



Policy and System Change From A Multicultural Perspective

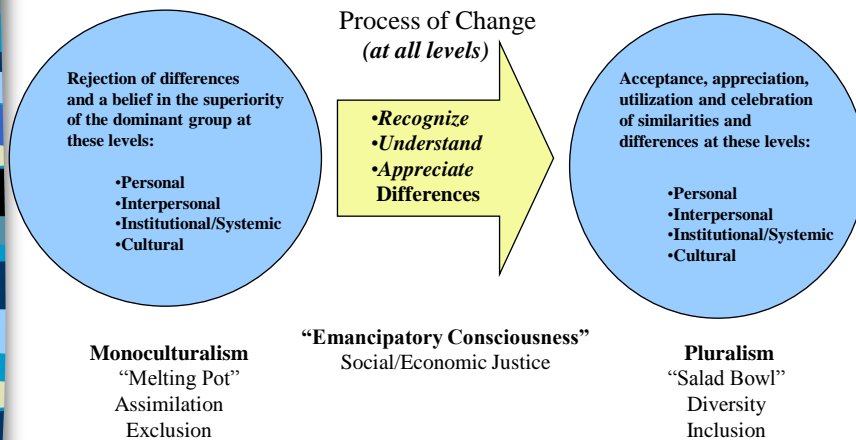
Workshop (F7)
 NASBHC Convention
 Friday, June 26, 2009
 3:15 – 4:30 p.m.

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Adapted from work by John Capitman and Gerry Herrera, Central Valley Health Policy Institute, California State University, Bi-national Health Summit, 10/25/06; Informed by input from the SBHCPP Resource Team, Marie Elena Campisteguy, The Metropolitan Group, Jeanita Richards, Douglas Taylor, Southwest Community Research Center (SCRC), and Terri Wright, W. K. Kellogg Foundation Program Director.

Multicultural Process of Change





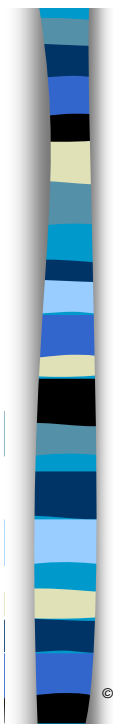
Overview

Policy and System Analysis: Four Ways to Think about Change

1. **Focus on Inclusion, Power and Fairness:** What are our interests? What outcomes do we want? How does this differ from other actors? How do we engage all relevant actors in our policy change agenda, strategy, and advocacy ?
2. **Focus on Resources:** How does the money flow? How does this impact outcomes? How does our policy agenda and strategy address the full range of financing issues?
3. **Focus on Delivery Systems:** How are providers working? How do our centers fit into larger delivery systems? How does this impact outcomes? How do our policy agenda and strategy focus on health and education system improvements?
4. **Focus on Opportunities for Change:** Can we address root causes of poor health and education outcomes? How can outcomes be improved in the short run? How do our policy change strategies, messaging, and sustainability planning address both root causes and short run improvements?

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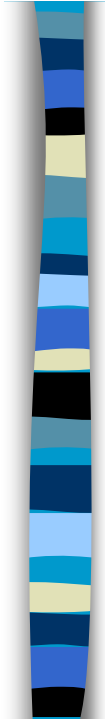
How Do We Work Together?

Guidelines for Conversation and Dialogue

- “Try on”
- It’s okay to disagree; it is not okay to blame, shame, or attack, self or others
- Practice “self-focus”
- Practice “both/and” thinking
- Notice both process and content
- Be aware of intent and impact

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Health and Education Policy Making is about Power

Basic Power Concepts

Power Concepts	Historically excluded and discounted by policies and culture (Target)	Historically empowered and advantaged by policies and culture (Non Target)
Racism	African American, Latino, NHOPI, Native American, Asian American	Whites
Sexism	Women, Transgender	Men
Heterosexism	GLBT	Heterosexual
Classism	Working and lower socio-economic class	Middle/owning class
Ageism	Ages <25 and >55	Ages 25-55
Xenophobia	Immigrants and their children	US Born
Ableism	Chronically ill/disabled	Temporarily able-bodied

