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Evaluating the Effectiveness of Healthcare Competency Training Delivery Methods

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Abstract

Decades of research express the need to strengthen the trust between minority groups and the healthcare system through addressing and reducing cross-cultural miscommunication. Though Central Coast VNA and Hospice is a well-established organization, the rate at which underrepresented individuals (i.e., LatinX, Asian, African American, Pacific Islander) access their services is low. Issues contributing to the low number of underrepresented individuals include language barriers, a poorly structured system, and a lack of cultural competency training among the staff. The result is an underserved population, a failure to meet the agency's mission, and a perpetuation of systemic racism. To address this problem, the capstone project asked staff to participate in a training seminar that delivered cultural literacy curriculum through five methods and used multiple surveys to analyze their effectiveness. Findings revealed a need for change in training and procedures and affirmed the demand for greater cultural literacy awareness and education.

Keywords: cultural competency, healthcare training, healthcare disparities, minority groups, cultural literacy

Evaluating the Effectiveness of Healthcare Competency Training Delivery Methods

Agency and Communities Served

Central Coast Visiting Nurse Association and Hospice, commonly called VNA, is a leading nonprofit multidimensional health care organization that has served multiple communities throughout the tri-county areas since the 1950s (CCVNA, 2020). Central Coast VNA and Hospice focuses on community health, home health, and hospice programs serving around 2,500 patients with no specific gender, age, or ethnicity among the tri-county areas but most predominantly in Monterey County. This project addresses the staff from various departments within the organization, including Hospice, Home Health, and Administration.

Problem Description

Problem Definition

Although VNA works hard to adhere to its strong mission statement and even more efficient visions, improvements can be made to advance its foundational goals. One improvement is an increased focus on cultural competence. Cultural competency is defined as developing personal awareness and sensitivity through cultural education to be able to recognize, understand, and interact with individuals from different cultures or belief systems c The 2020 US Census reported that nearly 80% of Monterey County's population identifies with the various ethnicities considered minorities (including LatinX, Asian, African American, Pacific Islander, etc.). However, VNA's 2021 patient demographics differ from the county census regarding ethnicity and race, with 89% of VNA's patients having an unknown or unreported demographic and race. The high rates of ethnically diverse groups but low rates of patients accessing VNA services expose the underlying issue of needed improvement on the low rates of people of color

seeking or acquiring the services offered. As a result, the focus is on analyzing the understanding of cultural competence amongst VNA staff by identifying the flaws within their current competency training and delivery methods to distinguish the most effective training method.

Contributing Factors

Language Barriers

Monterey County is home to a large population of individuals who experience communication barriers when accessing the benefits offered by the county (Monterey County Civil Rights Office, 2018). Monterey County residents speaking languages other than English create a language barrier among health services that lack adequate staff, such as translators and bilingual speakers. As a result, they are unable to accommodate their language barriers adequately. Additionally, the Monterey County Census (2021) reported that 55% of the population predominantly speaks a language other than English. Yet, VNA lacks any bilingual incentives or pay raises, so they do not require, endorse, or promote bilingual staff nor track the percentage of bilingual staff. As a result, VNA staff that are not bilingual rely on a translation service for assistance in communication. The most popular form is a translation service accessed via telephone, which reduces the quality of care by making it less personable, and technological delays can frustrate the patient.

Poorly-Structured Healthcare System

The healthcare system is embedded with racial injustice and the barriers that populations of color face are the foundation of this system. Fear and lack of access to healthcare among the diverse people of Monterey County are two of many examples of the poorly structured system. On a national level, lack of healthcare insurance, lack of financial resources, legal obstacles, lack

of transportation, inconvenient appointment times and lengths, and irregular sources of care are all reported contributing factors to the poor structure of the healthcare system (Dr. Ananya Mandal, 2019). Nationally and locally, these barriers result in various cultures and ethnicities lacking accurate representation in the healthcare system. The 2020 Health Needs Assessment of Monterey County reported healthcare access and delivery as the second-highest need due to the lack of representation, fear, and poor access amongst ethnically diverse groups (SVMH Management, 2020). There is a desperate need to strengthen healthcare access and delivery to better support the largely underrepresented groups of the community, which can be absolved through more robust outreach programs and addressing the poor understanding of the health care services available within VNA.

