

**Pediatric Health Equity Collaborative
Sample Practice**

<p>Preface to Interview: "We want to make sure that all our patients get the best care possible. We would like you to tell us about yourself and your family so that we can review the treatment that all patients receive and make sure that everyone gets the highest quality of care."</p>		
<p>Domains of Culturally Competent Patient-Provider Communication</p>		
Cultural Profile Data Elements	EMR Alert to provider	Patient link to Resource
Ethnicity, Race, Religion	Consider Vitamin D testing for African-American children* Consider testing Hispanic children for co-morbid assessment of obesity and diabetes risk.	Link to reports of disparities in care and the possible causes
<p>Literacy/Language</p>		
What language do you feel most comfortable speaking with your doctor or nurse?	Permanent trigger on scheduling template to arrange for interpreter. Auto-loading of translated patient instructions in the written care plan.	Rights of LEP individuals and availability of interpreter services. Link to translated health information. Suggestion of bilingual providers available at the practice.
How would you rate your ability to speak and understand English?		
Would you like an interpreter?		
In which language would you feel most comfortable reading medical or healthcare instructions?		
How satisfied are you with your ability to read?	Use Teach-Back to assess understanding of diagnosis and care instructions. Prompt for additional on-site or in-home patient education or support	Links to audio/video based disease education.
How do you prefer to receive medical information from your doctor or nurse? (audio, video, written, verbal, show me)		
How often do you use the internet to search for medical or health information?		Link to reliable health information web-sites & search engines.
<p>Cross-Cultural Issues</p>		
What family members would you like to include in making health care decisions with your doctor or nurse?	Invite family members to visits/send extra set of patient instructions/additional contact with family member	Links to rights to bring family members to visits, health care proxy forms, consent for treatment forms.
What practices in your culture do you think may be important for your doctor or nurse to know? (ex: foods, fasting, family structure)	Consider mechanisms for therapy consistent with cultural issues.	Link to cultural organizations with educational programs/camps
What religious or spiritual beliefs are important to you? (examples). Cultural Health Attributions Questionnaire(REF)	Ask more about of role of religion/spirituality and congruence with medical management.	Link to faith-based asthma support groups.

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Social Context		
What kind of home do you live in? house/apartment/trailer/we live with family/we live in a shelter/we are currently homeless/other.	Inquire about potential triggers and consider stress as an influence on illness. Social Service support for support/assistance with resources	Link to housing resources. Link to community supports.
Does your child ever spend time somewhere where there is cigarette smoke?	Counseling about smoking cessation or reducing child's exposure to smoke.	Links to smoking cessation Quit-line and resources.
Who lives in your home? (first name, age, relationship of each person, highest level of education, current employment)	Inquire about family systems and consider the contribution to the child's care plan.	Link to employment resources, elderly care resources, adult care facilities, child care, schools, community centers. Links to SSI information. Link to educational 504 forms.
Do you currently have the following utility services: electricity, water, phone, internet service.	Offer Social Services referral	Link to utility services and emergency services.
How safe is your neighborhood?	Consider impact of stress as contributor to asthma control. Social Service support to Community contacts	Link to community centers, Gyms, playgrounds, neighborhood watch programs.
Illness/Treatment Beliefs		
Beliefs about Medications Questionnaire	Use Motivation Interviewing techniques to understand the family's approach to the care plan and select mutually agreeable goals.	Present options to treatment that can be discussed with provider. (e.g. for asthma: modifications of steroid dosing, etc.)
Which of these complementary therapies do you sometimes use? (name of therapy, frequency of use)	Identify adjuvant to therapy and possible toxic exposures and discuss at visit.	Link to data on the evidence for benefits & risks of certain therapies