Bienvenidos: The Intial Phase of Organizational Transformation to Enhance Cross-Cultural Health Care Delivery in a Large Health Network

James F. Geiger MPA, FACHE
Lehigh Valley Health Network, James.Geiger@lvhn.org

Judith Sabino MPH
Lehigh Valley Health Network, judith.sabino@lvhn.org

Eric J. Gertner MD, MPH
Lehigh Valley Health Network, Eric.Gertner@lvhn.org

Jarret R. Patton MD
Lehigh Valley Health Network, Jarret_R.Patton@lvhn.org

Llewellyn J. Cornelius PhD

Published In/Presented At

Geiger, J., Sabino, J., Gertner, E., Patton, J., Cornelius, L., & Salas-Lopez, D. (2013). Bienvenidos: The initial phase of organizational transformation to enhance cross-cultural health care delivery in a large health network. *The International Journal of Organizational Diversity, 12*(4), 25-36.

VOLUME 12 ISSUE 4

The International Journal of

Organizational Diversity

Bienvenidos

The Initial Phase of Organizational Transformation to Enhance Cross-cultural Health Care Delivery in a Large Health Network

JAMES F. GEIGER, JUDITH N. SABINO, ERIC J. GERTNER, JARRETT R. PATTON, LLEWELLYN J. CORNELIUS, AND DEBBIE SALAS-LOPEZ

COMMON GROUND

ONDIVERSITY.COM

THE INTERNATIONAL JOURNAL OF ORGANIZATIONAL DIVERSITY
http://ondiversity.com/

First published in 2013 in Champaign, Illinois, USA
by Common Ground Publishing
University of Illinois Research Park
2001 South First St, Suite 202
Champaign, IL 61820 USA

www.CommonGroundPublishing.com

ISSN: 2328-6261

The International Journal of Organizational Diversity is a peer-reviewed scholarly journal.

Typeset in CGScholar.
http://www.commongroundpublishing.com/software/

Bienvenidos: The Initial Phase of Organizational Transformation to Enhance Cross-cultural Health Care Delivery in a Large Health Network

James F. Geiger, Lehigh Valley Health Network, USA
Judith N. Sabino, Lehigh Valley Health Network, USA
Eric J. Gertner, Lehigh Valley Health Network, USA
Jarret R. Patton, Lehigh Valley Health Network, USA
Llewellyn J. Cornelius, University of Maryland, USA
Debbie Salas-Lopez, Lehigh Valley Health Network, USA

Abstract: Statistics from the U. S. Census Bureau continue to demonstrate that the racial and ethnic makeup of many communities is diversifying. In order to provide high-quality, equitable, and culturally sensitive healthcare, many hospitals and health care organizations are responding to their changing patient demographics. The following article will demonstrate how Lehigh Valley Health Network (LVHN) in Allentown, Pennsylvania, had a seemingly minor patient encounter that ultimately was responsible for transforming the health network's method of delivering high-quality and culturally appropriate care for its diverse patient population. This case study highlights "Bienvenidos," which started from an interaction with a patient, a play center director, and a physician. This interaction ultimately led to an organizational metamorphosis at one of the health network's hospital sites that spread across the entire network. We present six key factors that led to this kind of organizational change across the network: 1) Transformational Event(s), 2) Leadership Commitment, 3) Creating a Shared Vision, 4) Assessment and Strategic Program Planning, 5) Engaging Champions, 6) Outcome Measurement and Communication. These steps have led to a reduction in no-show rates and an increase in patient satisfaction. Since "Bienvenidos," many network-wide strategies, such as explicit employee behavioral expectations regarding respectful interactions across cultures; modification of patient race, ethnicity, and language preference data collection; addition of questions about cultural needs on patient satisfaction surveys; mandatory staff education on diversity and cultural awareness; as well as senior management-level incentive goals, have been put into place that have helped LVHN continue to provide high-quality, culturally appropriate care. This commitment to cultural awareness remains strong—with support from a full-time diversity/cultural awareness liaison, a dedicated physician leader, and a 16-member Cultural Awareness Leadership Council. In these and other ways, respect for difference and cultural awareness has become a part of daily operations and interactions, in many ways because of the initial foundation formed by the "Bienvenidos" initiative.

