

Aligning with Health Care Reform: The Role of Cultural Competence at the Organizational Level

Carole Siegel, PhD

Gary Haugland, MA

Lenora Reid-Rose, MBA

Nathan Kline Institute

Center of Excellence in Culturally Competent
Mental Health



The Community Technical Assistance Center

EFFICIENT PRACTICES. EFFECTIVE CARE.

Organizational Level Cultural Competence: Learning Objectives



- Understand why cultural competence (CC) is necessary to support the triple aims of health care reform
- Understand the multi-levels and multi-domains of a care system in which cultural competency activities are required
- Understand how the components of organizational level cultural competency were determined and the steps taken to produce an assessment instrument (the NKI OCCAS) to measure achievement
- Learn ways to use the NKI OCCAS to promote and sustain cultural competency in an organization



Polling Question:

- Does your agency have a plan for incorporating cultural competence in services?
 - Yes, it's clearly defined
 - Yes, but it's unclear
 - No, not at all
 - Not sure



Please Chat!

How are cultural competence principles incorporated into your organization?



Triple Aims of Health Care Reform

1. Improving the health of the population (by reducing disparities in health care)
2. Improving the quality of care and the quality of the consumer experience
3. Reducing per capita cost of care

*How does Cultural Competency
contribute to achieving these aims?*

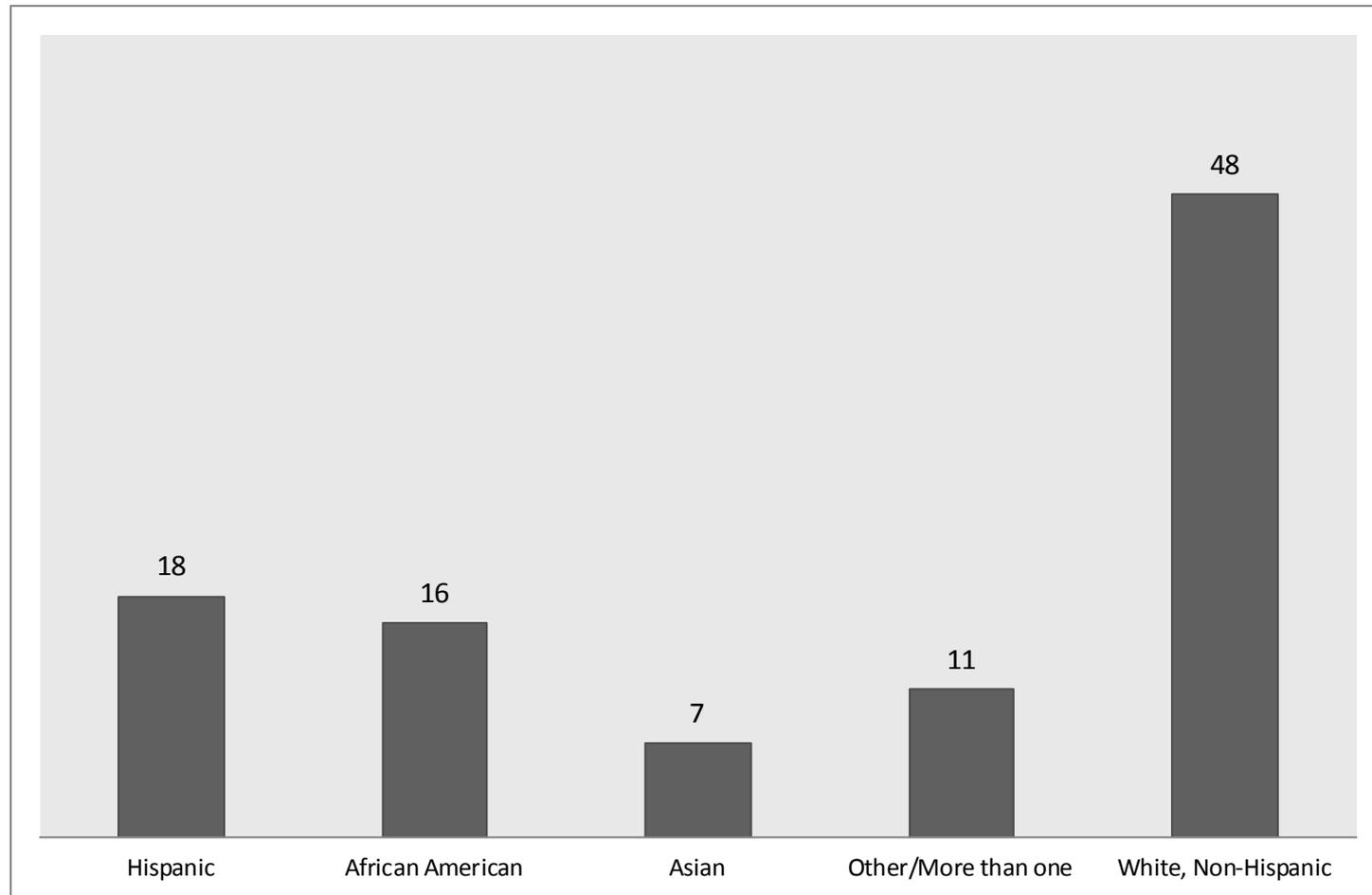


CC is Responsive to Population Diversity and Multiculturalism

- CC can ensure that the triple aims apply to all in need of behavioral health care regardless of cultural group
