American Red Cross - social inclusion programme

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Overview of social inclusion intervention

- Profile of targeted excluded group
 - 1 Black Nurses
 - 2 Hispanic Nurses
 - 3 Nurse Leaders from other sectors
- Services provided / approach taken / advocacy made
 - 1 Invited leaders from nursing national organizations to join advisory board
 - 2 Assure that the voices of nurse leaders are included in decision-making
 - 3 Nurse leaders take programs of American Red Cross to constituents

Main achievement

- 1 Launched initiative for National Nursing Committee in 2012.
- 2 Advisor board has standing positions for Leaders from National Black Nurses Association, Hispanic Nurses association, military (service to armed forces), blood services, and disaster services.
- 3 Annual survey demonstrated increases most years of engagement with new partners
- 4 Human Resources and Training use resources from nursing partners to help fill high level positions or with consulting requests.

Challenges and issues

- 1 Lack of diverse workforce in American Red Cross
- 2 Difficult to disseminate across an extremely heterogeneous society
- 3 Some populations do not feel welcome despite efforts to offer an open door

Alignment with strategic framework

SO1: attitudes, behaviours and laws.

Sometimes we may have to challenge and change unintentional biases within ourselves.

SO2: Full, equal and meaningful access to NS programs and services.

Saying that people are welcome to come is often not enough to bring them into the discussion and participation. To ensure all people have access, other steps often must be taken to bring people to the open door.

SO3: participation of excluded people in aspects of the economic, social, political and cultural life.

Through strategic partnership with nurse leaders, ARC tries to ensure that vulnerable and underserved population can actively participate in Red Cross activities. This is a work in progress, and we will be using CEA, PGI and MHPSS tools to ensure increased participation of the excluded population.

EA1: Enable meaningful involvement of excluded people.	ARC is carving out spaces for meaningful participation of excluded people in the traditional programs. For example, assuring the National Nursing leadership has representation of diverse populations.
EA2: Diverse staff and volunteers	When disaster strikes, the volunteer workforce should reflect at least some of the diversity of the community they are serving. These initiatives from the top are combined with grass roots outreach.
EA3: Partnerships	Inviting the leaders of communities who have felt excluded strengthens partnerships throughout all program areas and lends credibility to the voice of the Red Cross.
EA4: Human, financial and other resources	Through building strong partnerships in leadership, ARC tries to ensure that vulnerable and underserved population can actively participate in Red Cross activities. This is a work in progress, and nursing works closely with Human Resources, the office of Diversity and Inclusion and Disability Integration leadership to ensure increased participation of excluded populations.