Keywords: Health Care Organization, Organizational Cultural Transformation, Latino, Cross-cultural Health Care, Equitable Health Care, Leadership, Community Health, Language Interpretation and Concordance, Microsystem and Macrosystem Approaches, Education

Introduction

The 2001 Institute of Medicine report, "Crossing the Quality Chasm," identified six key elements of quality health care—efficiency, effectiveness, safety, timeliness, patient-centeredness, and *equity* (Institute of Medicine 2001). Per Betancourt, Green, and King (2008), "Equity is achieved by providing care that does not vary in quality by personal characteristics such as ethnicity, gender, geographic location, and socioeconomic status." Equitable care will become more important and, at the same time, more difficult to provide as the U.S. population becomes more diverse.

The U.S. Census Bureau estimated that in 2011 there were 114 million minorities in the U.S., constituting 36.6% of the total population. This proportion has increased from 36.1% in 2010. Hispanics are the largest and fastest growing minority group. In 2011, there were 52 million Hispanics in the U.S. making up 16.7% of the total population (U.S. Census Bureau 2012). The percentage of minorities in the U.S. population is expected to increase to 50% by the year 2050 (Seibert, Stridh-Igo, and Zimmerman 2002). As our nation becomes more diverse,

The International Journal of Organizational Diversity
Volume 12, 2013, ondiversity.com, ISSN: 2328-6261

strategies that bridge the cultural divide among patients, clinicians, and health care systems to potentially eliminate or reduce health and health care disparities will continue to grow in importance.

Gary S. Wolfe (2012) defines culture as the "values, norms, and traditions that affect how individuals of a particular group perceive, think, interact, behave, and make judgments about their world." Cultural awareness allows clinicians to see how individuals' cultures can impact the way they think about health and illness as well as the actions they take toward improving their health. In order to provide high-quality, equitable care, clinicians and health care organizations must be aware of and responsive to their patients' cultural perspectives.

Cultural awareness requires both individual and group efforts and involves a comprehensive approach (Seibert, Stridh-Igo, and Zimmerman 2002). Health care clinicians who understand their patients' cultural preferences, illness stories, and parameters of acceptable treatments are best able to deliver high-quality care. Listening and responding to patients in a respectful manner will encourage patients to share medical symptoms and history that are essential to accurate diagnosis, treatment, negotiation, and compliance.

In a 2002 article, Seibert, Stridh-Igo, and Zimmerman reported their observation of the common approach by clinicians to mold the patient's perspective to accept the treatment being offered rather than trying to mold the treatment to fit the patient's perspective. These clinicians were taking an ethnocentric, or "one size fits all," approach. Gary S. Wolfe, editor-in-chief of Care Management, said, "To develop cultural competence, we must examine our biases and prejudices, develop cross-cultural skills, search for role models, and spend as much time with other people who share a passion for cultural competence." Individual clinicians will be more likely to successfully deliver cross-cultural care within an organization that possesses the structures, leadership, commitment, and performance expectations that foster this type of service delivery model.

The following case study discusses an organizational approach to cross-cultural care within one hospital site of a large health network. The success of this site-based work led to the wider implementation and commitment of cultural awareness across the entire health organization. It is posited that this type of ecologic (or system-wide) approach is favorably associated with long-term change and sustainability (The Joint Commission 2010).

Based in Allentown and Bethlehem, Pennsylvania, Lehigh Valley Health Network (LVHN) comprises three hospital sites; diagnostic, home health, hospice, pharmacy, and health management services; a 700-member Lehigh Valley Physician Group (LVPG); and nine community health centers. The health network has a total of 988 licensed acute beds and a medical staff of more than 1,200 representing 95 specialties. LVHN is the area's largest employer with more than 11,500 employees. LVHN's service area includes urban, suburban, and rural communities in mid-eastern Pennsylvania.

Case Study: Bienvenidos

In response to the fast-growing Latino population with its specific cross-cultural health complexion**,** LVHN designed and implemented a Latino Health Initiative titled *Bienvenidos,* or "Warm Welcome." The purpose of *Bienvenidos* was to provide accessible, compassionate, culturally sensitive services for patients from all social, cultural, and economic backgrounds, with a particular initial emphasis on Latino patients and families. Key aspects of the multi-faceted initiative included:

- Establishment of a "Latino Working Group" to inform and plan the initiative,
- Provision of an interpreter program staffed by trained bilingual professionals to ensure effective patient-clinician communication (and the subsequent establishment of an internal medical interpreter training program),

- Strong commitment by a member of the health network's senior leadership group, who championed the delivery of cross-cultural health care among his leadership peers and wrote the business plan that secured administrative and financial support for the initiative,
- A mandatory staff education module on cultural awareness that was completed by all network employees,
- Launch of an internal medicine practice that is specifically designed for Latino, Spanish-speaking adults, and
- The tailoring of a hospital environment that is sensitive and responsive to its diverse patient populations.

