Enhancing Your Cultural & Linguistic Competence (CLC) Plan and Integrating it into Practice

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How to ask a question during the webinar

If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group.

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions.

SESSION IS BEING RECORDED
Slides for today’s CoP are available on the CIHS website at:


Cultural & Linguistic Competency CoP
Session 1 Overview

Health Care Disparity

Culture & Language Matter

“Health care services that are respectful of and responsive to cultural and linguistic needs.”
(OMH, 2007)
Cultural & Linguistic Competency CoP
Session 2 Overview
Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

CLC COP Session 3 Learning Objectives

- Review methods to integrate CLAS Standards into your service system
- Discuss structuring your agency’s cultural and linguistic competence plan to better address the health care needs of diverse populations
- Discuss a CLC Example – Enhancing health literacy in African immigrant populations
Organizational Cultural Competence

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.

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

(integrated.samhsa.gov)
Organizational Cultural Competence

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

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 assessments
  - Involve consumer advisory groups

(National Center for Cultural Competence, 2012)
Organizational Cultural Competence

Monitoring and Evaluating the CLC Plan in serving diverse populations
- Improvement in the knowledge, attitudes & skills of staff
  - Result - Chart documentation of use of CLC skills
- Improvement in satisfaction with care
  - Result - Decrease in missed appointments
- Improvement in health care literacy
  - Result - Increase in medication adherence

Moving forward with your agency’s CLC Plan

- Describe your organization’s strengths in serving persons from different cultural groups
- Summarize your organization’s priority concerns in providing services to persons from different cultural groups and a timeline for addressing them
- Develop pilot plans, activities and/or strategies to provide services to persons from different cultural groups
- Enhance the health literacy of persons from different cultural groups
CoP data - Areas **Strength/Challenge** -
Multiculturally Competent Services System Assessment Guide

<table>
<thead>
<tr>
<th>Agency demographic data</th>
<th>Policies, procedures &amp; governance</th>
<th>Services/programs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>S</strong></td>
<td><strong>S</strong></td>
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<tr>
<td>Care management</td>
<td>Continuity of care</td>
<td>Human resources management</td>
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<tr>
<td><strong>C</strong></td>
<td><strong>S</strong></td>
<td>Quality monitoring &amp; improvement</td>
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<tr>
<td>Information management system</td>
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**S** – strength  **C** – challenge

Feedback?  Have you established your Cultural and Linguistic Competence Plan?

Three things this organization is doing well
1. 
2. 
3.

Three priorities for increasing this organization’s commitment to CLC
1. 
2. 
3.

Timeline for taking action on priorities
Practical Application: Enhance Communication with Office Staff

Tips for Office Staff to Enhance Communication with Diverse Patients

- Build rapport with the patient.
  - Address patients by first and last name. If the patient's name is not visible, ask: "How would you like to be addressed?"
  - Show your attention to the patient when addressing them.
  - Speak to the patient directly when addressing them.
- Recognize that patients from diverse backgrounds may require different communication needs.
  - Speak slowly, clearly, and pause to allow the patient to respond.
  - Use simple, direct language.
- Make sure patients know what you do.
  - Provide a clear explanation of procedures and treatment plans.
  - Use visual aids and written materials to supplement verbal information.
- Recognize that patients from diverse backgrounds may have different communication needs.
  - Provide written and printed materials in different languages.
  - Use interpreters when necessary.

Delegation: If the patient needs an interpreter for this visit:
- Document the patient's preferred language in the medical record.
- Review the interpreter's access plan. An interpreter with a medical background is preferred. Refer to family or friends of the patient.
- Assess the patient's language needs. (See Medical Interpretation Handbook.
- Provide resources for interpreter services are available from the clinic, clinic mental health department, and the Internet. (See resources are listed at the end of this module.)
- Close patients the information they need.
  - Have location-specific educational materials in languages that reflect your patient base.
  - Provide written materials for low-literacy patients. (See examples for adults and children, screening guidelines, and culturally relevant online resources for providers at: www.cdc.gov.
- Make sure patients know what to do.
  - Review the follow-up procedures with the patient and family before they leave your office.
  - Verify all medical information, e.g., medical history, smoking status, and whether or not a follow up appointment is necessary.
  - Discuss any problems that might arise during the patient's home or community environment and how to address them.

