Mission Possible: Improving the Lives of All Older Adults in Marin

Needs and Assets Scan of Culturally Appropriate Services for Older Adults in Marin County

MARIN COMMUNITY FOUNDATION

HOW CHANGE HAPPENS

Foreword

For many years, the Marin Community Foundation has made grants to a range of nonprofit organizations that serve older adults. These include ones that provide health care, transportation, volunteer opportunities, affordable housing, respite care for caregivers, community centers, day care programs, and others.

Marin County is experiencing a rapid growth in the number of older adults who live here—one of the highest growth rates in the state. But the growth in numbers doesn't tell the whole story.

The older adult population in Marin is also highly diverse and is becoming more so. It is critically important that the agencies serving this population have the ability to provide services to all of Marin's older adults and to have a commitment to this work permeate their organizations: in their leadership, outreach, staff, volunteers, the nature of the services provided, and the languages in which they are delivered.

The Foundation commissioned a highly regarded research institute, the Center for Health Professions, University of California, San Francisco, to help us—and the nonprofit providers themselves—better understand the current capacity of organizations to serve a diverse older population and to make recommendations that can help local agencies meet these critical needs.

In partnership with nonprofit service providers and their constituents, we will work toward the goal of ensuring that older adults—regardless of language, socioeconomic status, race, and/or sexual orientation—have access to high-quality services that adequately and appropriately meet their diverse needs.

Thomas Peters, Ph.D.
President and CEO, Marin Community Foundation

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Acknowledgements

The Center for the Health Professions, University of California at San Francisco and the Marin Community Foundation would like to thank the organizations serving older adults who were instrumental in helping to recruit the community advisory board, which named itself "Mission Possible." We are deeply appreciative of the dedication and contributions these board members:

Herschel Ferguson (in memoriam)
Judy Hébert
Anh Ho
Loan Le
Art Lewis
John Ortega
Kerry Peirson
Josefina Perez
Lieu Phan
Maria Rodriguez
Lois Riddick
Eda Vargas

We would also like to acknowledge Dana Pepp, for her help with facilitation and planning. Additionally, we thank the following organizations for use of their facilities to conduct focus groups and or advisory board meetings:

Marguerita C. Johnson Senior Center
Novato Human Needs Center
Pickleweed Park Community Center
Whistlestop

Lastly, we thank the leaders of service agencies and older adults who shared their opinions and experiences through surveys, interviews, and focus groups.

About the Center for the Health Professions

Established in 1992, the Center for the Health Professions is based at the University of California, San Francisco and aims to transform healthcare through workforce research and leadership development. To learn more about the Center visit: http://www.futurehealth.ucsf.edu

Executive Summary

The demographics of Marin County are changing. One of the most dramatic examples is the increase in the number of older adults in Marin. According to the U.S. census, between 2000 and 2010, the number of people over 60 years old living in Marin grew significantly, from 44,000 to 61,000, making this group 24% of the county's population.[1] According to the California Department of Finance, the growth rate in the number of older adults in Marin vastly outpaces the overall growth rate of the county's population.

Among these older adults are growing numbers of people who have traditionally found it challenging to receive services that meet their needs, be included in outreach efforts, and be enlisted as community volunteers. These include low-income residents and people of color, members of the LGBT community, those with limited English proficiency, people living in rural areas, and immigrants.

Exacerbating these challenges are other demographic changes in Marin. Among residents 65 and older, approximately 9,000 struggle to make ends meet.[1] And, as reported in "A Portrait of Marin," published by the Marin Community Foundation in 2012, there are significant disparities in income, health, and longevity in the county based, among other factors, on race and ethnicity.[2]

These demographic changes and disparities make it essential that the county's nonprofit organizations serving older adults have both the commitment and skills to provide quality health and social services in ways that are responsive to the needs of the clients they serve. Specifically, services that are respectful of and responsive to the beliefs, practices, values, and cultural and linguistic needs of clients have been shown to lead to positive outcomes.[3]

Organizations that have the "cultural competence" to operate in these ways can more effectively meet the needs of an increasingly diverse population. This recognition has spurred national and local efforts to reduce disparities by systematically assessing the strengths and gaps in organizations' abilities to deliver culturally competent services. Such assessments can enable organizations and communities to create a roadmap for meeting evolving needs.

To help local nonprofits that serve Marin's older adults learn about and consider ways to increase their cultural competence, the Marin Community Foundation engaged the Center for the Health Professions at UCSF to analyze the cultural competence of Marin's key service providers in the aging field to identify the key

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[1] Marin Health and Human Services: 2010 Marin County Data Summary: County of Marin Demographic Profile

[2] Burd-Sharps, S. & Lewis, K. (2012). *A Portrait of Marin: Marin County Human Development Report 2012*. Marin Community Foundation.

[3] Brach, C, & Fraserirector. I. (2000). Can Cultural Competency Reduce Racial And Ethnic Health Disparities: A Review And Conceptual Model. *Medical Care Research and Review*, Vol. 57 Supplement 1, 181-217.

strengths and assets of the target populations, and help agencies create a plan for providing high-quality, culturally appropriate services.

A note about terminology:

Several groups within Marin's older adult population are discussed in this report—including low-income residents, people of color, members of the LGBT community, those with limited English proficiency, people living in rural areas, and immigrants. To describe these groups collectively, this report uses the terms "diverse populations" and "diverse communities" interchangeably.

A community-based participatory research approach was used to assure meaningful and respectful engagement of underrepresented older adults, to improve the depth of understanding of their needs, and to enhance community members' capacity to be advocates for change in the future. Mixed methods research (surveys, interviews, and focus groups) was used to identify organizational strategies for improving the delivery of culturally competent services to older adults.

The findings are categorized using four broad activities within organizations (organizational domains) in order to understand and assess their cultural competence : 1) leadership and governance, 2) community engagement, 3) infrastructure, and 4) services. Each domain is described in detail below. Recommended strategies for enhancing the domain are identified to enable service providers to better meet the needs of diverse communities of older adults.

Leadership and governance: Although organization leaders voiced commitment to culturally competent services, the absence of consistent governance processes and executive accountability limited organizations' ability to achieve this goal. Representatives of diverse communities are missing from organizations' governing bodies, and thus their voices are not included in decision-making processes. Recommendations include focused effort to prepare and meaningfully engage these older adults to be a part of organizational governing bodies in order to ensure that organizational strategy is aligned with community needs.

Community engagement: Service agencies acknowledge the value of engaging diverse communities in their efforts but are challenged to identify meaningful ways to achieve this goal. Some organizations have successfully partnered with social and faith-based groups to engage diverse communities but expressed difficultly in sustaining those relationships. Strategies such as providing training and resources to help service agencies and their staff establish and maintain partnerships with diverse communities are identified as recommendations.

Infrastructure: Service agencies recognized that staff and volunteers are their most important asset for delivering culturally competent services. These organizations

acknowledged substantial challenges in recruiting, training, and retaining diverse staff particularly in management and leadership positions. Recommended strategies include developing career ladders for staff members who are representative of diverse communities to advance into leadership positions and infrastructure improvements to ensure collection of high quality data that can be used to improve the delivery of culturally competent services.

Services: Community agencies in Marin County have overcome some linguistic barriers that limit access to services. However, many organizations acknowledge their limited ability to effectively target and meet the needs of diverse communities of older adults in their service areas. The recommended strategies for strengthening this organizational domain include training to improve outreach to communities with limited English proficiency and low literacy and to meaningfully engaging diverse older adults in planning culturally appropriate services.

Introduction

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In 2012, Marin County's Division of Aging and Adult Services conducted a needs assessment that provided a detailed account of the demographics, economic security, health, housing, status of caregiving, and quality of life for the county's older adult population. This report also revealed that people's own assessment of their health was less positive among Hispanic/Latino and African American older adults compared to their white counterparts. The survey findings were supplemented by conducting community forums among specific groups (i.e., African American, Latino/Hispanic, family caregivers, low-income persons, and residents in rural areas) to gain insight into service needs and service barriers.[7] These findings reinforce the results of a 2008 assessment in which nearly half of the Marin service agencies surveyed identified inadequacy in the cultural competence of their services. Ninety-one percent indicated that the lack of services for low-income older adults was a moderate to widespread problem.[8] These challenges were also echoed in focus groups conducted with Spanish-speaking and lesbian, gay, bisexual, and transgender (LGBT) older adults.

While prior efforts have improved understanding of the needs of Marin's older adults, there remains a gap in knowledge of the availability and status of culturally competent services among Marin's service providers. This effort sought to address this gap and identify organizational strategies that would improve the ability of agencies to provide high quality services to a diverse population of older adults in Marin County.

For definitions of key terms used in this report, refer to Appendix A.

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[7] Division of Aging & Adult Services, Marin Health and Human Services. (2012). Live Long, Live Well: Area Agency on Aging Area Plan FY 2012–2016. Retrieved from:
http://www.co.marin.ca.us/aging/PDFs/AreaPlan2012_16.pdf

[8] Harder & Company Community Research. (2008). A Report on Services for Older Adults in Marin, Marin Community Foundation.

Methodology

Community Participation

Community engagement is a critical component of research efforts focusing on diverse communities and social and health inequities.[9] [10] For this reason, a community-based participatory research (CBPR) approach was used to guide this undertaking. In CBPR, the community of focus is a partner in all aspects of the process. This leads to better science and ensures that the research team has a more ethical, respectful, and responsible relationship with study participants and the community at large. CBPR uses mixed research methods to ensure that the trends and details of a particular situation are accurately captured and that a variety of perspectives are heard and valued in the process.[11] [12] In particular, qualitative methods can help to ensure that communities have a voice (i.e., they focus on data expressed in the populations' own words); that the methods are flexible and responsive to local conditions; that data collection is egalitarian, low-tech, and accessible; and that the incorporation of social values is accepted and not viewed as bias.[13]

CBPR also helps increase communities' understanding of the issues, furthering their capacity to be advocates for change in the future, independent of the research effort.[14] To this end, a 12-member community advisory board (CAB) consisting of older adults representing diverse communities in Marin was established to guide and participate in the research. More information about the formation and contributions of the CAB can be found in Appendix B.

Organizational Cultural Competence

There are several frameworks for assessing organizational cultural competence, many of which were created for a specific sector of health or social services. Four intersecting domains where cultural competence can manifest were selected. These domains were chosen based on project scope, the types of organizations being

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[9] Israel, B.A., et al. (2008). Review of community-based research: assessing partnership approaches to improve public health. *Annual Review of Public Health*, 19: p. 173-202.

[10] Miller, R.L. & Shinn, M. (2005). Learning from communities: overcoming difficulties in dissemination of prevention and promotion efforts. *American Journal of Community Psychology,* 35(3-4): p. 169-83.

[11] Napoles-Springer, A.M. & Stewart, AL. (2006). Overview of qualitative methods in research with diverse populations. Making research reflect the population. *Medical Care,* 44(11 Suppl 3): p. S5-9

[12] Johnson, C.E, Ali, S.E., & Shipp, M.P. (2009). Building community-based participatory research partnerships with a Somali refugee community. *American Journal of Preventive Medicine*, 37(6 Suppl 1): p. S230-6.

[13] Padgett, D. (2009). Qualitative and Mixed Methods in Community-Based Participatory Research. Presented at NIH 2009 Summer Institute on Community-Based Participatory Research Targeting the Medically Underserved, New Orleans, LA.

[14] Rosenstock, L., Hernandez, L., Gebbie, K., eds. (2003). *Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century*. Washington, DC: National Academies Press.

assessed, and areas with promise for having an impact on reducing health disparities. Further explanation of the domains and the specific areas targeted within each domain can be found in Appendix C.

To describe the current state of organizational cultural competence of agencies serving older adults in Marin County, the following research methods were used:

- **Survey of organizations:** An online survey was administered to a convenience sample of agencies in Marin County who provide services for older adults.
- **Interviews of leaders:** In-person, semi-structured interviews were conducted with a subset of organizational leaders who completed the survey; these findings were used to provide context for interpreting survey results.
- **Focus groups with older adults:** The perspectives of older adults from select diverse communities were solicited to obtain capture their perspectives on their own community's strengths, assets, and challenges, as well as their experiences with health and social services in Marin.

For more details about the research methodology, refer to Appendix D.
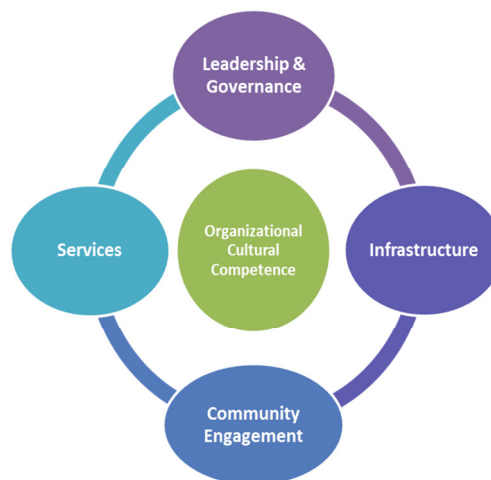
Summary of Key Findings

This section is organized into two parts. The first summarizes and synthesizes the key findings resulting from surveys and interviews to assess organizational cultural competence. The findings are organized according to the four organizational domains of cultural competence. For each domain the results of organizational surveys and leadership interviews are integrated. Details about the sample may be found in Appendix E. The second section summarizes the key themes from focus groups of diverse older adults.

SECTION 1: Organizational Cultural Competency

In general the organizational survey results suggested a more favorable impression of organizations' cultural competence than did the results from interviews with organization leaders. These findings reflect a sample of agencies and therefore do not represent the operations of all service providers in Marin County. It is also worth noting that respondents interpreted the phrase *communities we serve,*

Figure 2: Key Organizational Domains for Assessing Cultural Competence

differently; some used it to describe clients who currently receive services while others used it to describe communities in the catchment area that could be served.

DOMAIN 1: LEADERSHIP AND GOVERNANCE

> **Best practices:** In order to ingrain cultural competence within an organization's culture and make it a priority, it is essential that an organization's governing structure embraces it. The leadership should also reflect the diversity of the population it serves. Together, these two goals should provide incentives for the development of initiatives, policies, and procedures that can improve cultural competency and ensure the delivery of equitable services.

Board of Directors/Governing Body

Sixty percent of survey respondents reported having a diverse governing group that includes representatives from the communities they serve. The interviews, however, provided a different view. With one notable exception, leaders indicated very little or no representation of diverse members of the community on the board of directors or other governing body. This gap was identified as an area for improvement, and interviewees reported they would benefit from assistance in finding qualified individuals (time to commit and equipped with suitable experience). The organization with a history of success forming a diverse governing body required focused recruitment efforts and the willingness to train potential members to be "board ready."

