Providing Quality Services by Assuring Cultural and Linguistic Competency

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Benefits of Leveraging Diversity & Cultural Competence

- Improved quality of care, services and outcomes
- Increased patient retention and access to care
- Increased patient recruitment
- Ability to provide better products and services to meet patient needs
- Improved organizational performance
- Increased capacity to recruit and retain "best in class"
- Meeting accreditation/contract/regulatory/requirements
- Reduction in liability/malpractice
- Meeting mission and values

Opportunities for The Culturally Competent Organization Post 911

- Focus on Human Capital
- Optimize Human Performance
  - Patients
    - Improve Quality of Care
    - Reduce Organizational Costs
    - Enhance societal performance
  - Employees
    - Reduce Organizational Costs
    - Reduce Performance Loss

Four Focus Areas

- Racial and Ethnic Health Disparities
- 'Learning and Effectiveness' Organizational Diversity Perspective
- Create a Culturally Competent Organization and System of Care

CULTURE

"*Integrated* pattern of human behavior that includes thought, speech, action…the customary beliefs, social forms and material traits of an identity group"

… Gives meaning to *EXPERIENCES*

Webster's Dictionary 1979

"CULTURAL GROUP"

"…collective of individuals that share common beliefs, ideas, experiences, knowledge, attitudes, and behaviors."

…IDENTITY GROUPS

Cultural Identity

- Stems from membership in socioculturally distinct groups (Cox 1993)
- May include;Physical,Biological,Stylistic Features
- Shared Worldviews, Norms, Values, Goals, Sociocultural Heritage (Cox 1993, Alderfer 1982)
- Personal Identification varies across cultural groups and across members within groups
- Cultural Identities may be associated with:Power, Prestige, Status (Berger,1986, Nkomo1992, Ragins1997)

MULTICULTURALISM

- ***"State of the environment in which diverse groups not only co-exist harmoniously but THRIVE because the contributions, cultures, needs and potential of all groups are equally valued and recognized."***

Race and Ethnicity

- Taxonomic concept
- Implies genetic homogeneity
- Modern genetics has refuted genetic claims
- "biologic divisions distinguished by color,etc.
- "No utility in critical thinking in medicine"
- Sociological construct
- Highly correlated with behavior and cultural phenomenon
- No claim to biologic precision
- May influence susceptibility -and- response to disease

"HISPANIC"

- 1970 U.S. Census used the term "Hispanic" to identify individuals of Spanish origin
- Term was redefined in 1980 and 1985 census, designating 5 Hispanic ethnic groups
- U.S. population consists of the following
  - 63% Mexican
  - 10% Puerto Rican
  - 4% Cuban
  - 14% Central/South American
  - 7% "Other Hispanic"

U.S. Bureau of the Census, 1997

CULTURE

"*Integrated* pattern of human behavior that includes thought, speech, action…the customary beliefs, social forms and material traits of an identity group"

… Gives meaning to *EXPERIENCES*

Webster's Dictionary 1979

Competency

"The state of being capable"

Webster's Dictionary 1979

CULTURAL COMPETENCY: INDIVIDUAL

"The state of being capable of functioning effectively in the context of cultural differences."

Source: Cross & Brazon 1989

CULTURAL COMPETENCY: ORGANIZATION

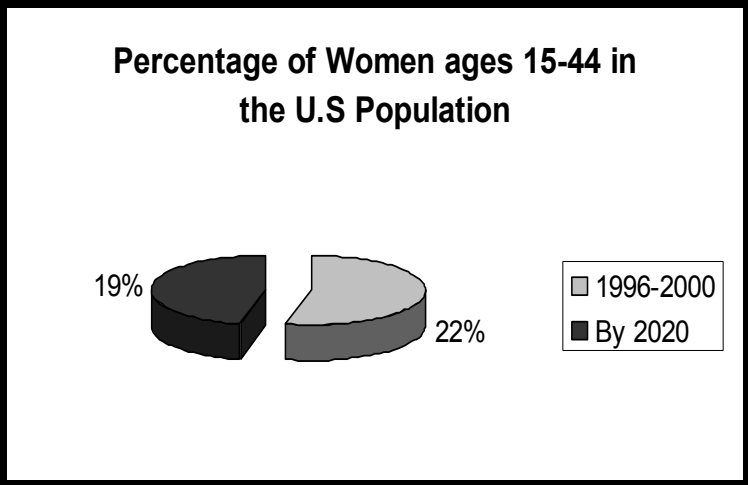
"A set of congruent practice skills, attitudes, policies and structures, which come together in a system, agency, or among professionals and enable that system or those professionals to work effectively in the context of cultural differences."

Source: Cross & Bazron 1989

Diversity

- Characteristic of groups of two or more people
- Typically refers to demographic differences (McGrath,Berdal,Arrow,1995)
- Race, Ethnicity, Sex, Religion, Nationality, Sexual Identity
- Demographic variables contribute to cultural identity

Selected Dimensions of Diversity



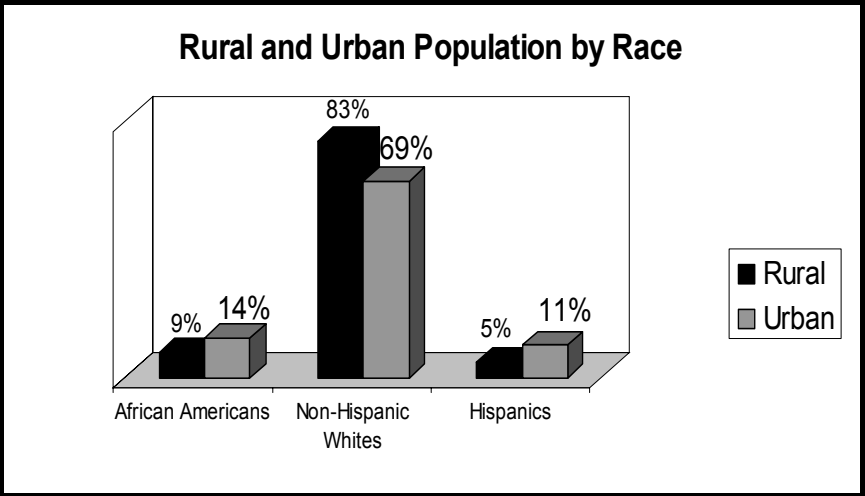
U.S. Bureau of the Census, 1997

Diverse Buying Power

- **Women** represent 52% of the U.S. population (134 Million) and spend $1.1 trillion on goods and services
- 54 Million **Women** are in the work force of whom 27% hold professional or managerial positions
- **Women** own approximately 7.0 Million businesses, employing 18.0 million people and contributing $2.3 Trillion to the economy

Source: Next Step , 199

Selected Dimensions of Diversity

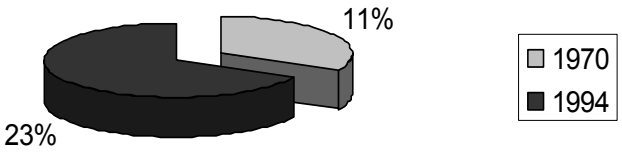


Note: Poverty is more widespread in rural areas than in urban areas.

U.S. Bureau of the Census, 1997

Selected Dimensions of Diversity

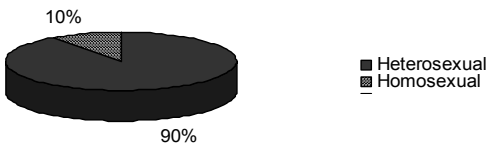
Percentage of Children Under 18 in Single Female Households



U.S. Bureau of the Census, 1997

Selected Dimensions of Diversity

Estimated Population by Sexual Orientation



Next Step, 1999

Selected Dimensions of Diversity

- Gay and Lesbian Medical Association, comprised primarily of gay/lesbian physicians, conducted a study of 700 of its members.
  - 64% believed that homosexual patients who disclose their sexual orientation are at risk of receiving inferior care
  - 17% reported being refused medical privileges, employment, educational opportunities, etc. because of their sexual orientation.

Selected Dimensions of Diversity: Literacy & Health

- **Almost half American adults are in levels one and two (grade 5 or below)**
- **Less than one in five function in level four and five**
- **One in five Americans is "functionally illiterate"**
- **75% of Medicaid recipients are in level one or two**

Source: Health Literacy Center 1996

Selected Dimensions of Diversity: Literacy & Health

- **Among patients with low literacy skills..**
  - **25% did not know their diagnosis or name of prescribed medication**
  - **50% did not know the purpose of their medication**
  - **75% placed on new medication could not describe their disease**

... and 90% reported, "a good understanding of their care plan."

