

REACH HEALTHCARE FOUNDATION
& HEALTH CARE FOUNDATION
CULTURAL COMPETENCY INITIATIVE
THIRD YEAR EVALUATION REPORT
EXECUTIVE SUMMARY

November 2011

Prepared for:
REACH Healthcare Foundation
Health Care Foundation of Greater Kansas City






This report was prepared by:

Walter T Boulden, Ph.D.

Printed November 30, 2011

Walter T Boulden, Ph.D.
Executive Director

**Resource Development Institute
3801 Southwest Trafficway
Kansas City, Missouri 64111-2902**

 816.221.5000  816.221.3497  www.rdikc.org

Preferred Citation:

Resource Development Institute. (2011, November). *REACH Healthcare Foundation & Health Care Foundation Cultural Competency Initiative – Third Year Evaluation Report*. Kansas City, MO: Author.

*Join us as we celebrate 60 years of commitment to mental health and social services
in the Kansas City region. Learn more at rdikc.org*



Kansas City's Leader for Evaluation, Research and Consultation Services Since 1950

Cultural Competency Initiative Third Year Evaluation Report

November 2011

Executive Summary

In 2008, the REACH Healthcare Foundation launched the Cultural Competency Initiative which “aims to increase understanding and practice of cultural competency in health and human service organizations in the Foundation’s six-county service area, with a long-term goal of reducing barriers that contribute to health disparities.”¹ The Health Care Foundation of Greater Kansas City joined the initiative in fall 2010, expanding the number of regional nonprofit organizations involved. The initiative focuses on policies, practices and internal structures that influence cultural competence within organizations.

“The long-term goal of the Cultural Competency Initiative is a reduction in disparities in healthcare in the geographic service area the two Foundations serve.”² Intermediate outcomes include:

1. To increase organizational understanding of national best practices and encourage organizations to adjust their service delivery accordingly to meet the particular needs of the individuals, families, organizations and communities they serve;
2. To enable nonprofit health and human service providers to identify the needs and help-seeking behaviors of the individuals they serve;
3. To engage other foundations in the Greater Kansas City area that share an understanding of cultural competency and seek their commitment to explore collaborative efforts in this area;
4. To develop a stakeholder group that will identify priorities for future initiative activities;
5. To establish a cadre of nonprofit leaders who will advance cultural competency beyond the life of this initiative.”³

Evaluation

The REACH Healthcare Foundation contracted with Resource Development Institute (RDI) to provide technical assistance in the development of an evaluation plan to conduct an evaluation of the Cultural Competency Initiative. To help guide the initiative, the Cultural Competency Steering Committee recommended and the initiative adopted the definition for **cultural competence** used by the Office of Minority Health, U.S. Department of Health and Human Services:

“Cultural and linguistic 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. ‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial,

¹ REACH (2008) *Cultural Competency Initiative*. (Informational Handout – see Appendix A)

² Ibid

³ Ibid

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, Bazaron and Isaacs, 1989)."⁴

In discussions pursuant to adopting the definition, the Initiative Steering Committee agreed that the understanding cultural competence as an **ongoing** lifelong **process** was critical to the initiative's success. Based on that understanding, the technical assistance offered to initiative grantees has been focused on facilitating **organizational and infrastructural change** in order to assist agencies and systems in their development of a sustainable organizational capacity to function effectively within the context of the changing cultural beliefs, behaviors, and needs presented by agency personnel, consumers and their communities.

Evaluation Framework

Guided by the four key areas highlighted in the initiative's definition for cultural competence: 1) **congruent**; 2) **behaviors**; 3) **attitudes**; and 4) **policies**; the intermediate (leading) indicators identified by the Cultural Competency Steering Committee during the formative evaluation process focused on 1) changes in policies / procedures; changes in attitudes, motivations, and skills; changes in leadership support, planning, and the service design process, and changes in the provision of direct services.

