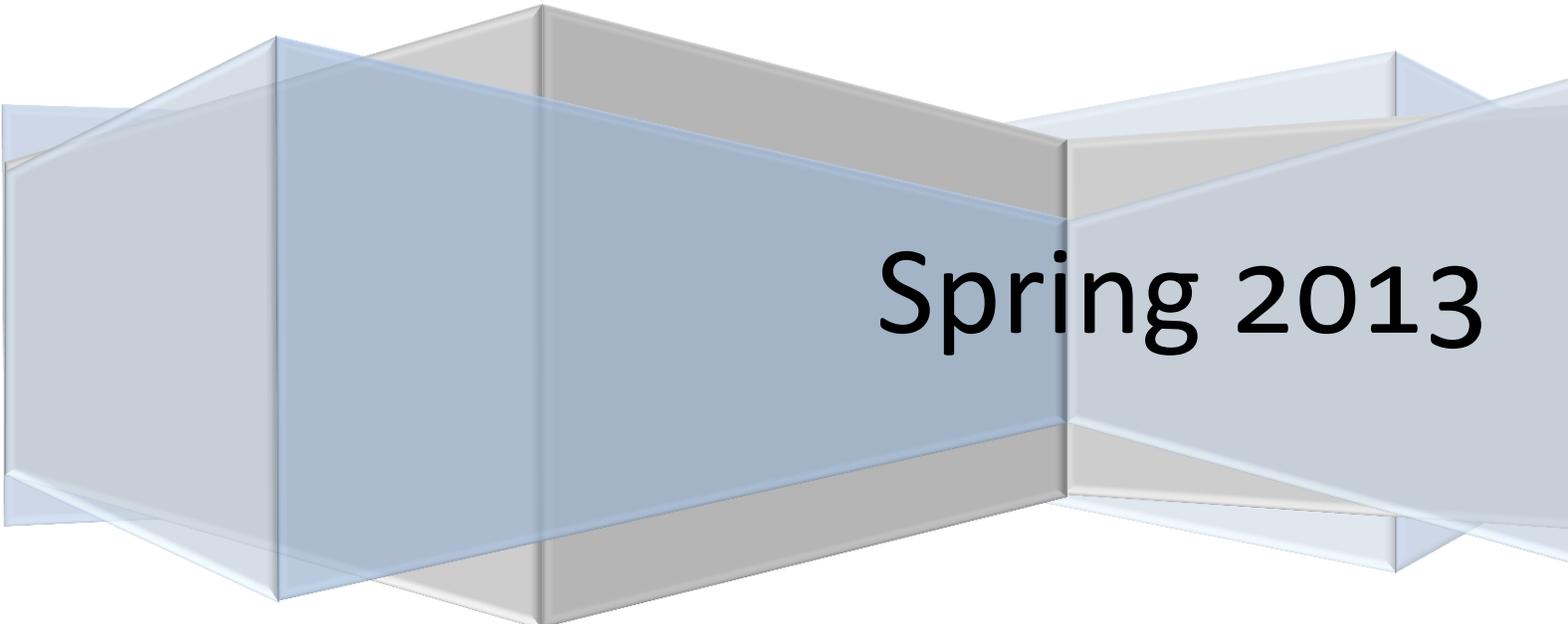


**Grand Rapids Community College
Woodrick Diversity Learning Center**

Kent County Health Department Cultural Competency Assessment

**Assessment Summary and
Policy Recommendations**



Spring 2013

The findings presented in this report were compiled through a data collection process that included four focus group sessions with Kent County Health Department staff, personal interviews with key stakeholders and leaders, as well as the administration of the *Cultural and Linguistic Competence Policy Assessment*¹ from The National Center for Cultural Competence at Georgetown University. Efforts were made to ensure the accuracy of the information presented. This report does not represent an exhaustive list of responses collected from the Kent County Health Department, but instead presents those most often stated in the various data gathering sessions.

Concurrent with this assessment process, the Kent County Health Department has additional data collection and strategic planning projects underway that are helping the Department to better understand and address cultural competency, customer satisfaction, and workforce development issues in public health. Collectively, these processes and others will assist the Department in ensuring a competent and qualified workforce that is appropriately equipped to provide culturally and linguistically appropriate services to those persons seeking public health services within our jurisdiction.

