

Diversity:

A Value Added Dimension to our Health System

Diversity Session: A Value Added Dimension to our Health System

FINAL SUMMARY REPORT

North West Local Health Integration Network
September 7, 2011



Ontario
Local Health Integration
Network

In 2009 and 2010, The North West Local Health Integration Network (North West LHIN) held four diversity sessions throughout Northwestern Ontario. The purpose of these diversity sessions was to bring together health care providers and consumers to begin exploring ways of responding to the health care needs of diverse cultures living and working in Northwestern Ontario.

The diversity sessions were well attended by both health care providers who represented a vast array of health care services as well as numerous consumers of these services. Their contributions to these diversity sessions greatly enriched our awareness and understanding of cultural competency as an integral aspect of patient centered care. From these diversity sessions, we now know it is possible to change our organizational practices, culture, and climate in which diversity is valued.

The North West LHIN is planning four more diversity sessions to begin in 2011 with in the intent to develop indicators using a diversity framework. The work of becoming a diverse and culturally competent health care system has now begun.

The health care providers and consumers who participated in the diversity sessions told the North West LHIN they want their health care system to genuinely respond to the needs of diverse cultures of Northwestern Ontario. This affirms to us that we are heading in the right direction in our endeavour to improve the quality of health care services and achieve excellent care for all in Northwestern Ontario.

To all who contributed to these sessions we thank you. Participants identified that they want their health care system to be inclusive of their diverse cultural needs which includes race, culture, language, faith and religion, gender, sexual identity, family status, ability, generational identity, socio-economic status, and other equally relevant life experiences such as rural and northern life, homelessness, mental health issues and addictions.

This report highlights the participant responses from the various diversity sessions held in 2010/2011 and outlines a proposed diversity framework including performance indicators. The report also illustrates the challenges health care environments experience in achieving diversity in the workplace. The North West Local Health Integration Network will consider this feedback with future planning and integration activities outlined in the Integrated Health Service Plan.

Diversity Sessions – Common Themes

In each of the four diversity sessions held in Sioux Lookout, Fort Frances, Nipigon, and Thunder Bay, several small group discussions were conducted following panel presentations. The participants of these small group discussions were asked to provide their thoughts, ideas, and feedback on three questions pertaining to cultural competency. Their responses have been reproduced here according to common themes. Their responses to these questions are also provided in the Diversity Sessions' Final Reports which are available on the North West LHIN website at www.northwestlhin.on.ca.

1. How do we evolve to cultural competency on a LHIN-wide basis?

- Define cultural competency; communicate and educate all agencies on this definition
 - Understand diversity in its full context; recognize and embrace diversity
 - Promote awareness and acceptance
 - Build knowledge and capacity to address diversity issues
 - Be open to learning and adapting to changes
 - Offer cultural training in the workplace
 - Make the process accessible (physically, mentally)
2. What can we learn from the others who are striving for cultural competency?
- Define cultural competency
 - Learning from successes and failures
 - Need for education
 - Create partnerships; partnerships will contribute to our success
 - Break stereotypes
 - Listen and learn from each other
 - Share best practices
 - Implement effective strategies and anticipate resistance
 - Recognize the uniqueness of others
 - Change takes time
3. How does diversity in our communities make us better as leaders, health care organizations and communities?
- Listen and share strategies to address diversity to builds healthier communities
 - Embrace diversity and build a sense of community
 - Increase ownership and belonging
 - Provides new insights
 - Aboriginal health; what can we learn from their experiences – different communities, different government working together.
 - Acknowledge the gaps in service and work with partners to eliminate them
 - Increase organizational knowledge
 - Improve patient-centered care
 - Demonstrate empathy towards staff and clients
 - Less judgment from an organizational perspective
 - Get rid of stereotypes/negative behaviours – improves quality of life, attitudes, behaviours
 - Be inclusiveness and open to our beliefs, attitudes and behaviours
 - Able to see the difference and different needs
 - Tolerate others who are not culturally aware
 - Makes us more accepting and respectful

Performance Indicators for Health Services Organizations – Best Practices

From the diversity sessions, health service providers shared their best practices which were considered to be effective in creating cultural change in their health service organizations and

meeting the needs of diverse cultures. Comments are listed below each heading. Following the diversity sessions, a best practice model was later applied to illustrate organizational transformation; conceptualizes organizational change as a five part process to assume the strategic position of diversity leadership; discovery, assessment, exploration, transformation, and revitalization (Dreachslin, 2009).

