



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

*Capital Health's Response to Our Community*  
2011 - 15



**Capital Health**

*A different today. A better tomorrow.*

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Thanks also to Janet Rhymes and Darren C. Brown of Logical Minds Consulting ([www.logicalminds.ca](http://www.logicalminds.ca)) who facilitated the diversity strategic planning process.

We are proud of our collective efforts and results.

*Diversity and Inclusion Steering Committee*

## Executive Summary

**Our vision:** “Capital Health is a world leading haven in cultural competence. We increase health equity among citizens of Capital district and others who receive our care. We do this in a spirit of collaboration with our citizens and community partners.”

Capital Health’s Declaration of Health states, “We believe Capital Health comprises every person who lives within the district and every person from beyond who seeks our care...” While we of course want to meet the needs of all we serve, some people in our district face challenges in their quest to have equitable access to health care. This is due to a number of factors, including the social determinants of health, such as education and income. People from diverse communities are also challenged in this regard as they often have unique needs that our current system is not designed to meet.

Cultural Competence is critical to achieving health equity. Cultural competence begins by recognizing that as individuals, we all live and interact with our world within our own cultural understanding and biases. Hence, the system we continue to build may not be inclusive of people who do not share the dominant culture. This exclusion of others has contributed to centuries of inequity and inequality. Cultural competence requires us to continually work within ourselves and with each other to create a system that meets the unique needs of people from diverse communities.

As a value, cultural competence is about ethics, quality care, patient safety and health outcomes for all of the diverse populations we serve. While it is important to build skills, change individual attitudes and raise awareness of diversity through educational sessions and awareness activities, organizational cultural competence is fully attainable only through a system effort. This requires leadership to take a stand by establishing policies and quality standards that build an environment of expectation where everyone is encouraged to embed culturally competent approaches in our day-to-day business.

Thirty-four Capital Health frontline staff, directors, unit leaders, program representatives and community members participated in the process of creating this strategy through four half-days of facilitated discussions. The process also incorporated one full day of discussion with Diversity and Inclusion Steering Committee (DISC) members about governance and immediate priorities. The process took the groups through an organizational assessment that aligned diversity initiatives with our 2013 milestones and strategic streams. The five-year plan includes a vision, logic model, performance measurement framework, and a transformed governance structure.

Within the plan, we have made several recommendations for action, including:

- Finalize and implement an employment equity policy and plan.
- Develop and disseminate a diversity lens tool for use by clinicians and administrators.
- Citizens from diverse communities participate in program development, implementation and evaluation.
- Embed diversity, social inclusion and cultural competence in the next round of strategic planning, and a diversity lens for future milestone development.

Participants in the development of this plan also see it as part of our district's implementation plan of the provincial Cultural Competence Guidelines, in which Nova Scotia is leading the way nationally.

We believe the implementation of this plan will result in specific changes, some of which are noted on page 7. Other changes are spread out in the logic model. We look forward to working together to achieve an equitable health system for all.

## From Diversity and Inclusion to a Culturally Competent Organization

Our Healthy Future Realizing Our Promise: A Community Health Plan for 2010-13 identifies health inequity as a barrier to health, and calls us to action to reduce inequities in our district. The Cultural Competence, Diversity and Inclusion Strategic Plan aims to reduce access barriers and ensure culturally appropriate and safe interventions. In so doing, we will improve health outcomes and build health equity, addressing many of the recommendations within the Community Health Plan.

Through Our Promise, Capital Health is working to be a world-leading haven for people-centered health, healing and learning. There are many initiatives in place to help us realize this vision, including the diversity program. Through these initiatives we have achieved many successes; however, internal evidence such as our diversity survey and patient satisfaction surveys, and external ones such as best practice reviews, suggest the need for improvements, especially in the areas of employment equity, knowledge of our communities, and culturally appropriate patient-centeredness.

Our patient satisfaction survey results indicate that we could be doing a better job incorporating inclusive approaches in providing care. Our staff diversity survey (2010) indicates that our hiring of Aboriginals and African Nova Scotians, to name only two, is lower than the representation of these groups in our district.

Every individual of every background and experience operates from his or her own culture, values, assumptions, beliefs and biases. Cultural competence requires that we are aware of this reality and how it affects our way of being, the decisions we make and the services we provide. This plan addresses policies, procedures and practices that promote cultural competence, value diversity and build social inclusion for Capital Health patients, family members, staff and the larger community we serve.

Capital Health had several objectives for the participatory development of a strategic plan. Key among these was to strengthen Capital Health's relationship with diverse communities by effectively and appropriately responding to explicit diverse community needs. The strategy also provides an opportunity for the range of cultural competence, diversity and social inclusion initiatives evolving within Capital Health to be connected, mutually informed and integrated into Our Promise and the Declaration of Health.

