Capital District Health Authority

A Review of

Diversity and Inclusion Practises

Within Organizations

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For Capital Health Diversity and Inclusion Steering Committee
March 13, 2007

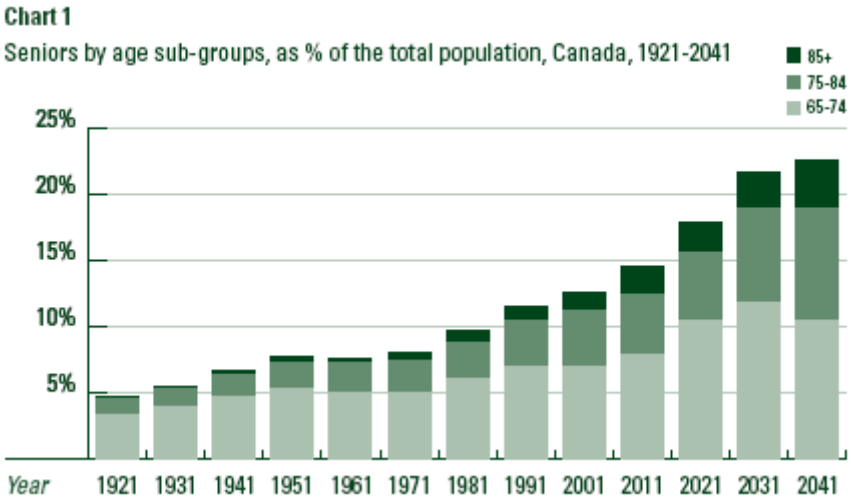
“Cultural Competence is Best Practice”

New York State, Office of Mental Health

Introduction

One of the most distinctive features of Canadian Society is the diversity of its people. Over the past three decades there has been a trend in Canada toward increasingly different cultures, races, ethnicities, and sexual minorities. As well there has been a rise in homelessness, disability, mental illness and negative attitudes toward the aging, which has resulted in different minority groups, increasingly diverse needs, new " minority groups" and some of the greatest challenges to date faced by our national health care system. For example, since 1990, Canada has accepted approximately 230,000 new immigrants per year, mostly from countries where English is not the first language[1] .Another rapidly increasing population is Canada's aging population.

"Seniors constitute the fastest growing population group in Canada. In 2001, it was estimated that 3.92 million Canadians were 65 years of age or older, a figure that is two thirds more than in 1981. During the same period, the overall Canadian population increased by only one quarter. The proportion of seniors in the overall population has gone from one in twenty in 1921, to one in eight in 2001. As the "baby boomers" (born between 1946 and 1965) age, the seniors population is expected to reach 6.7 million in 2021 and 9.2 million in 2041 (nearly one in four Canadians). In fact, the growth of the seniors population will account for close to half of the growth of the overall Canadian population in the next four decades.'



Canada's Aging Population, A report prepared by Health Canada in collaboration with the Interdepartmental Committee on Aging and Senior Issues, 2002

What is significant about this population is their diversity. It is suggested that one in four people in the aging population was born outside of Canada. Further with the trend toward immigration increasing significantly, seniors of this generation and generations to come will be more culturally different than ever before.

In the context of health care it is imperative that systems improve their levels of cultural knowledge in order to provide the high level of health care that citizens of this new Canada will need.

It is important to note that in creating this document, what became evident was the lack of information about best or promising practices relating to diversity and inclusion within health care organizations. It is important to note the distinction between the above mentioned research and research related to the difficulties experienced by people in minority and/or marginalized groups. To demonstrate the need for higher levels of cultural competence is a much easier task than to find promising practices and approaches in cultural competence within the health care system in Canada. For example in reviewing health care across Canada, Nova Scotia's Department of Health produced what appeared to be(at the time of writing of this document) the only set of cultural competence guidelines for a provincial health care department in Canada. It would appear through reviewing this phenomenon that this may result from the fact that incorporating diversity and inclusion programs within Canadian health care systems is an extremely new and evolving practice.

Diversity in Nova Scotia

In the province of Nova Scotia, the trend toward a broader and more diverse culture is no different. Within Capital Health, for example, we have learned the following information about how diverse our population is:

- ✓ 68% of African Nova Scotians reside in the Capital District Health Authority
- ✓ The second most spoken language is Arabic followed by Mandarin and Punjabi
- ✓ We have a junior high school in Halifax where 51 languages are spoken
- ✓ 30% of military families living in CDHA are unilingual francophones
- ✓ 25,000 people report being members of diverse communities
- ✓ 10,180 people form our Francophone population
- ✓ 3,520 people form our Aboriginal population
- ✓ 13,085 people form our Black population
- ✓ The gay, lesbian, bisexual, trans and intersex population accounts for one of the largest minority groups in Capital Health
- ✓ There are 33 religious denominations within C.H.

Therefore it is vital that Capital health enhances its learning in all areas of diversity and inclusion, in order to continue to provide high levels of quality health care.

What is Capital Health Doing About It?

The first step for Capital Health has been to acknowledge that systemic improvements in diversity and inclusion practices are a priority, which it has done. Capital Health has been actively involved over the past five years in recognizing the diverse needs of his patients, the communities it serves and its evolving workplace. For example these are some of the accomplishments to date:

- Capital Health Diversity and Inclusion Steering Committee
- Created a logic model, work plan
- Resourced the action plan
- Diversity and inclusion educational sessions and expanded library materials
- Five community committees related to diverse groups
- African Nova Scotian, Immigrant and First Nations' community presentations received
- Created action plans to address issues presented
- Diversity lens on various committees
    1. Cancer Screening
    2. Patient Education
    3. Mental Health
    4. Community Health
    5. Capital Health Ethics Committee
- French language signage and materials
- Working with existing committees to access research
- Creating new research
- Working collaboratively with CH Mental Health Program
- Working on a model of Cultural Interpretation for the district/province
- Building a provincial community of practice
- Best practice being explored to inform creation of a second phase educational step.
- Creation of a workshop to address developing skills in cultural competency for C.H. and to be rolled out Provincially

As well an internal environmental scan was completed February 16 2007. The focus of this survey was to gather information on diversity and inclusion activities that have been, or are being implemented, within Capital Health.

