HEALTH EQUITY *and* LEADERSHIP

The Importance of Leadership in Achieving Organizational Cultural Competency

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» ABSTRACT

Leaders can improve the quality of care their organizations provide, enhance operations and reduce health disparities among their patients by guiding efforts to develop cultural competency across their organization. While cultural competency development can take many forms, a concerted effort by an organization's executive director or chief executive officer is likely to have the greatest impact.

Organizations that serve diverse populations may find it challenging to provide culturally and linguistically appropriate care to all their patients. This paper examines the important role of organizational leaders in promoting, guiding and supporting cultural competency development throughout a health care service organization.

Leadership commitment to and involvement in cultural competency development efforts can make or break an organization's ability to move forward successfully. When the executive director or chief executive officer is explicit about cultural competency as a guiding organizational value, supportive of the changes taking place and willing to play an active role in making those changes happen, others are likely to follow his or her lead. Leaders can also assure that organizational resources for successful implementation are available and can help overcome obstacles such as staff release time for participation in such work, and board and/or staff resistance.

This paper provides leaders with strategies to enhance the probability of success. Lessons learned from The Colorado Trust's Equality in Health initiative describe challenges leaders may encounter as well as strategies that can help them achieve comprehensive organizational cultural competency development. Those strategies include:

1. Assessing their own and their organization's level of readiness to undertake comprehensive cultural competency development

2. Learning about health disparities, exploring their own biases and developing relationships with the diverse communities their organization serves

3. Preparing for organizational change by establishing the vision and meaning; engaging staff, board and community; making it safe to address uncomfortable issues; and managing staff and board diversity

4. Leading the effort and participating in the organization's cultural competency development activities

5. Assuring progress by creating methods for accountability and sustainability and celebrating success

Leaders of health service organizations can use the information in this paper to guide future efforts and assure all Coloradans receive quality, equitable health care.

Organizations that invest in the development of comprehensive cultural competency often realize additional benefits, including improved operations and higher quality of care for all of their patients.

›› INTRODUCTION

Meeting the needs of increasingly diverse populations presents a challenge to health service organizations in the United States. Significant effort is required to provide culturally and linguistically appropriate care to a variety of racial and ethnic communities, each with its own cultural traits, health beliefs and barriers to health care access. While organizations may work to reduce health disparities by focusing on specific services, such as language interpretation or targeted outreach, organizations that address the challenge of health equity by investing in the development of comprehensive cultural competency (see box on page 3) often realize additional benefits, including improved operations and higher quality of care for all of their patients.

The 2002 Institute of Medicine report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, found that "bias, prejudice and stereotyping on the part of health care providers may contribute to differences in care." For a health care organization to serve its clients well, staff should be able to understand and interact effectively with people from other cultures. Further, health care organizations may need to address infrastructure issues, such as development of staff and board diversity and adoption of policies and practices that eliminate barriers for patients from diverse cultural and linguistic backgrounds.

Leadership plays a critical role in promoting the importance of and developing systemic cultural competency. Leaders can assure that such work is a priority for the organization, help overcome obstacles and serve as role models. Little, however, has been written about the specific strategies that allow leaders to bring about comprehensive cultural competency change – change that often requires modifications not only to services but also to established policies and practices as well as staff attitudes and behaviors.

The Equality in Health initiative (EIH), a seven-year initiative of The Colorado Trust aimed at reducing health disparities through improvements in organizational cultural competency, involved 26 health service organizations across Colorado. The initiative provided lessons learned from leadership practices that facilitated improvement in organizational cultural competency.

›› THE BENEFITS OF COMPREHENSIVE CULTURAL COMPETENCY EFFORTS AND THE IMPORTANCE OF LEADERSHIP

Organizational efforts to address the challenges of meeting diverse patients' needs can bring about positive health outcomes for all patients and help remove disparities in health care. From an operational perspective, cultural competency efforts increase respect and mutual understanding between patients and providers; increase creativity in problem-solving through new perspectives, ideas and strategies; decrease unwanted surprises that might slow progress; increase participation and involvement of cultural groups; improve trust and cooperation; help overcome fear of mistakes, competition or conflict; and promote inclusion.[1]

As any organization that has undergone comprehensive reform of any type will attest, such change, however, is not easy. Organizational cultural competency efforts may prove more complex than other reform efforts because these efforts ask organizations to delve into emotionally laden topics such as equity, race, racism, bias and prejudice. Leadership commitment to and involvement in cultural competency development can make or break an organization's ability to be successful.

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Cultural competency efforts need the involvement of leadership to gain staff buy-in and the resources needed for successful implementation of changes.[2] Without this engagement, the pace of the work tends to be slower and staff may question the organization's long-term commitment to such work. Staff members dedicating time and energy to improving culturally and linguistically appropriate care may withdraw from future efforts if their ideas or activities are ignored or quashed.

