
**regional diversity
5 year strategic plan
2004 - 2008**



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Preface



Calgary Health Region values diversity¹ and is committed to becoming an organization that models the principles of Diversity Competency.

The Diversity Strategic Plan will be used as a map is to guide the Calgary Health Region as it travels the road towards achieving Diversity Competence. This journey requires that the Calgary Health Region view itself as a learning organization. A learning organization:

- expects and tolerates ambiguity;
- is willing to try new things;
- asks questions;
- examines and revises previously held beliefs and assumptions; and
- takes risks.

Diversity Competency is a process that requires change at both the organizational and individual level. Diversity Competency is about examining the way we currently deliver health care services and changing the systems we have in place. Diversity Competency is also about ensuring that employees are mindful of people's differences and that they can provide competent health services, specific to the needs of our diverse clients/patients and their families.

Over the next five years and beyond, the Calgary Health Region will clearly articulate the elements of a diversity competent health care organization, measure its level of diversity competence, and implement strategies to ensure progress is made towards becoming a model diversity competent health care organization. The Diversity Strategic Plan will be reviewed and updated on an annual basis.

¹ The Calgary Health Region defines diversity as *all the ways we are unique and different from others*. Diversity offers strength and richness to the whole.

Dimensions of diversity include, but are not limited to, aspects such as: race, religion and spiritual beliefs, cultural orientation, colour, physical appearance, gender, sexual identity, ability, education, age, ancestry, place of origin, marital status, family status, socio-economic circumstance, profession, language, health status, geographic location, group history, upbringing and life experiences.

Diversity Values, Vision, and Mission



Diversity Values

Respect for diversity is fundamental and integral to the Calgary Health Region workplace and to the populations we serve.

Diversity Vision

The Calgary Health Region will serve as a model organization for diversity competency, demonstrating best practices. These best practices contribute to the Calgary Health Region's vision of "our community working together to achieve excellence in health".

Diversity Mission

Regional Diversity Services will support the Calgary Health Region in creating a health care system and organizational environment which recognizes, respects, reflects and responds to the diversity of the communities we serve, our clients, our staff and volunteers, and our partners by:

- identifying, developing, and recommending regionally integrated strategies, protocols, and policies that enable the Region to be flexible and responsive to diversity issues;
- supporting appropriate, responsive, and accessible health care services for diverse populations;
- promoting fair and equitable employment practices;
- facilitating implementation and evaluation of the Region's diversity strategies, initiatives, protocols, and policies; and
- promoting diversity initiatives that encourage collaboration and innovation across the spectrum of all divisions of the Region, as well as linking and partnering with the broader community to address the determinants of health.

Note: The needs of Aboriginal people are being addressed through the Regional Aboriginal Health Program. The primary goal of the Program is to work with the Aboriginal community to address the health status of this

population group. Cultural issues are only one barrier to improving health of this community. There must be a focus on the broad determinants of health across the service continuum. The need to consider the Aboriginal community as separate from other diverse populations is recognized by the federal, provincial and municipal levels; the Aboriginal community; and such groups as Diversity Calgary and the United Way. The rationale includes:

- Recognition of special relationships between First Nations and Government of Canada First Peoples;
- No history of immigration, settlement adaptation to a new country, instead:
 - Residential school experience
 - Enforced assimilation
 - Loss of identity/culture
 - Destruction of traditional means of livelihood
 - History of colonization
- Historical problems are today's legacy, e.g. health status;
- Self determination, self governance, "Nation within a Nation"; and
- Primary issue: poor health status, cultural appropriateness is only one strategy.

The Aboriginal Community Health Council serves as advisory to the Calgary Health Region on all matters related to Aboriginal Health. The Council also serves as Advisory to the Aboriginal Health Program. The primary recommendation of the Council was that the Region establish an Aboriginal Health Program.

Guiding Principles



Diversity competency is a goal towards which the Calgary Health Region can strive. Guiding principles are manifested in every level of service delivery and are reflected in attitudes, knowledge, practices, structures, policies, and services. The Calgary Health Region acknowledges and incorporates the principles of:

- Valuing diversity.
- Inclusiveness.
- Organizational capacity for diversity competency is achieved through self-assessment.
- Equitable access to health and employment services for all diverse populations.
- Adaptable service delivery that is reflective of diversity and is flexible to accommodate various aspects of diversity and the evolution of the community.
- Program and policy development, delivery, and evaluation is achieved by using participatory processes, wherever possible, through the involvement of staff, volunteers, partners, and relevant external communities and organizations representing diverse populations.
- Integration of diversity knowledge into practice.
- Diversity competency is a shift in awareness, understanding, and skill that is relevant to all staff.
- Evidence-based practice.

A Snapshot of Successes



Diversity Services was formally acknowledged as a Calgary Health Region program in 2000. Diversity Services is a Regional program administered through the Southeast Community Portfolio and supported by the Regional Diversity Advisory Committee. The Diversity Services Manager is responsible for developing and managing the Calgary Health Region's Diversity Program and operationalizing diversity services. Leading the organizational development of the Calgary Health Region as a diversity competent organization, the manager is the principal consultant on Regional development of, and issues related to diversity within the Calgary Health Region and with the community.

