

Diversity Awareness Self-Reflection Tool

A Practical Tool for Health Care Teams



Primary Health Care Program, AHS

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About the Tool

The goal of this tool is to create awareness, increase sensitivity, and promote personal reflection of the importance of diversity competency ([defined](#) as the ability of individuals and systems to respond respectfully and effectively to individuals, families and communities of all diverse backgrounds). The tool increases awareness of the kinds of beliefs, attitudes, values, and practices that promote diversity competency.

At the conclusion of the survey you will find recommended [readings, articles, and resources](#) that might help you further improve your diversity awareness. As much as possible, the resources are reflective of the categories in the tool.

Directions: Please select A, B, C, or N/A for each item listed below.

A = Things I do often, or the statement really applies to me.

B = Things I do once in a while, or the statement applies to me somewhat.

C = Things I do rarely or never, or the statement applies to me very little or not at all.

N/A = not applicable

PHYSICAL ENVIRONMENT, MATERIALS, AND RESOURCES	Response
1. Materials (such as magazines, brochures, pictures, posters, artwork, and other printed materials) in my work, reflects the social and cultural diversity of the people we serve.	
2. Information used and developed in my work reflects the literacy levels of the people we serve (e.g., written in plain language).	
3. When using information and resources in my work, I make sure they're respectful of people's social and cultural diversity.	
4. I review and avoid using resources in my work that have negative social and cultural stereotypes.	
COMMUNICATION STYLES	Response
5. When needed, for anyone with limited English language skills, I: <ul style="list-style-type: none"> • assess his/ her language needs • learn common words/customs/routines and use greetings in their language so that I'm better able to communicate • learn about local community norms/customs that reflect the culture/diversity of the people we serve • use visual aids, gestures, and physical prompts as needed to support/provide care • use bilingual or multilingual staff, trained interpreters, or the Language Line when available or as needed to support/provide care 	_____ _____ _____ _____ _____

<p>6. When interacting with people with limited English language skills, I always keep in mind that:</p> <ul style="list-style-type: none"> • limited English language skills, doesn't reflect their intelligence or literacy level in their preferred language • it has nothing to do with how well they communicate (speak or read) in their preferred language 	<hr/> <hr/>
<p>7. When possible, notices, information, and other print resources are translated into the person's language.</p>	
<p>8. I am respectful of the cultural stigmas and the reasons for naming certain diseases (e.g., diabetes is sometimes named "sugar disease").</p>	
<p>VALUES AND ATTITUDES</p>	<p>Response</p>
<p>9. I use other formats and different approaches (if needed or preferred) to communicate with the people we serve.</p>	
<p>10. I don't force my values that may be different than other cultures.</p>	
<p>11. In my communication with others, I speak up when someone makes negative social and cultural comments.</p>	
<p>12. I speak up when I notice others in my work show cultural insensitivity or prejudice.</p>	
<p>13. I understand and accept that everyone defines "family" differently.</p>	
<p>14. I understand that factors such as gender roles, age ,and life cycle are important in our interactions with other people (e.g., who is the one making major decisions for the family).</p>	
<p>15. I accept people and families as equal partners in decisions and care plans that affect their health.</p>	
<p>16. I recognize that the perception of health, wellness, and health services means different things to different cultural and social groups.</p>	
<p>17. I accept that religion, spirituality, and other beliefs may influence how people and families respond to illnesses, disease, and death.</p>	
<p>18. I understand that people and families will have different ways of communicating and asking for help.</p>	
<p>19. I accept and respect that customs and beliefs about lifestyle can vary greatly among different cultural and social groups.</p>	
<p>20. I seek and use information from different sources (e.g., family, community resources, evidence-based practice) to help me adapt my work.</p>	

21. I stay current in knowledge and research about the major health and social issues for socially and culturally diverse populations living in the area my program serves.	
22. When available, I take part in professional development opportunities to enhance my knowledge and skills to meet the needs of the populations we serve.	
23. I am aware that socio-economic and environmental factors contribute to the health and access challenges of the diverse populations we serve.	
24. I invite individuals from diverse backgrounds to share their cultural beliefs, norms and practices with me.	
25. I contribute to creating and maintaining a positive and respectful work environment.	

Congratulations- you've answered A's, B's and *especially* C's! For turning those C's and B's into A's please use the [readings, articles, and resources](#) on the next page. Building diversity competency is an adventurous journey and you've taken an important step of becoming aware of your values and beliefs.

The [readings, articles, and resources](#) on the next page encourage self-reflection and promote awareness of diversity competency in health care so health care teams have the ability to respond respectfully and effectively to people of all diverse backgrounds in a manner that recognizes, affirms, and values the uniqueness and worth of individuals, families and communities.

Self-reflection is an important step on a path toward patient-centred care and you can continue this journey with the suggested readings and resources ([including on-line and in-person Diversity Competency Workshops](#)).

