

INDIGENOUS CULTURAL SAFETY:

*An environmental scan of cultural safety initiatives
in Canada - Chapter 10: Cultural safety initiatives
in Nova Scotia*



National Collaborating Centre
for Indigenous Health



Centre de collaboration nationale
de la santé autochtone

CULTURAL SAFETY AND RESPECTFUL RELATIONSHIPS

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INTRODUCTION

The focus of this chapter is on cultural safety initiatives in Nova Scotia that have been identified as part of the wider environmental scan. In keeping with the change model proposed by Greenwood (2019), this includes structural-level actions, such as legislation, tripartite and bi-lateral partnership agreements, as well as policy initiatives aimed at promoting cultural safety, humility, and anti-racism in health service delivery through, for example, advancements in Indigenous self-determination over health care planning, design, and delivery. System-level responses by national Indigenous and non-Indigenous organizations with a health mandate are also considered, and include strategic action plans, position statements, professional competencies, and practice standards and guidelines. The final sections provide an overview of cultural safety educational resources and training initiatives developed by Indigenous and non-Indigenous organizations and governmental departments.

A note to the reader: In 2017, the federal government replaced Indigenous and Northern Affairs Canada (INAC) with two new departments, Indigenous Services Canada and Crown-Indigenous Relations and Northern Affairs Canada, to reflect its commitment to reconciliation.

LEGISLATION

Government of Nova Scotia

An Act to Provide for Health Authorities and Community Health Boards, 2015

This legislation set up a system of four zones, each with volunteer Community Health Boards (CHBs), and Health Authorities. The CHBs provide a mechanism for engaging with communities and integrating local perspectives into health services planning and policy development.

<https://nslegislature.ca/sites/default/files/legc/statutes/health%20authorities.pdf>



PARTNERSHIP AGREEMENTS

Tripartite¹ partnerships

Government of Canada, Nova Scotia, and Mi'kmaq

Mi'kmaq – Nova Scotia – Canada (MNSC) Framework Agreement, 2019

The Government of Nova Scotia has been working with the Mi'kmaq and the federal government towards an accord that will reconcile the respective rights and interests of the Mi'kmaq and set out how they will exercise these constitutionally protected rights respecting land, resources, and governance.

<https://www.rcaanc-cirnac.gc.ca/eng/1100100031915/1529422708421>

Mi'kmaq – Nova Scotia – Canada Tripartite Forum Memorandum of Understanding, 1997

This MOU commits the parties to developing a mechanism for jointly discussing, investigating, and negotiating measures that are mutual concern.

<https://tripartiteforum.pinwheeldesign.ca/wp-content/uploads/2017/12/MNSC-TF-MOU.pdf>

Bilateral² partnerships

Government of Canada and Nova Scotia First Nations and other partners

Memorandums of Understandings (MOUs) related to Primary Health Care Transition Activities

Several MOUs were signed with First Nations communities related to the Aboriginal Primary Health Care Transition Fund activities. For example, an MOU was signed in 2008 between the five Cape Breton First Nations, the District Health Authorities, First Nations and Inuit Health Branch, and other partners regarding the provision of services during a pandemic emergency (Tui'kn Partnership, n.d.). These types of MOUs focus on how communities can be supported in identifying their health needs and experiences, and how health services can be planned and delivered differently.



¹ For the purposes of this report, tripartite activities are defined as involving any number of entities from both the federal and provincial/territorial governments plus any number of entities from Indigenous organizations or the health sector.

² For the purposes of this report, bilateral activities are defined as involving any number of entities from either the federal and provincial/territorial governments (but not both), plus any number of entities from Indigenous organizations or the health sector.

POLICY AND PROGRAM RESPONSES

Tripartite policy responses

Government of Canada, Nova Scotia,
and Mi'kmaq

Mi'kmaq-Nova-Scotia-Canada (MNSC) Tripartite Forum, 1997 -

The MNSC Tripartite Forum was formed in 1997 to strengthen relationships and resolve issues of mutual concern affecting Mi'kmaq communities. The Forum is “committed to working in open-minded relationships” and “in good faith to build a strong and healthy Mi'kmaq community that will benefit all Nova Scotians” (MNSC, 2018, n.p.). It uses a consensus decision-making process and has seven working committees, including one in Health, that develop annual work plans and have accountability measures.

