



Capital Health

## Diversity Survey Results

October 26 – November 19, 2010

In October/November 2010, Capital Health conducted our first ever workforce diversity survey with a stratified random sample of our employees. The purpose of this survey was to get an accurate picture of our workforce diversity. The diversity survey data is informing the creation and implementation of our diversity strategic plan for Capital Health, due for completion in late May 2011.

One of our goals is to achieve a diverse workforce that reflects the communities we serve. This will allow us to better serve our communities, and will open the door to diverse ideas, perspectives and solutions.

With the information from this survey, we will be able to begin to identify priorities to achieve greater diversity and remove barriers to employment, retention and advancement within Capital Health. All of this is for the sake of providing the best and most culturally competent care to those we serve.

We had expected to be able to report our results in December. Unfortunately, it took longer for us to review and understand the results than we expected. However, we're happy to be able to report the survey results to you now.



## ***Answers to a few frequently asked questions***

### **How many people responded to the diversity survey?**

The survey was sent to 3,697 employees (**not** physicians, learners or volunteers), of which 1,242 responded. This gives us a response rate of 33.6 per cent, exceeding our targeted response rate of 30 per cent.

### **Can results be generalized to all of Capital Health?**

The results can be generalized to the whole Capital Health population with 95 per cent confidence.

### **What do the results mean?**

The diversity survey results give us a snapshot of our workforce diversity at a moment in time. This is valuable information that will guide us as we develop our employment equity policy and target actions to increase our workforce diversity.

The results are a great starting point for conversation. However, we do need to be cautious about interpreting results. At this point, we can't say, "This particular result is because..." As we explore the results further and dig deeper, we will begin to find these answers.

### **How do our results compare to similar statistics in our community?**

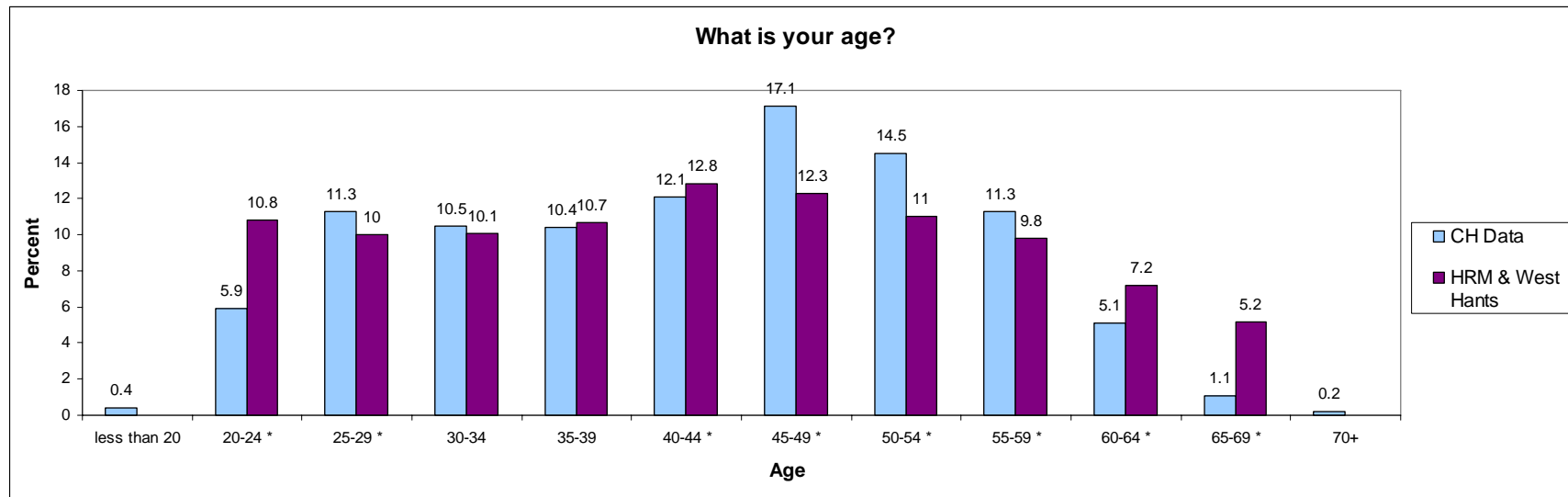
Wherever possible, we have compared our results to similar statistics for the Halifax Regional Municipality and West Hants, the areas covered by Capital Health. However, this was not always possible. For each question below, we have specified our comparison group (in some cases we were not able to compare).

