



IMPLEMENTING ANTI-RACISM FOUNDATION & STRATEGY (SYSTEMIC & INDIGENOUS-SPECIFIC)

2024 - 2027

First Nations and Métis Health in partnership with
Organizational Development and Employee Wellness

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“As we focus on combatting racism, it is not sufficient to simply equip ourselves with knowledge and tools. We must take action in ways we know will be meaningful in addressing all barriers and disadvantages.”

~ Ian Shugart, Former Clerk of the Privy Council and Secretary to the Cabinet, 2021

SHA Actively Promotes Anti-Racism

Systemic racism is a persistent problem in Canada. No government, sector or organization is immune. Now is our time to act.

It is up to all of us at the SHA to uncover, challenge and reject all forms of racism, discrimination, prejudice and hate. In particular, Indigenous specific racism has pernicious roots in our history and requires related but unique approaches. While deliberate action is required to prevent or to interrupt any display of racist behaviours or actions, this work prioritizes an approach that provides the knowledge and tools to enable a response that is respectful and effective. This is essential to advance a culture of safety and continuous improvement and embrace belonging, diversity and inclusion as fundamental to nurturing healthy workplaces that contribute to better outcomes for patients, families and communities. Such an environment contributes to safe spaces for all workers in health care to do their important work.

Racism can be tackled through strategic actions that build the organization's capacity to mitigate acts of racism by changing policies, process, and practices; shifting the way we work and interact; cascading the knowledge, tools and training throughout the system; and measuring and monitor progress to achieving desired results. Efforts to disrupt systemic racism must include real and meaningful responses to prevent and stop ongoing incidences of Indigenous-specific racism, acknowledgement of harms, and the pursuit of healing and reconciliation.

What is Anti-Racism?

Anti-racism is the deliberate act of opposing racism and promoting a society that is thoughtful, inclusive and just. Anti-racism is the practice of identifying, challenging, preventing, eliminating and changing the values, structures, policies, programs, practices and behaviours that perpetuate racism.

Systemic Racism can be addressed through purposeful action taken to identify and address inequities that are built into services, systems and structures or caused by hidden biases that disadvantage racialized people. For many Indigenous Peoples and racialized communities, this results in unequal access, poorer outcomes and negative experiences with public services such as education, healthcare, child welfare and policing.

