



Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Assessing & Enhancing Cultural & Linguistic Competence *Breakout Session*



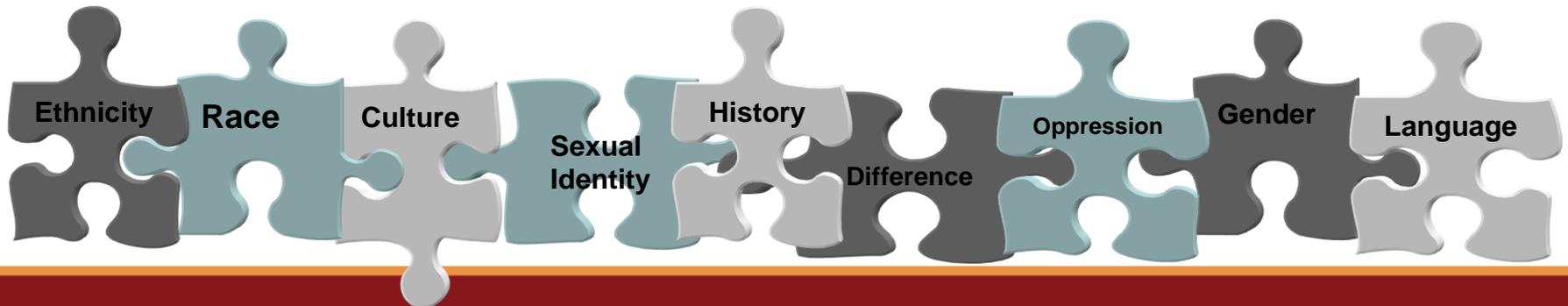
Wednesday, July 20, 2016

Assessing & Enhancing Organizational Cultural & Linguistic Competence (CLC)

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Objectives

- Identify strategies to establish a Culture & Linguistic Competence (CLC) team/plan
- Discuss the domains reviewed using Organizational Cultural Competence Assessment Tools
- Review methods used to monitor & evaluate a CLC plan



Multicultural literature/training - fueled by increasingly diverse nation

Cultural malpractice - accounting for diverse values, culture, context & disparities is an ethical responsibility

Lack of diverse providers - in the field as well as in the graduate school and management pipeline

Operationalizing Culturally Responsive Practices - Understanding multicultural competencies to integrate the clinical lens & cultural lens used by providers

Trend to move beyond Categorical to Framework/Skills - allow assessment of socio-cultural factors that impact care

Why we care

“Organizations that fail to endorse and make a commitment to cultural competence will more than likely displace the responsibility of cultural competence onto staff or persons receiving services who will have to ‘fit’ or change to match the treatment or program rather than treatment services being adapted to fit them.”

