Appendix A – SAFE for Health Institutions Project's social accountability standards that address racism.

How do the social accountability values of … equity help guide the health institution to understand and act on its local context?

Cultural safety and accommodations for socio-demographic context are considered in the health institution's activities health care service delivery, research and education.

The health institution has anti-racism processes that addresses the impact of racism, systemic racism, discrimination and inequity in all its activities.

Examples of anti-racism action that the health institution has taken to address inequity, racism, systemic racism or discrimination in its activities.

How is social accountability embedded in the health institution's governance structures?

There is an anti-racism process to address systemic racism in governance.

Does the health institution's resource management reflect social accountability and its values?

Resources are dedicated to foster a culturally safe health institution that accommodates for socio-demographic context, that promotes equity and to address systemic racism and discrimination.

Does the health institution support a health workforce and leadership team that can realize its social accountability mandate?

The health institution's human resource plans maintain a health workforce and leadership team that has the skills needed for the delivery of high-quality, culturally safe health care that accommodates for local socio-demographic diversity and who have the competencies and skills needed to address the priority health needs, social needs and health inequities of those the health institution serves, with a focus on the competencies and skills required to help those who are marginalized, underserved and that experience health inequity.

The unique clinical skills, competencies and qualities that promote culturally safe care and that can address the different, local socio-demographic contexts are emphasized.

The desired socio-demographic, ethnic, cultural, gender and regional diversity of the health workforce and leadership team mirrors that of those the health institution serves, inclusive of the diversity of those who are marginalized, underserved or who experience health inequity.

There is a process to address allegations of racism or discrimination within the health workforce and leadership team.

The health institution addresses the effects of systemic racism or discrimination in its human resource plans.

There is a comprehensive, interprofessional, continuing professional development (CPD) program to develop the clinical skills needed for the delivery of high-quality health care; foster cultural safety and an understanding

of local socio-demographic diversity; and, develop the competencies and skills needed to address the priority health needs, social needs and health inequities of those the health institution serves, with an emphasis on the competencies and skills required to help those who are marginalized, underserved and that experience health inequity.

The CPD program's activities integrate: the socio-demographic, ethnic, cultural and regional diversity of those the health institution serves, inclusive of the diversity of those who are underserved, marginalized and who experience health inequity; the effects of personal biases, power, privilege, oppression and racism in health care.

Incentive for promotion is tied to: delivery of health care services that account for cultural and socio-demographic context.

Recognition, from key stakeholders and those the health institution serves, that the health workforce and leadership team: are culturally safe and account for local socio-demographic context; promote equity and are free from individual acts of racism.

Do health care services reflect social accountability and address the priority health needs, social needs and the health inequities of the patients, populations and communities the health institution serves?

Cultural safety and relevant, local socio-demographic context is integrated into health care service delivery.

The health workforce provides health care services that integrate inter-professional skill sets to address health, socio-demographic, cultural based needs and any other apparent needs.

Health care services are driven by equity and accessible to everyone free from concerns of racism, systemic racism or discrimination.

Does the health institution's research program support its social accountability mandate?

The health institution has research standards that include: culturally safe research that accounts for a variety of socio-demographic contexts;

Does involvement with health professional education programs support the health institution's social accountability mandate?

Educational activities address cultural safety and teach about the local cultural and socio-demographic contexts.

Equity, racism, systemic racism, discrimination and their effect on health is incorporated into learning activities.

Learners are assessed for: cultural and socio-demographic understanding of those the health institution serves;

Can the health institution influence key stakeholders, the health care system, social support resources and other sectors of society to adopt social accountability and address the priority health needs, social needs and health inequities of those they also serve?

The health institution has helped key stakeholders, the local and broader health care systems, social support resources and other sectors of society optimize their activities in health care service delivery, education and

research to: address cultural safety and account for socio-demographic contexts; increase equity and address racism, systemic racism and discrimination.

Has the health institution's response to the priority health needs, social needs and health inequities of the patients, populations and communities it serves had an impact?

The interventions intended to reduce the socio-demographic, cultural, systemic racism or other discriminatory barriers to health care services have been effective.

Recognition from key stakeholders and those the health institution serves that health care services are relevant, culturally safe, account or socio-demographic context, are of high-quality, equitable and free from racism, systemic racism and discrimination.

SAFE for Health Institutions Project's (working) Key Definitions:

Anti-racism: is the act of confronting racism and implementing anti-racist interventions – a critical component of cultural safety.

Cultural safety: is providing services and a safe space that is free from racism, discrimination and where those who access services are supported to draw strengths from their identity, culture and community, which is incorporated into their care and the health institution's activities. Alternatively, culturally unsafe practices are those that diminish, demean or disempower the cultural identity and well-being of an individual. Cultural safety builds on cultural awareness (the acknowledgement of difference), cultural sensitivity or humility (respecting the difference) and cultural competency (the skills and attitudes of the provider). It requires analysis of power imbalances, privilege, racism, systemic racism and colonial relationships as they apply to the activities of the health institution and the delivery of its health care services, its research and educational activities.

Equity (key value): the quality of being fair and just in providing opportunity or assistance to all patients, populations and communities. The degree of opportunity made available or the degree of assistance offered should directly relate to a given patient's, population's or community's specific needs or abilities to access services. Health care services are the right of everyone, not just the privilege of a few and must be delivered free from racism, systemic racism and discrimination of any kind. Equitable, not equal, opportunities for health gains must be available to everyone.

Quality (key value): refers to comprehensive health care services that are optimized for the expectations of those the health institution serves, their socio-demographic contexts, their cultural contexts and that satisfy accreditation and expected professional standards.

Marginalized: it is a social location characterized by social isolation or exclusion that results in being overlooked, misrepresented, categorized and the treatment of that person or group as insignificant, peripheral or not belonging. This could include individuals or groups of different gender, sexual orientation, physical abilities, refugees, immigrants, individuals experiencing homelessness, those affected by colonialism, systemic racism, etc.

Racism: the belief that people can be categorized into races that are superior or inferior to one another. The process of imprinting false, generalized, negative or derogatory characteristics to all members of that particular group while ignoring the unique, individual characteristics of a person. It is expressed knowingly or unknowingly as outright hatred, intolerance, prejudice or hostility that translates into oppression. It includes overtly or covertly interpersonal or individual acts of racism; and, includes systematic discrimination based on institutional

policies that shape the distribution of money, power and resources that control the social determinants of health.

Social Determinants of Health: generally speaking, the social determinants of health include income and income distribution; education; unemployment and job security; employment and working conditions; early childhood development; food insecurity; housing; social exclusion/inclusion; social safety network; health services; indigenous status (or colonialism); gender (or sexism, misogyny and discrimination based on sexual orientation); race (or racism); disability (or ableism). The social determinants of health reflect the conditions in which people are born, grow, live, work and age, how it affects their health and are mostly responsible for health inequities.

Systemic Racism: is racism that is rooted in policies, processes and political actions that create and/or reinforce discrimination against a racialized group.