

# REDUCING HEALTH DISPARITIES

**DIVERSITY AND CULTURAL AND LINGUISTIC COMPETENCE  
IN CONTRA COSTA HEALTH SERVICES**



  
CONTRA COSTA  
HEALTH SERVICES

April 2003

*Thank you for your interest in Contra Costa Health Services' plan for reducing health disparities.*

*It has been 36 months since the Diversity Advisory Committee urged that a plan be developed. Now after numerous interviews, focus groups, meetings and drafts we have a document to guide concerted efforts for change. I thank the many people who contributed to the shaping of this plan and look forward to working with the many more who will be involved in its implementation.*

*Please let me know any comments, reactions, questions or suggestions by email to: [wwalker@hsd.co.contra-costa.ca.us](mailto:wwalker@hsd.co.contra-costa.ca.us), voice mail at (925) 370-5011, or in writing to 20 Allen Street, Martinez, CA 94553.*

*Sincerely,*



*William B. Walker, M.D.  
Director*

This plan was adopted in April, 2003 after a lengthy planning process and extensive discussion. Adopted by:

Wendel Brunner, M.D., Public Health Director  
Milt Camhi, Contra Costa Health Plan Executive Director  
Chuck Deutschman, Alcohol and Other Drugs Services Director  
Mary Foran, Assistant Health Services Director  
Patrick Godley, Chief Operating Officer and Chief Financial Officer  
Chris Grazzini, Hospital and Health Centers, Associate Executive Director  
Art Lathrop, Emergency Medical Services, Director  
Lew Pascalli, Hazardous Materials Programs Director  
Shelley Pighin, Personnel Director  
Jeff Smith, M.D., Hospital and Health Centers Executive Director  
Ken Stuart, Environmental Health Director  
Steve Tremain, M.D., Hospital and Health Centers, Office of Ambulatory Care Director  
William Walker, M.D., Health Services Director  
Donna Wigand, Mental Health Director

## Initial Objectives

The ultimate vision of this plan is the elimination of health disparities. This vision can only be achieved through a multi-year, multi-strategy commitment to reduce disparities in specific health conditions over time. The plan will evolve as progress is made and learning happens. The Health Director and Division Directors are committed to implementing the following broad objectives, with appropriate resources, as initial steps to reducing health disparities among the people served by Health Services programs:

### I. Improve linguistic access

1. Define legal requirements and applicable guidelines and standards. (Completed, Fall 2002)
2. Identify, on a Division by Division basis, current linguistic access resources, including interpreter staff, bilingual staff, language lines, voice mail access, educational and informational materials, signage, etc. (In process)
3. Estimate current demand and unmet needs. (In process)
4. Identify options for using existing resources more efficiently and for addressing identified gaps, including training and certification of interpreters. (Winter/Spring 2003)
5. Select options, implement improvements and monitor progress. (Spring 2003 and ongoing)

### II. Implement training and related activities<sup>2</sup> on diversity and cultural and linguistic competence that will foster broad organizational growth and change.

1. Identify employees with training, linguistic access and diversity and cultural competence expertise and responsibilities, to assist in reviewing training programs and related activities which have proven successful in Health Services and other health care organizations. The training and related activities should include attention to how cultural competence and linguistic access relate to excellent customer service. (Spring 2003)

2. Secure the expertise to design and implement training, staff development and related activities. (Summer 2003)

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3. Work with Divisions to identify the training and related activities best suited to their particular needs and adapt models for piloting these activities. (Summer 2003)
4. Do pilot trainings, assess how effective they are, revise as necessary. (Fall 2003)
5. Implement training and related activities according to Divisions' priorities and needs. (Ongoing)

### III. Further develop an organizational climate that values patient, client, customer and employee diversity and addresses health disparities.

1. Recruit, select, promote, recognize and retain a workforce and management that is able to work effectively with Health Services' diverse population and reduce health disparities. To support this activity:
  - Conduct outreach to diverse pools of qualified applicants. (In process)
  - Include expectations regarding diversity and cultural and linguistic competence in reward and recognition processes. (In process)
  - Keep managers, supervisors and employees informed about Merit System hiring, promotion and transfer policies and procedures. (Has started through Personnel Bulletins)
  - Provide training and opportunities for growth to enhance retention of the workforce.
  - Provide training and opportunities for growth to enhance managers' skills, knowledge and abilities to manage a diverse workforce.

## Introduction

The mission of Contra Costa Health Services is to *care for and improve the health of all people in Contra Costa County, with special attention to those who are most vulnerable to health problems*. Health Services accomplishes its mission through 3,500 employees working in various divisions of the department: the hospital; ambulatory care health centers; health plan; public health programs; mental health services; programs to prevent and treat the negative effects of alcohol and other drugs; activities to enforce environmental health and hazardous materials regulatory requirements; the emergency medical services system and administrative services.

A department with so many different functions is bound together by a few essential values, expectations and goals. These include the mission statement, adopted in the early 1990s and the commitment to Service Excellence defined in 1999 as *providing high quality services with respect and responsiveness to all*.

**This report announces the adoption of a third department-wide value and goal: to reduce health disparities by addressing issues of diversity and linguistic and cultural competence in CCHS.**

In June 2002, the Institute of Medicine issued *Unequal Treatment*, a landmark report about the impact of race on health outcomes. Its major finding is that even in settings where providers and programs are clearly dedicated to providing the best care for everyone, race seems to predict who will have less access and poorer outcomes. The publication of this report coincided with the presentation to CCHS Division Directors and the Health Director of a draft plan for diversity and cultural and linguistic competence. The draft plan was the result of an intensive 18-month planning process involving numerous Health Services employees.