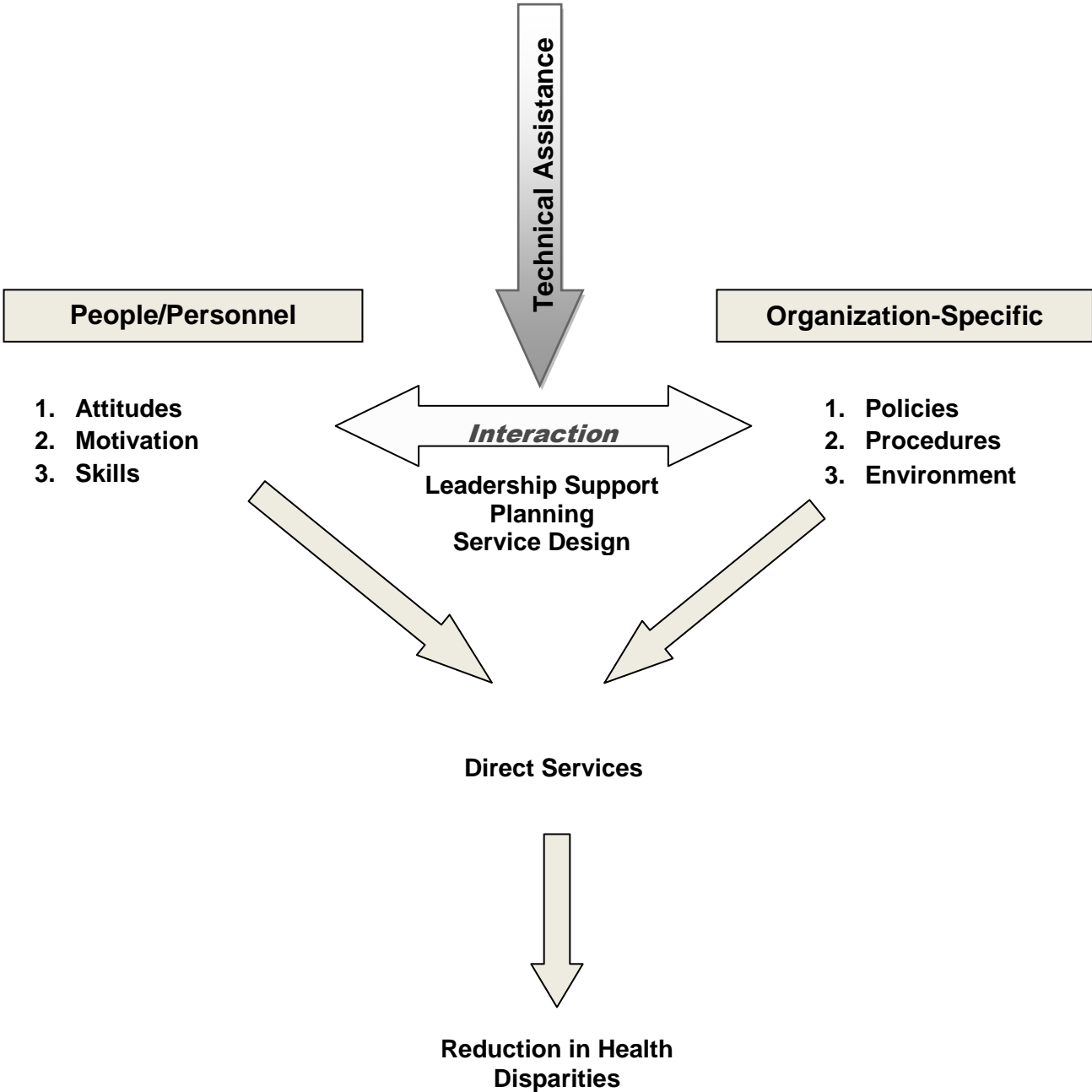
Evaluators applied an ecological perspective which focuses on the continuous interaction and transactions between agency personnel and agency policies, in the development of an evaluation framework in part because the point of intervention by the consults was focused on the work of each organization's equivalent of a cultural competency committee structure. This framework also allowed for the flexibility required in assessing such a wide variety of groups participating in the initiative and receiving technical assistance.

The consultants focused much of their technical assistance on helping build each agency's cultural competency committee's capacity to facilitate organizational and infrastructural change in order to assist the organization in their development of a sustainable organizational capacity to function effectively within the context of the changing cultural beliefs, behaviors, and needs presented by agency personnel, consumers and their communities.

In measuring each of the projected outcomes, evaluators aggregated data from various sources (including: notes from observation of the Learning Community, minutes from steering committee meetings, intervention summaries from the consultants, interviews with recipients and the consultants, focus groups, and online surveys. It should be noted that at the time of the March 2001 online survey the first cohort of eight TA recipients had been receiving TA an average of nine months and at the time of the August 2011 online survey the first cohort had been receiving TA an average of fourteen months and the second cohort of eight TA recipients for five months. A summary of the findings for each of the projected outcomes is presented below.