The survey was sent to 529 contacts in Capital Health in a broadcast email format. Twenty seven surveys were returned, representing 23 different departments. It is significant to note that the return rate from individual contacts was .05 %, while the number of departments was 23 out of an estimated 270 which was a .08 % departmental return rate. While a higher survey return rate would have been more beneficial, the 23 different departments that returned the survey provided an interesting cross section of information. Departmental responses ranged from mental health services, to Veteran Services, to the Chief of Staff at one of the hospitals, to the Regional Tissue Donor program. It is important to note that Capital Health's mental health program responded to the most questions, with the most activities related to diversity and inclusion. The work of this department was known to the Diversity and Inclusion steering committee prior to this survey, however the extensive work and forward thinking of this department is to be commended

In reviewing how many respondents were aware of the Capital Health's work related to diversity and inclusion, 17 out of 27 responses indicated they knew about this initiative. Again although the response rate is low, of those returned surveys 62 % were aware of Capital Health's work in this area. It is significant to note that this information suggests the importance of continuing to raise the profile of this work.

With regard to survey respondents being involved in any professional development related to cultural competency, no more than 5 responses indicated any training and/or any ongoing training. It is important to consider the implications of this response should it provide even a theoretical indication of the current trend of professional development relating to cultural competence within Capital Health. It will be important to examine this trend more closely to assess whether it in any way reflects the suggestion that training in cultural competence is either not offered, recommended or available for the Capital Health workforce.

The results of this survey also indicated that there were limited to no online resources, and limited signage and brochures, with only five departments offering two posters, "a few pamphlets," and four online links, which does not reflect the diversity of the population Capital Health serves. The CH Health Sciences library acknowledged its collaborative work with the Diversity and Inclusion committee, indicating that it had recently updated its resources to include more materials and resources related to diversity and inclusion. It will be important to explore CH environments to determine the true extent of the lack of culturally diverse information available and evident in Capital Health facilities.

With respect to the question number three, inquiring about projects involving cultural competency in your area, the results appeared broader based and more far reaching. Two respondents, one of which was the Capital Health Human Resources department, indicated that they were involved in reviewing hiring practices to improve their approach to hiring culturally diverse groups. This work

has broad implications; in that, it has the capacity to increase diverse staff hiring throughout the CH organization, as well as improve in areas such as workplace accommodations for people with disabilities and mental illness who may be seeing employment with Capital Health. As well, there was recognition of the interpreter services work that the Diversity and Inclusion initiative has been promoting. The improvement to interpreter services will have extremely positive implications for the high percentage of Capital Health patients who are non English speaking. Finally, participation in cultural competence education and/or raising awareness sessions was noted by at least three departments whereby all members of these areas were expected to participate. The positive impact of raising awareness about cultural competency for ALL members of departments cannot be overstated. Within the first year of implementing the strategic goals of the Diversity and Inclusion Committee, at least 1000 employees have received a presentation designed by the committee aimed at raising awareness about the importance of cultural competency in health care. Raising awareness is without a doubt, the first important step in successfully transferring the learning of the Diversity and Inclusion committee to the Capital Health workplace.

External Review of Diversity and Inclusion Practices in Health Care- In Canada

In order to fully embrace this cultural shift, it is important that we explore the approaches used by other health care organizations in order to ensure learning about what has worked and what hasn't. Through this exploration, it is anticipated that there will be information garnered that will assist Capital health in building an effective, successful and sustainable diversity and inclusion strategy.

The first area of review is physician training. In Canadian medical schools cultural competency training historically and typically has been provided informally through the supplementing information in current curriculum, guest speakers and the latest addition, which has included CME and /or refresher credits.

In the United States, the position of the American Medical Association differs; in that, they have acknowledged cultural competency as an integral piece of medical education.

"A cultural competence curriculum cannot be an add-on to the present medical school curriculum. If issues such as culture, professionalism, and ethics are presented separately from other content areas, they risk becoming de-emphasized as fringe elements or of marginal importance.

http://www.aamc.org/meded/tacct/culturalcomped.pdf

As a result of this position, the AMA has developed an instrument called the TACCT(Tool for Assessing Cultural Competence Training)

"This instrument can be used by medical schools to examine all components of the entire medical school curriculum. Schools can identify areas in the curriculum

where specific aspects of culturally competent care are currently taught, including previously unrecognized educational elements. The TACCT permits gaps to be identified, as well as planned and unplanned redundancies that will allow schools to make the best use of opportunities and resources. The TACCT may be used for both traditional and problem-based learning curricula."

http://www.aamc.org/meded/tacct/culturalcomped.pdf

It is interesting to note that In March 2005, New Jersey became the first state in the US to require cultural competency training as a mandatory condition of physician licensing, as well as having the inclusion if its curriculum in state medical schools. In addition Arizona, California, Illinois and New York have similar legislation pending.

The next area of exploration was the nursing profession. In the Canadian the nursing profession, the College of Nurses of Ontario has drafted practice guidelines for Culturally Sensitive Care.

