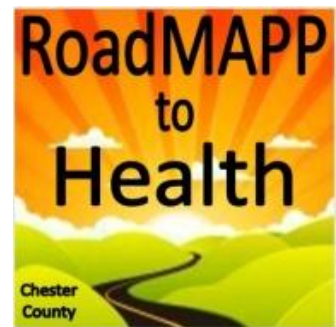


# Cultural Competency in Health Care

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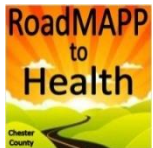
A community discussion leading to policy and practice recommendations for Chester County organizations and systems of care

Final Report – August 2014



# Cultural Competency – Discussion Outline

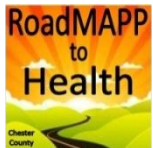
- Steering Committee Participants, Acknowledgement to Strategy Group, and Schedule
- RoadMAPP to Health – The Starting Point
- Cultural Competency in Health Care
  - Charter
  - Contributors
  - Vision
  - Definition
- Goals and Priorities
  1. Leadership, Governance and Practices
  2. Workforce Diversity, Training and Education
  3. Funding and Partnerships
  4. Awareness and Outreach
  5. Consumer Engagement
- Next Steps and Recommended Actions
- Steering Committee Testimonials
- References
- Appendix A – Meeting #1 Results
- Appendix B – Meeting #2 Results
- Appendix C – Meeting #3 Results



# Cultural Competency Steering Committee

- **Joseph E. Younge**, MBA, MSHCAD (2014) – Co-Chair
  - MLK Community Development Corporation
- **Paul F. Huberty** – Co-Chair
  - Chester County Hospital
- **Jason Alexander**
  - Capacity for Change, LLC
- **Judith Henderson**
  - Empowerment Resources Associates
- **Margarita Queralt Mirkil**
  - La Comunidad Hispana
- **Gina Pazzaglia, PhD**
  - West Chester University
- **Terri Potrako**
  - Volunteer English Program in Chester County
- **Nettie Wolfe-Silva**
  - Maternal and Child Health Consortium
- **Patricia Yoder**
  - Chester County Health Department

The Strategy Group would like to thank St. Paul's Baptist Church of West Chester for hosting this three-part series and Mr. Jason Alexander of Capacity for Change for facilitating the community discussion.

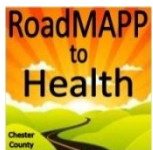


# Acknowledgements

- The Cultural Competency Steering Group wishes to thank those who participated in this three-part series focusing on cultural competency in health care.

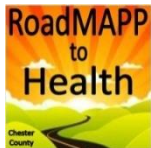


Not all participants were available for the group photo.  
Please see the participant list on the following pages.



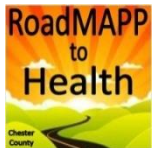
# Cultural Competency Contributors

- Tamara Acuna
  - Chester County Intermediate Unit
- Jason Alexander
  - Capacity for Change, LLC
- Luis Benites
  - Holcomb Behavioral Health Systems
- Veleta Boswell
  - Penn Home Care
- Anna Caffarelli
  - Chester County Hospital
- Jeanne Casner
  - Chester County Health Department
- Barbara DeBaptiste
  - MLK Community Development Corporation
- Christine Dziembowski
  - Holcomb Behavioral Health Systems
- Mary Anne Feeley
  - United Way of Chester County
- Marie Frey
  - Community Volunteers in Medicine
- Julie Funk
  - Chester County Hospital
- Anna Mae Galbraith
  - Phoenixville Hospital
- Dr. Ayo Maria Gooden, PhD
  - Psychologist, PPL
- Monique Hankerson
  - Maternal and Child Health Consortium
- Judith Henderson
  - Empowerment Resources Associates
- Jane Hershberger
  - Chester County Intermediate Unit
- Paul Huberty
  - Chester County Hospital