Discovery Performance Indicators - Awareness and Access (diverse organizations reap benefits in all areas including excellent patient care, access to services, meaningful employment, and better partnerships).

1. Develop a structure for all agencies to incorporate diversity in their own plans that include both an implementation and evaluation component.
2. Create flexibility within the system to ensure that both small and large organizations can comply with guidelines and standards related to diversity issues.
3. Build in tolerance and acceptance in our personal and professional practice.
4. Talk about diversity – get other perspectives to remind us of the diversity issues.
5. Develop a measure to evaluate cultural competency.
6. Create opportunities to receive suggestions from all levels of staff.
7. Learn/educate and build understanding of our location, demographics, history and how this impacts all cultures in the Northwest.
8. Apply patient-centered care as it's basically relationship centred care – a patient and his provider as well as a patient and his community.

Assessment Performance Indicators – Awareness and Responsiveness to Diversity

1. Establish a cultural competency measure and monitor cultural changes.
2. Prepare an inventory of what has been done already in the organization.
3. Case conferencing across groups/sectors.
4. Develop diversity plan with consumer input.
5. Offer workshops to gain awareness.
6. Recognize the culture and traditions of staff and clients.

Exploration Performance Indicators – Understanding, Managing and Training

1. Offer workshops from diverse backgrounds to open the understanding between groups.

2. Provide cultural training in the workplace.
3. Raise awareness of differences and similarities in the workplace.
4. Develop a more diverse work force – consistent cultural competency training for staff.
5. Use a cultural continuum – identify where we are on it so we can plan next steps.
6. Develop performance measurement tools to help organizations be accountable.
7. Conduct pre- and post- surveys to measure change from training.
8. Provide cross-cultural care training and provide the opportunity for all staff to learn about other cultures; to reflect on their own cultures as it relates to health care services and delivery.
9. Promote awareness for staff that do not provide direct patient care.
10. Awareness of impact of background on client, co-workers.

Transformation Performance Indicators – Organizational Culture Change which Values Diversity

Human Resources Practices Indicators

1. Assess competency in the workplace – not just talk about it.
2. Use recruitment strategies to recruit from diverse cultures.
3. Create inclusive teams.
4. Understand and respect diversity and acknowledge that different approaches may result in a better end product.
5. Provide cross-training/shadowing of other staff in organization.

Healthcare Delivery Performance Indicators

1. Ensure you assess and identify where programs are not meeting the needs of specific cultural groups and revisit the delivery to include/address what is lacking.
2. Identify barriers to care.
3. Deliver care that responds to diverse needs.
4. Use holistic approaches to care.

5. Promote cultural competency with interdisciplinary teams.
6. Learn from community-based approaches to achieving cultural competency.

Leadership Performance Indicators – Commitment to diversity, representation

1. Board representation is reflective of population served.
2. Tolerance of differences.
3. Open to new ideas which increase perspectives, knowledge, appreciation, innovation, and better solutions in care.

Revitalization Performance Indicators – Renewal and expansion of initiatives to include additional groups among the health service organization’s diversity initiatives.

1. Design cultural competency continuum assessment tools to measure a health care setting’s level of cultural competence, congruence and integration.
2. Build health care environments where cultural awareness, cultural sensitivity, and cultural appropriateness allow for cultural competence, congruence, and integration.
3. Develop models of cross cultural patient safety and analytical frameworks to address core risk factors associated with language, culture, medical literacy, practices, systems, racism, discrimination and power, history and politicization of health.
4. Recognize rurality is a diverse culture.
5. Recognize the local population influences patient care and health care provision; Aboriginal population, unemployment rates, chronic diseases, customs and diets, activity and healing practices.
6. Build capacity to share common goals. Involve all people such as leaders, youth, and healers in the capacity building process.
7. Use holistic approaches with interdisciplinary health care teams in a community-based approach to achieve cultural competency in the workplace. Recognize the importance of culture of both the staff and clients who share a common goal of working together for a common purpose which is essential to diversity.
8. Relate to the land in a sacred way which requires taking responsibility and being open to different ways of doing things. This can set a path to reduce cultural barriers, barriers to care, and allows for cultural diversity.
9. Provide traditional health care to clients seeking referrals to traditional healers.