On the other hand, when leadership, in particular the executive director (ED) or chief executive officer (CEO), is explicit about cultural competency as a guiding organizational value, supports the changes taking place and is willing to play an active role in making those changes happen, others are likely to follow his or her lead.[3] An engaged ED or CEO can ensure that cultural competency development is a priority for the organization and help overcome obstacles such as funding issues, staff release time for participation in such work, and board and/or staff resistance.

While research is needed to better understand the return on investment of ED or CEO time and participation,[3] the EIH initiative demonstrates that leadership engagement in cultural competency work can promote progress and sustainability, whereas lack of it tends to limit or stall efforts.

What is Comprehensive Organizational Cultural Competency Development?

Comprehensive cultural competency development is a concerted, systematic effort by an organization to understand and appreciate diverse cultures, alter policies and practices to meet the needs of different populations, and involve diverse stakeholders in improving the organization's ability to serve all patients effectively. Organizations that participated in The Colorado Trust's Equality in Health initiative (EIH) were asked to consider cultural competency work in three domains. Those domains and examples of strategies used included:

1. **Personal/Professional Development**
   On- and off-site trainings and brown-bag activities to enhance awareness and understanding

   Skill-building sessions to improve staff members' skills in working with colleagues and/or patients

2. **Organizational and Infrastructure Development**
   Cultural competency committee to plan for and manage the process, including implementation, evaluation and monitoring of work in each domain

   One- to five-year cultural competency strategic plan to set goals and priorities, strategies, timelines and methods for implementation

   Modification of services and practices such as adapting intake forms to gather more demographic data, translating materials and modifying educational programs to assure cultural relevancy

   Policy development related to such issues as language access, staff and board diversity, and the collection and utilization of race and ethnicity data

3. **Community Engagement**
   Community outreach to targeted groups through health fairs, education events and health screenings at locations such as churches, housing developments and job sites.

   Solicitation of community input through surveys, focus groups, community forums and patient advisory committees

   Community participation in decisionmaking through patient/community seats on board of directors and participation in board committees or other decisionmaking bodies

» LEADERSHIP STRATEGIES TO SUPPORT ORGANIZATIONAL CULTURAL COMPETENCY DEVELOPMENT

Much has been written about the importance of cultural competency in health equity efforts, but few resources are available to guide leaders in successfully implementing comprehensive organizational cultural competency change. Work with leaders across 26 organizations participating in the EIH initiative provided lessons regarding successful leadership practices.

Interviews with four EIH leaders revealed several recurring themes and examples of strategies for leading cultural competency change in a health care organization. Those leaders included: Kraig Burleson, Chief Executive Officer, Inner City Health Center; Melissa Guzman, Executive Director, Colorado Total Smiles (formerly Total Oral Prevention Strategies); Mary Beth Luedtke, former Executive Director, Western Colorado AIDS Project; and Cathy McCarty, Vice President of Clayton Educare.

Denise Materre of Denise Materre Consulting served as an executive coach to three of the EIH leaders,

and Adrienne Mansanares, Director of Community Leadership at The Denver Foundation, worked closely with the EIH initiative staff and program officer. They offered additional insights based on their experience with EIH and The Denver Foundation's Inclusiveness Initiative. Joseph R. Betancourt, MD, Director of the Disparities Solution Center, a program of Massachusetts General Hospital, also made observations based on his work with participants in the Disparities Leadership Program.

Leaders of health care clinics, hospitals and other health services organizations can consider the following recommendations to prepare themselves for leading comprehensive cultural competency efforts or improving what they are already doing.

1. Assess Organizational and Personal Readiness for Change

Before undertaking the effort required for developing comprehensive cultural competency, leaders first will want to assess both their personal and organizational readiness for that change. Leaders who plunge into the work without assessing readiness may find themselves unprepared to provide the type of broad-scale commitment required. At the organizational level, leaders may want to decide whether other competing priorities would prohibit allocating the necessary resources and time needed for comprehensive cultural competency work. They may also want to determine whether there is a sense of urgency to build cultural competency across the organization or whether only a subgroup cares passionately about the issue. This step will influence strategies used to frame the issue and timelines for intervention.[4]

Leaders also may need to examine their own readiness to invest time and energy in the work and the degree to which they are willing to be personally involved. Leaders who are not personally engaged may be unable to carry the vision or serve as a role model, and may have difficulties addressing the challenges they are likely to encounter. Furthermore, leaders may want to ask themselves if they are prepared to alter the nature of their organizations and to have it function in a different manner.

Throughout the EIH initiative, leaders were exposed to the ideas of transactional and transformational change. They were encouraged to acknowledge the need for and benefits of "transactional change,"

The Impact of Leader's Race or Ethnicity

How does a leader's race or ethnicity affect his or her ability to lead cultural competency or health equity efforts? Ultimately, it does not, according to EIH participants as well as Materre, Mansanares and Betancourt. Throughout the process, however, leaders of color and white leaders may experience different advantages and disadvantages based on their racial or ethnic background.