This work consists of the following assumptions:

■ ***Everyone*** has a culture.
■ Culture is individual. Individual assessments are necessary to identify relevant cultural factors within the context of each situation for each client.
■ An individual's culture is influenced by many factors, such as race, gender, religion, place of birth, ethnicity, socioeconomic status, sexual orientation and life experience. The extent to which particular factors influence a person will vary.
■ Culture is dynamic. It changes and evolves over time as individuals change over time.
■ Reactions to cultural differences are automatic, often subconscious and influence the dynamics of the nurse-client relationship.
■ A nurse's culture is influenced by personal beliefs as well as by nursing's professional values. The values of the nursing profession are upheld by all nurses. (See the practice standard *Ethics*.)
■ The nurse is responsible for assessing and responding appropriately to the client's cultural expectations and needs.[2]

It also became evident that as was the case with the medical profession cultural competency training was either supplementary to the mainstream curriculum or available through professional development

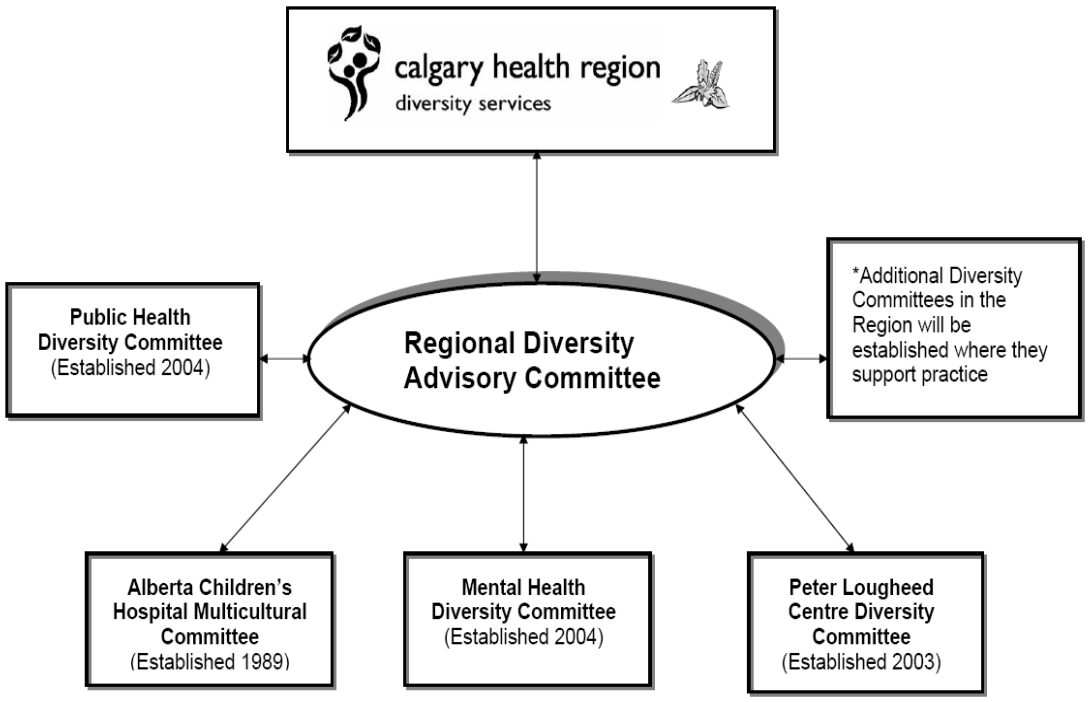
With respect to various provincial health departments and health authorities the following information related to cultural competency practices, was ascertained.

The Nova Scotia Department of Health has developed and formally adopted what appears to be the first set of provincial cultural competence guidelines for a provincial department governing a health authority in Canada.

The Calgary Health Region commenced its formal diversity work in the year 2000. Their Regional program is administered through the Southeast Community Portfolio and supported by the Regional Diversity Advisory Committee. The manager is the main contact with respect to Regional development of, and issues related to, diversity.

The various committees and/or services are illustrated in the diagram below:

Model for Diversity Committees in the Calgary Health Region



http://www.calgaryhealthregion.ca/hecomm/diversity/pdf/strategic_plan_july15.pdf

The Calgary Health Regional Diversity program has identified 7 key indicators of a Diversity competent health care organization:

1. A Diversity Competent Health Care Organization has policies, programs, structures, procedures, and communications that are reflective of diversity.
2. A Diversity Competent Health Care Organization has an organizational culture of inclusiveness and respect.
3. A Diversity Competent Health Care Organization employs equitable human resources practices.
4. A Diversity Competent Health Care Organization continually assesses its level of diversity competency, recognizes that a diversity competent organization is made up of diversity competent individuals and provides ongoing skill development and training in diversity competency.
5. A Diversity Competent Health Care Organization implements equitable and accessible programs and services for all.
6. Diversity Competent Health Care Organization develops participatory relationships with the community.
7. A Diversity Competent Health Care Organization supports evidence-based practice through research with diverse populations.

http://www.calgaryhealthregion.ca/hecomm/diversity/pdf/regional_diversity_progress_report_2005.pdf

It would appear that in reviewing this organization's strategic plan, as well as their annual reports, this program has evolved significantly since its inception in 2000. As well in reviewing the annual outcomes reported through their annual diversity reports, it would appear that this health care organization is successfully implementing diversity programming as well as achieving its annual outcomes. Information about this work can be located at the following url:

http://www.calgaryhealthregion.ca/hecomm/diversity/

Mount Sinai Hospital in Toronto is another health care organization implementing diversity and inclusion practices within Health Care. A Diversity and Human Rights office was created in 2000.

"The Diversity and Human Rights Committee was established with representation from key departments across the hospital and management and union representatives. The committee reviews Hospital policies and procedures to ensure they adhere to the Hospital values. The 2003 Hospital Accreditation team described Diversity and Human Rights programs at Mount Sinai Hospital as "These are excellent programs and we believe they probably lead the nation."

http://www.mtsinai.on.ca/Diversity/About.htm

After repeated unsuccessful attempts to connect with the diversity representative from this organization, the information below was still included as a means of initial learning. It is important to note that this organization collaborates with 70 other health care organizations in the Greater Toronto area through a network

described in the forthcoming information describing the Diversity Health Practitioners Network (DHPN). Therefore it is reasonable to assume that they are active in supporting diversity initiatives. A future recommendation would include successfully connecting with this group to learn more about their diversity and inclusion practices.

