



Delaware Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) Initiative Final Report - **APPENDIX**

Appendix A: Provider Survey

Delaware CLAS Initiative Provider Survey

Introduction

The Delaware Healthy Mothers and Infants Consortium Health Disparities Committee, with support from the State Division of Public Health, is seeking input from health care practitioners (nurses, nurse practitioners, physician assistants and physicians) throughout the state about activities and policies at their organizations or practices that relate to providing culturally appropriate services. The Consortium will use the information gathered to inform development of a plan for implementing standards for culturally and linguistically appropriate care for women, infants, and their families. The Consortium was commissioned by the Governor's Infant Mortality Task Force to develop the plan and this effort is one of several activities undertaken by the Consortium to gather input from providers and consumers as part of the development process.

Culturally and linguistically appropriate care is one of the main ingredients in closing the disparities gap in health care; patients and doctors can come together and talk about health concerns without cultural differences hindering the conversation, but enhancing it. Cultural and linguistic competence is defined as a set of behaviors, attitudes, and policies that enables effective work in cross-cultural situations. 'Culture' refers the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (*Adapted from the Office of Minority Health website: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=11>*).

We estimate that the form will take approximately 10 minutes to complete. All answers are confidential; no personal identifying information will be reported.

The feedback form will be available until [March 1]. If you have any questions about the form or this effort please contact mch-trc@altarum.org

1. Please select the health care setting that reflects where you practice.

(check all that apply)

- FQHC or Community Health Center
- Hospital
- Private Practice
- Other (please specify):

2. Please indicate what type of health care provider you are.

(check all that apply)

- Nurse
- Nurse Practitioner
- Physician Assistant
- Physician
- Other (please specify):

For each of the domains below, please indicate the extent to which the following policies and practices related to cultural and linguistic competency are in place within your health care organization or practice.

3a). *Organizational policies and practices* – defined as incorporating cultural competence into the organizational mission, planning, policymaking, and infrastructure activities within the health care organization or practice.

- I am not aware of any policies and practices are in place
- Policies and practices are not developed
- Policies and practices are minimally developed / in development
- Policies and practices are fully developed

3b). *Provider and staff policies and practices* – defined as implementing approaches to develop the knowledge, skills, and ability of all staff to understand and address the needs of diverse populations.

- I am not aware of any policies and practices are in place
- Policies and practices are not developed
- Policies and practices are minimally developed / in development
- Policies and practices are fully developed

For each of the domains below, please indicate the extent to which the following policies and practices related to cultural and linguistic competency are in place within your health care organization or practice.

3c). *Language access policies and practices* – defined as approaches taken to provide services for individuals with limited English proficiency.

- I am not aware of any policies and practices are in place
- Policies and practices are not developed
- Policies and practices are minimally developed / in development
- Policies and practices are fully developed

3d). *Community focused policies and practices* – defined as engaging community members and community partners, and using knowledge of a community to inform decisions within your health care organization or practice.

- I am not aware of any policies and practices are in place
- Policies and practices are not developed
- Policies and practices are minimally developed / in development
- Policies and practices are fully developed

4. To what extent are policies and practices related to cultural and linguistic competency formally monitored or evaluated in your health care organization or practice?

- Don't know
- Not at all
- A moderate extent
- A great extent

5. Have you participated in cultural competency trainings or educational opportunities in the past 12 months?

- No
- Yes

6a. The training and professional development activities I have participated in during the last 12 months have enabled me to interact effectively with individuals from different cultural groups.

- Strongly agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Strongly disagree

6b. The training and professional development activities I have participated in during the last 12 months have enabled me to work effectively with a trained/certified medical interpreter.

- Strongly agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Strongly disagree

6c. The training and professional development activities I have participated in during the last 12 months have enabled me to effectively communicate complex information to individuals who have low literacy or are not literate.

- Strongly agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Strongly disagree

6d. The training and professional development activities I have participated in during the last 12 months have enabled me to effectively communicate complex array of information to individuals who have limited English proficiency.

- Strongly agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Strongly disagree

6e. The training and professional development activities I have participated in during the last 12 months have enabled me to confront bias, discrimination and racism in health and social service systems.

- Strongly agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Strongly disagree

7. How important do you feel it is for health providers to receive training in cultural diversity and/or multicultural health care?

- Very important
- Somewhat important
- Neutral
- Somewhat unimportant
- Not important

8. What are the barriers to improving cultural and linguistic competence within your health care organization or practice? (select all that apply)

- Inadequate staff and financial resources to meet patient needs/demand**
- Limited linguistic capacity** lack of multilingual providers and or medically trained interpreters: Limited ability to use translation lines; limited availability of quality translation services)
- Limited access to training for providers to increase cultural and linguistic competency**
- Insufficient time to address patient needs** (e.g., social issues that providers cannot address are affecting patient-provider interaction)
- Inadequate linkages between providers and systems** (lack of linkages between health care providers, such as hospitals and primary care settings, for follow-up and continuity of care)
- Other** (please list below)



9. What incentives or resources would help organizations or practices like yours improve cultural and linguistic competence? (check all that apply)

- Offer provider discounts on insurance, continued medical education for meeting cultural and linguistic competency standards, etc.
- Make cultural competency tools and resources more widely available (e.g., part of support available to providers participating in the Community Healthcare Access Program and the Voluntary Initiative Program)
- Easy access to centralized information about local social services and resources to which vulnerable clients can be connected
- Other (Please list below)



Appendix B: Provider Survey Results

Delaware CLAS Initiative Provider Survey Data Tables.

