

**INCORPORATING CULTURAL
COMPETENCY INTO QUALITY
IMPROVEMENT IN EHDI:
WISCONSIN'S EXPERIENCE**

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WHAT IS CULTURE?



The lens through which you view
the world



Everything that makes you, you!
race, sex, class, education, relationship status,
geography, job, sexual orientation, religious
affiliation, ethnicity, language, socioeconomic
status, community, health



All those intangibles—your
thoughts, feelings and
experiences!



CULTURAL COMPETENCY

- “Cultural 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.

Office of Minority Health <http://minorityhealth.hhs.gov>

According to the National Center for Cultural Competence,
Cultural Competence includes:

- The capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of communities you serve.
- Incorporate the above in all aspects of policymaking, administration, practice and service delivery; systematically involve consumers, families and communities.
- Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum.

<http://www.ncccurrricula.info/culturalcompetence.html>



CULTURAL COMPETENCY: CONTEXTUAL COMPETENCE

- If we hold too tightly to “cultural truths” we miss the broader context and complexity of the human experience.
- Culture is dynamic and constantly changing.
- “There is no one way to conceptualize human behavior, no one theory that captures and explains the realities and experiences of various forms of diversity.” (Handbook of Infant Mental Health)
- Cultural competence is a form of interpersonal sensitivity that involves knowing something about the context of that person and being open to finding out what we don’t know.



CULTURAL COMPETENCY: LINGUISTIC COMPETENCY

- Your—and your organization’s—ability to communicate effectively with your clients or target population depends on:
 - Using the appropriate language (English, Spanish, Hmong, Chinese, ASL, etc.).
 - Choosing the right literacy level to effectively convey information.
 - Providing an interpreter or cultural broker.
 - Avoiding jargon.



CULTURAL COMPETENCY: RECOGNIZE AND REFLECT

- What is the lens, culture and context you bring to your work?
- How does your cultural lens impact your work?
 - Your interactions with co-workers?
 - Your interactions with clients?
 - Your thoughts, feelings and beliefs?
 - Your interpretation of events?
 - Your interpretation of another person's actions and motivations?



WITH CULTURAL, CONTEXTUAL AND LINGUISTIC COMPETENCY IN MIND, WISCONSIN SOUND BEGINNINGS:

- Came together to discuss:
 - Culture and diversity and what it meant to each individual, the team and our work.
 - How culture might impact our LTFU (lost to follow-up) rate.
- After much discussion about our assumptions around who and where our LTFU was, we...



Turned to the Data!



WSB BEGAN INCORPORATING CULTURAL COMPETENCY INTO QUALITY IMPROVEMENT

Aim: By May 2013, WSB will reduce LTFU through better incorporation of cultural competency concepts in one community.

→ What are we trying to accomplish?

- Improved cultural knowledge
- Informed and targeted technical assistance

→ How will we know if a change is an improvement?

- Data analysis (What do our LTFU numbers tell us? Are there any trends?)
- Community-level data

→ What changes can we make to create improvement?



PLAN: BETTER EVALUATE AND INCORPORATE CULTURAL COMPETENCY CONCEPTS TO REDUCE OUR LTFU RATE



- WSB staff would evaluate our LTFU rate for cultural trends.
- WSB staff would report findings back to the team.
- Based on what we learned, WSB would identify ways to incorporate cultural competency concepts into its LTFU prevention efforts.





PLAN: DATA ANALYSIS

- WSB identified cases by racial/ethnic breakdown in its database of babies who Did Not Pass their newborn hearing screen and never received follow-up (LTFU).
- WSB identified health care systems with ‘high’ rates of LTFU (≥ 5 cases closed as incomplete).
- WSB identified health care systems with high numbers of babies being identified as “at-risk to LTFU.”



PLAN: DATA ANALYSIS



- WSB found one health care system that had:
 - A high rate of LTFU (5).
 - High numbers of babies being deemed “at-risk for LTFU” and requiring WSB intervention.
 - The majority of these cases were Hmong.



DO: OUTREACH, EDUCATION AND COLLABORATION



- WSB identified and reached out to the *Hmong Mutual Assistance Association*, a community organization serving the Hmong community in the La Crosse, Wisconsin area.
- WSB identified health care system counterparts interested in Quality Improvement to improve follow-up among Hmong babies who Did Not Pass their hearing screen.
- WSB identified that *WE* needed to know more about the Hmong community.



DO: OUTREACH, EDUCATION AND COLLABORATION



- WSB met with *Hmong Mutual Assistance Association (HMAA)* staff and received a day-long training on Hmong culture, history and beliefs around health and illness.
- WSB had lunch with Hmong elders and discussed our efforts to improve the LTFU rate for babies in their area.
- WSB and HMAA staff brainstormed next steps and began establishing a collaborative relationship.



DO: OUTREACH, EDUCATION AND COLLABORATION



- WSB invited local health care system audiologist to participate in the Hmong training.
- WSB met with local health care system to discuss their QI efforts and incorporate what we learned about the Hmong community into their hearing screening protocol.
- WSB improved our own knowledge about the Hmong community and engaged in group process and reflection about what we learned.



STUDY:

- When analyzing the data at the same time one year later, the health care system had a LTFU rate of ***ZERO!***





STUDY:

- Fewer Hmong babies for this health care system were being identified as “at-risk to LTFU” and requiring WSB intervention.
- Local health care system changed their procedures:
 - Offering the option of appointments after one month of age.
 - Using the Hmong interpreter (and cultural leader) on follow-up phone call appointments.
- Local health care counterparts and WSB staff reported feeling more knowledgeable about and more comfortable working with Hmong families.





ACT: ONGOING EFFORTS

- WSB continues to incorporate cultural competency and engage in reflective practice in our work.
- WSB continues to incorporate cultural competency into our quality improvement work with local health care systems.
- WSB continues to utilize our data to inform targeted outreach and technical assistance.



QUESTIONS?

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