Cultural Safety Visioning and Planning Day

Summary Report

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Culturally Safe Health Care

It is the right thing to do
Acknowledgements

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1. BACKGROUND – SETTING THE STAGE

- Alberta is highly diverse in its population. Evidence shows that compared with the general population, vulnerable segments of diverse populations such as Aboriginal peoples, immigrants, refugees, specific visible minorities and people experiencing homelessness are disproportionately impacted by chronic disease and other health challenges due to their social and economic circumstances.

- Despite high needs, high risk and vulnerable populations face access barriers to health services due to a number of complex and often interrelated factors: cultural, social, economical, and environmental. Providers are also challenged with working effectively within the patients’ social and cultural context. Therefore, it is imperative that our healthcare policies and strategies are targeted appropriately to address and reflect the unique needs of diverse and vulnerable populations.

- In 2009, the Provincial Diverse Populations Strategy within the Chronic Disease Management, Primary and Community Care Portfolio, was mandated to develop targeted approaches that ensure access to socio-culturally appropriate primary care and chronic disease management services and resources for diverse and vulnerable populations in Alberta.

- In 2010, a provincial working group (AHS Primary Care and Chronic Disease Management for Diverse and Vulnerable Populations) and five sub-working groups with broad representation from key internal and external stakeholders were formed and tasked with identifying, prioritizing and addressing the service gaps and unique needs of diverse and vulnerable populations in Alberta. This working group recommended that the Aboriginal, Ethno-cultural, Francophone, Hutterites/Low German Speaking Mennonites and Homeless people might benefit from targeted programming in Alberta. The provincial working group and sub-working groups played a key role in development of targeted provincial approaches that match local and diverse needs of the population in Alberta.

- In 2012, “A Targeted Chronic Disease Prevention and Management Approaches for Diverse and Vulnerable Populations – A Patient-centred Framework and Action Plan for Alberta” was developed. This framework is developed in response to the cultural, linguistic, social, geographic, economic and other broader determinants that were identified during Environmental Scan and Need Assessment Study and seem to impede access of the diverse and vulnerable populations to appropriate health services in Alberta. Five strategic priorities and recommended action plans for each strategic priority proposed in this framework aim to support the AHS zones, key stakeholders and communities in reducing some of the disparities that exist in vulnerable communities.
The “Environmental Scan and Need Assessment Study” identified that some Aboriginal and other vulnerable people in Alberta often have negative experiences with health care due to actions by service providers that misjudge, diminish or disempower their social and cultural identity and wellbeing. This suggested that health care access for Aboriginal and other diverse populations is insufficient. Services themselves need to be more respectful and inclusive. Cultural Safety, as a key component of a patient-centre care, should be embedded in our service planning and provision, particularly for diverse and vulnerable populations.

In response, one of the provincial framework’s recommended actions (related to Strategic Priority # 4 - Equitable Quality of Care) is "creating a care environment that is culturally safe for the patients and their families where there is no discrimination, racism, challenge or denial of their cultural or social identity”.

Given that Cultural Safety is a relatively new concept in Canada and Alberta, in 2012, Diverse Populations team carried out a preliminary work in this area (literature review and scan of existing Cultural Safety tools). To explore the applicability of Cultural Safety as a component of a patient-centred care in Alberta, in November 2012, a funding proposal was submitted to and granted from the Provincial Obesity Initiative to conduct a Cultural Safety Visioning and Planning Day (session). In January 16, 2013, a group of key stakeholders came together to collaboratively develop a vision and goals for making health service delivery culturally safe for our patients.

This report summarizes the key outcomes and recommendations that emerged from the Cultural Safety Visioning and Planning Day.

2. CULTURAL SAFETY VISIONING AND PLANNING DAY

2.1 Purpose of the Session

The purpose of the session was two pronged:

- To enhance our understanding of the concept of Cultural Safety and its implications through collective learning from content experts and shared experiences of service recipients and providers.

- To collaboratively develop a vision, goals and a direction for moving forward in developing a cultural safety framework and approach for Alberta.