Lack of Cultural Competency Education/Training

Additionally, there is a lack of cultural competency training and education amongst staff. All healthcare staff must complete mandatory annual training competencies on a wide range of topics. According to the US Department of Health and Human Services National Standards for Culturally and Linguistically Appropriate Services in Health Care along with the Liaison Committee for Medical Education and the Accreditation Council for Graduate Medical Education, the understanding of cultural competence can lead to improvement in the communication between physician and patient and the improvement in reducing health disparities and clinical outcomes so they are focused on promoted cultural literacy within healthcare education and professionals (Kripalani et al., 2006). Along with the importance and emphasis on cultural literacy, cultural humility is also recognized as a need in the healthcare system yet it ceases to become a requirement. The need of addressing the low-quality care and

lack of sensitivity and equity that fail to be seen by healthcare providers due to cross-cultural miscommunication can be resolved with a combination of cultural literacy and cultural humility education and training (Tulane University, 2021). However, there ceases to be an annual competency that focuses on various cultures within the community, their beliefs, and how to strengthen cross-cultural communication specifically amongst VNA staff members and patients.

Consequences

Underserved Population of Patients

A consequence of the issue is underserving a large population of patients which can increase the mortality rates amongst minority groups in the midst of other things. When race, cultural and health literacy, and socioeconomics of a patient aren't acknowledged or respected then the patient's needs can't be met (Tulane University, 2021). With unmet needs and a lack of cultural competence, people of color choose to receive no healthcare rather than low-quality healthcare both on a national and local scale (Tulane University, 2021). Locally, when large groups of minorities in the community do not utilize VNA services, effective methods of preventive medicine fail. Underrepresented communities often lack immunizations, health promotion, and methods of rehabilitative medicine such as the comprehensive skilled services of the intermittent care provided at the comfort of a patient post-surgery, following an acute illness, and so on as provided by the organization (CCVNA, 2020). The lack of utilized care from VNA leads to higher infection rates and mortality rates due to inequitable care.

Agency Mission and Vision Not Met

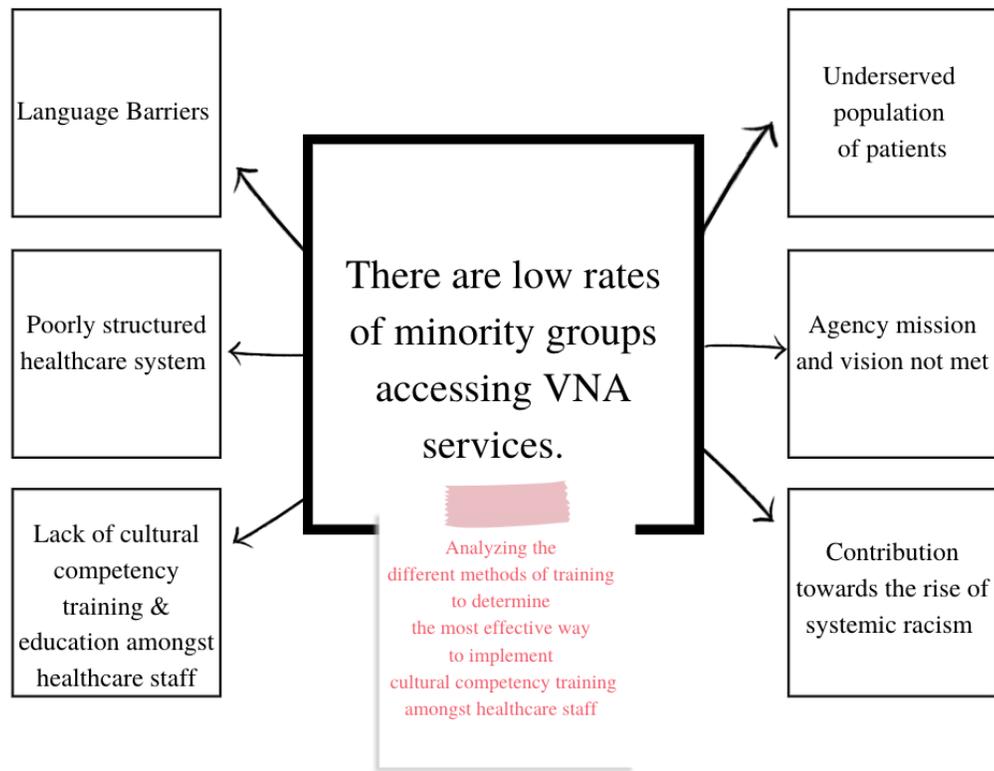
The mission of VNA is to provide the "highest quality health care to residents of the Central Coast by meeting their individual needs in a caring, effective, honorable, and accessible

