
**DIVERSITY & INCLUSION
CURRICULUM RESOURCE
DOCUMENT**

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for the

Public Health Agency of Canada /
Ontario Public Health Association

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“Inclusion is a process as well as an outcome”

Background

The demographic mosaic of Canada is ever changing. Aside from the increase in culturally diverse populations, demographic changes are also evident in terms of age, religion, ability, socio-economic status, and sexual/gender identity. The populations being served by public health professionals are also becoming more diverse. Due to health disparities in diverse populations and as a result of systemic barriers (including discrimination and lack of culturally sensitive practices), these barriers affect the accessibility of health care services by vulnerable populations. Recognizing and addressing these disparities is essential. It is one of the many challenges facing the Public Health Agency of Canada.

Diversity and Inclusiveness is the fifth category within the *Core Competencies for Public Health in Canada* Release 1.2 (2008). “This category identifies the socio-cultural competencies required to interact effectively with diverse individuals, groups and communities. It is the embodiment of attitudes and practices that result in inclusive behaviours, practices, programs and policies” (Core Competency Manual 2008, page 5). Socio-cultural competency can be achieved through an engaged process of training, reflection and evaluation at the individual level of practice and through policies, management and environment tone, hiring/retention practices and accountability at the organizational level of practice. The attainment of socio-cultural competence is also a process from awareness to an ability to apply knowledge that includes leadership at an organizational level.

The Access, Equity & Social Justice Committee, Ontario Public Health Association (OPHA) determined that public health professionals would benefit from diversity training to improve skills necessary to meet the needs of an increasingly diverse community. The position paper *Diversity Competent Public Health Professionals* (2006) outlines that “Public Health professionals require a number of concrete skill sets. Among these are key ones relating to diversity competence” (p.2). The position paper also includes two resolutions made by OPHA: To make this position paper the position of the

OPHA and to “implement all-staff diversity training using best practices” (p. 7). Diversity training has the potential to equip public health professionals with the necessary skills to ensure personal competence in dealing with the diverse populations, and transformation of public health practice through increased understanding that social inclusion is necessary at both individual and organizational level of public health practice. Developing this competence is seen as a critical step toward addressing health disparities.

Purpose

This document has been prepared to analyze and compare the Core Competencies 5.1 – 5.3 outlined in *Core Competencies for Public Health in Canada* Release 1.0 (2008) and the learning objectives of the *Draft Learning Outline* (November 2007) to determine alignment. It is also the purpose of this document to make recommendations regarding possible revisions or additions to the existing documents. The final purpose is to create a resource document that will “provide public health training to develop and increase curriculum related to diversity, access, equity and social inclusion” (p. 8) as outlined in the OPHA 2006 resolutions.

The Diversity and Inclusion Core Competencies 5.1 - 5.3 and learning objectives of the draft Learning Outline were analyzed and compared with careful attention to language. After reviewing the learning objectives, it was possible to align the learning objectives to corresponding core competencies (see Table 1, p.5). There were similarities in language between Core Competency 5.1 and the five learning objectives listed under the heading of Diversity Dimensions. Both concentrate on recognition, awareness and acknowledgement, all related terms. With more difficulty similarities were drawn between Core Competency 5.3 and Anti-racism, Anti-oppression, and Social Inclusion. The major focus appeared to be on the ability to apply knowledge both at the individual and organizational levels. The focus of Core Competency 5.2 and Service Delivery, Programming, and Organizational Changes appear to be on implementation and evaluation of programs and policies and a concentration on organizational processes.

Summary

An analysis of the resources outlined in the Annotated Bibliography was completed with careful attention to themes within the language. Specific themes relating to competency were isolated. The initial analysis included a variety of terms such as sensitivity, awareness, attitudes, values, knowledge, skills, techniques and practices. Many of these terms were used interchangeably for individual and organizational practice. The theme of leadership developed as an outcome of developing/implementing competency at an organizational level in the form of policies and practices that reflected competence (*Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches*, 2002; *Understanding the Cultural Self in Promoting Culturally Competent Care in the Community*, 2002; *A Cultural Competence Guide for Health Professionals in Nova Scotia*, 2005; *Cultural Competencies for Health and Social Service Organizations*, 2005).

Drawing on the alignment of Core Competencies and learning objectives outlined above, the analysis was organized into three themes. The three themes are awareness, knowledge and leadership. The first theme was best aligned with Core Competency 5.1 and the learning objectives included within Diversity Dimensions. Terms such as sensitivity, values, and attitudes best fit under the theme of awareness. Within the literature and resources these terms were often linked with personal awareness and an initial phase of cultural competence. Awareness is defined as “having or showing realization, perception or understanding” (<http://www.merriam-webster.com/dictionary/awareness>). It is an ability to recognize how social factors such as race, sexual/gender identity or income can contribute to disparities in health and access to health services.

The second theme identified in the literature was knowledge. This area best aligned with Core Competency 5.3 and the learning objectives included within Anti-racism, Anti-oppression, and Social Inclusion. The literature seemed to indicate that competency development proceeded from awareness to knowledge. This second category

included terms such as skills, ability, practice and competence. Knowledge is “the fact or condition of knowing something with familiarity gained through experience or association. Knowledge applies to facts, or ideas acquired by study, investigation, observation or experience” (<http://www.merriam-webster.com/dictionary/knowledge>). At this level of competence an individual or organization has the ability to use knowledge with skill and experience. At this level of competence it is not only an understanding, but an ability to act.

The third theme identified was leadership and best aligned with Core Competency 5.2 and the learning objectives included within Service Delivery, Programming, and Organizational Changes. This area of focus most commonly discussed the role of organizations in attending to policies and procedures. Leadership is “a position; an ability to lead; an act or instance of leading, guidance, direction” (<http://dictionary.reference.com/browse-leadership>). Leadership ensures that “inclusion is a process as well as an outcome”. It is practice/competence that originates from those within the agency/organization who determine the scope and direction, set the tone and lead by example. It is action based. For an overview of alignment between Core Competencies 5.1 – 5.3 and Learning Objectives with selected themes, see Table 1.

Table 1 – Comparison - Core Competencies & Learning Objectives

A. AWARENESS

Core Competency 5.1

Recognize how the determinants of health (biological, social, cultural, economic and physical) influence the health and well-being of specific population groups.

Learning Objective - Diversity Dimensions

1. To increase understanding and valuing of the dimensions of diversity in order to fully integrate these dimensions into daily individual and organizational practices.
2. To increase/enhance self-reflection and acknowledgement (individual and organizational) of one’s own values, attitudes and culture.
3. To become familiar with examples of individual and organizational self assessment tools that foster increased awareness of diversity.
4. To increase/enhance the use of inclusive language and effective communication skills to foster mutual respect in a diverse environment.
5. To increase understanding of the need for tailored health promotion strategies for diverse population groups.