Leaders of color may initially be seen as having more legitimacy and may benefit from their identification with underserved communities. Burleson noted, "As an African American, my ability to lead the work was impacted favorably because there was a sense of affinity with our diverse staff." Leaders of color also may have more networks within their racial/ethnic group which could help build a diverse staff and board.

Not all leaders of color, however, understand or appreciate the need for health equity work, and assumptions that they do can result in harm. "Because I am African American," Burleson related, "people would assume [cultural competency values] are values that would be important to me. While that is true, that perspective can be too dismissive." Staff members who presume automatic support from leaders of color may become frustrated or disappointed, and leaders of color may receive less acceptance of their own need for personal self-exploration and growth. Finally, leaders of color who support cultural competency and health equity work may be perceived as "pushing their own agenda" and may encounter resistance from staff, board and community.

On the other hand, white leaders may have to work to develop legitimacy around health equity concerns. They may have to prove themselves to be seen as credible with their staff, board or communities. Guzman, whose Spanish surname comes through marriage, explained, "I come from a place of privilege. I did not have trust from minority populations. I had to build trust. With the refugee community, we had to feel each other out. I had to prove I really wanted to work with them and wasn't just saying it."

Once they became credible, however, white leaders felt their ability to make a difference was significant. McCarty said, "I can stand up for things with other people who are white. I did not have the grounding in the beginning, I did not have the grounding in my own culture, but once I did my own work I could be passionate without it being perceived as self-interested. I can lead the banner in ways others can't."

Leaders agreed that in the end their race or ethnicity did not affect their ability to lead their organization's cultural competency or health equity work. What mattered was what they believed and what they were willing to take a stand for, not the color of their skin.

i.e., shifting tasks, duties or assignments, such as hiring an interpreter or adapting educational materials for diverse audiences. They were also encouraged to consider how to lead change that literally "transforms" an organization. Staff and leaders of organizations that experienced this type of change in their cultural competency work said, "It's not just what we do that is different now; it's who we are as an organization and how we operate. We can't go back."

To assess organizational readiness, leaders might start by asking themselves the following questions:

- What are our goals and priorities regarding cultural competency development and health equity work?

- What organizational resources (including staff time and monetary resources) can we commit to this work?

- What other organizational priorities might compete with this work?

- How interested are our staff and board in training and strategic planning around this work?

- How willing will we be to measure both our current cultural competency and our future progress?

To assess personal readiness, leaders may ask these questions:

- Why am I personally interested in this work?

- What are my goals and priorities regarding my personal cultural competency development?

- How much time per month am I willing to commit to this work?

- How will I engage our staff and board of directors in this work?

- How will I serve as a role model for staff and board members in regard to culturally competent and inclusive practice?

Leaders who believe they and their organizations are ready may want to prepare themselves for the complexity of the work. Those who are expecting a smooth and linear process may become disheartened with the many ups and downs the process entails. Leaders of the EIH initiative, The Denver Foundation's Inclusiveness Project and the Disparities Leadership Program found the work was greater and more involved than they had imagined. As they proceeded, their understanding of the depth and impact of cultural competency and health equity work expanded. Preparing for complexity at the outset can help leaders sustain themselves through the process of organizational cultural competency development.[5]

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2. *Engage in Learning, Self-exploration and Personal Growth*

Leading cultural competency and health equity efforts requires a clear understanding of the issues. To gain that understanding, leaders may want to learn more about health disparities among the diverse cultural and ethnic groups their organizations serve or would like to serve. Leaders with knowledge of disease incidence, prevalence and treatment efficacy among racial/ethnic groups, as well as health-related beliefs and values and social determinants of health, can help their organizations positively affect health care outcomes. Leaders who clearly understand health disparities and their root causes can use this information to prioritize the organization's work in this area. As Betancourt said, "Leaders feel a lot more empowered once they have the evidence. It helps them position the issue against competing interests."

An objective study of health and social inequities faced by patients may need to be accompanied by self-examination and in-depth exploration of one's own cultural and professional background. The process involves recognizing one's biases, prejudices and assumptions about individuals who are different. Such

Additional Tools for Assessing Readiness for Organizational Cultural Competency Change

- The Denver Foundation's Inclusiveness Project Readiness Exam:
  http://www.nonprofitinclusiveness.org/node/55

- Coordinated Care Services Inc. Cultural Competency Readiness Assessment Questionnaire:
  http://www.tapartnership.org/docs/ccReadinessQuestionnaire.pdf

- Harvard Business Review: Is Yours a Learning Organization? Diagnostic Survey:
  https://hbs.qualtrics.com/SE/?SID=SV_b7rYZGRxuMEyHRz

awareness can help leaders identify how their own values influence their beliefs, attitudes and behavior, and may help prevent them from unintentionally imposing their beliefs, values and behaviors on others.[7]

For many EIH leaders, self-reflection changed their perspective. McCarty said, "I wrestled with digging deeper into issues of racism and equity because I didn't want to. In 'word' I was committed, but it took self-reflective practice and understanding who I am, understanding Eurocentric culture and the impact that culture has on people of color. Until that journey began, I didn't see institutionalized racism. I needed to have my eyes opened. It is a journey of discovery and challenging my own beliefs."