This pilot initiative was conceived and implemented at Lehigh Valley Hospital-17th Street (LVH-17), one of the network's hospital sites. This site is a community hub offering high-quality, compassionate health services, including:

- Ambulatory medical (primary care, specialty, and behavioral health) practices with access to bilingual and bicultural caregivers for adults, children, and families—including those who are underinsured or uninsured,
- An ambulatory surgery unit,
- A skilled nursing unit,
- A sleep disorders center,
- An inpatient hospice unit for terminally ill patients,
- A center for healthy aging, which brings together medical services, community agencies, and educational services to meet the needs of older adults and their families, and
- Free child care and valet services for patients receiving clinical services at this site.

LVH-17 is located within the region's largest city, Allentown, which is home to a diverse population of 118,032 residents (U.S. Census 2010). Almost 57% of the population report a race or ethnicity other than White, making Allentown a "majority minority" city. According to the 2010 Census, Latino residents accounted for 50,461 individuals or 42.8% of Allentown's population. This population group has grown significantly in the last three decades; in 1980, it represented only 5% of the city's residents.

Growth in the Latino population was evident for many years, including in 2003-2004 when the *Bienvenidos* initiative was launched. At that time, the LVH-17 ambulatory medical practices cared for a patient population comprising 44% Latino patients, 41% White patients, 9% Black or African American patients, 1% Asian patients, and 5% of patients from some other racial group. During the 2003-04 period, Latinos represented (for the first time) the highest number of LVH-17's Emergency Department patients as compared with other race and ethnic groups. (These patient race and ethnicity data were gathered by registrar observation rather than patient self-report.)

In order to provide the highest quality health care for patients, especially those from diverse backgrounds, it is essential that the care is patient-centered and "respectful and responsive to individual preferences, needs, and values while ensuring that patient preferences inform clinical decisions" (Institute of Medicine 2001). Patient-centered care is characterized by effective patient-clinician communication, cultural- and language-appropriate services, attention to social factors related to health and health care, and family involvement, among other factors (Rodriguez 2009). Racial and ethnic minority populations, however, may not always receive this level of care. According to the 2011 National Health Care Disparities Report (U.S. Department of Health and Human Services 2012), Latinos received worse quality of care when compared with the reference group in 15 patient-centeredness measures (including obtaining language assistance in

health care encounters). Factors associated with health care disparities include access to care, care coordination, cultural and language barriers, racial/ethnic discordance between patients and clinicians, time limitations, patient mistrust of the health care system, as well as conscious or unconscious bias, stereotyping, and clinical uncertainty when caring for patients from historically minority groups (Institute of Medicine 2003). When these factors exist, there is "unequal" access, engagement, and outcomes for different racial and ethnic patient groups within the health care system. Similar to other organizations in general and health care systems in particular, those with privilege may remain unaware and unresponsive to the needs of the most vulnerable in their care. Therefore, welcoming, candid, and open discussions on equitable responses to needs are essential for organizational transformation.

As demographic changes were occurring in LVHN's immediate area, the focus on diversity and providing culturally sensitive services was receiving national attention, as evidenced by publications in two prestigious health care organizations. First, the American College of Physicians (2003) issued a position paper titled, "Racial and Ethnic Disparities in Health Care," outlining a working plan for its national membership to eliminate racial and cultural disparities on six specific fronts. Second, in August 2004, the Joint Commission on Accreditation of Healthcare Organizations established a panel of national experts to explore what hospitals are doing to address cultural and linguistic needs of patients. With our local experience mirroring a growing trend throughout the country, LVHN embarked on its own path to provide culturally sensitive health services for its diverse community.

A transformational event sparked the *Bienvenidos* initiative in 2003**.** A third-year medical resident requested a "live" interpreter (rather than using the existing telephonic interpreter service) for an appointment with a Latino patient who did not speak English. With previous informal experience interpreting for family members, the bilingual Play Center director, who had recently completed a 40-hour medical interpretation course, volunteered to assist the patient and medical resident. The outcome of this particular medical encounter was significant for all those involved: the patient had never before understood so clearly what the physician was asking and had not been able to clearly express the many medical issues she was facing; the resident understood the patient's needs in a comprehensive way and was able to clearly communicate how he was going to care for her (and he was totally unprepared for the heartfelt appreciation that the patient expressed towards him for actually *listening and understandin*g); finally, the Play Center director found a new calling to become a full-time medical interpreter in order to help facilitate effective communication in clinical encounters like this one. The health network selected her as its first full-time staff interpreter and she began providing services to all the clinical units at LVH-17.

