The Importance of Cultural Competency in Advancing Health Equity
Objectives

Define
- Define Health Equity and Cultural Competency

Learn
- Learn about Healthy Communities Initiative: Health Equity Project

Share
- Share Experiences and Best Practices
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- Health Equity Specialist
- Coordinates the Healthy Communities Initiative: Health Equity Grant from the Kansas Health Foundation in Reno County
Define Health Equity and Cultural Competency
Defining Health Equity

- Equity is just inclusion in a society in which a broad range of resources and opportunities are provided for all to participate and flourish. The goals of equity are to create conditions that allow all to reach their full potential, eliminating inequities on the basis of race, income, ability, geography, age, gender, immigration status, and sexual orientation, among others.

- Health Equity means that no one should be disadvantaged from making healthy choices. Achieving Health Equity does not mean eliminating all health differences so that everyone has the same level of health, but rather reducing or eliminating poor health outcomes which result from factors which are considered to be both avoidable and unfair.
Health Equity

- Equity is different than equality.
- Health Equity helps us put resources where they are needed most.
- Not all Health Disparities are Health Inequities
Health Equity

- Health Equity does not always mean more resources go to certain groups.

- Health Equity is about providing the right resources to individuals and groups.
Defining Cultural Competence

Cultural competence is the ability to interact effectively with people of different cultures. In practice, both individuals and organizations can be culturally competent. Cultural competence means to be respectful and responsive to the beliefs and practices—and cultural and linguistic needs—of diverse population groups.
Cultural Competency

- There is a lot more to culture than we can see.
- Cultures can be different because of multiple factors.
Cultural Competency

Continuum of Cultural Competency

Cultural Destructiveness
- Forced assimilation, subjugation, rights and privileges for dominant groups only.

Cultural Incapacity
- Racism, maintain stereotypes, unfair hiring practices.

Cultural Blindness
- Differences ignored, “treat everyone the same”, only meet needs of dominant groups.

Cultural Pre-Competence
- Explore cultural issues, are committed, assess needs of organization and individuals.

Cultural Competence
- Recognize individual and cultural differences, seek advice from diverse groups, hire culturally unbiased staff.

Cultural Proficiency
- Implement changes to improve services based upon cultural needs.
Learn about Healthy Communities Initiative: Health Equity Project
Key Details about HCI: Health Equity

- 18 communities received the grant, which lasts for 3½ years.

- All communities have a community liaison, and we work for a variety of different types of organizations.

- The various communities are encouraged to identify a health inequity to address that makes sense for where they are.

- We can work at a pace that makes sense for our communities, so we are not all in the same place right now.
Vision for HCI: Health Equity

Policy/Systems/Environmental change

Improved opportunities for communities experiencing health inequities

Improved health among those experiencing health inequities will improve the health of the community as a whole
Social Determinants of Health

- Policy/Systems/Environment changes impact the Social Determinants of Health.

- Our goal is to provide everyone the opportunity to make healthy choices wherever they live, learn, work or play.

![Table of Social Determinants of Health](image)

**Figure 2**

**Social Determinants of Health**

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
</tr>
<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Community engagement</td>
<td>Provider linguistic and cultural competency</td>
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<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td>Discrimination</td>
<td>Quality of care</td>
<td></td>
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<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td></td>
<td></td>
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<tr>
<td>Support</td>
<td>Walkability</td>
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**Health Outcomes**

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
Identifying a “priority population”

- All HCI: Health Equity communities have to identify a “priority population.”

- This might mean a geographic area, or a population group, or both.

- Data about health outcomes and the social determinants of health, along with community input, helped communities select where they were going to focus their work.

- Reno County selected a neighborhood called Lincoln, named after the nearby elementary school.
Key Outcomes For Success

- All of these outcomes are ingredients for making progress toward health equity.

- HCI:HE communities are encouraged to work on all of these at the same time – there is no chronological order here.

- Reno has done the most work on Authentic Engagement so far, and the least work on Sustainability.
Engagement empowers members of the priority population to participate in the identification, decision-making, and advocacy efforts to improve health outcomes through changes in policy, environment, or systems.

Engaging with those experiencing health inequities is essential; without authentic community engagement, Policy/Systems/Environment efforts could have unintended consequences.
Leadership Capacity

Strong, relevant multisector leadership teams that have an understanding of and the skills needed to address the adaptive nature of the work.

Leadership team members gain knowledge of and awareness of health inequity issues.

Champions are developed within the priority population by enhancing their leadership capacity.
<table>
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<th>Advocacy Capacity</th>
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<tbody>
<tr>
<td>Health Equity workgroup members and community leaders educate themselves and others about the underlying causes of health inequities.</td>
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<tr>
<td>Health Equity workgroup members and community leaders identify and develop champions, allies, and partners within the community.</td>
</tr>
<tr>
<td>Health Equity workgroup members and community leaders increase the awareness of policymakers and key decisionmakers on health inequities within the community.</td>
</tr>
<tr>
<td>The community experiencing health inequities has a voice/seat at the table.</td>
</tr>
</tbody>
</table>
Successful relationships with leaders in government, healthcare, schools, nonprofits, education, and business will mobilize community champions and increase engagement with the public around health equity issues.

The engagement of influential community members and organizations to publicly support and call for actions that help achieve greater health outcomes for residents.
The development of successful sustainability measures within the community.

These measures of sustainability are developed and achieved by building new relationships and discovering new, creative community-based financing solutions.

Increased investments to address health inequities within the community.
What is the Bottom Line?

- My work is all about relationships.
- To understand a person’s culture, you must have a conversation.
Share Experiences and Best Practices