



Awaken the Power of Change

REPRESENTATIVE WORKFORCE STRATEGIC ACTION PLAN
2010 - 2014

Prepared by Representative Workforce, People Strategies
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Healthiest people ~ Healthiest communities ~ Exceptional service

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A Message from Saskatoon Regional Health Authority and Saskatoon Health Region

Awaken the Power of Change - the Representative Workforce Strategic Plan you are reading today - is an important call to action that will have a positive impact on our employees, the people we serve and the Saskatchewan community far beyond our walls. With this new representative workforce strategy, we have an opportunity to revisit, revitalize and reshape our direction towards achieving a workforce that is representative of the community we serve in order to provide quality centred care and a work environment that celebrates the richness of diversity.

Our province is a culturally rich and diverse place where all individuals, ideas and cultures contribute to our economy, our labour force and ultimately, our health and well being. Investing in a Saskatoon Health Region workforce that represents the people we serve everyday makes sense.

This representative workforce strategy does much more than satisfy the Saskatchewan Ministry of Health's important mandate to build partnerships that increase First Nations and Métis representation in the workforce. It builds the future of Saskatchewan. It invests in the people and cultures of our region. And it brings Saskatoon Health Region closer to its vision of healthiest people, healthiest communities and exceptional service.

On behalf of the Saskatoon Regional Health Authority and Saskatoon Health Region, we support this plan and ask that you read and understand the strategy to discover how you contribute to a culturally competent workforce and how you will awaken the power of change to provide the best possible care to the people of Saskatchewan.

Jim Rhode
Chair
Saskatoon Regional Health Authority

Maura Davies
President and CEO
Saskatoon Health Region

1. Executive Summary

It is with enthusiasm and optimism that this report is presented to you, as it contains the rationale, recommendations and the call to action ***to build a workforce that is representative of the community we serve in order to provide quality client-centred experiences to patients, clients, residents and families within Saskatoon Health Region.*** The report is founded on: literature and best practice research, an appreciative inquiry into the previous Representative Workforce strategy, and an extensive consultation process that engaged more than 180 individuals from our community, government, educational institutions and internal Saskatoon Health Region employees. *Awaken the Power of Change* beholds both the promise and challenge of building a representative workforce in Saskatoon Health Region. How can we together awaken the power of change?

The Province of Saskatchewan's Ministry of Health Key Action, ***"to establish partnerships with First Nations and Métis communities and organizations to effectively attract, recruit, retain and promote First Nations and Métis employment and participation in the Region"*** provides the Region with an opportunity to revisit, revitalize and reshape our Strategic Plan to move towards a brighter future for patients, clients, families, community and employees of the Region.

The goals of this strategy are as follows:

- 1) To improve health-care delivery to clients, patients and their families by developing a culturally competent workforce.
- 2) To improve socio-economic wellbeing and social determinants of health of the community by increasing the representation of Aboriginal employees in the Region.
- 3) To create a positive work environment for Saskatoon Health Region employees.

To achieve the goals of this strategy, the report recommends the following strategic action areas that will help the Region move towards this vision and help us all awaken the power of change.

Strategic Plan Actions

- 1) Cultural Competency
- 2) Recruitment
- 3) Retention
- 4) Education and Learning

* Partnerships, communication and evaluation are key factors embedded in the four action areas and are key ingredients in achieving success.

The following four criteria will be used as the **measurement of performance** for actions specified in the RW Strategic Plan.

- 1) A baseline study to measure behaviors and attitudes will be conducted, policy changes measured, and tracking of job description changes – all of which are measures of cultural competency.

- 2) Representation of self-identified Aboriginal employees will be 10.0 percent of the total number employees in owned and operated facilities plus St. Paul's Hospital.
- 3) The turnover rate of Aboriginal employees will decrease from its current 14.6 percent to reflect that of the organizational turnover rate (currently 8.9 percent).
- 4) One thousand employees per year will participate in the Cultivating Change workshop offered during Welcome Onboard Week and in additional workshops.

2. Awaken the Power of Change: Representative Workforce Strategic Action Plan

Awaken the Power of Change beholds both the promise and challenge of building a representative workforce in Saskatoon Health Region. The promise is that as a diverse and culturally competent organization, we are equipped and inspired to better serve our community and positively influence those we work with. The challenge is to recognize the barriers and past practices that have limited our ability to become a truly representative organization and to commit to move beyond those barriers. How can we together awaken the power of change?

Saskatoon Health Region's Representative Workforce (RW) Strategic Action Plan provides a vision: ***to build a workforce that is representative of the community we serve, in order to provide quality client-centred experiences to patients, clients, residents and families within Saskatoon Health Region.*** The actions presented in this strategy will help the Region move towards this vision and help us all awaken the power of change.

Representative Workforce Vision

To build a workforce that is representative of the community we serve, in order to provide quality client-centred experiences to patients, clients, residents and families within Saskatoon Health Region.

3. Background

The Province of Saskatchewan's Ministry of Health Key Action 2.3.1.1 confirms the Region's commitment to revisit, revitalize and reshape our strategic plan: *"to establish partnerships with First Nations and Métis communities and organizations to effectively attract, recruit, retain and promote First Nations and Métis employment and participation in the Region."*

Upon the release of the Ministry's Key Action 2.3.1.1, the Representative Workforce (RW) team in Saskatoon Health Region's People Strategies portfolio endeavoured to better understand the benefits, challenges and actions required in building a representative workforce. This was accomplished through literature and best practice research and an extensive consultation process with approximately *180 individuals* representing internal and external stakeholders (refer to Appendix 1,2 and 3 for details). An appreciative inquiry approach was used to build upon the past efforts, learnings and successes from the previous RW strategy and its initiatives, programming and partner experiences to better inform our current RW strategic plan. The timing is right to revisit, revitalize and reshape this strategy - Representative Workforce has evolved, is prepared to move forward and is in alignment with Region and Ministry priorities, including recommendations from the 2009 Patient First Review.

Representative Workforce Strategic Plan Goals

1. To improve health-care delivery to clients, patients, residents and their families by developing a culturally competent workforce.
2. To improve socio-economic well-being and social determinants of health of the community by increasing the representation of Aboriginal employees in the Region.
3. To create a positive work experience for Saskatoon Health Region employees.

Representative Workforce Strategic Action Plan Principles

- Build on our successes through a strength-based approach – use an appreciative inquiry approach to develop strategy and consultation process
- Recognize that we all have wisdom and contribute to the end product
- Base our strategy on best practice and sound research
- Acknowledge the challenges and barriers to building a representative workforce and adapt stakeholder-oriented solutions

- Engage in consultations and dialogue with key internal and external stakeholders to better inform strategic development
- Build relationships in order to form partnerships
- Innovate and seek quality as we progress and evolve
- Cultivate positive change in the strategy
- Align with our Region's values of respect, compassion, excellence, stewardship, and collaboration
- Honour our Aboriginal history, recognize its impacts, and move towards a positive future.
- Ongoing Evaluation of strategy and programming

The Region is well positioned to initiate and implement a new Representative Workforce Strategic Action Plan due to the strong support and commitment it demonstrated to build a representative workforce in the past. Some examples of organizational and partnership support that demonstrate commitment are as follows:

- The 2007-2010 Strategic Plan goal to "develop a workforce that is more representative of the diversity of our population" with a "50 percent increase in the number of self declared Aboriginal employees from 2.7 percent in 2006 to 4 percent in 2010."
- The signing of the *2005 Partnership Agreement* amongst the Region, the three unions, 17 affiliates within the Region, First Nations and Métis Relations, Province of Saskatchewan, and SAHO. The mutually agreed upon aim of the Agreement is to collaboratively build a representative workforce in the Region.

" I have respected the work that the Health Region has done with Step Into Health and other partnerships. I think what has most impressed me is the continued commitment and perseverance the Region has had to the projects and partnerships. I can only imagine that there were many stumbling blocks and lessons learned but the Region did not abandon the projects."

- Tavia Laliberte, Director, GDI Training and Employment

"Saskatoon Health Region has moved mountains because what has happened in Step Into Health Careers. I have not seen that level of success in my 30 years of work. The program is almost impossible – The Region did an amazing job. It's not about the money, it's about the people, the managers, and the overall commitment to do good things."

Uttam Sthankiya, CanSask

4. Rationale

Saskatoon Health Region is excited and welcomes this opportunity to develop a new strategy in response to the Ministry of Health's priority to increase First Nations and Métis employee representation in the Region. While we currently focus on the recruitment and retention of First Nations and Métis people in this strategy and know that it is the right thing to do, it is also important to note that Representative Workforce (RW) initiatives go beyond the focus on Aboriginal people and will be flexible in order to adapt to future changes in the community demographic. For example, the current RW initiative offers programming directed at career pathing for internationally educated health professionals, and RW provides educational opportunities to staff that promote understandings and/or celebration of diversity.

There are several factors as to why it is essential and timely that we revisit, revitalize and reshape a new strategic plan to build a workforce that is representative of the community we serve. For the purpose of this report, we will identify the top three factors as to why it is crucial we build a representative workforce and focus on the Aboriginal population. These are:

A. Demographics

B. Linkages of a representative workforce to improved health for Aboriginal people

C. Linkages of a representative workforce to improving the quality of care provided to patients, clients, residents and their families

A. DEMOGRAPHICS

According to the Aboriginal Human Resource Council, Canada will experience a shortfall of nearly one million workers by the year 2020, mainly in the highly-skilled and knowledge-oriented occupations.¹ We can speculate that the health-care sector is not immune to human resource challenges and should question whether there will be enough health-care workers to meet the needs of the health-care system in Saskatchewan.

At the same time as predicted labour shortages, Canada is experiencing an Aboriginal baby boom – the Aboriginal population is the nation's fastest growing and youngest human resource. To bring local perspective to this picture, some highlights of Saskatchewan demographics include:

- Over the past ten years, Saskatchewan's Aboriginal population increased 2.5 percent; the non-Aboriginal population experienced a decline over the same time period.
- In 2006, the Aboriginal population in Saskatchewan was 14.9 percent and is projected to increase to 33 percent by 2045.

