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# Culturally Competent Care for Health Professionals and Health Systems

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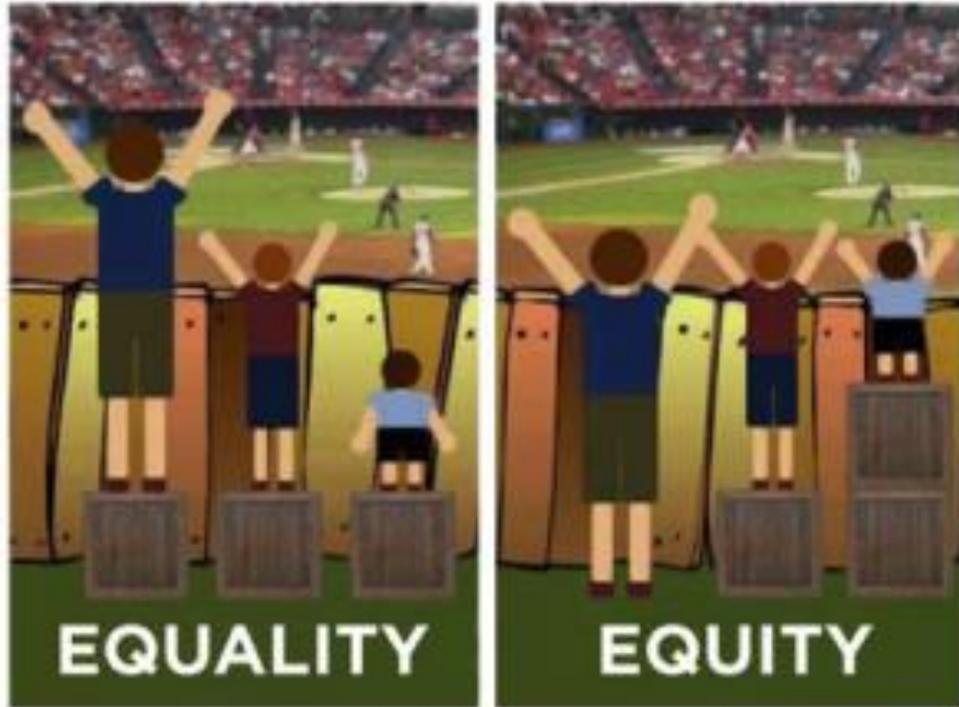
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# Session overview

- 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 ?

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# 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<sup>1</sup>

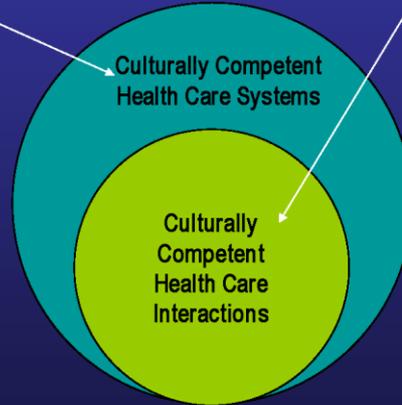


Ability of a health care professional to bridge cultural differences and to build an effective relationship with a patient

