



# APIAHF Health Brain Trust on Data & Research: Utilize Data from Local Evaluation

## Role of Policymakers and Funders in Local Evaluation

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# About Kaiser Permanente

Founded in 1945, Kaiser Permanente is the nation's largest not-for-profit health plan, serving more than 8.7 million members, with headquarters in Oakland, California. It comprises:

- **Kaiser Foundation Health Plan, Inc.**
- **Kaiser Foundation Hospitals and their subsidiaries**
- **The Permanente Medical Groups**

**Regions: Colorado, Georgia, Hawaii, Northern California, Mid-Atlantic States, Northwest, Ohio, Southern California,**

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# A Rich Tradition of Diversity: The Legacy Continues

- ❖ Founder Henry J. Kaiser championed merit based hiring and non-segregated health care facilities. His bold leadership established diversity and inclusion as core organizational values.
- ❖ “At Kaiser Permanente, diversity is not an add-on agenda, but a core business principle. The diversity of our members and staff is a reflection of our success.”  
George Halvorson, Chairman and CEO
- ❖ “Simply put, Diversity is how we achieve our mission and how we grown our business”  
Ronald Knox, SVP and Chief Diversity Officer

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# NATIONAL LINGUISTIC & CULTURAL PROGRAMS



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# Effective communication is fundamental to quality health care.

## Building Language Access Through Data, Standards and Tools

Interpreter Services Research

Kaiser Permanente Quality Model vs. Ad Hoc

Do trained interpreters make a difference?

Quality

Satisfaction

Utilization

Outcome

Translation Services Research

Kaiser Permanente Quality Translation Process

Does a Quality Process make a difference?

Quality

Cost

Efficiency

Satisfaction

Provider Linguistic Proficiency Research

Pioneering Assessment

How well do providers speak the language?

Patient Trust

Patient Comprehension

# Outcome Highlights

## Interpreter Services

- Core competencies
- Domains of training
- Characteristics of a good interpreter

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- CHIA Standards
- Validated HCI training curriculum
- Informed QBS model and curriculum designed

## Translations Services

- Elements of a quality translation process from people – systems – technology
- Cost effective and process efficiency measures

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- Validated QA process
- Informed re-engineering of industry technology for the purpose of health care

## Clinician Linguistic Proficiency

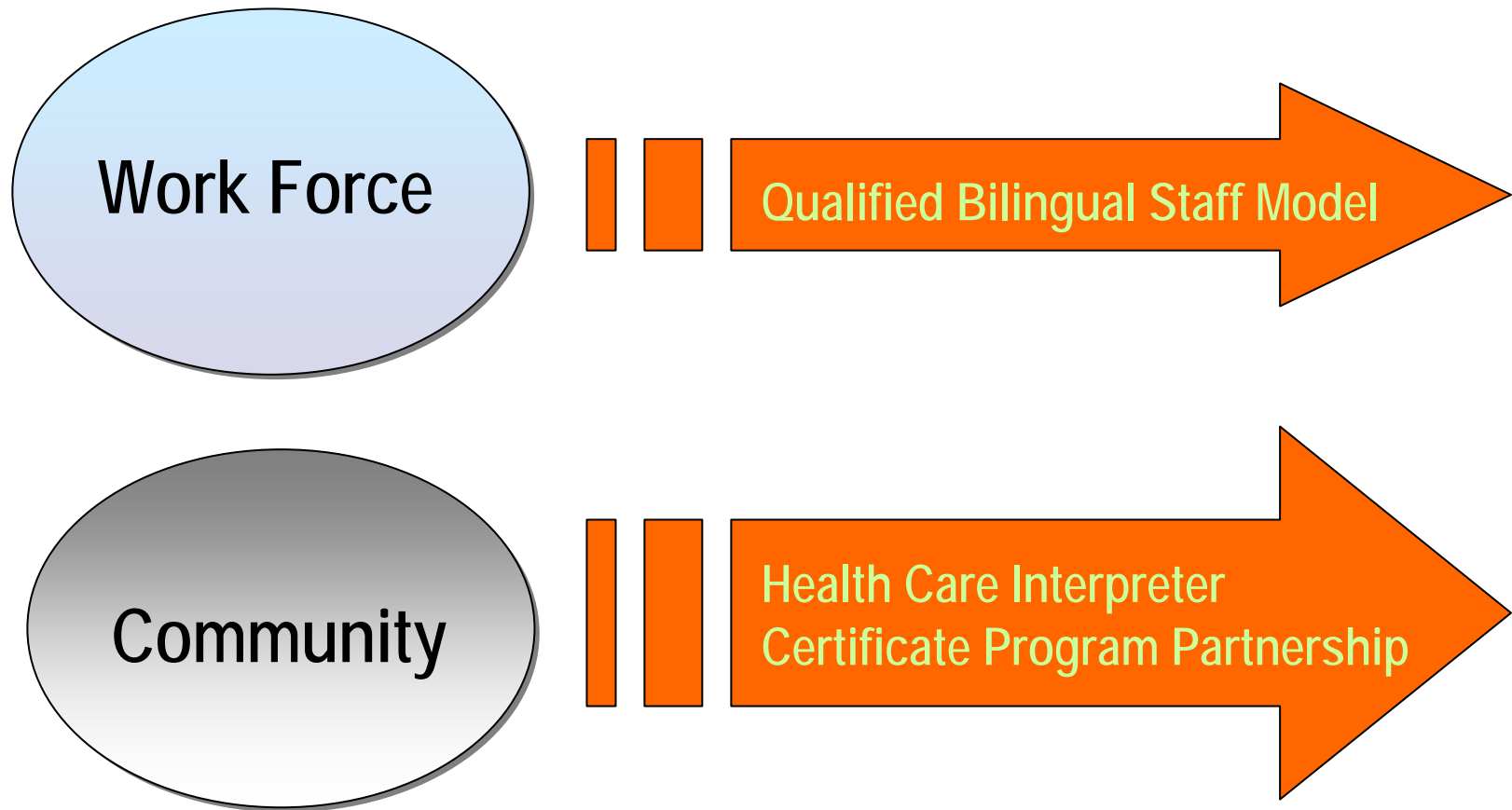
- The science in test development
- Incentives valued by clinicians

