



Cultural Safety Measurement: Literature Review



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

Christi Belcourt, Reverence for Life — Acrylic on Canvas, 2013 — Collection of the Wabano Centre for Aboriginal Health

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- We appreciate the authors of the resources synthesized in this rapid review and their work in this space. This synthesis is not exhaustive and has not been reviewed or approved by the authors.

Context

- CIHI is collaborating with First Nations, Inuit and Métis advisors and partners to co-design a cultural safety measurement tool. This organizational self-assessment tool can be used by health service organizations like hospitals, home care providers, long-term care homes and primary care practices.
- The tool will enable data collection to support baseline and ongoing monitoring of progress toward cultural safety.
- The aim is to assess the extent to which initiatives and interventions that address anti-Indigenous racism are being implemented.
- CIHI contracted Sullivan Strategic Solutions (Patricia Sullivan-Taylor, Principal) to conduct this literature review and consolidate the evidence on interventions that are recommended to advance cultural safety.

Methodology

- We conducted a semi-systematic literature review of the Canadian and selected international landscape on cultural safety measurement. Findings will enable the co-design of a cultural safety measurement tool based on evidence and leading practices in consultation with Indigenous advisors and organizations.
- Source documents may also inform resources to support the tool, which will be refined through engagement and testing.
- Search included peer-reviewed and grey literature from 2016 to 2023 using PubMed (Medline), Google Scholar and Google.
- Federal, provincial and territorial legislation, policies and guidance were in scope. Results included resources from the websites of governments, Indigenous organizations and associations. Publicly available knowledge from Indigenous representatives also informed the literature scan.
- Work was conducted between May and October 2023.