- Cultural diversity in New York State:
 - 19.6 million residents in the state; 8.3 million in New York City
 - 22% foreign born; 35 countries of origin with over 10,000 residents
 - Major languages: Spanish, Chinese, Haitian Creole, Russian, Italian, and Korean
 - 13% have Limited English Proficiency
 - 170 religious bodies; 14,000 congregations; 10+ million adherents



Racial/Ethnic Groups in NYS (2010 Census)



Polling Question:

- Do you know the cultural groups that are served by your agency?
 - Yes, we ask regularly
 - Yes, we think so
 - No, not really
 - Not sure



CC Improves Treatment Encounters

- CC can address cultural issues of engagement, treatment adherence and increased retention
- Examples from NKI 3-Site Study (Siegel et al., 2011)
 - Latino: informal conversational styles, adapting services
 - Asian: treatment setting as classroom (less stigmatizing) and work with family to ensure medication adherence
 - Youth: rely on skills training and age-appropriate mentorship to bridge transition to adult culture



CC Reduces Disparities

- CC recognizes and respects cultural factors in treatment access and outcomes
- Language accommodation has demonstrated impact on service access
- Higher levels of CC correlated with increased service utilization and reduced drop-outs
- Consumer satisfaction increases



CC Reduces Costs

CC can help avoid inappropriate and high cost care by:

- Improving assessment and diagnosing thereby identifying effective targeted services
- Incorporating knowledge of cultural values and health beliefs, and identifying providers who deliver culturally competent services
- Building on cultural resources and assets such as family, church/temple/mosque, cultural healers



