Diversity and Health Equity Competencies for Health Care Leaders and Managers

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Objectives

- Describe our initiative for development of manager competencies for diversity and equity
- Describe our approach and key principles for diversity & equity
- Outline the approach to evaluation, including the development of the tool
- Discuss preliminary findings
Centre for Addiction and Mental Health (CAMH)

- Canada's largest mental health and addiction academic health science centre
- Over 2,800 staff, 388 physicians, over 25,000 unique clients
- Extensive experience in diversity/equity organizational change & professional practice strategies
Why Diversity & Equity?

- Changing Demographics of our society, clients and staff
- Evidence of Health Inequities (Quality & Safety)
- Evidence from the literature
  - Culture matters
  - Leadership matters
  - Support is needed at the point of care
- Need to embed diversity and equity at all levels and areas of the organization
CAMH Equity & Diversity Organizational Change

Education cannot be a stand alone initiative

CAMH structural supports include:

- Executive Leadership
- Formal accountability in Office of Nursing and Professional Practice, HR Diversity and the Health Equity Office
- Diversity measures part of all performance reviews & job interviews
- Multiple initiatives (clinical, workplace culture, manager capacity, pathways to care, research)
- With mandatory (and optional) training as a backbone
Our Framework: Core Domains for Equity Competency©

- Awareness
- Knowledge
- Application in Practice
- Skills

Power & Equity

©CAMH, 2005
Our Equity Framework

- Human rights based: anchored in human rights law and (Canadian) constitution which recognizes the systemic nature of discrimination

- Anchored in professional practice expectations and organizational standards/codes of behaviour

- Dual focus on health equity and organizational culture

- Ensures the focus is not on whether we address inequity but how
Our Equity Framework

- Diversity groups are viewed broadly, (not only race and ethnicity)
- Culture as consisting of both patterns and power
- Grounded in concepts of privilege and marginalization
- Integrates an adult education and developmental approach to issues of power and inequality – always maintain a learning edge
- Thus cross-cultural practice must navigate differences in world view as well as power and hierarchy
Workshop Strategies

- Experiential
- Knowledge based
- Collective
Workshop Strategies

- Data and statistics – demonstrate SDOH and health (in)equity impacts
- Personal reflection and ‘mapping’ of social location
- Application through discussion, case studies and scenarios
- Interactive, short teaching, with activities and group learning
- Moves from global and local context, personal location, to application in practice
The Diversity Flower has been adopted from the Power Flower (Source: Arnold, R., Burke, B., James, C. & Martin, D. (1991) Educating for a Change, Toronto, ON: Between The Lines)
Experience from the Workshops

- Facilitators model and demonstrate this blend of pride/humility in how training is designed and delivered

- Wide range of participant comfort and familiarity with diversity and equity issues

- Anchored as a learning process; skill that is acquired and practiced means a responsibility to engage others well (vs. nail a political point)

- Tied to role accountabilities and expectations
Experience from the Workshops

- Mindfulness of equity and power issues in teams, service and leadership

- How to navigate different marginalized identities – in conflict or tension – each claiming primacy of identity

- When culture or identity is used to explain exclusion or behaviour
Diversity & Health Equity Tool Development

- Evidence suggests support for integrating Diversity and Health Equity Training among health professional students, particularly medical students and residents.

- Limited literature on Diversity and Health Equity Training amongst health care managers/leaders.
  - Particularly as it relates to skills, knowledge and competency development.
Diversity & Health Equity Tool Development

- Background Literature
  - Review workshop objectives, content
  - Review RNAO BPG “Embracing Cultural Competency in Health Care” Recommendations
  - Review existing measurement tools/instruments

- Determine broad constructs
  - Attitudes, Knowledge, Skills

- Item Creation
  - Content Validity

- Tool Development
  - Construct Validity
Diversity & Health Equity Tool

- 22-items
- Attitudes, Knowledge, Skills
- 5-point likert
  - Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree
- Lower score better
<table>
<thead>
<tr>
<th>Items - Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>I explore, through reflection and feedback, how my own privilege, biases, personal values, identity and beliefs’ affect others.</td>
</tr>
<tr>
<td>I recognize inequitable, discriminatory, and / or racist behaviours or institutional practices when they occur.</td>
</tr>
<tr>
<td>I am aware of my knowledge gaps about equity issues for specific marginalized groups.</td>
</tr>
<tr>
<td>I am able to raise issues related to diversity with my colleagues.</td>
</tr>
<tr>
<td>I address inequitable, discriminatory, and / or racist behaviours or institutional practices when they occur.</td>
</tr>
<tr>
<td>I am able to discuss how access, historical, political, environmental, and institutional factors affect inequities and health care disparities.</td>
</tr>
<tr>
<td>I apply cultural competence knowledge and skills when involved in change management.</td>
</tr>
<tr>
<td>I apply cultural competence knowledge and skills in my communication with colleagues.</td>
</tr>
<tr>
<td>I foster a healthy and respectful workplace.</td>
</tr>
<tr>
<td>I deal effectively with problems such as bullying, harassment or discrimination.</td>
</tr>
<tr>
<td>My program integrates current demographic data and health equity priorities into our program planning.</td>
</tr>
</tbody>
</table>
Methods