The approaches used within this plan endorse evidence-based practice, when available, and integrate stakeholder perspectives as voiced through the Community Health Plan and the outcomes of past consultations with diverse communities.

In addition to reducing long-standing health inequity experienced by underserved individuals and populations and supporting safe, quality care, this work also helps us meet the responsibilities inherent in agreements and guidelines such as the French Language Services Act, the Canada Health Act, and the provincial Cultural Competence Guidelines for the Delivery of Primary Healthcare.

The plan uses a population health approach to reduce health inequities among population groups. It also provides practical strategies for health care providers, staff and health systems to take action on the social determinants of health. This means considering the economic and social conditions under which people live, improving access to health services, enhancing health literacy, building social inclusion, and integrating appropriate care by considering sex and gender, race, abilities, ethnicity and racism.

This strategy moves us from an awareness of diversity to an embedding of cultural competence in the way we provide health care.

## What will be different upon implementing this plan?

- a. Capital Health's commitment is explicit in a position statement that supports cultural competence in the organization.
- b. Supports are in place for embedding system-wide approaches to cultural competence at Capital Health. Accountability for cultural competence is shared, and embedded in the organization structure.
- c. A transformed leadership structure for diversity, the Diversity Council provides leadership and oversight for the implementation of the diversity strategic plan, with the support of the Leadership Enabling Team (LET).
- d. An employment equity policy and plan is implemented and facilitates a workforce that is representative of our community and is fully integrated.
- e. Collaboration with communities for the development and implementation of clinical and outreach programs that address health disparities and health equity in diverse populations.
- f. Capital Health undertakes regular assessment of staff demographics and attitudes; practices, policies and structures for ensuring diversity and cultural competence.

## Core Concepts

You will find many of the following terms in the strategic plan, as well as in literature on the topic of diversity and culture competence within Capital Health. It is important that we have a common understanding of these terms as we implement the plan.

**Culture:** Patterns of behavior "...thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting and roles, relationships, and expected behaviours ... (Goode, 2003)." of a group of people at a given point in time. There is an important relationship between culture and diversity (race, ethnicity, language etc. see full definition below) in that diversity contributes to culture.

**Cultural competence:** Is the application of knowledge, skill, attitudes and personal attributes required to provide appropriate care and services in all interactions (coworkers to coworkers, client care, partners etc.). This includes valuing diversity, knowing about the cultural norms and traditions of the populations being served and being sensitive to those while providing care to individuals. (Canadian Nurses Association, 2004)

The four components to cultural competence are: skill, knowledge, behaviour, attitude.

It's important to note that one must understand his/her own culture and biases to be culturally competent.

**Culturally competent workplace:** An environment where culturally competent behaviours, attitudes and policies come together in all aspects of policy making, administration, practice, and service delivery within a system, agency or among professionals and enables that system, agency or those professionals to engage and work effectively with diverse populations. (Cross, 1989)

**Culturally appropriate:** Recognizing, understanding and applying attitudes and practices that are sensitive to and appropriate for people with diverse cultural socioeconomic and educational backgrounds, and persons of all ages and life stages, sexes, gender identities, health status, sexual orientations, abilities, etc. (Public Health Agency of Canada, 2007)

**Cultural safety:** an environment where all people are empowered to fully express their identities and their needs without the fear of attack, challenge or denial. "It is shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening (Williams, 1999)." It includes culturally appropriate mechanisms to address any violations to that safety.

**Diversity:** A broad term related to the differences among people (as individuals or groups) and implies difference from the majority, which is assumed to be the norm. Diversity can be both visible and invisible and includes differences in age, life stage, ability, culture, ethnicity, sex, gender identity, geographical location, language, physical characteristics, race, religion, sexual orientation, socio-economic status, spirituality, values, etc. (Rummens, 2004)

**Health equity:** “Equity means fairness. Equity in health means that peoples’ needs guide the distribution of opportunities for well-being.” (Public Health Agency of Canada, 2007)  
Health equity is concerned with creating equitable conditions to achieve population health.

“Equity in health is not the same as equality in health status. Inequalities in health status between individuals and populations are inevitable consequences of genetic differences and various social and economic conditions, or a result of personal lifestyle choices. Inequities occur as a consequence of differences in opportunity, which result, for example in unequal access to health services, nutritious food or adequate housing. In such cases, inequalities in health status arise as a consequence of inequities in opportunities in life ( Davey, 1999).”

