



RHDI Change Agents in the First Two Years

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Reducing Health Disparities Initiative Progress Report and Plan for 2005 and 2006

If you've been involved and we missed including you, please contact Jackie Peterson (925-957-5422) so we can correct our list. If you want to get involved contact José Martin (925-957-5426, jmartin@hsd.co.contra-costa.ca.us) or the relevant committee chair or the appropriate Division Work Group. See our Health Disparities site on the CCHS Intranet for list of contact names, numbers and email addresses ("RHDI Directory" in the RHDI folder).





MESSAGE FROM THE DIRECTOR

When I announced our Reducing Health Disparities Initiative in May 2003, I pointed to the Institute of Medicine's Unequal Treatment report about the impact of race on health outcomes. I called the report a "wake up call" to all of us. It was clear to me and all our Division Directors that with the County becoming more diverse, we needed a road map for working strategically and a designated leader. The Reducing Health Disparities Initiative (RHDI) is a multi-year effort. With José Martín as the RHDI leader and staff from divisions assigned to committees, we have accomplished much in our first two years of work. I am pleased that besides department-wide committees addressing

key objectives, there are also five Division Work Groups implementing changes in their programs. In this Initiative, we all have a role to play. And with the recently released *Community Health Indicators Report*¹ spotlighting the many health disparities right here in Contra Costa, we know there is much to be done.

William Walker, MD


Director & Health Officer

THE INITIAL PLAN

In April 2003, after extensive review and discussion, CCHS adopted a department-wide plan called *Reducing Health Disparities: Diversity and Cultural and Linguistic Competence in Contra Costa Health Services*². Reducing Health Disparities and Service Excellence are the two goals that all CCHS programs and employees are invited to embrace. Together with our mission statement, these two goals express what we are about as an organization.

ROLES AND RESPONSIBILITIES

The Reducing Health Disparities Initiative is a long-term commitment to change how we think together and work with each other. Long-term change is slow. It's incremental. Objectives and activities continue to evolve as we learn from what we do. Even as this document is being written new ideas are emerging about how to be more effective and what other perspectives need to be incorporated into our thinking.

Continued progress depends on the good will and commitment of every employee, every manager and supervisor, and every Division Director. There is a role for everyone in this work.

FIND OUT MORE

CCHS employees can get a wealth of information on the Initiative — including contact information for the department-wide committees and division work groups and translation and interpretation vendor resources – from the CCHS Intranet, Health Disparities page. When logged on to the CCHS network, type cchs in your browser and click on Health Disparities (under "Sites").

The complete text of the original plan and case studies of accomplishments are available on the CCHS public website at cchealth.org/groups/rhdi

Call Initiative Leader José Martín at 925-957-5426 or email him at jmartin@hsd.co.contra-costa.ca.us with your questions and suggestions.

¹ The Community Health Indicators report along with the presentation to the Board of Supervisors by the Health Director are available online at cchealth.org/health_topics/hospital_council

² The original plan is available online at cchealth.org/groups/rhdi



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.



The objectives of the 2003 plan were to:

- Improve linguistic access
- Implement training on diversity and cultural and linguistic competence
- Recruit, select, promote, recognize and retain a workforce and management staff that are able to work effectively with our diverse populations and with each other
- Communicate the value of diversity and tools for cultural and linguistic competence
- Evaluate the effectiveness of our implementation of the plan



The diagram below shows how the plan objectives relate to the long-term vision of eliminating health disparities.

RHDI Initiative Objectives:

- Improve linguistic access
- Implement training
- Recruit and manage a diverse work force
- Communicate the value of diversity and tools
- Evaluate the plan

Intermediate outcomes:

- Increase access to services
- Improve client satisfaction
- Improve clinical treatment
- Improve the environments of vulnerable populations

Goal:

Reduce health disparities among CCHS patients and clients

Vision:

Eliminate health disparities



WHAT WE'VE ACCOMPLISHED

The first two years of implementing our commitment to reducing health disparities has focused largely on improving linguistic access and making CCHS staff aware of the new initiative. We have also defined a basic approach to training for managers and supervisors. Perhaps most important, we have created a department-wide and division-specific structure that is helping to make RHDI an integral part of our organization's culture. We are pleased to point to the following accomplishments:

Improve linguistic access

- Department policy on linguistic services strengthened and division procedures adopted
- Department-wide Linguistic Access Committee established to guide implementation of the new policy and monitor effectiveness
- Multilingual "Interpreter Services" and "Welcome" posters as well as "I Speak" cards posted throughout CCHS
- Linguistic services vendors made available to all divisions



Develop long-term measurements to track progress of RHDI

- Review existing measurement mechanisms and identify potential new external mandates and expectations
- Identify appropriate measures for monitoring progress on language access, workforce diversity, cultural competence, customer satisfaction and health disparities
- Develop an action plan for incorporating measures into organizational monitoring systems

Chuck McKetney (Public Health) is the chair of the Evaluation Committee. He is in the process of forming a working committee.



Our Financial Counselors

use our telephone interpreter service to help patients with limited-English proficiency enroll in health insurance programs. Wanda Session, Patient Financial Counseling Manager, noticed there were communication issues related to cultural differences. She worked with Jeanne Walker-Johnson, RN, CCRMC Education and Training Specialist, and Leslie Lonergan, Patient Financial Counseling Supervisor, to develop training on cultural differences. The resulting increased cultural awareness helped give counselors more patience and an increased ability to explain policies. Counselors had a positive response and the number of client complaints dropped off significantly.



Communicating about health disparities and diversity through ArtsChange

Before CCHS had a formal RHDI, our Richmond Health Center launched a unique program to honor the cultural diversity of its community and staff. The Quilt of Many Colors project has become a free-standing nonprofit, called ArtsChange, which CCHS continues to support as part of RHDI. ArtsChange activities for 05-06 include developing strategies and resources for bringing ArtsChange exhibits to other CCHS locations. Ann Schnake chairs ArtsChange.





