

Improving Cultural Competency in Children's Health Care:

Working with the California Endowment, [National Initiative for Children's Healthcare Quality \(NICHQ\)](#) is developing a structured process to translate the abstract knowledge in the field of cultural competency into a package that can be used to drive change in clinical practice first in California and then throughout the nation. This is being done in partnership with project faculty drawn from the best experts, both academic and in the field; reviewing literature and materials; distilling the available knowledge into "good ideas, ready for use;" and then coupling the best ideas with measures of success. Our faculty partners will participate in the testing and dissemination of the tools and suggestions for action, targeting organizations that have the potential to promote quality improvement in children's health care.

Using the NICHQ Assessment tool, we are currently testing the change concepts, strategies and measures (our Change Package*) which we developed with the help of academic and clinical experts from the field [our project faculty](#). We would appreciate hearing from a variety of sites/organizations. If you are interested in sharing with NICHQ what your sites/organizations current experiences with providing culturally competent care, please complete this assessment survey and return it to Nicole Reavis, Project Director.

**The Change Package is a set of materials and ideas that guide and enable Collaborative teams to implement breakthrough change in their setting. Change Packages generally have four main elements: a conceptual framework that describes features of the ideal system for the topic and a set of changes or strategies that have proven to be effective in achieving improvements (often called "change concepts"), the Model for Improvement (an approach for testing and refining changes), a set of measures that enable teams to track progress to Collaborative aims, and tools that can assist teams in testing and refining changes (if they are available). Depending on the maturity of the topic area, some of the elements of the Change Package may be more or less well defined.*

Completing the Assessment Tool:

Please print out the assessment tool to fill it out. Below each section, there is a box for 'comments.' In this section, we would like to hear specific experiences that have influenced how you rated each strategy or measure. For instance, if you have implemented something, was it difficult? Were there barriers? Have you noticed any changes in your patient's or staff's satisfaction? If you haven't done something, is it because you haven't considered it? Or, is there a specific barrier that has kept you from proceeding with implementation? Your thoughtful comments are important to us so we can better understand how useful and feasible this change package is.

Once completed, please fax the entire form to Nicole Reavis as (206) 616-4623.

Thank you for sharing this information with us!

NICHQ Improving Cultural Competency in Children’s Health Care Assessment

Community					
<i>Goal: Partner with the community to meet the needs of families and children</i>					
Change Concept 1: Create and sustain meaningful partnerships with key community leaders and representatives to enhance and inform communication between providers, staff, patients, and families and to identify specific community strengths and needs.					
Strategies	Don't have/ Don't do	We are considering	We are in the process of implementing	We have in place	Don't know/ Unsure
Create a system to assess and update information about community demographics, languages, and epidemiology.					
Create a system to encourage and retain participation of community members on organizational governing bodies and advisory committees.					
Establish and maintain forums for meeting with community leaders to identify key community concerns.					
Have community leaders serve as liaisons between providers/staff and community members.					
Meet with community leaders and organizations to improve access and promote preventive care.					
Encourage families to participate in community programs that are effective at improving health and mental health outcomes (e.g. physical activity programs).					
Comments:					

Change Concept 2: Involve community in planning, implementing, and evaluating services and policies.					
Strategies	Don't have/ Don't do	We are considering	We are in the process of implementing	We have in place	Don't know/ Unsure
Include community members in process for developing, implementing, and evaluating education and resource materials.					
Identify community representative to engage in quality improvement and patient safety programs (e.g., preventive services)					
Include community leaders and organize community focus groups to aid in planning service changes including those related to the CLAS standards.					
Identify and address barriers to community participation in planning, implementing, and evaluating provided services. (e.g. childcare, \$\$, etc.)					
Assess and address community reported barriers and facilitators to care at all levels both quantitatively and qualitatively.					
Establish and utilize relationships with diverse race/ethnic/language news sources to promote preventive screening and positive health behaviors.					
Comments:					

Health Systems

Goal: Create an environment and mechanisms that promote high quality care

Change Concept 1: Assess organizational and individual understanding of culturally and linguistically effective care and implement appropriate strategies for making and sustaining improvements.

Strategies	Don't have/ Don't do	We are considering	We are in the process of implementing	We have in place	Don't know/ Unsure
Cultural competence is part of job descriptions					
Use a standardized tool for annual organizational assessment of cultural effectiveness (including signs, materials, trainings, staff diversity, etc.)					
Collect, analyze and report patient population data by race, ethnicity, and language.					
Analyze all quality and patient safety indicators by race, ethnicity, and language to identify areas of disparities in care.					
Integrate cultural competency related measures into internal audits, performance improvement, and error reduction programs. (e.g., use of interpreters)					
Use varied methods (e.g. online, self-paced, in person training) to educate providers and staff about culturally effective care, and evaluate the training outcomes.					
Educate providers and staff about how to elicit and document families' cultural beliefs and practices.					
Identify bi and multi-lingual staff and train them to be interpreters.					
Train providers in the use of trained and untrained interpreters.					
Provide training in CLAS standards, LEP guidelines, Title VI, and general culturally proficient care competency to all staff and providers.					
Include information about culturally proficient care in employee orientation programs.					