The Regional Diversity Advisory Committee was also formally acknowledged as a Calgary Health Region committee in 2000. The committee, which includes representation from operational portfolios, meets quarterly to provide direction and support to Diversity Services with the implementation of an integrated Regional diversity plan.

The Blueprint for Enhancing Cultural Competency in the Calgary Health Region was developed in 2002 to guide the development of the Diversity Services Strategic Plan and the provision of culturally competent health services within the Region.

In 2002 the Ethno-cultural community was consulted to assess their response to existing diversity services and those that were planned for the future. This consultation identified that language was the key barrier to accessing health services for members of the Ethno-cultural communities. Although limited language interpretation has been provided since 1990, a number of enhancements to Interpretation and Translation Services were made as a result of the consultation. Expanded services for limited and non-English speaking clients accessing Regional health services include 24/7 over-the-phone interpreters and increased numbers of in-house interpreters in 11 languages. The first Certified Health Care Interpreter program in Alberta has been offered as a joint venture with Bow Valley College and Vancouver Community College.

Since 1998, the Region has met its legal obligation of providing sign language interpretation for clients/patients who communicate in American Sign Language, through contractual agreements with professional sign language community providers.

The Alberta Children's Hospital Multicultural Committee, with internal and community representation, has championed the goals of respect for diversity, cultural competency and partnership with the Ethno-cultural community in pediatric health care since 1989. The committee secured external funding to initiate the Aboriginal Liaison Program and the Diversity Program at the Alberta Children's Hospital. The Diversity Program, coordinated by the Alberta Children's Hospital Diversity Coordinator, supports the development of culturally competent service delivery throughout the Child and Women's Health Portfolio and collaborates closely with Regional Diversity Services, Ethno-cultural communities, immigrant-serving organizations and service providers.

Based on the successes of the Multicultural Awareness Program model at the Peter Lougheed Centre, the Mental Health Diversity Services Program was initiated in December 2001. The purpose of the program is to improve access to mental health services for culturally diverse populations and to improve the cultural competency of mental health professionals in the Calgary Health Region. The Program Facilitator coordinates this project through extensive consultation and liaison with mental health professionals, Ethno-cultural communities, and immigrant-serving organizations. The Program Facilitator also provides education and training, resource information, referrals, and case consultation.

The Importance of Becoming a Diversity Competent Organization



Why should the Calgary Health Region strive to become a diversity competent organization?

Part of the answer to this question is quite simply, *change*. The demography of the Calgary Health Region is changing rapidly and will continue to do so. Also, there have been recent changes to federal and provincial legislation recognizing diversity as a fundamental characteristic of our society. Despite these legislative and policy changes, the reality is that many diverse individuals experience discrimination, inequitable treatment, and exclusion. Diverse individuals also experience limited access to health services and employment opportunities.

There are many organizational benefits associated with diversity competence, including social and community benefits, financial benefits, and service improvement benefits. Conversely, organizations will be negatively impacted when issues related to diversity competency are not addressed.

How will the Calgary Health Region know that it is progressing towards diversity competency?

The process of becoming a diversity competent organization evolves over a period over time and eventually becomes integrated into core business practices. Achievement of diversity competency requires continuous organizational self-assessment, planning, action and evaluation. Having a clear picture of what a diversity competent organization “looks like” will help the Calgary Health Region determine how well it functions as a diversity competent organization and where improvements are needed.

Indicators of a Diversity Competent Organization

A Diversity Competent organization:

- Continually assesses its level of diversity competency.
- Recognizes that a diversity competent organization is made up of diversity competent individuals.
- Provides ongoing skill development and training in diversity competency.
- Has policies, programs, structures, procedures, and communications that are reflective of diversity.
- Employs equitable human resources practices.
- Is representative of the community it serves in its workforce, board, and volunteers.
- Has an organizational culture of inclusiveness and respect.
- Implements equitable and accessible programs and services for all.
- Develops participatory relationships with the community.

Five Year Strategic Plan



Overall Calgary Health Region Diversity Goal:

The Calgary Health Region will achieve diversity competency. Diversity Competency will be achieved through:

1. identifying and optimizing organizational and community enablers to becoming a Diversity Competent organization, and
2. identifying and addressing organizational and community barriers to becoming a Diversity Competent organization.

Lead Responsibility:

Diversity Services, Southeast Community Portfolio

Supporting Programs and Services

- Regional Diversity Services including the Regional Diversity Advisory Committee, other Diversity committees in the Region, the Alberta Children's Hospital Diversity Program, the Mental Health Diversity Services Program, and Interpretation and Translation Services
- People and Learning
- Community organizations representing diverse populations

Note: Long term goals are set for periods of five years or more.
Short term goals are set for two to three years.



Calgary Health Region Key Result Area: Healthy Populations

Long Term Goal #1: To develop diversity competency strategies to ensure the Region has a positive impact on the health of the diverse populations we serve.

