Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

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Enhancing Cultural & Linguistic Competence
Session 3
Community of Practice (CoP)
Thursday, May 19, 2016

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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. **(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)**

SESSION IS BEING RECORDED

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Slides for today's CoP are available on the CIHS website at:

http://www.integration.samhsa.gov/mai-coc-grantees-online-community/communities-of-practice

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Cultural & Linguistic Competency CoP
Session 1 Overview

Health Care Disparity

"A difference in treatment provided to members of different racial or ethnic groups that is not justified by the underlying health conditions or treatment preferences of patients."

Culture & Language Matter

"Health care services that are respectful of and responsive to cultural and linguistic needs." (OMH, 2007)

CLC Change Team → Organizational Assessment → CLC Pilot Change Plan

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Cultural & Linguistic Competency CoP
Session 2 Overview

Enhanced National
  Standards for
  Culturally and
  Linguistically
  Appropriate Services
  (CLAS) in Health and
  Health Care
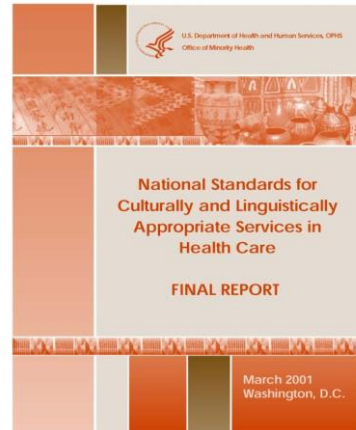
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CLC COP Session 3 Learning Objectives

Review methods to the integrate CLAS Standards into your service system
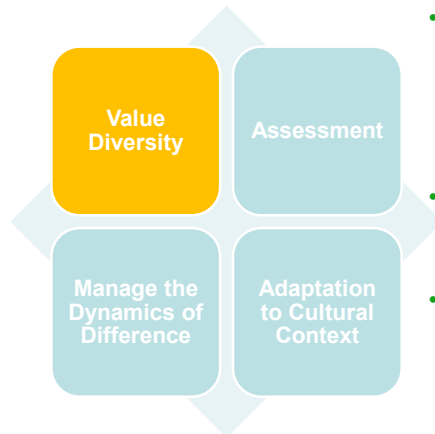
Discuss structuring your agency's cultural and linguistic competence plan to better address the health care needs of diverse populations

Discuss a CLC Example – Enhancing health literacy in African immigrant populations
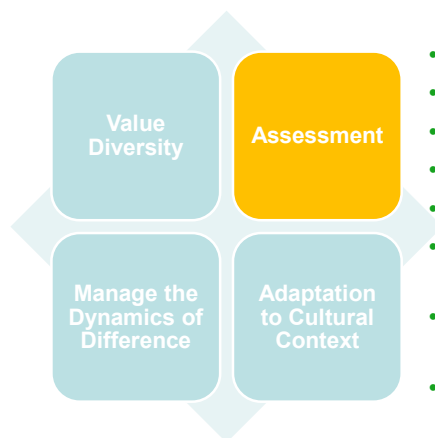
Organizational Cultural Competence

Value Diversity

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

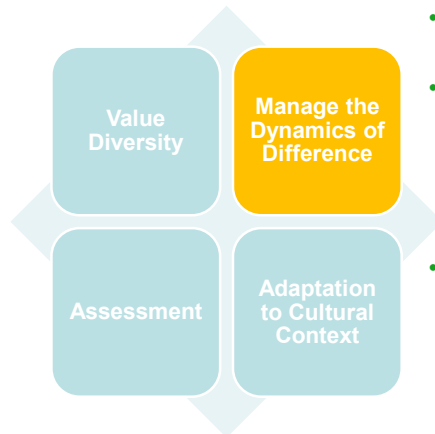(National Center for Cultural Competence, 2012)

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Organizational Cultural Competence

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

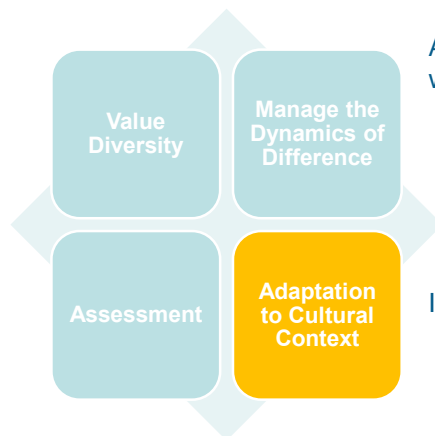(National Center for Cultural Competence, 2012)

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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

(National Center for Cultural Competence, 2012)

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Organizational Cultural Competence

Adaptation to Cultural Context

Adapt service delivery to diversity within and between cultures
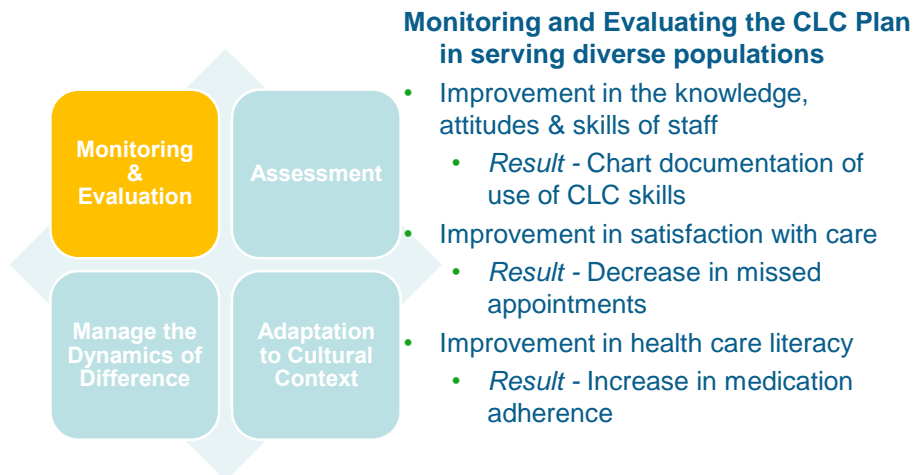- e.g. Modification of forms to be inclusive of LGBTQ populations
- Support activities for specific groups e.g. black male rites of passage; single parents

