Building a Culturally Competent Medical Home

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Prevalence and Characteristics

- Mental disorders - 44 million
- Co-occurring disorders - 7 million
- In comparison, more symptomatic, health and social problems, costly care
- 10 million enter jail – 700,000 CD
- Mental disorders often precede SA
- SA can mask symptoms of mental illness
Integrated Treatment/ Medical Home

- A. Enhanced referral and coordination /care management
- B. Consultation for mental health/substance abuse / psychiatric services
- C. Co-location (provision of services at different health clinics)
Collaboration among disciplines

A. SCREENING Tools

- PHQ-9 – quick depression assessment
- GAD-7 – anxiety screening
- AUDIT – developed to screen for excessive drinking
**PATIENT HEALTH QUESTIONNAIRE (PHQ-9)**

**NAME:**  
**DATE:**  

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use “X” to indicate your answer)

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little</th>
<th>Several days</th>
<th>More than half of the time</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed, or the opposite—being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**add columns:**  

(For interpretation of TOTAL, please refer to accompanying scoring card.)

**TOTAL:**

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

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PHQ-9 is adapted from PRIME MD TODAY, developed by Dr. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr. Spitzer at rtl@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at http://www.pfizer.com. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.
### GAD-7

**Durante las últimas 2 semanas, ¿con qué frecuencia ha sentido molestias por los siguientes problemas?**

(Marque con una “✓” para indicar su respuesta)

<table>
<thead>
<tr>
<th></th>
<th>Nunca</th>
<th>Varios días</th>
<th>Más de la mitad de los días</th>
<th>Casi todos los días</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sentirse nervioso, intranquilo o con los nervios de punta</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. No poder dejar de preocuparse o no poder controlar la preocupación</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Preocuparse demasiado por diferentes cosas</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Dificultad para relajarse</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Estar tan inquieto/a que es difícil permanecer sentad/a tranquilamente</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Molestarte o ponerse irritable fácilmente</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Sentir miedo como si algo terrible pudiera pasar</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

(For office coding: Total Score T = ___ + ___ + ___)

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AUDIT

1) Con qué frecuencia ingiere bebidas alcohólicas?

☐ 0. nunca
☐ 1. menos de una vez al mes
☐ 2. 1 a 2 veces al mes
☐ 3. 2 a 3 veces por semana
☐ 4. 4 o más veces por semana

2) Cuantas cervezas o tragos ingiere en un día cuando toma?

☐ 0. nunca
☐ 0. 1 a 2
☐ 1. 3 a 4
☐ 2. 5 a 6
☐ 3. 7 a 9
☐ 4. 10 o más

3) Con qué frecuencia toma más de cinco cervezas o tragos en la misma ocasión?

☐ 0. nunca
☐ 1. menos de una vez al mes
☐ 2. mensualmente
☐ 3. semanalmente
☐ 4. diario o casi diario

4) Le ocurrió, durante el último año, que no pudo parar de beber una vez que había empezado?

☐ 0. nunca
☐ 1. menos de una vez al mes
☐ 2. mensualmente
☐ 3. semanalmente
☐ 4. diario o casi diario

5) Que tan frecuentemente, durante el último año, dejó de hacer algo que debería haber hecho por beber?

☐ 0. nunca
☐ 1. menos de una vez al mes
☐ 2. mensualmente
☐ 3. semanalmente
☐ 4. diario o casi diario

6) Que tan frecuentemente, durante el último año, necesitó beber un tragó a la mañana siguiente después de haber bebido en exceso?

☐ 0. nunca
☐ 1. menos de una vez al mes
☐ 2. mensualmente
☐ 3. semanalmente
☐ 4. diario o casi diario

7) Que tan frecuentemente, durante el último año, se sintió culpable o tuvo remordimientos por haber bebido?

☐ 0. nunca
☐ 1. menos de una vez al mes
☐ 2. mensualmente
☐ 3. semanalmente
☐ 4. diario o casi diario

8) Que tan frecuentemente, durante el último año, olvidó algo de lo que había pasado la noche anterior debido a que estaba bebiendo?

☐ 0. nunca
☐ 1. menos de una vez al mes
☐ 2. mensualmente
☐ 3. semanalmente
☐ 4. diario o casi diario

9) Se ha lastimado o alguien a resultado lastimado como consecuencia de su consumo de bebidas alcohólicas?