EIH leaders also recognized that the work acquires both meaning and momentum when it becomes personal. "Unless it is personal, it isn't meaningful, and if it's not meaningful, then we don't do it or we do it half-heartedly," said Burleson. The personal work of the EIH leaders furthered the attention they placed on cultural competency. It pushed them to strive for continued improvement. As Guzman said, "The work is addictive in a sense. Once you get a taste of it, you want more. You ask: 'How can I better myself and how can we better ourselves as an organization?'"

Undertaking the process of self-exploration can help leaders respond to and support providers and staff who also will be asked to grow their cultural awareness to better serve patients. Additionally, when staff recognize that the work of cultural competency is personally meaningful to their leaders, they are likely to become more invested. Luedtke said, "The work became my personal agenda. Staff saw that shift and that is when they became more engaged as well. Staff looked to me as their example. They took their cue from my level of engagement."
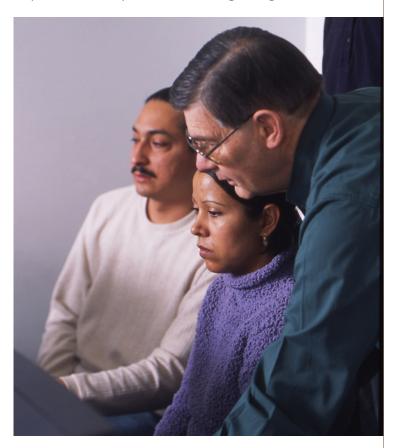
Finally, leaders may want to develop relationships with the diverse communities their organizations serve. Directly interacting with individuals from different cultural groups can help leaders better understand patients' needs and how the organization can reduce barriers to health care. Organizational leaders who spend time building relationships with community leaders send a strong message that those leaders are valued and respected, which can help both leaders and organizations engage community members in organizational efforts.

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3. Prepare for Organizational Change

Leaders can help prepare their staff and boards for the organizational change required by comprehensive cultural competency development by establishing a vision, shared language and meaning for the work; engaging stakeholders across the organization; creating a safe space for discussions; and actively managing diversity in both staff and board.

Establish Vision, Shared Language and Meaning
Establishing and communicating a clear vision about where they want the organization to go can help leaders build support for the work. EIH leaders emphasized the importance of making their goals

Isolation and Opportunities for Leadership Support

Leaders can feel isolated in work to develop organization-wide cultural competency. By definition, they do not have a peer within the organization, and, even if they have others' support, there may be issues they are uncomfortable discussing with either staff or board members. Leadership of cultural competency and health equity efforts often will demand that difficult decisions be made, such as mandating an all-day cultural competency training, providing pay incentives for bilingual staff instead of raising salaries, or firing staff who continuously act in a culturally insensitive manner. When decisions revolve around issues of race or equity, tensions can run high.

Opportunities for countering isolation may exist through mentorships, peer-to-peer networks and executive coaching. Such opportunities can provide leaders personal support and a chance to develop their skills. Articulating challenges, anxieties or frustrations to a mentor and receiving constructive feedback from someone who has been through similar experiences can provide reassurance that difficulties are both common and surmountable. Through a trusted peer relationship, leaders may gain both practical tips as well as a deeper philosophical commitment to the work.

Similarly, peer networks allow leaders to offer each other advice and feedback that comes from a similar vantage point. EIH leaders expressed a need for open and honest communication at the leadership level about race, ethnicity, bias, discrimination and societal inequities. Burleson commented, "Leaders should have an arena to talk about their own place and perspective in this. It's a conversation that does not happen publicly. Then it is resigned to private circles that are not always healthy for exploring new ideas." A leaders forum, possibly including caucuses by racial/ethnic groups, could increase leaders' comfort and ability in talking about race and provide a space for them to discuss their challenges and successes.

Executive coaches can help leaders bring more depth and focus to a particular challenge. Leaders may need a "thinking partner" for support and guidance, and executive coaches can assist leaders in conducting tough conversations, dealing with conflict and motivating their staff and board. Coaches may help leaders bring clarity to an issue, such as board resistance or lack of staff buy-in, define their goals and develop a plan of action.

EIH leaders who participated in executive coaching found it beneficial, noting that the executive coach gave them direction and offered a supportive and necessary perspective on their internal conversations. As Guzman said, "Executive coaching was hugely beneficial for me. Denise helped me frame difficult issues with the board. She showed me how to broach the topic, set a goal and get the job done." Though the coaching work took time away from their busy schedules, the EIH leaders felt the pay off was worth it and recommended a year-long commitment.

visible and articulating what they were trying to achieve. Further, they noted the value of explaining why the investment of time and energy was important and of inspiring others with their message. Burleson noted, "Leaders should think about the greatest possible outcome for this work. They should ask themselves, 'If we take the time and invest the energy, what would be the greatest return on the investment and, conversely, if we don't do this work, what is the loss we could realize?'"