Short Term Goals	Recommended Target Dates	Outcome Indicators	Lead Responsibility	Resources
1. To establish indicators to measure the impact that diversity competency has had on the health of the clients we serve.	2005	<ul style="list-style-type: none"> ▪ Three Cheers for the Early Years Project evaluation will reflect positive impact as a result of reduction in language barriers for patients/clients 0-6 years and their families. 	<ul style="list-style-type: none"> ▪ Three Cheers staff ▪ Diversity Services ▪ Diversity committees in the Region 	<ul style="list-style-type: none"> ▪ Alberta Children's Hospital Diversity Program ▪ Regional Diversity Advisory Committee ▪ Quality Improvement and Health Information
2. To identify other marginalized diverse populations and assess their level of access to health services	Annual	<ul style="list-style-type: none"> ▪ Monitoring of accreditation recommendations and implementation 		
3. To identify and reduce barriers to health care access for marginalized diverse populations.	Annual	<ul style="list-style-type: none"> ▪ Monitoring of public health surveillance reports to identify health of marginalized populations (e.g. QIHI <i>Health of Calgarians</i>). ▪ Each portfolio implements one strategy/year for addressing barriers for high priority marginalized groups. 		



Calgary Health Region Key Result Area: Innovative and Effective Service Delivery

Long Term Goal #1: To provide effective, coordinated, equitable and operationally efficient Regional interpretation and translation services that address the health literacy needs of limited or non-English speaking patients/clients.

Short Term Goals	Recommended Target Dates	Outcome Indicators	Lead Responsibility	Resources
1. To implement a multi-service delivery model that will provide interpretation and translation services for limited and non-English speaking patients/clients to ensure informed consent and informed treatment.	2004	<ul style="list-style-type: none"> ▪ Number and percentage of interpretive services provided (including data on the purpose, length of time, language, mode of interpretation). ▪ Post interpretation survey of clients, interpreters and health care providers to measure outcomes related to communication, accessibility, satisfaction and improved health outcomes. ▪ Decreased number of reported patient/client incidents in which language barriers were identified as a contributing factor. ▪ Increased number and percentage of translated materials. 	<ul style="list-style-type: none"> ▪ Diversity Services ▪ Health Link 	<ul style="list-style-type: none"> ▪ Diversity committees in the Region ▪ Communications, Calgary Health Region ▪ Quality Improvement and Health Information, Calgary Health Region ▪ Immigrant Serving Organizations ▪ Researchers ▪ Clinicians ▪ Physicians ▪ University of Calgary

Long Term Goal #2: To develop organizational capacity for initial and ongoing self-assessment of diversity competency.

Short Term Goals	Recommended Target Dates	Outcome Indicators	Lead Responsibility	Resources
1. To establish a process for ongoing organizational diversity self assessment to determine diversity competency functioning and to chart progress towards becoming a diversity competent organization.	2006	<ul style="list-style-type: none"> ▪ Organizational diversity self assessment plan developed. 	<ul style="list-style-type: none"> ▪ Diversity Services 	<ul style="list-style-type: none"> ▪ Diversity committees in the Region ▪ Regional Diversity Advisory Committee
2. To develop self assessment tools to measure functioning of health care providers, managers and support staff related to diversity competency.	2005 – staff assessment tools for 3 Cheers pilot	<ul style="list-style-type: none"> ▪ % of completed self assessments by 3 Cheers staff. 		
3. To establish a Diversity Accreditation Team to identify and address gaps related to diversity competency.	2006	<ul style="list-style-type: none"> ▪ Plan developed to address highest priority issues. 		



Calgary Health Region Key Result Area: People and Partners

Long Term Goal #1: To develop an infrastructure to support the development of diversity competent employees who are prepared to deliver diversity competent services to diverse individuals.

Short Term Goals	Recommended Target Dates	Outcome Indicators	Lead Responsibility	Resources
1. To formulate and implement a Regional Diversity Learning and Development Plan to provide ongoing diversity competency skill development and training.	2006	<ul style="list-style-type: none">Outcome indicators to be developed based on areas of growth identified from organizational and individual self assessment. (Refer to page 12 Innovative and Effective Service Delivery Long Term Goal #2, Short Term Goal 2: To develop organizational and individual self assessment tools to determine functioning related to diversity competency)	<ul style="list-style-type: none">Diversity ServicesLearning and Development	<ul style="list-style-type: none">Diversity committees in the RegionRegional Diversity Advisory CommitteeCommunity organizations representing diverse populations.

Long Term Goal #2: To become an organization where diversity perspectives are embedded in all people practices by building upon the knowledge and expertise of the Calgary Health Region's workforce so that it reflects the diversity of the Calgary Health Region and the community it serves.

