Our Journey in the development of our Center on Health Disparities at Adventist HealthCare

National Minority Quality Forum
American Hospital Association
April 14th, 2008

William “Bill” Robertson
President & CEO
Adventist HealthCare, Inc.
Mission

“We demonstrate God’s care by improving the health of people and communities through a ministry of physical, mental and spiritual healing.”
Crossing the Quality Chasm: A New Health System for the 21st Century, which outlines six overarching "Aims for Improvement" for health care:

**Safe:** Avoid injuries to patients from the care that is intended to help them.

**Effective:** Match care to science; avoid overuse of ineffective care and under use of effective care.

**Patient-Centered:** Honor the individual and respect choice.

**Timely:** Reduce waiting for both patients and those who give care.

**Efficient:** Reduce waste.

**Equitable:** Close racial and ethnic gaps in health status.

(Increased services, research and education initiatives)
“Just as health disparities are a cause for public concern, so is our diversity a national asset”

David Satcher, MD, PhD
Former Surgeon General
Background

- **Spring 2005**: Washington Adventist Hospital (WAH) began development of a Vision for Expanded Access to address diverse and growing needs of its community.

- **Summer 2005**: Discussions with community leaders and groups revealed wide array of opportunities for WAH to expand access and deepen relationships and involvement.

- **Fall 2005**: WAH announces its Vision for Expanded Access, including development of an AHC Center on Health Disparities.
To help define the proposed Center on Health Disparities, Adventist sought input from a:

- Diverse group of experts … with
- Deep roots in our communities … possessing
- Broad perspectives on the needs of underserved populations … and equipped to
- Define and direct the initial launch and activities of the Center.
In addition, we sought a wide variety of professional and cultural perspectives:

- Healthcare practitioners
- Local government officials
- Academic researchers
- Community-based organization leaders
- Business representatives; and
- Community advocates
Advisory Council (Blue Ribbon Panel Commission)

Claudia R. Baquet, M.D., MPH, AHEC Program Director, U. of MD, School of Medicine
Julie Bawa, MPH Program Manager Asian American Health Initiative for Mont. Co.
Danielle F. Benjamin, Haitian Immigrant Group
Olivia Carter-Pokras, Ph.D. Associate Professor, University of MD, School of Medicine, Department of Epidemiology and Preventive Medicine
Tuei Doong, Vice President and Chief Operating Officer with the Nakamoto Group, Inc.; former Deputy Director, Office of Minority Health, U.S. DHHS
Steve Galen, Executive Director, Primary Care Coalition of Montgomery County
Carol Garvey, M.D., MPH Chair, Montgomery County Collaboration Council for Children, Youth and Families; former Health Officer for Montgomery County
Patricia N. Horton, RN, MBA Senior Administrator Office of Minority and Multicultural Health, Montgomery County
Chiehwen Ed Hsu, Ph.D. Assistant Professor, Public Health Informatics Director, Department of Public and Community Health, University of MD, AAHI
Elisa Jaramillo-Mayor, Senior Manager of Health Programs, CASA of Maryland, Inc.
Malcolm Joseph, III, M.D., MPH Medical Director CareFirst Blue Cross Blue Shield
Wanjiru Kamau, Ed.D., President, African Immigrant and Refugee Foundation
Brenda Lockley, RN Manager, African American Health Program Montgomery County, DHHS
Wilbur W. Malloy, Executive Director People’s Community Wellness Center
Sonia Mora, RN Manager, Latino Health Initiative Montgomery County, DHHS
Jeannette Noltenius, PhD., Strategic Solutions Washington
Sylvia Quinton, President, Strategic Community Services, Inc.
Anna S. Sommers, Ph.D., Research Associate, Health Policy Center, The Urban Institute
Diego Uriburu, Deputy Executive Director, IDENTITY
Lois Wessel, CFNP., Associate Director, Program of the Association of Clinicians for the Underserved Mobile Med, Inc
Mary Jo Vazquez, MS Unit Senior Project Director, Center for Public Health Improvement and Innovation, Pacific Institute for Research and Evaluation
Language Line Utilization