Recruit, retain and manage a diverse workforce

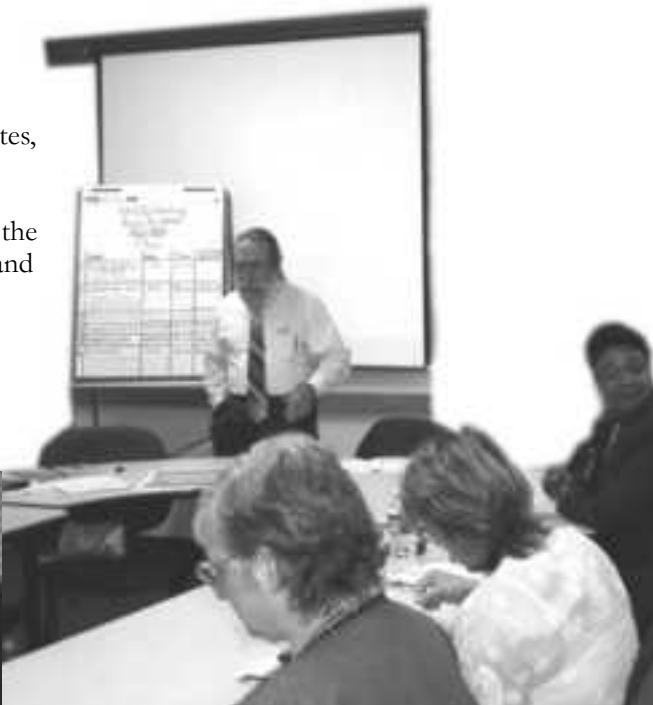
- Work with a curriculum consultant to refine the managing a diverse workforce module of the managers and supervisors curriculum
- Identify ways to measure progress on recruiting and retaining a diverse workforce
- Identify successful models for mentoring employees and supporting their retention

The department-wide Managing a Diverse Work Force Committee is chaired by Linda Bates (Personnel).

Communicate about RHDI and health disparities issues

- Increase visibility of the Initiative
- Increase awareness about specific health disparities issues (e.g. diabetes, cancer) and skills (e.g. cultural competence)
- Improve communications among the RHDI committees, work groups and leader activities

The department-wide Communications Committee is chaired by Julie Freestone (Communications Officer).



Emergency Medical Services (EMS)

wondered whether cultural issues might discourage some people from calling 911 and whether responding paramedics were encountering cultural issues that might interfere with quality care. Focus groups with the community and interviews with responders revealed that most cultures in Contra Costa are comfortable with 911, but that callers don't always know when it's appropriate to ask questions, whom to ask and when to complain. EMS is developing training to help paramedics respond effectively when they experience cultural differences.



Implement training on diversity and cultural and linguistic competence

- Department-wide Education Committee established to begin design of curriculum on "Health Disparities and Service Excellence for Managers and Supervisors"
- Divisions have implemented their own training activities

Recruit, select, promote, recognize and retain a workforce and management staff that are able to work effectively with our diverse populations and with each other

Department-wide Recruitment and Retention Committee established to develop recommendations on training, mentor and outreach programs and retention

Communicate the value of diversity and tools for cultural and linguistic competence

- Reducing Health Disparities Plan distributed within divisions and posted on CCHS website
- Page about disparities included in the monthly Director's Report newsletter
- RHDI Intranet webs pages established





Evaluation

- An extensive process was conducted to identify what worked and what didn't during the first phase of the Initiative.
- The structure of the Initiative was strengthened including increasing attention to communications, more clearly defining decision making processes and changing the committee structure.

Division work groups

Five divisions established formal work groups to implement division activities. Other divisions conducted more informal but still very significant activities. Go to cchealth.org (About Us) for more in-depth stories from each division. In addition, CCRMC and Health Centers received special funding to implement a disparities improvement project on prenatal care.

Contra Costa Health Plan (CCHP) analyzed service data for its Medi-Cal members by language and ethnicity. They found significant disparities for African American members for childhood immunizations and well child visits. A new quality improvement project is working with other Divisions to identify factors that contribute to these disparities and develop strategies to eliminate them.



Plan for 2005-06

The objectives for the next phase of the Initiative remain the same, with a great many specific activities to continue what has begun.

Improve linguistic access

- Continue to educate managers and staff on the CCHS linguistic access policy, resources for translation and interpretation, signage requirements, procedures for using the translation and interpretation resources, and expectations for translating vital documents into Spanish, our threshold language
- Assess and further develop the proficiency of bilingual staff and staff interpreters
- Monitor the quality and use of the linguistic services vendors
- Test the efficiency and effectiveness of new technologies for increasing linguistic access, including remote video interpretation and speak/translate devices

The department-wide Linguistic Access Committee is co-chaired by Joanne Genet (Public Health) and Otilia Tiutin (CCHP).

Implement training on diversity and cultural and linguistic competence

- Pilot and refine training for managers and supervisors that explains why reducing health disparities is a priority and provides basic tools for effective cross-cultural communication, assuring linguistic access and managing a diverse workforce
- Prepare a “training team” of staff drawn from each division to roll-out the managers and supervisors curriculum in their divisions
- Implement “culturally competent service excellence” training in selected units that have high volume public contact, such as registration
- Develop strategies for deepening the cultural competence of CCHS staff providing clinical care
- Identify and disseminate educational resources and learning strategies for all staff

The department-wide Education Committee is chaired by Jeanne Walker-Johnson (CCRMC). A grant from the California Endowment funds consultation to test and refine training curricula, purchase educational resources and train trainers in each division to lead division-specific trainings.

