Culturally Competent Care for Health Professionals and Health Systems

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Session overview

• Brief background and context
• Patient-based approach to cross-cultural care
• Short video clip (Alicia Mercado) + discussion
• Wrap-up
What is cultural competence?

- Treating every patient with equal respect and dignity regardless of culture, ethnicity, race or social status
- Having a working knowledge of the important customs, values, and health beliefs, for a wide range of cultural groups
- Having the skills to communicate well with any patient you see to explore how customs, values, and health beliefs may affect clinical care
What is cultural competence?

- Treating every patient with equal respect and dignity regardless of culture, ethnicity, race or social status.
- Having a working knowledge of the important customs, values, and health beliefs, for a wide range of cultural groups.
- Having the skills to communicate well with any patient you see to explore how customs, values, and health beliefs may affect clinical care.
Skills include being able to effectively…

- Explore patients’ health beliefs and values
- Communicate with patient with low levels of health literacy (keep it simple, avoid jargon, etc.)
- Work effectively with interpreters
- Identify mistrust and build trust
- Discuss alternative medicine use
- Explore different traditions and customs that could effect care (e.g. fasting, avoiding blood products)
Culturally Competent Health Care

Ability of a health care professional to bridge cultural differences and to build an effective relationship with a patient

Culturally Competent Health Care

Why is it important?
Projected Resident Population of the United States, 1998-2030

Native American 1%
Asian American 4%
Latino 11%
African American 12%
White 72%

Native American 1%
Asian American 7%
Latino 19%
African American 13%
White 60%

53 Million U.S. residents speak a non-English language at home*

- 20% of U.S. population
- Up from 14% in 1990
- 1/2 have difficulty speaking English

* United States Census 2010
51% of Americans have limited functional health literacy*

• Health literacy is the ability to:
  – understand basic medical terms about symptoms and illness
  – follow directions for diagnostic procedures and therapies
  – Engage in a dialogue about health issues

The Patient Perspective: Unequal Treatment

Kaiser Family Foundation Survey

Future unfair Tx based on race/ethnicity
Past unfair Tx based on race/ethnicity

Percent

Whites
Blacks
Latinos

Future unfair
65
Past unfair
35

Percent
What do the data show?
Racial/Ethnic Disparities in Health Care Services

- Mammography (Gornick et al.)
- Amputations (Gornick et al.)
- Influenza vaccination (Gornick et al.)
- Lung Ca Surgery (Bach et al.)
- Renal Transplantation (Ayanian et al.)
- Cardiac care
- Pain management (Todd et al.)
- Mental health services
What can we do about it?
Three fundamentals of cross-cultural care

- Respect
- Curiosity
- Empathy
The Patient-Based Approach to Cross-Cultural Care

Assess Cross-Cultural Issues
- Specific customs, spirituality, and diet
- Styles of Communication
- Decision-making
- Mistrust
- Sexual and Gender issues

Explore Illness/Treatment Beliefs
- Specific illness/treatment beliefs
- Complementary/alternative practices
- Personal meaning

Address Language and Literacy
- Specific customs, spirituality, and diet
- General Literacy
- Use of Interpreters

Determine Social Context
- Social stressors and supports
- Socioeconomic factors
- Immigration/previous care experience

Engage In Negotiation
- Negotiating beliefs
- Negotiating management options
Group exercise #1
Justine Chitsena

- Short video clip from documentary film series *Worlds Apart*
- Think about potential barriers to effective care
- What went well and what could have been done better?
Overview

- **Core cross-cultural issues**
- **Language** and **literacy**
- Exploring illness/treatment beliefs
- Determining the **social context**
- Doctor-patient **negotiation**
Core Cross-Cultural Issues

• Styles of communication
• Mistrust and Prejudice
• Traditions and Customs
• Autonomy, Authority, and the Family
• Sexual and Gender Issues
Overview

• Core cross-cultural issues
• Language and literacy
• Exploring illness/treatment beliefs
• Determining the social context
• Doctor-patient negotiation
Language and Literacy

• Work with qualified interpreters

• Review interpreting guidelines
  – Clear concise language
  – Pause frequently
  – Check meaning
  – Allow interpreter to do more than just interpret

• Don’t assume literacy – clues, screens
  – Have other options – video, pictorial diagrams, educators
Overview

- **Core cross-cultural issues**
- **Language and literacy**
- **Exploring illness/treatment beliefs**
- Determining the **social context**
- Doctor-patient **negotiation**
Explanatory models

Patient’s conceptualizations of illness

Spectrum between biomedical and non-biomedical including:

• common sense
• folk beliefs
• medical knowledge
• personal meaning
Explanatory model questions

1. What do you think has caused your problem? How do you understand it?

2. Why do you think it started when it did?

3. How does it affect you?

4. What worries you most? Severity? Duration?

5. What kind of treatment do you think would work? Results expected?
Overview

- Core cross-cultural issues
- Language and literacy
- Exploring illness/treatment beliefs
- Determining the social context
- Doctor-patient negotiation
Determining social context

- Immigration
- Financial
- Literacy
- Social stress and support
Overview

- Core cross-cultural issues
- Language and literacy
- Exploring illness/treatment beliefs
- Determining the social context
- Clinician-patient negotiation
Negotiating across cultures: striving for cooperation

Patient’s perspective

Physician’s agenda

Mutual understanding

Improved cooperation
Culturally Competent Health Care

Ability of the health care organization to meet needs of diverse groups of patients

Culturally Competent Health Care Systems

Culturally Competent Health Care Interactions

Ability of a health care professional to bridge cultural differences and to build an effective relationship with a patient

What can be done?

A Case Study of Massachusetts General Hospital
Progress to Date at Mass General Hospital Quality and Disparities

R/E Data Collection, Registries, Dashboards, QI

System

Equity

Provider

CC Education
Facilitate adherence to guidelines

Patient

Screen for non-adherence
- Provide focused education, activation, navigation
Disparities Dashboard Executive Summary

- **Green Light:** Areas where care is equitable
  - National Hospital Quality Measures
  - HEDIS Outpatient Measures (Main Campus)
  - Pain Mgmt in the ED

- **Yellow Light:** National disparities, to be explored
  - Mental Health, Renal Transplantation
  - All cause and ACS Admissions (so far no disparities)
  - CHF Readmissions (so far no disparities)
  - Patient Experience (H-CAHPS shows subgroup variation)

- **Red Light:** Disparities found, action being taken
  - Diabetes at community health centers
    - Chelsea (Latino), Revere (Cambodian) Diabetes Project
  - Colonoscopy screening rates
    - Chelsea CRC Navigator Program (Latinos)
Colonoscopy/CRC Screening Navigator

- Adults aged 52-79 overdue for CRC screening
- Primarily Latino but also other minority groups
- Intervention group (n=409) vs. usual care group (n=814)
  - 27% of intervention group had CRC screening within 9 months vs. 12% of usual care group (p<0.001)
  - 42 polyps identified and removed in intervention group
CRC screening disparities reverse

![Graph showing CRC screening completion (%)]

- **Chelsea Patients**
  - Latino
  - White

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Core Program Components

• **Telephone outreach** using EMR to identify poorly controlled diabetics and increase rate of HbA1c testing
  – *Patients identified through electronic diabetes registry with HbA1c > 8.0 or none measured in past 9 months*

• **Individual coaching** to address patients’ unique barriers to diabetes self-management - therapeutic relationship
  – *Conducted by a bilingual non-clinician coach, trained by us*

• **Group education classes** meeting ADA requirements
  – *Conducted by a bilingual nurse educator, peer support*
Chelsea Diabetes Management Program began in first quarter of 2006

Diabetes Control Improving for All: Gap between Whites and Latinos Closing

* Chelsea Diabetes Management Program began in first quarter of 2006
Health Care Provider and Staff Training

- Quality Interactions Cross-Cultural Training offered as option as part of MGPO QI Incentive in Q3 2009
- 987 doctors completed: > 88% said increased awareness of issues, would improve care they provide to patients, and would recommend to colleagues; avg score 51% pre 83% post
- Training 3000 frontline staff w/ Healthcare Professional Version

[Image of Quality Interactions course material]

Available at: http://www.qualityinteractions.org/prod_overview/clinical_program_features.html.
Preparing for the Future

• Addressing variations in quality (including REL disparities) will be essential going forward
  – Population Management and Payment Reform
  – HIT, Coaches/Navigators/CHW’s
  – Transitions of Care and Readmissions
  – Patient Safety and the Patient Experience

• Integrate equity and cultural competency into all aspects of quality
Alicia Mercado

What are the barriers to effective care for Mrs. Mercado from the patient and healthcare perspectives?

What kinds of systems interventions could have helped improve her care?

How would these address the specific barriers to care she faces?
Take home points

• Cultural competency is essential to quality care

• Avoid generalization and assumptions – focus on cross-cultural skills – care for each patient as a unique individual

• Create more culturally competent systems of care
Questions?