Strategies to Promote the Cultural Competence of Harborview Medical Center
Harborview Medical Center

- Harborview: “Its primary mission is to provide and teach exemplary patient care and to promote health care for those patients King County is obligated to serve.”
Mission Populations:

- Mentally ill patients, particularly those treated involuntarily
- Persons with sexually transmitted diseases
- Substance abusers
- Indigents without third-party coverage
- Persons incarcerated in the King County Jail
- Non-English speaking poor
- Trauma
- Burn treatment
- Specialized emergency care
- Victims of domestic violence
- Victims of sexual assault
Linguistic and Cultural Access

• Interpreter Services
  – Contract/ Agency Supervision
  – Staff Interpreters
  – Community House Calls

• Refugee and Immigrant Health Promotion Program (EthnoMed, AANCART, Grant Funded Studies)

• Clinical Services
Harborview Medical Center

- Primary Care Clinics
  - Adult Medicine, Children and Teens Clinic, Family Medicine, HIV/AIDS, International Medicine, Pioneer Square, Women’s Clinic
- Specialty Services
- ER / Urgent Care
- In-Patient
International Medicine

- Primary Care Clinic for Non-English Speaking Immigrants and refugees
- Established in 1982
- Internal Medicine, Nutrition, Psychiatry, Pharmacy, Chinese Medicine, Social Work
- 12,000 visits/yr in over 30 languages
Interpreter Services

- 92,366 Encounters in 2002
- 107,735 Hours in 2002
- Most requested Languages: Spanish, Somali, Vietnamese
- 10 Staff Interpreters
- 78 Contract Interpreters
- 3 Agencies (1 providing Telephonic)
Interpreter Services

- 69,029 hours in 8 months
  - 70% Contract
  - 16% Agency
  - 13% Staff
  - 1.3% Telephonic
Interpreter Services

- $1,654,916 in 8 months
  - 55% Contract
  - 27% Agency
  - 13% Staff
  - 5% Telephonic
Community House Calls Mission

• “To contribute to the well being of refugee and immigrant patients, families and communities through a partnership that promotes culturally sensitive care.”
Language groups served

- Amharic
- Cambodian (Khmer)
- Spanish
- Somali
- Tigrigna
- Vietnamese
Role of the Caseworker/Cultural Mediator

- Services to patients and providers:
  - Interpretation
  - Cultural mediation
  - Coordinating aspects of care
Services to patients

- Navigation and advocacy: health, social service, schools, immigration, legal
- Promoting continuity of followup care
- Arranging transportation
- Accessing ESL classes
- Forms and applications
- Home Visits
- Health education
Services to providers

• Cultural consultations:
  – Health beliefs
  – Mental health issues
  – Peri-natal practices
  – Parenting practices
  – Delivering bad news
  – End of life issues
Services to the communities

- Identifying and removing barriers to health care
- Health education
- Supporting community health initiatives
Community Advisory Board

• Mission: to
  – “Strengthen the relationships between Harborview Medical Center and the ethnic communities which it serves.
  – Facilitate mutual education between the communities and the medical center.”
Community Advisory Board

- Members: representatives from each language group, CCMs, CHC medical and nursing staff
- Meets quarterly; dinner and childcare provided
- Has studied and taken action concerning
  - Cancer
  - Mental health
  - Youth violence
Community House Calls

• Difficult to Evaluate
  – Not random selection of cases but skewed toward the most difficult
  – No single measurable outcome in enough numbers
  – No comparable comparison groups
Cervical Cancer Screening Outreach Interventions for Cambodian and Chinese American Women

Collaboration with Vicky Taylor, MD, MPH
Supported by grants #70922 and #74324, and cooperative agreement #86322 from NCI
Cambodian Project: Study Design

1. Community-based survey
2. Assign to neighborhood
3. Randomize neighborhoods
4. Intervention
5. Control
6. Follow-up survey
7. Medical record verification
Cambodian Project: Components of Outreach Intervention

**Core components offered to all women**

- Introductory mailing
- Home visit
  - Video
  - Tailored counseling
- Group meeting*
  - Presentation
  - Video
  - Tailored counseling