St. Michaels Hospital in Toronto has a position that is responsible for Diversity and Special Projects. The focus of their organizational work involves the following:

Diversity:

- Directing a large organizational cultural change initiative
- Founder Diversity Health Practitioners Network and Health Equity and Diversity Conference;
- Facilitate cultural sensitivity training/education;
- Advisor to management and front line staff on diversity issues;
- Diversity leadership in the wider health sector - sharing knowledge;

Community Outreach:

- Support and provide leadership to four Community Advisory Panels on HIV/AIDS, Mental Health, Women and Children at Risk, Homeless & Under housed;
- Engage various research methodology to gain community input;
- Support community festivals and ensured a valuable SMH presence;
- Leadership within the health sector on effective and meaningful outreach;
- Active member of various community based health networks;

Corporate Initiatives:

- Strategic Planning with SMH, other health facilities, health networks, Toronto Central Local Health Integration Network, all levels of Government and NGOs;
- Accreditation Leadership with Women's Health and Vulnerable Populations Teams;
- Active member of the Ontarians with Disabilities Committee, St. Michael's Feast Day Committee, Culture of Discovery, People Strategy and Hospital Health Fairs (healthy workplace initiatives);
- Various SMH presentations at Conferences and SMH consultant on social health concerns;
- A mentor for Internationally Trained Professionals.

Finally, St. Michaels has created a handout entitled 10 Tips for Caring for a Diverse Population (See Appendix 2).This handout is simple, easy to follow and would be most helpful as a quick reference for health professionals.

Diversity Representatives from St. Michaels Hospital Toronto, Mt Sinai Hospital, Centre for Addiction and Mental Health, and the University Health Network have

also spearheaded the Diversity Health Practitioners Network(DHPN). This group consists of 70 representatives each from health care related organizations in the Greater Toronto Area.

Its vision and principles are as follows:

I. Vision/Mission

The Diversity Health Practitioners Network (DHPN) will provide experience and leadership to increase access & equality to healthcare and decrease health disparities to marginalized populations in the Greater Toronto Areas (GTA) and the Province of Ontario. Through advocacy, research, organizational change management, community partnerships and collaboration, the DHPN is committed to providing leadership and expertise in advancing a health agenda in the very diverse GTA and the Province of Ontario that recognizes the importance of providing health care that:

- Is respectful of diversity, equity and social justice principles, concepts and practices
- Is accessible to marginalised, diverse communities
- Is inclusive of these communities developing programs and leadership opportunities
- Is culturally competent in providing effective and appropriate clinical/supportive care for patients and clients from diverse backgrounds
- Is accountable to a range of stakeholders from diverse communities
- Addresses all aspects of organizational change from an anti-oppression and equity perspective

The principles that have been drafted for this network can be viewed in Appendix 3.

A preliminary discussion was held with Sharon Davis- Murdoch, the project lead responsible for the Cultural Diversity and Inclusion Initiative with the Nova Scotia Department of Health. This discussion centred around forming a network of Diversity Practitioners in the HRM. In reviewing the work of Toronto's DHPN, it would seem that this idea would be a successful next step in advancing the diversity and inclusion work of Capital Health, the Department of Health, their external stakeholders, and in the future, all Nova Scotia Health authorities.

It would appear that in reviewing diversity and inclusion practises in the Canadian health care system, they are in their infancy , however appear to be gathering momentum, both, in their application "on the ground," and in receiving acknowledgement and resources from the systems that need to support them.

External Review of Diversity and Inclusion in Health Care- in Other Countries

It is important to note that diversity and inclusion practices, although in their infancy, are far reaching in terms of recognition of their importance, and their early stage development. For example in the United States the Office of Minority Health has created a set of National Standards called CLAS (Culturally and Linguistically Appropriate Services (CLAS)

"The CLAS standards (see Appendix 1) are primarily directed at health care organizations; however, individual providers are also encouraged to use the standards to make their practices more culturally and linguistically accessible. The principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with the communities being served.

The 14 standards are organized by themes: Culturally Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14). Within this framework, there are three types of standards of varying stringency: mandates, guidelines, and recommendations as follows:

CLAS **mandates** are current Federal requirements for all recipients of Federal funds (Standards 4, 5, 6, and 7).

CLAS guidelines are activities recommended by OMH for adoption as mandates by Federal, State, and national accrediting agencies (Standards 1, 2, 3, 8, 9, 10, 11, 12, and 13).

CLAS recommendations are suggested by OMH for voluntary adoption by health care organizations (Standard 14). "

http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15

Recent research has also corroborated the reality that cultural competence is a broad term, with many implications. However a key theme for American health professionals is the importance of adjusting ones own cultural experience and possible biases in order to better understand those of the patients they serve.

"No single definition of cultural competence is universally accepted. However, several definitions currently in use share the requirement that health care professionals adjust and recognize their own culture in order to understand the culture of the patient.[18] Cultural and linguistic competence can be conceptualized in terms of organizational, structural, and clinical (interpersonal) barriers to care.[19] The Office of Minority Health defines cultural competence as the ability of health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by patients to the health care encounter.[20] At the patient-provider level, it may be defined as the ability of individuals to establish effective interpersonal and working relationships that supersede cultural differences.[3] The Liaison Committee on

Medical Education includes the need for medical students to recognize and address personal biases in their interactions with patients among their objectives for cultural competence training.[21] Medical educators have defined eight content areas (general cultural concepts, racism and stereotyping, physician-patient relationships, language, specific cultural content, access issues, socioeconomic status, and gender roles and sexuality) that are taught within a commonly accepted rubric of cross-cultural education curricula.[2"]

It is interesting to note that although the United States has a set of standards that must be implemented in order to be a recipient of federal health care funding (which appears to indicate a strong commitment to improving minority health care), the acknowledged diversity groups in the literature appear more limited than their Canadian counterparts. For example the identified minorities do not appear to focus beyond African Americans, Pacific Islanders, Hispanic, Latinos and Native American.

