Developing Performance Indicators for Integration of Cultural and Linguistic Competence

August 14, 2015
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. (left)

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. (right)
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Founding Partners, Change Matrix, LLC  
www.changematrix.org
Recognize the importance of measuring cultural and linguistic competence in service delivery;

Identify a conceptual framework for a cultural linguistic competence performance measurement tool; and

Illustrate the different components of benchmarking cultural linguistic competence.
# Benefits of Cultural Competence

<table>
<thead>
<tr>
<th>Social Benefits</th>
<th>Health Benefits</th>
<th>Business Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increases mutual respect and understanding between patient and organization</td>
<td>• Improves patient data collection</td>
<td>• Incorporates different perspectives, ideas and strategies into the decision-making process</td>
</tr>
<tr>
<td>• Increases trust</td>
<td>• Increases preventive care by patients</td>
<td>• Decreases barriers that slow progress</td>
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<tr>
<td>• Promotes inclusion of all community members</td>
<td>• Reduces care disparities in the patient population</td>
<td>• Moves toward meeting legal and regulatory guidelines</td>
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<tr>
<td>• Increases community participation and involvement in health issues</td>
<td>• Increases cost savings from a reduction in medical errors, number of treatments and legal costs</td>
<td>• Improves efficiency of care services</td>
</tr>
<tr>
<td>• Assists patients and families in their care</td>
<td>• Reduces the number of missed medical visits</td>
<td>• Increases the market share of the organization</td>
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<tr>
<td>• Promotes patient and family responsibilities for health</td>
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</table>

An Evaluation Era
Even if you can get a pig to fly, it doesn’t count if you don’t measure it.
Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS)

CLAS

Governance, Leadership and Workforce
2-4

Engagement, Continuous Improvement and Accountability
9-15

Communication and Language Assistance
5-8

integration.samhsa.gov
Six Areas of Action

1. Foster Cultural Competence
2. Reflect and Respect Diversity
3. Build Community Partnerships
4. Collect Diversity Data
5. Ensure Language Access
6. Benchmark: Plan and Evaluate

Adapted from “Making CLAS Happen”, Massachusetts Department of Health
Gathering data: Why collect it?

- Meet state and federal reporting requirements
- Set the foundation for cultural competence
- Prevent and eliminate health disparities
- Become more responsive to cultural preferences
- Tailor services to diverse needs
- Use resources cost effectively
- Become more competitive

“Making CLAS Happen”, Massachusetts Department of Health
# Checklist

<table>
<thead>
<tr>
<th>Step 1. Identify Populations Served</th>
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<tbody>
<tr>
<td>Step 2. Develop a Standard Process</td>
</tr>
<tr>
<td>Step 3. Integrate Data Collection in Frameworks</td>
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<tr>
<td>Step 4. Assess Needs and Areas for Improvement</td>
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<tr>
<td>Step 5. Share CLAS-related Data</td>
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</tbody>
</table>

### Sample categories for data collection

<table>
<thead>
<tr>
<th>Client Data</th>
<th>Staff Data</th>
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</thead>
<tbody>
<tr>
<td>• Race</td>
<td>• Race</td>
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<tr>
<td>• Ethnicity</td>
<td>• Ethnicity</td>
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<tr>
<td>• Nationality</td>
<td>• Nationality</td>
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<tr>
<td>• Preferred spoken / written language</td>
<td>• Primary/preferred language</td>
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<tr>
<td>• Age</td>
<td>• Gender or gender identity</td>
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<tr>
<td>• Literacy needs</td>
<td>• Sexual orientation</td>
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<tr>
<td>• Disability status</td>
<td>• Records of cultural competency training participation and evaluations</td>
</tr>
<tr>
<td>• Gender or gender identity</td>
<td></td>
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<tr>
<td>• Sexual orientation</td>
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<tr>
<td>• Income</td>
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<td>• Education</td>
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<tr>
<td>• Occupation</td>
<td></td>
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<tr>
<td>• Family size and relationships</td>
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<tr>
<td>• Informed of / use of interpreter services</td>
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<tr>
<td>• Treatment and medical history</td>
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<tr>
<td>• Outcome data</td>
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<tr>
<td>• Client satisfaction</td>
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</table>

Explaining the data collection process to clients
Detailed ethnicity categories
Race, ethnicity and language preference data collection instrument
Demographic data sources
Low-cost data collection tools
3 separate but related processes

Examine how services are provided to people of different cultures

Evaluate performance

Plan and conduct ongoing assessment to mark progress
**Checklist**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>Step 1.</td>
<td>Appoint a Cultural Competence Committee</td>
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<td>Step 2.</td>
<td>Assess Cultural Competence</td>
</tr>
<tr>
<td>Step 3.</td>
<td>Frame Cultural Competence within Mission and Goals</td>
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<tr>
<td>Step 4.</td>
<td>Develop a Written, Strategic Plan</td>
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<td>Step 5.</td>
<td>Evaluate Progress</td>
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<td>Step 6.</td>
<td>Benchmark</td>
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</tbody>
</table>

Chapter 4: Benchmark Plan, and Evaluate, “Making CLAS Happen”, Massachusetts Department of Health
Free cultural competence assessments

