Strengths, Weaknesses, Opportunities, Threat (SWOT) Analysis

Phoenix Eligible Metropolitan Area

February 24th, 2011

COLLABORATIVE RESEARCH

Project Overview

- Project Tenure: December 10th, 2010 through February 28th, 2011
- Purpose: Conduct an EMA-wide SWOT analysis as to the Cultural Competency of Ryan White Part A providers. Report on provider confidentiality policies
- Key Informant Interviews
  - Care Directions
  - Maricopa Integrated Health Systems
  - Chicanos Por La Causa
  - Phoenix Shanti Group
  - Jewish Family Services
  - AGAPE
  - Indian Health Services
  - Ebony House
- Conducted 56 MH/SA Consumer Surveys (goal=50) to inform SWOT

Cultural Competency SWOT Analysis

Strengths:

- Agencies have Cultural Competency programs in place
- Agencies are incorporating Cultural Competency in annual trainings
- Agencies do their best with regard to Cultural Competency
- Based on Mental Health and Substance Abuse Assessment, no clients left treatment for Cultural reasons

Weaknesses:

- Mass generalizations exist
- Cultural Competency is a component but not a focus
- Sense via key informant interviews that Cultural Competency is a "check the box" exercise as opposed to a daily practice
- Many providers expressed hesitation with regard to "another mandate/policy" on top of already strenuous Ryan White policies/procedures
- Wide range of program instruction: MIHS is very good, AGAPE is weak

Opportunities:

- Development of an EMA wide Cultural Competency program to address EMA's changing Epidemiological Profile. This should be a collaborative effort with providers , grantee and Planning Council based on national-best practices
- Integrate a more formal Cultural Competency program with Planning Council's upcoming Comprehensive Plan for HIV Service Delivery
- Integrate Cultural Competency program's outcomes with Grantee's Quality Management program in particular core or universal standards of care
- Magellan modules

Threats:

- As the EMA's population continues to diversify (African refugees from Uganda and Burma) , Cultural Competency will become increasingly critical for positive health outcomes
- Increase in the EMA's Unmet Need (Out of Care) if PLWHA feel they are not respected/treated with respect based on their cultural. Indeed PLWHA may chose to drop out of care as a result
- Provider "push-back" if program is too burdensome or does not strike the appropriate balance between administration and service delivery
- EMA's Epidemiological Profile is very diverse. There are several different Native American tribes

Provider Comments-Cultural Competency

- A file is kept for each employee that includes certificates for completed trainings
- Use ETR and Associates for training purposes
- Maintain relationship with ETR who provides training in cultural competency
- No particular program. There are different tribes so need to be aware of the rules of each tribe
- There is a power point presentation regarding Cultural Competency that employees must watch. They are tested on the content afterwards.
- Staff attendance at all trainings is mandatory. Attendance is recorded electronically.
- By sharing staff trainings that take place at different agencies
- We have a cultural competency team led by the agency's attorney
- We have annual training which is mandatory for all employees
- We use Magellan's on-line training modules
- Adhere to CLAS standards
- Use Cope Learning Connection (CLC) and it's web-based training modules
  - Merit increases are tied to employee achieving 100% on trainings

Consumer Comments-Past needs Assessments

- stigma for being Mexican - culture still believes HIV is only for gay people *(EMA Wide Needs Assessment, 2010)*
- acceptance of my condition *(EMA Wide Needs Assessment, 2010)*
- Joshua Tree is not about help/support-if you know certain people in program, you get treated better-it is overloaded with gay personnel and if you're not gay, you get treated as second class citizen and innuendo toward suggestive to be gay *(EMA Wide Needs Assessment, 2010)*
- After diagnosis I didn't know where to turn. Found out about the Southwest Center. There is a newly diagnosed program now but there should be more. Most support groups are for those diagnosed for a long time, very scary. There needs to be more outreach and support for newly diagnosed *(Newly Diagnosed Needs Assessment, 2009)*
- STIGMA OF AIDS, DISCLOSURE, DISCRIMINATION *(Aged Needs Assessment, 2007)*

Client Confidentiality SWOT Analysis

Strengths:

- Agencies have Client Confidentiality programs in place
- Agencies are incorporating Client Confidentiality in annual trainings
- Agencies state they take Client Confidentiality very seriously
- Agencies have in place policies and procedures in the event a client's confidentiality is breeched

Weaknesses:

- Training varies by agency
- Many providers expressed hesitation with regard to training on top of already strenuous Ryan White policies/procedures
- Wide range of program rigor: Primary Medical Care Providers are very good, Community Based Organizations tend to be weaker
- Ultimate responsibility resides with the individual and the agency which makes monitoring difficult

Opportunities:

- Development of an EMA wide Client Confidentiality program to include quarterly trainings
- Enhanced monitoring via QM site visits

Threats:

- Legal ramifications
- Lack of confidence in provider
- Discrimination based on health status

Provider Comments-Client Confidentiality

- This is part of new employee orientation. Employees then have annual review (done electronically)
- Employees sign in electronically. Training is mandatory
- Medical records are tracked so it is possible to see who looked at chart. Only investigate if there is a compliant.
- Have a packet for new employees that contains steps to maintain client confidentiality Employee must walk through steps by role playing to see how they would handle different situations
- Each employee has a file that contains certificates regarding attendance for training
- Ensure compliance by using forms that staff must sign. Records are locked up and only certain people have the key to access these records
- Our agency has policies and procedures that are revised every 2 years. In the event of a policy change, all employees are notified via our weekly staff meetings
- Our agency has a Privacy Officer which monitors all aspects of HIPPA
- We have an annual training on client confidentiality
- New employees must attend orientation where client confidentiality and HIPPA are covered

Standard of Care Examples

New Haven EMA Universal Standard of Care

C. Responsibilities and Tools	EXPECTED PRACTICE	INDICATORS	OUTCOMES
1. All staff and providers treat clients with respect.	HIV sensitive staff and providers provide services.	Review: a. Grievances for complaints related to insensitivity as it applies to RW Part A funded services b. Cultural/HIV training/orientation for subcontractors	• Documented complaints regarding insensitivity of providers • Documented steps to rectify complaints • Grievances filed • Documentation of HIV sensitivity training provided to sub-contractors

A. Service Provision	EXPECTED PRACTICE	INDICATORS	OUTCOMES
1. 100% of clients receive services in a culturally sensitive manner and in a language they understand.	Services are provided in a culturally sensitive manner and in language clients understand. This includes disseminating information to clients about services available.	Review: a. Cultural competency plan b. Staff files and training logs for orientation and training on cultural/linguistic competency c. Recruitment plan for diversifying staff d. Agency literature for important service information and documents in dominant client languages e. Interview staff f. Obtain client demographics and match against staff mix	• % of staff who received cultural competency orientation and training • Important documents and service information are available in dominant client languages • Agency has a process and resources in place for all clients with disabilities • Agency has cultural and lingual staff for dominant client cultures and languages, and at a minimum agency provides translation services. • Ratio of staff to clients by race and ethnicity • Important documents, agency brochures, releases of information are in dominant client population languages • Cultural competency training includes ethnicity, sexual orientation, religious beliefs and gay culture • There is tracking of service denial due to language or cultural barriers

New Haven EMA Administrative Chart Audit Tool

New Haven Ryan White Part A
HIV Chart Review: Administrative

PROGRAM SITE:		**CHART #s:**	
REVIEWER(S):		**REVIEW DATE:**	

MPLOYEE CRITERIA	1	2	3	4	5	6	7	8	9	10
Licensures and certifications are on file with agency &/or on display on premises										
PROFESSIONAL DEVELOPMENT										
System in place for min. biweekly supervision of program staff or weekly for clinics										
Annual training for cultural competency includes ethnicity, sexual orientation, religious beliefs & gay culture										
Information on grievance procedures										
RESPONSIBILITIES & TOOLS										
Complaints Documented complaints regarding insensitivity of providers Documented steps to rectify complaints Grievances filed										
Documentation of HIV sensitivity training provided to sub-contractors										
Subcontractors: Sensitivity Training Documentation of HIV sensitivity training provided to subcontractors										
Staff Support Staff support, employee assistance program to assist in burnout, stress & grief										
Policies & Procedures Manual A comprehensive agency policy and procedure manual which includes: Annual review of policies and procedures After hours coverage Building emergencies Client bill of rights & anti-discrimination policy Client confidentiality & cultural competency Client grievance procedures Continuous quality improvement Documentation requirements Exchange of information between agencies & providers Incidents reports Infection control/universal precautions Medical emergencies Safety protocols for clients & employees Sexual harassment Smoking Staff orientation Staff continuing education & training requirements Suspected child abuse A Process is in place to allow for modification of services if needed										