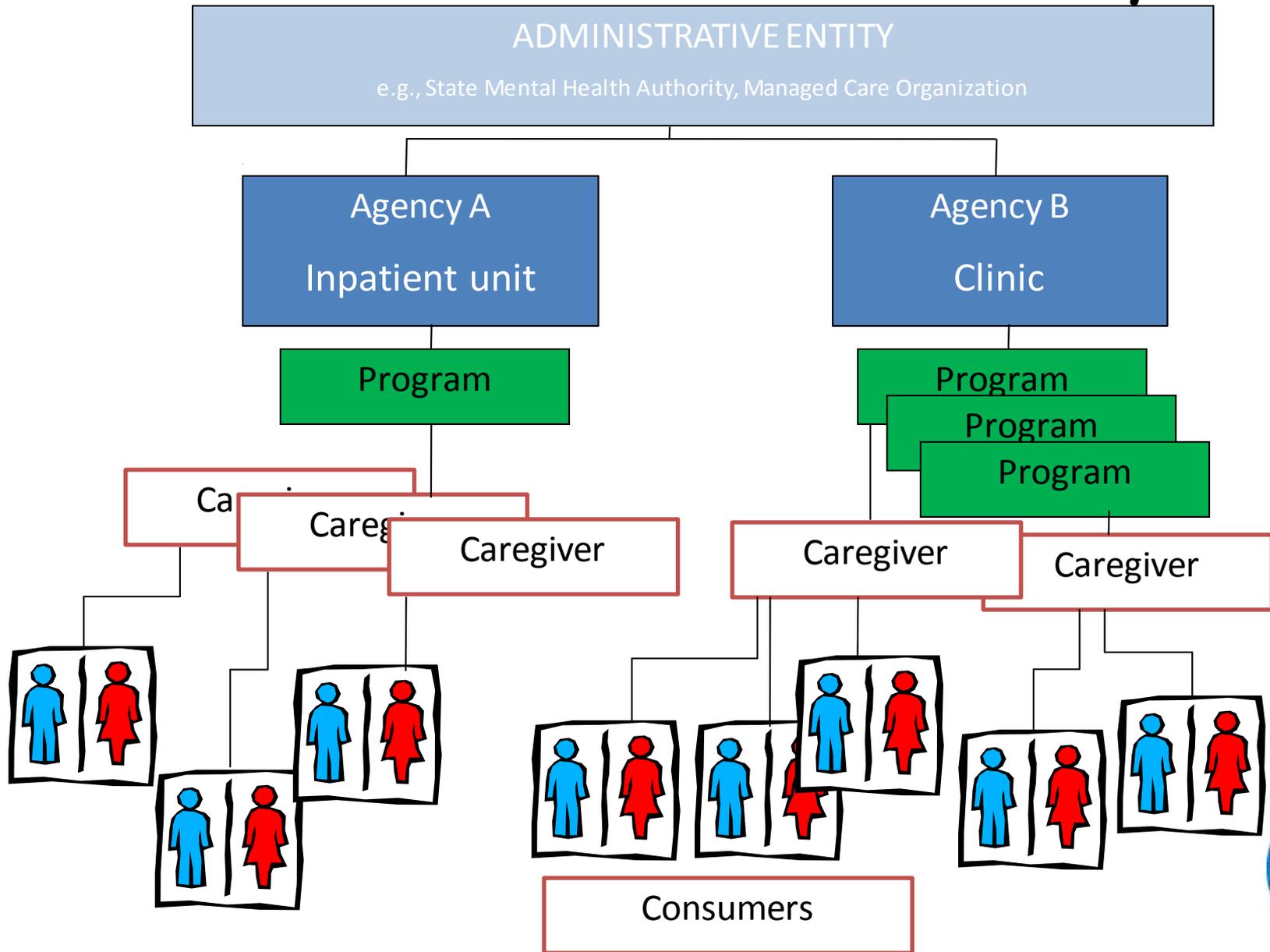
How were the components of cultural competency determined?

- Extensive review of reports, regulations, standards
 - Build on existing work
- Stakeholder committee meetings
 - Criteria of objectivity and verifiability of measures
 - Feasibility of collecting data
- Congruence with external requirements
 - CLAS standards
 - Joint Commission Roadmap
 - Institute of Medicine recommendations