☐ 0. No
☐ 1. Sí, pero no en el último año
☐ 2. Sí, en el último año

10) Algun amigo, familiar, o doctor se ha preocupado por la forma en que Ud. bebe o le ha sugerido que disminuya el consumo?

☐ 0. No
☐ 1. Sí, pero no en el último año
☐ 2. Sí, en el último año

OFFICE USE ONLY
Audit Score
B. Brief Interventions – 3 components

1. Information or feedback about screening results
2. Assessment of patient’s level of knowledge to improve awareness and enhance motivation for change
3. Clear and respectful professional advice

C. FOLLOW UP – MH or SA outpatient
   - Motivational Interviewing and CBT
Brief patient demographics

Males = 27%  
Females = 73%

Unemployed = 70%  
Employed = 30%

Insurance = 85% none  
15% Medicaid/MC

Race/ethnicity = White 48%  African-Amer 22%

Hispanic = 30%

MH diagnosis = Depression, anxiety

SA diagnosis = 30%  
PHQ-9 score >17 = 67%

Medical diagnosis = Hypertension, Diabetes, 
Back Pain, Frequent Headaches
Cultural Competency

- Services should be both welcoming and responsive to individual needs regardless of ethnicity, language, national origin,…
- One in 3 Americans is non-white
- By 2050, Latinos will be 47 percent
- We need more programs that can serve the needs of a population that is less likely to receive needed MH and SA services…
Culturally Competent Medical Home

- Self-assessment tools
- National Center for Cultural Competence at [www.clcpa.info](http://www.clcpa.info)
- or [http://nccc.georgetown.edu](http://nccc.georgetown.edu)
Checklist to Facilitate the Development of Linguistic Competence within Primary Health Care Organizations

Excerpt from Policy Brief 2: Linguistic Competence in Primary Health Care Delivery Systems: Implications for Policy Makers

Linguistic Competence: Policy Making Implications for Primary Health Care Organizations and Programs

Health care organizations have been slow to develop and implement policies and structures to guide the provision of interpretation and translation services. In the absence of policies, structures and fiscal resources, the burden of such services remain at the practitioner and consumer level. The following checklist is designed to assist primary health care organizations in developing policies, structures, practices and procedures that support linguistic competence.

Does the primary health care organization or program have:

- A mission statement that articulates its principles, rationale and values for providing linguistically and culturally competent health care services?
- Policies and procedures that support staff recruitment, hiring and retention to achieve the goal of a diverse and linguistically competent staff?
- Position description and personnel/performance measures that include skill sets related to linguistic competence?
- Policies and resources to support ongoing professional development and in-service training (at all levels) related to linguistic competence?
- Policies, procedures and fiscal planning to ensure the provision of translation and interpretation services?
- Policies and procedures regarding the translation of patient consent forms, educational materials and other information in formats that meet the literacy needs of patients?
- Policies and procedures to evaluate the quality and appropriateness of interpretation and translation services?
- Policies and procedures to periodically evaluate consumer and personnel satisfaction with interpretation and translation services that are provided?
- Policies and resources that support community outreach initiatives to persons with limited English proficiency?
- Policies and procedures to periodically review the current and emergent demographic trends for the geographic area served in order to determine interpretation and translation services needs?

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PROMOTING CULTURAL DIVERSITY AND CULTURAL COMPETENCY
Self-Assessment Checklist for Personnel Providing Behavioral Health Services and Supports to Children, Youth and their Families

Directions: Please select A, B, or C for each item listed below.
A = Things I do frequently, or statement applies to me to a great degree
B = Things I do occasionally, or statement applies to me to a moderate degree
C = Things I do rarely or never, or statement applies to me to minimal degree or not at all

PHYSICAL ENVIRONMENT, MATERIALS & RESOURCES

1. I display pictures, posters and other materials that reflect the cultures and ethnic backgrounds of children, youth, and families served by my program or agency.

2. I ensure that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures of children, youth and families served by my program or agency.

3. When using videos, films, CDs, DVDs, or other media resources for mental health prevention, treatment or other interventions, I ensure that they reflect the cultures of children, youth and families served by my program or agency.

4. When using food during an assessment, I ensure that meals provided include foods that are unique to the cultural and ethnic backgrounds of children, youth and families served by my program or agency.