⁴ Cross, T., Bazron, B., Dennis K., & Isaacs, M., (1989). *Towards A Culturally Competent System of Care Volume I*. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center

Cultural Competency

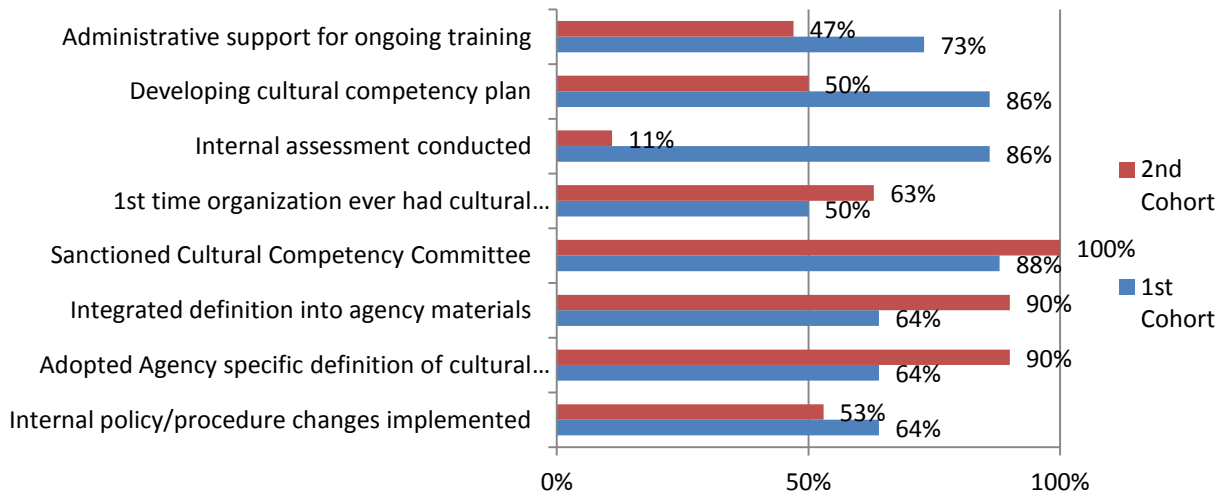


Intermediate Outcomes One and Two

1. To increase organizational understanding of national best practices and encourage organizations to adjust their service delivery accordingly to meet the particular needs of the individuals, families, organizations and communities they serve;
2. To enable nonprofit health and human service providers to identify the needs and help-seeking behaviors of the individuals they serve;

The indicators of success identified for these outcomes by the Cultural Competency Steering Committee during the formative evaluation process for focused on organizational policies / procedures; personnel’s attitudes, motivations, and skills; leadership support, planning, and the service design process; and direct services.

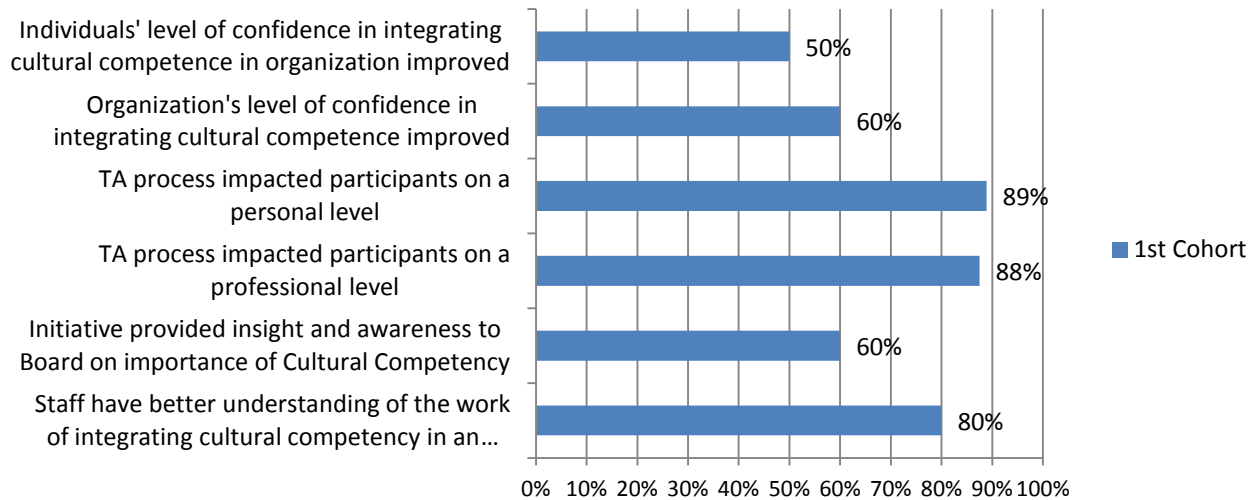
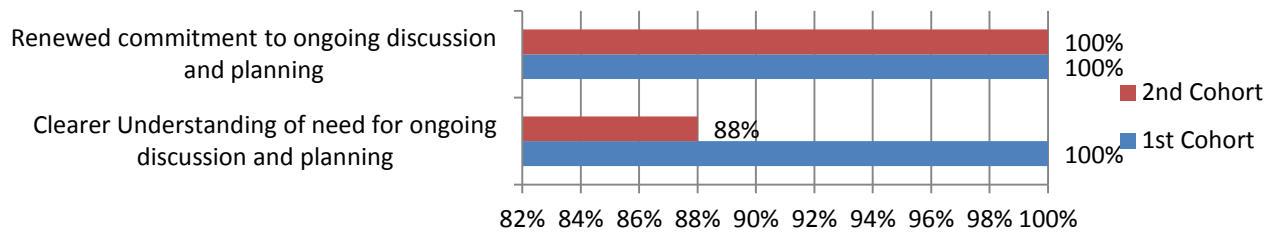
Summary of findings relevant to changes in organizational policies and procedures