I think more than anything, it's really the board actively and intentionally searching for folks in the community.
- Organization leader

Authority and Accountability

Seventy-five percent of survey respondents indicated there was an individual at the executive level with clear authority and responsibility for leading and implementing cultural competence work. However, the interviews revealed differing views about what authority and responsibility look like. While some organizations had an individual whose job title and role indicated responsibility to promote "multiculturalism," other leaders said that responsibility resided solely with them. Most noted that, even if not stated explicitly, cultural competence was the responsibility of every staff person. Regardless of where responsibility resided, explicit measures of internal or external (governmental or funding agency guidelines) accountability were lacking.

Leadership Commitment

Responses varied greatly when interviewees were asked to identify tangible examples (e.g., mission statement, strategic plan, policies, and procedures) demonstrating leadership's commitment to cultural competence. If an example was identified it ranged from integrating cultural competence into a strategic plan, creating a diversity statement, or revising guiding principles. Several interviewees said that the concept of cultural competence was included in their mission or diversity statement. Most leaders offered as an example their organization's nondiscrimination policies.

> Key Finding: Leaders expressed their commitment to advancing cultural competency, yet intentions were not always explicit and processes were not clear concerning accountability. Individuals reflecting the diversity of the community are missing from organizations' governing bodies, and thus their voices are not included in decision-making processes.

DOMAIN 2: COMMUNITY ENGAGEMENT

> Best practices: Community engagement—involving diverse members of the community in service planning and outreach—should occur at all levels of organizational administration, including decision-making and leadership functions and service delivery. In doing so, communities determine their own needs and ensure that current and future services will meet the needs of clients and community members.

Community Involvement in Planning

Seventy-four percent of survey respondents indicated they regularly seek input from the "communities they serve" when planning services. During the interviews, leaders were asked to describe how they involved clients and community members. For most the sole mechanism for integrating community input was client satisfaction surveys.

We don't have a good mechanism [for community engagement] in place. That is what our board is for.
   - Organization leader

You have to have the leadership in the community that is going to bring you in. You have to have trusted sources within that community and then work on that relationship.
   - Organization leader

Some identified the board of directors as a primary avenue for obtaining community input; notably, their boards did not represent the communities they served. Several organizations had strategies for involving clients and community members in planning, but still acknowledged gaps in the diversity of the representatives and reported uncertainty about the effectiveness of their

strategies. Lack of community involvement was seen as contributing to challenges in successful outreach to particular communities. Several leaders noted the substantial energy and resources necessary to build relationships within the community, adding that they and their staff did not have the capacity to build and maintain these relationships.

Partnership with Religious and Ethnic Groups

More than half (55%) of survey respondents reported consulting with cultural, ethnic, and religious groups to identify needs of communities of interest and to conduct outreach. During interviews many leaders referenced collaborations with organizations that focus efforts on a particular population(s), especially ones that work with the LGBT community and immigrant families. The leader of one organization with a history of successful partnerships with churches and other religious groups noted the organization's strong connection with these groups but also the difficulty in sustaining the relationships.

> Key Finding: There are gaps in ways organizations meaningfully engage with the constituencies they seek to serve. Faith-based groups and similar organizations that are focal gathering places within diverse communities are not generally consulted by agencies serving older adults. Lack of time and resources to create and maintain relationships with diverse constituencies is seen as a key barrier by service provider agencies.

DOMAIN 3: INFRASTRUCTURE

> **Best Practices:** Cultural competence requires resources and structures. Without a supportive infrastructure, cultural competence may be considered an add-on rather than an essential part of an organization's core strategy.

Demographics of Staff and Volunteers

Eighty-seven percent of those surveyed reported success in recruiting and retaining staff that reflect the communities they serve. During interviews, leaders reported their staff was ethnically, culturally, and linguistically diverse. Many reported that the majority of the caregivers or direct-service providers they employed were represented the diversity of the community. However, there was less minority representation in supervisory or management positions. Some interviewees reported it was difficult for people with lower job classifications to advance to management positions. However, others reported difficulty finding

I feel that opposed to the board, we have done a good job with [the diversity of] our staff.
- Organization leader

staff for management roles that reflected the clients they serve and attributed this challenge to the area's high cost of living and lack of transportation options for commuters.

Sixty percent of those surveyed indicated being able to successfully recruit and retain volunteers representing the target populations. However, most interviewees reported that recruiting these volunteers was one of their primary challenges. This opinion was even expressed by leaders of organizations with a client base and staff reflective of these groups.

Staff and Volunteer Training

Training staff and volunteers to effectively work with culturally diverse clients is an important strategy for workforce development. Sixty-six percent of survey respondents reported conducting trainings. Several interviewees referenced collaborating with an agency serving the LGBT community to develop an annual staff training or participating in trainings mandated by funding agencies. Leaders of larger, better resourced organizations described more frequent, internally-led in-service trainings. Many indicated a desire for resources and time to provide higher quality trainings with greater frequency. Overall, the interviews revealed great variation in perceptions of the quality, frequency, and value of these trainings.

We would love to do more training. I think it is a function of identifying what would be efficient and easily accessed [as a] tool to do that.
-Organization leader

Collecting and Using Client Data

It is challenging to assess equity in service delivery in the absence of data. Therefore, an organization's capacity to collect and use client information (e.g., about ethnicity, preferred language, income, literacy) is critical to identifying the existence of disparities in the health and well-being of older adults. Seventy-seven percent of those surveyed reported collecting this client information. Although interviewees noted that funders and regulators required descriptions of client profiles, they raised questions about variations in what information was being collected and its accuracy. A few interviewees reported extensive training of staff to assure high quality data.

Interviewees noted that the data were rarely used for internal monitoring and planning because of:

- difficulty accessing data (e.g., using the county system and having no internal capacity to keep or manage data)
- concern about data accuracy and integrity
- lack of internal capacity (time and technological resources) to do additional analysis
- lack of awareness of how data might be used in planning and monitoring (See Services section for more information.)

Other Infrastructure

Although not explicitly asked, financing and budgets were identified as barriers to delivery culturally competent services. Interviewees reported that financial constraints were forcing difficult choices. In general, budget allocations or fundraising efforts were not being directed toward enhancing cultural competency of services.

> Key Finding: Leaders view their staff and volunteers as one of their organizations' greatest strengths. Recruiting and retaining volunteers representing the diversity in the community, however, is a primary challenge as is recruiting and retaining minorities for management positions. The assessment and training of staff and volunteers and the collection and use of accurate demographic data are other key areas in need of development.

DOMAIN 4: SERVICES

> **Best practices:** Services are more effective and equitable if they acknowledge clients' culture, language, experiences and frames of reference.

Populations Served

When asked to describe how well their client population matched the demographics of the county, interviewees noted that this was influenced by the organization's mission, size, and of the type of services offered. Organizations with a mission statement highlighting a commitment to diverse populations had a greater proportion of these clients. These organizations also accepted Medi-Cal insurance, which interviewees felt significantly influenced the demographic diversity of their clients. Leaders of organizations whose clients mirrored the demographic profile of Marin noted greater racial and ethnic diversity among their clients after adding bilingual/bicultural staff. Leaders of organizations with a smaller proportion of minority clients attributed the low numbers to challenges in outreach. Nearly all described challenges in reaching the Latino, Vietnamese, and African American communities..

In addition to racial and ethnic diversity, these organizations also noted a diversity of socioeconomic status among their clients. Population diversity was also reflected in diversity in the socioeconomic makeup of clients. Although offers of financial help are sometimes provided to clients, some interviewees reported that clients were often uncomfortable disclosing financial information which hindered their ability to offer (and clients' ability to access) financial assistance.

Tailoring Services

Seventy percent of survey respondents indicated they regularly use community demographics to design or customize services for clients. A few interviewees reported using U.S. Census data to identify target communities, but most tailored services and programs based on their current clients. Several examples of culturally and linguistically tailored services or programs were described by interviewees (e.g., ESL classes, Latino-specific programs, and multicultural social events). Some leaders also shared examples of services tailored to respond to disabilities (e.g., physical disability and memory loss) among their target population.

Addressing Language Barriers

Seventy percent of survey respondents reported that their organizations provided services to overcome language (interpretation and translation) and literacy barriers. Some interviewees reported their organization had at least one bilingual (primarily English/Spanish) staff person. In many cases this individual served as the interpreter for all limited-English proficient clients. Several interviewees reported their organizations used telephonic interpretation services.

Interviewees also reported variation in translated materials, both in documents and languages. The decision about which materials to translate was not guided by the actual demographics of a catchment area, but rather perception of populations served. Several interviewees noted their organization translated internal documents (e.g., schedules and consent forms) but did not translate materials use for external communication. Interviewees acknowledged room for improvement in addressing other barriers to communication such as disability and literacy.

Assessing Client Satisfaction

Eighty-seven percent of those surveyed reported their organizations regularly assess clients' satisfaction with services. This was confirmed in interviews. Those who did not do so cited time and resource constraints. While most organizations collected demographic data for individual clients, the data were not linked or associated with satisfaction results. Most interviewees noted a lack of technical capacity to stratify outcomes by demographic characteristics. Some interviewees expressed lack of awareness that this was feasible and others were hesitant to include questions about demographics for fear that they might reduce response rates.

> Key Finding: How information about current services is communicated to diverse communities needs improving, as do processes for meaningfully engaging these communities in service planning. Organizations have made great strides in providing language services, but opportunities for improvement remain.

SECTION 2: Older Adults' Insights on Community Assets and Needs

Focus groups with people representing the diversity of the community were conducted to ensure that their perspective would inform recommendations for how services agencies could improve their responsiveness to their needs. As clients and/or potential clients they provide insight and perspective about community assets and challenges. Details about the sample may be found in Appendix F.

ASSETS AND STRENGTHS

Community as Strength and Resource

The cohesiveness and collective strength of communities themselves was an important theme. Focus group participants, especially those who acknowledged loneliness and isolation, expressed solace in sharing their feelings with others in their community.

> *For me, you [the focus group] are a light. You give me ideas.*
> *- Focus group participant*

Learning they were not alone in their concerns and challenges and feeling supported by others in the group were very beneficial experiences. Some participants offered examples of how they reach out to others who are isolated (geographically or socially) or lonely. Many expressed a desire to do more, but indicated a need for a structure or mechanism to enable them to do so.

Resources Exist in the Community

When asked to identify where older adults go for help, support, and activity, participants most often mentioned churches, temples, and other places of worship. In addition to the church and members of church communities, Marin City and Latino focus group participants identified their own faith and spiritual health as important sources of support

Marin City Senior Center[15] was identified by residents who specifically identified the Wednesday brown bag lunch program as a place they seek support. Others also mentioned the Sunshine Club, a senior social club started and maintained by the Marin

> *The Sunshine Club is nice – you can decide on the places you want to go.*
> *- Focus group participant*

City older adult community. Men commented that many older adult men in Marin City do not participate in the Senior Center and Sunshine Club, adding that they "need a place to be" where they can do things that appeal more to their interests.

Aside from churches and temples, Vietnamese participants indicated relying on a few individuals (e.g., Vietnamese social worker and a staff member at Community Action Marin) as sources of support. Others mentioned friends, their children, and

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[15] The Marguerita C. Johnson Senior Center provides programs, referral services, and activities for senior citizens 60 and older in Marin City.

other caregivers. Although respondents said they appreciated the opportunities created for them to socialize at San Rafael's Community Center at Pickleweed Park,[16] some were frustrated by the inconsistency and infrequent scheduling of meetings and lack of opportunity to determine what programs and activities occur.

For Latino participants the most common sources of support were churches, family and the Novato Human Needs Center.[17] The organization was viewed as a tremendous asset and very connected to the community at large, despite its lack of specific older adult programs.

Satisfaction with Medical Services

Across all groups, participants described their health care services in positive terms. Among the Latino and Vietnamese groups, most received care at Kaiser Permanente, the Marin Community Clinics in Novato and San Rafael, or the Coastal Health Alliance clinic in Point Reyes.

Vietnamese and Latino participants appreciated receiving care in their preferred language either by language concordant clinicians and staff or through the use of interpreter services. Participants were grateful to receive care without needing insurance and perceived that they received high quality care.

Participants from Marin City, a community where the county's largest concentration of African Americans lives, also spoke highly of their health care providers but expressed dissatisfaction with rising health care costs. They were primarily treated by physicians at University of California, San Francisco; Kaiser Permanente; or by physicians in private practice.

NEEDS AND CHALLENGES

Loneliness and Isolation

Loneliness and isolation are two significant problems for older adults. Aside from the impact loneliness has on happiness and well-

I'm afraid of the loneliness.
 - Focus Group Participant

being, there is growing evidence of its impact on physical health and life expectancy.[18] [19] Focus group participants in all groups spoke of feelings of isolation

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[16] Operated by the City of San Rafael, the Pickleweed Park Community Center & Library offers educational, cultural, vocational, recreational and social programs to residents of San Rafael.

[17] The Novato Human Needs Center is a nonprofit organization offering a variety of local services such as supplemental food service, rental and critical needs assistance, and employment and education services, among others. Its mission is to support low-income individuals and families, helping them overcome their immediate crises and move toward long-term self-sufficiency.

[18] One, AD., Rothstein, JD., & Uchino, BN. (2012). Loneliness accentuates age differences in cardiovascular responses to social evaluative threat. *Psychol Agin.,* 27(1): 190-8. Epub 2011 Oct 17

[19] Perissinotto, CM.,Cenzer, IS., & Covinsky, KE. (2012). Loneliness in Older Persons: A Predictor of Functional Decline and Death. *Arch Intern Med.,* 172(14):1078-1084

and loneliness, either of their own or that of friends and acquaintances. Loneliness was most often attributed to not having family nearby or living alone, compromised

You get to the third age and feel like you are not worth anything.
- Focus Group Participant

independence due to transportation barriers or medical problems, or simply a lack of activity. Participants in the Marin City focus group expressed feelings of fear or anxiety about going out, particularly in the evenings. Latino participants reported that feelings of depression and general anxiety were prevalent in their community and led to isolation. Vietnamese participants identified language barriers as a factor contributing to loneliness.

Desire to Engage

When asked about their experiences with social services and their recommendations for how to improve the lives of older adults in their community, participants overwhelmingly responded with suggestions for opportunities to be active, socialize, and have fun rather than how they could be better "serviced" by existing service agencies. Many also expressed a desire to contribute and to help others in their community, especially the lonely and isolated.

