EQUIP Health Care
Equipping Health & Social Services for Equity

SAN'YAS ANTI-RACISM INDIGENOUS CULTURAL SAFETY TRAINING PROGRAM

Rate Your Organization: A Discussion Tool

Addressing Anti-Indigenous Racism

Use this worksheet to assess your own organization, agency, or setting in terms of the 10 strategies below. The goal is to support dialogue and action among all staff to optimize capacity and action to address anti-Indigenous racism. In response to increasingly urgent calls to action, specific strategies are needed to address the specific harms of anti-Indigenous racism and system-generated access barriers, and to uphold sovereignty and Indigenous peoples' rights to health.

This is designed as a group activity, with all staff. It can be used across organizations, and is intended as a prompt for discussion and action-planning among people within the same organization or unit. Please use it to contribute to processes of organizational change by:

(a) creating space and opportunity for ongoing collective and individual self-reflection and input,
(b) assessing where the organization or unit is 'at' with respect to anti-racism, and
(c) engaging in priority-setting, action planning, and monitoring.

Anti-racism aims to counteract the harms of racism, discrimination, and stigma, and mitigate the potential harms and lack of safety that people may experience as they seek help and access to care in a variety of settings. **Addressing anti-Indigenous racism** is an ongoing process of actively working to make health and social service settings safer and more equitable for Indigenous peoples.

Anti-racism, like **cultural safety**, is both an ongoing action-oriented process, and an outcome based on action; all levels of the organization need to ensure that people who identify as Indigenous, including staff, feel respected, safe and welcome. Strategies to eliminate anti-Indigenous racism are aligned with the goals of cultural safety, and require an understanding of the structural causes of racism, discrimination and stigma. For example, Indigenous people are often subject to multiple intersecting forms of racism, discrimination and stigma, including gender-based discrimination, and stigma related to substance use regardless of whether or not they use substances. Anti-racism and anti-stigma strategies are therefore intertwined and essential to close the health equity gap.

Instructions:
Take about 10 minutes to individually score your organization on each strategy. After everyone is done:

1. Each person identifies whether they would like to start discussion with the first strategy, or another strategy, and why (less than 1 minute per person).

2. Aim for group consensus about the first strategy to discuss.

3. Each person gives their rating, and why, on the first strategy (~1 minute each). Ideally, the order of speakers should be volunteer-based, and nobody should be forced to speak – it's important for people to feel safe and comfortable from the start!

4. As a group, consider the following questions:
   - What are the similarities among ratings?
   - What are the differences among ratings, and what accounts for these differences?
   - What does the group learn from the discussion of the ratings?
   - What are the implications for action?

5. After about 10 minutes, repeat with a second strategy, ensuring that each person can discuss their rating and rationale, if they wish. Depending on the group and time available, work through the strategies in order, OR focus on two or three strategies that are most relevant.

6. A next step can be to conduct an "Equity Walk-Through" and/or start to gather the insights gained from this discussion into a SWOT (Strengths, Weaknesses, Opportunities, and Threats) format or SOAR (Strengths, Opportunities, Aspirations, and Results) format.

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On a scale of 0 to 10, rate your organization, where 0 = "not at all acting on this strategy", and 10 = "fully acting on this strategy".

1 The need to address anti-Indigenous racism is identified as an explicit commitment in mission, vision, or other foundational policy statements of your organization.

Antiracism is a strategic priority of the organization and leadership is committed to addressing the harms of anti-Indigenous racism at all levels of the organization (e.g., acknowledging the colonial history of Canada, Indigenous languages in prominent spaces/places, memoranda of agreement, anti-racism committees, anti-racism action plans, etc). As per the UN Declaration on the Rights of Indigenous Peoples (UNDRIP), proceed in collaboration with, and taking guidance from local Indigenous communities and leaders, or from representatives from Indigenous partner organizations in the case of organizations that span diverse communities such as provincially-based services.

2 Supportive structures, policies, processes, and training opportunities are in place to enact commitment to address anti-Indigenous racism.

Dedicated budget is available to address anti-Indigenous racism. Protocols and guidelines guide engagement and input of local communities and leaders with requisite expertise. Structures, policies, and processes related to hiring, performance evaluation, recognition, compensation, continuing education, the conduct of staff meetings, etc. are reviewed and adapted with respect to antiracism. Staff who hold knowledge of local communities and whose values, willingness to learn, and actions align with the commitment to antiracism are recruited, hired, and retained. Antiracism training is provided with an emphasis on implications at the organizational level for both eliminating anti-Indigenous racism, and improving peoples' experiences of care, and ultimately, health outcomes (e.g., mandatory onboarding and ongoing anti-racism and cultural safety training, anti-racism policies, anti-racism campaigns promoting zero tolerance, and anti-racism committees).

3 Places and spaces are used optimally to make Indigenous people feel welcome.

In consultation with local communities, acknowledgements of local history, languages, and the impact of colonialism are visible in high traffic areas; e.g., waiting areas display local art or languages. Signage conveys a welcoming, respectful tone. People have access, as appropriate, to a computer/device with internet, a phone, free water, coffee, tea, Indigenous-liaison staff members, etc.

4 Time is used in a flexible way to meaningfully engage with people who come for services and with key stakeholders.

Time is used in the best interest of the person accessing services to optimize their experiences. Time is used to ensure that collaborating community members, leaders, and Elders provide input and guidance. This includes time for local, community-informed processes and protocols. Flexibility is shown with scheduling appointments and meetings, based on understanding that people need to accommodate multiple demands and community rhythms, protocols, family responsibilities, etc.