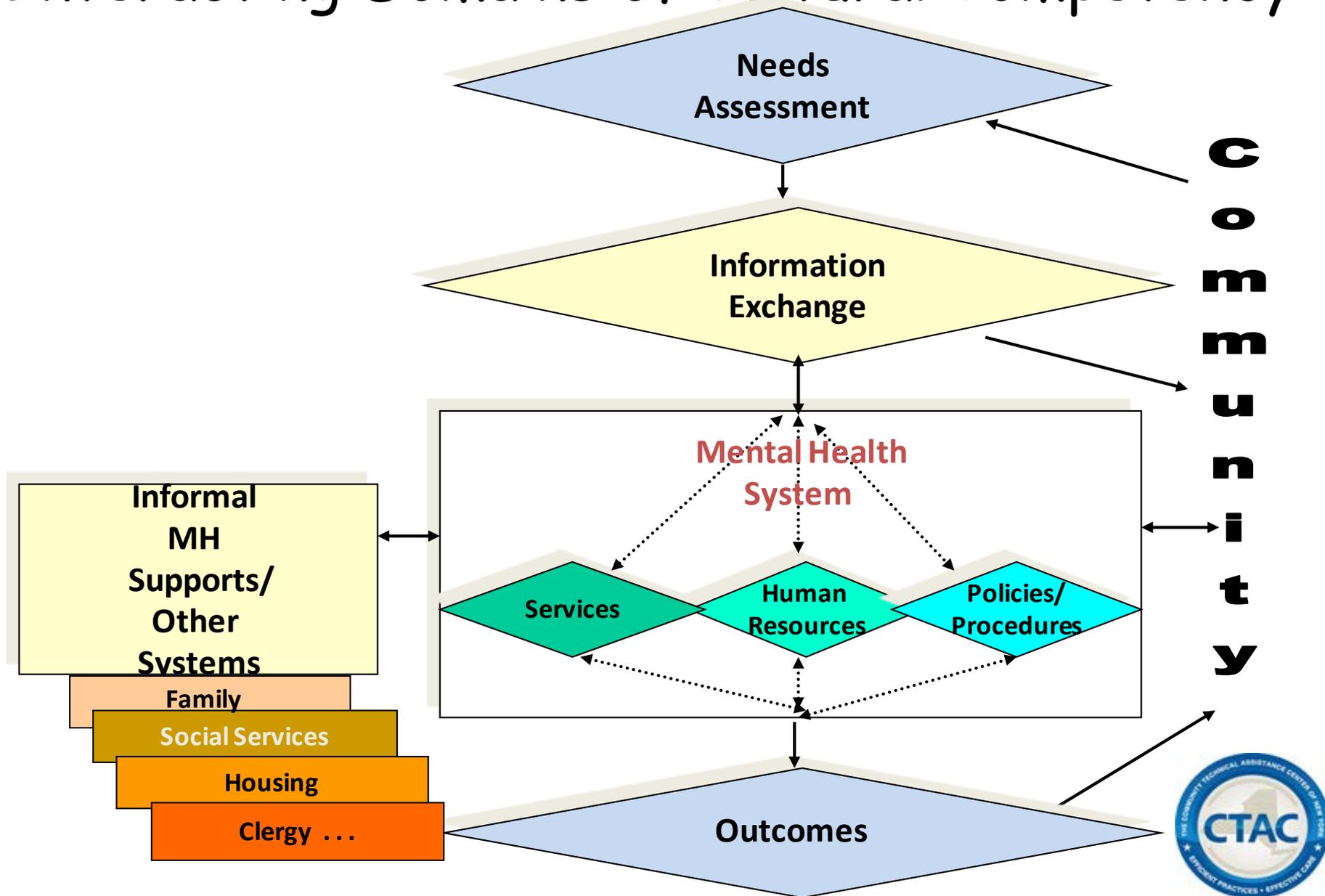
Each emphasizes need for ongoing self-assessment



Levels of a Mental Health System



Interacting Domains of Cultural Competency



Polling Question

- Do you currently use or have you considered using a cultural competence assessment for your organization?
 - Yes, we have used one
 - Yes, we have considered using one
 - No, we have decided it's not helpful
 - No, we have not even considered using one
 - Not sure



Please Chat!

- For those that have used one:
 - What did you use?
 - How helpful was the experience?
 - Is it still being used?