Survey N=100. Number of respondents for each question is 100 unless otherwise noted as (n).

1. Please select the health care setting that reflects where you practice

	n	%
FWHC or Community Health Center	24	24%
Hospital	32	32%
Private Practice	23	23%
Other	27	27%

Answers were not mutually exclusive and totaled more than 100%.

Other:

- CDW - DPH
- Child Development Watch
- Child Health Clinic, State Service Center
- Client's home and Public Health Clinic
- Community
- Community-based services
- Community Health Field Team
- Community visits
- Division of Public Health
- Family practice
- Hospital employed specialty clinic
- Hospital owned primary care pediatric practice
- Managed Care
- Public Health Clinic
- Resident continuity clinic
- SBHC
- University Health Center
- Well Child Clinic
- Wellness center

2. Please indicate what type of health care provider you are

	n	%
Nurse	25	25%
Nurse Practitioner	17	17%
Physician Assistant	0	0%
Physician	48	48%
Other	10	10%

Other:

- Advanced Practice Nurse
- All of the above
- Center manager
- Clinical Nurse Specialist
- CNM
- Manager
- Medical Social Worker
- N/A
- Sr. Child Dev. Specialist

3. For each of the domains below, please indicate the extent to which the following policies and practices related to cultural and linguistic competency are in place within your health care organization or practice.

	Not aware of what policies and practices are in place	Policies and practices are not developed	Policies and practices are minimally developed or in development	Policies and practices are fully developed
Organizational policies and practices (n=100)	16 (16%)	10 (10%)	29 (29%)	45 (45%)
Provider and staff policies and practices (n=100)	14 (14%)	11 (11%)	35 (35%)	40 (40%)
Language across policies and practices (n=96)	3 (3%)	6 (6%)	28 (29%)	59 (61%)
Community focused policies and practices (n=95)	20 (21%)	11 (12%)	34 (36%)	30 (32%)

4. To what extent are these policies and practices formally monitored or evaluated in your health care organization or practice?

	n	%
Don't know	35	37%
Not at all	17	18%
A moderate extent	34	36%
A great extent	9	9%

n=95

5. Have you participated in cultural competency trainings or educational opportunities in the past 12 months?

	n	%
No	47	49%
Yes	49	51%

n=96

6. The training and professional developmental activities I have participated in during the last 12 months have enabled me to:

	Strongly agree	Somewhat agree	Neutral	Somewhat disagree	Strongly disagree
Interact effectively with individuals from different cultural groups (n=48)	17 (35%)	23 (48%)	4 (8%)	2 (4%)	2 (4%)
Work effectively with a trained/certified medical interpreter (n=48)	15 (31%)	7 (15%)	14 (29%)	7 (15%)	5 (9%)
Effectively communicate complex information to individuals who have low literacy or are not literate (n=47)	8 (17%)	20 (43%)	12 (26%)	3 (6%)	4 (9%)
Effectively communicate complex array of information to individuals who have low English proficiency (n=48)	12 (25%)	18 (38%)	8 (17%)	8 (17%)	2 (4%)
Confront bias, discrimination, and racism in health and social service systems (n=48)	12 (25%)	23 (48%)	5 (10%)	5 (10%)	3 (6%)

7. How important do you feel it is for health providers to receive training in cultural diversity and/or multicultural health care?

	n	%
Very important	64	69%
Somewhat important	19	20%
Neutral	9	10%
Somewhat unimportant	0	0%
Not important	1	1%

n=93

8. What are the barriers to improving cultural and linguistic competence within your health care organization or practice?

	No	Yes
Inadequate staff and financial resources to meet patient needs/demand	54 (54%)	46 (46%)
Limited linguistic capacity (Lack of multilingual providers and or medically trained interpreters; limited ability to use translation lines; limited availability of quality translation services)	47 (47%)	53 (53%)
Limited access to training for providers to increase cultural and linguistic competency	61 (61%)	39 (39%)
Insufficient time to address patient needs (Ex: Social issues that providers cannot address are affecting patient-provider interaction)	63 (63%)	37 (37%)
Inadequate linkages between providers and systems (Lack of linkages between health care providers, ex. hospitals and primary care settings, for follow-up and continuity of care)	68 (68%)	32 (32%)
Other	84 (84%)	16 (16%)

Other:

- As a solo pediatrician running a small office, I am not in a position to teach my staff a foreign language or employ full-time translators. We attempt to remain sensitive to cultural issues, since our office sees families from every continent. We use Babelfish (web-based translation) and human translators as we are able to find them.
- Cost! There is absolutely no reimbursement incentive from any insurance plan to reimburse for the effort to provide any of the above mentioned items. For the most part these recommendations are currently unfunded mandates. There is no billable CPT code for cultural competence.
- Financial, time, multiple needs - time to assess, resources, needs within practice.
- Heavy case load with complicated client situations affects time able to be applied to each case. Financial issues beyond this office prevent adding additional staff.
- I believe staff are unaware of literacy issues and make certain assumptions. And I also see a culture that is biased and judgmental based on physical appearances.
- I do not speak or understand Spanish. I did take a basic Spanish class a number of years ago. I learned several phrases I could use on the job, but the teacher seemed very interested in the grammar aspect rather than the functional aspects.
- I don't feel I have barriers. All of our patients are well educated and bring translators when needed.
- I have been employed by DPH since 1972. My case load represents almost every country have never had a problem meeting the patient's needs or the patient understanding my intent. DPH should look at individual diversity as well as cultural diversity. Thanks
- Limited resources included staff, literature, access (transportation). I feel more community in the neighborhood programs would be helpful. And it would be great if clients themselves would try to assimilate instead of us always having to assimilate to meet their needs. If someone has been in an area for several years they should attempt to learn the language.
- No written info. in any other languages that aren't Spanish; standardized developmental testing that is appropriate for non-English speaking families; transitioning to school districts for families that are not English speaking (other than Spanish); payment for translation/interpretation service; & inability to provide therapy services in families' primary language.

