BRIDGING THE GAP:
A CULTURAL COMPETENCY TRAINING PROGRAM FOR PUBLIC HEALTH PROFESSIONALS

By

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Introduction

Recently, a topic of discussion within the field of public health has been the diversity of population of the United States and abroad. The world is becoming more and more diverse, which means that more and more cultures are being represented. Within the sphere of health care delivery, this means that it is important to try and cater to all of these different types of cultures. With the increasing cultural group representations, it is important for both medical and public health professionals to be culturally aware and sensitive to their patients' needs and care. However, the sphere of health care delivery does not seem to culturally sensitive to the people that they are serving. Not everyone is getting the same level of care within the patient provider interaction, and this translates into overall patient dissatisfaction. In order to increase patient satisfaction, people are turning to cultural competency training programs so that health professionals can provide excellent culturally responsive health care to their patients..

Federally, this has been addressed through Culturally and Linguistically Appropriate Service guidelines, or CLAS Guidelines, but the problem of culturally insensitive health care delivery still continues to exist. To supplement CLAS guidelines, health care facilities have mandated that their employees go through a cultural competency training programs. Cultural competency is regularly becoming important components of the curriculum in some heath professional schools. There are many different types of trainings regarding cultural competency available, however the problem of culturally insensitive health care delivery still exists.

Specifically within Pima County, medical professionals, public health professionals, and community health workers have local resources such as the Western Region Public Health Training Center, which is located at the University of Arizona, however with a diverse population of different cultural groups, such as various Hispanic groups, American Indian

groups, Asian groups, Pacific Island groups, and Black and African American groups, it is imperative that health care professionals receive cultural competency training.

Bridging the Gap is a cultural competency training program that is designed for health care managers in order to address this problem. It is a training program that consists of three workshops and an orientation session that discuss issues of culture and health, communication between providers and patients, and how to train employees to talk with their patients. Each of these workshops will have activities that will allow the health care managers to practice skills that they will use within their health care facilities.

Literature Review

Health care professionals encompass a large population of careers, beyond hospitals and private practices. These professionals staff many other facilities including community resource centers, faith based institutions, schools, clinics, etc. These different professionals all interact with patients in some capacity, and with that comes the need for developing skills in cultural competency. Gaining and applying cultural competency skills is a continual process that can also be applicable outside of the health care setting (Campinha-Bacote, 2003). The target population for this program plan will be health care professionals who spend most of their work day interacting with patients, because they communicate the most with patients for both preventative and treatment based purposes. This program allows for these professionals to enhance and apply their skills in cultural competence.

There is need for universal cultural competency training programs for healthcare professionals. And although the National Center for Cultural Competence (NCCC) offers training programs using diverse formats such as: checklists, narratives, guides and planning tools, policy briefs, and self-assessment instruments to fit the learning styles of all health care

professionals, very few people are taking advantage of these resources ("NCCC | Resources", 2017). This type of training is vital to any health care professional, because it establishes the ideology that patients need to be treated with respect and offered the best type of treatments regardless of their race, ethnicity, religious beliefs, nationality, etc. (Hill Parker, 2016) . With that in mind, it is important to understand what culture is and how it plays a role in the health of an individual. Since professionals are potentially unsure of how to reconcile the ideas of culture and health, they may not use the resources provided to them. This hinders their ability to properly address their patients' needs. Understanding the relationship between culture and health is the first step to creating culturally sensitive health care professionals.

In order to have an effective training program about cultural competency, it is important to understand what culture is. Everyone has culture, and it can be difficult to define because of its complex nature. And while many people think that culture is encompassed by racial and ethnic groups, that is only a surface level definition of the idea of culture itself. At the individual level, some define culture as how a person views and ultimately interprets their external social environment, encompassing attitudes, beliefs, spirituality and emotions (Kagawa Singer et al., 2016). It can also drive a person's decision making processes in many ways. Culture can influence how a person makes ethical, logical, and economic decisions (Napier et al., 2014). It manifests itself through behavior, habits, traditions and practices. These parts of people's wellbeing extend into all aspects of their lives, including their own health. Culture and health are related through behaviors and habits. Culture influences a person's idea of what it means to be healthy and therefore, can drive people to take certain actions toward achieving optimal health (United States Department of Health and Human Services (HHS) Office of Minority Health,

2011). In addition to traditions and practices, culture shapes one's beliefs about their own illness and health, which can influence acceptance and adherence to medical advice from a provider.

It is important for health care and public health professionals to keep this in mind when working with patients. Understanding the different factors that make up a person's culture, as well as one's own cultural biases, is the first step toward becoming more culturally aware of other people. A training in cultural awareness is the appropriate setting to learn these skills. A universal cultural competency training added to the education of health care professionals can also enhance their skills and can make the patient-provider experience better for all people seeking care. It can also have the potential to increase medical adherence of a patient because it continuously makes sure that providers are aware of how to address a patient's health condition in terms of their patient's beliefs. Providers with cultural awareness are able to give prevention strategies or treatment strategies to patients that directly apply to them. Patients may be more likely listen to and ultimately implement these strategies within their own lives. Training providers to be aware of other people's cultures while still maintaining their own culture allows for the provider to be able to establish a mutual respect for their beliefs as well as the patient's beliefs . It is the mutual respect that incentivizes the patient to listen the provider's recommendations. This concept is the essence of cultural competency and is part of the bigger issue of addressing health disparities.

Currently, policies have been put in place in an attempt to make sure that all people regardless of belief system or practices get the health care services that they need. Legislatively, the only policy that is being mandated is Culturally and Linguistically Appropriate Services (CLAS), which is part of Title VI of the Civil Rights Act of 1964. The purpose of CLAS services is to offer services that are "responsive to diverse cultural health beliefs and practices, preferred

languages, health literacy and other communication needs" (United States Department of Health and Human Services (HHS) Office of Minority Health, 2017). The National CLAS standards addresses this need through the workforce, through language services, and establishing a standard to which the workforce can be held accountable. Some of the services that are currently being offered are: mental and physical health services, language assistance services with translators, partnerships with community members, and education of health disparities. However, the problem that arises with this is that health providers want to provide these types of services to everyone, but are uncertain of how to do so (Koh, Gracia & Alvarez, 2014). This issue is at the core for the need for a cultural competence training program.

