

October 10, 2019



Culturally Competent and Health Literate Organizations



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Agenda

Culturally Competent and Health Literate Organizations:

- *Defining Culturally Competent (CC) and Health Literate (HL) Organizations*
- *Standards/Attributes of Culturally Competent and Health Literate Organizations*
- *The Business Case for Operationalizing CC and HL Practices*
- *How to Operationalize CC and HL Practices in Organizations*



Definitions

Culturally Competent Organizations

*Building **culturally competent organizations** means changing how people think about other cultures, how they communicate, and how they operate. It means that the **structure**, leadership, and activities of an **organization** must reflect many values, perspectives, styles, and priorities.*

Health Literate Organization

An **organization** that makes it easier for people to navigate, understand, and use information and services to take care of their **health, well-being**.

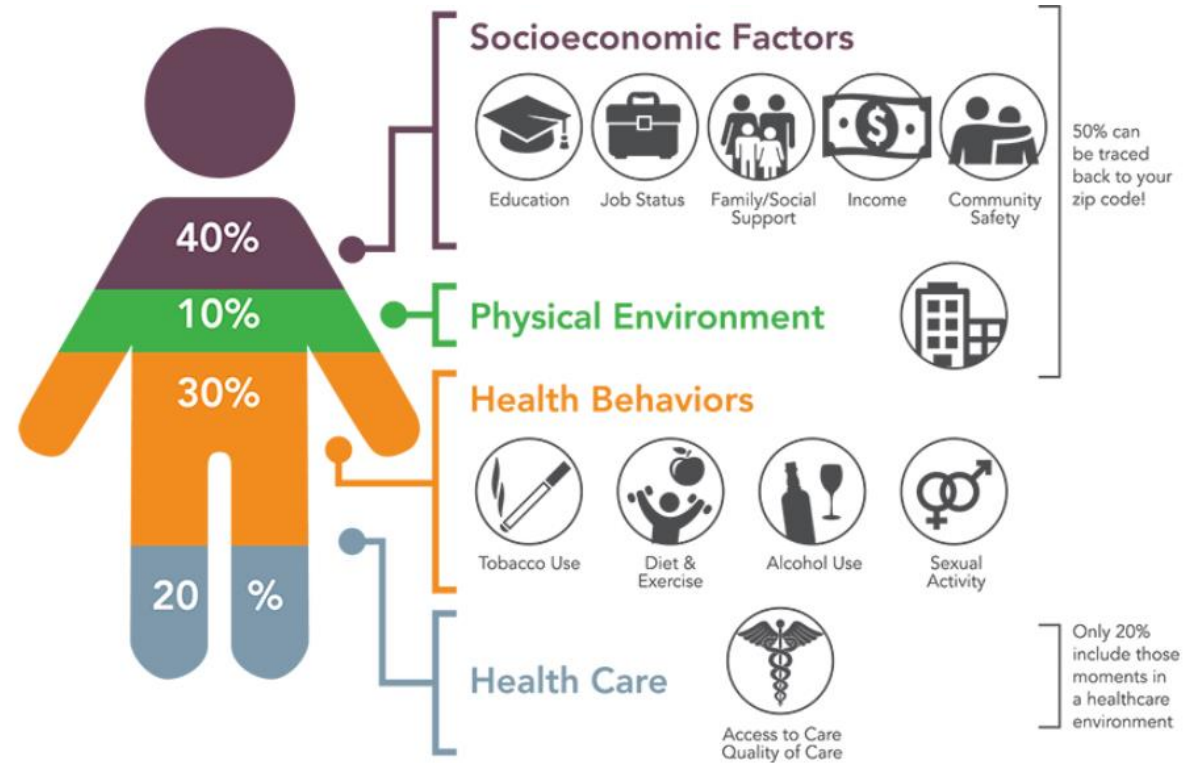




Standards and Attributes of Culturally Competent and Health Literate Organizations

