Ilana Suez Mittman, PhD

Dr. Mittman is the Workforce Director for the Office of Minority health and Health Disparities in the Maryland Department of Health and Mental Hygiene. She is a full-time faculty at the Department of Epidemiology and Preventive Medicine at the University of Maryland, in Baltimore. Dr. Mittman received a Masters degree in genetic counseling from the University of California at Berkeley in 1982, and a Ph.D. from the Bloomberg School of Public Health at the Johns Hopkins Department of Health Policy and Management, concentrating on Social and Behavioral Sciences. Dr. Mittman is the recipient of a five-year W. K. Kellogg Foundation Fellowship in Health Policy Research for minority students, aiming to increase minority participation in public policy. She is also the recipient of numerous grant awards from the Maternal and Child Health Bureau of the Department of Health and Human Services, set to overcome barriers to genetic counseling services among underserved populations.

Finally, Dr. Mittman is the author of numerous publications on genetics and minority health issues, as well as community-based interventions. She is a national speaker on health disparities, genetics and community-based interventions and has received several federal awards to improve access to genetic services among underserved communities.

What Do Physicians In Training Think About Cultural Competency In Health Care? Results Of A Survey Of Resident Physicians In Three Community Hospitals

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Maryland Department of Health and Mental Hygiene – Office of Minority Health and Health Disparities

Cultural and linguistic competencies have been shown to enhance quality care delivered to ethnic and racial minorities. Various accreditation bodies such as the Joint Commission of Accreditation of Healthcare Organizations (JCAHO) have called for training in cultural and linguistic diversity. On the policy front, laws mandating cultural competency training of health professionals were enacted in three states (New Jersey, California and Washington) and others have moved to introduce similar legislation. All in all, the subject of mandating health professionals' education has been controversial. Historically traditional measures of continuing education mandate only *attendance* not learning. While states grapple with the issue of educational mandates of its health workforce related to cultural competency, it is paramount to assess providers' perceptions, knowledge and existing practices related to this issue.

Maryland ranks second nationally with respect to active physicians, and 6th in training of resident physicians. The state is highly diverse with its population being 41% racial/ethnic minority, and 12.2% being foreign born in 2006. Maryland has enacted its first law on encouraging training of medical providers on health disparities of minority populations in health in 2003. The state went further in attempting to require cultural competency training as a pre-requisite for medical school graduation, physician licensing and re-licensing in the legislative session of 2006 and 2007. These measures failed as a result of fierce objection by academic institutions and governing boards of health professions.

The Office of Minority Health and Health Disparities (OMHHD) within the Maryland Department of Health and Mental Hygiene set out to ascertain issues related to cultural competency training in the state. To that end, OMHHD partnered with four teaching hospitals to investigate existing practices and perceptions related to cultural competency training among internal medicine and anesthesia residents. An electronic survey was developed and disseminated to residency directors in participating hospitals. The survey included the following domains. (1) Participants' demographics; (2) assessment of existing cultural competency training; (3) measure of attitudes and perceptions related to cultural competency training (A four point Likert Scale); and, (4) knowledge of national and state guideline pertaining to cultural competency.

A total of fifty-five surveys were completed and analyzed. Analysis included descriptive statistics and bi-variate analysis. Perceptions and attitudes were analyzed for stratified groups of various demographic characteristics. The study shows that the

WHAT DO PHYSICIANS IN TRAINING THINK ABOUT CULTURAL COMPETENCY TRAINING? RESULTS OF A SURVEY OF RESIDENT PHYSICINAS

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Cultural Competency and Health Disparities

Health disparities persist even when controlling for:

- Type of disease
- Insurance
- Socioeconomic status
- Co-morbidity
- Stage of presentation
- Health care provider

Discrimination, bias and prejudice contribute to health care disparities

Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (2002)
Sequist et al, 2008

The Case for Cultural Competence in Health Care

- Health care is communication-dependent and relies on the interactions between patients and providers
- Cultural competency is a quality and safety issue and is a core requirement of licensing and accreditation bodies
- A few states already mandate cultural competency training of healthcare providers and others are following suite

The Case for Cultural Competence in Health Care (2)