**Where do we go from here?** The results of the diversity survey will inform the development of our organizational diversity strategic plan and employment equity policy, both of which are in development. Our diversity strategic plan is due for completion in late May 2011, and will align with Our Promise, our strategic streams and the 2013 milestones.

If you're interested in getting involved with our employment equity team to increase the diversity of our workforce, please contact Sherida Flemming at 473-2313 or [sherida.flemming@cdha.nshealth.ca](mailto:sherida.flemming@cdha.nshealth.ca).

## Our results

### Age

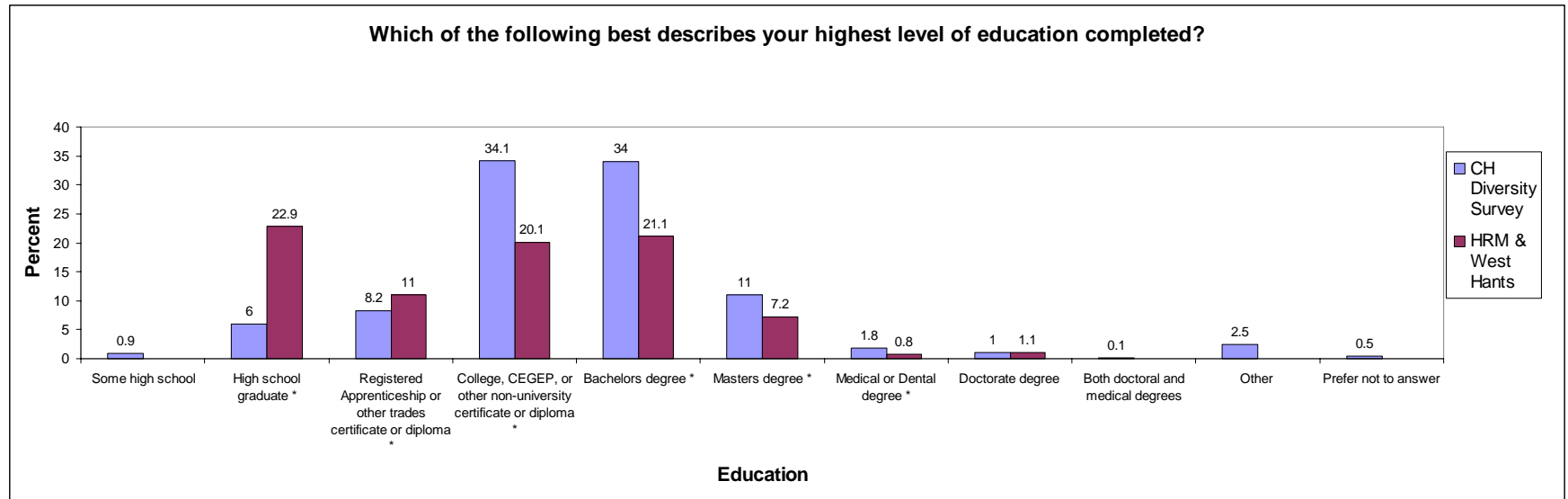


\*Difference is statistically significant.

*Please note:* Comparison data not available for less than 20 and 70+

The above graph reflects staff age information collected by People Services as compared to the 2006 Census of the population through the Community Counts website for HRM and West Hants.