In exploring European practices related to cultural competence and health care, it appeared that although European countries perhaps have more interaction with diverse populations, because of their close proximity to each other, their work in improving cultural competence in health care is in its early stages as well.

"Cultural competence training for staff in healthcare seems one of the most widespread measures to deal with ethno cultural diversity, especially in North America. Most of the studies and experiences of this training originate from the United States; European contributions, especially from continental Europe, are rare."[3]

That being said, and as is the case with North America, there is a focus on improving primary health case, using the foundational principles of population health. It is then reasonable to hypothesize that this restructuring of health care will eventually focus on cultural competency, as the importance of culture as a determinant of health is identified as a impacting ones health status.

Finally, the Australian College of Physicians and Surgeons, in conjunction with the Australian Health and Social Policy Unit have clearly articulated the need for improved levels of cultural competence in their health care system.

They have determined the following:

"Australian society has developed and maintained a social distance from Indigenous Australians. Frequently Indigenous Australians are confronted with a very negative looking glass from others who have considerable potential power over them, including doctors. Consequently there is considerable insecurity about Indigenous Australian's perception of self, traditions and their background in

relation to health services and to the wider society. This is exemplified in the poor health statistics for Aboriginals and Torres Strait Islanders.[4]"

Further, they have offered best practice recommendations based on the integration of their findings with the cultural competency work of Georgetown University's National Center for Cultural Competence and information garnered from The United States Office of Minority Health.

"There are five essential elements that contribute to a service system's ability to become more culturally competent.

The system should:

- Value diversity
- Have the capacity for cultural self–assessment
- Be conscious of the "dynamics" inherent when cultures interact
- Institutionalize cultural knowledge, and
- Develop adaptations to service delivery reflecting an understanding of diversity between and within cultures[5]

These five elements must be present in every level of the service delivery system. They should be reflected in attitudes, structures, policies, and services.[6] "

http://www.racp.edu.au/hpu/policy/indig_cultural_competence.htm

In reviewing other practices in other countries, it would appear that the need for cultural competence has been consistently acknowledged. It seems there is an overall trend in countries practicing " western medicine" of being in the very early stages of developing strategies(identifying the need to improve cultural competence) to being " on the ground" and in the early stages of implementing and testing these approaches.

What Is Happening In The Business Sector?

Major corporations throughout both Canada and the United States have embraced the principles of Diversity and Inclusion. In fact in seeking information about diversity programs in the business sector vs. the health care sector, it seemed more often than not, that the business sector was progressing with diversity and inclusion programming more quickly than health care.

Ernest Young, named one of the top 50 companies to work for in Canada by Great Place to Work® Institute Canada has taken the issue of diversity seriously through developing a people first culture.

“We want our people to succeed. Without great people, we cannot be a great organization, so we strive to provide an environment where talented people can develop and flourish. We call it People First.

Our Culture Fosters Success. We provide our people with the development and knowledge resources they need to be successful in all aspects of their lives — both personally and professionally. Within our firm, employees have access to learning, knowledge, and professional support, including mentors and development networks. And we regularly recognize and reward achievement.

An Inclusive View. We are committed to creating an inclusive environment — one that is progressive, flexible, and values the individual contributions of all of our people. The diversity of thought and experience of our people is essential to our firm’s success. Our Office of Minority Recruiting, Office of Diversity Strategy and Development, and the Offices for Flexibility and Gender Equity Strategy are dedicated to maintaining an environment that respects and builds on the assets and talents of everyone, without regard to race, background, gender, or sexual orientation.

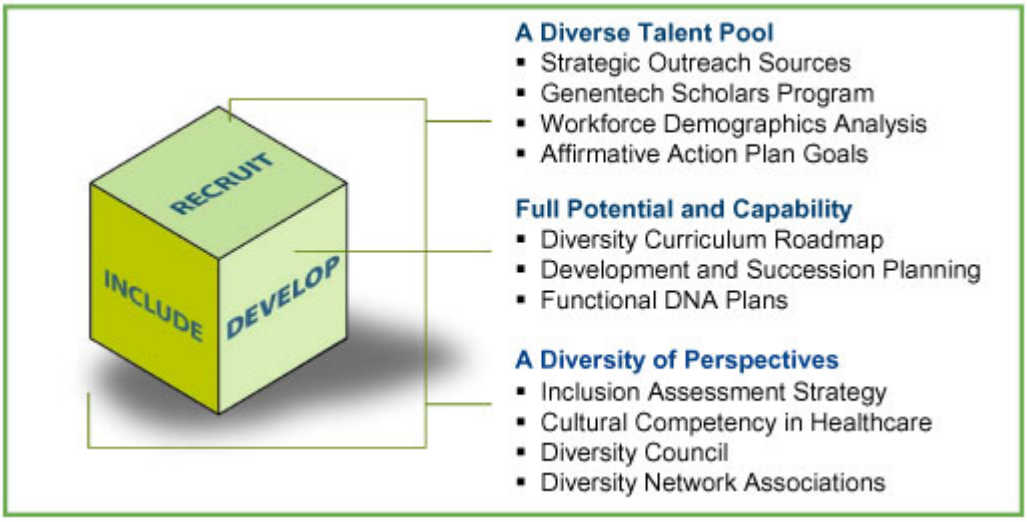
A Flexible Perspective. We believe that people perform best in — and want to maintain relationships with — organizations to which they feel truly connected. Ernst & Young has earned a reputation as having a culture that enables people to meet both their personal and professional goals. More than work/life balance, our efforts to create a supportive culture have grown to focus on workplace flexibility. Giving our people flexibility means we help them navigate where, when, and how their work gets accomplished.

