



What is “Cultural Competence?” African Americans' Perspectives on Doctor-Patient Interactions

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Project
EQUALED

Racial Disparities in Health Care

- Quantity and quality of health care are lower for racial/ethnic minority Americans than for whites
 - Most evidence for African Americans and Latinos
- Many disparities are not explained by the “usual suspects”
 - Health insurance, income, education level
- Speculation that disparities arise from racial divide between patients and physicians
 - Cultural differences, communication, trust, racial bias (stereotyping), discrimination

Study of Race Concordance

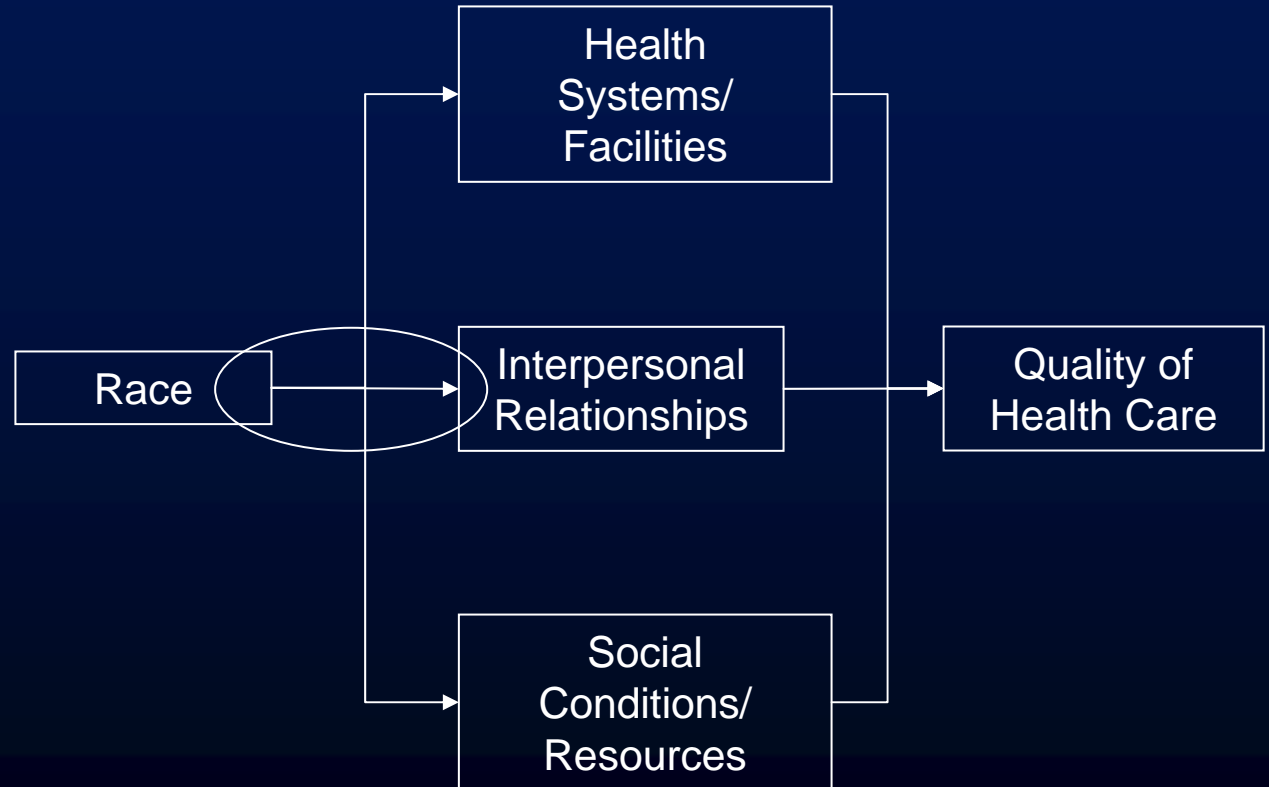
- Are there measurable differences in quality of care between race-concordant and race-discordant patient-physician dyads?
- Analyzed data from national survey on quality of care (Commonwealth Fund)
 - 3000+ respondents: black, Latino, white (~1000 each)
 - Questions about respondent race/ethnicity and race of regular doctor
 - Questions about patient satisfaction, access to care, services received