**REVIEW PROGRAM
HISTORY**

**CLINICAL QUALITY DATA
by.....age, race, gender, etc.**

CONSUMER SATISFACTION

STAFF SATISFACTION

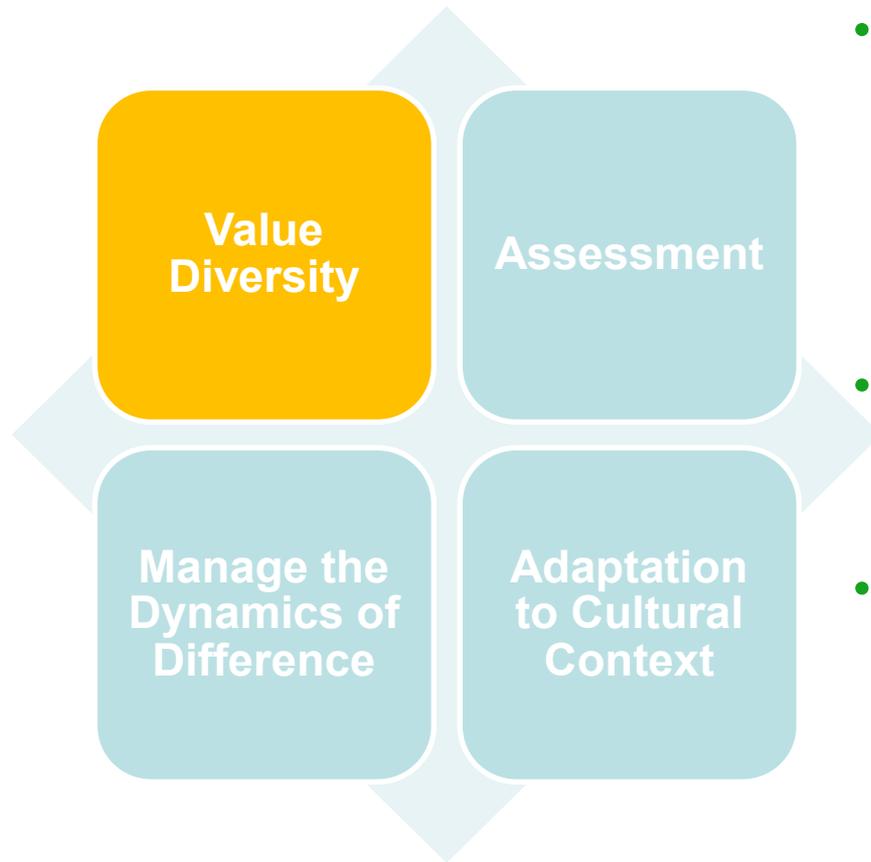
**MANDATED CLAS
Standards**

**Getting “Buy-in”
is Critical**

REAL CASE SCENARIOS

RETENTION IN CARE

Organizational Cultural Competence

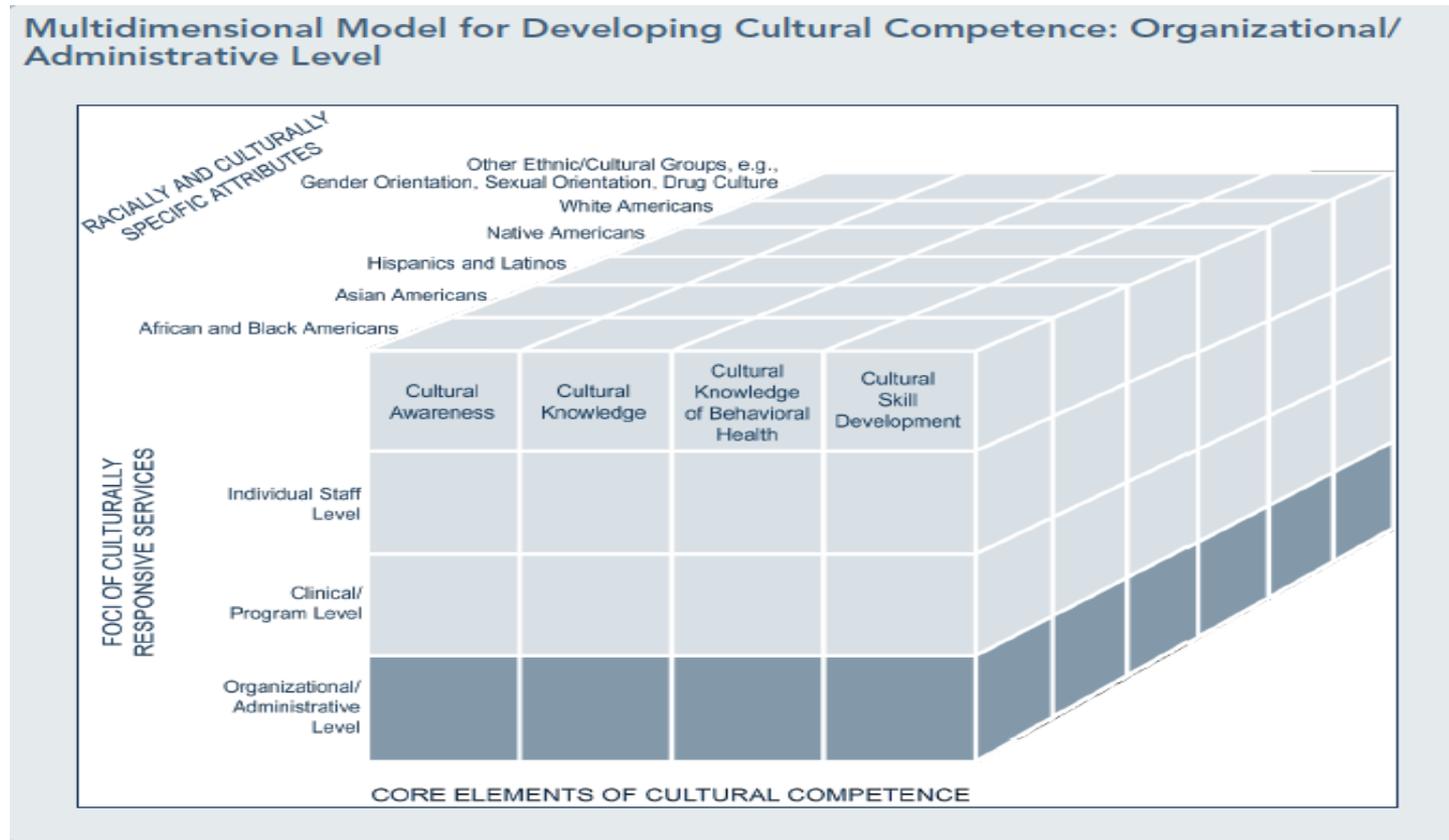


(National Center for Cultural Competence, 2012)

Value Diversity