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- Validated KP's existing tool
- Informed administration of testing
- Implementation of program



# Building Capacity & Capabilities



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# Clinician Linguistic Proficiency

- Effective communication is key when caring for patients who speak different languages and from different cultures
  - Comprehension
  - Power dynamics
  - HR
- Standardized measures of clinicians linguistic proficiency is lacking

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# The Clinician Cultural & Linguistic Assessment

## Funded by The California Endowment

- To develop a Spanish-language clinician assessment that is reliable and valid
- What cut-score would qualify clinicians to communicate directly with Spanish-speaking patients independent of an interpreter?
- Based on the different levels of proficiency / cut-scores, what type of interventions would help to enhance clinician workforce's linguistic capabilities?

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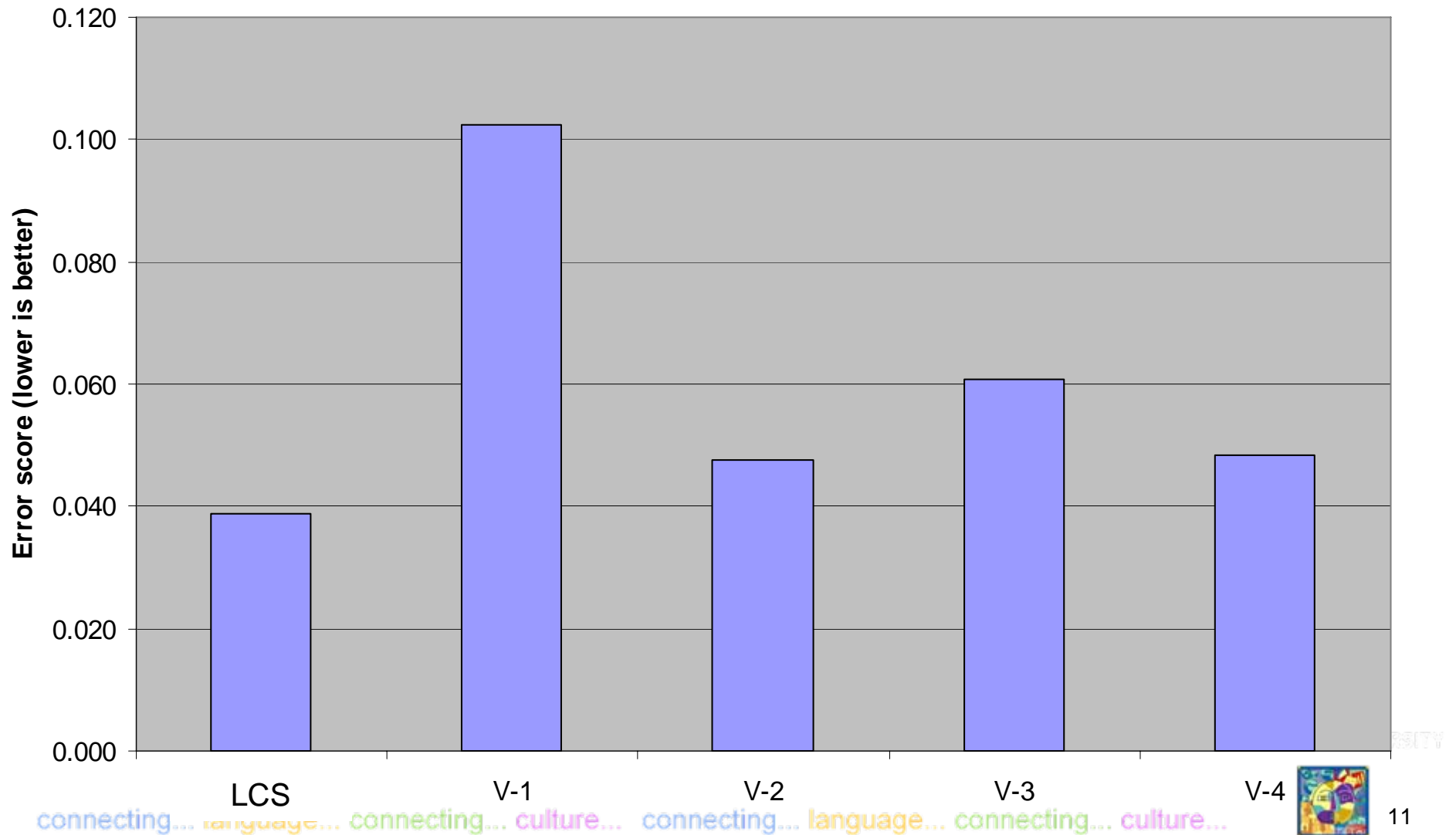
# Evaluation

- Measure the relationship between Spanish-language proficiency and cultural proficiency as measured by the CCLA-S and patient outcome
- Examine patient satisfaction and comprehension of those physicians who took the CCLA-S assessment
- Leverage existing technology to expand to an IVR / web-based version to reduce time and resource needs for test administration
- New grant from TCE to expand the use of CCLA-S beyond primary care; validate use of technology; validate in one new language; and identify interventions to improve proficiency scores

