uniquely inflicted on Indigenous Peoples)
- ❖ Socialize Ottawa Public Health’s definition of Indigenous cultural safety
- ❖ Clearly articulate the purpose of land acknowledgements and how they contribute to ICS and reconciliation within Ottawa Public Health
- ❖ Include cultural safety as a competency for all job descriptions (i.e. it is everyone’s responsibility)
- ❖ **Staff suggested** each branch/team could create a land acknowledgement along with an action to commit to; guidance on the use of land acknowledgement from OPH leadership

## Culturally Safe Practices and Protocols

Culturally safe practices and protocols describes actions that create culturally safe spaces for Indigenous Peoples and an understanding of local Indigenous protocols. They can be observed through actions such as clinical policies, and intake procedures that account for Indigenous cultural norms and preferences, support for cultural practices, learning local cultural protocols, and practices of gifting and providing honoraria. It can overlap with actions related to racism and discrimination policy development but is a more culturally specific concept that includes everyday practices and awareness of local protocols and practices.

### *Self-Assessment*

Staff commented on the importance of self-awareness when providing services to Indigenous Peoples and that services need to be trauma informed in their design and delivery. Activities within OPH that employees highlighted included translating resources; working with Indigenous partners to plan for culturally safe services; learning about Indigenous cultural practices; and accommodating meeting schedules to meet cultural needs.

*“Some programs do perform home visits, which could include visits to Indigenous clients, and so we could consider how to do this in a more culturally safe way, respecting client consent for who may be included.”*

*~ ICSSA respondent*

### *Organizational Assessment*

Several of the questions in this section did not apply across all service areas as they are oriented toward clinical policies and practices. For service areas that do provide direct client services, it was noted that intake assessments included questions that could include socio- demographic details that might identify Indigenous clients. A pilot process is also in development that will incorporate equity, diversity, and inclusion criteria.

It was noted that some physical OPH locations have dedicated spaces for spiritual, religious, and/or cultural purposes, and some services are embedded in Indigenous health centres where access to dedicated spaces for ceremonial purposes is available. Accommodations are made at other locations on an as-need basis when possible. It was also noted that the City of Ottawa is currently working on policies and resources to support smudging in City facilities, that would apply to OPH locations.

There was some confusion about the concept of Indigenous-specific protocols and the idea that protocols could differ among Nations. There was little familiarity with local or nation- specific protocols in the Ottawa area. It was noted that, at present, OPH does not have an established policy related specifically to providing honoraria to Indigenous Elders and partners. Some members of SLT suggested that work is currently underway to develop resources to support staff when working with Indigenous communities including a ‘Working with Elders’ resource.

## *Areas for Future Curiosity*

- ❖ Develop a systematic approach for honoraria and gifting specifically related to Indigenous engagement.
- ❖ Provide training on the meaning and value of protocol to Indigenous communities – there was very little understanding of what the concept of protocol means and what ‘nation- specific’ means in the concept of protocol
- ❖ Encourage examination of the connection between working with Indigenous Peoples and being trauma informed, which can at times perpetuate narratives about the source of issues being with Indigenous Peoples rather than in systems
- ❖ Increase awareness of the [City of Ottawa-Anishinabe Algonquin Nation Civic Cultural Protocol](#)
- ❖ **Staff suggested** guidance for culturally safe practices at the program level, and health promotion that includes traditional foods

## **Service Planning**

Service planning describes actions that contribute to the creation of Indigenous-specific services when appropriate and collaborative planning processes with Indigenous communities that support ICS in all other services. Culturally safe supports and services could include patient navigation services and treatment planning that allows for cultural practices.

*“As an organization, Ottawa Public Health does not appear to have clear processes and mechanisms for clients and staff to self-identify as Indigenous.”*

*~ ICSSA respondent*

## **Self-Assessment**

The survey results suggested that service planning was not a part of many employees’ work, although some did make an effort to stay informed about Indigenous-specific programs and services available in Ottawa.

Several employees mentioned OPH’s work with Indigenous communities to design culturally safe services, particularly around vaccine clinics. Several employees also mentioned partnerships and collaborations with existing Indigenous service organizations.

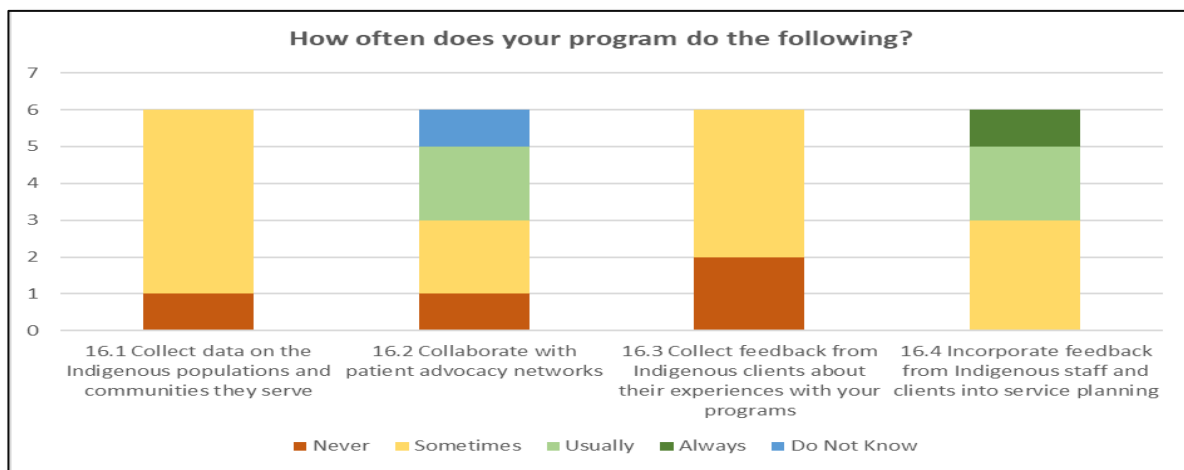
## Organizational Assessment

As with culturally safe practices and protocols, some of the questions in this section did not apply across service areas as they were focused on clinical service provision. Most service areas said they were more likely to refer people to Indigenous-specific services offered by partners in Indigenous-led organizations, as well as advocating for funding, policies, and more Indigenous-specific services for Indigenous community members.