1. Smedley BD et al. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: National Academies Press; 2002.

# Culturally Competent Health Care<sup>1</sup>

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

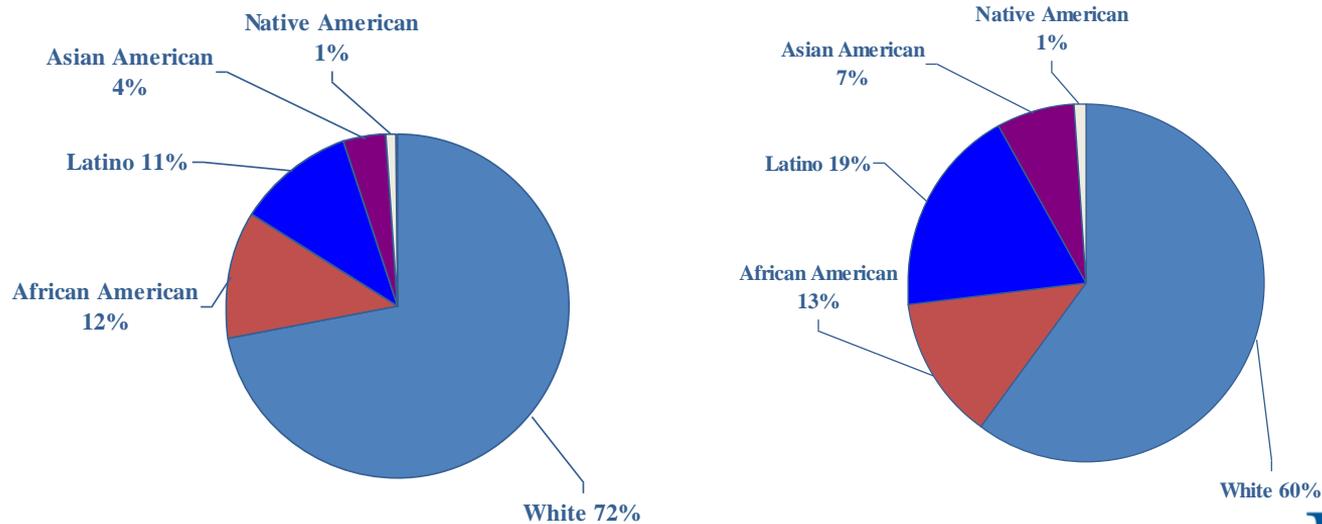


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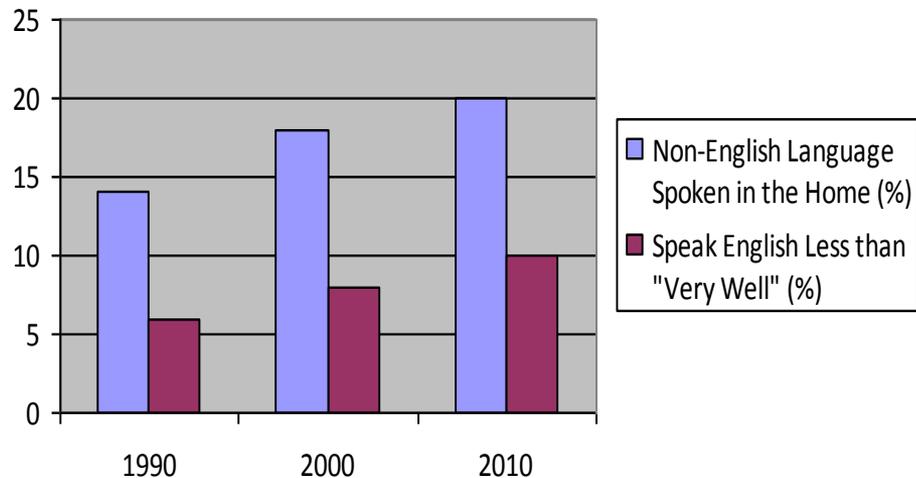
# Why is it important?

# Projected Resident Population of the United States, 1998-2030



Source: Collins, Hall, and Neuhaus, U.S. Minority Health: A Chart Book, 1999

# 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

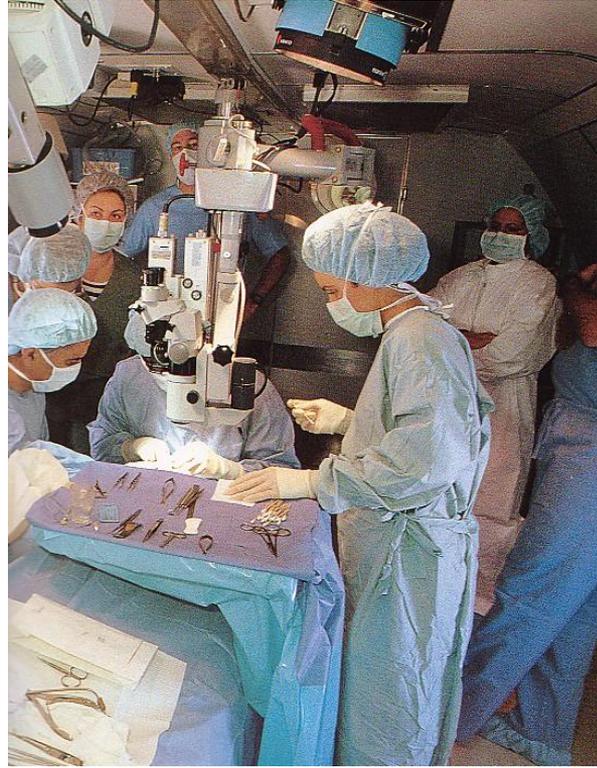
\* United States Census 2010

# 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



\**Health Literacy: A Prescription to End Confusion*. Institute of Medicine. The National Academies Press. Washington, D.C. 2004.