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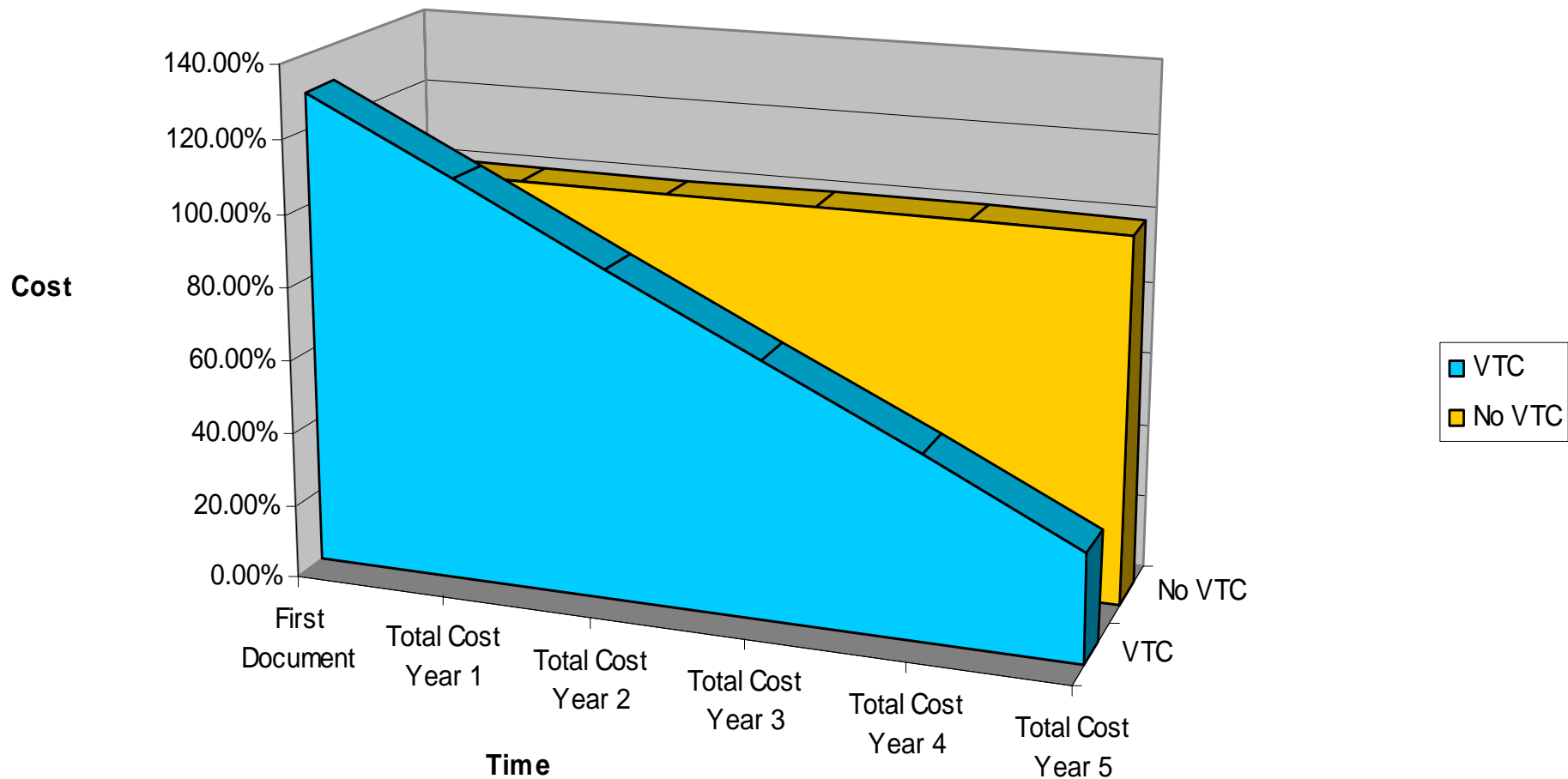
# Translations Error Rate Score Average





# Cost Savings over Time: Five-Year Projection

Area = Total Cost of Translations with VTC versus No VTC t=0 to t=5 years



# National CLAS Initiative

1  
Culturally Competent Care

2  
Staff Diversity

13  
Complaint and Grievance Resolution

3  
Staff Education and Training

12  
Community Partnerships for CLAS

4  
Qualified Language Assistance Services

11  
Collection of Data on Communities

5  
Notices to Patients of the Right to Language Assistance Services

10  
Collection of Data on Individual Patients

14  
Information for the Public

9  
Organizational Self-Assessment

6  
Qualifications for Bilingual and Interpreter Services

8  
Organizational Framework for Cultural Competence

7  
Translated Materials

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 Meet and Greet in Spanish  
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Polish NEDERLANDS Türkçe Svenska 中文  
 Tiếng Việt 日本語 عربي  
 español ENGLISH  
 Italiano Tagalog РУССКИЙ  
 Français Magyar فارسی  
 한국어 Deutsch  
 Trilingual Reference Manual...  
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 NATIONAL LINGUISTIC & CULTURAL PROGRAMS  
 RESEARCH AGENDA  
 The Interpreter Services Research  
 The Translation Services Research  
 The Provider Linguistic Proficiency Research

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 National Linguistic & Cultural Programs  
 Presents  
 Understanding the Culture Framework of Communication  
 Facilitator's Guide  
 LANGUAGE & CULTURE SERIES:  
 INTERCULTURAL COMMUNICATION TRAINING PROGRAM  
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**AB1195**  
 Continuing Medical Education:  
 Cultural and Linguistic Competency  
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 Educator Starter Kit:  
 Eliminating Disparities in Health  
 Status and Health Care Delivery  
 October 2006 Release  
 First Release March 2006



**Race Ethnicity Language**  
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 Data Collection ToolKit  
 To Eliminate Health and  
 Health Care Disparities  
 August 2005 Release  
 National Diversity Council  
 Previous Releases: February 2005, March 2005, July 2005