<https://cmmns.com/program/tripartite-forum>

Exploring Health Priorities in First Nations Communities in Nova Scotia, 2008

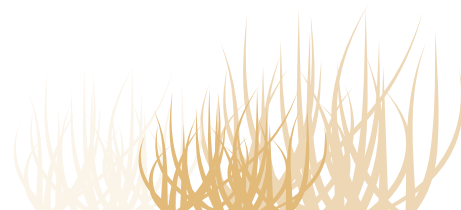
Undertaken by the MNSC Tripartite Forum, this report builds on 2005 work to identify Mi'kmaq people's health priorities, needs and challenges for the report, “Providing Health Care, Achieving Health” that was submitted to inform the National Aboriginal Health Blueprint. The report was intended to serve as a tool for planning First Nations health in Nova Scotia and was based on engagement with First Nations community members and health system partners.

<https://tripartiteforum.pinwheeldesign.ca/wp-content/uploads/2017/12/2TFReportLow.pdf>

Government of Canada, Nova Scotia, and
Nova Scotia First Nations

Tripartite Working Group for reforming Indigenous child and family services, 2018

As part of six commitments made by the Government of Canada that came out of an Emergency Meeting on Child and Family Services held in January 2018, Nova Scotia established a tripartite working group that meets regularly to discuss issues related to reforming Indigenous child and family services (ISC, 2020).





Government of Canada, Nova Scotia, and
Tui'kn Partnership (Cape Breton First Nations)

Strength in Numbers Project and the Mi'kmaw Client Registry

A partnership involving the federal and provincial governments with the Tui'kn Partnership, which represents the five Cape Breton First Nations, the Strength in Numbers project aimed to improve access to reliable population health information that can be used to inform evidence-based decision-making. The project resulted in the creation of the Mi'kmaw Client Linkage Registry, a community-owned, locally designed, registry that links status card information from Mi'kmaw people to provincial data sources to provide First Nations with better health surveillance data. As a result of the project, data sharing and data use authorization agreements were executed with relevant partners; a service level agreement was executed between First Nations and Medavie Blue Cross to house the Registry; a Mi'kmaq Health Indicator Framework was developed with communities; and health information partnerships were developed with 10 provincial health programs and units.

- <http://www.tuikn.ca/wp-content/uploads/2021/02/Overview-of-the-NSMCLR-Jan-2021.pdf>
- <http://www.tuikn.ca/current-initiatives/news-story-title>





Bilateral policy responses

None identified.

Provincial responses

Government of Nova Scotia

All Together: An Action Plan for Diversity and Inclusion in the Public Service 2019 to 2024

This Diversity and Inclusion Strategy builds on the foundation set by the Raising the Bar: A Strategy to Increase Diversity and Inclusion in the Public Service (2014-2018). It sets new standards for diversity and inclusion in the Nova Scotia public service and stipulates that leaders will receive training to build cultural competence and guidelines will be developed to help managers effectively recruit and hire more Indigenous Nova Scotians.

<https://beta.novascotia.ca/sites/default/files/documents/1-1540/action-plan-diversity-and-inclusion-public-service-2019-2024-all-together-en.pdf>

Raising the Bar: A Strategy to Increase Diversity and Inclusion in the Public Service, 2014-2018

The first of its kind for the Government of Nova Scotia, this four-year strategy, resulting from a collaborative effort, aimed to set a new standard for diversity and inclusion in Nova Scotia's public service (Government of Nova Scotia, 2019). The strategy included establishing a new director of Corporate Diversity and Inclusion, implementing guidelines to support transgender and gender-variant employees, adding psychological health and safety to occupational health policies, implementing a Diverse Hiring Panel program, and creating the Positive Spaces program of allies to support gender diverse employees. The strategy also included plans for implementation, evaluation, compliance, and communication. However, the strategy does not directly address diversity in the context of Indigenous Peoples.



