

Crosscutting: Cultural Responsiveness and Sensitivity Action Plan

Broad Strategy: Cultural Responsiveness and Sensitivity					
Baseline: There is no organized approach to promote the value of CR & S among key target audiences.					
Objective #1	Activities	Anticipated Outcome	Timeline	Lead and Resources	Evaluation Method (deliverables)
1. Strengthen and promote an evidence-based business case to sustain and expand employer and state health workforce diversity programs and investment in pipeline diversity efforts	<ol style="list-style-type: none"> 1. Assemble existing evidence that makes the case for increased workforce diversity and CR&S 2. Develop statewide communication strategies and tool kits; make tool kits available 3. Customize messaging and strategies for key stakeholder audiences 4. Coordinate statewide and regional campaign to link with overall goals of HWDC Plan 5. Prioritize targeted stakeholders and develop schedule for campaign. 6. Select and fund lead entity to organize campaign and provide technical assistance to spokespersons 	<ol style="list-style-type: none"> 1. Creation of evidence-based statements that substantiate the value of investments and policies that support CR & S and workforce diversity. Customized statements and associated messaging are directly linked to priorities of multiple important stakeholder groups and increase their awareness and action. 2. Increased investment, institutional commitment and policy change to advance top CR&S priorities 3. Availability of consistent, effective messaging for all spokespersons 4. Increased ability of advocates, programs, legislators and employers to make the case for investing in CR & S 5. On-going solicitation of investments in CR & S and workforce diversity strategies. 	April-Dec 2012 (assuming funding is provided)	California Health Professions Consortium/CHWA in conjunction with: Fenton Communications, statewide /regional advocacy groups & employer groups Resources TBD	<ol style="list-style-type: none"> 1. Business Case Statement, and supporting data 2. Copies of Campaign messages/toolkits in accessible repository 3. Roster of spokespersons and programs actively promoting value of CR & S 4. Roster of promotion & solicitation activities conducted 5. Increase in institutional investment, policy change and support to create CR & S and increase workforce diversity 6. Recognition of CR & S as an industry norm within the health care sector in California

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		<p>5. Mobilization of broad public/private support through engagement of most effective spokespersons for each stakeholder audience</p> <p>6. Cohesive promotion of CR & S and effective solicitation of investments.</p>			
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Baseline: There is no organized approach to make the case to key target audiences in a way that results in needed investments.					
Objective #2	Activities	Anticipated Outcome	Timeline	Lead and Resources	Evaluation Method (deliverables)
<p>2. Increase commitment and investment by educational institutions, employers and WIB's, in programs that have been proven to increase size, CS&R and diversity of the health workforce.</p>	<p>1. Identify priority programs for increased investment based on ability to address targeted need with evidenced based strategies. <u>Examples:</u> UC Riverside Medical School, PRIME, Post-Bac Program sustainability/expansion, HCOPs, USC Primary Care and Prevention Program, and UC Merced Medical School.</p> <p>2. Align/sequence investments based on level of contribution to goals of HWDC Plan</p>	<p>1. Identification of priorities for investment based on potential for return on investment.</p> <p>2. Plan for sequencing of investments over realistic time frame.</p> <p>3. Unified advocacy strategy and resources for broad-based public and private support of CR & S and workforce diversity</p> <p>4. Increased investment in priority programs linked to HWDC Plans and evidence based gaps</p>	<p>April 2012 May 2013</p>	<p>CHPC/CHWA in conjunction with HWDC and agency staff</p>	<p>1. List of priority programs</p> <p>2. Roster reflecting schedule and sequence of investments</p> <p>3. Roster of promotional efforts conducted by BHC sites and regional workforce development initiatives,</p>

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	3. Develop initiative with TCE/BHC sites and other regional workforce development initiatives, to promote career opportunities, strengthen pipeline programs and integrate proven CR & S strategies into local education/employment training programs.				
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Objective-# 2	Activities	Anticipated Outcome	Timeline	Lead and Resources	Evaluation Method (deliverables)
<p>(con't)</p> <p>2. Increase commitment and investment by educational institutions, employers and WIB's, in programs that have been proven to increase size, CS& R and diversity of workforce.</p>	<p>4. Develop strategy to advocate for investment that is supported by business case</p> <p>5. Implement advocacy strategy</p> <p>6. Mobilize investment in proven pipeline programs statewide and in regional areas.</p>	<p>5. Systematic promotion of increased investment in CR & S</p> <p>6. Policy changes to support investment in priority programs and strategies, increased level of investment and measureable progress toward the goals of the HWDC plan</p> <p>7. Increase in CR & S, career opportunity awareness and workforce diversity in BHC sites, and areas served Plan to replicate models</p>	<p>April 2012 May 2013</p>	<p>CHPC/CHWA in conjunction with HWDC and agency staff</p>	<p>4. Outline of advocacy strategy</p> <p>5. Roster of policy changes enacted and Roster reflecting increased investments</p> <p>6. Summary of data gathered from priority sites reflecting increases in CR & S, career opportunity awareness, and workforce/pipeline</p>