A clear vision that builds on organizational values can help stakeholders understand how developing organizational cultural competency is aligned with existing efforts.[5] Such an understanding can help make

the work more meaningful and inspire stakeholders to move forward. Successful leaders, however, recognize that what inspires some might not inspire others. Some people may need data first, while others may require an emotional appeal.[4]

"I had to be clear about what we were doing and why we were doing it," Luedtke said. "If I could say something that showed the importance of cultural competency work and that resonated with them personally, it helped to create buy-in. Some staff needed to hear how this work would benefit our clients, while others wanted to know how it would improve our organizational culture."

Creating a shared language allows leaders to assure everyone is on the same page and operating from a common understanding. EIH leaders helped facilitate discussions to ensure staff understood such terms as "health equity" and "cultural competency" in the same way. These conversations took time and were sometimes trying for both leaders and staff who wanted to move on, but ultimately they helped lay an important foundation.

Engage Stakeholders Across the Organization

While it is important for leaders to set the direction for their organizations' cultural competency work, it is equally important for them to engage staff from across the organization as well as board members in championing the cause and implementing activities. EIH leaders looked for allies within their organizations – people who could both influence others and help carry out the work. As Luedtke explained, "As one person, I can only reach so far, even as a leader. The work has to have tentacles. It reaches farther by having multiple drivers – those who can lead activities, those who can work on policy development, those who can reach out to community and clients." Leaders

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are likely to accomplish more on different levels by involving board members and staff from various departments in creating and implementing the portfolio of work needed to build their organizational cultural competency.

Strategies to Engage Staff

Successful engagement of staff is likely to include a variety of strategies. It is also likely to be an incremental process with different staff members being involved in various ways at different points in time. Leaders may initially line up allies – staff members whose interests and perspective on cultural competency work may be closely aligned with theirs. These allies may become departmental champions and may help influence their peers. It is also important to consider staff members whose perspective is markedly different. Engaging these staff may mean finding out what drives them and explaining how the work of cultural competency can support their goals as well.

EIH leaders engaged staff by soliciting their input and feedback throughout the cultural competency change process. For example, Burleson held meetings with racial/ethnic caucus groups within his staff to understand their perceptions of the organization and their expectations and concerns for the cultural competency work. Luedtke asked for suggestions on what topics should be explored in personal/

CHALLENGE: Time and Timeliness

Many organizational leaders hold themselves to fast timelines and fast returns. These individuals, who hold a comprehensive view of the organization and know the many issues that need attention, may be frustrated or anxious by the evolving nature of cultural competency work and the long-term efforts required for organizational change. In preparing themselves and their organizations for comprehensive cultural competency development, leaders may want to allocate the time they and their staffs will need to commit to this work, including time for planned activities and negotiating challenges as they arise. Blocking out time for these discussions in advance, as well as preparing for a multi-year endeavor, may ease frustration and anxiety.

professional development sessions and how they should be explored (i.e., internal vs. external facilitator). She then held both group and individual follow-up discussions to determine what might have been done differently to improve understanding.

All four of the interviewed leaders, as well as other leaders within EIH, formed a cultural competency committee (sometimes called a steering committee, workgroup or task force) as another mechanism for engaging staff. Leaders ensured managers gave interested staff release time to attend the meetings. Further, leaders extended personal invitations to individuals who did not originally join but whom they thought would offer valuable contributions. The responsibilities and decision-making capacity of the committees increased staff engagement and gave staff a sense of ownership of the work.

EIH leaders pointed to other opportunities for staff involvement in the organization's overall efforts, such as analyzing demographic data or designing a patient focus group. Appealing to and capitalizing on individual strengths and interests allowed leaders to find multiple means to engage staff and achieve greater buy-in.

Strategies to Engage Board Members

EIH leaders suggested starting board work early on in the change process. Conducting one-on-one conversations with board members to explain the changes envisioned and why they are needed can be helpful in the initial phases. Similarly, establishing a board champion for cultural competency and, as appropriate, asking board members to mentor one another may further board understanding and provide positive peer pressure.

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Other strategies include crafting time for discussion and cultural competency activities at board retreats, providing regular updates on the organization's cultural competency progress at board meetings, and inviting staff to share their experiences of the benefits of the work as it grows. Encouraging board members to visit the organization's clinics, health fairs or outreach events can provide insight and a new level of connection to the work. Inviting funders and health equity experts to speak to the board about their perspective on the importance of this work can further enhance board engagement.

Finally, asking each board committee to develop its own goals in relation to the organization's cultural competency efforts can further board investment and involvement. For example, Guzman worked with her board's nominating committee to establish new board recruitment efforts so the board could grow to represent the different racial and ethnic populations the organization served. The organization looked for applicants who not only were from the same racial or ethnic groups as their patient population, but who could also bring a better understanding of that group and its health care needs. New board application processes, including written applications and interviews with questions about cultural competency and experience with diverse populations, helped demonstrate that furthering the organization's cultural competency and health equity efforts was part of the board's work.