Some, but not all service areas, allow for clients to self-identify as Indigenous. Given the small number of clinical services offered by OPH, no Indigenous service navigators were identified. Some service areas engaged directly with Indigenous partners to gather feedback; others engage with OPH's Reconcili-ACTION team. Almost everyone mentioned that they were grateful for the Reconcili-ACTION team, which in theory, consists of one (1) Knowledge Exchange Specialist and two (2) Indigenous Health Specialists.

One service area mentioned that in 2022, the Ottawa Board of Health approved a recommendation that ICS be a mandatory requirement as part of the onboarding process and training for all new members of the Board of Health and OPH Leadership Team. The most recent OPH Strategic Plan and Reconcili-ACTION Plan both include a focus on equity and commitment to reconciliation, with specific milestones and reporting requirements.

The figure below summarizes the SLT's responses to question 16 about engagement with Indigenous partners.



## Areas for Future Curiosity

- ❖ **Staff suggested** continuing to prioritize First Nations, Inuit and Métis peoples even if there is push back from the public; greater organization/coordination of Indigenous services in urban settings; tangible opportunities to define and embed cultural safety at the program level; and working with Elders to identify solutions for clients.

## Communications

Communications includes activities such as developing guidance on culturally safe communications with Indigenous Peoples and communities, translation services, communication of organizational progress toward ICS. It can also include internal and outward facing communications about Indigenous populations the organization serves or Indigenous leaders within the organization.

### *Self-Assessment*

Several employees mentioned that some OPH resources have been adapted for Indigenous community members and/or translated into Indigenous languages. This might include having Indigenous partners review communications and resources before they are distributed, and/or including Indigenous models or culturally appropriate graphics in communication campaigns. Others talked about becoming more aware of their own communications including the use of harmful and inappropriate language like ‘warrior’ and the use of racist colloquialisms or cliches.

### *Organizational Assessment*

Several service areas referred to the Reconcili-ACTION team’s work to support communications with Indigenous communities and about the work of ICS within OPH. Though there was a good understanding of the reporting requirements and metrics developed around ICS, there was less clarity about OPH’s efforts to report on progress to audiences outside the organization.

There appears to be quite robust translation services available, with the possibility of content being translated into 34 Indigenous languages. Work is underway to consistently develop culturally appropriate public health content for local Indigenous Peoples. Some service areas mentioned that during the pandemic, communication materials were sometimes co-created and/or adapted for the urban Indigenous community by or with Indigenous-led organizations. A couple of guidance resources were specifically mentioned:

1. 9 Terms to Avoid in Communication with Indigenous Peoples
2. Indigenous Writes: A Guide to First Nations, Métis and Inuit Issues in Canada

### *Areas for Future Curiosity*

- ❖ Training about how to apply Indigenous perspectives
- ❖ **Staff suggested:** Language interpretation may be more valuable than written translation services; OPH should stop using the word ‘stakeholder’.



## Racism and Discrimination Policies

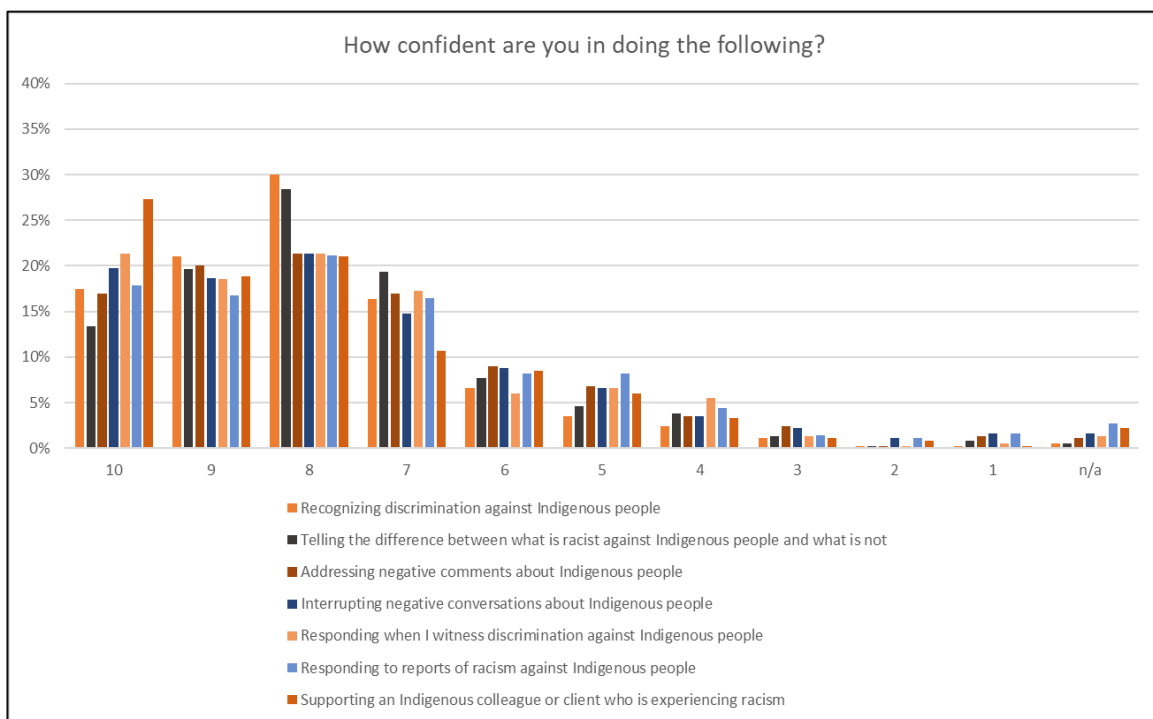
Racism and discrimination policies include the development of policies regarding Indigenous-specific racism and discrimination, whistleblowers, and resolution or disciplinary processes following reports of Indigenous specific racism or discrimination. It can also include culturally safe and Indigenous informed policy analysis beyond racism and discrimination.

