

# PROMOTING EQUITY AND DIVERSITY IN CANCER CARE SETTINGS

A Toolkit Prepared for  
the Cancer Journey Action Group of the  
Canadian Partnership Against Cancer



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*The Cancer Journey Action Group would like to thank the members of the Outreach National Team for reviewing the contents of this Toolkit.*

*The Toolkit was developed by Cardinal Consultants.*

## How to Use this Toolkit

Many of the resources and tools referenced in this kit are available online; those resources are underlined in the text. To access them, right-click on the underlined text, and select “Open hyperlink” in the drop-down menu. All resources, print and online, are referenced at the end of the toolkit, in the List of Resources .

# INTRODUCTION

In November 2007, the Canadian Partnership Against Cancer (The Partnership), along with the British Columbia Cancer Agency (BCCA), and several provincial health agencies, sponsored in the National Forum on Cancer Care for All Canadians: Improving Access and Minimizing Disparities for Vulnerable Populations. The [Forum Proceedings](#) identified 8 Key Principles and a series of action strategies to improve access to culturally competent quality cancer care for marginalized and/or underserved Canadians.

There is much work to be done to address health system inequalities in Canada. The Cancer Journey Action Group of the Partnership aims to establish an integrated, person-centred and equitable system that has the capacity to address the diverse needs of all Canadians. The principles of equity and diversity are recognized as core values of the pan-Canadian Cancer Control Strategy.

To embrace these values, accurate data is needed to fully understand the needs and trends of the country's diverse populations. System change is required to reduce inequalities in health care in both policy and practice. This means that principles to address inequality must be integrated into institutional strategic plans and must also inform professional practices.

As a result of the Forum, the Cancer Journey Action Group has compiled this toolkit as a resource for health care administrators and professionals who want to promote equitable policies and practices in their workplaces. Many organizations in Canada have already begun this work, and this kit brings together some of the tools, knowledge and resources that are currently available.

The Toolkit provided here offers ways to begin (or continue) the challenging task of addressing inequality in cancer care settings, with the view to improved access to quality cancer care for all who require it.

# KEY CONCEPTS AND APPROACHES

## Addressing Inequalities and Disparities in Health Care

- ⦿ In the United States and Canada the concept of cultural competency is considered a key approach to reducing health system inequalities.
- ⦿ The phrase cultural competency involves “a set of behaviors, attitudes, and policies that come together as a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations” (Cross et al, 1989; Isaacs & Benjamin, 1991).
- ⦿ Cultural competency “refers to the abilities of caregivers and organizations to respond respectfully and effectively to the unique needs of culturally and linguistically diverse patients and families.” From the *Proceedings from A [National Forum on Cancer Care for All Canadians](#)*.
- ⦿ Key aspects of cultural competence (or cultural awareness or sensitivity) include training in cross-cultural knowledge, attitudes and skills (communication strategies).
- ⦿ Other approaches also exist, such as [cultural safety](#), which operates from an anti-oppression framework that considers how colonization and discrimination affect health care systems. This approach has been developed and adapted by Aboriginal communities in New Zealand and Canada.

There is clearly a need for effective approaches, skills, and knowledge for health care providers and institutions to eliminate individual and population health disparities in access to and delivery of quality care.

## Social Determinants of Health

- ◎ The World Health Organization's [Social Determinants of Health](#) offers a comprehensive framework to understand health disparities and how these result from social inequalities. The Public Health Agency of Canada has recognized this framework and adopted a population health approach to improve the health of the entire population and to reduce health inequities among population groups. See sidebar for the Public Health Agency's key determinants of health.

### [Public Health Agency of Canada Determinants of Health](#)

- Income and social status
- Social support networks
- Education and literacy
- Employment/Working conditions
- Social environments
- Physical environments
- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowment
- Health services
- Gender
- Culture

### Social Determinants of Health

“It is well known that disparities – the level of inequality in social and economic status between groups within a given population - greatly affect the health status of the whole. The larger the gap, the lower the health status of the overall population. In other words, it is in our collective interest to bring about health equity.”

“If a person’s language, culture, age, sexual orientation, family income and education, physical and mental abilities and/or other factors are different than those of the dominant culture, then we know that this person often will encounter challenges with the health care system, including access to care and services, accurate diagnoses, being compliant with medication use, confidentiality and overall patient/client satisfaction.”

*Excerpts from the Mississauga, Halton, and Central West Ontario Local Health Integration Networks (LHINS) Position Paper*

For a discussion of recent research about health disparities in Canada see [Key Principles and Recommendations Deriving from the National Forum on Health Care for All Canadians](#)

## Moving Beyond Culture

Cultural competence has been adopted by many health care organizations in the United States and Canada as the current means to achieve equity in the workplace and to reduce barriers to health care for marginalized groups.