**Logistic assistance offered at outreach workers’ discretion**

- Clinic referral
- Appointment scheduling
- Medical interpretation
- Taxicab transportation or bus passes

*Women who completed a home visit but did not attend a group meeting received telephone follow-up with tailored counseling*
Cambodian Project: Outcome Evaluation

Pap test in last 12 months (by self-report)

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>44</td>
<td>51</td>
</tr>
<tr>
<td>Followup</td>
<td>61</td>
<td>62</td>
</tr>
<tr>
<td>Change</td>
<td>+17</td>
<td>+11</td>
</tr>
</tbody>
</table>

Results confirmed by a generalized linear mixed model analysis and medical record verification.
Chinese Project: Study Design

- Pap testing under-utilizers identified from community-based survey
  - Randomize women
    - Intervention
    - Control
      - Follow-up survey
        - Medical record verification
Chinese Project: Components of Outreach Intervention

*Core components offered to all women*

- Introductory mailing
- Home visit
  - Video
  - Motivational pamphlet
  - Educational brochure
  - Fact sheet
  - Tailored counseling
- Follow-up telephone call
  - Tailored counseling

*Logistic assistance offered at outreach workers’ discretion*

- Clinic referral
- Appointment scheduling
- Medical interpretation
- Taxicab transportation or bus passes
Chinese Project: Outcome Evaluation

Pap test in six month interval between randomization and followup survey (by self-report)

<table>
<thead>
<tr>
<th></th>
<th>Seattle*</th>
<th>Vancouver†</th>
<th>All women†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>37 %</td>
<td>40 %</td>
<td>39 %</td>
</tr>
<tr>
<td>Control</td>
<td>22 %</td>
<td>9 %</td>
<td>15 %</td>
</tr>
</tbody>
</table>

*p = 0.07 †p < 0.001

Results confirmed by a logistic regression analysis and medical record verification
## Chinese Project: Outcome Evaluation

Planning Pap test in next two years

<table>
<thead>
<tr>
<th></th>
<th>Seattle*</th>
<th>Vancouver†</th>
<th>All women†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>71*</td>
<td>73†</td>
<td>72†</td>
</tr>
<tr>
<td>Control</td>
<td>51</td>
<td>45</td>
<td>48</td>
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</table>

*p = 0.03 †p < 0.001

Results confirmed by a logistic regression analysis and medical record verification
## Differences in Study Designs

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<tr>
<th></th>
<th>Cambodian</th>
<th>Chinese</th>
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<tbody>
<tr>
<td><strong>Study group</strong></td>
<td>All women</td>
<td>Under-utilizers</td>
</tr>
<tr>
<td><strong>Randomization unit</strong></td>
<td>Neighborhood</td>
<td>Individual</td>
</tr>
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</table>
## Differences in Outreach Interventions

<table>
<thead>
<tr>
<th></th>
<th>Cambodian</th>
<th>Chinese</th>
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</thead>
<tbody>
<tr>
<td>Print materials</td>
<td>–</td>
<td>+</td>
</tr>
<tr>
<td>Group meetings</td>
<td>+</td>
<td>–</td>
</tr>
<tr>
<td>Followup telephone calls</td>
<td>– / +</td>
<td>+</td>
</tr>
<tr>
<td>Videos left with women after home visits</td>
<td>–</td>
<td>+</td>
</tr>
<tr>
<td>Educational materials</td>
<td>–</td>
<td>+</td>
</tr>
<tr>
<td>offered to women who refused home visits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Reasons for Different Results from the Cambodian and Chinese Projects?

- Community dissemination may have been greater in the Cambodian community
- Baseline survey effects may have been greater in the Cambodian community
- Provider awareness may have been greater in the Cambodian project
- A higher proportion of Cambodians are eligible for the Breast and Cervical Cancer Control Program
Refugee & Immigrant TB Prevention Project

- Intervention began in 1999, conducted for 18 months.
- Collaboration between the Seattle-King County Health Department TB Control Program & Harborview Medical Center
- 3 target communities selected in 1999:
  - Somali (21% of screened refugees)
  - Bosnian (14% of screened refugees)
  - Former Soviet Republics (44% of...