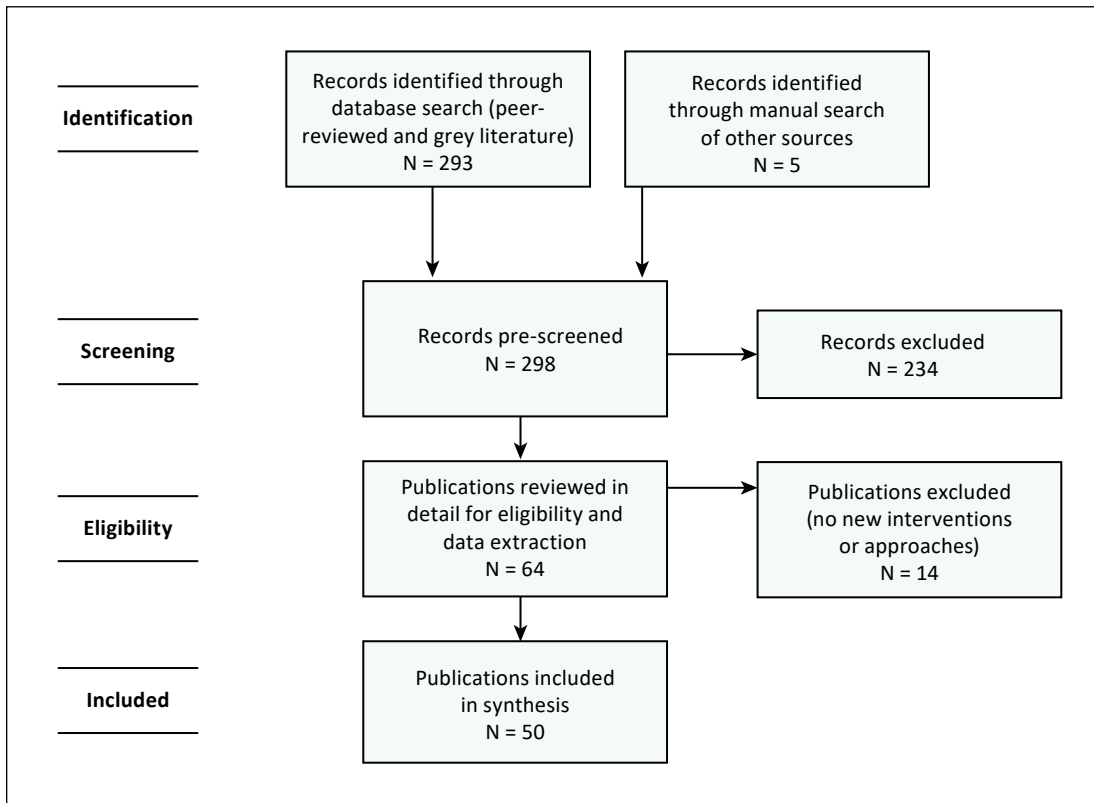
Limitations and considerations

- This was intended to be a rapid literature review, which required a contained scope and level of effort for the search, analysis and reporting. The primary focus was on interventions associated with improving cultural safety. Given this was not an exhaustive search, there may be additional articles that were not captured.
- Abstracts were reviewed by 2 reviewers. 3 team members were trained and then completed data extraction from the full-text publications that met the inclusion criteria.
- Data extraction was not independently verified by a second reviewer.
- The terminology used in this document is consistent with that in the source publications. Consequently, the reader will see “Indigenous” and “Aboriginal,” as well as “cultural competency training” and “cultural safety training.”

Literature scan: Summative approach

Figure 1 shows the literature selection process. The initial search methods resulted in 293 publications. Of these, 50 publications met the inclusion criteria and were included in the synthesis. [Appendix C](#) includes the search strings used for this review.

Figure 1 Literature selection flowchart



Foundational principles

The actions outlined in 3 foundational reports align with the interventions in the literature:

[United Nations Declaration on the Rights of Indigenous Peoples \(UNDRIP\)](#)¹

- Right to be self-determining
- Right to practise and access traditional and cultural healing and medicine
- Access to services without discrimination
- Equal right to the enjoyment of the highest attainable standard of physical and mental health
- Effective measures taken in conjunction with Indigenous Peoples to recognize and protect these rights

[Truth and Reconciliation Commission of Canada: Calls to Action](#)²

- Recognize and implement the health care rights of Aboriginal Peoples
- Establish measurable goals to identify and close gaps in health outcomes between Aboriginal and non-Aboriginal communities; publish progress reports and trends
- Recognize and address distinct health needs of Métis, Inuit and off-reserve Aboriginal Peoples
- Recognize the value of Aboriginal healing practices and use them in treatment in collaboration with Aboriginal healers and Elders where requested
- Increase the number and ensure retention of Aboriginal professionals working in health care
- Provide cultural competency training for all health care professionals

[Joyce's Principle](#)³

- Aims to guarantee that all Indigenous Peoples have the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional and spiritual health
- Requires the recognition and respect of Indigenous Peoples' traditional and living knowledge in all aspects of health

General findings

- The literature review included 50 publications. The following figures and tables highlight publication source, location and authorship characteristics. Most evidence related to Indigenous cultural safety was from Australia, New Zealand and Canada. Publications from the United States included evidence addressing racism and discrimination broadly.
- 34 publications were authored/co-authored by an Indigenous person (68% of total publications); of those, 23 (46% of total publications) included interventions and/or evidence related to measurement.
- The publications discussed more than 100 interventions; nearly all were referenced in the Indigenous-authored work. Interventions were consolidated based on themes and intention.

Publication source characteristics

Figure 2 Source types

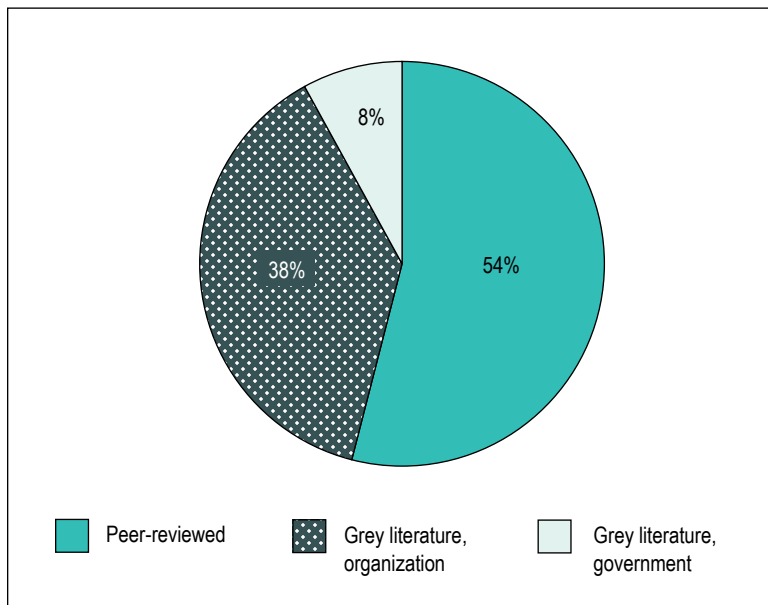


Table 1 Source types

Source type	Count	Percentage
Peer-reviewed	27	54%
Grey literature, organization	19	38%
Grey literature, government	4	8%