Vietnamese community members wanted more opportunities to socialize and a consistent time and place to gather. They identified a need for help coordinating these gatherings and support for those with language, literacy, or physical

Every month to be able to go somewhere— that would make everything good.
- Focus group participant

limitations. Participants who provide child care for grandchildren desired structured opportunities to bring child care providers and children together.

We are hyperactive. We have been leaders in our fields. We need more activities!
- Focus group participant

Latino participants also wanted more opportunities to gather near where they lived. They voiced their desire to have a place ("salon grande") to engage in activities (dance, exercise), enjoy entertainment (bingo, dominoes), and find opportunities to work and share their trades. Many also expressed a desire to help new immigrants find work and housing and obtain citizenship.

Similar sentiments were expressed by members of the Marin City group. Despite the mechanisms in place to create activities within their community, members frequently mentioned the need for more low-cost activities that could be accessed despite existing transportation challenges. Men especially noted a lack of structured activities that appealed to them.

Communication Barriers

Challenges with accessing information about community resources was a consistent theme in all focus group discussions. Participants noted difficulty with information

not reaching them, having it communicated in a way that does not resonate, or having difficulty because of language or literacy barriers. In contrast, some participants felt that having multiple places where they could go to obtain information was confusing.

The system is good, but clients lack information.
  - Focus group participant

Transportation Barrier

The challenge of access to transportation was echoed in all focus groups. This barrier contributed to feelings of loneliness and isolation. Some participants reported that they were not aware of about low-cost transportation options (e.g., senior passes, shuttles) and others that were aware noted barriers to accessing sources that are currently available. Desired improvements included a mechanism to mobilize older adults who are willing and able to provide rides to others and a structure of scheduled periodic group pick-ups for activities like grocery shopping.

Access to and Affordability of Dental Care

The primary challenge that emerged related to health care had to do with dental care. Many focus group participants indicated they needed help accessing dental services and spoke of the financial hardship of having to pay for expensive dentures and dental procedures.

Summary

The most prominent theme, isolation and loneliness, emerged in all four groups and crossed ethnic, cultural, and socioeconomic lines. These feelings are exacerbated when access to sources of support is limited by lack of information, communication barriers, and transportation challenges. The sources of support most often used by older adults are located in close proximity to where they live and are developed by community members themselves or run in close collaboration with the community. Older adults also expressed a desire to engage with others in the community and with the organizations where they receive services. Engagement could fulfill a need to socialize, be active, have fun, and help others overcome isolation and loneliness. However, it was recognized that a structure and mechanism was necessary to make this a reality.

The strength of communities themselves was prominent in discussions about assets. This strength was manifest in social support from personal relationships, cultural groups, social clubs, senior centers, and places of worship.

Summary and Recommendations

The mixed methods approach resulted in a rich array of findings across surveys, interviews, and focus groups. These results and different perspectives were synthesized and integrated to develop actionable recommendations for nonprofit organizations, public agencies, and funders that could improve the delivery of culturally competent care for older adults in Marin County. The recommendations also reflect input from community members. Cultural competence is not something that can be "achieved" by following a set of prescribed steps. Rather, it is an ongoing process for individuals and organizations. The recommendations are grouped by the four organizational domains for cultural competence referenced in this report. They range from discrete and tactical to comprehensive and strategic and are intended to serve as a springboard for ongoing improvement.

LEADERSHIP AND GOVERNANCE

It is critical that diverse communities are given a clear voice in the decision-making of organizations charged with providing equitable services to older adults in Marin. Effort could be made to increase representation by diverse populations on boards of directors and other governing bodies. However, it is important that careful attention be paid to creating a leadership environment that avoids feelings of "token" representation by these community members; a leadership culture that embraces a diversity of perspectives and opinions and actively seeks them out is ideal. To help ensure accountability to stated intentions of providing the best services as possible to a diverse client mix, organizations could make their intentions explicit (through organizational policies, mission statements, etc.) and evident to staff, volunteers, and the community at large.

Recommendations for Nonprofit & Public Agencies	Recommendations for Funding Agencies
• Conduct a comprehensive organizational self-assessment, develop a written plan for addressing gaps, and share with key stakeholders, including clients • Integrate cultural competence into the strategic planning process and create measurable goals for assessing progress toward these goals • Integrate cultural competency principles into staff and leadership recruitment, training, and development efforts.	• Build the will to encourage cultural competency by: - Activating agency leaders to make cultural competency a priority and promote its importance - Encouraging agencies to recruit and retain board members representative of community demographics - Developing the business case for organizational cultural competence

Recommendations for Nonprofit & Public Agencies	Recommendations for Funding Agencies
	- Creating local capacity in cultural competence (e.g., trainings, leadership program, facilitators, etc.) • Promote use of common metrics to assess and report organizational cultural competence (e.g., client satisfaction surveys that emphasize cultural competence) • Integrate cultural competence guidelines and/or metrics into funding requirements.

COMMUNITY ENGAGEMENT

It is vital that the perception shared by agencies regarding the definition of "community" expands to include future and potential clients. More effort could be spent building relationships and engaging communities in a meaningful way. Older adults often labeled as "hard to reach" actually want to be involved in volunteering, program planning, and other activities within and beyond community-based agencies. It could serve organizations well to expand their thinking around which community-based groups and/or institutions may serve as potential collaborators (e.g. churches, temples, and "home-grown" social clubs). Programs and services that are developed *with* community members are likely to increase utilization and improve overall client experience.

Recommendations for Nonprofit & Public Agencies	Recommendations for Funding Agencies
• Ensure representation of older adults from the target communities in community advisory groups to inform program planning • Broaden community partnerships to include faith-based groups and similar organizations that are focal gathering institutions among diverse communities • Develop a written plan for increasing cultural competence in outreach and program planning efforts and share with stakeholders	• Meaningfully sustain and nurture a community advisory board to inform priorities for funding • Provide opportunities to enhance community advisory boards' capacity to mobilize and engage their communities and to effectively communicate their message • Provide training and technical assistance in effective community engagement to grantees

INFRASTRUCTURE

More attention could be placed not just on retaining highly valued staff representative of the diversity in Marin, but developing and promoting them in an effort to address the gap in representation across supervisory and management positions. Increasing the representation of these communities among volunteer pools is an important strategy for improving the diversity within the organization's environment, as well. In addition, a plan for ongoing effort in the area of staff and volunteer training in cultural competency, that includes individual assessment and accountability, could be considered. Lastly, an infrastructure that allows agencies to share knowledge, expertise, and best practices regarding cultural competency could be developed, as could a knowledge exchange with opportunity to collaborate and pool resources for resource intensive activities (e.g., translation of materials).

Recommendations for Nonprofit & Public Agencies	Recommendations for Funding Agencies
• Provide ongoing staff and volunteer training in diversity, cross-cultural communication, and culturally competent care for older populations. Utilize existing low-cost training resources • Train staff in best practices for collecting client demographic data that can be used to monitor disparities in service provision and outcomes • Create partnerships and collaboration across agencies to share best practices related to organizational cultural competence • Target volunteer recruitment efforts across cultural and socioeconomic strata and engage these volunteers to inform the tailoring of services and programs • Partner with peer organizations to create economies of scale for resource intense services such as translated materials. • Begin stratifying client satisfaction data by key demographic variables to	• Create opportunities for grantees to share best practices and challenges to achieving organizational cultural competence • Provide training and technical assistance in collecting accurate demographic data and using these data to look at agency outcomes and impact. • Invest in efforts to develop a diverse workforce across the nonprofit and public sector with emphasis on developing managers and leaders from within organizations • Ensure that volunteer engagement efforts supported by funders target underrepresented older adult communities

Recommendations for Nonprofit & Public Agencies	Recommendations for Funding Agencies
look for differences between groups. Continue to extend this process to other client process and outcome measures	

SERVICES

Current outreach and communication strategies for diverse communities need enhancement. Word of mouth within communities is a powerful communication tool and is of particular benefit among limited English-proficient and low-literacy populations. Older adult individuals from underrepresented communities could serve as connectors between agencies and community members, as well as inform the development of relevant programs and services. Concrete standards across agencies regarding what materials are required to be translated and into which languages could help ensure the gap in language services across agencies is improved.

Recommendations for Nonprofit & Public Agencies	Recommendations for Funding Agencies
• Use information from communities to tailor services and programs to meet the cultural preferences of diverse older adults • Translate key written materials for predominant non-English speaking communities in Marin • Incorporate best practices for communicating with low-literacy and limited English proficient communities in outreach efforts and service delivery • Train bilingual volunteers identified through enhanced community engagement efforts to serve as liaisons to monolingual clients	• Fund efforts to gather and provide information about community demographics and service needs of diverse communities of older adults • Ensure that funders' communication and outreach strategies to service providers and the general public model best practices for considering literacy, preferred language, and disability. • Require meaningful participation of target community in design of services provided by grantees

Conclusion

Marin County's older adult population is growing—and along with that, the nonprofit organizations that serve them face challenges to serve people who are often excluded or are hard to reach.   A community-based participatory research approach was used to improve the understanding of communities' needs, assess organizational cultural competence and to identify strategies for strengthening agencies' ability to provide high quality services to clients representative of the full diversity in the county. The findings of this effort lead to recommendations of both modest and comprehensive strategies intended to help service agencies and funders make the necessary changes to help ensure all older adults in Marin receive high quality and equitable services.

Appendix A: Definitions of Key Terms Used In Report

Diverse population; diverse community: People who are residents of Marin who are age 60 or older and represent one or more of the following: a person of color, low-income, disabled, LBGT, limited English proficient, a resident of a rural area, or an immigrant.

Service providers/agencies/organizations: These terms refer to nonprofit and public sector agencies providing any type of service or program to older adults (age 60 or older) in Marin.

Cultural competency: A set of congruent behaviors, attitudes, and policies that come together in a system, in an agency, or among professionals that enables effective work in cross-cultural situations. *Culture* refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. *Competence* implies having the capacity to function effectively as an individual or organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.[20]

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[20] Office of Minority Health, U.S. Department of Health and Human Services. Retrieved from: http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=11)

Appendix B: Community Advisory Board

Ideally, the community-researcher relationship is established long before the start of the research process, enabling the community to be directly involved in generating the research questions and plan. Given the nature of this project, including the timeframe and funding directives, the research questions and methods were determined prior to the formation of the community advisory board (CAB). The CAB was intimately involved, however, in identifying older-adult communities and service providers assessed; refining questions used in the survey, interviews, and focus group; assisting in interpretation of results and identifying recommendations. The CAB met six times in the course of five months (June 2012–October 2012). Two subcommittees were formed to allow each member to be more intimately involved in the data collection efforts; one subcommittee worked on the community focus groups, while the other focused on the interviews surveys of organization leaders. Each subcommittee met twice.

How Was the Community Advisory Board Formed?

Recruitment occurred through the successful collaboration of the project staff, the Marin Community Foundation, and service providers who had existing relationships with eligible older adults. At the onset of the initiative, project staff and the Marin Community Foundation provided service provider organizations with informational fliers about the project. Fliers included information regarding project goals, commitment needed from potential community advisory board members, as well as the eligibility criteria for participation. Organizations were encouraged to pass this information on to clients who may be interested. It was only after more extensive outreach and in-person meetings with organization leaders, however, that that recruitment efforts gained the traction they needed.

Once potential participants were identified, research staff spoke with each individual on the phone. If initial screening criteria were met, an in-person meeting was scheduled at a date, time, and location convenient for the potential member. The purpose of the meetings was for the community member to learn more about the project and the other individuals with whom they would be working, as well as for research staff to ascertain whether the individual would be a good match for the effort. Potential barriers to their participation, their schedule, and general

availability were also discussed. Plenty of time was allowed to address their questions and concerns.

Who Served on the Community Advisory Board?

Eleven community members were invited to participate in the community advisory board. The interpreter who was hired to assist two Vietnamese members was also an older adult, was very engaged in the process, and became a contributing twelfth member. The English proficiency of the Spanish speakers was such that an interpreter was not necessary. However, a bilingual (English/Spanish) co-facilitator was brought into the project and interpreted for the Spanish speakers when needed. CAB members represented several regions of Marin including Marin City, San Rafael, Mill Valley, Novato, and San Geronimo Valley. Five of the members had previous experience serving in an advisory or advocacy capacity, and seven had no previous experience.

Table 1: Select Demographic Characteristics of the CAB

Characteristic	N = 12
Race/ethnicity	African American: 3 (25%) Latino: 4 (33%) Vietnamese: 3 (25%) White: 2 (17%)
Primary language	English: 7 (58%) Spanish: 2 (17%) Vietnamese: 3 (25%)
Gender	Female: 7 (58%) Male: 5 (42%)
Sexual orientation	Heterosexual or Straight: 11 (92%) Lesbian or Gay: 1 (8%)

Community Advisory Board Meeting Process

Community advisory board members were asked their preferred days of week and time of day for meeting during the recruitment process and every effort was made to choose a day, time, and location that were convenient for the group. To help mitigate any potential challenges to participation, each CAB member was provided an honorarium and was compensated for travel related costs (e.g., gas and bus pass). The main focus of each of the CAB meetings was as follows:

Meeting	Content
Meeting # 1	• Group agreements • Grant requirements • Roles and expectations
Meeting # 2	• Defining terms (culture, culturally appropriate, accessible, high quality, etc.) • Identification of key service providers in Marin • Subcommittee overview
Subcommittee work occurred between meetings 2 and 3.	
Meeting # 3	• Reflections on focus group and interview experiences • Themes heard during focus groups and interviews • What else could we do given more time and resources?
Meeting # 4	• Review and discussion of findings and key themes • Dissemination discussion
Meeting # 5	• Continuation of Meeting # 4 topics
Meeting # 6	• Role of CAB in the future • Identification of positive aspects of the experience and elements that could have been improved • Appreciation and celebration

The focus group subcommittee meetings entailed the following:
- Discussions about recruitment and the overall focus group process
- Review and feedback of the focus group questions
- Coaching on facilitation

The interview subcommittee meetings entailed the following:
- Review of key terms (e.g., cultural competency, confidentiality)
- Review of organizational cultural competency framework
- Discussion of key questions to include in survey and interviews
- Identification of target organizations
- Coaching on interview techniques

Using Photography to Communicate Experiences

In addition to the meetings and other project activities, community advisory board members participated in an activity based on Photovoice. Photovoice is an innovative participatory photography and digital storytelling method that is used to build skills within disadvantaged communities, providing the opportunity to represent themselves and create tools for advocacy.[21]

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[21] Photovoice: Participatory Photography for Social Change. http://www.photovoice.org/.