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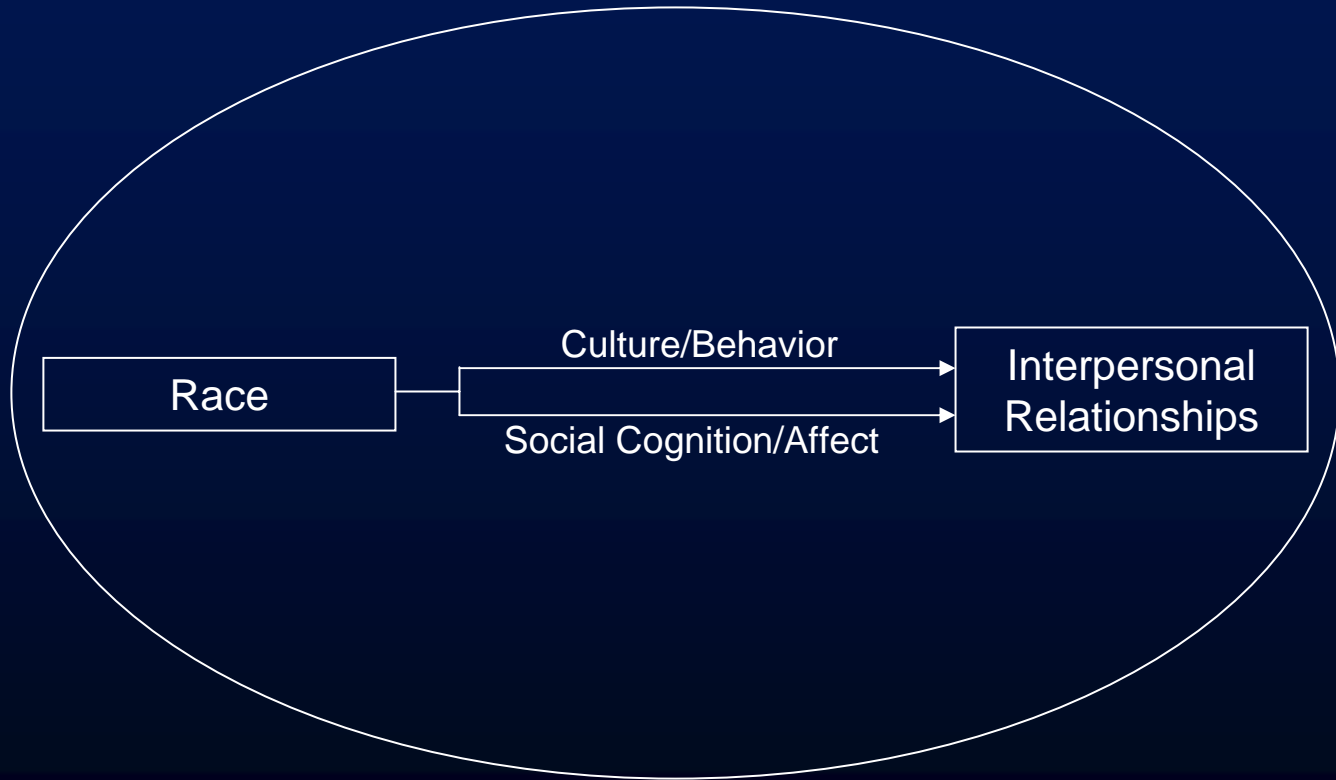
Response	Respondent Race		
	Black	Latino	White
Physician rated as excellent	2.40 (1.55-1.72)	0.91 (0.57-1.45)	1.11 (0.69-1.78)
Very satisfied with health care	1.04 (0.67-1.62)	1.74 (1.01-2.99)	1.49 (0.89-1.51)
Received preventive care	1.74 (1.01-2.98)	0.90 (0.54-1.50)	0.76 (0.39-1.46)
Received all needed care	2.94 (1.10-7.98)	1.11 (0.52-2.36)	0.78 (0.45-1.34)
Chose physician	2.99 (1.39-6.43)	2.11 (0.78-5.67)	1.77 (0.74-4.21)