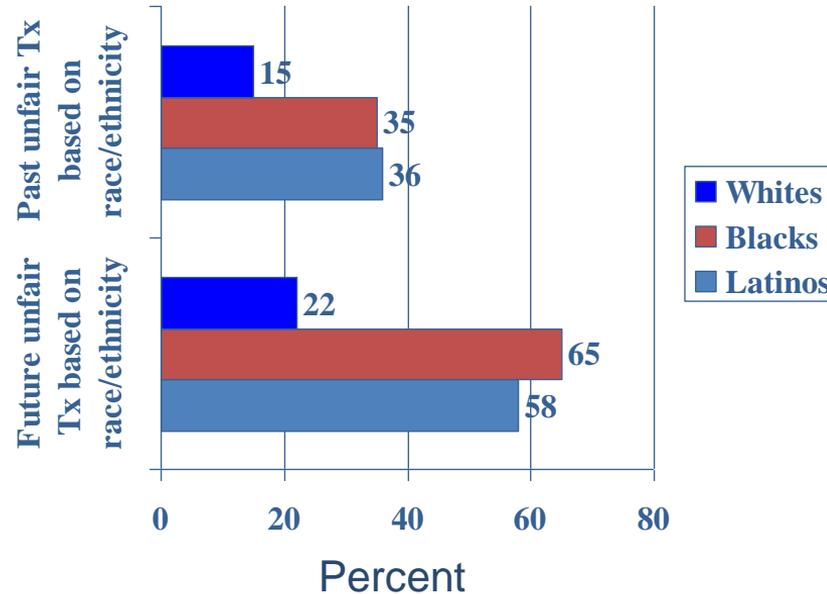
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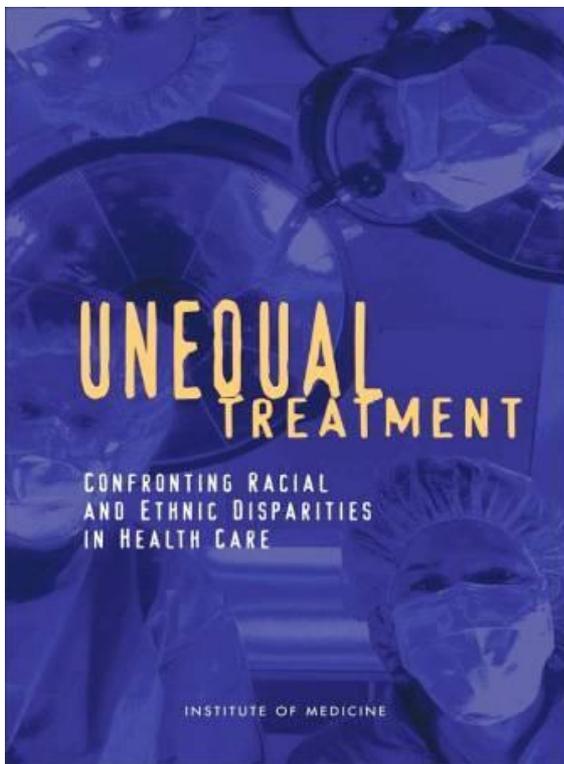
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# The Patient Perspective: Unequal Treatment