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Health and Education Policy Is About Who Has The Power: Analyzing Your Organization

Power Concepts	Excluded and discounted by policies and culture (Target)	Empowered and advantaged by policies and culture (Non Target)

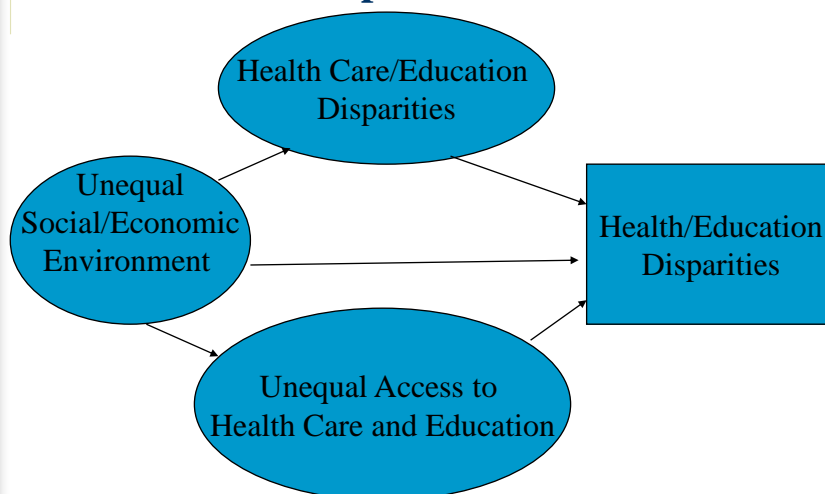
Collaborators and Competitors Issues

<i>Interest Groups</i>	<i>What are the most important issues for these groups?</i>
SBHCs, State Assemblies	
Schools/ school boards	
FQHC/Rural Health Clinics/ PH Clinics	
Provider/Professional Associations,, e.g, doctors, school nurses	
Insurers/MCOs	
Families/ Parent Groups	
Students/youth	
Youth serving organizations	
Social justice organizations/Population advocates	
Governmental agencies	
Other	

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What Causes Health and Education Disparities?



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Identify Policy Hurts and Desired Change

<i>Interest Group</i>	<i>How current policies help and hurt group?</i>	<i>What group wants from policy or program change?</i>
SBHCs, State Assemblies		
Schools/ school boards		
FQHC/Rural Health Clinics/ PH Clinics		
Provider/Professional Associations,, e.g, doctors, school nurses		
Insurers/MCOs		
Families/ Parent Groups		
Students/youth		
Youth serving organizations		
Social justice organizations/Population advocates		
Governmental agencies		
Other		

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Gaining perspective on how SBHC care is organized and delivered

	<i>Who? How are they different from well-served?</i>	<i>What does this tell us about provider practices?*</i>
Un-served (left out)		
Under-served (not enough help)		
Poorly served (dissatisfied, poor outcomes)		
Over-served (gets more priority for or more care than is needed)		

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Basic questions about how care is organized and delivered*

- Are there organizational barriers to access for primary or specialty care for SBHC users, other young people, families?
- Are there clinic barriers to access?
- Does provider maximize payment sources? How does provider address medical debt?
- Do linkages to school and other youth-serving organizations support or limit seamless shared support for effective services?
- Do quality assurance systems include a developmental approach and multicultural lens?
- Do providers assist with behavior change? Are there linkages to behavior change supports?
- Do providers attend to linguistic and cultural factors? What do providers know about the people and cultures they serve?
- How are providers' skill development in cultural literacy and community engagement assessed?
- Does provider partner with others to address community-level determinants of health?

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Can we address the social and economic inequities that cause poor health and education outcomes?

Health and education policy and program debates rarely address the social and economic determinants of health.