Create a Safe Space and Address Discomfort

The work of cultural competency often involves intense discussions around race, racism, bias and deeply held cultural values. Neglecting to address these issues, or keeping "the elephants out of the room," can stall the work and cause further tensions. Leaders who take responsibility for creating a safe space for these discussions and provide protection for individuals who raise difficult issues can help others overcome fear of addressing sensitive topics. From the nature of their position, leaders can set the

CHALLENGE: Staff and Board Resistance

Some staff members may resist the organization's cultural competency and health equity efforts. They may not understand why particular attention needs to be paid to targeted racial or ethnic populations or why those populations should receive additional services. They also may not want to participate in conversations meant to develop their understanding of inequities, their own cultural identity or their own biases.

Similarly, some boards or board members may resist a change to the status quo. Board members may question the costs of cultural competency and health equity efforts, such as language access services or tailored health education programs, or may fear a drop in community support if the organization is perceived to be changing in either its staff or patient composition or both.

Leaders encountering such resistance may want to reemphasize why the work is important to the organization's values and mission. They may also want to listen carefully, and, as Guzman put it, follow the proverb: "Seek to understand and then to be understood." Leaders may successfully address resistance through one-on-one meetings, where they can explore why individuals are uncomfortable, address any fears and invite new ideas for trainings, brown-bag discussions, service modifications or community engagement events.

Acknowledging that it is okay to have bias and that not all cultural competency efforts will resonate with everyone can reduce opposition. Leaders may promote staff and board growth by valuing and encouraging the contributions of each individual and by pairing individuals with different levels of comfort on various assignments, such as brown-bag presentations, a fundraising drive among communities of color or a community outreach event. Leaders who recognize there is a learning curve and who help individuals develop appreciation for the organization's overarching goals are likely to minimize resistance.

tone and manage the conversations. Skilled leaders allow for some tension but also discern where the group is going, if and when the conversation isn't serving anyone, and when the discussion needs to be shifted.

To create a safe space, EIH leaders talked openly about the work being uncomfortable and set ground rules, such as refraining from judgment, respecting different perspectives and assuming a positive intent. They made it clear staff could raise sensitive issues and that no question was off limits. At the same time, they made careful interventions following volatile comments to try to find useful insights in what was being said without endorsing the perspective. They demonstrated that all staff members were valued for themselves and for what they had to contribute.

EIH leaders also displayed their own willingness to tackle tough issues. They refrained from sugarcoating their biases and let themselves be exposed, even

when doing so was emotionally charged, difficult and frightening. As McCarty said, "It's about being willing to be vulnerable. You have to make visible all those things inside you that you have been able to keep invisible. I have been pushed to the wall trying to understand the perspective of others. It takes a lot of courage. I've had to learn how to be in it, to be present in the tension, and to know the outcome is worth being willing to push the envelope."

EIH leaders also realized creating a safe space does not happen overnight, even with their guidance. McCarty commented, "It is incremental work. We didn't start on day one with 'courageous conversations.' We started with fun activities. You have to build safety."

Focus on Managing Diversity

Organizations involved in cultural competency development typically seek to improve or maintain their staff and/or board diversity as part of their efforts.

(See The Colorado Trust publication *Health Equity and Racial and Ethnic Workforce Diversity* for more information on the links between diversity, cultural competency and health equity.) Simply hiring diverse staff or recruiting diverse board members does not guarantee a more culturally competent organization, however. In fact, an organization's positive intentions may be undermined if it fails to pay attention to managing diversity.

The ongoing process of managing diversity harness the advantages and capabilities a diverse staff or board bring to an organization while minimizing potential challenges.[6] When leaders manage diversity well, organizations may reap numerous benefits, including improved morale, out-of-the box thinking, greater teamwork, and an atmosphere of mutual understanding and respect. When leaders ignore diversity, consequences can include unhealthy tensions, loss of productivity because of increased conflict, inability to attract and retain talented people, complaints and legal actions, and inability to retain valuable employees, resulting in lost investments in recruitment and training.[7]

Leaders can effectively manage diversity by testing their assumptions before acting on them and by finding ways to draw forth the strengths and assets of diverse individuals. Successful leaders learn what motivates staff and board members with whom they work and how they like to be recognized, and to find means to provide constructive feedback in a manner respectful to the individual involved.

Leaders may also solicit constructive feedback about their own leadership methods and ways to improve the work environment. Those who manage diversity well understand their personal preferences in regard to communication or work styles may not be effectual for others and find ways to incorporate different preferences (e.g., oral vs. written comments, individual vs. group work) into both meetings and tasks. They convey the belief that there can be multiple valid ways to do things or accomplish goals.

Recognizing the value of different perspectives, leaders actively managing diversity will help ensure that opportunities for advancement are accessible to everyone and that diversity exists throughout all levels of the organization. This may mean challenging institutional practices, such as requiring an advanced degree for specific positions or a significant financial contribution from board members. Leaders also may

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mentor diverse staff for executive-level positions or diverse community members for board positions.