¹ <http://www.clcpa.info/>

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Section I: Introduction to the Kent County Health Department Cultural Competency Assessment

In recent years, the Kent County Health Department has taken strides to evaluate and improve programs and service delivery to ensure that we are meeting the needs of the Kent County community in the most appropriate and effective manner possible. Three key primers for this work were an outdated department strategic plan, the introduction of a national public health accreditation program through the Public Health Accreditation Board, and the desire to continue the legacy of state-level accreditation through the Michigan Local Public Health Accreditation program.

- **An Outdated Strategic Plan:** Until a strategic planning process was completed and plan developed in early 2013, the Health Department had not completed a strategic planning process since 2004. The previous plan did not have a strong presence in decision made regarding health department operations and service delivery.
- **National Public Health Accreditation:** With the launch of the Public Health Accreditation Board's (PHAB) national accreditation program for local, state, and tribal health departments in fall 2011, Health Department leadership and staff have been working to ensure that the department is well-poised to achieve accreditation through PHAB in 2014.
- **Michigan Local Public Health Accreditation:** The Health Department has been a state-accredited Department over the past four, three-year cycles dating back to 2000. The fifth cycle of the state accreditation process will occur in 2014 and the Department intends to maintain its good standing within the program.

Each of these initiatives has challenged the Health Department to expand its current scope of work, focus on continuous quality improvement, and to better measure organizational performance. As a result, the Health Department has undertaken a slew of additional projects over the past several months, ranging from the initiation of a workforce development planning process, implementation of a quality improvement plan, and most important to this report, a cultural competency assessment and subsequent cultural competency policy development. The products developed as a result of these projects are all required documentation for the PHAB accreditation process, and can also be found as key objectives in the *Kent County Health Department 2013-2018 Strategic Plan*.

The *2013 Kent County Health Department Cultural Competency Assessment* was completed for a number of important reasons. First and foremost, the Health Department serves a very diverse and complex population. Because of this, we as public servants should be well-equipped to meet the needs of our community in the most effective way possible, regardless of language

spoken or culture to which one belongs. Though we have done a good job of providing staff with resources and tools in past years, we recognize there is still more to be done.

In addition to ensuring the most effective service delivery, the Health Department is seeking national public health accreditation through the PHAB. The Health Department embarked on its national accreditation journey in January 2012 by submitting a letter of intent to the PHAB. Since that time, the Health Department has worked to fill many evidence requirements that were identified as gaps during an organizational self-study that was completed during the summer and early fall of 2012. An application for national accreditation was submitted to the PHAB in January 2013, and evidence gaps continue to be addressed.

There are several measures contained within the PHAB Standards and Measures Version 1.0 that require the Health Department to demonstrate how it is addressing the cultural and linguistic needs of our community through program and service delivery. This requirement has inspired the Health Department to take a closer look at how we are currently operating and to identify key areas for improvement. The completion of the Cultural Competency Assessment and the development of a cultural competency policy for the department address two components of PHAB Measure 11.1.3.

Lastly, the Health Department has made a commitment to achieving health equity and cultural competence in the Kent County community through the development of *Community Health Equity Guidelines*, inclusion of cultural competency and health equity as key components of the *2013-2018 Kent County Health Department Strategic Plan*, as well as through implementation of monthly two-day Health Equity and Social Justice Dialogue Workshops that are required of all Health Department staff and open to community partner participation.

The *Community Health Equity Guidelines* were officially introduced by the Health Department in the spring of 2013. These guidelines include five key components - awareness and capacity building, working and collaborating with communities, education, building alliances with coalitions, and monitoring, surveillance, and evaluation – intended to serve as a blueprint for staff and community partners as we work toward creating a community where inequity in health is no longer an issue.

An organizational strategic planning process was completed in 2013 that includes an entire strategic direction focused on achieving health equity and ensuring cultural and linguistic competence amongst staff. The **2013-2018 Kent County Health Department Strategic Plan's Strategic Direction #3 - incorporate health equity and diversity in programs, services and policies-** specifically lists the following goal and objectives:

- **Goal 1:** Build capacity and an organizational foundation for institutionalizing cultural competence and cultural humility.
 - **Objectives:**

- 3.1.1 Complete a comprehensive cultural competency/humility assessment that complies with PHAB requirements by May 31, 2013.
- 3.1.2 Construct a cultural competency/humility implementation plan for the health department by December 31, 2013.