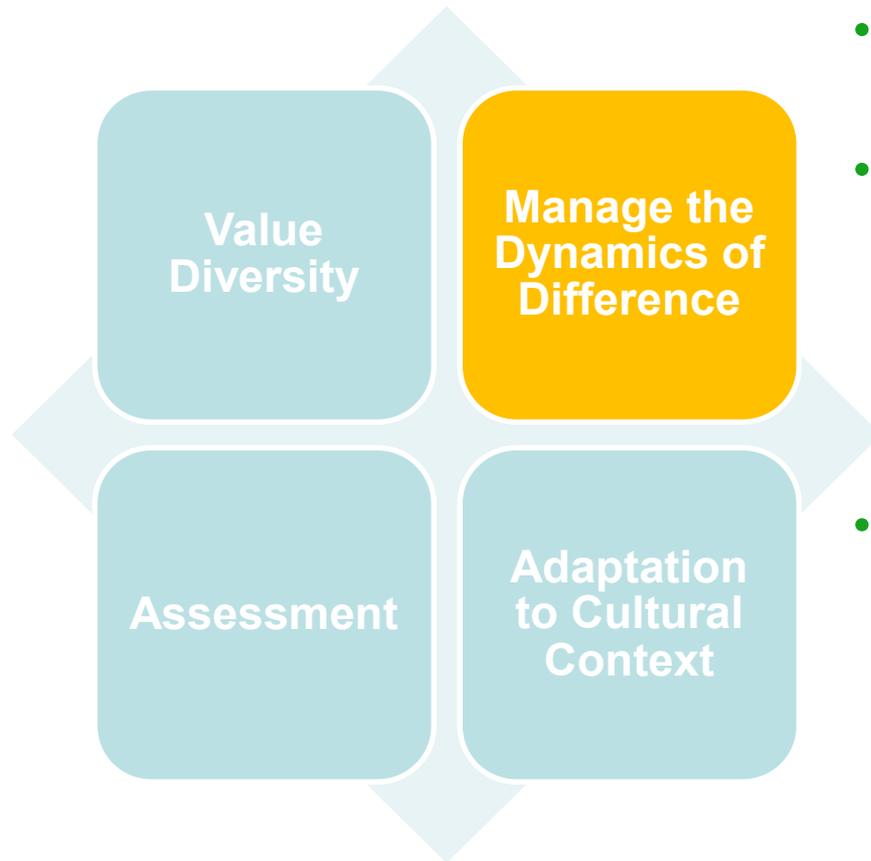
- Organizational belief that the process of developing cultural competence is important on both:
 - **Individual** level
 - **Organizational** level
- Cultural **strengths exist** within organizations and communities but often go unrecognized or untapped.
- With support staff can enhance their awareness, knowledge and skills about the cultural and linguistic needs of individuals and groups.