Comments:

Change Concept 2: Demonstrate organizational and leadership commitment and support for culturally and linguistically effective care.

Strategies	Don't have/ Don't do	We are considering	We are in the process of implementing	We have in place	Don't know/ Unsure
Educate organizational leaders about why culturally effective care is essential to high quality care.					
Adopt written policies and procedures that support culturally and linguistically effective care.					
State organizational intent with regards to cultural competency in strategic plan and policy and mission statements.					
Have organizational leaders develop/review, revise and recommit to organization's mission in the area of culturally effective care; develop specific goals to support mission.					
Comments:					

Establish a budget line and a reporting system within the institution for all cultural competency related activities including interpreter services and staff/provider training.					
Integrate cultural competency into all discussions of patient care and operations at staff meetings, presentations and other core activities.					
Business and service decisions consider identified disparities and understanding of the population served.					
Remain transparent when dealing with any errors and barriers to quality care in areas where disparities have been identified.					
Implement a system (that includes dedicated staff time) to recruit, retain and promote minority staff who are reflective of the patient population served.					
Designate staff responsible for overseeing implementation of activities to promote acceptance, understanding, and enthusiasm for all aspects of culturally proficient care.					
Provide grievance process information that is available in the preferred languages of the patient population served.					
Provide incentives to encourage improvement of quality of care for all patients.					
Integrate cultural competency related measures into patient satisfaction assessments.					
Include cultural competency related issue on new patient/intake forms. (e.g., use of complimentary and alternative medicine, traditional healers).					
Increase allotted visit time for patients requiring interpreters.					
Organizational setting reflects the patient population served through artwork, color scheme, and multi-lingual signage.					
Comments:					

Change Concept 3: Provide linguistically effective care at all points of contact.

Strategies	Don't have/ Don't do	We are considering	We are in the process of implementing	We have in place	Don't know/ Unsure
Provide and adequately fund interpreter services.					
Implement a system to link bi or multi lingual staff with LEP patients.					
Visibly and accessibly provide information about patients' right to receive language assistance in multi-lingual signage throughout the system.					
Visibly and accessibly list local options for interpretation (e.g. telephone interpreters, in person interpreters, etc.)					
Identify cultural/linguistic barriers to care in order to help patients navigate the health care system.					
Identify pertinent demographic information that will assure referral settings are knowledgeable of specific patient needs (e.g., preferred language, need for interpreter)					
Use a 'navigator' program for new immigrants.					
Comments:					

Family and Self-Management Support
Goal: Support families to manage the health and health care of their children

Change Concept 1: Determine and incorporate relevant cultural healing traditions and beliefs into patient care and communication.

Strategies	Don't have/ Don't do	We are considering	We are in the process of implementing	We have in place	Don't know/ Unsure
Elicit patient/family's health beliefs and use of complementary and alternative medicine therapies during primary care visit					
Perform assessments of patient/family self-management knowledge, supports, and barriers to good health.					
Use expertise from the community to educate providers and staff about cultural norms and values.					

Comments:

Change Concept 2: Prepare families to be engaged, empowered and educated so they are active partners in their child's healthcare.					
Strategies	Don't have/ Don't do	We are considering	We are in the process of implementing	We have in place	Don't know/ Unsure
Provide translated/interpreted informed consent.					
Use a care and treatment plan that is agreed upon and includes input from patient/family.					
Assess parental satisfaction with self-management materials.					
Include family input on teams working to tailor self-management tools.					
Provide all health materials and programs in a culturally and linguistically appropriate manner.					
Review and adapt existing translated material (e.g. asthma self-management plan) for use by community.					
Comments:					

Decision Support					
<i>Goal: Promote clinical care that is consistent with scientific evidence and family preferences</i>					
Change Concept 1: Embed evidence-based guidelines into daily practice and share information with families to encourage participation in care.					
Strategies	Don't have/ Don't do	We are considering	We are in the process of implementing	We have in place	Don't know/ Unsure
Use, and tailor, as needed, evidence-based guidelines for all patient populations.					
Inform patients of the availability of guidelines pertinent to their care.					
Comments:					

Change Concept 2: Provide clinicians access to reliable resources for learning about health beliefs and practices of cultural groups in the community.					
Strategies	Don't have/ Don't do	We are considering	We are in the process of implementing	We have in place	Don't know/ Unsure
Gather population demographics, epidemiological statistics about disparities in health and health care, prevalent health beliefs and healing traditions for predominant cultures served (e.g. breast feeding, parenting, immunizations, etc.)					
Comments:					

Delivery System Design
Goal: Assure the delivery of effective, efficient, patient-centered care

Change Concept 1: Provide consumers with effective and respectful care compatible with their cultural beliefs and practices and in their preferred language.