Institutionalize cultural knowledge
- Use standardized cultural assessments
- Involve consumer advisory groups

(National Center for Cultural Competence, 2012)

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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

(National Center for Cultural Competence, 2012)

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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

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CoP data - Areas Strength/Challenge -
Multiculturally Competent Services System Assessment Guide

Agency demographic data S

Policies, procedures & governance S

Services/programs

- Linguistic/communication
- Treatment planning
- Cultural Assessments S
- Cultural accommodations C
- Program accessibility

Care management C

Continuity of care S

Human resources management

Quality monitoring & improvement

Information management system S

S – strength   C - challenge

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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

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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 their last names. If the patient's preference is not clear, ask, "How would you like to be addressed?"
- Focus your attention on patients when addressing them.
- Learn basic words in your patient's primary language, like "hello" or "thank you."
- Recognize that patients from diverse backgrounds may have different communication needs.
- Explain to the patient the different roles performed by people who work in the office.

Make sure patients know what you do.
- Take a few moments to prepare a handout that explains office hours, how to contact the office when it is closed, and how the doctor arranges for care (when the doctor is the first point of contact and then refers to specialists).
- Have instructions translated by a professional translator and available in the common language(s) spoken by your patient base.

Recognize that patients from diverse backgrounds may have different communication needs.

Keep patients' expectations realistic.
- Inform patients of delays or extended waiting times. If the wait is longer than 15 minutes, encourage the patient to make a list of questions for the doctor, review health materials or view waiting room videos.

Work to build patients' trust in you.
- Inform patients of office procedures, such as when they can expect a call with lab results, how follow-up appointments are scheduled, and routine wait times.

Determine if the patient needs an interpreter for the visit.
- Document the patient's preferred language in the patient chart.
- Have an interpreter access plan. An interpreter with a medical background is preferred, rather than family or friends of the patient.
- Assess your bilingual staff for interpreter abilities. (See Employee Language Skills Self-Assessment Tools.)
- Possible resources for interpreter services are available from health plans, the state health department, and the Internet. (Some resources are listed at the end of this toolkit.)

Give patients the information they need.
- Have topic-specific health education materials in languages that reflect your patient base.
- Offer handouts such as immunization guidelines for adults and children, screening guidelines, and culturally relevant dietary guidelines for diabetes or weight loss.

Make sure patients know what to do.
- Review any follow-up procedures with the patient and family before they leave your office.
- Verify call back numbers, the locations for follow-up services such as labs, X-ray or screening tests, and whether or not a follow-up appointment is necessary.
- Develop pre-printed simple handouts of frequently used instructions, and translate the handouts into the common language(s) spoken by your patient base.

NOTE: See commonly used sentences and signs provided in this toolkit.

"*Caring for Diverse Populations*" Industry Collaboration Effort (ICE) Culturaland Linguistics Workgroup

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Practical Application: Improving Communications with a 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.*	- 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.*	- 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.*	- 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?*	- 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.*	- 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.*	- 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.*	- 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) Culturaland Linguistics Workgroup

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH — MENTAL HEALTH FIRST AID — *Healthy Minds. Strong Communities.*

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Practical Application:
LEARN Model

Listen
Explain
Acknowledge
Recommend
Negotiate

LEARN model of cultural communication (Berlin & Fowlkes)

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Health Literacy & African
Immigrant Populations

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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

Kutner, M., Greenberg, E., Jin, Y., and Paulsen, C. (2006) Health Litereacy of American Adults

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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

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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

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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

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the thread that holds us together

Questions?

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CLAS Standard Categories	Resources
Culturally Competent Care (CLAS Standards 1-3)	Multicultural Resources for Health Information, HHS, National Library of Medicine https://sis.nlm.nih.gov/outreach/multicultural.html
Language Access Services (Mandated) (CLAS Standards 4-7)	OMH, Think Cultural Health, Communication tools https://www.thinkculturalhealth.hhs.gov/Content/communication_tools.asp Multicultural HIV & Hepatitis Service http://www.mhahs.org.au/index.php
Organizational Supports (CLAS Standards 8-14)	*CLAS A-Z: A Practical Guide for Implementing the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care:* http://minorityhealth.hhs.gov/assets/pdf/checked/CLAS_a2z.pdf

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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 http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html
- **CLC Applied: Cultural & Linguistic Competence strategies for successful implementation Webinar** http://www.integration.samhsa.gov/pbhci-learning-community/CLC_strategies_for_successful_implementation_webinar_2.pdf
- "*Caring for Diverse Populations*" Industry Collaboration Effort (ICE) **Cultural and Linguistics Provider Toolkit**
  http://www.iceforhealth.org/library/documents/ICE_C&L_Provider_Toolkit_7.10.pdf

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Additional Questions

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Additional Comments?
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