Multidimensional Model - Developing Cultural Competence



Improving Cultural Competence, SAMHSA TIP 59

Organizational Cultural Competence



(National Center for Cultural Competence, 2012)

Dynamics of Difference

- Identify cross-cultural dynamics in the organization
- Acknowledge that this work may be stressful, challenging
 - Bringing diverse voices to the table
 - Reshaping cultural norms
- Change management
 - Creating the climate
 - Communicating & Engaging in short –term change
 - Implementing sustained change

Guides the process

Inclusive & representative

Drawing from all levels of the organization

Empowered

Ongoing updates

Create a Team & a Plan

**Monitoring & Evaluation
procedures**

**Guides Self
Assessment**

Cultural and Linguistic Competence Team

- Buy-in & participation of **senior management to support the organizational development of the CLC team.**
- **Include** culturally competent governing and community advisory boards, brokers.
- Engage persons receiving services, staff and community in the **planning, development, and implementation.**
- Develop and revise **cultural competence plan.**
- Review and develop **policies and procedures to ensure culturally responsive organizational practices.**



CLC Change Team

Moving forward with your agency's Cultural and Linguistic Competence (CLC) Plan

- Describe your organization's **strengths**
- Summarize your organization's **priority concerns**
- Designate a **timeline** for addressing **CLC issues**
- Develop **pilot plans, activities and/or strategies**

In providing services to persons from different cultural groups

Cultural and Linguistic Competence Plan

What is this organization doing well ?

- 1.
- 2.
- 3.

What are the priorities for increasing this organization's commitment to CLC?

- 1.
- 2.
- 3.

What is the **timeline** for taking action on CLC priorities?



Board

Community

Demographic Profile

Stakeholders

Consumers

Staff

CONDUCT AN ASSESSMENT

**How well culturally
congruent services
are provided**

Staff Competence

Operationally

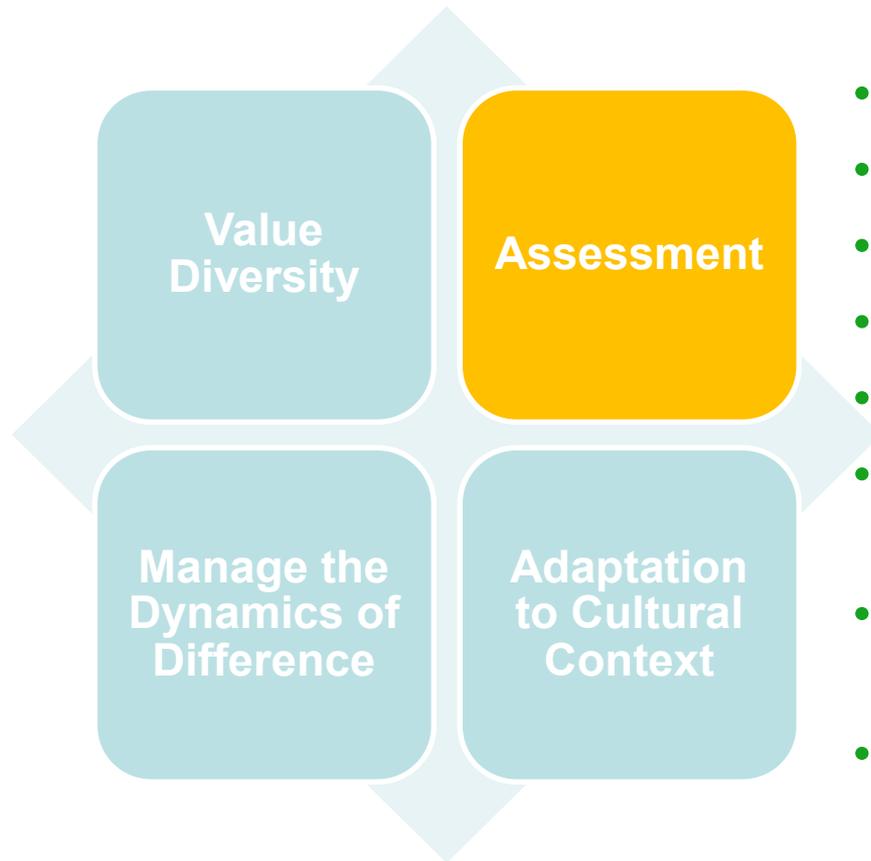
Cultural & Linguistic Competency

**Theme 3: Engagement,
Continuous Improvement,
and Accountability
(Standards 9-15)**

Enhanced National
Standards for Culturally
and Linguistically
Appropriate Services
(CLAS) in Health and
Health Care



Organizational Cultural Competence



(National Center for Cultural Competence, 2012)