The specific objectives for the session were:

1. To share current knowledge and evidence and build collective understanding and awareness on the concept of Cultural Safety both from academic and human experience perspectives.

2. To share patient and provider stories and experiences with Cultural Safety.
3. To identify and explore the opportunities for embedding a Cultural Safety approach into current services and programs.

These objectives were partly achieved through the knowledge contribution of the expert speakers as well as personal experiences and stories of the patients and providers during panel discussion. The facilitated visioning and planning activity and large group discussions provided an interactive forum to sharing perspectives on what it means and needed to create health services that are ‘culturally safe’. The strong stakeholder engagement and linkages were foundational to the exploration of the vision and future direction for embedding Cultural Safety approach in health service planning and delivery.

2.2 Session Components

The session was composed of several components to meet the session objectives of sharing knowledge, sharing of patient and provider experiences, and visioning and planning activities:

2.2.1 Knowledge Sharing

As Cultural Safety is a relatively new concept in Alberta, the Diverse Populations team had extensively explored opportunities for identifying and linking with the provincial and national cultural Safety experts who could share their knowledge and experience with the social and ethical elements of cultural safety. Following initial interviews and discussions with a number of content experts, Dr. Gina Higginbottom from the University of Alberta and Rick Harrison from the Providence Health Care in British Columbia were invited as Expert Speakers for the event. The following summarizes learning objectives and key messages from the expert presentations:
**Presentation 1: Culture, Safety and Relational Practice in the Human Health Experience**

**Presenter:**

*Scott Harrison RN (C) BScN MA CCHN (C)*  
Director Urban Health & HIV/AIDS  
Adjunct Professor of Nursing, UBC  
President, Canadian Association of Nurses in AIDS Care

**Learning Objectives:**

- Introduce the concepts of culture and cultural safety and encourage personal reflection
- Explore concepts of indigenous vs immigrant, vulnerability and marginalization
- Introduce Relational Practice as a step in gaining cultural competence
- Explore how health professionals can work to shift paradigms and re-claim patient care

**Key Messages:**

- In a dynamic, honest and powerful presentation, Scott acknowledged that health professionals today provide care and education to increasingly diverse populations and that marginalized populations face challenges with a triad of cultural, linguistic and health literacy barriers.

- In emphasizing the significance of practicing self-awareness, Scott reminded the audience that: “*all of us carry an invisible ‘backpack’ of our culture, experiences, beliefs, values and morals. Whenever we encounter another person, our backpack is present with us and influences how we interact with our patients and their families*”.

- Care may be deemed unsafe if the patient is humiliated, alienated, or directly or indirectly dissuaded from accessing necessary care.

- Cultural Safety requires that care providers become respectful of nationality, culture, age, sex, political and religious beliefs. This notion is in contrast to trans-cultural/multi-cultural care, which encourages providers to deliver service irrespectively.

- A key element of culturally safe practice is establishing trust with the patient.

- After introducing the Principles of Relational Practice, Scott provided practical tips and techniques for employing “Relational Practice” in Action:
  - Value individuals first
  - Practice Self Awareness
  - Recognize that stigma and discrimination impede access
  - Be aware of and prepared to challenge organizational policies and culture that is not culturally safe
- Know your own limitations: Know when to refer to other providers or agencies for discussion and advice
- Openness and flexibility facilitate awareness and sensitivity
- Set personal goals to challenge what you know/think you know about your own and other cultures
- Learn and accept the impact of residential schools, colonization, systemic racism, homophobia, transphobia, HIV stigma
- Recognize areas of potential difference between you and your patient but also seek common ground
- Recognize the imbalance of power in the provider/patient relationship and how this might be amplified by a history of colonization and/or marginalization.
- Establish genuine connection – it is the foundation of positive working relationships with patients
- Recognize the potential imbalance that may be created by our fast paced, high tech, goal-oriented professional world
- Respect silence! Resist the urge to ‘jump in’
- Don’t make assumptions or ask patients to speak for their entire community, ethnicity or race – when was the last time someone asked you to do that?

