

## ADVANCING CULTURAL COMPETENCY

### Promoting Cultural and Linguistic Competency at SFGH

The U.S. Department of Health & Human Services, Office of Minority Health, drafted national standards on Culturally and Linguistically Appropriate Services (CLAS). The CLAS mandates (Standards 4, 5, 6, and 7) are current Federal requirements for all recipients of federal funds. SFGH has met these standards with the following programs:

- *Standard 4: provide free language assistance services at all points of contact in a timely manner:* Interpreter services are provided onsite from 8 am - midnight seven days a week using SFGH interpreter staff, bilingual staff and assistance from a telephonic agency. After hours, most services are provided through our language telephonic agency and bilingual staff. The majority of outpatient clinics are users of Videoconferencing Medical Interpretation (VMI) and telephonic interpretation. We continue to rollout additional remote interpreter services (VMI & telephonic) to other units to improve timely access to language services. SFGH has decreased the wait time for an interpreter from greater than 30 minutes to 5 minutes. The rollout plan for remote interpreter services includes additional inpatient units (5C & 5D completed), ED, 4C and Radiology.
- *Standard 5: provide verbal and written notice to patients of their right to receive language assistance services:* Signage outlining Patients Rights and Responsibilities and Interpreter Services Access is located in the lobbies and waiting areas in three languages: English, Chinese, and Spanish.
- *Standard 6: assure the competence of interpreters and bilingual staff:* All interpreter employees are trained and have passed a language proficiency test; they are also evaluated annually for their interpreter skills by the lead interpreters. Although SFGH does not control the testing of bilingual staff, it is the hospital policy that employees, who use a language other than English, be tested for their language skills through the EEO office.
- *Standard 7: provide easily understood patient-related materials and signage in commonly used languages:* SFGH provides translations in Chinese and Spanish, the languages most commonly used by our patients with limited English proficiency.

In addition, the hospital pays for a license for Krames On-Demand. With over 3,000 titles in English and Spanish in more than 30 categories, these online patient education materials are updated regularly and written at the fourth to sixth grade level. The hospital also pays for discharge instructions in Chinese, Russian, and Vietnamese, and has translated many titles into Chinese. Links to websites that post translated materials are available on the Patient Education Links page.

SFGH has prepared a checklist for evaluating health education material content, organization, and cultural appropriateness. Translation topics include health information, medical record forms, informed consent, responses to patient concerns, outreach

materials, satisfaction surveys, patient rights, financial procedures, information about the hospital and clinics, and signs.

In addition to providing clearly written materials in appropriate languages, the hospital has been involved in other efforts to assure patient understanding. One example is the new informed consent for surgical procedures, requiring the physician obtaining consent to have the patient explain the procedure in his or her own words.

#### *Partners in Nursing Education*

SFGH received a three year grant of \$150,000 from The San Francisco Foundation to develop Partners in Nursing Education, a comprehensive and supportive program to mentor existing SFGH nursing staff from underrepresented minority communities who want to pursue a professional career in nursing. The project will identify barriers of mobility from interest to success; provide tutors, academic support, mentors, and work-study stipends for 13 student participants; conduct basic education remediation workshops to address study & organizational skills, writing for academics, and preparation for the Test of Essential Academic Skills (TEAS), a prerequisite for many RN programs; and evaluate minority recruitment strategies.

### **Additional Initiatives at SFGH**

#### *Race, Ethnicity, and Language (REAL) Data Planning Initiative*

SFGH was selected to participate in the California Health Care Safety Net Institute's REAL Data Collection and Use Planning Initiative. As an interview site for the project, SFGH representatives from Registration, Quality Improvement/Patient Safety, Information Systems, Financial Services, Language Services, and Senior Management will participate in discussions with SNI staff and contractors to address the system-level barriers, facilitators, and feasibility of implementing an improved REAL data collection and use protocol.

#### *Advancing Diversity & Inclusion*

Approximately 30 SFGH staff, including nurse managers and social workers, participated in the Advancing Diversity & Inclusion workshop facilitated by the DPH Cultural and Linguistic Competency Task Force April 2009. The purpose of the workshop was to examine the importance of cultural and linguistic competency in our work and to describe how cultural and linguistic competency domains can be implemented.

#### *What Differences Do Differences Make?*

In May 2009, the Nursing Leadership Council, SEIU Local 1021 RNs, and the SEIU California Nurse Alliance presented *What Differences Do Differences Make?*

*Understanding Diversity Improves Work Environments and Patient Care.* The workshop explored race, ethnicity, national origin, language, age, sexual orientation, etc. while examining the workplace dynamics. The purpose of the workshop was develop a greater understanding of how to address differences honestly in a respectful manner to improve the work environment and client care provided.

#### *Diversity Training Program – SFGH Department of Psychiatry*

Since 1993, diversity/cultural competency trainings have been provided for the staff, residents, and trainees in the Department of Psychiatry. Trainings encompass personal

sharing, information including definitions and concepts pertaining to cultural competency, discussion regarding the aspects of power, and a skill building model to learn new ways of dealing with situations that display covert or overt racism, prejudice, etc. Psychiatry staff are also trained regarding specific treatment issues with Asian/Pacific Islander, Latino, lesbian, gay & bisexual, African American, HIV positive clients, and clients who are women.

### **Tobacco Free Project**

In 2008, the Tobacco Free Project instituted a process to help ensure that tobacco control funding goes to those communities that need it the most. In June 2007, the Health Commission adopted Resolution No. 07-07 supporting the adoption of community and geographic indicators to be used by the Tobacco Free Project to identify priority populations and/or geographic areas for community based tobacco control funding. Specifically, these indicators were incorporated into the evaluation criteria for funding proposals submitted to the Tobacco Free Project. These indicators provide a method of measuring a community or geographic area's cumulative exposure to several factors (such as race/ethnicity, smoking prevalence, poverty, etc.) that make it more at risk for tobacco related disparities.

The Tobacco Free Project successfully recruited a broad range of community-based organizations to apply for their tobacco control funding and funded seven such projects for the period of January 2008-December 2009.

Additionally the Tobacco Free Project regularly assesses stop smoking class participants and community advocates who are recruited by community based organizations funded to implement the Community Action Model on whether or not staff are delivering culturally competent services.

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