## Education



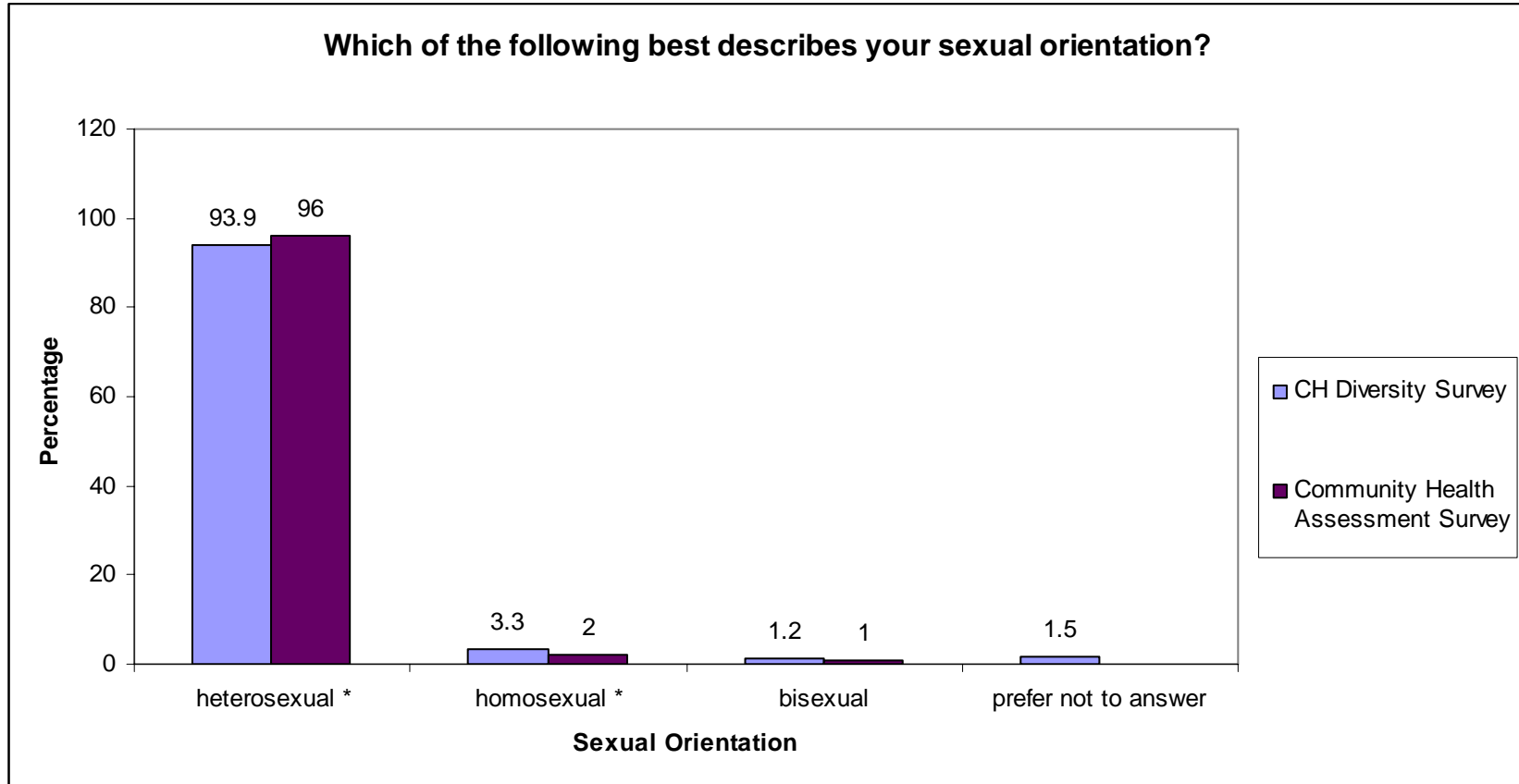
\*Difference is statistically significant.

There is no comparable data for some high school, both doctoral and medical degrees, other and prefer not to answer.

*Please note:* Physicians, learners and volunteers who work at Capital Health were not included in the sample for the stratified random sample. Therefore results are not generalizable to those groups.

The Capital Health Diversity Survey data was compared to the 2006 Census of the population through the Community Counts website for HRM and West Hants.