A Generous Spirit. Putting people first isn't confined to the workplace. Whether its supporting the arts and civic organizations through our firm sponsorships, our tradition of philanthropy in supporting higher education and professional organizations through the Ernst & Young Foundation, or our community engagement at the local level, Ernst & Young and its people give generously of their time, talents, and resources. The result is a culture that recognizes the power of every person to make a difference. “

http://www.ey.com/global/content.nsf/US/About_Ernst_Young_-_Supporting_Our_People

Another example of the business sector embracing diversity is Genentech. Lauded as the 2nd best company to work for in the United States by Fortune 100 Magazine, Genentech is among the worlds leading biotech companies, with multiple products on the market for serious or life-threatening medical conditions. The company is also the leading provider of anti-tumor therapeutics in the United States. In 2001, this company created a mission to define its strategy.The resulting Diversity in Action (DNA) 3-Point-Plan has provided a corporate platform for all its diversity initiatives. In this plan they have highlighted the

following three principles and actions in creating a diverse and inclusive environment:



http://www.gene.com/gene/about/diversity/programs/inaction.jsp

They have also developed Diversity Network Associations (DNA) which are employee groups that championing opportunities that align with Genentech's business goals as well as meeting their diversity and inclusion objectives

These employee groups are described as follows:

AAIB — African Americans in Biotechnology AAIB is dedicated to achieving a culturally diverse environment in the biotech industry in order to improve the development of drugs to address the unmet medical needs of a more culturally diverse patient population, allowing us to be more competitive in the global marketplace.

FACT — Filipino Americans Coming Together @ Genentech FACT's mission is to enrich diversity, support health education in our communities, elevate cultural awareness, and enhance personal and professional development within the Genentech community through inclusion, outreach efforts, and cultural events.

G O & E — Genentech Out & Equal Our mission is to foster a workplace environment at Genentech that is supportive of lesbian, gay, bisexual and transgender (LGBT) employees and sets the standard for the biotechnology industry.

NextGen — Developing the Next Generation of Leaders NextGen's mission is to cultivate employees new to the workforce into future Genentech leaders by providing opportunities for personal and professional growth.

VIDA — Latino Professionals @ Genentech The VIDA mission is to foster Genentech employees sharing Latino culture and our commitment to life (vida) to advance Genentech's business and our professional success.

SANG — South Asian Network @ Genentech SANG's mission is:

- To promote awareness of South Asian culture at Genentech;
- To provide a forum to enhance career growth for South Asian professionals within Genentech through networking; and
- To collaboratively support and actively participate in Genentech's diversity initiatives.

SAGES — Solidarity in Appreciation for Genentech Experienced Seniors SAGES promotes an age-friendly work environment at Genentech that encourages collaboration and interaction among all age groups and utilizes the life experiences of its greatest assets: its employees.

http://www.gene.com/gene/about/diversity/programs/inaction.jsp

Another catalyst for embedding diversity within business has been the formation of the magazine, DiversityInc. By providing current leading edge information about the business benefits of diversity, DiversityInc has been a catalyst in moving diversity from a mandate to a serious business discipline. They have raised the profile of diversity through articles, marketing and creating an annual Top 50 Diversity companies list. For example, thirty percent of the companies on The 2006 Diversity Inc. Top 50 Companies for Diversity list have created external councils as advisers and regulators who oversee the company's diversity efforts. Coca-Cola Co., Deloitte & Touche and MGM MIRAGE are three of those companies.

Although it would seem that the business sector has embraced diversity initially because they clearly understand the business case for this strategy, the eventual outcomes are nonetheless positive. Companies report higher levels of tolerance in the workplace, a better understanding of the cultures they do business with, increased productivity, and more opportunities for disadvantaged people who may not otherwise have access, which ultimately benefits the people they are interacting with, as well as the people they employ.

In summary, it has become increasingly evident through reviewing information related to diversity and inclusion practices, that this change toward more diverse and inclusive environments is evident across governments, systems, business sectors, community stakeholders and people. With this in mind, the increasing cultural diversity in Canada is driving the need for improvements to the health care system. Given that health care systems are microcosms of our culture, then it remains that health care will continue to encounter a demand for greater

cultural sensitivity because of this ever expanding cultural mosaic we call Canada.

Recommendations

1. Remember- this work in is its early stages

In reviewing the information in this paper, themes have emerged with respect to best or most promising practices. However it is important to note that although Canada, and with respect to this document, Nova Scotia, appear to be consistent if not ahead, in working toward implementing more diverse and inclusive practises in health care, the infancy stage of this discipline has made it difficult to locate best practices information that has been consistently researched. That being said, with the multitude of initiatives currently underway, although the information reviewed is more qualitative in nature, it has been most valuable.

2. Utilize current and successful change management strategies

Another important observation in reviewing the approaches and strategies used to implement various diversity programs or initiatives, is that a priority for Capital Health must be to apply current change management strategies.Current research conducted by Prosci with more than 1000 organizations from 59 countries shows that people must achieve five building blocks in order for change to be realized successfully. These building blocks are described by the **ADKAR** Model and include awareness, desire, knowledge, ability and reinforcement.[2]

1. **Awareness** – of why the change is needed
2. **Desire** – to support and participate in the change

3. **Knowledge** – of how to change
4. **Ability** – to implement new skills and behaviors
5. **Reinforcement** – to sustain the change

http://en.wikipedia.org/wiki/Change_management#_note-Kotter

Organizational change management generally refers to a process and set of tools for managing change at an organizational level. When combined with an understanding of individual change management, these two principles provide a framework for managing the people side of change. With respect to the need for Capital Health to become a more diverse and inclusive environment, the foundation for this entire shift is the people who use Capital Health and the people who work at Capital Health. This change is about people; hence, focusing on and applying successful change management strategies will be imperative in ensuring successful cultural change.