Short Term Goals	Recommended Target Dates	Outcome Indicators	Lead Responsibility	Resources
1. To develop a Workforce Diversity Strategy that focuses on retaining and attracting a diverse workforce, which includes preparing the organization for projected changes in labour force supply and demand.	2004	<ul style="list-style-type: none"> ▪ Outcome indicators to be developed by People and Learning. 	<ul style="list-style-type: none"> ▪ People and Learning (Management and staff to support the long term goal and play a key role in implementing the Workforce Diversity Strategy.) 	<ul style="list-style-type: none"> ▪ Diversity Services ▪ Diversity committees in the Region ▪ Regional Diversity Advisory Committee ▪ Managers ▪ Community organizations representing diverse populations.

Long Term Goal #3: To continue to develop participatory relationships with diverse communities.

Short Term Goals	Recommended Target Dates	Outcome Indicators	Lead Responsibility	Resources
1. To utilize a variety of formal and informal mechanisms to facilitate diverse community and client involvement in designing and implementing diversity related strategies.	2004 and annually.	<ul style="list-style-type: none"> ▪ Number of diverse communities participating in diversity-related initiatives. ▪ Number of diverse communities participating in service planning and evaluation. 	<ul style="list-style-type: none"> ▪ Diversity committees in the Region 	<ul style="list-style-type: none"> ▪ Regional Diversity Services ▪ Regional Diversity Advisory Committee ▪ Community organizations representing diverse populations ▪ Diversity Calgary Partnership and Stakeholder Team.

Long Term Goal #4: To inform the public and staff about the progress and successful innovations in implementing diversity strategies.

Short Term Goals	Recommended Target Dates	Outcome Indicators	Lead Responsibility	Resources
<p>1. To develop and implement a Diversity communication plan.</p> <p>2. To seek out, create, and accept opportunities to inform the public and other health authorities about the progress of the Diversity Strategic Plan.</p>	<p>2004 and yearly</p> <p>Ongoing</p>	<ul style="list-style-type: none"> ▪ Number and type of communiqués developed and distributed. ▪ Number and type of opportunities to inform others ▪ Feedback mechanism to be developed. 	<ul style="list-style-type: none"> ▪ Regional Diversity Services 	<ul style="list-style-type: none"> ▪ Communications ▪ Diversity committees in the Region ▪ Regional Diversity Advisory Committee ▪ Community organizations representing diverse populations

2004/2005 Goals

Goal	Lead Responsibility	Resources
To operationalize the Diversity Services service growth business case initiative for a Centralized Regional In-house Interpretation and Translation Service.	<ul style="list-style-type: none"> ▪ Diversity Services, Interpretation and Translation Services 	<ul style="list-style-type: none"> ▪ Communications ▪ Diversity committees in the Region ▪ Immigrant serving organizations.
To begin to develop capacity within operational portfolios to identify and address service delivery and human resource diversity issues through the establishment of diversity committees in the Region where they support practice.	<ul style="list-style-type: none"> ▪ Diversity Services 	<ul style="list-style-type: none"> ▪ Regional Diversity Services ▪ Human Resources ▪ Community organizations representing diverse populations. ▪ Alberta Children's Hospital Diversity Program ▪ Mental Health Diversity Services Program
<p>To complete diversity competency assessments of 3 Cheers managers and health care providers.</p> <p>To develop strategies to address areas of growth identified from assessments</p>	<ul style="list-style-type: none"> ▪ Diversity Services 	<ul style="list-style-type: none"> ▪ Regional Diversity Services ▪ Diversity committees in the Region ▪ Managers ▪ Regional Diversity Advisory Committee
To formulate a Regional Diversity Learning and Development Plan to provide ongoing diversity competency skill development and training.	<ul style="list-style-type: none"> ▪ Diversity Services ▪ Learning and Development 	<ul style="list-style-type: none"> ▪ Regional Diversity Services ▪ Diversity committees in the Region ▪ Regional Diversity Advisory Committee
To formulate and implement a diverse workforce strategy.	<ul style="list-style-type: none"> ▪ People and Learning 	<ul style="list-style-type: none"> ▪ Regional Diversity Services ▪ Diversity committees in the Region ▪ Regional Diversity Advisory Committee
<p>To continue to develop participatory relationships with diverse communities to determine and address their health issues.</p> <p>To develop an understanding and approach to collaborative partnerships.</p>	<ul style="list-style-type: none"> ▪ Diversity committees in the Region 	<ul style="list-style-type: none"> ▪ Regional Diversity Services ▪ Regional Diversity Advisory Committee ▪ Community organizations representing diverse populations. ▪ Diversity Calgary Partnership and Stakeholder Team
To communicate to staff and the public information re: the progress of the Regional Diversity Strategic Plan	<ul style="list-style-type: none"> ▪ Diversity Services 	<ul style="list-style-type: none"> ▪ Communications ▪ Diversity committees in the Region ▪ Regional Advisory Diversity Committee

Definitions



Accommodation means making changes to rules, standards, policies, practices in the workplace, cultures and physical environments to ensure that they do not negatively affect an individual because of their dimensions of diversity.

Accommodation is a requirement by law according to Alberta's human rights legislation, the Human Rights, Citizenship and Multiculturalism Act.

Diversity: Refers to all the ways we are unique and different from others. Diversity offers strength and richness to the whole.