Section II: Cultural Competency Assessment Project Objectives

The Health Department was able to partner with the Grand Rapids Community College Woodrick Diversity Learning Center to complete this project through funding provided by the National Association of County and City Health Officials' Accreditation Support Initiative. The objectives put forth for the **Woodrick Diversity Learning Center (WDLC)** in order to complete this project were as follows:

- Develop a comprehensive cultural competency assessment process that complies with Public Health Accreditation Board (PHAB) Standards and aligns with the Kent County Health Department's Strategic Plan.
- Implement cultural competency assessment process with staff, clients, and community partners, as applicable.
- Review collected data and draft a cultural competency policy for the Department.
- Assist with integrating the policy into Department practices.

Section III: Data Summary

With the ultimate goal to build capacity and an organizational foundation for institutionalizing cultural competence and cultural humility, the Woodrick Diversity Learning Center worked in partnership with the Health Department to create an inclusive input process, which assisted with achieving that goal.

The three-part strategy began with facilitated focus groups. The focus groups were marketed to all staff and volunteers signed up by contacting the lead staff person on the project. All employees were offered equal opportunity to participate. In total, 37 employees took part in four facilitated focus group sessions. Each focus group met for two hours to discuss six questions related to the current state of cultural competence at the Health Department. Woodrick Diversity Learning Center staff led the focus group participants as they:

- Reviewed and discussed common language and definitions in regard to cultural competency and the practice of cultural humility.
- Explored the current successful culturally competent practices.
- Listed areas needing improvement in regard to culturally competent practices.
- Discussed the current “hot button” issues that the KCHD faces in regard to cultural competence.
- Examined the hiring practices and employment trends in regard to the diverse demographics of the County of Kent.

The second step of the assessment strategy was completed concurrent with the focus groups, as five administrators took part in personal interviews, which addressed the same content areas as are listed above. All of this data were reviewed, synthesized and aggregated into this report.

The following steps included a complete *Cultural and Linguistic Competence Policy Assessment (CLCPA)*, which was administered online to Health Department employees. Nearly 100 Health Department staff completed the online assessment, and data gathered through the CLCPA was compiled. A summary of the data is included in this report, however, full compilations of the raw data from all three input gathering strategies can be made available upon request.

Suggested policy statements based on findings of the Cultural Competency Assessment are provided later in this report.

Section III: Focus Group and Stakeholder Interview Data Summary

The Woodrick Diversity Learning Center (WDLC) began its partnership with the Kent County Health Department in late 2012 working to outline a strategic direction aimed achieving health equity in the Kent County community. Data collected through the Health Department's strategic planning process indicated that Health Department staff are willing and capable of serving the public, but that opportunities for improvement in regard to organizational practices and procedures, internal communication, and cultural competence skill building were necessary.

For this project, the WDLC services were retained to assist the Health Department in creating and implementing an inclusive process for assessing the Health Department's needs specific to cultural competency, diversity, and health equity. Staff were openly complementary about the Department's new leadership and reported high hopes that the new leader will introduce changes that lead to a more participative management approach.

The Focus Group sessions and stakeholder interviews took place throughout the months of February and March 2013. Participants provided meaningful insights into past organizational processes and practices, current change strategies, and a desire to move to operational practices that best serve Health Department clients. The following summary of the focus group and stakeholder interview data is divided into three components: a) Organizational culture, b) promoting cultural understanding among employees; and c) cultural competency and cultural humility. Some overlap of issues was identified as the data was categorized, but the consultant tried to compartmentalize each based on the degree of significance that the focus group participants associated with each theme. Please also note that comments from focus group participants have been included in this summary to provide specific examples of how participants responded to focus group questions.

Organizational Culture

Kent County Health Department employees are supportive of the implementation of a cultural competency policy and/or plan. Focus group participants were transparent in regard to struggles with past organizational practices and processes, but were also excited about recent changes in administration and the future direction of the Department. They felt relatively free to share their experiences and feelings about the organization, both the good and the not-so-good. Participants commented on how recent change processes were assisting to defuse a historical culture of fear. Employees were relieved to now receive internal accolades for their work and input. Participants now feel the organizational culture is more inclusive than it has been in the past and that they are more valued as staff.

