



# *State of Maryland Leading in Health Care Reform Efforts to Eliminate Disparities*

*Health Care Reform Coordinating Council  
Annapolis  
October 15, 2010*



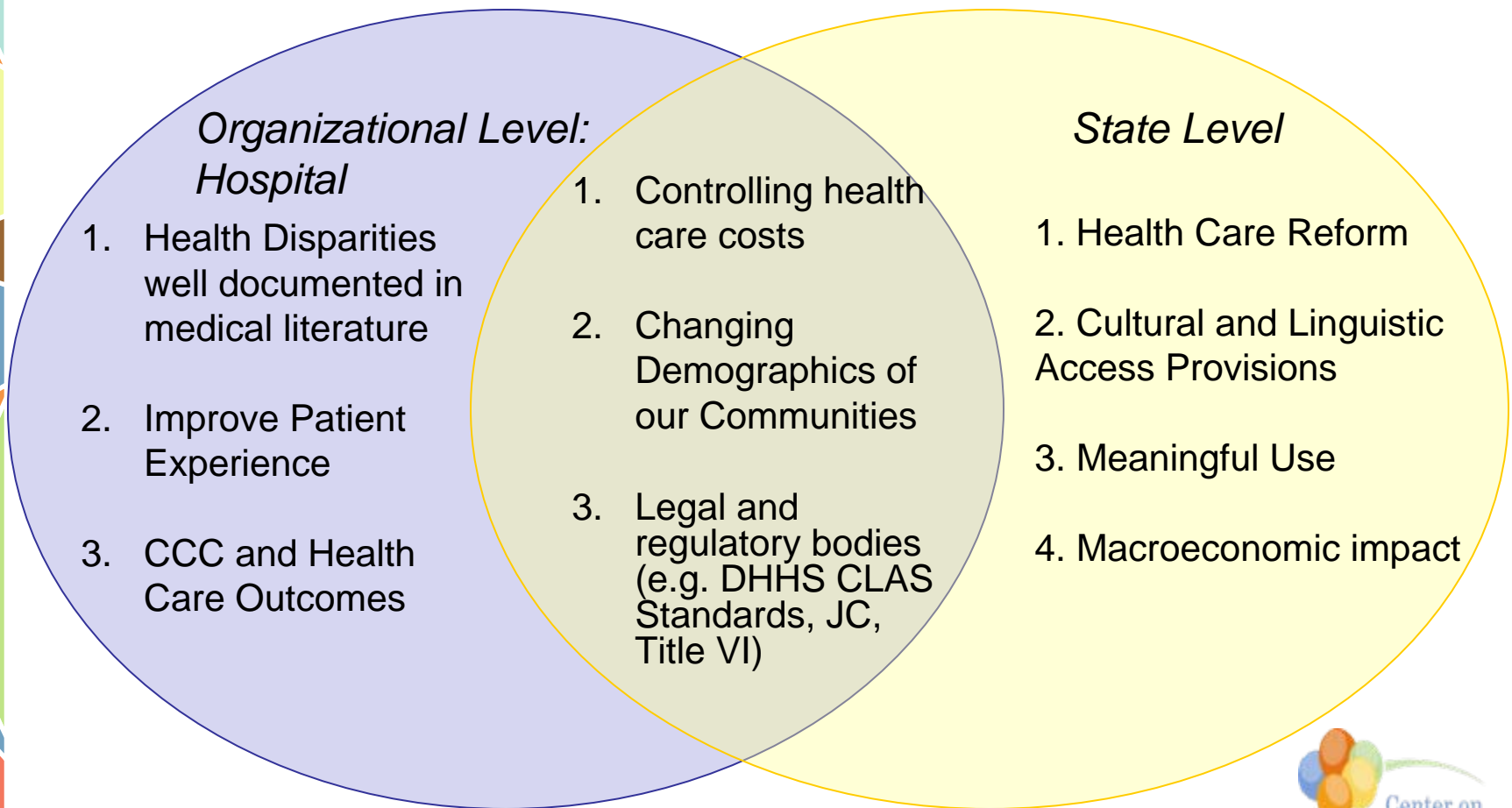
*Marcos Pesquera  
Executive Director*

# Center on Health Disparities at Adventist HealthCare

- ✚ Faith-based
- ✚ Non-profit health system
- ✚ Mission to promote health equity within our facilities
- ✚ Bridge Partnerships to eliminate health disparities
- ✚ Promote the Health of our community