Organizational Self-Assessment Domains

- Organizational Values
- Policies/Procedures/Governance
- Planning/Monitoring/Evaluation
- Communication
- Human Resource Development
- Community & Consumer Participation
- Facilitation of a Broad Service Array
- Organizational Resources

Organizational Values & Commitment Assessment

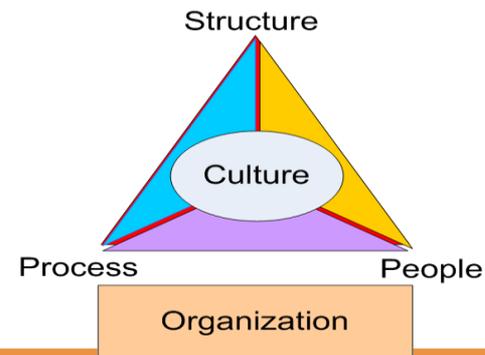
- Vision, mission, and value statements commit to delivery of culturally & linguistically competent services.
- Address cultural competence in strategic planning processes.
- Work of CLC team integrated into Quality Management & Improvement projects.

PROGRESS PRIDE INTEGRITY SUPPORT
ACCOUNTABILITY TEAMWORK TRUST
RESPECT COURAGE LEADERSHIP DIVERSITY
HONESTY PASSION COMMUNICATION
INTEGRITY
ERSHIP
QUALITY COMMITMENT RELIABILITY
PERFECTION VISION PROGRESS CARE
POTENTIAL EXCELLENCE OPENNESS
SUPPORT CONFIDENCE SIMPLICITY

VALUES

Organizational Governance, Policies & Procedures Assessment

- Standing committee to advise management on matters pertaining to multicultural services
- Culturally appropriate policies and procedures communicated orally or written in the principal language of the person receiving services



Organizational Communication & Language Assessment

- Cultural & linguistic supports available throughout the service continuum
- Materials and services provided in the language(s) of limited English-speaking persons
- Exchange of information within different levels of the organization as well as between the organization and the community, target population and partner organizations

Human Resource Development

- Principles of cultural competence included in staff orientation & ongoing training
- Collaborating with other programs or organizations that specialize in serving persons with diverse cultural and linguistic backgrounds
- Maximizing recruitment & retention efforts for staff who reflect the culture and linguistic diversity of persons needing services

Community & Consumer Participation

- Involvement of the person receiving services & their family in all phases of treatment, assessment and discharge planning
- Identified community resources that can exchange information and services with persons receiving services, consumers, family & staff
- Identified natural supporters (relatives, traditional healers, spiritual resources, etc.) to support the individual/family

Facilitation of a Broad Service Array

- Delivery of a variety of needed services that are offered equitably and appropriately to all cultural groups served
- Organization provides mentoring, coaching and/or supervision to apply cultural and linguistic competency to the work of Board, management, staff, volunteers
- Accessibility of services includes the provision of supports that facilitate consumers' use of services (such as hours, location, affordability, transportation)

Organizational Resources

- Organization provides mentoring, coaching and/or supervision to apply cultural and linguistic competency to the work of Board, management, staff, volunteers
- Organization has dedicated funding in its budget to support culturally competent services (e.g., interpretation and translation services)
- Organization has a data management system to plan, monitor and evaluate cultural and linguistic services

Process

Choose a few critical measures

Outcome

**MONITOR AND
EVALUATE**

Better access, retention

Better health outcomes

Organizational Cultural Competence

Monitoring and Evaluating the CLC Plan in serving diverse populations

- Improvement in the knowledge, attitudes & skills of staff
 - *Result may be:* Chart documentation of use of CLC skills
- Improvement in satisfaction with care
 - *Result may be:* Decrease in missed appointments
- Improvement in health care outcomes
 - *Result may be:* Increase in medication adherence



(National Center for Cultural Competence, 2012)

Monitor & Evaluate your agency's CLC Process & Outcomes

Goal = Health outcomes



Impact = Racial/Ethnic Health Disparities



- **Choose a few critical outcome measures**
 - % undetectable on HAART by subgroup
- **Small sample size may require use of process measures**
 - % staff recruited, % staff trained, % language competent, % health belief questions included at intake

