Supporting Agency, Facing Equity: An environmental scan of Indigenous cultural safety training for primary care providers

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Research team

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Contents

Introduction

The government of Canada's invasion of Indigenous Peoples' rights, lifestyles, and agency in Turtle Island has seen the creation of diverse, damaging health disparities across all aspects of health, stability, and well-being. Indigenous Peoples (First Nations, Métis, and Inuit populations; FNMI) face ongoing systemic care barriers in ensuring their physical health and well-being, alongside daunting unemployment rates, disproportionate overrepresentation across homeless populations, complex health needs, and continual acts of genocide. Further, in seeking physical health interventions, overwhelming statistics, community voices, and experiences have identified the ongoing racism and discrimination Indigenous Peoples face in accessing emergency medicine (Allan & Smylie, 2015; Kitching et al., 2019; Monchalin, Smylie & Nowgesic, 2020). Systemic approaches to medicine in Canada have lacked Indigenous inclusion, and without voices, history, and understanding to contextualize the barriers to their health. Indigenous populations, communities, researchers, Elders, clinicians, and service providers have called for a strengths-based approach to care; inclusion and prioritization of Indigenous medicines, perspectives, and teachers; education to Indigenous history; and revision, inclusion, and community feedback of medicine and healthcare policy (Filion, Otasevic, & Turvey, 2022; First Nations Indigenous Governance Centre, 2020; Kennedy et al., 2022). Indigenous-led research has identified significant disparities in healthcare seeking and preventative care due to experiences of racism, leading more Indigenous peoples to seek emergency, rather than preventative and ongoing care (Snyder et al., 2024). These results are not unique, and continue to be found across Canada (McClane et al., 2022; Nerestant, 2021; Roach, 2023), leading to national calls for ensuring and advancing cultural safety in primary care centres (Assembly of First Nations, 2024).

The context of anti-Indigenous racism in primary healthcare is deeply rooted in historic and ongoing system discrimination (Barker, 2009; Loppie & Wien, 2022). FNMI peoples continue to face long-standing barriers to accessing equitable healthcare and practicing self-determination, resulting in significant health disparities (Barker, 2009; Loppie & Wien, 2022). Emboldened by social stratification, anti-Indigenous racism manifests in various forms within the healthcare system (Reading & Wien, 2009). There is both overt discrimination and covert biases which negatively influence patient care (Roach, 2023). Understanding and addressing these disparities in care is essential when considering the determinants of health for FNMI communities, especially considering the dynamics and stigmas which vary across populations (Inuit Tapiriit Kanatami, 2014).

To evaluate the various layers of determinants of health, Loppie & Wein (2022) provide key examples of proximal, intermediate, and distal determinants of health as root, core, and stem determinants for Indigenous health. By centring these specific determinants of Indigenous health, this work is grounded in a more holistic and culturally relevant set of

factors, aligning with traditional Indigenous values, views, and health approaches. Proximal determinants include individual-level interactions and factors such as agency, one-to-one communication, stereotypes, and health-seeking behavior. Intermediate determinants of health encompass institutional elements such as hospital policies, infrastructure, healthcare practitioners' education, resource allocation, and living conditions. These intermediate determinants are directly formed through distal determinants, which include broader system influences such as colonial ideologies, racism, white supremacy, paternalism, and the attempted displacement of Indigenous knowledge (Reading & Wien, 2009).

Understanding how systemic racism is entrenched in Western healthcare institutions highlights the need for transformative change in the way the healthcare system operates. Indigenous ways of knowing, being, and doing offer valuable insights into culturally appropriate care, self-determination, and respect. Rather than conforming to a colonial ideology of "integrating" Indigenous knowledges into a Western system, this scan aims to highlight the various Indigenous-led and operated cultural safety training programs and their evaluation metrics. By understanding the historical context and determinants of health, this environmental scan identifies effective strategies to mitigate anti-Indigenous racism, assisting in improving outcomes for FNMI. However, implementing cultural safety training programs is just the first step; evaluation and accountability tools to ensure meaningful, impactful change are crucial in assessing the ongoing implementation of ensuring culturally safe care.

"This environmental scan explores and analyzes existing programs and frameworks that aim to mitigate anti-Indigenous racism within primary healthcare services in Ontario at organizational, clinical team, and individual levels."

This environmental scan explores and analyzes existing programs and frameworks that aim to mitigate anti-Indigenous racism within primary healthcare services in Ontario at organizational, clinical team, and individual levels. The scope of this scan encompasses a comprehensive review of existing peer-reviewed and grey literature, policies, programs, and practices that address anti-Indigenous racism in healthcare settings.

The concept of cultural safety was developed by a Maori nurse, Irihapeti Ramsden, to analyze the specific needs of Indigenous patients (Ellison-Loschmann, 2003). A key component of cultural safety put forth by the Indigenous Primary Health Care Council is the dynamic movement from cultural awareness, to cultural competency, cultural sensitivity, and cultural humility as a (Brascoupe & Waters, 2009; IPHCC, n.d.). By understanding the current landscape of existing interventions, this scan seeks to inform implementation and evaluation strategies,

explore potential policy development, and address domains of efficacy that primary healthcare institutions can support.

In recent years, Indigenous cultural safety (ICS) training has transitioned from being an optional goal, to a mandatory, legally-enforced requirement. This shift is driven by the Truth and Reconciliation Commission (TRC) Calls to Action and the implementation of legislative measures such as the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP; United Nations, 2007), which underscores the necessity for healthcare institutions to commit to cultural safety training (Truth and Reconciliation Commission of Canada). When healthcare institutions cite these mandates in their strategic plans and yearly objectives, they aim to address system inequalities and improve the quality of care for Indigenous patients. However, understanding cultural safety as a continuous learning pathway that requires ongoing respect for diverse FNMI cultures is imperative, and does not come with a box to check off. If healthcare institutions believe that registering and finishing a cultural safety course suffices as a goal completed, they fundamentally misunderstand the foundation of cultural safety as patient-led evaluation. Cultural safety is an ongoing practice that must be continuously evaluated through the experiences and feedback of the patient (IPHCC, n.d.). True cultural safety maintains a commitment to ongoing and evolving learning, personal engagement and adaptation, and reflexivity.

Methods

This work is an environmental scan of both peer-reviewed and grey literature, compiling, reviewing, and exploring strategies that have aimed to increase knowledge of Indigenous colonial history and advance training and care efforts for primary care providers. In efforts to decrease anti-Indigenous racism in primary care settings, available training approaches, seminars, toolkits, and webinars for organizational, clinical, and individual care providers were reviewed and explored. Initially begun to look in Ontario, this scan was expanded to include national efforts due to availability of online training modules, national scope of Indigenous healthcare concerns, and in efforts of making Indigenous cultural safety training available and accessible.

The scan provides a descriptive summary of these resources, accompanied by an extraction table that charts and details key characteristics of the strategies or approaches. A qualitative discussion and review will be included from emerging research, reflections on clinical practice, and in supplementary materials gathered throughout this search.

Search approaches

Two primary questions guided the search and interpretative framework of this work. Firstly, we asked, *what cultural safety courses, toolkits, or supports currently exist in Ontario for primary healthcare providers who interact with Indigenous patients?* Following an initial review of the existing frameworks, and reflections from the researchers, a second guiding question was introduced: *are these frameworks effective,* and*, what existing frameworks for evaluation maintain the power of assessment to the patients?*

A comprehensive review of gray and academic literature was conducted to identify various active and ongoing cultural safety training programs and initiatives that expressed the goal of decreasing anti-Indigenous racism in primary healthcare settings. Initial review and search results were through academic clinical databases (e.g., JSTOR; others); broad search engines (e.g., Google); as well as through referenced training in academic references.