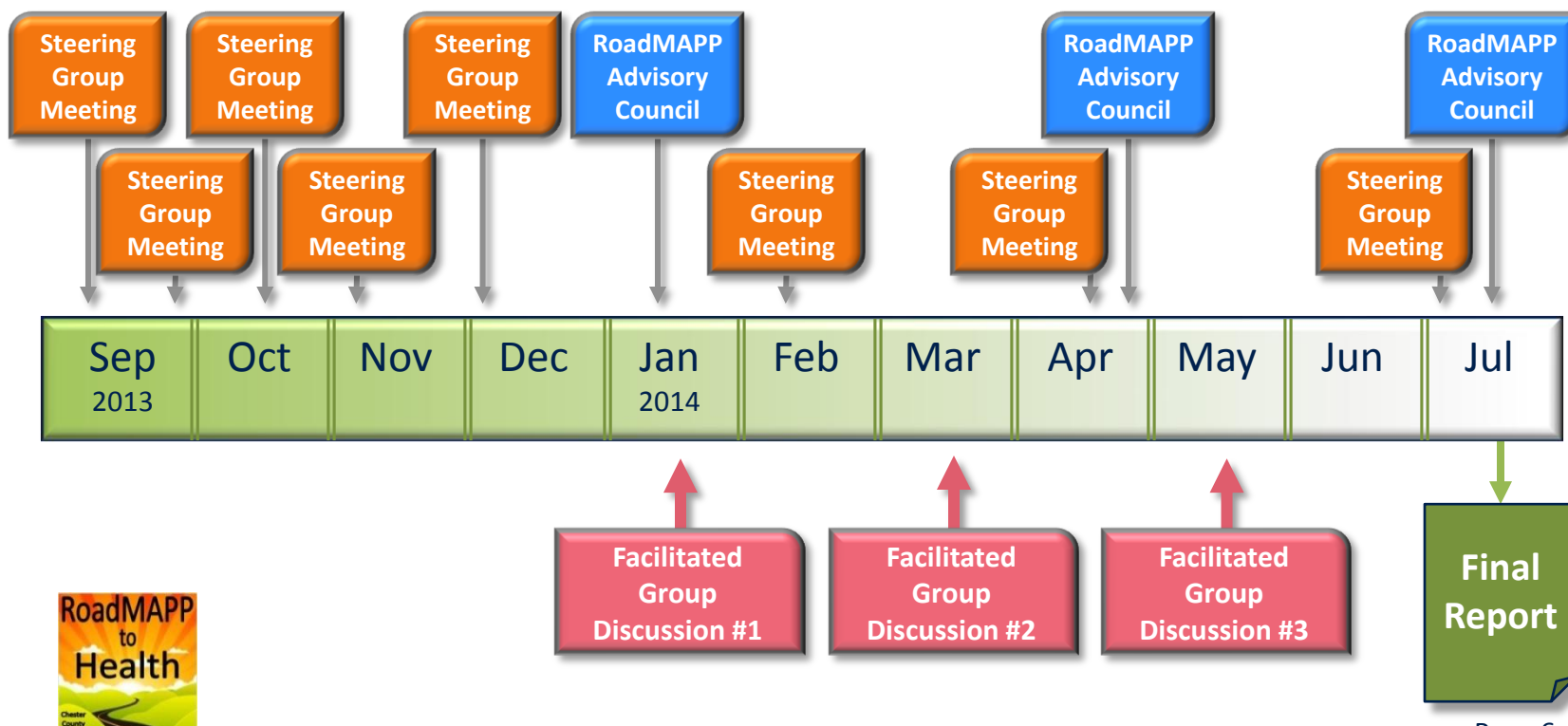
# Cultural Competency Contributors

- Jarrett Jackson
  - Jarrett A. Jackson, LLC
- Jamie Johnson
  - Chester County Drug and Alcohol Services
- Barbara Mancill
  - United Way of Chester County
- Rachel Manson
  - Lincoln University
- Cheryl Miles
  - Bridge of Hope
- Margarita Queralt-Mirkil
  - La Comunidad Hispana
- Alain Oliver
  - Maternal and Child Health Consortium
- Ashley Orr
  - Chester County Health Department
- Gina Pazzaglia, PhD
  - West Chester University
- Terri Potrako
  - Volunteer English Program in Chester County
- Susan M. Pizzi
  - Chester County Hospital
- Gopal Sankaran, M.D., PhD
  - West Chester University
- Peggy Wadsworth
  - Chester County Library System
- Nettie Wolfe-Silva
  - Maternal and Child Health Consortium
- Patricia Yoder
  - Chester County Health Department
- Joseph Younge
  - MLK Community Development Corporation

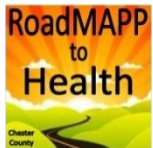


# Cultural Competency Series Schedule

- Develop a strong Steering Group comprised of individual community leaders
- Create an efficient process that respects participants' time and limits large group meetings to only three
- Identify short-term, action-oriented goals and recommendations that are broad enough to be adopted by many organizations yet specific enough to drive results
- Provide regular status reports to the RoadMAPP Advisory Council



# RoadMAPP to Health – The Starting Point





# Linking Back to RoadMAPP

## RoadMAPP to Health

Comprehensive Health Assessment for Chester County

### Challenge Questions

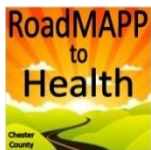
How can the community expand the concept of cultural competence to ensure access and use of services?

How can the community partner to provide a seamless, highly coordinated network of services that address an individual's physical and behavioral health issues?

How can the community increase awareness of and education about health and social services to help them meet their basic needs?

How can the community encourage and support individuals to take action in their own health management and well-being, including prevention?

How can community leaders help create supportive environments to ensure the health and safety of their communities?



# Linking Back to RoadMAPP

## RoadMAPP to Health

Comprehensive Health Assessment for Chester County

Challenge Questions

How can the community expand the concept of cultural competence to ensure access and use of services?

Cultural Competency Committee & Birth Disparities Committee

How can the community partner to provide a seamless, highly coordinated network of services that address an individual's physical and behavioral health issues?

Behavioral and Physical Health Coordination

How can the community increase awareness of and education about health and social services to help them meet their basic needs?

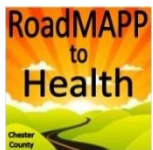
2-1-1 and ReferWeb Collaboration

How can the community encourage and support individuals to take action in their own health management and well-being, including prevention?

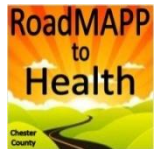
Activate Chester County

How can community leaders help create supportive environments to ensure the health and safety of their communities?

No Activity Yet

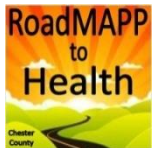


# Cultural Competency in Health Care



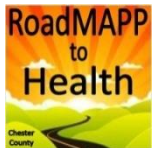
# Cultural Competency Charter

- The purpose of the group is to prepare a Vision Statement, strategic priorities, and action steps that connect our diversity for enhancing and expanding cultural competency of public and community health systems in Chester County.
- The mission of the Strategy Group is to advance positive health equity and outcomes in the Chester County community by raising the awareness and meaning of cultural competency and develop a set of actionable recommendations to build this ability to interact within health institutions, networks, and systems of care.



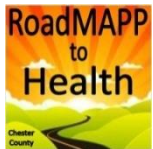
# Cultural Competency Charter

- As the Strategy Group's purpose is listed on the previous page, it will also be responsible to:
  - Determine a definition of Cultural Competency for Chester County
  - Communicate strategic priorities that will assist Chester County institutions, agencies, and individuals in becoming more culturally competent
  - Recommend action steps or plans for those entities and individuals that can be embraced and monitored
  - Employ the Chester County RoadMAPP Health Assessment to develop the objectives and action plans
  - Report its efforts to the Chester County Healthcare stakeholders



# Vision for Chester County

To create a culturally-sensitive and culturally-educated environment of care in Chester County that values health equity and reduces disparities in health outcomes.

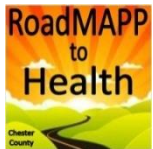


# Cultural Competency Definition

Cultural Competency in Chester County health care is defined as: "The ability of systems to provide effective health and wellness care to individuals with diverse values, beliefs and behaviors, including tailoring delivery to meet individuals' social, cultural, and linguistic needs."

'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.