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	7. Replicate success in additional areas.	and successes in other areas of need.	June 2013-TBD		program diversity as a result of increased investments.
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Objective-# 3	Activities	Anticipated Outcome	Timeline	Lead and Resources	Evaluation Method (deliverables)
3. Develop and implement metrics to define success related to diversity and CR&S. Develop incentives and process for accountability. Link to existing and emerging standards and leverage points.	1. Assemble current metrics from CA and other areas 2. Develop central repository of metrics and strategies for implementation. 3. Link with AAMC project in CA and nationally to implement metrics and dashboard for CA Medical Schools. Replicate in other health professions. 4. Develop community benefit investment metrics	1. Clear metrics to focus efforts of health employers and educational institutions and for overall HWDC plan. 2. Support employers and educational institutions to achieve goals. 3. Greater incentive and accountability. 4. Policy change 5. Increased investment and improved performance.	June 2012- Dec 2013	CHWA/CHPC	1. Metrics in place 2. Accountability in place 3. Increased investment and performance according to metrics

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	<p>and promising practices related to CR&S, diversity and pipeline investment.</p> <p>5. Tie metric fulfillment to continued funding from State funds for health professions schools and employers and WIBS.</p> <p>6. Provide technical assistance to meet metrics.</p> <p>7. Develop pilot programs</p> <p>8. Promulgate promising practices to assist in meeting metrics.</p> <p>9. Create public reporting of metric and dashboard results.</p>				
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Objective # 4	Activities	Anticipated Outcome	Timeline	Lead and Resources	Evaluation Method (deliverables)
Recognize locally developed CR & S training curricula and assist with dissemination and continuous program improvement evaluation for these programs	1. Convene quarterly meetings with CBO's implementing health workforce development activities and cultural brokers, in order to facilitate an on-going dialogue with HWDC focused on continuous improvement/sustainability of cultural competency trainings for California's health workforce	1. Stakeholder collaboration with Council through workgroup meetings and implementation of effective and locally relevant cultural competency trainings	April 2012 May 2013	CHWA BHC sites, other workforce development initiatives, Fresno County Cultural Brokers, and other ethnic community representatives	1. Summary of concerns from all meetings forwarded to Council as an agenda item and Abstract of Council discussion of concerns forwarded to all Stakeholders
	2. Develop "Characteristics of Effective CR & S Training Models"	2. Objective standards for recognition & promotion of models by HWDC	April 2012 June 2012	2. CHWA and workgroup representing stakeholders above	2. List of Characteristics
	3. Define implementation clusters based on characteristics of contexts in which trainings will take place; rural-urban; hospital-clinic; private-public; primary socio-economic profile of patients; other defining characteristics	3. Authors/developers of training models will select/describe the context(s) that their model is targeted to address when submitting them for vetting	April 2012 June 2012	3. CHWA and workgroup representing stakeholders above	3. List of contexts

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<p>(con't)</p> <p>Recognize locally developed CR & S training curricula and assist with dissemination and continuous program improvement evaluation for these programs</p>	4. Solicit submission of locally developed cultural competency trainings for vetting against “Characteristics”	4. Roster of vetted curriculums that includes a resource guide to assist providers in selecting a vetted training that will be most relevant to their primary context for providing care	July 2012 May 2013	4. CHWA and workgroup representing stakeholders above	4. Roster of models that passed vetting process
	5. Select 1-3 models from each cluster, to initiate training implementation.	5. Improved understanding of the requirements for effective replication/scaling up of CR & S trainings in the context of each cluster	Sept 2012 May 2013	5. CHWA and workgroup representing stakeholders above	5. Roster of trainings provided, summary of post-training participant survey findings and recommendations from trainers
	6. Partner with all stakeholders to assist with promotion and resource development needed to implement all vetted training models	6. Increase in availability of CR & S trainings and increase in number of providers whose staff receive CR & S training	April 2012 May 2013	6. HWDC	6. Increased awareness of vetted training programs and increase in resources to train providers’ staff.
	7. Compile all learnings from 1-6 above, to prepare guidelines for mandating cultural competency training in post-secondary health related disciplines.	7. Cultural Responsiveness and Sensitivity becomes an integral part of the skills required for certification in the health professions and becomes a professional norm among California’s health care providers	3-5 years	7. HWDC, CHWA, BHC sites, other workforce development initiatives, Fresno County Cultural Brokers, and other ethnic community representatives	7. CR & S is a generally accepted standard for doing business in the health care industry in California.