Peer-reviewed literature was included to explore existing evaluation of cultural safety, as well as understand the impact, longevity, and history of Indigenous cultural safety training and approaches. These findings offered limited evaluation metrics and highlighted both the successes and challenges of various strategies (Mashford-Pringle et al., 2023).

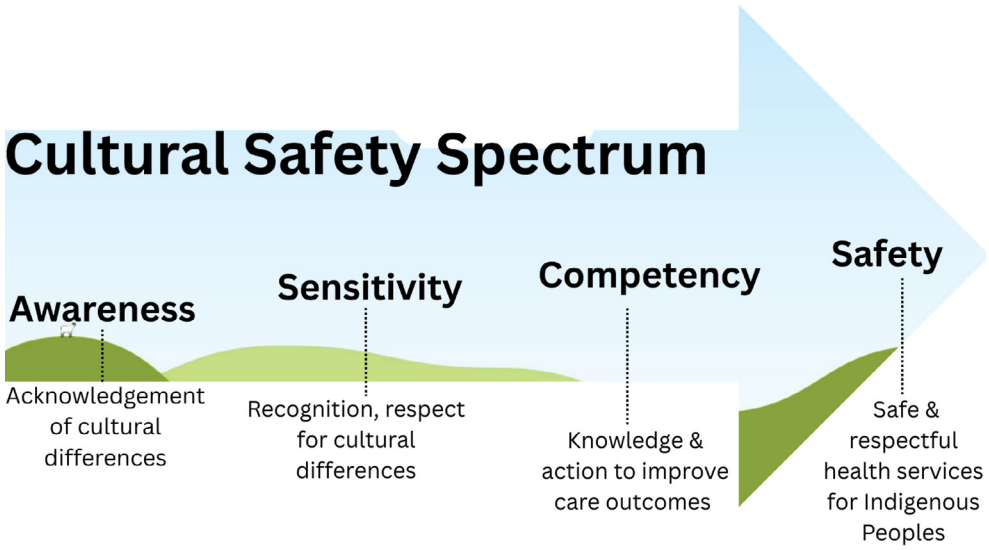
Review metrics

Each cultural safety program, toolkit, and webinar was initially assessed across the following dimensions: a) location of training; b) accessibility of training; c) format and delivery of training; d) application for clinical, primary, or institutional care, and additionally; e) content review and analysis of curriculum offered within, and across, programs.

Findings

Across the findings, the courses and information available fell across two metrics: the spectrum of cultural safety, and the scope of applicability to individual development, team-based application, and institutional/organizational change. The first metric explored the range of cultural safety, that is, from cultural awareness (e.g., awareness of cultural differences) to active practices that ensure and support cultural safety for Indigenous Peoples in healthcare settings (see Figure 1). The second metric of collected trainings assessed how this training offered supports, tools, and methods of cultural safety the range of applications for culturally safe engagement, from individual practitioners, to care teams, and organizations. The trainings found in this scan were reviewed according to the tools, learning content, and recommendations across ICS trainings for individual practitioners directly engaging with Indigenous patients; how clinical team approaches can support widespread ICS care; and how institutional and management-level ICS practices can challenge political barriers and build toward sustained, engaged Indigenous health collaboration. Detailed data extraction for each reviewed resource is provided in Appendix 1.

Figure 1. Cultural safety spectrum, adapted from Sylix Okanagan Nation Alliance (2017)



Towards cultural safety: Educational principles

Foundational to ICS trainings found in this scan were the principles of identifying biases; challenging stereotypes; and providing historical context of Indigenous colonial history in current healthcare settings (see Figure 2). Trainings that sought to cultivate cultural awareness and move learners toward cultural competency employed learning themes of:

- Identifying and understanding bias;
- Identifying and challenging stereotypes;
- Reviewing indigenous history;
- Understanding the current impacts of colonization to Indigenous healthcare systems and outcomes.

Figure 2. Foundational topics included in cultural awareness trainings. These support good earth to continue growing in one's learning journey.

However, these trainings did not include:

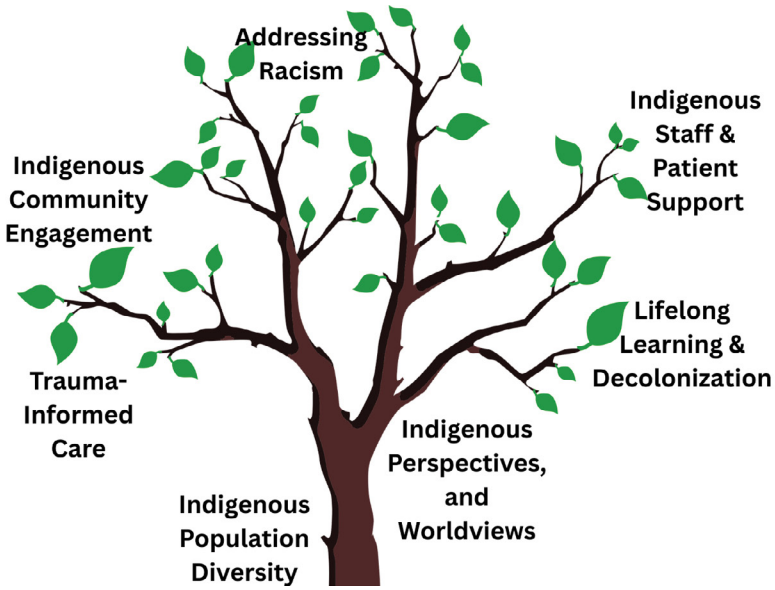
- Diverse understandings of the diversity of Indigenous populations, cultures, languages, traditions, and approaches;
- Specialized approaches in site- and occupation-specific tools;
- Community engagement;
- Tools for safe and effective communication.

While these are crucial first steps of recognizing how educational gaps impact implicit, explicit, and systemic biases, and their contribution toward healthcare treatments for Indigenous Peoples, they are ill equipped to most effectively assess meaningful changes in healthcare centres. While foundational knowledges are crucial in advancing equitable

change, without appropriate tools they can result in well-meaning, but underdelivering of effective change, and can be "especially vulnerable to the influence of intentional or unintentional bias, leading to 'the paradox of well-intentioned physicians providing inequitable care'" (Curtis et al., 2019, p. 1). Advancements toward enriched education as to the diversity of Indigenous cultures, nations, and healthcare approaches help to advance understanding and provide tools. As shown in Figure 3, these trainings build on the tenets of cultural awareness by:

- Identifying the diversity of Indigenous nations and populations (i.e., FNMI);
- Teaching and understanding Indigenous traditional perspectives toward health;
- Understanding and inclusion of Indigenous ceremony, culture, and community in healthcare;
- Tools, resources, and further resources to advance knowledge or refer outside of one's scope of practice or clinical application.

Figure 3. Branching knowledge and learning dimensions for culturally safe practices. As trees grow strongly in rich soil, initial foundations of cultural awareness support growth toward in-depth cultural safety principles.



