USING EXPLORATORY DATA TO PROMOTE CULTURAL AND LINGUISTIC COMPETENCE

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Introduction

- One of the goals of systems of care is to extend services to previously underserved groups, including members of minority, cultural or marginalized groups.
- Historically, these groups often face barriers to effective mental health care.
- Barriers include disparities related to health care access and quality, cost of services, appropriateness of services, racism and discrimination.

Culture and Mental Health

- An individual’s cultural background influences:
  - how they express and manifest their symptoms, how they cope, the types of supports they have available/need, and their willingness to seek treatment.
- The culture of a clinician/practitioner or the service system influences:
  - how diagnosis, treatment and service delivery are applied.

Consumer level barriers
- Access to mental health care
- Stigma
- Racism & discrimination

Provider level barriers
- Cultural knowledge
- Inadequate skills and practices
- Language insufficiency

System level barriers
- Lack of CLC policies and procedures
- Insufficient/inadequate training
- Lack of diverse workforce

How important is it that...

- The person you and your child have seen most often is of the same racial/ethnic group as your child? (n = 182)
  - Very Important: 27.4%
  - Extremely Important: 43.4%

- The beliefs, traditions, and practices of your child’s racial or ethnic group be included in service planning and provision? (n = 182)
  - Very Important: 52.2%

- You and your child have a service provider that understands the customs, practices, and traditions of your child’s racial or ethnic group? (n = 182)
  - Very Important: 27.4%
According to the National Center for Cultural Competence at the Georgetown Center for Child and Human Development:

Cultural competence requires that organizations:
- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally;
- have the capacity to value diversity, conduct self-assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural contexts of the communities they serve;
- incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.

### Domains and Protocol Development Process

1. **Step 1:** The study team developed a protocol and determined domains using SAMHSA’s Managed Care Cultural and Linguistic Standards as a guide.
2. **Step 2:** The domains were refined through a three-step process. First, a literature review was conducted; second, the team collaborated with an expert panel to develop the domain and draft input was sought from community representatives; and third, input was sought from the CLC Expert Panel to develop the domains; and third, input was sought from the CLC Expert Panel to develop the domains.
3. **Step 3:** The team began developing the protocol questions by creating a list of key informant participant types. The list represented a broad category of representatives and partners in systems of care.
4. **Step 4:** The study team, guided by feedback from the CLC Expert Panel and the communities, developed a list of questions for each key informant category based on the eight domains of inquiry.
5. **Step 5:** The study team submitted the protocols and study procedures to the Institutional Review Board for review. Upon receipt of approval, the study team contacted the selected communities to coordinate community visits and schedule interviews.

### Community Selection Process

Selection criteria included:

1. **Communities must be delivering services to at least 10 children and families.**

   **Criteria for Selection:**
   - Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.
   - Have the capacity to value diversity, conduct self-assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural contexts of the communities they serve.
   - Incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.

   **Domains:**
   - Diverse Populations
   - Engaging and Supporting Populations of Concern
   - Accommodating Language and Cultural Needs
   - Implementing and Evaluating Evidence-Based Practices
   - Collaborative Planning and Delivery
   - Cultural Competence Implementation and Outcomes Self-Assessment
   - Sustainability

   **CLC Domains:**
   - Culture
   - Language
   - Competence
   - Evidence
   - Based
   - Practices
   - Systems
   - Care
   - Plan
   - Network
   - Governance

   **CLCIS:**
   - Culture
   - Language
   - Competence
   - Implementation
   - Outcomes
   - Self-Assessment

   **Substudies:**
   - Substudy 1: Cultural Competence Implementation and Outcomes Self-Assessment
   - Substudy 2: Culture and Language Self-Assessment
   - Substudy 3: Governance and Management Self-Assessment

   **Table:**

<table>
<thead>
<tr>
<th>Community Type</th>
<th>Type 1</th>
<th>Type 2</th>
<th>Type 3</th>
<th>Type 4</th>
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</thead>
<tbody>
<tr>
<td>Demographics</td>
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<td>Poverty</td>
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<td>Median Income</td>
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<td>10%</td>
<td>10%</td>
<td>10%</td>
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<tr>
<td>Employment</td>
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<td>20%</td>
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<tr>
<td>Education</td>
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<tr>
<td>Income</td>
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<tr>
<td>Percentage</td>
<td>20%</td>
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<td>20%</td>
<td>10%</td>
</tr>
</tbody>
</table>

   **Social Determinants:**
   - Percentage of African American assorted family is high (as the county is a rural county).
   - Percentage of American Indian is high (as the county is a rural county).
   - Percentage of Hispanic families is high (as the county is a rural county).

   **Cultural Competence Implementation and Outcomes Self-Assessment:**
   - Three of the four domains have a high score.
   - Four of the domains have a medium score.
   - One of the domains has a low score.

   **Program Services:**
   - Cultural and Linguistic Compensation
   - Cultural Awareness
   - Cultural Competence
Data Collection and Analysis

- Step 1: Each community identified a team leader and a core team to coordinate data collection for the CLC Study. The study team identified a team member to coordinate site visits.
- Step 2: A community core team and team members collaborated to identify data collection methods for each respondent category.
- Step 3: The team and community jointly reviewed the protocols that were customized for each community. The team members tailored the interviews and focus groups accordingly.
- Step 4: At the conclusion of each visit, the site visitors conducted a debriefing with key staff. The study team analyzed the data through an iterative process of aggregation and categorization by domains and produced a site visit report with key staff.

The study team completed all site visits by August 2007, within six months of their initial visit. Each community’s data collection methods were tailored to the needs of the community. The team members tailored the interviews and focus groups accordingly.

Results

Reducing disparities at the system level:

- Continuous Quality Improvement: Strengths include collection of data on system's history. Evaluation processes do not always include an assessment of training activities, policies, and procedures related to CLC, or the differential needs of diverse populations, including those of lower socioeconomic status. Lack of language minority staff resulted in a labor-intensive, multi-step data collection process for one community.
- Planning and Management: Strengths include the infusions of CLC plan into strategic plans. Planning is difficult without an accurate portrait of the community's current CLC status and the funds to manage needed changes. CLC may be difficult to achieve when it has a line item in the budget. Planning and management require active participation from all stakeholder groups throughout the planning process.
- Training and Workforce Development: Most of the communities displayed a strong awareness of the need for linguistically and ethnically relevant hiring of staff, and lamented the difficulties they have faced. Rural communities find it especially difficult to hire therapists who speak other languages or who reflect their growing ethnic populations.