manner.” At the same time, their vision focuses on transformations of care and culture, achieving positive results daily, being a trustworthy and innovative program, and utilizing collaboration as they work to serve thousands of patients (CCVNA, 2020). However, to ensure the provision of utmost patient care, it is best to understand the origin of each patient. As of 2020, collected patient demographics revealed that 89% of VNA’s patients have undisclosed or unknown race/ethnicities (CCVNA, 2020). This high rate of unknown race/ethnicities contributes to the barriers to minorities' access to healthcare services. These factors lead VNA away from meeting its goals.

Contributing to the Rise of Systemic Racism

The downward trend in the representation of minority groups within VNA can lead to the escalation of systemic discrimination. Systemic discrimination is defined as unconscious biases and negative stereotypes often supported by institutional policies (Williams et al., 2020). Williams believed this should be a national priority to identify and implement efficient and proactive strategies that can work towards the elimination of racial inequities within the healthcare field (Williams et al., 2020). Healthcare providers are failing to recognize the differences between themselves and patients which inadvertently feeds into the deep-rooted social issue of systemic racism. A Massachusetts General Hospital researcher stated that multiple studies concluded that racial and ethnic health disparities are consistent in the last decade due to the poor-quality care minorities receive compared to white patients due to a lack of cultural competency (Betancourt, 2006). This issue should be addressed locally by preventing the risk through a vastly recognized organization such as VNA which can create a beacon of hope for the marginalized population amongst the vulnerable people within Monterey County.

Problem Model



Capstone Project Description and Justification

Project Description

Absolving this issue can be done by analyzing the effectiveness of the different delivery methods of competency training to better create a practical and efficient cultural competency educational program to reduce cross-cultural miscommunication while increasing the number of patients served within minority groups. Working with the VNA CEO, HR department, and outreach department to complete the analysis, program development, and implementation will be a stepping stone towards reducing and eventually eliminating racial or ethnic disparities within our local healthcare system. Additionally, VNA can increase its impact and outreach to communities served through its established staff's renewed focus on providing the highest

quality and equitable care through a safer, more accessible environment for current and future patients. With this program, VNA can continue to deliver the highest quality of healthcare to all residents, which they aim to achieve as part of their mission.

Project Justification

The healthcare field is a dominating and vital system within society, but it has flaws. There is a deep-rooted flaw of a lack of appropriate support, resources, and competence surrounding the beliefs and needs of minority groups. This flaw contributes to the underrepresentation of people of color within the healthcare system. Although this problem persists nationally, it is also a pressing issue within Monterey County. Central Coast VNA and Hospice serves nearly 3,000 patients. Yet, there are still low numbers of minorities throughout Monterey County accessing their services due to lack of representation, lack of knowledge and support, and language barriers. However, by focusing on training healthcare staff on cultural competency and its importance to patient care, the barriers to cross-cultural miscommunication can be reduced if not resolved.

By identifying the most efficient delivery method while emphasizing cultural literacy, this capstone project attempts to resolve the issue of a lack of underrepresented populations accessing VNA's offered health care services. A greater understanding of cultural competence amongst healthcare staff works towards increasing the quality of care and reducing cross-cultural miscommunication to create a stronger foundation for the dependency, trust, and accessibility between minority groups and the healthcare system. By addressing the factor of lack of awareness and education amongst healthcare staff, patients of color have a higher chance of receiving the highest quality care, which will allow them to be more susceptible and open to

health care services, treatments, and support. With communication models, five different training delivery methods, research, and dedication, this educational intervention-based training project will deliver a quality cultural literacy curriculum while monitoring staff satisfaction and subject receptivity through preliminary and post surveys. With the participation and feedback from VNA staff, the importance and understanding of cultural competency's effect on patient care, especially among underrepresented populations, can be evaluated while also discovering the most efficient training delivery method.