The successful outcome of this clinical encounter captured the interest and attention of the health network executive at the LVH-17 site. Because of his prior overseas military experience, his understanding of the importance of cross-cultural health care delivery, and his commitment to health care equity, he was very willing to translate the benefits of this interpretation encounter into a site-based business plan for culturally and linguistically appropriate service delivery. From an administration perspective that could be accepted by health network leadership, he wrote a *Bienvenidos* business plan that quantified staffing plans (with a focus on bilingual and bicultural employees) and performance metrics, as well as financial requirements (including the "bottom line" impact) to serve the increasingly diverse Allentown population, especially those residents who were underinsured or uninsured. Subsequently, he delivered multiple presentations to internal health network committees and external community groups to garner support and recommendations. A key presentation to the large group of LVHN middle managers significantly illustrated the need and rationale for cross-cultural health care and, particularly, the middle managers' roles in ensuring this type of service delivery across the care continuum. These presentations and other forms of advocacy demonstrated this executive's commitment to the project and resulted in several visits by health network senior leaders, board members, and

community stakeholders to the LVH-17 site to see these programs in action. In a relatively short time, the business plan recommendations received approvals to quickly expand the Interpreter Services program and launch the establishment of a culturally and linguistically appropriate internal medicine practice for Latino patients.

Due to high patient and clinician satisfaction after experiencing the services provided by the first staff interpreter, high demand ensued for her assistance in medical encounters. With external grant support in August 2004, three additional full-time medical interpreters were hired and trained to meet increasing service requests.

In order to create a cadre of additional employees with medical interpretation skills, LVHN implemented an internal interpreter training model based on the "Bridging the Gap" curriculum (The Cross Cultural Health Care Program 2012). Three staff interpreters successfully completed external certification to teach the "Bridging the Gap" medical interpretation course and subsequently offered the 40-hour Phase 1 "Bridging the Gap" course for 13 health network employees with demonstrated language competencies in English and a second language. Graduates of Phase I Interpreter Training provide language-assistance services on their respective patient care units and, as the demand for interpreter services escalates, these employees represent an applicant pool to fill future positions within LVHN.

While interpreter-facilitated dialogues improved health care quality for patients who prefer to discuss health care in languages other than English, language alone does not ensure the delivery of health services that truly meet the patients' cultural needs. To this end, an internal medicine practice, *Centro de Salud LatinoAmericano* (Latin American Health Center), was designed for adult Spanish-speaking, Latino patients. The clinic was initially staffed by a bilingual/bicultural board-certified internal medicine physician, two bilingual/bicultural medical assistants, and a bilingual/bicultural physician assistant to provide care responsive to the social, cultural, and linguistic needs of Latino patients. *Centro de Salud* opened in late summer 2004, and word of mouth in the Latino community created a six-page enrollment list within days. A large proportion (90%) of patients are covered with public insurance plans (Medicare and/or Medicaid) or are uninsured. Generally, *Centro de Salud* patients were receiving care for chronic illnesses, such as hypertension and diabetes; however, many lacked access to self-management educational materials that met their cultural or health literacy needs. Despite this, patient satisfaction feedback was universally positive and the proportion of patients who attended previously scheduled appointments was higher than any of the other ambulatory medical practices at LVH-17.

While the establishment of *Centro de Salud* was welcomed by Latino patients, there were many individuals with Latino heritage who were already receiving care in other ambulatory medical practices and wished to stay with their existing clinicians. In order to foster growth in cross-cultural care in these settings, focused strategies were used to recruit and retain bilingual and bicultural staff members. Advertisements in the Spanish-language media and word-of-mouth communication increased the number of bilingual/bicultural applicants for consideration by the practice managers. Quarterly metrics tracked the number and percentage of bilingual/bicultural staff members in each ambulatory medical practice; these data were shared with health network leadership to illustrate progress of the *Bienvenidos* initiative.

The program planning for both Interpreter Services and *Centro de Salud* required the infusion of experience and expertise among stakeholders from within and outside of LVH-17. Under the leadership of that site's championing executive, a Latino Health Working Group was established. This working group included hospital and contracted (food service) employees, as well as community residents with a passion for cross-cultural health care delivery. Many of the working group members were Latino themselves and their stories about receiving care at LVH-17 informed the design of the Interpreter Services and *Centro de Salud* programs. The Latino Health Working Group planned menus featuring Latino dishes to be offered in the hospital cafeteria; completed the Interpreter Services administrative policy; designed and conducted the

first evaluation of the Interpreter Services program; designed and implemented an education program on cross-cultural health care, viewed by all network employees via LVHN's web-based learning system; and wrote external funding proposals that grew the Interpreter Services program and *Centro de Salud.* The working group members also served as "champions" or advocates for this program across the health network and helped their peers to become excited and engaged in these efforts.