Kaiser Family Foundation Survey



# What do the data show?



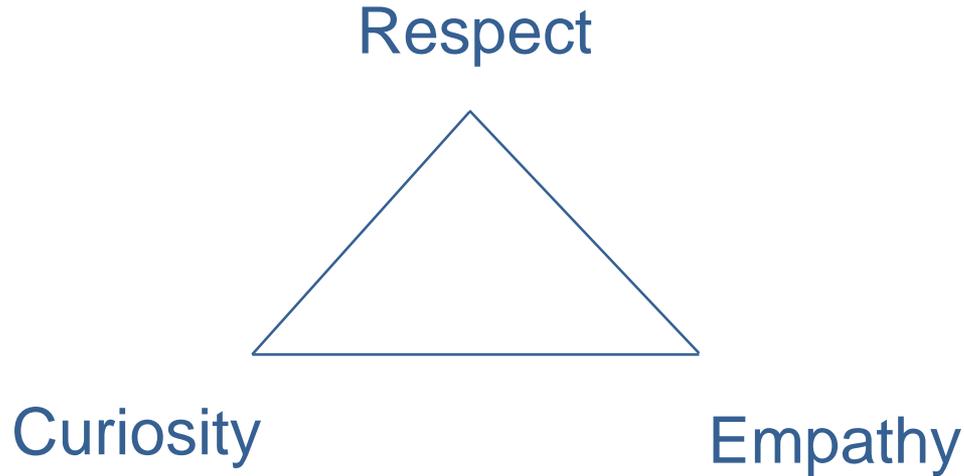
*\*Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.*  
Institute of Medicine. The National Academies Press. Washington, D.C. 2004.

# Racial/Ethnic Disparities in Health Care Services

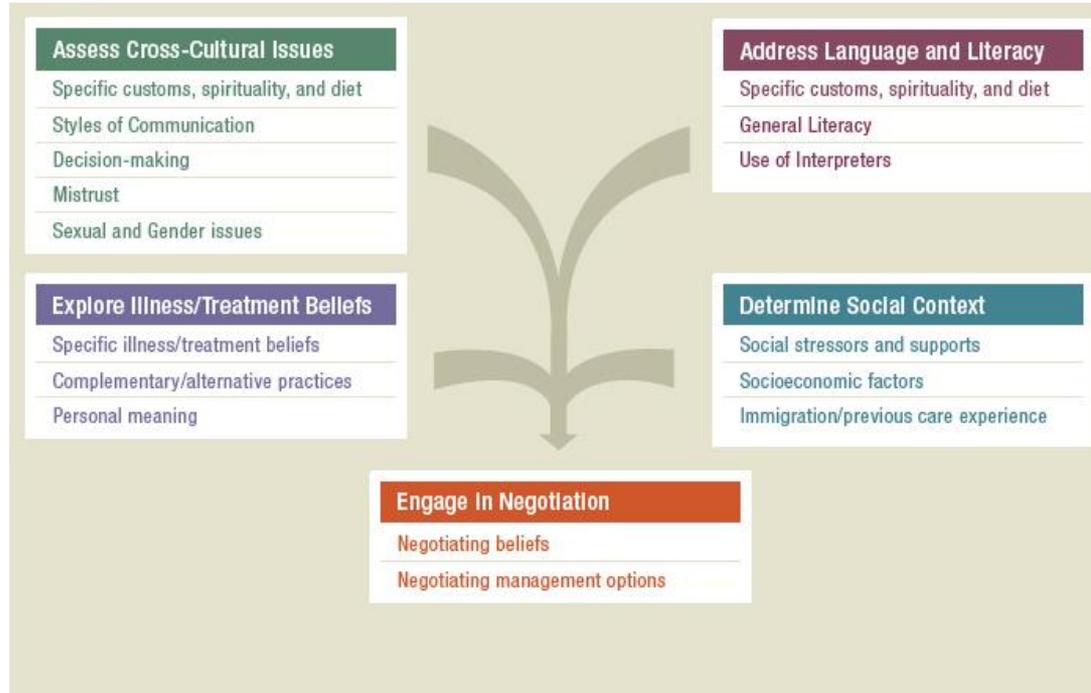
- Mammography (Gornick et al.)
- Amputations (Gornick et al.)
- Influenza vaccination (Gornick et al.)
- *Lung Ca Surgery* (Bach et al.)
- *Renal Transplantation* (Ayanian et al.)
- Cardiac care
- *Pain management* (Todd et al.)
- *Mental health services*

# What can we do about it?

# Three fundamentals of cross-cultural care



# The Patient-Based Approach to Cross-Cultural Care



# Worlds Apart

FACILITATOR'S GUIDE



A Four-Part Series on Cross-Cultural Healthcare

**VIDEO MODULES**

by Maren Grainger-Monsen, MD, and Julia Haslett,  
Stanford University Center for Biomedical Ethics

**FACILITATOR'S GUIDE**

by Alexander Green, MD, Joseph Betancourt, MD, MPH,  
and J. Emilio Carrillo, MD, MPH

