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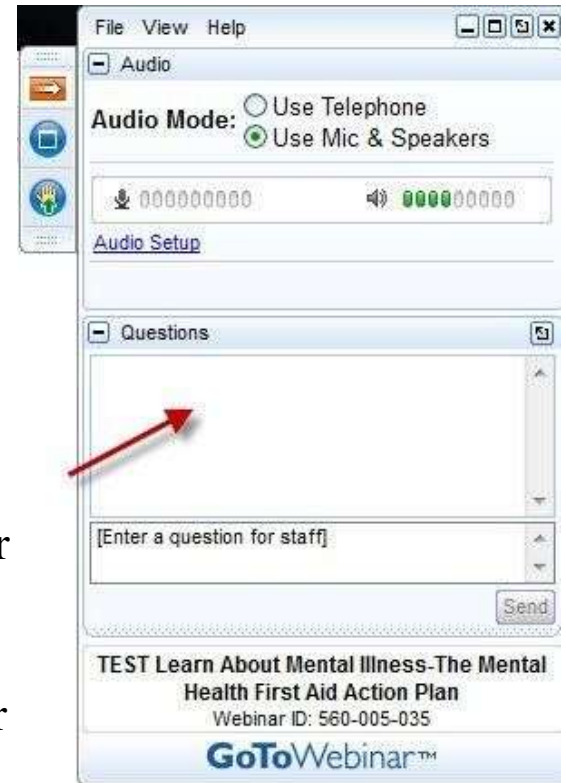
Developing Performance Indicators for Integration of Cultural and Linguistic Competence

August 14, 2015

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- ➤ 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