As a way of implementing these types of services, some of these types of programs have emphasized different aspects of cultural competence. Typical trainings tend to fall into the following categories: community-oriented, culture-oriented, and linguistically oriented (Jongen, McCalman, Bainbridge, 2017). Community oriented programs teach professionals to make use of partnerships with people in the community, allowing health professionals to tailor their services to the needs of the community. Community members have the background knowledge of the community's specific needs as well as sociocultural norms that health professionals may need to know before administering care. Culture-oriented programs incorporate cultural beliefs and traditions into the patient-provider interaction experience. Culture-oriented programs also examine relationships between people within a certain group and how that can affect their health. And linguistically-oriented programs focus on offering health resources in different languages so that people are able to access these services in their native language (Jongen, McCalman, Bainbridge, 2017). Most cultural competency training programs include different components of these types of programs.

The programs that focused on behavior change tended to be more successful. Programs that focused on behavior typically had activities that would give the health professional tools that they could apply when interacting with community members. Some methods and activities that are included in a program would be "interactive lectures, videos, simulation, demonstration, role-plays, workshops, patient interviews (including interviews using interpreters), community based service learning, and online problem-based cases….and [a] reflective journal activity" (Crandall, George, Marion & Davis, 2003). People that participated in this type of training program reported positive behavior change when engaging with their patients. (Crandall, George, Marion & Davis, 2003). The programs that have hands-on activities? actively engage the professional in a way that is similar to an interaction with a patient. These types of activities as well as self-reflection and role playing were the programs that tended to be more successful.

While incorporating behavior changes within a program it is important to consider spirituality and well-being of the target population. Spirituality and beliefs have great influence on the culture of an individual or their community. The easiest way to do this would be to make use of partnerships with community members, particularly spiritual members of the community. Programs that have made use of these partnerships gain insight into how the health of its target populations are impacted by their history, beliefs, traditions, practices, family, society, government, etc (Campbell et al., 2007). These partnerships are beneficial especially if the intervention is a faith-based intervention. Programs that take advantage of community partnerships gain the trust of the target population, which has tended to have been an issue. and Community relationships are more likely to be sustained or have a lasting impact within the community when providers are culturally competent (Campbell et al., 2007).

Although, most cultural competency training programs show significant results initially and even after 6 months, these types of training programs typically do not have significant long term effects. A study performed in the Ontario Canada area showed that providers had an improved understanding of multiculturalism and communication skills after follow-ups at three months and six months (Majumdar et al., 2004). However, the providers did not show any further improvements after any follow ups that occurred after six months (Majumdar et al., 2004). This study shows that it is important to repeat trainings that address cultural competency. Trainings repeated over a period of time would be most effective in building various cultural competency attitudes and skills among health care professionals, since becoming culturally aware and competent is a continuous process.

While some healthcare providers and future providers have benefitted from some of these types of trainings, the one element that seems to be missing from numerous trainings is the patient-provider communication. Most of these trainings teach people to contextualize people's beliefs and to tailor their recommendations around that, these trainings need to include a section about how to communicate with the patient in ways that are culturally respectful of the intended audience. Emphasis on communication will really help those health care professionals who spend a majority of their time interacting with patients of all cultural backgrounds, because it will allow them to focus more on their patients and how the patients' needs coincide with their beliefs to deliver the best care possible. If the professionals receive training that addresses communication, the provider can tailor their recommendations to the patient's individual needs, instead of worrying about how they are going to communicate with the patient. This is a benefit to both the patient and the provider. And ultimately, a foundational training, focused on

communication skills,? for health care and public health professionals can be the beginning steps toward addressing the health disparities that affect the communities they work with every day.

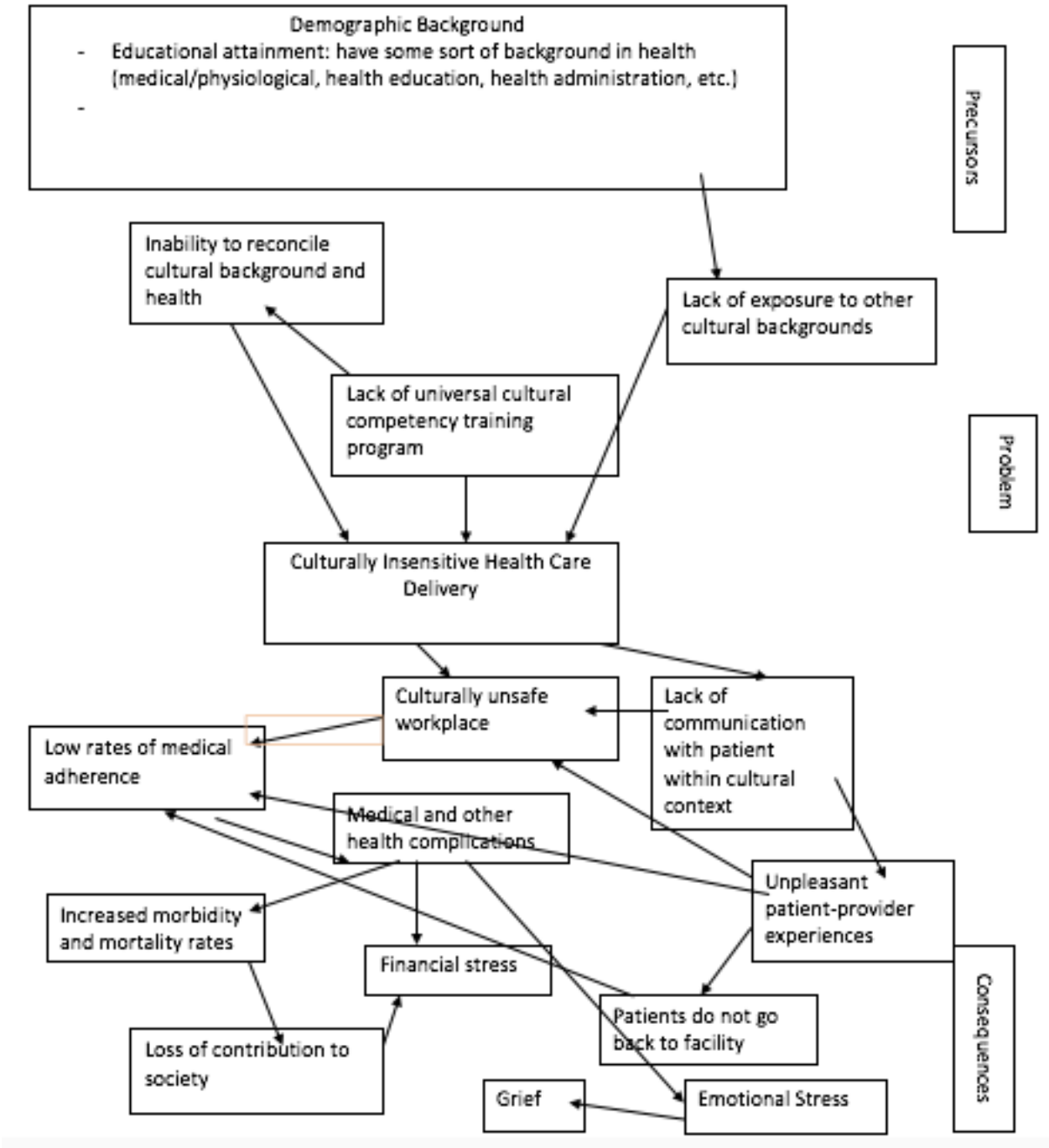
Problem Statement

Cultural competency is a growing aspect of the healthcare field. However, health professionals are having difficulty delivering care that is culturally sensitive to their parents. Specifically, managers of healthcare facilities have the task of not only making sure their employees are culturally competent to deliver culturally sensitive care to their patients, but also that the setting itself is culturally sensitive, inviting and welcoming as well.

