

*Cultural Competence refers to the attitudes, knowledge, skills, behaviours and policies required to better meet the needs of all the people we serve.*

*Culture in these Guidelines refers to a group or community that share common experiences that shape the way its members understand the world. It is multi-layered, evolving and includes groups that we are born into or become such as; national origin, levels of ability, gender, sexual orientation and identity, race/ethnicity, socio-economic class or religion. People have multiple cultures.*

*Cultural Competence can work to reduce disparities in health services, address inequitable access to primary health care and respectfully respond to the diversity of Nova Scotians (race, ethnicity, language, sex, sexual orientation, gender identity, (dis)ability, spirituality, age, geography, literacy, education and income, etc.)*

1. Nova Scotia DHAs, CHBs, the IWK and primary health care organizations should ensure that their staff provide to Nova Scotia patients/consumers, primary health care that is respectfully delivered and responsive to cultural health beliefs, practices, lived experiences and linguistic differences in Nova Scotia.
2. The Nova Scotia Department of Health & Wellness, DHAs, CHBs, the IWK and primary health care organizations should work collaboratively with culturally diverse populations to design targeted, accessible and effective health initiatives in all aspects of primary health care.
3. The Nova Scotia Department of Health & Wellness, DHAs, CHBs, IWK and academic institutions should collaborate to devise and implement strategies for the recruitment, retention and promotion of diverse health staff, providers and leaders at all levels.
4. The Nova Scotia Department of Health & Wellness, DHAs, CHBs, the IWK, primary health care organizations and health related, academic institutions should make cultural competence training available on an ongoing basis to all primary health care students, staff and providers at all levels and across all disciplines, and facilitate the development of cultural competence across the primary health care system.
5. The Nova Scotia Department of Health & Wellness, DHAs, the IWK and primary health care organizations should offer and provide services in Canada's official languages with the phased in recruitment of French speaking, bilingual staff and the use of cultural health interpreters.
6. Nova Scotia DHAs, the IWK and primary health care organizations should offer and provide health interpretation services for any primary health care patient/consumer at no cost to the patient/consumer.

7. Nova Scotia DHAs, the IWK and primary health care organizations should provide written notice of the availability of cultural health interpretation services and where available, the Mi'kmaq Hospital Interpreter Liaison Program.
8. Nova Scotia DHAs, the IWK and primary health care organizations should ensure that patient/consumer family and friends not be used to provide interpretation services except at the direct request of the patient/consumer.
9. Nova Scotia DHAs, the IWK and primary health care organizations should reflect Nova Scotia's diverse populations in pictures, written information and advertisements and post signage and provide written material for all literacy levels in the languages commonly spoken in their service areas.
10. The Nova Scotia Department of Health & Wellness, DHAs, CHBs, the IWK and primary health care organizations should ensure that their vision, mission, strategic plans, job performance expectations and accreditation processes incorporate accountability for cultural competence and culturally appropriate services at the highest level of the organization.
11. The Nova Scotia Department of Health & Wellness, DHAs, CHBs, the IWK and primary health care organizations should work collaboratively and independently to develop public information and communication plans to explain the importance of race, ethnic and linguistic identifiers in epidemiological and health utilization data for the purposes of effective planning, program delivery and the development of a culturally competent, primary health care system.
12. DHAs, CHBs, the IWK and primary health care organizations should maintain up-to-date demographic, cultural and epidemiological profiles of their communities in order to effectively plan and provide services that respond to the racial, ethnic, cultural, spiritual and linguistic needs of the populations they serve.
13. The Nova Scotia Department of Health & Wellness, DHAs, CHBs, the IWK and primary health care organizations should ensure that data collected and updated through the MSI database, and other data collected by organizations incorporates, *with patient/consumer agreement*, information that specifies race, ethnicity and language of patients/consumers without individual patient identification.
14. The Nova Scotia Department of Health & Wellness, DHAs, CHBs, the IWK and primary health care organizations should ensure that data collected and research resulting from the data, facilitate best practice in culturally competent care, movement toward the elimination of health disparities among populations, and the improvement of health status of those populations most at risk for poor health.
15. The Nova Scotia Department of Health & Wellness, DHAs, CHBs, the IWK, provincial programs and primary health care organizations should inform, increase and facilitate culturally appropriate screening among Nova Scotia's culturally diverse populations for chronic diseases including but not limited to; diabetes, cancers, cardiovascular disease, hypertension and sickle cell anemia.