Source: Root and Stableford 1997

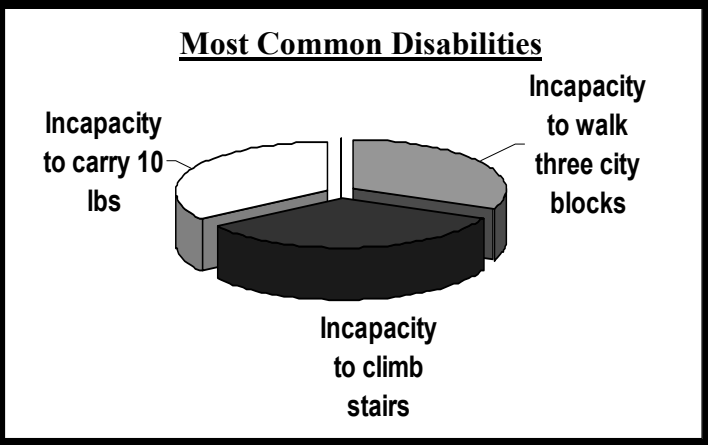
Diverse Buying Power

- **Gays and Lesbians represent approximately 20 million Americans with an aggregated income of $514 million**
- **Approximately 62% are in the workforce**
- **Approximately 2.2 million business owners are Gay and Lesbian and gross over $37 billion in annual revenue**

Source: Next Step , 199

Selected Dimensions of Diversity

47 million people (almost 1 of every 5 Americans have a functional disability. The majority of these are under age 65.



U.S. Bureau of the Census, 1994-95

Disease and Illness

We all learn from our own cultural identity groups how to be healthy, how to recognize when we are sick , and how to be ill.

....Consider the care of healthcare professionals

When are you "sick"?

- Explanatory Models
  - Disease
  - Illness

Universal Clinical Issues

- Pain
- Anxiety
- Fear
- Roles and responsibilities
- Self-medication
- Alternative healers

Hierarchy of Resort

- Popular
  - self-treatment
  - family
  - self-help
- Community Based (Folk)
  - spirituality
  - part of a whole
  - oral teaching and learning
- Professionalized
  - western biomedicine
  - Asian-Indian Ayurveda
  - Traditional Oriental Medicine
  - other "providers"

"Quality" of Care

- Judgments about Performance (Satisfaction)
- 'Family' Centered
- Clinical and Non Clinical Outcomes

Patient's life experiences "culture"influence these judgments

Culture and Quality
Key Indicators/Variables

- Clinical Outcomes
- Patient Adherence
- Prior Assumptions and Prejudices
- Interpreter Services

Brach 2000

Cultural Competency & Quality: Quiz #1

- **Cross-cultural misunderstandings between providers and patients can lead to mistrust and frustration, but are unlikely to have an impact on objectively measured clinical outcomes.**

Cultural Competency & Quality: Quiz #2

- When the patient and provider come from different cultural backgrounds, the medical history obtained may not be accurate.

Cultural Competency & Quality: Quiz #3

- A really conscientious health provider can eliminate his or her own prejudices or negative assumptions about certain types of patients.

Cultural Competency & Quality: Quiz #4

- Which of the following is the correct way to communicate with a patient through an interpreter?
- a. Make eye contact with the interpreter when you are speaking, then look at the patient while the interpreter is telling the patient what you said.
  b. Speak slowly, pausing between words.
  c. Ask the interpreter to further explain the patient's statement in order to get a more complete picture of the patient's condition.
  d. None of the above

Cultural Competency & Quality: Quiz #5

- Which of the following statements is NOT true?
- a. The incidence of complications of diabetes, including lower-limb amputations and end-stage renal disease, among the African-American population is double that of the majority population.
- b. Japanese men who migrate to the US retain their low susceptibility to coronary heart disease.
  c. Hispanic women have a lower incidence of breast cancer than the majority population.
  d. Some Native Americans/American Indians and Pacific Islanders have the highest rate of type II diabetes mellitus in the world.

Cultural Competency & Quality: Quiz #6

- **When a patient who has not adhered to a treatment regimen states that s/he cannot afford the medications prescribed, it is usually a "cover" for the real reasons.**

Importance of Cultural Competence on Clinical Outcomes

- Patients may choose not to access needed services for fear of being misunderstood or disrespected;
- Providers may miss opportunities for screening because they are not familiar with the prevalence of conditions among certain minority groups (Lavizzo-Mourey and Mackenzie 1996; Lawson 1996; Moffic and Kinzie 1996);
- Providers may fail to take into account differing responses to medication (Lavizzo-Mourey and Mackenzie 1996; Lawson 1996; Moffic and Kinzie 1996);
- Quality and Culture BPHC 2000

Importance of Cultural Competence on Clinical Outcomes

- Providers may lack knowledge about traditional remedies, leading to harmful drug interactions (Lavizzo-Mourey and Mackenzie 1996; Lawson 1996; Moffic and Kinzie 1996);
- Providers may make diagnostic errors resulting from miscommunication (Lavizzo-Mourey and Mackenzie 1996; Lawson 1996; Moffic and Kinzie 1996);
- Patients may not adhere to medical advice because they do not understand or do not trust the provider;
- Providers may order fewer diagnostic tests for patients of different cultural backgrounds because they may not understand or believe the patient's description of symptoms. Alternatively, providers may order more diagnostic tests to compensate for not understanding what their patients are saying.

Cultural Competency Components Linked and Improved Quality of Care

- Interpreter Services
- Recruitment and Retention
- Cultural Competency Training
- Coordination with Traditional Healers
- Use of Community Workers
- Culturally Competent Health Promotion
- Inclusion of family/community
- Immersion into another culture
- Administrative/Organizational Efforts
- Brach and Fraser, 2000

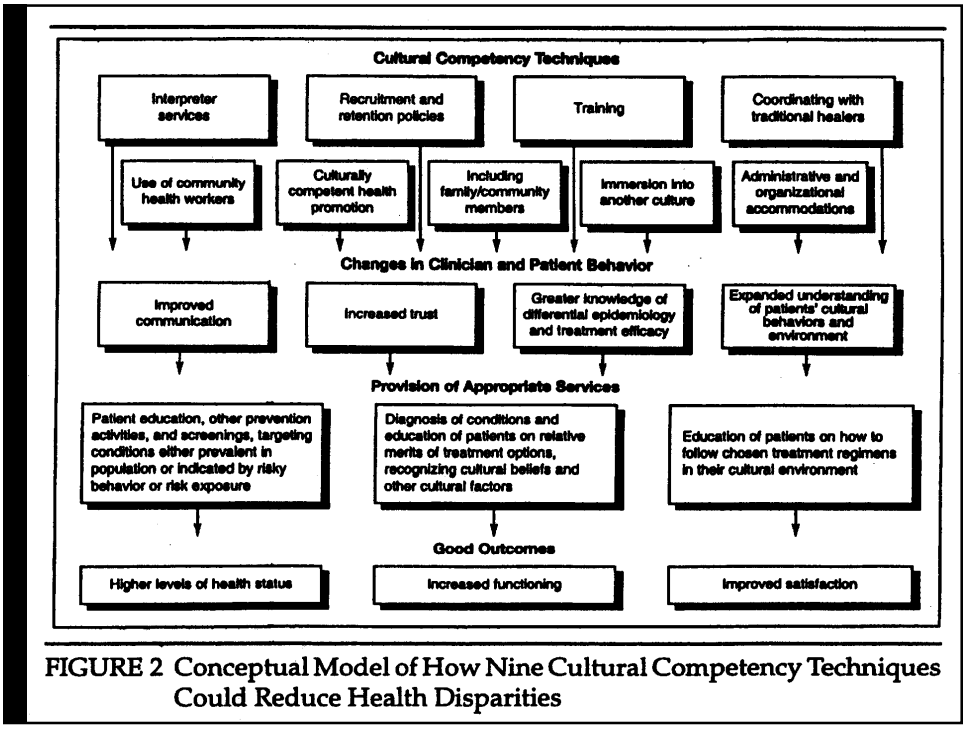
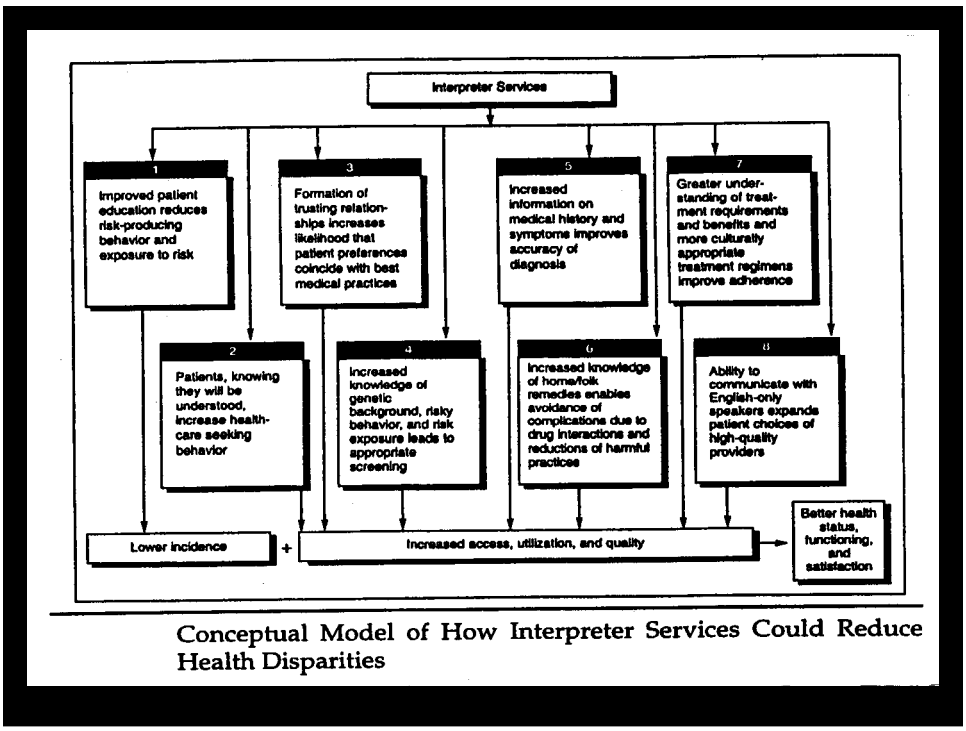


