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**CLAS Action: Applying Innovation and Assessment to Advance Cultural  
Competence in Health Care**

***Delaware Valley Cultural Competence Improvement Program***

**May 19<sup>th</sup>, 2005**

**Delaware Valley Healthcare Council  
Philadelphia, PA**

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## **Why is Cultural Competence Measurement Gaining Importance?**

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- **Meeting the needs of an increasingly diverse society**
  - **Reducing health disparities and improving health care quality**
  - **Tailoring health care delivery to meet population and individual needs**
  - **Meeting federal and state requirements**
  - **Increasing treatment compliance, patient safety; and reducing medical error**
  - **Supporting organizational business strategies and objectives**
  - **Growing accreditation interest – JCAHO, NCQA**
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# JCAHO Interest in Language, Culture and Health Care

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## □ JCAHO Overview

- Culturally and linguistically appropriate delivery of care is an important safety and quality issue.
  - Healthcare organizations should be encouraged to provide equitable treatment and services across diverse populations.
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# JCAHO Initiative: Hospitals, Language and Culture

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## □ Objective

- To identify how hospitals are addressing patients' culture and linguistic needs
  - To determine reasonable expectations for different types of hospitals
  - To share conclusions and promising practices with the field
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# JCAHO Initiative: Hospitals, Language and Culture (*cont'd*)

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## □ Process

- Develop with guidance from an expert panel structure and content of measurement protocol
  - Conduct pilot and full site visits at volunteer hospitals
  - Analyze and report results
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# JCAHO Project

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- Project support from The California Endowment
  - Project Length-30 months
  - Report expected in 2006.
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# Other JCAHO Activities

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- **New Standard Requirement for Language and Communication Needs**
    - **New language at standard IM. 6.20 will require organizations to include patients' language and communication needs in the medical record.**
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U.S. Department of Health and Human Services  
Office of Minority Health



# National Standards for Culturally and Linguistically Appropriate Services in Health Care

## FINAL REPORT



March 2001  
Washington, D.C.

# USDHHS/OMH National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards)

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- Fourteen Standards Issued in 2001 address
    - Culturally Competent Care
    - Language Access Service
    - Organization Supports for Cultural Competence
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## USDHHS/OMH National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) *(cont'd)*

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- Mandated standards based on Title VI of the Civil Rights Act relate services that hospitals must provide for patients with limited English proficiency:
    - Language assistance at no cost at all points of contact in a timely manner
    - Providing materials/verbal information in their language on their right to receive language assistance
    - Assuring competence of language assistance services from interpreters and bilingual staff
    - Appropriate signage and understandable patient materials in languages of patients of the “commonly encountered groups” in the service area
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# USDHHS/OMH National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) *(cont'd)*

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- Other recommended standards include:
    - Assuring delivery of care compatible with cultural health beliefs;
    - Recommendations on recruiting, retaining and promoting a diverse workforce representative of service area
    - Implementing diversity training and education programs
    - Collecting race/ethnic and language data on patients; and maintaining data profiles of community as well as conducting needs assessments
    - Developing related service plans and conducting cultural competence assessments; and making available publicly information on progress to improve care
    - Promoting community partnerships
    - Developing formal ways to address and resolve cross cultural conflicts
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# Examples of best practices undertaken by US hospitals focused on language needs

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- Providing Latino medical professionals with education, re-training and job referral services as they prepare for licensing and certification.
  - Developing a hospital-wide Process Improvement Program that tracks 70 initiatives and assesses performance for interpreter services and other efforts through monitoring patient/staff satisfaction, operational efficiency, clinical outcomes and cost effectiveness.
  - Creating a “Community House Calls” program where the hospital receives feedback from community representatives on language quality and access.
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# Examples of best practices undertaken by US hospitals focused on language needs

*(cont'd)*

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- Conducting a system wide assessment of language access needs and offering a set of programs that include on site interpreter staff, advocacy for interpreter needs, translation of written materials, formation of diversity and language access committees, partnerships with community based programs for language services
  - Developing family and patient education committees to promote understanding among LEP patient regarding general consent to treatment, anesthesia consent, use of educational materials for specific care and discharge instructions
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# Instituting system-wide improvements

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- Developing service initiatives including diversity training modules on cultural competence and group-specific health care “handbooks”
  - Instituting policies to promote diversity in hiring, retention, promotion, mentoring
  - Diversifying board memberships and developing program wide diversity initiatives
  - Developing market strategies for diverse patients through targeted strategies that match culturally competent care, data and growth in diverse markets.
  - Linking actions to outcomes measurement
  - Creating a diversity curriculum task force to identify and address factors affecting successful medical encounters
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## **Standard 9.**

**Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.**

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## **What Is The Underlying Premise For Designing The Cultural Competence Self Assessment Protocol?**

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**That a systems approach involving health care providers, administration / management, staff and the community is most effective if not essential to developing and sustaining cultural competence**

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# Objectives of the Cultural Competence Self Assessment Protocol

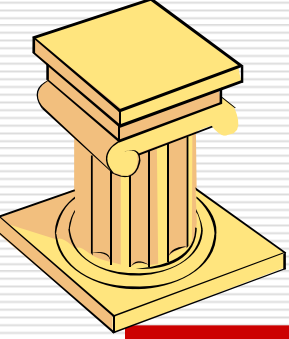
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- A tool by which health care organizations can document, measure and evaluate the effectiveness of their ethnic/cultural diversity activities**
  - Provides a means by which health care organizations can review their actions to develop and advance cultural competence among their providers and staff**
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**Specifically, the protocol is intended to accomplish the following:**

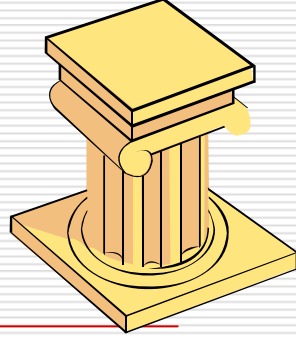
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- Identify and assist in further application of health care organization strengths**
  - Identify areas of ineffectiveness that may require attention**
  - Ascertain where actions are currently not undertaken and determine the importance of taking action**
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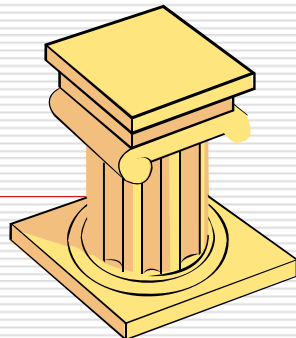
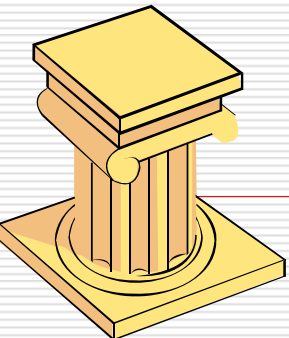


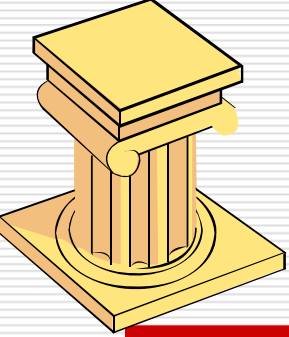
## The 4 cornerstones of cultural competence for providers and health care settings

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- **The organization's relationship with its community**
- **The administration and management relationship with staff—organization policies**
- **Interstaff relationships at all levels of the organization—training, education, communication**
- **The patient/enrollee-practitioner encounter**





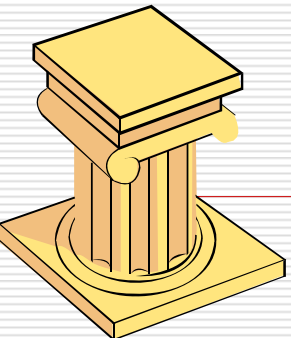
## **1st cornerstone - the organization's relationship with its community**

- **Community History**
  - **Community perceptions of health care providers**
  - **Health care provider characteristics (e.g., wait time)**
  - **Health care provider history**
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## 2nd cornerstone - the administration and management relationship with staff—organization policies

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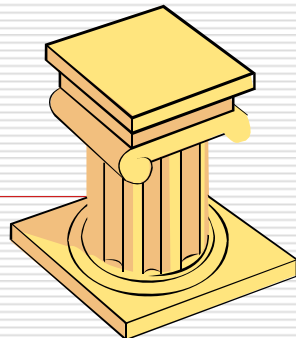
- **Role/Image of CEO regarding cultural diversity**
- **Leadership regarding cultural diversity**
- **Importance of financial commitment**
- **Levels of management & departments involved**
- **Community services outreach (community care)**



## **3rd cornerstone - interstaff relationships at all levels of the organization —**

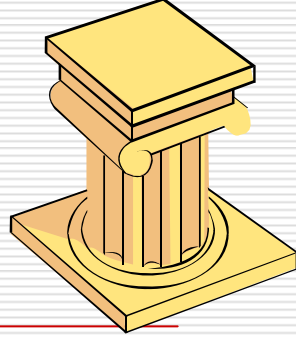
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- **Training, education, communication**
- **Staff Longevity**
- **Staffing at all levels as a reflection of the community**
- **Employee assistance history (mentoring, promotions)**