New Haven EMA Administrative Chart Audit Tool

SERVICES										
Staff receive cultural competency orientation and training										
Important documents & service information available in dominant client languages										
Process & resources in place for all clients with disabilities										
Cultural/lingual staff for dominant client cultures/languages; provides translation										
Ratio of staff to clients by race/ethnicity										
Cultural competency training includes										
There is tracking of service denial due to language or cultural barriers										
CONFIDENTIALITY	1	2	3	4	5	6	7	8	9	10
Staff files have applicable, signed confidentiality agreements										
Staff files have confidentiality & HIPAA requirements orientation & annual training										
Client paper files secure in locked cabinet & locked office										
Electronic client files are password protected										
CONTINUOUS QUALITY IMPROVEMENT										
CQI mechanisms in place for incorporating client, staff & service providers feedback										
Documented changes made to improve services as a result of feed back from clients, staff and service providers										
AGENCY	1	2	3	4	5	6	7	8	9	10
Facility is handicap accessible & clean, well ventilated with adequate heat, restrooms, private space, & comfort features										
Facility passed fire & safety inspections with necessary security system in place										
CQI Program has established indicators for quality assurance of services There is a quality assurance committee that meets monthly Quality assurance meetings and outcomes are documented										

Yes N = No NA=Not Applicable (to program/facility)

PROGRAM SITE:		REVIEW DATE:	

Boston EMA Universal Standard of Care

- The objective for establishing standards of care for cultural and linguistic competence is to provide services that are culturally and linguistically appropriate.
- Culture is the integrated patterns of human behavior that include the language, thoughts**,** communications, actions, customs, beliefs, and values of individuals and groups, all which may be influenced by race, ethnicity, religion, class, age, gender, gender identity, disability, sexual orientation, and other aspects of life upon which people construct their identities. In our work with people living with HIV, culture may also include past or current substance use, homelessness, mental health, and/or incarceration, among others.
- Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, agency, or among individuals that enables effective delivery of services. Linguistic competence is the ability to communicate effectively with clients, including those whose preferred language is not the same as the provider's, those who are illiterate or have low literacy skills, and/or those with disabilities. Cultural and linguistic competence is a goal toward which all providers must aspire, but one that may never be completely achieved given the diversity of languages and cultures throughout our communities. However, all providers should be involved in a continual process of learning, personal growth, experience, education, and training that increases cultural and linguistic competence and enhances the ability to provide culturally and linguistically appropriate services to all individuals living with HIV/AIDS. Culturally and linguistically appropriate services are services that:
  - respect, relate, and respond to a client's culture, in a non-judgmental, respectful, and in a supportive manner;
  - are affirming and humane, and rely on staffing patterns that match the needs and reflect the culture and language of the communities being served; recognize the power differential that exists between the provider and the client and seek to create a more equal field of interaction; and
  - are based on individualized assessment and stated client preferences rather than assumptions based on perceived or actual membership in any group or class.

Boston EMA Universal Standard of Care

- As part of the on-going process of building cultural and linguistic competence, providers should strive to develop:
  - a comfort with and appreciation of cultural and linguistic difference;
  - interpersonal behaviors that demonstrate and convey concern and respect for all cultures;
  - the comfort and ability to acknowledge the limits of personal cultural and linguistic
  - competence and the skills to elicit, learn from, and respond constructively to relevant
  - personal and cultural issues during service interactions; and
  - a commitment to increasing personal knowledge about the impact of culture on health and specific knowledge about the communities being served.
- Ongoing trainings that help build cultural and linguistic competence may include traditional cultural and linguistic competency trainings, as well as a range of trainings that help build specific skills and knowledge to work and communicate more effectively with the communities we serve.