¹ Aboriginal Human Resource Council – (<http://www.aboriginalhr.ca/en/resources/getstarted/labourmarket>) 04/08/09

- 55 percent of the Aboriginal population is under the age of 25, compared to 31 percent of the non-Aboriginal population. The 2006 Statistics Canada census reported the median age of Aboriginal people in Saskatoon to be 22.5.
- Saskatchewan has the lowest Aboriginal employment rate at 48 percent of the 15 to 64 years of age group, compared to any other province or Canada as a whole.² According to the 2006 census, Aboriginal people face unemployment rates at 18 percent compared to 4 percent for non-Aboriginal people.

Given the demographic profile for the Aboriginal population of Saskatchewan and the urgent need to improve the existing socio-economic conditions that contribute to Aboriginal health issues, we have increased opportunity and obligation to partner with stakeholders that share a mutual goal to increase Aboriginal participation in employment. It is therefore important that we create and foster effective partnerships to collaborate on recruitment and retention initiatives and create a culturally competent organization.

Despite the fact that we are passionate about, and focused on, recruitment, retention and relationship-building with Aboriginal communities, we also need to be cognizant of the changing dynamic of the migrant population to Saskatoon and area. The type of initiatives that RW will be involved in will therefore fluctuate over time in response to the changing demographic of the community we serve.

- The Saskatchewan Human Rights Commission has identified the goal for Saskatoon organizations seeking representation of visible minority origins, to be 5.6 percent. Approximately 2.74 percent of the Saskatoon Health Region's owned and operated workforce self-identified as visible minority persons.
- Under the province's new Immigration Strategy the province is seeking to increase the number of workers under the Saskatchewan Nominee Program. Between 2007-08 and 2008-09 there was a 72 percent increase in nominations under the program. While not all immigrants are visible minority persons, many are, and an effective RW strategy promotes a supportive and inclusive environment for individuals from diverse origins.

B. REPRESENTATIVE WORKFORCE (RW) IMPACT ON ABORIGINAL HEALTH: THE COST OF NOT HAVING A REPRESENTATIVE WORKFORCE

The disparity between the health status of Canada's Aboriginal people and the rest of the country is evident in lower life expectancies, higher infant mortality rates, higher rates of chronic illnesses, and higher utilization of health-care services, as well as the highest suicide rates, particularly amongst Aboriginal youth.³ Research shows that there is a correlation between cultural status and lower health status, and that poverty contributes

² All four bullet points are derived from Doug Elliot's (Sask Trends Monitor), presentation to Strategies for Success Conference, 02/06/2008, Saskatoon, SK.

³ Lemstra, Mark. Health Disparities Report, 2008, (12).

⁴ The 2008 Health Status Report. Saskatoon Health Region. (85)

⁵ Anderson, Alan. "Socio-Demographic Study of Aboriginal Population in Saskatoon" 2005

<http://www.communityfirstsaskatoon.ca/poverty-saskatoon> &

http://www.bridgesandfoundations.usask.ca/reports/sociodemo_reportfinal.pdf

to a decrease in well-being.⁴ In Saskatoon, the average income in core neighborhoods is \$16,497, and 65 percent of Aboriginal people live below the poverty line compared to about fifteen percent of the non-Aboriginal population.⁵

It is therefore highly plausible that when the Region increases its representation of Aboriginal employees, there will be a positive impact on improved health and socio-economic well-being of individuals. In the RW Step into Health Careers program for example, there were individuals in the program that were on social assistance upon entering the program, became employees of the Region and continue their employment today. A statement from a past Step participant sheds light on how this recruitment program provides an opportunity for individuals to significantly alter their life experience and positively change the future for themselves and their families:

"Since starting the program I've realized I am valuable. Before I was on social assistance. Now I'm a graduate. I cannot go back into the system. I won't allow myself. This program has opened doors where I didn't know doors existed. I'm extremely grateful I was a part of Step Into Health Careers."

- Step Into Health Careers past participant

When there is an increase in employment, structural and societal socio-economic factors such as literacy, health, education, housing, income and community development can be addressed in a more positive and constructive way. If we are to consider these above mentioned situations, factor in our current Saskatchewan Aboriginal demographic, coupled with the potential skilled labour market shortages in the health-care sector, it is the right thing to increase efforts to attract and retain Aboriginal people to the workforce.

C. REPRESENTATIVE WORKFORCE (RW) IMPACT ON IMPROVING THE QUALITY OF CARE PROVIDED TO PATIENTS, CLIENTS AND RESIDENTS

In Canada, diversity is recognized as a fundamental characteristic of our society, but many individuals still experience limited access, discrimination and inequitable health care treatment.⁶ Given the nature of Saskatchewan's demographics and increasing diversity, it is important to develop culturally competent care and service delivery for the diverse client base served by Saskatoon Health Region. The RW Strategic Plan contributes to the improvement of quality care provided to clients because it will develop and implement an action plan to become a culturally competent organization and will build

6. Saskatchewan Children's Advocate Office. Its Time for a Plan for Children's Mental Health. April 2004; Lasser K, Himmelstein, Woolhandler S. Access to care, health status and health disparities in the United States and Canada: results from a cross-national population based survey. American Journal of Public Health 2004; 96(7) & www.calgaryhealthregion.ca/programs/diversity

a workforce that is representative of the community it serves. Cultural competence is an essential element in ensuring that diverse clients, families and communities are offered and receive effective and responsive health care services.

Some of the benefits of having a culturally competent and representative staff complement are:

- reduced miscommunication from cultural misunderstandings or language differences,
- increased client satisfaction and confidence in the health-care system,
- appropriate utilization of primary care and public care,
- appropriate utilization of emergency services,
- patient/clients were more likely to follow the recommended treatment provided by health-care team,
- improved trust in health-care workers,
- more client and family interest in promoting health and preventing disease,
- higher rates of immunization,
- increased prenatal visits, and
- increased accuracy of diagnosis and use of appropriate interventions.⁷

In terms of the degree of advocacy for the linkage between culturally competent care and patient and family centered care, the United States established a National Standards on Culturally and Linguistically Appropriate Services (CLAS). Some of these Standards are considered as criteria or requirements for health care agencies as recipients of Federal funds.⁸

⁷ www.calgaryhealthregion.ca/programs/diversity. 07/08/2009

⁸ Patient and Family Centred Care Conference, Understanding the Connection of PFCC Core Values and CLAS Standards. Philadelphia, Pennsylvania, August 2009.

5. Representative Workforce Strategic Plan Actions

For the development of actions for the Representative Workforce Strategic Action Plan, we used a process that consisted of: a focus on literature and best practice research and analysis, extensive consultations with internal and external stakeholders, and an appreciative inquiry into our past Regional representative workforce activities, challenges and successes. (Please refer to Appendix 4 for best practice research summary). From here, we identified four action areas:

- A. Cultural Competency**
- B. Recruitment**
- C. Retention**
- D. Education and Learning**

In addition to these four action areas, **Partnerships, Communication and Evaluation** are key activities that will be incorporated into each of the action areas in order to maximize the success of the strategy.

The strategy and its actions are based on a four-year plan which represents two phases in terms of action planning. Phase one of the action plan will take place from April 2010 to September 30, 2012 (18 months). Phase two will take place from October 2012 to March 31, 2014 (30 months).

A. CULTURAL COMPETENCY

Cultural Competency

We define cultural competency as: a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency or those professionals to work effectively in cross cultural and diverse situations.

We initiated the developmental process for this Strategic Plan with literature and best practice research focusing on 'inclusive', 'diverse' or 'representative' workforces. The results and evidence were overwhelmingly in support of the need for organizations to become *culturally competent*. Given the evidence reviewed, it became clear that in order to build a workforce that represents the community we serve, *cultural competency* must be embedded as a key element for all Representative Workforce (RW) activities, initiatives and programming.

In the literature/best practices several solid rationales emerged about the importance of becoming a culturally competent organization and some considerations for creating a culturally competent organization. However, for the purposes of this report, we have limited this to three noteworthy points:

1. Health-care providers are among the strongest proponents of becoming culturally competent organizations due to the interconnectedness between cultural competency and the provision of quality care to diverse client bases.

2. Organizations experience better rates of return in terms of its human resources, because employees are more apt to be attracted to, contribute to, and remain in an organization that respects and celebrates diversity and offers a workplace that is inclusive and non-discriminatory.
3. Making the change to become a culturally competent organization takes time, collective and consistent effort, leadership commitment and support, and a solid comprehensive strategy.

In the consultation phase of the strategic development process, we shared our ideas about cultural competency and the response was unanimously positive and enthusiastic. Moreover, upon the release of the Patient First Review, cultural competency aligns with its recommendations.

*“In order for the Saskatchewan health system to effectively administer patient and family-centred care to First Nations and Métis people, it must incorporate both cultural safety and cultural competence concepts. Typically, health regions engage their employees in cultural awareness and sensitivity training activities, which assists them in recognizing their personal attitudes and biases toward First Nations and Métis people and educates them about these cultural groups’ customs, beliefs and behaviours. However, the next step for these and other organizations is to adopt an agenda of cultural **safety** along with cultural **competence**. Like patient safety, cultural safety exists when the patient feels safe and involved in their care, and the provider is aware of her or his own attitude while delivering care.”*

- For Patient’s Sake, report of the Patient First Review

Cultural Competency Actions

1. **Develop a process to become a culturally competent organization.**
 - a. Identify the most appropriate best practice leaders in cultural competency to do an organizational assessment, make recommendations and make a presentation at a launch. (New)
 - b. Have a cultural competency/representative workforce (RW) launch to generate leadership and organizational commitment. (New)
 - c. Recruit leaders to participate on the RW Advisory Committee in order to champion RW strategic actions. (New)
 - d. Begin implementation of recommendations from organizational assessment. (New)
2. **Evaluate the merits of operationally bringing Representative Workforce and Aboriginal Health teams together in order to achieve the most effective means of realizing goals specified in each strategy.**
 - a. Evaluate the merits of operationally bringing RW and Aboriginal Health strategies together. (New)
 - b. Pending evaluation, implement operational change for RW and Aboriginal Health strategies. (New)

3. **Job descriptions and hiring practices will include cultural competence in the qualifications.**
 - a. Cultural competency language will be created through partnering with internal stakeholders, educational institutions, the community and unions. (New)
 - b. Develop memorandum of understanding with unions that reflect cultural competency in job descriptions. (New)
 - c. Establish and implement policies on RW and cultural competency. (New)
 - d. Create toolkits and interview guides using cultural competency language and processes that will assist managers to hire a representative workforce. (New)

B. RECRUITMENT

Building a Representative Workforce – Measuring Success

A key indicator of success for Representative Workforce (RW) recruitment efforts in the Region is to have the percentage of Aboriginal employees across all levels and occupations of the Region representative of the Aboriginal community. If people of Aboriginal ancestry are concentrated in lower paying positions, in non-leadership roles or positions that are less secure, then the objective of achieving a representative workforce has not been achieved. Beyond numerical representation, if the satisfaction or engagement levels of Aboriginal staff are low, then the objectives of the Representative Workforce Strategic Plan have also not been achieved.

