

Providing Culturally Competent Care in the Face of Health Disparities: Assessment and Training Recommendations

Rosalyn Chan MD, Adam Eldahan BA, Mary D'Alimonte BS, Athena Samaras BA, Sisi Wang BS, Alix Pose-Sussman MD MPH, Debbie Humphries PhD MPH, Judith Lichtman PhD MPH, Margaret Lippitt MPH

A collaboration between: Yale School of Public Health and Optimus Health Care

OBJECTIVES

This project sought to (1) better understand the barriers to care faced among patients at Optimus (2) assess staff knowledge, attitudes, and skills regarding cultural competency to make recommendations regarding future cultural competency staff trainings.



BACKGROUND

Community health centers are a critical source of care for populations who disproportionately experience health disparities, including the uninsured and underinsured, racial and ethnic minorities, and patients with a preferred language other than English. Optimus Healthcare (Optimus) is the second largest health center network in Connecticut, with clinics located in Bridgeport and Stamford. Cultural competency, or a set of behaviors, attitudes, and policies that enable professionals to work effectively in cross-cultural situations holds immense potential for improving patient-physician communication and for providing effective service delivery.

KEY FINDINGS – Medical Record Data

- The majority of chronic conditions among the sample were among racial and ethnic minorities.
 - 60.3% of patients with highly uncontrolled diabetes are Hispanic and 30.2% are non-Hispanic black.
 - 58.1% of patients with hyperlipidemia are Hispanic. Among patients with high LDL cholesterol, the majority are Hispanics (64.0%).
 - After adjusting for age and sex, non-Hispanic blacks have 1.84 (95% CI: 1.18, 2.85) times greater odds of having high systolic blood pressure compared to non-Hispanic whites.
- The majority of Optimus patients with a diagnosis of diabetes, hypertension and/or hyperlipidemia were between the ages of 30-54.

Methods

Electronic medical records (EMR) of patients seen at Optimus between January 2012 and March 2013 who had a diagnosis of hyperlipidemia, hypertension, and/or diabetes were analyzed to describe characteristics related to insurance status, race/ethnicity, primary language, age, gender, and clinic location. A web-based survey was developed based on the Cultural Competence Self-Assessment Questionnaire (CCSAQ) and distributed electronically to Optimus staff. Survey results were analyzed to compare responses according to staff position type. Themes of cultural competency were examined and used to provide feedback for the trainings provided by Optimus.

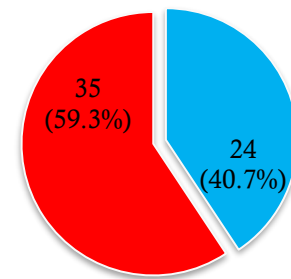
“46.7% of respondents reported that the prevailing beliefs, customs, norms, or values of the cultural groups among Optimus patients have in the past interfered with obtaining optimal health outcomes for patients”



KEY FINDINGS – Cultural Competency Survey

- Respondents noted difficulties in providing care due to language barriers, limited knowledge of intra-cultural group differences, and limited knowledge of how the causes of mental health are viewed by different cultural groups.
- 75% of black respondents reported that they have difficulty understanding some patients because of language barriers versus 60% of non-Hispanic white respondents and 30% of Hispanic/Latino respondents.
- When asked to critique Optimus' current cultural competency training, staff members reported efficiency as a strength and lack of applicability to a practical setting as a weakness, emphasizing the need for interactive training.

Do you know how the causes of mental health/illness are viewed by the cultural groups among Optimus patients?



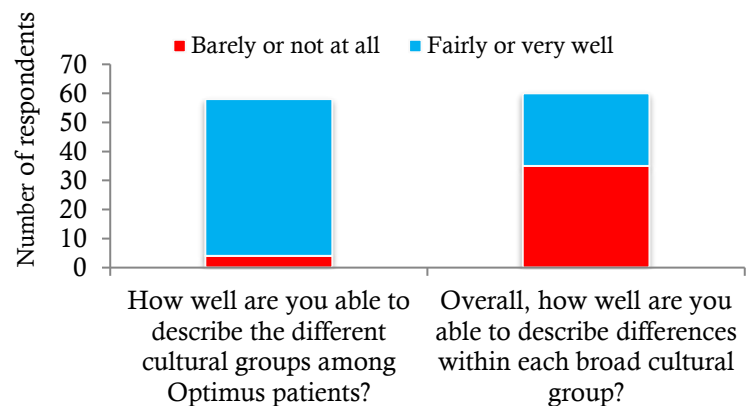
■ Fairly or very well ■ Barely or not at all

LIMITATIONS

- EMR data are prevalence data only and are limited in the number of variables included.
- Only assessed EMR data from Optimus' Bridgeport clinics
- The survey response rate was only 22.4%
- Did not evaluate patient perceptions of cultural competency

RECOMMENDATIONS

- Optimus should develop policies and procedures that particularly target racial and ethnic minorities with regard to diabetes management and care
- Optimus should direct resources to bring about greater access to routine screening, especially among ethnic minorities.
- Reinforcing communication with patients whose preferred language is other than English is something that should be addressed in future adaptations of Optimus' cultural competency trainings.
- Future trainings should approach cultural competency through a more interactive model



- Future trainings should incorporate topics that enhance understanding of intra-group cultural differences, and trainings should also highlight social issues facing these different cultural groups.