People still feel like they are not receiving care that fits their cultural backgrounds and needs. This is because patients feel like their providers do not understand their cultural backgrounds and how that translates into their health. This inability to reconcile the idea between a person's culture and his or her health is a risk factor for healthcare managers not being able to create an environment where the patient will listen to his or her health care options. Another risk factor for these health care managers is not being able to communicate with a patient within their personal cultural sphere. This goes beyond being able to communicate with a patient in their native language, but being able to contextualize their beliefs as a professional and tailoring health recommendations to a patient's cultural background. Lack of culturally appropriate communication is a larger determinant of the patient provider experience, which can have long lasting effects on the patient. Implicit and explicit biases are also risk factors that can contribute to culturally insensitive health care delivery (Cooper et al., 2012). This is when health care professionals bring in their own personal opinions and biases into their interactions with the patient. This not only affects the communication with the patient, but can also correlate with the level of respect that the provider has for the patient This can ultimately determine the overall

course of the patient provider interaction (Cooper et al., 2012). Figure 1 shows a problem map of how these risk factors and consequences relate to each other, showing the impacts that the provider and the manager has on the patient.

Figure 1: Problem Map for Cultural Competency Training Program for Healthcare Managers



Culturally insensitive health care delivery leads to consequences that directly affect patients and their health outcomes. Without culturally sensitive care, it is unlikely that the patient will follow the recommendations of whatever health care professional they are seeing, and that could be detrimental to their health. If health care managers were recruited into the *Bridging the Gap* program, then the rate of communication between health care professional and the patients would increase because they would be responsible for ensuring that providers communicate with their patients in a way that is culturally respectful. If health care managers incorporated the *Bridging the Gap* program within their own facilities then they would experience higher rates of patient satisfaction in each health care encounter.

Theoretical Framework

In order to have an effective health intervention that addresses cultural competency within the population of health care professionals, it is important to have an established framework that can best accommodate this population. The most appropriate model to use for this program plan would be the cultural competency model by Campinha-Bacote. This model is most appropriate because it incorporates both the cultural background of both the patient and the provider. This is so that the provider can This model was used as the word was becoming more and more culturally diverse, especially within the healthcare field. The cultural competency model by Campihna-Bacote has the premise that one does not actually achieve cultural competence, but rather that cultural competency is a continual process (Campinha-Bacote, 2002). Cultural competence is something that health care professionals should always be striving for. The cultural competency model by Campihna-Bacote can be broken up into five cultural constructs: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire (Campinha-Bacote, 2002).

Cultural awareness is the ability to look within and do a deep examination of one's own personal cultural background, acknowledging one's own assumptions and biases about people who are culturally different than them (Campinha-Bacote, 2002) . This is so that the provider does not bring their own biases and cultural beliefs into the patient-provider experience. From the perspective of the health care manager, this cultural construct could mean not imposing their own cultural values when training their employees or within the environment of their health care facility. Cultural knowledge is the ability to seek and obtain a sound educational foundation about a wide range of cultural and ethnic groups (Campinha-Bacote, 2002). It is understanding the relationship between a person's individual culture and their health. For healthcare managers, it is the ability for them to train their employees to account for cultural factors when making health recommendations.

Cultural skill is the ability collect pertinent information about a client's condition and properly conduct a culturally sensitive physical assessment (Campinha-Bacote, 2002). This is important because a provider would never want to feel like they are being intrusive to a patient. This also reflects on the health care manager, because they oversee the facility, physicians and other staff. It is important for the health care manager to be able to train their employees to perform these culturally appropriate assessments in a way that is culturally respectful. Cultural encounters involves the process in which the provider, professional and support staff as well as the health care manager interact with people who come from different cultural backgrounds. Although this does not make the provider or health care manager a cultural expert, it allows them to broaden their cultural perspectives beyond their own, so that they may be less likely to make assumptions about people who are different than them.

The final cultural construct is cultural desire, which is the ability to be passionate about learning about different cultural backgrounds, rather than learning about them out of obligation. This part of the model is the most difficult to teach because it has to do with human emotions, but it is an integral part of the journey toward striving to practice cultural competency. Everyone who is a part of the patient-provider experience, including the health care managers, needs to be excited to learn about different cultural contexts and beliefs. It is when all five of these cultural constructs come together, that someone begins to display traits of cultural competence. Figure 2 below shows the relationship between the cultural domains within this model.