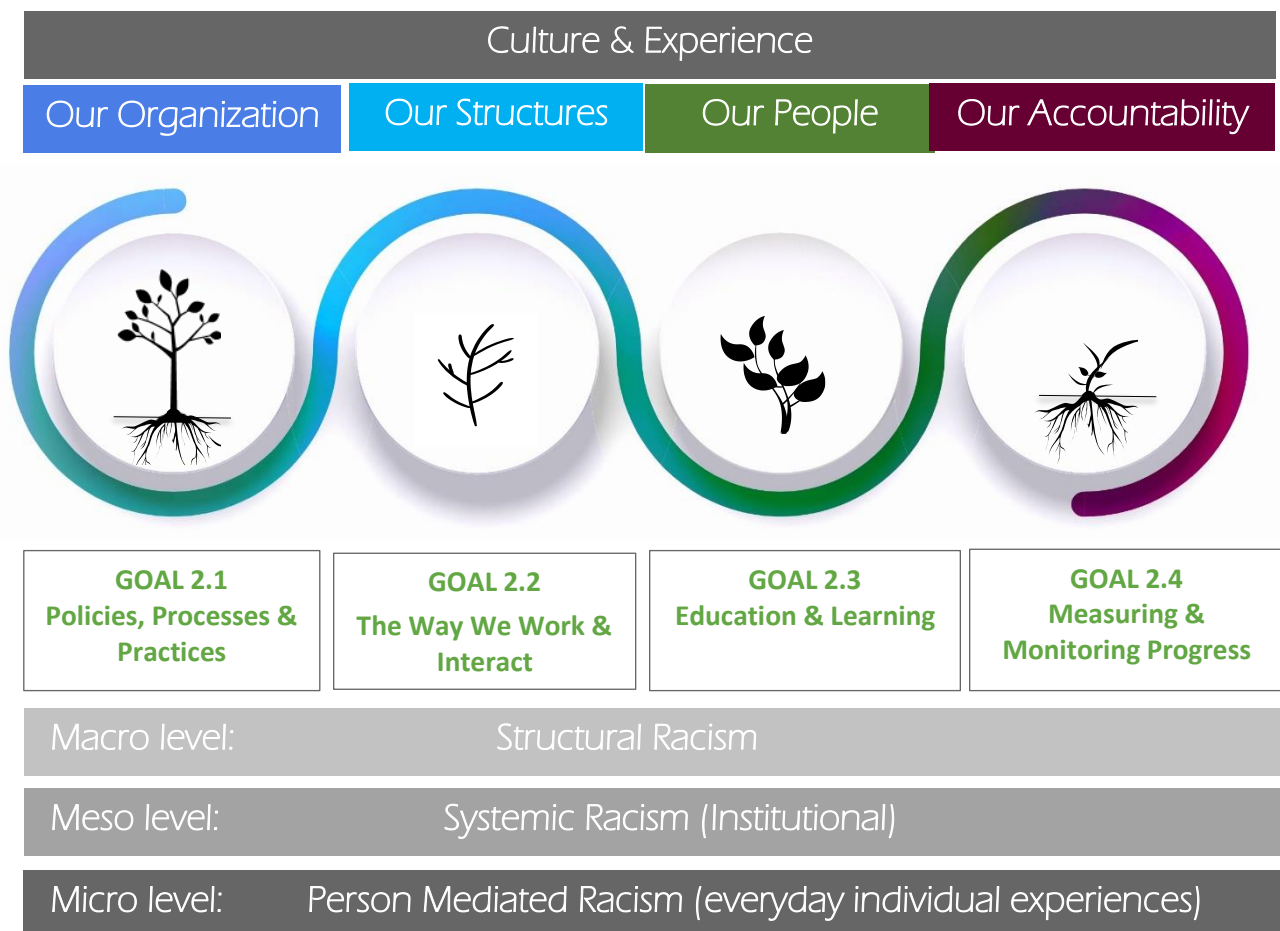
Indigenous-specific Racism, experienced by many First Nations and Métis peoples today, is the unique stereotyping, bias and prejudice that exists about Indigenous peoples in Canada. Rooted in the history of settler colonialism, the entrenched structures, processes, words and actions continue practices and experiences of discrimination that results in unequal access, poorer outcomes, power imbalances, inequity, mistrust and negative experiences with public services such as education, healthcare, child welfare and policing.

<p>Racial Discrimination = ground(s) of discrimination (race) + discriminatory action + negative impact on you</p>
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Primary Objectives:

1. Outline the SHA Anti-Racism Foundations, inclusive of both systemic and Indigenous-specific racism.
2. Align the SHA Anti-Racism Foundations and Strategy with the Belonging, Diversity and Inclusion (BDI) Framework.
 - a. Pillar 2, one of the four pillars of the BDI Framework, is *Acknowledge & Address Systemic and Indigenous Specific Racism*.
3. Outline a targeted multi-year action plan (2024-2027) that supports SHA Roadmap priorities and deliverables, particularly:
 - a. Support and improve physical, psychological, environmental and cultural safety and wellbeing of health-care workers and physicians
 - b. Recruit, retain and train health human resources to meet current and future healthcare needs.
 - c. Improve health outcomes and experiences for First Nations and Métis people

SHA Anti-Racism Strategy Foundation



Racism in theory is thought to operate on 3 levels:

- Macro level: Structural Racism
- Meso level: Systemic Racism (Institutional)
- Micro level: Person Mediated Racism (everyday individual experiences)

Macro level - Structural Racism: refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values and distribution of resources (Bailey et al. p.1453)

Meso level - Systemic Racism (Institutional): Within an institution or organization, the ways multiple systems interact to assert racist policies, practices, procedures, beliefs, and behaviours about people in racialized groups that cause harm. The institutions, norms, and actions interact to influence health, equitable access, and health outcomes (Dean & Thorpe, p1523).