- Resistance by leadership.
 - Some arrangements need to be made ahead of time (e.g., sign language).
 - There really is limited training available and access to information is difficult at best. WE really try in our practice and I feel very let down by AAP both locally and nationally as well as other health agencies/advocacy groups.
 - This is a much broader problem than this agency/state/region. It is a national issue and has been for some time, the populations that cultural sensitivity impacts varies from one time period to another but it seems to be always there. Education- education- education is the answer.
 - Too many cultures represented.
 - We have a functional language line 24h/day 7 days/week; however, there are times when the language line is grossly inadequate and a real person is needed to help convey information.
9. What incentives or resources would help organizations or practices like yours to improve cultural and linguistic competence?

	No	Yes
Other providers discounts on insurance	84 (84%)	16 (16%)
Make cultural competency tools and resources more widely available (e.g. part of support available to providers participating in the Community Healthcare Access Program and the Voluntary Initiative Program)	42 (42%)	58 (58%)
Easy access to centralized information about local social services and resources to which vulnerable clients can be connected	26 (26%)	74 (74%)
Other	85 (85%)	15 (15%)

Other:

- Be able to incorporate a language line or tool that you input English and it is then verbally interpreted in the language of need.
- Educational courses.
- Employees have to basically care about the individual not the culture the patient represents.
- Free access to a medical interpreter hotline. Free access to TTY.
- Free telephone-based translation services.
- Funding to support the training of interested individuals to become certified as interpreters.
- Have sufficient funds for training of state employees.
- Immigration status may be a factor in willingness to access services.
- Include educational resources such as preschools and daycares that take what level of children, i.e., those who take Purchase of Care, those with medical needs, referral process to Early Head Start to include locations and contacts thru out the state, Head Start with locations and referral process, schools with pre-kindergarten programs and what each offers to include schedules (i.e., meets 1/2 days 3 days a week in mornings and afternoons; full time 5 days a week, etc.) and their referral process and criteria for acceptance to include both developmental and regular programs.

- Make the insurance companies responsible for providing interpreter service for their patients
- More developed formal training program.
- More social workers/social services on site.
- Once policies are in place, it sets the standards for an organization. Otherwise, it remains a vague unattainable and left to the individual to try to implement. Need incentives for it to be clearly a priority in the organization.
- Programs that outreach by coming to the office for training at no cost (other than the practice covering the cost of the employees' salaries during the training).
- Reimbursement for translation services.

Analyses were conducted to explore potential differences in physician and nurse responses to survey questions 5-8. Results are included below.

5. Have you participated in cultural competency trainings or educational opportunities in the past 12 months?

There was no difference between nurses/NPs/nurse specialists and physicians—in each group, half had participated in cultural competency trainings or educational opportunities in the past 12 months.

	Nurse/NP/ Specialist (N = 46)	Physician (N = 48)
No	22	23
Yes	22	23
Missing	2	2

6. The training and professional development activities I have participated in during the last 12 months have enabled me to...

For each category, more nurses strongly or somewhat agreed that training and professional development activities have enabled them to carry out the indicated tasks or interactions. Physicians largely chose that they “somewhat agreed,” whereas nurses chose that they “strongly agreed.”

	Nurse/NP/Specialist (N = 21)			Physician (N = 23, except * N = 22)		
	Strongly agree	Somewhat agree	% Somewhat or strongly agree	Strongly agree	Somewhat agree	% Somewhat or strongly agree
Interact effectively with individuals from different cultural groups	11	8	90.48%	5	12	73.91%
Work effectively with a trained/certified medical interpreter	9	3	57.14%	5	4	39.13%
Effectively communicate complex information to individuals who have low literacy or are not literate*	8	7	71.43%	0	11	50.00%
Effectively communicate complex array of information to individuals who have low English proficiency	10	7	80.95%	2	10	52.17%
Confront bias, discrimination, and racism in health and social service systems	7	11	85.71%	4	11	65.22%

7. How important do you feel it is for health providers to receive training in cultural diversity and/or multicultural health care?

A higher proportion of nurses felt that cultural diversity and/or multicultural health care is very important, where physicians were more split between very and somewhat important.

	Nurse/NP/ Specialist (N = 42)	Physician (N = 45)
Very important	35	23
Somewhat important	4	15
Neutral	3	6
Somewhat unimportant	0	0
Not important	0	1

8. What are the barriers to providing cultural and linguistic competency within your health care organization or practice?

More physicians than nurses said that insufficient time is a barrier to providing cultural and linguistic competency with their health care organization or practice. The answers for the other elements of this question are very similar for physicians and nurses.