**Health Inequity:** Health inequities arise out of the inequitable, or unfair, distribution of resources across a population. These resources shape the conditions in which people are born, grow, live, work, play and age (Health Equity Forum, Nova Scotia Department of Health and Wellness, March 18, 2011).

**Social inclusion:** Nobel Prize winner Amartya Sen’s understanding of Social Inclusion is “...a widely shared social experiences and active participation through a broad equality of opportunities and life chances for individuals, and by the achievement of a basic level of well-being for all citizens (2001).”

# Cultural Competence, Diversity and Social Inclusion: 2011–15 Strategic Plan

**Vision:** Capital Health is a world leading heaven in cultural competence. We increase health equity among citizens of Capital district and others who receive our care. We do this in a spirit of collaboration with our citizens and community partners.

The Cultural Competence, Diversity and Inclusion Strategic Plan has four strategic vision statements. Each statement respectively aligns with four of the five Our Promise strategic streams. The strategic stream of Sustainability is embedded in the four streams, so is not listed separately below.

## **Transformational Leadership**

Desired result: Enhanced transformational leadership in cultural competence, diversity and social inclusion.

Through our leadership, we promote and cultivate work and care environments that support cultural competence, diversity and social inclusion. Our richly diverse workforce fosters a culture of belonging. This transformation is enabled by explicitly embedding and being accountable for cultural competence, diversity and social inclusion in our vision, plans, policies and practices.

## **Citizen Engagement**

Desired result: Greater engagement of culturally diverse citizens in policies, programs and services (Engagement as a spectrum from inform to empower).

Diverse citizens are engaged in making decisions on Capital Health policies and programs that impact their health and well-being. Community-based programs and services are culturally competent, empowering, built on community assets and are appropriately resourced. There is mutually agreed upon, shared ownership and accountability for health outcomes.

## **Innovation and Learning**

Desired result: Deepened capacity for innovation and learning to inform our work in cultural competence, diversity and social inclusion.

We are innovative and inclusive in our ways of learning and sharing our knowledge. We have current, socially inclusive profiles of diverse communities and their health impact assessment results. We collect and analyze data through a cultural and linguistic competency lens. By connecting evidence-based practice with our own experiences and those of our diverse patients, clients and communities, we integrate knowledge into action to reduce health inequity.

All Capital Health staff and volunteers receive ongoing and appropriate professional development that is linked to performance appraisal and individual professional development plans.

## **Person-Centred Health Experience**

Desired result: Increased achievement of cultural competence in person-centred health

Individuals are recognized and valued in their rich and unique diversity. Health care providers, staff and volunteers collaborate with the whole person, their family and community when requested, to support individual health and wellness. Capital Health provides culturally competent access and care for the whole person using our hearts as well as our hands and minds in inclusive and accessible settings.

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The activities identified in the accompanying Logic Model and action plans were chosen to help the organization reach these outcome areas.

The Performance Measurement Framework provides indicators, approaches and data sources to evaluate the degree to which the outcomes have been met.

## Logic Model for Cultural Competence, Diversity and Social Inclusion

Long-term change: 3 – 5 yrs	Reduced health inequity and enhanced health equity for culturally diverse populations in Capital Health			
<b>Outcomes</b>	1. Enhanced transformational leadership in cultural competence, diversity and social inclusion	2. Greater engagement of culturally diverse citizens in policies, programs and services (Engagement as a spectrum from inform to empower)	3. Deepened capacity for innovation and learning to inform our work in cultural competence, diversity and social inclusion	4. Increased achievement of cultural competence in person-centred health
<b>Activities</b>	<ol style="list-style-type: none"> <li>1. Finalize and Implement the Employment Equity policy and plan.</li> <li>2. Explicitly state commitment to, scope and need for cultural competence via LET position statement.</li> <li>3. Develop, disseminate and use a lens tool and report system to ensure cultural competence is appropriately embedded in Capital Health policies and practices.</li> </ol>	<ol style="list-style-type: none"> <li>1. Ensure citizen engagement policy and toolkit appropriately integrate cultural competence and consider those not accessing services and/or experiencing health inequities.</li> <li>2. Involve diverse citizens and communities in program development, implementation and evaluation (including programs on the spectrum from acute care to community)</li> <li>3. Support community outreach workers in diverse communities for navigation, collaboration and partnership-building.</li> </ol>	<ol style="list-style-type: none"> <li>1. Maintain up-to-date demographic, cultural and epidemiological community profiles; use in planning and service delivery.</li> <li>2. Provide a cultural competence lens and reporting tool to review professional development activities.</li> <li>3. Collect and use culturally appropriate data in design and delivery of health planning, screening, service delivery and research. Follow up with communities to let them know how data has been used.</li> </ol>	<ol style="list-style-type: none"> <li>1. Embed culturally competent patient intake and assessment process at all points of care.</li> <li>2. Encourage and support inclusive physical environments, signage, forms and materials.</li> <li>3. Build capacity and accountability for cultural competence throughout Capital Health through a model of centralized support (from diversity staff or Diversity Council members) to establish commitment and local action by departmental or unit/ program diversity champions.</li> </ol>