Process Measures

Type of Measure	Examples
Staff hiring, recruitment and training	
3	% of staff from the 1 st and 2 nd most represented ethnic and racial minority groups compared to the % of patients served from the same groups
4	% of multilingual staff compared to the % of Limited English Proficiency patients served
5	% of staff who participate in training and activities that address cultural issues ¹⁹
6	% of staff whose participation in cultural competence training is included in performance reviews ²⁰
Language competence	
7	% of clients whose initial assessments are conducted in their primary language
8	% of program operating hours that trained interpreters are available for the most represented cultural groups
9	% of staff proficient in languages of the most prevalent communities
10	% of key documents and forms that are available in the languages of the most prevalent cultural groups ²¹
Care delivery	
11	% of new client assessments that include a cultural health belief inventory
12	% of providers who complete cultural competence self-assessment at least annually

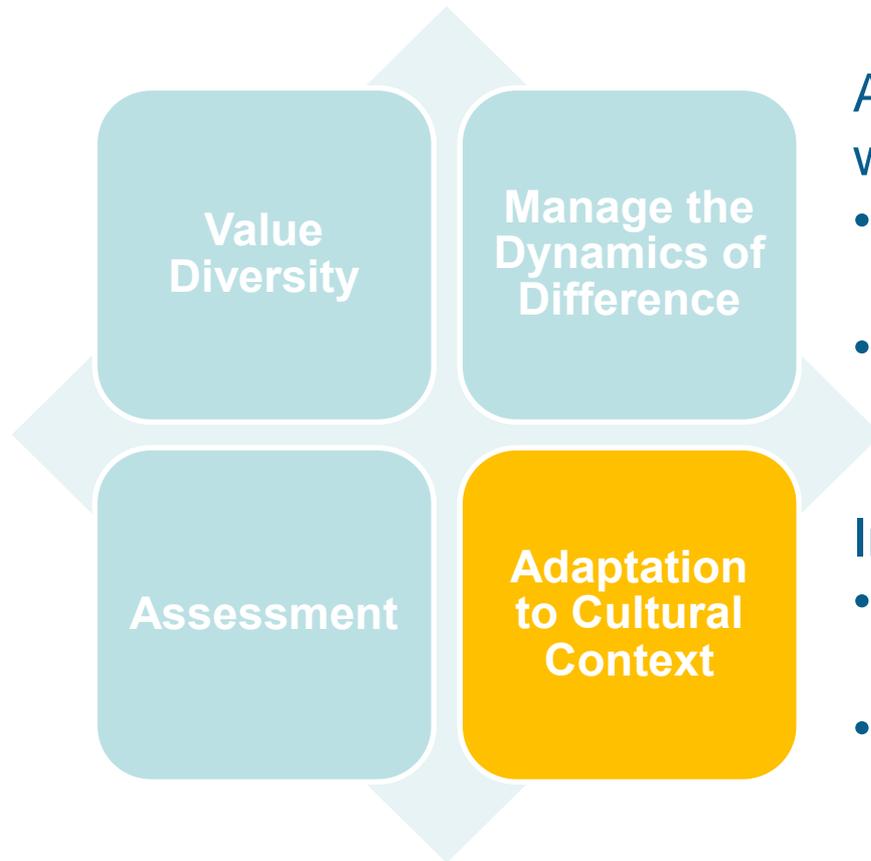
National Quality Center, 2007

Outcome Measures

Health outcomes	
13	% of patients undetectable on HAART, by race and ethnicity
14	% of female patients receiving Gyn care, by race and ethnicity
Retention in care	
15	% of clients with broken appointments/no shows, by race and ethnicity
16	% of clients meeting the agency definition of 'lost to follow-up', by race and ethnicity
Access to care	
17	% of clients served by the program by race and ethnicity, compared to the demographic breakdown of PWHIV in the target population
Patient/family satisfaction w/care	
18	% of clients reporting satisfaction with interpreter services received
19	<p>% of clients rating the program high for cultural competence as measured by cultural questions on patient satisfaction survey. For example, patients state:</p> <ul style="list-style-type: none"> • Staff are willing to be flexible and provide alternative approaches to services to meet my cultural/ethnic treatment needs. • Staff respect my belief in God, a Supreme Being or Higher Power. • I feel welcomed in this clinic. • I have sometimes felt like I might get better care at the clinic if I were from a different racial or ethnic group. • Staff understand some of the different ideas that I and others from my racial or ethnic group may have about my illness. • Staff informed me of resources in my local community where I could find help.²²