Publication location characteristics

Figure 3 Sources, by country

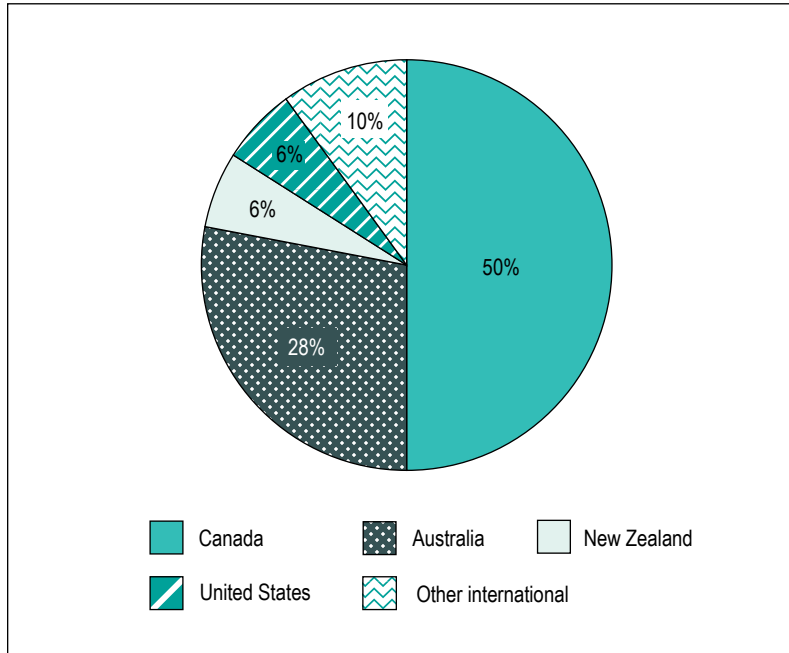


Table 2 Sources, by country

Country	Count	Percentage
Canada	25	50%
Australia	14	28%
New Zealand	3	6%
United States	3	6%
Other international	5	10%

Figure 4 Sources, by Canadian jurisdiction

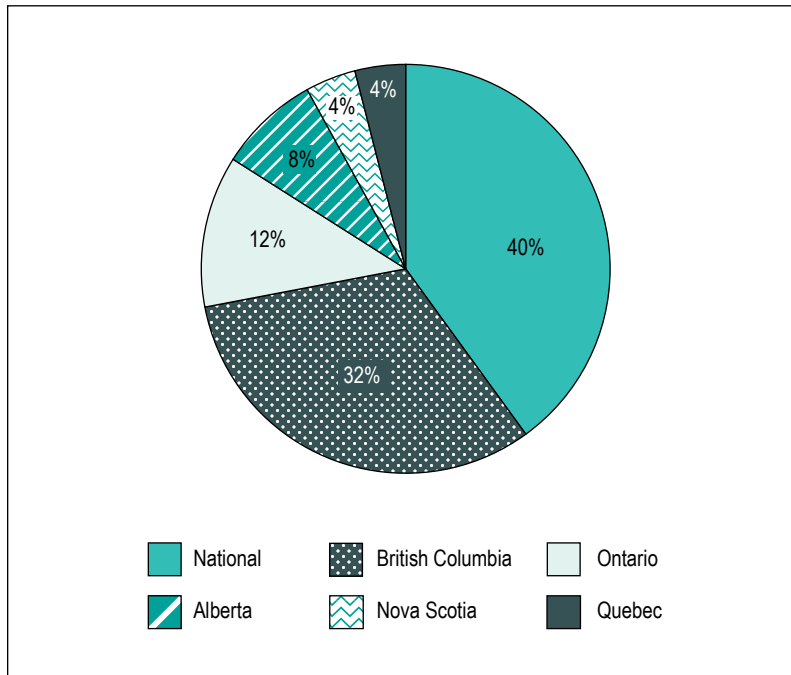


Table 3 Sources, by Canadian jurisdiction

Canadian jurisdiction	Count	Percentage
National	10	40%
British Columbia	8	32%
Ontario	3	12%
Alberta	2	8%
Nova Scotia	1	4%
Quebec	1	4%