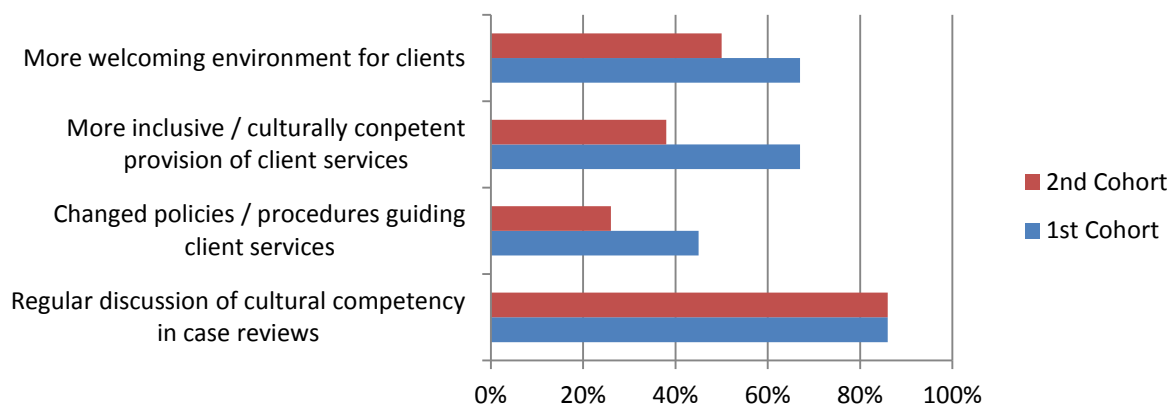
Summary of findings relevant to changes in leadership support, planning, and the service design process



Summary of findings relevant to changes in personnel's attitudes, motivations, and skills



Summary of findings relevant to changes in direct services



“I am so, so glad that we have been afforded this opportunity to work with the consultants. They have helped move our organization forward and I am relieved to have them continue to work with us beyond the initial technical assistance award period. We have so much yet to do and having an objective, knowledgeable outside resource helping to guide us, train us, and give us perspective has proved invaluable. (TA recipient)”

Intermediate Outcome Three

To engage other foundations in the Greater Kansas City area that share an understanding of cultural competency and seek their commitment to explore collaborative efforts in this area;

- The Health Care Foundation of Greater Kansas City (HCF) partnered with the REACH Healthcare Foundation in sponsoring/funding the Cultural Competency Initiative (allowing for expansion of the number of recipients of the technical assistance grants for 2011).
- The Initiative has sponsored two Kansas City area *Funder's Forums on Cultural Competency*.
- The Jackson County Community Mental Health Fund and Shumaker Family Foundation have indicated an interest in partnering in the sponsorship of the Initiative (allowing for expansion of the number of recipients of the technical assistance grants for 2012).