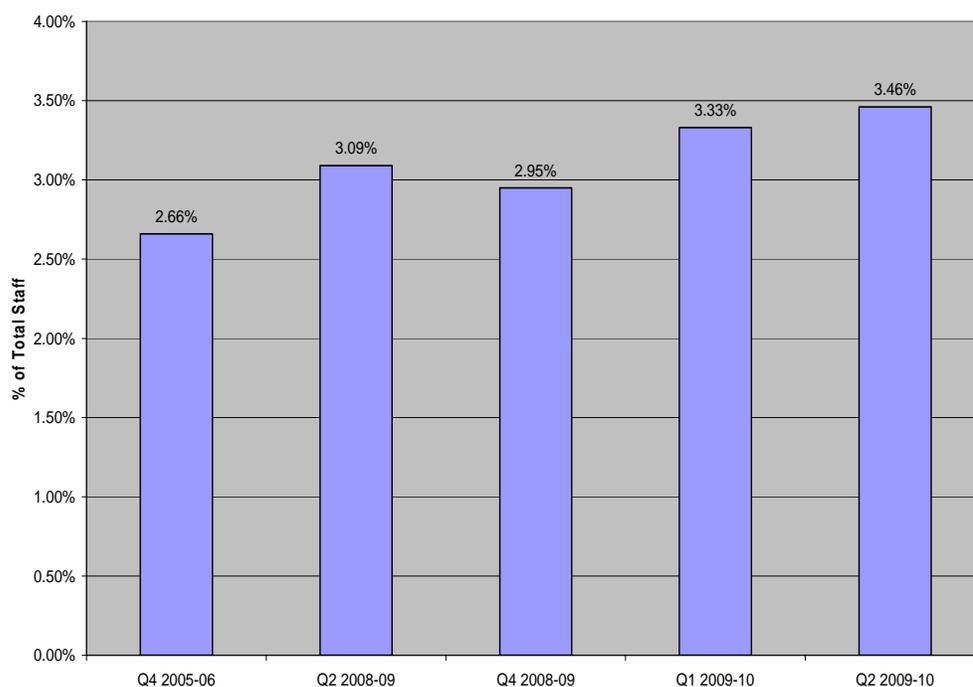
As of April 2009, the process for tracking and measuring Aboriginal, visible minority, and persons with disabilities, is to provide all new employees with an opportunity to self declare on the first day of Welcome Onboard Week (WOW). The self identification form is amongst a package of paperwork that new employees are required to complete. At the same time that the self identification form is distributed, consultants from People Strategies Portfolio provide a verbal explanation as to why this information is important and what the information will be used for. With this approach to self identification, the rate of return of the forms is almost 100 percent. Previous to this method, the self identification form was included with the new hire letter of offer, which was sent to the employee's home. Employees were instructed to return the self identification form to the Region in a self addressed envelope provided. Given this process, employees were less likely to return the forms.

Regardless of the current or previous method of gathering self identification forms, the process is voluntary. There are perceived deterrents to completing a self-declaration form for both Aboriginal and visible minority populations, including concerns about how data will be used, who the information will go to, and a reluctance to be labelled as someone seeking "special treatment". For the above mentioned reasons it is likely that the numerical representation of Aboriginal and visible minority peoples is probably more than the data set out below indicates. However, what is presented is the data that is available and provides the best picture we have of the numbers of Aboriginal and visible minority staff.

How Well Are We Doing in Achieving a Numerically Representative Workforce?

The goal of Saskatoon Health Region is to have a workforce that is representative of the community that it serves. According to estimates from Statistics Canada, Aboriginal people will make up 20.8 percent of the population of Saskatchewan by 2017. According to data provided by the Saskatchewan Human Rights Commission it is estimated that 15.7 percent of the working age population (15 to 64) of Saskatchewan in 2010 will be people of Aboriginal ancestry. To be fully representative of the provincial population, the workforce representation of the Region should be at or close to that level of representation. It is currently not.

Representation of Staff of Aboriginal Ancestry



In its 2007-2010 Strategic Plan, the Region established a target of a 50 percent increase of Aboriginal employees from 2.7 percent in 2006 to 4.0 percent in March 2010. The rate of change has been slow; in some years the percentage of representation has remained static or even declined slightly. Over the last year, movement in the numbers has started to occur and as of the second quarter of 2009-10 the representation of Aboriginal staff had increased to approximately 3.46 percent. In part, this is due to improvements in data collection which means that more individuals are taking advantage of opportunities to self-declare. It also reflects the results of initiatives such as the Step into Health Careers program.

As of October 3, 2009, there were 367 self-identified Aboriginal staff employed in a workforce of approximately 10,596 people.^{9 10} This is 3.46 percent of the total workforce.

⁹ These figures are based upon the workforce in the owned and operated facilities of the Region and St. Paul's Hospital. There are a number of additional affiliate facilities that have signed on to participate in the Representative Workforce

To achieve a 4.0 percent goal by the end of the current fiscal year requires achieving a net increase of 57 or more Aboriginal staff to reach workforce representation of 424.¹¹ Considering the slow rate of progress that has been made in previous years it will be difficult to achieve that goal although recent progress provides some encouragement that the target could be achieved.

What Occupational Areas do Aboriginal Employees Work in?

Aboriginal employees are found in a wide range of occupational groups. As of October 3, 2009 within the owned and operated facilities, and including St. Paul's Hospital:

- 19.6 percent of all Aboriginal staff were employed as registered nurses (RNs) and graduate nurses;
- 15.8 percent of all Aboriginal staff were employed as special care and home health aides; and,
- 10.9 percent of all Aboriginal staff were employed as licensed practical nurses (LPNs).

In those same facilities at the end of March 2009,

- 26.6 percent of all staff were in RN and graduate nurse positions;
- 11.3 percent of all staff in owned and operated facilities including St. Paul's Hospital were special care aides; and,
- 4.9 percent of all staff in owned and operated facilities including St. Paul's Hospital were LPNs.

Achieving Numerical Goals

The actions contained in this plan are aimed at enhancing and accelerating our recruitment activities and programs to achieve an overall increase of self-identified Aboriginal employees from 4 percent in 2010 to 10.0 percent by 2014. To achieve this level of representation there needs to be the following increases in representation within larger workforce and a few of the larger occupational groups in the Region. In some instances these goals are ambitious particularly given the existing supply of Aboriginal people with the required qualifications.

Achieving 10.0 percent representation within the next five years will require a net increase of 139 Aboriginal staff each year for the next five years. This will be challenging given that the net increase achieved over the last 12 months was 54 persons. It is therefore imperative that the RW Strategic Plan and its actions are acknowledged and acted upon from the decision-making leaders in the Region to achieve this organizational goal.

program but because the Region's People Strategies portfolio is not involved in the hiring process for these facilities we have chosen not to include them in the data provided for this report.

¹⁰ The figure of 10,596 is based upon an employee count carried out on March 29, 2009. It is likely that the number of employees increased between March and the beginning of October so the actual percentage representation is probably a little smaller than indicated.

¹¹ More because the total number of staff employed will likely be increasing reducing the percentage representation of Aboriginal staff.

Occupation	Number of Aboriginal employees as of October 3, 2009	Representation to achieve 10 percent representation within owned and operated and St. Paul's Hospital	Net increase required	Net increase per year from March 2009 to March 2014
All Staff	367 (3.46 percent)	1,060	693	139
Out-of-Scope Management	7 (2.0 percent)	34	27	5 - 6
RNs and Graduate Nurses	72 (2.5 percent)	282	210	42
SCA/HHAs	58 (4.9 percent)	120	62	12 - 13
LPNs	40 (7.7 percent)	52	12	2 - 3
Medical Laboratory Technologists	3 (1.1 percent)	27	24	4 - 5
Occupational and Physical Therapists	2 (1.0 percent)	20	18	3 - 4
Social Workers	7 (6.2 percent)	11 - 12	4 - 5	1

To reach this target, we require a solid strategy to recruit Aboriginal people; and, we require ongoing organizational and leadership support and commitment for the actions specified in this Representative Workforce Strategic Plan. We are fully cognizant that there are challenges in recruiting Aboriginal people because recruitment is at times beyond our sphere of control. In other words, we do not have control over the numbers of Aboriginal students entering into and graduating from post-secondary health-care programs.¹² We do, however, have the ability to build relations with the community and

¹² The degree to which Aboriginal people are enrolled in various health science programs varies considerably. In 2008-09 the percentage of students enrolled in the core nursing program at Kelsey campus who were of Aboriginal ancestry was

educational institutions to increase understandings of our organizational needs; and we can influence high school students to enter into health careers through building awareness of opportunities in health care.

Recruitment Actions

1. **Partner with Greater Saskatoon Catholic Schools, Saskatchewan Indian Institute of Technology (SIIT), Dumont Technical Institute (DTI), Native Access Program to Nursing (NAPN) – University of Saskatchewan, and other stakeholders to build a health academy at E.D. Feehan High School in Saskatoon.** (New)
2. **Create talent pools of qualified candidates through community outreach and partnering with educational institutions.**
 - a. Develop and apply a community outreach, relations and partnership action plan for urban and rural areas of Saskatoon Health Region. The plan also includes a partnership plan with post secondary educational institutions such as Dumont Technical Institute, Saskatchewan Institute of Applied Sciences & Technology and University of Saskatchewan to attract Aboriginal people to occupations within the Region. (New)
 - b. Implement new models for Aboriginal students including internships, co-op and summer programming. (New)
3. **Continue to deliver and enhance the Step Into Health Careers recruitment program.** (Current)
4. **Create a system to track, analyze and respond to incoming representative workforce applications, which requires increased capacity from Staffing Solutions, People Strategies and Information Technology.** (New)

“It is a vision of mine to have this type of education for youth – opportunities like this can make a difference in the future of students in our community.”