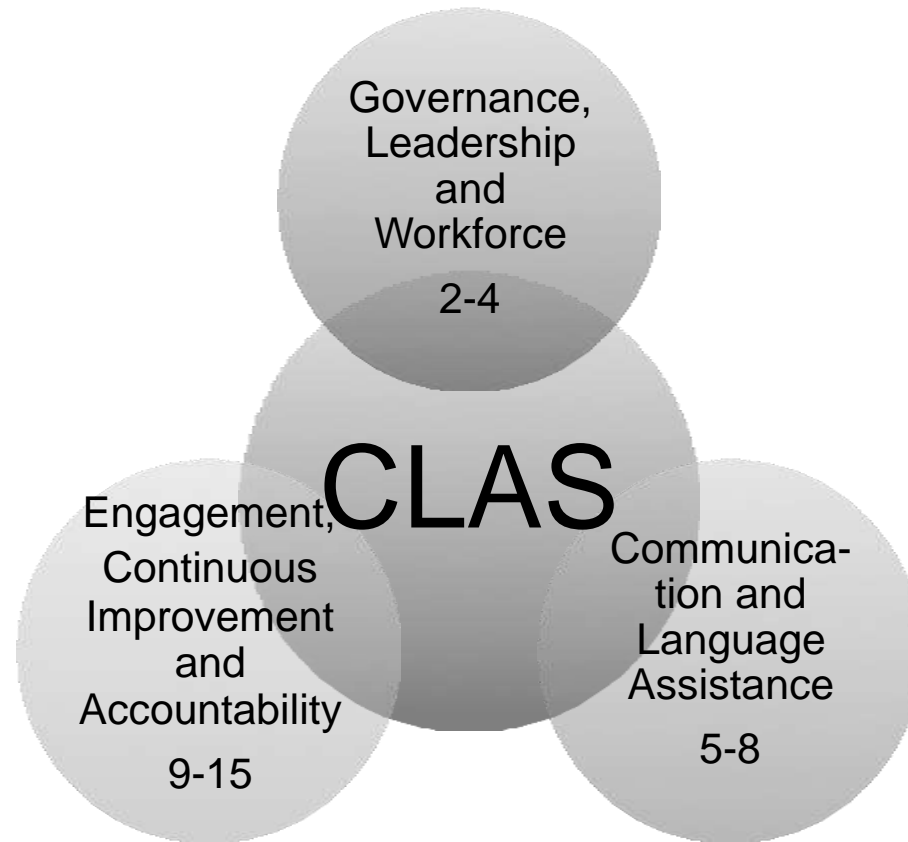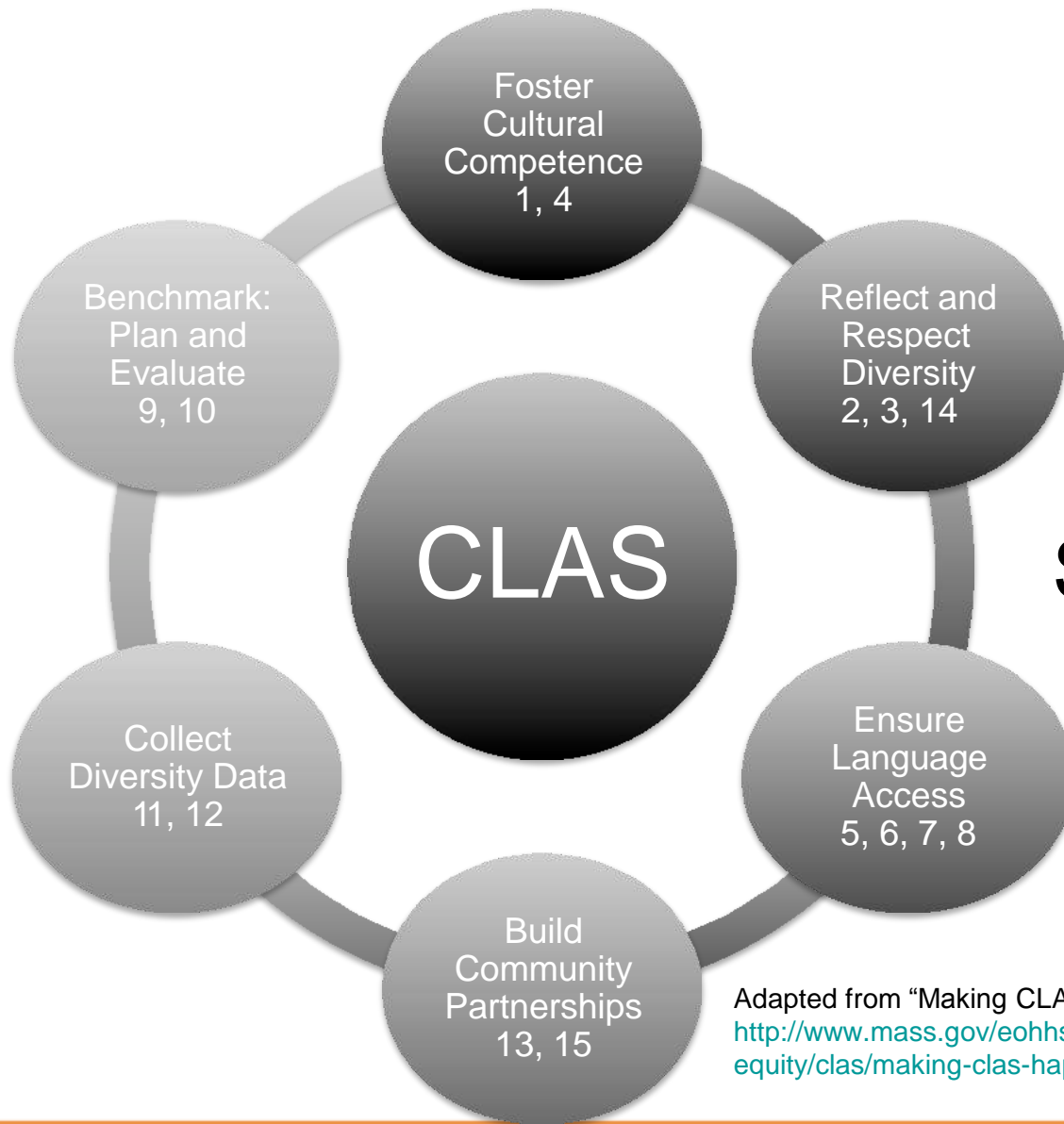| Social Benefits	Health Benefits	Business Benefits
• Increases mutual respect and understanding between patient and organization • Increases trust • Promotes inclusion of all community members • Increases community participation and involvement in health issues • Assists patients and families in their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

An Evaluation Era

David Gray / Reuters

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)

Governance, Leadership and Workforce

2-4

CLAS

Engagement, Continuous Improvement and Accountability

9-15

Communica-tion and Language Assistance

5-8

Six Areas of Action

Foster Cultural Competence 1, 4

Reflect and Respect Diversity 2, 3, 14

Benchmark: Plan and Evaluate 9, 10

CLAS

Ensure Language Access 5, 6, 7, 8

Collect Diversity Data 11, 12

Build Community Partnerships 13, 15

Adapted from "Making CLAS Happen", Massachusetts Department of Health
http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/health-equity/clas/making-clas-happen.html