Members were provided a disposable camera with instructions to take pictures they felt helped tell a story about life in their community. Specifically, they were encouraged to take pictures of things (people and objects) that were important to them, things they liked or things that demonstrated the strength of their community, things that showed community challenges, and anything else they felt demonstrated the health and well-being of their community overall.

This activity was optional, and 11 of the 12 CAB members participated. The majority of photos showcased friends and family members as well as photos of structured activities (e.g., yarn club and senior lunches) sponsored by agencies in Marin. As far as community deficits, many of the pictures highlighted accessibility issues for older adults and the disabled in particular. Photos highlighted the appreciation of the natural beauty of Marin contrasted with ones that demonstrated degradation of their own neighborhoods in Marin.

Insights and Benefits of a Community Advisory Board

The community based participatory research approach used for this effort was operationalized through the development and engagement of the community advisory board. While the process was an integral part of the methodology, important lessons related to the CAB process are conveyed below.

Contributions to the Research Process

The community advisory board played a key role in the success of the focus group and interview/survey processes. For example, the seamless recruitment and facilitation of the focus groups participants who are generally considered hard to reach underscore the value of community-directed efforts. In addition, having the discussion led by "one of their own" contributed to the focus group participants' level of comfort, openness, and willingness to share information. The CAB members also provided an invaluable perspective on the meaning and relative importance of the findings and on the impact of the findings for themselves and their communities.

Building Capacity and Community

This process provided CAB members with an opportunity to learn new content and develop a skill set that will prove very useful for similar efforts in the future. This experience helped build the confidence of individual CAB members, giving them a voice for educating peers and advocating for future improvements.

We are like a family. We talked and learned, it [the CAB experience] gave us an opportunity to help. It gave us big ideas and a new vocabulary.
-CAB member

We showed how easy it is to communicate with one another despite color and language. We could find commonality. We are building community – it is joyous to watch!

-CAB member

CAB members also learned a great deal about cultural competence and the value of creating diverse, inclusive communities. The diverse composition of the CAB increased the members' knowledge of cultures very different from their own and as well as appreciation of those differences. Members said that they were glad to have had the opportunity to come together and learn from one another and expressed a desire to these insights back to their own communities.

Contributing and Connecting

This group of 12 people, most of whom had never met before, demonstrated tremendous respect for one another and a commitment to the project objectives from the start. Despite the fact that there were many meetings within the project's short time frame, attendance was exceptional; attendance across all meetings was 95%, with 10 of the 12 members having participated in every one. The CAB members not only valued feeling like they were helping to better the lives of others; they also appreciated the opportunity to socialize and connect with other older adults.

I haven't done anything but work, work, work. This [experience] has given me a chance to see other people, and it's exciting.

-CAB member

Appendix C: Domains of Organizational Cultural Competence [22]

Domain	Definition	Areas of Focus
Leadership and Governance	Leadership's perspectives, attitudes, and commitment to cultural competency; organization's goal setting, policy making, and other oversight vehicles used to help ensure delivery of culturally competent services	• Board development • Policies and procedures • Accountability
Community Engagement	Nature and scope of activities conducted by agency and staff to engage diverse communities in service planning and promotion	• Use of formal and natural networks of support within culturally diverse communities • Formal mechanisms for regularly seeking input from culturally diverse communities
Infrastructure	Organizational resources and structures required to deliver culturally competent services	• Staffing (diversity of workforce and staff development) • Technology • Financial/budgetary
Services	Organization's ability to adapt services based on cultural and linguistic differences	• Provision of interpretation and translation services • Adaptation based on literacy and health literacy levels • Tailoring services to address cultural preferences and norms

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[22] Informed by the following:
1) The Lewin Group, Inc. (2002). *Indicators of cultural competence in health care delivery organizations:An organizational cultural competence assessment profile.* Rockville, MD: Health Resources and Services Administration, U.S. Department of Health and Human Services.
2) The National Center for Cultural Competence (2006). *Cultural and Linguistic Competence Policy Assessment.* Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.
3) Organizational cultural competency related factors included in the Asthma Care Quality Assessment (ACQA) Project that demonstrated an impact on the reduction in racial and ethnic disparities in Asthma Care. Citation for results: Lieu, TA., et al. (2004). Cultural Competence Policies and Other Predictors of Asthma Care Quality for Medicaid-Insured Children. *Pediatrics*, 114(1).

Appendix D: Data Collection Methods

Survey of organizational cultural competence

A comprehensive organizational assessment is typically very lengthy and requires the involvement of multiple leaders and staff within an organization as well as clients. The online survey utilized for this effort was condensed to 15 questions to minimize the burden on respondents and maximize the response rate, with the intent that in combination with data collected through other methods, results would be more comprehensive and would inform the next steps for action.

The survey questions addressed key areas within the four domains of leadership and governance, community engagement, infrastructure, and services. The six-point response scale was based on the stages of change (i.e., Transtheoretical) theory of behavior change.[23] Respondents were asked to indicate the status of each item at their organization by choosing one of the six responses: does not have; does not yet have but are considering taking action; does not yet but have a formal plan for action; yes, this was achieved in the last six months; yes, this was achieved over six months ago; and don't know/unsure.   The response scale was used to ascertain where organizations were in the change process in order to better inform how to target potential interventions (e.g., education- and awareness-raising, technical assistance in implementation, etc.). Survey questions were developed in conjunction with the interview questions and were chosen based on the following factors:

- priority areas identified by the community advisory board
- a review of existing organizational cultural competency assessments
- their applicability to a broad range of service providers
- the degree to which they could be answered by a single organization leader

The link to the electronic survey was emailed to 100 leaders of nonprofit and public organizations that provide services to older adults in Marin. Names and email addresses for these organizations were compiled from contact lists provided by the Marin Community Foundation and the Marin County Division on Aging and supplemented through a search of the Whistlestop directory.   Surveys were completed by 47 individual leaders representing nine public and 38 nonprofit organizations in Marin. Organizations varied in size (determined by annual budget, number of clients served, and number of staff and volunteers) and in scope and geographical range of services. Surveys were completed primarily by leaders with the role of CEO, president, executive director, or director.

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[23] Prochaska JO & DiClemente C. (1984). *The Transtheoretical Approach: Towards a Systematic Eclectic Framework*. Dow Jones Irwin, Homewood, IL, USA.

Interviews of organizational leaders

Interviews were utilized to complement the organizational survey with the hope that they would elicit richer responses and provide interviewees an opportunity to share their experiences and opinions about what has worked well and what has been challenging in their efforts to serve populations that have experienced challenges in receiving services and being engaged. The characteristics of these qualitative data contribute to the richness and applicability of results and recommendations.

The community advisory board brainstormed with research staff to identify organizations that would be important to include in the interview process. The final 12 were selected to represent the breadth of available organizations in terms of size, scope of services offered, and types of clients served. The interview guide was developed in conjunction with the survey and with input from the community advisory board. Research staff scheduled interviews with organization leaders, all of whom were willing to participate and contribute to this process. One CAB member accompanied a research staff person on each interview. Each of the six CAB members serving on the interview/survey subcommittee chose two interviews in which they wanted to participate.

Interviews were conducted with 12 leaders of organizations that provide programs and services to older adults in Marin. Nine of the leaders represented private nonprofit organizations, and three represented the public sector. Similar to the survey respondents, organizations varied in terms of size, scope of services provided, and geographical areas served. With the exception of one person who was a senior manager, leaders all had the role of CEO, president, executive director, or director.

Focus groups with older adults from underrepresented communities

Focus groups are a useful source for obtaining a complete picture of how an issue affects a community. They are also an effective mechanism for learning about the social norms and range of perspectives that exist within a given community.[24]

With a goal of conducting four focus groups, the community advisory board chose to target the following older-adult communities: Marin City, monolingual Vietnamese, and Spanish-speaking Latinos. Although the CAB did not choose to focus independently on the LGBT community, the research team explored the idea of collaborating with a community-based organization to hold a focus group with low-income LBGT older adults. Because there was not an LGBT community advisory

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[24] Krueger RA & Casey MA. (1994). *Focus Groups: A Practical Guide for Applied Research*. Thousand Oaks, CA: Sage Publications.

board member who was embedded in the community and because the aforementioned community-based organization did not have the capacity to assist with recruitment at the time, an LGBT focus group was not pursued. Instead, two separate focus groups were held with Spanish-speaking Latinos because they are the largest minority groups in Marin and because individuals in that community demonstrated an overwhelming interest in participating.

Community advisory board members led the highly successful recruitment efforts. Both of the Spanish-speaking Latino groups were held in Novato, which was the location chosen by the CAB. Because the CAB member leading that effort lived in San Rafael and did not have much connection with the Novato Latino community, the Novato Human Needs Center helped with recruitment. The center also allowed its meeting space to be used to convene the two groups. Recruitment for the Vietnamese and Marin City focus groups was spearheaded entirely by CAB members; these groups were held at the Pickleweed Park Community Center and the Marin City Senior Center, respectively.

Focus groups were co-facilitated by research staff and CAB members. Because none of the research staff were fluent in Vietnamese, the Vietnamese CAB members led the discussion after receiving training and coaching. An interpreter provided a staff member with simultaneous interpretation so that she could support, guide, or redirect the CAB members if necessary.

Appendix E: Findings from Organizational Surveys and Interviews

We surveyed a convenience sample of 100 service agencies in August, 2012 and achieved a response rate of 47%. Table 1 describes select characteristics of the organizations completing the survey. The agencies varied greatly in number of clients served annually, employees, operating budget. The geographic regions served by these organizations were evenly spread across the county, except for Muir Beach, Stinson, and Point Reyes (<20% of organizations reported providing services in these locations).

Table 1: Select Characteristics of Organizations Completing Surveys

Characteristic	N = 47
Organization type	Nonprofit: 38 (81%) Public: 9 (19%)
# clients served annually	Range: 80 – 70,000 Mean: 9,483
Annual operating budget	Range: $60,000 - $82,000,000 Mean: $8,649,000
# employees (full or part-time)	Range: 1 – 1500 Mean:136
# volunteers	Range: 0-4500 Mean: 322
Top 5 services provided (organizations chose all that applied)	Information and Referral Education and Social Activity Case Management Support Groups Transportation & Driving / Housing

Table 2: Select Characteristics of Leadership Interviewees' Organizations

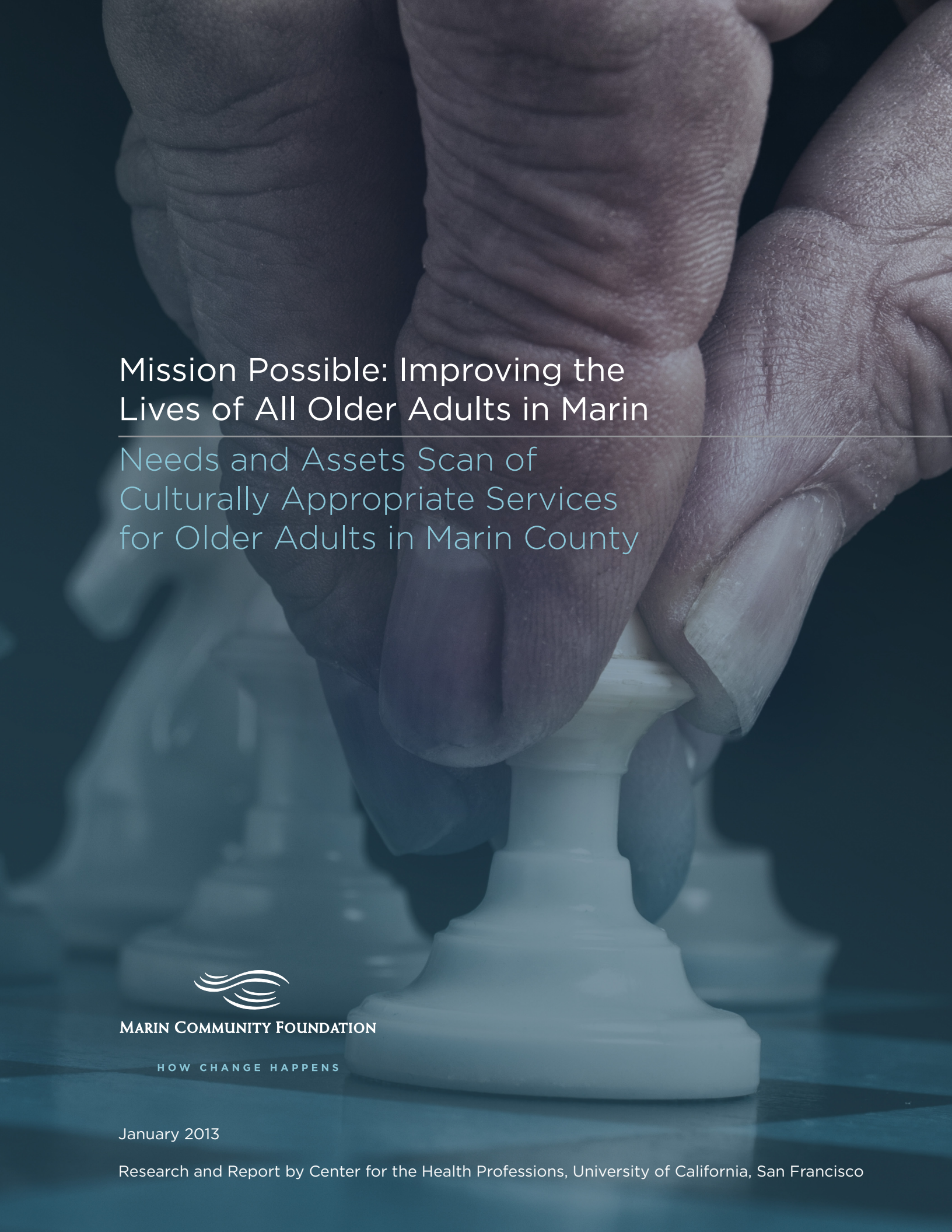| Characteristic	N=12
Organization type	Nonprofit: 9 (75%) Public: 3 (25%)
# clients served annually	Range: 85 – 32,000 Mean: 7,375
Annual operating budget	Range: $137,000 - $22,517,200 Mean: $3,535,234
# employees (full or part-time)	Range: 1 – 190 Mean:32
# volunteers	Range: 0-300 Mean: 101

The scope of services provided by organizations varied from primary health care and housing to transportation, social activity, and recreation (among others). The geography of clients served also covered the major regions of Marin.