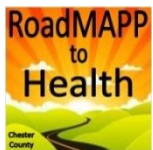
Adapted from Cross, 1989.

# Cultural Competency Definition

These organizations and individuals contribute five attributes that work in the development of cultural competency. They include:

1. Valuing diversity (Acknowledging differences)
2. Having the capacity for cultural self-assessment (Using Metrics)
3. Being conscious and able to manage the dynamics of difference (Management)
4. Having institutionalized cultural knowledge (Continuous learning)
5. Tailoring delivery that meets constituents' social, cultural, and linguistic needs (Flexibility or Customizing)

These attributes should be integrated and manifested throughout organizations, agencies, and individuals' behaviors, attitudes, and policies.

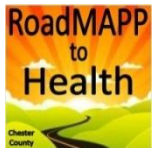


Cross et.al., 1989



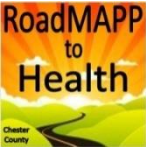
# Goals and Priorities

- **Overarching Goal:** Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.<sup>1</sup>



<sup>1</sup>Adapted from National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, The Office of Minority Health, US Department of Health and Human Services

# Goals and Recommended Actions



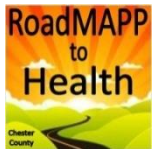
# I. Leadership, Governance and Practices

- Goal

- Advance and sustain organizational governance and leadership that promotes cultural competency and health equity through policy, practices, and allocated resources.<sup>1</sup>

- ***Ideas from Break-out Groups and CLAS:***

- Organizations should evaluate their current abilities to serve the growing diversity in Chester County by conducting a cultural competency gap analysis.
    - Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.<sup>1</sup>
    - Leadership across the county should commit to and seek to develop their organizations to reflect the communities and individuals that they serve.
    - Advance and sustain organizational governance and leadership that promotes health equity through policy, practices and allocated resources.<sup>1</sup>

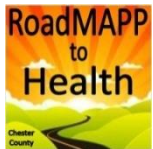


<sup>1</sup>Adapted from National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, The Office of Minority Health, US Department of Health and Human Services

# I. Leadership, Governance and Practices

## – *Ideas from Break-out Groups and CLAS:*

- Educate and train governance groups, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.<sup>1</sup>
- Incorporate cultural competency practices and policies into the County's Strategic Priorities and Goals for 2014 and, specifically, the priority on *Health, Human Services & Environment*.
- Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.<sup>1</sup>
  - Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.<sup>1</sup>
  - Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.<sup>1</sup>
    - » Offer certified/accredited interpretation services through a combination of on-site and telephonic services.

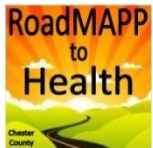


<sup>1</sup>Adapted from National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, The Office of Minority Health, US Department of Health and Human Services

# I. Leadership, Governance and Practices

## – *Ideas from Break-out Groups and CLAS:*

- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.<sup>1</sup>
- Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of efforts on health equity and outcomes and to inform service delivery.<sup>1</sup>
- Develop a publicly available “progress report” where organizations can voluntarily submit their activities as compared to the cultural competency policy recommendations.



<sup>1</sup>Adapted from National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, The Office of Minority Health, US Department of Health and Human Services

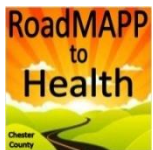
# II. Workforce Diversity, Training and Education

- Goal:

- Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.<sup>1</sup>

- ***Ideas from Break-out Groups and CLAS:***

- Identify and offer annually at least two (2) cultural competency training opportunities for employees; track and report the percentage of employees participating in the educational programs.
    - Educate organizations about how cultural backgrounds and beliefs affect an individual's perceptions and attitudes toward engaging with the health care system.
    - Academic organizations should implement cultural competence policies that are universally adopted with compliance monitoring.
    - Identify evidence-based, best practices to serve as educational templates for cultural competency policies and education.

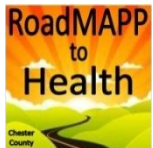


<sup>1</sup>Adapted from National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, The Office of Minority Health, US Department of Health and Human Services

# II. Workforce Diversity, Training and Education

## – *Ideas from Break-out Groups and CLAS:*

- Create standardized mentor-mentee/affinity group relationships to nurture and retain a diverse workforce.
- Incorporate cultural competency into curriculum development and classroom experience.
- Develop “Role Model” collaboration through inter-institutional cooperation.
- Leverage every academic area to foster community based culturally sensitive discussions, workshops, trainings.... (Professors, students, partners)
- Sponsor a recognition series of the successes and strengths of Chester County.
- Draw on the experience, resources and knowledge of local urban universities to promote sensitivity and awareness of diversity.



<sup>1</sup>Adapted from National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, The Office of Minority Health, US Department of Health and Human Services

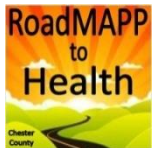
# III. Funding, Resources and Partnerships

- Goal

- Obtain long-term, sustainable commitments from organizations, agencies and philanthropic foundations to enhance cultural competency across the Chester County community.

- ***Ideas from Break-out Groups and CLAS:***

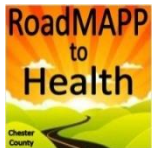
- In their evaluations, funders should consider an organization’s commitment to and adoption of cultural competency recommendations and practices.
      - Make funding conditional on achieving partnerships based on cultural competency.
    - Make funding conditional on achieving cultural competency milestones and demonstrated improvements.
    - To obtain funding, organizations must demonstrate “sustainability” and integration of cultural competency partnerships.





# IV. Awareness and Outreach

- Goal
  - Build awareness across the county on the topic of cultural competency and its importance to developing a stronger and healthier community.
  - ***Ideas from Break-out Groups and CLAS:***
    - Foster continuous interchange and dialogue between individuals, communities, organizations and leadership to refine our understanding of the changing needs and to tailor our efforts to address those needs.
    - Develop a health literacy curriculum that can be adopted and offered across the county.
    - Assemble an Asset Map showing available cultural competency resources and services.



