A Continuous Quality Improvement Approach to Organizational Cultural Competence

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Presentation Outline

• Review changing U.S. demographics related to race, ethnicity, and language
• Define cultural competence
• Describe the current federal mandates and regulatory standards related to cultural competence
• Overview of the Cultural Competency Organizational Assessment-360 (COA360) and the Culture-Quality-Collaborative (CQC)

As of July 1, 2011, the U.S. Census Bureau estimated that 50.4% of the population younger than 1 was minority.


Changing State Demographics

* In 2008, four states—Hawaii (72.4%), California (60.3%), New Mexico (55.8%), and Texas (55.2%)—plus the District of Columbia (64.9%) were already majority minority.
* The rest of the U.S., minorities constitute 36.6% of the population.

Changing U.S. Demographics

- Increased number of foreign born residents
  - 12.7% of U.S. residents
- Increased numbers speak a language other than English at home
  - 20.6% of U.S. residents
- Increased numbers speak English less than “very well” and are considered limited English proficient (LEP)
  - 8.7% of U.S. residents
- Between 1990 and 2010, the U.S. LEP population increased 80%.

Source: 2010 U.S. Census and 2011 American Community Survey

What is Cultural Competence?

- 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.


Cultural Competence Continuum

(Cross, Bazron, Dennis and Isaacs, 1989)

What is Cultural Competence?

It requires organizations to:

1. Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally;


2. Have the capacity to:
   (a) value diversity,
   (b) conduct self-assessment,
   (c) manage the dynamics of difference,
   (d) acquire and institutionalize cultural knowledge, and
   (e) adapt to the diversity and cultural contexts of communities they serve;


3. Incorporate the above into all aspects of:
   (a) policymaking,
   (b) administration,
   (c) practice and service delivery,
   (d) and systematically involve consumers, key stakeholders and communities.

Federal Mandates and Regulatory Standards

- Title VI of the Civil Rights Act of 1964
- Executive Order 13166 (August 11, 2000)

Economic Burden of Health Inequalities

- Direct Medical Care Costs $229.4 billion for the years 2003-2006.
- Indirect Costs of disability and illness $50.3 billion
- Cost of Premature Deaths were $957.5 billion
- Total $1.24 trillion (in 2008 inflation-adjusted dollars).

Clearview Organizational Assessments-360 (COA360) Overview

COA360™

COA360 Validation Article

Winner, 2008 Innovation Award
National Center on Minority Health and Health Disparities (NCMHD)

The Clearview360 Suite of Tools

• COA360u – For departments or units of a healthcare organization (Launched 2010)
• COA360h – For hospitals or healthcare organizations (To be launched November 2012)
• PCMH360 – For medical practices (To be launched April 2013)

COA360 Overview
• Web-based tool
• Assessment of healthcare organizations, not individuals
• Identifies strengths and areas for improvement
• Suitable for any size healthcare organization
• Assesses unique configuration of diversity in the service area (race, ethnicity, language, religion/spirituality, and sexual identity)

COA360 Overview
• Measures:
  – CLAS Standards
  – Joint Commission Standards
  – HCAHPS patient experience

360° View of the Organization

The COA360/CQC Continuous Quality Improvement (CQI) Cycle

• Assess
• Identify Deficiencies
• Tailored Interventions
• Re-assess

COA360

Clinical Staff
Non Clinical Staff
Organization
Patients/Clients
Administrators
Brief COA360 Demo

- Point of Contact Survey
- Administrator/Clinical Staff/Non-Clinical Staff Survey
- Patient/Client Survey

Survey Invitation Email

Survey Login Page

Participant Home Page

Point of Contact Survey

Point of Contact Survey
COA360 Report

COA360 SATISFACTION RESULTS

COA360 Report

COA360 Report

COA360 Report

COA360 Report
Quantitative Results:
Satisfaction with Overall COA360 Experience

- Strongly Agree: 110 (22%)
- Agree: 24 (5%)
- Neutral: 358 (73%)
- Disagree/Strongly Disagree: 11 (2%)
N = 492

Quantitative Results:
Satisfaction with COA360 Functionality

- Strongly Agree/Agree: 92 (19%)
- Neutral: 374 (77%)
- Disagree/Strongly Disagree: 19 (4%)
N = 485

Quantitative Results:
Satisfaction with COA360 Usability

- Strongly Agree/Agree: 90 (18%)
- Neutral: 386 (79%)
- Disagree/Strongly Disagree: 12 (3%)
N = 488

Qualitative Results

“The COA360 has given us detailed insight related to our cultural and linguistic competency in a variety of domains, and it has allowed us to determine targeted steps we can take in order to provide more culturally competent services to our clients.”

Qualitative Results

“Used… to determine whether a unit-based education approach along with organizational supports leads to improved patient satisfaction, employee engagement, clinical quality, and organizational cultural competence in the Labor & Delivery unit of our hospital.”

“If successful, this intervention could be tailored to other units in the hospital to improve care for all patients.”

Qualitative Results

“...innovative, user friendly, and easy to understand for our patients, staff and leaders.”

“The reports, provided by expert staff, have given us meaningful results, thorough data analysis, and helpful recommendations.”

“This information is critically important to our hospital, given that it serves patients from a wide variety of races, ethnicities and cultural backgrounds.”
Culture-Quality-Collaborative (CQC)

- A learning exchange of healthcare organizations
- Co-learning
- Participating in the COA360/CQC CQI Cycle
  - Assess
  - Identify deficiencies
  - Tailored interventions
  - Re-assess
  - Share findings

The COA360/CQC Continuous Quality Improvement (CQI) Cycle

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<th>Date</th>
<th>Event Type</th>
<th>Category</th>
<th>Topic</th>
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<tr>
<td>March 2011</td>
<td>Webinar</td>
<td>Data Collection and Quality Improvement</td>
<td>Collecting and using race, ethnicity, and language data (ex. stratify patient satisfaction, quality, and safety data, creating equity dashboards, etc.)</td>
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<tr>
<td>April 2011</td>
<td>Webinar</td>
<td>Culture Competency Training</td>
<td>Cultural competency training for clinical staff (e.g., physicians, nurses, and other direct patient care providers)</td>
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<td>State laws/regulations and cultural competency</td>
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<td>Health Disparities</td>
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<td>September 2011</td>
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<td>December 2011</td>
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<td>Harnessing the opportunity to improve organizational cultural competency</td>
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<td>The economic burden of health inequalities</td>
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<td>Cultural competency lessons from other industries and implications for the health care system</td>
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<td>Assessing language competency of bilingual staff</td>
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<td>June 2012</td>
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<td>Data Collection and Quality Improvement</td>
<td>Review of CQC Members COA360 Results</td>
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