Dimensions of diversity include, but are not limited to, aspects such as: race, religion and spiritual beliefs, cultural orientation, colour, physical appearance, gender, sexual identity, ability, education, age, ancestry, place of origin, marital status, family status, socio-economic circumstance, profession, language, health status, geographic location, group history, upbringing and life experiences.

Diversity competency is the ability of individuals and systems to respond respectfully and effectively to people of all diverse backgrounds in a manner that recognizes, affirms, and values the differences, similarities and worth of individuals, families and communities and also protects and preserves the dignity of each. A diversity competent organization holds diversity and equitable services in high regard. It continually self-assesses its structures, policies, and procedures; expands diversity knowledge and resources; adapts service models to accommodate needs; and engages diverse people in all aspects of the organization.

Diversity Services is a Regional program administered through the Southeast Community Portfolio and supported by the Regional Diversity Advisory Committee, with representation from operational portfolios. Regional priorities are being developed to address aspects related to diversity, including ethno-cultural background, gender, ability, education level, age, and sexual orientation. Diversity Services provides support for portfolios to identify and address diversity issues. Diversity Services also collaborates with community stakeholders to support equitable access to health services for all.

Equity: means more than treating persons in the same way but also requires special measures and the accommodation of differences. Equity ≠ equality.

Health literacy: although not definitively defined in the literature, a workable definition of health literacy could be, “the ability to read, write, and speak the target language and to problem solve at levels necessary to understand the information provided by health care practitioners in order to make informed health care decisions”. The 1999 report of the Council of Scientific Affairs of the American Medical Association referred to health literacy functionally as the ability to read and comprehend health-related materials, for example prescription bottles and appointment slips, that are required to function successfully as a patient. For the purposes of this document, the concept of health literacy has been expanded to include all forms of health material and information.

Health literacy has been thought of as the currency required by clients/patients to navigate the complex health system (Ratzan and Parker, 2000). Health literacy problems began to surface as clients/patients have been required to assume responsibility for self-care in an increasingly complex health system. Appropriate health literacy is not only essential to primary prevention issues and health promotion, but is of greater importance in secondary prevention as “ineffective communication between health providers and patients can result in medical errors due to misinformation” (Ratzan and Parker, 2000).

Health literacy applies to a broad population including English speaking clients/patients who have low literacy skills, clients/patients with learning disabilities, and clients/patients with limited or no English language skills.

Inclusiveness: Refers to an organizational system where decision-making includes perspectives from diverse points of view, internally and externally, where appropriate.

Inclusiveness of services refers to the rights of every individual to equitable opportunities, access, and participation in all that society has to offer, regardless of individual dimensions of diversity.

Appendices

Appendix A

Blueprint for Enhancing Cultural Competency in the Calgary Health Region
April 2002 – Executive Summary



BLUEPRINT FOR ENHANCING CULTURAL COMPETENCY IN THE CALGARY HEALTH REGION April 2002

EXECUTIVE SUMMARY

More and more health care organizations are responding to the call of ethnocultural communities to reduce disparity in health services. Language, culture and information barriers are identified as key challenges in accessing health and social services. The growth in the immigrant and refugee populations in Calgary, approximately one fifth of the population, points to the need for reducing barriers to the health services offered by the Calgary Health Region (CHR).

The purpose of the Blueprint for a Culturally Competent Organization (Blueprint) is to guide the design and provision of culturally competent health services within the CHR. Some of the benefits of implementing this Blueprint are:

- alignment of organizational philosophy and values with client services
- provision of a focus for enhancing organizational cultural competency

The Population Health Promotion Model (Hamilton and Bhatti, 1996) increases our understanding of the factors within and beyond the health system that influence the health of a population. Research on immigrant and refugee populations related to health status reveal a number of determinants of health that influence overall health and well being. Some of these influences are income, education, employment, gender and culture.

To provide a context for the Blueprint, a definition of diversity, links to organizational values and guiding principles are outlined. In addition, nine elements that are essential to achieving a culturally competent organization are described. These include governance, administration, policy and decision making, human resource practices, training, organizational culture, service delivery, partnerships and collaboration, and communication. To enhance performance and support accountability, indicators for measurement are outlined for each of the nine elements. These measures and indicators serve as benchmarks for monitoring progress towards becoming a culturally competent organization

To successfully facilitate the implementation of the Blueprint three organizational change factors are identified. These factors include appropriate alignment of organizational structures and relationships, development of champions and fostering innovation and best practices.