- Timing
  - Pre-Workshop (1 week pre)
  - Post-Workshop (1-2 weeks post; 3 months post)

- Workshops
  - 6 sessions to date: Jan. 2013 - April 2014
  - Total # attendees - 129

- Anonymous – Created IDs for tracking

- Online tool
### Sample

<table>
<thead>
<tr>
<th></th>
<th>Jan.</th>
<th>April</th>
<th>May</th>
<th>Oct.</th>
<th>Nov.</th>
<th>April ’14</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Pre-Survey</td>
<td>9</td>
<td>12</td>
<td>9</td>
<td>10</td>
<td>4</td>
<td>16</td>
<td>60</td>
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<tr>
<td>Post-Survey (1-2w)</td>
<td>6</td>
<td>10</td>
<td>4</td>
<td>11</td>
<td>4</td>
<td>11</td>
<td>46</td>
</tr>
<tr>
<td>Sample for Analysis</td>
<td>5</td>
<td>7</td>
<td>3</td>
<td>9</td>
<td>3</td>
<td>11</td>
<td>38</td>
</tr>
</tbody>
</table>
## Results – Paired t-tests

<table>
<thead>
<tr>
<th>Item</th>
<th>Pre-Survey Mean (SD)</th>
<th>Post-Survey Mean (SD)</th>
<th>Paired t-test P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>I explore, through reflection and feedback, how my own privilege, biases, personal values, identity and beliefs’ affect others.</td>
<td>1.89 (.509)</td>
<td>1.66 (.534)</td>
<td>.018</td>
</tr>
<tr>
<td>I recognize inequitable, discriminatory, and / or racist behaviours or institutional practices when they occur.</td>
<td>1.92 (.428)</td>
<td>1.63 (.489)</td>
<td>.001</td>
</tr>
<tr>
<td>I recognize how culture, marginalization and discrimination influence behaviours and interactions.</td>
<td>2.13 (.623)</td>
<td>1.82 (.457)</td>
<td>.003</td>
</tr>
<tr>
<td>I reflect and act on ways to be inclusive in all aspects of my practice.</td>
<td>2.13 (.623)</td>
<td>1.68 (.471)</td>
<td>.001</td>
</tr>
<tr>
<td>I am able to discuss how access, historical, political, environmental, and institutional factors affect inequities and health care disparities.</td>
<td>2.55 (.795)</td>
<td>2.03 (.636)</td>
<td>.000</td>
</tr>
<tr>
<td>I apply cultural competence knowledge and skills when involved in change management</td>
<td>2.66 (.708)</td>
<td>2.16 (.495)</td>
<td>.000</td>
</tr>
<tr>
<td>I apply cultural competence knowledge and skills in my communication with colleagues</td>
<td>2.37 (.633)</td>
<td>1.89 (.559)</td>
<td>.000</td>
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</tbody>
</table>
## Results – 2

<table>
<thead>
<tr>
<th>Item</th>
<th>Pre-Survey Mean (SD)</th>
<th>Post-Survey Mean (SD)</th>
<th>Paired t-test P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am able to raise issues related to diversity with my colleagues.</td>
<td>2.18 (.730)</td>
<td>1.95 (.613)</td>
<td>.071</td>
</tr>
<tr>
<td>I address inequitable, discriminatory, and/or racist behaviours or institutional practices when they occur.</td>
<td>2.18 (.730)</td>
<td>2.00 (.735)</td>
<td>.109</td>
</tr>
<tr>
<td>My leaders demonstrate and model respect for diversity in working with staff and teams.</td>
<td>2.16 (.679)</td>
<td>1.97 (.716)</td>
<td>.109</td>
</tr>
<tr>
<td>I ensure that diversity data is appropriately collected and utilized as part of intake, assessment, and service delivery.</td>
<td>2.70 (.740)*</td>
<td>2.49 (.651)*</td>
<td>.103</td>
</tr>
</tbody>
</table>

*missing one data point
Evaluating Sustainability

- 3 month post-surveys have been sent to all workshop participants
- Data is preliminary, still being collected
- To date, 21 participants have completed the pre and both post-surveys
- Preliminary data shows that significant items at 1-2 weeks post remained significant at 3 months
- This indicates sustainability of knowledge, skills, and attitudes
Discussion

- Diversity & Health Equity Tool illustrated increased knowledge, skills, and competencies of managers
- Permits understanding of areas for revision etc. in the Diversity & Health Equity Workshop
Next Steps

- Continue evaluation with current and future workshop participants
- Utilize current findings to guide revisions/updates to current workshop content and focus
- This is self report – how else to measure impact?
Discussion:
Questions & Comments