B. KNOWLEDGE

Core Competency 5.3

Apply culturally-relevant and appropriate approaches with people from diverse cultural, socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.

Learning Objective - Anti-racism, Anti-oppression, and Social Inclusion

1. To increase awareness and understanding of the impact of the determinants of health upon the individual, community and population as a whole.
2. To increase awareness and knowledge of the continuum of local data on health disparities.
3. To increase awareness among staff regarding principles of community engagement.
4. To encourage discussion/knowledge exchange that examines barriers and power relations that result in inequities.

C. LEADERSHIP

Core Competency 5.2

Address population diversity when planning, implementing, adapting and evaluating public health programs and policies.

Learning Objective – Service Delivery, Programming, and Organizational Changes

1. To increase staff skills to work with diverse communities in the provision of programs and services in the community.
2. To ensure that diversity is considered and reflected throughout all aspects and levels of the organization (.e.g. positive imaging, signage for a more welcoming environment).
3. To appreciate the value of clear policies in support of an inclusive, diverse work environment (e.g. use of translation, interpretation, communication support, inclusive language).
4. To appreciate the importance of eliminating health disparities in all aspects of health unit program design, implementation, and evaluation.

Recommendations

After concluding the analysis of the three documents, Core Competencies 5.1 – 5.3, Draft Learning Outline and the Annotated Bibliography some final recommendations were suggested. For alignment between Core Competencies and learning objectives included within the Draft Learning Outline several suggestions were made. In some cases, the recommendations include revisions to the language used, while others recommendations suggest a change of location within the objectives. With consensus

from the group the recommended changes have been made to the Draft Learning Outline.

The following table outlines the recommendations made:

Table 2 – Recommendations for revision of Learning Objectives

Learning Objectives as found in the Nov 07 Draft	Recommended Revision
Diversity Dimensions	
1. To increase understanding and valuing of the dimensions of diversity in order to fully integrate these dimensions into daily individual and organizational practices.	No change
2. To increase/enhance self-reflection and acknowledgement (individual and organizational) of one’s own values, attitudes and culture.	No change
3. To become familiar with examples of individual and organizational self assessment tools that foster increased awareness of diversity.	No change
4. To increase/enhance the use of inclusive/accessible language and effective communication skills to foster mutual respect in a diverse environment.	Recommend a word change from “use” to “awareness” of and the addition of accessible to inclusive/accessible language.
5. To increase understanding of the need for tailored health promotion strategies for diverse population groups.	No change
Anti-racism, Anti-oppression, and Social Inclusion	
1. To increase awareness and understanding of the impact of the determinants of health upon the individual, community and population as a whole.	To increase knowledge and skills in addressing the impact of the determinants of health upon the individual, community and population as a whole.
2. To increase awareness and knowledge of the continuum of local data on health disparities.	No change
3. To increase awareness among staff regarding principles of community engagement.	To increase knowledge among staff regarding principles of community engagement.
4. To encourage discussion/knowledge exchange that examines barriers and power relations that result in inequities.	No change
Service Delivery, Programming, and Organizational Changes	
1. To increase staff skills to work with diverse communities in the provision of programs and services in the community.	Recommend that this objective is moved to Anti-racism, Anti-oppression and social inclusion section. This objective focuses on skill development of individual staff and may be a better fit within the theme of ‘knowledge’.
2. To ensure that diversity is considered and reflected throughout all aspects and levels of the organization (.e.g. positive imaging, signage for a more welcoming environment).	
3. To create clear policies in support of an inclusive, diverse work environment (e.g. use of translation, interpretation, communication support, inclusive language).	Recommend a sentence change from “to appreciate the value of clear policies” to “create clear policies”.
4. To reduce health disparities in all aspects of health unit program design, implementation, and evaluation.	Recommend a sentence change from “to appreciate the importance of eliminating” to “to reduce”.

Within the Draft Learning Outline, recommendations were made to expand the Core Training Content to include a section on ‘Review and Evaluation.’ This was to ensure that this component was not left out in the planning stages for implementing diversity training. With consensus from the group the recommended changes have been made. The new section has been added. The following includes the original recommendations as outlined to the group.

DRAFT LEARNING OUTLINE – ADDITION

1. Review and Evaluation

Review and evaluation of diversity training and training objectives are required to ensure that objectives are being met and if not, training programs are adapted or revised.

Many resources included sections on effectively reviewing and evaluating training programs as an essential step in providing diversity training. This would be an important inclusion in providing a learning curriculum resource for the purposes of diversity training. Please see list for possible resources that could be referenced. Some of the resources are specifically for program assessment; however include the importance of evaluating diversity training.

Possible Resources:

- A Framework for Developing, Implementing and Reviewing Diversity Training Programs.

Treasury Board of Canada Diversity Training Programs.

http://www.tbs-sct.gc.ca/pubs_pol/dcgpubs/manbetseries/VO18_e.asp

- A guide to planning and implementing cultural competence organization self-assessment.

National Center for Cultural Competence, Georgetown University Center for Child and Human Development

<http://www11.georgetown.edu/research/gucchd/nccc/documents/ncccorgselfassess.pdf>

- Equity-Focused Health Impact Assessment Framework.

Health Equity Impact Assessment {Electronic version} retrieved October 1, 2007 from

http://www.hiaconnect.edu.au/files/EFHIA_Framework.pdf

- Tip sheets for Evaluation Tools for Racial Equity, see

<http://www.evaluationtoolsforracialequity.org>

- An Educator’s Guide for Changing the World: Methods, Models and Materials for Anti-Oppression and Social Justice Workshops.

CSJ Foundation for Research and Education

<http://www.socialjustice.org/uploads/pubs/EducatorsGuideforChangingtheWorld.pdf>

- Inclusive Community Organizations: A Tool Kit.

Ontario Healthy Communities Coalition.

<http://www.healthycommunities.on.ca/publications/ICO/index.html>

Finally, within the Annotated Bibliography, recommendations were made to add children to the Priority Populations under Children & Youth as well as to

expand the Low Literacy section to include language accessibility. With consensus from the group the recommended changes have been made. The new resource material has been added to the Annotated Bibliography. In addition, a fourth column has been added to the Annotated Bibliography entitled “Resource Access”. This section provides additional information regarding how to access resources that are not available on the Internet and if fees are applicable. The following includes the original recommendations as outlined to the group.

ANNOTATED BIBLIOGRAPHY – ADDITIONS TO PRIORITY POPULATIONS

1. Children

Several resources discuss children in context with other issues such as poverty, women and abuse. It may be an important resource area to include as a priority population. Alternatively, resources referencing children could be including under other subheadings such as Aboriginal People, Women or as an additional option, Youth could be expanded to include Children and Youth. Please see list for possible resources that could be referenced.