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Collect Diversity Data

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
http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/health-equity/clas/making-clas-happen.html

Collect Diversity Data

Checklist

Step 1. Identify Populations Served

Step 2. Develop a Standard Process

Step 3. Integrate Data Collection in Frameworks

Step 4. Assess Needs and Areas for Improvement

Step 5. Share CLAS-related Data

"Making CLAS Happen", Massachusetts Department of Health http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/health-equity/clas/making-clas-happen.html

Sample categories for data collection

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

Sources: HHS Office of Minority Health, Boston Public Health Commission Hospital Working Group Report, Technical Assistance Partnership for Child and Mental Health

Collect Diversity Data

Tools

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

Benchmark: Plan and Evaluate

3 separate but related processes

Examine how services are provided to people of difference cultures

Evaluate performance

Plan and conduct ongoing assessment to mark progress

Benchmark: Plan and Evaluate

Checklist

Step 1. Appoint a Cultural Competence Committee

Step 2. Assess Cultural Competence

Step 3. Frame Cultural Competence within Mission and Goals

Step 4. Develop a Written, Strategic Plan

Step 5. Evaluate Progress

Step 6. Benchmark

Chapter 4: Benchmark Plan, and Evaluate,"Making CLAS Happen", Massachusetts Department of Health
http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/health-equity/clas/making-clas-happen.html

Free cultural competence assessments

HRSA Organizational Cultural Competence assessment profile

US Department of Health and Human Services, Health Resources and Services Administration

http://www.hrsa.gov/culturalcompetence/healthdlvr.pdf

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					
Foster Cultural Competence	Build Community Partnerships	Collect Diversity Data	Benchmark: Plan and Evaluate	Reflect and Respect Diversity	Ensure Language Access
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

Action Steps	Resources Needed	Person Responsible	Indicators of Progress	Deadlines
1.				
2.				
3.				
4.				
5.				
6.				
7.				

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)
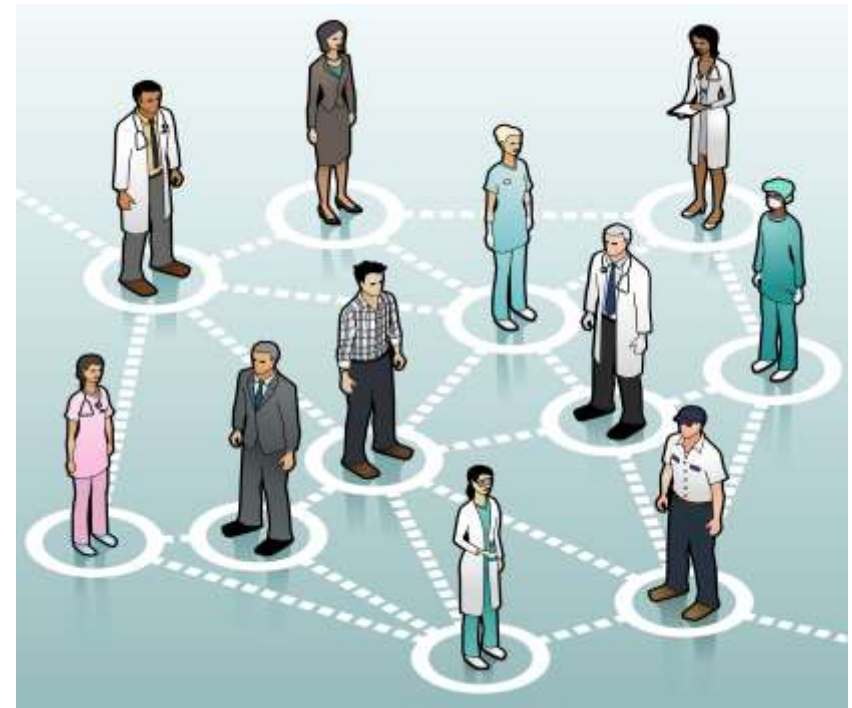
Example Indicator(s)

- 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.