Health Department staff reported a desire to have more opportunities to connect with other employees in the workplace in order to better understand one another's roles and to seek opportunities for networking. Staff indicated that these types of interactions will increase synergy within the organization and allow for greater efficiencies and service delivery. Participants also articulated the need for better processes and systems in order to more effectively do their work. Doing things just because they have always been done that way was a common theme in many of the focus group discussions.

"The people that we serve are often in survival mode because of fear of eviction, hunger, etc., then I have to change my plan and validate their experiences. I would like administration to think of its employees through the lens of survival mode in regard to busyness, amount of work and emphasis of revenue to continue program."

"Our busyness in our jobs is not a good first impression."

Other reoccurring themes were organizational practices around the topics of hours of operation; serving customers over the phone who do not speak English as their first language or who do not speak English at all; privacy or lack of privacy issues in regard to Language Line; and how much time is allowed to serve each client when client needs can vary greatly. Finally, participants reported the belief that they do not have access to adequate technology to do their jobs effectively. The suggested solutions are not necessarily expensive. One request was to have adequate internet access for work-related matters.

"We are working in an 8-5 world and serving a 24 hour public."

"We do not offer our clinics in different languages."

Promoting Cultural Understanding among Employees

Focus group participants had a strong desire to know more about the communities in which they serve. They want to know more about the Refugee Program that is coordinated by the Health Department, as well as the Jewish and Arab communities in regard to appropriately handling gender-specific differences. Participants also thought it would be helpful to have improved knowledge and ability to serve customers who do not speak English as their primary language. The specific linguistic challenges indicated by focus group participants included Spanish, Bosnian, Burmese dialects, Vietnamese, and Mandarin languages.

Participants also emphasized the need for more specific workshops, classroom-style professional development opportunities, and online training to improve cultural competency.

“Some employees have to take their own time to go to professional development opportunities. Also questions about who gets to go to out-of-state training and who does not.”

“We are operating under personal experiences, but no formal process to work with in regard to cultural competency.”

Cultural Competency and Cultural Humility

Most participants agreed that improving organizational and individual cultural competency was a journey and not a destination. This was an area where staff self-assessments about level of cultural competence varied based on the amount of time they spend working with clients of different ethnic and racial backgrounds. It was most interesting that although those who worked closest with diverse clients rated themselves higher in competency as compared to others, they also indicated a very strong desire for more formal instruction in this area. The comment below summarizes the overwhelming viewpoint on this issue.

“We need a lifelong commitment to cultural humility.”

Focus group participants expressed the need to continue creation of safe places to have conversations about cultural competency. They appeared to value this time to speak openly about their experiences and professional needs. Staff viewed additional training not only as necessary but that it should be mandatory. They also spoke about the need to increase diversity among staff to better reflect the clients they serve. Related comments include:

“There are not diversity catastrophes, but pebbles. We fall into routines with each other and scripts for each other and lost respect. How we write emails and body language. We work on perceptions. Face-to-face not looking at everything with a negative slant”.

“You can’t esteem other cultures if you don’t have a good understanding of yourself. We must understand that our culture isn’t superior to others. It is an alternative way of thinking instead of a standard. Many of our assumptions are not correct. Not having our view as the standard, but it is one of many.”

Conclusion

It is clear that the Kent County Health Department has a highly dedicated team who not only embraces a genuine commitment to their profession but also seek to demonstrate their passion with each client served. There is a true servant spirit that drives Health Department staffs’ aspiration for excellence as well as the desire to improve the lives of others. Staff long to see changes in the way in which the Department shows support of their work. Additionally, they want to be trusted more by management to provide the best service for their clients and realize

that the silos within the Department must be eliminated. This can only occur through improved communication and increased engagement within and across the Health Department.

Despite all of this, the focus groups revealed that staff feel somewhat unprepared to meet the needs of an ever-changing and greatly diverse client and customer-base. With new cultures and languages entering the Kent County community all the time, Health Department staff feel overwhelmed by the expectation and desire to provide high-quality, and culturally appropriate services to the many different groups requiring such services. Staff requested the opportunity to improve their ability to provide higher quality and more culturally sensitive services through improved communication, participative management, access to technology, and increased skills in cultural competency.