### Self-Assessment

Several employees mentioned their own actions and practices that support ICS, even if they were not formal policies. These included following up when receiving complaints about racism, having an open-door policy for staff to be able to report incidents of racism, supporting training on Indigenous specific racism, creating safer spaces to unpack experiences of racism in the workplace, seeking information when not sure how to respond to an incident of racism. One respondent did caution allies to be mindful not to reproduce harmful power dynamics when supporting Indigenous Peoples.

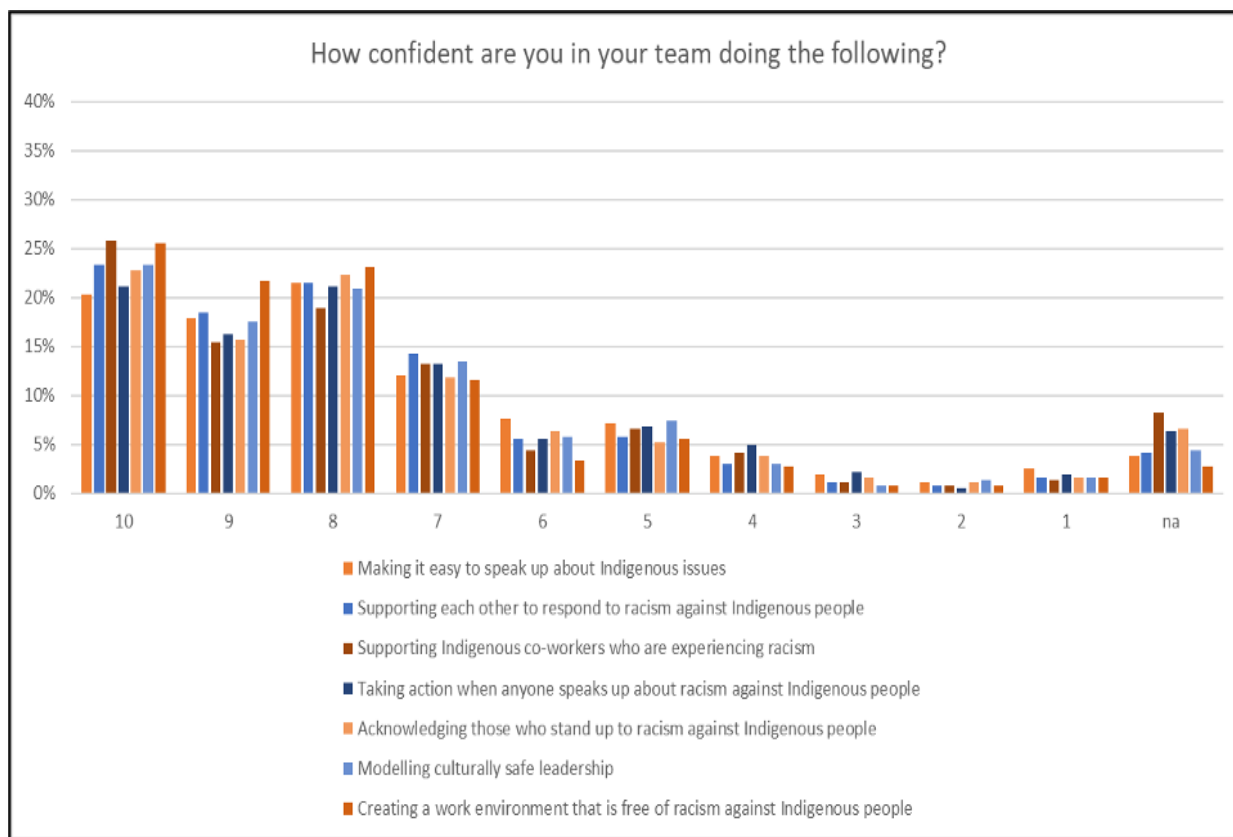
Staff mentioned the development of an Anti-Racism, Anti-Oppression Workplace Policy that includes a procedure to document, report and respond to microaggressions, including Indigenous specific racism, the creation of working groups to support ICS, specific hiring practices that support employees from racialized groups, the development of workplace violence and harassment policies, and the creation of the HEDI team. While many of these actions could support ICS, not all were Indigenous-specific.