**Presentation 2: Providing Culturally Competent Healthcare- A Self Directed Workbook and Digital Resource**

**Presenter:**

*Dr. Gina Higginbottom,*  
Canada Research Chair in Ethnicity & Associate Professor,  
Associate Editor Ethnicity and Health  
International Institute of Qualitative Methodologies (IIQM) Affiliate Scholar  
Faculty of Nursing, University of Alberta

**Learning Objectives:**

- To set context - Immigration, ethno-cultural, diversity and health inequities
- Culturally Competent and Safe Care – definitions, key concepts and dimensions, comparison between two concepts
- Cultural Competency and Cultural Safety Tools and Training

**Key Messages:**

- In her highly informative presentation, Gina provided an evidence-based overview of Canada’s highly diverse ethno-cultural profile including immigrants and expanding Aboriginal populations.
- The strongest predictors of health inequity in Canada are low socioeconomic status,
Aboriginal identity, geographic location and gender.

- Barriers to accessing health care include language and service navigation problems. Refugees experience more acute barriers.

- Service providers often contribute either consciously or unconsciously to racial/ethnic disparities in health outcomes by expressing cultural biases and prejudices.

- Patient-centered care and culturally competent care share many aspects, but differ in focus. Patient-centered care emphasizes improving high-quality individualized care for all patients, while culturally competent care stresses equitable distribution of quality care among diverse and disadvantaged groups.

- Canadian health care professionals care for patients from a multitude of backgrounds. When culturally appropriate care is not provided, events ranging from miscommunication to life-threatening incidents can occur.

- Gina compared concepts of Cultural Safety and Cultural Competency from philosophical aspects, basic principles, power, roles, focus and culture.

- Effective communication, cultural awareness and self-reflection are crucial dimensions of Cultural Competency.

- Recognition, Reflection and Recipient are central components of Cultural Safety.

- In her presentation, Gina acknowledged that development of dedicated training programs to promote cultural competency and safety for health care participants has shown great promise for improving health communication and reducing health inequities. Gina introduced a tool entitled: Providing Culturally Safe and Competent Health Care – A self-directed workbook and digital resource which she and her colleagues at the UofA have developed. This interactive electronic web-based learning resource originally is designed to assist nursing students to enhance their understanding and application of cultural competence and cultural safety but has great transferability for other health care professionals.

2.2.2 Panel Discussion: Patients and Providers Experiences

Exploring the applicability of concept of Cultural Safety as it pertains to diverse and vulnerable populations is meaningless unless it’s meaning and practical implications in the “real world” are understood and appreciated. The panel discussion provided an opportunity to hear voices and experiences of the providers (working with vulnerable populations) and those receiving our services. While the panel discussions focused on Cultural Safety, the discussions broadened to consider other connected issues and social determinants. The panel discussion process was
intentionally informal (vs. a formally facilitated discussion) to create an open and comfortable forum for sensitive conversations.

Panel Participants:

Isabel Ferrari, Ed,D.
Director, Education, Research and Best Practices
Calgary Drop-In & Rehab Centre Society

Tracy Kaczanowski, BSc., RN BN
Public Health Nurse
Newcomer Health Services Liaison,
Brooks, Alberta
Alberta Health Services

Panel participant representing the Brook’s Immigrant/Refugee Community

Panel participant representing the Homeless Community from the Calgary Drop-In & Rehab Centre.

To respect patient confidentiality, we have not included patient names in this report.

Panel Discussion Objectives:

- To hear patients and care providers voices and perspectives
- To explore what Cultural Safety means to patients and providers
- To share personal stories and experiences with Cultural Safety

Key Messages:

Providers’ Perspectives - Cultural Safety is:

- Accepting people “where they are at”
- Learning about the circumstances of how they arrived at this point.
- Learning about the culture of the individual including customs, beliefs, taboos, norms and values when it comes to health care
- As care providers, it’s our responsibility to engage the patient as much as possible in the planning and delivery of their own care
- As a care provider, allow yourself the gift of empathy – allow yourself to feel and experience (even though it is limited) what the patient is experiencing
- Listen, listen, listen
- Become aware of how physical surroundings affect the amount and quality of information being provided by the patient
**Patients’ Perspectives** – Cultural Safety is:
- Keep my judgements and assumptions in check and listen to the patient
- Listen for informing how best to work with the patient: listen for daily routines, for traditional remedies and cures and for cultural norms and traditions
- The more exposure to different cultures, the more effective the care provided or offered