Adjusted odds ratios (95% CI), concordant vs. discordant regular doctor

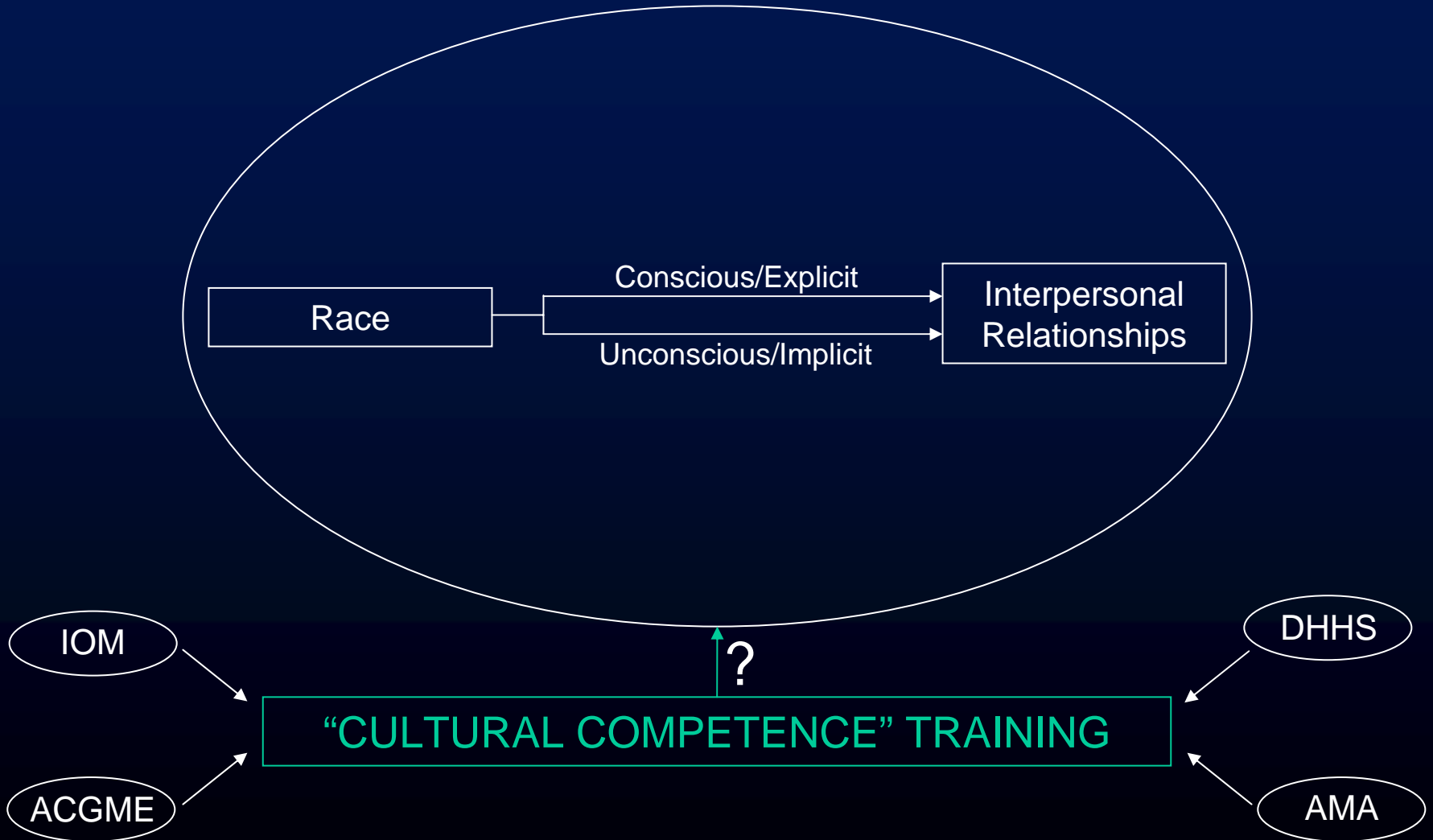
The Disparities Puzzle



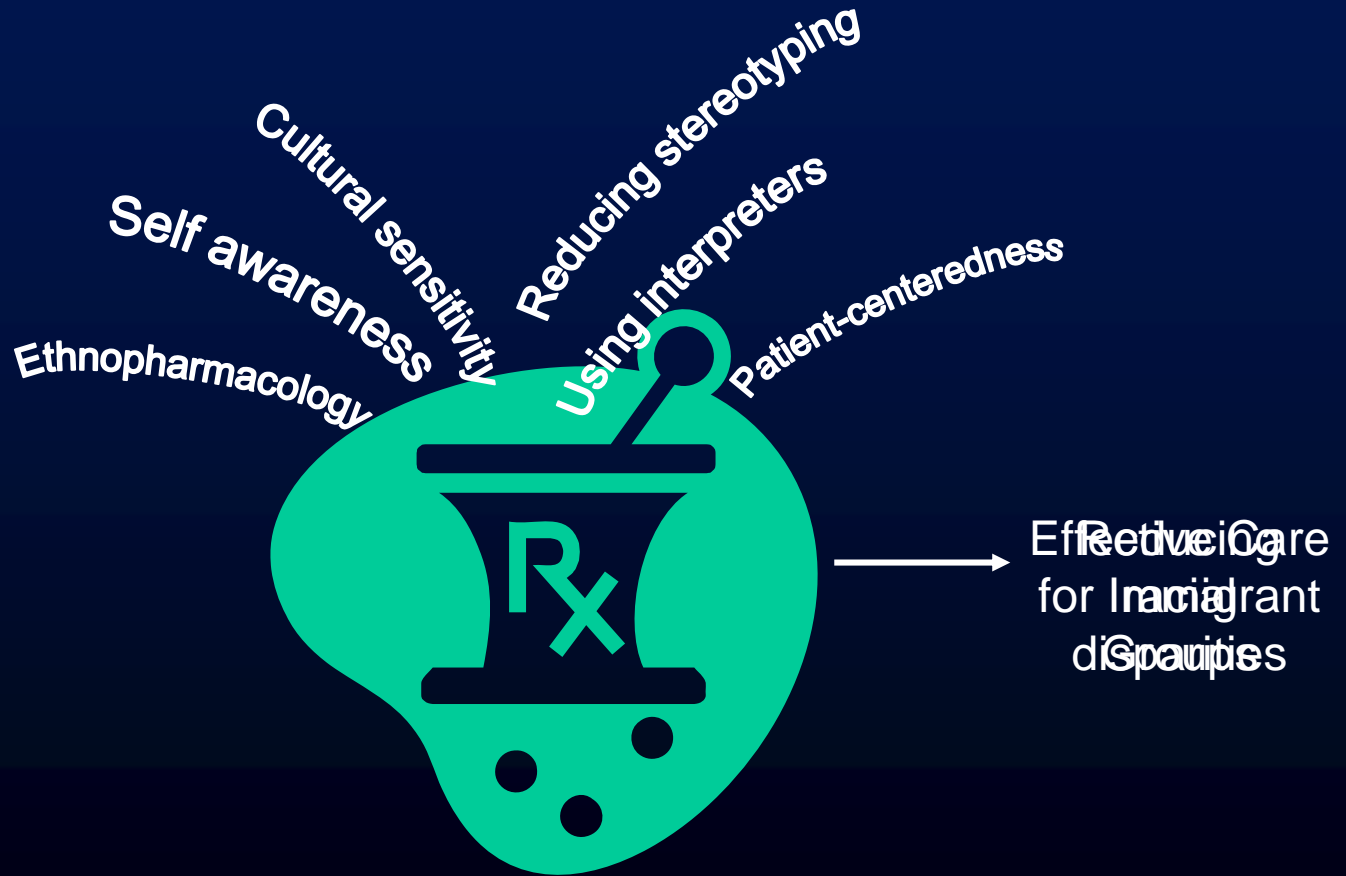
The Disparities Puzzle



The Disparities Puzzle



Cultural Competence



Cultural Competence

Research Agenda

- Goal: develop an evidence base to address racial barriers in patient-physician relationships
 - Cultural Competence
 - What is it?
 - Can we measure it?
 - Does it improve quality of care?
 - What do patients care about?
 - Effects of race on patient-physician relationships
 - Explicit
 - Implicit

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Objectives

- Project overall
 - To understand similarities and differences in African American, Mexican American, and European American patients' perspectives on:
 - What makes for a good/effective patient-physician relationship
 - How race, ethnicity, and culture affect patient-physician interactions
- This presentation
 - Data from African American patients