Advancements toward cultural safety training for primary care staff were oriented across degrees of specificity for healthcare centres, most specifically, cultural safety training for **individual care practitioners, clinical teams, and organizations**. As reconciliation and decolonization requires multiple levels of engagement, assessment, and change, many trainings provided guidelines, templates, and frameworks for applying ICS trainings for practitioners, clinical care team approaches, and system-level supports to address all levels of non-Indigenous racism.

Fostering individual-level change for care providers

Most cultural safety programs available in this scan addressed individual-level education, with training skills, tools, and aims at transforming change addressing individual methods of engagement; individual-level care providers were offered the widest array of cultural safety trainings, including courses, toolkits, and webinars. Most trainings were provided cost- and barrier-free in the expressed interests of promoting widespread information on Indigenous health issues, and in keeping with many Indigenous cultural traditions of knowledge accessibility in order to encourage engagement and knowledge uptake for meaningful system change.

The training available for primary care providers typically offered benefit for practitioners working with Indigenous patients across a variety of healthcare domains. These approaches commonly employed a growth-based framework in which modules, cycles, or learning courses that continue to build on initial teachings through the course, moving from cultural awareness principles to in-depth understanding of Indigenous safety frameworks, health approaches, research perspectives, current impacts of health, as well as advanced metrics and understanding of Indigenous perspectives, ways of life, and understanding.

Typically employing a text-based approach through written modules, some trainings offer diverse teaching and learning perspectives, such as from: Indigenous voices; research, including rates of incidence of racism, staff perspectives of stereotypes, and need for Indigenous-driven health outcomes; articles detailing failures of healthcare services and consequences of Indigenous racism. Examples include Cancer Care Ontario (CCO)'s *Indigenous Relationship and Cultural Awareness Courses*, consisting of 13 self-paced modules that advance clinicians' understanding of Indigenous history, colonization, and its relationship to Western-based approaches and structures to determinants of health; later course modules advance Indigenous traditional perspectives, community health metrics, and political impacts to health via UNDRIP and TRC. Unique to this training, however, is the advancement of domains that assist Indigenous dimensions in healthcare systems, such as modules on health literacy; Indigenous cancer care and associated challenges; chronic disease prevention; environmental health, and pediatric oncology.

Additional toolkits for individual care providers are self-paced resources supporting healthcare providers, including the *Indigenous Allyship Toolkit* from Hamilton Niagara Haldimand Brant Indigenous Health Network, and the *It's Our Time: Education Toolkit* from the Assembly of First Nations, both offering self-paced resources addressing healthcare providers and supporting cultural protocols in hospital settings. San'yas trainings provide *core trainings*, ensuring a foundation of Indigenous history, perspectives on health, and current gaps, with additional trainings offered for more specialized training to areas of health, mental health, justice, foster care, and further advanced learning; advanced topics on health focused on the healthcare and health gaps impacts within

healthcare contexts; social and structural determinants of health; health equity; and skills and strategies in ICS in healthcare settings.

Webinars and media

A common method of engaging learning, as well as aligning with Indigenous narrative oral storytelling methods, employed webinar and media-based information sharing to illustrate Indigenous realities, histories, and perspectives; some trainings centred these webinar-based methods as a core teaching pinnacle for individual reflection. The *Unforgotten* film, and accompanying toolkit, was created to encourage viewers to reflect and discuss topics raised in the film, including colonialism and systemic racism in a group setting. The conversations that the toolkit fosters offer practices, questions, and discussion for supporting healthcare providers' reflexivity and tolerance for discomfort in discussing Indigenous realities and history.

Short and engaging animated videos like *Cultural Safety: Respect and Dignity in Relationships* from the Indigenous Health team of Northern Health BC, as well as *Compassion-Informed Care* from the National Collaborating Centre for Indigenous Health, offer insights into creating respectful relationships with FNMI peoples and communities. These videos introduce key concepts related to cultural safety and facilitate open conversation about people's stories and experiences.

Uniquely, the *Indigenous Cultural Safety Learning Series*, an Indigenous cultural safety webinar series presented from Indigenous and non-Indigenous clinical and research centres (Well Living House, Women's College Hospital Centre for Wise Practices, the Ontario Federation of Indigenous Friendship Centres, and the Centre for Addiction and Mental Health) employed listening as a key learning and knowledge uptake activity; while webinars are interactive through facilitated questions, traditional teachings and perspectives on cultural safety, reconciliation, and racism in healthcare settings, Indigenous voices, experiences, and burdens of racism are centred and uplifted for non-Indigenous viewers to learn from. These 19 webinars offer tens of hours of content from leading researchers; Traditional Knowledge Keepers, grandmothers, and grandfathers; and perspectives from 2-Spirit and Indigiqueer perspectives for non-Indigenous trainees to learn from free of cost. The benefit of this training is intended for wide service provider engagement and benefit across disciplines.

Narrative and case examples

Individual-level investment for primary care providers was offered in some of the trainings that provided narrative and case-study based reviews, including options and alternatives for engagement; methods and demonstrations of inclusions; safe methods of querying

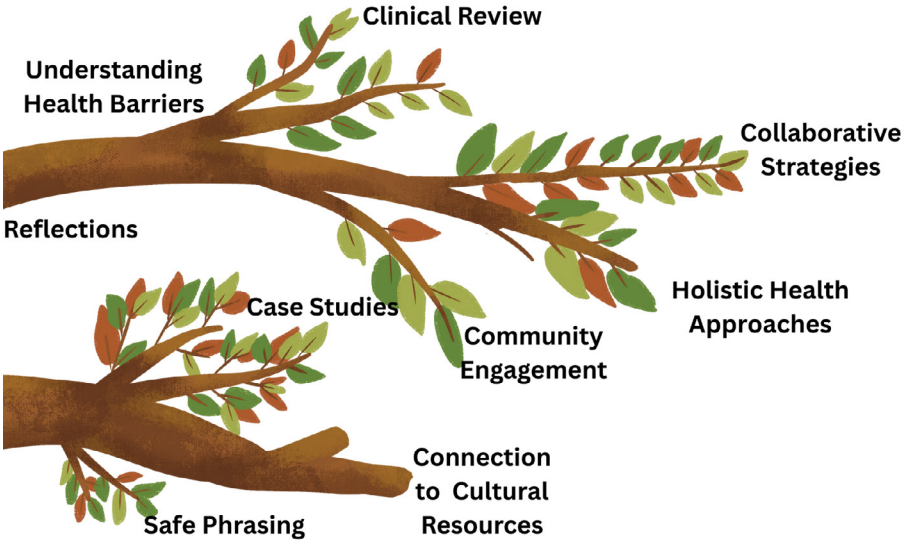
Indigenous identity; and real-life application of Indigenous cultural needs in practice (see Figure 4).

The Indigenous Health Network's *Indigenous Allyship Toolkit* employs segments that offer safe ways of communicating and querying Indigenous identity, care involvement, and safe methods of engaging that highlight community connections in Indigenous communities, awareness of broader family systems, and Indigenous identity in assisting to connect to additional resources within a safely modeled query to ensure connection, and minimize risks of concern of identification with a positive cultural approach, such as, "I'd like to be able to refer you or include any traditional supports available. Do you identify as Indigenous, First Nations, Inuit, Aboriginal, or Métis?" (p. 2, 2019).