It did not take long to see the outcomes of the *Bienvenidos* initiative. Early returns from the provision of culturally sensitive, language-appropriate services, in an environment characterized by dignity and respect, were outstanding.

> No-Show Rates: No-show rates declined for patients scheduled for interpreter-assisted appointments in Medical/Surgical Subspecialty Clinics as well as in Pediatrics.
>
> Patient Satisfaction: Patient satisfaction, based on scores from the external patient satisfaction survey vendor, steadily rose on a quarterly basis following the *Bienvenidos* launch. In addition, anecdotal patient feedback indicated that, for perhaps the first time in their health experience, they could accurately describe their medical concerns; they comprehended what the doctor was saying; and they fully understood what the doctor was prescribing (and why). The quality of an interpretation experience using trained professionals has been lauded by staff members, residents, specialists, patients, and family members alike, and the demand for their support is rising exponentially.

While each new part of the *Bienvenidos* initiative yielded tremendous rewards in terms of improved patient satisfaction and safety, the recognition this work received from external partners served to sustain the motivation and engagement of key staff members. For example, an insurance company, AmeriHealth Mercy, honored *Centro de Salud's* bilingual/bicultural medical director with a community service award before 1,200 attendees during its annual meeting in Philadelphia in October 2004. A few months later, LVHN leadership invited the medical director to address the Board of Trustees and community members during its annual meeting in December 2004. The following year, *Centro de Salud's* services captured the attention of the Pennsylvania Secretary of Health, Dr. Calvin Johnson, who presented a Certificate of Recognition on April 7, 2005, for "outstanding public service in promoting the well-being of the citizens of Pennsylvania," during a statewide celebration of National Public Health Week.

Changing organizational culture to embrace diversity requires a specific series of steps in order to create a sustainable transformation. Importantly, this case study demonstrates the need for an ecological approach to organizational transformation. Specifically, a system-wide approach takes advantage of every opportunity to get cultural awareness "into the pipes" of the organization and is critical to ensure sustainability. Through this integration, the cross-cultural care advocates can impact multiple areas at the same time, affecting leadership, education, data collection, and so forth. Further, through this approach, the advocates can assure that cultural awareness is not viewed as a "fad" or simply the "flavor of the month," but rather, it will be a sustainable change that will influence the organization for years to come. The key to embedding this work into the fabric of the organization is its integration into the existing structures and activities, rather than having it become its own separate infrastructure.

We define six specific steps toward cultural awareness through our ecological approach:

> Transformational Events: Culture-changing moments that forever change how the organization perceives what is important;
>
> Leadership Commitment: Visible support not only from senior leadership but also across all levels of middle management;

Creating a Shared Vision: Ensuring buy-in, commitment, and a shared perception of the goal;

Assessment and Strategic Program Planning: The creation of new programs through the use of familiar administrative functions and formats for assessment and program planning within the organization;

Engaging Champions: Identifying and empowering passionate multidisciplinary colleagues at all organizational levels, and providing advocacy at operational levels within the organization;

Outcome Measurement and Communication: Aligning metrics used in the organization with meaningful impact on cultural awareness activities.

Transformational Events

It is important to actively look for transformational events to support program development. When the resident physician requested assistance in his clinical encounter with a Spanish-speaking patient, he could not have known the impact it would have throughout the organization. The story deeply affected many providers throughout the health network, and was retold again and again, supporting the need for language assistance strategies and cross-cultural care. Often, these transformational events occur spontaneously, yet have a profound effect in launching or adding momentum to an organizational initiative. We embraced several such transformational events throughout this development and, with each successive story, engagement grew.

Leadership Commitment

The availability of baseline data on patient race, ethnicity, and language preference at LVH-17, as well as emerging anecdotal stories, served to generate interest among those most committed to the care delivered at that location. The on-site network executive with experience outside of our network and a particular commitment to cross-cultural, language-appropriate care provided a respected voice within the organizational leadership to advocate for the initiative. Another important aspect of the development was the engagement of leaders across disciplines and within middle management positions. This important component allowed programs to rapidly become adopted and adapted within multiple areas. A singular focus on senior leadership only has the potential to create a void within the organization's middle management levels, which could be detrimental to program development.