Project Implementation

This project was proposed to Volunteer Coordinator Quinn Junghans and received approval in the early stages of research and planning. From early February to mid-March 2022, the project's focus was on team formation, research collection, data analysis, and staff collaboration. To begin further research and data collection specific to the organization, meetings with HR Director Sandy Chamberlain and Compliance Director Eric Peterson were conducted. After careful collection and analysis of external research and internal research at VNA, the project's development began, and a participation survey was emailed to all VNA staff. This survey introduced the project and allowed staff to sign up to participate. By March 11, 2022, six staff members volunteered to participate, and those 6 became the project's core team members. With a formed team, a preliminary survey was created that discussed the planned advancement of the project, along with questions about the staff members' identity, educational and professional background, current understanding of cultural competency, and their opinions on VNA translation programs and training methods. The pending results of this survey led to phase 2 of the project.

This second phase was conducted in mid-March and focused on project creation and development. The received survey results indicated which ethnicities and races to focus on within the training seminar presentation and provided needed statistics to portray the need to strengthen staff programs. A training seminar presentation was developed and finalized with all of the collected information and data. The presentation discussed the need for cultural competence training, introduced and defined cultural competency, and then demonstrated five training delivery methods through knowledge- and skill-based activities focused on cultural literacy. The five methods discussed were practical skills, interactive education, direct observation, discussion, and promotional. The two communication models that coincided with the five methods were Kleinman's 8 Questions (1978) and the LEARN model (Berlin & Fowkes, 1983). A staff activity guide binder was created to coincide with the presentation and provide staff with deeper details and resources. The finalization of the seminar led to securing a date, time, and location for the presentation. With April 1, 2022 set as the presentation date, the project's final steps were developed and refined, such as incentive gift assembly, a post-seminar survey, and any last-minute needed revisions. With a set date and finalized materials, the project's third phase began.

The third and last phase was started and completed in the final weeks of March and the beginning of April 2022. This phase focused solely on implementation and evaluation. The seminar was hosted and concluded on April 1, 2022, with the core team's six members and two additional staff members. Following the seminar, a two-part post-seminar survey was conducted in which staff reflected on the seminar and rated the effectiveness and curriculum of the training through a scaled response system. By April 2, 2022, all responses were submitted, and a

complete evaluation was conducted to analyze the success and validity of the project. The project results prompted Compliance Director Eric Peterson to consider adding cultural competency as a required annual competence within VNA staff training and re-evaluate the effectiveness of the delivery methods of the current yearly staff training programs. A detailed timeline of implementation and scope of work can be found in Appendix A.

Assessment Plan

By April 1, 2022, the targeted population of Central Coast VNA and Hospice staff will increase their awareness and knowledge of the impact of cultural competency by participating in a staff training seminar. The training will focus on finding an effective method of teaching new ideas and practices for health care staff as measured by Kirkpatrick's four-level training evaluation model (Kirkpatrick, 2012). The volunteer coordinator and I administered a preliminary survey before the seminar to measure the depth of knowledge about cultural competency and its impact. A final survey was collected at the end of the seminar to measure the learned knowledge and effectiveness.