Appendix F: Findings from Focus Groups of Older Adults

A total of 51 individuals, 33 (65%) female and 18 (35%) male, participated in the four focus groups which represented three distinct underrepresented communities of older adults. The mean age of participants was 73 years. Seventy-eight percent were limited English proficient, 98% represented a racial or ethnic minority, and 57% reported an annual income of less than $10,000.

Table 1: Select Characteristics of Focus Group Participants

	Marin City (N=11)	Vietnamese (N=13)
Age	Range: Ages 62–91 Mean: Age 80	Range: Ages 58–86 Mean: Age 73
Gender	Female: 73% (8) Male: 27% (3)	Female: 85% (11) Male: 15% (2)
Race/Ethnicity	African American: 91% (10) White: 9% (1)	Vietnamese: 100%
Primary language	English: (100%)	Vietnamese: 100%
Annual income	Less than $10,000: 9% (1) $10,000–$24,999: 45% (5) Unreported: 45% (5)	Less than $10,000: 77%(10) $10,000–$24,999: 8% (1) Unreported: 15% (2)
	Spanish- speaking Latinos # 1 (N=17)	Spanish- speaking Latinos # 2 (N=10)
Age	Range: Ages 60–84 Mean: Age 71	Range: Ages 61–74 Mean: Age 68
Gender	Female: 35% (6) Male: 65% (11)	Female: 80% (8) Male: 20% (2)
Race/Ethnicity	Latino: 100%	Latino: 100%
Primary language	Spanish: 100%	Spanish: 100%
Annual income	Less than $10,000: 65%(11) $10,000–$24,999: 24% (4) Unreported: 11% (2)	Less than $10,000: 70%(7) $10,000–$24,999: 30% (3)

Mission Possible: Improving the Lives of All Older Adults in Marin

Needs and Assets Scan of Culturally Appropriate Services for Older Adults in Marin County

MARIN COMMUNITY FOUNDATION

HOW CHANGE HAPPENS

Foreword

For many years, the Marin Community Foundation has made grants to a range of nonprofit organizations that serve older adults. These include ones that provide health care, transportation, volunteer opportunities, affordable housing, respite care for caregivers, community centers, day care programs, and others.

Marin County is experiencing a rapid growth in the number of older adults who live here—one of the highest growth rates in the state. But the growth in numbers doesn't tell the whole story.

The older adult population in Marin is also highly diverse and is becoming more so. It is critically important that the agencies serving this population have the ability to provide services to all of Marin's older adults and to have a commitment to this work permeate their organizations: in their leadership, outreach, staff, volunteers, the nature of the services provided, and the languages in which they are delivered.

The Foundation commissioned a highly regarded research institute, the Center for Health Professions, University of California, San Francisco, to help us—and the nonprofit providers themselves—better understand the current capacity of organizations to serve a diverse older population and to make recommendations that can help local agencies meet these critical needs.

In partnership with nonprofit service providers and their constituents, we will work toward the goal of ensuring that older adults—regardless of language, socioeconomic status, race, and/or sexual orientation—have access to high-quality services that adequately and appropriately meet their diverse needs.

Thomas Peters, Ph.D.
President and CEO, Marin Community Foundation

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Acknowledgements

The Center for the Health Professions, University of California at San Francisco and the Marin Community Foundation would like to thank the organizations serving older adults who were instrumental in helping to recruit the community advisory board, which named itself "Mission Possible." We are deeply appreciative of the dedication and contributions these board members:

Herschel Ferguson (in memoriam)
Judy Hébert
Anh Ho
Loan Le
Art Lewis
John Ortega
Kerry Peirson
Josefina Perez
Lieu Phan
Maria Rodriguez
Lois Riddick
Eda Vargas

We would also like to acknowledge Dana Pepp, for her help with facilitation and planning. Additionally, we thank the following organizations for use of their facilities to conduct focus groups and or advisory board meetings:

Marguerita C. Johnson Senior Center
Novato Human Needs Center
Pickleweed Park Community Center
Whistlestop

Lastly, we thank the leaders of service agencies and older adults who shared their opinions and experiences through surveys, interviews, and focus groups.

About the Center for the Health Professions

Established in 1992, the Center for the Health Professions is based at the University of California, San Francisco and aims to transform healthcare through workforce research and leadership development. To learn more about the Center visit: http://www.futurehealth.ucsf.edu

Executive Summary

The demographics of Marin County are changing. One of the most dramatic examples is the increase in the number of older adults in Marin. According to the U.S. census, between 2000 and 2010, the number of people over 60 years old living in Marin grew significantly, from 44,000 to 61,000, making this group 24% of the county's population.[1] According to the California Department of Finance, the growth rate in the number of older adults in Marin vastly outpaces the overall growth rate of the county's population.

Among these older adults are growing numbers of people who have traditionally found it challenging to receive services that meet their needs, be included in outreach efforts, and be enlisted as community volunteers. These include low-income residents and people of color, members of the LGBT community, those with limited English proficiency, people living in rural areas, and immigrants.

Exacerbating these challenges are other demographic changes in Marin. Among residents 65 and older, approximately 9,000 struggle to make ends meet.[1] And, as reported in "A Portrait of Marin," published by the Marin Community Foundation in 2012, there are significant disparities in income, health, and longevity in the county based, among other factors, on race and ethnicity.[2]

These demographic changes and disparities make it essential that the county's nonprofit organizations serving older adults have both the commitment and skills to provide quality health and social services in ways that are responsive to the needs of the clients they serve. Specifically, services that are respectful of and responsive to the beliefs, practices, values, and cultural and linguistic needs of clients have been shown to lead to positive outcomes.[3]

Organizations that have the "cultural competence" to operate in these ways can more effectively meet the needs of an increasingly diverse population. This recognition has spurred national and local efforts to reduce disparities by systematically assessing the strengths and gaps in organizations' abilities to deliver culturally competent services. Such assessments can enable organizations and communities to create a roadmap for meeting evolving needs.

To help local nonprofits that serve Marin's older adults learn about and consider ways to increase their cultural competence, the Marin Community Foundation engaged the Center for the Health Professions at UCSF to analyze the cultural competence of Marin's key service providers in the aging field to identify the key

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[1] Marin Health and Human Services: 2010 Marin County Data Summary: County of Marin Demographic Profile
[2] Burd-Sharps, S. & Lewis, K. (2012). *A Portrait of Marin: Marin County Human Development Report 2012.* Marin Community Foundation.
[3] Brach, C, & Fraserirector. I. (2000). Can Cultural Competency Reduce Racial And Ethnic Health Disparities: A Review And Conceptual Model. *Medical Care Research and Review*, Vol. 57 Supplement 1, 181-217.

strengths and assets of the target populations, and help agencies create a plan for providing high-quality, culturally appropriate services.

> A note about terminology:
>
> Several groups within Marin's older adult population are discussed in this report—including low-income residents, people of color, members of the LGBT community, those with limited English proficiency, people living in rural areas, and immigrants. To describe these groups collectively, this report uses the terms "diverse populations" and "diverse communities" interchangeably.

A community-based participatory research approach was used to assure meaningful and respectful engagement of underrepresented older adults, to improve the depth of understanding of their needs, and to enhance community members' capacity to be advocates for change in the future. Mixed methods research (surveys, interviews, and focus groups) was used to identify organizational strategies for improving the delivery of culturally competent services to older adults.

The findings are categorized using four broad activities within organizations (organizational domains) in order to understand and assess their cultural competence : 1) leadership and governance, 2) community engagement, 3) infrastructure, and 4) services. Each domain is described in detail below. Recommended strategies for enhancing the domain are identified to enable service providers to better meet the needs of diverse communities of older adults.

Leadership and governance: Although organization leaders voiced commitment to culturally competent services, the absence of consistent governance processes and executive accountability limited organizations' ability to achieve this goal. Representatives of diverse communities are missing from organizations' governing bodies, and thus their voices are not included in decision-making processes. Recommendations include focused effort to prepare and meaningfully engage these older adults to be a part of organizational governing bodies in order to ensure that organizational strategy is aligned with community needs.

Community engagement: Service agencies acknowledge the value of engaging diverse communities in their efforts but are challenged to identify meaningful ways to achieve this goal. Some organizations have successfully partnered with social and faith-based groups to engage diverse communities but expressed difficultly in sustaining those relationships.   Strategies such as providing training and resources to help service agencies and their staff establish and maintain partnerships with diverse communities are identified as recommendations.

Infrastructure: Service agencies recognized that staff and volunteers are their most important asset for delivering culturally competent services. These organizations

acknowledged substantial challenges in recruiting, training, and retaining diverse staff particularly in management and leadership positions. Recommended strategies include developing career ladders for staff members who are representative of diverse communities to advance into leadership positions and infrastructure improvements to ensure collection of high quality data that can be used to improve the delivery of culturally competent services.

Services: Community agencies in Marin County have overcome some linguistic barriers that limit access to services. However, many organizations acknowledge their limited ability to effectively target and meet the needs of diverse communities of older adults in their service areas. The recommended strategies for strengthening this organizational domain include training to improve outreach to communities with limited English proficiency and low literacy and to meaningfully engaging diverse older adults in planning culturally appropriate services.

Introduction

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In 2012, Marin County's Division of Aging and Adult Services conducted a needs assessment that provided a detailed account of the demographics, economic security, health, housing, status of caregiving, and quality of life for the county's older adult population. This report also revealed that people's own assessment of their health was less positive among Hispanic/Latino and African American older adults compared to their white counterparts. The survey findings were supplemented by conducting community forums among specific groups (i.e., African American, Latino/Hispanic, family caregivers, low-income persons, and residents in rural areas) to gain insight into service needs and service barriers. [7] These findings reinforce the results of a 2008 assessment in which nearly half of the Marin service agencies surveyed identified inadequacy in the cultural competence of their services. Ninety-one percent indicated that the lack of services for low-income older adults was a moderate to widespread problem.[8] These challenges were also echoed in focus groups conducted with Spanish-speaking and lesbian, gay, bisexual, and transgender (LGBT) older adults.

While prior efforts have improved understanding of the needs of Marin's older adults, there remains a gap in knowledge of the availability and status of culturally competent services among Marin's service providers. This effort sought to address this gap and identify organizational strategies that would improve the ability of agencies to provide high quality services to a diverse population of older adults in Marin County.

For definitions of key terms used in this report, refer to Appendix A.

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[7] Division of Aging & Adult Services, Marin Health and Human Services. (2012). Live Long, Live Well: Area Agency on Aging Area Plan FY 2012–2016. Retrieved from:
http://www.co.marin.ca.us/aging/PDFs/AreaPlan2012_16.pdf
[8] Harder & Company Community Research. (2008). A Report on Services for Older Adults in Marin, Marin Community Foundation.

Methodology

Community Participation

Community engagement is a critical component of research efforts focusing on diverse communities and social and health inequities.[9] [10] For this reason, a community-based participatory research (CBPR) approach was used to guide this undertaking. In CBPR, the community of focus is a partner in all aspects of the process. This leads to better science and ensures that the research team has a more ethical, respectful, and responsible relationship with study participants and the community at large. CBPR uses mixed research methods to ensure that the trends and details of a particular situation are accurately captured and that a variety of perspectives are heard and valued in the process.[11] [12] In particular, qualitative methods can help to ensure that communities have a voice (i.e., they focus on data expressed in the populations' own words); that the methods are flexible and responsive to local conditions; that data collection is egalitarian, low-tech, and accessible; and that the incorporation of social values is accepted and not viewed as bias.[13]

CBPR also helps increase communities' understanding of the issues, furthering their capacity to be advocates for change in the future, independent of the research effort.[14] To this end, a 12-member community advisory board (CAB) consisting of older adults representing diverse communities in Marin was established to guide and participate in the research. More information about the formation and contributions of the CAB can be found in Appendix B.

Organizational Cultural Competence

There are several frameworks for assessing organizational cultural competence, many of which were created for a specific sector of health or social services. Four intersecting domains where cultural competence can manifest were selected. These domains were chosen based on project scope, the types of organizations being

[9] Israel, B.A., et al. (2008). Review of community-based research: assessing partnership approaches to improve public health. *Annual Review of Public Health*, 19: p. 173-202.

[10] Miller, R.L. & Shinn, M. (2005). Learning from communities: overcoming difficulties in dissemination of prevention and promotion efforts. *American Journal of Community Psychology,* 35(3-4): p. 169-83.

[11] Napoles-Springer, A.M. & Stewart, AL. (2006). Overview of qualitative methods in research with diverse populations. Making research reflect the population. *Medical Care,* 44(11 Suppl 3): p. S5-9

[12] Johnson, C.E, Ali, S.E., & Shipp, M.P. (2009). Building community-based participatory research partnerships with a Somali refugee community. *American Journal of Preventive Medicine*, 37(6 Suppl 1): p. S230-6.

[13] Padgett, D. (2009). Qualitative and Mixed Methods in Community-Based Participatory Research. Presented at NIH 2009 Summer Institute on Community-Based Participatory Research Targeting the Medically Underserved, New Orleans, LA.

[14] Rosenstock, L., Hernandez, L., Gebbie, K., eds. (2003). *Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century*. Washington, DC: National Academies Press.

assessed, and areas with promise for having an impact on reducing health disparities. Further explanation of the domains and the specific areas targeted within each domain can be found in Appendix C.

To describe the current state of organizational cultural competence of agencies serving older adults in Marin County, the following research methods were used:

- **Survey of organizations:** An online survey was administered to a convenience sample of agencies in Marin County who provide services for older adults.
- **Interviews of leaders:** In-person, semi-structured interviews were conducted with a subset of organizational leaders who completed the survey; these findings were used to provide context for interpreting survey results.
- **Focus groups with older adults:** The perspectives of older adults from select diverse communities were solicited to obtain capture their perspectives on their own community's strengths, assets, and challenges, as well as their experiences with health and social services in Marin.

