



Reducing Health Disparities

Updated Plan

Five-Year Overview
2007-2012

&
Year-One Plan
2007-2008



Message from the Director

As public servants, we are committed to provide health care services to those in need and most vulnerable, to make a positive difference in their health outcomes. Despite – or perhaps because of – the many mandates that guide how we provide our numerous and varied services, CCHS has seized the opportunity to be proactive by continuing to focus on reducing health and health care disparities. Our efforts are being recognized across the country as leading the movement to reduce disparities in health and health care.



William Walker, MD

Since 2003, CCHS has built upon the great work being done by many programs and units of the department in addressing health and health care disparities. Among the more recent successes are the implementation of a language services system for Limited English Proficient clients/patients/consumers/customers, (which garnered honors from the California Association of Public Hospitals), the Bay Point Health Conductor and Promotoras projects, CCRMC System Redesign, and winning a grant for the Health Care Coverage Initiative.

After four years of implementing the Reducing Health Disparities Initiative, however, (proper usage) it was time for reflection. We needed to evaluate what we have accomplished and what needed to be changed in order to continue the process of reducing health disparities in Contra Costa County. We therefore embarked on a strategic review process, whereby we encouraged and received feedback from staff throughout the department. RHDI Leadership Team took all the feedback into consideration in formulating this updated plan. This long-term commitment is reflected in the title, "Five-Year Overview, First Year Plan for Reducing Health Disparities—2007-2012".

As we move forward, we have incorporated the African American Health Initiative that will assist programs and units address partnering with the community, building trust, and practicing cultural competence/sensitivity. We have identified specific strategies and activities to be integrated into the existing work throughout the divisions. To achieve the ultimate goal of reducing health disparities, we will continue to strive to improve the experience of our consumers/clients/patients/customers; engage in partnership with the community; increase staff cultural and linguistic sensitivity; and continue to provide high quality services with respect and responsiveness.

Introduction

Updated Plan - This document is an update of Contra Costa Health Services' (CCHS) Reducing Health Disparities Initiative (RHDI) plan, initially adopted in April 2003 and updated for 2005-2006.

The guiding principles from the original planning process continue to provide a foundation for this work.

Guiding Principles of the Reducing Health Disparities Initiative

- CCHS is committed to eliminating health disparities because **our mission is to care for and improve the health of all who live in Contra Costa County with special attention to those who are most vulnerable to health problems.** Disparities based on race, ethnicity, language, socioeconomic status or other reasons are inconsistent with our mission.
- CCHS is committed to being respectful and responsive to all people we serve and with whom we work. This means we serve people in settings in which they can feel safe and comfortable; we provide services without discrimination and with respect for cultural and language differences; and we respect each other.
- CCHS recognizes that differences in race, ethnicity, age, gender, sexual orientation, language, physical ability, socioeconomic class, education and many other factors can affect how we relate to patients, clients, customers, communities and each other.
- CCHS provides training and related activities for employees to increase our knowledge and appreciation of diverse cultures and to become comfortable and effective in a diverse environment.
- CCHS recognizes that beyond our differences lies a common purpose to work together to improve health.

This latest update is the product of the RHDI strategic update process that took place in Winter-Spring 06-07. In this process there was recognition of key areas in which progress had been made as well as a critical review of the focus and direction of the work. As a result, there have been substantive changes in the goals, conceptual framework, strategies, activities and structure of effort. The Five-Year Overview provides the goals, major outcomes and strategies for 2007-2012. The Year-One Work Plan provides information on specific activities that will be achieved in 2007-2008 and who will be responsible for leading those activities. The Year-One Work Plan will be the basis for reporting and evaluating the processes and outcomes of the work.

Inclusion of African American Health Initiative Goals - The updated plan has been broadened to include goals and objectives from the African American Health Initiative (AAHI). The African American Health Initiative Planning Group was created in 2005, in recognition of the need for CCHS to address the severe impact of health disparities on the African American community (see CCHS Director's Report, May '07). The recommendations from this group resulted in the establishment of the AAHI, a model for how to engage specific ethnic communities in developing culturally specific strategies and interventions to reduce health disparities.

Name Change - It should be noted that the name of this effort has been changed. From this point forward, the "I" for initiative has been dropped. This work will be referred to as Reducing Health Disparities (RHD) to reflect the on-going commitment of CCHS.