Expected Outcomes

By the proposed date, five to ten staff members of approximately 250 VNA and Hospice staff will participate in the training seminar to expand the receptivity of cultural competency's impact on the quality of patient care. All participants of the staff training will identify one approach of the five as a more constructive method to better assume cultural competency within patient care. Ninety percent of those who participate in the staff training are expected to develop a greater understanding of cultural competency through creating a new understanding or furthering a current understanding. The collected data will be reported to and reviewed by VNA's

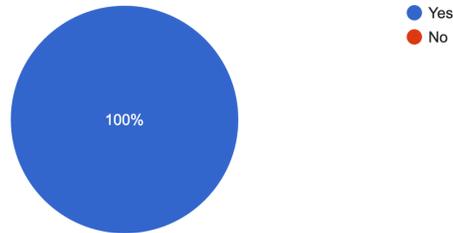
Chief of Human Resources Officer and Compliance Director. The data can be utilized for future staff training implemented at the agency to develop more effective delivery methods for the yearly staff training and provide the directors with the needed criterion to modify the staff's required competencies by adding cultural competency as a required proficiency. Quinn Junghans, Eric Peterson (Compliance Director), and I will be responsible for implementing and measuring whether the objectives of this project are executed successfully.

Project Results

The Central Coast VNA staff who participated in the project verified the predicted outcomes. Participants attended a training seminar that thoroughly discussed cultural competency through five different training methods while also focusing on two communication models. Through the methods and models, participants were exposed to the significance and applicability of how training is delivered and the importance and impact cultural competency has on patient care. Following the seminar, a post-seminar survey was used to measure the project's success. The survey results, along with staff feedback, revealed and confirmed the need for a more effective training delivery method and the addition of cultural literacy to the annual competency requirements. The expected outcome was that 90% of participants would develop a greater understanding of cultural competency, but the survey revealed that 100% of participants furthered their awareness. Additionally, the survey affirmed a need for change in the delivery of yearly training, the addition of cultural competency, and a demand for greater translation services as expected. Attached are the pertinent results.

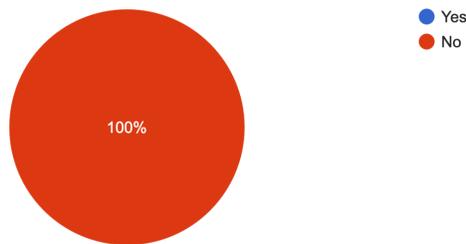
Question: Do you find the yearly training methods could be improved?

Participant Response: 100% said yes, they believe training methods could be improved.



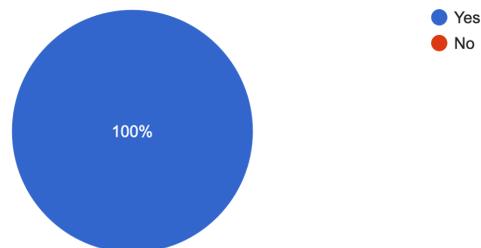
Question: Are you bilingual?

Participant Response: 100% said no, they are not bilingual.



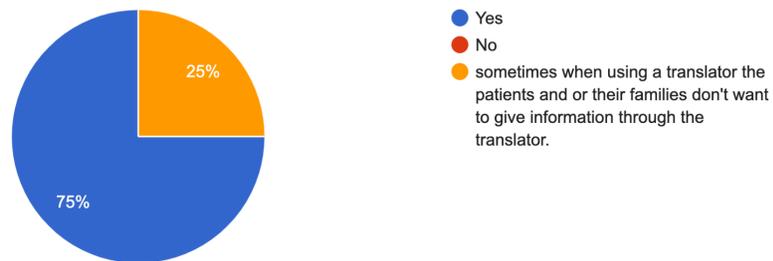
Question: Do you ever need the assistance of a translator during a client/patient encounter?

Participant Response: 100% said yes, they use translation services during client/patient encounters.



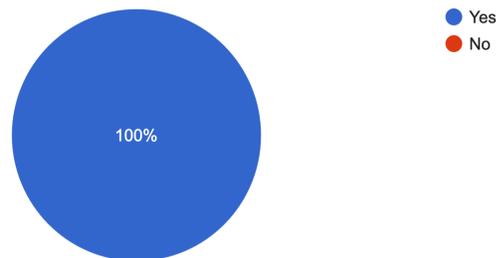
Question: Do you notice any differences in the quality of patient care when a translation service is used compared to when it is not needed?

Participant Response: 75% responded yes, but 25% chose to write in a personal response, “Sometimes when using a translator the patients and/or their families don’t want to give information through translator.”