The CanMEDS-Family Medicine: *Indigenous Health Case Study Compendium* from the College of Family Physicians of Canada presents case studies for review, including Indigenous perspectives on health and wellness; reviewing the diverse roles of physicians; instructions and options for community engagement, patient communication strategies, and perspectives of care engagement from patients' point of view, as well as connection with important sectors for care systems to assist in meeting healthcare gaps (e.g., Jordan's Principle). Additional strategies included ways of asking about identity; inquiring and involving community networks of support into patient care; and exploring discharge programs with patients.

Similar strategies in the *Towards Cultural Safety for Métis: An Introduction for Health Care Providers* from the National Collaborating Centre for Indigenous Health offers case examples for Métis patients, while challenging Métis stereotypes and illustrating the cultural distinction in care settings and presentations.

Figure 4. Methods of learning and ICS training assessment for primary care providers.



Assessing Knowledge uptake

Common methods across individual learning platforms to assess learning and retention included reflection questions, quizzes, completing definitions, or journal prompts for more detailed thought processes. These resources collectively contribute to fostering a more culturally safe healthcare environment for FNMI patients and encourages healthcare providers to seek out opportunities to learn, reflect, and engage; however, across training modules and Indigenous voices, the journey of Indigenous cultural safety is appreciated as a lifelong, ongoing process; foundational knowledge is essential, however, the ongoing need for understanding unique Indigenous cultures, histories, practices, and realities are crucial to be appreciated through an ongoing, lifelong process of decolonization and reconciliation. However, there still exists limitations in the longevity and meaningful impact of these trainings on change; as found in Australia, "although the evaluations of cultural training programs have shown positive impacts on attitudes, these have not led to sustained changes in either behaviours or practice" (Wylie, McConkey & Corrado, 2021, p. 316). To further explore methods of assessing personal bias, the Indigenous Health Network's *Indigenous Allyship Toolkit* includes appropriately challenging self-reflection prompts that includes an implicit bias association test, which appropriately confronts trainees with implicit bias to help their knowledge growing. Such assessments become increasingly crucial in reflection of the depth of taught principles and their translation to safe, effective behavioural change in clinical care proceedings. As some trainings, such as those provided by the CCO and San'yas, provide certification for the College of Family Physicians of Canada, accredited training and ongoing certifications should ensure appropriate translation of skills from historical, cultural, and theoretical understandings of Indigenous history into actionable, applicable, key interventions based on areas of care provision and specialty.

Advancing cultural safety training for clinical teams

Supporting safe centres

Clinical teams' cultural safety efforts and supports addressed collaborative ICS aims, most especially by maintaining team accountability in addressing witnessed racism or discrimination. The IHN's *Indigenous Allyship Toolkit* offers a structured, step-by-step format for addressing discrimination and racism in the workplace developed in research, such as asking individuals to reflect on the appropriateness of the context of the conversation; tone of voice, and delivery of corrected information; disagreeing with stereotypes and strategies for redirection, reflection, and supporting individuals that may be affected by racist comments in the workplace.

Additionally, ensuring safe team approaches through collaborative and community supports were promoted as beneficial for ongoing collaborative care and relationship fostering with local Indigenous communities. Examples of how to implement ICS principles of respect, trust, and self-determination in a team-based framework included efforts such as: connecting with local Indigenous communities and service centres; participate in local traditional practices, community gatherings, and ceremonies; practice trauma-informed care; facilitate community and patient engagement through strengths-based approaches and collaborative healthcare goals; and cultural humility in co-learning from Indigenous knowledge systems (IHN, 2019). The *Ne-iikaanigaana Toolkit* provided examples of blending Indigenous medicines and health perspectives into medical care rounds, such as inviting Indigenous Elders and knowledge keepers to provide teachings, insights, and guidance on holistic care models for clinical cases; additionally, educating staff on traditional medicines, salves, and food benefits supported helpful community-care team relationships that can support care continuation through discharge and followup care (2021). Such strategies for blended or hybrid care, bridging both Western and Indigenous systems, have widely been encouraged by Indigenous populations for decades; these are recommended in clinical practices by ensuring appropriate foundations of ICS are employed in individual workers, dedicated space, and ongoing training of Indigenous cultural perspectives, medicine engagement, and their prioritization in healthcare delivery; alongside supporting client access to traditional practitioners held in positive relationships with hospital or care settings.

Training for teams

Alongside team-based approaches employing outreach and ICS practices, available trainings that rose in the scan illustrated training for clinical teams, such as the Thunderbird Partnership Foundation's *Cultural Safety Toolkit for Mental Health and Addiction Workers In-Service with First Nations People*. This self-paced toolkit can assist workers to safely and effectively communicate with patients depending on their needs, however, building on the foundations of cultural safety to apply unique strategies, skills, and interventions for mental health workers; hybrid strategies of Western mental health approaches, alongside Indigenous holistic and spiritual supports, can foster a positive blend of mental health strategies to safely promote positive mental and cultural care in practice. The toolkit was developed through one of the renewal projects from the *Honouring Our Strengths* recommendations at the National Native Alcohol and Drug Abuse Program (NNADAP) Renewal Indigenous Knowledge Forum; this resource is described as being grounded in humility, providing toolkits to assist clinical teams in advancing their knowledge as well as having specific, care-based tools unique to teams' needs or areas of practice, and the unique approaches that can impact Indigenous patients.

Sustaining cultural safety for organizations and systems

In supporting and sustaining ICS, individual and team-based efforts are essential for maintenance with institutional, organizational, and systemic commitments. Across trainings and courses, systemic racism was identified as a pervasive barrier that perpetuated Indigenous racism, and demonstrated the embedded impacts of individual health outcomes by maintaining institutional barriers that block care teams' efforts for change, or impacting long-standing change. The Public Health Agency of Canada's *Indigenous Cultural Competency Learning Road Map* encourages managers and teams to discuss the growing levels of understanding on topics, and pathways toward educational development and depth; by collaborating and discussing mutual growth, positionality, awareness, and influence on policy will support progress toward safe Indigenous engagement and relationships (2023).

Table 1. Review of institution-level ICS suggestions and options across trainings.

Institutional and management level	Indigenous cultural safety engagement
Policy	Flexible, prioritized Indigenous medicine use; long-term Indigenous prioritization and engagement; mandating of Indigenous cultural safety training for all staff
Leadership	Indigenous cultural safety training for hospital management; Indigenous community leaders as health leadership members
Space	Indigenous centres, spaces for medicine use; Indigenous language signage; Indigenous decor and artistic representation
Community outreach	Centre presence and engagement with Indigenous community centres, service providers, and leadership
Indigenous Traditional Knowledge	Long-standing relationships; teaching and connection with medicines, traditional foods; availability of recommendations for ongoing holistic care
Human resources	Indigenous capacity building; Indigenous employment and onboarding efforts; Indigenous safe complaint systems and feedback implementation
Data management systems	OCAP® supports; Indigenous community oversight and protection
Patient engagement	Patient-centred supports; trauma-informed care

