



Using Quality Improvement to Address Cultural Competence

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Road Map

- Introduction and Background
- Getting Disparities and Cultural Competence on the Quality Agenda
- Practical Details
 - Baseline Assessment
 - Deciding on an Improvement Aim
 - Measures
 - Changes to test
- Grantee experiences

Case Study: Ms. P and the PHC Clinic

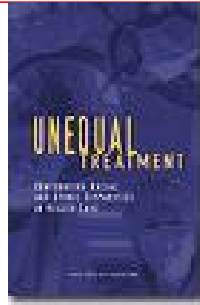
- *Ms. P, a 40 year old African-American woman, is newly diagnosed with HIV and receiving care in the Positive Health Center (PHC). On her third visit, her doctor, who is white, prescribes antiretroviral medications. Ms. P has heard that HIV medications might not work as well for African-Americans, but she doesn't want to rock the boat, so she keeps quiet about her doubts and accepts the prescription, but does not fill it.*



Health Disparities

“Racial and ethnic minorities tend to receive a lower quality of health care than non minorities.”

IOM 2002



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Examples of Disparities

Health Disparities can appear as differences in:

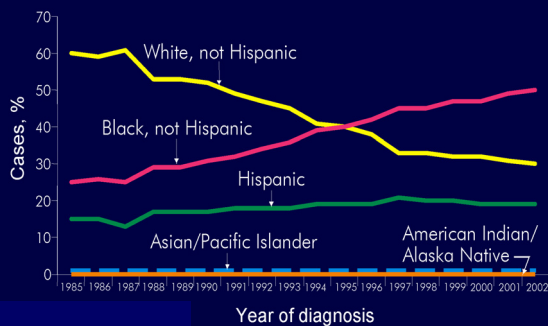
- **Prevalence rates** of illnesses
- **How treatment is delivered**
- **Outcomes** of care



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Proportion of AIDS Cases, by Race/Ethnicity and Year of Diagnosis, 1985–2002—United States



CDC

Disparities: Delivery of Treatment and Outcomes of Care

- **Entry into Care:**
 - *African-Americans and Latinos are likely to be diagnosed at a later disease stage than whites¹*
- **Starting Treatment:**
 - *African-Americans in one large national sample study were 59% less likely than whites to be receiving HAART²*
- **Success with Treatment:**
 - *63% of African-Americans had an undetectable viral load after one year of treatment vs. 92% of whites.*

1. Losina E, Schackman R, Sadownik S, et al. Disparities in survival attributable to suboptimal HIV care in the US: Influence of gender and race/ethnicity [abstract 142]. Presented at: 14th Conference on Retroviruses and Opportunistic Infections; February 25-28, 2007; Los Angeles, California.
2. Wilson Lucy, Korhuis P, Conviser R, et al. Rural Versus Urban HIV/AIDS Clinical Outcomes: A Multi-state Perspective [abstract 974]. Presented at: 14th Conference on Retroviruses and Opportunistic Infections; February 26, 2007; Los Angeles, California.
3. Hartzel J, Spooner K, Howard R et al. Race and mental health diagnosis are risk factors for Highly Active Antiretroviral Therapy failure in military cohort despite equal access to care. *Journal of Acquired Immune Deficiency Syndrome*. 2007; 44(4): 411-416.

Getting Disparities on the Quality Agenda

- National data
- Local concerns
- Federal requirements: National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards)
 - Maintained by the Office of Minority Health
 - 14 standards addressing
 - Culturally Competent Care
 - Language Access
 - Organizational Supports for Cultural Competence
 - www.omhrc.gov/assets/pdf/checked/finalreport.pdf

Cultural Competence

“Cultural competence is a set of attitudes, skills, behaviors, and policies that enable organizations and staff to work effectively in cross-cultural situations.”

HRSA Care Action Bulletin 2002

Cross et al. 1989 and Lavizzo-Mourey and Mackenzie 1996 as cited in Cultural Competence: A Journey, Bureau of Primary Health Care, Health Resources and Services Administration, US Department of Health and Human Services, n.d.)

Cultural Competence

What you know about the health-related

- Beliefs
- Attitudes
- Practices
- Communication patterns of the different groups that you serve

How you use the information to:

- Improve services
- Strengthen programs
- Increase community participation
- Close gaps in health status

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Baseline Assessment

How do we know how well we are doing?



- Patient input
- Organizational Self-Assessment
- Performance data by race and ethnicity

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Baseline Assessment Consumer Input

- Are there differences in consumer satisfaction results in different racial or ethnic groups?
- Consider asking specific cultural competence questions:
 - "Do you feel welcome in this clinic or do you feel like an outsider?"
 - "Have you ever felt like you might get better care at your clinic if you were from a different racial or ethnic group?"

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Baseline Assessment Organizational Self-Assessment

- Knowing the community you serve
- Ability to collect data on race, ethnicity and primary language
- Hiring and training policies
- Translation and interpretation services
- Assessing and addressing health beliefs

<http://www.aidsetc.org/doc/workgroups/cc-question-bank.doc>

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Baseline Assessment: Collecting Race and Ethnicity Data

- How and by whom are race, ethnicity and language data collected?
- Staff may be guessing or avoiding the question....



Hasnain-Wynia R. and D.W. Baker. "Obtaining Data on Patient Race, Ethnicity, and Primary Language in Health Care Organizations: Current Challenges and Proposed Solutions." *Health Services Research*. August 2006; 41(4p1):1501-18

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Collecting Race and Ethnicity Data

- Train staff why race and ethnicity data are important.
- Provide a script:
 - "We use this information to monitor care to ensure that all patients get the best care possible."
 - "How do you describe your race or ethnicity?"



Seigal B. "Enhancing Public Hospitals' Reporting of Data on Racial and Ethnic Disparities in Care." *The Commonwealth Fund*. January 2007

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**Deciding on an Aim
What Do We Want to Accomplish?**

Consider looking at :

- Health outcomes
- Retention in care
- Access to care
- Satisfaction with care
- Improvements in organizational infrastructure

**Measures: How Will We Know a Change is
An Improvement?**

- Compare all groups to the group with the best results
- Measure changes for each individual group and changes in the gaps between groups

**Measures: How Will We Know a
Change is An Improvement?**

Look for overall improvement *AND* narrowing of racial and ethnic gaps in:

- % of patients undetectable on ARVs, by race and ethnicity
- % of clients with broken appointments, by race and ethnicity
- % of patients diagnosed with AIDS within one year of HIV diagnosis
- % of patients satisfied with the language services they received

Grantee Experiences

- Why did your programs decide to work on disparities and cultural competence?
- What has surprised you about your organization's cultural competence work?
- What have been the barriers?
- What advice do you have for others?

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