Difficulties in Achieving Diversity

The participants in the diversity sessions were not asked to identify what their difficulties were in achieving diversity, however participants shared the following information in small group discussions.

What we've heard

"Need to find a way to share our best practices and learn together."

"What vs. How"

"Clarity on what cultural competency is and what it means to your specific organization."

"Many examples and initiatives in Northern Ontario – we need to do a better job of sharing our successes."

"Health care staff has worked for years to become competent – hard for them to acknowledge they might not be culturally competent. Their identity is wrapped up in knowing what they are doing. And yet it could be liberating to admit there could be things we don't know."

"Challenges with collective agreement and seniority."

"Do we need guidance on what the components of a cultural competency framework are?"

"Once policies/framework are developed, how do we translate the policies into behaviours at the front line?"

"You're never totally culturally competent – need to continue learning and striving. A certificate is not the end of your learning."

"Awareness-raising is needed throughout the region – people need to understand the reality for others – have to see the need for cultural competency in all organizations."

"Need to do more listening to understand interests rather than defending our own positions."

"All organizations need to make a commitment to cultural safety – at the top and throughout."

"Need to be better connecting with other organizations."

"Organizations need to work directly with communities, especially Aboriginal communities."

"We do a disservice when we say, 'we've arrived/achieved'."

"We can't be all things to all people."

"Avoid tokenism when hiring at organizations, someone is not there just to meet a hiring quota."

“Share – living in silos, not sharing – what can we learn from others.”

“Focus on respect for diversity in the workplace. Ideally, workplaces should reflect the diversity of the population served.”

“Cultural competency needs to be addressed at all levels of learning from school to work environment and needs to permeate the whole system.”

“Across different sectors not just the health sector – identify excellence.”

Next Steps

Host 3-4 diversity sessions regionally in 2011/2012 with HSPs in the North West LHIN to advance the diversity discussion; indicator development and development of a diversity framework.

Purpose of the Sessions

Promote and advance diversity to achieve organizational diversity and transformation. Dreachslin’s Model for Organizational Transformation (1999) is useful in this regard and is understood as a five part process beginning with discovery and ending in revitalization:

1. Discovery: Examining awareness of diversity as a significant strategic issue.
2. Assessment: reviewing our organizational climate vis-à-vis diversity.
3. Exploration: Diversity training initiatives to improve the health services organization’s ability to effectively manage diversity.
4. Transformation: Fundamental change in our organizational practices that will result in a culture and climate which values diversity.
5. Revitalization: Renewal and expansion of diversity initiatives to reward change agents and to include additional identified groups among the health services organization’s diversity initiatives.

Types of Sessions:

1. Why consider diversity as an integral aspect of our transformation agenda?
2. Improve outcomes and reduce health care costs.
3. The demographic reality of Northwestern Ontario
4. Poverty, homelessness, and social exclusion in the Northwestern Ontario affects everyone.
5. Poorer health outcomes of marginalized communities in the North West LHIN.

6. In the pursuit of health care in Northwestern Ontario: For some can result in poverty and homelessness, and mortality.

Conclusion and Next Steps

Moving from awareness and understanding to valuing diversity in our healthcare organizations is the overall goal of the North West LHIN.

Together with our healthcare providers we can transform our health care system to one where diversity is valued by all and is embraced through our practices day to day.

The North West LHIN will begin to plan four additional diversity sessions to begin in the fall of 2011. The goal is to identify system indicators for diversity.

We thank all of the individuals who provided feedback throughout the diversity sessions and we look forward to continuing the dialogue on diversity.

Thank you.