

“Culture provides a general design for living and a pattern for interpreting reality. If we sit together at the same table we may be diverse, but we are not

multicultural unless you understand my design for living and my patterns for interpreting reality, and I understand yours.

Thomas A Parham, PhD

**Culturally Affirmative Practice
Provider Champion Group
Report to
Care Connect Steering
Committee 18 May 2018**

Over the Next 45 mins:

- Know what is meant by cultural affirmative practice and how all other terms (cultural competency, etc.) are included within it.
- Become well acquainted with CAPP CG and its work strategy
- Understand the rationale well enough to communicate to others and support the CAPP CG focus on people of African descent
- Identify what aspects of consumer engagement the Steering Committee wants to interface more closely with and what aspects of CAPP CG work the committee wants to prioritize

Overview of Consumer Engagement Activities

- Consumer Feedback and Social Engagement
 - Consumer forums
 - Focus groups
 - **Fellowship**
 - Transition Support & Linkage to job opportunities
 - data base of consumers & other community stakeholders, 1K by 2021
 - **Culturally Affirmative Practice Provider Champion Group (CAPPCG)**
 - Eastmont Collaborative

What is CAPPCCG?

- a cadre of stakeholders, including a core group of concerned direct service providers
- vets, curates, adopts, and recommends culturally affirmative strategizes; tools that culminates with a practical, reliable Culturally Affirmative Model of Care relevant to Care Connect focus populations.
- is an in iterative process that includes considering feedback gathered in consumer focus groups and the front-line providers serving our focus populations.
- *Focus is on consumers of African descent*
- What we learn from this will be applied to other ethnic populations

Culturally Affirmative Practice

is inclusive of cultural competency and other, similar terms. Its distinguishing features:

- Rather than an obstacle to be overcome or concede, it is sought out, welcomed as is a key factor in every aspect of care.
- Recognizes & utilizes culture's value; protection from the slings and arrows of life, including alleviating the burden of disease
- Ethnographic: Attends to meaning of messages
- *Has a dynamic, intellectual agenda*
- *Intersectionality, other dynamics of culture considered*

CAP's intellectual agenda

1. Ethic:

- *Our goal is for providers to lean in, chose to engage in candid conversation about racial/cultural differences*
- *Explore “How does who I am affect this process?”*
 - *Implicit bias*
 - *Intergenerational systems, cycles, of social justice, equity*

Current CAPP CG Membership committee are predominantly direct service providers

- Critical Care Manager BHCS (LCSW)
- Social Worker 2nd shift Highland ED (LCSW)
- Program Director Bonita House (MS Ed)
- Program Manager HCSA (MSN, RN, PHN)
- Project Manager HCH (SW)
- Director Trust Clinic (MD)
- Program Director HCSA
- Researcher (MS)
- 2 Care Connect staff (LCSWs)

CAP's intellectual agenda:

2. Discernable Knowledge base

- *Goal: providers know the contours of the knowledge base and the system facilitates their access of it*
- *Recognize and attend to*
 - *established research literature and other data,*
 - *Include in this cultural as well as political of racial differences*
 - *Particularly seek out knowledge of the protective factors of consumer's cultural*
- *Particular knowledge of research on racism & health*

Data is murky, however, the significant disproportionality of African compared to all other categories is clear

source Alameda County Care Connect

Ethnicity	# of Clients	% of Clients
Black	9,636	44.7%
White	4,219	18.7%
Hispanic	2,790	11.0%
Unknown	2,372	11.7%
Other	1,935	8.1%
Asian or Pacific Islander	454	2.1%
Filipino	229	0.9%
Chinese	216	0.8%



SF WPC TARGET POPULATION BY OTHER FACTOR

Risk Category	Homeless Population (FY1415)	Death Rate During Yr.	Jail Episode	African Amer.
All	Homeless with DPH health record	2%	23%	33.5%
Severe	High User <u>and</u> Long-term Homeless	7%	33%	44%
High	High User, <u>not</u> Long-term Homeless	4%	28%	23%
	Long-term Homeless, <u>not</u> High User	1%	26%	46%
Elevated	<u>Not</u> Long-term Homeless, <u>not</u> High User	1%	21%	28%

CAP's intellectual agenda:

2. skills

- *Goal: specific skills are identified and codified so that we eventually have validated, reliable psychosocial decision trees*
- *Examples of tools:*
<http://www.homelesslibrary.com/>
- https://www.google.com/search?source=hp&ei=JGf7Ws2xllKwjwPex7jACw&q=cultural+formulation+dsm&oq=cultural+formulation+dsm&gs_l=psy-ab.3..0j0i22i30k1.12234.18277.0.18675.24.24.0.0.0.0.131.2594.6j18.24.0..2..0...1.1.64.psy-ab..0.24.2590...0i131k1.0.O8AaD8qj39s

Learning about self-identified consumer needs and wants

Needs and Wants Script for Providers working with High Utilizing Consumers

Instructions: Ask these two questions at the beginning of each conversation with a consumer. The goals are to:

- Stabilize and establish rapport
- Establish a partnership/teaming approach
- Learn about the presenting conditions from a consumer or patient perspective
- Reflect on what comes up for the interviewer while asking these questions

Patient Needs and Wants Script

Questions	Client Responses	Interviewer Reflection
What do you need most right now?	Note what the client response is.	Write what you notice your own reaction is to asking the question and listening to the response.
What are some other things that are important to you?	Note what the client response is.	Write what you notice your own reaction is to asking the question and listening to the response.

Consumer and Family Fellowship



- For people who want to learn new skills and share their experiences to help improve care for their communities and their loved ones.
- 1 year program
- Free Professional Development
- 10-12 hours per month on projects to provide direct service expertise to Care Connect
- Fellows receive monthly stipend
- www.careconnectfellowship.com

Consumer and Family Fellowship

Application Process

- Accepting applications through May 23
- Interviews- May- June
- Selection- Mid June
- Kick Off- July
- Professional Development and Projects: September, 2018-June 2019

Curriculum

- Health Literacy
- Culturally Affirmative Practice
- Facilitation
- Participatory Action Research
- Advocacy
- Public Speaking
- Other topics

BEFORE

Dear Patient,

If you would like to have your medical records copied or sent anywhere, we request you or your representative complete the *Authorization for Use and Disclosure of Health Information* form.

Upon receipt of the signed authorization, Medical Foundation will process requests in the order received and in compliance with all related state and federal laws and regulations.

Generally as a courtesy to our patients, there is no charge for medical records requested for continuing care with another health care provider (please see footnote ¹ for exceptions).

If the request for medical records is for personal use, Datalink (copy service contracted with Medical Foundation) charges a flat fee of \$25². This fee is in compliance with the California Health and Safety Code 123110 as well as the California Evidence Code 1158.

If an email address is provided, an email will be sent upon completion of the request with a link to download medical records via a secure site. Otherwise medical records will be sent on a CD-ROM via first class mail to the address indicated on the *Authorization for Use and Disclosure of Health Information* form.

If paper copies are preferred, an additional charge of 10 cents per page may apply to cover printing and shipping costs.

Please do not hesitate to contact Datalink with any questions or concerns. Our toll-free phone number is 888-888-8888.

AFTER

How to request a copy of your medical record

Your medical record is an important part of your health care. Please follow these steps to request a copy.

Fill out a medical record release form

The medical record release form is called “Authorization for Use and Disclosure of Health Information.” You can get a copy of this form at:

- <http://www.sebmf.org/patients/>
- Your health provider’s office (can be mailed to you)

After you fill out the form, bring or mail it to your health provider’s office.

On the form please tell us:

What format you want your record in: electronic copy (secure email or CD) or paper copy

How you want to get your record: by mail or pick-up

What the request is for: for your doctor, for your personal use, for an insurance claim or another purpose.

What part of your record you want us to release: select all or just some records, lab or test results. It is up to you.

Commonly asked questions

How much does it cost to get a copy?

The cost depends on where your record is going and the format you choose.

- If the record is being sent directly to a doctor, there is generally no cost. In cases where there are many requests following a health provider’s retirement or move, there may be a cost (see below).

Consumer Engagement Rationale:

- Trust
 - Those closest to problem are closest to solution
- Technology

First Question

full group

- What are Consumer Engagement activities within your organization?

Questions

sub groups

- What aspects, of what you heard are you eager to see advance?
- What has you anxious, concerned?
- What do you need to know, understand to better support the Care Connect plan?

Final Questions

full group

- What parts of the consumer engagement efforts discussed would be most helpful to your organization?
- How can we support you in follow up?
 - We plan to load our info on website tell us what you are most interested in:
 - Valerie.Edwards@acgov.org
 - CAPPCG@acgov.org