Question seven (7) of the self-assessment asks how confident respondents are in recognizing and responding to racism against Indigenous Peoples at work. One indicates being not at all confident, while ten indicates being totally confident.



Question eight (8) asks about what might discourage staff from taking action to prevent or address racism against Indigenous Peoples. The top five (5) OPH-wide barriers identified are: “I’m afraid I’ll say the wrong thing” (49%); “I’m not always sure if someone is Indigenous or not” (45%); “I’m unsure how to respond” (39%); “I don’t know the procedure for reporting something” (26%); and “I’m afraid no matter what I do, it will offend someone” (25%). The only option that was not selected by anyone at OPH as a barrier to action was “It’s not my responsibility” (0%).

Question nine (9) of the Self-Assessment asks respondents how confident they are in their team responding to racism and supporting Indigenous colleagues, with one being not at all confident and ten being totally confident. It is particularly interesting to see how many people did not think these questions applied to their team. One explanation could be that people did not see themselves as part of a team. If this was the case, you might expect the number of n/a responses to be the same across all questions, but it is not.



Question 10 of the self-assessment asks respondents to think about OPH as a whole when answering these questions. One indicates being not at all confident, while 10 indicates being totally confident. Note that the number of n/a answers is even higher for these questions.



## Organizational Assessment

All service areas were aware of policies that would apply to incidents of racism including OPH’s Anti-Racism/Anti-Oppression Workplace Policy, the Client’s Rights and Responsibilities Policy, the City of Ottawa’s Workplace Violence and Harassment, and Fraud and Waste Policies, as well as OPH’s microaggression procedure that is currently in development. Clearly articulated escalation and redress policies and procedures were also cited. OPH also has an internal webpage for Anti-Racism/Anti- Oppression than includes resources for staff who might experience or witness racism, with direct links, phone numbers, an email address to report incidents and details on next steps that the organization may take. The development of the microaggression procedure came from the recognition that current policies and processes may be too ‘heavy handed’ to apply to many incidents of racism and was not well utilized. The Environmental Health Branch has also established a Staff Safety Working Group made up primarily of equity deserving staff and leadership to develop and implement effective escalation procedures. OPH is also working to implement recommendations from the Wabano Centre for Aboriginal Health’s *Share Your Story* Report on Indigenous-Specific Racism in Health Care.

Policy development and analysis regarding Indigenous health is often done in collaboration with the Ottawa Aboriginal Coalition, the Reconcili-ACTION team, and by using gender-based analysis.

## Areas for Future Curiosity

- ❖ Explore why some employees might not think taking action against Indigenous-specific racism would apply to their team or to OPH
- ❖ **Staff suggested** there be clearly articulated consequences when an act of racism occurs; discussing racism more often to increase people's confidence in reporting it; include ICS as a competency in hiring; include ICS in operational plans across the organization.

## Community Relations

Community Relations includes culturally safe connections and collaborations with Indigenous communities and organizations; acknowledgement and celebration of the achievements of Indigenous serving organizations; and Indigenous patient advocacy. It can also include culturally safe engagement with Indigenous Peoples and communities about service planning and policy development.

## Self-Assessment

*"I try to keep in mind the impressions they may have of me, as a white official whose role it is to enforce laws. I recognize the effects of colonialism and the ongoing role that it has in our relationship. I really try to focus on listening and partnership rather than on telling and enforcing."*

*~ ICSSA respondent*

Staff who responded to the self-assessment had a clear understanding of the importance of partnering and collaborating with Indigenous communities when planning services overall and offered several examples. Building relationships with Indigenous partners and organizations is seen as important to understanding how best to support ICS. Several employees mentioned the collaborations and partnerships in administering vaccines, it was described as *"a true partnership and demonstration how we can modify our services for greater impact."*

Others mentioned community liaison roles that facilitated dialogue and the inclusion of Indigenous Peoples in planning at a higher strategic level, while some felt that there were organizational barriers to engagement that prevented the creation of new partnerships.

## Organizational Assessment

Most service areas within OPH do not provide specific services to Indigenous clients. OPH does provide support to Indigenous organizations through funding, collaborative partnerships, and advocacy. Service areas that do engage directly with Indigenous communities and urban Indigenous Peoples, endeavor to do so in a culturally safe way that is grounded in the principles of respect, reciprocity, relationship, and reflection. OPH is also seeking to support hospitals to gather feedback from the urban Indigenous communities they serve.

The COVID-19 pandemic disrupted some relationships with Indigenous organizations, but OPH is working to restore connections with Indigenous organizations such as the Wabano Centre for Aboriginal Health, Akausivik Inuit Family Health Team, and the Odawa Native Friendship Centre.

### *Areas for Future Curiosity*

- ❖ **Staff suggested** systematic engagement with Indigenous Elders and youth, inviting Indigenous community members to speak to staff, and a better understanding of Indigenous specific services offered in the city.

### **Evaluation and Research**

Evaluation and research include activities related to Indigenous-specific research collaborations, culturally safe research ethics reviews, evaluation of Indigenous specific services, as well as Indigenous cultural safety for Indigenous employees within the organization and Indigenous clients receiving services from or interacting with the organization.

*“Speaking from a position of white privilege, I’m sure I miss nuances or references that may be alienating or racist, but I try to learn as much as I can about the impacts and framing of the effects of colonialism and racism on the workplace and life experience of Indigenous people.”*

*~ ICSSA respondent*

### *Self-Assessment*

Though research and evaluation were not a part of day-to-day work for many, several comments highlighted improving data collection, analysis and knowledge translation in ways that benefit Indigenous Peoples and communities and adhere to the principles of OCAP. There were also comments about the need to collect evaluation data on Indigenous Peoples’ experiences accessing OPH services and working within the OPH.