Mental Health and Addictions Strategy
Advisory Committee, Department of
Health and Wellness

***Come Together: Report and
Recommendations of the Mental Health
and Addictions Strategy Advisory
Committee, 2012***

In 2010, a Mental Health and Addictions Strategy Advisory Committee was appointed to provide recommendations for addressing local and system-wide challenges within mental health and addictions service systems in Nova Scotia (Legislative Assembly of Nova Scotia, 2012). The Committee undertook a lengthy consultation process involving focus groups with targeted populations, including First Nations. This report presents findings and recommendations for change that were derived from this consultation process.

Nova Scotia Department of Health and
Wellness (NS DHW)

***Program to Fund Mental Health and
Addiction Initiatives in First Nations
Communities, 2020***

In 2020, the DHW provided one-time mental health and addiction funding grants of \$50,000 to each of the 13 Mi'kmaq First Nations, as well as the Native Alcohol and Drug Counselling Association and the Mi'kmaq Native Friendship Centre (NS DHW, 2020). The grants supported community-based initiatives that would be culturally appropriate and safe.

***Blueprint for Mental Health and Addictions:
Building on Success for Improved
Access, Integration, and Continuum of
Care 2019- 2021***

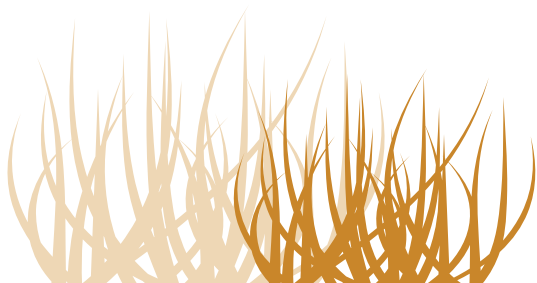
This document extends the 5-year Together We Can mental health and addictions strategy, continuing commitments made in key areas of focus for improving mental health and addictions outcomes among Nova Scotians over the period 2019-2021 (Legislative Assembly of Nova Scotia, 2021). Actions were identified, including those specific to First Nations communities, in three areas of improvement: access to services, integration, and continuum of care.

***Nova Scotia Adolescent Withdrawal
Management Guidelines, 2013***

Cultural competence, safety, and humility are imbedded throughout these guidelines for adolescent withdrawal management through:

1. the adoption of a cross-cultural framework,
2. establishment of 'cultural safety' as a goal for practitioners,
3. identification of stepping stones in a process towards cultural safety founded on cultural humility,
4. identification of barriers to culturally safe practices, and
5. presentation of ways to promote cultural safety across diverse cultures and genders.

**[https://novascotia.ca/dhw/addictions/
documents/Adolescent-Withdrawal-
Management-Guidelines.pdf](https://novascotia.ca/dhw/addictions/documents/Adolescent-Withdrawal-Management-Guidelines.pdf)**



Give Us Wings Project, 2012-16

Funded by Health Canada's FNIHB Health Integration Services Fund, the "Give Us Wings" project was a three-year partnership among the 13 Nova Scotia First Nations, the Nova Scotia DHW and the NSHA that aimed to integrate provincial mental health and addiction services into First Nations community-based services (NS DHW, 2019). This project was an important part of ensuring culturally safe and appropriate services through the training and development of mental health and addiction caregivers working in First Nations communities.

Together We Can: The Plan to Improve Mental Health and Addictions Care for Nova Scotians, 2012

Stemming from recommendations for improving mental health and addictions services that came from the Mental Health and Addictions Strategy Advisory Committee's "Come Together" report, this 5-year plan outlines 33 actions for providing better care to Nova Scotians living with mental illness and addictions across five priority areas (NS DHW, 2012). These include:

1. intervening and treating early for better results, with a focus on children and youth;
2. shorter waits, better care;
3. Aboriginal and diverse communities,
4. working together differently, and
5. reducing stigma.