Shared Vision

Having purposeful discussions around the creation of a shared vision is an important step to remain focused on outcomes. The development of *Centro de Salud* was the culmination of taking interpreter (language-appropriate) services to the next level of culturally aligned care. While creating a shared vision, developing an elevator speech—a quick two to three sentence summary that can be delivered by anyone at a moment's notice—helps build engagement at all levels. An elevator speech becomes the representation of the group's shared vision, the thread that connects all efforts around transformation. Promoting multiculturalism within the organization and committing to inclusion from the outset can become the guiding principles in developing a plan for cultural awareness.

Strategic Planning

By creating the *Bienvenidos* business plan using standard organizational program development tools—quantifying financial impact and support staff requirements necessary to serve growing Allentown populations, with a particular focus on the uninsured and underinsured—the program team illustrated patient needs and programmatic assets in a format that network leadership was accustomed to reviewing. Familiarity with the tools helps to engage other senior leaders and facilitates adoption across the continuum.

Engagement of Champions

Meaningful engagement by a broad representation of champions within an organization as well as by other stakeholders can help spread the themes of cultural awareness and diversity through all areas of the organization. Empowering passionate colleagues from across the organization (e.g., the Latino Health Working Group) builds the necessary momentum to implement essential changes. Including external stakeholders, such as community members, patients, business leaders, and governmental agencies, draws a larger audience to the efforts and can both facilitate and expedite transformation.

Outcome Measurement and Communication

Choosing outcomes measures that are meaningful throughout an organization is useful to gain momentum, ensure buy-in from stakeholders, and demonstrate how cultural awareness and diversity are pervasive throughout the organization. For example, an important metric within our health network's ambulatory medical practices traditionally has been the percentage of patients that fail to make their appointment—the "no-show rate." This rate had been used as a measure of both capacity and barriers to access to medical care. As we progressed in our ability to identify a patient's language preference and provide medical interpretation, we were able to demonstrate a reduction in the overall no-show rate as well as reduction in the no-show rate for patients with a preference for a language other than English. Because this rate had both quality of care and financial implications, it was readily understood by a variety of stakeholders, and improvements in the no-show rate as a result of our program gained high regard. Similarly, even anecdotal changes in patient satisfaction data provided relevant examples of the impact of a program to enhance the delivery of culturally appropriate care.

The *Bienvenidos* initiative at LVH-17 served as a proving ground for the focused delivery of cross-cultural health services. Other LVHN hospitals and physician practices observed the success of this initiative and adopted its strategies in their care delivery environments. The entire network identified cultural awareness as an organizational priority in 2006 following the success of the *Bienvenidos* initiative and the recommendations of patients, family members, and community residents at a patient- and family-centered experience retreat. Subsequently, structured strategic planning and the implementation process were carried out by a multidisciplinary cultural competency task force sponsored by senior network leaders (Gertner et al. 2010). Task force outcomes included explicit employee behavioral expectations regarding respectful interactions across cultures; modification of patient race, ethnicity, and language preference to include patient self-report data collection; addition of questions about cultural needs on patient satisfaction surveys; network-wide, mandatory staff education on diversity and cultural awareness; as well as senior management-level incentive goals related to cross-cultural care. This commitment to cultural awareness remains strong, with support from a full-time diversity/cultural awareness liaison, a dedicated physician leader, and a 16-member Cultural Awareness Leadership Council. In these and other ways, respect for difference and cultural

awareness has become a part of daily operations and interactions, in large part because of the foundation formed by the *Bienvenidos* initiative.

In summary, this health network is committed to providing high-quality, culturally sensitive care to our community's ethnically diverse population. Eliminating or reducing barriers to care, especially in the area of patient and provider communication, was and continues to be a cornerstone to this very important effort. However, organizational transformation requires more than commitment—it requires coordinated, complementary activities to achieve sustained change. This case study illustrates the constellation of strategies used by a large health network to achieve and maintain cross-cultural care delivery for its diverse patient population.

Acknowledgement

Several of the initiatives discussed in this article were funded in part by the Dorothy Rider Pool Health Care Trust.

REFERENCES

American College of Physicians, *Racial and Ethnic Disparities in Health Care*, accessed July 9, 2012, http://www.acponline.org/ppvl/policies/e000904.pdf (Philadelphia, PA: American College of Physicians, 2003).

Betancourt, Joseph R., Alexander R. Green, and Roderick R. King. *Improving Quality and Achieving Equity: A Guide for Hospital Leaders* (Boston, MA: Disparities Solutions Center and Institute for Health Policy, Massachusetts General Hospital, 2008).

Gertner, Eric J., Judith N. Sabino, Erica Mahady, Lynn M. Deitrick, Jarrett R. Patton, Mary K. Grim, James F. Geiger, et al. 2010. "Developing a culturally competent health network: a planning framework and guide." *Journal of Healthcare Management* 55(3):190-204; discussion 204-5.