National Quality Center, 2007

Organizational Cultural Competence



(National Center for Cultural Competence, 2012)

Adaptation to Cultural Context

Adapt service delivery to diversity within and between cultures

- e.g., modification of forms to be inclusive of LGBTQ populations
- Support activities for specific groups e.g., black male rites of passage; single parents

Institutionalize cultural knowledge

- Use standardized cultural assessment
- Enlist the efforts of consumer advisory board

Practical Application: Example of Additional Demographic Questions

ADDITIONAL DEMOGRAPHIC CULTURAL LINGUISTIC QUESTIONS

PLACE OF BIRTH

Where were you born?

- United States
- Other country (Identify) _____

How long have you lived in the United States?

- Less than a year
- 1 to 2 years
- 3 to 4 years
- 5 or more years
- All my life

PRIMARY LANGUAGE

How well do you speak English?

- Very well
- Well
- Not well
- Not at all

LANGUAGE SPOKEN

Do you speak a language other than English at home?

- Yes
- No

For persons speaking a language other than English (answering yes to the question above):

What is this language?

- Spanish
- Other Language (Identify) _____

SEXUAL ORIENTATION

How would you describe yourself?

- Straight or heterosexual
- Bisexual
- Gay or lesbian
- Unsure

Please read and answer each question carefully. For each answer, darken the appropriate oval completely. If you want to change an answer, erase your first answer completely and darken the oval of your new answer. You may decline to answer specific questions.

“Transgender/gender non-conforming” describes people whose gender identity or expression is different, at least part of the time, from the sex assigned to them at birth.

1. Do you consider yourself to be transgender/gender non-conforming in any way?

- Yes
- No. If no, do NOT continue.

2. What sex were you assigned at birth, on your original birth certificate?

- Male
- Female

3. What is your primary gender identity today?

- Male/Man
- Female/Woman
- Part time as one gender, part time as another
- A gender not listed here, please specify _____

4. For each term listed, please select to what degree it applies to you.

	Not at all	Somewhat	Strongly
Transgender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transsexual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FTM (female to male)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MTF (male to female)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intersex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender non-conforming or gender variant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genderqueer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Androgynous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feminine male	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Masculine female or butch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.G. or Aggressive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross dresser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drag performer (King/Queen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Two-spirit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. People can tell I'm transgender/gender non-conforming even if I don't tell them.

- Always
- Most of the time
- Sometimes
- Occasionally
- Never

Practical Application: LEARN Model

Listen

Explain

Acknowledge

Recommend

Negotiate



LEARN model of cultural communication (Berlin & Fowlkes)

Practical Application: Improving Communications with Diverse Individuals

“D-I-V-E-R-S-E” – A Mnemonic for Patient Encounters

A mnemonic will assist you in developing a personalized care plan based on cultural/diversity aspects. Place in the patient’s chart or use the mnemonic when gathering the patient’s history.

	Assessment	Sample Questions	Assessment Information/ Recommendations
D	Demographics - Explore regional background, level of acculturation, age and sex as they influence health care behaviors.	<ul style="list-style-type: none"> - Where were you born? - Where was “home” before coming to the U.S.? - How long have you lived in the U.S.? - What is the patient’s age and sex? 	
I	Ideas - Ask the patient to explain his/her ideas or concepts of health and illness.	<ul style="list-style-type: none"> - What do you think keeps you healthy? - What do you think makes you sick? - What do you think is the cause of your illness? - Why do you think the problem started? 	
V	Views of health care treatments - Ask about treatment preference, use of home remedies, and treatment avoidance practices.	<ul style="list-style-type: none"> - Are there any health care procedures that might not be acceptable? - Do you use any traditional or home health remedies to improve your health? - What have you used before? - Have you used alternative healers? Which? - What kind of treatment do you think will work? 	
E	Expectations - Ask about what your patient expects from his/her doctor?	<ul style="list-style-type: none"> - What do you hope to achieve from today’s visit? - What do you hope to achieve from treatment? - Do you find it easier to talk with a male/female? Someone younger/older? 	
R	Religion - Ask about your patient’s religious and spiritual traditions.	<ul style="list-style-type: none"> - Will religious or spiritual observances affect your ability to follow treatment? How? - Do you avoid any particular foods? - During the year, do you change your diet in celebration of religious and other holidays? 	
S	Speech - Identify your patient’s language needs, including health literacy levels. Avoid using a family member as an interpreter.	<ul style="list-style-type: none"> - What language do you prefer to speak? - Do you need an interpreter? - What language do you prefer to read? - Are you satisfied with how well you read? - Would you prefer printed or spoken instructions? 	
E	Environment - Identify patient’s home environment and the cultural/diversity aspects that are part of the environment. Home environment includes the patient’s daily schedule, support system and level of independence.	<ul style="list-style-type: none"> - Do you live alone? - How many other people live in your house? - Do you have transportation? - Who gives you emotional support? - Who helps you when you are ill or need help? - Do you have the ability to shop/cook for yourself? - What times of day do you usually eat? - What is your largest meal of the day? 	