**Sexual orientation**

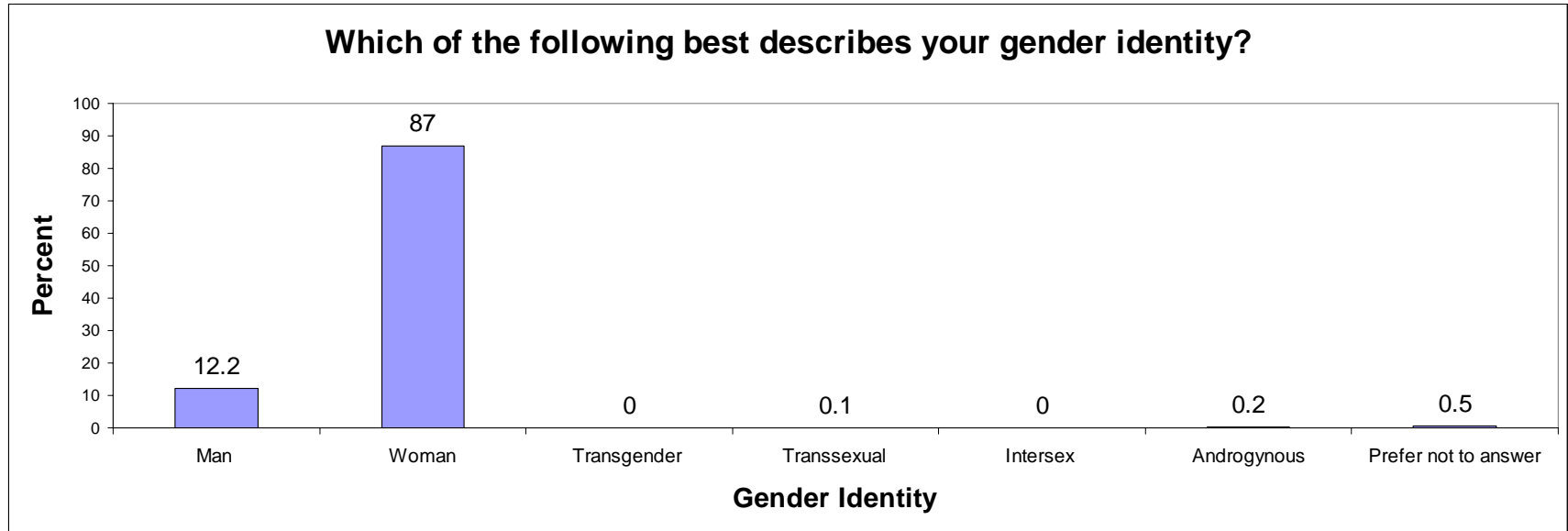


\*Difference is statistically significant.

There is no comparable data for prefer not to answer.

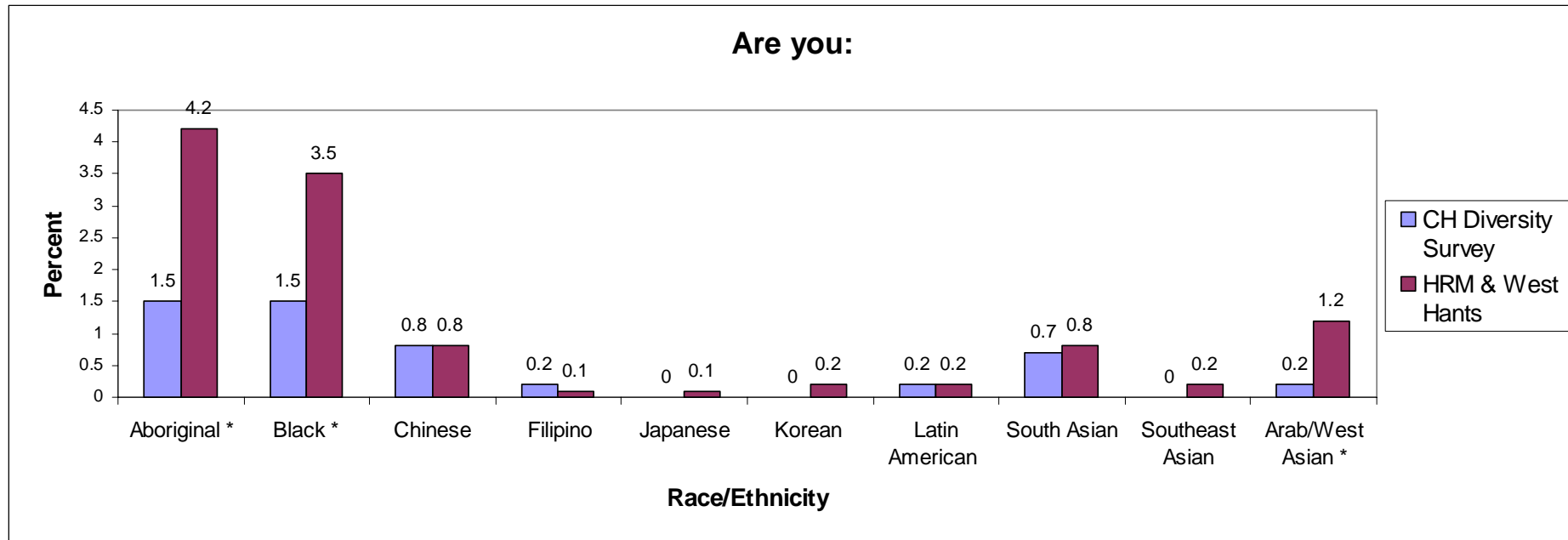
The above graph uses data from the Capital Health Diversity Survey and the Community Health Assessment Survey.