Mary Lee, Elder, about a possible health academy at ED Feehan.

C. RETENTION

Retention Measurements and Targets

Between 2002-03 and 2008-09 the Region recorded the hiring of 361 new Aboriginal employees and departures of 262 – departures equalling 72.6 percent of hires.¹³ As a crude estimate this data suggests that for the Region to achieve an increase by one

12.2% or 46 individuals. For the same year in the core Laboratory Technology program at the same campus 2.9% or 1 out of 35 enrolled students were self-declared Aboriginal students.

¹³ Over this time period the number of facilities participating in the Representative Workforce plan has changed in some situations including affiliates and other times limited to owned and operated with one or two affiliates included.

person in the representation of Aboriginal employees the Region needed to hire almost 3.6 persons.

Between March 29, 2009 and October 3, 2009 there were 59 new hires and 23 departures of Aboriginal employees recorded. This appears to be a significant improvement with the Region hiring roughly 1.6 individuals to achieve an increase of one person. While there is no means of measuring direct correlations to this improvement, it is plausible that the current Representative Workforce (RW) retention programs initiated and operational in 2008 contributed to the reduction in turnover (Peer Network and Career Pathing).

In March 2009, the number of Aboriginal staff was 313 persons – the loss of 23 employees indicates a potential annual turnover of 14.6 percent. This is a rate that is significantly above the organizational turnover rate of 8.9 percent (excluding retirements) for the 2008-09 fiscal year. If the retention of Aboriginal staff can be addressed then achieving the appropriate numerical representation within targets becomes more feasible.

A higher turnover rate of Aboriginal employees also has negative financial implications for the organization in terms of direct costs (replacement, transition, leaving costs) and indirect costs (loss of production, reduced performance levels, unnecessary overtime). It is estimated that the cost of turnover is up to 150 percent of the employee's annual salary.¹⁴ To provide an example of that cost, using an average of the three unions' annual salary, the potential cost to the organization for an employee that chooses to depart can be as high as \$100,400 per employee.¹⁵

In alignment with the Ministry's priority, the aim of the RW Strategic Plan is to decrease turnover rates and improve retention rates of Aboriginal employees. The strategy's numerical target for retention is to reduce the turnover rate of Aboriginal employees to reflect the organizational turnover rate.

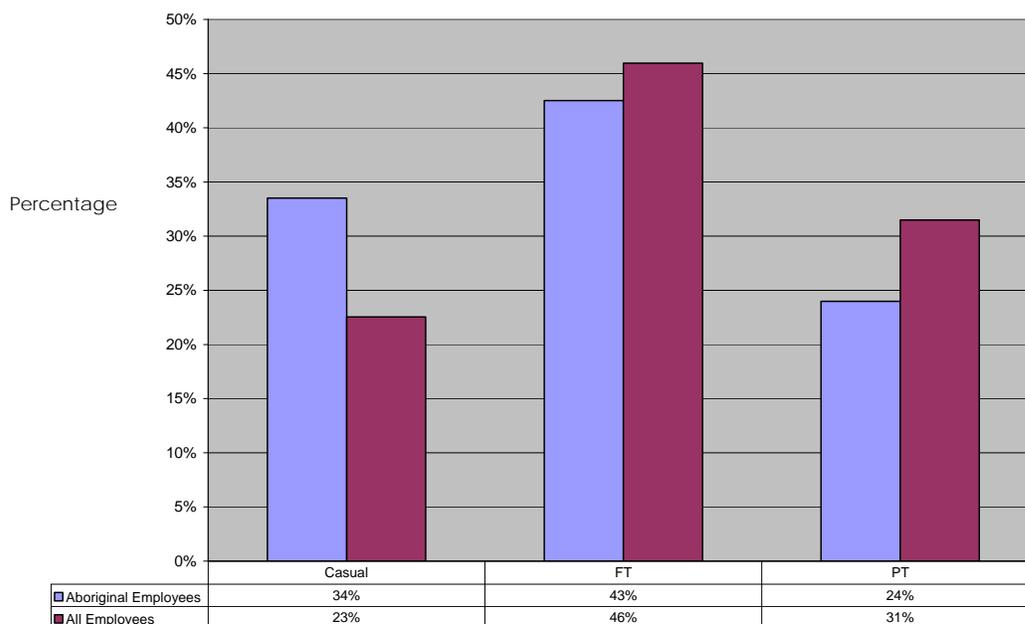
Employment Status of Aboriginal Employees

A greater proportion of Aboriginal employees appear to be found in positions that are casual or part-time compared to the general workforce, as demonstrated in the following graph. While individuals can choose to be in less than full time positions, not having a position with a greater number of working hours could be related to a greater likelihood of leaving the organization. Regardless it is more equitable to have Aboriginal employees represented equally in terms of full-time, part-time and casual employment.

¹⁴ Turnover. <http://en.wikipedia.org/wiki/Turnover> October 26, 2009 & Ross Blake, "What Employee Turnover Really Costs Your Company" www.webpronews.com October 26, 2009

¹⁵ Methodology for estimate: There is an average salary calculated for each union to be used for replacement cost calculation for various PSP programming. Using an average of the three union salaries, an annual salary was calculated then multiplied by .150 to reach the 150% estimate to reach the total cost at \$100,400/departed employee.

Comparison of Aboriginal and General Workforces by Employment Status



Our consultation process with internal and external stakeholders and information gathered through our current Representative Workforce program areas have shed some light on factors that contribute to our low retention rates. The primary factors that pose challenges to some of our Aboriginal employees are: 1) that casual hours/positions for employment cause difficulties for those employees who are either single parents or the sole family income provider; and, 2) the sense of isolation that some Aboriginal and visible minority employees perceive in their work environments can contribute to increased turnover rates.

These strategic actions aim to improve retention rates of Aboriginal employees:

Retention Actions

1. **Continue to enhance and deliver current and new Representative Workforce (RW) retention programs for existing employees.**
 - a. Develop a plan to ensure sustainability and promote success of Career Pathing/Internationally Educated Health Professional (IEHP) and Peer Network programs. Incorporate career development and group mentoring initiatives into the retention programs. (Current and New)
 - b. Collaborate with Foundations to create Aboriginal-specific health careers scholarship; partner with external agencies to generate funds for scholarship; offer scholarship through Career Pathing program. (New)
 - c. Host first annual scholarship awards celebration. (New)

2. **Establish a cultural adviser position to advise on relationship building with community partners and coordinate Elder services for existing staff and programs within Saskatoon Health Region.** (New)
3. **In partnership with Aboriginal organizations and communities, design and deliver “Holistic Wellness” program to all staff that includes traditional teachings and opportunities to participate in cultural ceremonies.** (New)

D. EDUCATION AND LEARNING

Since the signing of the *Partnership Agreement* in 2005, more than 6,077 employees of the Region have attended the “In Partnership Aboriginal Awareness Training” workshop. In January 2009, Representative Workforce (RW) unit developed a new workshop that better meets the needs of Region employees by providing Region-specific information, connecting to the Region’s values and providing information that promotes a greater understanding of the community the Region serves. To reflect the change, the name of the workshop is now called, “Cultivating Change: Building a Representative Workforce in the Saskatoon Health Region.”

Representative Workforce provides education and learning opportunities that are in alignment with the organizational goals of ‘transforming the work experience’ and ‘transforming the care and service experience’ by offering opportunities to develop further understandings, respect and acceptance of others.

Education and Learning Actions

1. **Continue to enhance and deliver Cultivating Change workshops and other educational opportunities that celebrate diversity.** (Current)
2. **Develop and deliver new educational materials and cultural competency models to promote understanding to staff in the Region.** (New)
3. **Involve internal and external partners, including unions, to increase staff participation in educational learning opportunities offered by RW.**
 - a. Collaborate with unions and managers to increase member participation in Cultivating Change. (New)
 - b. Initiate process for gaining accreditation for Cultivating Change as continuing education credits. (New)
 - c. Develop linkages with physicians to garner support for residents and physicians to attend Cultivating Change. (New)
 - d. Host educational events such as a speaker series for staff. (New)

“In the spirit of healing... we are given wisdom amongst other gifts. To use our wisdom, we must communicate with the Creator and we must be free to learn.”

- Danny Musqua, Elder

**Testimonials from *Cultivating Change:*
*Building a Representative Workforce in Saskatoon Health Region***

"I would recommend this training to others because it makes us examine our own views and reminds us that our vision/understanding may not be another's. We also need to see where others are coming from."

- Saskatchewan Union of Nurses (SUN)

"I really appreciated the topic and the facilitator. I learned a lot of history about the Region. The topic we discussed was very helpful to me because I'm a new immigrant here in Saskatoon."

- Cultivating Change participant

"This was great. I want to challenge my own misconceptions now and feel more capable to work with a diverse group."

- Cultivating Change participant

"Very informative, educational program, presented in a positive, knowledgeable manner. I would recommend this training to others. Education empowers and reduces ignorance and misconceptions."

- Service Employees International Union (SEIU)

"I found the training valuable as it is a topic that is key to understanding the patients I will be working with, being empathetic and non-judgmental... I look forward to learning more about this topic so I can best serve my patients in Saskatoon Health Region."

- Cultivating Change participant

E. PARTNERSHIPS, COMMUNICATION AND EVALUATION

Throughout the four action areas of Cultural Competency, Recruitment, Retention and Education and Learning, there are three foundational activities that are necessary to engage in to promote the success of the Strategic Plan. These are partnerships, communication and evaluation.