Long-term change: 3 – 5 yrs	Reduced health inequity and enhanced health equity for culturally diverse populations in Capital Health			
<b>Outcomes</b>	1. Enhanced transformational leadership in cultural competence, diversity and social inclusion	2. Greater engagement of culturally diverse citizens in policies, programs and services (Engagement as a spectrum from inform to empower)	3. Deepened capacity for innovation and learning to inform our work in cultural competence, diversity and social inclusion	4. Increased achievement of cultural competence in person-centred health
<b>Activities</b>	<ul style="list-style-type: none"> <li>4. Strengthen cultural competence among LET and Board</li> <li>5. Include cultural competence in My Leadership program content.</li> <li>6. Include training, policies and accountability for mediating and preventing cross-cultural conflict.</li> <li>7. Embed cultural competence directly in the next Capital Health strategic planning process.</li> </ul>	<ul style="list-style-type: none"> <li>4. Provide outreach to engage diverse community members in their own environments. Educate communities on available programs and their role in program development.</li> </ul>	<ul style="list-style-type: none"> <li>4. Seek evidence, through literature and research, on local health disparities and good practice.</li> <li>5. Conduct learning evaluation of cultural competence training to determine if people applied the new skills and made changes in practice.</li> <li>6. Make use of cross-cultural learning opportunities available through health student learning placements.</li> </ul>	<ul style="list-style-type: none"> <li>4. Assess staff attitudes, practices, policies and structures related to cultural competence.</li> <li>5. Integrate culture and language into access/outreach and service delivery.</li> </ul>

## Performance Measurement Framework

Results	Indicators	Methods	Source
1. Enhanced transformational leadership in cultural competence, diversity and social inclusion	<i>Patients</i> Experience of patients with a diverse characteristic(s) who receive care at Capital Health	Patient Satisfaction Survey	Performance Excellence
	<i>Workforce</i> Percentage change in recruitment/retention of diverse staff	Diversity Survey	Healthy Workplace
	Perception of workforce feeling and belonging to, and valued by Capital Health	Employee Survey	Healthy Workplace
	<i>Leadership</i> Perception of leadership commitment to diversity and inclusion	Employee Survey	Healthy Workplace
2. Greater <b>engagement</b> of culturally diverse citizens in policies, programs and services	<i>Engaged Decision-Making</i> Measure under development by citizen engagement.	Organizational tracking for milestone: 100% patient involvement in patient care committees	Citizen Engagement
	<i>Programs, Services and Partnerships</i> Number of new culturally competent community-based programs, services and partnerships that respond to inequities and inclusion.	Key informant interviews, focus groups, Pride Health Evaluation Survey	Primary Care Citizen Engagement Community Health
	Organizational and community perception of compliance with policy and framework on citizenship engagement	Citizen Engagement Evaluation Process	Citizen engagement

Results	Indicators	Methods	Source
3. Deepened capacity for <b>innovation and learning</b> to inform our work in cultural competence, diversity and social inclusion	<i>Performance Appraisal</i> Inclusion of cultural competence assessment in performance appraisal	Performance appraisal tool and process	People Services, TNT
	<i>Responsive Innovations</i> Frequency of community profiles/assessments conducted, updated and analyzed	UCU records, Community Health Plan Implementation Assessment	UCU, Community Health, CHBs
4. Increased achievement of cultural competence in <b>person-centred health</b>	<i>Patients</i> Experience of patients with a diverse characteristic(s) who receive care at Capital Health	Patient Satisfaction survey	Performance Excellence
	Percentage change in face-to-face interpretation and Language Line	Use of Interpretation services	Interpretation coordinator
	Access initiatives for underserved populations	Tracking of milestone: 25% increase in access initiatives for underserved groups	VPs
	Satisfaction of patients from diverse communities with care or service provided by Capital Health (focus group or interviews).		Healthy Workplace/ diversity

## A Transformed Leadership Structure for Diversity at Capital Health

### **Diversity and Inclusion Council as central action hub and inclusion model**

- The Diversity and Inclusion Steering committee will undertake a structural shift to become a Diversity Council to accelerate cultural competence across the organization.
- The council is a central hub of action, information-sharing and support for action team members, the organization and the community in achieving the outcomes of the strategic plan.
- The LET team publicly endorses the work of the council and a LET team member co-chairs the council.
- The council models, through structure and process, inclusive and participatory engagement. This includes engaging diverse patients, community members and organizations that support health equity. The council links directly with Community Health Boards in a continued effort for inclusive citizen engagement.
- The council supports departments within Capital Health to build cultural competence in a model that creates accountability for cultural competence at the local, team or department level.
- The changes and endorsements noted above are shared throughout the organization and with diverse communities.

