## Behavioral Health Issues Within Immigrant Populations: What Are the Best Approaches? Track 3: BEST PRACTICES IN ACHIEVING CULTURAL COMPETENCE

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Best approaches to serving Immigrant populations = Achieving Cultural Competence

Our task is to try to identify the best ways to achieve cultural competence and to serve people who are recent immigrants. When ever I consider a problem in delivery of care I am reminded of a statement from Don Berwick, MD¹ "Every system is perfectly designed to achieve the results it gets." Now, that sounds like a truism. But consider how many times we hear of or see people try to get a different result by redoing the same things. It may sound silly but we've all done it. In fact we are much more comfortable with performing our routine than with branching out into some new process we don't really know even though the old one hasn't worked.

So appreciating that every system is perfectly designed to achieve its results tells us if we want to change the results we have to change the system. We humans do what we find most comfortable, so we need to create systems which make us comfortable doing things which achieve the results we want. The incidence of airplane crashes has decreased per mile flown by something like 50,000 times. It was somewhat dangerous in its early years and now is extremely safe. That improvement came about because of systematic efforts to improve the rate of accident and death.

Getting better cultural competence is just the same as reducing airplane accidents: We have to have a systematic way to make change in order to get an improvement. In many cases we don't really understand what makes one system more culturally accepting or competent than another. But even when we do, we have to have other things to make it happen.

Three things are required to make systems change: Will, Ideas and Execution We have to create the will to change. As I said before, we do the things we are most comfortable doing, so in order to get change it has to be more comfortable to change than to stay the same. That's what we mean by Will. It takes some significant change in understanding to achieve the will to change.

Establishing the will to change means overcoming reasons not to change. This begins by having strong support from the most senior parts of the organization. It also means creating a welcome environment for change among the group which will have to implement change. It is pretty hard to get anything done differently when most of the group is saying "What are we doing this for?" Further, it means demonstrating the value to the individual worker or participant to be a part of the change. We do this with data, with demonstrations, with careful planning and with showing the consequences of not changing.

Ideas are also crucial to getting a new system adopted. We can't get a better system unless we have some idea of what a better system might be. Some of these ideas will come from

<sup>&</sup>lt;sup>1</sup> President and CEO Institute for Healthcare Improvement, Cambridge Massachusetts <a href="http://www.ihi.org/ihi/aboutus/people.aspx#DonaldBerwick">http://www.ihi.org/ihi/aboutus/people.aspx#DonaldBerwick</a>

researching the literature, others from finding exemplars – great models which are already working, and still more ideas will come from the fertile minds of the people who agree they want to achieve a better result.

Despite having a will to improve and knowledge of what might work better, we still have to have good implementation or execution of these ideas to get results. Getting good execution requires understanding the way a specific organization works and adapting the good ideas to that organization.

Let me describe, briefly, the system which we have adapted from others, especially IHI, for making significant change. First of all in order to get a change you want you have to know whether you are making any difference with the changes you are trying. That means you have to measure your results. So the first step is to decide what sort of improvement you want and how you will measure that improvement.

In our case one way to meet these goals might be to say we want to have our immigrant consumers keep their appointments at least 90% of the time. Or, we want our immigrant customers who have jobs to be able to go to work at least 90% of the time they are supposed to work. Now, that is a type of measure we may not use a lot, but it really tells us whether we are achieving what our clients really want out of their engagement with us. The measures can be tailored to the specifics of the organization and the change desired, but we want to measure outcomes, not processes if at all possible. If we can develop some basic measures then we are on our way to developing an improvement in or results.

The method I've found most usable and successful for achieving an improvement is the Breakthrough Collaborative. In this process we identify a group of people or organizations who or which are interested in making an improvement. Then we identify a specific set of changes which have been shown previously to make a difference in this particular area, and we explain these to the breakthrough group. We also provide them with a specific set of practices which have been shown to be successful in implementing change. The process is: Identify a modification to try, establish time to try it, decide how we will know whether it was a good change, try it out on a very small scale, see what the result is, and if successful plan a way to expand its implementation. If not successful then try something else.

After some experience has been developed in making small changes, begin sharing your results with the other people or organizations who/which have agreed to try making improvements as well. This provides a much broader array of experience, and a way to test your results against others working in the same way. If you are the best you will want to keep on being the best. If you aren't, and no one person or organization is always the best, then this process gives a way to learn from others and to judge just how well you are doing.

Let's consider how this would work to improve cultural competence. There are three questions we should ask to frame our plan: What would be like to see improved? How would we know a change was an improvement? What could we do to try to make a change?

I'm prepared to give you an example, but does anyone have an idea of a specific improvement we would like to see?

How about:

Reduce the amount of time it takes to get an immigrant to someone who understands her/him

How will we know a change is an improvement?

Measure the time it takes from first contact to meeting with a person who speaks the immigrant's language.

What can we do that might make a difference?

Have receptionist prepared with language phrases for all languages reasonably anticipated and a related lists of providers with those language skills. Does this mean we have to give the receptionist some training? Some encouragement? Some support? Some specific agreement with the rest of the staff?

How would we get such a list? Get staff to provide specific list of statements

How could we try this out?

Pick a morning and have the receptionist try it with the first three people who aren't English speakers.

I hope this gives you an initial idea of how we can go about improving our cultural competence with and for consumers who are recent immigrants and need our support.