FIGURE 2 Conceptual Model of How Nine Cultural Competency Techniques Could Reduce Health Disparities



Conceptual Model of How Interpreter Services Could Reduce Health Disparities

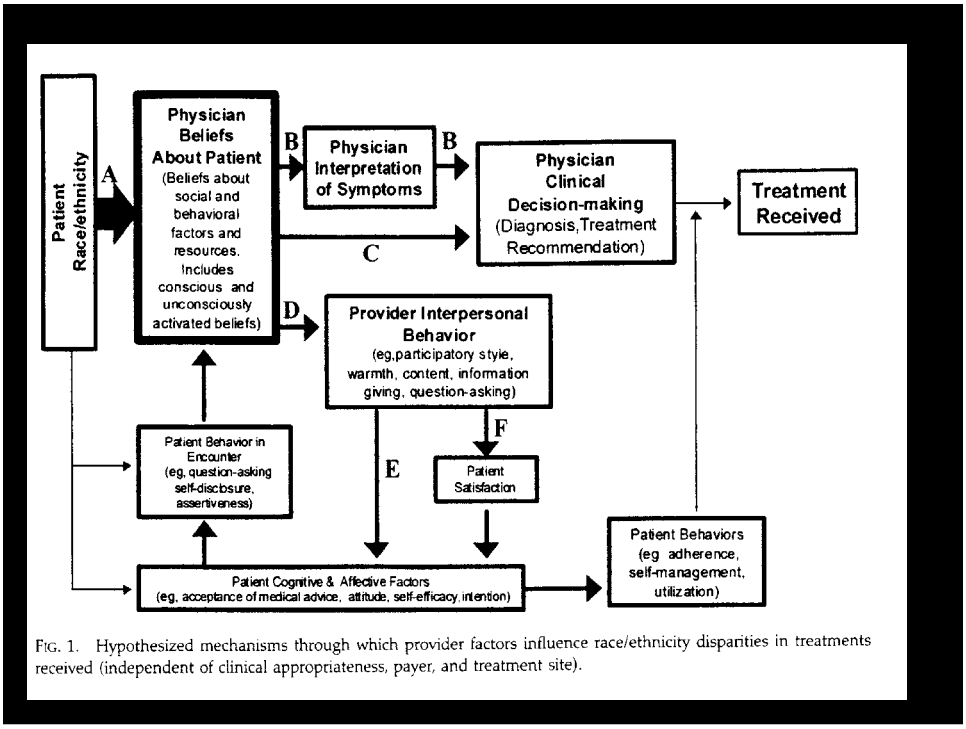


FIG. 1. Hypothesized mechanisms through which provider factors influence race/ethnicity disparities in treatments received (independent of clinical appropriateness, payer, and treatment site).

Cultural and Linguistically Appropriate Services (CLAS) Standards

- Common Understanding and Consistent Definitions
- Practical Framework for Implementation of Services and Organizational Structure
- Primarily for Health Care Organizations
- www.omhrc.gov/clas

- Office of Minority Health December 2000

Cultural and Linguistically Competent (CLAS) "Standards"

Mandates-Guidelines-Recommendations

- 14 standards are organized by themes:
  - Culturally Competent Care
    - (Standards 1-3)
  - Language Access Services
    - (Standards 4-7)
  - Organizational Supports for Cultural Competence
    - (Standards 8-14)
- Office of Minority Health December 2000

CLAS "Standards" Mandates-Guidelines-Recommendations

- *CLAS* mandates are current Federal requirements for all recipients of Federal funds (Standards 4,5,6,7).
- *CLAS* guidelines are activities recommended by OMH for adoption as mandates by Federal, State, and national accrediting agencies (Standards1,2,3,8,9,10,11,12,13).
- *CLAS* recommendations are suggested by OMH for voluntary adoption by health care organizations (Standard14).

CLAS Guidelines

1. *Health Care Organizations Should Ensure That Patients/Consumers Receive From All Staff Members Effective, Understandable, and Respectful Care That Is Provided in a Manner Compatible With Their Cultural Health Beliefs and Practices and Preferred Language*

CLAS Guideline

- 2. *Health Care Organizations Should Implement Strategies To Recruit, Retain, and Promote at All Levels of the Organization a Diverse Staff and Leadership That Are Representative of the Demographic Characteristics of the Service Area*

CLAS Guideline

- 3. ***Health Care Organizations Should Ensure That Staff at All Levels and Across All Disciplines Receive Ongoing Education and Training in Culturally and Linguistically Appropriate Service Delivery***

CLAS Mandate

- 4. ***Health Care Organizations Must Offer and Provide Language Assistance Services, Including Bilingual Staff and Interpreter Services, at No Cost to Each Patient/Consumer With Limited English Proficiency at All Points of Contact, in a Timely Manner During All Hours of Operation***

CLAS Mandate

- 5. ***Health Care Organizations Must Provide to Patients/Consumers in Their Preferred Language Both Verbal Offers and Written Notices Informing Them of Their Right To Receive Language Assistance Services***

CLAS Mandate

- 6. ***Health Care Organizations Must Assure the Competence of Language Assistance Provided to Limited English Proficient Patients/Consumers by Interpreters and Bilingual Staff. Family and Friends Should Not Be Used To Provide Interpretation Services (Except on Request by the Patient/ Consumer)***

CLAS Mandate

- 7. ***Health Care Organizations Must Make Available Easily Understood Patient-Related Materials and Post Signage in the Languages of the Commonly Encountered Groups and/or Groups Represented in the Service Area***

CLAS Guidelines

- 8. ***Health Care Organizations Should Develop, Implement, and Promote a Written Strategic Plan That Outlines Clear Goals, Policies, Operational Plans, and Management Accountability/Oversight Mechanisms To Provide Culturally and Linguistically Appropriate Services***

CLAS Guidelines

- 9. ***Health Care Organizations Should Conduct Initial and Ongoing Organizational Self-Assessments of CLAS-Related Activities and Are Encouraged To Integrate Cultural and Linguistic Competence-Related Measures Into Their Internal Audits, Performance Improvement Programs, Patient Satisfaction Assessments, and Outcomes-Based Evaluations***

CLAS Guidelines

- 10. ***Health Care Organizations Should Ensure That Data on the Individual Patient's/Consumer's Race, Ethnicity, and Spoken and Written Language Are Collected in Health Records, Integrated Into the Organization's Management Information Systems, and Periodically Updated***

CLAS Guidelines

- 11. ***Health Care Organizations Should Maintain a Current Demographic, Cultural, and Epidemiological Profile of the Community as Well as a Needs Assessment to Accurately Plan for and Implement Services That Respond to the Cultural and Linguistic Characteristics of the Service Area***

CLAS Guidelines

- 12. ***Health Care Organizations Should Develop Participatory, Collaborative Partnerships With Communities and Utilize a Variety of Formal and Informal Mechanisms to Facilitate Community and Patient/ Consumer Involvement in Designing and Implementing CLAS--Related Activities***

CLAS Guidelines

- 13. ***Health Care Organizations Should Ensure That Conflict and Grievance Resolution Processes Are Culturally and Linguistically Sensitive and Capable of Identifying, Preventing, and Resolving Cross-Cultural Conflicts or Complaints by Patients/Consumers***

CLAS Recommendation

- 14. ***Health Care Organizations Are Encouraged to Regularly Make Available to the Public Information About Their Progress and Successful Innovations in Implementing the CLAS Standards and To Provide Public Notice in Their Communities About the Availability of This Information***

Language Access Services
Recommendations

- Collect and Disseminate model programs and strategies
- Development of national standards for interpreters and translation
- Development of templates downloadable from the internet

- Office of Minority Health December 2000

CLAS Standards
Recommendations

- Need for consensus on core cultural competencies with valid assessment measures
- Research linking cultural competency and specific health outcomes
- Need for consensus on curricula content,standards and credentialing for clinical and nonclinical staff
- Standardize training for healthcare professions

- Office of Minority Health December 2000

Organizational Supports Recommendations

- Model implementation plan with toolkits
- Clearinghouse of successful programs
- Disseminate information about model strategies to involve ethnic communities
- Refine self-assessment tools
- Integrate Quality Measures into existing Quality Improvement Programs
- Office of Minority Health December 2000