Appendix B

Ethno-Cultural External Consultation
March 2002 – Executive Summary

ETHNO-CULTURAL EXTERNAL CONSULTATION MARCH 2002

EXECUTIVE SUMMARY

This report presents findings from a series of focus groups and interviews conducted by Word on the Street Consulting and Arnold Health Communications on behalf of the Regional Diversity Steering Committee, Calgary Health Region (CHR). The project was designed to assess the response of ethno-cultural communities to diversity services already undertaken and those planned for the future. More specifically, the research was to:

- 1) provide the CHR with feedback on the changes made to services
- 2) provide input regarding future plans to address issues identified by ethno-cultural communities
- 3) identify ways that ethno-cultural communities and individuals in those communities can contribute to CHR's planning

Representatives from the following communities were recruited, with the assistance of host agencies/individuals, to participate in the focus groups and interviews: Hispanic (n=12), South Asian (n=16), Vietnamese (n=10), Chinese (n=10) and Iraqi (n=15). A focus group was also held with members of immigrant serving agencies (n=8). All data were analyzed qualitatively using the constant comparative method.

The focus group guide asked participants to share their personal experiences and views on topics such as service awareness, priority issues, future services and participation. Focus groups took place in gathering places in the various communities. All interviews (Iraqi participants) were carried out in the homes of the participants.

A summary of key concepts is provided below. For further information on common themes and recommendations, refer to 10.0 General Themes Across All Groups.

Language

Access to interpretation is the single most significant barrier to effective health care for many people in ethno-cultural communities. The Language Line is shockingly under-utilized—none of the participants in the focus groups and interviews had used the Language Line, only two had heard about it and none had been offered it. The participants who were unaware of the Language Line included representatives of immigrant agencies, many of whom are asked by CHR staff to provide interpretation services in the hospitals. All participants agreed they would find the Language Line very useful and recommended that it be made available throughout the health care system, particularly in physicians' offices. Clearly there is a need for the Language Line, and other diversity services, to be promoted within CHR, to immigrant serving agencies and to members of the non-English speaking public.

Translated materials were considered valuable by members of ethno-cultural communities. Many did not know of the translated materials currently available. Adequate promotion and broad distribution of translated materials is essential.

Accurate interpretation by trained medical interpreters was considered essential. Immigrant serving agencies have assisted with interpretation and translation in the past, but funding is diminishing and concerns around liability are increasing. Family and friends are often burdened by the need to provide interpretation in health care situations and are worried about making mistakes.

Staff and Services

Hiring more ethno-cultural staff would help to reduce some language and other cultural barriers. In particular there is a critical need for female physicians who speak the language (Arabic, Spanish) and are culturally competent. Immigrant serving agencies and ethno-cultural communities are more than willing to become involved in a two-way exchange of cultural information with CHR staff.

Many participants reported a lack of understanding about how the health care system works and what services are available. There is a need for a mechanism to present/distribute information on the health care system to new immigrants and immigrant serving agencies. Reference materials in multiple languages would be helpful.

Participation

Immigrant serving agencies welcome the opportunity to share their ideas and skills with the CHR in relation to diversity planning and programming. In addition, many members of ethno-cultural communities are eager to participate at different levels, but they require education on how the system works and what is required of them.

Priorities

Addressing language barriers was considered by all groups and interview participants to be the highest priority. Promoting diversity services, especially the Language Line, was also thought to be a top priority.

Educating ethno-cultural communities and organizations and immigrant serving agencies about the health care system in general, and diversity services specifically, was considered critical by all of the groups.

Other priorities identified by many of the participants are:

- recruiting and training staff from various cultures (particularly female physicians)
- facilitating active ethno-cultural involvement that would include participation at all levels of planning, policy and decision-making
- providing outreach in the form of members of specific ethno-cultural communities hired to educate and make connections

Recommendations

A number of recommendations were made in relation to language barriers and interpretation, translated materials, staff and services, participation, education and delivery of diversity services. The key recommendations have been incorporated into the preceding categories and additional recommendations are outlined in 10.0 General Themes Across All Groups.