**Gender identity**



The above graph shows just the results from the Capital Health Diversity Survey. No comparison data were located.

**Race/Ethnicity**

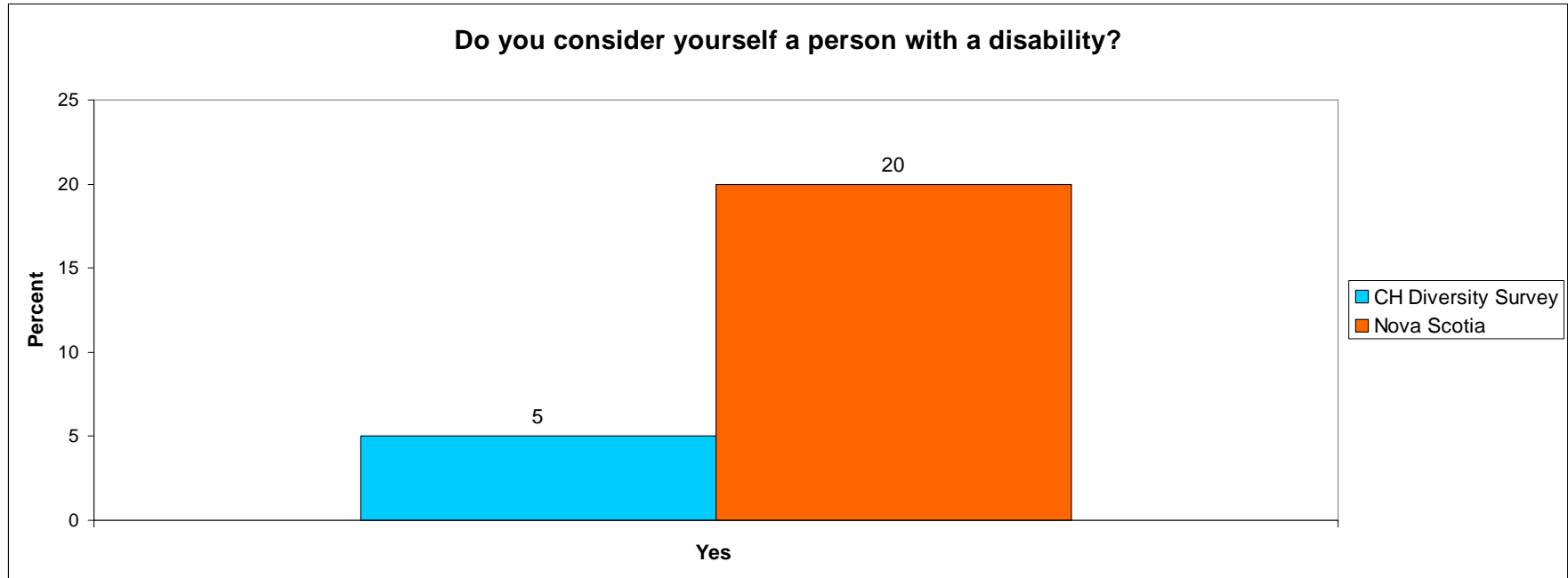


\* Difference is statistically significant.

The above graph reflects the **five per cent (n=61/1226)** of respondents who identified as a visible minority.

The Capital Health Diversity Survey data was compared to the 2006 Census of the population through the Community Counts website for HRM and West Hants.