Micro level - Person Mediated Racism (everyday individual experiences): defined as “prejudice and discrimination” (Jones, p. 1212), person mediated racism is supported when allowed and flourishes when structural and systemic systems manifest the racism within the institution or organization.

The SHA Anti-Racism strategy will primarily focus on the meso level – systemic racism (institutional) though reflects the 3 levels of racism which are interconnected and influence each other, that need to be addressed simultaneously in a system-wide strategy (See Appendix A.).

In addition, an environmental scan of existing Anti-Racism frameworks revealed **7 core components** common to all:

1. Leadership
2. Embed in systems
3. Patient provider communication
4. Care delivery and support
5. Training and workforce diversity
6. Engagement
7. Measures and indicators

All core components are addressed within the SHA Anti-Racism Strategy.

The application of the foundation, core elements and associated actions will differentiate and vary recognizing the different history and experiences of different racial and ethnic groups.

The SHA BDI Framework and Anti-Racism Strategy highlights the SHA’s recognition that racism is an issue that has surfaced time and again. More importantly, it signals the intention to engage with anti-racism initiatives in a way that supports parties involved in person-mediated racism; the embedding of anti-racism into our structures, processes, and norms; improving our learning, unlearning and relearning in this area and strengthens accountability for this work. In essence, it supports SHA in upholding anti-racism values and practices to improve the culture and experience for all.

The Anti-Racism Foundation & Strategy reciprocally influences:

- SHA Values (CARES) – Compassion, Accountability, Respect, Equity, Safety—and Philosophy of Patient and Family Centred Care
- Commitment to the Truth and Reconciliation Calls to Action on Health, #18 to #24, signed in 2019
- Belonging, Diversity and Inclusion Framework
- SHA Safety Plan – particular focus on Psychological Health & Safety and Cultural Safety
- Our Commitment to Each Other: Patient Rights and Responsibilities
- Builds on the awareness created by the SHA SCORE™ Survey and the Anti-racism Action Program (ARAP) surveys and recommendations.

The Anti-Racism Strategy, nested within the SHA Belonging, Diversity and Inclusion Framework supports:

- Accreditation Canada governance standards addressing systemic racism and Indigenous-specific systemic racism (see Appendix C. for more detail)
- The United Nations Declaration on the Rights of Indigenous Peoples’ rights to health and freedom from racism and discrimination, in alignment and acknowledgment of “the cultural determinants of health such as land, language, ceremony and identity, which are essential to the health and well-being of Indigenous peoples.” (UN Permanent Forum, Eleventh Session (2012).
- The United Nations Declaration of Human Rights (1984) and the Canadian Human Rights Act (1985). In Canada, human rights are protected by federal, provincial and territorial laws. Everyone in the world is entitled to the same fundamental human rights. There are [30 of them](#), in fact. They are the universal human rights that we, as citizens of this world, have agreed we are all entitled to. They include the right to live free from torture, the right to live free from slavery, the right to own property, and the right to equality and dignity, and to live free from all forms of discrimination.

Appendix A. Action Plan 2024-2027 - Indigenous Specific Anti-Racism

Note: The Indigenous-specific Anti-racism action will be nested within the overall BDI Framework Action Plan

Goal 2.1: Our Organization – Policies, Processes & Practices

- Influence and promote evidence based change processes, policies, guidelines, standards to embed anti-racism as the organizational culture.
- Ensure that the organization includes Indigenous voices in change processes and mitigation efforts.
- Alignment to the Health Calls to Action

Year	Actions/deliverables	Cross-functional Collaboration
2024-25	Create Indigenous-specific Anti-racism Policy for SHA and review congruence with other policies/guidelines	FNMH, Policy, Ethics, S&L, PHO, HR
2024	Engage and partner with FNM patients, families and communities on Indigenous-specific Anti-racism initiatives and improvement discussions.	FNMH, CIHR, other
2024-27	Engage Unions in discussions to combat Indigenous-specific racism	FNMH, Unions, WPES

Goal 2.2: Our Structures – The Way We Work & Interact

- Our Structures Influence and promote evidence based change processes, policies, guidelines, & standards - embedding anti-racism as part of the organizational culture.
- Indigenous voices add strength to our actions and commitment to Anti-racism.

