



HIGHLIGHTS

*of the report on
Health Equity and
Leadership*

The Importance of Leadership in Achieving Organizational Cultural Competency

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» HEALTH CARE ORGANIZATIONS WITH PATIENTS FROM DIVERSE POPULATIONS NEED STAFF WHO UNDERSTAND AND INTERACT EFFECTIVELY WITH PEOPLE FROM OTHER CULTURES. Studies show that biases and prejudices can result in differences in care and in health disparities among patients. Yet, these organizations often find it challenging to provide culturally and linguistically appropriate care. Experience from a seven-year Colorado Trust initiative shows that organizational leaders can make or break an organization's ability to provide high-quality, culturally sensitive care to all its patients.

When leaders are committed to and involved in developing cultural competency across their organization, the quality of care can rise for all and the organization can reap added benefits such as improved operations. Little, however, has been written about specific strategies that allow leaders to bring about comprehensive cultural competency change throughout an organization – change that often requires modifications to services as well as established policies and practices, and staff attitudes and behaviors.

The Colorado Trust paper, *Health Equity and Leadership: The Importance of Leadership in Achieving Organizational Cultural Competency*, summarizes lessons learned from the Equality in Health initiative (EIH). This initiative involved 26 Colorado organizations in efforts to reduce health disparities by improving cultural competency. The paper examines the important role leaders play in promoting, guiding and supporting cultural competency development throughout a health care service organization.

Commitment from the top helps gain staff buy-in and the resources needed for the successful

implementation of changes.¹ When leadership, in particular the executive director (ED) or chief executive officer (CEO), makes it clear that cultural competency is a guiding organizational value, supports the changes taking place and plays an active role in making those changes happen, others are likely to follow his or her lead.²

Although more research is needed to better understand the return on investment of ED or CEO time and participation,² the EIH initiative demonstrates that leadership engagement in cultural competency work promotes progress and sustainability. Leaders of health service organizations can use the information in the full paper to guide future efforts and assure all Coloradans receive quality, equitable health care.

Comprehensive organizational cultural competency development is a concerted, systematic effort by an organization to understand, appreciate and interact with people from other cultures and/or belief systems.

Leadership Strategies

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.

Leaders may need to examine their readiness to invest time and energy in the work and the degree to which they are willing to be personally involved. To begin, they can ask themselves questions about the organization's readiness, as well as their own, including: What are our goals and priorities regarding cultural competency development and health equity work? What organizational resources (including staff time and funds) can we commit? Why am I personally interested, and how will I serve as a role model for staff and board members in regard to culturally competent and inclusive practice?

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

Organizational leaders may want to learn more about health disparities among the diverse cultural and ethnic groups their organizations serve or would like to serve. The process also involves recognizing one's biases, prejudices and assumptions about individuals who are different. This self-reflection helped EIH leaders identify how their own values influence their beliefs, attitudes and behavior.

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.

EIH leaders emphasized the importance of making their goals visible and articulating what they wanted to achieve. They pointed to the value of explaining why the investment of time and energy was important and of inspiring others with their message. Specific strategies included forming cultural competency committees, recruiting board champions, talking openly about the work being uncomfortable, and managing efforts to create cultural diversity in both staff and board.

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

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. 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.

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

Leaders may want to develop methods for holding themselves and their staff accountable for continued progress in the cultural competency and health equity work. Steps to sustain their organizations' cultural competency efforts can include anticipating projected costs, establishing policies and planning for succession so the cultural competency work continues.

» END NOTES

¹ Wu E, Martinez M. *Taking Cultural Competency from Theory to Action*. New York, NY: The Commonwealth Fund; 2006.

² Wilson-Stronks A, Galvez E. *Hospitals, Language and Culture: A Snapshot of the Nation: A Report of Findings*. Oakbrook Terrace, IL: The Joint Commission; 2007.