**Health Equity Council – Cultural Competency Work Group**

**Assessment Recommendations for NACDD**

**For the purposes of the assessment, cultural competency was defined** asthat whichcomprises values, behaviors, attitudes, policies, and practices that come together on a continuum that will ensure that a system, agency, program, or individual can function effectively and appropriately in diverse cultural interaction and settings. It ensures an understanding, appreciation, and respect of cultural differences and similarities within, among and between groups. Cultural competency is a goal that a system, agency, program or individual continually aspires to achieve. (U.S. Department of Health and Human Services workgroups)

**Cultural competence can be further described as** a developmental process that evolves over an extended period of time. Individuals, organizations, and systems are at various levels of awareness, knowledge and skills along the cultural competence continuum. It requires organizations to:

* Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally;
* Have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to the diversity and cultural contexts of communities they serve;
* Incorporate the above into all aspects of policymaking, administration, practice, and service delivery and systematically involve consumers, key stakeholders and communities. (Colorado Department of Public Health and Environment)

**As adopted by NACDD, health disparities is defined as** differences in the incidence, prevalence, mortality, burden of diseases and other adverse health conditions or outcomes that exist among specific population groups in the United States. Health disparities can affect populations groups based on gender, age, ethnicity, socioeconomic status, geography, sexual orientation, disability or special health care needs and occur among groups who have persistently experienced historical trauma, social disadvantage or discrimination, and systematically experience worse health or greater health risks than more advantaged social groups.

**Health equity** is the absence of persistent health differences over time for individuals and communities in **health outcomes, access to health care**, and **quality of healthcare** regardless of one's race, gender, nationality, age, ethnicity, religion, sexual orientation, gender identity, immigration status, language skills, health status, socioeconomic status or other as yet unidentified social determinants of health. These health differences, or inequities, are not only unnecessary and avoidable, but unfair and unjust.

**Cultural Competency Assessment – Recommendations and Action Steps**

Goal: Create an NACDD Board, Issues Committee and HEC partnership to develop cultural competency recommendations and a blueprint for NACDD at the organizational level; with the eventual intent of broadening the reach into Councils and the long-term objective to provide useful tools for states.

1. Create an action plan for addressing NACDD cultural competency needs

* Implement a three-way partnership among HEC, NACDD Board and Issues Committee

Resources needed: Board directive, time

2. Develop a cultural competency resource library

* + Create an NACDD lexicon of health equity terminology (HEC version in process)
  + Identify and review cultural competency best practices in public health
  + Promote resources to all NACDD members
  + Adopt/endorse lexicon
  + Endorse cultural competency assessment tool (in development)
  + Promote cultural competency self-assessment for all NACDD members

Resources needed: HEC time, adoption/endorsement by NACDD Board

3. Develop an NACDD cultural competency organizational policy document

* Institutional health equity and cultural competency goals/principles in NACDD organizational and policy documents
  + - Assure diversity among NACDD staff and board members
    - Assure diversity among Councils
    - Assure diversity among meeting presenters
* Integrate cultural diversity concepts in all materials and website content
* Promote the goal of 100% cultural competency and acknowledge the reality that it is a never-ending process to be incorporated into the fabric of the organization and its members

Resources needed: NACDD staff time, HEC time

4. Integrate cultural competency and health equity into professional development efforts

* Include concepts in chronic disease competencies
* Conduct an NACDD educational campaign to address the basics of cultural competency
* Provide in depth training via the Chronic Disease Academy and other educational venues
* Utilize NACDD member expertise (based on member backgrounds and experiences) in cultural competency training

Resources needed: NACDD and HEC time, authority to add to competencies, education campaign plan, Academy planning committee buy-in

5. Create communication avenues for cultural competency and health equity information

* Target NACDD staff, board members, and general membership
* Develop a health equity and cultural competency discussion forum
* Encourage open discussions surrounding cultural competency and the social determinants of health
* Create a feedback loop on cultural competency and health equity issues

Resources needed: IT expertise, communications plan

6. Establish cultural competency and health equity as an NACDD organizational norm

* Encourage consistent reinforcement from NACDD leaders
* Mentor new NACDD members
* Coordinate NACDD leadership and Councils in cultural competency and health equity issues
* Promote Council collaboration around cultural competency and health equity

Resources needed: New member orientation, time, member/council willingness