HRSA Organizational Cultural Competence assessment profile
US Department of Health and Human Services, Health Resources and Services Administration

Cultural Competency health practitioner assessment National Center for Cultural Competence, Georgetown University
http://nccc.georgetown.edu/resources/assessments.html

Conducting a Cultural Competence Self-assessment
SUNY/Downstate Medical Center, Brooklyn, NY
http://erc.msh.org/provider/andrulis.pdf
# A Model for Cultural Competence Planning

## GOALS

<table>
<thead>
<tr>
<th>Foster Cultural Competence</th>
<th>Build Community Partnerships</th>
<th>Collect Diversity Data</th>
<th>Benchmark: Plan and Evaluate</th>
<th>Reflect and Respect Diversity</th>
<th>Ensure Language Access</th>
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## OBJECTIVES

1. **Promote health equity.**
2. **Lead, plan and assess diversity.**
3. **Train** staff on cultural competence.
4. **Welcome** diverse clients.
5. **Communicate** effectively and respectfully.

1. **Partner** with community organizations.
2. **Involve** the community.
3. **Engage** client participation.
4. **Share** CLAS progress.

1. **Identify** key populations.
2. **Standardize** REL data collection.
3. **Integrate** data collection into frameworks.
4. **Assess** needs and areas for improvement.
5. **Share** relevant data with the community.

1. **Appoint** a cultural competence committee.
2. **Assess** cultural competence.
3. **Frame** CLAS within vision and goals.
4. **Plan.**
5. **Evaluate** progress.
6. **Benchmark.**

1. **Reflect diversity.**
2. **Recruit** diverse employees.
3. **Retain** and promote diverse employees.
4. **Respond** to concerns through culturally competent process.
5. **Resolve** and prevent cross cultural conflicts.

1. **Identify** LEP clients.
2. **Assess** services and language needs.
3. **Plan.**
4. **Deliver** effective language access services.
5. **Adapt** LEP programs regularly.
## Goal 3: Collect Race, Ethnicity and Language Data

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Resources Needed</th>
<th>Person Responsible</th>
<th>Indicators of Progress</th>
<th>Deadlines</th>
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Organizational Values & Philosophy

Infuse perspective and attitudes regarding the worth and importance of addressing health disparities, and its commitment to providing culturally and linguistically competent care.

Example Indicator(s)

• % of staff indicate awareness and importance of addressing health disparities.
Governance

Advance and sustain organizational governance and leadership to promote health equity through policies, practices and allocated resources. (CLAS #2)

Example Indicator(s)

- CLC Committee established that develops policies that clearly articulate the organization’s vision, mission and guiding principles regarding CLC care
Leadership

Recruit, promote and support a culturally and linguistically diverse governance and leadership body responsive to the diverse populations in the service area.

Example Indicator(s)

- Quarterly/annual review of staff by race, ethnicity, and other diversity factors as pertinent to the organization
Workforce – Recruit Diverse Staff

Hire, orient and provide ongoing training to a culturally and linguistically diverse workforce appropriate to the populations in the service area.

Example Indicator(s)

- Policies developed to address 100% of staff complete CLC training
- 80% of client surveys indicate that provider is sensitive/understanding of cultural and linguistic needs
Train all staff on the use of interpreters.
Ensure the competence of interpreters, recognizing the use of untrained individuals and/or minors as interpreters should be avoided.

Example Indicator(s)
- Policies in place the articulate how ongoing training and education in CCC will be provided to staff
- 100% staff are trained on the use of interpreters
- 80% of clients who require interpreters report satisfaction with the use of interpreters in the clinical setting
Organizational Infrastructure

Allocate resources required to deliver or facilitate delivery of services that will eliminate disparities and ensure provision of culturally and linguistically competent services

Example Indicator(s)

- Annual review of budget indicate appropriate resources allocated
Services & Interventions

Ensure delivery or facilitation of clinical, public-health, and health related services addresses disparities and is conducted in a culturally appropriate way.

Example Indicator(s)

- Number and types of culturally appropriate services offered
- 80% patient satisfaction surveys that indicate that culture is addressed, appreciated, and/or incorporated into treatment planning and implementation
Communication

Inform all individuals seeking services of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

Example Indicator(s)

- Annual review of budget indicated appropriate resources allocated
Language Assistance

Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services – in the form of interpreters, and telephonic assistance when interpreters are not available.
Communication – 2

Provide easy-to-understand print and multimedia materials and signage in the languages and at the literacy level commonly to the populations in the service area.
Planning
Ensure planning activities include diverse community stakeholders.
Infuse planning with culturally and linguistically appropriate goals.
Proactively track and assess organizational capacity to address disparities.
Community Assessment

Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
Community Engagement

Partner with diverse community members in implementing and evaluating services to ensure cultural and linguistic appropriateness.
Community Accountability

Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve client/community conflicts or complaints.
Community Accountability - 2

Communicate your organization’s progress in addressing disparities and providing culturally and linguistically competent services to all stakeholders, constituents and the general public.
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Additional Questions?
Contact the SAMHSA-HRSA Center for Integrated Health Solutions
integration@thenationalcouncil.org
Health Disparities Series

Performance Indicators for Integration of Cultural and Linguistic Competence

Follow-up Q&A Session:
August 28, 2015, 2-3 PM EDT