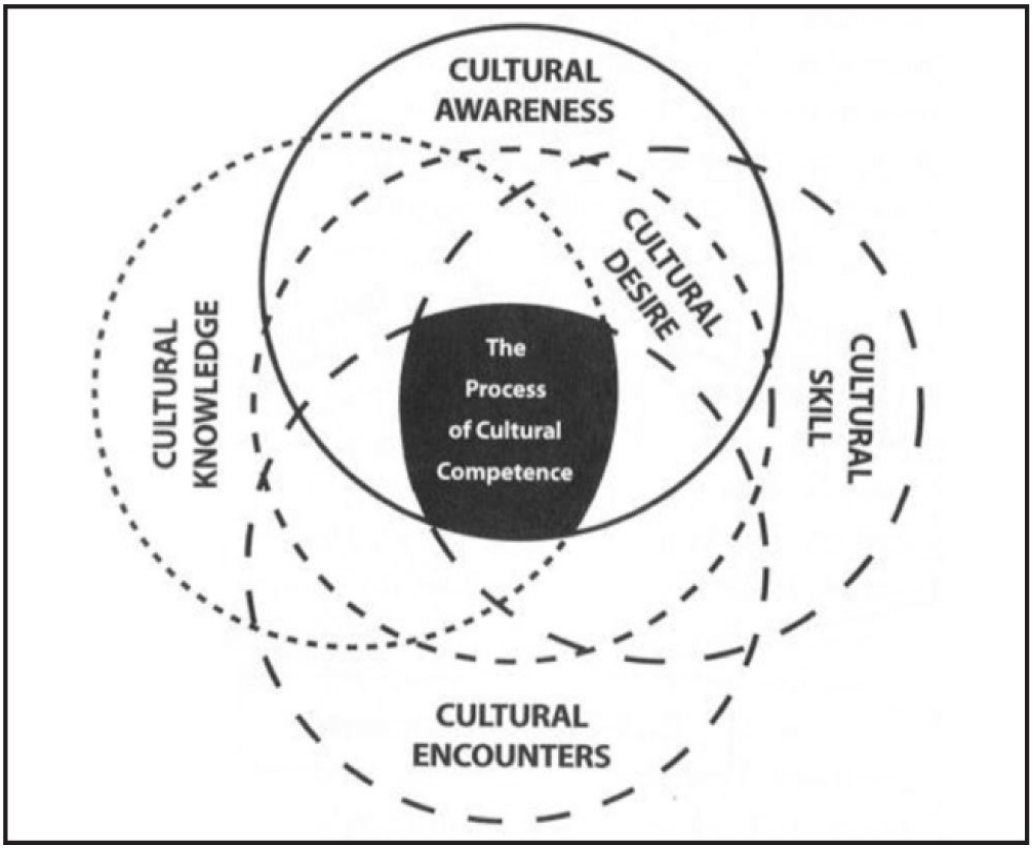


Figure 2: Campinha-Bacote Model of Cultural Competency Campinha-Bacote, 2002

The framework will drive the goals, objectives and activities for the health intervention. The framework addresses how a healthcare manager would think and feel about their own cultural background as well as the cultural backgrounds of their patients. It also addresses skills

that the healthcare manager can implement within their own practice to optimize the patient-provider experience as well as the environment of the health care facility. Although getting health care professionals excited about learning about different cultures can be challenging, but with the right activities, health care providers can see the importance of being culturally aware and sensitive to their patients and their needs.

Program Description

a) Statement of Purpose for the program

The mission of Bridging the Gap is to provide cultural competency education to health care managers in Pima County. It is expected that health acre managers will report a better understanding of culture, its impact on the health of their patients, and enhance cultural respect for diverse populations.

b) Program goals and objectives
    a. Goal: To increase overall cultural sensitivity in health care managers in Pima County
    b. Objectives:
        i. Level 1: Process/Administrative Objectives
            1. Recruit health care managers into the program by September 1, 2019
            2. At the completion of the program's introductory session, 60% of program recruits will report their need for cultural sensitivity training
        ii. Level 2: Impact Objectives
            1. Learning objective

a. Awareness: By the end of the program's first session, 75% of program participants will explain what culture is as evidenced through a reflection in their journals submitted to the program instructor for review.
b. Cognitive/Knowledge: By the end of the program, 75% of program participants will be able to recognize their own personal cultural background and biases as evidenced through reflections in their journal submitted to the program instructor

2. Psychomotor:
    a. Three months after the program ends, 75% of participants and their employees will implement the SHARE method with their patients.
3. Environmental:
    a. Six months after the completion of the program, 75% of health care managers will have taught the SHARE method to employees for improved patient provider interaction.

c) Program intervention methods
    a. Method 1.2: To complete this objective, the health education specialists will administer a pre-survey with questions regarding current understandings of culture and how it relates to their clients and their clients' health
    b. Method 2.1A:, The program staff will receive a lecture with videos about what culture is and how it manifests itself through traditions and practices.

c. Method 2.1.B: For this learning objective, participants will complete a reflective learning activity about their own personal cultural backgrounds, and how they bring that into their interactions with the patients. The program staff will provide journal prompts for the program participants to complete.
d. Method 2.3.A: program participants will sign a pledge card. They can hang the pledge card in their office in order to hold themselves accountable to their promise of implementing the SHARE method in their health care facility.
e. Method 2.4.A: the program staff will lead program participants in a role-playing activity, in which the participants will have to put together the main points of the workshop and will have to "teach" their main points to other participants.
f. Method 2.4.A: Program staff will administer a follow up survey six months after program completion.

Developmental section (this may be several pages)

Content outline	Method/Strategy	Estimated Time	Materials Needed
Orientation Session (Session 1) Introduction/Overview - *This training program will consist of three workshops, with one workshop per week. The purpose of this program is to increase your knowledge about culture and its relation to health and the patient-provider experience. By the end of this training, you will be able to articulate what culture is and how it relates to health, to communicate with patients in a culturally respectful way to train your employees to do the same.*		5 mins	
- Georgetown National Center for Cultural Competence: - Mission: to increase the capacity of health care and	Lecture	5 mins	

Content outline	Method/Strategy	Estimated Time	Materials Needed
mental health care programs to design, implement, and evaluate culturally and linguistically competent service delivery systems to address growing diversity, persistent disparities, and promote health and mental health equity. (Nccc.georgetown.edu, 2018) - Initial Assessment: describe how culturally sensitive you are based off rating (Nccc.georgetown.edu, 2018) Link: https://nccc.georgetown.edu/assessments/ **Module 1: Introduction to Culture and Health** - Introduction/Welcome *Hello everyone! Welcome to Bridging the*	Assessment/Quiz	30 mins	NCCC Quiz Link, whiteboard,

Content outline	Method/Strategy	Estimated Time	Materials Needed
Gap! During this lesson we will be going over Module 1, which is an introduction to culture and health. We will have fun activities that will get your minds thinking about your own culture as well as the culture of others and how it can relate to the health status of the people you serve. If you have any questions, please do not hesitate to ask a member of the program staff. Thank you!			
- Getting Acquainted Activity	Icebreaker: Bingo Game	15 min	Bingo Cards (see attachment 3)
- What Culture is Not! Danger in lumping groups of people together in really large groups, because there	YouTube Video and Debrief "Cultural Diversity Examples: Avoid Stereotypes while communicating" https://www.youtube.com/watch?v=XUO59Emi3eo	10 min	A/V Equipment: projector, screen,

Content outline	Method/Strategy	Estimated Time	Materials Needed
are differences not only across cultural groups but within groups as well			Internet, HDMI cables, computer
- What is Culture? A lens in which people use to see and interpret the world around them (Kagawa Singer et al., 2016) It can manifest itself in many different ways such as traditions, beliefs, practices, spirituality, habits, etc. (Napier et al., 2014) Culture also influences how people view health and health status Can ultimately help a person decide if they are sick enough to go and see a physician	Family Crest Activity/Brainstorming TED talk videos and Discussion "How culture connects to healing and recovery" (2015) https://www.youtube.com/watch?time_continue=1&v=q9Tkb879dsY	20 min	Family Crest Handout Whiteboard, Markers (see attachment 4) , A/V Equipment: projector, screen, Internet, HDMI cables, computer

