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Bridging Gaps: The Vital Role of Cultural Competence in Healthcare

December 18, 2014

Featured Speakers

- Wilma Alvarado-Little, M.A. M.S.W.
  – Language Access Advocate
- James O’Barr, M.S.W.
  – Migrant Health Coordinator, N.E. Region, Hudson River Healthcare, Inc.

Disclosure Statements

The planners and presenters do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this activity.

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Thank You to Our Sponsors

- University at Albany School of Public Health
- New York State Department of Health
Culture Concepts

- Beliefs, customs and ways of life of a particular society, group, place or time period
- A way of thinking and behaving that exists in an organization
- **Not** limited to race or ethnicity
- Examples of cultures and sub-cultures:
  - First and second generation immigrants
  - Regional cultures: Upstate New York, Long Island
  - Lesbian, Gay, Bisexual, Transgender (LGBT)
  - Unhoused or homeless community

Culture and Health

Examples

- Socio-cultural norms that promote smoking
- Gender and socio-cultural norms influencing access and acceptance of contraceptives
- Social reframing of substance abuse addicts from criminals to chronic disease sufferers

Culturally and Linguistically Appropriate Services (CLAS)

*Services that are respectful of, and responsive to, individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and employed by all members of an organization (regardless of size) at every point of contact.*

OMH, 2013

The CLAS Standards in Health and Health Care

- Published in 2000 by the Health and Human Services (HHS) Office of Minority Health
- Re-published in 2013

The National CLAS Standards

The Case for Culturally and Linguistically Appropriate Services

- Changing Demographics
- Cost of Health and Health Care Disparities
- Legislation
- Accreditation

Accreditation

- Joint Commission, National Committee on Quality Assurance
The Case for Culturally and Linguistically Appropriate Services

Medical Errors
- Limited English proficient (LEP) patients may not be able to communicate effectively with their health care providers, which may be of greater risk for medical errors.

Readmissions
- Racial and ethnic minorities are more likely to be readmitted for certain chronic conditions than their non-Hispanic White counterparts.

Length of Stay
- Length of hospital stay for limited English proficient patients was significantly longer when professional interpreters were not used as admission or length of stay/bed-stay discharge.

The National CLAS Standards

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

OMH, 2013

The Case for Culturally and Linguistically Appropriate Services

Quality of Care
- Education on cultural and linguistic competency, and the introduction of interpreter services improves the quality of care delivered.

Patient Adherence
- Effective provider-patient communication impacts patient adherence, preventive measures such as immunizations, patient satisfaction, increased trust, and provider patient adherence.

Preventive Services
- A general lack of CLS/Cultural competency in the health care system prevents LGBT individuals from accessing necessary and valuable preventive care and preventive services.

Peekskill Area Health Center
- First center in HRHCare system
- Opened in 1975
- Federally Qualified Health Center

Mission: To increase access to comprehensive primary and preventive health care and to improve the health status of our community, especially for the underserved and vulnerable.

Hudson River HealthCare (HRHCare)

OMH, 2013
Health Center Leadership

Board of Directors

- Must be comprised at least 51% by users of the health center and representative of the community

Migrant Health

1989 Migrant Health Grant

- Large migrant and seasonal farmworker population
- Serving the five counties of the mid-Hudson Valley

The Migrant Health Program

Core Methods

- Outreach into the farms and camps with regular activity
- Bi-lingual and bi-cultural medical, administrative and outreach staff

Theme 1

Governance | Leadership | Workforce

Standards on Governance, Leadership and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources

3. Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.

Standards on Governance, Leadership and Workforce (cont.)

4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
Theme 2

Communication & Language Assistance

multimedia | spoken | signed | written

Standards on Communication and Language Assistance

5. 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

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

Standards on Communication and Language Assistance (cont.)

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area

Theme 3

Standards on Engagement, Continuous Improvement and Accountability

9. Establish and infuse culturally and linguistically appropriate goals, policies, and management accountability, into organization’s planning and operations

10. Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into continuous quality improvement activities

11. Collect and maintain accurate and reliable demographic data

Standards on Engagement, Continuous Improvement and Accountability (cont.)

12. Conduct regular assessments of community health assets and needs

13. Partner with community to design, implement, and evaluate policies, practices, and services

14. Create conflict resolution processes that are culturally and linguistically appropriate

15. Communicate the progress in implementing CLAS
Hudson River HealthCare

Creating a Culturally Competent Organization

HRHCare Training

- Supervising a Diverse Workforce
- Orientation - Front Desk: Working With Culturally Diverse Communities
- Medical Interpreter Training
- Culturally Sensitive Communication Skills
- Communication Techniques for Diverse Communities
- Nurse Training - Working With Diverse Communities
- Planetree - Patient Diversity

Peekskill Area Health Center - 1994

Expanded to five sites
- Included two farmworker health centers

Established a Cultural Competency Committee
- Integrating cultural and linguistic competence into every aspect of Health Center staff operations

HRHCare Cultural Competence Committee Activities

Policies:
- Equity
- Annual Board of Directors review

Procedures:
- Review of Training and materials
- Health Promotor/Promotora & Community Health Workers

Data:
- Patient Experience and Quality Indicator Reports
- Clinical Programs Quality Data

HRHCare Cultural Competence Committee Activities (cont.)

Services
- Patient Education and Self-Management programs
- Outreach and staff recruitment in community settings

Special Groups - LGBT, Elderly

HRHCare Linguistic Competence

Assessment of Language Line use at all sites

Medical Interpreter Training
- In-house, 6-week course for staff
HRHCare 2013
Patient/Board Demographics

Where can you find more information about the National CLAS Standards?

Acknowledgements

Resources

- New York State-wide Spanish AIDS Hotline (SIDA)
  – Hotline: 1-800-233-7432

- Hudson River Healthcare
  – 1-844-HRH-Care (1-844-474-2273)

Think Cultural Health

www.thinkculturalhealth.hhs.gov

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Questions?
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