Cultural Competence Guidelines for the Delivery of Primary Health Care in Nova Scotia, 2011

This document provides guidelines for the NS DHW, District Health Authorities, CHBs, the IWK Health Centre, and primary health care organizations to ensure health services are delivered in a culturally responsive way.

https://www.multiculturalmentalhealth.ca/wp-content/uploads/2013/10/CulturalCompetenceGuidelines_Summer08-Nova-Scotia.pdf

Provincial Court of Nova Scotia

A Cultural Competence Guide for Nova Scotia Wellness Court Programs, 2018

This document provides information to the Wellness Court Programs Working Group about cultural competence and its relevancy to Wellness Court Programs. The document provides definitions for key terms, discusses key elements of cultural competence and its importance, outlines how to create a culturally competent wellness court program, and provides additional resources on cultural training.

https://www.courts.ns.ca/sites/default/files/editor-uploads/CulturalCompetenceGuide_18_09.pdf

Health system responses

Capital Health

Taking Action to Reduce Health Inequities: A Strategic Plan for Cultural Competence, Diversity and Social Inclusion at Capital Health, 2011-15

This strategic plan articulated Capital Health's recommendations for action towards a culturally competent health system, including finalizing and implementing an employment equity policy and plan; developing and disseminating a diversity lens tool for use by clinicians and administrators; involving citizens from diverse communities in program development, implementation, and evaluation; and embedding diversity, social inclusion, and cultural competence in future strategic planning and milestone development (Capital Health, 2011).

IWK Health Centre

First Nations Hospital Liaison

In 2020, IWK established a First Nations Health Services Provider (Hospital Liaison) position whose role it is to establish a cultural connection with First Nations patients and help them feel more comfortable (Lynch, 2020). Services include assisting with family accommodations, providing meal vouchers, arranging drives to medical appointments, and navigating health insurance.

Services that Support Cultural Diversity

IWK offers several services that support cultural diversity. These include Interpretation and Translation Services and services that support spiritual care, including spiritual, religious, and emotional support to patients, family members, and staff; inpatient visits that connect patients and families to resources; and support groups and individual and family counselling.

<https://iwkhealth.ca/about/equity-diversity-inclusion-reconciliation-and-accessibility>



Nova Scotia Health Authority (NSHA)

Collaboration on COVID-19 Testing

NSHA has been collaborating with Mi'kmaq First Nations communities who wanted their own health care professionals engaged in COVID-19 to help allay the concerns and fears of community members but lacked capacity. In this collaborative effort, First Nation health care teams are provided professional support, education, training, and access to swabs and test kits so that they are able to provide their own in-house COVID-19 testing (NSHA, 2020). Of the 13 First Nations communities in Nova Scotia, eight communities participated in the training and three have on-reserve COVID-19 assessment programs.

Mi'kmaw Cancer Care Strategy, 2020

NSHA Cancer Care Program members have been working with the Mi'kmaq Nation Cancer Care Strategy Team to gather information on available supports and discuss best approaches for working together, sharing information, and building awareness around tobacco cessation, which is considered a key part of treating cancer patients (Smith, 2020). The aim of this collaboration is to increase knowledge and capacity at health centres on reserve and improve the continuity of cancer care between provincial cancer care staff and community health providers.

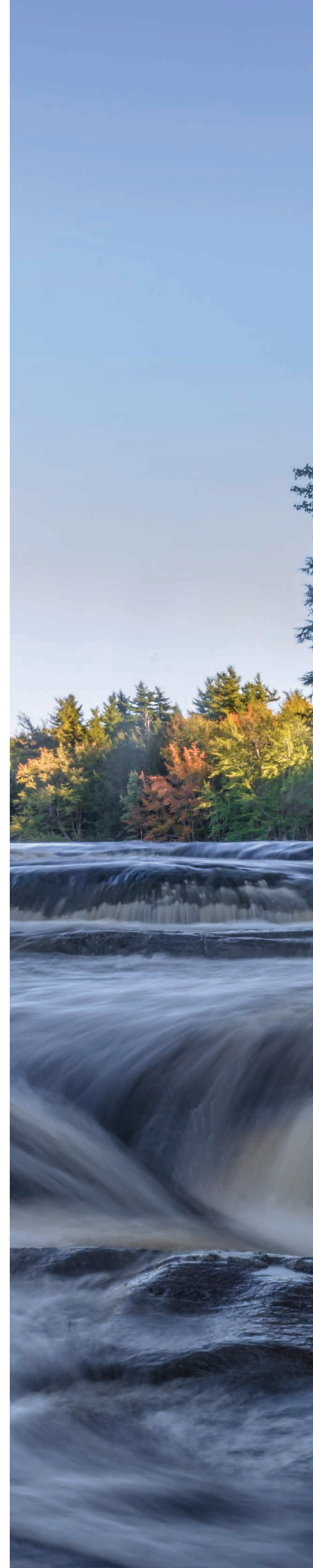
<https://www.unsm.org/dept/mikmaq-cancer-care-strategy>