## Disability

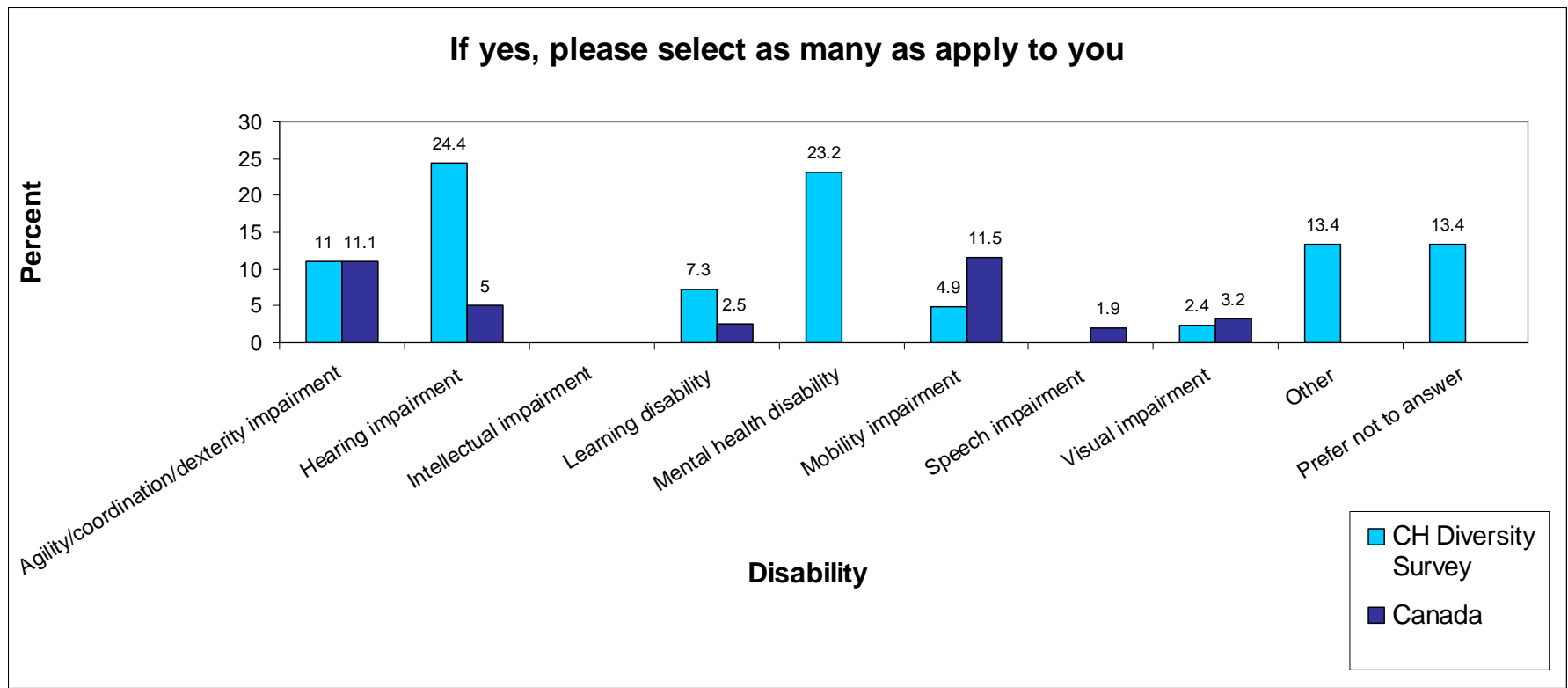


The above graph compares the Capital Health Diversity survey data to the Participation and Activity Limitation Survey 2006, Statistics Canada.

Data required to perform statistical difference tests are not available. Statistical difference tests determine which results are statistically significant.

*Please note:* We do not know how many of the 20 per cent of Nova Scotians with a disability are eligible to work.