The Division Directors reviewed the Plan's recommendations and reorganized them to focus more precisely on immediate organization needs,

especially in light of the Institute of Medicine report and the following emerging realities:

- The Year 2000 Census revealed that all of Contra Costa is becoming racially and ethnically more diverse.
- Health Services programs are seeing growing numbers of patients, clients and customers who speak languages other than English.
- The mix of employees who work in Health Services programs is becoming more diverse.
- The federal Department of Health and Human Services in August 2000 issued guidance for programs receiving federal funds on meeting requirements for serving people who are not proficient in English.

## The Planning Process

During the 1990s, Contra Costa Health Services made significant progress in reducing health disparities in key perinatal and breast cancer indicators.

- Comparing 1991 to 1999, the rate of low birth weight births decreased by 15% among African American women.
- Between 1991 and 1999, the percentage of African American and Hispanic women receiving prenatal care in the first trimester increased 18% and 17% respectively.
- The difference in the percent of African American and White women receiving early diagnosis for breast cancer was eliminated between 1992 and 1997.

Concurrent with the health outcome-focused programs highlighted above and more recent initiatives on asthma, childhood obesity and health care access, the department has been exploring ways to increase the competence of employees to work with the growing diversity of patients, clients and customers. In the spring of 2000 the Contra Costa Health Services Diversity Committee recommended to the Director of Health Services, Dr. William Walker, the hiring of a consultant to assist the Committee in developing a diversity and cultural competence plan

for the Department. The request was approved, a request for proposals issued and Amistad Associates was selected.

The plan development process proposed by Amistad was to model the principles of respecting diversity and inclusion by tapping into many voices and a wide variety of viewpoints within the organization. The process included 32 individual interviews and 15 focus groups reaching over 200 employees, patients and members of various advisory boards.

The information gathered was organized into 1,500 different statements, which were sorted into relevant categories and presented as raw material for a three-day workshop held in October 2001. The Diversity Futures Conference, composed of over 50 employees representing a cross section of the organization, responded to the 1,500 bits of information by drafting 41 recommendations for consideration.

The recommendations from the Diversity Futures Conference were based on information collected through interviews and focus groups. The information was qualitative, not quantitative. The recommendations reflected the perceptions, experiences, feelings and opinions of those who participated in focus groups, interviews, and the Diversity Futures Conference.<sup>1</sup> The information was anonymous and not tied to any particular individual. Specific views cannot be traced back to specific individuals or events. This approach was used in order to encourage candor without regard to role or rank in the organization, and to give participants a neutral forum for sharing their views.

From November 2001 through June 2002, a team of eight people worked with Amistad Associates to fine tune the recommendations and prepare a recommended detailed implementation plan. The draft plan was presented to the Directors of all Divisions in Health Services in June 2002.

## Guiding Principles

In adopting a plan for reducing health disparities, the key areas for action are to improve access to services for people who are not comfortable speaking English; to increase the cultural and linguistic competence of staff; to have a workforce capable of working effectively with diverse patients, clients, customers and communities; and to communicate our plans and progress.

With these objectives in mind and consistent with Service Excellence definitions and expectations, the Division Directors and the Health Director have adopted the following principles to guide implementation of the plan:

- 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, socio-economic status or other similar 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.
- Health Services employees participate in training and related activities 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.

- Reinforce the importance of customer service and cultural and linguistic competency skills in hiring decisions by assisting managers to interview for and select candidates with these skills, knowledge and abilities.
  - Include expectations regarding diversity and cultural and linguistic competence in employee and management evaluation processes. (Long term)
2. Communicate the value of diversity and tools for cultural and linguistic competence through:
- Director’s Report, including Diversity Page in Director’s Report
  - All Staff E-Mail
  - Web Site
  - Special Meetings, Division Meetings
3. Invite reactions and suggestions from staff, patients, clients, customers, community organizations, advisory boards, unions, Board of Supervisors, CAO, etc. Make sure the channels for feedback, complaints, questions and concerns are well known.

## Leadership

In addition to achieving specific objectives, the success of any plan depends on leadership. The Health Director and all Division Directors are committed to implementing this plan and its guiding principles. Division Directors will appoint staff to the Health Disparities Work Group, whose members are responsible for implementing the plan. The Health Director will identify Department-level management staff and resources to work with the work group to implement the plan. The work group will provide periodic progress reports to the senior leadership.

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Another role of leadership is to evaluate the effectiveness of programs and activities designed to achieve larger goals. The evaluation of this plan will include activity-specific tools to assess the effectiveness of training and other steps taken to achieve the three

objectives, as well as data collection to facilitate quality studies to measure the impact over time on health disparities. The work group and Department-level staff will be responsible for designing and carrying out evaluation activities and regularly reporting on their results to the leadership.

In June, 2003 José Martín was appointed as the Reducing Health Disparities Initiative Leader. The Reducing Health Disparities Workgroup began its work in July, 2003. The Health Disparities Workgroup has two working committees at this time. The committees are: Linguistic Access chaired by Karen Lin, and the Cultural Competence Training chaired by Jeanette Walker-Johnson.

Contact José Martín at 925-957-5123.

### (Endnotes)

1 It is important to note these views are opinions and beliefs. They are not accepted or proffered as findings of fact. It is not possible to investigate these opinions or validate them with other information, due to their anonymous nature. CCHS, as part of the County of Contra Costa, is an equal opportunity employer and does not practice or condone discriminatory behavior. CCHS vigorously investigates all complaints of unlawful employment practices and takes immediate and appropriate remedial action.

2 “Training” refers to a program with a structured curriculum designed to achieve specific learning objectives. “Related activities” refers to all other efforts that create opportunities for dialog and learning including, for example, the Quilt of Many Colors exhibits, information displays, brown bag discussion groups, how facilities are decorated, etc.