BRICA(Bronx Regional Interagency Council, Bronx, New York)
"Who Are You Calling Old? Serving the Baby Boomers in 2015", February 8th, 2005. Mini – Conference.
Presentation: Aging and Cultural Competency in Relation to 2015 Study on Baby Boomers in New York State.
Edwin Mendez Santiago, Commissioner, New York City Department for the Aging.

Priority Issue:

The need for cultural competency – attitudes, skills, and practices – in policy, systems planning and design, organizational mission and staff recruitment and training, and community relations and practitioner/client relations as a strategy for engaging an increasingly diverse and multicultural again population.

Whereas the increase in the numbers of minority persons in the aged population is forcing us to confront the patterns of inequality associated with minority status such as health disparities, educational disparities, workforce disparities and disparities in the utilization of benefits and entitlements;

Whereas systems and institutions created to serve the homogeneous population is not suited to today's pluralistic, multicultural society;

Whereas, if trends continue, a transformational change in the way services to the elderly are delivered I necessary.
Cultural competence is how we achieve that change.

Barriers:

-Culture-blind, culture-neutral, one size fits all approach to service delivery;
-Lack of understanding that different cultural groups seek and use services in different ways.
-The impact of racism and discrimination; post 9/11 anti-immigrant attitudes;
-Lack of trust due to the effects of such limitations as poor literacy, poverty, inability to speak English.

Solutions:

1. Creating the infrastructure for organizational change
    a. Staffing – Hiring, training, and retaining culturally and linguistically diverse, respectful of cultural diversity, and willing to work competently in across –cultural environment;
    b. Community involvement – in defining service needs and creating responsive programs through board membership, advisory committees, client panels;

    c. Collaboration – with educational institutions, local agencies and organization, community natural informal support and helping networks that are culturally competent to enhance services.
2. Set public health policies and define related outcomes in terms of overcoming existing disparities.
3. D3velop a range of strategies for diversifying the current health and social service workforce , from educational incentives to minorities and to schools to salary inducement to address the current shortage of qualified bilingual and bicultural service providers.
4. Encourage the development of best practices in cultural competency and of model programs showcase programs that work.