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 National Linguistic & Cultural Programs Presents  
 Qualified Health Care Interpreters  
 PROMOTE  
 Quality Health Outcomes  
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 LANGUAGE & CULTURE SERIES:  
 HEALTH CARE INTERPRETER TRAINING PROGRAM

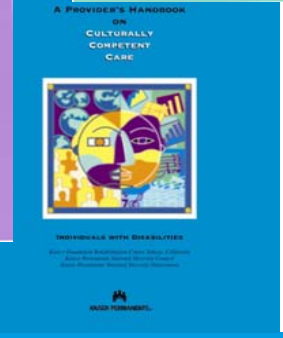
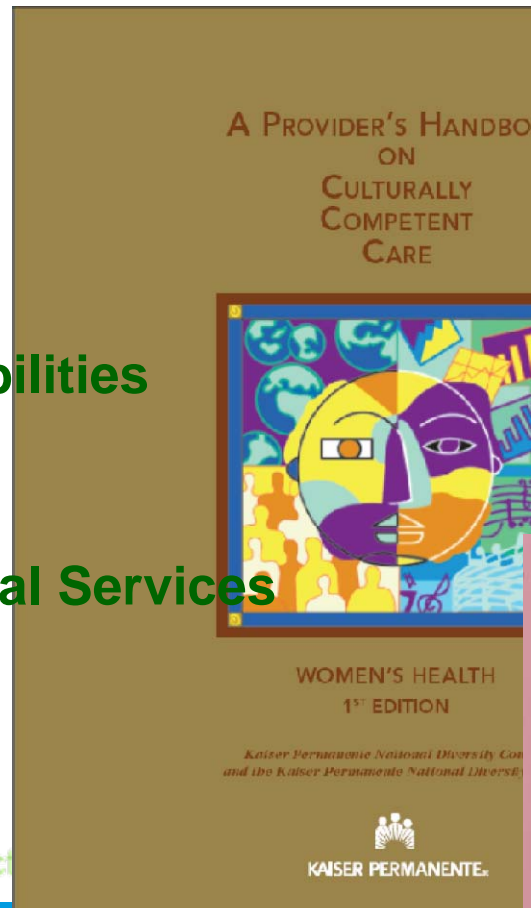
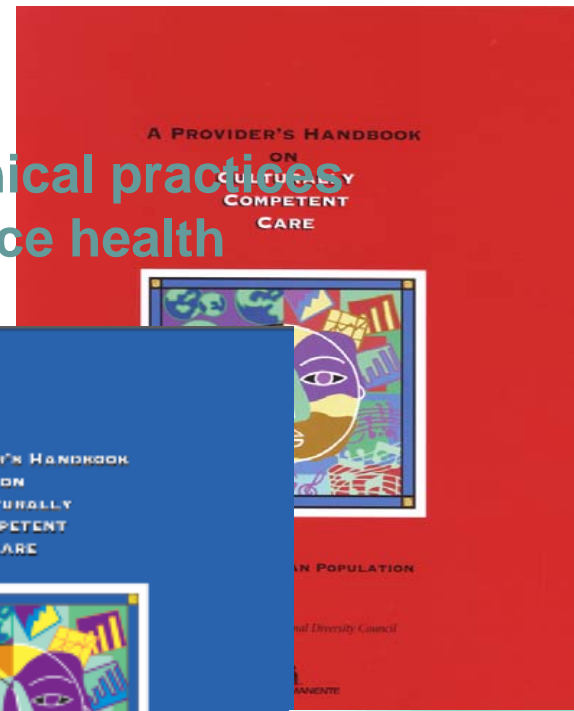
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Validate and disseminate culturally informed best clinical practices within Kaiser Permanente and the community to reduce health disparities among targeted populations.

## Centers of Excellence:

- African Americans
- Armenians
- Latinos
- Persons with Disabilities
- Women's Health
- Linguistic & Cultural Services



# National Health Care Disparities Workgroup

**HEALTH CARE IN AMERICA IS TOO OFTEN UNEQUAL**

Today, more than 20 percent of Americans and 25 percent of Californians without health care coverage are people of color, including many Asian-Americans. Uninsured men, women, and children are far more likely to get sick and longer care simply because they lack coverage. This is a national dilemma. We spend 2.5 trillion dollars on care in this country. We can and should achieve universal coverage.

To learn more about disparities in today's health care in America, visit [kaiserpermanente.org](http://kaiserpermanente.org).

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**HEALTH CARE IN AMERICA IS SEPARATE AND UNEQUAL**

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