For more details about the research methodology, refer to Appendix D.
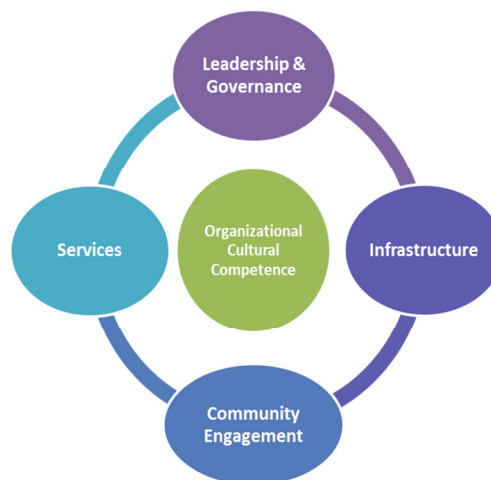
Summary of Key Findings

This section is organized into two parts. The first summarizes and synthesizes the key findings resulting from surveys and interviews to assess organizational cultural competence. The findings are organized according to the four organizational domains of cultural competence. For each domain the results of organizational surveys and leadership interviews are integrated. Details about the sample may be found in Appendix E. The second section summarizes the key themes from focus groups of diverse older adults.

SECTION 1: Organizational Cultural Competency

In general the organizational survey results suggested a more favorable impression of organizations' cultural competence than did the results from interviews with organization leaders. These findings reflect a sample of agencies and therefore do not represent the operations of all service providers in Marin County. It is also worth noting that respondents interpreted the phrase *communities we serve,*

Figure 2: Key Organizational Domains for Assessing Cultural Competence

differently; some used it to describe clients who currently receive services while others used it to describe communities in the catchment area that could be served.

DOMAIN 1: LEADERSHIP AND GOVERNANCE

> **Best practices:** In order to ingrain cultural competence within an organization's culture and make it a priority, it is essential that an organization's governing structure embraces it. The leadership should also reflect the diversity of the population it serves. Together, these two goals should provide incentives for the development of initiatives, policies, and procedures that can improve cultural competency and ensure the delivery of equitable services.

Board of Directors/Governing Body

Sixty percent of survey respondents reported having a diverse governing group that includes representatives from the communities they serve. The interviews, however, provided a different view. With one notable exception, leaders indicated very little or no representation of diverse members of

I think more than anything, it's really the board actively and intentionally searching for folks in the community.
- Organization leader

the community on the board of directors or other governing body. This gap was identified as an area for improvement, and interviewees reported they would benefit from assistance in finding qualified individuals (time to commit and equipped with suitable experience). The organization with a history of success forming a diverse governing body required focused recruitment efforts and the willingness to train potential members to be "board ready."

Authority and Accountability

Seventy-five percent of survey respondents indicated there was an individual at the executive level with clear authority and responsibility for leading and implementing cultural competence work. However, the interviews revealed differing views about what authority and responsibility look like. While some organizations had an individual whose job title and role indicated responsibility to promote "multiculturalism," other leaders said that responsibility resided solely with them. Most noted that, even if not stated explicitly, cultural competence was the responsibility of every staff person. Regardless of where responsibility resided, explicit measures of internal or external (governmental or funding agency guidelines) accountability were lacking.

Leadership Commitment

Responses varied greatly when interviewees were asked to identify tangible examples (e.g., mission statement, strategic plan, policies, and procedures) demonstrating leadership's commitment to cultural competence. If an example was identified it ranged from integrating cultural competence into a strategic plan, creating a diversity statement, or revising guiding principles. Several interviewees said that the concept of cultural competence was included in their mission or diversity statement. Most leaders offered as an example their organization's nondiscrimination policies.

> Key Finding: Leaders expressed their commitment to advancing cultural competency, yet intentions were not always explicit and processes were not clear concerning accountability. Individuals reflecting the diversity of the community are missing from organizations' governing bodies, and thus their voices are not included in decision-making processes.

DOMAIN 2: COMMUNITY ENGAGEMENT

> **Best practices:** Community engagement—involving diverse members of the community in service planning and outreach—should occur at all levels of organizational administration, including decision-making and leadership functions and service delivery. In doing so, communities determine their own needs and ensure that current and future services will meet the needs of clients and community members.

Community Involvement in Planning

Seventy-four percent of survey respondents indicated they regularly seek input from the "communities they serve" when planning services. During the interviews, leaders were asked to describe how they involved clients and community members. For most the sole mechanism for integrating community input was client satisfaction surveys.

We don't have a good mechanism [for community engagement] in place. That is what our board is for.
- Organization leader

You have to have the leadership in the community that is going to bring you in. You have to have trusted sources within that community and then work on that relationship.
- Organization leader

Some identified the board of directors as a primary avenue for obtaining community input; notably, their boards did not represent the communities they served. Several organizations had strategies for involving clients and community members in planning, but still acknowledged gaps in the diversity of the representatives and reported uncertainty about the effectiveness of their

strategies. Lack of community involvement was seen as contributing to challenges in successful outreach to particular communities. Several leaders noted the substantial energy and resources necessary to build relationships within the community, adding that they and their staff did not have the capacity to build and maintain these relationships.

Partnership with Religious and Ethnic Groups

More than half (55%) of survey respondents reported consulting with cultural, ethnic, and religious groups to identify needs of communities of interest and to conduct outreach. During interviews many leaders referenced collaborations with organizations that focus efforts on a particular population(s), especially ones that work with the LGBT community and immigrant families. The leader of one organization with a history of successful partnerships with churches and other religious groups noted the organization's strong connection with these groups but also the difficulty in sustaining the relationships.

> **Key Finding:** There are gaps in ways organizations meaningfully engage with the constituencies they seek to serve. Faith-based groups and similar organizations that are focal gathering places within diverse communities are not generally consulted by agencies serving older adults. Lack of time and resources to create and maintain relationships with diverse constituencies is seen as a key barrier by service provider agencies.

DOMAIN 3: INFRASTRUCTURE

> **Best Practices:** Cultural competence requires resources and structures. Without a supportive infrastructure, cultural competence may be considered an add-on rather than an essential part of an organization's core strategy.

Demographics of Staff and Volunteers

Eighty-seven percent of those surveyed reported success in recruiting and retaining staff that reflect the communities they serve. During interviews, leaders reported their staff was ethnically, culturally, and linguistically diverse. Many reported that the majority of the caregivers or direct-service providers they employed were represented the diversity of the community. However, there was less minority representation in supervisory or management positions. Some interviewees reported it was difficult for people with lower job classifications to advance to management positions. However, others reported difficulty finding

I feel that opposed to the board, we have done a good job with [the diversity of] our staff.
- Organization leader

staff for management roles that reflected the clients they serve and attributed this challenge to the area's high cost of living and lack of transportation options for commuters.

Sixty percent of those surveyed indicated being able to successfully recruit and retain volunteers representing the target populations. However, most interviewees reported that recruiting these volunteers was one of their primary challenges. This opinion was even expressed by leaders of organizations with a client base and staff reflective of these groups.

Staff and Volunteer Training

Training staff and volunteers to effectively work with culturally diverse clients is an important strategy for workforce development. Sixty-six percent of survey respondents reported conducting trainings. Several interviewees referenced collaborating with an agency serving the LGBT community to develop an annual staff training or participating in trainings mandated by funding agencies. Leaders of larger, better resourced organizations described more frequent, internally-led in-service trainings. Many indicated a desire for resources and time to provide higher quality trainings with greater frequency. Overall, the interviews revealed great variation in perceptions of the quality, frequency, and value of these trainings.

We would love to do more training. I think it is a function of identifying what would be efficient and easily accessed [as a] tool to do that.
-Organization leader

Collecting and Using Client Data

It is challenging to assess equity in service delivery in the absence of data. Therefore, an organization's capacity to collect and use client information (e.g., about ethnicity, preferred language, income, literacy) is critical to identifying the existence of disparities in the health and well-being of older adults. Seventy-seven percent of those surveyed reported collecting this client information. Although interviewees noted that funders and regulators required descriptions of client profiles, they raised questions about variations in what information was being collected and its accuracy. A few interviewees reported extensive training of staff to assure high quality data.

Interviewees noted that the data were rarely used for internal monitoring and planning because of:

- difficulty accessing data (e.g., using the county system and having no internal capacity to keep or manage data)
- concern about data accuracy and integrity
- lack of internal capacity (time and technological resources) to do additional analysis
- lack of awareness of how data might be used in planning and monitoring (See Services section for more information.)

Other Infrastructure

Although not explicitly asked, financing and budgets were identified as barriers to delivery culturally competent services. Interviewees reported that financial constraints were forcing difficult choices. In general, budget allocations or fundraising efforts were not being directed toward enhancing cultural competency of services.

> Key Finding: Leaders view their staff and volunteers as one of their organizations' greatest strengths. Recruiting and retaining volunteers representing the diversity in the community, however, is a primary challenge as is recruiting and retaining minorities for management positions. The assessment and training of staff and volunteers and the collection and use of accurate demographic data are other key areas in need of development.

DOMAIN 4: SERVICES

> **Best practices:** Services are more effective and equitable if they acknowledge clients' culture, language, experiences and frames of reference.

Populations Served

When asked to describe how well their client population matched the demographics of the county, interviewees noted that this was influenced by the organization's mission, size, and of the type of services offered. Organizations with a mission statement highlighting a commitment to diverse populations had a greater proportion of these clients. These organizations also accepted Medi-Cal insurance, which interviewees felt significantly influenced the demographic diversity of their clients. Leaders of organizations whose clients mirrored the demographic profile of Marin noted greater racial and ethnic diversity among their clients after adding bilingual/bicultural staff. Leaders of organizations with a smaller proportion of minority clients attributed the low numbers to challenges in outreach. Nearly all described challenges in reaching the Latino, Vietnamese, and African American communities..

In addition to racial and ethnic diversity, these organizations also noted a diversity of socioeconomic status among their clients. Population diversity was also reflected in diversity in the socioeconomic makeup of clients. Although offers of financial help are sometimes provided to clients, some interviewees reported that clients were often uncomfortable disclosing financial information which hindered their ability to offer (and clients' ability to access) financial assistance.

Tailoring Services

Seventy percent of survey respondents indicated they regularly use community demographics to design or customize services for clients. A few interviewees reported using U.S. Census data to identify target communities, but most tailored services and programs based on their current clients. Several examples of culturally and linguistically tailored services or programs were described by interviewees (e.g., ESL classes, Latino-specific programs, and multicultural social events). Some leaders also shared examples of services tailored to respond to disabilities (e.g., physical disability and memory loss) among their target population.

Addressing Language Barriers

Seventy percent of survey respondents reported that their organizations provided services to overcome language (interpretation and translation) and literacy barriers. Some interviewees reported their organization had at least one bilingual (primarily English/Spanish) staff person. In many cases this individual served as the interpreter for all limited-English proficient clients. Several interviewees reported their organizations used telephonic interpretation services.

Interviewees also reported variation in translated materials, both in documents and languages. The decision about which materials to translate was not guided by the actual demographics of a catchment area, but rather perception of populations served. Several interviewees noted their organization translated internal documents (e.g., schedules and consent forms) but did not translate materials use for external communication. Interviewees acknowledged room for improvement in addressing other barriers to communication such as disability and literacy.

Assessing Client Satisfaction

Eighty-seven percent of those surveyed reported their organizations regularly assess clients' satisfaction with services. This was confirmed in interviews. Those who did not do so cited time and resource constraints. While most organizations collected demographic data for individual clients, the data were not linked or associated with satisfaction results. Most interviewees noted a lack of technical capacity to stratify outcomes by demographic characteristics. Some interviewees expressed lack of awareness that this was feasible and others were hesitant to include questions about demographics for fear that they might reduce response rates.

> **Key Finding:** How information about current services is communicated to diverse communities needs improving, as do processes for meaningfully engaging these communities in service planning. Organizations have made great strides in providing language services, but opportunities for improvement remain.

SECTION 2: Older Adults' Insights on Community Assets and Needs

Focus groups with people representing the diversity of the community were conducted to ensure that their perspective would inform recommendations for how services agencies could improve their responsiveness to their needs. As clients and/or potential clients they provide insight and perspective about community assets and challenges. Details about the sample may be found in Appendix F.

ASSETS AND STRENGTHS

Community as Strength and Resource

The cohesiveness and collective strength of communities themselves was an important theme. Focus group participants, especially those who acknowledged loneliness and isolation, expressed solace in sharing their feelings with others in their community. Learning they were not alone in their concerns and challenges and feeling supported by others in the group were very beneficial experiences. Some participants offered examples of how they reach out to others who are isolated (geographically or socially) or lonely. Many expressed a desire to do more, but indicated a need for a structure or mechanism to enable them to do so.

> *For me, you [the focus group] are a light. You give me ideas.*
> *- Focus group participant*

Resources Exist in the Community

When asked to identify where older adults go for help, support, and activity, participants most often mentioned churches, temples, and other places of worship. In addition to the church and members of church communities, Marin City and Latino focus group participants identified their own faith and spiritual health as important sources of support

Marin City Senior Center[15] was identified by residents who specifically identified the Wednesday brown bag lunch program as a place they seek support. Others also mentioned the Sunshine Club, a senior social club started and maintained by the Marin City older adult community. Men commented that many older adult men in Marin City do not participate in the Senior Center and Sunshine Club, adding that they "need a place to be" where they can do things that appeal more to their interests.

> *The Sunshine Club is nice – you can decide on the places you want to go.*
> *- Focus group participant*

Aside from churches and temples, Vietnamese participants indicated relying on a few individuals (e.g., Vietnamese social worker and a staff member at Community Action Marin) as sources of support. Others mentioned friends, their children, and

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[15] The Marguerita C. Johnson Senior Center provides programs, referral services, and activities for senior citizens 60 and older in Marin City.

other caregivers. Although respondents said they appreciated the opportunities created for them to socialize at San Rafael's Community Center at Pickleweed Park,[16] some were frustrated by the inconsistency and infrequent scheduling of meetings and lack of opportunity to determine what programs and activities occur.

For Latino participants the most common sources of support were churches, family and the Novato Human Needs Center.[17] The organization was viewed as a tremendous asset and very connected to the community at large, despite its lack of specific older adult programs.

Satisfaction with Medical Services

Across all groups, participants described their health care services in positive terms. Among the Latino and Vietnamese groups, most received care at Kaiser Permanente, the Marin Community Clinics in Novato and San Rafael, or the Coastal Health Alliance clinic in Point Reyes.

Vietnamese and Latino participants appreciated receiving care in their preferred language either by language concordant clinicians and staff or through the use of interpreter services. Participants were grateful to receive care without needing insurance and perceived that they received high quality care.

Participants from Marin City, a community where the county's largest concentration of African Americans lives, also spoke highly of their health care providers but expressed dissatisfaction with rising health care costs. They were primarily treated by physicians at University of California, San Francisco; Kaiser Permanente; or by physicians in private practice.