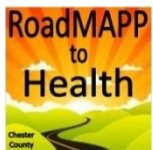
# V. Consumer Engagement

- Goal

- To become a community where partners assure conditions in which individuals can be healthy and where individuals are empowered to manage their own health.<sup>1</sup>

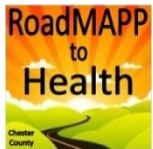
- ***Ideas from Break-out Groups and CLAS:***

- Incorporate holistic and culturally competent care by utilizing family group decision making in the system of care.
    - Establish mechanisms for consumers to provide continuous feedback and suggestions for change.
    - Create an environment where individuals are empowered to establish ownership and independence of their own health through access to community resources.
    - Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.<sup>1</sup>



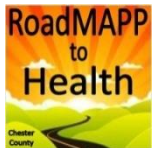
<sup>1</sup>Adapted from National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, The Office of Minority Health, US Department of Health and Human Services

# Next Steps and Recommended Actions

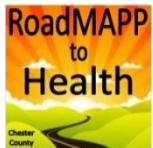


# Next Steps and Recommended Actions

- Participants responsible for socializing the report and its recommendations within their respective organizations
  - Seek organizational commitment to Cultural Competency and select key action items to adopt and monitor
  - Voluntarily report progress to the RoadMAPP Advisory Group
- Post final report on RoadMAPP website and incorporate into the ongoing RoadMAPP efforts
- Group representatives to present the findings from the Cultural Competency series to community groups
  - Churches, civic organizations, elected leaders, social service organizations, corporations, funding agencies and foundations
- Develop a Recognition and Awards Program for those organizations adopting and advancing initiatives
- Monitor progress and success



# Steering Committee Testimonials



# Steering Committee Testimonials

Cultural competency in health and human services is an integral component of a just and equitable system of care that affords every member of our community the opportunity to be healthy and live well. As a Principal of Capacity for Change and a Board member at the Brandywine Health Foundation, I am proud to have served on the RoadMAPP to Health Cultural Competency Strategy Group Steering Committee and honored to have worked with so many great leaders in health, philanthropy, government, academia and grassroots community advocacy. I hope this report sparks a movement to enhance our county's understanding and passion for health equity.

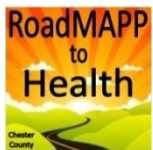
## **Jason Alexander**

It was truly satisfying for me to be a part of this Steering Committee which focused on creating a culturally-sensitive and culturally-educated environment of care in Chester County. This professional committee was made up of a group of diverse individuals who expressly values quality health care, health equity and a dedication to reducing disparities in health outcomes. This was a daunting task coupled with the designated time line for final reporting. In hind sight, it would have been advantageous to have a couple of indigenous community advocates on this committee for more clarity in different approaches to the sought outcomes. However, the experience was rewarding in terms of our own cultural awareness. As a committee we were able to identify and discuss our differences in cultural practices among ourselves and our reactions to same. We shared the experience of showing respect for cultural differences and not mere tolerance. Overall, this proved to be a well organized cohesive group led by two powerfully dedicated leaders; Joseph Younge and Paul Huberty.

## **Judy Henderson**

I was impressed by the commitment and determination of the Steering Committee. We were able to engage and sustain the interest and participation from a wide and diverse group of individuals representing many constituencies across the county: government, academia, for-profit, not-for-profit, organizations with just a few employees to some with thousands, community advocates, religious institutions, funding organizations and more. I'm grateful to all those who participated and their willingness to share their expertise, experiences and perspectives. We tackled a large and somewhat nebulous topic in order to create a stronger and healthier community, and we developed actionable recommendations that will lead to a stronger fabric of care and social services across our great county.

## **Paul F. Huberty**



# Steering Committee Testimonials

The exercise of working with the RoadMAPP Steering Committee has been an unexpected opportunity for personal and professional growth. At the start of the process, my expectation was that I and others on the committee would bring our collective experiences as “experts” in the field to the table, and quickly define what it means to be culturally competent. Once accomplished, the process of establishing a charter and presenting it for acceptance by our fellow providers in the community would be a smooth and straightforward process.

The reality, however, was a much different experience. The work was intensive, deliberate, collaborative, and sometimes, circular. Discussions were open, honest and always concluded in consensus. I came to appreciate the leadership of the group who established an environment of respect, equity, and cultural sensitivity. While the process by which we derived at key developments seemed to take more time than I thought necessary, I soon realized how much I had to learn from the research, from listening to others with much broader academic experiences, and from the process of designing a systemic change to the status quo. Thirty years of experience as a health care administrator was relevant, but not yet complete.

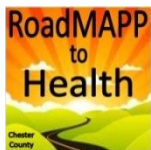
After months of meetings, we were ready to present the Charter and Definition to the providers. The work to lift the concept off the page was about to begin. While every member of the steering committee had one goal, the strategy group was not immediately aligned. At first, it felt unwieldy and far from the safe consensus building committee process of the initial four months.

It was at this juncture, that I realized the depth of commitment it would take to not only define cultural competency, but to create a means for long term, cultural change within our community. As a committee and group we became charged with sharing the vision in a way that every provider, consumer, family member, funder, educator and citizen might accept, internalize and embrace as a way of life.

Establishing a charter was just the beginning of describing the way in which we care for one another in Chester County. To truly create a platform for cultural competence, it is incumbent upon all of us to live and breathe the document we have forged. To reflect through example in our own work, what cultural competence is for our consumers, neighbors, co-workers, provider-partners and eventually, ourselves.

I am honored to have been a part of an effort that has redefined my own perception of cultural competence and has begun an important conversation with others. The success of our work this year will be determined through the day-to-day execution of quality, culturally competent services; a model for dignity and respect at all levels of care that is sustainable and one that regional and national providers will choose to replicate.

Respectfully,  
**Terri Potrako**



# Steering Committee Testimonials

I have appreciated the opportunity to serve on the steering committee for the cultural competency strategy group. I must admit that at the beginning I was a bit skeptical that we would be able to create a forum for dialogue around this issue that would be productive and inclusive as well as respectful of the time limitations of those interested in participating. I am very appreciative of Jason Alexander's willingness to share his expertise so that the meetings that were convened met our goals. I also appreciated the different perspectives of those on the committee and learning from them too. I am hopeful that the product of our work will have an impact in the greater community and that the residents of Chester County benefit from our efforts.