Individual and clinical team efforts toward meaningful ICS change can only go as far as institutional changes support them; ICS trainings promoted the importance of organizational and institutional systems supporting long-term, invested efforts into ICS policies, relational building, and sustained investments in Indigenous collaboration and inclusion. Recommendations for ensuring meaningful and effective change for healthcare systems are summarized in Table 1 and also include methods to engage leadership in ICS strategies, as well as ways of assessing positive proof of change at institutional levels. Suggestions included that leadership and management levels of primary healthcare systems participate in individual-level and reflective ICS training to ensure foundational understanding of Indigenous health, history, and healthcare challenges, as well as awareness of how institutional barriers perpetuate individual healthcare outcomes; lack of space for Indigenous medicine use, or strict protocols prohibiting ceremonies such as smudging, continued barriers of lack of representation and understanding of Indigenous realities and healthcare approaches. *Ne-iikaaniganaa's* toolkit addressed and supported the inclusion of spaces as system-level ICS supports, as well as fostering fundamental partnership and collaboration, as demonstrated through: Ownership, Control, Access and Possession (OCAP®) principles for data and healthcare information; human resource-level investments into hiring, staff capacity, and outreach; invitation of Indigenous community leaders to hospital leadership to co-create and evaluate healthcare outcomes and decision-making; involvement of Indigenous communities and organizations through strategic planning; and commitments to institutional principles and values. Institutional-level management can support and enforce levels of decor, signage, and language representation that promote positive Indigenous representation and support individual patient care. The Canadian Institute for Health Information's *Measuring Cultural Safety in Systems* explored themes of assessing ICS in outcomes of health system interventions; patient experiences; capacity to provide appropriate and quality care; and goals of systems. Such outcomes involved co-created health outcomes and reviewing death and mortality rates, health and disease prevalence in populations, as well as creating and safeguarding systems of patient responsivity (i.e., feedback and complaint systems); safe relationality and client-oriented, accessible care (e.g., patients' expression and receipt of trust, respect, reciprocity, and clear communication; CIHI, 2021).

Long-term, ongoing collaboration is sustained by systemic and institutional-level commitment and engagement, demonstrated at patient and community representation in decision-making; policy-level enforcement of staff ICS training and education; sustaining capacity within the organization; fostering accountability and power direction for incorporation of traditional medicines and approaches reflected at all levels of patient care and hospital engagement (Indigenous Health Network, 2019). *Ne-iikaaniganaa* demonstrates a model of community-specific successes for successful partnerships

between care centres and local communities that includes intersections of cultural safety, humility, self-determination, and equitably resourced connections, of which cultural safety is a key part, alongside aspects such as common vision; attention to significant issues; engagement driven by choice; and executive support (2021). Queen's University's *Indigenous Healthcare Education and Practice: A Community-Led and Community-Informed Collaborative Initiative* builds toward cultural safety in healthcare settings and intersections of education, rooted in TRC Calls to Action as actionable strategies within healthcare practice through continuous learning, community engagement and involvement, and practical application of learned cultural safety principles.

Discussion

For primary healthcare professionals in Ontario, there are numerous training strategies available aimed at decreasing anti-Indigenous racism in primary healthcare settings. Whether these programs are implemented at organizational, clinical teams, or individual levels, each fosters an opportunity for foundational learning of Indigenous history in Canada, alongside growth, reflection, and proposed collaboration with FNMI communities and leaders. The different cultural safety training programs can be applied to diverse audiences within primary healthcare, which can include nurses, social workers, mental health community workers, and physicians, with ranges in their cost, time commitment, and evaluation metrics. Many programs are self-paced, offering flexibility around working schedules and educational uptake, and common provincial focus in Ontario and British Columbia.

This research highlights three important themes for decreasing anti-Indigenous racism in primary healthcare services: a need for an integrated approach; the value of community-led initiatives; and the underscoring of continuous learning.

These programs highlight three important themes when it comes to decreasing anti-Indigenous racism in primary healthcare services: a need for an integrated approach; the value of community-led initiatives; and the underscoring of continuous learning. The need for an *integrated approach* is important as it is the combination of elements from different programs that will assist in a well-rounded and comprehensive understanding of the various aspects of cultural safety for diverse communities. *Community-led initiatives* support the place-based need of working with culturally-focused FNMI peoples in their local communities and environments, prioritizing unique community needs, health barriers, and specific cultural practices; this will always be the most pertinent in order to foster community-focused, reflexive care to communities' needs, and allows FNMI peoples to share relevant knowledge and information about themselves. Lastly, an emphasis on *continuous learning* is imperative to all cultural safety training programs and toolkits.

While the foundation of cultural safety is in fostering foundational historical knowledge on the reality of Indigenous experiences, the impact of colonization, and identifying and addressing systemic impacts in primary healthcare settings, one key element crucial in person-based change is in empathy, a commitment to lifelong learning, and reflexivity; such principles require *cultural humility* in not only learning about other cultures, but "humbly acknowledging oneself as a learner when it comes to understanding the lived experience of another" (First Nations Health Authority, n.d.).

When a primary healthcare provider is appropriately equipped with skill-specific approaches of cultural safety, builds on appropriate historical context into informed practices and ongoing learning, Indigenous safety in healthcare spaces may begin to be fostered; however, ongoing work to understand, address, and actively work to correct implicit and covert biases, taught stereotypes, and educating of Indigenous realities are additional layers of meaningful self-reflection and commitments to co-creating safe clinical spaces. In addressing these educational, cognitive, personal, and political foundations, safe structures can be supported to implement key safe patient interactions.

However, it is crucial to appreciate that *knowledge* of Indigenous cultural safety and application of appropriate skills for healthcare interactions fundamentally vary based on the individual's lived experience; depth of engagement with the training; integration and reflection; and introduction, practice, and application of skills relevant to their practice are of greatest importance. Positive relationships, committed and actionable reconciliation, and sustained personal and institutional trust building are key dimensions that need to be prioritized within the healthcare system.

Across metrics of cultural safety, diverse clinical spheres of ICS implementation, and proposed models of Indigenous engagement and care, all collected ICS frameworks in this scan employ a host of perspectives, tools, learning strategies, and templates to one goal: the creation of healthcare systems that practice safe, respectful engagement FNMI populations and communities. Countless strategies that apply ICS principles into wise practices strove to address the systemic dehumanization of Indigenous Peoples by cultivating conscious awareness of FNMI histories; create reflection into how the ignorance of colonial genocide perpetuates bias, stereotypes, and assumptions; foster compassionate understanding for the personal impacts of colonial forces; and draft respectful, autonomous engagement in their own care outcomes. As ICS trainings become increasingly mandated and more widely available, it will be crucial that their delivery, efficacy, and specificity of training be continually assessed and guided by Indigenous voices and researchers to address further ICS interventions; for example, "the [emergency department] is a hotbed for discrimination and unequal care … I think it's really just because First Nations patients will come to us, as do other people, when they're at their worst in terms of crisis" (McClane et al., 2022, p. 5), as witnessed by the tragic and senseless deaths of Joyce Echaquan, Brian Sinclair, and still unnamed others (McCallum, Lavoie, Big Canoe & Browne, 2021). However, it is simply inhumane to rely on the publicized deaths of Indigenous Peoples in healthcare centres to guide system change; further tools must be employed for expedient action.

Policy as a tool

As Canadian policy was instrumental in impacting domains of Indigenous health and well-being, policy is well appreciated by Indigenous communities as a necessary level of addressing the overwhelming gaps faced by populations in order to address inadequacies and imbalance in care directions. Policy implications addressing anti-Indigenous racism in healthcare training should not only underscore the imperative need for consistency in learning for healthcare providers (e.g., policies ensuring education of Indigenous history is required curriculum), but also substantive education that addresses the key biases that underlie racist assumptions.