Nova Scotia Health Authority and IWK Health Centre

Milestones on Our Journey - Transforming Mental Health and Addictions in Nova Scotia: A Provincial Model for Promoting Positive Mental Health, Care and Support, 2017

Jointly released by the NSHA and IWK Health Centre, this document provided an evaluation of work that had been undertaken towards transforming mental health and addictions services in Nova Scotia. The report contained recommendations rooted in a model of service delivery that involves close collaboration with IWK and other partners, including those with lived experience. Key actions specific to Indigenous populations included working with First Nations, Inuit, and Métis to address their mental health needs, and increasing collaboration and partnerships with First Nations to ensure timely and equitable access to a continuum of safe, quality care, and supports.

<https://www.nshealth.ca/sites/default/files/documents/Milestones%20on%20Our%20Journey.pdf>





Becoming Trauma Informed Initiative, 2015

In 2013, an independent review was undertaken of mental health and addiction programs and services offered by the IWK Health Centre and the Capital District Health Authority. One of the recommendations that came out of this review was that trauma-informed care should become a system-level priority. This trauma informed model was rolled out across the IWK Health Centre and the NSHA's child and adolescent mental health and addictions services. The initiative involved initiating trauma-informed practices, as well as providing information and resources to support trauma-informed care.

<https://yourexperiencesmatter.com/about/becoming-trauma-informed>

Community Health Boards

Established by legislation in 2014, Community Health Boards (CHBs) are groups of committed volunteers who are working together to improve the health of their communities (Government of Nova Scotia, 2014). The NSHA and IWK Health Centre engage with these groups as per terms described in the legislation. CHBs assess local needs and develop Community Health Plans in consultation with community residents, which are then submitted to the Health Authorities where they are considered in the development of health-services business plans. CHBs contribute to health-system accountability by facilitating an exchange of information and feedback between the community and the provincial health authority. They serve as a mechanism for ensuring diversity and inclusion of perspectives, including First Nations perspectives, in the development of healthy public policy.

<https://www.communityhealthboards.ns.ca>

ORGANIZATIONAL RESPONSES

Professional organization and regulatory body responses

Nova Scotia College of Nursing

Entry-Level Competencies for the Practice of Registered Nurses, 2020

This document articulates competencies that practicing registered nurses should know within their various roles, including in relation to support culturally safety and humility.

https://www.nscn.ca/sites/default/files/images/news/ELC_2020%20_draft.pdf

Entry-Level Competencies for Nurse Practitioners in Canada, 2016

This document presents entry-level competencies that nurse practitioners in Nova Scotia should have related to four competency areas: client care, quality improvement and research, leadership, and education. Some of these competencies are related to cultural safety.

<https://www.nscn.ca/sites/default/files/documents/resources/EntryLevelCompetenciesNP.pdf>

Indigenous organizational responses

Confederacy of Mainland Mi'kmaq

Taking Flight program

The “Taking Flight” program aimed to enhance culturally safe and relevant mental health and addictions programs and services for First Nations people in Nova Scotia. The program involved building relationships among First Nations and provincial and federal departments and agencies with a health mandate. In 2018, the Confederacy of Mainland Mi'kmaq undertook an evaluation of the process of this group coming together and the outcomes of this initiative. While not publicly accessible, information about it can be found in the Fall/Winter 2018 edition of the Horizons Community Development Associates Newsletter.

<https://www.horizonscda.ca/pdf/othfall2018web.pdf>



Native Council of Nova Scotia (NCNS)

Final Written Submission to the National Inquiry into Missing and Murdered Indigenous Women and Girls, 2018

This written submission was filed on behalf of the NBAPC and the NCNS, and provided recommendations for federal and provincial governments, researchers, educators and policy makers, service providers and others to address the issue of missing and murdered Indigenous women and girls across the various sectors.