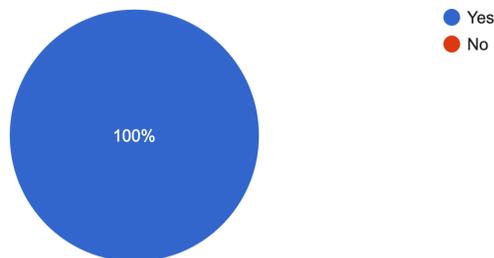
Question: Do you know what cultural competency is now?

Participant Response: 100% said yes, they had developed an understanding of cultural competency.



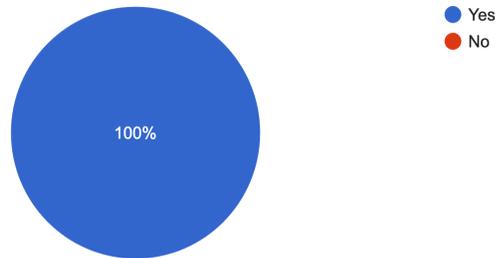
Question: Do you think cultural competency training could be useful in healthcare?

Participant Response: 100% said yes, training on this topic could be useful.



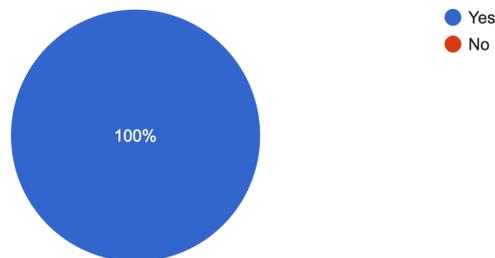
Question: Do you think your coworkers could benefit from this training?

Participant Response: 100% said yes, they think this training should be passed on.



Question: Do you think implementing a yearly cultural competency would be useful and effective?

Participant Response: 100% said yes, they believe it is needed and effective.



As portrayed in the survey results, the project made an impact and sparked change where needed within staff training and development at VNA. With higher statistics than expected, the survey responses justified the project and supported the plea for transforming staff training through modifying the delivery method while also adding and emphasizing cultural literacy to the required curriculum. VNA's Chief Executive Officer, Jane Russo, took an interest in the project and verbally endorsed the need for change for the cause at hand. Jane Russo submitted feedback saying, "A job well done! I enjoyed the format and research of your work. Thank you for this awareness" (J. Russo, personal communication, April 1, 2022). Participants submitted feedback, such as "It was well put together and planned. There was a lot of good information and

the handbook is helpful to have on hand to look back on when needed” and “Thanks for putting this together! I hope you have the chance to continue developing this training. I appreciated the conversation around Kleinman’s 8 questions. I think I have heard these at some point, but definitely not all in one place in this context. Thank you.” The success of this project is measured through this collected data and the positive feedback, which was all passed on to the HR Director and Compliance Director at VNA for use at their discretion.

Conclusion & Recommendations

With the research, staff participation, and staff feedback, Central Coast VNA and Hospice can acknowledge the need for internal growth to address the issue of low rates of underrepresented populations accessing the organization’s services. Recognizing the significance of training delivery amongst healthcare staff while emphasizing a cultural literacy curriculum addresses the contributing factor to the lack of cultural competence among healthcare staff. By focusing on the correlating factor of the issue and developing the means necessary, a potential solution was monitored and analyzed to identify the most effective resolution. The developed training seminar is the potential solution, but with implementation and outcomes, the project revealed that revising current organizational methods can yield effective results. The project results lead to the recommendation that the implementation and modifications regarding staff training be pursued further. Should the VNA directors choose to continue the direction of this project while utilizing their resources, the organization can easily strengthen its connection, communication, and outreach to the minority groups of Monterey County. It will not be an instant result, but the long-term impact will provide an essential change within the county’s healthcare system with enough consistency and effort.