Year	Goals	Cross-functional Collaboration
2025-27	Communications to support the alignment of AR documentation, etc. SHA wide	Communications, FNMH, OD-L&D
2024-27	Promote anti-racism for internal communications. Presentations, public facing communications, and publications	
2025	Create a competition between departments to gain resources to develop projects and approaches that address racism and bias	Communications, FNMH, other
2024-27	Invite Indigenous leadership/Health Directors in Indigenous-specific Anti-racism efforts and to provide direction where needed	FNMH

Goal 2.3: Our People – Education and Learning

- To foster learning and provide education - that will engage, influence, inspire collaboration and uptake of leading strategies and initiatives throughout the SHA with the aim to address bias, discrimination, racism to promote equitable, culturally responsive and safe care.

Year	Goals	Cross-functional Collaboration
2024-27	Focus on Indigenous-specific Anti-racism Training for frontline/ point of care staff in 2024 – 2027	FNMH Strategy & Innovation
2024-27	Partner with Human Resources/WPES	WPES AR Trainers
2025	Enhance LEADS with anti-racism tools and resources	FNMH Strategy & Innovation
2024-25	Create accessible resources to support learning and education	FNMH Strategy & Innovation

Goal 2.4: Our Accountability – Measuring & Monitoring Progress

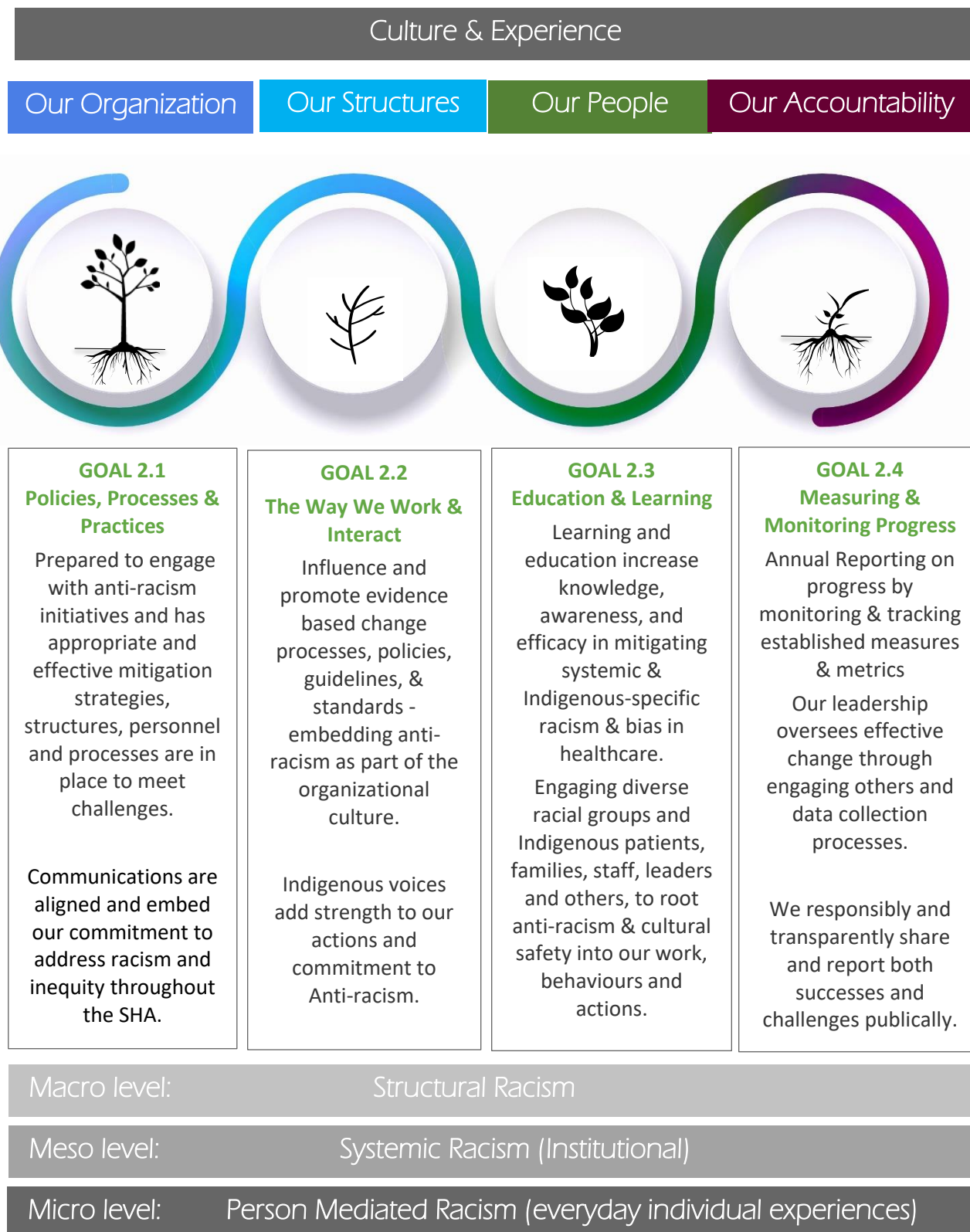
- Annual Reporting on our progress by monitoring & tracking of our Indicators and measures.
- Our leadership oversees our change processes through effective data collection processes.
- We are accountable and we report our successes and challenges publically.