* Comprises the 50 states, the District of Columbia, and New York City
Tuberculosis in Foreign-born Persons, Seattle-King County 1995-2000
Standard of Care in TLTBI

- Clinic-based
  - Refugee families travel to clinic for all appointments
  - Teaching from biomedical perspective of understanding = “infection and disease”
  - Interpreters function as voice piece of clinician
  - Involves variety of interpreters throughout screening process and
Case Management

- INH refill deliveries to the home & regular telephone contact throughout course of therapy
- TB related health education including addressing cultural implications of TB and LTBI
- Informational assistance related to housing, school, employment, etc.
- Health care referral assistance
- Social support
- Communication of clients’ concerns to nurse coordinator
# Process of LTBI Case Management 1/1/00 -

<table>
<thead>
<tr>
<th></th>
<th>Somali</th>
<th>Bosnian</th>
<th>FSU</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total # Pt. Case Managed</strong></td>
<td>66</td>
<td>57</td>
<td>48</td>
</tr>
<tr>
<td><strong>Cases / 1.0 FTE</strong></td>
<td>66</td>
<td>57</td>
<td>?</td>
</tr>
<tr>
<td><strong>Avg. # Contacts / Case</strong></td>
<td>16</td>
<td>17</td>
<td>14</td>
</tr>
<tr>
<td><strong>Avg. # Phone Contacts Per Pt.</strong></td>
<td>7.7</td>
<td>8.3</td>
<td>6.9</td>
</tr>
<tr>
<td><strong>Avg. # Home Visits Per Pt.</strong></td>
<td>8.4</td>
<td>8.9</td>
<td>7.4</td>
</tr>
<tr>
<td><strong>Avg. Length of Home Visit</strong></td>
<td>24 minutes</td>
<td>29 minutes</td>
<td>16 minutes</td>
</tr>
</tbody>
</table>
## Content of LTBI Case

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB DISEASE / INFECTION</td>
<td>66%</td>
</tr>
<tr>
<td>INH &amp; SIDE EFFECTS</td>
<td>97%</td>
</tr>
<tr>
<td>SOCIAL / CULTURAL CONCERNS</td>
<td>83%</td>
</tr>
<tr>
<td>TRANSPORTATION</td>
<td>9%</td>
</tr>
<tr>
<td>SCHOOL / EDUCATION</td>
<td>18%</td>
</tr>
<tr>
<td>EMPLOYMENT</td>
<td>8%</td>
</tr>
<tr>
<td>HOUSING</td>
<td>5%</td>
</tr>
<tr>
<td>PRIMARY CARE REFERRAL</td>
<td>4%</td>
</tr>
</tbody>
</table>
Results: Acceptance of INH

Initiation of therapy rates (1996 Vs. 2000)
Results: Completion of INH

Completion of therapy rates (1996 Vs. 2000)

- Bosnian
- Somali
- Russian

1996
- 0%
- 20%
- 40%
- 60%
- 80%
- 100%

2000
- 100%
- 80%
- 60%
- 40%
- 20%
- 0%
<table>
<thead>
<tr>
<th>Budget Item</th>
<th>Standard</th>
<th>Outreach</th>
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</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$123,600.00</td>
<td>$275,320.00</td>
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<tr>
<td>Non-Personnel</td>
<td>$34,609.80</td>
<td>$53,119.80</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$158,209.80</strong></td>
<td><strong>$328,439.80</strong></td>
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</table>
## Incremental Cost per Case Prevented

<table>
<thead>
<tr>
<th>Program</th>
<th>Program Cost</th>
<th>TB Cases</th>
<th>Incremental Cost / Case</th>
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</thead>
<tbody>
<tr>
<td>Standard Approach</td>
<td>$158,209</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>Case Mgmt</td>
<td>$328,439</td>
<td>37</td>
<td>$5,609.63</td>
</tr>
</tbody>
</table>
Ethnomed

- [http://ethnomed.org/](http://ethnomed.org/)
- The *EthnoMed* site contains information about cultural beliefs, medical issues and other related issues pertinent to the health care of recent immigrants to Seattle or the US, many of whom are refugees fleeing war-torn parts of the world.
The Ethnomed site contains information about cultural beliefs, medical issues and other related issues pertinent to the health care of recent immigrants to Seattle or the US, many of whom are refugees fleeing war-torn parts of the world.