## 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?

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# 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
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# 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 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



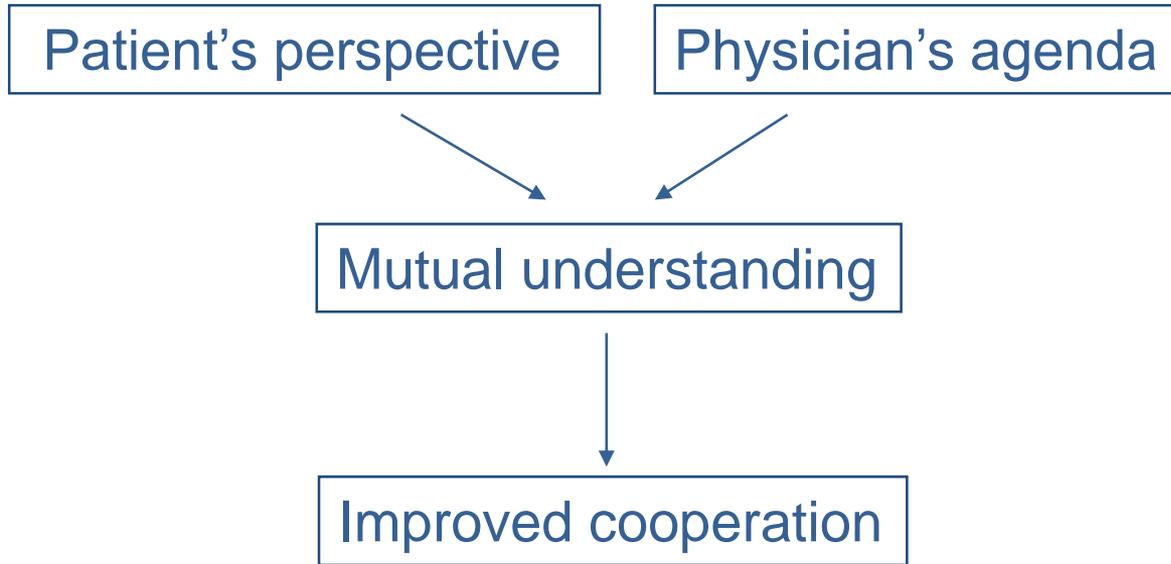
- Immigration
- Financial
- Literacy
- Social stress and support

# Overview

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

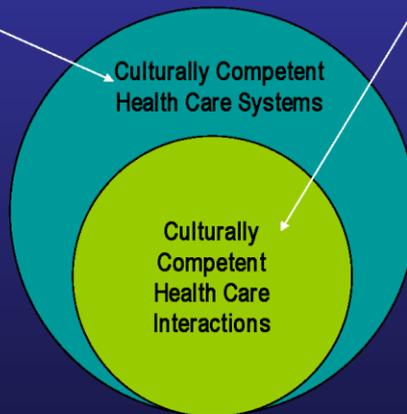
# Negotiating across cultures:

striving for cooperation



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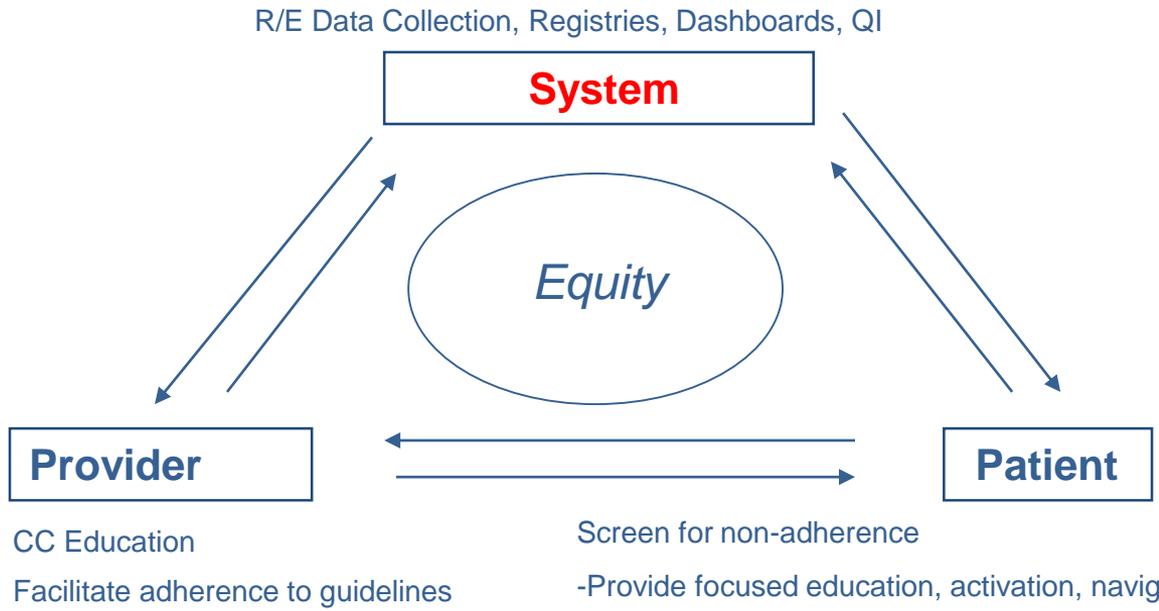
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# What can be done?