NEEDS AND CHALLENGES

Loneliness and Isolation

Loneliness and isolation are two significant problems for older adults. Aside from the impact loneliness has on happiness and well-

I'm afraid of the loneliness.
 - Focus Group Participant

being, there is growing evidence of its impact on physical health and life expectancy.[18] [19] Focus group participants in all groups spoke of feelings of isolation

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[16] Operated by the City of San Rafael, the Pickleweed Park Community Center & Library offers educational, cultural, vocational, recreational and social programs to residents of San Rafael.

[17] The Novato Human Needs Center is a nonprofit organization offering a variety of local services such as supplemental food service, rental and critical needs assistance, and employment and education services, among others. Its mission is to support low-income individuals and families, helping them overcome their immediate crises and move toward long-term self-sufficiency.

[18] One, AD., Rothstein, JD., & Uchino, BN. (2012). Loneliness accentuates age differences in cardiovascular responses to social evaluative threat. *Psychol Agin.,* 27(1): 190-8. Epub 2011 Oct 17

[19] Perissinotto, CM.,Cenzer, IS., & Covinsky, KE. (2012). Loneliness in Older Persons: A Predictor of Functional Decline and Death. *Arch Intern Med.,* 172(14):1078-1084

and loneliness, either of their own or that of friends and acquaintances. Loneliness was most often attributed to not having family nearby or living alone, compromised independence due to transportation barriers or medical problems, or simply a lack of activity. Participants in the Marin City focus group expressed feelings of fear or anxiety about going out, particularly in the evenings. Latino participants reported that feelings of depression and general anxiety were prevalent in their community and led to isolation. Vietnamese participants identified language barriers as a factor contributing to loneliness.

> *You get to the third age and feel like you are not worth anything.*
> *- Focus Group Participant*

Desire to Engage

When asked about their experiences with social services and their recommendations for how to improve the lives of older adults in their community, participants overwhelmingly responded with suggestions for opportunities to be active, socialize, and have fun rather than how they could be better "serviced" by existing service agencies. Many also expressed a desire to contribute and to help others in their community, especially the lonely and isolated.

Vietnamese community members wanted more opportunities to socialize and a consistent time and place to gather. They identified a need for help coordinating these gatherings and support for those with language, literacy, or physical limitations. Participants who provide child care for grandchildren desired structured opportunities to bring child care providers and children together.

> *Every month to be able to go somewhere— that would make everything good.*
> *- Focus group participant*

Latino participants also wanted more opportunities to gather near where they lived. They voiced their desire to have a place ("salon grande") to engage in activities (dance, exercise), enjoy entertainment (bingo, dominoes), and find opportunities to work and share their trades. Many also expressed a desire to help new immigrants find work and housing and obtain citizenship.

> *We are hyperactive. We have been leaders in our fields. We need more activities!*
> *- Focus group participant*

Similar sentiments were expressed by members of the Marin City group. Despite the mechanisms in place to create activities within their community, members frequently mentioned the need for more low-cost activities that could be accessed despite existing transportation challenges. Men especially noted a lack of structured activities that appealed to them.

Communication Barriers

Challenges with accessing information about community resources was a consistent theme in all focus group discussions. Participants noted difficulty with information

not reaching them, having it communicated in a way that does not resonate, or having difficulty because of language or literacy barriers. In contrast, some participants felt that having multiple places where they could go to obtain information was confusing.

The system is good, but clients lack information.
- Focus group participant

Transportation Barrier

The challenge of access to transportation was echoed in all focus groups. This barrier contributed to feelings of loneliness and isolation. Some participants reported that they were not aware of about low-cost transportation options (e.g., senior passes, shuttles) and others that were aware noted barriers to accessing sources that are currently available. Desired improvements included a mechanism to mobilize older adults who are willing and able to provide rides to others and a structure of scheduled periodic group pick-ups for activities like grocery shopping.

Access to and Affordability of Dental Care

The primary challenge that emerged related to health care had to do with dental care. Many focus group participants indicated they needed help accessing dental services and spoke of the financial hardship of having to pay for expensive dentures and dental procedures.

Summary

The most prominent theme, isolation and loneliness, emerged in all four groups and crossed ethnic, cultural, and socioeconomic lines. These feelings are exacerbated when access to sources of support is limited by lack of information, communication barriers, and transportation challenges. The sources of support most often used by older adults are located in close proximity to where they live and are developed by community members themselves or run in close collaboration with the community. Older adults also expressed a desire to engage with others in the community and with the organizations where they receive services. Engagement could fulfill a need to socialize, be active, have fun, and help others overcome isolation and loneliness. However, it was recognized that a structure and mechanism was necessary to make this a reality.

The strength of communities themselves was prominent in discussions about assets. This strength was manifest in social support from personal relationships, cultural groups, social clubs, senior centers, and places of worship.

Summary and Recommendations

The mixed methods approach resulted in a rich array of findings across surveys, interviews, and focus groups. These results and different perspectives were synthesized and integrated to develop actionable recommendations for nonprofit organizations, public agencies, and funders that could improve the delivery of culturally competent care for older adults in Marin County. The recommendations also reflect input from community members. Cultural competence is not something that can be "achieved" by following a set of prescribed steps. Rather, it is an ongoing process for individuals and organizations. The recommendations are grouped by the four organizational domains for cultural competence referenced in this report. They range from discrete and tactical to comprehensive and strategic and are intended to serve as a springboard for ongoing improvement.

LEADERSHIP AND GOVERNANCE

It is critical that diverse communities are given a clear voice in the decision-making of organizations charged with providing equitable services to older adults in Marin. Effort could be made to increase representation by diverse populations on boards of directors and other governing bodies. However, it is important that careful attention be paid to creating a leadership environment that avoids feelings of "token" representation by these community members; a leadership culture that embraces a diversity of perspectives and opinions and actively seeks them out is ideal. To help ensure accountability to stated intentions of providing the best services as possible to a diverse client mix, organizations could make their intentions explicit (through organizational policies, mission statements, etc.) and evident to staff, volunteers, and the community at large.

Recommendations for Nonprofit & Public Agencies	Recommendations for Funding Agencies

• Conduct a comprehensive organizational self-assessment, develop a written plan for addressing gaps, and share with key stakeholders, including clients
 	
• Integrate cultural competence into the strategic planning process and create measurable goals for assessing progress toward these goals
 	
• Integrate cultural competency principles into staff and leadership recruitment, training, and development efforts.
	• Build the will to encourage cultural competency by:
	
	  - Activating agency leaders to make cultural competency a priority and promote its importance
	
	  - Encouraging agencies to recruit and retain board members representative of community demographics
	
	  - Developing the business case for organizational cultural competence

Recommendations for Nonprofit & Public Agencies	Recommendations for Funding Agencies
	- Creating local capacity in cultural competence (e.g., trainings, leadership program, facilitators, etc.) • Promote use of common metrics to assess and report organizational cultural competence (e.g., client satisfaction surveys that emphasize cultural competence) • Integrate cultural competence guidelines and/or metrics into funding requirements.

COMMUNITY ENGAGEMENT

It is vital that the perception shared by agencies regarding the definition of "community" expands to include future and potential clients. More effort could be spent building relationships and engaging communities in a meaningful way. Older adults often labeled as "hard to reach" actually want to be involved in volunteering, program planning, and other activities within and beyond community-based agencies. It could serve organizations well to expand their thinking around which community-based groups and/or institutions may serve as potential collaborators (e.g. churches, temples, and "home-grown" social clubs). Programs and services that are developed *with* community members are likely to increase utilization and improve overall client experience.

Recommendations for Nonprofit & Public Agencies	Recommendations for Funding Agencies
• Ensure representation of older adults from the target communities in community advisory groups to inform program planning • Broaden community partnerships to include faith-based groups and similar organizations that are focal gathering institutions among diverse communities • Develop a written plan for increasing cultural competence in outreach and program planning efforts and share with stakeholders	• Meaningfully sustain and nurture a community advisory board to inform priorities for funding • Provide opportunities to enhance community advisory boards' capacity to mobilize and engage their communities and to effectively communicate their message • Provide training and technical assistance in effective community engagement to grantees

INFRASTRUCTURE

More attention could be placed not just on retaining highly valued staff representative of the diversity in Marin, but developing and promoting them in an effort to address the gap in representation across supervisory and management positions. Increasing the representation of these communities among volunteer pools is an important strategy for improving the diversity within the organization's environment, as well. In addition, a plan for ongoing effort in the area of staff and volunteer training in cultural competency, that includes individual assessment and accountability, could be considered. Lastly, an infrastructure that allows agencies to share knowledge, expertise, and best practices regarding cultural competency could be developed, as could a knowledge exchange with opportunity to collaborate and pool resources for resource intensive activities (e.g., translation of materials).

Recommendations for Nonprofit & Public Agencies	Recommendations for Funding Agencies
• Provide ongoing staff and volunteer training in diversity, cross-cultural communication, and culturally competent care for older populations. Utilize existing low-cost training resources • Train staff in best practices for collecting client demographic data that can be used to monitor disparities in service provision and outcomes • Create partnerships and collaboration across agencies to share best practices related to organizational cultural competence • Target volunteer recruitment efforts across cultural and socioeconomic strata and engage these volunteers to inform the tailoring of services and programs • Partner with peer organizations to create economies of scale for resource intense services such as translated materials. • Begin stratifying client satisfaction data by key demographic variables to	• Create opportunities for grantees to share best practices and challenges to achieving organizational cultural competence • Provide training and technical assistance in collecting accurate demographic data and using these data to look at agency outcomes and impact. • Invest in efforts to develop a diverse workforce across the nonprofit and public sector with emphasis on developing managers and leaders from within organizations • Ensure that volunteer engagement efforts supported by funders target underrepresented older adult communities

Recommendations for Nonprofit & Public Agencies	Recommendations for Funding Agencies
look for differences between groups. Continue to extend this process to other client process and outcome measures	

SERVICES

Current outreach and communication strategies for diverse communities need enhancement. Word of mouth within communities is a powerful communication tool and is of particular benefit among limited English-proficient and low-literacy populations. Older adult individuals from underrepresented communities could serve as connectors between agencies and community members, as well as inform the development of relevant programs and services. Concrete standards across agencies regarding what materials are required to be translated and into which languages could help ensure the gap in language services across agencies is improved.

Recommendations for Nonprofit & Public Agencies	Recommendations for Funding Agencies
• Use information from communities to tailor services and programs to meet the cultural preferences of diverse older adults • Translate key written materials for predominant non-English speaking communities in Marin • Incorporate best practices for communicating with low-literacy and limited English proficient communities in outreach efforts and service delivery • Train bilingual volunteers identified through enhanced community engagement efforts to serve as liaisons to monolingual clients	• Fund efforts to gather and provide information about community demographics and service needs of diverse communities of older adults • Ensure that funders' communication and outreach strategies to service providers and the general public model best practices for considering literacy, preferred language, and disability. • Require meaningful participation of target community in design of services provided by grantees

Conclusion

Marin County's older adult population is growing—and along with that, the nonprofit organizations that serve them face challenges to serve people who are often excluded or are hard to reach.   A community-based participatory research approach was used to improve the understanding of communities' needs, assess organizational cultural competence and to identify strategies for strengthening agencies' ability to provide high quality services to clients representative of the full diversity in the county. The findings of this effort lead to recommendations of both modest and comprehensive strategies intended to help service agencies and funders make the necessary changes to help ensure all older adults in Marin receive high quality and equitable services.

Appendix A: Definitions of Key Terms Used In Report

Diverse population; diverse community: People who are residents of Marin who are age 60 or older and represent one or more of the following: a person of color, low-income, disabled, LBGT, limited English proficient, a resident of a rural area, or an immigrant.

Service providers/agencies/organizations: These terms refer to nonprofit and public sector agencies providing any type of service or program to older adults (age 60 or older) in Marin.

Cultural competency: A set of congruent behaviors, attitudes, and policies that come together in a system, in an agency, or among professionals that enables effective work in cross-cultural situations. *Culture* refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. *Competence* implies having the capacity to function effectively as an individual or organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.[20]

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[20] Office of Minority Health, U.S. Department of Health and Human Services. Retrieved from: http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=11)

Appendix B: Community Advisory Board

Ideally, the community-researcher relationship is established long before the start of the research process, enabling the community to be directly involved in generating the research questions and plan. Given the nature of this project, including the timeframe and funding directives, the research questions and methods were determined prior to the formation of the community advisory board (CAB). The CAB was intimately involved, however, in identifying older-adult communities and service providers assessed; refining questions used in the survey, interviews, and focus group; assisting in interpretation of results and identifying recommendations. The CAB met six times in the course of five months (June 2012–October 2012). Two subcommittees were formed to allow each member to be more intimately involved in the data collection efforts; one subcommittee worked on the community focus groups, while the other focused on the interviews surveys of organization leaders. Each subcommittee met twice.

How Was the Community Advisory Board Formed?

Recruitment occurred through the successful collaboration of the project staff, the Marin Community Foundation, and service providers who had existing relationships with eligible older adults. At the onset of the initiative, project staff and the Marin Community Foundation provided service provider organizations with informational fliers about the project. Fliers included information regarding project goals, commitment needed from potential community advisory board members, as well as the eligibility criteria for participation. Organizations were encouraged to pass this information on to clients who may be interested. It was only after more extensive outreach and in-person meetings with organization leaders, however, that that recruitment efforts gained the traction they needed.

Once potential participants were identified, research staff spoke with each individual on the phone. If initial screening criteria were met, an in-person meeting was scheduled at a date, time, and location convenient for the potential member. The purpose of the meetings was for the community member to learn more about the project and the other individuals with whom they would be working, as well as for research staff to ascertain whether the individual would be a good match for the effort. Potential barriers to their participation, their schedule, and general

availability were also discussed. Plenty of time was allowed to address their questions and concerns.

Who Served on the Community Advisory Board?

Eleven community members were invited to participate in the community advisory board. The interpreter who was hired to assist two Vietnamese members was also an older adult, was very engaged in the process, and became a contributing twelfth member. The English proficiency of the Spanish speakers was such that an interpreter was not necessary. However, a bilingual (English/Spanish) co-facilitator was brought into the project and interpreted for the Spanish speakers when needed. CAB members represented several regions of Marin including Marin City, San Rafael, Mill Valley, Novato, and San Geronimo Valley. Five of the members had previous experience serving in an advisory or advocacy capacity, and seven had no previous experience.