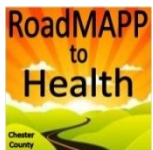
## **Nettie Wolfe Silva**

Participating in this group as a representative of the Chester County Health Department has been an enriching and broadening experience. I have valued the opportunity to engage with colleagues not just from the health field but also with persons bringing experience and expertise from the education, social service, and faith-based sectors along with persons representing local communities. I found conversations to be both candid and respectful. Meetings of both the steering committee and the larger strategy group sessions were planned, interactive, and productive. I appreciated the careful attention to developing a definition of cultural competency by consensus and the documentation and organization of group input. There was high level of integrity and commitment displayed by leadership and participants - principles that will hopefully continue to energize a continuing effort by Chester County healthcare organizations to pursue ever increasing levels of cultural competency as we serve clients, families, and communities in Chester County.

## **Pat Yoder**

I am grateful for the experience to work with such a diverse group of community health professionals and leaders. The wonderment, for me, is to appreciate the group dynamics that occur with any gathering when it is done for a purposeful objective. There was a committed spirit amongst the members that demonstrated responsibility and accountability. While not initially knowing the backgrounds of our constituents, there was a rewarding blend of personalities that helped each other stay focused and progressive. Kudos to **Barbara Mancill** for organizing this group! I consider our efforts to be a daunting first step that broadens the discussion around cultural competency in healthcare outcomes. I also believe that this group has provided guidance for activities it can proudly reflect on and know that they have performed a valuable service for the Chester County Community! Here's hoping that in the years to come, we will see our vision statement actualized and know that this community continues to be a healthy place for its constituents to live and raise their families.

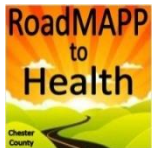
## **Joe Younge**





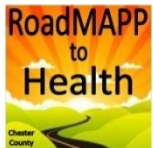
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# Appendix A

## Group Meeting #1

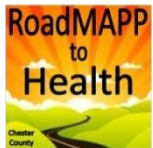


# Appendix A – Raw Results from Meeting #1

## How Might We Create a More Culturally Competent Health System in Chester County?

Group 1

- Goals
  - Incorporate cultural competency in education
  - Enhanced and integrated resources for cultural competency
  - Collaboration of (shared resources) agencies
  - Everyone utilizes and participates in equitable health care
  - Training of health providers in cultural competencies
  - Cultural sensitivity and awareness is the norm
- Supports Needed
  - Funding of collaborative efforts
  - Involve foundations, business, private and individuals
  - Accreditation of health care systems/providers
  - Media – all forms
- Challenges
  - Incentives for collaborations
  - Engaging churches
  - Funding

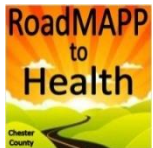


# Appendix A – Raw Results from Meeting #1

## How Might We Create a More Culturally Competent Health System in Chester County?

Group 1

- Challenges (cont.)
  - Changing attitudes and “perceptions”
  - Media (social)
  - Social marketing/campaign about cultural competence
- Bold Steps
  - Adoption of CLAS Standards by all health care providers
  - Memorandum of understanding
  - Eliminate duplication of services
  - Engage educational, faith and civic stake-holders in cultural competency education
- Values
  - Honesty, transparency, integrity, and equality
  - Cultural competency of the health care providers

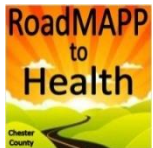


# Appendix A – Raw Results from Meeting #1

## How Might We Create a More Culturally Competent Health System in Chester County?

Group 2

- Goals
  - No disparity in outcomes (all positives)
  - Everybody matters
  - Consumer focus versus organization driven focus
  - Ongoing community-wide education about cultural competency
  - No “wrong door” approach/No blocked door approach/No silos
  - Community-wide cultural competency expectations echoed in policies at all levels – org., dept., government
- Supports Needed
  - Community and agency buy-ins
  - Funder awareness and support
  - Ongoing dedication and implementation
- Challenges
  - Funding /silos
  - Funder awareness and support
  - Joint buy-in from top to bottom
  - Update healthy behavior models and norm
  - Lack of understanding of how broad good cultural competency is

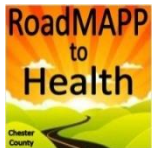


# Appendix A – Raw Results from Meeting #1

## How Might We Create a More Culturally Competent Health System in Chester County?

Group 2

- Bold Steps
  - Ongoing comprehensive community-wide educational campaign
  - Project cultural competency health behavior paradigms/models that become norm
  - Recruitment of culturally diverse healthcare force that is also culturally competent
  - Community and organizational awareness of bias and blind spots
  - Consumers should expect culturally competent experiences
- Values
  - Everyone matters, no one's humanity will be denied

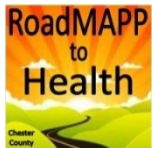


# Appendix A – Raw Results from Meeting #1

## How Might We Create a More Culturally Competent Health System in Chester County?

Group 3

- Goals
  - Health equity
  - 100% trained health and human services
  - Be the model -- Walk the talk; Recognition
  - Participatory Approach (How the consumer engages – how they accept it)
  - Measurable system
  - Reduced/No barriers to access to services or care
- Supports Needed
  - Good curriculum/training
  - Cultural information
  - High level management buy-in
- Challenges
  - Awareness and avoid political sway
  - Awareness of biases
  - Manage biases
  - Debunk the myths about a person's culture, immigrants versus native speakers

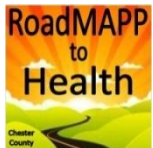


# Appendix A – Raw Results from Meeting #1

## How Might We Create a More Culturally Competent Health System in Chester County?

Group 3

- Challenges
  - Debunk the myths about a person's culture, immigrants versus native speakers
  - Endorsement – county wide – by all organizations
  - Economics/funding
  - Age within multi-generational families; religion/spiritual beliefs around accepting or seeking care
- Bold Steps
  - Create/adopt curriculum
  - Develop certificate program
  - Immersion/simulation training
  - Train the trainer program
  - Penetrate the media
- Values
  - Honesty, candor, acceptance, embracing diversity, respect
  - Maintain a political position
- Caution: Be sure to not interpret or communicate cultural competency as homogenization of our diverse cultures and experiences
- Recommend: Recognition of efforts to promote inclusion/equity; promote sustainability of cultural competency