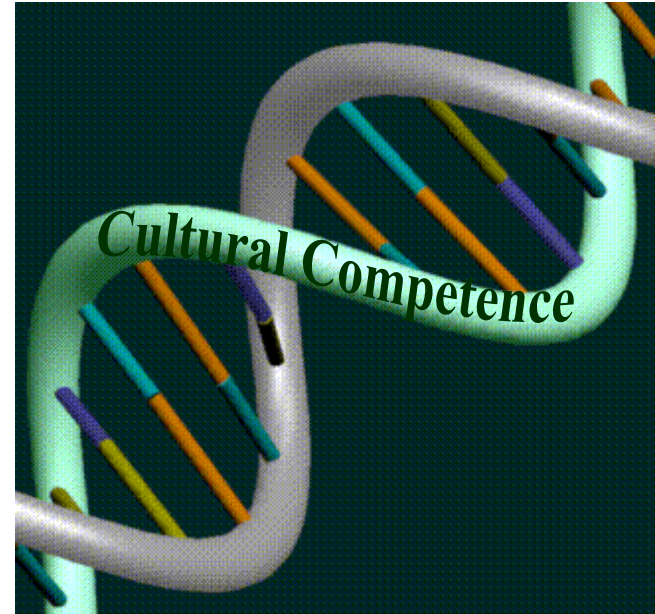


# Why tackle this issue?



# Health Care Reform Coordinating Council: Six Areas of Focus

- Exchange and Insurance Market
- Entry into Coverage
- Education and Outreach
- Public Health, Safety Net and Populations
- Health Care Workforce
- Health Care Delivery System





# *Crossing the Quality Chasm:* *A New Health System for the 21st Century*

- **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)



# Foundational Action Steps to Guide Healthcare Reform

## A. Data Collection and Reporting

- Patient Protection & Affordable Care Act, Section 4302

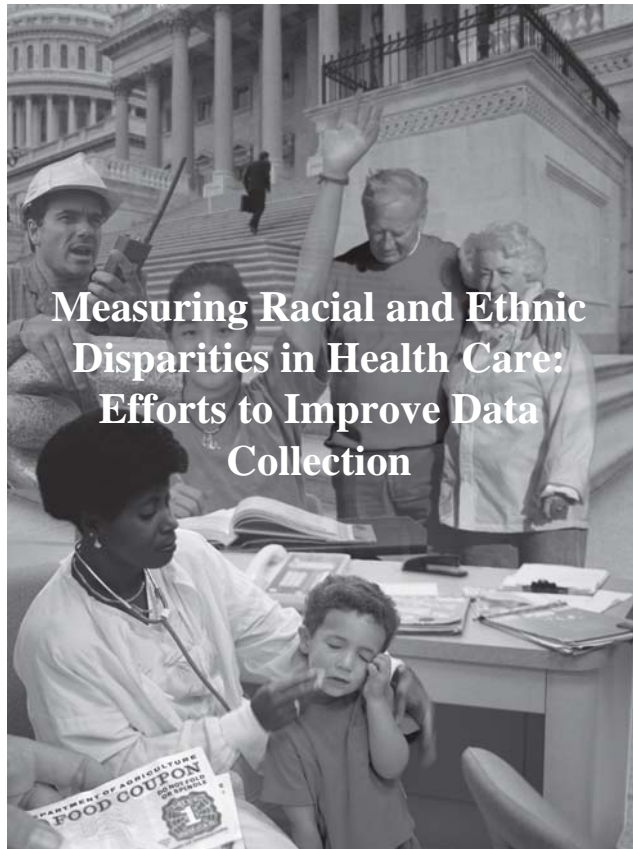
## B. National Strategy for Quality Improvement in Healthcare and Meaningful Use