## 4th cornerstone - the patient/enrollee - practitioner encounter

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- **Practitioner knowledge, skills**
  - **Provider pressures (managed care)**
  - **“Irrelevance” of Cultural Issues for physicians**
  - **Practitioner culture**
  - **Interpreter Services**
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## Specific protocol content/question areas

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- Board staff and Patient–communication profile
  - Healthcare organizational recognition of diversity needs
  - Diversity training
  - Human Resources program
  - Healthcare organizational links to community
  - Organizational adaptation to diversity
  - Database systems and data development
  - Language and communication needs
  - Business strategies attracting patients from diverse communities
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# **Sample Assessment Questions**

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Questions in Section 1 relate to the ethnic/cultural characteristics of the staff and organization.

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**What are the major organizational characteristics that inhibit ethnic and cultural understanding among staff, patients, and providers?**

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	<b>Administration /Support Staff</b>	<b>Contacts</b>	<b>Providers - Physicians, Nurses</b>
<b>Characteristic (for example)</b>	<i>Facilities are spread across broad geography</i>	<i>Communication difficulties for non-English speaking members</i>	<i>Signage and communications problems</i>

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## Questions in Section 2 relate to healthcare organizational approaches to accommodating diversity needs and attributes.

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- An organization can identify several ways to increase cultural competence. Below are potential initiatives and areas in which organizations address diversity. To what extent has your health plan identified these and other areas? Please use the following scale in responding.

**1**

**great  
extent**

**2**

**3**

**somewhat**

**4**

**5**

**not at all**

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- Designing culturally and linguistically appropriate interventions to improve outcomes related to low birth weight, prenatal care utilization, immunization rates, mammography, CHF, etc.
  - Soliciting advice from patients (e.g. Focus group), advisory board, reflective of the plan's ethnic membership, in developing programs, models, guidelines and training materials.
  - Annual report or publication of organization's efforts to provide culturally and linguistically appropriate services.
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## **DIVERSITY TRAINING:**

- Do the providers and other staff receive education regarding ethnic/cultural diversity?**
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*...continued*

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<b>Cultural beliefs, values, and behaviors</b>	<b>Yes</b>	<b>No</b>
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<b>Adherence to treatment regimens (e.g. dietary requirements)</b>	<b>Yes</b>	<b>No</b>
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<b>Integration with member-preference for alternative therapies</b>	<b>Yes</b>	<b>No</b>
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<b>Gender roles</b>	<b>Yes</b>	<b>No</b>
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<b>Definitions and discussions of relevant concepts, diversity, culture, race, ethnicity</b>	<b>Yes</b>	<b>No</b>
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<b>Laws and regulations against discrimination</b>	<b>Yes</b>	<b>No</b>
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*...continued*

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<b>Organizational policies, plan, protocols regarding culturally and linguistically appropriate services</b>	<b>Yes</b>	<b>No</b>
<b>Health disparities</b>	<b>Yes</b>	<b>No</b>
<b>Treatment and medication response</b>	<b>Yes</b>	<b>No</b>
<b>End of life issues (please attach curriculum for each)</b>	<b>Yes</b>	<b>No</b>
<b>Other, if yes (please specify)</b>	<b>Yes</b>	<b>No</b>

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**- Which of the following racial groups are addressed in the cultural competence or diversity training?**

- \_ Hispanic**
  - \_ Black/African American**
  - \_ Asian**
  - \_ Native Hawaiian or other Pacific Islander**
  - \_ American Indian**
  - \_ White**
  - \_ Other \_\_\_\_\_**
  - \_ Don't know**
  - \_ None of the above**
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**Questions in Section 3 are dedicated to healthcare organizational links to the communities you serve as well as patient and staff diversity initiatives.**

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**Is the database or information system used to identify the special needs of the ethnic/cultural patients in the following areas?**

<b>(a) Interpreter Services</b>	<b>Yes</b>	<b>No</b>
<b>(b) Preferred language for written materials</b>	<b>Yes</b>	<b>No</b>
<b>(c) Primary spoken language</b>	<b>Yes</b>	<b>No</b>
<b>(d) Other (please specify)</b>	<b>Yes</b>	<b>No</b>

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# SUGGESTED QUESTION FOR INTERVIEWS

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- **In what ways are providers trained and helped to deal with ethnic and cultural issues (e.g. trained to recognize diseases common in certain population, mechanisms and protocols by which providers can request assistance in dealing with ethnic/cultural patient issues and needs)?**
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# The Spectrum of Cultural Competence