### **Action team approach**

- Action teams carry out the work in each of the four outcome areas of the diversity strategic plan.
- Council members, participants in the strategic planning process, and community partners are invited to participate in the Council and action teams.
- As a starting point, the teams mobilize the action steps identified in the planning process, understanding that workload, new information, strategic opportunities and the need for flexibility will mean the work will evolve over time.

### **Coordinator as mobilizer, connector and evaluator**

- The coordinator mobilizes and leads the work of the council, with the support of a small steering committee.
- The coordinator enables the work of action teams through the lead, link and let go approach.
- The coordinator collects and collates evaluative data to ensure alignment and monitor and report progress with the logic model and performance measurement framework, with the support of the Council.
- The coordinator links working groups and committee members to external partners.
- The coordinator brings new knowledge and strategic, collaborative opportunities into and out of the organization through the council, action teams and senior leadership.
- The coordinator undertakes strategic communication opportunities to ensure transparency, build engagement and synergy, and normalize cultural competency across the organization. This communication role includes leading communication to and from diverse external community organizations and diverse minority community members.

## Appendix 1: About Capital Health

Capital Health is the largest provider of health services in Nova Scotia. Formally called the Capital District Health Authority, the organization serves the adult residents of Halifax Regional Municipality and the western part of Hants County—approximately 400,000 people comprising more than 40 per cent of Nova Scotia’s population. It also provides specialist services to residents from the rest of Nova Scotia and the other Atlantic provinces.

Capital Health is a diverse district:

- 3.5 per cent of those we serve are African Nova Scotian
- 4.2 per cent are Aboriginal
- 4.6 per cent are new immigrants to Canada
- Two per cent identify as homosexual and one per cent bisexual
- 20 per cent of Nova Scotians consider themselves a person with a disability
- Citizens in our district speak many different languages. Capital Health received 871 requests for interpretation in 2009-10. The three most commonly requested languages were Arabic, Mandarin and Farsi.

Through a network of hospitals, health centres and community-based programs, Capital Health’s 12,000 employees, physicians, volunteers and learners deliver medical and surgical care, mental health care, public and community health programs, addiction prevention and treatment, and environmental health care services.

In addition, Capital Health conducts health research and is a partner with Dalhousie University and the Nova Scotia Community College in providing academic and clinical learning experiences for physicians and other health care professionals.

Capital Health is one of the nine health authorities and the IWK Health Centre that deliver health services to Nova Scotians.<sup>1</sup>

<sup>1</sup> A Different Today, A Better Tomorrow: Capital Health’s Multi-Year Business Plan, 2010 to 2013. Online available at: [www.capitalhealthbusinessplan.ca/sites/default/files/chBusinessPlan](http://www.capitalhealthbusinessplan.ca/sites/default/files/chBusinessPlan)

## Appendix 2: Capital Health Position Statement on Diversity and Cultural Competence

Capital Health embraces diversity and is committed to providing culturally competent care, programs and services. This will move us toward an equitable health system for all.

We define diversity as differences among people, as individuals or groups. Diversity includes difference in age, abilities, culture, ethnicity, gender, geographical location, language, physical characteristics, race, religion, sexual orientation, socio-economic status, spirituality, values, etc.

Cultural competence acknowledges and respects the diverse personal and cultural values of patients, clients, families, staff and citizens.

As a culturally competent organization, we commit to:

- Creating a safe, welcoming and inclusive environment.
- Involving diverse citizens and communities in program development, implementation and evaluation (from acute care programs to community programs).
- Developing a workforce that reflects the communities we serve.
- Providing ongoing education and training in cultural competence to staff, physicians, learners and volunteers.
- Advocating for and conducting research that is culturally competent. This will help us identify health inequities.

Everyone at Capital Health has a responsibility to contribute to an equitable health system for all.