Possible Resources:

- **What do we know about Ontario’s Children and Youth? The critical case for a collaborative centre of knowledge innovation for child and youth well-being.** Offord Centre for Child Studies and Voices for Children. <http://www.voicesforchildren.ca/report-Apr2007-1.htm> and www.kidsgrowontario.ca

<http://www.laidlawfdn.org/cms/page1436.cfm>.

- Social Inclusion as Solidarity: Rethinking the Child Rights Agenda
By Michael Bach
- Social Inclusion Through Early Childhood Education and Care
By Martha Friendly and Donna S. Lero
- Feminist Perspectives on Social Inclusion and Children’s Well-being
By Meg Luxton
- Leave No Child Behind! Social Exclusion and Child Development
By Clyde Hertzman
- Does Work Include Children? The Effects of the Labour Market on Family Income, Time and Stress
By Andrew Jackson and Katherine Scott

2. Accessible Language (Low Literacy in Priority Populations could be expanded to include Language).

Language inclusion is discussed in the Learning Outline. Comments were made regarding how to incorporate inclusive language in the environment and being aware of communication. Several resources went further to address language proficiency. Both the Learning Outline and Annotated Bibliography address the issues of low literacy or non-inclusive language. However, accessible language for persons who do not speak the two official languages of Canada has not been addressed significantly. Several resources provided guidelines for uncovering language disparity in service and using/implementing interpreter services and making resources available in the language that people read/speak in communities. For the purposes of diversity training, there are resources that discuss the difficulties associated with not providing services in the language of those using the service. Please see list for possible resources that could be referenced.

Possible Resources:

- The use of Interpreter Services - <http://www.mmha.org.au/mmha-products/books-and-resources/cultural-awareness-tool-cat/file>

- Inclusive language should also mean information is available in the language a person speaks/reads. One recommendation made by the College of Registered Nurses of Nova Scotia. <http://www.crnns.ca/documents/PositionStatementCultural06.pdf>

- **Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches. Field Report.**

The Commonwealth Fund Web site:

http://www.cmf.org/usr_doc/betancourt_culturalcompetence_576.pdf

- **Achieving Equal Access in Health Care.**

<http://www.amssa.org/publications/healthaccessreport.pdf>

- **Language Barriers in Access to Health (Health Canada).** <http://www.hc-sc.gc.ca/hcs-sss/pubs/acces/2001-lang-acces/gen-eng.php>

Curriculum Resources

The following resources can be accessed using the Annotated Bibliography. The resources have been organized using the Core Training Content outlined in the Draft Learning Outline. This section outlines the material covered in the resources that align with the learning objectives identified for each Core Training section. The documents contained within each section are outlined based on the topics they cover and the information sheets that would be useful for lesson plans, exercises and online learning modules.

Exercise / Lesson Plan Development

1. Community Make-up:

- a. *Learning Objectives: Diversity Dimensions #1*
- b. *Anti-racism, Anti-oppression and Social Inclusion #1, # 2*
- c. A brief demographic picture of Ontario

Turning the Tide: Why Acting on Inequity Can Help Reduce Chronic Disease. Public Health Agency of Canada – Atlantic Region. (http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Tides_of_change/turning_tide_e.html).

- Includes suggested presentation outlines and slides that can be copied for presentations / trainings. Topics covered include:
- Factors that combine to make people and communities healthy (or unhealthy).
- Explains that equity affects the health of everyone, not just those who are poor and excluded.
- Describes social, economic and health inequities and rates of chronic disease in Atlantic Canada

Information Sheets

- #1 Overview of the Research
- #2 What the Research Tells Us: Definitions, Links and Strategies
- #3 Linking Inequity to Social and Economic Exclusion
- #4 Linking Inequity and Chronic Disease to Vulnerable Groups
- #5 Linking Inequity to Everyone
- #6 The Determinants of Health
- #7 Frequently Asked Questions About Inequity and Health
- #8 The Most Common Chronic Diseases in Atlantic Canada
- #9 Setting the Stage: Definitions

Embracing Cultural Diversity in Health Care: Developing Cultural Competence. Healthy Work Environment Best Practices Guidelines. Registered Nurses' Association of Ontario, RNAO.

(http://www.rnao.org/Storage/29/2336_BPG_Embracing_Cultural_Diversity.pdf).

- Includes Conceptual Framework for embracing Cultural Diversity in Healthcare and key messages and themes from Systematic Literature Review. Provides Best Cultural Practices for the Individual, Organizational, and External Contexts outlined in Conceptual Framework.

Information Sheets

#1 Individual Recommendations with guidelines:

- Self-awareness – To learn to embrace diversity in individuals.
- Communication – To develop communications skills that promote culturally diverse settings.
- New learning – To attain cultural competence in individuals.

#2 Organizational Recommendations with guidelines:

- Workplace policies and procedures – To move forward on environment of cultural safety organizations.
- Recruitment – To recruit a diverse nursing workforce, employers, and unions.
- Retention – To retain a diverse nursing workforce, employers, and unions.
- Internationally educated nurses – to better support internationally educated nurses.

#3 External Recommendations with guidelines:

- Academic curriculum – To support the development of a culturally competent workforce, leaders in academia.
- Research and researchers – To support the development of a culturally competent workforce, researchers.
- Governments – To support the development of culturally competent workforce, governments.
- Accrediting Bodies - To support the development of culturally competent workforce, accrediting bodies.
- Regulators - To support the development of culturally competent workforce, regulators.
- Professional Associations - To support the development of culturally competent workforce, national and jurisdictional professional associations.

Towards an Inclusive Organizational Culture. Applying a “Diversity Lens.” Buchanan, A.
(http://www.ccic.ca/e/docs/002_dev_inclusion_applying_diversit_lens.pdf).

- Includes a checklist for making organizational systems more inclusive. Topics covered:
- Board policies / practices
- Recruitment / hiring practices
- Office culture / practices
- Networking / contacts
- Communications

An inclusion Lens. Workbook for looking at Social and Economic Exclusion and Inclusion. Atlantic Regional Office, Population & Public Health Branch, Health Canada. (http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Inclusion_lens/inclusion_2002_e.pdf).

- Includes elements of inclusion / exclusion, how an inclusion lens can be used by different organizations and key questions for creating your own lens.