	Nurse/NP/ Specialist (N = 46)	Physician (N = 48)
Inadequate staff and financial resources to meet patient needs/demand	21	23
Limited linguistic capacity (Lack of multilingual providers and or medically trained interpreters; limited ability to use translation lines; limited availability of quality translation services)	23	27
Limited access to training for providers to increase cultural and linguistic competency	19	19
Insufficient time to address patient needs (Ex: Social issues that providers cannot address are affecting patient-provider interaction)	13	23
Inadequate linkages between providers and systems (Lack of linkages between health care providers, ex. hospitals and primary care settings, for follow-up and continuity of care)	14	16
Other	6	4

Appendix C: Provider Focus Group Protocol

Developing Standards for Culturally and Linguistically Competent Care in Delaware PROVIDER Focus Group Discussion Guide

Introduction (10 min)

Welcome! Thank you so much for coming to the discussion group. My name is _____, I am here with my colleague _____ and we work for the Altarum Institute, based in Washington, DC. Altarum Institute is a non-profit organization dedicated to improving health systems at the state and national level.

Our company is helping the State Division of Public Health and the Delaware Healthy Mother and Infant Consortium develop recommendations on state standards for cultural and linguistically appropriate care for women. The Healthy Mothers and Infants Consortium is a multi-organization group set up by the State to make recommendations to improve programs and services for pregnant women and infants to help reduce infant mortality in the state of Delaware. The Consortium has committees working on many different activities to achieve this. The Health Disparities committee is responsible for developing a plan to assure that health care providers are providing appropriate care to all families in the State. They have contracted with our company to gather input from providers and consumers to develop the plan.

A summary of the information gathered from this discussion, focus groups with conducted with consumers, and a web survey of providers will be included in a report for the Delaware Division of Public Health and the Consortium's Health Disparities committee. The information you share in this discussion is confidential and your name will not appear anywhere in the report.

We would like to tape record the group discussion to make it easier for us to review exactly what you tell us, but we need to get permission from each of you to tape this group discussion. ***(Moderator will go around the group round robin to get verbal consent—tape recorder will not be used if anyone in the group does not consent to being taped.)***

Before we get started I would like to review a few ground rules for the discussion:

- We want to hear everyone's point of view. Please participate to your fullest ability, but also allow other group members to do the same.
- There are no right and wrong answers.
- It is OK to disagree with one another, please just do so respectfully.
- We do not work for the State or any health care organization in Delaware. Do not worry about offending us.
- Only one person should talk at a time. We are tape recording this session so that we do not miss anything important. If two people talk at once, we cannot understand what anyone is saying. I may remind you of this during the group.
- We have a lot that we want to talk about in a short amount of time, so I may interrupt the discussion and move to another topic. But, if there is something important you want to say, let me know and you can quickly add your thoughts before we move on.
- ***(If consent was received from all to tape record)*** Please speak up we can hear you on the tape. If more than one person talks at the same time it is difficult to understand anyone. Sandra is our co-moderator—she'll be taking notes, handling the tape recorder and may have a clarifying question from time to time.

Any questions before we begin?

I'd like to start out by going around the room with introductions. Please state your first name only and tell us what type of health care provider you are and the type of setting in which you work (e.g., hospital, clinic, private practice, etc).

As I mentioned in the introduction, the information from our discussion, along with data from a provider survey and consumer focus groups will be used to inform development of standards for culturally and linguistically appropriate care for women in Delaware. There are many definitions of 'cultural and linguistic competence.' For the purposes of our discussion we are using a definition provided by the DHHS Office of Minority Health:

Cultural and linguistic competence is defined as a set of behaviors, attitudes, and policies that enables effective work in cross-cultural situations. 'Culture' refers to the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

I. Provider Level Responsibility and Challenges (15 min)

1. Thinking about your own experience interacting with patients, what does it mean to be a culturally competent health care provider?
2. What are the biggest challenges associated with providing cultural appropriate health services?

II. Organizational Level Strategies and Outcomes (30 min)

3. At your organization, are there policies or other mechanisms in place to support you in the provision of cultural and linguistically appropriate health services?

Probes:

- Activities to engage community members to inform decisions within your health care organization or practice
- Incorporating cultural competence into the organizational mission, planning, policymaking and infrastructure activities

4. What outcomes have you seen as a result of these mechanisms
 - What factors have made it successful?
 - How do you know? (How was it assessed?)
 - What challenges were associated with these mechanisms?
5. Thinking about some the larger health care organizations in which you or other providers may work, what do you think organizations like that can do to help assure provision of culturally appropriate health services?

Probe: What would be the biggest challenges involved?
6. What about smaller health care businesses like a private practices—what can they do to help assure provision of culturally appropriate health services? (Anything different from larger organizations?)

Probe: What are the biggest challenges involved?

III. Provider-level Resources and Support (30 min)

7. What resources do health care professionals need to provide culturally appropriate health services?
8. In general, what knowledge and skills related to cultural competency are most important to address in trainings for health care providers?
9. What is the best way to enhance this knowledge and skills among health care providers? (*in person training, web-accessible resources, etc*)

Probe: If training is mentioned-- what structure is most effective (Case studies presentation and discussion, didactic presentations, informal discussions, etc)?
10. Before we end today, is there anything I have not asked that you feel is important to share about provision of culturally competent care?