*“I don’t feel that we have reflected the values of our Indigenous staff and clients in our evaluations at this time.”*

*~ ICSSA respondent*

### *Organizational Assessment*

OPH does not have a distinct research ethics board. It currently relies on Public Health Ontario’s research ethics process. Public Health Ontario (PHO) follows the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, and the PHO framework for the ethical conduct of public health initiatives, which includes considerations in the context of research with First Nations, Inuit, and Métis peoples. OPH partially funds and supports the Ottawa Aboriginal Coalition’s community-based and informed research efforts. OPH is interested in further collaborations with Indigenous partners on research initiatives that advance ICS such as Wabano’s *Share Your Story* research project that focuses on Indigenous-specific racism and discrimination in the local health care system.

At present there appears to be little consideration of Indigenous Peoples' experiences or ICS in program evaluations other than for Indigenous-specific programming or reporting directly on the Reconcili-ACTION Plan. Progress on the commitment to reconciliation and Indigenous rights and wellbeing is reported to the Ottawa Board of Health annually.

OPH is working to create systematic mechanisms for all service areas to feed into this reporting, as well as implementing recommendations from the *Share Your Story* initiative, which will also create new accountabilities.

### *Areas for Future Curiosity*

- ❖ Embed ICS considerations in program evaluations across the organization
- ❖ Continue collaborating with Indigenous partner organizations to understand how Indigenous people experience services provided and supported by OPH
- ❖ **Staff suggested** collecting evaluation data from Indigenous clients about the services they receive from OPH and monitoring progress on ICS across the organization

### **Training and Orientation**

Training and orientation include inhouse and external training made available to staff, performance management, enhanced training for leadership, and the understanding that Indigenous cultural safety is the work of everybody in the organization, regardless of their role.

### *Self-Assessment*

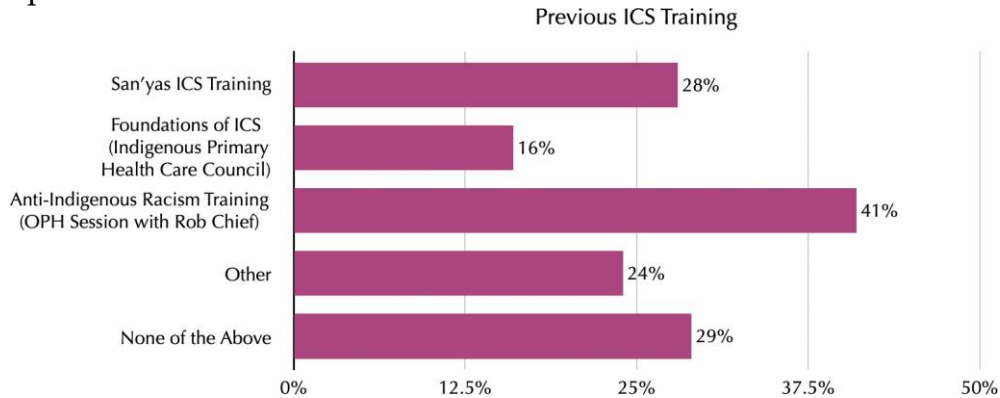
Training and education were the most commonly mentioned activities by staff. Many people mentioned learning about Indigenous cultures, but many also spoke about educating themselves on colonialism, the Indian Act, residential schools, and examining their own biases, demonstrating a more fulsome understanding of ICS. Employees encouraged their staff and colleagues to take training and participate in learning opportunities. One person mentioned time set aside for reflection on cultural safety in quarterly meetings.

Several people did suggest that ICS training should be mandatory and not voluntary, with paid time to complete it. One person commented that "When I suggested Indigenous Cultural Safety training should be mandatory for all employees, it was not taken seriously."

### *Previous ICS Training*

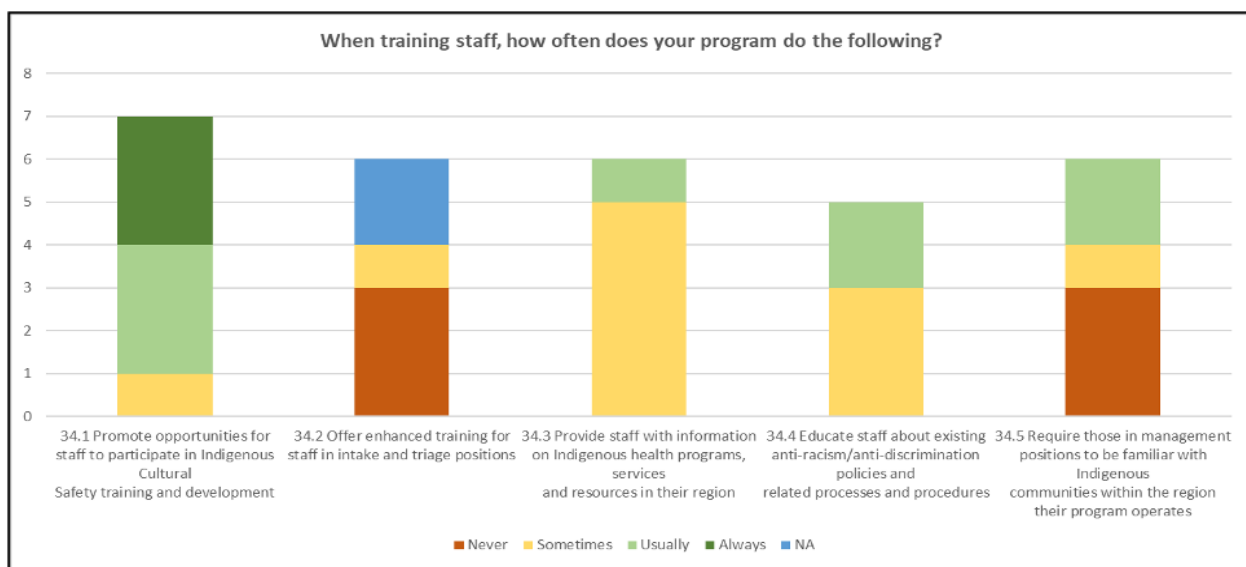
The highest percentage of staff (41%) had taken the Anti-Indigenous Racism Training with Rob Chief, followed by the San'yas ICS Training (28%). 29% of people indicated they had not taken an ICS training previously. From the 24% of respondents who selected "Other", the trainings specified are shown in **Appendix A**.