The NKI Organizational-level Cultural Competency Assessment Scale (OCCAS)

Instrument consists of

- Overview of CC and definitions used throughout scale
- Items in the scale and their rationales, with additional definitions, examples and sources of information
- Scoring based on increasing levels of achievement in each criterion

Instrument has acceptable psychometric properties:

Construct Validity, Inter-rater Reliability, and Predictive Validity (Siegel et al., 2011)



Why do an assessment?

- Establish baseline measures against which all subsequent measures can be compared
- Assess the cultural competency of the organization
- Identify cultural strengths and assets of the organization
- Allows one to determine areas of progress and areas to be improved



Why do an assessment?

- The assessment findings can be used to:
 - Inform training interventions and staff development activities
 - Recognize and promote best clinical and administrative practices
 - Identify hidden cross-cultural resources and talents
 - Create an action plan

The Assessment serves as a roadmap of the future along key dimensions of cultural competency



Some Definitions

- **Organization:** A multi-service provider agency or a parent organization comprising a network of provider agencies
- **Cultural Group:** A subgroup that is from the major racial ethnic groups of African American, Hispanic, Asian American/Pacific Islander, American Indian/Alaskan Native or from a recent immigrant or refugee population. Subgroups can be identified by distinct languages (e.g., Mandarin-speaking Chinese among Asian Americans), or locales of origin (e.g., Dominicans among Hispanics);

OR

A subgroup that is identified by the agency as requiring special attention since features of its culture limit the ability of its members to appropriately access or participate in mainstream service delivery systems. Such subgroups might include, but are not limited to, gay and lesbian communities, people with hearing impairments, rural and “mountain folk,” migratory workers, etc.

- **Target Community:** The population the agency designates as its mission to serve

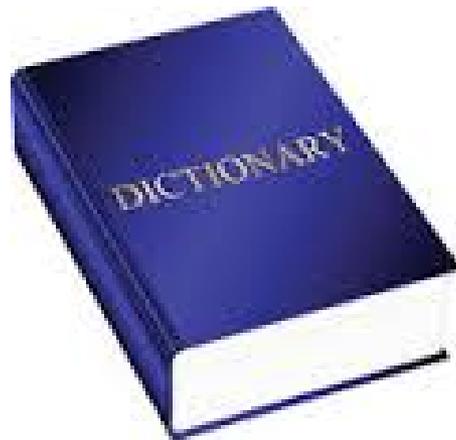


More Definitions

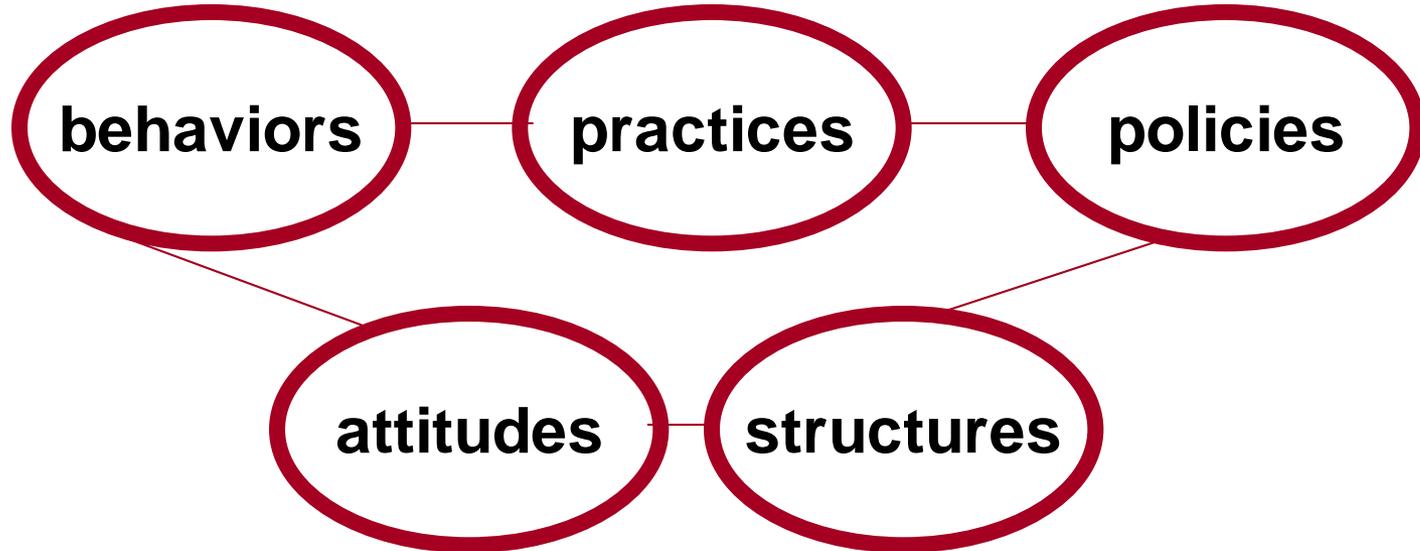
- **Most prevalent cultural groups:**
 - Population/census based (e.g., 5% of population; 1,000 people)
 - Populations of special interest, e.g., refugee or recent immigrant groups, response to federal/state/local initiatives to improve engagement of specific, underserved groups
- **Most prevalent language of persons with Limited English Proficiency:**
 - Determine by the extent of language needs in community
 - NYS Executive Order 26 requires all state agencies to provide accommodations in 6 languages



