

## Developing Cultural Competency among Grantmakers and Grantees

When staff from the REACH Healthcare Foundation decided to address issues of cultural competency among health care providers, they knew they wanted more than just a PowerPoint presentation on diversity. “I always was frustrated with the one-time training I would get that was supposed to make me culturally competent for the year,” says Carla Gibson, Senior Program Officer at REACH. Gibson and colleagues sought something sustainable.

In 2008, the foundation began a multi-year initiative to develop a new model for providing technical assistance in cultural competency to health care providers in the six Kansas and Missouri counties they serve. As the population in those areas began to diversify, the foundation saw the need to equip health care providers to serve people from a range of racial and ethnic backgrounds.

During the initiative’s first year, the foundation worked with a Denver consulting firm to implement all the procedures internally they later would ask grantees to implement. The process included policy review, assessments of organizational structure and cultural competence sustainability, trainings with board members and staff, and ultimately the development of a customized cultural competence plan for REACH.

“We did not feel we could talk the talk if we didn’t walk the walk,” says Gibson, who heads the initiative.

In the second year, REACH invited organizations to submit applications for technical assistance. “People are used to writing a grant application and getting money,” says Gibson. “We said we are not giving money but instead building internal capacity—whatever that takes.”

As part of the technical assistance, the consulting group starts at the top, with evaluation and training for the board and CEO before moving on to staff and volunteers.

Now in its third year, REACH has a new cohort and is busy building a learning community for the initiative’s grantees. Gibson says the local capacity must be in place for the model to be sustainable, and building that capacity takes time. Most healthcare organizations in Kansas and Missouri cannot afford to hire the consulting firm used, so REACH is working to prepare a local provider to do the work.

“I’m not moving very fast,” she says. “I’m trying to change the way that this community does business.”