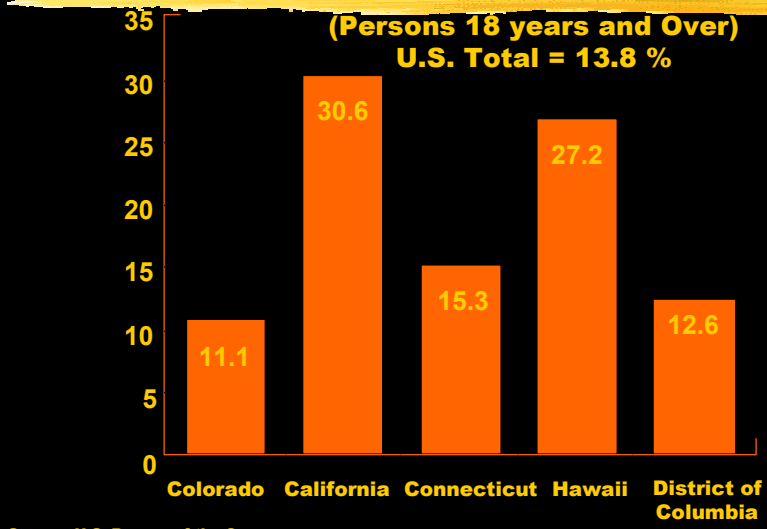
Cultural and Linguistically Appropriate Services (CLAS) Standards
Guiding a National Agenda

- HCFA Regulations-Medicare+ and Medicaid
- QUISMC will focus on Cultural Competency
- OCR Guidance on LEP
- Consumer Bill of Rights
- HRASA's Model Cultural Competency Purchasing Specifications for Medicaid Managed Care (www.gwu.edu/~chsrp)
- AHRQ Research Agenda

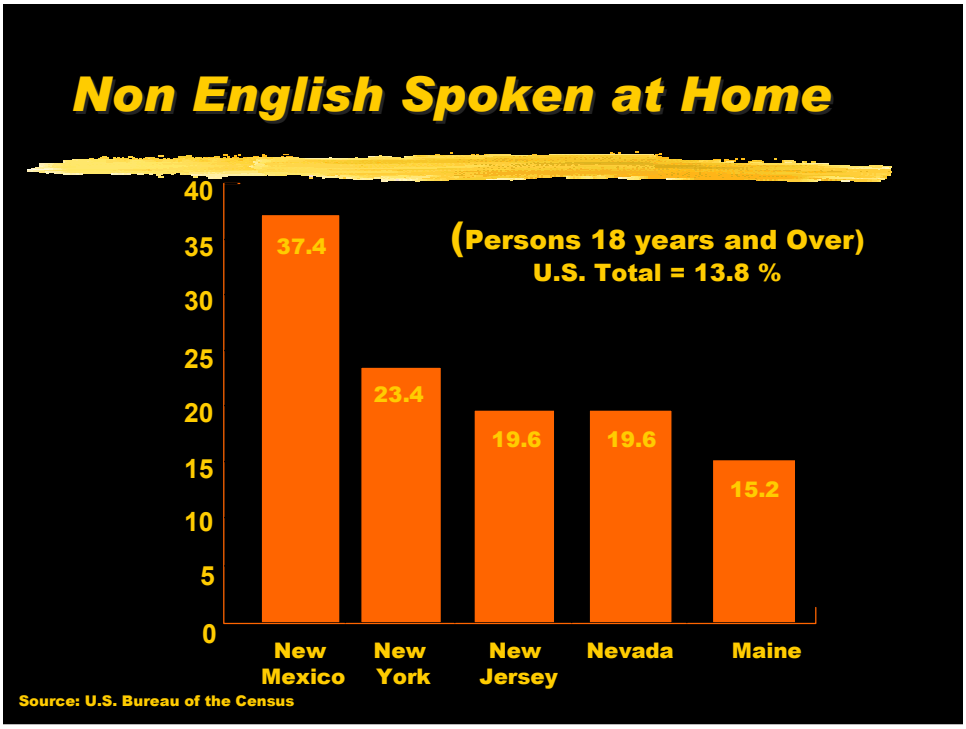
Title VI Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency

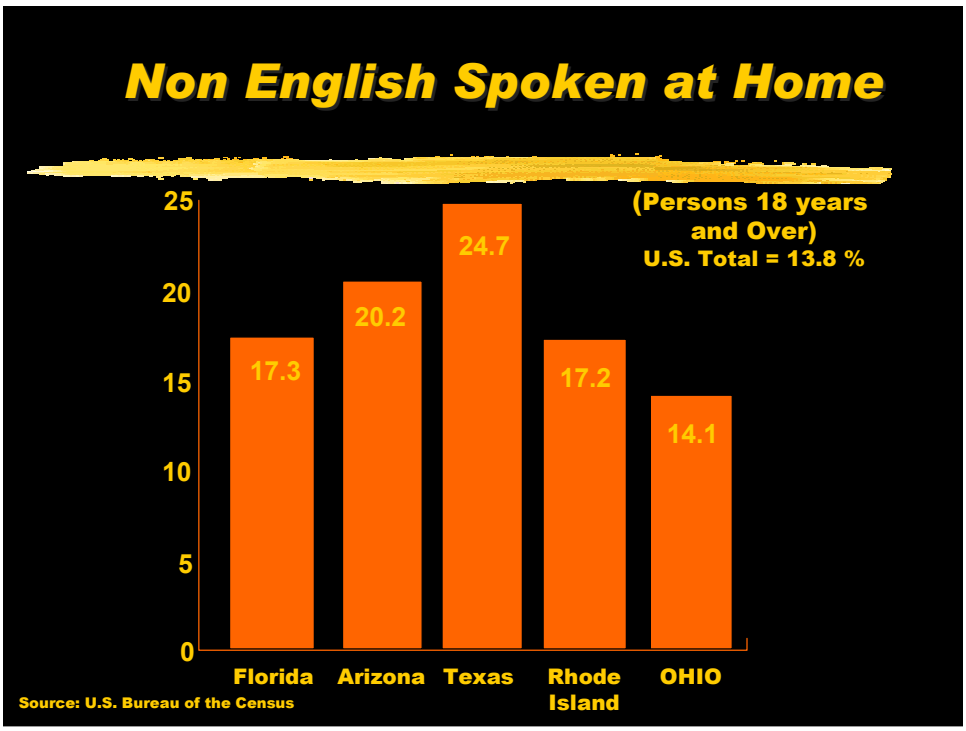
- Ensure that individuals with limited English proficiency (LEP) can meaningfully access the programs and services
- Requirements apply to state-administered as well as private and non-profit facilities and programs that benefit from HHS assistance
- OCR is responsible for compliance with the law as it applies to HHS
- www.hhs.gov/ocr/lep