<https://nbapc.org/wp-content/uploads/2019/02/NBAPC-NCNS-FINAL-SUBMISSION-DEC-2018.pdf>

Nova Scotia Aboriginal Home Care Steering Committee

Weaving Partnerships: A Framework for Aboriginal Home Care in Nova Scotia, 2010

Developed in consultation with First Nations communities in Nova Scotia, this resource was intended to provide a framework for the organization and delivery of home care services to First Nations people living on-reserve in the province.

<https://novascotia.ca/dhw/ccs/documents/Aboriginal-Home-Care-Framework-full.pdf>

Union of Nova Scotia Mi'kmaq

Mi'kmaq Cancer Care Strategy, 2020

Funded by the Canadian Partnership Against Cancer and managed by the Union of Nova Scotia Mi'kmaq, this three-year funded initiative identified objectives related to cancer care for Mi'kmaq people based on five core pillars:

1. creating a Mi'kmaq Nation Cancer Care Strategy for Nova Scotia;
2. increasing community awareness to prevent cancer;
3. increasing uptake in cancer screening and early detection of cancer;
4. improving outcomes in community-based support and care coordination; and
5. promoting improvements in treatment, palliative-care, and end-of-life care continuums for Mi'kmaq patients.

<https://www.unsm.org/dept/mikmaq-cancer-care-strategy>

Mainstream (non-Indigenous) organizational responses

None identified.





EDUCATIONAL RESOURCES AND TRAINING INITIATIVES



Provincial government educational resources and training initiatives

Nova Scotia Department of Health
and Wellness

Cultural Competence Assessment Tool for Clinical Guideline Development, 2010

This tool was designed to support the “Cultural Competence Guidelines for the Delivery of Primary Health Care in Nova Scotia.” It includes a list of opportunities where culture can be embedded into the process, content, and outcomes of guideline development and a form for reporting observations and recommendations and sharing these among Provincial Program team members. The tool is informed by the development of cultural competence assessment in clinical guidelines nationally and internationally.

[https://novascotia.ca/dhw/diversity/
documents/cultural-competence-assess-
tool.pdf](https://novascotia.ca/dhw/diversity/documents/cultural-competence-assess-tool.pdf)

A Cultural Competence Guide for Primary Health Care Professionals in Nova Scotia, 2005

This guide includes tools and resources to assist primary health care professionals in providing culturally competent health care.

[https://multiculturalmentalhealth.ca/
wp-content/uploads/2013/10/Cultural_
Competence_guide_for_Primary_Health_
Care_Professionals-Nova-Scotia-.pdf](https://multiculturalmentalhealth.ca/wp-content/uploads/2013/10/Cultural_Competence_guide_for_Primary_Health_Care_Professionals-Nova-Scotia-.pdf)

Health system educational resources and training initiatives

Capital Health

Summary Report – Cultural Competence in Primary Health Care: Perspectives, Tools and Resources, 2005

This report aimed to provide readers with a better understanding of the concepts related to cultural competence in primary health care, including the cultural competence continuum and practical approaches and strategies to assist individuals, organizations, and systems to move towards cultural competence.

[https://www.coursehero.com/file/16084992/
summary-report-cultural-competence-primary-
health-care-perspectives-tools-and-resources](https://www.coursehero.com/file/16084992/summary-report-cultural-competence-primary-health-care-perspectives-tools-and-resources)





IWK Health Centre

The IWK Diversity and Inclusion Lens Tool, 2020

This tool was designed to help IWK Health Centre staff consider concepts of diversity and inclusion in how programs, policies, and practices are developed and implemented. It consists of a series of questions that can help staff ensure that diversity and inclusion concepts are incorporated to promote and protect diversity at the IWK (IWK Health, 2025).

Nova Scotia Health Authority and IWK Health Centre

Diversity and Inclusion, Cultural Competence, 2020

This website provides information and resources about culture, cultural competency, cultural humility, health literacy, and how they shape health and well-being.

<https://library.nshealth.ca/DiversityandInclusion/Cultural>

Nova Scotia Health Authority (NSHA)

Cultural Safety Training - A healthy, high-performing workforce

The NSHA has implemented cultural safety training to enhance the ability of health services providers to provide cultural safe health care (Nova Scotia Health Authority, 2019).