Institute of Medicine, *Crossing the Quality Chasm: A New Health System for the 21st Century* (Washington, DC: National Academies Press, 2001).

Institute of Medicine, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*, edited by Brian D. Smedley, Adrienne Y. Stith, and Alan R. Nelson (Washington, DC: The National Academies Press, 2003).

Rodríguez, Michael A., and William A. Vega. 2009. "Confronting Inequities in Latino Health Care." *Journal of General Internal Medicine* 24(Suppl 3):505-7.

Seibert, P., P. Stridh-Igo, and C. Zimmerman. 2002. "A Checklist to Facilitate Cultural Awareness and Sensitivity." *Journal of Medical Ethics* 28(3):143-6.

The Cross Cultural Health Care Program. *Bridging the Gap for Medical Interpreters*, accessed July 9, 2012, http://xculture.org/medical-interpreter-training/bridging-the-gap-training-program/bridging-the-gap-for-medical-interpreters-course-description/.

The Joint Commission, *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals* (Oakbrook Terrace, IL: The Joint Commission, 2010).

U.S. Census, 2010. "State and Country Quick Facts – Allentown, PA," last modified June 27, 2013, accessed August 12, 2013, http://quickfacts.census.gov/qfd/states/42/4202000.html.

U.S. Census. 2012. "Most Children Younger than Age 1 are Minorities, Census Bureau Finds," updated May 17, 2012, accessed June 22, 2012, http://www.census.gov/newsroom/releases/archives/population/cb12-90.html.

U.S. Department of Health and Human Services, *2011 National Healthcare Disparities Report*, www.ahrq.gov/qual/qrdr11.htm (Rockville, MD: Agency for Healthcare Research and Quality, 2012).

Wolfe, Gary S. 2012. "Cultural Competency," From the Editor-in-Chief, *Care Management* 18(1):2, www.academyccm.org/pdfs/7CM_feb_mar_2012.pdf.

ABOUT THE AUTHORS

James F. Geiger, MPA, FACHE is currently Senior Vice President of Operations for Lehigh Valley Health Network in Allentown, Pennsylvania. Jim's responsibilities include oversight of the LVH-17th St. Community Practices, Perioperative Services and Orthopedics Service Line, Support Services, Women's and Children's Service Line, cultural awareness and diversity, and the Division of Public Safety. In his current position, Jim works closely with the department chairs for medicine, surgery, pediatrics, family medicine, obstetrics and gynecology, dental medicine, emergency medicine, and community health to develop sound business plans and performance improvement initiatives. Additionally, Jim develops and presents program updates and proposals to senior network, board, and community leaders, with particular emphasis on the

provision of culturally sensitive services for a richly diverse patient population. Jim is board-certified in healthcare management and is a Fellow as well as past Regent in the American College of Healthcare Executives.

Judith N. Sabino, MPH, CDP is Lehigh Valley Health Network's diversity/cultural awareness liaison. In this role, she is responsible for facilitating the network's cross-cultural health care initiatives, which include quality improvement projects related to addressing health disparities, patient race and ethnicity data collection, language assistance services, network-employee and clinician education, and strategies to recruit and retain diverse employees. She serves as co-chair of the health network's Cultural Awareness Leadership Council. As a public health practitioner, Judy has developed, implemented, and evaluated a wide-range of health improvement projects in such areas as access to care, substance abuse prevention, tobacco control, health status assessment, and pre-hospital emergency care. Her research interests include cross-cultural health care, community health improvement, and access to care. Judy holds a Master's degree in public health from the Yale University School of Medicine and a Bachelor's degree in English/Communication from DeSales University.

Eric J. Gertner, MD, MPH, FACP is the Associate Chief for External Programs for the Division of General Internal Medicine at Lehigh Valley Health Network in Allentown, Pennsylvania. Currently he serves as co-lead of the health network's patient-centered medical home initiative. He received his undergraduate degree from Princeton University, and his doctor of medicine from UMDNJ – Robert Wood Johnson Medical School. He completed his residency in internal medicine at the Medical College of Pennsylvania, and a Master's degree in public health at the Drexel School of Public Health. He was inducted as a Fellow of the American College of Physicians in 2002. Dr. Gertner is the former co-chair of the LVHN Cultural Awareness Leadership Council, where he oversaw the development and implementation of a strategic plan for cultural awareness, including cultural awareness education, disparity reduction, and recruitment and retention of a diverse workforce. Dr. Gertner continues to publish research in reducing disparities in health care and promoting quality medical care for everyone. He and his colleagues were recognized by the American College of Healthcare Executives with the 2011 Edgar C. Hayhow Award given to the Best Article of the Year for their manuscript, "Developing a Culturally Competent Health Network: A Planning Framework and Guide," published in the May / June 2010 issue of the Journal of Healthcare Management.