Information Sheets:

- #1 Questions about exclusion
- #2 Questions about inclusion
- #3 Questions to ask
- #4 Developing an Action Plan
- #5 Elements of Inclusion / Exclusion Template

A brief demographic picture of Ontario - *Examples of demographic resources:*

Census Data (CMA) - <http://www12.statcan.ca/english/census06/reference/dictionary/geo009.cfm>

Canadian Community Health Survey - <http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/index-eng.php>

Stats Can - <http://www.statcan.gc.ca/>

Provincial health status -

http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/progstds/pdfs/ophs_2008.pdf

Cultural Interpretation Services - http://cisoc.net/CISOC_en.php

Count Me In! Tools for an Inclusive Ontario Workbook. Ontario Prevention Clearinghouse. (<http://www.count-me-in.ca/tools.htm>).

Includes:

- Tools for an Inclusive Ontario
- Introduction
- Article: Count Me In! A New Health Promotion Strategy (PDF 84kb)
- 10 Background papers on inclusion
- Provincial Advisory Group (minutes)
- Workbook (PDF 337kb)
 - i. Introduction
 - ii. Who? Your Group and Factors That Influence Your Group
 - iii. The Story: Who?
 - iv. What? The Determinants of Health
 - v. The Story: What?
 - vi. Where? Ways of Measuring Belonging in Society
 - vii. The Story: Where?
 - viii. How? Strategies and Targets to Promote Belonging
 - ix. The Story: How?
- Posters and brochures
- Count Me In! Forums
- Resources on inclusion

Information Sheets:

#1 Worksheet One: Who? Your Group and Factors That Influence Your Group

#2 Worksheet Two: What? The Determinants of Health

#3 Worksheet Three: Where? Ways to Measure Belonging in Society

#4 Worksheet Four: How? Strategies and Targets to Promote Belonging

Exercise / Lesson Plan Development

2. Understanding Diversity Dimensions:

a. Learning Objectives: Diversity Dimensions #1, #2, #3

Turning the Tide: Why Acting on Inequity Can Help Reduce Chronic Disease. Public Health Agency of Canada – Atlantic Region.
(http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Tides_of_change/turning_tide_e.html).

- Includes suggested presentation outlines and slides that can be copied for presentations / trainings. Topics covered include:
- Factors that combine to make people and communities healthy (or unhealthy).
- Explains that equity affects the health of everyone, not just those who are poor and excluded.
- Describes social, economic and health inequities and rates of chronic disease in Atlantic Canada

Information Sheets

- #1 Overview of the Research
- #2 What the Research Tells Us: Definitions, Links and Strategies
- #3 Linking Inequity to Social and Economic Exclusion
- #4 Linking Inequity and Chronic Disease to Vulnerable Groups
- #5 Linking Inequity to Everyone
- #6 The Determinants of Health
- #7 Frequently Asked Questions About Inequity and Health
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(http://www.rnao.org/Storage/29/2336_BPG_Embracing_Cultural_Diversity.pdf).

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- Internationally educated nurses – to better support internationally educated nurses.

#3 External Recommendations with guidelines:

- Academic curriculum – To support the development of a culturally competent workforce, leaders in academia.
- Research and researchers – To support the development of a culturally competent workforce, researchers.
- Governments – To support the development of culturally competent workforce, governments.
- Accrediting Bodies - To support the development of culturally competent workforce, accrediting bodies.
- Regulators - To support the development of culturally competent workforce, regulators.
- Professional Associations - To support the development of culturally competent workforce, national and jurisdictional professional associations.

Towards an Inclusive Organizational Culture. Applying a “Diversity Lens.” Buchanan, A. (http://www.ccic.ca/e/docs/002_dev_inclusion_applying_diversit_lens.pdf).

- Includes a checklist for making organizational systems more inclusive. Topics covered:
- Board policies / practices
- Recruitment / hiring practices
- Office culture / practices
- Networking / contacts
- Communications

An inclusion Lens. Workbook for looking at Social and Economic Exclusion and Inclusion. Atlantic Regional Office, Population & Public Health Branch, Health Canada. (http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Inclusion_lens/inclusion_2002_e.pdf).

- Includes elements of inclusion / exclusion, how an inclusion lens can be used by different organizations and key questions for creating your own lens.

Information Sheets:

- #1 Questions about exclusion
- #2 Questions about inclusion
- #3 Questions to ask
- #4 Developing an Action Plan
- #5 Elements of Inclusion / Exclusion Template

Approaching Diversity through Learning Communities. Decker Lardner, E. Washington Center for Improving the Quality of Undergraduate Education, 2, p.1-12. (<http://www.evergreen.edu/washcenter/resources/upload/Winter2003-Number2.doc>).

Topics covered - Three central elements for approaching diversity through learning communities are as follows:

- 1) Designing learning communities for particular groups of students;
- 2) Using learning communities as sites for curriculum transformation;
- 3) Developing pedagogical practices that support diverse learners.

Information Sheets:

#1 Case Studies

#2 Group Worksheet – What do we mean when we talk about diversity and what might it mean in practice?

#3 Ground Rules for Class Discussion

#4 Worksheet – Comparison between Low Context and High Context Cultures

#5 Worksheet – Comparison between Field-independent and Field-dependent Children

Curry-Stevens, Anne. Canadian Social Justice Foundation for Research and Education.
(<http://www.socialjustice.org/uploads/pubs/ExpandingtheCircleENG.pdf>)

Topics Include:

- History lesson on racism
- Whiteness and privilege
- Looking at language
- Questionnaires with answers
- Group activities
- Scenarios for group activities

Curry-Stevens, Anne. Centre for Social Justice CSJ Foundation for Research and Education.
(<http://www.socialjustice.org/uploads/pubs/EducatorsGuideforChangingtheWorld.pdf>).

Topics Include:

- Methods and Models
 - i. Principles-Based education
 - ii. The Basic Model
- Materials
 - i. Warm-up activities
 - ii. Building vision for the future
 - iii. The interplay of oppression and privilege
 - iv. Awareness-building Activities
 - v. Sensitivity-enhancing Tools

Information Sheets:

- #1 Handouts for each topic
- #2 Questionnaires
- #3 Group Activity sheets
- #4 Teaching / training materials
- #5 Role playing scenarios
- #6 Strategies to take home
- #7 Evaluations

Cultural Competency: A Self-Assessment Guide for Human Services Organizations. Hieu Van Ngo Canadian Heritage (Calgary Office) Calgary, Alberta. <http://culture.alberta.ca/humanrights/publications/docs/CulturalCompetencyGuide.pdf>

Topics included:

Section 1 - Covers changes in a variety of areas within a diverse Canadian reality as well as benefits.

Section 2 - Proposes a model for culturally competent organizations.

Section 3 - Presents nine tools that examine specific organizational functions.

- Governance
- Administration and management
- Policy development
- Program development and
- Service delivery

Section 4 - Suggests a guideline for funding assessment.