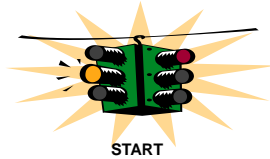
- Poverty, racism, ethnocentrism, etc. are **social and economic inequities**. *How does our agenda address inequities?*
- BOTH health care financing and delivery systems AND educational policies and practices **express broader societal patterns**. *Have we linked our agenda to these broader social justice concerns?*
- Recognizing social and economic determinants points to **needed sustainable coalitions**. *Do our partnerships include the range of social justice advocates and causes?*
- Recognizing social and economic determinants can shape **strategy for short-term action**. *Do our short-run policy goals include an understanding of long-term policy solutions to social and economic inequities?*

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Personal and/or Organizational Action Plan

Based on the information covered today, please identify two things that you can do within the next 60-90 days. Select at least one thing to **START** doing that is new or different, and one thing that you can **CONTINUE** doing that is working well. How will you measure your actions to determine their effectiveness and what, if any, support will you need?



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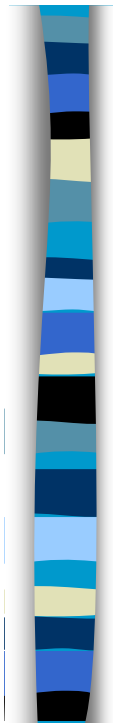
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Closure Exercise

- How did this go today?
- What did you learn or relearn about policy and system analysis for change?
- Appreciations
- Regrets

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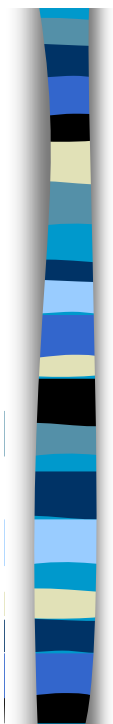


VISIONS' Services

Recognizing, Understanding & Appreciating Differences

- Community Development Facilitation
- Cooperative Problem Solving
- Diversity Services
- Executive Coaching
- Meeting Facilitation
- Multicultural Consultation
- ❖ National "Challenging Oppressions" Workshops
- ❖ Ongoing Skill Building Group
- ❖ Organizational Assessment
- ❖ Organizational Development
- ❖ Target Group Empowerment
- ❖ Technical Assistance

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Facilitators' Bios

- **Emily Schatzow, M.Ed.**, (Cambridge, MA) is a psychotherapist and trainer who cofounded a local women's mental health center. She, together with her colleagues, developed theory and practice that challenged existing paradigms by seeing mental health as a byproduct of economic, social, political, and cultural realities. Ms. Schatzow has a graduate degree in counselor education from Boston University. Currently, she is Clinical Supervisor at the Victims of Violence Program at Cambridge Health Alliance and is a lecturer in psychiatry at Harvard Medical School. As a lead consultant for VISIONS, she has worked both nationally and internationally to create group models and interventions that facilitate individual and organizational change.
- **Deborah J. Walker, PhD.**, (Charlotte, NC) is a senior multicultural and organizational development consultant with VISIONS, Inc. As a professional trainer and process consultant, she has provided multicultural consultation and training and organizational development assistance to a wide range of business and corporate leaders and managers, police and community groups, legal professionals, educators, and health care providers since 1986. Her primary foci are personal empowerment, conflict resolution, teambuilding, cross-cultural communication and interpersonal and organizational problem solving from a multicultural perspective. Her personal goal is to help create and maintain organizational environments that recognize, understand, appreciate and utilize differences. During a period in her career she worked in banking. Walker has been recognized for her facilitation and coaching skills. She was 2001 president of the Diversity Council of the Carolinas and 2003 Chair of the Council's Diversity Conference, *Leading a Multicultural Workforce in the 21st Century*. She is former chair of the Diversity Leadership Committee, Black Professional Network (BPN), Charlotte Chamber of Commerce where she reorganized the work of the committee to be more responsive to the needs of Chamber members on issues of diversity. Walker has written a number of articles including "Options for Starting A Diversity Initiative in the Legal Profession" for the American Bar Association, "The Process of Change: Making It through the Transition", "Ways to Celebrate Multiculturalism", "Heart Disease and Racism" and "Racism: The Cost to Business."