### 2.2.3 Visioning and Planning Session

**Facilitator:**

**Leah Wuitschik, RN, BN**  
Decision Support and Evaluation Lead  
Diverse Populations, Chronic Disease Management  
Alberta Health Services

**Objectives:**

- To identify and explore the opportunities for embedding a Cultural Safety approach into current services and programs.
- To collaboratively develop a vision, goals and future direction for moving forward in developing a cultural safety framework and approach.

**Small Group Discussion**

The facilitated visioning and planning session in the afternoon was designed to create interactive forum to engage a diverse and broad group of stakeholders in sharing ideas and perspectives and setting goals and direction for becoming a culturally safe health system. The collective knowledge, experiences and stories shared during presentations and panel discussion supported informed and reflective participation. The questions that guided the group discussions were carefully devised to encourage the participants to think and reflect on the impact of Cultural Safety” on “them and their focus areas/roles”. Participants were initially divided into small groups to reflect and brainstorm on the following questions:

“*Imagine it is two years from now and Cultural Safety is embedded into all the work you do*”

1. **What would your programs & services look & feel like?**
2. **What would be the benefits for embedding cultural safety into the work you do?**
   i) How would it improve the way you plan & develop programs and services?  
   ii) How would it improve patient experience and health outcomes?  
   iii) How would it personally benefit you to include cultural safety into your practice?
3. **What are some of the opportunities and challenges you see in embedding cultural safety into your current programs & services? If possible, please be specific**

4. **What supports and resources would you need to get onboard and champion cultural safety back in your work areas?**

Expert speakers participated in the discussion by rotating through the small groups. Some panel members also participated in the small groups, while other panel members worked through the questions separately based on their comfort level. Participants reconvened as a large group to report back on key points of the discussions and brainstorming in response to the questions. Each group reported back on one question with other groups having the opportunity to contribute to the ideas and information. Scott Harrison provided a short summary on the key discussion points while linking back to the human health experience.

**Key Highlights of the Group Visioning and Planning Activity**

The small group discussions and report back to the larger group yielded dynamic, valuable and varied responses. After collating and carefully reviewing all the responses given by the participants to the questions, the Diverse Populations team categorized the responses. Through this process, several key themes were emerged which are summarized below.

"**Imagine it is two years from now and Cultural Safety is embedded into all the work you do**"

**Question 1**: What would your programs & services look & feel like?

Four key themes were emerged from participants’ responses to this question:

**Engagement** - Among participants, there was a strong agreement that in a Culturally Safe health care environment “patients, families and communities would be highly engaged in care planning, including defining “success”. Staff would support engagement through listening to the patients’ lived experiences and their corresponding understanding of health”. Such an inclusive environment would allow enough time to providers to interact with the patients, build relationships, hear their stories and understand “where the patients are at their journey”.

“Opportunities to have “time” to engage in conversations with the patients and their families would mitigate fear and give permission and confidence to both patients and providers to ask questions about the areas that they don’t know”.

“When health care environment is culturally safe, patients feel valued and heard”

Quotes from participants
**Appropriate Access** - The provision of the most accessible, effective and patient-centred care would be supported by a health care environment that is **welcoming, non-judgemental and non-threading**. **Flexibility** (hours and location), **shifting care to the community** and **multiple access points** to the healthcare system would be also key elements of appropriate access.

“When care is culturally safe, care is offered in the right way”

“Programs are adapted to patients versus patients adapting to programs”  
*Quotes from participants*

**Integration** - Cultural Safety and Competency would be integrated in all of our program planning and delivery, incorporated into overarching organizational strategies and built into the staff and leadership performance measures. Educational understanding of generational & historical trauma is supported in a culturally safe health care environment.