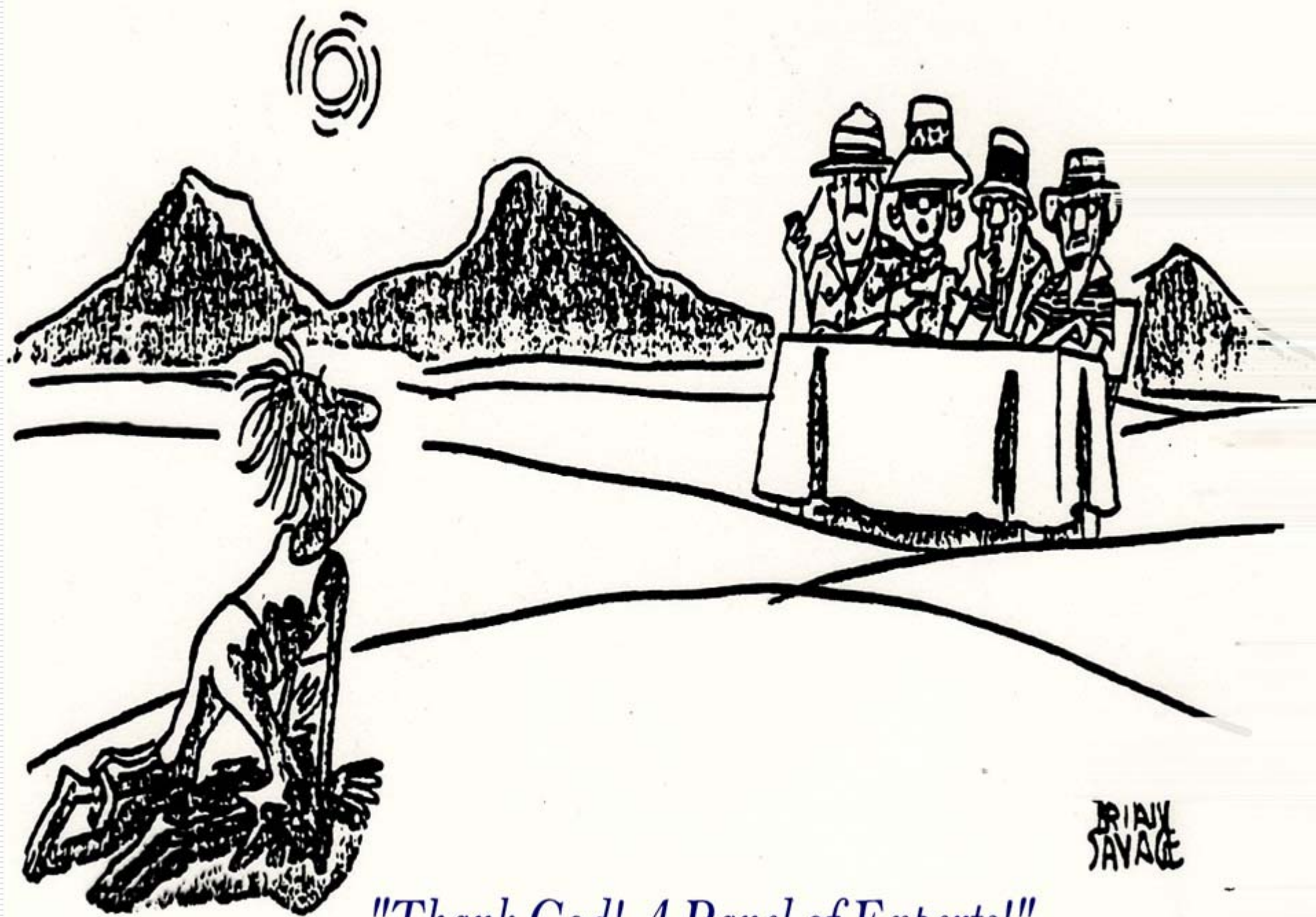
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- Stage 0:** Inaction
  - Stage I:** Symbolic Action and Initial Organization
  - Stage II:** Formalized Action
  - Stage III:** Internal and External Cultural Diversity Initiatives
  - Stage IV:** The Cultural Diversity Learning Organization
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## **Benefits/Lessons learned from applications of the protocol**

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- **Raises awareness of importance within organization**
  - **Documenting and coordinating internal resources— “connecting the organizational dots”**
  - **Increased internal and external communication**
  - **Quality improvement plan and evaluation—identifying organizational strengths, areas of inactivity and where efforts need to be improved**
  - **Importance of senior management/leadership involvement**
  - **Cultural competence as a process**
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BRIAN  
SAVAGE

*"Thank God! A Panel of Experts!"*