

Population Health Forum

A Continuous Quality Improvement Approach to Organizational Cultural Competence

Cheri Wilson, MA, MSH, CPHQ

*Program Director, Culture-Quality-Collaborative
Faculty Research Associate*

*Department of Health Policy and Management
Johns Hopkins Bloomberg School of Public Health
Hopkins Center for Health Disparities Solutions*

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December's Forum featured Cherie Wilson, a Faculty Research Associate in the Department of Health Policy and Management in the Johns Hopkins Bloomberg School of Public Health, Hopkins Center for Health Disparities Solutions (HCHDS). This is a National Center of Excellence in Health Disparities Research designated by the National Institutes of Health, National Institute on Minority Health and Health Disparities. She is also the Program Director for the Culture-Quality-Collaborative (CQC) and the Clearview Organizational Assessments-360 (COA360). The Culture-Quality-Collaborative (CQC), a project within the HCHDS community engagement core, is a network of 16 leading healthcare organizations across the United States that is working in conjunction with HCHDS faculty and select cultural competency consultants to share ideas, experiences, and solutions to real world problems that arise as a result of cross-cultural interactions that hinder the elimination of disparities in healthcare.

Ms. Wilson's presentation began with a video clip entitled 'Where are you from?' which demonstrated for the audience the importance of recognizing the human desire to 'put things in boxes,' or place people in categories. Ms. Wilson went on

to warn of the deleterious impact of these assumptions within healthcare.

Many definitions of cultural exist, and Wilson shared her preferred definition: *A developmental process that evolves over an extended period of time.*¹ She presented cultural competency as a continuum, with individuals, systems, and organizations at various levels of awareness knowledge and skills.

Setting the context for an understanding of cultural competency and health care, Wilson highlighted the changing demographics of the United States, Pennsylvania, and the city of Philadelphia. According to the 2010 US Census, 12% of US residents are foreign born; while in Pennsylvania it is 5.7% and in Philadelphia it is 11.6%.² She pointed out that 20.6% of US residents speak language other than English in the home; in Pennsylvania it is 10% and Philadelphia is 21.0%.²

Ms. Wilson also went over several federal and state mandates relating to culture and healthcare, including the National Culturally and Linguistically Appropriate Services Standards (CLAS) in Health and Health Care the Affordable Care Act. She warned, however, that simply

changing a policy is not enough. Healthcare professionals must be educated on this cultural shift, and must progress along the cultural competency continuum.

Making the business case for cultural competency, Ms. Wilson first discussed the economic consequences of health inequalities. She explained how poor patient experiences, readmissions, increased length of medical encounters; increased risk of litigation; and time spent with activities that are not reimbursable, are factors that contribute to increased cost and reduced profitability. Ms. Wilson summarized her presentation, by describing Clearview 360, a web-based tool used to which is a web-based tool assess of a healthcare organization's cultural competency, and offer tailored interventions and solutions for the user. The assessment is not meant to be a one-time survey; this type of quality improvement is meant to exist in a cycle, meaning that there is always a re-assessment after the initial assessment, as health equity is an evolving process. Improving health disparities reduces cost while improving the health of minority and/or non-English speaking populations, which are two undeniable desirable outcomes. ■

REFERENCES

1. Cross TL. *Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed*. Washington, DC: CASSP Technical Assistance Center, Georgetown University Child Development Center, 1989.
2. United States Census, 2010. <http://www.census.gov/2010census/>