[Professional organization and regulatory body educational resources and training initiatives](#)

Doctors of Nova Scotia

Equity, Diversity and Inclusion: A Toolkit for Doctors, Nova Scotia Members, Board of Directors and Staff, 2022

This document is intended to aide physicians and other stakeholders in learning about equity, diversity and inclusion and applying these principles in practice. The toolkit helps users identify barriers to care and eliminate them. It defines key terms, identifies groups of people at highest risk of being excluded; and presents tools for: assessing power relationships, hiring with an equity, diversity, and

inclusion (EDI) lens, embedding EDI in governance structures; being an ally; developing organizational planning goals; and stating land acknowledgements.

<https://doctorsns.com/sites/default/files/2022-03/toolkit-EDI.pdf>

Indigenous-developed educational resources and training initiatives

Wi'kuom Cross Cultural Services

Cultural Safety Training

This two-day workshop is aimed at workplaces that provide services to Mi'kmaw communities. Topics include Mi'kmaw history and culture, how First Nations people experience systemic racism and discrimination, and ways that organizations can improve workplace recruitment and retention of Mi'kmaw people. The training emphasizes self-reflection about the ways that personal beliefs and biases create barriers to Mi'kmaw clients obtaining services.

<https://mhmec.wordpress.com/cultural-safety-training>

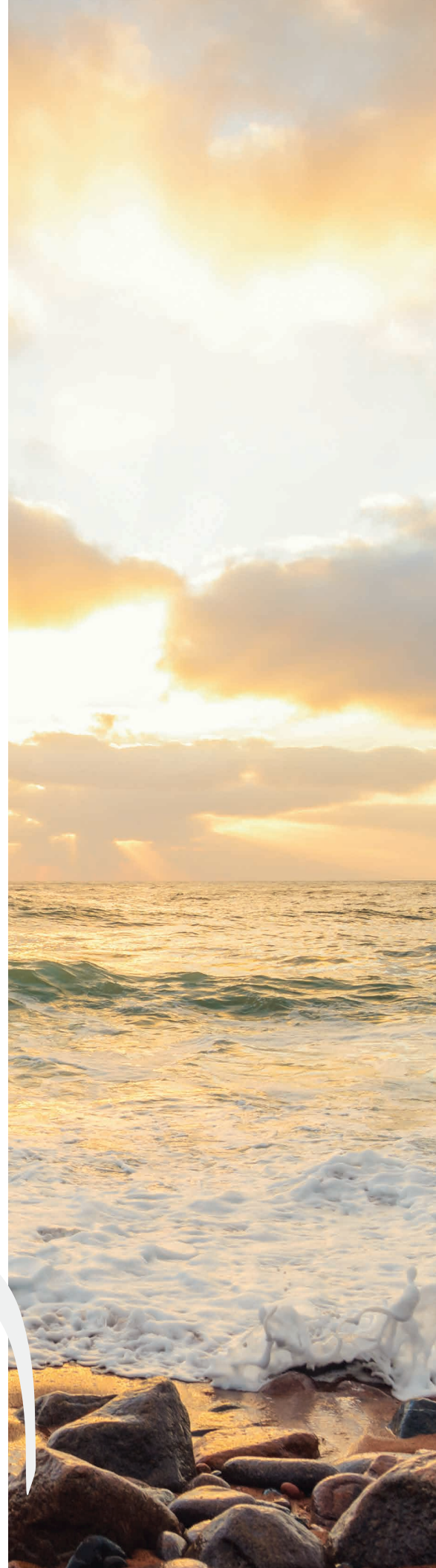
Other educational resources and training initiatives

Institute for Integrative Science and Health

Cultural Sensitivity and Cultural Humility Module, 2008

This module shares traditional Mi'kmaq knowledge regarding health and healing, death and dying to assist health care practitioners in providing culturally safe health services.