Endorsed by the Leadership Enabling Team September 27, 2011

## Appendix 3: A Strong Foundation - The History of Diversity and Inclusion at Capital Health

Capital Health defines diversity as differences among people, as individuals or groups. Diversity includes difference in age, abilities, culture, ethnicity, gender, geographical location, language, physical characteristics, race, religion, sexual orientation, socio-economic status, spirituality and values (adapted from Nova Scotia Department of Health, 2005.)

For many years, passionate individuals and groups have been working to provide culturally competent care and to recognize and respond to the diversity that exists within Capital Health and the community it serves. In 2003, a staff group referred to as the Cultural Diversity and Social Inclusion Steering Committee worked together to improve health care services for four key groups: First Nations people, newcomers, the Acadian and francophone community and African Nova Scotians.

In 2005 this group involved more members and broadened their focus to support other marginalized groups who were having difficulty accessing health care in the Capital District. This group became the Diversity and Inclusion Steering Committee, with a broad mandate to build inclusion and improve equity in health care. Departmental representation on this committee includes, among others, Mental Health, Public Health, Human Resources, Addiction Prevention and Treatment Services and Spiritual Care. Community Health Boards are also involved and supportive of this work. A Terms of Reference, Logic Model, and work plan were developed to guide the work of the committee.

The mission of the committee is to facilitate the transformation of Capital Health into a continually evolving culture of belonging, where diversity is embraced and celebrated.

Committee members identified their priority as community meetings to hear needs first-hand. They met with representatives of the African Nova Scotia community, reporting back to them for the first time on Capital Health actions in a report called “Capital Health Heard You.” Meetings were also held with local First Nations community members and the newcomer community to hear about health issues and barriers.

The committee carried out presentations to Capital Health staff, introducing the need for organizational diversity and the importance of everyone feeling a sense of belonging. Committee members also worked to create a higher profile for the committee through meetings with VPs and formal leaders.

In 2005, prideHealth, a Capital Health/IWK program aimed at improving safe access to health care for the gay, lesbian, bisexual, trans and intersex (GLBTI) communities began working on a new model of health care delivery, the first of its kind in Canada to be funded by a health authority. prideHealth has been very involved with the Diversity and Inclusion Steering Committee since its formation. In fact, prideHealth advocated that the GLBTI community be included in the Diversity and Inclusion focus, as community members were experiencing many of the same difficulties that most marginalized groups were experiencing in accessing health care.

This pivotal time also resulted in the IWK Health Centre and the Department of Health broadening their mandates to include additional marginalized groups in their work. Underlying issues to be addressed involved power and privilege and learning about how those members of society who don't hold the power to make the rules are those who experience more difficulty accessing health care.

A part-time francophone coordinator was hired to improve access to services and information for the francophone population. This was a partnership between three districts, providers, government and the Francophone community. The coordinator raised awareness of francophone health issues and concerns, arranged placement of French kiosks at the entrance of the VG and Halifax Infirmary, promoted the use of Bonjour buttons and increased collaboration among partners.

A language services consultant was hired in 2006 to take a leadership role in improving access to cultural health interpretation. An interpretation model was developed through a dialogue process with MISA (now ISIS), Capital Health, the IWK, the NS Department of Health, Citizenship and Immigration Canada, Heritage Canada, CHHS (interpreting service) and cultural health interpreters.

An Immigrant Settlement and Integration Services (ISIS) outreach project developed in 2006 aims to provide timely, culturally sensitive, patient-centered care to refugees experiencing psychiatric illness.

In November 2007, Capital Health hired a full-time Diversity and Inclusion Coordinator to lead the work of the Diversity and Inclusion Committee and their many initiatives.

In 2008, a Diversity and Inclusion Coordinator for Public Health Services was hired. Public Health formed a diversity committee based on national standards for public health, and developed a logic model. They have built internal capacity in diversity and cultural competence and offer ongoing education to staff. They are developing an audit tool and are collecting data to connect evidence to practice.

A Sacred Spaces Committee was formed in 2008 to look at the chapels within Capital Health and to try to create more inclusive sacred spaces to all seeking reflection. Most of the work has been completed at the QEII and DGH, and there are plans to start looking at the other sites.

In 2008, the Community Health and Wellness Centre in North Preston completed a participatory research project of health concerns for the African Nova Scotian communities of North Preston, East Preston, Cherry Brook and Lake Loon. This research project was a collaboration between the Health Association of African Canadians the Southeastern Community Health Board and the Wellness Centre. The research report, "All About Us: Capital Health listens as four African Nova Scotian Communities talk about their health concerns and needs," was released at a community meeting at the Black Cultural Centre during African Heritage Month.

The Diversity and Social Inclusion Committee hosted an open space event in June 2008, inviting staff from Capital Health and the IWK, as well as community members and representatives from interested community organizations. Conversation during this event focused on how we could work together to improve the health of diverse communities.