Section IV: Cultural & Linguistic Competence Policy Assessment Summary

Based on thorough investigation of available resources and an endorsement by the Public Health Accreditation Board, The Woodrick Diversity Learning Center recommended that Kent County Health Department administer the *Cultural and Linguistic Competence Policy Assessment (CLCPA)* from The National Center for Cultural Competence at Georgetown University as a widespread cultural competency data collection tool.

The mission of the National Center for Cultural Competence 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 to address growing diversity, persistent disparities, and to promote health and mental health equity.

The Cultural and Linguistic Competence Policy Assessment (CLCPA) was developed by the National Center for Cultural Competence (NCCC) at the request of the Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Service (DHHS) to assist community health centers to advance and sustain cultural and linguistic competence.

The National Center for Cultural Competence, 2013

The CLCPA survey results aligned with the information gathered through the Kent County Health Department focus group and stakeholder interview data that were provided in earlier sections of the report. The focus group and stakeholder interview findings highlighted specific areas of concern in regard to organizational culture, promoting cultural understanding among employees, and cultural competency and humility. The CLCPA results demonstrated similar themes in regard to employee observations and concerns, and reinforced messages heard in the focus groups and interviews.

Promoting Cultural Understanding among Employees

The Woodrick Diversity Learning Center took into consideration the National Standards on Culturally and Linguistically Appropriate Services (CLAS) when reviewing the results of the CLCPA. CLAS was created in 1997 by the Office of Minority Health (OMH), and undertook the development of national standards to provide a much-needed alternative to the current patchwork of independently developed definitions, practices, and requirements concerning CLAS. The Office initiated a project to develop recommended national CLAS standards that would support a more consistent and comprehensive approach to cultural and linguistic competence in health care.

As the U.S. population becomes more diverse, medical providers and other people involved in health care delivery are interacting with patients/consumers from

many different cultural and linguistic backgrounds. Because culture and language are vital factors in how health care services are delivered and received, it is important that health care organizations and their staff understand and respond with sensitivity to the needs and preferences that culturally and linguistically diverse patients/consumers bring to the health encounter. Providing culturally and linguistically appropriate services (CLAS) to these patients has the potential to improve access to care, quality of care, and, ultimately, health outcomes.

Office of Minority Health, April 2013

The WDLC believes that the Health Department's client-centered approach to service delivery as evidenced by its vision, mission and guiding principles will assist in enhancing the cultural and linguistic competency of the Department.

Vision: A healthier and safer Kent County for all.

Mission: To serve, protect, and promote a healthy community for all.

Guiding Principles:

Flexibility & Innovation: We believe that flexibility and innovation can help us meet the needs of our constantly changing community.

Focus on Equity: We believe in a commitment to achieving health equity in the Kent County community.

Communication & Collaboration: We believe that communication and collaboration among Divisions and staff promotes better service for the public.

Response to Need: We believe in working with our community through timely response to public health needs.

Suggested Policy Statements

Interdivisional cooperation and sharing of information will be essential in the implementation of the suggested policy statements. The Health Department can best serve its diverse constituents through collaboration. The policy statements listed below are intended to serve as recommendations for assisting the Health Department as it attempts to address cultural and linguistic service delivery.

- 1. The Health Department will support staff in providing signage in all public areas of the Health Department, which represent the diverse population in which it serves including ethnic groups of people and people who have disabilities following the ADA Guidelines.*
- 2. The Health Department will define the parameters of the cultural competency learning opportunities for performance review process.*
- 3. The Health Department will include the Health Equity Guidelines in its management performance review process with demonstrated indicators.*
- 4. The Health Department will establish a material review committee, which will consist of cross-divisional representation tasked with reviewing all published materials using established criteria before distribution and use.*
- 5. The Health Department will encourage Administration to streamline support of training opportunities and interpretation and translation services, such as Language Line, by including monetary support for such services and activities into a centralized Administration budget that can be accessed by all Divisions.*
- 6. The Health Department will annually review the cultural and linguistic competency policies and Health Equity Guidelines to ensure each remains relevant and that they are meeting intended goals and outcomes.*
- 7. The Health Department will identify all current professional development opportunities related to cultural competence and health equity. The Department will also maintain an ongoing list of available professional development opportunities, which will be made available to all staff through the Health Department workforce development plan. [Division Directors are encouraged to make arrangements for all staff to meet their required cultural competency professional development hours without penalty to personal or vacation time.]*
- 8. The Health Department's leadership, or delegated authority, will arrange for staff participation in interdivisional information sharing, such as a peer-to-peer program, that illustrates how cultural competence and/or health equity work is being implemented throughout the Department.*
- 9. The Health Department will make necessary technologies accessible within the Health Department computer network to ensure staff can access resources related to their professional development and/or learning needs specific to cultural competence, humility, diversity, and/or health equity.*