Section 5 - Provides additional resources.

Exercise / Lesson Plan Development

3. Diverse Populations-Barriers to Access and Inclusion:

- a. *Learning Objectives: Diversity Dimensions #5*
- b. *Anti-racism, Anti-oppression and Social Inclusion #4*
- c. *Service Delivery, Programming, & Organizational Changes #2, #3*

Turning the Tide: Why Acting on Inequity Can Help Reduce Chronic Disease. Public Health Agency of Canada – Atlantic Region. (http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Tides_of_change/turning_tide_e.html).

- Includes suggested presentation outlines and slides that can be copied for presentations / trainings.

Topics Include:

- Factors that combine to make people and communities healthy (or unhealthy).
- Explains that equity affects the health of everyone, not just those who are poor and excluded.
- Describes social, economic and health inequities and rates of chronic disease in Atlantic Canada

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- #7 Frequently Asked Questions About Inequity and Health
- #8 The Most Common Chronic Diseases in Atlantic Canada
- #9 Setting the Stage: Definitions

Social Inequities in Health and Ontario Public Health. Sudbury & District Health Unit, Northwestern Health Unit and Simcoe Muskoka District Health Unit. (http://www.sdhu.com/uploads/content/listings/SocialInequitiesinHealthandOntarioPublicHealth_Jan15-07_Rev_jv_jm.pdf).

Topics Include:

- Barriers to comprehensive action
- Enablers for comprehensive action
- Strategies
- Next steps

Count Me In! Tools for an Inclusive Ontario Workbook. Ontario Prevention Clearinghouse. (<http://www.count-me-in.ca/tools.htm>).

Includes:

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 - vii. The Story: Where?
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 - ix. The Story: How?
- Posters and brochures
- Count Me In! Forums
- Resources on inclusion

Information Sheets:

#1 Worksheet One: Who? Your Group and Factors That Influence Your Group

#2 Worksheet Two: What? The Determinants of Health

#3 Worksheet Three: Where? Ways to Measure Belonging in Society

#4 Worksheet Four: How? Strategies and Targets to Promote Belonging

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(http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2002/Oct/Cultural%20Competence%20in%20Health%20Care%20%20Emerging%20Frameworks%20and%20Practical%20Approaches/betancourt_culturalcompetence_576%20pdf.pdf).

Topics Include:

- Defining Cultural Competence
- Barriers to Culturally Competent Care
- Benefits of Cultural Competence
- Models of Culturally Competent Care
 - i. Academia
 - ii. Government
 - iii. Managed Care
 - iv. Community Health
 - v. Key Components of Cultural Competence
 - vi. Framework for Culturally Competent Care
 - vii. Strategies for Implementation
- Practical Approaches: Linking Cultural Competence to the Elimination of Racial and Ethnic Disparities in Health Care
 - i. Organizational Cultural Competence
 - ii. Systemic Cultural Competence
 - iii. Clinical Cultural Competence
- Appendix I. Methodology
- Appendix II. Key Informants

Feminist Perspectives on Social Inclusion and Children's Well Being. Luxton, M. York University, School of Women's Studies.

(<http://www.laidlawfdn.org/cms/file/children/luxton.pdf>).

Topics Include:

- Putting children into the agenda
- Defining social inclusion from the perspective of children
- Social inclusion and the politics of diversity

Curry-Stevens, Anne. Canadian Social Justice Foundation for Research and Education.
(<http://www.socialjustice.org/uploads/pubs/ExpandingtheCircleENG.pdf>).

Topics Include:

- History lesson on racism
- Whiteness and privilege
- Looking at language
- Questionnaires with answers
- Group activities
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Curry-Stevens, Anne. Centre for Social Justice CSJ Foundation for Research and Education.
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Information Sheets:

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- #5 Role playing scenarios
- #6 Strategies to take home
- #7 Evaluations

Equity-Focused Health Impact Assessment Framework. Mahoney, M., Simpson, S., Harris, E., Aldrich, R., & Stewart J. Australasian Collaboration for Health Equity Impact Assessment. (http://www.hiaconnect.edu.au/files/EFHIA_Framework.pdf).

Included: Key questions provided for each step.

Step 1 – Screening

Step 2 – Scoping

Step 3 – Impact Identification

Step 4 – Assessment of Impacts

Step 5 – Recommendations

Step 6 – Evaluation & Monitoring

A guide for using the cultural and linguistic competence policy assessment instrument. National Center for Cultural Competence Georgetown University Center for Child and Human Development (http://www.clcpa.info/documents/CLCPA_guide.pdf).

Included:

Checklist for Conducting Cultural and Linguistic Competence Organizational Self-Assessment

Phase 1: Establish a Structure to Guide the Work

Phase 2: Create a Shared Vision

Phase 3: Collect, Analyze, and Disseminate Data

Phase 4: Develop an Action Plan

Inclusive Community Organizations: A Tool Kit. Ontario Healthy Communities Coalition.
(<http://www.healthycommunities.on.ca/publications/ICO/index.html>).

Included:

Section 1 – Understanding Diversity and Inclusion

Section 2 – An Organizational Change Strategy

Section 3 – Tools

Section 4 – Additional Resources

Information Sheets: (Community Information Sheets)

A. Aboriginal Peoples

B. Ethno-racial Groups

C. Low Income

D. Low Literacy

E. Persons with Disabilities

F. Seniors

G. Sexual Orientation and Gender Identity

H. Youth

Embracing Cultural Diversity in Health Care: Developing Cultural Competence. Healthy Work Environment Best Practices Guidelines. Registered Nurses' Association of Ontario, RNAO. (http://www.rnao.org/Storage/29/2336_BPG_Embracing_Cultural_Diversity.pdf).

- Includes Conceptual Framework for embracing Cultural Diversity in Healthcare and key messages and themes from Systematic Literature Review.
- Provides Best Cultural Practices for the Individual, Organizational, and External Contexts outlined in Conceptual Framework.

Information Sheets

#1 Individual Recommendations with guidelines:

- Self-awareness – To learn to embrace diversity in individuals.
- Communication – To develop communications skills that promote culturally diverse settings.
- New learning – To attain cultural competence in individuals.

#2 Organizational Recommendations with guidelines:

- Workplace policies and procedures – To move forward on environment of cultural safety organizations.
- Recruitment – To recruit a diverse nursing workforce, employers, and unions.
- Retention – To retain a diverse nursing workforce, employers, and unions.
- Internationally educated nurses – to better support internationally educated nurses.