Publication authorship characteristics

Figure 5 Indigenous-led/co-authored publications versus non-Indigenous led publications

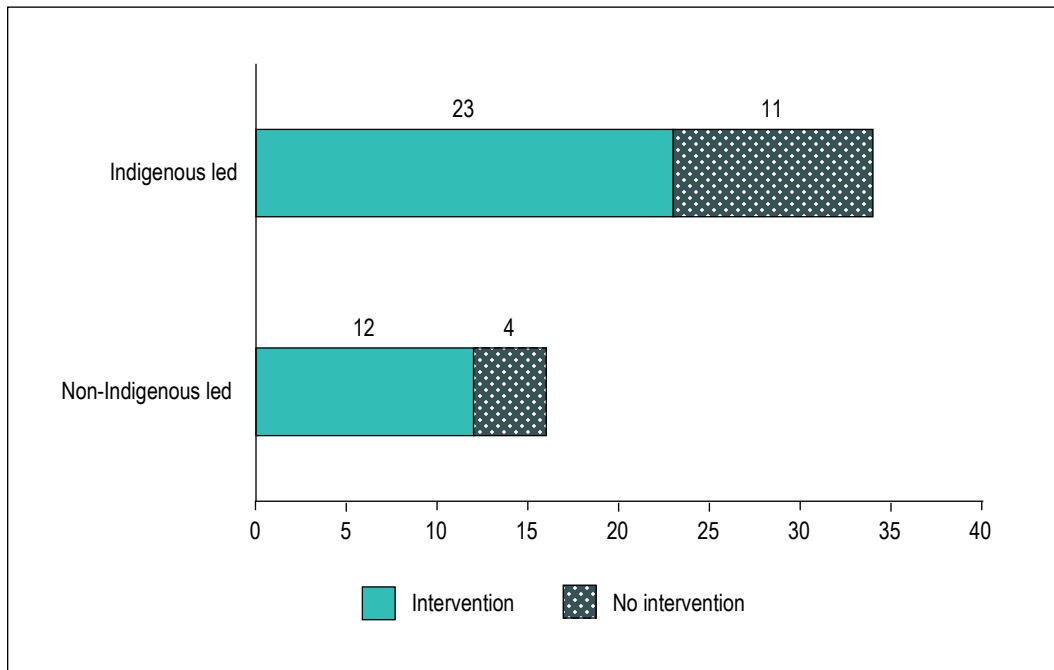


Table 4 Indigenous-led/co-authored publications versus non-Indigenous led publications

Authorship	Intervention	No intervention
Indigenous led	23	11
Non-Indigenous led	12	4

Key cultural safety measurement messages and concepts

- Organizations are encouraged to establish and sustain Indigenous partnerships to co-create culturally safe care.
 - It is essential to conduct cultural safety measurement work with Indigenous partners (patients, organizations, community members).
 - This applies to the self-assessment process and the work to address Indigenous-specific racism (e.g., prioritizing actions, planning, implementing, evaluating).
- Concepts focused on using a variety of change levers. These may include legislation, education, leadership, accreditation and quality improvement. There is considerable evidence on building cultural awareness and cultural competence to advance culturally safe care. However, the literature also highlights intentional creation of the capacity and capability to ensure sustainability (see Figure 6).

Figure 6 Key concepts from the literature review



Overarching findings by theme

Findings by theme

4 themes emerged related to the interventions that health service organizations and health systems can undertake to improve cultural safety. These themes are shown in Figure 7.

Figure 7 Themes of the interventions



General intervention observations

- Focus varied between action-oriented and outcome-oriented interventions
 - Monitoring by governing body of action plan for addressing Indigenous-specific systemic racism
 - Cultural safety strategies/workplans
- Broad areas of interventions ranged from basic to aspirational
 - Provider training (ongoing education, part of performance appraisal)
 - Leadership accountability (establish a culture of accountability, Indigenous equity and cultural safety as a lens for all strategic decisions)
 - Organizational capability (measure effect of changing provider beliefs on care delivered, incorporate holistic health and wellness approach into the organization's models of care)
- Mix of "what action" with "what and why"
 - Incorporation of a holistic approach to health and wellness into the organization's models of care
 - Cultural safety audits and assessments
 - Positive feedback from First Nations, Métis and Inuit Peoples and communities shared with the workforce to promote good practice and build a culture of quality and safety
 - Mechanisms established by organizational leaders 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
 - Effective communication to support shared decision-making

Intervention-specific findings by theme

This section includes the specific interventions identified from the literature within each theme. Additional details on the sources of the findings by theme are in [Appendix A](#). The numbered list of sources is in [Appendix B](#).