Some practitioners have critiqued this approach, however, most notably Kleinman and Benson in *Anthropology in the Clinic: [Anthropology in the Clinic: The Problem with Cultural Competency and How to Fix it](#)*:

“The major problem with the idea of cultural competency is that it suggests culture can be reduced to a technical skill for which clinicians can be trained to develop expertise. . . . Culture is often made synonymous with ethnicity, nationality, and language . . . Cultural competency becomes a series of “do's and don'ts” that define how to treat a patient of a given ethnic background. The idea of isolated societies with shared cultural meanings would be rejected by anthropologists today, since it leads to dangerous stereotyping—such as, “Chinese believe this,” “Japanese believe that,” and so on—as if entire societies or ethnic groups could be described by these simple slogans. Another problem is that cultural factors are not always central to a case, and might actually hinder a more practical understanding of an episode” p. 1673.

Cultural competency, as an approach or practice, must be situated within a broader understanding of the social and economic factors that produce inequalities. Individuals and organizations that are addressing health equity are engaging in a paradigm shift. The paradigm shift recognizes that mainstream culture, in its dominant position, imposes barriers and discriminatory practices on some individuals and groups, and that these practices must be challenged.

See Section 1 of the *Nova Scotia [Guide to Cultural Competence](#)*, for example, where cultural competence is discussed alongside the concepts of power, privilege, racism and oppression.

# PART 1: TOOLS FOR HEALTH CARE ADMINISTRATORS

This section provides an overview of key considerations and steps to implementing an equity and diversity strategy, followed by a description of several tools and resources available to assist administrators.

## **Steps to Implementing an Equity and Diversity Strategy**

1. Community consultation and engagement
2. Internal assessment (community needs assessment, population profile, staff needs assessment, organizational readiness assessment)
3. Planning for change (create diversity strategy and action plan)
4. Implementation
5. Evaluation/Outcome measurement

## **Key Considerations for an Equity and Diversity Strategy**

- Engage and consult with the community from the start
- Create external and internal partnerships (with community agencies, task forces, provincial bodies, etc.)
- Strategy needs to be sustainable, have core values, policies, protocols, and standards
- Accountability measures for management, staff, volunteers and physicians.
- Equity and diversity initiatives that are not integrated with organizational strategic plans are subject to competing priorities, resulting in unsustainable initiatives and inconsistent services.
- Start diversity initiatives on the ground, where the needs are particular to the organization's situation and resources.
- Leadership/senior management need to be committed to supporting organizational change.
- Dedicated funding is needed for the strategy and for the staff to lead it.

*Information above gathered from [Resources and Programs](#) from the National Forum on Cancer Care for All Canadians organizational equity and diversity strategy.*

“Without institutional change even competent individuals will be limited in their ability to practice in a culturally competent manner“

*Nova Scotia [Guide to Cultural Competence](#), p. 26.*

## **A Business Case for an Equity and Diversity Strategy**

- To be competitive provincially, nationally & globally we have to address diversity. Cultural competence enables this.
- To reduce health disparities & inequities we have to reach marginalized people. Cultural competence supports this.
- To benefit from different perspectives, policy & care points we must attract & retain diverse people.
- Cultural competence is foundational. It is also a practical path to social justice.

*Sharon Davis-Murdoch, Policy Advisor, Diversity & Social Inclusion; Nova Scotia Department of Health, quoted in [Forum Proceedings](#), p. 12.*

*The culture of the workplace will also benefit from inclusive policies and practices (staff satisfaction).*

## **Benefits to Implementing an Equity and Diversity Strategy**

Attaching importance to and creating a more standardized approach to implementing and evaluating diversity and cultural competency in health care has the potential to:

- Optimize client care and improve health outcomes
- Minimize the possibility of adverse events to patients/clients
- Create higher patient/client satisfaction
- Allow for faster and more accurate diagnoses
- Improve understanding and compliance with care planning
- Decrease or avoid repeat appointments and unnecessary visits
- Improve efficiency in service delivery
- Reduce wait lists
- Minimize legal challenges/insurance claims
- Reduce long-term health care costs

*From the Mississauga, Halton, and Central West Ontario Local Health Integration Networks (LHINS) Position Paper*



## Guides to Equity and Diversity in Organizations

- The Ontario Health Communities Coalition's [Inclusive Community Organizations: A Toolkit](#) is an implementation manual for organizational change specifically for community organizations, but is comprehensive in terms of process and issues to consider for any organization. Includes an organizational change strategy, a rigorous self-assessment tool, and other tools to assist with research, needs assessment, and community engagement.
- [Cultural Competency – A Self-Assessment Guide for Human Services Organizations](#) from the Alberta Cultural Diversity Institute, provides a framework for organizational change and a self-assessment instrument that consists of 9 tools. Tools 1 to 8 focus on governance, administration, management, policy development, program development, service delivery, and client feedback. Tool 9 synthesizes the assessment work for reporting and planning purposes.
- The [Cultural Competence Guide for Primary Health Care Professionals in Nova Scotia](#) is a less comprehensive document than those listed above, and consists of an organizational change strategy and a brief organizational assessment tool.