- Patient Protection & Affordable Care Act, Section 3011

## C. Support of Patient Centered Medical Home

- Patient Protection & Affordable Care Act, Section 3502

# A. Data Collection and Reporting

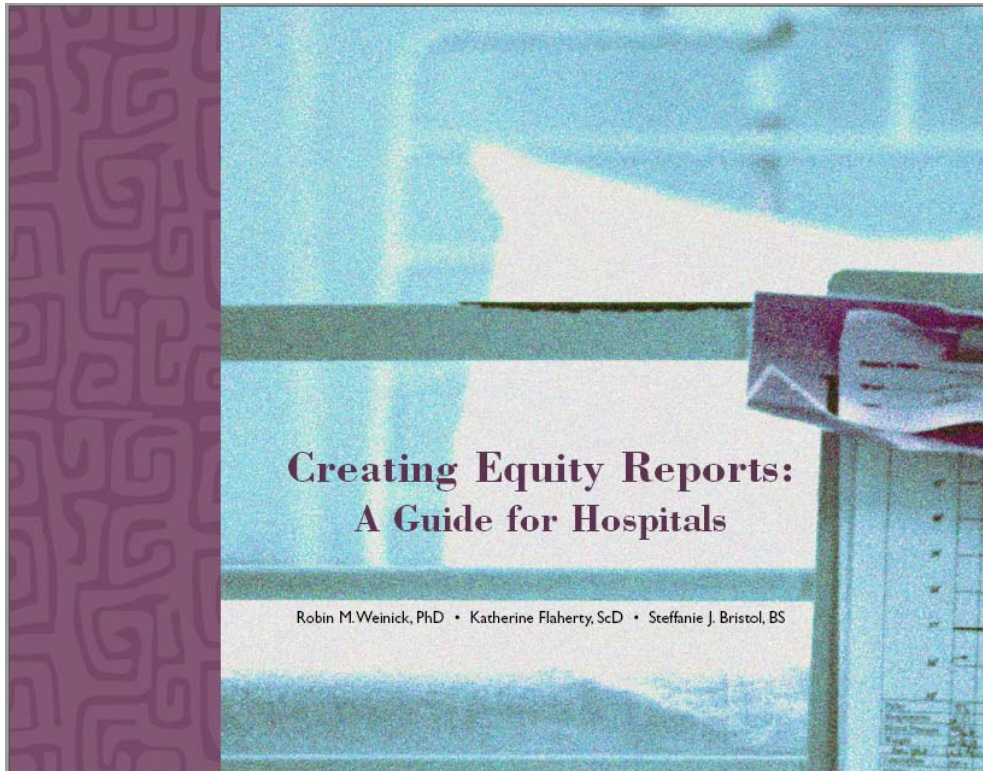


**Issue:** Availability and accuracy of local data to inform stakeholders about community issues

**Example:** County Hospitals Health Equity Initiative

**Recommendation:** Standardize Race, Ethnicity and Language Categories. Resources to disseminate training on proper demographic R,E,A,L,G data collection

# B. National Strategy for Quality Improvement in Healthcare



- **Issue:** Utilization of local data to inform and guide quality efforts
- **Example:** Equity Report
- **Recommendation:**
  1. State and health care organizations partner to create yearly Equity Report
  2. Define Quality Measures to address issues identified
  3. Establish process to address arising issues from quality measures data
  4. Create culturally appropriate initiatives for each targeted population



## C. Support of Patient Centered Medical Home

### **Issue:** Linguistically Appropriate Services

- a. Limited English Proficiency
- b. Low Health Literacy
- c. Lack of Linguistic Services Standards and Testing



Partners:



Maryland  
Hospital Association



KAISER PERMANENTE®



Center on  
Health Disparities

At Adventist HealthCare



Minority Health and  
Health Disparities  
Maryland Department of Health  
and Mental Hygiene

### **Example:** Qualified Bilingual Staff Program

# Recommendations:



- a. Support dissemination of training programs to certify bilingual staff on proper interpreting skills and patient advocacy
- b. Translation of forms and materials
- c. Supporting dissemination of new technologies for the hearing impaired.

# C: Support of Patient Centered Medical Home



## Issue: Culturally Appropriate Services

- a. Poor patient-provider relationship
- b. Diverse patient health beliefs and practices
- c. Limited awareness of local health disparities

## Example:

- a. Cultural Competence training for providers and support staff (TTT)
- b. Diversity training
- c. Inspiring minorities and underserved communities students into the healthcare field
- d. Teen Ambassadors Program



# Demonstrating Cultural Competence: A Guide for Clinical Providers

## INDEX

### Module Overview

- Introduction
- Objectives

### Module 1: Health Disparities

- Definition of Health Disparities
- Definition of Culturally Competent Care
- Culture of Healthcare Providers
- Culture of Patient Population

### Module 2: Culture of Healthcare Providers and Staff

- Values and Communication Questionnaire
- Self-Awareness

### Module 3: Culture of Patient Population

- Meeting the Needs of the Patient Population
- Challenges and Needs Healthcare Population
- Quality of Care

## Welcome

Welcome to “Demonstrating Cultural Competence: A Guide for Clinical Providers.” Developed by the Center on Health Disparities at Adventist HealthCare, this training aims to provide opportunities to address the impact of personal biases, increase awareness of racial and ethnic disparities in health care as well as help clinicians overcome cultural and linguistic barriers during clinical encounters.

In order to meet the health needs of our patients, we need to be aware of who we are serving, what their needs are, and what we can do provide care that is aligned with those health care, cultural, and linguistic needs. It is our hope that the information and skills presented in this training will promote your professional development and help you enhance the quality of the care you provide through culturally competent practice.



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RESOURCES



# of #



# Recommendations:

- a. All health professional boards to require a minimum yearly continuing education on cultural competence.
- b. HCO's to assess demographics of local community and support training programs that help healthcare providers care for a diverse patient community.

Online Training



Classroom Training



Bedside Mentoring



# In Closing

Have a bias toward action - let's see something happen now. You can break that big plan into small steps and take the first step right away.

*~Indira Gandhi ~*



[www.adventisthealthcare.com/disparities](http://www.adventisthealthcare.com/disparities)