Finally, leaders who effectively manage diversity will make certain prompt action is taken when individuals within their organization show disrespect for others through inappropriate jokes, offensive terms or dismissive actions. For example, McCarty took a stand when a newly hired manager made culturally offensive comments in a team meeting. She arranged a series of sessions in which the manager and staff member could discuss their perspectives with one another and encouraged the manager's self-reflection. When the manager refused to acknowledge her offense, McCarty let her go.

4. Direct the Action and Participate in Cultural Competency Activities

Leaders play a critical role in pushing any organizational reform forward. Because organizational cultural competency development often is viewed as important but not urgent, it may take a leader's impetus to advance the work, especially within the context of immediate patient needs. While allocating organizational resources, including both funds and staff time, is important and demonstrates leadership support, that alone may not be enough to mobilize an organization.

EIH leaders saw a significant difference in both staff engagement and organizational action when they participated in organizational cultural competency efforts and dedicated their own time to various aspects of the work. As Burleson said, "You cannot lead where you are not personally willing to go." Similarly, McCarty noted, "The work definitely took my involvement. I [had] a lot of power in moving the agenda. We wouldn't have gotten the depth of it without my engagement."

Luedtke originally delegated management and guidance of her organization's cultural competency work only to realize her involvement was critical. She explained, "Whatever I was asking staff to do, I needed to do and I needed to show my active involvement. If I was going to ask staff to attend a two-day training, I needed to be there, and I needed to speak up. If it was not a priority for me, staff would see that."

While leaders may not need to chair cultural competency committees, their active participation gives weight to the committee and helps ensure the committee's chosen strategies receive the resources needed for implementation. Likewise, leadership involvement in cultural competency policy development, including policies on language access, staff recruitment and retention, data collection and analysis, can ensure these policies move promptly through an approval process. Leaders typically do not need to be involved in policy writing, but can offer feedback as policy reviews are conducted and new policy ideas are brought forth.

As noted above, leaders' engagement in cultural competency trainings, brown-bag activities and other learning opportunities may help create a safe space for others and demonstrate an organizational willingness to address tough issues. While leaders may not need to attend all sessions, their involvement at the beginning and on a regular basis thereafter helps set expectations. Additionally, leader participation in these sessions gives them first-hand knowledge of the questions, concerns and growth experienced by staff.

Finally, leaders may want to moderate community forums and attend or facilitate occasional patient advisory committee meetings. Participation in such activities demonstrates to patients and community members alike the leader's interest in engaging them in organizational efforts to improve care and allows leaders to gain direct knowledge of community and patient needs.

Attend to Fears and Concerns, Inspire Others and Take Risks

As the change process gets underway – as personal development activities take place, as services are adapted, as new policies are written, as patients gain more of a say in organizational decisions – leaders and stakeholders may experience ups and downs. Many EIH grantees described their cultural competency journey as a "roller coaster ride." Organizations experienced periods of strong motivation, followed by lulls and staff burn out. Additionally, fears and concerns arose as discussions around race and equity became deeper, and policies and services – and thus job duties – started to shift.

Leaders may facilitate continued progress by holding steady. Burleson stated, "As sensitive an issue, as delicate a dynamic, as potentially volatile the work can become, it takes a steady hand." EIH leaders attended to fears and concerns through individual meetings where they acknowledged that fear was part of the process, allowed staff to explore their fears and coached them through difficulties, such as a heated conversation on privilege with a colleague or challenges with diverse patients. They inspired others by modeling inclusive behavior, emphasizing how successful cultural competency work could positively impact both staff and patients, and highlighting situations where individuals used some of the tools, skills or knowledge they had developed to improve patient services or communicate with a colleague.

EIH participants also demonstrated their willingness to take risks in regard to new practices and professional development and encouraged staff to do likewise. They stressed that challenging situations or "mistakes"

CHALLENGE: The Need to Be an Expert

Leaders are often expected to be experts and to have answers. It may be difficult for leaders to guide change efforts if they are afraid they do not have credibility, do not have all the answers and cannot anticipate what may come up. Further, leaders often are expected to be rational and cool under fire. Participating in conversations about race and equity where they may be personally triggered can be challenging, causing some leaders to back away from these conversations or refrain from sharing. In turn, this reaction can be demoralizing for staff.

Leaders, however, who give up the expert persona and the perceived need to be strong may find that stakeholders do not require them to have all the answers. Rather, staff, board and community members may appreciate leaders who are willing to learn with them and work together through the various issues that arise. Successful EIH leaders allowed tensions to be present without feeling a need to shut down conflict or personally resolve every matter. They asked open-ended questions and had the patience and confidence to work through issues together with their stakeholders.

made were opportunities to learn. For example, one EIH grantee planned a health fair for the community's West African population. After months of planning, no one showed up. When leaders asked community leaders why this occurred, they learned that the community actively boycotted the event because they had never been asked what types of screenings or educational materials would be important to them – they felt excluded from the planning. The lesson was a powerful one that allowed the organization to make subsequent community outreach events much more successful.