Partnerships, Communication and Evaluation Actions

- 1. Establish new and enhance existing partnerships to create a workforce that is representative of the community we serve.** (New)

Partnerships

For the purposes of this work, a partnership is defined as *a relationship involving the sharing of power, work, support, resources, and/or information with others for the achievement of joint goals and/or mutual benefits.*

The term 'partnership' is misconstrued and over-used, and thus it is important to identify those elements that differentiate partnerships from other organizational relationships. The more distinguishing elements of a partnership include: partners identify a synergistic relationship; the objectives are social in addition to commercial; relations are based on mutuality; partnerships typically pass through a life cycle; and because partnerships are non-static and dynamic, their processes need to be assessed and evaluated as they evolve.¹⁶

In previous representative workforce programming, activities and initiatives, relationship-building and partnerships were key factors in achieving success and moving forward with the strategy. As such, and given the Ministry of Health mandate to establish partnerships, we will continue to implement and enhance partner activities into our action plan. We also know that relationship and partnership-building typically requires much time and energy to establish; that clarity of roles/responsibilities, trust, mutually agreed upon direction are also required to achieve partnering success. Time and energy related to relationship-building and partnerships are challenging to quantify in terms of measurement, yet the synergies generated from these collaborative arrangements are fundamental in achieving socio-economic goals that would otherwise be unattainable.

- 2. Create and implement a communication plan for rollout of Representative Workforce (RW) Strategic Plan and initiatives.** (New)

A communications plan is currently being developed and will be released following presentation to the Authority that is scheduled for February 2010. There is an Awaken the Power of Change: Representative Workforce Strategic Action Plan booklet and a video that will be incorporated into the communications plan.

¹⁶ Nilson, Cathy. "The FSIN – Province of Saskatchewan Gaming Partnership". Masters Thesis, University of Saskatchewan, 2004.

The Strategic Action Plan is a call to action that is, ultimately a paradigm shift in the organization. This shift requires involvement by everyone – becoming a cultural competent organization and building a workforce that is representative of the community we serve requires ownership and understanding by all. The communication plan is therefore an important aspect in moving the strategy forward through increasing awareness in a solid approach.

3. Evaluate and modify new and existing activities using continuous improvement model and measure outcomes of Representative Workforce (RW) Strategic Plan using logic model. (New)

In previous RW initiatives and program services offered, the Plan, Do, Study and Act (PDSA) model for improvement measurement was utilized. This model will be used in the four action areas of this Strategic Action Plan. In addition, a draft logic model has been developed for this Strategic Action Plan, and will be further refined in the near future. (Please refer to Appendix 5 for draft model.)

6. How Will We Measure Success?

Throughout the period from 2010 to 2014, while the Representative Workforce (RW) strategic actions are developed, implemented, evaluated and modified, we will be asking three general questions to assess our levels of achievement. First, are there more Aboriginal people applying for and hired into positions? Second, are we retaining Aboriginal employees? If not, why and what are we going to do to change that? Third, how well are we doing to become a culturally competent organization? The following four criteria will be used as the measurement of Regional performance for actions specified in the RW Strategic Plan.

1. Cultural competency indicators and measurements will be developed in consultation with external expertise. However, we anticipate that a baseline study to measure behaviours and attitudes will be conducted, policy changes measured, and tracking of job description changes.
2. The representation of voluntarily self identified Aboriginal employees will increase to a 10.0 percent representation of the total number of all employees in Saskatoon Health Region owned and operated facilities including St. Paul's Hospital.
3. The voluntary turnover rate of Aboriginal employees will decrease from its current 14.6 percent to reflect that of the organizational turnover rate (currently at 8.9 percent).
4. The number of employees participating in the Cultivating Change workshop through Welcome Onboard Week and additional workshops will be 1,000 employees per year. The return of completed evaluation forms will exceed 75.0 percent. The number of participants attending additional educational opportunities (i.e. speaker series, and Cultural Diversity Month) will be increased, tracked and reported.

"I believe Saskatoon Health Region's Representative Workforce Strategic Plan is nothing short of fantastic, honest, practical and achievable. The Region is taking great care to identify areas for improvement as well as design practical remedies for Aboriginal human resources challenges. Saskatoon Health Region has proven itself a leading organization in the health-care sector for research based Aboriginal representative workforce strategy and solutions."

- Chris Belhumeur, Senior Policy Analyst,
Saskatchewan Ministry of First Nations and Métis Relations

"My office is on a mission: to create a place where individuals' become aware of the unique talents, abilities, and gifts given to them by our Creator and become engaged in an experience where this uniqueness is a piece of an inspired empowered journey to make our world a better place. From what I have seen and heard, the Saskatoon Health Region is on a similar mission!"

- Wendy Lynn Lerat, Vice President of Student Services & Academics,
Saskatchewan Indian Institute of Technologies

7. Alignment with Priorities

A. SASKATOON HEALTH REGION VALUES

Respect

- The strategy, which is a call to action for Saskatoon Health Region, espouses the value of respect in the programs and services specified - from working with marginalized populations to gain employment in the Region, to the Cultivating Change workshops for staff, to building new relations in the community.

Collaboration

- The strategy endorses internal and external partnerships and collaborative relations as an important mechanism to achieve results that would otherwise be unattainable.

Excellence

- The strategy is a pursuit of excellence – in its development and recommendations for a paradigm shift to cultural competence. The strategy is built upon previous regional successes in partnering, systems approach, and innovative programming – all of which have been recognized locally, provincially and nationally as best practices.

Stewardship

- The strategy will partner with external organizations to develop, deliver and evaluate programming. In so doing, stewardship is promoted through diligent reporting and adherence to its financial contractual agreements, and by maximizing potential of our human resource capacities.

Compassion

- The strategy offers recruitment programming to marginalized populations; a personal touch in services; it calls for the promotion of inclusion and diversity; will offer a forum for employees to build community in their work environments through trusting and harmonious relations; and, compassion is a key element in cultural competency.

B. SASKATOON HEALTH REGION 2007-2010 STRATEGIC PLAN

Transforming the Care and Service Experience

Becoming a cultural competent organization is, through its principles and course of actions, a pursuit of excellence in health-care delivery.

Transforming the Work Experience

The strategy proposes programming that celebrates the richness of diversity by increasing understandings and awareness through educational opportunities; and, at the same time will focus on increasing Aboriginal participation in the workforce.

Partnering for Improved Health for Aboriginal People

Respecting Aboriginal culture and history are key factors that influence the quality of services provided to the Aboriginal community. This strategy will continue to offer educational sessions that encourage staff to make choices that contribute to positive change by recognizing the value of diversity and inclusion. The strategy also focuses on recruitment efforts in the Aboriginal community and, in so doing promote socio-economic well-being.

C. 2008 SASKATOON HEALTH REGION HEALTH STATUS REPORT

The Representative Workforce Strategic Action Plan to increase the recruitment of Aboriginal people is in alignment with the 2008 Health Status Report's page 134 recommendation to reduce health inequities through increasing Aboriginal employment. With an increase in Aboriginal recruitment to the Region, we also align with improving social determinants of health through increasing employment opportunities for marginalized populations. Due to the nature of RW preferred future to create a work force that represents the community it serves, we currently focus on Aboriginal population and know that it is the right and necessary thing to do; however, this preferred future is fluid and as we see an increase in immigrant populations to Saskatoon, we can adopt our actions accordingly.

D. PATIENT FIRST REVIEW RECOMMENDATIONS

“Every working part of the system must align its behaviours, attitudes and policies to ensure its First Nations and Métis patients are effectively and respectfully provided the care they need”¹⁷

The most significant feature of this renewed, revitalized Representative Workforce (RW) Strategic Action Plan is the call for a paradigm shift - to collectively become a culturally competent organization in order to provide improved quality services to patients, clients and families, and to create a healthier work environment for all staff of the region.

¹⁷ Dagnone, Tony. Patient First Review Commissioner's Report to the Saskatchewan Minister of Health, 2009 (41).

8. Appendices

A. APPENDIX 1 - CONSULTATION PROCESS

To develop this Representative Workforce Strategic Plan, we conducted literature/best practice research and an appreciative inquiry into the previous Representative Workforce strategy's initiatives and programming, challenges and successes. These steps of research were complimented by an extensive consultation process that occurred from August until December 2nd, 2009. In total, the consultations involved over one hundred and eighty individuals from a range of areas including post secondary institutions, governmental agencies, community, unions and internal staff.

In addition to gathering information, feedback and recommendations, the consultation process was also a means to foster relationships that were not fully developed through engaging stakeholders in consultations. In other circumstances where our partnering relations were solid, the process provided an opportunity to recognize our partners in a meaningful way by requesting their involvement and gathering recommendations to establish new directions that will serve to build a representative workforce.

The consultation process utilized three methods of data collection – focus groups, survey and in person dialogue. Focus groups and surveys were used with existing staff from the Peer Network and past participants from the Step into Health Careers program. For the remainder of the consultations, the process was two-fold. First, we forwarded a draft document that contained information about current initiatives and its status, our vision, principles, goals, proposed broad strategic actions, and a set of questions to be used as a discussion guide. Following this, we met with the stakeholders and gathered feedback and recommendations. Second, the information from these sessions was considered and incorporated wherever appropriate into the next draft document, which was then sent back for confirmation/feedback either in person or electronically depending on the stakeholders' preference. Below is a list of those areas or agencies that we involved over the August to December 2009 timeframe.