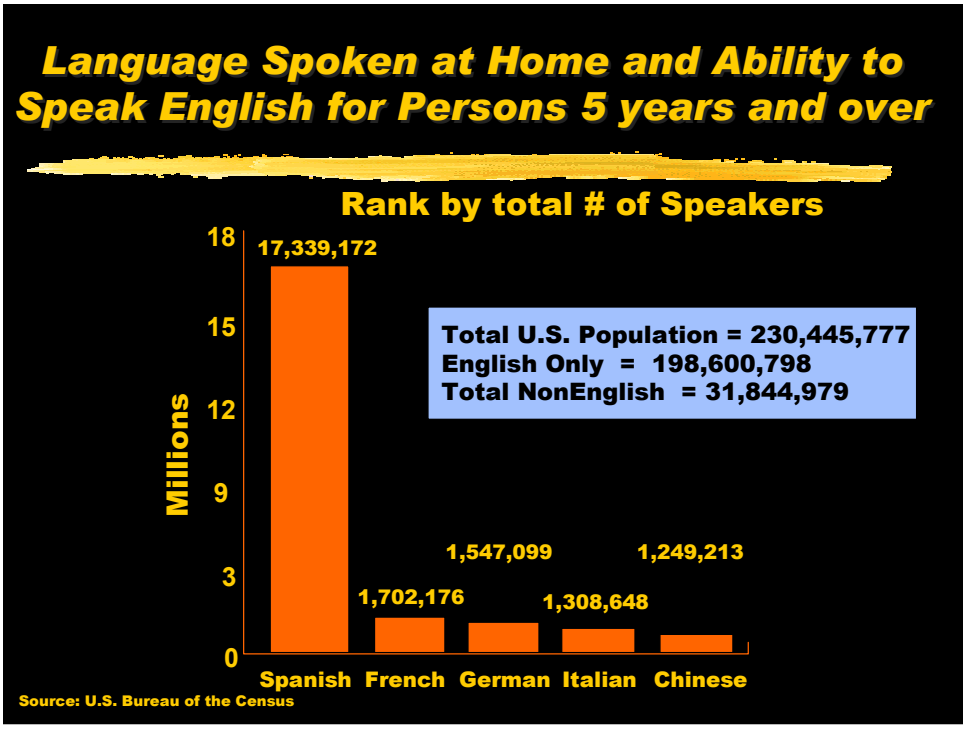
Non English Spoken at Home

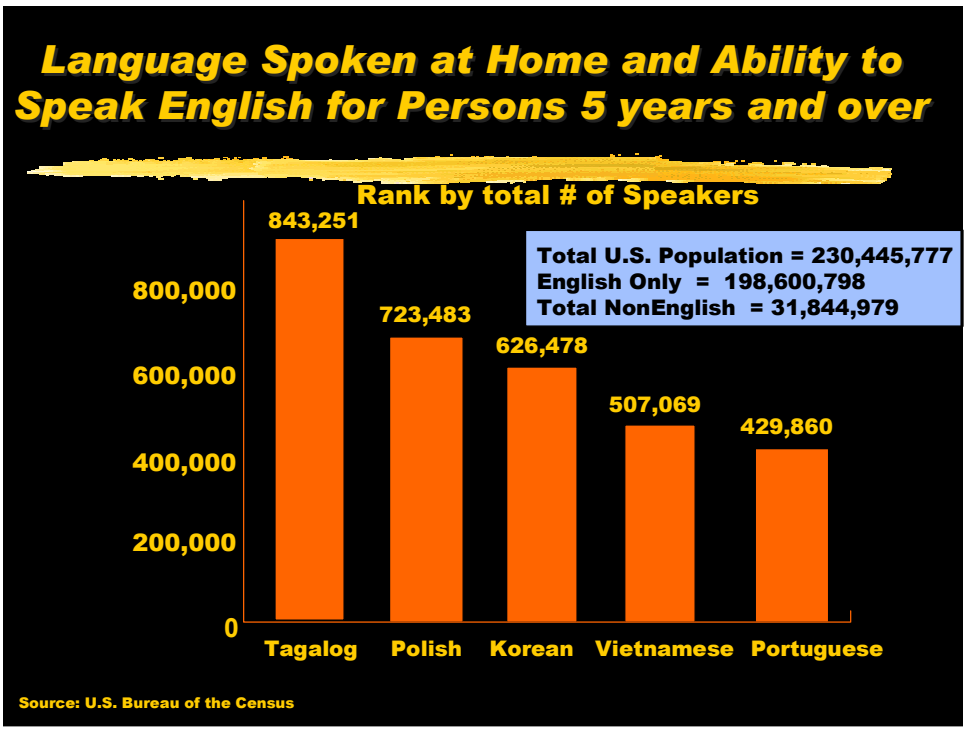


Source: U.S. Bureau of the Census


Non English Spoken at Home
(Persons 18 years and Over)
U.S. Total = 13.8 %
40
35
30
25
20
15
10
5
0
37.4
23.4
19.6
19.6
15.2
New Mexico
New York
New Jersey
Nevada
Maine
Source: U.S. Bureau of the Census


Non English Spoken at Home
(Persons 18 years and Over)
U.S. Total = 13.8 %
25
20
15
10
5
0
17.3
20.2
24.7
17.2
14.1
Florida
Arizona
Texas
Rhode Island
OHIO
Source: U.S. Bureau of the Census


Language Spoken at Home and Ability to Speak English for Persons 5 years and over
Rank by total # of Speakers
Millions
18
15
12
9
3
0
17,339,172
1,702,176
1,547,099
1,308,648
1,249,213
Spanish
French
German
Italian
Chinese
Total U.S. Population = 230,445,777
English Only = 198,600,798
Total NonEnglish = 31,844,979
Source: U.S. Bureau of the Census


Language Spoken at Home and Ability to Speak English for Persons 5 years and over
Rank by total # of Speakers
800,000
600,000
400,000
200,000
0
843,251
723,483
626,478
507,069
429,860
Tagalog
Polish
Korean
Vietnamese
Portuguese
Total U.S. Population = 230,445,777
English Only = 198,600,798
Total NonEnglish = 31,844,979
Source: U.S. Bureau of the Census

Assuring Access to LEP

- ***The Four Keys to Title VI Compliance in the LEP Context***
  - **Training of Staff -** The recipient/covered entity takes steps to ensure that staff understands the policy and is capable of carrying it out; and
  - **Vigilant Monitoring** - The recipient/covered entity conducts regular oversight of the language assistance program to ensure that LEP persons meaningfully access the program.
  - www.hhs.gov/ocr/lep/guide.html

Assuring Access to LEP

- ***The Four Keys to Title VI Compliance in the LEP Context***
  - **Assessment** - The recipient/covered entity conducts a thorough assessment of the language needs of the population to be served;
  - **Development of Comprehensive Written Policy on Language Access** - The recipient /covered entity develops and implements a comprehensive written policy that will ensure meaningful communication;
  - www.hhs.gov/ocr/lep/guide

Quality Tools

- NCQA and HEDIS Measures
- JCAHO Standards
- CAHPS
- Others

NCQA Standards

- MCO, MBHO and PPO Plan Programs
  - **Availability of Practitioners QI 4.0 -** In creating its delivery system of practitioners,an organization must attempt to link its members/enrollees with practitioners who can meet the assessed linguistic and cultural needs and preferences of the members/enrollees.

NCQA Standards

- MCO, MBHO and PPO Plan Programs
  - **Translation services (RR 4.4): In structuring its member/enrollee services function, the organization must consider data about the linguistic needs of its members/enrollees and provide translation services for those population groups whose principal spoken and written language is not English.**

NCQA Standards

- MBHO Programs
- **Member Satisfaction (QI 6) : Enrollee surveys must assess satisfactionwith accessibility, availability, and acceptability. Acceptability refers to the "fit" of the practitioner, program or service with the enrollee receiving care.This fit reflects an organization's capability to assess and meet the special,cultural,ethnic,communicative and linguistic needs and preferences expressed by enrollees.**

NCQA Standards

- MBHO Programs
  - **Preventive Behavioral Health Services (PH 1): Preventive health programs must be selected and built from an analysis of the demographic, cultural, clinical and risk characteristics of the MBHO's population.**

JCAHO Standards

Understanding Diversity Why & How

- Changing Workforce Demographics
- Accelerating Globilization
- Continuing Group Conflict and Litigation
- Differentiate 'Diversity Management' from 'Affirmative Action'
- Use Organizational Development Approach

Diversity: Impact On Work & Outcomes

- Impact of Diversity is influenced by Organizational "Diversity Perspective"
  - Normative beliefs about the value of varied cultural identities (diversity)
  - Expectations about the impact of 'personal assets' of diversity
  - Beliefs about what constitutes progress

Intellectual Capital in Healthcare Management and Delivery

- **Human Capital**
  - **Full potential of all people, capabilities, knowledge, experience, 'personal assets'**
- **Customer Capital**
  - **Enduring relationships with customers and stakeholders**
- **Structural Capital**
  - **Human knowledge that is 'captured' in processes, tools, databases**
- Kaplan 1996, Nonaka 1995, Sveiby, 1997

Leveraging Diversity: Enhancing Intellectual Capital

- Knowledge-Based Economy
- Increased Value of Human Assets
  - **Innovation**
  - **Creativity**
  - **Health**
  - **Vitality**
  - **Productivity**
  - **Loyalty**
  - **Synergy**
- Svieby, 1997

Diversity Research

- Effects of Proportional Representation
  - Impact of numbers on group members
  - Critical Mass Concept
  - Backlash
- Effects of Group Composition
  - Impact of organizational diversity on workgroups
  - Sex differences and Leadership styles
  - Impact of diversity

3 Diversity Perspectives on Work Processes and Outcomes

- Discrimination and Fairness
- Access and Legitimacy
- Learning and Effectiveness

- Thomas and Ely, Harvard Business Review 1996

Diversity Perspectives on Work Processes and Outcomes

- Discrimination and Fairness
  - Equal Opportunity
  - Fair Treatment
  - Recruitment
  - Compliance with EEO

- Thomas and Ely, Harvard Business Review 1996

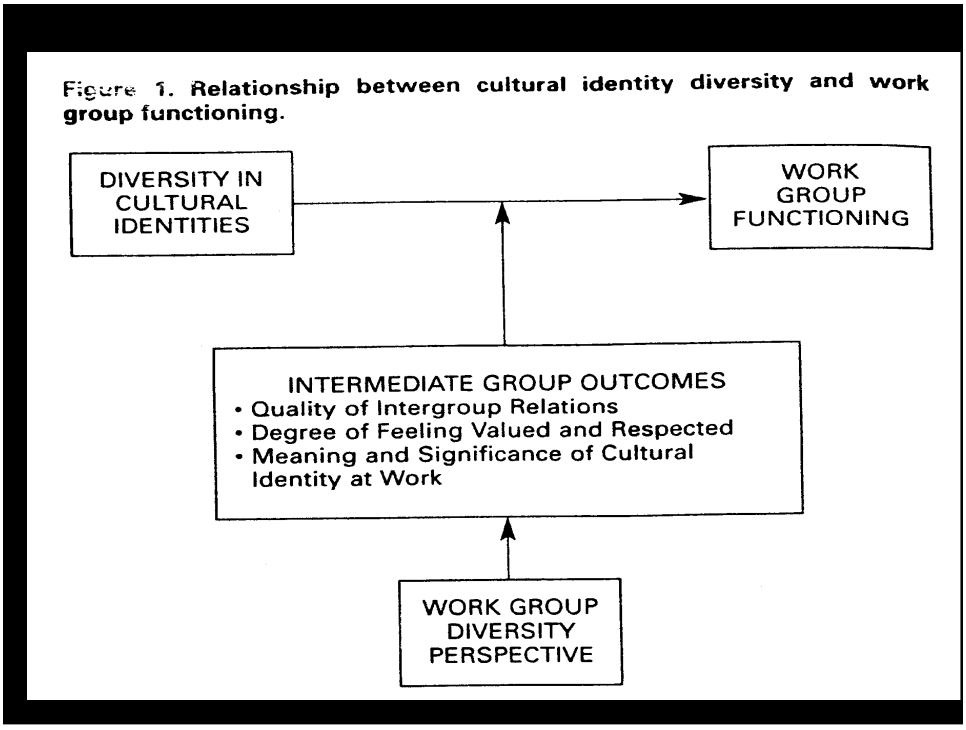
Diversity Perspectives on Work Processes and Outcomes

