

Bringing Cultural Competence into the Mainstream:

*Engaging policymakers,
providers, and communities to
increase access and improve quality*

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Resources for Cross Cultural Health Care

Presentation Overview

- Context: Driving forces for Multicultural Health
 - Practice, policy, evidence, improving outcomes
- Using standards to define action
- Making cultural competence a part of quality
- Strategies for moving ahead

Multicultural Health in Context

- U.S. health care: a jewel or a lump of coal
- The health care system: fragmented, expensive, and inefficient
- Public feelings about immigrants
- Challenges
 - Resistance, limited resources, competing needs and agendas

Practice: Action out of necessity

- Marginalized target populations
- Small unfunded initiatives and demonstration projects, limited resources
- Sharing models, networking
- Experimentation on larger scales

From advocacy to policy development

- ◆ Social justice agenda, consumer advocacy
- ◆ Legal requirements
- ◆ Policy development: state and national governments
- ◆ Development of national standards (2001)

Does it work? Establishing the evidence base

- Current evidence base for cultural competence: suggestive but not definitive
- Development of research agendas
- Key areas:
 - Patient satisfaction, comprehension, adherence to treatment recommendations, appropriate utilization
 - Accurate diagnosis, appropriate treatment
 - Organizational improvements, enhanced efficiency, cost-benefit

Link to mainstream health agendas

- Improving clinical outcomes: disparity reduction
- Containing costs
- Improving clinical and organizational quality

Establishing the importance of cultural competence in health care quality improvement

- AHRQ-funded project to:
 - Discuss the relationship between cc and qi
 - Document current work
 - Develop a framework and agenda for future work
 - Build relationships between key stakeholders

Involvement of key stakeholders

- National government leaders in health (AHRQ, Medicare/Medicaid)
- National quality organizations (NCQA, JCAHO, IHI, NQF, NICHQ)
- National provider organizations (AMA, NAPH)
- Philanthropic foundations
- Experts in cultural competence

Value of standards for cultural competence

- ◆ Promote a common understanding
- ◆ Design/implement appropriate, accessible services
- ◆ Draft consistent and comprehensive laws, regulations and contract language
- ◆ Evaluate, compare and monitor provider performance
- ◆ Promote quality and accountability
- ◆ Debate applicability and adoption into standard health care practice.

Domains of CLAS

- Culturally competent care (1-3)
 - Culturally sensitive care, diverse staff, cultural competence training
- Language assistance services (4-7)
 - Right to bilingual/interpreted encounters by qualified individuals, translated materials

Domains of CLAS (cont')

- Organizational supports for CLAS (8-14)
 - Strategic plan, self-assessments, performance measures, data collection, community profiles, community and patient input, culturally sensitive conflict resolution processes, public reporting on performance

Domains of Healthcare Quality

(“Crossing the Quality Chasm,” IOM)

Health care should be:

- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable

Making the link

- Patient-centered: acknowledging cultural beliefs and practices, using interpreters to allow patients full participation in treatment decisions
- Efficient: translating pre-surgery instructions to avoid delays and cancellations
- Safe: translating medication instructions, patient treatment consent forms
- Effective: tailoring health promotion programs to cultural beliefs, accounting for ethno-pharmacological considerations

Moving forward: Make the issue relevant

- Inadequate care costs the system:
 - Creates inefficiencies
 - Increases costs
 - Increases risk and danger to patient safety
 - Adversely affects reaching system goals
 - Affects staff morale
 - Not an ethical standard of care

Successful Strategies

- Identify who/what motivates change. What are the key agendas?
- Use persuasive information: models, research, cost data
- Engage with sympathetic leaders at all levels: clinicians, staff, community leaders, policymakers, media

Successful Strategies

- Start with small interventions, document results, quantify impact
- Articulate how this fits into larger institutional and community goals

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Resources for

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