Indigenous community voices have advised that mandated Indigenous training should be ongoing to ensure appropriate and thorough uptake of colonial realities, their impact, and presentation in care systems, as well as appropriate integration through empathic engagement and reflections for individuals and applications in their settings (Wylie, McConkey, & Corrado, 2021). Given that mandatory training policies already exist, an extension to this approach would be to ensure consistency and recurrent training through standardized protocols and ongoing accreditation. Routine, ongoing engagement would contribute to existing frameworks and hospital strategic goals meant to elevate the standard of care from primary healthcare professionals. Governments and hospitals are recommended to allocate funding that supports their healthcare workers, and recognizes the financial and time commitment that this type of learning requires.

Lastly, integrating cultural safety as a core component of healthcare education is imperative; embedding Indigenous health into a foundational curriculum for healthcare workers allows the material and style of learning to become normalized, rather than supplementary. This would facilitate fostering an environment where cultural safety, appreciated as a personal and political continuum of learning, is seen as standard. However, important across the Indigenous health literature is a call for policymakers to also engage in Indigenous cultural safety training and include Indigenous communities in the creation of policies in order to ensure appropriate uptake and integration of practices, and receive feedback from communities themselves on how policies impact their lives (Gabriel, 2023).

Patient-led evaluation

There were minimal studies that assessed the uptake of learning outcomes that demonstrate efficacy. While participant self-report may promote ingrained learning and moving subject matter, the degrees to which such trainings translate to actionable change is still evolving and unfolding. To ensure the effective implementation and access of cultural safety initiatives within broader healthcare institutions, it is imperative to

establish evaluation metrics that focus on staff performance. An increasing call for evaluation metrics and assessment of the application of such training programs, and uptake into regular clinical practice beyond self-report by care providers, has risen in the literature (Hardy et al., 2023); these calls to ongoing patient care cultural safety programs rise, however,

> ...despite all the new training, reports of inappropriate care of Indigenous patients leading to preventable harms is unfortunately still very common ... The problem is trying to figure what type of training will actually make a positive difference for Indigenous patients. There is commonly a disconnect between clinician self-assessment and what Indigenous patients are actually experiencing. (Smylie, 2024, in unityhealth.to)

The reference to clinician self-assessment in the uptake and application of knowledge cultural safety training is a crucial underpinning of self-paced training. While flexible and available to clinicians' schedules, it may be difficult to assess the quality and integrity of applying tools to care, and, most especially, the quality of care provided should be ensured and attested by the patient themselves. Challengingly, this creates a unique gap in assessing the quality and safety without leaving Indigenous patients vulnerable to additional experiences of racism, even if the clinician alleges improvement; racist experiences, which may have moved from overt to covert based on settings, willingness to engage, awareness of biases, or practices of skills can still perpetuate help-seeking harm.

At the time of writing, there exist some methods of evaluating staff training efficacy: performance reviews through institutions, and Indigenous patient feedback. Tools such as the Indigenous Cultural Safety Evaluation Checklist as written by Mashford-Pringle et al. (2023) can guide such evaluations. Rather than a tool for FNMI patients, healthcare institutions can use this checklist for healthcare professionals' performance review. This checklist calls for regular assessments of training programs to integrate self-reflection and historical knowledge to address different aspects of the cultural safety continuum which include: awareness, sensitivity, competency, and safety (Mashford-Pringle et al., 2023). While an evaluation metric for the institution is important, it is not sufficient on its own, rather it should work alongside a patient-led feedback mechanism.

Smylie and team (2024) developed a novel method of assessing clinician uptake of Indigenous cultural safety training in healthcare settings employing Indigenous actors to participate in an unannounced Indigenous standardized patient visit (UISP), seeking help and requesting medications; initial findings found that those clinicians that had completed either intensive training (e.g., San'yas training) or a brief, one-hour intensive cultural safety training "increase the likelihood that standardized patients would highly recommend trained clinicians to a friend or family member" (Smylie et al., 2024, p. 7).

Such research found this standardized practice feasible for implementation and assessment in clinical care settings, without detection of actors being used, and highlights the importance of personal positive experience in seeking healthcare alongside relational connection and recommendation (Smylie et al., 2024). Additional patient feedback platforms, such as focus groups, talking circles, and patient surveys can offer patients the opportunities to provide insight and feedback on factors that influence positive and negative interactions; however, it is also important for patient confidentiality to be maintained in disclosure or concerns not impacting care (e.g., safe and confidential feedback systems). Creating a feedback loop is a vital tool in refining and maintaining cultural safety and decreasing anti-Indigenous racism, as well as continuing to monitor and address both overt and covert experiences of racism.

Although each training program varies in certification and accreditation (with some having none at all), frequent community assessments should be required to provide certifications. Having community members provide "completion" certifications, ensures accountability from the training program and the trainee. These community assessments would engage with Elders and Knowledge Keepers; forming community advisory boards would facilitate feedback circles for the assessment of training programs. Additionally, these community advisory boards can engage in ongoing environmental scans of healthcare institutions. The members can evaluate physical spaces, signage, materials, and visibility; this also addresses equity in the healthcare system. By addressing equity and sharing power within the hospital system, healthcare organizations facilitate inclusive and empathetic environments. By uplifting and supporting community advisory boards, the hospital will be working towards cultural safety principles. These engagement efforts provide a unique framework that supports accessibility, implementation and evaluates the ongoing effectiveness of cultural safety training. This style of ongoing engagement embodies culturally safe practices of listening and trust.

The Canadian Institute for Health Information brings forth another potential framework for measuring cultural safety in health systems. In proposing a framework, the organization emphasizes the importance of Indigenous-led approaches built on trust and partnership for Indigenous data sovereignty (pg. 4, Canadian Institute for Health Information, 2021). Measuring cultural safety in health systems inescapably involves Indigenous patients and evaluators. It is imperative, during all forms of evaluation, to engage with community members of diverse Nations to establish why, where, and how data is being stored and by who. FNMI peoples are the most equipped to appropriately identify where quality improvement efforts should be focused. Measuring and reporting the cultural safety of practitioners and institutions as a whole is best placed in the hands of FNMI people who receive that care.

The proposed framework by the Canadian Institute for Health Information comprises four categories: health systems interventions (i.e., policy from the human resources departments, complaints processes, and other available training programs); experiences of health system (i.e., respect, identity, equity, and reciprocity); health system performance (i.e., practitioners and systems being responsive, accessible, and sustainable); and health and wellness outcomes (i.e., subjective definitions of well-being, function, and health conditions that will greatly vary between FNMI communities; Canadian Institute for Health Information, 2021). These four categories are relevant to the majority of aforementioned strategies to decrease anti-Indigenous racism, prominently in cultural safety training and policy development. This proposed framework demonstrates that working towards culturally safe health system interventions will facilitate safer patient experiences; educated, integrated policy; and prevention of patient disengagement and facilitated care relationships, improving health outcomes, and, ultimately, better system performance and population health. This framework also highlights a pathway for hospitals to integrate evaluation metrics based on qualitative patient feedback, not just quantitative data.