#3 External Recommendations with guidelines:

- Academic curriculum – To support the development of a culturally competent workforce, leaders in academia.
- Research and researchers – To support the development of a culturally competent workforce, researchers.
- Governments – To support the development of culturally competent workforce, governments.
- Accrediting Bodies - To support the development of culturally competent workforce, accrediting bodies.
- Regulators - To support the development of culturally competent workforce, regulators.
- Professional Associations - To support the development of culturally competent workforce, national and jurisdictional professional associations.

Cultural Competency Assessment Tool. Vancouver Ethnocultural Advisory Committee of the Ministry for Children and Families (http://www.llbc.leg.bc.ca/public/PubDocs/bcdocs/339295/assessment_tool.pdf).

Topics Include:

- Principles of Cultural Competence
- Areas of Impact
- Cultural Assessment Tool

Information Sheets:

- #1 Instructions for use
- #2 Organizational/Foundation Statements and Documents
- #3 Program Policies and Procedures
- #4 Program Practices
- #5 Personnel Policies and Practices
- #6 Skills and Training
- #7 Organizational Composition and Climate
- #8 Community Consultation and Communication

A Framework for Developing, Implementing and Reviewing Diversity Training Programs. Treasury Board of Canada Diversity Training Programs – Number 18. (http://www.tbs-sct.gc.ca/pubs_pol/dcgpubs/manbetseries/VO181-1E.asp).

Topics Include:

- Determining Needs
- Selecting / Developing a Program
- Implementation and Monitoring
- Decision Review and Evaluation

Exercise / Lesson Plan Development

4. Common Principles of Working with Diverse Populations:

- a. *Learning Objectives: Diversity Dimensions #5*
- b. *Anti-racism, Anti-oppression and Social Inclusion #1, #4, #5*
- c. *Service Delivery, Programming, & Organizational Changes #3*

Turning the Tide: Why Acting on Inequity Can Help Reduce Chronic Disease. Public Health Agency of Canada – Atlantic Region.
(http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Tides_of_change/turning_tide_e.html).

- Includes suggested presentation outlines and slides that can be copied for presentations / trainings.

Topics Include:

- Factors that combine to make people and communities healthy (or unhealthy).
- Explains that equity affects the health of everyone, not just those who are poor and excluded.
- Describes social, economic and health inequities and rates of chronic disease in Atlantic Canada

Information Sheets

- #1 Overview of the Research
- #2 What the Research Tells Us: Definitions, Links and Strategies
- #3 Linking Inequity to Social and Economic Exclusion
- #4 Linking Inequity and Chronic Disease to Vulnerable Groups
- #5 Linking Inequity to Everyone
- #6 The Determinants of Health
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Topics Include:

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Information Sheets:

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Topics Include:

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- Regulators - To support the development of culturally competent workforce, regulators.
- Professional Associations - To support the development of culturally competent workforce, national and jurisdictional professional associations.

Inclusive Community Organizations: A Tool Kit. Ontario Healthy Communities Coalition.
(<http://www.healthycommunities.on.ca/publications/ICO/index.html>).

Included:

Section 1 – Understanding Diversity and Inclusion

Section 2 – An Organizational Change Strategy

Section 3 – Tools

Section 4 – Additional Resources

Information Sheets: (Community Information Sheets)

A. Aboriginal Peoples

B. Ethno-racial Groups

C. Low Income

D. Low Literacy

E. Persons with Disabilities

F. Seniors

G. Sexual Orientation and Gender Identity

H. Youth

Understanding Cultural Competence. (PPT Presentation) Kafele, K. Fourth Colloquium on Legal Profession, University of Windsor
<http://www.lsuc.on.ca/media/fourthcolloquiumkafele.pdf>

Topics Include:

- Understanding Cultural Competence
- The Context
- The Realities
- Culture
- Cultural Competence – Standards

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Topics Include:

- Putting children into the agenda
- Defining social inclusion from the perspective of children
- Social inclusion and the politics of diversity

Curry-Stevens, Anne. Canadian Social Justice Foundation for Research and Education.
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Topics Include:

- History lesson on racism
- Whiteness and privilege
- Looking at language
- Questionnaires with answers
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Topics Include:

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- Areas of Impact
- Cultural Assessment Tool

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Topics Include:

- Determining Needs
- Selecting / Developing a Program
- Implementation and Monitoring
- Decision Review and Evaluation

Exercise / Lesson Plan Development

5. Communication:

- a. *Learning Objectives: Diversity Dimensions #4*
- b. *Anti-racism, Anti-oppression and Social Inclusion #2, #5*
- c. *Effective Communication Skills*
 - i. *Low Context*
 - ii. *High Context*
- d. *Inclusive Language and Environment*

Approaching Diversity through Learning Communities. Decker Lardner, E. Washington Center for Improving the Quality of Undergraduate Education, 2, p.1-12. (<http://www.evergreen.edu/washcenter/resources/upload/Winter2003-Number2.doc>).

Topics Covered - Three central elements for approaching diversity through learning communities are as follows:

- 4) Designing learning communities for particular groups of students;
- 5) Using learning communities as sites for curriculum transformation;
- 6) Developing pedagogical practices that support diverse learners.

Information Sheets:

#1 Case Studies

#2 Group Worksheet – What do we mean when we talk about diversity and what might it mean in practice?

#3 Ground Rules for Class Discussion

#4 Worksheet – Comparison between Low Context and High Context Cultures

#5 Worksheet – Comparison between Field-independent and Field-dependent Children

Towards an Inclusive Organizational Culture. Applying a “Diversity Lens.” Buchanan, A.

(http://www.ccic.ca/e/docs/002_dev_inclusion_applying_diversit_lens.pdf).

- Includes a checklist for making organizational systems more inclusive.

Topics include:

- Board policies / practices
- Recruitment / hiring practices
- Office culture / practices
- Networking / contacts
- Communications

Curry-Stevens, Anne. Canadian Social Justice Foundation for Research and Education.

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Topics Include:

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Topics Include:

- Methods and Models
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Information Sheets:

- #1 Handouts for each topic
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A Manager's Guide to Cultural Competence Education for Health Care Professionals. Gilbert, M. J. ([http://www.calendow.org/uploadedFiles/managers_guide_cultural_competence\(1\).pdf](http://www.calendow.org/uploadedFiles/managers_guide_cultural_competence(1).pdf)).

Topics Include:

- What is Cultural Competence?
- Why do health care professionals need to be trained in cultural competence?
- Things to consider when planning training
 - i. Criteria for Selecting A Trainer: A Checklist
 - ii. Recommended Organizations and Trainers
 - iii. Organizations That Conduct Cultural Competence Training
 - iv. Individuals Who Conduct Cultural Competence Training

Count Me In! Tools for an Inclusive Ontario Workbook. Ontario Prevention Clearinghouse. (<http://www.count-me-in.ca/tools.htm>).