- Access and Legitimacy
  - Market Based Motivated
  - Emphasize the 'role' of cultural differences
  - Staff have niche capabilities
    - Multilingual
    - Provide actual access

- Thomas and Ely, Harvard Business Review 1996

Diversity Perspectives on Work Processes and Outcomes

- Learning and Effectiveness
  - Recognition that decisions and choices draw on cultural background ("personal assets")
  - Cultural perspectives are incorporated into the main work of the organization
  - Challenges basic assumptions about organizational operations
    - Rethinking primary tasks
    - Redefining markets,products, strategies, mission
- Thomas and Ely, Harvard Business Review 1996



Diversity Training: From Anti-Discrimination Compliance to Organizational Development

- Reduction of discrimination for employees…benefits for employers in terms of productivity (Thomas, 1990)
- Most experts agree that education is a crucial first step (Cox, 1994)
- Some state initiatives are counter-productive… reject the activity for philosophical reasons (Lynch, 1997)
- Bendict and Egan 2001

Diversity Training: From Anti-Discrimination Compliance to Organizational Development

- **Pose a substantial threat to…free speech; individualism; nondiscrimination on the basis of ethnicity, gender, or religion; and equality of opportunity.**
- **Ineffective or harmful in practice (Hemphill and Haines, 1997)**
- **Personal agendas, minority platforms, and social conflicts were frequently major portions of the program…. White males report that they are tired of being made to feel guilty…. Groups that already felt oppressed left the diversity program feeling even more vulnerable and victimized.**
- Bendict and Egan, 2001

9 Benchmarks Defining Effective Organization Development Diversity Training Initiatives

- Training Has Strong Support from Top Management
- Training Is Tailored to Each Client Organization
- Training Links Diversity to Central Operating Goals
- Trainers Are Managerial or Organization Development Professionals
- Training Enrolls All Levels of Employees
- Training Discusses Discrimination as a General Process
- Training Explicitly Addresses Individual Behavior
- Training Is Complemented by Changes in Human Resource Practices
- Training Impacts the Corporate Culture

- Bendict and Eagan 2001

Leading Practices
Owens Corning
Advantica Restaurant Group (Denny's)

- Owens Corning
  - 24,000 Employees- 4.3 Billion Annual Revenues
  - CEO generated 1992: broader vision, flexibility, new ideas
  - Onsite Diversity Consultant for 5 years
  - Corporate Director of Diversity
  - Organizational Assessment
  - Day Long dialogue between Management and line workers
  - Diversity Councils
  - Diversity Survey to all employees
  - 2-day Diversity Training to all salaried employees

Leading Practices: Managing Diversity

- Advantica Restaurant
  - **65,000 employees…2.6 billion revenues**
  - **training was mandated for all Denny's managers and employees**
  - **"Mission 2000" to develop commonalities among its largely independent restaurant chains**
  - **"employer of choice," and make customer service as important as hygienic food handling**
  - **short-lived internal diversity committee and employee focus groups**

Leading Practices: Managing Diversity

- Advantica Restaurant
  - self-study course on diversity for new managers in the Hardee's and Quincy's chains
  - charismatic speaker was brought in for short, awareness-focused presentations, entitled "Harness the Rainbow," to senior executives and franchises
  - training vendor delivered one-day diversity awareness workshops to 4,000 employees, including all restaurant managers and assistant managers in Denny's and El Polo Loco.

Leading Practices: Managing Diversity

- Advantica Restaurant
  - training was generally received politely, feedback suggested that trainees preferred an approach that would move beyond awareness to discuss behavior
  - denigrated the trainers' lack of background in the restaurant industry and classroom exercises not set in restaurants
  - subsequent training was redesigned to use company internal staff. A racially mixed group of 75 employees was selected as training leaders
  - These employees then led one-day training sessions in groups of 25 around the company, under titles such as "We Can."

Leading Practices: Managing Diversity

- Advantica Restaurant
  - focus of this training is treatment of customers, rather than employees, although the two often intertwine
  - "business case" for diversity is given prominence, highlighting the purchasing power of different ethnic groups
  - Sessions are keynoted by a videotape in which the CEO endorses the training
  - racial/ethnic minorities now 26 percent of Denny's managerial employees

Diversity Perspectives &Organizational Work

Does Diversity Enhance or Detract From Work?

- Leadership must understand and value varied perspectives, opinions, and insights
- Leadership must recognize learning opportunities
- Organizational culture must create an expectation of high standards of performance
- Organizational culture must stimulate personal development
- Organizational culture must make workers feel valued
- Organizational culture must value openess
- Organization must have well-articulated and widely understood mission

- Ely and Thomas, Administrative Science Quarterly 2001

Inclusivity Consulting

White Men's Caucus

- Teach Participants that there is a white male culture…and they are a part of it
- Participants are individuals
- Recognize role in 'the work' of diversity
- Create strategic view of inclusive organizations
- Shell Oil & Detroit Edison

Transforming Practice Organizations to Foster Lifelong Learning

- Combine education and service delivery
- Institutionalize individual and collective reflection
- Extend problem based learning into practice
- 'Responsive Medical Professionalism"
  - Responsive to social values
  - Medical work valued intrinsically
  - Maintain close linkages with communities
- Frankford and Konrad, Academic Medicine 2000

Institute of Medicine 1999

Improve patient's knowledge about their treatment

- **Prescription orders should include a brief notation of purpose unless considered inappropriate**
- **Prescribers should not use vague instructions such as "Take as directed" as the sole direction of use**
- **Educate patients in the hospital , at discharge, and in ambulatory settings about the safe and accurate use of their medication**
- **Patients should tell physicians about all medications they are taking and ask for information in terms they understand before accepting medications**

Source: To Err is Human: Building a Safer Health System 1999

Institute of Medicine 2002

- Expert Committee Convened to Consider strategies to reduce ethnic and racial health disparities
- Embargoed report due Spring 2002

BEST PRACTICES & INNOVATIONS

- Harvard Pilgrim Healthcare: Interpreter Services, Gay/Lesbian Triangle, Physician Training
- Kaiser Permanente : Patient Forums, Practice Guidelines, Ethnic Community Practices
- Latino Health Project
- NYU Center for Immigrant Health: UN model of Interpreter Services
- Institute of Medicine
- Commonwealth Fund : Minority Health Survey

BEST PRACTICES & INNOVATIONS

- Stanford Center For Biomedical Ethics : Educational Videos
- AAMC : Standardized Curriculum for Medical Schools
- Hopkins : Hypertension & Communication Styles
- Henry Ford Hospital/Access : Arab American Community
- Medical College of Ohio: Organization Wide Diversity Initiative

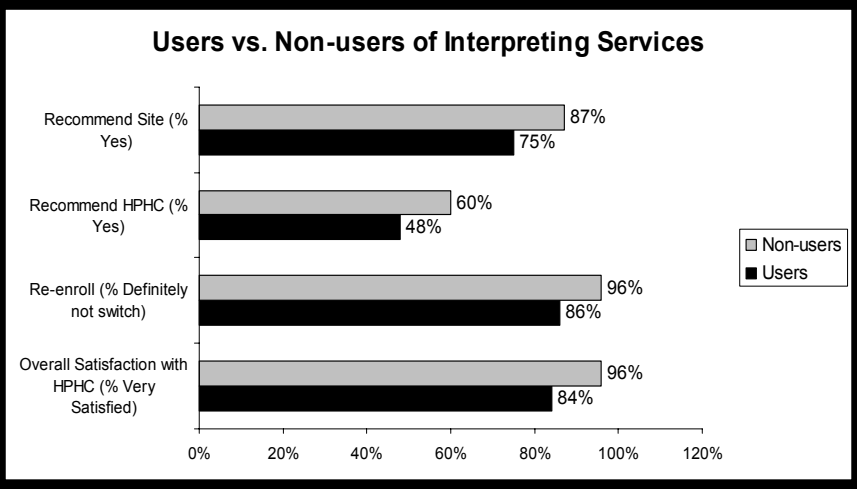
Harvard Pilgram Healthcare Culturally Competent Healthcare

- **Important because of drastic changes in the U.S. population**
  - **Population is becoming more diverse**
- **Patients more satisfied with physicians and their personal health when they feel like they are understood**
- **Culturally competent healthcare in educational environments will facilitate healthier students, faculty, and staff**
  - **In turn, increasing academic achievement and attendance**
- **Necessary to creating a healthier and more productive society**