Disclaimer:

This tool was developed by AHS Primary Health Care Program, with significant contribution of a provincial working group and pilot programs. The reflective questions were influenced by three nationally and internationally recognized tools (as referenced below) and adapted, with prior permission, from: Nova Scotia Department of Health and Wellness. Capital Health, Diversity & Inclusion. *Diversity Lens Tool Kit: A Set of Practical Cultural Competence Assessment Tools and Resources to help integrate Diversity in Capital Health Workplaces*. Retrieved from: www.cdha.nshealth.ca/diversity-inclusion

Reference:

- Goode, Tawara D. (Revised 2009). Adapted from *Promoting Cultural Competence and Cultural Diversity in Early Intervention and Early Childhood Settings*, June 1989. National Center for Cultural Competence, Georgetown University Center for Child & Human Development, University Center for Excellence in Developmental Disabilities Education, Research & Service.
- Michigan Department of Community Health, Behavioral Health and Developmental Disabilities Administration. (2012). *Transforming Cultural and Linguistic Theory into Action: A Toolkit for Communities*. Retrieved from http://www.michigan.gov/documents/mdch/Transform_Cultural-Linguistic_Theory_into_Action_390866_7.pdf
- Diversity Competency Self-Assessment, former Calgary Health Region Tool (no longer available)

Recommended Readings and Articles

Focused on effective communication skills:

- Inclusive Language – booklet <http://insite.albertahealthservices.ca/Files/hr-inclusive-language.pdf>
- Interpretation and Translation Services <http://insite.albertahealthservices.ca/10180.asp>
- Communicating with Diverse People <http://insite.albertahealthservices.ca/phc/tms-phc-orientation-diversity-comm-diverse-people.pdf>
- Communication Checklist for People with limited English Proficiency <http://insite.albertahealthservices.ca/phc/tms-phc-communicating-checklist-limited-english.pdf>

Focused on Population Demographics/ Diversity:

- Cross-Cultural Profiles (2003) <http://insite.albertahealthservices.ca/Files/hr-cross-cultural-profile.pdf>
- Statistics Canada, Demography Division. *Projections of the Diversity of the Canadian Population, 2006 to 2031*. Available at: <http://www.statcan.gc.ca/pub/91-551-x/91-551-x2010001-eng.pdf>
- *Vulnerable Populations in Alberta* (2011). Prepared by: Reducing Disparities, Health Promotion Disease and Injury Prevention, Population & Public Health Alberta Health Services. Available at: http://www.crha-health.ab.ca/programs/diversity/diversity_resources/research_publications/vulnerable_populations.pdf

Focused on Understanding Cultural Diversity and Safety:

- Culture in Practice <http://insite.albertahealthservices.ca/amh/tms-amh-culture-in-practice.pdf>
- Towards an Understanding of Health Equity: Annotated Glossary: Prepared by AHS Tri-Project Glossary Working Group, Population and Public Health: Available at: <http://www.albertahealthservices.ca/poph/hi-poph-surv-shsa-tpgwg-glossary.pdf>
- Registered Nurses' Association of Ontario (2007). *Embracing Cultural Diversity in Health Care: Developing Cultural Competence*. Toronto, Canada. Available at: <http://nao.ca/bpg/guidelines/embracing-cultural-diversity-health-care-developing-cultural-competence>
- Richardson, S. and Williams, T. (2007). *Why is cultural safety essential in health care?* Med Law 26 (4), 699-707. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/18284111>

Additional AHS Resources and Workshops on Diversity Competency:

- Patient-Centred Care through a Diversity Lens Course (available through [MLL](#))
- Online version of Patient-Centred Care through a Diversity Lens Course (available through [MLL](#) and [Absorb](#) for external partners)
- [Aboriginal Health Program Videos](#)
- [Aboriginal Health Program external site](#)

Definition of Terms

Cultural Competency - is defined as a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enable effective work in cross-cultural situations. It also includes awareness, acceptance, and respect to the diversity of the population served and modification of health services (including planning, policy making, resource allocation, and provision) based on the needs of the population.

Diverse and Vulnerable Populations- Vulnerable populations refer to groups that have increased susceptibility to adverse health outcomes as a result of inequitable access to the resources needed to address risks of health.

Context and Definition adopted and used by Diverse Populations Strategy focuses on the vulnerable segments of the diverse populations: Persons of all ages who despite high burden of chronic disease, experience barriers in accessing healthcare services and have a high relative risk for morbidity and mortality. This includes Aboriginal people, ethno-cultural populations, immigrants, refugees, certain populations living in remote and rural settings, colonies, persons experiencing homelessness, persons living with poverty, persons with disabilities, people with low literacy skills and other hard-to-reach populations.

Diversity- includes all the way people are unique and different from others. It refers to the unique characteristics that distinguish individuals from each other and/or identify individuals as belonging to a group or groups. Diversity transcends concepts such as race, ethnicity, socio-economic, gender, religion, sexual orientation, disability, and age.

Diversity Competency- is the ability of individuals and systems to respond respectfully and effectively to individuals, families and communities of all diverse backgrounds.

Ethnicity- includes multi-faceted characteristics of a group sharing certain traits in common. Ethnicity is associated with ancestry, cultural traditions and languages. Ethnicity is based on self-identification, whereas race is imposed on a population by society.

Health Disparities- Differences in health status among groups. This term is used interchangeably with health inequalities (PAHO, 1999).

Health Equity- refers to the elimination of the social, economic and environmental factors that produce inequitable health outcomes among groups. This means that all persons have fair opportunities to attain their health potential to the fullest extent possible.

Health Inequities- refers to differences in health outcomes between population groups that are socially produced, unfair and unjust.

Health Literacy- generally refers to the ability of individuals to access, understand and use health information to make appropriate health decisions and maintain basic health. In health care practice, it also means whether individuals can read and act upon written health information, as well as whether they possess the speaking skills to communicate their health needs to healthcare providers and skills to understand and act on the instruction they receive.

Patient & Family Centred Care- Person and family-centered care is working with people and families, rather than doing to or for them. This means that people are treated with respect and dignity and individuals and families build on their strengths through participation in experiences that enhance control and independence.

Social Determinants of Health (SDOH) - are the social conditions in which people are born, grow up, live, work and age, including the health system. The range of personal, social, economic, and environmental factors that determine the health status of individuals and populations.

Visible Minority- can be defined as persons who are identified, according to the Employment Equity Act, as being non-Caucasian in race or non-white in color. Under the Act, Aboriginal persons are not considered to be members of visible minority groups.