Includes:

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Topics Include:

- Defining Cultural Competence
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Exercise / Lesson Plan Development

6. Community Engagement:

- a. *Learning Objectives: Diversity Dimensions #4*
- b. *Anti-racism, Anti-oppression and Social Inclusion #3*

Approaching Diversity through Learning Communities. Decker Lardner, E. Washington Center for Improving the Quality of Undergraduate Education, 2, p.1-12. (<http://www.evergreen.edu/washcenter/resources/upload/Winter2003-Number2.doc>).

Topics Covered - Three central elements for approaching diversity through learning communities are as follows:

- 7) Designing learning communities for particular groups of students;
- 8) Using learning communities as sites for curriculum transformation;
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Topics Include:

- Barriers to comprehensive action
- Enablers for comprehensive action
- Strategies
- Next steps

Exercise / Lesson Plan Development

7. Development of Personal Competence:

a. *Learning Objectives: Anti-racism, Anti-oppression and Social Inclusion #4, #5*

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<http://www.lsuc.on.ca/media/fourthcolloquiumkafele.pdf>

Topics Include:

- Understanding Cultural Competence
- The Context
- The Realities
- Culture
- Cultural Competence – Standards

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Topics Include:

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Exercise / Lesson Plan Development

8. Policies and Standards:

a. *Learning Objectives: Service Delivery, Programming & Organizational Changes #2*

b. *Examples of websites to access standards:*

- Canadian Bill of Rights (1960)
- Ontario Human Rights Commission (established in 1961)
- Ontario Human Rights Code (1962) and Canadian Human Rights Act (1981)
- Canadian Charter of Rights and Freedoms (1982)
- Employment Equity Act (1986)
- Multiculturalism Act (1988)
- Ontarians with Disabilities Act (2001)
- Existing city/county/regional policies
- Health Unit specific policies

Equity-Focused Health Impact Assessment Framework. Mahoney, M., Simpson, S., Harris, E., Aldrich, R., & Stewart J. Australasian Collaboration for Health Equity Impact Assessment. (http://www.hiaconnect.edu.au/files/EFHIA_Framework.pdf).

Included: Key questions provided for each step.

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A guide for using the cultural and linguistic competence policy assessment instrument. National Center for Cultural Competence Georgetown University Center for Child and Human Development (http://www.clcpa.info/documents/CLCPA_guide.pdf).

Included:

Checklist for Conducting Cultural and Linguistic Competence Organizational Self-Assessment

Phase 1: Establish a Structure to Guide the Work

Phase 2: Create a Shared Vision

Phase 3: Collect, Analyze, and Disseminate Data

Phase 4: Develop an Action Plan

Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches. Field Report. Sudbury & District Health Unit, Northwestern Health Unit and Simcoe Muskoka District Health Unit.

(http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2002/Oct/Cultural%20Competence%20in%20Health%20Care%20Emerging%20Frameworks%20and%20Practical%20Approaches/betancourt_culturalcompetence_576%20pdf.pdf).

Topics Include:

- Defining Cultural Competence
- Barriers to Culturally Competent Care
- Benefits of Cultural Competence
- Models of Culturally Competent Care
 - i. Academia
 - ii. Government
 - iii. Managed Care
 - iv. Community Health
 - v. Key Components of Cultural Competence
 - vi. Framework for Culturally Competent Care
 - vii. Strategies for Implementation
- Practical Approaches: Linking Cultural Competence to the Elimination of Racial and Ethnic Disparities in Health Care
 - i. Organizational Cultural Competence
 - ii. Systemic Cultural Competence
 - iii. Clinical Cultural Competence
- Appendix I. Methodology
- Appendix II. Key Informants

Inclusive Community Organizations: A Tool Kit. Ontario Healthy Communities Coalition.
(<http://www.healthycommunities.on.ca/publications/ICO/index.html>).

Included:

Section 1 – Understanding Diversity and Inclusion

Section 2 – An Organizational Change Strategy

Section 3 – Tools

Section 4 – Additional Resources

Information Sheets: (Community Information Sheets)

A. Aboriginal Peoples

B. Ethno-racial Groups

C. Low Income

D. Low Literacy

E. Persons with Disabilities

F. Seniors

G. Sexual Orientation and Gender Identity

H. Youth

Exercise / Lesson Plan Development

9. Monitoring and Evaluation of Diversity Training:

- a. *Learning Objectives: Diversity Dimensions #1, #3*
- b. *Service Delivery, Programming, & Organizational Changes #1, #3*

Turning the Tide: Why Acting on Inequity Can Help Reduce Chronic Disease. Public Health Agency of Canada – Atlantic Region. (http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Tides_of_change/turning_tide_e.html).

- Includes suggested presentation outlines and slides that can be copied for presentations / trainings.

Topics Include:

- Factors that combine to make people and communities healthy (or unhealthy).
- Explains that equity affects the health of everyone, not just those who are poor and excluded.
- Describes social, economic and health inequities and rates of chronic disease in Atlantic Canada

Information Sheets

- #1 Overview of the Research
- #2 What the Research Tells Us: Definitions, Links and Strategies
- #3 Linking Inequity to Social and Economic Exclusion
- #4 Linking Inequity and Chronic Disease to Vulnerable Groups
- #5 Linking Inequity to Everyone
- #6 The Determinants of Health
- #7 Frequently Asked Questions About Inequity and Health
- #8 The Most Common Chronic Diseases in Atlantic Canada
- #9 Setting the Stage: Definitions

Embracing Cultural Diversity in Health Care: Developing Cultural Competence. Healthy Work Environment Best Practices Guidelines. Registered Nurses' Association of Ontario, RNAO. (http://www.rnao.org/Storage/29/2336_BPG_Embracing_Cultural_Diversity.pdf).

- Includes Conceptual Framework for embracing Cultural Diversity in Healthcare and key messages and themes from Systematic Literature Review.
- Provides Best Cultural Practices for the Individual, Organizational, and External Contexts outlined in Conceptual Framework.

Information Sheets

#1 Individual Recommendations with guidelines:

- Self-awareness – To learn to embrace diversity in individuals.
- Communication – To develop communications skills that promote culturally diverse settings.
- New learning – To attain cultural competence in individuals.

#2 Organizational Recommendations with guidelines:

- Workplace policies and procedures – To move forward on environment of cultural safety organizations.
- Recruitment – To recruit a diverse nursing workforce, employers, and unions.
- Retention – To retain a diverse nursing workforce, employers, and unions.
- Internationally educated nurses – to better support internationally educated nurses.