5. Assure Progress and Sustainability

Determine Methods of Accountability

Accountability is often seen as necessary for achieving results. Leaders may want to create methods for holding themselves and their staff accountable for continued progress in the cultural competency and health equity work. Performance reviews offer one mechanism for doing so. Leaders may direct human resources staff to revise current performance review forms to include an assessment of individual culturally competent behaviors and practices, as well as advancement of organizational cultural competency efforts, such as policy development or targeted outreach activities. Staff may be asked to include elements of cultural competency in annual goal setting and objectives and may be held accountable for realizing those goals. Performance management programs designed to encourage exceeding performance standards should likewise incorporate aspects of cultural competency.

Quality improvement reporting provides another means for accountability. Quality improvement accounts that incorporate equity measures derived from disaggregated data on patient retention, health outcomes and satisfaction send a strong message. For example, leaders may ask for reports that show a measurable difference in the overall health of a target population or in a specific health indicator, such as glucose levels or blood pressure. Quality improvement reports also may include measures of different patient populations' understanding of their medical situation and/or perception of the care they received. Leaders who hold their direct reports responsible for results in equity measures may see greater progress.

Leaders can hold themselves accountable by including cultural competency in their own performance evaluations and by integrating equity progress in their reports to the board. Leaders who hold themselves accountable further demonstrate their commitment to these issues.

> **Staff, board and community members may appreciate leaders who are willing to learn with them and work together through the various issues that arise.**

Create a Framework for Sustainability

Leaders may sustain their organizations' cultural competency efforts through anticipating projected costs, establishing policies and planning for succession. EIH leaders who created a detailed estimate of expenses for cultural competency work, including such things as interpretation and translation costs, staff trainings, outreach events and patient surveys, were able to anticipate costs and build provisions into the organization's annual budget. Additionally, leaders may seek out grants or contracts that support cultural competency efforts, thereby building funds for this work.

As indicated above, leadership involvement in cultural competency policy development can help promote swift action and board approval. Policies help ensure that organizational practices will not change with a shift in leadership or new competing organizational priorities.

Finally, leaders may want to identify those individuals who might succeed them and help build their commitment to cultural competency work by engaging them in discussions and giving them responsibility for

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certain efforts. Staff members who have personally invested in the organization's progress are less likely to allow it to slip backwards. Similarly, leaders who are planning to retire or take another position may work with their boards to include questions around cultural competency in interviews for their position.

Celebrate Success

Because comprehensive cultural competency and health equity efforts take years, it is important to acknowledge and celebrate small victories along the way. While the work may evolve over time, setting benchmarks and recognizing achievement builds confidence that the process is moving forward. Benchmarks may relate to any number of aspects of the work, such as services (e.g., providing interpretation and translation services), outcomes (e.g., HgA1c levels down by 10 percent for populations of color), patient, staff or board diversity, and staff cultural understanding and commitment as measured through staff surveys. When leaders personally and overtly acknowledge these achievements, the acknowledgement may become more meaningful.

Similarly, leaders who demonstrate appreciation for individual and group contributions can strengthen enthusiasm. Luedtke found small gifts that represented qualities demonstrated by individual staff members and presented them at a celebratory lunch that was scheduled after a month of organizational challenges. She said, "Staff really appreciated my acknowledgement of their contributions and the opportunity to celebrate how far we had come. After a difficult period, the celebratory event definitely helped to boost morale." While recognitions may take the form of an event, they may also be as simple as an announcement over email or at a staff or board meeting. When leaders highlight cultural competency and health equity accomplishments and contributions, it further solidifies the importance of this work to the organization's overall mission.

» CONCLUSION

More research is needed to evaluate the ways in which leadership engagement affects organizational health equity work. There is no question, however, that leaders' support is needed to prioritize and drive efforts that lead to quality and equitable care. A more detailed understanding of what constitute the most critical ways for leaders to invest and involve themselves in cultural competency and health equity work and the payoffs of such involvement would be useful to leaders and those with whom they work.

Lessons learned from practice can help guide leaders in crafting strategies for successful progress and in overcoming the challenges that cultural competency and health equity efforts present. As this report describes, leaders may prepare for broad-scale commitment by:

1. Assessing their own and their organization's level of readiness to undertake comprehensive cultural competency development

2. Learning about health disparities, exploring their own biases and developing relationships with the diverse communities their organization serves

3. Preparing for organizational change by establishing the vision and meaning; engaging staff, board and community; making it safe to address uncomfortable issues; and managing staff and board diversity

4. Leading the effort and participating in the organization's cultural competency development activities

5. Assuring progress by creating methods for accountability and sustainability and celebrating success

Despite the difficulties health service organizations face in meeting the needs of their diverse patients, leadership commitment to and engagement in comprehensive cultural competency work can help assure organizations overcome challenges and provide quality, equitable care to all.

» END NOTES

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