In 2009, the Diversity and Inclusion Committee hosted an event that brought together various departmental diversity committees and others interested in furthering diversity at Capital Health. This was an opportunity to connect and align initiatives.

Members of the Diversity and Inclusion Committee have been very active in initiating dialogue within Capital Health about employment equity. They have connected with the Diversity and Inclusion Coordinator, LET, People Services, Public Health, and the Social Action Committee of the Social Work Department to raise awareness and seek opportunities to work with the Human Rights Commission. These conversations are ongoing. Having a diverse workforce is critical to the provision of culturally competent and responsive health care.

The first step in achieving a more diverse workforce is having an accurate profile of our current workforce diversity. In the fall of 2010, Capital Health conducted its first workforce diversity survey. This confidential survey was sent to a stratified random sample of Capital Health employees and asked questions about age, education, sexual orientation, gender identity, ethnicity/race, language, physical ability and religion. You can find the results of our diversity survey on our website at: <http://chdintra.cdha.nshealth.ca/announcements/documents2011/diversitySurveyResults.pdf>

In 2010, thanks to successful Innovations in Care grant proposal, consultants were hired to design and deliver a cultural competence train-the-trainer session to staff at Capital Health and the IWK. Of the 29 participants, 24 were from Capital Health. The training created a wide pool of diversity educators from all areas and departments. These individuals commit time to enhance knowledge and awareness of diversity, increase appreciation for diversity among staff, and build skill in cultural competence. This plan fits with Capital Health's mandate of creating access for our marginalized populations and the Diversity and Inclusion Steering Committee's plan for increasing and improving access to services, increased patient satisfaction and building a healthy workplace through a culturally competent and diverse and workforce.

The trained staff members deliver cultural competence education to other staff members, volunteers and physicians. Each trained educator committed to the delivery of eight to 10 sessions over two years. Other specific objectives and expected results foreseen were:

- Expand diversity education to a greater number of Capital Health staff.
- Enhance the ability of the coordinator to respond to a high demand for diversity education in the district.
- Build capacity for championing issues on diversity within our health care system.
- Enhance other diversity and inclusion work by expanding our resources to include knowledgeable people who have passion for moving diversity forward.

In April 2010, Capital Health launched a phone-based interpretation service called Language Line. To ensure patient safety and equitable care, Language Line allows instant and easy access to medically certified interpreters in more than 170 languages. Face-to-face interpreter services are also still available. The cost of the Language Line telephone service is charged to a central cost centre rather than to individual departments, which encourages health care providers to use the service.

Several Capital Health departments have formed their own Diversity and Inclusion Committees, including Mental Health, Addiction Prevention and Treatment Services (APTS), Spiritual Care, People Services and Social Work (Action Group). These departmental committees are represented on the Diversity Committee of Capital Health.

Mental Health has developed the Healthy Minds Initiative. This initiative supported a strategy to improve connection and access of diverse communities to mental health services. Over the years, the Mental Health Diversity Committee has continued to work on initiatives such as creating welcoming environments, providing mental health information in different languages, and educating staff about resources within Capital Health, including interpreter services. All new Mental Health staff members are required to attend a diversity orientation session. The Mental Health department has also worked very closely with prideHealth on joint initiatives, and has been a major advocate for employment equity at Capital Health.

Addiction Prevention and Treatment Services developed their own Diversity Committee. Their work has included creating welcoming environments, strengthening relationships with First Nations community members and the GLBTI community, and collaborating with Mental Health on shared learning opportunities.

Capital Health has an obligation under the French Languages Services Act (NS) to develop and implement a French Languages Services plan, as well as report our progress, annually. Capital Health partnered with the Office of Acadian Affairs in 2010 to create the role of a French language coordinator to better meet the health needs and people who speak French from around Nova Scotia and Atlantic Canada. The part-time coordinator established a French Language Advisory Committee for Capital Health. A key area of our website is being translated into French, and patient education materials are also being translated.

In 2010, Capital Health hosted our first Diversity Week. The goal of the week was to build greater awareness of diversity, and engage the Capital Health community in events to celebrate and learn about diversity.

In 2011, Capital Health was named one of Canada's Best Diversity Employers. This year's list of winners includes 45 employers from across Canada taken from a field of 300 under consideration.

In the announcement, Mediacorp Canada Inc. noted Capital Health made the list in part for dedicating a full-time diversity coordinator to provide guidance, ongoing training and leadership in diversity. They also acknowledged the work of Capital Health's Diversity and Social Inclusion Committee, work to develop an employment equity policy, and the organization's cultural competency training program.