Update Process - This update was developed by the RHD Leadership Team (RHDLT) (Dr. William Walker, José Martín, Dawna Vann and consultant Laurin Mayeno) with input and assistance from many stakeholders in the organization.

The strategic update process was designed to receive feedback from a range of staff in all CCHS Divisions. The first step was to gather information about how CCHS staff viewed RHDI. A report was written based on focus groups with RHDI committees and work groups and interviews with senior leaders and selected individuals from different divisions. (This report is available on iSITE, the CCHS intranet.)

In addition, a Strategic Advisory Group (SAG) of CCHS staff from across the department and involved in RHDl-related work served as a “think tank” in this process. The purpose of SAG was to critically analyze what has been accomplished in RHDl, what has worked, areas to be strengthened, and additions needed.

The updated plan was designed to respond to the input received. (The key messages from this process and how the updated plan responds to them are included in Appendix 2.)

Overarching Goal - Disparities in Health and Healthcare

The overarching goal of the updated plan is to reduce disparities in health and health care. We make a distinction between health care disparities and health disparities because the strategies to address them are very different.

Health disparities are reflected in an unequal burden of illness and death among some groups. For example, chronic diseases are the leading causes of death in Contra Costa and rates are highest among African Americans, the elderly, and low-income communities. The leading causes of death in Contra Costa, which mirror those of California, are heart disease (27% of all deaths), cancer (25%), and stroke (9%). African Americans and people living in San Pablo, Oakley and Richmond have higher death rates from each of these causes than the county overall. While heart disease and cancer account for more than half of all deaths in the county, 83% of deaths from heart disease, 69% of deaths from cancer and 75% of deaths from all causes occur among those aged 65 and older.

Quality health care is only one approach to addressing health disparities, which are caused by a complex array of factors including social and economic conditions, neighborhood conditions, limited educational opportunities and discrimination. Therefore, the elimination of health disparities cannot be achieved by CCHS alone, and will require collaboration among many sectors. Several CCHS divisions – such as Public Health, AODS, Environmental Health and Hazardous Materials – are engaged in efforts designed to impact community-level factors related to health disparities, such as air and water quality, access to healthy foods, and communicable diseases.

Health care disparities are characterized by unequal treatment, or differences in the quality of care. County-specific data on healthcare disparities is lacking. However, national studies show that provider biases, lack of linguistically appropriate services and other systems factors contribute to disparities in quality and safety of care (IOM, Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare, pgs. 10-11). CCHS can address these disparities in its own services by working to provide high quality, culturally and linguistically appropriate services to all groups. Reducing disparities in health care is one way to help reduce health disparities.

Long-Term Goals

The plan is designed to have an impact at four interrelated levels, which work together towards the overarching goal of reducing disparities in health and health care: 1) consumers/clients/ patients/customers 2) community 3) staff and 4) systems.

The goals on each of these levels are:

- Consumers/clients/patients/customers: Improve experience in utilizing CCHS services (respect, responsiveness).
- Community: Increase engagement and partnership with community and public entities to support healthier environments, culturally and linguistically appropriate services and behaviors.
- Staff: Improve respect, responsiveness and cultural sensitivity in all internal and external interactions.
- Systems: Develop systems that support and promote access and respectful delivery of services

The goals were developed based on the following clarifications about the relationships between the different levels.

The link between systems change and reducing disparities – CCHS services, and the experiences of people who use them, are shaped by the CCHS system and how it operates. Language access services are an example of a systems change that directly impacts the quality of interactions and services rendered. Another example is the collection of data to be able to effectively monitor disparities in health and health care. The CCHS Service Excellence policy provides a framework for systems change to improve

RHD Structure

The RHD structure has been re-designed to respond to staff feedback and ensure that RHD efforts are integrated into the day-to-day activities of the department and all of its Divisions. RHD will be driven through the existing management structure. In the updated plan, responsibility for driving the work rests with the organization as a whole. Therefore, the previous RHD Coordinating Council will no longer exist. The RHD Leadership Team and committees will continue in facilitating, monitoring and support roles.