Standards/Attributes of Culturally Competent and Health Literate Organizations

Social Determinants of Health

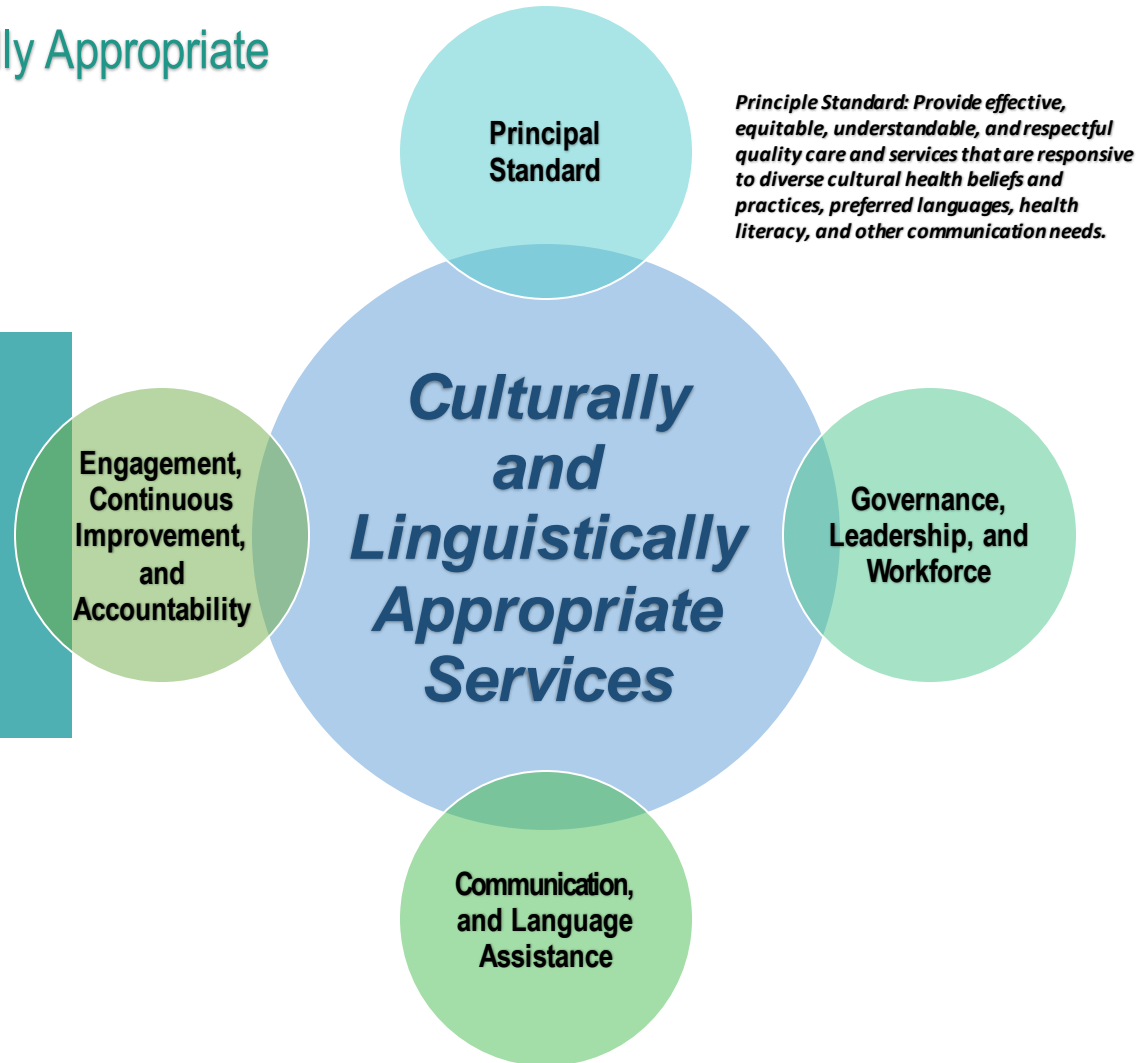


Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Standards of Culturally Competent and Health Literate Organizations

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Healthcare

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:



CLAS Standards

<p>Principle Standard: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.</p>	<p>Standard 2: The organization advances and sustains governance and leadership that promotes CLAS, (health literacy), and health equity through policy, practices, and allocated resources.</p>	<p>Standard 3: The organization recruits, promotes, and supports a diverse (and health literate) governance, leadership, and workforce.</p>
<p>Standard 4: Educate and Train Governance, Leadership, and Workforce in CLAS (and health literate appropriate services).</p>	<p>Standard 5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.</p>	<p>Standard 6: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.</p>
<p>Standard 7: Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.</p>	<p>Standard 8: Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area (includes the English- speaking population).</p>	<p>Standard 9: Establish culturally, linguistically (and health literacy) appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.</p>
<p>Standard 10: Conduct ongoing assessments of the organization's CLAS (and health literate appropriate services)-related activities and integrate CLAS (and health literate appropriate services)-related measures into measurement and continuous quality improvement activities.</p>	<p>Standard 11: Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS (and health literate appropriate services) on health equity and outcomes and to inform service delivery.</p>	<p>Standard 12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural, linguistic (and health literacy) diversity of the populations in the service area.</p>
<p>Standard 13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural linguistic (and health literacy) appropriateness.</p>	<p>Standard 14: Create conflict and grievance resolution processes that are culturally, linguistically (and health literacy) appropriate to identify, prevent, and resolve conflicts of complaints.</p>	<p>Standard 15: Communicate the organization's progress in implementing and sustaining CLAS (and health literate appropriate services) to all stakeholders, constituents, and the general public.</p>

Attributes of a Health Literate Organization

10 Attributes



Brach C, Keller D, Hernandez LM, et al. *Ten Attributes of Health Literate Health Care Organizations*. Washington, DC: National Academy of Sciences, 2012.

1. Leadership Promotes
2. Plans, Evaluates, and Improves
3. Prepares Workforce
4. Includes Consumers
5. Meets Needs of All
6. Communicates Effectively
7. Ensures Easy Access
8. Designs Easy to Use Materials
9. Targets High Risk
10. Explains Coverage and Cost



**Building Health
Literate Organizations:
A Guidebook to Achieving
Organizational Change**



Mary Ann Abrams, MD, MPH
Sabrina Kurtz-Rossi, MEd
Audrey Riftenburgh, MA
Barbara Savage BS, MT(ASCP)

**Ten Attributes
of Health Literate Health Care
Organizations**

Cindy Brach, Debra Keller, Lyla M. Hernandez, Cynthia Baur, Ruth Parker, Benard Dreyer, Paul Schyve, Andrew J. Lemerise, and Dean Schillinger
June 2012

National Standards for CLAS in Health and Health Care:
A Blueprint for Advancing and Sustaining CLAS Policy and Practice



**National Standards for Culturally and Linguistically
Appropriate Services in Health and Health Care:**

**A Blueprint for Advancing and Sustaining CLAS
Policy and Practice**

Office of Minority Health
U.S. Department of Health and Human Services

Culturally Competent and Health Literate Organizations - References

April 2013



Culturally Competent and Health Literate Organizations

The Business Case – Why Be a Culturally Competent and Health Literate Organization?

The Business Case



The business case:

A proposal for business change that justifies costs and benefits

- The what, why, how and who

Answers the following questions:

- 1) What is the problem?
- 2) Why should we do this (include the risks/benefits/costs)?
- 3) How should the problem be addressed (activities and resources)?
- 4) Who are the stakeholders (who will be impacted/benefit)?
- 5) How will you measure success?



Source: Making a Business Case for Health Literacy: A report from the Minnesota Health Literacy Partnership, June 2007

The Business Case

The business case for cultural competency and health literacy

What are the problems and why should we address them?

Examples:

- 80% of the organizations consumers are listed as a vulnerable population
- 5% of consumers report English as a second language
- 10% of the program participants are weekly no shows, costing the organization \$3000/week
- 75 (%5) of consumers of the CM program have an uncontrolled chronic disease
- These 75 consumers visit the ER and/or are hospitalized 2-4 times per year
- 15 (%1) consumers experienced medication errors within the past year
- At least 5 consumers drop out of the employment program each quarter due to issues related to an uncontrolled chronic disease
- 20% of consumers reported not feeling listened to/that their concerns were not addressed
- 10% of staff reported that they did not always make sure the consumer understood what was discussed during the appointment

The Business Case

The business case for cultural competence and health literacy:

How will you measure success?

Examples:

- % Reduction in consumers missing program
- % Increase in the number of consumers feeling as if they were listened to, feeling respected, welcomed
- % Increase in overall consumer satisfaction
- % Increase in staff reporting improved communication with consumers
- % Increase in the number of individuals enrolled across all programs
- % Decrease in the number of individuals discharged from all programs





The FLPPS Approach

Operationalizing CC & HL Practices in Organizations

Operationalizing CCHL Practices in Organizations