Practical Application: Improving Communications with a Diverse Individuals

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

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Example Questions</th>
<th>Assessment Observation/ Action</th>
<th>Place of Health Care Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>D – Differentiate</td>
<td>Where does your health care provider work?</td>
<td>Patient needs a plan of care.</td>
<td>Emergency Room</td>
</tr>
<tr>
<td>I – Integration</td>
<td>Where are you from?</td>
<td>Patient's cultural background.</td>
<td>Primary Care</td>
</tr>
<tr>
<td>V – Values of health care treatments</td>
<td>What is important to you?</td>
<td>Patient's values and preferences.</td>
<td>Outpatient</td>
</tr>
<tr>
<td>E – Expectations</td>
<td>What do you want to achieve?</td>
<td>Patient's goals and aspirations.</td>
<td>Hospice</td>
</tr>
<tr>
<td>R – Religion</td>
<td>What do you believe?</td>
<td>Patient's cultural and spiritual beliefs.</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>S – Social</td>
<td>What language do you prefer to be spoken?</td>
<td>Patient's language needs.</td>
<td>Home Care</td>
</tr>
</tbody>
</table>

“Caring for Diverse Populations” Industry Collaboration Effort
(ICE) Cultural and Linguistics Workgroup
Practical Application: LEARN Model

Listen
Explain
Acknowledge
Recommend
Negotiate

LEARN model of cultural communication (Berlin & Fowlkes)
Health literacy

Definition

- “Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions”

12% of adults have proficient health literacy
14% have below basic health literacy
Low health literacy = poor health outcomes
- increase rates of hospitalization /ER visit
- decrease utilization of preventive services


What impacts health literacy

Systematic and individual factors
- Communication skill (client ↔ service provider)
- Knowledge related to health topic
- Cultural barriers
- Healthcare system demands
- Demands of the context
Health Literate

A person who is health literate
- Understands and is able to navigate the health system
- Able to share personal health information
- Engage in self-care
- Engage in disease management

Factors to consider for immigrant populations

Vulnerable to serious health disparities
- Especially those from Low Income Countries
Documentation/Insurance
Language proficiency
Migrations experience/trauma
Cultural Barriers
Community barriers
Cultural bound expression of illness
Example of Mental Health Help-Seeking in an Immigrant Population

Ampadu (2016) Mental Health Help Seeking Behaviors

- Help-seeking intention of Ghanaian American immigrants
- Help-seeking sources among Ghanaians for mental illness
- Venter and Gany (2010) that mental health issues were among the top three health problems reported by participants to their primary medical doctor
- Impact of acculturation, age, gender, marital status, cultural norms, and level of religious commitment
- Mental health programs targeting African immigrants should
  - engage the population in health literacy around depression and anxiety as mental illnesses

Interventions to increase health literacy

Outreach within the communities

- Education through outreach in different community settings

Cultural and linguistic competencies of health providers

- Oral communication
- Visual tools to communicate (videos)

Translation services

- In person or phone translations

Health Literacy Universal Precautions Approach

- Structuring care as if everyone has limited health literacy
- Higher literacy ≠ understanding
- Everyone benefits from clear communication

Forms should ask “simple questions”

Account for demographic variables

Visual cues/signs that are culturally inclusive
**Questions?**

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<th>CLAS Standard Categories</th>
<th>Resources</th>
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<tbody>
<tr>
<td>Culturally Competent Care (CLAS Standards 1-3)</td>
<td>Multicultural Resources for Health Information, HHS, National Library of Medicine</td>
</tr>
<tr>
<td>Language Access Services (Mandated) (CLAS Standards 4-7)</td>
<td>OMH, Think Cultural Health, Communication tools</td>
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<td></td>
<td><a href="https://www.thinkculturalhealth.hhs.gov/Content/communication_tools.asp">https://www.thinkculturalhealth.hhs.gov/Content/communication_tools.asp</a></td>
</tr>
<tr>
<td></td>
<td>Multicultural HIV &amp; Hepatitis Service</td>
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<tr>
<td>Organizational Supports (CLAS Standards 8-14)</td>
<td><strong>CLAS A-Z: A Practical Guide for Implementing the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care:</strong></td>
</tr>
<tr>
<td></td>
<td><a href="http://minorityhealth.hhs.gov/assets/pdf/checked/CLAS_a2z.pdf">http://minorityhealth.hhs.gov/assets/pdf/checked/CLAS_a2z.pdf</a></td>
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Resources

AHRQ Health Literacy Universal Precautions Toolkit
• Assumption all individuals have difficulty comprehending health information – simplify communication, make office easier to navigate
• CLC Applied: Cultural & Linguistic Competence strategies for successful implementation Webinar
• “Caring for Diverse Populations” Industry Collaboration Effort (ICE) Cultural and Linguistics Provider Toolkit

Additional Questions
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Additional Comments?
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For More Information & Resources

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

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.