Role of Divisions

Division-specific activities – The Divisions will implement departmental policies and collect data related to disparities. They will have flexibility to implement RHD activities in their Divisions that best fit with their existing activities and roles. Divisions will report on their RHD progress to the CCHS Director on an annual basis.

Division Liaisons – Each Division will assign an individual to serve as liaison between RHD and the Division. This will be an individual who works closely with the Division Director and will be in a position to monitor and report on RHD activities within the Division. Division Liaisons will meet quarterly with the RHD Leadership Team to share information and provide updates on activities.

Participation in Departmentwide Committees and Roles – Divisions will also be asked, when applicable, to assign representatives on the departmentwide RHD committees, described below. Individuals from Divisions will also participate in other departmentwide structures.

Division Work Groups – The Divisions will have flexibility to structure their RHD work in the ways that are most consistent with their existing activities. The current Division Work Groups may work well in some instances and not as well in others. Division Directors will be encouraged to meet with their existing Disparities Work Group to determine the best way to structure their RHD efforts.

Departmentwide Structure

Department Management Structure – The CCHS Director and Division Directors will have overall responsibility for implementing the RHD.

Leadership Team – The RHD Leadership Team (RHDLT) in the Office of the Director will continue to play a vital role in RHD. This team includes the CCHS Director and two Leadership Team Members, assisted by the RHD Administrative Support person. The RHDLT will coordinate, consult, monitor, report and develop resources. Emphasis will be on partnership with and support for divisions. The CCHS Director will work closely with the Division Directors.

Key Leadership Roles – Some staff members from divisions will have key leadership roles in Departmentwide RHD efforts. For example, Community Health Assessment, Planning and Evaluation (CHAPE) will have a leadership role in data collection, development and evaluation. Community Education and Information (CEI) will take the lead in the communication components of the plan.

Trainers – Individuals from different divisions will participate as trainers/facilitators for RHD-related training. This will include individuals who are already doing RHD-related training (such as Personnel) and those who will do training on specific components, such as communication guidelines, group facilitation, films and round tables. These trainers will meet periodically for skill development and coordination of efforts.

Departmentwide Committees – The number and role of the committees has been streamlined to make it more feasible for people to participate. Emphasis is on the monitoring, oversight and advisory role of the committees, facilitated by the RHDLT. For the most part, these committees will not be expected to implement the RHD work.

Language Services Oversight Group (formerly known as Linguistic Access Committee) – The current structure will be maintained through the appointed representatives from each division. This group meets quarterly to oversee progress in implementing Language Access Policy in each division.

Education/Training Advisory Group – Interested individuals from different divisions will meet on an as-needed basis to give advice and input on education/training strategy and curricula as related to their divisions' focus.

Data Group – Individuals who are responsible for data collection from different divisions will collect existing data and develop strategies for data collection and update mechanisms.

Ad-Hoc Advisory Groups – Advisory groups may be formed on an ad-hoc, time-limited basis to give input on specific activities or strategies. For example, there may be advisory groups to inform the development of policy and procedures such as data collection and reporting.

Evaluation

There are four main goals of the Reducing Health Disparities (RHD) plan:

- Improve experience of clients/patients/customers/consumers in utilizing CCHS services (respect, responsiveness)
- Increase engagement and partnership with community and public entities to support healthier environments, culturally and linguistically appropriate services and behaviors
- Improve respect, responsiveness and cultural sensitivity in all staff internal and external interactions
- Develop systems that support and promote access and respectful delivery of services

The evaluation plan will address three questions for each of the four RHD goals:

- Have the RHD Leadership Team and the divisions completed their specific, planned actions? (This is related to the overall Plan and to the implementation of the revised Service Excellence Policy.)
- Have the short-term changes and improvements anticipated by the plan occurred?
- Is there any evidence of improvement in the plan's four main goals?

The Community Health Assessment, Planning and Evaluation (CHAPE) will collect information on these questions using client and staff satisfaction surveys, information about staff from the programs, such as demographics, reports from RHD staff and the division liaisons, and policy documents created in the course of the RHD effort.

Although data exists that identifies health disparities for specific diseases and ethnic groups, one of the challenges is the need for baseline data regarding disparities in CCHS' service delivery. Without baseline data it is impossible to measure progress in reducing health care disparities. During Year One, available baseline data on user satisfaction, utilization, and outcomes will be collected. CCHS will also assess its capacity to collect and report data by race/ethnicity in order to identify existing disparities among the people who utilize our services.