Appendix D: Consumer Focus Group Protocol

Developing Standards for Culturally and Linguistically Competent Care in Delaware

Consumer Focus Group Discussion Guide

Welcome! Thank you so much for coming to the discussion group. My name is _____, I am here with my colleague _____ and we work for the Altarum Institute, based in Washington, DC. Altarum Institute is a non-profit organization dedicated to improving health systems at the state and national level.

Our company is helping the State Division of Public Health and the Delaware Healthy Mother and Infant Consortium learn more about the health care experiences of women around throughout state. The Healthy Mothers and Infants Consortium is a group set up by the State to make suggestions about how to improve programs and services for pregnant women and infants to help reduce infant mortality in the state of Delaware.

The Consortium has committees working on many different activities to achieve this. One committee is working a ways to help make sure that doctors and other health care professionals are providing good care to all families in the State. The committee will use your input to develop their plan. They have hired our company to talk with women in each county about your health care experiences, your thoughts on what is good health care and how the state can encourage and support health care providers in providing culturally sensitive care to all families. When we talk about “health care providers,” we mean doctors, nurses, and others working in health care settings like the doctor’s office, clinics, hospitals etc. We are also planning talk with providers about their thoughts on these topics.

We will be using first names only today. Everything you say is confidential. After we conduct a group discussion in each county, we will write a report for the Delaware Division of Public Health and the Consortium’s Health Disparities committee. Your name will not appear anywhere in the report. Nothing said today will be attached to your name at any point. Remember nothing that you say will affect your eligibility for services you may receive through this or any other health center.

We would like to tape record the group discussion to make it easier for us to review exactly what you tell us, but we need to get permission from each of you to tape this group discussion. ***(Moderator will now go around the group round robin to get verbal consent—tape recorder will not be used if anyone in the group does not consent to being taped.)***

The purpose of focus groups is to get the input of small groups of people about a specific topic. Before we get started I would like to review a few ground rules for the discussion:

- There are no right and wrong answers. We are here to find out about your experiences. We do not work for this center or for any agency or organization in Delaware, so feel free to tell us your honest opinions, whether they are positive or negative. Do not worry about offending us. It is OK to disagree with one another. We want to hear everyone’s point of view. However, if you disagree, please do so respectfully.
- Only one person should talk at a time. We are tape recording this session so that we do not miss anything important. If two people talk at once, we cannot understand what anyone is saying. I may remind you of this during the group.
- We would like everyone to participate. However, you each do not have to answer every question. Everyone’s experiences and thoughts are important. If some of you are little more hesitant to speak up, or I really want to know what you think about a particular issue, I may ask you about it.
- We have a lot that we want to talk about today. So, do not be surprised if at some point I interrupt the discussion and move to another topic. But, if there is something important you want to say, let me know and you can quickly add your thoughts before we change subjects.
- **(If consent was received from all to tape record)** I want to make a couple more points related to the tape recording. Please speak up. If you speak too quietly, it will be too difficult to hear you later on the tape. Also, please do not bump the table or tap your hands on the table. Anything close to the microphones sounds incredibly loud on the tape and it will drown out your voices. _____ is also taking notes in case the tapes do not come out clearly and she will be handling the tape recorder.

The group will end no later than _____. We will not be taking a formal break, but if you need to leave for a restroom break, the bathrooms are _____.

Are there any questions before we begin?

Introductions

Let’s get started by going around the room to introduce everyone. Please state your first name only and then tell us your favorite TV show and what you like best about it.

A. Health Messages

As I mentioned in the introduction, the information you share will be used to try and improve health information and services provided to women in the state. One area the state is interested in is what kinds of health information or messages people hear about in their community and how they hear about it.

1. Can you think of anything that you’ve seen or heard about getting or keeping yourself healthy in general?
 - What was the message (what were they telling you)?
 - Where did you hear about that?

2. Have you seen or heard information about getting healthy before you get pregnant?
 - What was the message (what were they telling you)?
 - Where did you hear about that?
3. Have you seen or heard information about caring for yourself after having a baby?
 - What was the message (what were they telling you)?
 - Where did you hear about that?
4. Where do you usually learn about information related to health?

Is this the place you would usually get information about:

- general health concerns/staying healthy?
 - pregnancy and childbirth?
 - infants and parenting concerns
5. Are you usually able to find the health related information you need?
 - If not, what other sorts of information have you wanted but do not have?
 - What kind of trouble have you experienced?
 - Knowing where to get the information?
 - Information being presented in a way that is understandable?
 - Other difficulties?

B. Defining High Quality Healthcare

Next I'd like to talk about your thoughts on what "good" health care looks like.

Think about the last time you have had a good experience getting the health care you needed from a doctor, nurse, or other health care provider here or at another place. Think about what was good about the experience-- like making the appointment, check-in/waiting room process, actually seeing the provider, follow-up service, etc. Let's talk first about your good experiences. Then, I'll ask about your not so good experiences.

6. What sorts of things happened when you were making your appointment or arriving for care make you think of it as a good experience?
 - What sorts of things did the staff do or say that made you think it was good?
 - Was there anything particular about the way the reception area or waiting room that you liked?

7. Now, what about when you were in the room with a provider—doctor or nurse, etc,
 - What sorts of things did they do or say that made you feel like you were getting good care?
 - Was there anything particular about the room/area where you saw the provider that you liked?