CULTURAL COMPETENCY DEFINED



Cultural Competence



requires that organizations have a clearly defined, congruent set of values and principles, and demonstrate behaviors, attitudes, policies, structures, and practices that enable them to work effectively cross-culturally

(adapted from Cross, Bazron, Dennis and Isaacs, 1989)

Slide Source:© 2012 - National Center for Cultural Competence



Five Elements of Cultural Competence

Organizational Level

- value diversity
- conduct cultural self-assessment
- manage the dynamics of difference
- institutionalize cultural knowledge
- adapt to diversity
 - policies - structures
 - values - services

(Cross, Bazron, Dennis and Isaacs, 1989)

Slide Source:© 2012 - National Center for Cultural Competence



Another Look at Cultural Competence

- The ability of systems to provide care to patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet patients' social, cultural and linguistic needs. (*HRET*)
- The ability of an individual or organization to accommodate the needs presented by consumers and communities with diverse languages, modes of communication, customs, beliefs, and values. (*Cancer Action Network*)
- Cultural competence leads to better communication, medication adherence, improved health status, and fewer emergency visits and hospitalization.



Yet Another Look at Cultural Competence

- Cultural competence is the **integration and transformation of knowledge, behaviors, attitudes and policies** that enable policy makers, professionals, caregivers, communities, consumers and families to work effectively in cross-cultural situations.
- Cultural competence is a developmental process that evolves over an extended period of time.
- Individuals, organizations and systems are at various levels of awareness, knowledge and skills along the cultural competence continuum.



THE NKI ORGANIZATIONAL CULTURAL COMPETENCY ASSESSMENT SCALE (OCCAS)



OCCAS Criteria

- Criterion 1: Organization's commitment to cultural competence
- Criterion 2: Assessment of service needs
- Criterion 3: Cultural input in organizations activities
- Criterion 4: Integration of CC committee or other group with responsibility for CC within the agency
- Criterion 5: CC Staff: training activities



Sample Page from OCCAS

CRITERION 5. CC STAFF: TRAINING ACTIVITIES

Agency (or Parent Organization) offers to staff educational activities in which cultural issues are addressed and requires staff to have an adequate amount of specific training on CC

1	2	3	4	5
Agency (or PO) does not offer educational activities in which cultural issues are addressed nor provide specific training on CC to staff	Agency (or PO) offers educational activities in which cultural issues are addressed	In addition to (2), agency (or PO) requires all direct service/ clinical staff to receive at least 3 hours of CC specific training during year	In addition to (3), agency (or PO) requires that administrative staff receive at least 3 hours of CC specific training during year	In addition to (4), agency (or PO) requires all direct service / clinical staff receive 6 hours or more of CC specific training during year