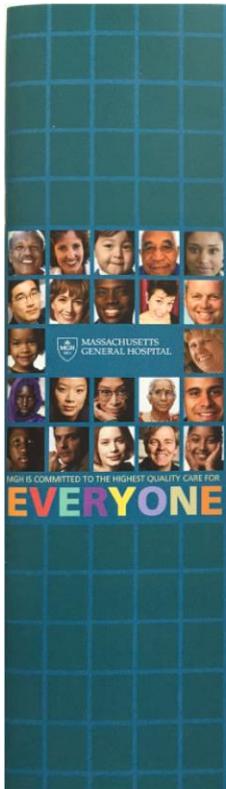
A Case Study of  
Massachusetts General Hospital

# Progress to Date at Mass General Hospital Quality and Disparities



# 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)



## ANNUAL REPORT ON EQUITY IN HEALTH CARE QUALITY 2014

### MASSACHUSETTS GENERAL HOSPITAL DISPARITIES SOLUTIONS CENTER

Joseph R. Betancourt, MD, MPH  
Alicia Tam-McGoury, MBA, MSPH  
Karey S. Kossic, MPH

### MGH/MGPO CENTER FOR QUALITY AND SAFETY

Elizabeth A. Mort, MD, MPH  
Syrene Beilly, MBA  
Andrea T. Tull, PhD  
Robert J. Malin, MHA

For Internal MGH/MGPO Use Only



MASSACHUSETTS  
GENERAL HOSPITAL



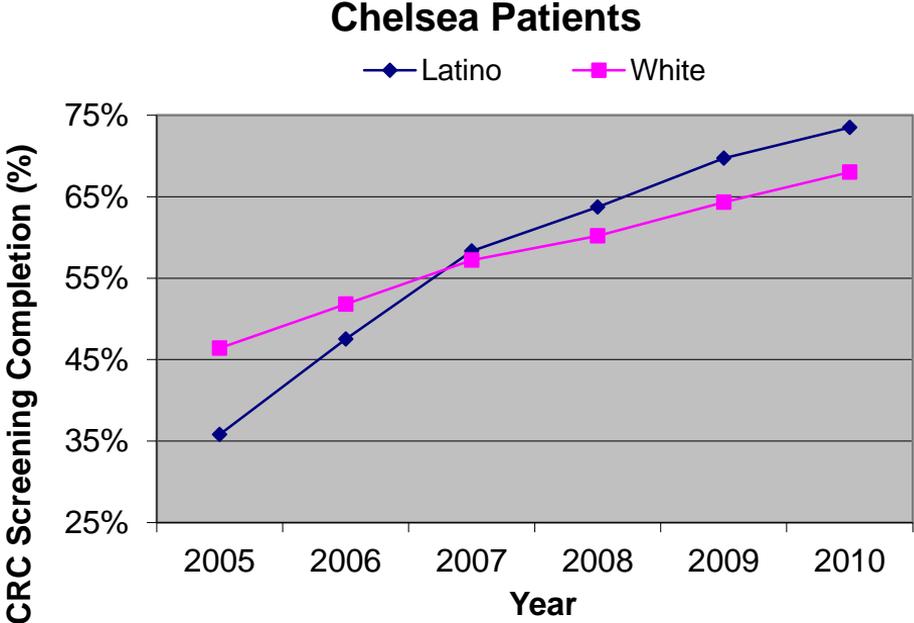
MASSACHUSETTS GENERAL  
PHYSICIANS ORGANIZATION