Content outline	Method/Strategy	Estimated Time	Materials Needed
- What is Cultural Competency Definition: Cultural Competence is much more than awareness of cultural differences, as it focuses on the capacity of the health system to improve health and wellbeing by integrating culture into the delivery of health services. It involves under- standing and integrating differences and incorporating them into daily care and working effectively in cross-cultural situations It is a continuous process, i.e. no one can just take a class and all of a sudden become "culturally competent" It is the kind of training that needs to be	YouTube Video "Cultural Diversity-Tips for communicating with cultural awareness" (2009) https://www.youtube.com/watch?time_continue=219&v=ZDvLk7e2Irc Lecture	20 min	A/V Equipment: projector, screen, Internet, HDMI cables, computer

Content outline	Method/Strategy	Estimated Time	Materials Needed
done repeatedly (Campihna-Bacote, 2003) Important within health care delivery Establishes mutual respect between the patient and the provider and they will be more likely to listen to doctor's recommendations (Hill-Parker, 2016). (Jongen, McCalman, Bainbridge & Clifford, 2018)			
Introduction to Take Home Assignment Preview to Module 2	Reflection Journal	5 min	Journal Prompts (see attachment 5)

Content outline	Method/Strategy	Estimated Time	Materials Needed
Module 2: Cultural Competency in the Patient Provider Experience Introduction - Welcome Back/Recap *Hello everyone! Welcome back to Bridging the Gap! Last week we talked about culture and how it relates to health. During this lesson we will be taking those ideas and bringing them into the patient provider interaction in Module 2. We will have fun activities that will get your minds thinking about your own culture is incorporated into your interactions with your patients, and how to make them a part of your appointment. If you have any questions, please do not hesitate to*		5 min	

Content outline	Method/Strategy	Estimated Time	Materials Needed
ask a member of the program staff. Thank you! Getting Acquainted - Disparities in Patient Provider Communication Less patient input More Stereotyping Poorer rates of interpersonal care Lack of input from the patient, solution is to make patient more involved in the appointment	Icebreaker: M&M Game ("M&M Game Instructions", 2016)	10 min	Icebreaker Instructions (see attachment 6)
- SHARE Method Seek your patient's explore and compare options Help your patient's values and preferences	Lecture: SHARE Method (Communication PowerPoint) - Includes group discussions and case studies https://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/workshop/module3/shareworkshop-mod3slides.html	40 min	A/V Equipment: projector, screen, Internet, HDMI cables, computer

Content outline	Method/Strategy	Estimated Time	Materials Needed
Assess your patient's values and preferences Reach a decision with your patient Evaluate your patient - Emphasis needs to be on a shared decision between the patient and the provider (to establish mutual respect) - Preview for Next Week **Module 3: Cultural Competence and Training your Employees** - Introduction/Welcome Back *Hello everyone! Welcome back to Bridging the Gap! Last week we talked about culture, and the SHARE method, and making*		5 min 5 min	PowerPoint Handout (see attachment 7)

Content outline	Method/Strategy	Estimated Time	Materials Needed
decisions with the patient in the appointment. During this lesson we give you the tools to be able to teach your employees in Module 3. We will have fun activities that will give you the chance to practice teaching this curriculum to your employees. At the end of the lesson you will take a survey regarding what you have learned from the program. If you have any questions, please do not hesitate to ask a member of the program staff. Thank you Getting Acquainted Activity - Should be an ideal setting (depending on your employees)	Icebreaker: Identity Circle ("Identity Circle", 2016) Guest Lecturer from WRPHTC from MEZCOPH	10 mins 30 mins	Icebreaker Directions (see attachment 8)

Content outline	Method/Strategy	Estimated Time	Materials Needed
- Make training accessible and fun through various methods of teaching - Make sure that the training focuses on communicating with the patient - Local Resources: - NCCC - ERIC cross-cultural training - Western Region Public Health Training Center (WRPHTC) - AHRQ			
- Practice Activity	Mock Lesson/Role Play	20 mins	Mock Lesson Directions (see attachment 9)
Evaluation and Pledge Cards	Survey Pledge Cards	10 mins	Survey (see attachment 1) Pledge Cards (see

Content outline	Method/Strategy	Estimated Time	Materials Needed
			attachment 10)

Program Implementation Plan

The specific target audience for *Bridging the Gap* will be the managers of clinics within the cities of Tucson and Marana. These clinics include the various locations of the El Rio

Community Health Centers, Clinica Amistad, West Side Health Center, Ortiz Community Health Center, United Community Health Center, Wilmot Community Health Center, Sunnyside Summit View Clinic, Marana Health Center, and Keeling Health Center. These clinics were chosen because their target populations are lower income people that come from diverse cultural backgrounds. The managers of these facilities were chosen as the target population for this program because they are able to train their employees to interact with patients in a way that is culturally sensitive, in order to establish mutual respect between the patient and the provider. Managers are also in charge of the environment of the clinic, and can ensure that the environment itself if culturally sensitive towards the people that it serves. Managers also serve as a resource to the patients as well and use communication skills to refer patients to resources in a way that culturally respectful as well.

There will be a few different distributions in order to inform people about the program. The program staff will put together flyers as well as reach out to people via social media and professional social media such as LinkedIn, as well as calling these clinics on the phone. The program staff will also reach out to professional organizations such as the Arizona Public Health Association. The program itself is more directed at managers of these clinics, but employees are more than welcome to attend. The staffing needs for the *Bridging the Gap* are as follows:

Program Coordinator/Director: Their job will be to continuously check in with the recruiters, educators, and evaluators to make sure that they are doing their jobs correctly and thoroughly. The coordinator will also be in charge of booking the space where the workshops will take place and getting lunch and snacks for the workshops as well. The will also work with the account manager to monitor all incoming money and transactions.

Account Manager: Their job will be to keep track of program funds and spending and deliver reports of this to the program director.

Recruiters: Their job is to reach out to various hospitals, health clinics, community centers, churches, etc. and ask their managers, coordinators or directors if they would be interested in participating in a program about culture/diversity and health. Of the people who state that they are interested, the recruiters will administer a survey to gather base knowledge about the health care manager's background on culture, health and cultural competency. They will report to the program director with this information.

Educators: Their job would be to host the workshop(s) about cultural competency. This could include but is not limited to: preparing the content of the workshop, selecting appropriate methods and strategies, delivery of the content, and preparing participants for evaluation. The educators will submit the lesson plans for the workshops to the program coordinator for approval prior to the workshop.