Provider Alerts

- Severe Acute Respiratory Syndrome (SARS)
  Translated SARS Fact sheets, (hand hygiene and guidelines too) for patients are available online in Spanish, Chinese and Vietnamese at Public Health-Seattle and King County website.

- Health care providers caring for immigrant and refugee patients should be aware of increased somatic complaints and exacerbation of PTSD, Depression, and Generalized Anxiety at this time. The constant TV images and news of the war in Iraq, coupled with the climate of fear and insecurity recall traumatic experiences and heighten rumination on memories, anxieties and other negative thoughts.
Of Note

The Access Project and the National Health Law Program have developed a Language Services Action Kit (available in May 2003) for advocates and others working to ensure that people with limited English proficiency in their state get appropriate language assistance services in medical settings. The action kit includes materials that explain relevant federal policies, describe how states secure federal funds to help pay for language services in their Medicaid and SCHIP programs, provide information to demonstrate the need for language services, and offer resources and suggestions for undertaking advocacy efforts.

The action kit will be available in May 2003. If you would like to be notified about obtaining a copy, please send your contact information to LEPactionkit@accessproject.org.

New Materials on the EthnoMed Site
January 2003

NEW!

- **Diabetes Educational Materials**

  Diabetes education class materials in a number of languages, including audio narration.

- **Radiology Patient Instructions**

  The following are all Adobe documents:

  - Information for Abdominal Ultrasound Examination
    - English | Khmer
  - Instructions for Computed Imaging CT Scan
New Materials on the EthnoMed Site
January 2003

**NEW!**

- **Diabetes Educational Materials**
  Diabetes education class materials in a number of languages, including audio narration.

- **Radiology Patient Instructions**
  The following are all Adobe documents.

  - Information for Abdominal Ultrasound Examination
    English | Khmer
  - Instructions for Computed Imaging CT Scan
    English | Khmer
  - Preparation of Hemoccult Slides
    English | Khmer | Vietnamese
  - Information for Patients Scheduled for Excretory Urogram (I.V.P.)
    English | Khmer
  - Information for Patients Scheduled for a Mammogram
    English | Khmer
  - Information for Patients Scheduled for Obstetrical or Pelvic Ultrasound
    English | Khmer
  - Information for Patients Scheduled for Upper Gastrointestinal Series (U.G.I.)
    English | Khmer

- **How to Search for Vietnamese Health Materials on the Internet for the Vietnamese Community**
THU THÔNG KÊ XÂY DỰNG PHÂN PHỐI

1. theo plan of the district, the plan of the city, the plan of the province,

2. the plan of the country, the plan of the region, the plan of the

3. the plan of the area, the plan of the province, the plan of the

4. the plan of the district, the plan of the city, the plan of the

5. the plan of the region, the plan of the province, the plan of the

6. the plan of the country, the plan of the region, the plan of the
# Initial Health Needs of Refugee Communities

**Year:** 1  
**Community:** SOMALI  
**Institution:** Dept of Health Community Clinics (3) County Hospital

<table>
<thead>
<tr>
<th>Disease Management</th>
<th>Dept of Health</th>
<th>Community Clinics (3)</th>
<th>County Hospital</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB Clinic</td>
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<tr>
<td>WIC</td>
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<td></td>
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<tr>
<td>Refugee Screening</td>
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<td>Cancer Screening</td>
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<td>Obstetrics</td>
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<td>Medical Specialties</td>
<td></td>
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<tr>
<td>Surgery</td>
<td></td>
<td></td>
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<td>.2</td>
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<tr>
<td>Social Work</td>
<td></td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>.5 (1.7)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Disease Management</th>
<th>Dept of Health</th>
<th>Community Clinics (3)</th>
<th>County Hospital</th>
<th>Total</th>
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<td>Cancer Screening</td>
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<td>.1</td>
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<td>Pediatrics</td>
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<td>Hepatitis B/C</td>
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<td></td>
<td>.8</td>
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<td>0 (1.1)</td>
<td>4 (2.5)</td>
<td>5.3</td>
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</tbody>
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