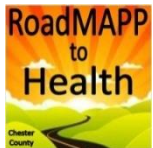


# Appendix A – Raw Results from Meeting #1

## How Might We Create a More Culturally Competent Health System in Chester County?

Group 4

- Goals
  - Top down culturally represents population served (organization)
  - Health system is accessible; transportation, financially
  - Clear presence of health advocacy
  - Engaged healthcare system within consumer community
  - Eliminate stigma of needs
  - Measurable positive impacts on disparities
- Supports Needed
  - Appropriate training with outcomes, follow up and evaluation
  - Money
  - Communication – open, honest
  - Consumer input and engagement
  - Strength based approach
  - Top down valuing of cultural competency with organizations

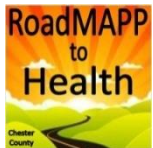


# Appendix A – Raw Results from Meeting #1

## How Might We Create a More Culturally Competent Health System in Chester County?

Group 4

- Challenges
  - Trust
  - Health literacy
  - Lack of funds
  - Fear of change
  - Fear of vulnerability
  - Lack of education/training
  - Addressing racism and discrimination
- Bold Steps
  - Ensure sustainability of programs/services
  - Focus on building trust that is sincere and authentic (“it’s not just a “job””)
  - Facing reality of disparities publicly
- Values
  - Charity/love, wide diversity, change ready
  - Cultural socialization

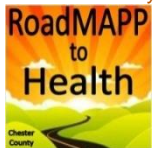


# Appendix A – Raw Results from Meeting #1

## How Might We Create a More Culturally Competent Health System in Chester County?

Group 5

- Goals
  - Birth outcome equalized
  - Growing up culturally competent and literate
  - “Grow up smart”
  - Equal quality of care for all = health outcomes for all
  - Leadership and staff of systems mirror the demographics of their constituents
  - Openness, understanding, knowledge
  - Stigma is reduced
- Supports Needed
  - Knowledgeable/understanding providers
  - Language access
  - Analysis of needs
  - Navigation of systems
  - Promotion of Chester County best practices
- Challenges
  - Cost
  - Buy-in – is this really an issue?

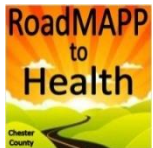


# Appendix A – Raw Results from Meeting #1

## How Might We Create a More Culturally Competent Health System in Chester County?

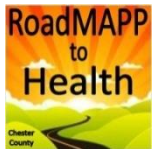
Group 5

- Bold Steps
  - Provide full expansion of medical assistance care for all, regardless of ability to pay
  - Systems/majority of providers embrace cultural competency as main goal for their organizations
  - Increase funding for cultural competency training
  - Cultural competency included in K-12 curriculum
- Values
  - Continuous learning/education
  - Acceptance of need for cultural competency
  - Commitment
  - Openness



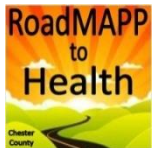
# Appendix B

## Group Meeting #2



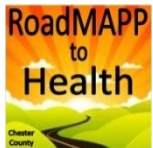
# Appendix B – Raw Results from Meeting #2

- Focus Area #1 Leadership, Governance & Practices
  - Goal Language: We appreciate the use of advance – this is an important positive opportunity to build on a prior efforts!
  - We think it is important to embed leadership commitment and policy makers' buy-in to these values.
  - Healthcare – Value consumer needs in the establishment and change of policies and procedures.
  - Academia – Draw on the experience, resources & knowledge of local urban universities to promote sensitivity and awareness of diversity. Provide opportunities (hands-on)
    - ~Temple University
- Focus Area #2 Workforce Diversity, Training & Education
  - Goal – Consider word order to ensure established work force is included in this goal
  - Policy Makers – Work force needs to be reflective of community
  - Healthcare – Specialize in the specific needs of the community
  - Academia – Educate community providers to meet the needs identified by the community (Model after Doctors Without Borders/Red Cross – true community base)
- Focus Area #3 Awareness & Outreach
  - Goal – Remove business (exclusionary) – Raise awareness across the county
    - Add community awareness and outreach
    - Employ and/or embrace the existing community strengths



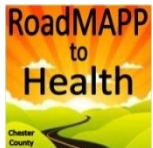
# Appendix B – Raw Results from Meeting #2

- (Strategies listed are very national – include local)
- Policy Makers, Healthcare, & Academia embedded above
- Focus Area #4 – Funding & Partnerships & \*Resources
- Goal – Obtain sustainable commitments – through the ongoing participation of ...
- Policy Makers – We have established a strong model – use that to leverage national awareness and support
- Healthcare
- Academia – Sponsor a recognition series of the successes and strengths of THIS county. (Build our actual community, not national – there is no external expert on our community)
- (If utilizing external/national “experts” they must be carefully chosen to collaborate and promote and partner with our locally selected goals)
- \*This is not just a funding issue – other and all resources should be considered
- Focus Area #5 – Consumer Engagement & Responsibilities
- Goal – Individuals are empowered to establish ownership/independence of own health through access to community resources
- Policy Makers – be aware of gaps in eligibility (cost of living in Chester County is much higher than reflected by federal poverty guidelines)
- Policy Makers must be aware of and engaged in adverse circumstances (personal stories from the community)
- Healthcare – Establish mechanisms for consumers to provide continuous feedback & suggestions for change
- If there is a problem, we need to be aware & change practice