8. And what about after your appointment. Have you had an experience that you thought was good follow-up care after seeing a provider?

What did they do or say that made you think it was good?

Think about the last time where you were trying to get a health care service and you did NOT have a good experience. Let's talk a little about what made it not so good.

9. What sorts of things happened that you did not like
 - When you were making the appointment?
 - When you came into the office/clinic/site to get care?
 - When you were in the room with the provider?
 - After your appointment, either during check-out or after you left?

10. Were there any other things that made you feel like you were not getting good care?

11. Have these experiences affected where you choose to get your care?

C. Perceived differences in treatment based on race, ethnicity, language or other factors

12. Have you ever felt that a health care provider was treating you differently from other clients?
 - What did they do or say that made you feel this way?
 - Why do you think they treated you differently?

13. Do you know of family member or friends who felt they were treated differently from other clients by a health care provider?
 - What happened that made the family member or friend feel like there were being treated differently?
 - Why do you think they were treated differently?

D. Consumer Empowerment

14. Do you feel like you usually get what you need from the health care providers that you use?

Do you usually get the...

- Health care needed?
- Information needed?
- Referrals needed?
- Other services needed?

15. Do you feel that you can ask your health care providers for more information or for explanation of health related things when needed?

- More comfortable asking some providers rather than other? Which ones? Why?

16. Does the health care provider do a good job in giving you the information you need?

- Do they give the information in a way that is understandable?
- Are their responses helpful?

17. What do you think it means to “take ownership of your health?”

18. Do you feel like you are in control of your health?

- What makes you feel like you are in control?
- What make you feel like you are not in control?

E. What Providers Should Know about Providing Quality Care in This Community

One of the ways that the information from this group will be used is to help develop suggestions for training opportunities for people that work in health care to on providing appropriate and sensitive care to all members of the community in which they work.

19. What sorts of things do you think are most important for front line staff to know and do in working with women like yourselves in this community? (By “front line staff, I mean the people who answer the phone, make appointments and talk with clients before they go in to see the doctor or nurse)

20. What sorts of things do you think are most important for NURSES to know and do in working with women like yourselves in this community?

21. What sorts of things do you think are most important for DOCTORS to know and do in working with women like yourselves in this community?

22. What about other providers that you see in the clinic or other places you get health services?

- What kind of services are they providing?
- What is it important for them to know or do in serving women like yourselves this community?

Appendix E: Stakeholder Forum on Delaware CLAS Standards - Agenda

AGENDA

DHMIC Health Disparities Committee Stakeholder Forum on Delaware CLAS Standards

*Eden Hill Medical Center-
3rd floor conference room*

Dover, DE

March 23, 2010

11:00 a.m. – 4:00 p.m.

11:00 – 11:10 a.m.

Welcome, Introductions and Meeting Plan

HD Committee Representative
Altarum Institute

11:10 – 11:45 a.m.

Health Disparities in Delaware

Summary of existing data
Findings of Altarum provider survey and consumer focus groups
Personal experiences regarding the impact of health disparities:
 Consumer Perspective
 Provider Perspective

12:00 p.m. – 12:15 p.m.

The HD Committee CLAS Standards Initiative

Helen Arthur-DPH
What is the CLAS Standards Initiative?
A description of the goal, activities and timeline as well as the role of today's meeting participants.

12:15 – 12:30 p.m.

Break (*Set up for working lunch- food provided*)

12:30 – 2:00 p.m.

Round Table Discussions

Participants will break into small groups to discuss current resources and priority strategies for implementing CLAS standards focused on consumers, communities, organizations and individual providers. Each group will address the following topics:

- What is there organization currently doing to impact health disparities? What else are they aware of that is current going on for this target audience?
- Given the data presented, what strategies should be targeted for this audience?
- Which strategies are priorities and what would it take to get started on them?

2:15 – 3:00 p.m.

Round Table Report Out

A spokesperson from each group will present recommendations to all participants.

3:00 – 3:45 p.m.

Vet Recommendations / Action Planning

Facilitated discussion of workgroup recommendations and planning for next steps.

Appendix F: Forum Handout – CLAS Standards

National Standards on Culturally and Linguistically Appropriate Services (CLAS)

The CLAS standards are primarily directed at health care organizations; however, individual providers are also encouraged to use the standards to make their practices more culturally and linguistically accessible. The principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with the communities being served.

The 14 standards are organized by themes: Culturally Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14). Within this framework, there are three types of standards of varying stringency: mandates, guidelines, and recommendations as follows:

- CLAS **mandates** are current Federal requirements for all recipients of Federal funds (Standards 4, 5, 6, and 7).
- CLAS **guidelines** are activities recommended by OMH for adoption as mandates by Federal, State, and national accrediting agencies (Standards 1, 2, 3, 8, 9, 10, 11, 12, and 13).
- CLAS **recommendations** are suggested by OMH for voluntary adoption by health care organizations (Standard 14).

Standard 1

Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 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.

Standard 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.

Standard 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.

Standard 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.

Standard 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).

Standard 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.

Standard 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.

Standard 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.

Standard 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.

Standard 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.

Standard 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.

Standard 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.

Standard 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.