<http://www.integrativescience.ca/uploads/articles/2008-Marshall-cultural-sensitivity-humility-module-aboriginal-health.pdf>





SUMMARY

Several tripartite initiatives have shaped how the federal and provincial governments engage with First Nations in Nova Scotia in matters related to health. These are grounded in a history of building partnerships and trust between federal, provincial, and First Nations partners to provide services that better reflect the needs and priorities of First Nations. These relationships are influenced by the Aboriginal Health Transition Fund (2008), which initiated a fundamental shift in how First Nations health services are planned, delivered, and evaluated in the province. They are also profoundly guided by the strong collaborative working relationships that various First Nations have built amongst themselves, including for example the Tui'kn Partnership among Cape Breton (Unama'ki) First Nations, which emerged from a Primary Health Care Transition Fund Initiative (2004-2006) to exercise greater self-determination over health services delivery and leverage their collective resources to provide access to a more comprehensive range of health services. These tripartite initiatives include various partnership agreements, memorandums of understanding (MOUs), and joint decision-making mechanisms. A notable example is the Mi'kmaq – Nova Scotia – Canada (MNSC) Tripartite Forum. Formed in 1997, the MNSC Tripartite Forum provides a permanent mechanism for joint decision-making, based on consensus, and the identification of priorities and actions for building stronger and healthier Mi'kmaq communities.

At the provincial level, numerous initiatives promoting cultural safety were identified. In 2015, the Government of Nova Scotia passed An Act to Provide for Health Authorities and Community Health Boards. This legislation set up a system of four zones, each with volunteer Community Health Boards (CHBs) and Health Authorities. The CHBs provide a mechanism for integrating local perspectives into health services planning

and policy development. Also notable is the IWK Health Centre's Position Statement on Diversity, Inclusion and Culturally Competent Care. In this position statement, the IWK Health Centre—a pediatric hospital and trauma centre in Halifax that provides care to children, youth, and women from Nova Scotia, New Brunswick, and Prince Edward Island – commits to creating a safe, welcoming, and inclusive environment. The IWK also offers several services that support cultural diversity, including Interpretation and Translation Services and services that support spiritual care. Evaluation activities include *Milestones on Our Journey* (2017), a report jointly released by the Nova Scotia Health Authority and IWK Health Centre, which provided an evaluation of work that had been undertaken towards transforming mental health and addictions services in Nova Scotia. Key actions specific to Indigenous populations included working with First Nations, Inuit, and Métis peoples to address their mental health needs. The Internet search revealed no competencies and guidelines for practice resources since 2013. Recent cultural safety and humility training resources include a Diversity and Inclusion, Cultural Competence website developed by the Nova Scotia Health Authority and IWK Health Centre in 2020, which provides information and resources about how culture, cultural competency, cultural humility, and health literacy shape health and well-being.

By contrast, only two cultural safety initiatives undertaken at the regional health-system level were identified, both prior to the restructuring of the provincial health care system in 2015. These were Capital Health initiatives (the largest of Nova Scotia's pre-2015 health authorities): a strategic plan in 2011 for reducing health inequities through actions focused on cultural competence, diversity, and inclusion; and a 2005 report that aimed to provide primary health care providers with a

better understanding of the concept of cultural competence. Similarly, the Internet search identified only two initiatives undertaken by professional health organizations. Both – one in 2008 and one in 2016 – were from the Nova Scotia College of Nursing and included specific competencies related to cultural safety in entry-level competencies for practising registered nurses. One initiative was identified for other organizations with a health mandate: a Mi'kmaq cultural sensitivity and cultural humility module developed in 2008 by the Institute for Integrative Science and Health.

Finally, the Internet search identified five cultural safety initiatives undertaken by Indigenous organizations:

1. a written submission with recommendations to the National Inquiry into MMIWGs by the Native Council of Nova Scotia (2018);
2. an evaluation of the Taking Flight program, which aimed to enhance access to culturally safe and relevant mental health and addictions programs and services for First Nations in Nova Scotia by the Confederacy of Mainland Mi'kmaq (2018);
3. the ongoing development of a Mi'kmaq Cancer Care Strategy by the Union of Nova Scotia Mi'kmaq;
4. a framework for organizing and delivering home care services to First Nations people living on reserve by the Nova Scotia Aboriginal Home Care Steering Committee (2010); and
5. a two-day workshop that provides cultural safety training by the Wi'kuom Cross Cultural Services.



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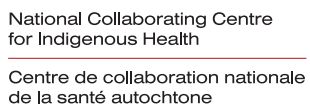
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