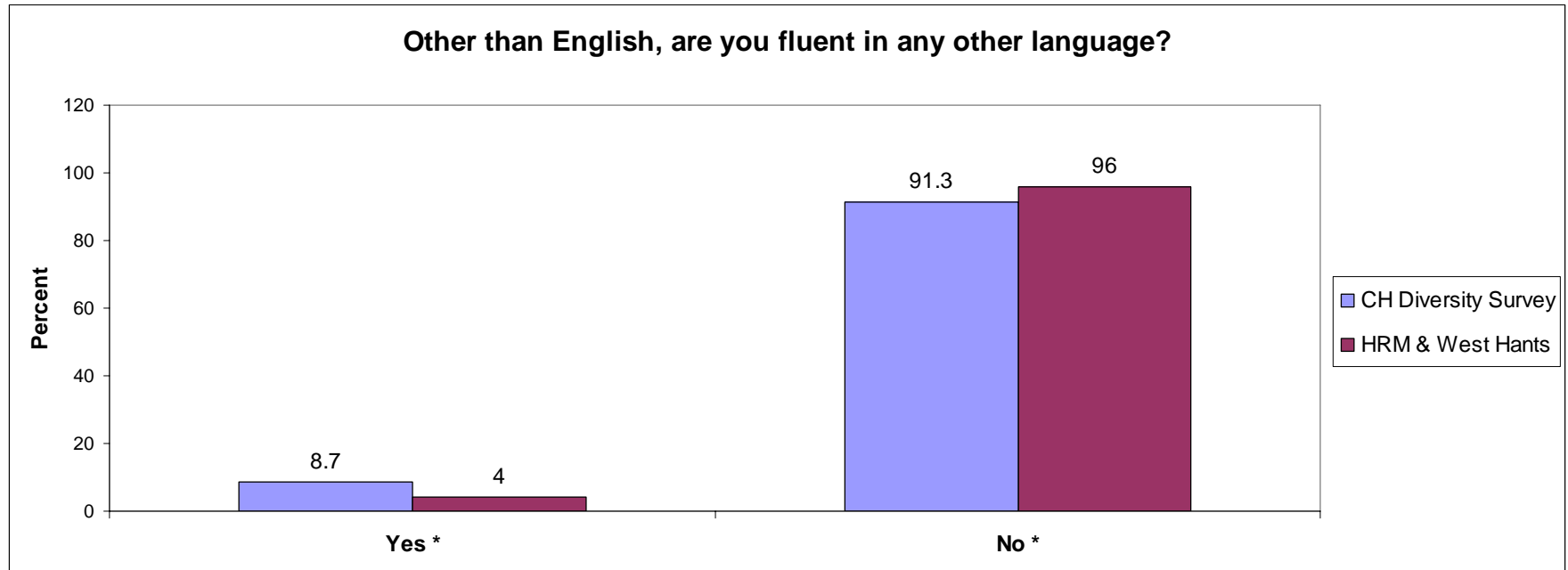


Intellectual impairment, mental health disability, other and prefer not to answer had no comparable data.

Data required to perform statistical difference tests are not available. Statistical difference tests determine which results are statistically significant.

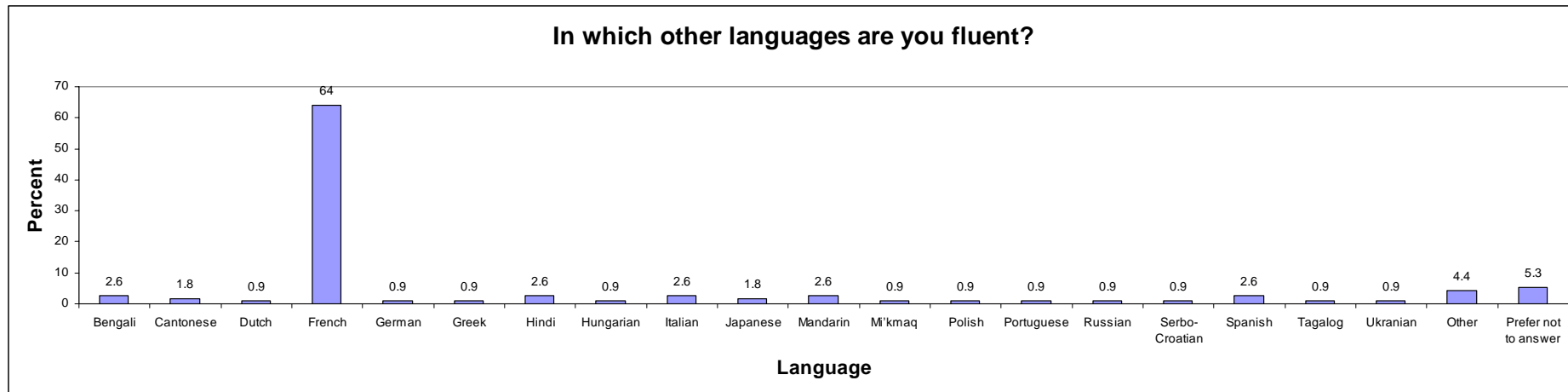
The above graph compares the Capital Health Diversity survey data to the Participation and Activity Limitation Survey 2006, Statistics Canada.