## Organizational Self-Assessment Tools

- The [Diversity Self-Assessment Tool](#) was designed to help Ontario's Local Health Integration Networks (LHINs) identify their current capacity and progress, as well as needed improvements to realise diversity and cultural competency within their service areas.
- The Canadian Mental Health Association, [Diversity Lens](#) is a basic organizational tool to assess and address systemic barriers in the workplace in 4 areas: Communication, Policies and Procedures, Staffing, and Programs and Services.

### A Model Tool Box

- The Trillium Health Centre Diversity Tool Box is a 270 page document containing dozens of tools and resources for implementing an equity and diversity strategy in a hospital setting. The documents that pertain to organizational change include a standards and indicators template called “Diversity Indicators in a Health Care Organization” (adapted from the US National Standards on Culturally and Linguistically Appropriate Services, see below), a “Principles of a Diversity Strategy” document, national and international legal frameworks in support of equity initiatives, checklists to *assess workplace barriers, accessibility and communication*, and a brief diversity-related patient satisfaction survey. (see Resource List for information about how to acquire the Tool Box)

### A Comprehensive Health Equity Initiative

The Toronto Central Local Health Integration Network’s [Health Equity Discussion Paper](#) sets out a 12-point action plan, which focuses on three key areas:

- I. Build equity into all service delivery and planning ( including elements for hospital equity planning).
- II. Strategically target Interventions to maximize impact and target barriers (language, navigation, accessibility) and disadvantaged populations.
- III. Build equity into system transformation (primary health care and health reform).

### Adapting and Adopting

The tools and resources described here can be assessed, adapted, and adopted for use in your organization.

### National Standards

Canada has not yet developed national standards for diversity and equity in health care. By comparison, the United States’ Office of Minority Health has produced [National Standards on Culturally and Linguistically Appropriate Services \(CLAS\)](#). The 14 standards are organized by themes: Culturally Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14). Within this framework, there are three types of standards of varying stringency: mandates, guidelines, and recommendations.

# PART 2: TOOLS FOR HEALTH CARE PROFESSIONALS AND VOLUNTEERS

This section begins with key considerations of training and education in diversity and equity, followed by an overview of resources and tools available to educate health care professionals, volunteers, and front-line staff about equitable practices in health care settings.

## Clinical Care and Unequal Outcomes

“Healthcare providers should be made aware of racial and ethnic disparities in healthcare, and the fact that these disparities exist, often despite providers’ best intentions” ([US Institute of Medicine study](#) , p.6).

The 2003 [US Institute of Medicine study](#) established that in clinical encounters in multiple disease areas, minorities were less likely than whites to receive needed services, including clinically necessary services. The report calls for education and training strategies for health care providers, along with broad policy and regulatory strategies.

## Key Considerations for Education and Training Initiatives

- Education and training initiatives must be an integral component of an institution’s equity and diversity strategy.
- The initiatives should consist of workshops and training modules for different staff positions, orientation programs for new employees, and self-assessment and performance evaluations
- Training and learning opportunities must be ongoing in the institution. Trillium Health Centre, for example, offers Diversity Learning Opportunities, presentations and in-services on the full range of diversity issues present in the health centre. The Diversity Tool Box includes a list of the topics addressed in these sessions.

## Effective Equity and Diversity Training and Education

In the health care literature, there is, as of yet, little evidence that diversity or cultural competency training programs result in improved patient outcomes. Most evaluations have focussed on self-assessment., where cultural competency training does improve cross-cultural knowledge and skills. Education and training programs need to be well designed, tested and rigorously evaluated to ensure that efforts to change social practices actually improve the quality of care received by marginalized groups.

*See List of Resources for a selection of articles on the efficacy of diversity training initiatives*

### Trillium Health Centre Diversity Tool Box

- Part 2 of the Tool Box, Patient-Centred Care Focus, provides a cross-cultural assessment guide for health care professionals in a pamphlet format. It includes Kleinman's illness narrative questions (see sidebar on next slide), a list of questions for people from cultures other than your own, and the LEARN tool.
- The health centre's concept of diversity acknowledges all forms of difference. The Tool Box contains an array of educational materials about persons with special needs (mental and physical disabilities, including vision and hearing impairments and low literacy) as well as materials that address issues of sexual orientation and gender identity in a hospital setting.
- Part 2 also contains educational resources about the hospital's patient population, food guides for different ethno-cultural groups, translations of hospital documents, and a list of community resources.

