

Innovative Self-Assessment and Strategic Planning: Addressing Health Disparities in Contra Costa County

The Community and the Challenge

In the 1990s the Contra Costa Health Services (<http://www.cchealth.org/>), the county health department for Contra Costa County in California, made significant progress in the goal to eliminate health disparities among several perinatal and breast cancer indicators, including reducing low birth weight births among African American women, increasing early entry into prenatal care for Hispanic and African American women, and eliminating the percentage difference of early breast cancer diagnosis between African American and white women. The department's Diversity Advisory Committee believed that enhancing the diversity and the cultural and linguistic competence of its employees who are caring for or providing services to an increasingly diverse patient population would strengthen these outcomes and improve health status in other areas such as asthma, childhood diabetes, and access to care. The challenge then was how to address diversity and increase the cultural and linguistic competency of the organization.



**CONTRA COSTA
COUNTY**



The Strategy

Innovative Self-Assessment and Strategic Planning

Contra Costa Health Services addressed this challenge by using a process of cultural and linguistic competence self-assessment and strategic planning as the foundation to facilitate organizational change. Contra Costa Health Services implemented a multi-pronged approach that included: (1) allocating resources and dedicating staff time to participate in individual interviews and focus groups followed by a three-day Diversity Futures conferences; (2) creating a venue to conduct a “Walk of Silence” as a dramatic and effective method to display and use self-assessment results, and (3) eliciting and using staff and senior management feedback to develop a strategic plan.

In spring 2000, the health department hired a consultant team to help its diversity committee assess employee understanding of diversity and cultural and linguistic competence, notes Lisa Booker, Technical Assistance Coordinator, Division of Mental Health. After reviewing responses to the request for proposals, the committee selected Amistad Associates, which devised a process to gather the viewpoints of the entire organization. The consultant conducted **32** individual interviews and **15** focus groups involving more than **200** employees, patients and advisory board members. All information was anonymous and could not be traced to specific events or individuals. According to Booker, this approach helped ensure that employees could be as candid as possible without regard to role or rank in the organization. The Mental Health Division was able to offer its perspectives dur-

ing this process given that it had already been implementing state mandates on cultural competence planning.

Using information gathered from the interviews and focus groups, Amistad Associates, assisted by diversity committee members, organized the findings into **1,500** different statements, and sorted them into categories for the department’s three-day Diversity Futures Conference held in October 2001. Some **50** department employees representing all **11** divisions within the organization attended.

The conference was designed to help employees understand what they had collectively identified as issues of concern surrounding diversity and cultural and linguistic competence. With all 1,500 collected statements posted around the hotel walls, employees took “a walk of silence” around the room to read and reflect on what was written.

“It wasn’t a pretty picture,” Booker recalls. “There were a lot of heartfelt statements from employees who felt disenfranchised. These statements were clearly indicative of not having cultural competence.”

After the walk of silence, employees worked in groups to eventually put forth **41** recommendations.

A group of eight employees, some of whom included members of the agency’s senior staff, were selected to create an implementation plan for the recommendations. With the consultants’



assistance, the group worked intensively for several months and in June 2002 submitted a draft diversity plan to the health director and the division directors. The senior staff considered the plan for several more months, adding their own perspectives and deciding how to create an effective structure for implementation.

The release of the draft diversity plan in June 2002 coincided with the release of the Institute of Medicine's (IOM) landmark report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, which detailed the adverse impact of race and ethnicity on health outcomes.

The findings of the IOM report presented concerns that were similar to those issues affecting Contra Costa's own community, Booker says. Moreover, she adds, "the 2000 census report showed we were more ethnically diverse and our clinics showed it." For example, the Contra Costa Health Services programs were encountering a growing number of patients, clients and customers who spoke languages other than English, and its own employee base was increasingly more ethnically diverse.

With the IOM report in hand, the senior staff shifted the conceptual focus of the plan from a primary emphasis on diversity to one focused on reducing health disparities. This shift directly aligned the plan with the mission of the organization – to care for and improve the health of all who live in Contra Costa County, especially those most vulnerable to health problems.

The Action

In April 2003 the 11 division directors and the health director approved the plan, called *Reducing Health Disparities: Diversity and Cultural and Linguistic Competence in Contra Costa Health Services*.

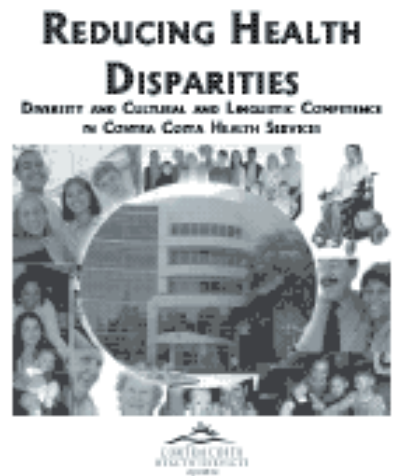
With a defined ultimate objective to eliminate health disparities, the plan outlines specific steps to carry out the following actions:

- improve access to services for people who are not comfortable speaking English;
- increase the cultural and linguistic competence of staff;
- have a workforce capable of working effectively with diverse patients, clients, customers and communities;
- evaluate progress; and
- communicate the department's plans and progress.

Broad objectives spell out steps to (1) improve linguistic access (such as identifying resources, interpreter staff, signage, etc.), (2) implement training on diversity and cultural and linguistic competence, and (3) develop an organizational environment that values diversity and addresses health disparities.

The senior staff adopted several principles to guide the implementation of these action plans including the following:

- a commitment to eliminate health disparities by providing and improving the health of all



Contra Costa County residents, particularly the most vulnerable;

- a commitment to being respectful and culturally responsive to fellow employees and all individuals served;
- a recognition that differences in race, ethnicity, age, gender, sexual orientation, language, physical ability, socioeconomic class and other factors may affect how CCHS employees relate to the individuals served and to each other
- the participation of CCHS employees in culturally competent training activities; and
- a recognition that all those providing care and services have a common purpose to improve health.