The greatest percentage (24%) of people who had completed a previous ICS training had taken it between 1 and 3 years ago. 35% of people chose “Not Applicable” when asked when they last took an ICS training, which is 6% higher than those who indicated they had not taken a previous ICS training, indicating that some respondents weren’t consistent with their selections between these two questions.



### Organizational Assessment

Most service areas cited several ways in which ICS training and orientation applied to their work and was being supported, however some service areas seemed to still hold the belief that ICS applies only to clinical services. A variety of training opportunities have been available to OPH staff for five years including the San’yas Indigenous Cultural Safety Training Program and in-house anti-Indigenous racism training. An OPH recommendation to the Ottawa Board of Health that Indigenous cultural safety training be a mandatory requirement of the onboarding process and training for all new members of the Board of Health and OPH Leadership Team members was approved in 2022. At present, ICS considerations are not included in performance monitoring for staff or leaders.





## *Areas for Future Curiosity*

- ❖ **Staff suggested** making ICS training mandatory; providing time during working hours to complete the training; organizing knowledge and experience exchange sessions; recognition of days that are significant to Indigenous people; helping people to see their place in this work; additional training and support for managers and supervisors; learning more about local Indigenous communities.

## **Indigenous Recruitment and Retention**

Indigenous recruitment and retention includes the recruitment and retention of Indigenous staff, supports available to existing and new Indigenous staff, and an understanding the experiences of Indigenous staff within the organization.

### *Self-Assessment*

Very few people commented on actions they were taking or that OPH was currently taking to support Indigenous recruitment and retention. Several people did name it as something OPH could be working on. Staff suggestions are included below.

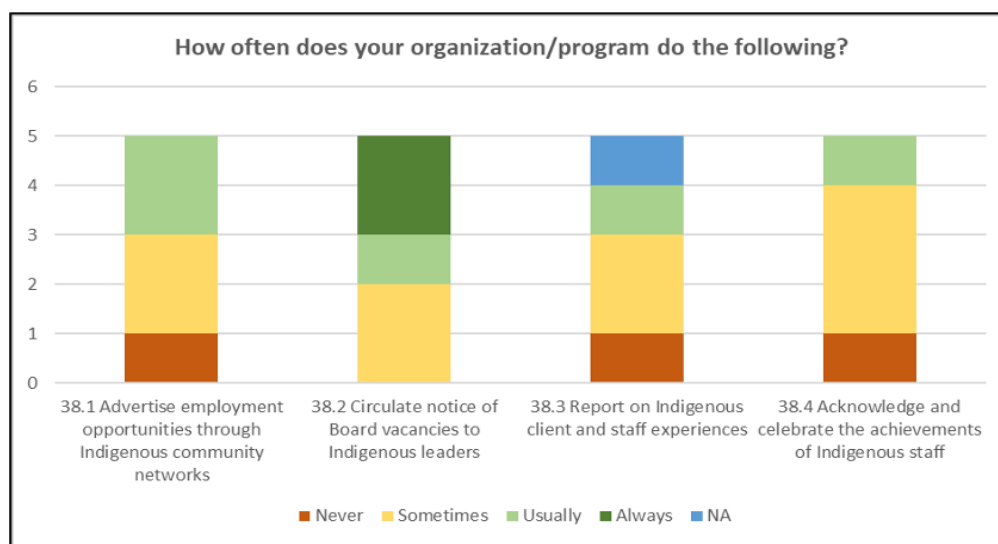
#### *Suggestions from Indigenous employees included:*

- ❖ Building relationships with Indigenous partners/organizations
- ❖ Reviewing resources with Indigenous partners to ensure they are accurate before promoting them in the community
- ❖ Sharing information on applying Indigenous approaches
- ❖ Promoting webinars or other learning opportunities
- ❖ Developing Indigenous-specific policies
- ❖ Measures/indicators of cultural safety in client satisfaction surveys or methods
- ❖ Further reflection on how services and staff embed culturally safe and relevant practices into service delivery as part of annual planning
- ❖ Monitoring and reporting on Reconciliation as a commitment within the OPH Strategy
- ❖ Working within the system to improve culturally safe care and anti-Indigenous-Racism in partner organizations (e.g., hospitals)
- ❖ Knowledge exchange, convening partners, amplifying Indigenous voices/needs
- ❖ Application of sociodemographic data that has been collected to highlight gaps in service or outcomes of Indigenous clients so that programs/services/approaches can be adapted
- ❖ Grandparents Council or Indigenous Advisory Group
- ❖ **C o r p o r a t e s u p p o r t** for the First Nations, Indigenous, Métis Affinity Group (administrative support, budget for speakers/Elders, etc.)