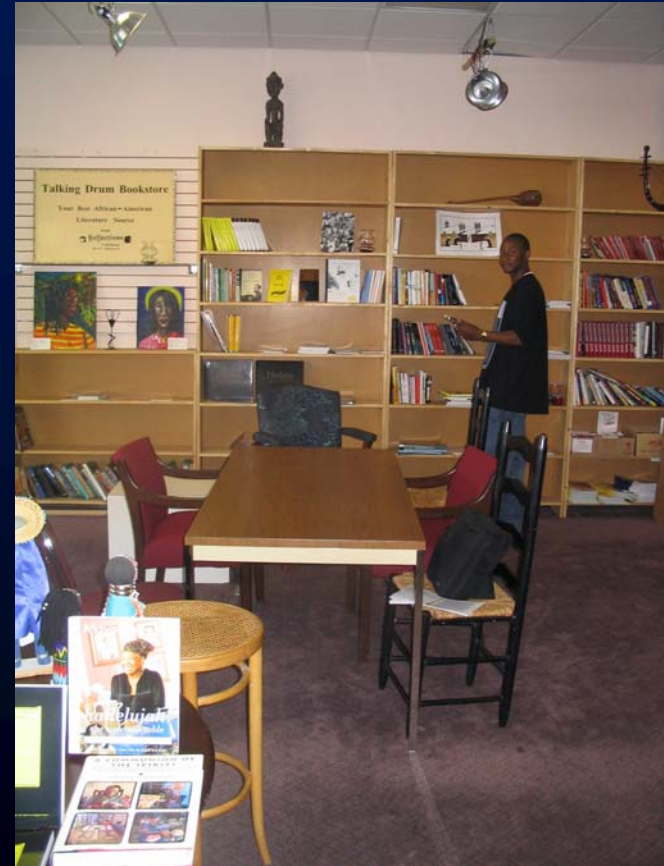
Methods

- Focus groups
 - African American women and men with DM or HTN
 - Predominantly African American neighborhood in Portland, OR
 - 6-10 participants per group
 - Topics:
 1. Recent office visit
 2. Good experience with doctors
 3. Bad experience with doctor
 4. Preferences re: doctor's race
 5. Sensitive topics (e.g., sexual history)
 6. Trust (and distrust)
 7. Respect (and disrespect)
 8. Following doctor's recommendations
 - a. Tests and procedures
 - b. Lifestyle changes

Methods

- Community-based approach
 - Partners on research team
 - Inform study design and conduct
 - Advisory board
 - Informed focus group content and recruitment efforts
 - Recruitment strategies
 - Advertisements, word of mouth (\$40 incentive)
 - Focus group setting
 - Well-known bookstore/café
 - Focus group moderators
 - Recruited from community, trained by research team

Project EQUALED



Community-Campus Partnership



CBPR Approach: Disadvantages

- Substantial up-front time investment
- Challenges of managing a large and diverse group
 - Keeping all parties informed and engaged
 - Maintaining control
- Inexperienced focus group facilitators
- Inconvenience
- Inefficiencies

CBPR Approach: Advantages

- Community trust and enthusiasm
- Deeper “reach” of project into the community
 - Community champions
 - Word-of-mouth publicity
- Facilitators’ effectiveness at:
 - creating a “comfort zone”
 - engaging participants
 - providing insight into results
- Personal and team satisfaction
- Long-term relationships

Results

	Women	Men
Focus groups	4	5
N (total)	25	35
Mean age (range)	58 (24-89)	56 (27-81)

- $\frac{3}{4}$ had HTN
- $\frac{1}{2}$ had DM
- Primary care at 10 different healthcare facilities

General Themes

Participants complained about:

- Receiving impersonal care
- Doctors' ignoring patients' concerns
- Doctors' communicating ineffectively
- Doctors' devaluing patients' perspectives and explanations

Theme: Impersonal care

- Participants often felt that doctors treated them impersonally, providing service but not caring

“Well, what I get out of it, that you don’t mean nothin’, and I call it cattlin’ you through, ‘cause they don’t care, they just taking you through, see you, and get ‘em on out. You just another person, another name, another dollar.”

“We just want to be treated like we matter, that’s all. If you’ve got to trick me into believing that you care about what I’m saying to you, (then do that).”

Theme: Feeling Ignored

- Participants often felt that doctors ignored their concerns and paid attention to their own agenda, focusing on specific diseases rather than the whole person

“I’ve had a torn rotator cuff in my shoulder for three years. I know exactly when I tore it, and I been telling doctors...“Now, I have this torn rotator cuff...can you help me?” I’ve been telling three different doctors for the past three years that I’ve had this, that I have this problem, and all they talk about is diabetes. And I’m not there to talk about my diabetes...but...they seem to stick on the whole subject ... “You’re a diabetic, how is your blood sugar... let’s go do the blood tests”...That’s all fine, okay,...but...I’m here today because my rotator cuff is torn, and it hurts real bad.”