Conclusion

The Kent County Health Department is in a transitional state. Leadership and employees are aware of the diversity within the organization and the diversity within the community in which it serves. The WDLC believes that Department leadership and employees have the desire for an intentional process of inclusion and sustainable culture of inclusion. WDLC's recommendations for a Department cultural competency policy, along with the goals, objectives, and strategies included within the 2013-2018 Kent County Health Department Strategic Plan and Workforce Development Plan have mapped out the first steps toward an intentional process of inclusion and culturally and linguistically appropriate service delivery. The proposed policy statements, if adopted and implemented, will help guide the process and continued commitment sustain a culture of inclusion.

Appendix A: Current Cultural Sensitivity Policy

The Kent County Health Department (KCHD) is subject to the provisions of the Americans with Disabilities Act (ADA). This provides equal opportunity in employment, public accommodations and transportation for individuals with disabilities. The Health Department does not discriminate on the basis of disability and is actively committed to workforce diversity and providing a work environment which promotes professional and personal development of all employees. The Health Department recognizes that knowledge of and sensitivity toward cultural diversity is integral to effective health care delivery. The Health Department uses at a minimum, four strategies to promote cultural sensitivity:

Staff recruitment: KCHD is an Equal Opportunity Employer, and will not tolerate discrimination against an applicant or employee because of race, color, religion, ethnicity, natural origin, gender and veteran's status, disability, or any other protected class status. On every Health Department job posting, the phrase, "Kent County...Where Diversity and Inclusion Matter" will be added.

Staff training: KCHD will support staff attendance at seminars and conferences that promote client-centered care and/or information related to cultural sensitivity. Each employee will be required to attend the County Training on cultural sensitivity as well as other training as deemed necessary by their supervisor. New employees should contact their supervisor to review the required training schedule.

Translation services: KCHD will provide or contract with language translation services, including sign language, at a level that ensures sufficient capacity to meet client need.

Community involvement: KCHD is committed to collaborating with community organizations as a means for service enhancement and to provide neighborhood-based outreach services to targeted audiences.

Regardless of background, experience, or position, all employees are expected to support a client-centered approach to care.

REVIEWED 05/12

Appendix B: Definition of Terms

Cultural Competency

Culture is the blended patterns of human behavior that include "language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups."

Cultural Competence is "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations."

Competence in the term cultural competence implies that an individual or organization has the capacity to function effectively "within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities."

Cultural Humility

"Recognition and respect for others' cultural priorities and practices is facilitated...by initial and ongoing processes that engender self-knowledge."

"Cultural humility incorporates a lifelong commitment to self-evaluation and critique, to redressing the power imbalances in the health care/service dynamic, and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations."

--Melanie Tervalon, MD, MPH, and Jann Murray-Garcia, MD, MPH, "Cultural Humility vs. Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education"

Practicing "cultural humility" is the key. Dr. Melanie Tervalon and Jann Murray-Garcia describe cultural humility as a lifelong process of self-reflection and self-critique. The starting point for such an approach is not an examination of the client's belief system, but rather having health care/service providers give careful consideration to their assumptions and beliefs that are embedded in their own understandings and goals of their encounter with the client. Training for cultural competency, with its emphasis on promoting understanding of the client with her/his 'own culture', has often neglected consideration of the providers' worldview. In practicing cultural humility, rather than learning to identify and respond to sets of culturally specific traits, the culturally competent provider develops and practices a process of self-awareness and reflection.

CDC definitions.

Dr. Melanie Tervalon and Jann Murray-Garcia, Cultural Humility vs. Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education.