## Appendix 4: The Strategic Planning Process and Guiding Principles for Participation

Consultants were hired in 2010-11 to facilitate the development of a Diversity and Social Inclusion Strategic Plan for Capital Health that supports organizational transformation to a world-leading haven for people centred health, healing and learning.

The plan was informed and validated by the design and delivery of four participatory planning sessions involving more than forty Capital Health staff members, including front line staff and leaders/managers, from across the organization. Three individuals representing Community Health Boards also took part. Participating departments and community representation is included as Appendix 1.

### Planning Cycle

The planning cycle included the following key steps and activities.

#### Step 1: Where are we now?

- Understanding Capital Health structure, values, stakeholders and core initiatives and framework
- Identifying the key activities and outcomes resulting from the work of the Diversity and Inclusion Steering Committee, staff and relevant Capital Health initiatives
- Conducting an organizational needs and capacity assessment: what do we do well? What are the needs and gaps?

This was conducted by working in close collaboration with DISC, through key informant interviews, document reviews and participatory planning.

#### Step 2: Where do we want to go?

- Participatory visioning to ensure the integration of diversity and inclusion into the vision, mission, Our Promise and Declaration of Health
- Ensuring the work is informed by new and emerging practices in cultural competence, diversity and inclusion

This was conducted using a literature review and integrating review findings to secure informed participatory planning.

### **Step 3: How are we going to get there?**

- Develop a detailed, easy-to-read and use Cultural Competence, Diversity and Social Inclusion Strategic Plan
- Include a strategic vision, logic model and performance measurement framework that includes outcome results and indicators

This was conducted through two participatory planning sessions, plan and evaluation creation and a facilitated day with the Capital Health Diversity and Inclusion Steering Committee to identify their role in moving the plan forward.

### **Guiding Principles for a Participatory Plan Development**

Our work was based on the following guiding principles.

- The process itself is important and must:
  - be developed collaboratively;
  - serve as a learning tool that elevates the importance of diversity and inclusion within Capital and helps participants see that this is integral to work and care; and,
  - be inclusive, culturally competent and build capacity.
- The plan must take an inclusive and broad view of health, including principles of cultural competence, diversity and inclusion, sex and gender, rights and responsibilities, determinants of health, health promotion and population health.
- In the long run, the strategies and approaches identified in the plan should aim to reduce health inequity and build health equity.
- The plan components must align with the values, vision, mission and strategic streams set out in Our Promise, as this work guides the organization and was shaped by the input of citizens, employees, patients, families and communities.
- The plan must acknowledge limited financial resources, and thus maximize effort and sustainability through alignment and embedding of cultural competence and inclusion within existing work, versus proposing new initiatives that require significant funding.

## Guiding Principles for Working Together



## Appendix 5: Diversity Strategic Planning Participant List

Participant	Area of Work
Cybelle Rieber	Primary Health Care
Kelly Thompson	Primary Health Care
Kimberlee Barro	Public Health
Susan Mogae	Public Health
Dawn Burstall	Healthy Workplace and Diversity
Danielle Saulnier	Healthy Workplace and Diversity
Mohamed Yaffa	Healthy Workplace and Diversity
Cheryl Billard	Mental Health
Tony Jenkins	Addiction and Prevention Treatment Services
Margaret Angus	Marketing and Communications
Geoff Wilson	Citizen Engagement
Dr. Stavros Savvopoulos	Family Medicine
Leslie McLean	Cancer Care and Ethics
Roberta Graham	Housekeeping
Anna Jacobs	Community Health Board (CHB)
Kothai Kumanan	CHB volunteer
Rev. Wayne Desmond	CHB volunteer
Barbara LeGay	CHB volunteer
Lesley Dagley	People Services
Penny Logan	Library Services
Lisa Underwood	Research Services
Cindy Andrews	Community Lab
Donna Scotten	Transformation Networking Team
Tyro Setlhong	Diversity, IWK
Heather Hampson	Engagement
Jenny Wellwood	Acute Care
Chris Collins	Tissue Bank
Michele McDonald	Volunteer Services
Karima Bushra	Healthy Workplace and Diversity
Buffy Harper	Spiritual Care
Ricky Anderson	Addiction and Prevention Treatment Services
Lynn Headley	Department of Family Medicine
Evelina Dunlap	Performance Excellence
Dwayne MacKinnon	People Services
Hala Finians	People Services
Michelle Baker	Department of Medicine
Sue Harris QEII	Emergency Room
Linda Sampson	Diagnostic Imaging
Lori Lake	Social Work

## Appendix 6: Sources and Additional Resources

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