Evaluators: Their job will be to collect and all exercises at the beginning of the workshops. These activities will help the evaluator assess the knowledge and skills of the program participants. They will be able to determine if the impact objectives have been met, and will also determine if the lessons need to be revised to fit the program participants' needs and skill levels.

The program would take place at the Quincie Douglas Community Center, because it is central in Tucson so that the participants from throughout the city of Tucson do not have to travel very far to get to the program. Since the program uses a variety of different styles of learning the program staff will need audio-visual such as a projector, computer, HDMI cords, internet and projector screens. Also the program staff will need to purchase snacks for breaks

during each of the four sessions. Below is a timeline for planning, implementing and evaluating the *Bridging the Gap* program.

Table 1: Timeline for Program Planning

Programming Tasks	Personnel Responsible	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Assemble Planning Committee and Train Staff	Program Coordinator	X							
`Pursue and acquire grant funding for the program	Program Coordinator, Account Managers, Program Educators	X	X	X					
Obtain contracts with facility and guest speakers/panelists	Program Educators, Account Managers, Program Coordinator				X	X			

Prepare Program Materials	All personnel						X	X	
Recruit health care managers in various zip codes throughout Tucson	Program Recruiters								X
Process Evaluations	Program Evaluators, Program Coordinator								X

Table 2: Timeline for Program Implementation and Evaluation

Programming Tasks	Personnel Responsible	AUG	SEPT	OCT	NOV	DEC
Process Evaluation		X				
Start of sessions that occur once a week			X			

Distribution of Program Pledge Cards			X			
Evaluation of Family Crest Exercise				X		
Evaluation of Reflection Journals				X		
Follow Up (either via call or in-person)						X

Program Evaluation Plan

The program evaluator will be hired by the organization that will be conducting the training. The evaluator will oversee the amount of health care managers being recruited into the program to determine if the process objectives have been met. The evaluator will also be responsible for looking over the reflection exercises, developing and administering the cultural competency pledge cards and conducting follow up surveys to see if the health manager is still implementing the content from the training. The evaluator will then report the information collected to the program director so that the program director can make any needed revisions to the overall program.

a) Evaluation objectives

a. Level I:

i. Objective: Recruit health care managers into the program by September 1, 2019

1. Evaluation: By July 31st, 2019 the program recruiters will create sign-up sheet to recruit health care managers into the program

b. Level II:

i. Cognitive/Knowledge Objective: By the end of the program, 75% of program participants will be able to recognize their own personal cultural background and biases as evidenced through reflections in their journal submitted to the program instructor

1. By the end of the first lesson, the program participants will submit a family crest that reflects their own personal cultural background to the program instructor.

ii. Awareness: By the end of the program's first session, 75% of program participants will explain what culture is as evidenced through a reflection in their journals submitted to the program instructor for review

1. Evaluation: By the beginning of the second lesson, 75% of program participants will submits a reflection journal explaining what culture is to the program instructor.

iii. Objective:

1. Evaluation: By the beginning of the program, the program staff will make pledge cards for the program participants to sign.

iv. Objective: Six months after the completion of the program, 75% of health care managers will have taught the SHARE method to employees for improved patient provider interaction.

1. Evaluation: By the beginning of the fourth lesson, the program instructors will have made a training curriculum addressing cultural competency for the program participants to implement in their own health facilities.

Description of the types of methods used for process evaluation

c. Level 1: Process Objective Evaluation

i. By September 1, 2019 the program recruiters will have reached to clinic managers, hospital administrators, and program coordinators throughout various Tucson zip codes about participating in a culture competency training program, as evidenced by submitting a spreadsheet of recruited zip codes to the program coordinator.

ii. By September 1, 2019, the program recruiters will submit the survey responses to the program evaluators to determine if 60% of the participants report themselves as needing cultural competency training.

d. Level 2: Impact Objective Evaluations

i. The program evaluator will collect the reflection journals completed by the program participants and will evaluate them by picking out key phrases or terms used in their answers. By collecting the reflection journals, the program evaluator will be able to determine if 75% of the participants understand what culture is as well as their own cultural biases.

ii. At the end of the program, the program evaluator will hand out pledge cards for participants to sign. The evaluator will contact those people who signed a pledge card in for a follow up survey.

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Attachment 1: Tucson Clinics Recruitment List and Phone Script

Name	Phone Number	Hours of Operation	Address
El Rio Community Health Centers (Broadway)	(520) 670-3909	Mon, Tues and Thursday 8am – 8pm Wed 9am – 8pm Friday 8am – 7pm	1101 E. Broadway Blvd. Tucson, Arizona 85711
Clinica Amistad	520-305-5107	W, TH 5:00-9:00pm First Sat 10:00am-2:00pm	101 W. Irvington Rd. Tucson AZ 85714
West Side Health Center	520-682-4560	Mon-Fri 8:00am-12:00pm, 1:00-5:00pm	2202 W. Anklam Rd. Tucson, AZ 85709
Ortiz Community Health Center	520-682-3777	Mon-Fri 8:00am-12:00pm, 1:00-5:00pm	12635 W Rudasill Rd. Tucson AZ 85743
United Community Health Center	520-407-5510	Mon-Fri 8:00am-12:00pm, 1:00-5:00pm	28720 South Nogales Highway Amado, AZ 85645
Wilmot Community Health Center	520-290-1100	Mon-Fri 8:00am-5:00pm	899 E. Wilmot Rd Tucson AZ, 85711
Sunnyside Summit View Clinic	520-545-3860	Mon-Fri 8:00am-5:00pm	1900 E. Summit St, Tucson AZ 85706
Marana Health Center	520-825-6763	Mon-Fri 8:00am-12:00pm, 1:00-5:00pm	13395 N. Marana Main Street Marana, AZ 85653
Keeling Health Center	520-616-1560	Mon-Fri 8:00am-12:00pm, 1:00-5:00pm	435 E Glenn St. Tucson AZ 85705

Phone Script:

Hello, my name is _____from the Bridging the Gap program, which is a program to teach trainings about cultural competency to health care managers and their employees. Is your manager in the office today?

Once on the phone with the manager:
Hello, my name is _____from the Bridging the Gap program, which is a program to teach trainings about cultural competency to health care managers and their employees. It is a program that has four sessions once a week during the month of September, with fun activities to help you learn how to better communicate with patients in a way that is more culturally sensitive to their needs. Would you be interested in participating the Bridging the Gap program?