5. I ensure that toys and other play accessories in reception areas and those, which are used during assessment, are representative of the various cultural and ethnic groups within the local community and the society in general.

Tamara D. Goode • National Center for Cultural Competence • Georgetown University Center for Child & Human Development • University Center for Excellence in Developmental Disabilities Education, Research & Service • Adapted from Promoting Cultural Competence and Cultural Diversity in Early Intervention and Early Childhood Settings, June 1996. (Revised 2009)
CULTURAL AND LINGUISTIC COMPETENCE POLICY ASSESSMENT

Guidelines for Completing the CLCPA
Please answer every question to the best of your knowledge. Please remember to answer the question regarding supporting policy found adjacent to each question.

Policy is defined for the purposes of this instrument as a high level overall plan embracing the philosophy, general goals and acceptable procedures within an organization (Webster’s Collegiate Dictionary, 1985). Additionally, formal policy is written and codified. Informal policy is shared and understood verbally, however, compliance may or may not be enforceable and adherence may vary.

Knowledge of Diverse Communities
The Knowledge of Diverse Communities subscale consists of eleven questions. It concerns knowledge of the identified cultural groups, how they differ internally and how they differ from the dominant culture. Its central focus is organizational policy that takes into consideration cultural beliefs, strengths, vulnerabilities, community demographics and contextual realities. Responses to these items can range from “not at all” to “very well”. The existence of supporting policy can range from “no policy” to “formal policy”.

1. Is your agency able to identify the culturally diverse communities in your service area?

<table>
<thead>
<tr>
<th>Designated Cultural Groups</th>
<th>Not At All</th>
<th>Barely</th>
<th>Fairly Well</th>
<th>Very Well</th>
<th>Is there supporting policy?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No policy</td>
<td>Informal policy</td>
<td>Developing policy</td>
<td>Formal policy</td>
<td>I do not know</td>
</tr>
</tbody>
</table>

2. Is your agency familiar with current and projected demographics for your service area?

<table>
<thead>
<tr>
<th>Designated Cultural Groups</th>
<th>Not At All</th>
<th>Barely</th>
<th>Fairly Well</th>
<th>Very Well</th>
<th>Is there supporting policy?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No policy</td>
<td>Informal policy</td>
<td>Developing policy</td>
<td>Formal policy</td>
<td>I do not know</td>
</tr>
</tbody>
</table>

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For the culturally diverse groups in your service area does your agency know:

7. The health beliefs, customs, and values?
   - Not At All
   - Barely
   - Fairly Well
   - Very Well

8. The natural networks of support?
   - Not At All
   - Barely
   - Fairly Well
   - Very Well

For the culturally diverse groups in your service area can your agency identify:

9. Help-seeking practices?
   - Not At All
   - Barely
   - Fairly Well
   - Very Well

10. The way illness and health are viewed?
    - Not At All
    - Barely
    - Fairly Well
    - Very Well

11. The way mental health is perceived?
    - Not At All
    - Barely
    - Fairly Well
    - Very Well

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The Organizational Philosophy subscale consists of 10 items. It involves organizational commitment to the provision of culturally and linguistically competent services and the extent to which it is legitimized in policy. It probes the incorporation of cultural competence into the organization's mission statement, structures, practice models, collaboration with consumers and community members, and advocacy. Responses range from 'not at all or none' to 'very often or many' to 'yes or no'. The existence of supporting policy can range from 'no policy' to 'formal policy'.

12. Does your agency have a mission statement that incorporates cultural and linguistic competence in service delivery?
   - Yes
   - No

13. Does your agency support a practice model that incorporates culture in the delivery of services?
   - Not At All
   - Sometimes
   - Fairly Often
   - Very Often

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Are there structures in your agency to assure for consumer and community participation in:

- Program planning?
- Service delivery?
- Evaluation of services?
- Quality improvement?
- Hiring practices?
- Performance appraisal?
- Customer satisfaction?

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20. Does your work environment contain décor reflecting the culturally diverse groups in your service area?
   - None
   - Some
   - Quite a Few
   - Many

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21. Does your agency post signs and materials in languages other than English?
   - None
   - Some
   - Quite a Few
   - Many

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Thank you / Gracias!

- Questions?

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