“Caring for Diverse Populations” Industry Collaboration Effort (ICE) Cultural and Linguistics Workgroup

Practical Application: Assessing/Addressing diversity in practice

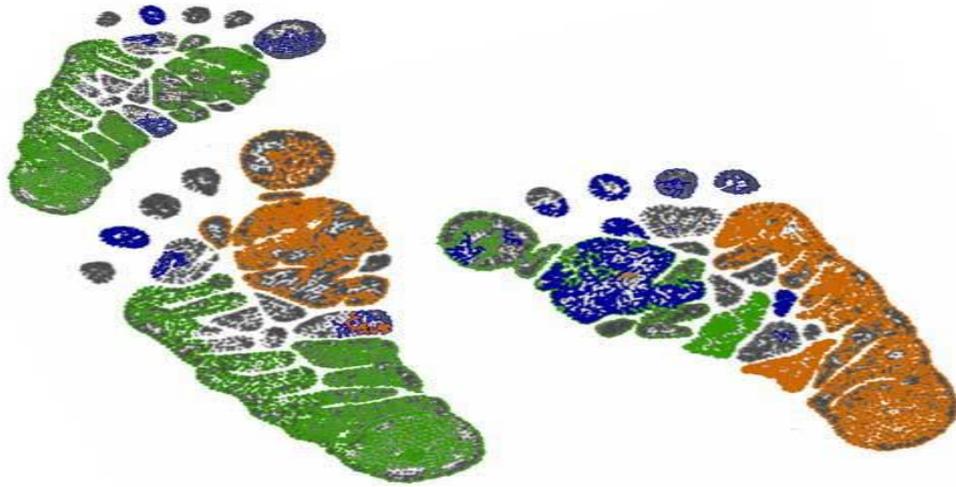
- **A:** Age related factors
- **DD:** Disability-ability; visible/invisible
- **R:** Religion & spirituality
- **E:** Ethnic and cultural origins
- **S:** Social class, current and former
- **S:** Sexual orientation
- **I:** Indigenous heritage/colonization
- **N:** National origin/immigration/refugee status
- **G:** Gender identity/biological sex

Summary

Research has shown that CLC interventions are successful in changing staff performance and health care outcomes

- ✓ Use **practice enabling strategies** (e.g., prompts in EHR or consumer education)
- ✓ Use **reinforcing methods** (e.g., feedback or reminders)
- ✓ Evaluate **CLC health services and quality improvement**

Bentancourt & Green (2010) "Linking Cultural Competence Training to Improved Health Outcomes"



Questions?

CLAS Theme	Resources
<p>Theme 3: Engagement, Continuous Improvement, and Accountability (CLAS Standards 9-15)</p>	<p>Multicultural Resources for Health Information, HHS, National Library of Medicine https://sis.nlm.nih.gov/outreach/multicultural.html</p> <p>Substance Abuse and Mental Health Services Administration (SAMHSA) <i>Improving Cultural Competence. Treatment Improvement Protocol (TIP) Series No. 59. HHS Publication No. (SMA) 14-4849. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.</i> • <i>Multiculturally Competent Service System Assessment Guide (MCSSAG), Sections I – VIII. (SAMHSA’s TIP 59)</i></p>

Additional Questions

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Additional Comments?

Contact the SAMHSA-HRSA Center for Integrated Health Solutions

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For More Information & Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org





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Thank you for joining us today.

Please take a moment to provide your feedback by completing the survey at the end of today's webinar.