3. *Include diversity training for all new employees*

This recommendation was common across many programs, projects and initiatives. It was also highlighted that the training be uncomplicated, non-threatening and focused on engaging and creating buy in of new employees

4. *Align diversity and inclusion work with vision, mission and values of organization*

Through the 12 years that St. Michaels has been developing its diversity and inclusion practices they have clearly indicated that from the first day they started to their program to today they have always aligned their diversity focus with their organization's vision, mission and values.

5. Formation of a network of Diversity Practitioners in the HRM

It is possible that this group may be small at its inception, but the membership does not have to be limited to health care diversity practitioners. It can include representatives of organizations that have an interest in making their organizations more diverse and inclusive, which will undoubtedly cross sectoral opportunities for community collaboration and shared learning.

6. *Ensure that individual minority groups do not become assimilated with other groups but rather encourage understanding, and learning about all groups*

It will remain crucial that in acknowledging the needs of various minority groups through improving cultural competency practices, that these groups are not expected to assimilate with each other for the sake of broader diversity and inclusion principles. The focus of achieving cultural competence should remain on understanding all of what makes each group different. As this is accomplished, groups may want to interact with other groups to learn, which is ultimately the goal of this work- to continue to bridge differences and create understanding, while celebrating the identity of each culture.

7. Continue to engage management, confirm 'buy in' as well as provide ongoing training

As is the case with any significant organizational change, it is crucial to have the engagement of its leaders. In order to ensure continued support it is important to communicate regularly with management about progress of this work, as well as provide updated training, information and resources as they become available.

8. *Take serious the issue of resistance*

If the diversity and inclusion worked is viewed as a change that is being imposed on the workplace, the engagement level will not be as successful. If the entire organization is engaged and is provided ongoing opportunities to be involved then the levels of resistance will decrease. However it is also important to acknowledge that there will continue to be more covert levels of disagreement, whereby alternative approaches more directly lined to workplace behavior may need to be implemented.

9. *Ensure that diversity and inclusion practices become an organizational value with accompanying actions, and not a department*

In discussing the various ways in which diversity and inclusive initiatives are being implemented throughout organizations there appears to be a theme evolving around the way in which these initiatives are delivered. For example, different organizations have specific programs and departments, while other systems have a position or two that act as facilitators and advisors across the system. Some of the learning about these approaches has been described by St. Michaels. The position responsible for the Inner City Health Program is clearly promoted as an advisory position. A lesson learned from the person in this role who has been in this position for 12 years, is the importance of ensuring that the role does not become a "catch all" for "handing off" diversity and inclusion issues. It was communicated that maintaining an advisory approach to assist departments, colleagues, etc in learning how to resolve their own cultural challenges would result in a more sustainable enhancement of their own learning and an increase in cultural competence levels throughout the organization The literature has repeatedly indicated that the process of improving cultural

competence in an organization has to be broad sweeping and implemented across an organization in order to ensure the highest levels of success

10. Commit to ongoing and annual evaluation

Currently society may be in what some experts believe is one of the most recognizably diverse time in history. Cultures are evolving, forming, becoming more empowered, changing, and demanding equitable treatment. The health care system is a reflection of society. It will be imperative that ongoing evaluation is a priority to ensure that as cultures develop and change, the health care system remains informed, adjusts its care accordingly, in order to maintain high quality health care.

11. Create and facilitate opportunities for working groups, committees, projects initiatives

Ensure that these groups maintain a priority of a hierarchy free focus(working members have equal power regardless of their job titles or positions), and a high level of cross cultural representation

12. *Ensure that learners continue to integrate understanding that culture is not just about food, language or an annual celebration day*

The literature consistently supports the importance of understanding that culture is not a celebration one day a year, a language that a group of people speak or particular food that they do or don't eat. It is imperative to continue to deepen mainstream understanding of culture as a concept that extends beyond simple principles, but rather expresses the essence of a group of people who share a commonality, and may have done so for years, and/ or centuries.

13. Continue to promote inclusion of cultural competency training for any and/or all disciplines related to the delivery of health care

It is imperative that as health systems embrace cultural competence, that this shift not only be limited to health care professionals but any and/or all disciplines related to health care. It is also important to ensure that this advocacy continues beyond the current paradigm shift and into future generations of health care. A risk continues to be that if the championing stops, the cultural broadening will continue, and therefore the needs of new or growing cultures will remain and the substandard levels of care that some people currently receive will not improve.

Definition of Diversity:

Diversity is defined as“ all the ways we are unique and different from each other”

Dimensions of diversity include, but are not limited to, such aspects as race, religion and spiritual beliefs, cultural orientation, colour, physical appearance, gender, sexual orientation, ability, age , ancestry, place of origin, marital status,

family status, socio-economic class, profession, language, health , status, geographic location, group history, upbringing and life experiences

(Agger-Gupta,1997)

Appendix One

Standard 1
Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2
Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3
Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 4
Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5
Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6
Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7
Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Standard 8
Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9
Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10
Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11
Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12
Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13
Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14
Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15

Appendix Two

10 Tips for Caring for a Diverse Population

The diversity among patients, staff, students, visitors and volunteers of St. Michael's Hospital offers many opportunities to learn from each other provide culturally appropriate care and celebrate who we are.

The following are a few easy steps to remember while working at St. Michael's Hospital.

1) **Treat people equitably (fairly, according to their differences)**: People view health care differently based on their individual perceptions of health, past experiences with discrimination or access to health information. Treating everyone "the same" ignores these realities. Acknowledging difference, along with involving the patient, may help you and your patient decide on the most effective type of care.

2) **Try different foods**: The Marketaria offers food from many cultures every month. Organize a national dish/cultural potluck meal with co-workers. In addition, the downtown core has restaurants that offer everything from pasta to pancit to pelau. Get out and explore during your meal break. It may help you better understand patient requests during meal times.