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# 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

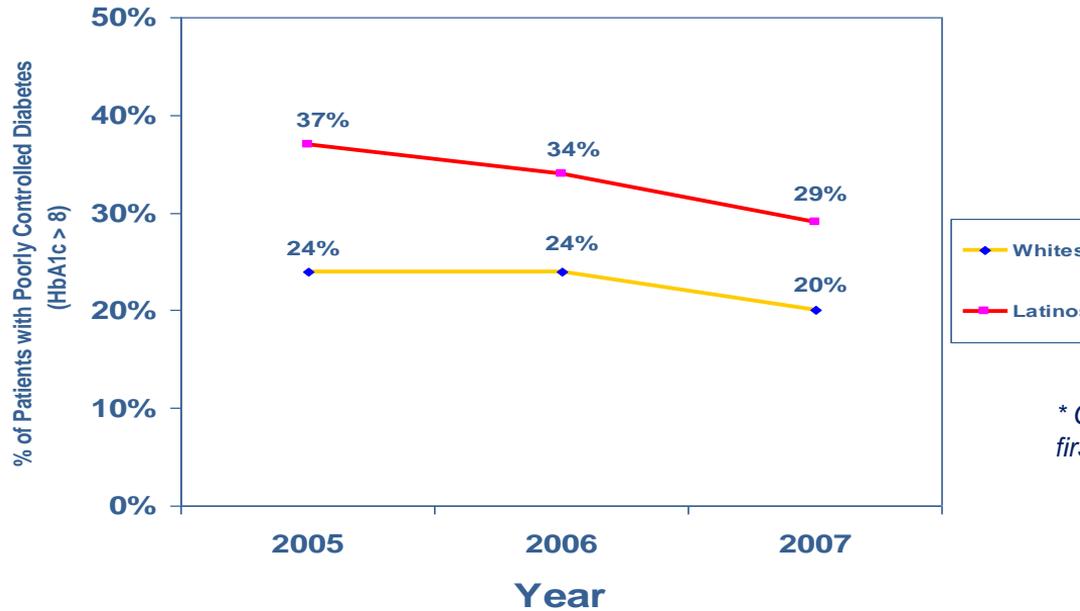
# CRC screening disparities reverse



# 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*

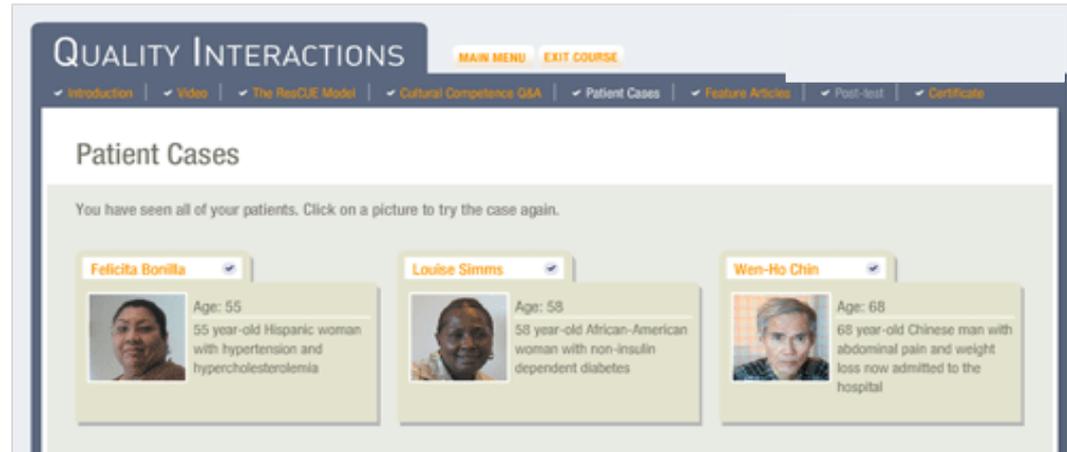
## Diabetes Control Improving for All: Gap between Whites and Latinos Closing



\* 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



# 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

## Worlds Apart

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# Group exercise #2

## Alicia Mercado

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

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

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

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# 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?