Conclusions

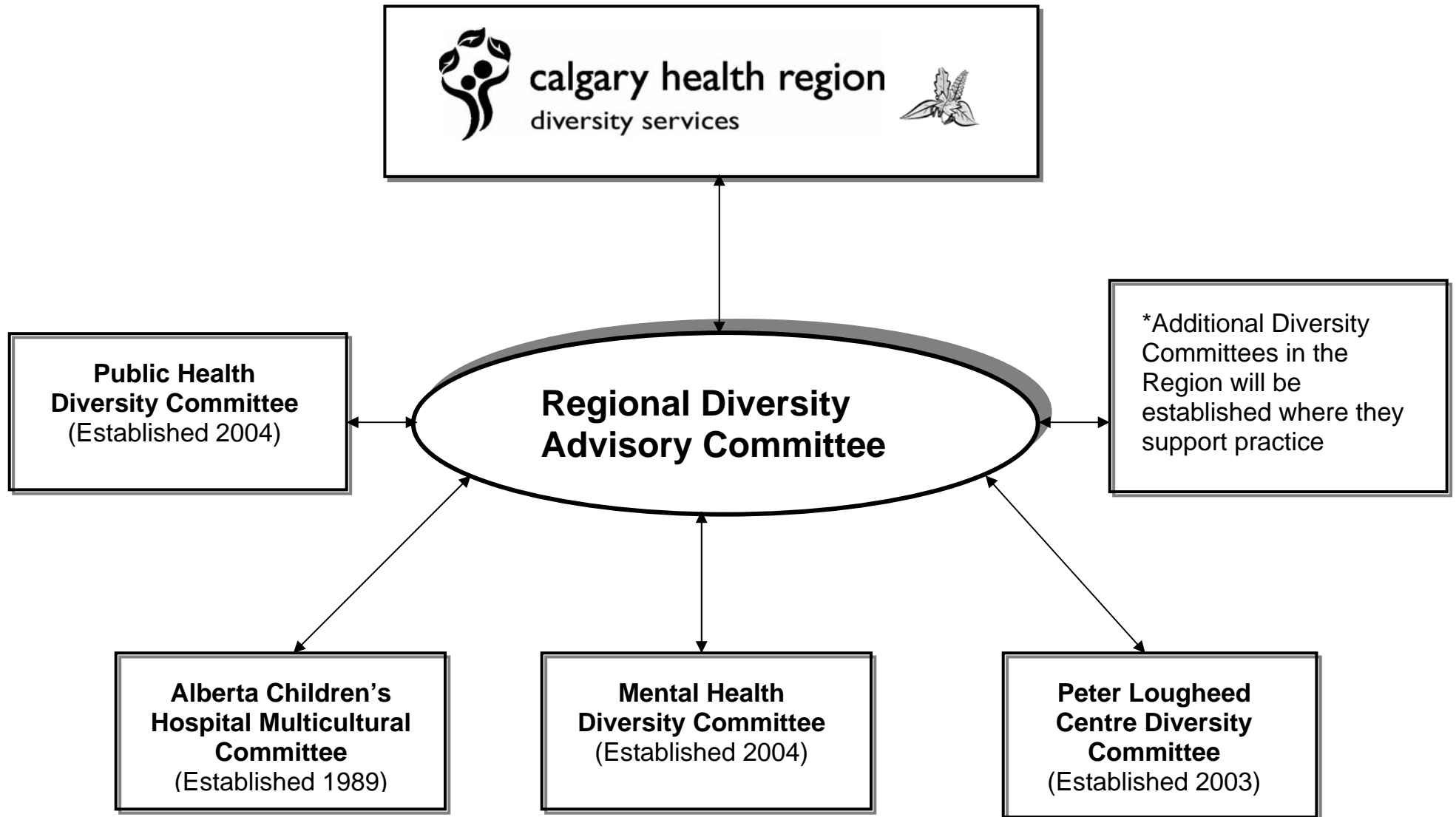
This research identified many opportunities for the CHR to enhance current diversity services to reduce cultural and language barriers for members of ethno-cultural communities. Focus group and interview participants placed significant emphasis on issues of language and various aspects of staffing and services. Key to successful diversity programming is the need to involve immigrant serving agencies and members of ethno-cultural communities at different levels through an information exchange.

Appendix C

Model for Diversity Committees in the Calgary Health Region



Model for Diversity Committees in the Calgary Health Region



Appendix D

Regional Diversity Advisory Committee Terms of Reference (Draft)



REGIONAL DIVERSITY ADVISORY COMMITTEE

TERMS OF REFERENCE

1.0 PURPOSE

The purpose of the Regional Diversity Advisory Committee is to provide direction and support to Diversity Services with the implementation of an integrated Regional Diversity Services plan.

2.0 AUTHORITY

This committee is a standing committee of the Calgary Health Region and is responsible to the Vice President and the Executive Medical Director of the Southeast Community Portfolio.

3.0 VISION

Respect for diversity¹ is fundamental and integral to the Calgary Health Region workplace and to the populations served. Operating within this vision, the Regional Diversity Advisory Committee (hereafter “the Committee”) seeks to enhance the abilities of the Calgary Health Region to address issues related to diversity for the populations served and within the workforce of the Calgary Health Region.

The needs of Aboriginal people are being addressed through the Regional Aboriginal Health Program. The primary goal of the Program is to work with the Aboriginal community to address the health status of this population group.

4.0 ROLES AND RESPONSIBILITIES

- Support and guide Diversity Services in prioritizing strategic planning initiatives for the Region.

¹ “**Diversity**” is defined by the Calgary Health Region as: “All the ways we are unique and different from others.” Dimensions of diversity include, but are not limited to, such aspects as; race, religion and spiritual beliefs, cultural orientation, colour, physical appearance, gender, sexual identity, ability, education, age, ancestry, place of origin, marital status, family status, socio-economic circumstance, profession, language, health status, geographic location, group history, upbringing and life experiences.

- Provide a forum for discussing issues related to diversity as they impact staff of the Calgary Health Region and the people we serve.
- Prepare recommendations for Senior Executive related to diversity issues as appropriate.
- Approve Regional Diversity Services strategic plan, business plan and annual report.
- Assist with development of indicators of success for diversity program objectives.
- Communicate diversity issues/information.
- Recognise internal and external diversity champions in a formal way.

5.0 REPRESENTATION

Members of the committee will model the qualities and characteristics of a diversity champion and mentor others and will promote a respectful and inclusive workplace in the Calgary Health Region.