Conclusion

This scan has highlighted various cultural safety training programs accessible to organizations, clinical teams, and individual practitioners that practice in Ontario, or such trainings available to them. For primary healthcare services in Ontario, the opportunity to learn, listen, and change for the improvement of Indigenous health outcomes exists. The solutions to decreasing anti-Indigenous racism already exist within the FNMI communities, FNMI research, community partnerships, and cultural practices that must lead this work. It is the responsibility of leadership within healthcare institutions and individual providers to: seek out and participate in learning opportunities for themselves and their staff; explore bridges of collaboration with Indigenous community service providers; and continue to deepen, reflect, and engage with Indigenous realities on an ongoing basis. A central component of this learning continues to be reflected in the need and value of cultural humility, which fosters meaningful personal change, and supports appropriate actions and ongoing learning.

One key element raised in this search was the efficacy of such programs, a query raised by researchers, teams, and, most crucially, patients themselves. Policy-level implementation and increasing calls to address training in primary care centres continue to be important, however, ensuring culturally appropriate, skill-building care is foundational to avoid further care failures, and appropriate, meaningful integration of anti-Indigenous education and training. Personal demonstrations of cultural humility and safety practices are necessary; however, ensuring cultural safety and humility on systemic, political, and structural levels remain to be seen. As primary care staff are marked in their excellence in ensuring top of the line lifesaving care and crisis intervention, these authors can think of no better population that would be more committed to ensuring their skills, practices, and approaches are based on scientific rigour, use of best tools, and are substantiated by research. Policy, research, and – the most crucial dimension of ensuring appropriate directions in cultural safety training efficacy – Indigenous community feedback and directions are of the most value in informing and improving these practices.

The pillars necessary for creating safe environments for Indigenous health to thrive require providing the necessary education and depth of knowledge of Indigenous colonial history in Canada; fostering meaningful reflection and change; educational and institutional co-direction with Indigenous leadership, Elders, and community members; and ongoing feedback from patients themselves.

These authors also reflect on their roles in working within the urban Indigenous community of Toronto, both providing and listening to community experiences of care. In this capacity, non-Indigenous researchers often request further information, collaboration, or support in integrating Indigenous cultural safety into their work, however, often report feeling challenged by finding the steps and framework to do so. Avoidance of cultural harm can stymie action, even good action, without ongoing learning, Indigenous community and Elder feedback, and discussion to support co-direction and development. Implementation of tools with guiding frameworks, skills, and feedback of ongoing skill development are instrumental and crucial in ensuring the safety of practice; just as cultural safety is an ongoing learning process, implementation of culturally safe skills should be supported by spaces of feedback and support, or further referral. Alongside community feedback loops, it's important to have discussion circles with care providers to have staff receive direct feedback on behaviour while minimizing risk to patients or for further consultation and refinement of practice.

While available frameworks for ongoing cultural safety training exist, it is clear that the pillars necessary for creating safe environments for Indigenous health to thrive require: providing the necessary education and depth of knowledge of Indigenous colonial history in Canada; fostering meaningful reflection and change; educational and institutional co-direction with Indigenous leadership, Elders, and community members; and ongoing feedback from patients themselves. Evolving Indigenous education is essential to ensuring safe, equitable healthcare.

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Appendix 1. Extraction table

Item	Resource name	Organization affiliation	Geographic basis	Pacing
Toolkits and webinars	A Cultural Safety Toolkit for Mental Health and Addiction Workers In-Service with First Nations People	Thunderbird Partnership Foundation	Provincial (ON)	Self-paced
	Training Themes & Learning Outcomes: Implementing practices, tools, reflections, and videos across learning domains of cultural humility, reflection, awareness, competency, reciprocity, safety; exploring the spectrum of cultural safety; Indigenous history, colonialism, and Western vs. Indigenous cultural differences; emphasis on lifelong learning, exploring personal and institutional dimensions of care. Tools: Critical reflections; challenging assumptions; quizzes; videos and reflection questions; observable vs. unobservable cultural models			
	CanMEDS-Family Medicine: Indigenous Health Case Study Compendium	The College of Family Physicians of Canada	Federal	Self-paced
	Training Themes & Learning Outcomes: Indigenous histories, perspectives, teaching of health approaches; call to physicians to work across roles (family medicine expert; communicator; collaborator; leader; health advocate; scholar; professional). Learning aims are to demonstrate, challenge, and discuss unsafe care; broaden skills and knowledge for primary care providers (physicians, medical trainees); and employ skills for patient and political care. Employs patient narratives, perspectives, history, holistic psychosocial assessment, and key learning points. Tools: case studies across roles; physicians' vs. patient experiences and impacts; suggestions for addressing efforts via community engagement and impact.			
	Cultural Safety: Respect and Dignity in Relationships	Indigenous Health team of Northern Health BC	Provincial (BC)	One-time use
	Training Themes & Learning Outcomes: Brief video illustrating Indigenous colonial history, impacts, and fosters healing relationships; fostering cultural safety; practicing cultural safety in action; employing cultural humility to foster appropriate skills and unlearning previous assumptions.			
	Indigenous Allyship Toolkit	Hamilton Niagara Haldimand Brant Indigenous Health Network	Federal	Self-paced

Item	Resource name	Organization affiliation	Geographic basis	Pacing
	Training Themes & Learning Outcomes: Collection of resources, exercises to promote critical awareness, cultural safety, and allyship in personal and professional settings; support Indigenous colleagues and challenge anti-Indigenous racism. Creation of principles and wise practices for individual and institutional use to care for Indigenous Peoples; knowledge and understanding of bias; recognizing and addressing discrimination; responding to stereotyped comments; resources for further exploration. Tools: self-reflection questions; identification steps for addressing racism and discrimination; implicit bias tests.			
	Indigenous Cultural Safety Collaborative Learning Series	Well Living House, WCH Centre for Wise Practices, Ontario Federation of Indigenous Friendship Centres, CAMH	Provincial (ON)	Ongoing
	Training Themes & Learning Outcomes: Ongoing webinars intended for any individual working with Indigenous Peoples across various settings. Nineteen webinars focus on understanding, exploring, addressing, anti-Indigenous racism by highlighting Indigenous voices (Elders, grandmothers and grandfathers; 2-Spirit Peoples; researchers, educators) in describing their perspectives, experiences, and impacts of racism on diverse dimensions of health and well-being. Healthcare centres, education, policy, organizations, and transforming systems among topics included. Holistic focus on health and well-being; self-reflection of Indigenous land connection; historical impacts of weaponization of healthcare. Tools: webinars; oral storytelling tradition; listening as learning.			
	Measuring Cultural Safety in Health Systems	Canadian Institute for Health Information	Federal	Self-paced
	Training Themes & Learning Outcomes: Defining racism, cultural safety, measuring cultural safety in systems; establishing a framework to guide assessment and measurement of cultural safety in health centres; scope of importance of health outcome, measurements, and community wellness outcomes. Drawing on Indigenous patient experience to guide health system performance by reviewing health system interventions, assessment of interventions, and experience in services. Themes explored actions, experiences, capacity, and goals of health systems to support safe, responsive, client-focused care for Indigenous patients, with clear communication and respect; Indigenous involvement in leadership, policy, planning, and recruitment; representation in spaces; addressing policy, accessibility, and sustainability in institution and health outcomes.			

