

F. Cross-cutting Components and Challenges

In this section we have described how our Strategic Plan will ensure the inclusion of cultural competence in State and community level SPF steps, a focus on underage drinking in Vermont, Vermont's communication plan and the sustainability of our SPF SIG efforts. Because marketing and communications will play essential overarching roles in the implementation of Vermont's SPF SIG, we also provide a description of the rationale and plans for this important cross-cutting component. Also in this section are described the challenges we have encountered in applying a "need-based" allocation process, the challenges we expect during the implementation of the State's plan and the timelines and milestones developed for implementing the activities in the State's plan.

1. Cultural Competency

At the systems level, cultural competency has been defined as follows:

"A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals *to work effectively in cross-cultural situations...*" {affecting positively outcomes related to ATOD Use/above}.

Definition taken from: HRSA/DHHS Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile, prepared by the Lewin Group, Inc., April 2002.

In order to "work effectively in cross-cultural situations" CSAP offers the following two definitions of cultural competency that begin to describe the requisite knowledge, attitudes and skills:

"...A set of academic and a set of interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among and between groups. This requires a *willingness and ability to draw on community-based values, traditions and customs, and to work with knowledgeable persons of and from the community in developing focused interventions, communications, and other supports.*" Orlandi, et al (1992)

"...the attainment of knowledge, skills and attitudes, to enable administrators and practitioners within systems of care to provide for diverse populations. This includes an *understanding of that group's or members' language, beliefs, norms, and values, as well as socioeconomic and political factors that may have significant impact on their well-being* and incorporating those variables into assessment and treatment." (CSAP 1993)

A systems level approach recognizes that cultural competency must be an integral component not only of service delivery at the program level but also a component of each

step in the planning, targeting, implementation, and evaluation of substance abuse prevention efforts at the state and community levels as well.

The recently developed competency standards acknowledge this multi-level approach. Specifically, CSAP identifies three levels of action (state, community, and program) and seven domains of cultural competence with corresponding indicators to measure performance related to cultural competency. Each of the three levels is vested with a different set of responsibilities as follows:

Responsibility at state level:

- Provide a shared framework—including definition, goals, objectives and measures—for approaching substance abuse prevention in a culturally competent manner
- Establish and monitor cultural competence policy statewide
- Support state and local partners—both internal and external—to develop the capacity, tools and skills necessary to be successful in conducting prevention efforts in a culturally competent manner

Focus at the Community Level:

- Implement policy and monitor prevention program service delivery
- Identify cultural communities and issues within the locality
- Draw on community-based values, traditions and customs, and work with knowledgeable persons of and from the community in developing focused interventions, communications, and other supports

Cultural Competency at the Program Level:

- Deliver culturally appropriate prevention services based on an understanding of a group's or members' language, beliefs, norms, and values, as well as socioeconomic and political factors that may have significant impact on their well-being
- Ensure that program staff evidence culturally competent knowledge, skills and attitudes in program delivery; provide tools and training to support staff

The seven domains identified in the HRSA/DHHS framework include:

Organizational Values: An organization's perspective and attitudes with respect to the worth and importance of cultural competence and its commitment to provide culturally competent care.

Governance: The goal-setting, policy-making, and other oversight vehicles an organization uses to help ensure the delivery of culturally competent care.

Planning and Monitoring/Evaluation: The mechanisms and processes used for: a) long- and short-term policy, programmatic, and operational cultural competence planning that is informed by external and internal consumers; and b)

the systems and activities needed to proactively track and assess an organization's level of cultural competence.

Communication: The exchange of information between the organization/providers and the clients/population, and internally among staff, in ways that promote cultural competence.

Staff Development: An organization's efforts to ensure staff and other service providers have the requisite attitudes, knowledge and skills for delivering culturally competent services.

Organizational Infrastructure: The organizational resources required to deliver or facilitate delivery of culturally competent services.

Services/Interventions: An organization's delivery or facilitation of clinical, public-health, and health related services in a culturally competent manner.

HRSA/DHHS Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile; prepared by the Lewin Group, Inc., April 2002.

Vermont's approach to ensuring cultural competence is infused into the SPF SIG and will involve four distinct processes:

1. Use the HRSA/DHHS model (as outlined above) as framework for refining VDH approaches and identifying the necessary levels of action and corresponding competency areas
2. Engage internal and external partners in the review of cultural competency framework. Develop or select existing cultural competency assessment tool and follow on activities
3. Integrate this cultural competency framework, and the SPF, with other VDH programs/activities (especially OMHHD and Tobacco) which are focused on health disparities and lower SES to ensure ADAP's efforts are consistent with statewide approaches when working with similar target populations within VT
4. Support technical assistance for ADAP staff and grantees to ensure culturally competency in substance abuse prevention efforts at the state, community and program levels.

VDH will utilize the HRSA/DHHS Indicators of Cultural Competence in Health Care Delivery Organizations as a starting point to inform development of the SPF approach to cultural competency and to ensure integration of the work of the SPF with other VDH initiatives. We will work closely with internal and external partners to ensure that this framework is appropriately tailored to Vermont, our substance abuse prevention efforts, and our target audiences.

Within VDH, the Office of Minority Health and Health Disparities (OMHHD) has developed a strategic plan and cross-cutting framework for addressing minority health

and health disparities in VT. The OMHHD plan outlines strategies that focus on health disparities due to socioeconomic status, geographic area, gender, language, immigrant status, customs, other cultural factors, sexual orientation, disability or special health need. Embedded within this plan are the beginnings of a statewide approach to cultural competency.

We will utilize the guidance provided by the OMHHD and Tobacco Control plans and the SPF SPG Advisory Council to guide this work. It is important that the SPF is consistent with the VDH-wide approach to cultural competency so our work is reinforced in program activities aimed at overlapping/shared target population (e.g. substance abusers who are smokers and/or are enrolled in WIC). For example, we will collaborate with Tobacco reduction efforts which include a strategic approach to eliminating health disparities. In addition we will seek build upon VT's successful history and existing capacity in using the "Bridges out of Poverty" approach in lower SES populations—a primary target audience for our proposed substance abuse prevention efforts as documented through the work of the State Epidemiological Workgroup (EWG) and the corresponding selection of the prevention priority areas.

OMHHD will remain an important internal partner in collecting and disseminating shared knowledge of the approaches, tools and skills needed for cultural competency in program planning and delivery. Additionally, OMHHD will be critical collaborators in the identification and/or development tools for training and evaluation of cultural competency.

VDH will also engage its extensive network of external partners working to eliminate substance abuse in VT to ensure that cultural competency is appropriately addressed throughout the SPF and in its implementation. Members of the Advisory Council – representing various state agencies, community service providers, and advocates — will be asked to work with VHD internal partners to oversee the development and implementation of assessments, tools and training for essential prevention partners at all three levels of the prevention system.

Last, VDH will support technical assistance and training for ADAP staff and grantees to ensure cultural competency in substance abuse prevention efforts at the state, community and program levels. When appropriate, other VDH employees and partners will be included in the technical assistance and training to further cultural competence and consistency in efforts aimed at similar and/or overlapping target populations.