Strategies	Don't have/ Don't do	We are considering	We are in the process of implementing	We have in place	Don't know/ Unsure
Use standardized questions or tools such as language cards for assessing preferred language.					
Use standardized instruments to assess health literacy.					
Conduct informational sessions for staff to raise awareness of local health disparities as well as demographic and language trends.					

Comments:

Change Concept 2: Create an effective and efficient system to define roles and responsibilities regarding culturally effective care and distribute tasks among members.					
Strategies	Don't have/ Don't do	We are considering	We are in the process of implementing	We have in place	Don't know/ Unsure
Incorporate language/interpreter needs at time of scheduling and when designing visits.					
Create and tailor group visits to address needs and preferences of communities, patients, and families served.					
Comments:					

Clinical Information Systems
Goal: Organize data to facilitate population-based care

Change Concept 1: Create a standardized system to collect all relevant patient demographic data.

Strategies	Don't have/ Don't do	We are considering	We are in the process of implementing	We have in place	Don't know/ Unsure
Incorporate into any existing EMR or data system.					
Ensure presence of data fields for race/ethnicity and language (at a minimum) are present in registration systems.					
Use data to inform population-based and individual care.					
Monitor performance of practice team and health system.					
Staff is trained to use, collect, and input data into the organization's information system in a consistent, standardized way.					

Comments:

Change Concept 2: Use reports and data by relevant groups to provide feedback for staff, providers, and families.					
Strategies	Don't have/ Don't do	We are considering	We are in the process of implementing	We have in place	Don't know/ Unsure
Link collected demographic and epidemiologic data with patient satisfaction surveys, provider feedback reports, and filed grievances and complaints.					
Link demographic data with quality and patient safety measures, QI reports, and clinical outcomes.					
Collect consistent information across sites and make universally available in the interest of comparison and care improvement.					
Comments:					

Core Measures						
Measure	Population Statistic	Don't measure	We are considering measuring	We are in the process of implementing a system to measure	We measure	Don't know/ Unsure
Outcome Measures						
Diverse staff	Percent of providers and staff who reflect the race/ethnicity of community served					
Bi/multilingual staff	Percent of providers and staff who speak the three primary languages of the patient population served					
Disparities	Magnitude of difference among racial/ethnic groups in key clinical outcomes					
Language	Percent of patients receiving care in their preferred language					
Comments:						

Process Measures						
Staff trainings in communication skills	Percent of staff who have completed training to develop communication skills, such as working with non-English speakers (through interpreters) or patients with poor literacy skills in the past 12 months.					
Staff training in cultural competence	Percent of staff who have completed trainings in cross-cultural health, diversity or cultural competency in the past 12 months (e.g. CLAS and/or other standards.)					
Staff training in interpreter use	Percent of staff trained in using interpreters (both trained and untrained)					
Staff ability to access an interpreter	Percent of staff who know how to access an interpreter.					
Provision of interpreters	Percent of patient encounters requiring interpreter services that use trained and qualified medical interpreters					
Interpreter need documented	Percent of calls for appointments in which interpreter need/desire is documented					
Care plan	Percent of patients who require a care plan (i.e patients with chronic illness) with a care plan in their preferred language that is agreed upon and includes input and shared goals of the patient/ family					
Identification of race/ethnicity and language preference	Percent of children/families with race/ethnicity, language preference and desire for an interpreter identified in data system and on the chart					
Comments:						

Additional Measures						
Measure	Population Statistic	Don't measure	We are considering measuring	We are in the process of implementing a system to measure	We measure	Don't know/ Unsure
Disparities	Percent of children with persistent asthma on preventive medications, according to race/ ethnicity					
Health beliefs	Percent of visits in which providers elicited patient/family's health beliefs and use of complementary and alternative medicine therapies					
Staff training in LEP	Percent of staff trained in working with patients of limited English proficiency					
Staff skills	Percent of staff assessed as having proficient level of cultural competence (in knowledge, skills, attitudes and behaviors) in the past 12 months					
Referral	Percent of referrals with need for interpreter and preferred language documented					
Comments:						

Balancing Measures						
Experience of care	Percent of families reporting an excellent or very good “experience of care” from the three primary patient populations served					
Wait time	Wait time to get an interpreter (vs. wait time without an interpreter)					
Visit time	Length of visit (time from check in to departure) for interpreted encounters (vs. LEP encounters without an interpreter)					
Comments:						