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5 Power differentials affecting Indigenous people are counteracted.

During interactions with people, staff at all levels of the organization understand that they may be perceived as intimidating, or as negatively judging people, regardless of intentions or actions aimed at making people feel comfortable and welcome. Staff recognize that Indigenous people experience racism and other forms of discrimination on a daily basis, including when interacting with health care and other systems. Multi-tiered actions to mitigate stigma and judgement are actively instituted and continually reassessed to ensure a welcoming, accepting environment. Input from Indigenous people (e.g., Elders, community members, leaders) who have experienced anti-Indigenous racism is systematically sought and acted upon in planning and delivering services. All service providers, regardless of role, have meaningful input into how services are offered.

6 Care, programs, and services are tailored to local Indigenous contexts.

Taking direction from local communities and/or regional and provincial partners, services are tailored to local contexts and histories of the communities and populations of Indigenous peoples served (e.g. signage in local language, acknowledgement of significant historical events).

7 Processes and policies are in place to prevent and counteract racism and discrimination.

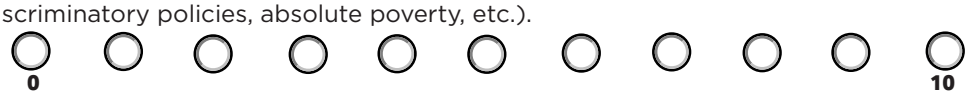
Safe environments and mechanisms are in place for identifying, discussing, and acting on reports of racism or discrimination, and are known by all members of the organization. Clear follow-up actions are identified, communicated, and reported. Staff training is provided to set the foundations for accountability.

8 Indigenous people, community leaders, and representatives from partner organizations participate in, and lead when possible, strategic planning and implementation.

Local, regional, and/or provincial input is integrated – including input from people with experiences of racism, discrimination, and stigma, and people who come for services. This input is systematically sought and acted upon in planning and delivering care. Engagement protocols are continually updated, and reflect local community norms and preferences. Regular assessments are conducted of how well organizations are upholding the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), enacting relevant recommendations from the Truth and Reconciliation Commission's Calls to Action and the 'In Plain Sight' report, and upholding local Indigenous sovereignty in decision-making particularly related to access to care, quality of care, and access to resources.

9 Services and programs are tailored to address inter-related forms of violence, including violence from the past that continues to impact the present.

Trauma- and violence-informed approaches are integrated throughout all services given that Indigenous people may have experienced multiple forms of violence with traumatic effects (including interpersonal violence, racial violence) and ongoing structural violence (such as systemic racism, lack of affordable housing, discriminatory policies, absolute poverty, etc.).

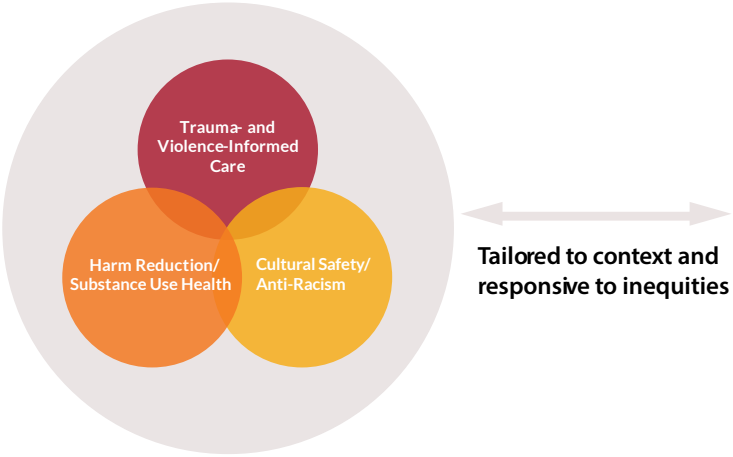


10 Services and programs are tailored to address the social determinants of health for Indigenous peoples.

Design and delivery of services account for the circumstances of people's everyday lives and their impacts on health and well-being. Service providers acknowledge and tailor services and/or advice to people's circumstances. Organization and staff seek to support wider social change to foster equity (e.g. local housing policy).

0 10

Key Dimensions of Equity-Oriented Health Care



Modified from: Browne, A. J., Varcoe, C., Ford-Gilboe, M., Wathen, C. N., Smye, V., Jackson, B. E., Wallace, B., Pauly, B., Herbert, C. P., Lavoie, J. G., Wong, S. T., & Blanchet Garneau, A. (2018). Disruption as opportunity: Impacts of an organizational health equity intervention in primary care clinics. International Journal for Equity in Health, 17(1), 154. https://doi.org/https://doi.org/10.1186/s12939-018-0820-2

10 Strategies to Guide Organizations in Enhancing Capacity For Equity-Oriented Services

- Explicitly commit to equity
- Develop supportive organizational structures, policies, and processes
- Re-vision the use of time
- Attend to power differentials
- Tailor care, programs and services to local contexts
- Actively counter racism and discrimination
- Actively seek input from community partners and people with living and lived experience
- Tailor care to address inter-related forms of violence
- Enhance access to the social determinants of health
- Optimize use of place and space

References

The evidence-base for this exercise is based on research published in:

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- Browne AJ, Lavoie J, McCallum MJL, Big Canoe C. Addressing anti-Indigenous racism in Canadian health systems: Multi-tiered approaches are required. Canadian Journal of Public Health. 2022.
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- Turpel-Lafond MEA-K. In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care. 2020.
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To learn more about San'yas please visit https://sanyas.ca/

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