Intermediate Outcome Four

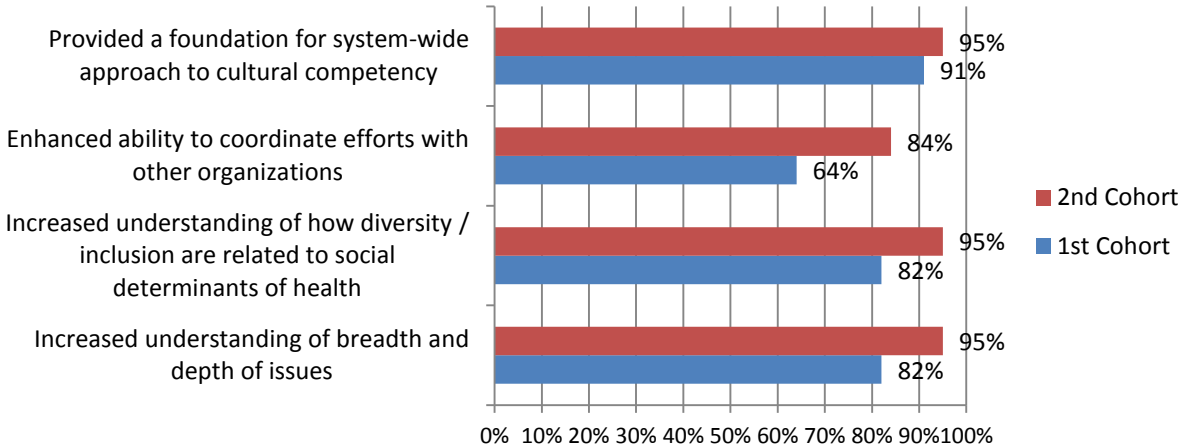
To develop a stakeholder group that will identify priorities for future initiative activities.

- In April, 2009 the initiative established and sanctioned the Cultural Competency Steering Committee which includes active participation by REACH Healthcare Foundation Board and staff members, Health Care Foundation of Greater Kansas City staff; representatives from the Office of Minority Health from the states of Kansas and Missouri; a representative of the Department of Health and Human Services Minority Health Regional Health Consultant for Region VII; and representatives of multiple area organizations and institutions which focus on cultural competency and inclusion. The Committee meets on a monthly basis.
- The Initiative Steering Committee adopted the definition for Cultural Competence.
- The Initiative Steering Committee developed a menu of indicators of cultural competency.
- The Initiative Steering Committee developed the criteria and procedures for offering community organizations the opportunity for technical assistance (TA) in the area of cultural competence (the first time this structure had been used by REACH).
- The Initiative Steering Committee reviews applications and makes recommendations to concerning which agencies should receive the TA.

Intermediate Outcome Five

To establish a cadre of nonprofit leaders who will advance cultural competency beyond the life of this initiative.

The fifth objective of the Cultural Competency Initiative is to establish a cadre of nonprofit leaders who will advance cultural competency beyond the life of this initiative. A Learning Community made up of recipients (both first and second year) was established in 2010 and meets on a monthly basis.



Conclusion

At the end of its third year, the initiative has started moving from its formative stage into an intermediate stage. As the information from this third year report is shared with the initiative funding partners, steering committee, and community stakeholders, it can be used to facilitate the fine tuning of the initiative and/or evaluation plan. As more preliminary data is collected, an informed discussion concerning thresholds of success for each of the indicators will be possible.

As the initiative moves forward and expands into the community, initiative funding partners, steering committee members, evaluators, and community stakeholders will need to clarify projected outcomes at a community level and identify the relevant indicators of success and processes for measuring them. The literature indicates several areas that can be assessed in evaluating the success of community based initiatives including: a common agenda/shared vision for change among stakeholders; shared measurement systems; coordination of differentiated activities through a mutually reinforcing plan of action; continuous communication, with a common vocabulary and decisions made on the basis of objective evidence; and a supporting infrastructure separate from participating organizations to support the initiative through ongoing facilitation, technology and communications support, data collection and reporting, and handling the myriad logistical and administrative details needed for the initiative to function smoothly.⁵

In subsequent years, evaluators will be able to conduct a summative evaluation (sometimes referred to as impact or outcome evaluation). The purpose of the summative evaluation is to assess the mature initiative’s success in reaching its stated long-term objectives. Identifying, tracking and measuring (lagging) long-term outcome indicators will provide data on the extent to which the Cultural Competency Initiative efforts achieved their stated long-term objectives and their impact on the reduction in disparities in healthcare and social services in the geographic area the Foundations serve.

⁵ Kania, J. & Kramer, M. (2011). *Collective Impact*. Stanford Social Innovation Review, Stanford, CA: Leland Stanford Jr. University.