For more information, visit the Office of Minority website at: <http://minorityhealth.hhs.gov>

Appendix G: Stakeholder Forum Strategies, Action Steps & Stakeholders

Stakeholder Forum Strategies, Action Steps, and Stakeholders

	<i>Consumer Strategies</i>	<i>Action Steps</i>	<i>Stakeholders</i>	
Consumers	1.1 Develop a statewide consumer workgroup to advocate for inclusion of consumer perspective in development of provider guidelines and consumer oriented materials	1.1.1 Identify existing consumer groups and related workgroups as models to consider	<ul style="list-style-type: none"> ▪ DMHIC ▪ DPH ▪ DE Medical Association ▪ DE Nursing Association ▪ WIC ▪ Family 2 Family and Center for Disabilities Studies at UD ▪ Resource Mothers ▪ PTA, Parents as Teachers, DE Parents Associations 	
		1.1.2 Present idea to the DHMIC – perhaps they can initiate it as a subcommittee or outgrowth of the Consortium		
	1.2 Develop a Train-the-Trainer Program	1.2.1 Identify volunteers with interest in this model and some knowledge of various service systems in the state		
		1.2.2 Engage DPH to identify small pot of funds to support planning work; write grant applications		
	<i>Provider Strategies</i>	<i>Action Steps</i>	<i>Stakeholders</i>	
Providers	2.1 Enhance provider education and awareness	2.1.1 Develop common definition of cultural competency	<ul style="list-style-type: none"> ▪ Head Start Health Advisory Committees ▪ Grant writers ▪ Sussex County Health Promotion Council ▪ Physician associations ▪ Institute for Excellence (DE childcare education system) 	
		2.1.2 Develop a cultural competency curriculum and link to CMEs		
		2.1.3 Share information (e.g., through organizations, newsletters, existing committees/initiatives, exhibits)		
		2.1.4 Identify funding streams		
		2.1.5 Develop lists of resources		
		2.1.6 Replicate Sussex County Health Navigators Program		
	2.2 Develop provider buy-in	2.2.1 Identify funding/incentives/rewards	<ul style="list-style-type: none"> ▪ Hospitals ▪ Insurers ▪ Community and current resources 	
2.2.2 Conduct education campaign to address attitudes and perceptions				
	<i>Organizational Strategies</i>	<i>Action Steps</i>	<i>Stakeholders</i>	
Organizations	3.1 Conduct a gap analysis of implementation of the CLAS standards among Delaware health care organizations/practices	3.1.1 Develop a survey tool based on CLAS	<ul style="list-style-type: none"> ▪ DMHIC ▪ DPH ▪ Governor ▪ University of Delaware ▪ Hospital and FQHC presidents/COO/CEO ▪ DE Health Care Association, DE Health Care Commission, DE Health Equity Consortium ▪ DE AWHONN, DE Nursing Association, DE Organization of 	
		3.1.2 Identify the target audience		
		3.1.3 Draft a cover letter (with authority)		
		3.1.4 Implement the survey and analyze the results		
		3.1.5 Report out the results		
		3.1.6 Identify the gaps and key activities to get organizations up to standard		

			<ul style="list-style-type: none"> ▪ Nurse Executives ▪ AAP ▪ March of Dimes ▪ DE Ecumenical Council ▪ Blue Cross 		
3.2	Develop a statewide medical interpreter pool	3.2.1	Identify priority language needs	<ul style="list-style-type: none"> ▪ DMHIC ▪ DPH ▪ University of Delaware ▪ Hospitals ▪ Federal agencies (e.g., OMH) ▪ DE Association of Nonprofits ▪ DE Ecumenical Council ▪ Cross Cultural Health Care 	
		3.2.2	Find money to increase the number of DPH medical interpreter trainings		
		3.2.3	Issue a call to action for medical interpreters		
		3.2.4	Conduct medical interpreter training		
		3.2.5	Develop and distribute a resource book		
		3.2.6	Conduct annual recognition event		
		3.2.7	Help Delaware move toward medical interpreter certification		
Communities					
	<i>Community Strategies</i>	<i>Action Steps</i>	<i>Stakeholders</i>		
4.1	Engage youth as change agents to address health disparities	4.1.1	Conduct needs assessment with youth to identify barriers and incentives to participation	<ul style="list-style-type: none"> ▪ Youth ▪ DOE administrators ▪ School nurses and registered dieticians ▪ Nemours ▪ Wellness centers ▪ Policy makers and legislators ▪ Non-traditional partners ▪ Other youth organizations 	
		4.1.2	Research similar initiatives in other states that are both privately and publicly funded		
		4.1.3	Identify programs/curricula that will engage youth (e.g., PHAT program)		
		4.1.4	Identify funding streams and resources to support activities		
		4.2	Partner with academic institutions to conduct community-based participatory research focused on health disparities		<ul style="list-style-type: none"> ▪ Department of Public Health ▪ Community organizations ▪ Community members ▪ Academic institutions (e.g. Delaware State, University of Delaware, Wilmington College, Wesley College) ▪ Other key leaders
		4.2.1	Approach universities and academic institutions		
4.2.2	Identify communities to work in, based on review of demographic data				
4.2.3	Define research questions, research activities, and data collection/analysis plan				
4.2.4	Prepare report and share with relevant stakeholders, community organizations, and community members				
4.2.5	Develop strategies for evaluation and follow up (e.g. how are individuals using research findings)				
4.2.6	Look for ongoing funding opportunities to support research activities				

Appendix H: Example Resources and Tools

State CLAS Implementation Guide Excerpt (NMMRA)
Cultural Competence Strategic Plan Tool (MassPro)