Leadership, governance and administration

Interventions related to organizational commitment to cultural safety (15 sources)

- Indigenous Peoples are involved in governance, leadership, prioritization and decision-making (including in governance and leadership positions)
- The governing body uses a recognized framework to acknowledge Indigenous-specific systemic racism
- The governing body monitors its action plan to address Indigenous-specific systemic racism
- Leadership makes a visible commitment to cultural safety
- The organization appoints a lead to collaborate with First Nations, Métis and Inuit Peoples and communities
- The organizational leaders recognize and acknowledge the territories of First Nations who live in the territory where the organization is located
- The organizational leaders allocate resources for the workforce to meaningfully engage in building and sustaining relationships 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
- The organizational leaders collaborate with First Nations, Métis and Inuit Peoples and communities to
 - Co-design partnership agreements with First Nations, Métis and Inuit organizations and service providers to address First Nations, Métis and Inuit determinants of health
 - Co-design and implement programs and services that collectively achieve health and wellness goals and objectives defined in the partnership agreements
 - Co-design the physical environments with First Nations Peoples and communities who originate from the land or territory where the organization is located
 - Actively participate in events that celebrate First Nations, Inuit and Métis traditions
 - Establish processes to engage with First Nations, Métis and Inuit Peoples and communities, and partners, to inform the quality and safety of the organization's services

Interventions related to Indigenous equity and cultural safety as a lens for all strategic decisions (9 sources)

- Indigenous involvement in strategic and service planning
- Cultural safety reflected as a priority in strategic and service planning (including adequate resources to sustain)

Human resources

Interventions related to well-resourced Indigenous health workforce (recruitment and retention of Indigenous employees) (16 sources)

- Access to Indigenous care providers
- Employment of Indigenous Peoples (ensure workforce is representative of population served)
- Access to programs and services that support First Nations, Métis and Inuit workforce members who are experiencing trauma, racism and discrimination in their personal or professional lives

Interventions related to staff training and ongoing education (including orientation on the organization's anti-racism and cultural safety and humility policies and commitments) (30 sources)

- Cultural orientation and training for providers (in collaboration with First Nations, Métis and Inuit Peoples and communities)
- Effective communication and education that uses strengths-based language
- Collaboration between organizational leaders and First Nations, Métis and Inuit Peoples and communities to provide the workforce with opportunities for mentorship and exposure to community experiences and community interactions that promote recognition of, and respect for, First Nations, Métis and Inuit rights, cultural values, protocols and traditional medicines
- Education and training about how to receive and manage, in culturally safe ways, reports from First Nations, Métis and Inuit Peoples and communities on the quality and safety of the organization's services
- Guidance and resources (funding, paid time to attend training and advance interdisciplinary dialogue, usable tools that facilitate knowledge application) to support staff training and desired behaviours and outcomes

Interventions related to cultural safety competencies in job descriptions, recruitment and HR management (11 sources)

- Inclusion of cultural competence as part of staff performance appraisal (including performance and learning objectives related to anti-racism and cultural safety and humility)
- Policy incentives for cultural safety (e.g., health professionals' billing; compensation for Indigenous leaders)

Interventions related to culturally safe workforce strategy, plan, policies and practices (6 sources)

- The organizational leaders collaborate with First Nations, Métis and Inuit professionals who have expertise in cultural safety and humility and education to develop a fair, equitable and inclusive workforce development plan or strategy
- The organizational leaders ensure the organization's human resources policies and practices are respectful of and responsive to First Nations, Métis and Inuit rights, values, protocols and practices.