“Leadership to accept lived story -“Patient voice network”

“Make Cultural Safety part of what we do - planning, practice, operations, etc.”  
*Quotes from participants*

**Organizational Capacity** – A Culturally Safe health care organization that **supports change; values diversity; provides healthcare that is inclusive, holistic and responsive** to diverse needs and determinants of health; and **nurture a workforce representative of the diversity**. In such an environment, not only patients but providers feel safe to express honest views.

“Cultural Safety is embedded into the organizational culture and values”

“Providers wouldn’t make assumptions based on a culture and would consciously use different lenses to assess circumstances”  
*Quotes from participants*

**Question 2:** What would be the benefits for embedding Cultural Safety into the work you do?

- How would it improve the way you plan & develop programs and services?
- How would it improve patient experience and health outcomes?
- How would it personally benefit you to include cultural safety into your practice?

Three key and common themes were emerged from responses to this question:

**Sustainability** - Cultural Safety approach would increase **efficiency** and **cost-effectiveness** in planning and delivery of care by focusing on patient experiences and sustainable health outcomes.
“Embedding cultural safety in our work would support patient outcomes and won’t block patient care”

“It will improve the way we plan and develop programs - no more band aid solutions- sustainable health change”

“Cultural safety approach will create a system that supports sustainable and evolving change from both provider and patient perspectives”

Quotes from participants

Positive Patient and Provider Experience – Embedding cultural safety and competency in our work will improves the experiences of both providers and patients by supporting an environment that is responsive to diverse patient needs and perspectives on health.

“A culturally safe health care environment removes patient fear and anxiety and makes frontline service providers feel comfortable to share what works, what doesn’t work”

“Regular engagement with patients improves patient experience”

“The term “non-compliance” doesn’t exist”

“Cultural safety is a priority- not add on “to do”

Quotes from participants

Standards – If Cultural Safety is supported by and reflected in appropriate organizational standards, policies, principal practice guidelines and provider education support, it would become an accepted approach and norm within our health organization and would benefit patients and providers alike.

“Set minimum/ mandatory standards and provide educational opportunities about cultural safety for those who want to learn deeper”

“Embedding cultural safety into policies is a way to show organizational support”

Quotes from participants

Question 3: What are some of the opportunities and challenges you see in embedding cultural safety into your current programs & services? If possible, please be specific.

Three key and common themes were emerged from participants’ responses to this question:

Opportunities
Paradigm Shift – Participants agreed that opportunity exists for a paradigm shift towards building stronger connections and relationships between patients and providers, allowing the patients’ voices and stories to change the conversation and supporting the patients to be empowered in their own health experience.

Health care providers need to continually reflect on their own values and cultural beliefs and realize how they influence their practice and interaction with patients. Self reflection is a key requirement for providing a culturally safe care.

“Patient stories have power to change the conversation”

“We have an opportunity to make a “cultural shift” towards social model of health”

“Creating a culturally safe health care environment needs to be supported and mandated by senior provincial leaders and Alberta Health leaders: we need their backup to move forward”

Quotes from participants

Some of the reported challenges related to Paradigm Shift include:

- Organizational buy-in (AHS + external)
- Paradigm shift is uncomfortable, we need to consciously work at the change
- Power & control hierarchy
- Predominance of medical model
- Resources to do work with are limited

Collaboration - We have an opportunity to build meaningful partnerships with patients, families and communities, and with each other. We need to build capacity for learning and collaboration within the organization, community groups, academic institutions, human services, and schools. AHS senior management’s recognition of the need for patient engagement and patient centred care with development of focused divisions is seen as an opportunity for embedding cultural safety into your current programs & services.

“We have an opportunity to create connections, break down silos and raise our voices together. For example, dovetail with Patient Safety Week or influence Alberta’s Social Policy Framework”

Quotes from participants

Building upon Successes, Learning from Challenges - A Cultural Safety approach would encourage health care teams to have an honest and safe dialogue about their work with each other and their patients (what is working, what is not working). This honest work environment facilitates ongoing learning and a focus on patient centred care.