# Appendix B – Raw Results from Meeting #2

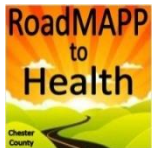
- Academia – Leverage every academic area to foster community based culturally sensitive discussions, workshops, trainings....  
(Professors, students, partners)
- Goal #5 should be Goal #1
- Area #1
- Goal: Change sustains to maintain; add support
- Healthcare:
- Policy Makers:
- Academia: Leaders understand the value of cultural competency
- Can be influenced w/implementing with business and/or organizations
- Note: Bottom Message is, “Benefits” to all (revenue, cost-contained) translate/demonstrate through actions taken
- Area #2
- Goal: Recommendation – Add concept of “accountability”
- Healthcare:
- Policy Makers: Recommendation – Clear definition of what accountability looks like
- Academia: Focus on why diversity is a positive
- Research & training





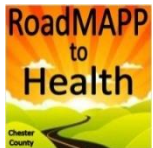
# Appendix B – Raw Results from Meeting #2

- Area #3
- Goal: Suggestion – Remove “business”
- Healthcare:
- Policy Makers:
- Academia:
- Note: Merge Focus Areas #2 and #3
- Internal/external messaging of cultural competency
- Area #4 Change “funding” to “resources”
- Goal:
- Healthcare:
- Policy Makers: #1 To obtain funding – must demonstrate “sustainability” and integration of partnership
- #2 Collaborate funding between funders
- Academia:
- Note: Consider changing policy makers (i.e., “decision makers” or “public/private”)



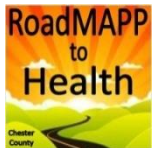
# Appendix B – Raw Results from Meeting #2

- Area #5
- Goal: Suggestions for re-focusing /goal
- 1. Flip goal to make it more consumer focused/initiated
- 2. Ensure goal is bi-directional between consumer and partners
- Healthcare:
- Policy Makers:
- Academia:
- All Groups – Demonstrate/visible partners' inclusiveness (e.g., EOE (Equal Opportunity Employer))
- Note: \*Partners – do not use –
- Provider – “change”
- Partner – provider & consumer...
- Area #1
- Goal: Same – Well stated!
- Strategies
- Government
- Hiring qualified persons, representing diversity from the community for various government jobs.



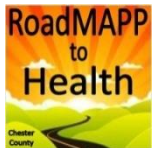
# Appendix B – Raw Results from Meeting #2

- Healthcare Providers
- Linguistic obligation to provide appropriate services to catchment population at the points of service
- Academia
- Incorporate into curricula cultural competency skills
- Area #2
- Goal: Add “retain” to the goal
- Government
- Create standardized mentor-mentee/affinity group relationships to nurture and retain a diverse workforce.
- Healthcare Providers
- Ditto
- Academic
- Ditto
- Area #3
- Goal: Modify “business” term
- Change to “organizational” awareness



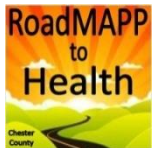
# Appendix B – Raw Results from Meeting #2

- Government
- Market, promote and position within the catchment population that all programs & services are available in culturally competent manner
- Healthcare Providers
- Ditto
- Academia
- Implementation of cultural competence policy universally adopted within the organization with compliance monitoring
- Area #4
- Goal: (a) Add “Community Assets/\*Resources”
  - \*(Where individual assets are included)
  - (b) “Collaborative” – Add
  - “Obtain long-term, collaborative sustainable commitments.....community.”
- Government
- Support and promote Assets (resource) Mapping\* in the community by partnering organizations (public/private/civil society, etc.)
- \*(Reduce transaction costs to increase awareness and outreach)
- Healthcare Providers
- Role Model collaboration through inter-institutional cooperation



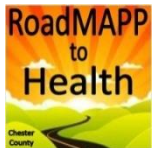
# Appendix B – Raw Results from Meeting #2

- Academia
- Educate students/professionals in collaboration and capacity building;
- Role Model collaboration through inter-institutional cooperation
- Area #5
- Goal: Change to “Individuals can be healthy and are empowered to manage their own health.”
- Government
- Establish standards for health at community level, then monitor and report periodically the change in terms of indicators.
- Healthcare Providers
- Communicate and Support
- Providers identify key areas of health that individuals are empowered to practice
- Academia
- Area #1 Leadership, Governance and Practices
- Goal Statement -- ok “as is”
- Communication of core message/strategy for:
- Policy Makers
- Make cultural competency an overriding principle for all six strategic priorities for county government and incorporation of cultural competency as one of the key priorities of county government (commissioners)



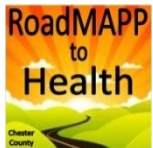
# Appendix B – Raw Results from Meeting #2

- Healthcare
- Identify evidence-based best practices to serve as a template
- Academia
- Incorporate cultural competency into curriculum development and classroom experience
- Area #2 Workforce Diversity Training and Education
- Goal – Add .... Culturally diverse and ....
- Strategies – Suggest rewording of third stated strategy to read “all organizations will adopt and offer translation and interpretive services that allow exchange of information between healthcare provider and patient enabling...”
- Policy
- Healthcare Community
- Academia
- Area #3 Awareness and Outreach
- Goal—Eliminate “business” add to replace “community” awareness across...
- Strategies – Add – Development of key social media messaging
- Policy Makers
- Local government -- make funding conditions upon meeting certain cultural competency requirements



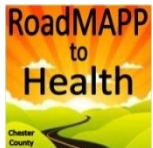
# Appendix B – Raw Results from Meeting #2

- Healthcare
- Academia
- Area #4 Funding Partnerships
- Goal – Ok “as is”
- Strategies
- Make funding conditional on achieving partnerships based on cultural competency
- Policy Makers
- Develop a robust legislative advocacy plan for public funding for equitable healthcare for all
- Academia
- Conduct research on efficacy of cultural competency
- Area #5 Consumer Engagement
- Goal – Too vague! Encourage consumers to be proactive in their healthcare and healthcare management
- Strategies
- Engage consumers in their individual healthcare plan
- Utilize family group decision making process to incorporate holistic and culturally competent care
- Reworded... Incorporate holistic and culturally competent care by utilizing family group decision making in the system of care.