Health services

Interventions related to organizational structure and practice that support Indigenous rights and ways of being: policy/process related (25 sources)

- Indigenous involvement in governance, leadership, prioritization and decision-making (including in governance and leadership positions)
- Collaboration 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
- Cultural safety strategies/workplans
- Cultural safety and/or equity "hardwired" into all policies
- Responsiveness to Indigenous Peoples' cultural knowledge, beliefs and values
- Formal cultural safety policies that foster speak-up culture in the workforce related to Indigenous-specific racism and discrimination in the workplace, which have been developed in partnership with Indigenous clients and communities
- Tools and guidelines to support culturally safe services
- Recognition of unique definition of health and wellness
- Incorporation of a holistic approach to health and wellness into the organization's model of care

- Integration of traditional practices in health care services, treatment plans and/or Indigenous-specific programming
- Proactive personalized care
- Responsiveness of the organization's research agenda to the priorities and contexts of First Nations, Métis and Inuit Peoples and communities
- Support for connection to country (e.g., end-of-life practices, culturally appropriate food, delivery of care closer to home through innovative service models, display of Indigenous artwork and flags, clear signage, meeting places for Indigenous community members)
- Relationships with Indigenous health staff to support navigation of complex health systems; navigators
- Ability to form trusting relationships with health professionals who demonstrate empathy, warmth, compassion and genuine interest in their patients and families
- Support to feel safe in the system
- Continuity of care from a health professional who knows a person's story (developing a personal connection)
- Support that increases clients' sense of control
- Support to address barriers to care, particularly if receiving treatment away from one's country of traditional homelands (connection to country reflects a spiritual, emotional and cultural relationship to land, central to Indigenous identity)
- Support for carers' well-being
- Support for connection to family (e.g., supportive family visitation policies, physical spaces that accommodate family groups)
- Mechanism to gain high-level advice on cultural safety matters

Interventions related to organizational structure and practice that support Indigenous rights and ways of being: communication related (24 sources)

- Communications strategy raises awareness about Indigenous Peoples, racism and/or cultural safety, including organizational expectations and tools (as well as aspirations and commitment; share organization's anti-racism and cultural safety and humility policies, including the anti-racism and discrimination policy)
- The team ensures that First Nations, Métis and Inuit clients have information about client rights and responsibilities when accessing health services
- Clients have adequate time with providers
- Providers communicate effectively using strengths-based language
- Clients have the opportunity for two-way interpersonal communication (formal and informal)
- Providers use effective communication to support shared decision-making

- Family members can speak directly with health professionals to assist with communication barriers and to advocate for patient needs through informative and regular communication
- The team ensures that 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

Interventions related to access to services/supports (e.g., traditional healing, interpretation, translation, Elders, Knowledge Keepers) (18 sources)

- Interventions aimed at providing culturally competent care at the point of service
- Collaboration between organizational leaders and First Nations, Métis and Inuit Peoples, communities, organizations and service providers to identify Elders, Healers and Knowledge Keepers who are recognized by their communities
- Engagement of Elders, Healers and Knowledge Keepers to provide cultural programs and services to First Nations, Métis and Inuit Peoples, communities and workforce members
- Interventions aimed at providing culturally competent care at the point of service
- Professional interpreter services
- Facilitated 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
- Continuity of care (support provision of culturally safe virtual health and community services)
- Support for transition to primary care

Data and evidence

Interventions related to measures identified; data collected, monitored and used to inform planning (17 sources)

- Ensure the organization's processes to identify, collect and analyze First Nations, Métis and Inuit data align with First Nations, Métis and Inuit perspectives
- Adopt First Nations, Métis and Inuit data governance protocols to collect, analyze, interpret and release First Nations, Métis and Inuit data
- 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
- 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
- Use cultural safety as a lens during evaluation; regularly evaluate cultural safety (in collaboration with First Nations, Métis and Inuit Peoples and communities)
- Collect and use workforce profile data (Indigenous workforce by profession, FTE, role, vacancy and turnover compared with overall workforce)

Interventions related to culturally safe ways to assess Indigenous access to and experience of services (including identification processes) (14 sources)

- Ensure 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
- 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
- Measure the downstream effects of changing provider beliefs on the care delivered to patients
- Measure patient-centred outcomes (to monitor whether interventions are making an impact from perspective of the care recipient)
- Ensure accessible and appropriate client and community feedback mechanisms
- Enable employees to report incidents around cultural safety
- Put in place processes for complaints, feedback and quality improvement (including processes that reflect Indigenous practices/approaches)

Interventions related to public reporting, accountability and celebration (share learning reports on commitments with First Nations, Métis and Inuit Peoples, communities and partners) (13 sources)

- 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
- Conduct cultural safety audits and assessments (at organizational and provider levels)
- Pursue accreditation
- Share positive feedback from First Nations, Métis and Inuit Peoples and communities with the workforce to promote good practice and build a culture of quality and safety

Measurement-specific findings

Measurement scales

- Most self-assessment tools included qualitative and quantitative fields.
- Quantitative data capture often used a scale that used colours, binary selection or Likert-scale variations (see Table 5).
- Public reporting included workforce data entered in compliance with restricted fields to standardize data capture.