To ensure the plan's implementation, a Disparities Initiative leader position was created. José Martín, MFT, the mental health division's previous ethnic service manager, was selected for this task. Under the guidance of the Department, health care disparities work groups were established. Each work group includes the subcommittees on cultural competency, education and training, recruitment and retention, linguistic access, and best clinical practices.

other local health departments have expressed in this process. The Health Services Director has developed and conducted presentations in response to queries from other California counties as well as national organizations.

The NCCC Perspective



The National Center for Cultural Competence selected this promising practice because it exemplifies two essential elements in advancing organizational cultural and linguistic competency. The NCCC commends Contra Costa Health Services for the high value it placed on the role of leadership - at various levels within the department - to accomplish its goal. The NCCC also recognizes the scope and depth of the resources (fiscal and personnel) that the Contra Costa Health Services committed to this effort.

Lastly Contra Costa Health Services demonstrated practices and procedures that are congruent with frameworks and models of cultural and linguistic competency espoused by the NCCC, <http://gucchd.georgetown.edu/nccc/framework.html>, specifically, they:

- (1) conducted a comprehensive organizational cultural competence self-assessment;
- (2) engaged stakeholders and staff in the process;
- (3) utilized staff recommendations as part of strategic planning; and
- (4) developed and utilized principles to guide the implementation of the cultural competence action plan.

This effort was clearly designed to effect change within the entire organization at all levels and with all staff. It is anticipated that this shift in organizational culture will contribute to the elimination of racial and ethnic disparities and support the goal for improved health outcomes.

What Works and Why

Several factors are responsible for the development and implementation of the Contra Costa Health Services Reducing Health Disparities plan. Booker says that buy-in at the top of the organization has helped advance department-wide commitment, and the plan's adoption has created an environment that moves along the dialogue on diversity and cultural competence. An example of the change in the organization is a curriculum that was developed for all managers and supervisors on reducing health disparities that includes 4 modules addressing the connection between service excellence and reducing health disparities; cross cultural communication; linguistic access; and managing a diverse workforce. One significant outcome of Contra Costa's work has been the interest that

Cultural competence requires that organizations:

- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.
- incorporate the above in all aspects of policy making, administration, practice, service delivery and systematically involve consumers, key stakeholders and communities.
(from the NCCC web site at <http://gucchd.georgetown.edu/nccc/framework.html>)

Linguistic competence is ...

the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. Linguistic competency requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity.

Acknowledgements:

This Promising Practices Brief was developed by the National Center for Cultural Competence, 2005, with contributions from Tawara Goode, Vivian Jackson, Clare Dunne and Lisa Lopez, NCCC Consultant. Sheldon Heath created the layout and graphic design.

This Promising Practice Brief was prepared with funding from a Cooperative Agreement between the Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services and the Georgetown University Center for Child and Human Development.

Permission is granted to reproduce this document for distribution for non-commercial purposes. The requirements are that the document may not be altered and that proper credit is given to the National Center for Cultural Competence.

For more information about this promising practice, contact:

José Martín, LMFT
Reducing Health Disparities Initiative Leader
50 Douglas Dr., #313
Martínez, CA 94553
925-957-5426
jmartin@hsd.co.contra-costa.ca.us





Mission

The mission of the National Center for Cultural Competence (NCCC) is to increase the capacity of health care and mental health care programs to design, implement and evaluate culturally and linguistically competent service delivery systems.

About the National Center for Cultural Competence

The NCCC provides national leadership and contributes to the body of knowledge on cultural and linguistic competency within systems and organizations. Major emphasis is placed on translating evidence into policy and practice for programs and personnel concerned with health and mental health care delivery, administration, education and advocacy. The NCCC uses four major approaches to fulfill its mission including (1) web-based technical assistance, (2) knowledge development and dissemination, (3) supporting a "community of learners" and (4) collaboration and partnerships with diverse constituency groups. These approaches entail the provision of training, technical assistance, and consultation and are intended to facilitate networking, linkages and information exchange. The NCCC has particular expertise in developing instruments and conducting organizational self-assessment processes to advance cultural and linguistic competency.

The NCCC is a component of the Georgetown University Center for Child and Human Development (GUCCHD) and is housed within the Department of Pediatrics of the Georgetown University Medical Center. It is funded and operates under the auspices of Cooperative Agreement #U93-MC-00145-11 and is supported in part from the Maternal and Child Health program (Title V, Social Security Act), Health Resources and Services Administration, U.S. Department of Health and Human Services (DHHS). The NCCC conducts a collaborative project under the auspices of another Cooperative Agreement with the GUCCHD and the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, DHHS. Additionally the NCCC contracts with governmental and non-governmental organizations for specific scopes of work at the local, state and national levels.

For Additional Information Contact
National Center for Cultural Competence
Center for Child and Human Development
Georgetown University
Box 571485
Washington, DC 20057-1485
Voice: 800.788.2066 • 202.687.5387
TTY: 202.687.5503 • Fax: 202.687.8899
E-mail: cultural@georgetown.edu
URL: <http://gucchd.georgetown.edu/nccc>

Notice of Nondiscrimination

In accordance with the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, and implementing regulations promulgated under each of these federal statutes, Georgetown University does not discriminate in its programs, activities, or employment practices on the basis of race, color, national origin, sex, age, or disability. The University's compliance program under these statutes and regulations is supervised by Rosemary Kilkenny, Special Assistant to the President for Affirmative Action Programs. Her office is located in Room G-10, Darnall Hall, and her telephone number is (202) 687-4798.