- Spanish: 87%
- Other: 13%

- Spanish: 1235
- Mandarin: 220
- Russian: 211
- Vietnamese: 150
- Korean: 155
- French: 86
- Farsi: 53
- Portuguese: 48
- Amharic: 30

Other languages: 13%
# Community Demographics

<table>
<thead>
<tr>
<th>Census 2006 population estimates</th>
<th>Montgomery County</th>
<th>Prince George’s County</th>
<th>New Jersey</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>55.1%</td>
<td>18%</td>
<td>69.6%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>16.8%</td>
<td>66%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>13.4%</td>
<td>3.9%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Latino</td>
<td>13.8%</td>
<td>11.7%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Foreign Born</td>
<td>29.3%</td>
<td>19%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Language other than English spoken at home</td>
<td>35.5%</td>
<td>19.7%</td>
<td>25.5%</td>
</tr>
</tbody>
</table>
CLAS Standards

- Culturally and Linguistically Appropriate Service Standards
- 14 National Recommended Standards: inform, guide, and facilitate
- Developed by DHHS, Office of Minority Health
- Three themes: Culturally Competent Care (1-3); Language Access (4-7); and Organizational supports for cultural competence (8-14)
CLAS Standards 1-3

- Leadership Diversity to include Board of Directors
- New Employee Orientation, Diversity Training
- Culturally Competent Care “Train the Trainer” for Nurse Educators
- Culturally Competent Care Training and Education for physicians and support staff*
Culturally Competent Care

**Module I:**
*Health Disparities: Understanding Our Populations*
- a. Discussion of Local Demographics
- b. Health Disparities Awareness
- c. Culturally Competent Care
- d. Diversity Training

**Module II:**
*Stereotypes, Biases and Assumptions*
- b. Cross-Cultural Communication tools

**Module III:**
*Health Beliefs and Practices of *<Requested Group>* Population*
- a. Health beliefs and practices of different diverse communities
- b. How to incorporate their perspectives while achieving treatment goals.
CLAS Standards 4-7

Language Access

- Translation of Consent Forms, Health Education Materials
- Cultural Diversity Liaison
- Qualified Bilingual Staff Program*
- Monitoring Language Diversity
Qualified Bilingual Staff Program
(QBS Interpreter Program)

Purpose:
Increasing our capability for providing linguistically appropriate services to our Limited English Proficient (LEP) patients by training our bilingual staff in proper interpreting skills during a medical encounter.

Course Content:
Three day training in which the student will learn to analyze and apply techniques of effective communication in cross-cultural encounters. During the 3 days the participants will learn:

• Ethics of Interpreting
• Legal and Regulatory Requirements
• Medical Terminology
• Cultural Competency
• Diversity
• Modes of Interpretation
• Managing the Session
• Transparency in a Patient-Provider Relationship
• Cultural Broker Role
• and practice, practice, practice.

Level 1: Conversational Interpreting
Level 2: Exam Room Interpreting
Organizational Support for Cultural Competence

- Strategic Plan 2007-2011
- Partnerships and collaborations to care for our vulnerable populations*
- Mentor, promote and expose minority youth to the health care professions
- Mentoring Foreign Trained Health Professionals
- Development of a Research Institute
  - Community Health Disparities Progress Report*
  - Collection of race, ethnicity, country of origin and language preference data
  - Develop formal relationship with academic research institution
Partnerships and collaborations to care for our vulnerable populations

- Pre-Natal Services
- Primary Care Coalition; Montgomery Care Clinics
- Mary Center
- CASA of Maryland
- MobileMed
“How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving and tolerant of the weak and the strong. Because some day in your life you will have been all of these.”

George Washington Carver