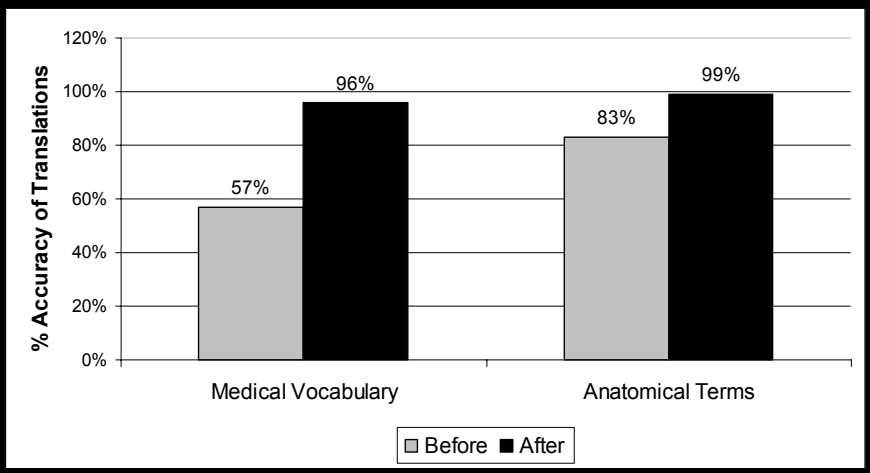
Interpreter Vocabulary Test Mistakes

Cervix	neck cervical vertebra hip
Bear Down	push something/someone carry a weight Bend down/sit down beard/chin
Bladder	liver vagina
Seizures	kidnapping cramps stitches lose consciousness
Lump	tumor dough nodule swelling
Fibroid	gland gland that swells fibrous fiber

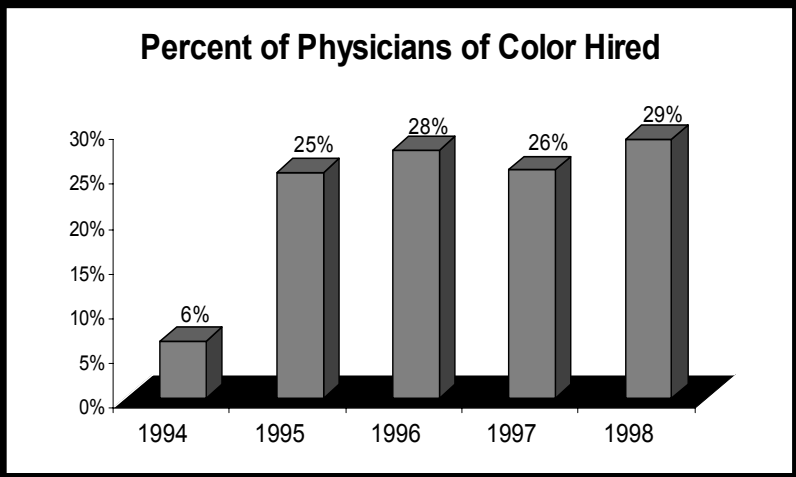
Overall Satisfaction



Results of Medical Interpreter Training Program



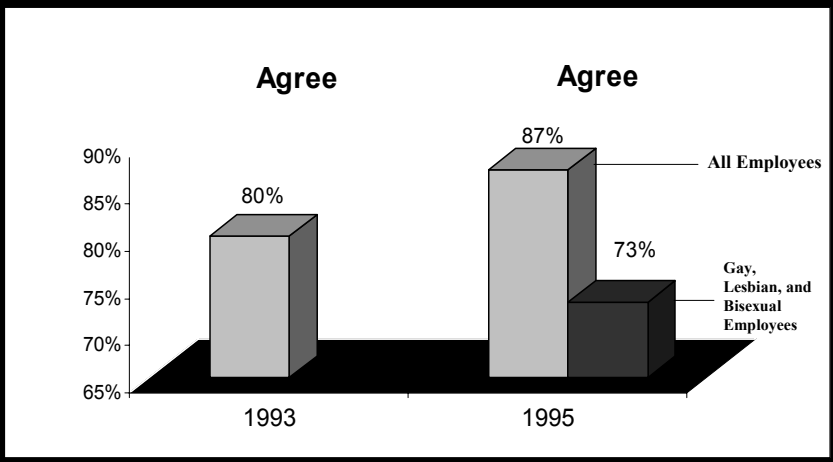
Minority Hiring Results (salaried physicians)



Harvard Pilgrim Healthcare Health Triangle

- Developed gay/lesbian sensitive provider list to improve service to members of the gay/lesbian community
- Created site contacts to support "out" employees and create safety valve for them
- Reviewed and recommended improvements to gay/lesbian advertising
- Developed clinical training on how to better deliver care to the gay/lesbian community

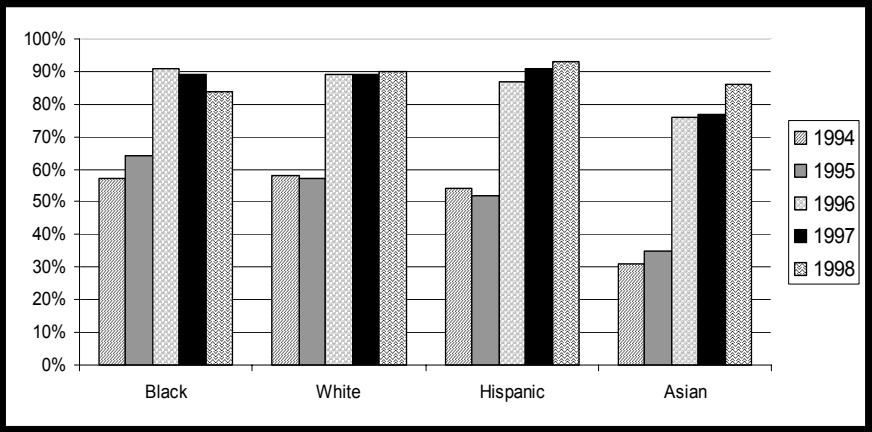
HPHC is a Gay-Friendly Organization



Gay/Lesbian Outreach

- Received GBBC award of recognition
- Promoted availability of 150 gay sensitive providers in HCD
- Developed focused advertising campaign to market urban sites
- Organized Health Triangle of 175 gay and lesbian employees as resource to business functions

HPHC Overall Satisfaction 1994-1998



Communication and Patient Partnering

- Decision Making
- Racial Concordance
- Patient Provider Interactions

- Saha S, et al 1999,Roter D 2000

Appendix Categories of Roter interaction analysis system (RIAS)

Functional grouping	Communication behaviour	Example
Data gathering skills	Open-ended question asking about medical condition, therapeutic regimen, lifestyle and self-care, psychosocial topics	What can you tell me about the pain? How are the meds working? What are you doing to keep yourself healthy? What's happening with his father?
	Closed-ended question asking about medical condition, therapeutic regimen, lifestyle and self-care, psychosocial topics	Does it hurt now? Is your sleep better? Do you take your meds? Are you still smoking? Is your wife back?
Patient education and counseling skills	Biomedical information about medical condition, therapeutic regimen	The medication may make you drowsy. You need to take it for 10 days
	Lifestyle and self-care information	Getting plenty of exercise is always a good idea. I can give you some tips on quitting
	Psychosocial exchange about problems of daily living, issues about social relations, feelings, emotions	It's important to get out and do something daily. The community centre is good for company
Relationship skills	Positive talk (agreements, jokes, approvals, laughter)	You look fantastic, you are doing great
	Negative talk (disagreements, disapproval, criticisms, corrections)	I think you are wrong, you weren't being careful. No, I wouldn't want that
	Social talk (non-medical, chit-chat)	How about them O's last night?
	Emotional talk (concerns, reassurance, empathy, partnership)	I'm worried about that. I'm sure it will get better. We'll get through this
Partnering skills	Facilitation (asking for patient opinion, asking for understanding, paraphrase and interpretation, back-channel)	What do you think it is? what would help? Do you follow me? Let me make sure I've got it right. I heard you say you the meds didn't work for you. Uh-huh, right, go on, hmm
	Orientation (directions, instructions)	I'd like to do a physical now. Get up on the table. Now we'll check your back

Proposal to Commonwealth Fund:
Quality of Care for Underserved Populations

Improving Chronic Disease Management for Populations with Low Functional Health Literacy & Language Barriers

Dean Schillinger, MD
Assistant Professor of Medicine, UCSF Primary Care Research Center
Director, Clinical Operations, Dept of Medicine, San Francisco General Hospital

Sept 24, 2001

Modern Chronic Disease Management

- Mandates that patients play an active role
- Revolves around self-management
- Requires systematic monitoring of health status
  - To assess health behaviors and adherence
  - To identify problems before they become severe
  - To deliver timely, targeted interventions to support behavior change or divert crises
- Predicated on interactive communication at provider-patient and system-patient levels

Communication Barriers and Chronic Disease Management

- Patients with chronic disease have the greatest communication needs
- Many patients with chronic diseases have communication barriers
- Communication barriers impede successful disease management
  - low functional health literacy (FHL)
  - limited English proficiency (LEP) / non-English speakers

Functional Health Literacy(FHL)

Measure of patient's ability to communicate effectively in the health care system (literacy and numeracy)

Distinct from education level

Low FHL common in public sector health care settings

Low FHL prevalent among:

elderly: 34% among Medicare managed care enrollees

minorities: 2-5x rate

patients with chronic disease: 50-70% at SFGH, UCLA, Grady

Spanish-speakers: 2-5x rate

Low Functional Health Literacy(FHL)

Low FHL independently associated with:

- lower health-related knowledge (only 50% knew abnormal BP)
- poor self-mgmt (50% lower asthma inhaler scores)
- worse chronic disease outcomes (2x odds of high blood sugar)
- worse health status
- higher utilization of services (2x risk of hospitalization)