- 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

Workforce - 2

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.
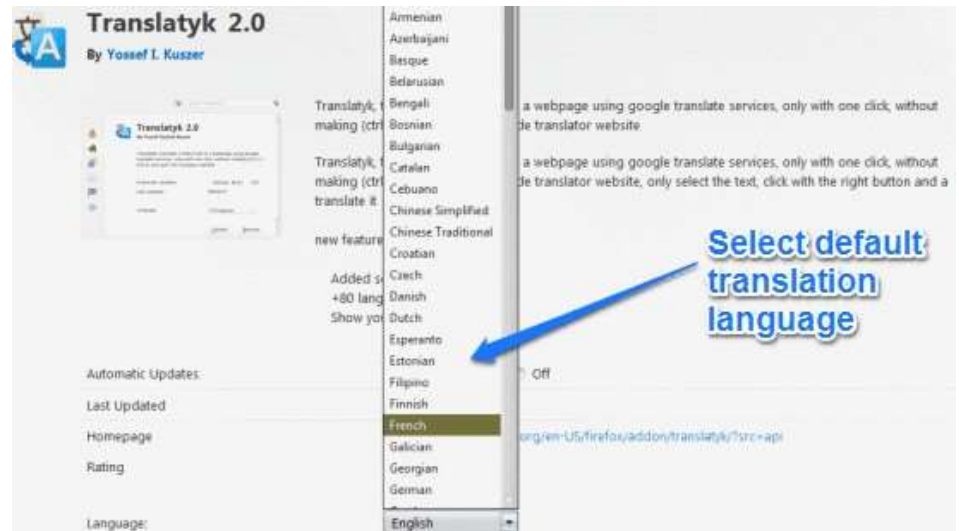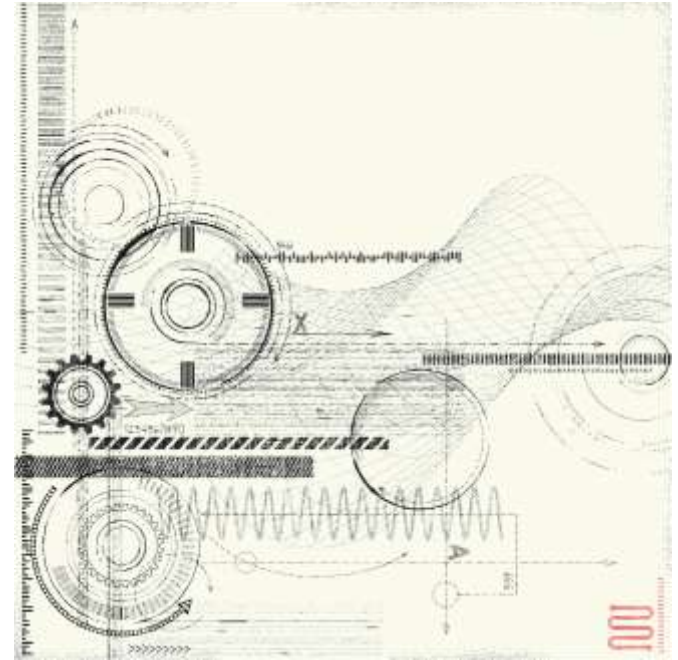
Planning

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.
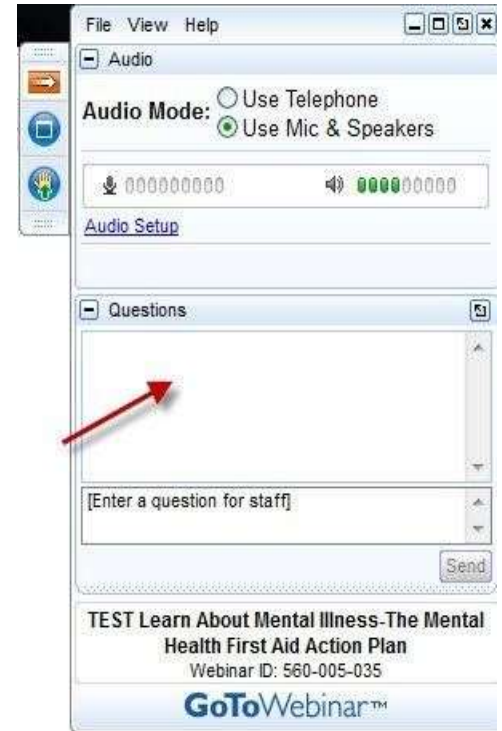
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Additional Questions?
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integration@thenationalcouncil.org

Health Disparities Series

Performance Indicators for Integration of Cultural and Linguistic Competence
Follow-up Q&A Session:
August 28, 2015, 2-3 PM EDT