Rationale: Training and educating staff in CC enhances the likelihood of the delivery of culturally competent services in culturally competent environments. Ideally, educational activities should be available to all staff, and training should take place every year and be available to if not required of staff at all levels in the organization. Professional educational activities, when offered, should address cultural issues since special considerations may be required for cultural groups. This should be an explicit requirement of all guest speakers and course curricula. It is most crucial that all staff members who have face-to-face contact with and provide direct clinical care to agency clients receive CC training. The 3 hours indicated must be focused on CC issues. It is crucial that administrative staff also be knowledgeable about CC issues

Definitions: Offers: Agency either directly provides or makes available through an outside source and makes adjustments for staff to attend (time allowance and staff coverage, travel allowances and fees when needed)

Educational activities: These include continuing medical/professional education courses, grand rounds, guest lectures.

CC Training: Agency-wide coordinated activity where staff members receive practical information on features of the cultures of its service users that are expected to improve the service delivery process, including identification of disorders and varying responses to treatment protocols.

Direct service/clinical staff: Staff who provide clinical and support services (e.g., doctors, nurses, counselors, social workers, case managers).

Administrative staff: Staff who hold decision making and leadership roles but do not necessarily have direct contact with clients of the agency.

Sources of Information:

Records of staff education activities held during the year.

Attendance logs, curricula and records of staff trainings for the year.



OCCAS Criteria (pt. 2)

- Criterion 6a: CC Staff: recruitment. Hiring, and retention of staff from/or experienced with most prevalent cultural group of service users
- Criterion 6b: CC Staff: recruitment, hiring and retention of staff from/or experienced with the 2nd most prevalent cultural group of service users
- Criterion 6c: CC Staff: recruitment, hiring and retention of staff from/or experienced with the 3rd most prevalent cultural group of service users
- Criterion 7: Language capacity: interpreters



OCCAS Criteria (pt. 3)

- Criterion 8: Language capacity: bilingual/bicultural staff
- Criterion 9: Language capacity: key forms
- Criterion 10: Language capacity: service descriptions and educational materials
- Criterion 11: Assessment and adaptation of services



Resources

- Siegel, Haugland, Laska, Reid-Rose, Tang, Wanderling, Cambers and Case (2011). The Nathan Kline Institute Cultural Competency Assessment Scale: Psychometrics and implications for disparity reduction. *Administration and Policy in Mental Health and Mental Health Services Research*, 38 (2): 120-130
- Siegel, Haugland, Reid-Rose, Hopper (2011). Components of cultural competency in three mental health programs. *Psychiatric Services online* 62 (6): 1-6
- Copies of the OCCAS and other CC materials available on the NKI Center of Excellence website:

cecc.rfmh.org



Questions



CEU Information

- All attendees will receive an email by tomorrow on how to access the webpage to apply for the CEU through the NYU Silver School of Social Work.
- To get your 1 CEU credit for attending this webinar:
 - You will receive a link to register with the Silver School
 - You will need to pay a nominal \$15 processing fee to the School
 - You will need to complete a brief knowledge test
 - You will then get access to your certificate



Next Webinar in the Series

Aligning with Health Care Reform: The Role of Cultural Competence at the Program Level

Presenters:

Carole Siegel, PhD & Lenora Reid-Rose, MBA

April 29, 2015; 12-1pm

Participants can receive 1 Social Work CEU

www.ctacny.com



Thank you for participating with us today!

Carole Siegel
siegel@nki.rfmh.org

Gary Haugland
hauglan@nki.rfmh.org

Lenora Reid-Rose
lreid-rose@ccsi.org

For CTAC Questions:

Lydia Franco
lydia.franco@nyu.edu