AMA and Healthy People 2010 have targeted low FHL as a potentially remediable contributor to disparities

Implementing and Evaluating Health Communication Interventions for Chronic Disease Patients

- Proposed strategies for assisting patients with communication barriers and chronic disease:
  - Interactive technologies
  - Empowerment-based group counseling
- Little is known regarding clinical impact and cost-effectiveness

Objectives

To evaluate impact of tailored disease mgmt on health outcomes among diabetes patients with low FHL and language barriers in a public hospital ambulatory setting

Compare interactive technology with individualized empowerment - based strategies, each tailored to language and literacy levels

Interventions

Automated telephone disease mgmt (ATDM) + nurse

- carries out systematic regular monitoring in primary language
- delivers tailored health education via touchtone or voice recognition
- promotes timely, targeted interventions

VS

Multidisciplinary, cooperative care clinic model (group visits)

- Utilizes a variety of health care professionals to enhance disease mgmt; we will include adult literacy expert; ensure language concordance
- Groups of patients meet monthly with team for 1 year

Design

- Randomized controlled trial comparing ATDM (n=200) with Cooperative Care Clinic (n=200) with Usual Care (n=200)
- Enrollment at 2 primary care centers at SFGH
  - 55% have low FHL, 30% speak little or no English (Spa/Cantonese)
  - Mean HbA1c 8.7%; 20% have HbA1c>10% (out of control)
  - Nearly 1 in 4 patients hospitalized in year prior
- Patients will undergo interviews at baseline and at one year
- Additional clinical information via SFGH clinical database

Main Outcomes

Changes in:

- Patient satisfaction
- Self-care behavior
- Health-related quality of life
- HbA1c (blood sugar control)
- Intervention costs vs. healthcare utilization-related savings

Powered to detect difference in HbA1c between groups of 0.6 %

Innovations in Serving Diverse Populations

Ms. Gayle Margolis, Deputy Director Medical Care Services
California Department of Health Services

Strategically Serving Our Diverse Population

- Demographic data collection and reporting.
- Policy and community partnership.
- Education and outreach.

Demographic Data Collection and Reporting

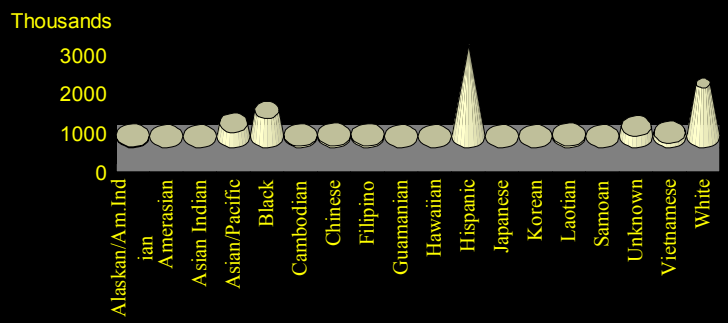
Demographic Data Collection

- Data collected during application process.
  - Race & ethnicity
  - Primary language
- Data collected in programs where Medi-Cal is a benefit.
  - In-home supportive services
  - Social Security Administration (SSI benefits)
  - Healthy Families (SCHIP)

Medi-Cal (Medicaid) Program Enrollment

- Enrollment (4/01): 5,379,386
- Major Ethnic Groups
  - Latino -44%
  - African American -13%
  - Asian/ Pacific Islander -13%

Medi-Cal Enrollment by Race & Ethnicity



Languages of Our Beneficiaries

Cantonese	Other Non-Eng
English	Other Sign
Farsi	Polish
French	Portuguese
Hebrew	Russian
Hmong	Samoan
Ilacano	Spanish
Italian	Tagalog
Japanese	Thai
Korean	Turkish
	Vietnamese

Other Report Categories

- Aid code
- County
- Gender
- Program
  - Fee for service Vs. managed care

Policy and Community Partnership

Medi-Cal Managed Care Cultural and Linguistic Policies

- Nationally recognized.
  - Used as the foundation for the federal standards (CLAS) and HRSA's purchasing guidelines for managed care organizations
- Developed in partnership with community and stakeholders.
- Adopted by other state departments.
  - Mental Health and Healthy Families (SCHIP).

Medi-Cal Managed Care (C&L) Policy Letters

- Linguistic Service
- Translation of Written Informing Material
- Community Advisory Committee
- Cultural and Linguistic Services Group Needs Assessments
- Cultural Competency in Health Care--Meeting the needs of a Culturally and Linguistic Diverse Population

Policy Highlights

- Linguistic Services
  - Threshold Languages
  - Member Informing
- Community Advisory Committee
  - Membership
  - Function
- Translation of Written Informing Materials
  - Required Documents and Timeline
- Group Needs Assessment

Local Partnerships

- Health Advocates
- Hospitals
- Managed Care Organizations
- Community Clinics
- Academia
- Legal Aide Society
- Immigrant Rights Organizations
- State Health Programs
- Provider Organizations

Medi-Cal Education and Outreach Programs

- Medi-Cal Managed Care
  - Dedicated staff and budget
- Healthy Families and Medi-Cal for Children
  - Dedicated staff and budget
- BabyCal
  - Dedicated staff and budget

Education and Outreach Activities

- Applications published in multiple languages.
- Ethnic specific media campaigns
- Community based outreach through contracting.
  - Targeting racial and ethnic communities.
- Medi-Cal managed care enrollment forms published in multiple languages.

Education and Outreach Activities Con't

- Healthy Families Medi-Cal for Children enrollment assistance phone lines.
  - An 800 number that serves multiple languages.
- Enrollment entities located in diverse communities.
  - Fifty dollar application assistance fee paid to certified assistants.
- Frequent state program meetings with stakeholders.

Hopkins Black Men with Hypertension

- Defined Roles for Various Providers
- Identified Culturally Relevant Barriers
- Identified Causation Beliefs
- Identified Perceptions Affecting Adherence
- Developed Home Visit Protocol
- Identified Educational Needs

Roary,M . Bone,L. Hall, P. Hill,M.
1997, 1998

Hopkins: Compliance and Health Beliefs N=720

- **24% cited Stress**
- **20% cited Heredity**
- **11% cited Diet**
- **11% cited Alcohol**
- **9% cited Salt**
- **6% cited Overweight**
- **26% cited more than one cause**

Roary,M . Bone,L. Hall, P. Hill,M.
1997, 1998

Latino Health Institute /Boston City Hospital Customer Satisfaction Studies: What Works

- Self-administered questionnaires less effective (Literacy)
- Comfort with confronting the document
- Service as a function of expectations
- Summing the experience in a "box"
- Emphasis on affective quality of relationships

Laws,M.B. 1998

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- Summing the experience in a "box"
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Laws,M.B. 1998

Medical College of Ohio

- The mission of the Medical College of Ohio is the creation and maintenance of an academic environment that attracts the most highly qualified students and faculty and fosters the pursuit of excellence in health care education, research and service.

Commitment to Diversity

- In fulfilling its mission, MCO holds an enlightened, empathetic commitment to the importance of multiculturalism. The MCO culture supports respect, understanding, and appreciation of diversity among students, faculty, patients and staff.

Medical College of Ohio

- Organizational Assessment
- Provider Assessment
- Organizational Training (CEO & Dean Onsite as Champions)
- Dialogues and Public Forums
- Community Involvement

Immigrant Health Care Needs Minneapolis

- **Cultural Competence Clinic Assessment**
- **Patient Cultural Assessment**
  - **Ecology and Social Structure: Ethnic concept of illness, traditional healing practices, educational levels, learning preferences, economic status, religious beliefs, politics**
  - **Individuality: Reasons for emigration, immigration status, non-verbal communication style, rules of interpersonal space, perceptions of time and space, adaptability**

Center for Cross Cultural Health
1996

Immigrant Health Care Needs Minneapolis

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- Patient Cultural Assessment
  - Ecology and Social Structure: Ethnic concept of illness, traditional healing practices, educational levels, learning preferences, economic status, religious beliefs, politics
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Center for Cross Cultural Health
1996

The Medical Education Group Provider Education: Lessons Learned

- Focus on ***Patient needs*** rather than staff interpersonal issues
- Communicate that it is okay and necessary to acknowledge and understand differences
- Physicians/Care Givers must understand their role in a service encounter (Team Concepts)
- Organizational Leadership must ***Empower Care Givers*** as a component of a culturally competent system of care. (Time, Pandora's Box, Ethics)

Scott, C J 1998

The Medical Education Group
Provider Education: Lessons Learned

- Care Givers/Physicians/Providers ***want*** to incorporate skills to enhance patient provider relationship and patient outcomes
- Physician/ Clinician Opinion Leader is ***Critical***
- Risk Management Context IS important and effective (Informed Consent)
- Care Givers must be integrally involved in Patient Education Strategies

Scott, C J 1998

The Medical Education Group
Provider Education: Lessons Learned

- Care Givers/Providers/Physicians appreciate ***data driven education***
- Care Givers must appreciate the continuum of cultural competency (Life Long Learning)
- Educational interventions must be ***ongoing*** (Reminder, Feedback Systems, Grand Rounds, Case Reviews)

Scott, C J 1998