**Language**



\* Difference is statistically significant.

The Capital Health Diversity Survey data was compared to the 2006 Census of the population through the Community Counts website for HRM and West Hants.



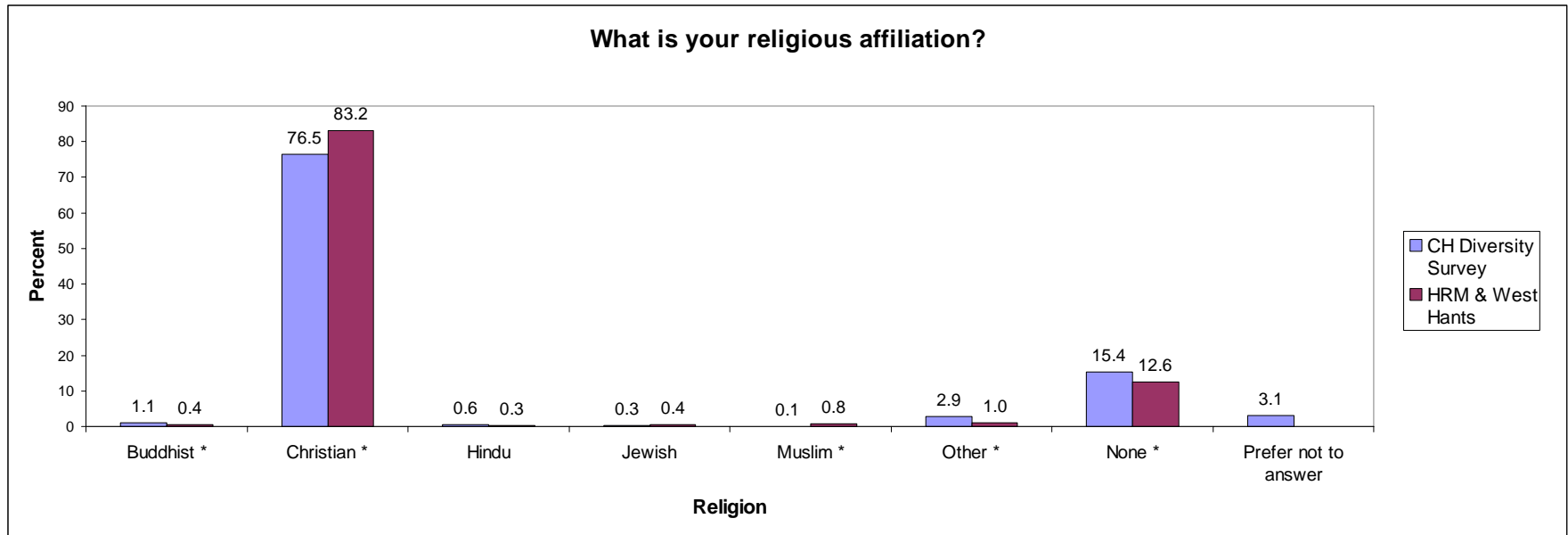
The above graph shows just the results from the Capital Health Diversity Survey.

Of the **8.7 per cent (n=107/1224)** who are fluent in another language, 64 per cent speak French and the rest speak Bengali, Cantonese, Dutch, German, Greek, Hindi, Hungarian, Italian, Japanese, Mandarin, Mi'kmaq, Polish, Portuguese, Russian, Serbo-Croatian, Spanish, Tagalog and Ukrainian.

Other listed languages that had a response rate of zero:

Albanian, Amharic, Arabic, Bosnian, Gaelic, Hebrew, Korean, Nepali, Persian (Farsi), Punjabi, Sign language, Swahili, Tamil, Turkish, Urdu and Vietnamese.

## Religion



\*Difference is statistically significant.

There is no comparable data for prefer not to answer.

The Capital Health diversity survey data was compared to the 2001 Census of the population through the Community Counts website for HRM and West Hants.