Theme: Communication

- Participants felt that doctors didn't make an effort to communicate in ways that patients could understand

“They got what they call ‘layman terms’ and they got what they call the ‘medical junk,’ you know, all that sh___... speak to me on what I can understand... don't give me all them old terms ... just tell me what's wrong, tell me what I need...I'm not the best reader in the world, and I don't understand all your, you know, what they speak in the medical situation. Why take a fifty-dollar word when you can say a one-cent word and have a person still understand the same thing...”

Theme: Valuing Patients' Perspectives

- Participants felt that doctors often dismissed patients' perspectives and explanations of their own illnesses

“Sometime I don't think they have a lot of respect for a woman knowing her own body.”

Moderator: “Tell us one thing you'd like to say to your doctor.”

“That I've been in this body for 43 years and I think I know what's going on with it.”

Race-Specific Themes

- Bias/stereotyping
- Discrimination
- Physician race

Theme: Bias/Stereotyping

- Participants related examples of both subtle and overt bias, often related to assumptions about drug use

“They say they understand and they’re happy that you’re in treatment and all that, but their actions show something different... Just the way he talks to you...you could tell when somebody is there for you...they’re not looking at you, they’re looking through you.”

“I said, ‘Read my lips! I told you I don’t use drugs, I never use drugs, I don’t even take medication (pounding table for emphasis), so don’t ask me no more.’”

Theme: Discrimination

- Participants often attributed perceived mistreatment to racial discrimination

“I’ve had a few issues I think because I was black. I think one of the reasons she don’t give me no pain pills is because I’m black, ‘cause I don’t see another reason.”

Theme: Physician Race

- Participants expressed mixed opinions about MD race
- Most considered physician race to be irrelevant

“The color don’t make no difference. I just want to be treated equally and fairly.”

- Some preferred an African American doctor

“I’d love to have a black doctor if he’s qualified...it’d be nice to have one. They’d know more about our culture.”

Theme: Physician Race

- A few even explicitly preferred not having an African American doctor

“I think my expectations would be too high if I saw a black doctor. I’d expect him to understand everything I’m saying...to understand how I feel, and if he doesn’t...it’s just going to piss me off. I’d rather not see a black doctor, ‘cause if he does one single thing that I don’t appreciate, I’m going to have a fit. I’d be more angry if he hurt my feelings than if somebody I’m already used to hurt my feelings.... Because I’m used to being offended by white doctors. It’s not nothing new to me. I’ve been offended by white people all my life.”

Conclusions

- African American women and men with DM and HTN in Portland, OR, highlighted the importance of:
 - Having a personal relationship with their physicians
 - Compassion, concern, personal touch
 - A “whole-person” (rather than disease-focused) approach to care
 - Physicians’ communicating in language appropriate to patients’ level of health literacy
 - Physicians’ validating patients’ explanatory models of illness
- Key facets of the “patient-centered” approach to cross-cultural health care*

Project EQUALED

*We want our doctors “to heal us...to cure our souls
with their attention.”*

Conclusions

- Race influenced preferences and perceptions about the patient-physician relationship
 - Patients reported being able to discern subtle manifestations of bias
 - Patients also perceived overt mistreatment and often attributed such experiences to racial discrimination
 - Physician race was generally considered unimportant relative to the quality of interpersonal care
 - Preferences regarding physician race were not always in the “expected” direction
- Strong possibility of social desirability bias

Limitations

- Single community
- Have not yet compared to other racial/ethnic groups
 - Uncertain how “group-specific” these findings are
- Only able to elicit patients’ conscious perspectives and preferences regarding physician race
 - Some of the influence of race on the patient-physician relationship may be mediated by unconscious perceptions
- Unable to quantify the relative importance of different aspects of patient-physician relationship

Implications

- “Patient-based” approach* is likely to be an effective model for cultural competence training
- Physicians should be aware that their unconscious biases may be apparent to patients
- Physicians should recognize that African American patients may attribute unsatisfactory treatment to racial discrimination
- Focus groups can be used to canvas community experiences and preferences in preparing interventions to enhance cross-cultural health care

* Carrillo JE, Ann Intern Med, 1999

Next Steps

- Initially envisioned intervention targeted at providers
- Community advisory board
 - Patient empowerment intervention
- Partnering with African American Health Coalition
- Current plan:
 - Patient empowerment forums
 - ~~Diabetes~~ Hypertension care
 - Patient-physician interactions (activation)
 - Self-management

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