Item	Resource name	Organization affiliation	Geographic basis	Pacing
	Ne-iikaanigaana Toolkit 'All Our Relations'	Indigenous Primary Health Care Council	Federal	Self-paced
	Training Themes & Learning Outcomes: organizational guidance on supporting, creating, and cultivating cultural safety; addressing systemic racism through strategies of Indigenous partnership, education, wholistic care, culture, and self-determination; provision and review of tools, templates, models, strategies for engagement for teams, services, systems, and institutions with community engagement. Demonstrations of good practice; blended models of co-created care; supporting safety in interactions, communities, and organizations; traditional engagement in care provision and understanding; structures of support across all aspects alongside ongoing evaluation. Tools: models; templates; guides; suggestions of blended practice; reflection questions; models of practice (2021).			
	PHAC Indigenous Cultural Competency Learning Road Map	Public Health Agency of Canada	Federal	Self-paced
	Training Themes & Learning Outcomes: Establishing pathways of deepening learning on six knowledge pillars (Indigenous Peoples of Canada, culture & general learning; historic and systemic impacts and responses; treaties and Indigenous rights; reconciliation; Indigenous ways of knowing and concepts of health; and Indigenous engagement and relationships) with four levels of knowledge fostering depth, direction, and understanding for organizations in their own learning journey. Aims: paving a guided way of learning and sequential learning; building toward learning goals and ICS goals; assist in reflection; identify team-based interventions and learning goals. Levels of competency and associated descriptions, including how to employ core concepts and principles (e.g., entering communities with respect; working with sharing circles; designing culturally safe programs; implementing Indigenous-designed policy).			
	The Unforgotten Toolkit	The Unforgotten Film	Provincial (ON)	Self-paced
	Training Themes & Learning Outcomes: Watching The Unforgotten, a film created to address Indigenous inequities, support reflection, consideration, compassion, and close health gaps. The accompanying toolkit provides a strategy for safe engagement (e.g., emotional support for individuals learning Indigenous history and discomfort in learning about genocide), review of Indigenous perspectives on health, the impact of systemic racism in healthcare, as well as steps for engagement, change, reflection, and ongoing learning. Tools: answering questions; reflections; identifying types of racism, and exploring examples of explicit and implicit; exploring need for policy; additional learning resources; glossary of terms and aspects of racism (Canadian Medical Association, 2021).			

Item	Resource name	Organization affiliation	Geographic basis	Pacing
	Towards Cultural Safety for Métis: An Introduction for Health Care Providers	National Collaborating Centre for Indigenous Health	Federal	One-time use
	Training Themes & Learning Outcomes: Understanding cultural safety spectrum; identification and in-depth teachings and understanding of Métis peoples; Métis population facts; importance of cultural awareness of Métis realities and experiences; five identified patient scenarios, with perspectives without, and with cultural awareness; challenging assumptions; tips for Métis-focused cultural awareness. Tools: clinical scenarios; review of literature, perspectives, facts, and content.			
Training programs and courses	Nbisiing Indigenous Cultural Competency Training	Nbisiing Consulting	Provincial (ON)	6-hour in-person, 4-hour in-person or 4-hour virtual
	Training Themes & Learning Outcomes: Through a style of sharing circles, these courses encourage meaningful conversations around Indigenous Nationhood, history, treaties, the contemporary impacts of colonialism, and sharing wise practices. Course topics are broken in to two parts. Part 1) includes an introduction to smudging, protocol around Sharing Circles, treaties, the Indian Act, residential schools, what trauma-informed means, and Truth and Reconciliation Calls to Action. Part 2) focuses on culture, strength, resiliency, Anishnaabe Culture, Medicine Wheel teachings, Seven Grandfather teachings, working with Indigenous Peoples, bias, allyship, Two Row Wampum and 8th Fire teachings.			
	Indigenous Cultural Competency Training	Ontario Federation of Indigenous Friendship Centres	Provincial (ON)	Training in 4 cycles
	Training Themes & Learning Outcomes: Four learning cycles that build on Indigenous health understanding and concepts; Cycle 1) explores foundational knowledge for safe Indigenous engagement across sectors and safe relationships; Cycle 2) explores ongoing, current issues that impact Indigenous peoples; Cycle 3) understanding and learning treaties, Indigenous political sovereignty and governance, and Indigenous perspectives; Cycle 4) addresses culturally-based frameworks for organizational supports, reconciliation, and institutionfocused development for cultural competency for frontline workers, management, and levels of governance (OFIFC, 2025).			

Item	Resource name	Organization affiliation	Geographic basis	Pacing
	Indigenous Healthcare Education and Practice: A Community-Led and Community-Informed Collaborative Initiative	Queen's University	Provincial (ON)	Self-paced
	Training Themes & Learning Outcomes: Seven modules and perspectives that explore dimensions of Indigenous culture, health, and domains that influence both; Module 1) Historical perspectives of Indigenous Peoples in Canada and implications for health outcomes; 2) biases, racism, and discrimination in healthcare; 3) Indigenous ways of knowing and healthcare; 4) healthcare rights; 5) healthcare services; 6) culturally safe healthcare; 7) intersections between education and healthcare. These modules offer definitions of dimensions and systems of racism; provide videos illustrating cases and addressing them in-depth; inclusion of research demonstrating experience and existence of bias in healthcare system; traditional engagement in care (e.g., land, activism, culture); Indigenous access, gaps, healthcare services, and power imbalances; barriers for Indigenous Peoples accessing and entering education; as well as policy barriers. Tools: reading content; videos; research integration; reflection questions with growth-based educational content in modules.			
	Indigenous Relationship and Cultural Awareness Courses	Cancer Care Ontario	Provincial (ON)	Self-paced, 13 modules
	Training Themes & Learning Outcomes: Thirteen courses that include: 1) culture, diversity, colonization, determinants of health; 2) Indigenous history and political governance; 3) cultural competence in healthcare; 4) Indigenous health services and governments; 5) Indigenous knowledge and traditional health; 6) Indigenous community health services; 7) health landscape of Indigenous people; 8) Indigenous cancer care and challenges; 9)TRC and UNDRIP; 10) health literacy; 11) chronic disease prevention; 12) pediatric oncology; 13) environmental health. This training is certified and provides credits for College of Family Physicians of Canada training.			
	It's Our Time: Education Toolkit	Assembly of First Nations	Federal	Self-paced
	Training Themes & Learning Outcomes: Six lessons address overviews of Indigenous health; 2) impacts of colonial contact; 3) treaties; 4) Indian Act; 5) residential schools; and 6) cultural competency, developed over 22 lessons therein; a comprehensive teacher's guide accompanies the kit for implementation into learning and knowledge uptake for educational engagement. Each lesson comes with accompanying student lesson outcomes; resources, webinars, theatre options, questions, and teaching outlines; as well as additional resources.			

Item	Resource name	Organization affiliation	Geographic basis	Pacing
	San'yas Anti-Racism Indigenous Cultural Safety Training Program	Indigenous Health department at the Provincial Health Services Authority	Federal	Self-paced, 6-10 hours
	Training Themes & Learning Outcomes: Provision of both core and advanced levels of training, and specified across provinces. Offered to Indigenous, mixed, and non-Indigenous groups, with refreshed curriculum every two years. In Ontario, the curriculum is designed to "strengthen knowledge, awareness, skills for working in service provision, and safe work, with Indigenous peoples and communities; considering role in correcting, rebuilding and transforming systems to uproot Indigenous-specific racism" (2025). Advanced training is specified to build on core training, such as Bystander to Ally: Allyship in action, and health, mental health, and enhanced health, with workers covering clinical service providers and levels of management to administrators. This training is accredited by professional development sectors such as The College of Family Physicians of Canada; University of British Columbia's Continuing Professional Development, Faculty of Medicine.			

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