3) **Volunteer**: Many SMH services and community partnerships serve people who are homeless or under housed, women and children living in poverty, people living with HIV/AIDS, people with chemical dependencies and people with mental health concerns. Serve a meal at the Metropolitan United Church across the street, participate in the AIDS Walk or drop off some baked goods for the Out of the Cold. Apart from the great feeling you'll get, you may gain a better understanding of the living situations of many of our patients.

4) **Engage qualified language interpreters**: Engaging untrained staff or family members and friends of patients during a medical appointment can lead to misunderstandings, a breach of confidentiality, lack of patient compliance and a serious risk for the hospital. St. Michael's Hospital manages a unique and valuable interpreter service. This service provides trained language interpreters free of charge to patients who may have difficulty communicating effectively in English. Call Interpreter Services at ext. 6167 to schedule an interpreter from a variety of language groups from American Sign Language to Zulu. A translation aid with common medical terminology in numerous languages is available free of charge on the St. Michael's Hospital website (www.stmichaelshospital.com)

5) **Familiarize yourself with our policies and the patient advocate**: St. Michael's Hospital has clear policies regarding acts of harassment and discrimination. A patient advocate has been appointed within Patient Affairs to record patient stories and provide mediation when necessary. The St. Michael's Hospital Workplace and Sexual Harassment Policy clearly outlines the process for resolving conflicts among staff, physicians and/or volunteers. This and other policies can be found on the intranet http://smhinet

6) **Know our Mission and Values**: For over 100 years the Mission, Vision and Core Values of St. Michael's Hospital have provided direction for all of our services. These statements truly reflect the diversity of our hospital and our community. They re-enforce our commitment to providing the best possible care to everyone in our community and they create an organizational culture that value's difference.

7) **Take social data into account**: Who are your patients? Who in our community are you not serving? Why? Numerous sources are available that record the ethno-racial, linguistic and cultural make up of our local community. This data should be recorded in your department and used when planning or developing services. Perhaps something simple like distributing a service brochure in a number of languages might be all required to ensure that members of our local population are being reached. An excellent resource can be found at http://www.torontohealthprofiles.ca

8) **Create a healthy and pleasant environment**: Based on feedback from patients, this could include a variety of actions. Putting up artwork from

different cultural groups, placing health related brochures, magazines and newspapers from various cultural and language groups in the waiting rooms and translating departmental signage into the languages your clients read ensures that patients know how your service works.

9) **Learn about religions/faith groups**: St. Michael's Hospital has a long and proud Catholic heritage. This heritage provides us with values of compassion and openness when working with our local communities. Many staff, students, volunteers and patients have different belief systems. What does a kosher or halal meal refer to? What holidays are important to your co-workers or patients? Are there ethical or legal questions regarding certain hospital procedures and religious beliefs? Do you know how to arrange for an Imam, Rabbi, Priest or Pundit to visit a patient? You may find that you have more in common with members of other faith groups than you may have thought.

10) **On-going assessment**: Set your own diversity goals and assess your progress at regular intervals. Does the staff make up in your department reflect the diversity of our local community? Do you feel comfortable working with lesbian, gay, bisexual or transgender colleagues or patients? Are your department work areas and education materials accessible to people who are deaf, blind or use a wheelchair? Do you know where you can get further information about culturally based perceptions of health? Feel free to contact me with these and other questions.

Some recommended resources:

http://www.torontohealthprofiles.ca – Comprehensive site of demographic health and cultural information http://www.omhrc.gov - US government Office of Minority Health

http://www.diversityrx.org – Comprehensive US site regarding health care and diversity

http://www.georgetown.edu/research/gucdc/nccc – US National Center for Cultural Competence

http://www.diversityatwork.com – Comprehensive Canadian site monitoring workplace diversity issues

http://www.interfaithcalendar.org – Dates of the most important holidays for the world's major faith groups

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Revised June 27, 2006

Appendix Three

DHPN Principles

The Diversity Health Practitioners' Network is guided by the following principles which will promote, sustain, monitor and support diversity initiatives within organizations responsible for health re in the GTA and the Province of Ontario. The WHO definition of health states that it “is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

1. Canada Health Act

DHPN is committed to supporting and preserving the values outlined in the Canada Health Act: Public Administration, Comprehensiveness, Universality, Portability, and Accessibility.

2. *Cultural Diversity*

We recognize that each person maintains a unique and valuable cultural perspective and that this perspective is significantly influenced by cultural patterns and history within the communities that they belong to. Cultural communities are socially identified according to race, ethnicity, country of origin, gender identity, sexual orientation, dis/ability, health status, age, faith group

affiliation, income and housing status, language, and immigration/refugee status, among others. We also recognize that there is diversity within each of these groups.

3. *Community of Support*

We come together to respectfully support each other, share resources, initiate and maintain projects, and monitor the diversity climate within health care. This support system will allow us to maintain this area of work in our respective organizations responsible.

4. *Excellence in Health Care That is a Reflection of the Community*

We believe that the best way for organizations responsible for health to serve the community is to be part of the community, which includes the active recruitment and promotion and engagement of members of diverse communities into all levels of the health care fields. Health care services should be accessible, equitable and inclusive.
We support the wider goal of providing the best possible health care services to the diverse communities of the GTA and the Province of Ontario, and recognize that this includes actively seeking to end inequities in access to and delivery of health care services including those addressing determinants of health.

5. *(Anti-) Oppression is a Determinant of Health*

We recognize that racism, sexism, homophobia, anti-Semitism, anti-Arab/Islamic sentiments, ageism, class bias, and other forms of discrimination directly affect the health and well being of members of ethno-racial and cultural communities. We actively encourage health care based initiatives and health research that supports this principle and seeks to eliminate these health risks.

6. Commitment to Human Rights

We support the values outlined in the Ontario Human Rights Code, which strive to ensure the dignity, worth, and respect of all members of the community. Human Rights law is an important tool for creating equitable access to service and employment for all members of the community.

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