Acknowledgements

We would like to thank Dr. Debbie Humphries (course instructor), Dr. Alix Pose-Sussman (site preceptor), Dr. Judith Lichtman (faculty advisor), and Ms. Margaret Lippitt (teaching assistant). We would also like to thank the staff at Optimus Health Care for participating in our study.

Conclusions

In concordance with the national trend, the results of our study indicate that Optimus patients of racial and ethnic minorities are disproportionately affected by chronic illnesses. Several target areas have been identified to improve the cultural competency, practice and delivery, and training needs of Optimus staff, including: language barriers, knowledge of intra-cultural group differences, and awareness of mental health issues. In addition, future studies should assess patient perceptions of cultural competency to allow for further insight into this.

Community health centers provide services to ethnically diverse and marginalized populations who disproportionately face barriers to care. Better communication and understanding leads to better care and better physical and mental outcomes. Given the prevalence of existing disparities within the U.S., as well as the changing healthcare landscape, interventions that improve culturally competent care represent an essential step in the battle to reduce health disparities.

References

- Adams, M. (2003). Connecticut Behavioral Health Risks: Older Adult Health.
- AHRQ, Agency for Healthcare Research and Quality. (2005). Economic and health costs of diabetes: Hcup highlight 1. Publication no. 05-0034. Retrieved from <http://archive.ahrq.gov/data/hcup/highlight1/high1.htm>
- Beach, M. C., Price, E. G., Gary, T. L., Robinson, K. A., Gozu, A., Palacio, A., . . . Cooper, L. A. (2005). Cultural competence: A systematic review of healthcare provider educational interventions. [Research Support, U.S. Gov't, P.H.S. Review]. *Med Care*, 43(4), 356-373.
- Beagan, B. L. (2003). Teaching social and cultural awareness to medical students: "It's all very nice to talk about it in theory, but ultimately it makes no difference". [Evaluation Studies Research Support, Non-U.S. Gov't]. *Acad Med*, 78(6), 605-614.
- Brown, D. W., Giles, W. H., Greenlund, K. J., & Croft, J. B. (2001). Disparities in cholesterol screening: falling short of a national health objective. *Prev Med*, 33(6), 517-522. doi: 10.1006/pmed.2001.0928
- Carroll, M. D., Kit, B. K., & Lacher, D. A. (2012). Total and high-density lipoprotein cholesterol in adults: National Health and Nutrition Examination Survey, 2009-2010. *NCHS Data Brief*(92), 1-8.
- Fernandez, A., Seligman, H., Quan, J., Stern, R. J., & Jacobs, E. A. (2012). Associations between aspects of culturally competent care and clinical outcomes among patients with diabetes. *Med Care*, 50(9 Suppl 2), S74-79. doi: 10.1097/MLR.0b013e3182641110
- Fisher-Hoch, S. P., Vatcheva, K. P., Laing, S. T., Hossain, M. M., Rahbar, M. H., Hanis, C. L., . . . McCormick, J. B. (2012). Missed opportunities for diagnosis and treatment of diabetes, hypertension, and hypercholesterolemia in a mexican american population, cameron county hispanic cohort, 2003-2008. *Prev Chronic Dis*, 9, 110298. doi: 10.5888/pcd9.110298
- Jenks, A. C. (2011). From "lists of traits" to "open-mindedness": Emerging issues in cultural competence education. *Cult Med Psychiatry*, 35(2), 209-235. doi: 10.1007/s11013-011-9212-4
- Kaestner, R., Pearson, J. A., Keene, D. and Geronimus, A. T. (2009), Stress, Allostatic Load, and Health of Mexican Immigrants. *Social Science Quarterly*, 90: 1089–1111. doi: 10.1111/j.1540-6237.2009.00648.x
- Marmot M. (2007). Achieving health equity: From root causes to fair outcomes. *Lancet*. 370: 1153-63.
- Papic, O., Malak, Z., & Rosenberg, E. (2012). Survey of family physicians' perspectives on management of immigrant patients: Attitudes, barriers, strategies, and training needs. [Evaluation Studies]. *Patient Educ Couns*, 86(2), 205-209. doi: 10.1016/j.pec.2011.05.015
- Pérez-Escamilla, R. (2010). Healthcare Access Among Latinos: Implications for Social and Healthcare Reforms. *Journal of Hispanic Higher Education*, 9(1), 43-60. doi: 10.1177/1538192709349917
- Price, E. G., Beach, M. C., Gary, T. L., Robinson, K. A., Gozu, A., Palacio, A., . . . Cooper, L. A. (2005). A systematic review of the methodological rigor of studies evaluating cultural competence training of health professionals. [Review]. *Acad Med*, 80(6), 578-586.

Resources

- American Diabetes Association. Standards of medical care in diabetes — 2013. *Diabetes Care*. 2013;36:S1.
- CDC. Vital signs: prevalence, treatment, and control of hypertension—United States, 1999-2002 and 2005-2008. *MMWR*. 2011;60(4):103-8.
- CDC. (2011). National diabetes fact sheet: National estimates and general information on diabetes and prediabetes in the United States, 2011. Retrieved from http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf
- Executive Summary of Third report of the National Cholesterol Education Program (NCEP) expert panel on detection, evaluation, and treatment of high blood cholesterol in adults (adult treatment panel III). The National Heart, Lung, and Blood Institute. <http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm>.
- Gozu, A. et al. (2007). Self-Administered Instruments to Measure Cultural Competence of Health Professionals: A Systematic Review. *Teaching and Learning in Medicine*, 19(2), 180-190.
- Institute for Digital Research and Education, UCLA. <http://www.ats.ucla.edu/stat/sas/>