Year	Goals	Cross-functional Collaboration
2024	SLT/ELT to create a process to oversee and monitor progress on the Indigenous-specific Anti-racism Action Plan.	FNMH, SLT/ELT
2024-2027	Collect data and monitor accessibility to health services for the underserved, and link to monitoring cultural safety and Indigenous-specific Anti-racism.	FNMH, PHO, EHealth/AIMS

Appendix B. Accreditation Canada – Governance Standards 5.0 & 6.0

5.0 Addressing Systemic Racism		BDI Strategy & Framework (2024-25)
5.1	The governing body ensures the organization provides culturally competent and safe care, including addressing systemic racism within the organization.	
5.1.1	The governing body uses a recognized framework for acknowledging systemic racism.	✓
5.1.2	The governing body implements an action plan, in partnership with community partners, to address systemic racism in the organization.	✓
5.1.3	The governing body provides its members with education and continuous learning on cultural safety and humility and systemic racism.	✓
5.1.4	The governing body ensures the organization's policies reflect cultural safety and humility practices and encompass the culture and rights of the communities receiving services from the organization.	✓
5.1.5	The governing body monitors its action plan for addressing systemic racism.	✓
6.0 Addressing Indigenous-Specific Systemic Racism		
6.1	The governing body ensures the organization provides culturally competent and safe care, including addressing Indigenous-specific systemic racism within the organization. Note: This subsection applies to organizations serving Indigenous communities and populations.	
6.1.1	The governing body uses a recognized framework for acknowledging Indigenous specific systemic racism.	✓
6.1.2	The governing body implements an action plan, in partnership with Indigenous partners, to address Indigenous-specific systemic racism in the organization.	✓
6.1.3	The governing body provides its members with education and continuous learning on cultural safety and humility and Indigenous-specific systemic racism.	✓
6.1.4	The governing body ensures the organization's policies reflect cultural safety and humility practices and encompass the culture and rights of the Indigenous peoples and communities receiving services from the organization.	✓
6.1.5	The governing body monitors its action plan for addressing Indigenous-specific systemic racism.	✓

Appendix C. SHA Anti-Racism Strategy Foundation - Overview



Appendix D. Acronyms

CEC – Community Engagement and Communications

CMO – Chief Medical Office

FNMH – First Nations and Métis Health (SHA portfolio)

HIO – High Impact Organizational Goal

ODEW – Organizational Development and Employee Wellness (SHA portfolio)

PCE – Patient and Client Experience (SHA portfolio)

SHA RM – Saskatchewan Health Authority Road Map Goal

SMA – Saskatchewan Medical Association

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