Appendix 2: How the Updated Plan Responds to Staff Input

The following are key messages from staff input - interviews, focus groups, Strategic Advisory Group, AAHI and RHD committees and work groups - and how the updated plan responds to them.

- The RHD/Diversity effort needs to be integrated into the day-to-day efforts of the department. In the updated plan, responsibility for driving this work rests with the organization as a whole, with the RHD staff, work groups and committees playing facilitating and support roles. The Year-One Work Plan (p. 8-10) outlines specific activities to be implemented by different entities within the department. The section on RHD Structure (p. 11) discusses the structures and roles of different organizational entities.
- Be clear about direction, goals and intended outcomes. Clear goals have been established (p. 3-5) and their relationship to health disparities and health care disparities discussed. The Five-Year Overview shows the connection between activities, outcomes and goals (p. 7).
- Address employee experiences. One of the four major goals focuses on the staff level. The relationship between staff experiences and disparities is discussed in the Goals section (p. 5). Specifics are included in the Five-Year Overview (p. 7) and Year-One Plan (p. 8-10).
- Improve communication and transparency in decision-making. Communication activities have been included in the updated plan. Specifics are included in the Five-Year Overview (p. 7) and Year-One Plan (p. 8-10). The existing management structure will be utilized for decision-making with the CCHS Director and Division Directors having the ultimate responsibility and authority for approving the plan and allocating resources for its implementation.
- Establish accountability and follow through mechanisms. Accountability for the plan will be carried out through the existing management structure. Added accountability mechanisms will include the development and implementation of department policies on Service Excellence, RHD, Personnel and Language Access. See the Five-Year Overview (p. 7) and Year-One Plan (p. 8-10). In addition, there will be quarterly reporting from the RHD Leadership Team, annual reporting from Divisions and an annual evaluation. Key committees and Divisions Liaisons, discussed in the section on RHD Structure (p. 11), will also assist with monitoring and oversight.
- Leadership development should be intentional. Leadership development is an explicit part of the plan. See the Five-Year Overview (p. 7) and Year-One Plan (p. 8-10).
- Allocate adequate resources and use existing resources wisely. Resources for RHD efforts have not increased. The work plan has been designed to maximize existing resources. The emphasis in the immediate period will be on Divisions implementing the work and keeping a small number of staff dedicated to RHD efforts in the Office of the Director. Additional resources will be sought to build capacity to implement some components of the plan (data, evaluation, community engagement).



What Everyone Can Do

Despite our accolades and recognition of our efforts, there is more that needs to be done. RHD is a long-term commitment towards improving health outcomes for communities most severely impacted by health/healthcare disparities, through improving how we work with communities and each other. Through the application of the CCHS' revised Service Excellence Policy, we will assist one another in putting into practice quality processes, creating positive employee experiences, and providing positive end user outcomes.

There is a role for every employee, every manager and supervisor, and every Division Director to integrate RHD principles into our everyday work. We will work together to develop Service Excellence standards for the various units/programs. Moreover, we will grow and learn together to enhance the good work by providing more culturally sensitive and linguistically appropriate services.

By shifting the focus of the RHD effort to the divisions, the guiding principles of RHD will become an integral part of the everyday work of each program and unit. Some divisions have already begun this process, as their management teams are working in close collaboration with their Division Disparities Work Group. Furthermore, other divisions have sought to incorporate community participation and input into their strategic planning processes. With continued dedication, persistence and everyone's participation, we can ensure that all stakeholders, including employees, feel welcomed and respected and live a more healthy life.

Find Out More

CCHS employees can get a wealth of information on RHD – including the history of the RHD, the RHD strategic review process, the AAHI Recommendations, and language services vendor resources – from the Health Disparities page on the CCHS Intranet. When logged on to the CCHS network, type cchs in your browser and click on Health Disparities (under "Sites"). There is also information on CCHS' public website, cchealth.org, about this effort.

Call RHD Leadership Team members, José Martín at 925-957-5426 or email at jmartin@hsd.cccounty.us, and Dawna Vann at 925-957-5436 or email at dvann@hsd.cccounty.us



Thank You!

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