#3 External Recommendations with guidelines:

- Academic curriculum – To support the development of a culturally competent workforce, leaders in academia.
- Research and researchers – To support the development of a culturally competent workforce, researchers.
- Governments – To support the development of culturally competent workforce, governments.
- Accrediting Bodies - To support the development of culturally competent workforce, accrediting bodies.
- Regulators - To support the development of culturally competent workforce, regulators.
- Professional Associations - To support the development of culturally competent workforce, national and jurisdictional professional associations.

An inclusion Lens. Workbook for looking at Social and Economic Exclusion and Inclusion. Atlantic Regional Office, Population & Public Health Branch, Health Canada. (http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Inclusion_lens/inclusion_2002_e.pdf).

- Includes elements of inclusion / exclusion, how an inclusion lens can be used by different organizations and key questions for creating your own lens.

Information Sheets:

- #1 Questions about exclusion
- #2 Questions about inclusion
- #3 Questions to ask
- #4 Developing an Action Plan
- #5 Elements of Inclusion / Exclusion Template

Towards an Inclusive Organizational Culture. Applying a “Diversity Lens.” Buchanan, A. (http://www.ccic.ca/e/docs/002_dev_inclusion_applying_diversit_lens.pdf).

- Includes a checklist for making organizational systems more inclusive.

Topics include:

- Board policies / practices
- Recruitment / hiring practices
- Office culture / practices
- Networking / contacts
- Communications

Cultural Competency: A Self-Assessment Guide for Human Services Organizations. Hieu Van Ngo Canadian Heritage (Calgary Office) Calgary, Alberta. <http://culture.alberta.ca/humanrights/publications/docs/CulturalCompetencyGuide.pdf>

Topics included:

Section 1 - Covers changes in a variety of areas within a diverse Canadian reality as well as benefits.

Section 2 - Proposes a model for culturally competent organizations.

Section 3 - Presents nine tools that examine specific organizational functions.

- Governance
- Administration and management
- Policy development
- Program development and
- Service delivery,

Section 4 - Suggests a guideline for funding assessment.

Section 5 - Provides additional resources.

Curry-Stevens, Anne. Canadian Social Justice Foundation for Research and Education. (<http://www.socialjustice.org/uploads/pubs/ExpandingtheCircleENG.pdf>).

Topics Include:

- History lesson on racism
- Whiteness and privilege
- Looking at language
- Questionnaires with answers
- Group activities
- Scenarios for group activities

Curry-Stevens, Anne. Centre for Social Justice CSJ Foundation for Research and Education.
(<http://www.socialjustice.org/uploads/pubs/EducatorsGuideforChangingtheWorld.pdf>)

Topics Include:

- Methods and Models
 - i. Principles-Based education
 - ii. The Basic Model
- Materials
 - i. Warm-up activities
 - ii. Building vision for the future
 - iii. The interplay of oppression and privilege
 - iv. Awareness-building Activities
 - v. Sensitivity-enhancing Tools

Information Sheets:

- #1 Handouts for each topic
- #2 Questionnaires
- #3 Group Activity sheets
- #4 Teaching / training materials
- #5 Role playing scenarios
- #6 Strategies to take home
- #7 Evaluations

Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches. Field Report. Sudbury & District Health Unit, Northwestern Health Unit and Simcoe Muskoka District Health Unit.

(http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2002/Oct/Cultural%20Competence%20in%20Health%20Care%20%20Emerging%20Frameworks%20and%20Practical%20Approaches/betancourt_culturalcompetence_576%20pdf.pdf).

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H. Youth

LIST OF POTENTIAL MODULES

Awareness:

1. Introduction to diversity and inclusion (see appendix – page 62)
2. How social exclusion and oppression operates in the workplace
3. Introduction to accessing and using demographics for program planning
4. Introduction to cultural competence: connecting
5. Introduction to personal competence: awareness and self-reflection

Knowledge:

6. Cultural competence in practice (see appendix – page 63)
7. Barriers to health and identifying disparities
8. Introduction to inclusive communication

Leadership:

9. Introduction to design, implementation and evaluation (see appendix – page 64)
10. Evaluating and creating clear policies for social inclusion
11. Introduction to assessment tools
12. Creating inclusive programs

APPENDIX

The following section outlines three sample modules developed to correspond with the three themes identified earlier. They are awareness, knowledge and leadership. The three themes correspond with the alignment of Core Competencies and learning objectives as outlined in Table 1.

AWARENESS

Introduction to Diversity & Social Inclusion

The aim of the module is to (1) raise the level of awareness and understanding of how determinants of health influence the health and well-being of specific populations; (2) raise the level of awareness to effectively examine the dimensions of diversity and identify barriers to access; and (3) enhance skills required to acknowledge one's own values, attitudes and culture through self-reflection.

Objectives

Upon completion of this module you will be able to:

- List the determinants of health and discuss how they influence the health and well-being of specific populations.
- Identify and critically examine the dimensions of diversity and how they relate to practice
- Describe and use self-reflection to acknowledge personal values, attitudes and culture in practice.
- Develop understanding of inclusive language and effective forms of communication to foster respect for diverse populations.
- Describe and understand a need for tailored health promotion strategies for diverse populations.

Module Breakdown

Lesson 1 – Review of Determinants of Health

Lesson 2 – Review of Diverse Populations, Barriers to Access and Inclusion

Lesson 3 – Overview of Principles for Working with Diverse Populations

Lesson 4 – Review Skills of Self-Reflection and Personal Competence in Practice

KNOWLEDGE

Cultural Competence in Practice

The aim of the module is to (1) introduce models and methods to enhance personal competence and (2) enhance knowledge of anti-oppressive practice, diversity and cultural competence

Objectives

Upon completion of this module you will be able to:

- Discuss and exchange knowledge that examines barriers and power relations, which results in inequities.
- Describe and explain different approaches and principles to identifying health disparities and community engagement.
- Identify and apply culturally relevant approaches to in the provision of programs and services in the community.

Module Breakdown:

Lesson 1 – Determinants of health for the individual, community and population as a whole.

Lesson 2 – Introduction to anti-oppressive practice and cultural competence

Lesson 3 – Application of concepts and tools in cultural competence

Lesson 4 – Application of concepts and tools in personal competence

LEADERSHIP

Introduction to Design, Implementation and Evaluation

The goal of the module is to introduce the basic principles and steps to plan, implement and evaluate population diversity within policies and programs.

Objectives

Upon completion of this module you will be able to:

- Identify barriers to access and exclusion at all levels of the organization
- Create policies and programs that reflect diversity and social inclusion
- Identify health disparities and work to reduce them in design, implementation and evaluation

Module Breakdown:

Lesson 1 – Ensure that the principles of diversity are reflected throughout all levels of your organization.

Lesson 2 – Understand the goal, objectives and steps of creating clear policies.

Lesson 3 – Be able to identify health disparities in all aspects of health unit program design, implementation and evaluation.