Champions - A Culturally Safe health care system identifies and supports diversity champions at all levels within the organization, including senior executive leadership.
“We need visible leadership support”

Quotes from participants

Cultural Safety Education – There was a strong agreement that we need to integrate diversity and cultural safety education into provider education curricula and staff orientation. Education scope should reach to academia, medical/ health faculties, professional associations and schools.

“We need education on the lived experiences of our diverse populations - with knowledge comes understanding versus fear”

“Concrete examples should be embedded into education (hardwire practices) and provided through venues such as courses so that education can happen in house”

Quotes from participants

Key Points from Patient’s Story - Highlights of discussion between Isabel Ferrari (a panel member) and the client from Calgary Drop-In and Rehab Centre (also a panel member)

One of the panel members (patient representative) did not feel comfortable participating in small group discussions. Isabel Ferrari engaged with this individual in a one on one dialogue during visioning and planning activity and captured a powerful story. Isabel adapted the group discussion questions so that they made sense to the client. The following unedited and powerful views reflect how this patient perceives medical care and her experiences with hospitals and medical centres.

Question 1: Why don’t you like going to hospitals? What is your experience?

- They don’t smell good
- Busy- too busy, lots of people, noisy
- Sitting and waiting for a doctor 10min- 4 hours
- No one checked on me, I feel left behind
- No wallet, no money- how do I get home?
- Don’t like to see anyone hurt- someone was bleeding, someone was on a stretcher
- No tests- just sent me home

Question 2: What is your experience at the Alex Seniors Care Centre? What makes you feel safe?

- Nurse talks Danish (my native language)
- Checks me out thoroughly
- Calmness - nurse is nice
- Shows concern; always smiles
• Lovingly gets annoyed at me
• **I can talk to her**
• **I trust her**
• I know that she (nurse) doesn’t share all the information because I may not go back to her
• I can “sit and bitch” if I want to
• Nurse **gets to know me**: my stubbornness

**Question 3**: How could hospitals change to make you feel safe?

• No white coats
• No sitting for hours- bored with sitting too long
• See things that might bother you
• “Why do doctors make us sit forever?”
• **Need eye contact and mellow voice**

**Question 4**: What were your experience with ----- medical clinic, and medical care for homeless population?

• **More business than caring**
• Just because they change buildings doesn’t mean they should change the level of caring
• A lot colder- the whole building
• When you’re homeless and you have nowhere to go, **go where you are comfortable**
• Medical staff **listen to friends or family for information** or request further help

### 2.2.4 Next Steps

**Facilitator:**

*Leah Wuitschik, RN, BN*

Decision Support and Evaluation Lead
Diverse Populations, Chronic Disease Management
Alberta Health Services

The Visioning and Planning group activity was concluded by a large group discussion about “**where we go from here?**”

**Objectives:**

• To explore the next steps and priorities in embedding Cultural Safety into program planning and service delivery
• To identify what needs to change to create a paradigm shift in thinking and in patient centred care

**Question 1:** What do you see as the next steps/priorities after today’s session?

**Question 2:** What do you hope to see change in your work as a result of today’s session?

The synthesis, categorization and interpretation of key perspectives and recommendations that emerged from the facilitated Visioning and Planning group discussions identified three key areas that will guide and form basis for further development and implementation of concrete actions plans for moving forward:

**Facilitate Engagement** - Given that cultural safety has significant implications to many strategic and operational service areas across the continuum, stakeholders participating in this event recommended that we need to work together to integrate the principles of Cultural Safety into our services, decisions, plans and practices. In particular, engaging patients and their families, frontline providers, key champions and leadership was recommended as a key consideration for identifying priorities and talking appropriate actions.

In response, the Diverse Populations Team is planning on formation of a Provincial Cultural Safety Working Group to bring together a small but keen and committed group of key stakeholders to develop strategies, objectives and concrete action plans for creating a culturally safe health care environment. Patients and their families will be effectively represented in this area.