## Organizational Assessment

Work is underway across OPH to support the recruitment and retention of Indigenous employees. Employees can choose to self-identify as Indigenous, though it does not seem to be a common practice. As a result, it is unclear how many Indigenous people are currently working at OPH. OPH is bound by the City of Ottawa's Human Resource and Labour Relations protocols and collective agreements, which can make it challenging to recruit people from diverse backgrounds. OPH is interested in working with the City on a new program called LEAD IT, which is intended to support the recruitment of a more diverse workforce. A new staff 'Count ME in!' survey is underway, which is intended to support people who would like to self-identify as Indigenous in order to connect them with peer supports and provide additional opportunities for them to share their experiences working at OPH. Staff can also self-identify anonymously through the Guarding Minds at Work psychological health and safety survey. All City employees who identify as Indigenous are welcome to join the city-wide First Nations, Inuit, and Métis Affinity Group. Efforts are also in progress to foster a community of practice across four main hospitals in the Ottawa area.



## Areas for Future Curiosity

- ❖ OPH may benefit from implementing a recruitment strategy from universities and colleges in the north, where a significant number of Indigenous students graduate, increasing the likelihood of hiring from Indigenous communities
- ❖ Continue working with the City of Ottawa on recruitment and human resource strategies that support the recruitment and retention of Indigenous staff
- ❖ **Staff suggested** creating safer spaces for discussions to unpack experiences of racism; creating a safer space for Indigenous employees; create an inclusive hiring process; hosting spiritual celebrations marking the seasons or harvest time; hiring an Indigenous representative to be in charge of all related training; vetting and sharing of resources; bringing in elders to participate in decision making and resource development.

## Leadership

Leadership includes the presence and promotion of Indigenous leadership in decision making positions within the organization as well as the support and advocacy of non- Indigenous leaders within the organization for Indigenous cultural safety. It also includes mechanisms for accountability on progress toward Indigenous cultural safety within the organization.

### Self-Assessment

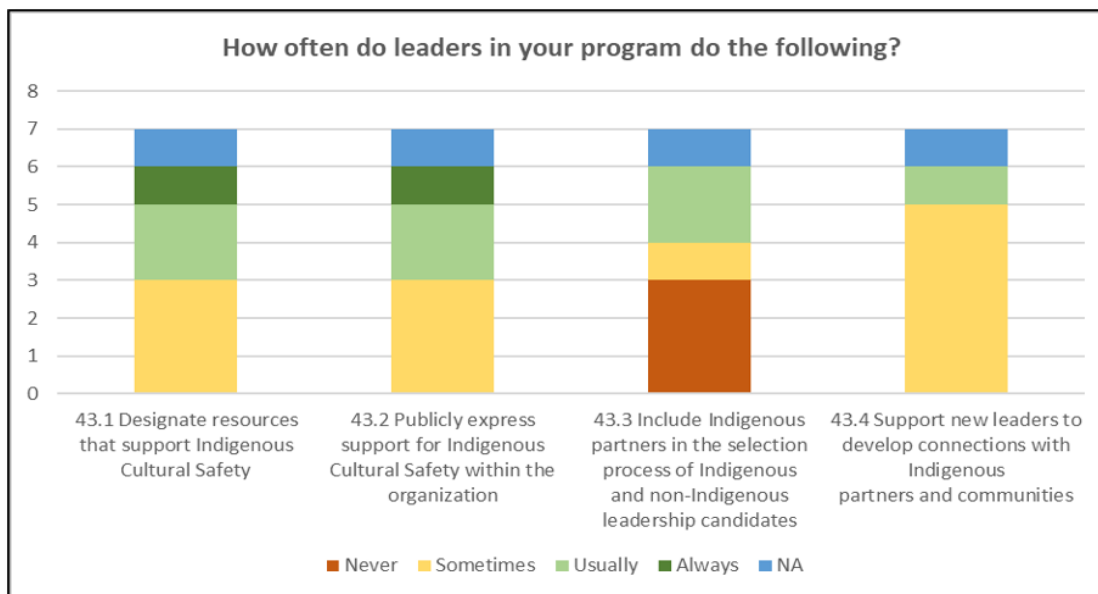
Several employees shared instances where there were leading by example, modeling culturally safe practices and behaviors. Some employees noted that OPH had included more Indigenous Peoples in high level strategic planning and had increased the number of Indigenous staff. Many also spoke about the support of leadership to take ICS training.

*“Accountability is seen as the responsibility of HEDI by some, others understand that each service area lead was provided with a mandate letter that clearly outlines accountabilities and expectations for working on reconciliation and health equity.”*

*~ ICSSA respondent*

### Organizational Assessment

OPH created an Indigenous Reconcili-ACTION team within the Health Equity Diversity and Inclusion Service Area. This team supports ICS across OPH and leads Indigenous health work within OPH. OPH has committed to have more diverse hiring panels for all competitions, however, there do not appear to be mechanisms to track whether it is happening in practice.