Attachment 2: Pre and Post Evaluation Survey

Bridging the Gap Pre/Post-Survey**

Please assess yourself on the following statements:

		Strongly Disagree			**Neither**		**Strongly Agree**	
	Question	**1**	**2**	**3**	**4**	**5**	**6**	**7**
1	I am aware of what culture is							
2	I am familiar with the terms cultural competency and cultural humility							
3	I think that cultural competency is a continuous process.							
4	I understand that I can bring my own cultural preferences into the workplace							
5	I am familiar with CLAS standards							
6	I am familiar with the SHARE methods and ask that my employees use it with their patients							
7	I believe that my facility is culturally sensitive to everyone who uses it							
8	I have participated in an extensive cultural competency training before							
9	I would like to participate in a cultural competency training program							
10	I would like my employees to go through a cultural competency training program							

** After the program the survey will be titled post-survey

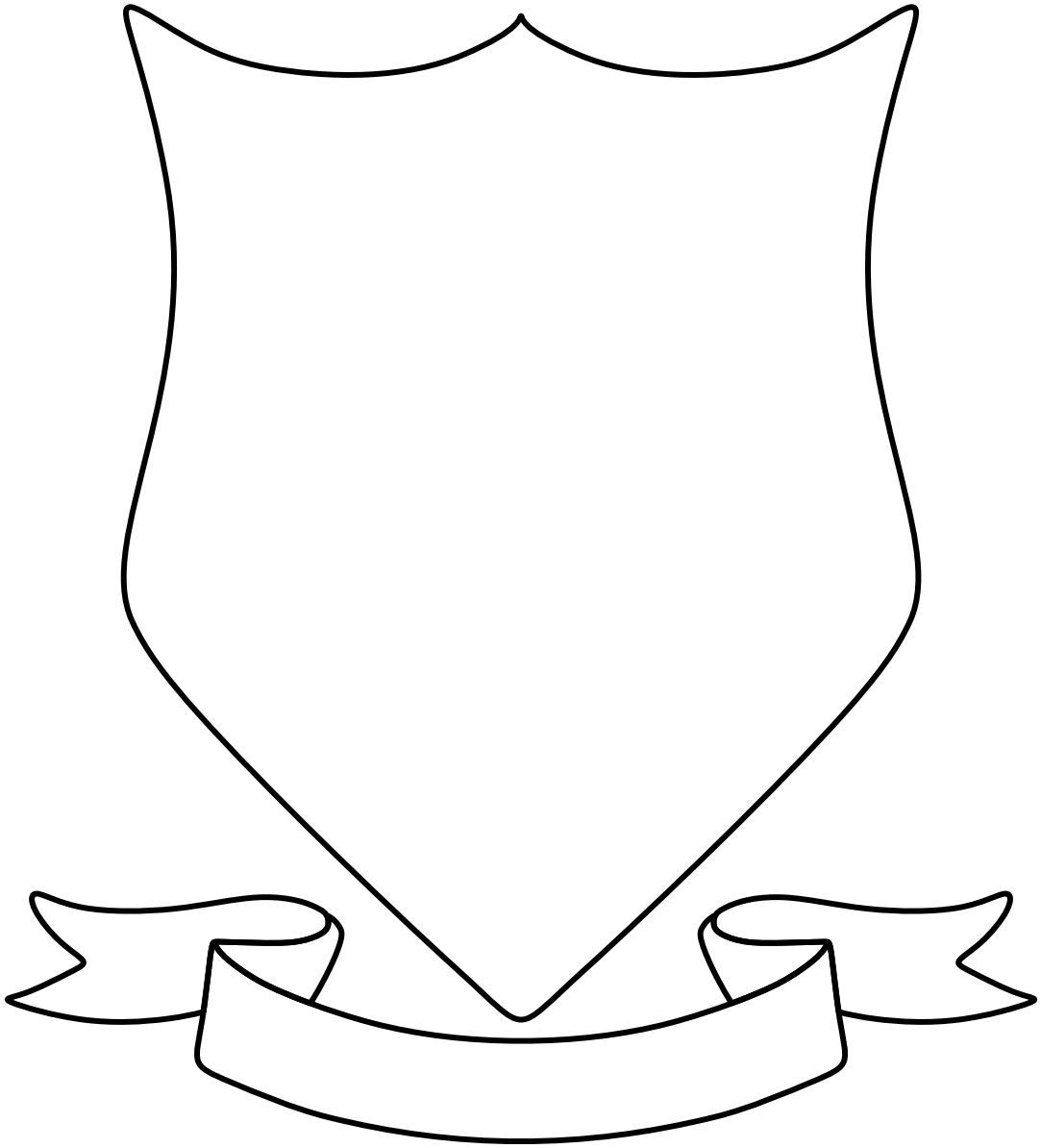
Attachment 3: Getting Acquainted with Good Health

GET ACQUAINTED WITH GOOD HEALTH

DIRECTIONS: When given the starting signal, find people who match the requirements in one box below. Have the person sign their name in that box. Once they have signed your sheet they can't sign again until you have approached everyone in the group at least once. When you have a straight line(signatures) through five adjacent boxes, you have "BINGO." To qualify as a winner stand and hold this paper in outstretched arms, over your head.

Drinks at least 32 oz. of plain water daily.	Has not used an elevator or escalator in the past 6 months.	Watches less than 6 hours of TV per week.	Eats whole grain products 90% of the time.	Participates in at least 20 min. of vigorous activity 4 or more days per week.
Hasn't skipped breakfast in over two months.	Adds no salt to foods during cooking and eating.	Has not used vitamin pills or supplements for two years.	Is a vegetarian and maintains proper levels of protein.	Uses low fat milk products 90% of the time.
Has not eaten pastry or doughnuts for the past two weeks.	Has lost twenty pounds or more and kept it off for at least 3 years.	Believes they are more physically fit than 90% of the population in their age/sex classification.	Uses 1 or less serving of junk foods per day.	Has written a letter in the past year to a company or government agency in the past year regarding a health issue.
Averages less than 3 alcoholic drinks per month.	Has not used caffeine products during the past 7 days(coffee, tea, cola, chocolate).	Jogs/runs a minimum of 10 miles per week.	Walks to work at least one mile each way 3 or more times per week.	Uses neither butter or margarine on bread or potatoes.
Has lost 10 or more pounds and kept it off.	Has completed a 10K Walk or Run in past 2 years.	Has attended a wellness conference.	Does not eat desserts more than once a week.	Uses cereal with less than 10% sugar content.

Attachment 4: Family Crest Icebreaker Handout



(Patternuniverse.com, 2018)

Attachment 5: Module 1 Discussion Questions and Reflection Prompts

Directions: Program instructor asks that the participants answer the following prompts in a discussion and a take-home reflection journal. The prompts will be returned to the program instructor at the beginning of the next lesson.