“We need concrete actionable items for frontline - for all the work that we do”

“Dove tail with current programs and connect with other groups doing similar work”

“Engage teams of front line professionals with the same questions asked here today”

“Form Community of Practice to help make the linkages between services/ tools/ expertise”

*Quotes from participants*

**Develop Cultural Safety Education/Support** - There was a general consensus among participants that we need to develop skill-based educational and mentoring opportunities for providers to reflect on their practice and enhance their understanding and application of cultural safety at the individual and organizational levels.

Accordingly, it is anticipated that the Cultural Safety Working Group will review the evidence on existing cultural safety tools and collaboratively with other stakeholders will take action on adaptation and or development of educational tools related to cultural safety.
“Facilitate co-ordination of different tools available across AHS”

“Meet frontline workers where they are at”

Quotes from participants

**Develop Practice Support Tools** – To ensure that our providers and planners are adequately equipped to embed cultural safety (as an approach and an overarching principle) in all aspects of patient care, it was recommended to develop practical tools and guidelines that will further support health care planners and providers in shifting cultural safety from a concept to practice. For example, self-assessment and awareness tools to increase recognition and response to personal cultural beliefs and prejudices or guiding principles and practice standards with a cultural safety lens.

“How do we make sure what we talked about goes into development of support?”

Quotes from participants

2.2.5 Setting a Vision

Although no specific “Vision Statement” was created during the activities of the session, the following perspective and quote from one of the session participants is so powerful that could effectively serve as a Vision for moving towards creating a culturally safe health care:

*Culturally Safe Health Care, it is the right thing to do*

3. **EVALUATION RESULTS**

3.1 **Participation**

Given the broad implications of a Culturally Safe approach in health care, key internal and external stakeholders had been invited to this event to collaboratively develop a vision and goals for making health service delivery culturally safe for our patients. A total of 35 representatives from the AHS Zones operations, strategic portfolios such as provincial Chronic Disease Management, PC Innovation & Integration, Community and Rural, Populations and Public Health (Aboriginal Health and Promoting Health Equity), Patient Engagement, Seniors Health, Addiction and Mental Health, Nutrition Services, Health Professions Strategy and Practice, patient representatives, expert speakers and community partners participated and actively engaged in the activities of this event.

Participants, excluding the session planning team and expert speakers (n=25) were invited to
evaluate and provide comments on the different aspects of the session through completion of an online survey. As of February 5, 2013, a total of 20 session participants had completed the survey (80%).

3.2 Session Evaluation

Overall the evaluation results are extremely positive and supportive of the objectives of the session. Figure 2 shows the summary of the evaluation results. Detailed evaluation results and a few examples of the comments received from participants are presented in Appendix 1.

Figure 2 – Summary of Evaluation Results
4. CONCLUSION

One of the collective learning from the Cultural Safety Visioning and Planning Day was that provision of most accessible, effective and patient-centred care requires moving beyond cultural competency to cultural safety by establishing respectful relations in practice in which patient’s perception of a culturally safe care environment or interaction is a key consideration. Although cultural safety requires cultural awareness, sensitivity and competence, it recognizes the impact of larger systematic issues such as social, economic and political position of certain groups and that these effects must be recognized in health care. Establishing and maintaining trust with the patients and their families is vital for delivering culturally safe health care.

Together, we agreed that some of the tangible evidence of integrating culturally safety in all aspects of patient care would include actively engaged and empowered patients, families and communities in care planning, which in turn has the potential to foster better access, sustainability and enhanced patient/provider experience.

We also agreed that although opportunities and challenges exist for a paradigm shift, moving towards creating a culturally safe health care environment requires increased recognition and response to personal prejudices and professional power, active and meaningful engagement of many stakeholders (including patients and providers), collaborations, cultural safety education/tools, practice guiding principles and policies with cultural competency and safety lens, organizational support and strong and visible support from senior leadership and champions.

Coming together to understand the concept of cultural safety was a bold and significant first step. We now need to collaboratively move from “concept” to “action” and provide an approach that delivers safe cultural care to all recipients of our care. The justification is simple and undeniable:

Culturally Safe Health Care, it is the right thing to