### Areas for Future Curiosity

- ❖ Re-enforce accountabilities for ICS across service areas
- ❖ **Staff suggested** the creation of a grandparent's council or Indigenous advisory group

## Funding, Resource Allocation and Sustainability

Funding, resource allocation and sustainability includes core or sustainable funding for work that supports and advances Indigenous cultural safety within the organization and for Indigenous specific services and supports.

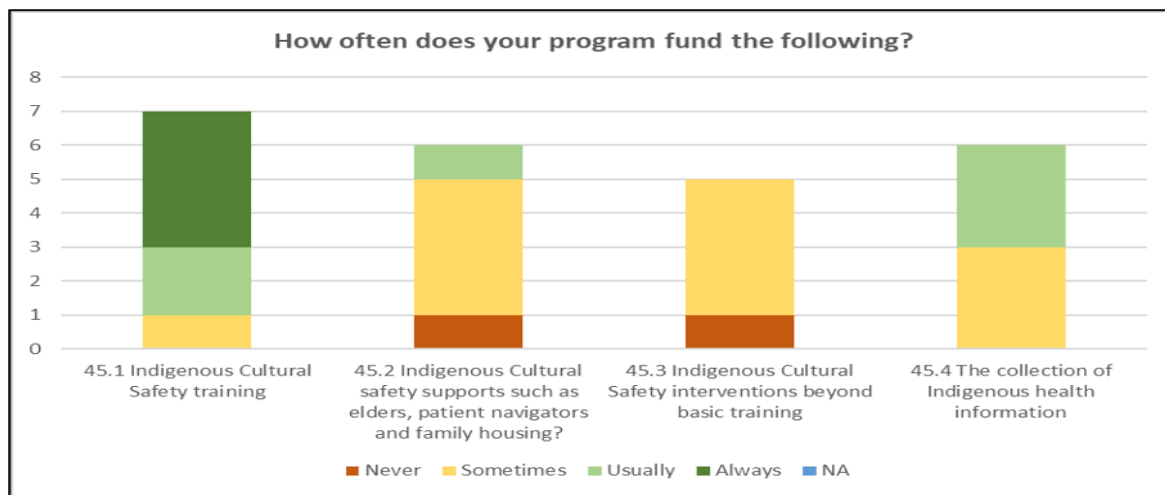
### *Self-Assessment*

Funding and resource allocation was only mentioned specifically by a few respondents, though people did mention various ICS initiatives that OPH has funded that are included in other areas of the report.

### *Organizational Assessment*

Base funding is provided to OPH by the province for Indigenous health and reconciliation-related initiatives. OPH has a contribution agreement with the Ottawa Aboriginal Coalition and uses much of this funding to support multiple Indigenous-led projects that address community-identified priorities.

OPH has advocated to the Ontario Minister of Health for increased sustainable funding for First Nations, Inuit and Métis programs and services (e.g., mental health and substance use health; Indigenous primary care).



### *Areas for Future Curiosity*

- ❖ **Staff suggested** organizational support, including additional funding, for the First Nations, Inuit and Métis affinity group and allocating Indigenous organizations more funding, training and autonomy to manage clients their way.

## Appendix A ~ Previous ICS Training: “Other”

Previous ICS Training: “Other”		
“The Path” OPH Training	Federal Govt. Training	OPH workshops / Lunch n’ Learns
5 days of ICS Training	Online modules about Residential Schools	Pathways to Indigenous Learning
Wabano Symposiums	San’yas ICS - From Bystander to Ally	Anti-Indigenous Racism in Canada (NCCIH webinars)
Foundation of Indigenous Cultural Training (IPHCC)	ICS Training through different organizations	Indigenous, Black and Racialized Staff Check Ins
All (e.g. with Wabano Centre, TI Centre)	Indigenous Canada Course with UAlberta	People in Good Health, Online Courses by Indigenous Primary Health Care Council (IPHCC)
Bias Awareness Training with City	Inuit Cultural Sensitivity Training sessions (Tungasuvvingat Inuit)	PHO First Nations, Inuit and Métis Culture, Colonization, and the Determinants of Health
Inuuqatigiit’s Bridging the Gap (Inuit Cultural Safety Training)	TEACH – Indigenous-specific modules	Sessions at Canadian Evaluation Society conferences
Cancer Care Ontario Indigenous Relationship and Cultural Safety Courses	University classes	Conferences, including Indigenous Health Conference
CICMH webinar on Indigenous mental health needs in post-secondary campuses	Inuit-specific Cultural Safety Training session	Finding Common Ground
Pathways to Indigenous Learning (City’s Ilearn platform)	KAIROS Blanket Exercise	University of Saskatchewan workshop
CIHR courses in how to conduct research with Indigenous Peoples	Wabano Circle of Care	1:1 Meeting with Elders
Individual readings and reflections on various Indigenous health-related topics	Workshops by Elders at Wabano and PQCHC	Ontario Core ICS Mental Health
City’s Aboriginal Awareness Days / Reconciliation Learning Days	Local Indigenous organization trainings	Academic pursuits / Masters level course on Indigenous studies
Culture as Treatment Symposium (Wabano)	OPH & City Lunch and Learns on various Indigenous health topics	Documentaries by Indigenous film makers
NCCIH Webinars	Work in Nunavut and other Indigenous communities	Literature by Indigenous authors
Dieticians of Canada Reconciliation-related learning opportunities	Masters of Public Administration Course - Indigenous Governance	Indigenous health workshops on various topics (i.e., offered to teams)
Indigenous background	NCTR Lunch Webinar on Intergenerational Trauma	OICST Impacts of Colonization Training