INTERNAL

1. Peer Network Members
2. Past Step into Health Careers program participants
3. Representative Workforce Advisory Committee (Joint Union/Management forum)
4. Health Sciences Association of Saskatchewan
5. Service Employees International Union
6. Saskatchewan Union of Nurses
7. Corporate & Public Affairs
8. Strategic Health Information and Planning Services
9. Primary Health
10. Public Health, Building Health Equities
11. Director of Rural Services
12. Dr. Corey Neudorf
13. Shan Landry, VP Community Services
14. People Strategies Portfolio: Workforce Planning, Staffing and Business Processing, Labour Relations, Recruitment Unit, and PSP Managers group

EXTERNAL COMMUNITY

1. Strengthening the Circle:
 - Betty Nippi Albright, Project Lead
 - Sylvia Gopher, Administrator/Facilitator
 - Crystal LaPlante, Information Analyst
 - Don Bear, Aboriginal Community Developer, Saskatoon Health Region
2. Community Elders:
 - Danny Musqua, First Nations University
 - Mary Lee, Oskayak (Young People) High School
3. The Newcomer Information Centre:
 - Tracy Muggli, Development Coordinator
4. Saskatchewan Regional Economic Development Authority Inc.:
 - Bernie Ness, Aboriginal Business Development Manager

GOVERNMENTAL AGENCIES

1. Career and Employment Services Canada – CanSask:
 - Uttam Sthankiya, Career & Employment Consultant

- Curt Bolan, Career & Employment Consultant
2. Saskatoon Tribal Council:
 - Felix Thomas, Tribal Chief
 - Ceal Tournier, General Manager, STC Health & Family Services
 - Marie Adam, General Manager, STC Urban First Nation Services
 - Dennis Esperance, HR Development Officer
 3. Saskatchewan Association of Health Organizations:
 - Susan Stromich, Manager, Representative Workforce Program
 - Dianne Barrow, Project Manager, Career Pathing Program
 - Bill Urzel, Project Lead, Career Pathing
 4. Representative Workforce Provincial Advisory Council
 - Susan Stromich, Manager, Representative Workforce Program
 - Barbara Suave, Coordinator, Representative Workforce, Prince Albert Parkland Region
 - Millie Goulet, Coordinator, Representative Workforce, Mamawetan Churchill River Health Region
 - Alice Wuttunee Coordinator, Representative Workforce, Prairie North Health Region
 - Laurel Morre, Sunrise Health Region
 - Joyce Racette, Manager, Representative Workforce, Regina/Qu'Appelle Health Region
 5. First Nations & Métis Relations:
 - Victoria Gubbels, Manager, Aboriginal Employment Development
 - Chris Belhumeur, Senior Policy Analyst, Aboriginal Employment Development Program
 6. Saskatchewan Ministry of Health:
 - Jean Bellgarde, Consultant, Program and Resource Development
 7. Winnipeg Regional Health Authority:
 - Dr. Catherine Cook, Executive Director of Aboriginal Health Programs
 - Jennifer Spier, Interim Director, Aboriginal Human Resources
 - Jacqueline Nobiss, Director, Aboriginal Health Services
 - Annette Alix Roussin, Aboriginal Health and Education Program Specialist
 - Kimberly Puhach, Human Resources Specialist, Outreach
 - Daphne Randall, Director, Human Resources, Health Sciences Centre

POST SECONDARY EDUCATIONAL INSTITUTES
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1. Saskatchewan Indian Institute of Technology:
 - Wendy Lerat, Vice-President, Student Services & Academics
2. Gabriel Dumont Institute and Dumont Technical Institute:
 - Geordy McCaffrey, Executive Director, Gabriel Dumont Institute
 - Brett Vandale, Director, Dumont Technical Institute
 - Tavia Laliberte, Director, Gabriel Dumont Training and Employment
 - Sylvia Moss, Program Coordinator
 - Tracy LaPrise, Program Coordinator
 - Daniel Downs, Program Coordinator
3. Saskatchewan Institute of Applied Science and Technology:
 - Susan McIntyre, Academic Director of Student Development
4. Science Health and Success Strategy:
 - Brian Henderson, Program Head, Student Development
5. University of Saskatchewan - Aboriginal student's office:
 - Charlotte Ross, Coordinator of Academic Programs, College of Arts and Science
6. Native Access Program to Nursing (NAPN):
 - Val Arnault-Pelletier, Aboriginal Student Advisor
 - Trudy Unger, Aboriginal Student Advisor
 - Rhonda Goodtrack, Aboriginal Student Advisor
 - Josephine McKay, Aboriginal Student Advisor

B. APPENDIX 2 - CONSULTATION QUESTIONS

Template for Reporting to Strategic Planning Representative Workforce Team

<i>Relevant Theme/Lens</i>	<i>Representative Workforce, People Strategies</i>
<i>Stakeholders consulted (Individual or group)</i>	
<i>Date</i>	
<p>1) How does this Plan resonate for you and the work that you do in your respective agency/organization?</p>	
<p>2) Do you see any mutual goals that correspond with the directions of your organization?</p>	
<p>3) What changes or improvements can we make to this Draft Plan (actions) that would result in the biggest impact for RW?</p>	
<p>4) From your organizational standpoint what additional areas or initiatives do we need to get to our goals?</p>	
<p>5) Based on our discussion and our proposed Plan, can you identify some areas that we can work together to create a RW?</p>	
<p>6) What are some next steps in working together to achieve mutual aims?</p>	

C. APPENDIX 3 - SURVEY

Representative Workforce Survey

To be distributed to individuals involved in RW programs and initiatives.

Thank you for completing this survey. It is important to note that responses will be kept confidential and will only be used for the purposes of evaluating and strengthening our programs and initiatives.

1. The program area in Representative Workforce that I have been involved in is as follows (can check more than one if necessary):

- Career Pathing
- Peer Network
- Step Into Health Careers Employment Program
- Other

2. Is there any content that you would add or remove from this initiative to enhance its success?

Comments:

3. The environment in which I work is welcoming and comfortable for Aboriginal employees:

1	2	3	4	5
Strongly Agree = 1	Agree = 11	Neutral = 3	Disagree = 1	Strongly Disagree = 0

Comments:

4. The Representative Workforce initiative(s) that I have been involved in has contributed to my success, retention, and/or engagement at the Saskatoon Health Region.

1	2	3	4	5
Strongly Agree = 4	Agree = 5	Neutral = 3	Disagree = 3	Strongly Disagree = 1

Comments:

5. Which of the following do you feel would be effective future programming?

- Activities and education to enhance the understanding of diversity within the organization
- Activities to promote retention
- Activities to promote recruitment
- Activities to enhance community relationships and partnership building

6. Can you think of another service that would enhance the Representative Workforce Department?

Comments:

7. I would be interested in serving as a role model/mentor within the Saskatoon Health Region. If yes, please indicate your name and contact information.

Yes No Not Sure



D. APPENDIX 4 - BEST PRACTICE RESEARCH

Best practice exploration was conducted with an aim to further develop understandings and gain valuable insights into cultural competency, recruitment and retention practices related to diverse workforces, through learning about other organizations' experiences, lessons, and successes.

Best practice is a method or process that is believed to be more effective at delivering a particular outcome than any other technique, method, process, etc. The idea is that with proper processes, checks, and testing, a desired outcome can be delivered with fewer problems and unforeseen complications. Best practices can also be defined as the most efficient (least amount of effort) and effective (best results) way of reaching a goal. The method can be tested over time with a large group of key contacts or staff.

Indicators ▼	Best Practice #1	Best Practice #2	Best Practice #3	Best Practice #4
Representative Workforce Themes	Cultural Competency, Retention, Recruitment	Cultural Competency, Learning & Education, Retention, Recruitment	Cultural Competency, Learning & Education, Retention, Recruitment	Cultural Competency, Learning & Education, Retention, Recruitment
Aligned with Saskatoon Health Region Corporate Strategic Directions	Transforming the Work Experience Improving Health of Aboriginal People	Transforming the Work Experience Improving Health of Aboriginal People	Transforming the Work Experience Improving Health of Aboriginal People	Transforming the Work Experience Improving Health of Aboriginal People
Information Source	Sasktel Corporate Social Responsibility Report 2008	Recruitment and Retention of a Diverse Workforce: Challenges and Opportunities - Valerie. Myers, PhD, Dept. of Health Management and Policy. University of Michigan. Ann Arbor and Janice I. Dreachslin, PhD, professor of health policy and administration. Penn State Great Valley, school of Graduate Professional Studies. More info on the concepts of study: Dr. Dreachslin at jd13@psu.edu .	Best Practices in Achieving Workforce Diversity - U.S. Department of Commerce and Vice President Al Gore's National Partnership for Reinventing Government Benchmarking Study	Alberta Health Services Regional Diversity Directional Document 2008 – 2014 - Calgary Health Region – Diversity and Alberta Health Services www.calgaryhealthregion.ca/programs/diversity/diversity_competency
Description of Best Practice	Diversity Recruitment Initiatives – based on 5 year strategy on permanent positions - Separate recruitment initiatives for visible minorities, Aboriginal people and disabled	To meet the challenges presented by the convergence of an increasingly diverse labor pool and the imminent retirement of a large number of baby boomers, health care leaders must implement new recruitment and	Diversity needs to be defined broadly and should encompass a wide range of initiatives that meet the changing needs of customers and workers. Leaders and employees take active roles in implementing these diversity processes	For a number of years, the Calgary Health Region has been helping to build the evidence base for diversity competency through the process of implementing and evaluating a wide range of programs. In addition, a number of documents

	<p>people.</p> <p>Diversity Retention Initiatives - 4 different types of employee networks as retention and recruitment tools (see below).</p>	retention strategies	which, in order to succeed, is fully aligned with core organizational goals and objectives	developed by the Region have helped to establish and expand the evidence base for diversity.
Level of involvement or change needed		<ul style="list-style-type: none"> - Goal of diversity is not merely to change the composition of an organization but also to improve the way that it functions. - High and full level of the organization- Board authorities and administrator/managers - To recruit and retain a diverse workforce, health care administrators must be proactive and systematic in their approach to diversity management. More specifically, they must be mindful of their own behaviors, understand and respect the perspectives and contributions of the diverse workforce that they need to attract, identify factors that contribute to a high performing work climate and translate that knowledge into organizational policies and practices. 	<ul style="list-style-type: none"> - Leaders/Managers are primarily responsible for the success because they must ensure the policies are effective – Leaders create change by inspiring their employees - Best-in-class leaders position the responsibility for diversity not merely with human resources departments or diversity offices, but with top-level and senior executives 	<p>A Regional Diversity Advisory Committee was formed within the Calgary Health Region in 2000. The committee included representation from operational portfolios, meeting quarterly to provide direction and support to the development and implementation of an integrated Regional Diversity Directional Document. Formal diversity positions play a significant role in carrying out the work. For example:</p> <ul style="list-style-type: none"> - Child and Women’s Health Diversity Coordinator <ul style="list-style-type: none"> * provides culturally competent clinical consultation, training and workshops to staff, supporting the development of culturally competent service delivery throughout the Child and Women’s Health Portfolio. - Certified Health Care Interpreters <ul style="list-style-type: none"> * 48 interpreters provide in-person and over-the-phone interpretation throughout the Region, 12 hours a day - Diversity Educators & Liaisons
Implementation of Best Practice	<p><i>Youth Network</i> Provides mentorship, summer employment and career preparation for Sasktel’s partner schools to help them realize their potential and career goals through connecting them with people working in their community.</p> <p><i>Sasktel Employee Network on Disabilities (SEND)</i> Network of Sasktel employees who work together to foster a</p>	<p>Retention and Reaching Within:</p> <ul style="list-style-type: none"> - Assess and cultivate a culture that emphasizes quality competency, learning and full participation of all employees. Toward that end, seek to minimize abuses of rank and balance power through inclusion, egalitarian norms, and democratic processes - Invest in professional development that is tailored to accommodate diverse learning styles; languages; physical needs; and proficiency levels in technology and the English language. Be intentional about 	<p>Ex. 1) - Developing ongoing communication systems to create and reinforce the workplace diversity commitment to all employees with an emphasis on why it is important and what it means to the organization</p> <ul style="list-style-type: none"> - Establishing departmental action plans to ensure the workforce reflect the diversity of the community - Developing organization wide assessment and evaluation systems to monitor diversity progress throughout the organization <p>Ex. 2) - Create a positive environment - incorporate diversity management training</p>	<p>Based on a literary review and environmental scan to identify best practices in diversity and cultural competency, the Regional Diversity Advisory Committee developed and ratified six Gold Standard Benchmarks.</p> <ul style="list-style-type: none"> #1. Regional policies and standards relevant to diversity are aligned with the principles of diversity #2. Diversity is embedded in all environments, programs, processes, and communications. #3. A workforce, within all levels of the organization, that is reflective of the