Personal Reflection

My time at Central Coast VNA and Hospice was nothing short of amazing. I was allowed to expand my skills, knowledge, and expertise while connecting with my community in ways that I had not before. My passion has always laid in healthcare and the Collaborative Health and Human Services major, and this field practice has affirmed that passion. However, with this passion came a great sense of advocacy. Healthcare is not just about working within a vital social system to treat and heal people of the community; it is also about serving and supporting each community member. These qualities coincide with creating a more robust system. However, as times change, the needs of individuals change as well, which can lead to a lack of awareness and education on new advancements or social innovations. It is hard to recognize when better support and resources are needed to benefit the community and patients served. But, with fresh eyes, it can be seen and acknowledged.

VNA has been a significant organization within Monterey County since the early 1950s and continues to adapt to the advancements to accommodate the community's needs. In my first year at VNA, I worked in clinic intake with the wellness team at vaccination clinics. These clinics were hosted throughout Monterey County and served various populations. My placement allowed me to work one on one with hundreds of patients while working closely with various levels of staff at VNA. The more clinics I started to work at, the more I realized that multiple barriers directly impact the quality of care between populations of color and staff. The most noticeable were language barriers, lack of cultural competency, and cross-cultural miscommunication.

In complete honesty, I have a unique situation. I grew up with three strong, dominant cultures. I was raised with the influences of Samoan, Hispanic, and Japanese cultures. All clearly have their own views and beliefs, but I was able to experience them merged into one life, my own. My experience has allowed me to understand and empathize with minority groups on a very personal level. However, my physical appearance has allowed those around me to treat me as if I was not a minority. Both of these experiences have worked together to instill a strong sense of advocacy and equality within me. Witnessing the unawareness of the barriers with staff, recognizing the impact on the patient, and understanding my unique background inspired my project.

My personal experiences, along with the barriers I recognized while working in the field, inspired me to create a capstone project that was powerful enough to spark change where change is needed. The original goal was to develop a training competency program focused on cultural literacy relevant to the patient base at VNA. However, with limited time and resources, I decided to shift my focus to creating a project that will start the process of requiring a cultural competency program for staff. To which, I researched health care needs in Monterey County and training importance and methods among healthcare staff. With the collected research, I put together a seminar that presented participants with five different training methods, each focused on cultural competency. Then I monitored the effectiveness and the need for the added competence requirement and more efficient delivery of staff training through participant surveys. This project had the goal of sparking change and bringing awareness to a vital systemic social issue. I can confidently say I accomplished that. In addition, my efforts and dedication to the matter brought attention to the organization's staff and department heads.

Deciding to dedicate your time and education to Collaborative Health and Human Services is a powerful first step towards bettering society because this program promotes advocacy, integrity, equity, collaboration, and empathy. Internships can be intimidating, but my advice is always to remember that as a CHHS student, you can make a difference. Even when doing the right thing might seem hard or taking an honest stand might seem frightening, carry the qualities of advocacy, integrity, equity, collaboration, and empathy with you. Those qualities will never lead you astray from doing the right thing. So, to any future CHHS students, you got this.

References

- Berlin, E. A., & Fowkes, W. C., Jr (1983). *A teaching framework for cross-cultural health care. Application in family practice*. The Western journal of medicine, 139(6), 934–938.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1011028/>
- Betancourt, Joseph R. (2006). *Improving quality and achieving equity: the role of cultural competence in reducing racial and ethnic disparities in health care*. The commonwealth fund.
https://www.commonwealthfund.org/sites/default/files/documents/___media_files_publications_fund_report_2006_oct_improving_quality_and_achieving_equity__the_role_of_cultural_competence_in_reducing_racial_and_ethni_betancourt_improvingqualityachievingequity_961.pdf
- CC VNA and Hospice. (2020). *About central coast vna & hospice*. VNA & Hospice Monterey, CA. <https://ccvna.com/about-vna/>
- Kirkpatrick, D. L., & Kirkpatrick, J. D. (2012). *Evaluating training programs: The four levels*. BK, Berrett-Koehler.
- Kleinman, A., Eisenberg, L., & Good, B. (1978). *Culture, illness, and care: clinical lessons from anthropologic and cross-cultural research*. Annals of internal medicine, 88(2), 251-258.
<https://thinkculturalhealth.hhs.gov/assets/pdfs/resource-library/arthur-kleinmans-eight-questions.pdf>
- Kripalani, S., Bussey-Jones, J., Katz, M. G., & Genao, I. (2006). *A prescription for cultural competence in medical education*. Journal of General Internal Medicine, 21(10), 1116–1120. <https://doi.org/10.1111/j.1525-1497.2006.00557.x>

Mandal, Ananya. (2019). *Disparities in access to health care*.