Table 5 Quantitative data capture scales

Type of scale	Traffic light	Binary	Likert A	Likert B
Variables captured	<ul style="list-style-type: none"> • Green • Yellow • Red 	<ul style="list-style-type: none"> • Yes • No • Don't know 	<ul style="list-style-type: none"> • Never/rarely • Seldom • Often • Consistently • Don't know 	<ul style="list-style-type: none"> • Not in place • In progress • Completed/in place • Not applicable • Don't know

Measurement observations

- Cultural safety assessment tools were most frequently used for staff and provider self-assessment pre- and post-training.
- There is limited evidence demonstrating the impact of interventions on outcomes.
- The literature emphasized engagement and co-design with Indigenous Peoples through meaningful partnership; includes process, tools, interpretation of findings and reporting.

“A central feature of evaluation within Indigenous communities is the importance placed on relationships between the community and evaluator throughout the process. The quality and utility of any outcome of the process will directly correlate with the quality of the relationship and engagement with the people and community.”⁴

Conclusions and next steps

There is considerable evidence for the measurement of cultural safety, specifically for interventions to address racism in health service organizations and health systems. More than 100 interventions were identified in the literature; nearly all were referenced in the Indigenous-authored work. The interventions can be categorized into 4 themes. This evidence also reinforced the need for sustained collaboration with Indigenous organizations and individuals throughout all phases of measurement.

These literature review findings will inform the design of a cultural safety measurement tool and guidance resource in consultation with Indigenous advisors and organizations. CIHI is committed to advancing cultural safety and humility and recognizes that our role is to support accountability and transparency through better measurement. For more information on this collaborative work with First Nations, Inuit and Métis Peoples, refer to our [website](#) or contact us at IndigenousHealth@cihi.ca.

Appendices

Appendix A: Sources for findings, by theme

See Appendix B for the numbered list of sources in the literature review.

Leadership, governance and administration

- Organizational commitment to cultural safety: Sources 2, 3, 4, 7, 8, 9, 10, 14, 19, 21, 22, 24, 30, 32, 34
- Indigenous equity and cultural safety as a lens for all strategic decisions: Sources 2, 7, 9, 10, 12, 19, 21, 32, 50

Human resources

- Well-resourced Indigenous health workforce: Sources 2, 3, 4, 5, 6, 8, 9, 10, 14, 19, 20, 21, 28, 34, 48, 50
- Staff training and ongoing education: Sources 1, 2, 3, 4, 6, 7, 8, 9, 10, 12, 19, 20, 21, 22, 24, 26, 27, 28, 29, 31, 32, 33, 34, 35, 40, 42, 44, 48, 49, 50
- Cultural safety competencies in job descriptions, recruitment and HR management: Sources 2, 3, 7, 10, 12, 21, 29, 35, 19, 40, 50
- Culturally safe workforce strategy, plan, policies and practices: Sources 7, 9, 10, 19, 26, 32

Health services

- Organizational structure and practice that support Indigenous rights and ways of being: Sources 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 14, 19, 20, 22, 26, 28, 29, 31, 32, 33, 34, 40, 48, 50
- Access to services/supports (e.g., traditional healing, interpretation, translation, culturally safe care): Sources 1, 2, 3, 4, 6, 8, 9, 10, 12, 19, 20, 21, 22, 31, 32, 34, 48, 50

Data and evidence

- Measures identified; data collected, monitored and used to inform planning: Sources 1, 2, 3, 7, 8, 9, 10, 12, 19, 21, 22, 24, 28, 30, 32, 34, 50
- Culturally safe ways to assess Indigenous access to and experience of services: Sources 1, 2, 3, 4, 6, 7, 8, 10, 12, 19, 22, 32, 34, 50
- Public reporting, accountability and celebration: Sources 2, 3, 8, 9, 10, 12, 19, 22, 28, 29, 30, 32, 35

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Appendix C: Search strings

Primary question: What are current practices and resources in use, or in development, that support data collection and/or monitoring of cultural safety measurement in health care organizations?