### Kleinman and Benson's Mini-Ethnography Approach: What is at Stake?

The authors' critique of cultural competency has led them to develop an alternative approach for health care professionals.

**Step 1:** Ask about ethnic identity and determine whether it matters for the patient—whether it is an important part of the patient's sense of self.

**Step 2:** Evaluate what is at stake as patients and their loved ones face an episode of illness.

**Step 3:** Reconstruct the patient's illness narrative (see sidebar for the questions to ask).

**Step 4:** Consider the ongoing psychosocial stresses and social supports that characterize people's lives.

**Step 5:** Examine culture in terms of its influence on clinical relationships.

**Step 6:** Take into account the question of efficacy—namely, does this intervention actually work in this particular case?

### **The Illness Narrative: Questions to Ask**

- What do you call this problem?
- What do you believe is the cause of this problem?
- What course do you expect it to take?
- How serious is it?
- What do you think this problem does inside your body?
- How does it affect your body and your mind?
- What do you most fear about this condition?
- What do you most fear about the treatment?

### Cultural Competence Guide for Primary Health Care Professionals in Nova Scotia

- The guide contains several educational tools including “8 Elements of Cultural Competence for Primary Health Care Providers,” a series of 13 “Patient and Client Encounter Questions” and a one-page general cultural competence tool, called LIAASE (Learn, Inquire, Avoid polarization, Avoid arguing and defending, Show Empathy). A Health Professional Self-Assessment Tool allows personnel to reflect on personal practices and identify knowledge gaps in the following areas: Physical Environment, Communication Styles, Social Interaction, Health, Illness, End-of-Life Issues, and Attitudes, Assumptions and Values

### Providing Person-Centred Cancer Care: A Learning Kit for Volunteers

- An evidence-based educational tool intended to educate and train volunteers about the diversity of needs of cancer patients and how this knowledge can improve social practices.
- The kit outlines the concepts of person-centred care, supportive care, and the broader socio-economic factors that support or constrain how people manage to get their needs met. It includes activities and patient scenarios to provide opportunities for the participants to apply the concepts of diversity, inequality, and patient-centred care in practice.
- The kit can be adapted for education and training purposes for all professionals working in cancer care (for example, Section 2 on social inequalities and unequal access to health care).
- The Learning Kit is part of the Cancer Journey Action Group's Strategic Initiative: Toward Integrated Person-Centred Care, and will be available online soon at [www.cancerview.ca](http://www.cancerview.ca).

“Incorporate cultural competency training into all levels of the health care system, in order to change the current CULTURE of medical/health training and to provide practitioners with the sensitivity and flexibility needed to deal effectively with diverse patient groups”

*Action Item on cultural competency from [Forum Proceedings](#), p. 26.*

“[T]he culture of biomedicine is now seen as key to the transmission of stigma, the incorporation and maintenance of racial bias in institutions, and the development of health disparities across minority groups.”

*From [Kleinman & Benson](#) p. 1673.*

# LIST OF RESOURCES

## Resources, Introduction

- ⊙ BC Cancer Agency. (2007). *Proceedings from a National Forum on Cancer Care for All Canadians: Improving Access and Minimizing Disparities for Vulnerable Groups* . Available at: <http://www.bccancer.bc.ca/RES/ResearchPrograms/SBR/News/nationalforum.htm>
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## Resources, Part 1: Tools for Health Care Administrators

- ⊙ Smedley, B. D., Stith A. Y., and Nelson, A. R., Eds. (2003). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Institute of Medicine (IOM). Accessed on July 21, 2009. Available at: [http://www.nap.edu/openbook.php?record\\_id=10260&page=R1](http://www.nap.edu/openbook.php?record_id=10260&page=R1)
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## Resources, Part 2: Tools for Health Care Professionals and Volunteers

- ⊙ Diversity Services, Trillium Health Centre. (2008). *Trillium Health Centre Diversity Tool Box*. [Available for purchase from Diversity Services, Trillium Health Centre, Mississauga, ON: (905) 848-7100.]
- ⊙ Nova Scotia Department of Health . (2005). A Cultural Competence Guide for Primary Health Care Professionals in Nova Scotia. Accessed on July 21, 2009. Available at: [http://www.hawaii.edu/hivandaids/Disparity/A\\_Cultural\\_Competence\\_Guide\\_for\\_Primary\\_Health\\_Care\\_Professionals\\_in\\_Nova\\_Scotia.pdf](http://www.hawaii.edu/hivandaids/Disparity/A_Cultural_Competence_Guide_for_Primary_Health_Care_Professionals_in_Nova_Scotia.pdf)
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