Chairperson

The Director responsible for Regional Diversity Services.

Membership

Individuals that can comprehensively represent the site and programs for the:

1. Alberta Children's Hospital
Peter Lougheed Centre
Rockyview General Hospital
Foothills Medical Centre
Mental Health Services
2. Learning and Development
3. People and Learning
4. Communications and New Business Development
5. Planning and Capital Development
6. other programs and services

The Committee will also include a physician representative

Additional guests may be invited to attend to address specific issues.

In the event a member is unavailable to attend a scheduled meeting, the member is responsible for arranging that an alternate attend.

Ex-officio members:

Vice Presidents
Executive Medical Directors
Chair, Board

6.0 MEETINGS

Meetings will be held every three months (quarterly) at the call of the Chair. Special meetings may be called periodically.

Written notice of the meetings will be sent to each member a minimum of two weeks in advance of the meeting.

Minutes will be prepared and distributed to all committee members and the Vice Presidents and Executive Medical Directors, following review of the minutes by the Chair.

7.0 PROCESS

7.1 Agenda Items

Committee members will provide the chairperson with agenda items, reports, etc. in advance of the meetings.

7.2 Decisions

Decisions will be made by seeking consensus of the group.

7.3 Terms of Reference

The Terms of Reference will be reviewed and updated annually

Appendix E

Diversity Committees Terms of Reference (Draft)



CALGARY HEALTH REGION DIVERSITY COMMITTEES *TERMS OF REFERENCE*

1.0 PURPOSE

The purpose of Diversity Committees within the Calgary Health Region are to support the planning and delivery of Regional Diversity Services and the Regional Diversity Committee within the specific portfolio.

2.0 AUTHORITY

Other Diversity committees (hereafter “the Committees”) in the Region are responsible to their Portfolio Management Team and will have a direct reporting/liaison relationship with the Calgary Health Region, Regional Diversity Advisory Committee.

3.0 VISION

Respect for diversity¹ is fundamental and integral to the Calgary Health Region workplace and to the populations we serve. The Calgary Health Region will become a model diversity competent organization demonstrating best practices. Operating within this vision, the Committees will seek to enhance the ability of their portfolio to address issues related to diversity for the populations served by the portfolio and within the workforce of the portfolio.

4.0 ROLES AND RESPONSIBILITIES

- 4.1 Support the planning and delivery of Regional Diversity Services within the portfolio.
- 4.2 Assist with continual assessment of portfolio’s level of diversity competence.
- 4.3 Identify portfolio-specific diversity program planning needs and services as determined by internal/external risk assessments.

¹ “**Diversity**” refers to *all the ways we are unique and different from others*. Dimensions of diversity include, but are not limited to, such aspects as race, religion and spiritual beliefs, cultural orientation, colour, physical appearance, gender, sexual identity, ability, education, age, ancestry, place of origin, marital status, family status, socio-economic circumstance, profession, language, health status, geographic location, group history, upbringing and life experiences.

The needs of Aboriginal people are being addressed through the Regional Aboriginal Health Program. The primary goal of the Program is to work with the Aboriginal community to address the health status of this population group.

- 4.4 Support, direct, and guide diversity initiatives of department/service.
- 4.5 Ensure Regional diversity service planning initiatives are integrated into Portfolio planning.
- 4.6 Identify need for and support development and delivery of diversity educational/training and initiatives of staff.
- 4.7 Identify and report modifications to Portfolio operational and/or structural design that may impact regional diversity services.
- 4.8 Network with community agencies and organisations that represent diverse communities to provide a venue for their input into diversity competent service delivery.

5.0 REPRESENTATION

5.1 Chairperson

The Chairperson will be the portfolio's representative on the Regional Diversity Advisory Committee. The chairperson will act as a liaison between the Regional Diversity Advisory Committee and the Committee. The Chairperson will provide updates on the Committee at the quarterly Regional Diversity Advisory Committee meetings.

5.2 Membership

Committees will be comprised of one or two representatives appointed from the business units in the portfolio who are interested in Diversity.

6.0 MEETINGS

Meetings will be held five or six times per year and at the call of the Chairperson. Special meetings may be called periodically.

Written notice of all meetings will be provided to each member a minimum of two weeks in advance of the meeting.

Minutes will be prepared and distributed by the Chairperson to all Committee members and the Executive, Medical and Administrative Directors of the portfolio following review of the minutes by the Chairperson.

7.0 PROCESS

7.1 Agenda

- Committee members will provide the chairperson with agenda items, reports, etc. in advance of the meetings.
- Agendas will be distributed at least two weeks in advance of the meetings

7.2 Minutes

- Action – Decision
- Recorder rotated using standard format.

7.3 Decisions

Decisions will be made by seeking consensus of the group.

7.4 Modifications of the Terms of Reference

The Terms of Reference will be reviewed annually by the Committees and suggested updates provided to the Regional Diversity Advisory Committee.

Please Note:

If you have any difficulties reading this document, the Strategic Plan is available in alternative formats by contacting:

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