	<p>representative, inclusive workforce environment for employees with disabilities.</p> <p><i>Sasktel Aboriginal Employee Network (SAEN)</i> A voluntary Network of Sasktel employees who help to foster a representative workforce which reflects Saskatchewan's Aboriginal population. SAEN supports new Aboriginal employees as they integrate into the organization.</p> <p><i>Sasktel Next Great Employee Network</i> A group of Sasktel employees dedicated to supporting the next generation of employees with youth oriented programs and activities, community involvement and the promotion of Sasktel values</p>	<p>transferring knowledge from veterans to neophytes to retain and enhance the organization's competitive strength.</p> <p>- Use mentoring and reverse mentoring that acknowledge and value both the experiential wisdom of older workers and the technical knowledge of younger ones. Create opportunities for learning across boundaries, including age, race, and occupation, where the benefits of diversity are likely to materialize.</p> <p>- Learn from the best through studying the actions of organization that have been recognized for high performance.</p>	<p>into all leaders' accountability</p> <p>- Conduct a cultural audit and establish guidelines to define and address social climate issues affecting personnel</p> <p>- Value all people - action plans to target under representation and implement accountability measures into evaluation</p> <p>- Promote individuals ability to reach their full potential - identify and groom high performing individuals in under represented groups for upper-level positions and make mentor programs accessible to all.</p>	<p>population served.</p> <p>#4. Diversity competency is a process of continuous quality improvement.</p> <p>#5. Reciprocal relationships with diverse populations enable shared responsibility in addressing the determinants of</p> <p>#6. Diversity competency and practice is built on a foundation of existing evidence and/or through the creation of evidence that engages diverse populations.</p>
Potential challenges	No specific challenges indicated in the report.	Health care leaders must not only craft strategic responses to outward-focused recruitment challenges, they must also engage in inward-focused retention strategies. Together, these efforts constitute effective workforce diversity management.	No specific challenges indicated in the study. However, several partners involved in the study stressed that effective communication needs to be multidirectional within and across departments and that organizational leaders must take active roles.	No specific challenges indicated in the information.
Indicators for monitoring (benchmarks for success)	<p>In 2008, Sasktel met or exceeded their recruitment efforts for 4 designated groups; Aboriginal, visible minority, disabled persons and women in non-traditional roles.</p> <p>In addition, 56.6% of all summer hires in 2008 were employees falling into the Representative Workforce category.</p>		<p>World class diversity organizations make assessing and evaluating diversity processes an integral part of their management system.</p> <p>Example: Specific measurements are established for each area at the beginning of the year and a description of activities offered supportive of the goals and a space to annotate current results. A top-level team looks at results to determine performance and progress and each plan is discussed bi-monthly at top-level steering meetings.</p>	Indicators of success and achievement were developed and linked to evidence. Indicators are the 'what,' in terms of what will indicate successful achievement of the benchmark. Measurement will include both qualitative and quantitative methods.



Best Practice #5

Comprehensive Summary of the Saskatoon Health Region, Representative Workforce Team Site Visit to Winnipeg Regional Health Authority - Aboriginal Health Programs

Background

Key points about the Winnipeg Regional Health Authority (WRHA):

- Is one of the largest regions in Canada, providing health care to well over a million people within Manitoba and beyond including North Western Ontario and Nunavut;
- With an annual operating budget of nearly \$1.8 billion dollars
- More than 28,000 people work in the WRHA
- The WRHA operates or funds over 200 health service facilities and programs
- Aboriginal Health Programs included as one of four health care priorities in the region
- WRHA consists of 20 board directors, five of whom are of Aboriginal ancestry who work in various Aboriginal organizations

The Aboriginal community is an important part of Manitoba's heritage and future. Over 15% of Manitoba's total population consider themselves First Nation, Métis or Inuit peoples (statistics Canada, 2008). Winnipeg currently has the largest urban Aboriginal population of the major cities in Canada. The population of Winnipeg is young, Aboriginal and the fastest growing.

Aboriginal Health Programs

Mission Statement:

"Through collaborative partnerships with key stakeholders Aboriginal Health Programs will build the capacity within the Winnipeg Health Region to respond to the needs of the Aboriginal community."

The WRHA established its Aboriginal Health Strategy in 2001, with the implementation of two regional programs: Aboriginal Health Services and the Aboriginal Human Resources Initiative. In 2006, the two programs amalgamated to form Aboriginal Health Programs and are housed within one facility.

The center is guided by the Elders' Advisory Council and the Aboriginal Health and Human Resources committee to the WRHA, which is comprised of three board members and six community members.

Programming is vetted into three core areas: **Aboriginal Health Services, Aboriginal Cultural Programs and Aboriginal Human Resources.**



Saskatoon Health Region, Representative Workforce Team: WRHA Site Visits

General Overview

On November 3rd & 4th, 2009, four members of the Representative Workforce team took a site visit and a tour of the Aboriginal Health Programs facility and the Health Sciences Center, both located in Winnipeg, MB. We were given a warm welcome and treated very well. Physically, the Aboriginal Health Programs facility is well spaced with state of the art equipment for training (e.g., smart board, folding and wheeled tables and chairs) and a circular spiritual room for ceremonies, smudging and talking circles.

While the visit centered on gaining insight to Representative Workforce initiatives, a wide variety of health and educational programs were also presented. Day one was spent listening to presentations from various members of the Aboriginal Health Programs department, including the Executive Director, Dr. Catherine Cook. Day two was spent on a tour of the Health Sciences Center Human Resources department and conversing with the Director of Human Resources and her Executive Assistant. The information provided to us was comprehensive and timely for the Representative Workforce strategic process and as well for the health services side.

While the WRHA has a strong commitment to ensuring Aboriginal people are involved in many aspects of health care that impact them, it is both Dr. Catherine Cook and CEO Dr. Brian Postl of WRHA who are strong advocates of the Aboriginal Health Programs and keep pushing in the right direction, especially when others resist or try to direct focus down a different path. Dr. Cook ensures the primary focus of "Aboriginal Programs working for Aboriginal people" and that the principle "Aboriginal Health, threaded throughout the Region" is maintained.

Dr. Postl has worked as a physician in First Nation communities and therefore has an understanding of the complex health issues that Aboriginal people experience in the province of Manitoba. A strong value in engaging the Aboriginal community at the board level and developing partnerships with the educational institutions and industries seems to have many benefits. He has also taken the lead in the Aboriginal Human Resources strategy.

The strategic approach to making the center and its programs resonate throughout the region and community is the strong focus on collaborative partnerships, social determinants of health and cultural safety (seeking power balance). Aboriginal health research and capacity development appears to be an important link to ensuring that Aboriginal workforce representation emphasizes specialized careers such as doctors, pharmacists and therapists.

The visit to the WRHA **Health Sciences Center** (HSC) was to determine the linkages and relationships between Aboriginal Human Resources and one of the general Human Resources departments within the region. While the departments are physically separate from one another, it appears that both directors have similar visions of establishing an Aboriginal workforce and trying to find ways of collaborating on strategies. The Director of Human Resources for HSC was adamant that it is her desire to build a representative workforce of Aboriginal people. It was evident that the relationship between the general Human Resources and the Aboriginal Human Resources is still being developed and an emphasis was placed on the need for a stronger effort to communicate, especially in tracking and keeping data on Aboriginal candidates and hires. The HSC Director's Executive Assistant, who is Aboriginal, is responsible for the Peer Network which has continuously evolved over time. They currently hold four major events per year, including a prime educational and social event for National Aboriginal Day.

Best Practices Observed

I. Aboriginal Human Resources: Recruitment

1. Children of the Earth School: Medical Careers Exploration Program

A collaborative partnership consisting of elementary, secondary educational institutions, WRHA - Aboriginal Health Programs, the U of M Access Program and Medical Clinic sites was formed to establish a medical Careers Exploration Program in 2007. The approach is more like an immersion program that will engage and provide supports for students from grade nine to twelve to stay in school, gain confidence in their educational aspirations and pursue careers in the Healthcare sector. The Medical Exploration Program (MCEP) was developed to meet the needs of both the medical community and the Aboriginal population. The program, while still fairly new, has had some successes and appears to be a complete educational and training recruitment strategy for medical health personnel in the future. For more information on the program visit the WRHA website at <http://www.wrha.mb.ca/media/news/090923.php>.

2. Aboriginal High School Student Internships in Health Care (AHSSI)

A program that offers Aboriginal High School students opportunities to explore careers in health, experience diverse job placements, provides service to others, gain volunteer experience, learn computer skills, organizational and communication a skills and earn a wage. This program is designed to attract the youth, which is one of the primary goals of achieving an Aboriginal representative workforce.

3. Feedback for Aboriginal Job Seekers - Aboriginal Human Resources provides valuable feedback to applicants on how to improve employment applications and interview skills to better meet screening criteria for vacancies. This feedback enhances applicants' future attempts to gain employment with WRHA.