# Appendix B – Raw Results from Meeting #2

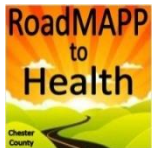
- Goal #1 Leadership Governance & Practices
  - Assessment from top – down
  - Recommendations (measurable & observable)
  - Commitment and buy-in for change from top down. Clear benefit/cost? To organization
  - monitoring of change
  - Workgroup
- Dissemination of information (presentation) central information (website) and grass roots (church, school) continuous interchange with community and leadership/organization: representation of population being served inclusiveness.
- Goal #2 Diversity Training and Education
- Assessment, ongoing, continuous education
- Communicate in language of patient health literacy. Motivation of people top/bottom
- Consumer engagement, openness to others and respect differences
- Cultural training/competence group rounds
- Goal #3 Awareness and Outreach
- Top/down assessment (proclamation from Commissioners)
- Identifying services
- Communication (media, church, latina soaps, u-tube) on level of community





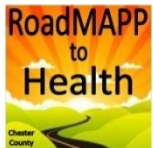
# Appendix B – Raw Results from Meeting #2

- Buy-in support/peer pressure (written statement)
- Report card (name, ethnic group)/awareness: position, gender/leadership
- Goal #4 Funding & Partnerships
- Grants, funding opportunities, single voice (collaboration awareness & sustaining of opportunities (Report card of support)
- Non-traditional training to aid individuals self-serve themselves
- Coupon (Road Map 2%)
- Goal #5 Consumer Engagement
- Openness non-judgmental
- Health fairs
- Peer mentors/family mentors
- Internships
- Take back to organizations
- Teaching consumer (tangible, building blocks to health)
- Health literacy & computer literacy
- Ongoing challenge/barriers



# Appendix C

## Group Meeting #3



# Appendix C – Raw Results from Meeting #3

## **Table #1**

The players at the table should reflect:

1. Political Persons
2. Providers (are here)
3. Funders
4. Insurance Cos
5. Consumers

With the following people at the table, follow-up will be made as a Resource Group

Recognition Awards (Visibility)

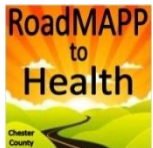
## **Table #2**

1. Consumer survey about satisfaction with service provided by different organizations
2. Organizational status check pertaining to cultural competency
3. Review original needs assessment to see what the community has expressed as its “felt” needs.
4. Customer satisfaction surveys to include cultural competency themes and applications to get community feedback
5. Train staff in cultural competency
6. Certified medical interpreters, telephone interpretations, etc.
7. Inter-personnel communication to enhance everyone’s cultural competency trainers for organizations to draw from

Recommended Action: Hold organizations accountable for distributing customer satisfaction surveys that include questions related to cultural competency to get community feedback

## **Table #3**

- What Comes Next?
- Program to teach cultural awareness (i.e. game show – Jeopardy)...Competition by group (IMHOTEP)
- Ongoing momentum for 5 areas
- Community “buy in”
- Additional group to address community needs and increase awareness
- Identify leaders that are cultural competent: Referral source; Rating system



# Appendix C – Raw Results from Meeting #3

## Table #3 (Continued)

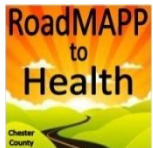
- Survey in your organization
  - Tangible actions
  - Emerging teachers
  - Communication
  - Funding visions
  - Healthcare advocacy
- 
- How do we maintain the focus and energy of Chester County – create its purposes, dedicate people’s time and resources?
  - Healthcare issues only exist when there isn’t enough money by the consumers
  - Phoenixville Model of Community Engagement
  - Maturity Model; Assess institutions; elevate others with the inspiration from those who are doing it well

## DeBaptiste

- 1. How are group members faring in process?
  - 2. Follow-up as a planned informal group
  - 3. Safe environment to share and learn
  - 4. Share Resources
- 
- Create a clear consumer oriented message....Don’t create health fairs...take the fair to another event
  - Why do the people have to “buy in”?

## Jason

- Discovering hidden assumptions in our organizations and community that impact forward growth!
- Keep the vision and build the programs versus the other way round
- Values based change
- Who are the champions



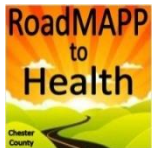
# Appendix C – Raw Results from Meeting #3

## Dr. Gooden

- Who are the members of this group?
- Resources that are culturally competent need to be identified
- Dr. Ayo is willing to teach cultural awareness from Black perspective and how it relates to other ethnic groups and use IMHOTEP Program
- Health-link to jobs and workplace healthy environments versus unhealthy environments that lead to health issues

## How to Advertise

- Create a website to share resources and connect to other media resources and create a communication web
- “When spider webs unite, they can tie up a lion” African Proverb
- Singing Music...Musical Groups....Art...Food – Cooking...Games
- Schools...Churches...Radio...TV/Cable...Online...Bars...Grocery Stores...Hospitals...Restaurants...W.C. Chamber...etc.
- Leadership like me...Building public national will program (library source)
- Build “Public Will” through a community advocacy (education) approach using five (5) phase steps:
  - 1. Frame problem
  - 2. Build Awareness
  - 3. Become knowledgeable/transmit info
  - 4. Creating personal conviction
  - 5. Evaluation while reinforcing
- “Each one, Reach One” – Metropolitan Group Model ([www.metgroup.com](http://www.metgroup.com))



# Appendix C – Raw Results from Meeting #3

## Public Health Models

- Tobacco...Seat Belts...ETOH/Pregnant girl (Policy created – Intervention + Social Media – Create new social norms)
- One page snapshot
- Change minds not values
- Children = Peer-led education
- C.C. Campaign to change behavior (through schools, Doctor Offices, homes, etc.) – Public Awareness – media – print and online
- Review Change.org – “Build Public Will”; metgroup.com

## Heartfelt Program (e.g. “Diabetic”)

- Preventive Maintenance, Mobile Sites, Stigma, Education

## Health of the community

- Physical and Economics

## Strength – Based Family Worker

- Temple University – Harrisburg
- Chester County CYF
- Note: Caseworker Leadership training available (may not be offered to leadership)
- Grassroots effort

“My Organization”: Someone, anyone, walks through my door and gets help – not referred, but empowered, advocacy, helped

Didn’t realize these groups were working w/RoadMAPP (Birthrate, etc.)

Demonstrate Results; Proven

Consumer Survey: “Cultural Competency” level of service providers