Table 1: Select Demographic Characteristics of the CAB

Characteristic	N = 12
Race/ethnicity	African American: 3 (25%) Latino: 4 (33%) Vietnamese: 3 (25%) White: 2 (17%)
Primary language	English: 7 (58%) Spanish: 2 (17%) Vietnamese: 3 (25%)
Gender	Female: 7 (58%) Male: 5 (42%)
Sexual orientation	Heterosexual or Straight: 11 (92%) Lesbian or Gay: 1 (8%)

Community Advisory Board Meeting Process

Community advisory board members were asked their preferred days of week and time of day for meeting during the recruitment process and every effort was made to choose a day, time, and location that were convenient for the group. To help mitigate any potential challenges to participation, each CAB member was provided an honorarium and was compensated for travel related costs (e.g., gas and bus pass). The main focus of each of the CAB meetings was as follows:

Meeting	Content
Meeting # 1	• Group agreements • Grant requirements • Roles and expectations
Meeting # 2	• Defining terms (culture, culturally appropriate, accessible, high quality, etc.) • Identification of key service providers in Marin • Subcommittee overview
Subcommittee work occurred between meetings 2 and 3.	
Meeting # 3	• Reflections on focus group and interview experiences • Themes heard during focus groups and interviews • What else could we do given more time and resources?
Meeting # 4	• Review and discussion of findings and key themes • Dissemination discussion
Meeting # 5	• Continuation of Meeting # 4 topics
Meeting # 6	• Role of CAB in the future • Identification of positive aspects of the experience and elements that could have been improved • Appreciation and celebration

The focus group subcommittee meetings entailed the following:
- Discussions about recruitment and the overall focus group process
- Review and feedback of the focus group questions
- Coaching on facilitation

The interview subcommittee meetings entailed the following:
- Review of key terms (e.g., cultural competency, confidentiality)
- Review of organizational cultural competency framework
- Discussion of key questions to include in survey and interviews
- Identification of target organizations
- Coaching on interview techniques

Using Photography to Communicate Experiences

In addition to the meetings and other project activities, community advisory board members participated in an activity based on Photovoice. Photovoice is an innovative participatory photography and digital storytelling method that is used to build skills within disadvantaged communities, providing the opportunity to represent themselves and create tools for advocacy.[21]

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[21] Photovoice: Participatory Photography for Social Change. http://www.photovoice.org/.

Members were provided a disposable camera with instructions to take pictures they felt helped tell a story about life in their community. Specifically, they were encouraged to take pictures of things (people and objects) that were important to them, things they liked or things that demonstrated the strength of their community, things that showed community challenges, and anything else they felt demonstrated the health and well-being of their community overall.

This activity was optional, and 11 of the 12 CAB members participated. The majority of photos showcased friends and family members as well as photos of structured activities (e.g., yarn club and senior lunches) sponsored by agencies in Marin. As far as community deficits, many of the pictures highlighted accessibility issues for older adults and the disabled in particular. Photos highlighted the appreciation of the natural beauty of Marin contrasted with ones that demonstrated degradation of their own neighborhoods in Marin.

Insights and Benefits of a Community Advisory Board

The community based participatory research approach used for this effort was operationalized through the development and engagement of the community advisory board. While the process was an integral part of the methodology, important lessons related to the CAB process are conveyed below.

Contributions to the Research Process

The community advisory board played a key role in the success of the focus group and interview/survey processes. For example, the seamless recruitment and facilitation of the focus groups participants who are generally considered hard to reach underscore the value of community-directed efforts. In addition, having the discussion led by "one of their own" contributed to the focus group participants' level of comfort, openness, and willingness to share information. The CAB members also provided an invaluable perspective on the meaning and relative importance of the findings and on the impact of the findings for themselves and their communities.

Building Capacity and Community

This process provided CAB members with an opportunity to learn new content and develop a skill set that will prove very useful for similar efforts in the future. This experience helped build the confidence of individual CAB members, giving them a voice for educating peers and advocating for future improvements.

We are like a family. We talked and learned, it [the CAB experience] gave us an opportunity to help. It gave us big ideas and a new vocabulary.

-CAB member

We showed how easy it is to communicate with one another despite color and language. We could find commonality. We are building community – it is joyous to watch!
-CAB member

CAB members also learned a great deal about cultural competence and the value of creating diverse, inclusive communities. The diverse composition of the CAB increased the members' knowledge of cultures very different from their own and as well as appreciation of those differences. Members said that they were glad to have had the opportunity to come together and learn from one another and expressed a desire to these insights back to their own communities.

Contributing and Connecting

This group of 12 people, most of whom had never met before, demonstrated tremendous respect for one another and a commitment to the project objectives from the start. Despite the fact that there were many meetings within the project's short time frame, attendance was exceptional; attendance across all meetings was 95%, with 10 of

I haven't done anything but work, work, work. This [experience] has given me a chance to see other people, and it's exciting.
-CAB member

the 12 members having participated in every one. The CAB members not only valued feeling like they were helping to better the lives of others; they also appreciated the opportunity to socialize and connect with other older adults.

Appendix C: Domains of Organizational Cultural Competence [22]

Domain	Definition	Areas of Focus
Leadership and Governance	Leadership's perspectives, attitudes, and commitment to cultural competency; organization's goal setting, policy making, and other oversight vehicles used to help ensure delivery of culturally competent services	• Board development • Policies and procedures • Accountability
Community Engagement	Nature and scope of activities conducted by agency and staff to engage diverse communities in service planning and promotion	• Use of formal and natural networks of support within culturally diverse communities • Formal mechanisms for regularly seeking input from culturally diverse communities
Infrastructure	Organizational resources and structures required to deliver culturally competent services	• Staffing (diversity of workforce and staff development) • Technology • Financial/budgetary
Services	Organization's ability to adapt services based on cultural and linguistic differences	• Provision of interpretation and translation services • Adaptation based on literacy and health literacy levels • Tailoring services to address cultural preferences and norms

[22] Informed by the following:

1) The Lewin Group, Inc. (2002). *Indicators of cultural competence in health care delivery organizations:An organizational cultural competence assessment profile.* Rockville, MD: Health Resources and Services Administration, U.S. Department of Health and Human Services.

2) The National Center for Cultural Competence (2006). *Cultural and Linguistic Competence Policy Assessment.* Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

3) Organizational cultural competency related factors included in the Asthma Care Quality Assessment (ACQA) Project that demonstrated an impact on the reduction in racial and ethnic disparities in Asthma Care. Citation for results: Lieu, TA., et al. (2004). Cultural Competence Policies and Other Predictors of Asthma Care Quality for Medicaid-Insured Children. *Pediatrics*, 114(1).

Appendix D: Data Collection Methods

Survey of organizational cultural competence

A comprehensive organizational assessment is typically very lengthy and requires the involvement of multiple leaders and staff within an organization as well as clients. The online survey utilized for this effort was condensed to 15 questions to minimize the burden on respondents and maximize the response rate, with the intent that in combination with data collected through other methods, results would be more comprehensive and would inform the next steps for action.

The survey questions addressed key areas within the four domains of leadership and governance, community engagement, infrastructure, and services. The six-point response scale was based on the stages of change (i.e., Transtheoretical) theory of behavior change.[23] Respondents were asked to indicate the status of each item at their organization by choosing one of the six responses: does not have; does not yet have but are considering taking action; does not yet but have a formal plan for action; yes, this was achieved in the last six months; yes, this was achieved over six months ago; and don't know/unsure. The response scale was used to ascertain where organizations were in the change process in order to better inform how to target potential interventions (e.g., education- and awareness-raising, technical assistance in implementation, etc.). Survey questions were developed in conjunction with the interview questions and were chosen based on the following factors:

- priority areas identified by the community advisory board
- a review of existing organizational cultural competency assessments
- their applicability to a broad range of service providers
- the degree to which they could be answered by a single organization leader

The link to the electronic survey was emailed to 100 leaders of nonprofit and public organizations that provide services to older adults in Marin. Names and email addresses for these organizations were compiled from contact lists provided by the Marin Community Foundation and the Marin County Division on Aging and supplemented through a search of the Whistlestop directory. Surveys were completed by 47 individual leaders representing nine public and 38 nonprofit organizations in Marin. Organizations varied in size (determined by annual budget, number of clients served, and number of staff and volunteers) and in scope and geographical range of services. Surveys were completed primarily by leaders with the role of CEO, president, executive director, or director.

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[23] Prochaska JO & DiClemente C. (1984). *The Transtheoretical Approach: Towards a Systematic Eclectic Framework.* Dow Jones Irwin, Homewood, IL, USA.

Interviews of organizational leaders

Interviews were utilized to complement the organizational survey with the hope that they would elicit richer responses and provide interviewees an opportunity to share their experiences and opinions about what has worked well and what has been challenging in their efforts to serve populations that have experienced challenges in receiving services and being engaged. The characteristics of these qualitative data contribute to the richness and applicability of results and recommendations.

The community advisory board brainstormed with research staff to identify organizations that would be important to include in the interview process. The final 12 were selected to represent the breadth of available organizations in terms of size, scope of services offered, and types of clients served. The interview guide was developed in conjunction with the survey and with input from the community advisory board. Research staff scheduled interviews with organization leaders, all of whom were willing to participate and contribute to this process. One CAB member accompanied a research staff person on each interview. Each of the six CAB members serving on the interview/survey subcommittee chose two interviews in which they wanted to participate.

Interviews were conducted with 12 leaders of organizations that provide programs and services to older adults in Marin. Nine of the leaders represented private nonprofit organizations, and three represented the public sector. Similar to the survey respondents, organizations varied in terms of size, scope of services provided, and geographical areas served. With the exception of one person who was a senior manager, leaders all had the role of CEO, president, executive director, or director.

Focus groups with older adults from underrepresented communities

Focus groups are a useful source for obtaining a complete picture of how an issue affects a community. They are also an effective mechanism for learning about the social norms and range of perspectives that exist within a given community.[24]

With a goal of conducting four focus groups, the community advisory board chose to target the following older-adult communities: Marin City, monolingual Vietnamese, and Spanish-speaking Latinos. Although the CAB did not choose to focus independently on the LGBT community, the research team explored the idea of collaborating with a community-based organization to hold a focus group with low-income LBGT older adults. Because there was not an LGBT community advisory

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[24] Krueger RA & Casey MA. (1994). *Focus Groups: A Practical Guide for Applied Research*. Thousand Oaks, CA: Sage Publications.

board member who was embedded in the community and because the aforementioned community-based organization did not have the capacity to assist with recruitment at the time, an LGBT focus group was not pursued. Instead, two separate focus groups were held with Spanish-speaking Latinos because they are the largest minority groups in Marin and because individuals in that community demonstrated an overwhelming interest in participating.

Community advisory board members led the highly successful recruitment efforts. Both of the Spanish-speaking Latino groups were held in Novato, which was the location chosen by the CAB. Because the CAB member leading that effort lived in San Rafael and did not have much connection with the Novato Latino community, the Novato Human Needs Center helped with recruitment. The center also allowed its meeting space to be used to convene the two groups. Recruitment for the Vietnamese and Marin City focus groups was spearheaded entirely by CAB members; these groups were held at the Pickleweed Park Community Center and the Marin City Senior Center, respectively.

Focus groups were co-facilitated by research staff and CAB members. Because none of the research staff were fluent in Vietnamese, the Vietnamese CAB members led the discussion after receiving training and coaching. An interpreter provided a staff member with simultaneous interpretation so that she could support, guide, or redirect the CAB members if necessary.

Appendix E: Findings from Organizational Surveys and Interviews

We surveyed a convenience sample of 100 service agencies in August, 2012 and achieved a response rate of 47%. Table 1 describes select characteristics of the organizations completing the survey. The agencies varied greatly in number of clients served annually, employees, operating budget. The geographic regions served by these organizations were evenly spread across the county, except for Muir Beach, Stinson, and Point Reyes (<20% of organizations reported providing services in these locations).

Table 1: Select Characteristics of Organizations Completing Surveys

Characteristic	N = 47
Organization type	Nonprofit: 38 (81%) Public: 9 (19%)
# clients served annually	Range: 80 – 70,000 Mean: 9,483
Annual operating budget	Range: $60,000 - $82,000,000 Mean: $8,649,000
# employees (full or part-time)	Range: 1 – 1500 Mean:136
# volunteers	Range: 0-4500 Mean: 322
Top 5 services provided (organizations chose all that applied)	Information and Referral Education and Social Activity Case Management Support Groups Transportation & Driving / Housing

Table 2: Select Characteristics of Leadership Interviewees' Organizations

Characteristic	N=12
Organization type	Nonprofit: 9 (75%) Public: 3 (25%)
# clients served annually	Range: 85 – 32,000 Mean: 7,375
Annual operating budget	Range: $137,000 - $22,517,200 Mean: $3,535,234
# employees (full or part-time)	Range: 1 – 190 Mean:32
# volunteers	Range: 0-300 Mean: 101

The scope of services provided by organizations varied from primary health care and housing to transportation, social activity, and recreation (among others). The geography of clients served also covered the major regions of Marin.

Appendix F: Findings from Focus Groups of Older Adults

A total of 51 individuals, 33 (65%) female and 18 (35%) male, participated in the four focus groups which represented three distinct underrepresented communities of older adults. The mean age of participants was 73 years. Seventy-eight percent were limited English proficient, 98% represented a racial or ethnic minority, and 57% reported an annual income of less than $10,000.

Table 1: Select Characteristics of Focus Group Participants

	Marin City (N=11)	Vietnamese (N=13)
Age	Range: Ages 62–91 Mean: Age 80	Range: Ages 58–86 Mean: Age 73
Gender	Female: 73% (8) Male: 27% (3)	Female: 85% (11) Male: 15% (2)
Race/Ethnicity	African American: 91% (10) White: 9% (1)	Vietnamese: 100%
Primary language	English: (100%)	Vietnamese: 100%
Annual income	Less than $10,000: 9% (1) $10,000–$24,999: 45% (5) Unreported: 45% (5)	Less than $10,000: 77%(10) $10,000–$24,999: 8% (1) Unreported: 15% (2)
	Spanish- speaking Latinos # 1 (N=17)	Spanish- speaking Latinos # 2 (N=10)
Age	Range: Ages 60–84 Mean: Age 71	Range: Ages 61–74 Mean: Age 68
Gender	Female: 35% (6) Male: 65% (11)	Female: 80% (8) Male: 20% (2)
Race/Ethnicity	Latino: 100%	Latino: 100%
Primary language	Spanish: 100%	Spanish: 100%
Annual income	Less than $10,000: 65%(11) $10,000–$24,999: 24% (4) Unreported: 11% (2)	Less than $10,000: 70%(7) $10,000–$24,999: 30% (3)

Mission Possible: Improving the Lives of All Older Adults in Marin

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