Variables for analysis and search terms

The following search terms were developed based on preliminary analysis from existing reports, previous cultural safety work and a rapid scan of terms used in relevant articles. This list was refined following iterations of search for relevant literature.

Search strings: Inclusion criterion

Content published from 2016 to 2023 in English

Search strings included in review:

1. Aboriginal.mp. or “Australian Aboriginal and Torres Strait Islander Peoples”/
2. Indigenous Peoples/ or indigenous.mp.
3. Inuit.mp. or Inuit/
4. Metis.mp. or Indigenous Canadians/
5. Native American.mp. or “American Indian or Alaska Native”/
6. Indians, North American/ or first nations.mp.
7. Maori.mp. or Maori People/
8. 1 or 2 or 3 or 4 or 5 or 6 or 7
9. Cultural Diversity/ or Cultural Competency/ or cultural safety.mp.
10. cultural competence.mp.
11. culturally competent.mp.
12. Systemic Racism/ or Racism/ or racism.mp.
13. Oppression.mp.
14. 9 or 10 or 11 or 12 or 13
15. healthcare service*.mp.
16. healthcare organization*.mp.
17. healthcare provider*.mp.
18. health care service*.mp.
19. health care organization*.mp.
20. health care provider*.mp.
21. Health service organization*.mp. or Health Services/

22. 15 or 16 or 17 or 18 or 19 or 20 or 21
23. implement*.mp.
24. impact.mp.
25. progress.mp.
26. trend*.mp.
27. capability assessment.mp.
28. Feedback/ or audit feedback.mp.
29. decolonize.mp.
30. decolonizing.mp.
31. decolonize*.mp.
32. 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31
33. policy.mp. or Policy/
34. human resource practice*.mp.
35. standard*.mp. or Reference Standards/
36. legislation.mp. or Legislation/
37. jurisprudence.mp. or Jurisprudence/
38. administration.mp. or "Organization and Administration"/
39. 33 or 34 or 35 or 36 or 37 or 38
40. Canada.mp. or Canada/
41. Canadian.mp. or Indigenous Canadians/
42. South Australia/ or Australia.mp. or Australia/ or Western Australia/
43. Australian.mp.
44. New Zealand.mp. or New Zealand/
45. 40 or 41 or 42 or 43 or 44
46. 14 and 32
47. 22 and 39
48. 8 and 46 and 47
49. 45 and 48
50. Cultural.mp. or Cultural Diversity/ or Cultural Competency/
51. 9 or 10 or 11 or 12 or 13 or 50
52. 32 and 51
53. 22 or 39
54. 8 and 52 and 53
55. 45 and 54
56. Limit 55 to (English language and humans and yr="2017 -Current")

Search strings: Exclusion criterion

Articles unrelated to measurement or monitoring of cultural safety; articles specific to profession, population or condition; early in research (at design stage only); narrow focus on evaluation of 1 intervention (education, Indigenous navigator, Indigenous interpreter, etc.)

Appendix D: Text alternative for figures

Text alternative for Figure 1: Literature selection flowchart

The approach broke areas of inquiry into 4 categories: identification, screening, eligibility and included. 293 records were identified through a database search of peer-reviewed and grey literature, and 5 records were identified through a manual search of other sources. The total number of pre-screened records was 298, of which 234 were excluded. Of the 64 publications reviewed in detail, 14 further records were excluded because no new interventions or approaches were identified. This left 50 publications included in the synthesis.

Text alternative for Figure 7: Themes of the interventions

4 themes emerged around interventions to enhance cultural safety:

Leadership, governance and administration

- Organizational commitment to cultural safety
- Indigenous equity and cultural safety as a lens for all strategic decisions

Human resources

- Well-resourced Indigenous health workforce
- Staff training and ongoing education
- Cultural safety competencies in job descriptions, recruitment and HR management
- Culturally safe workforce strategy, plan, policies and practices

Health services

- Organizational structure and practice that support Indigenous rights and ways of being
- Access to services/supports (e.g., traditional healing, interpretation, translation, Elders, Knowledge Keepers)

Data and evidence

- Measures identified; data collected, monitored and used to inform planning
- Culturally safe ways to assess Indigenous access to and experience of services
- Public reporting, accountability and celebration

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