1. Based off of the videos that you viewed today, can you explain in your own words what culture is?
2. Can someone ever be completely culturally competent? If so, explain? If not, explain?
3. How does your own culture influence your everyday life?
4. How can your own personal culture influence the daily interactions that you have with your employees or with your patients?

Attachment 6: M&M Icebreaker Activity Instructions

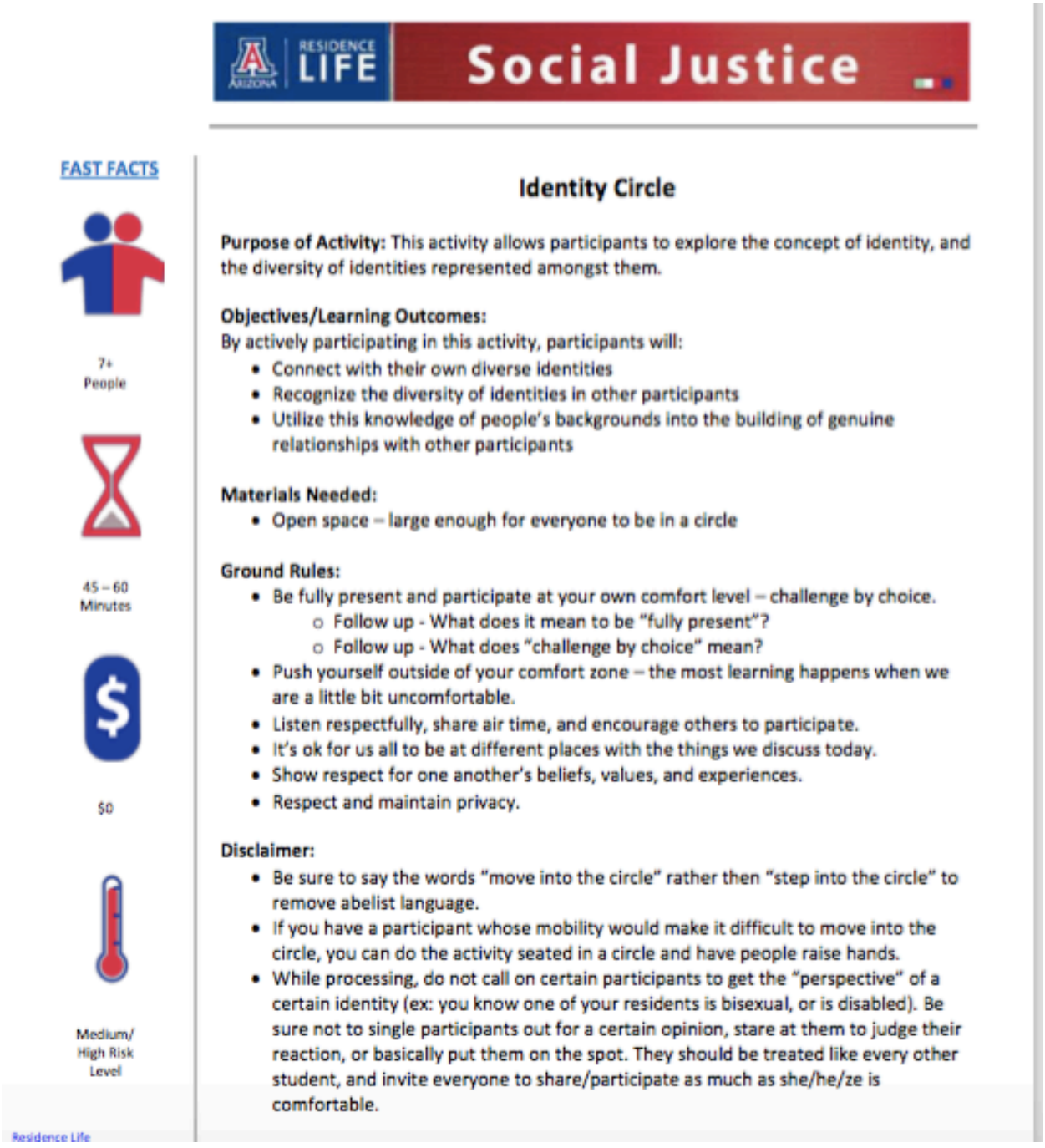
("M&M Game Instructions", 2016)

Attachment 7: SHARE Method PowerPoint (Excerpt)

https://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/workshop/module3/shareworkshop-mod3slides.html

("SHARE Approach Workshop Curriculum | Agency for Healthcare Research & Quality", 2014)

Attachment 8: Identity Circle Instructions



RESIDENCE LIFE Social Justice

FAST FACTS

7+ People

45 – 60 Minutes

$0

Medium/ High Risk Level

Residence Life

Identity Circle

Purpose of Activity: This activity allows participants to explore the concept of identity, and the diversity of identities represented amongst them.

Objectives/Learning Outcomes:
By actively participating in this activity, participants will:

- Connect with their own diverse identities
- Recognize the diversity of identities in other participants
- Utilize this knowledge of people's backgrounds into the building of genuine relationships with other participants

Materials Needed:

- Open space – large enough for everyone to be in a circle

Ground Rules:

- Be fully present and participate at your own comfort level – challenge by choice.
  - Follow up - What does it mean to be "fully present"?
  - Follow up - What does "challenge by choice" mean?
- Push yourself outside of your comfort zone – the most learning happens when we are a little bit uncomfortable.
- Listen respectfully, share air time, and encourage others to participate.
- It's ok for us all to be at different places with the things we discuss today.
- Show respect for one another's beliefs, values, and experiences.
- Respect and maintain privacy.

Disclaimer:

- Be sure to say the words "move into the circle" rather then "step into the circle" to remove abelist language.
- If you have a participant whose mobility would make it difficult to move into the circle, you can do the activity seated in a circle and have people raise hands.
- While processing, do not call on certain participants to get the "perspective" of a certain identity (ex: you know one of your residents is bisexual, or is disabled). Be sure not to single participants out for a certain opinion, stare at them to judge their reaction, or basically put them on the spot. They should be treated like every other student, and invite everyone to share/participate as much as she/he/ze is comfortable.

("Identity Circle", 2016)

Attachment 9: Mock Lesson Instructions

Objective: To practice teaching employees the importance of cultural competence within the health care field.

1. Please form in groups of 5 or 6
2. Spend 15 minutes brainstorming important topics concerning the lesson on cultural competency and create a presentation of what they've learned
3. Groups will give the presentation to the class as if they were teaching their employees
    a. Be creative: You can use any types of methods to deliver the information
    b. Remember that you want to keep your employees engaged so that they will remember the information.
4. Have fun with the assignment!

Attachment 10: Cultural Competency Pledge Card