<https://www.news-medical.net/health/Disparities-in-Access-to-Health-Care.aspx>

Monterey County Civil Rights Office. (2018). *Language access and effective communication policy*. County of Monterey.

<https://www.co.monterey.ca.us/home/showpublisheddocument/60895/636519677878670000>

Salinas Valley Memorial Healthcare System Management Team. (2020). *2020 community health needs assessment* [PDF]. <https://www.svmh.com/documents/content/2020CHNA.pdf>

Tulane University. (2021). *How to improve cultural competence in health care*. Online Public Health & Healthcare Administration Degrees.

<https://publichealth.tulane.edu/blog/cultural-competence-in-health-care/>

US Census Bureau. (2021). *Quick facts: Monterey County, California*.

<https://www.census.gov/quickfacts/montereycountycalifornia>

Williams, D. R., & Rucker, T. D. (2020). *Understanding and addressing racial disparities in health care*. PubMed Central (PMC).

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4194634/>

Appendix A

Scope of Work

Activity	JANUARY	FEBURARY	MARCH	APRIL	MAY
Research	X				
Data Collection @ Agency		X			
Staff Meetings		X	X		
Develop Plan & Strategies			X		
Put Together Team			X		
Create & Develop Program			X		
Set Up Training Date			X		
Send Out Surveys			X		
Implement Program				X	
Evaluate Program				X	X

Activity	Timeframe
Research	January 31st
Data Collection @ Agency	February 28
Staff Meetings	February 28 - March 4
Develop Plan & Strategies	March 4 - March 11
Put Together Team	March 4 - March 11
Create & Develop Program	March 14 - March 31
Set Up Training Date	March 31
Send Out Surveys	March 14 - March 31
Implement Program	April 1 - 5
Evaluate Program	April 5 - 8

Cultural Competency Training	Vanessa Jennings				
Task	Timeline	Parties Involved	Materials/Services Needed	Completed Product	Checklist
Project Introduction Meeting	By 02.01.22	Mentor, Student	Problem Model, project idea, relevant research, notes	Approved project	<input checked="" type="checkbox"/>
Setup Staff Meetings	By 02.28.22	Mentor, Student, CEO, HR, Outreach Team	Problem Model, project idea, relevant research, notes, question sheet	Obtain needed statistics and data, finalize plans, begin surveys	<input checked="" type="checkbox"/>
Forming a Team	By 03.11.22	Student, HR, Department Heads	Problem Model, project implementation guide, staff roster, notes	Finalize a team to implement project	<input checked="" type="checkbox"/>
Create and Develop Intro Survey	By 03.11.22	Student, HR, Department Heads, Project Team	Introduction email and survey link on google	Gather results for presentation, first step of project completed	<input checked="" type="checkbox"/>
Presentation Creation and Development	By 03.31.22	Student, HR, Department Heads	Intro survey data, google slides, google docs, research, project plan	Complete and perfect main project	<input checked="" type="checkbox"/>
Setup Training	By 03.31.22	Student, CEO, Department Heads	Staff calendar, conference room availability, project proposals, project proposal	Secure location, time, and date for presentation	<input checked="" type="checkbox"/>
Create and Develop Exit Survey	By 03.31.22	Student, HR, Department Heads, Project Team	Thank you email and survey link on google	Gather evaluative results and save for presentation date	<input checked="" type="checkbox"/>
Project Implementation -- Presentation	By 04.08.22	Student, HR, CEO, Project Teams	Conference room, surveys, presentation, papers and pens	Completion of main project and completed data	<input checked="" type="checkbox"/>
Project Evaluation	By 04.22.22	Student, CEO, HR, Outreach Team	Exit survey results and feedback	Completion of evaluation to support problem model solution	<input checked="" type="checkbox"/>

Racial Demographic Comparison

VNA vs. Monterey County