Jarret R. Patton, MD, FAAP has been an advocate for children for many years. Currently, he is the Medical Staff President-Elect and has served as the Medical Director of Ambulatory Pediatrics at the Lehigh Valley Health Network. He takes pride in taking care of many of the underserved or uninsured children in Allentown, PA and the surrounding Lehigh Valley. In 2008, Dr. Patton completed the Cultural Competency Leadership Fellowship with the Health Research and Educational Trust in conjunction with the American Hospital Association. Through this fellowship opportunity, Dr. Patton is a part of a team leading change within his institution that will promote better health care for people of all cultures and ethnic backgrounds. He has continued interest in research fields surrounding health disparities and cultural competence. He received his BS from Xavier University of Louisiana (chemistry), MD from Case Western Reserve University, and residency training at New York University/ Bellevue Hospitals. Currently, he is an assistant professor of pediatrics at the Morsani College of Medicine at the University of South Florida. Dr. Patton's professional memberships include the American Association of Pediatrics, the American Medical Association, and the National Medical Association.

Llewellyn J. Cornelius, PhD, LCSW has more than 17 years of experience in Community-Based Participatory Research and more than 30 years of experience in social justice research as well as

survey and evaluation research. He has worked in tandem with researchers, administrators and consumers in the design, implementation and evaluation of interventions that focused on improving the health and well-being of under resources communities. He has trained more than 150 professionals in designing and conducting outcomes research, coached 36 mid-career social workers in leadership development, mentored 26 doctoral students, trained 10 post MD/PhD early career minority researchers as part of the Association of American Medical Colleges Minority Health Services Research Program and taught more than 2,000 MSW programs in the second largest MSW program in the United States. For the last 13 years he taught a doctoral research practicum, where he assisted students in the development, pilot testing and fielding of surveys. In addition to teaching survey research, he has been involved in the design and implementation of a multitude of studies, including the fielding of a statewide survey which examined the cultural competency of mental health providers; the evaluation of community based HIV prevention efforts and the development and implementation of surveys which assessed the use of technology in social work. Dr. Cornelius' prevention research focuses on developing community-responsive, culturally appropriate educational, attitudinal and behavioral change interventions as well as examining the barriers to the adoption of successful interventions by individuals, practitioners and communities. He received his doctorate from the University of Chicago's School of Social Services Administration and has extensive research experience in examining access to medical delivery and the outcome of care for African Americans and Latinos.

Debbie Salas-Lopez, MD, MPH is the chair of the Department of Medicine at Lehigh Valley Health Network, and a professor of medicine at the University of South Florida's College of Medicine and College of Public Health. She completed medical school and her residency in internal medicine at New Jersey Medical School and obtained her Master's degree in health policy and administration at the School of Public Health, Rutgers University, and UMDNJ. She has been a visiting scholar at the Harvard Institute of Healthcare Policy and completed fellowships with the National Cancer Institute and the Association of American Medical Colleges Health Services Research Institute. She is a member of the Northeast Consortium on Cultural Competency and Medical Education. She is a standing National Institute of Health (NIH) reviewer and the principal investigator of an NIH-Select Award to establish a Neighborhood Community Cancer Center Program in Lehigh Valley. She leads initiatives in quality improvement, cost containment, and patient–centered medical homes. She has numerous publications and is a nationally recognized speaker and educator in the area of women in leadership, culture, healthcare disparities, and the impact of social and economic factors on access to care.

The International Journal of Organizational Diversity is one of four thematically focused journals in the collection of journals that support the Diversity knowledge community—its journals, book series, conference and online community.

"Managing diversity" has emerged as a distinct agenda in the business and economics of diversity. This focus encompasses organizational diversity in private, public, and community organizations, including workplace culture, recruitment and promotion, human resource development, team work and relationships with diverse clienteles. This journal includes analyses of the impact of government and regulatory policies on the workplace. It explores the local and global diversity, as well as the full range of issues of diversity arising in workplaces, from gender, to sexual orientation, to culture and language, to disability.

As well as papers of a traditional scholarly type, this journal invites case studies that take the form of presentations of diversity practice—including documentation of socially-engaged practices and exegeses analyzing the effects of those practices.

The International Journal of Organizational Diversity is a peer-reviewed scholarly journal.

ISSN: 2327-6261