4. Referral to Job Search Assistance Services - Through partnerships within the Aboriginal community, Aboriginal Human Resources links Aboriginal candidates with services specializing in employment and education counselling, referral and support.

5. Outreach - Aboriginal Human Resources recognizes the value of the growing Aboriginal youth population that will make up a significant percentage of new entrants to the workforce and considerable effort is made to increase awareness for Aboriginal students and youth of opportunities in the health care sector. Aboriginal Human Resources participates in career exploration events including career fairs and presentations to schools and community agencies. Other outreach activities include student employment partnerships, volunteer placements, trade show displays and age-appropriate demonstrations/tours for young people.

6. Aboriginal Students and Youth - Working with educational institutions, Aboriginal Human Resources promotes health care careers to Aboriginal students and youth. Summer employment opportunities, tours of acute care facilities and health care career presentations are available to any secondary or post-secondary institution.

II. Aboriginal Human Resources: Retention

1. Resources to Support Retention - Personal assistance is available to Aboriginal employees wanting support to access a variety of internal and community-based resources to enhance their individual career objectives or workplace experiences. Increased awareness and utilization of opportunities and services that encourage employee success contributes to workplace productivity and job satisfaction.



2. **Aboriginal Employee Networks** - Through collaboration with WRHA Human Resources, Aboriginal employees have the opportunity to participate in events to connect with one another and build networks to access information that support awareness of resources and advancement within health care.
3. **Role Modelling at Career Exploration Events** - Through partnerships within the Aboriginal community and educational institutions, Aboriginal Human Resources promotes health care careers and health education programs to Aboriginal students and youth. Aboriginal professionals within the Winnipeg health region are invited to participate in a range of events including career fairs, site tours, and presentations, to share knowledge and experience with the workforce of the future.
4. **Partnerships** - Aboriginal Human Resources works with a number of groups to address various issues related to Aboriginal recruitment and retention and establish links between the WRHA and the Aboriginal community. Examples of the successful partnerships include:
 - Province of Manitoba
 - Assembly of Manitoba Chiefs
 - Centre for Aboriginal Human Resource Development
 - Urban Circle Training Center
 - The Interprovincial Association of Native Employment
 - Manitoba Aboriginal Youth Career Awareness Committee

III. Aboriginal Cultural Programs

In addition to the Aboriginal Cultural Awareness Workshop, experiential opportunities are offered for those who want to expand their awareness and knowledge about Aboriginal culture. Aboriginal Cultural Awareness is a prerequisite to the experiential workshops.

1. **Traditional Teachings**
The Traditional Teachings and Sweat Lodge teaching workshops provide participants with increased insight into unique cultural aspects of Aboriginal life. Numerous traditional teachings have been handed-down through generations of Aboriginal Peoples. They include medicine, ceremonies and lessons on how to live a good life on mother earth. Traditional Healers or Elders offer these teachings.
2. **Sweat Lodge Teachings Workshop**
Through experiential learning, the Sweat Lodge Teachings Workshop will provide teachings and an experience not available in literature, lectures or verbal accounts.

IV. Education/Training/ Research Programs

1. **Centre for Aboriginal Health Education (CAHE)**
Working in collaboration with health education faculties at the University of Manitoba, the mandate of CAHE is to provide supports to promote success of Aboriginal Students in health education degree programs. The Centre has a comprehensive resource base that provides academic supports and develops a process and frame work for professional and career development for Aboriginal students. This includes providing a culturally sensitive atmosphere, with access to personal and cultural supports such as Elder in Residence. Other established resources are Computer stations, internet access, 24-hour Card Access for membership, general lounge/kitchen area, several Diagnostic kits/tools and others. Utilizing and leveraging the partnerships with U of M, and the Aboriginal community, the three streams of mentorship, that of the health professional, Aboriginal community-based,



and peer Mentorship is crucial to the success of students. Outreach, recruitment, retention programs include public schools early years, Science Buddies/Bio-Medical youth program, and Children of the Earth school program in partnership with Pan am Clinic and WRHA Aboriginal Health Programs.

2. **Aboriginal Health Research Unit (University of Manitoba)**

Another collaborative partnership between the University of Manitoba and the Aboriginal Health Education Centre designed to attract students and build capacity in health research particularly in Aboriginal relevant health issues. Health research ranges from fine arts initiatives to laboratory. The summer student internship program is designed to interest undergrads in research. Aboriginal organizations such as Assembly of Manitoba Chiefs and the Métis are involved in an advisory committee.

V. Other Notable Observations

- They have Certified Peer Coaches who support and guide the employees through issues to prevent them from escalating to a grievance.
- They are connected with CAHRD - Centre for Aboriginal Human Resource Development, Assembly of Manitoba Chiefs, Southern Chiefs, and Manitoba Métis Federation for external pools of Aboriginal candidates.
- They offer many "lunch and learn" opportunities throughout the year.
- They involve the community at all levels in decision making.
- The extent of most of the partnerships with the Métis is focussed on research.
- They have hired a PhD student to evaluate their cultural programming.
- Students at the University of Manitoba who have self-identified as Aboriginal and are in health care/medical areas of study are expected to give back to the community. Dr. Cook believes that if an individual is using their Aboriginal identity as a means of gaining entrance, there must be an understanding that they will give back to the community.
- They have difficulty retaining Aboriginal people in a beaurocratic organization (working in an office setting vs. being out in the community).

Sources: WRHA Website / Aboriginal Health Programs promotional materials and reports / Site Visit Observations

Additional Best Practice Research – Representative Workforce

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Capital Division HCA, Reston, Virginia, ADVANCE for LPNs – Cultural Diversity: Best Practices

NCCC – National Center for Cultural Competence – Georgetown University

- Use of Cultural Rituals as Part of the Therapeutic
- Using Traditional Practices to Support Change

Calgary Health Region “Caring For Life” Aboriginal Health Program, 2007 – 2014

www.calgaryhealthregion.ca/programs/aboriginal/pdf/kimmapiipitsi.pdf

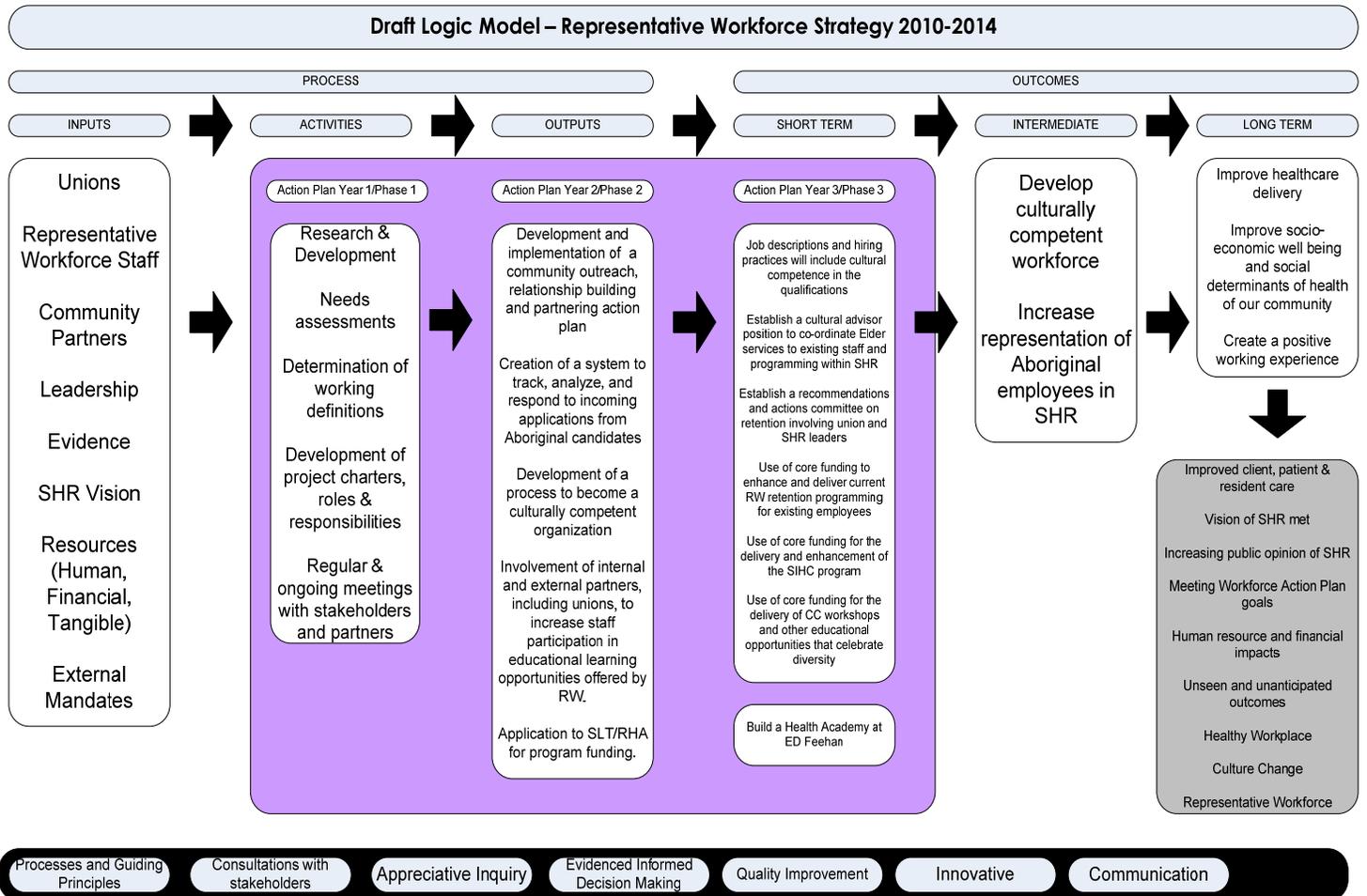
The Coca-Cola Company; Conversation with Juan Johnson Vice President and Director of Diversity Strategy and Culture and President of the Diversity Leadership Academy; Mauricio Velasquez, President, Diversity Training Group

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E. APPENDIX 5 – LOGIC MODEL



F. APPENDIX 6 - BIBLIOGRAPHY

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