CLAS Standards and Resources

Based on the Office of Minority Health CLAS Standards

Standard	Implementation Ideas	Resources
<p>Standard 1</p> <p>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.</p>	<ul style="list-style-type: none"> • Designate a preceptor (e.g., MD, RN, or medical technician) who provides culturally appropriate care • Indicate whether language assistance is needed prior to the patient's arrival using a chart flagging system • Ensure information and consent forms are in the patient's language of origin 	<ul style="list-style-type: none"> • Office of Minority Health. What is Cultural Competency? http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=11 • Diversity Rx: Multicultural Health Best Practices Overview http://www.diversityrx.org/BEST/index.html • Institute of Medicine of the National Academies. Unequal Treatment, Confronting the Racial and Ethnic Disparities in Health Care http://www.iom.edu?id=4475&redirect=0 • Examples of overall CLAS implementation program <ul style="list-style-type: none"> ➢ http://www.state.sc.us/dmh/cultural_competence/cultural_plan.htm ➢ www.bphc.org/director/pdfs/disparities_assess-tool.pdf

5801 Osuna Road NE, Suite 200 ♦ Albuquerque, New Mexico 87109-2587
 (505) 998-9898 ♦ (800) 663-6351 ♦ (505) 998-9899 fax ♦ www.nmmra.org

NMMRA
 New Mexico Medical Review Association

Cultural Competency Strategic Planning Tool

Overview

A strategic plan should include the following:

I. Mission Statement

Include a brief description of your practice's purpose and post it in a prominent location in your office. Answer the question: How do you wish to render value to your patients?

Sample Mission Statement: To deliver the highest possible quality of care to each patient, with respect and special attention to each person's racial, ethnic and sociocultural background and needs.

II. Vision Statement

A vision is a description of how you want the practice to operate in the future and how your patients will benefit. Answer the question: What do you want your practice to look like?

Sample Vision Statement: To be known as the most caring practice and the most effective in diagnosing and treating every patient through better communication and understanding. We will lower the critical effects of specific diseases, such as pregnancy-induced hypertension by at least {enter % rate} within the next year.

III. Values Statement

List how you want the practice to operate, including moral values such as integrity, honesty and respect, as well as operational values, such as increased efficiency, timeliness, and communication.

Sample Values Statement: All patients are to be treated equally, regardless of race, ethnicity or socioeconomic background and given the best possible available care and consideration. Our values are to ensure open communication with the patient and to treat each patient holistically, not just as a disease or an illness. For this, we are committed to continuous performance improvement, both medically and in our patient focus. These values are the responsibility of each individual within our organization.

IV. Goals

Outline the specific issues you want your practice to address over the next year and the results you desire. Goals should be quantifiable, consistent, realistic and achievable. You may want to limit your goals to two or three.

Sample Goals:

1. Reduce the incidence of SIDS death among infants of African American patients by {enter % rate}
2. Improve communication with Vietnamese patients to provide better prenatal care
3. Increase intake of folic acid among all OB/GYN patients of child bearing age

V. Objectives

Include how you will achieve your goals.

Sample Objectives:

1. Increase safe sleep education among African-American patients
2. Send staff members to medical interpreter classes
3. Develop or access teaching materials in multiple languages

Determine the actions, methods and/or steps needed to achieve each goal and objective. Consider any budget that might need to be developed for training or special services.

Sample Action Plan (improving safe sleep practices):

1. Take into account language barriers and/or cultural considerations
2. Ask client where his/her baby will sleep once the baby is delivered
3. Provide materials explaining safe sleep practices and SIDS risk factors
4. For patients who need additional support, arrange for a nurse to visit their home following delivery
5. Have staff follow up with client to determine their ongoing level of understanding/ compliance

Perform an analysis of your current practice to determine where you currently stand and where you would like to be. SWOT analysis can help identify possible strategies for building on strengths, resolving/mitigating weaknesses, taking advantage of opportunities and avoiding threats. This information can be added to your strategic plan as an appendix.

Sample SWOT Analysis:

Strengths <ul style="list-style-type: none">▪ Excellent reputation▪ In business for {enter number} of years▪ Caring staff with {enter number} of years of experience▪ Modern equipment	Weaknesses <ul style="list-style-type: none">▪ Only one physician is bilingual▪ Difficulty in working with a growing Vietnamese population▪ Not enough focus on addressing stress and its impact on patients' health
Opportunities <ul style="list-style-type: none">▪ Greater ability to hire bilingual staff▪ Better relationships with affiliated hospitals	Threats <ul style="list-style-type: none">▪ Possible bilingual clinic opening near primary office

Sample Strategic Planning Template

The template below is designed to help your practice produce a strategic plan.

Strategic plan for: _____

Mission Statement:

Vision Statement:

Values Statement:

Goals:

Objectives:

Goals with Action Plans:

Goal #1

Action Plan

- 1.
- 2.
- 3.

Goal #2

Action Plan

- 1.
- 2.
- 3.

SWOT Analysis:

Strengths	Weaknesses
Opportunities	Threats



This material was adapted by Masspro, the Medicare Quality Improvement Organization (QIO) for Massachusetts, from content prepared by QSource, the Underserved Quality Improvement Organization Support Center and QIO for Tennessee, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily represent CMS policy. 8sow-ma-under-07-13 planningtemp-oct