- One in three Americans are ethnic/racial minorities
- Nearly 52 million Americans speak languages other than English; 35 million Americans are foreign-born
- One in 12 Americans have Limited English Proficiency issues

Benefits of Cultural Competence

- Greater quality of provider-patient communication
- More successful patient education (higher information recall)
- Increase in patient health-seeking behavior
- Increase in patient satisfaction
- Increase in preventive measures participation, and a reduction in acute presentation to care
- Fewer diagnostic errors
- Greater adherence to treatment regimen
- Increases trust in the provider
- Better health outcome overall

Cooper et al., 2003; The Diversity Research Forum, Summer 2007

Cultural and Linguistic Factors Influence Patient Care

Cultural Competency Directives Continued

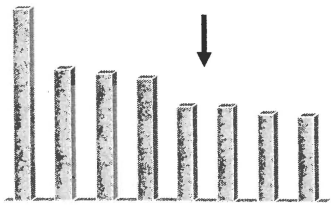
- The Liaison Committee on Medical Education (LCME)
  - "Faculty and students must demonstrate understanding of cultural determinants of health, illness and treatment" (LCMG Accreditation Standards, 2/2000)
- The Accreditation Council for Graduate Medical Education (ACMGE) requires sensitivity to a diverse patient population (September 28, 1999)

Cultural Competency Legislation Maryland 2003-2008

The Maryland Case

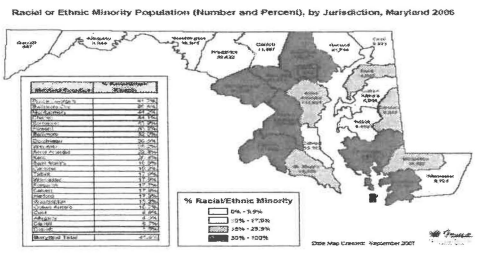
- Maryland ranks second nationally with respect to active physicians, with 355.0 per 100,000
- Maryland ranks 6th in training of resident physicians
- Maryland is home to prestigious teaching hospitals taking in trainees from around the nation and the world
- Maryland is highly diverse with its population being 41% racial/ethnic minority, and 12.2% being foreign born in 2006

U.S. States Ranked by Percent Minorities



Kaiser Family Foundation 2003-2004

Distribution of Ethnic and Racial Minorities in Maryland



House Bill 883 - 2003

- 20-801: "encourage courses or seminars that identify and eliminate Health care services disparities of minority populations"
- 20-803: "health care professionals licensing may offer/require staff to take courses on disparities")
- Requires the Department of Health and Mental Hygiene, to "examine current education programs offered by hospitals and physician organizations focused on health care disparities" and "assess the feasibility of requiring providers to take courses [in health disparities]."

At Least One of Five Resident Physicians Are Not Prepared to Deal with Cross-Cultural Issues

Percent of resident physicians very or somewhat unprepared to treat patients....
Source: Weissman et al., 2005

The Survey

Administered on-line (SurveyMonkey)

- Participant demographics
- Assessment of existing cultural competency training
- Measure of attitudes and perceptions related to cultural competency training (A four point Likert Scale)
- Knowledge of national and state guideline pertaining to cultural competency

Methodology

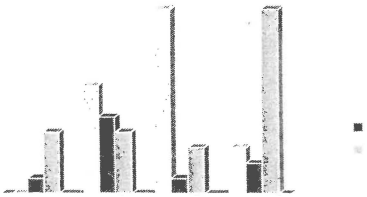
Convenience Sampling

- Three community-based hospitals serving medically underserved areas - internal medicine residents
- One large teaching hospital situated within a diverse low-income population – anesthesiology residents
- An on-line survey developed and disseminated to residents and teaching faculty as a pilot with 55 responses

Survey Participants Demographics n=55

Specialty

"Cultural competency training is mandatory in my hospital"



Internal Medicine Residents' Perceptions of Cultural Competency Training

Park et al., 2006

- Most expressed a genuine interest in cultural competency training
- Very little formal training reported during residency
- Skepticism about training and concern about feasibility of training expressed

Conclusions Recommendations

- Overall, in our study, physicians in residency regardless of race and ethnicity recognize the importance of CCT and do not view the training as a hard task
- Residents with more limited patient contact may be less likely to value CCT
- Teaching faculty and residency directors must communicate CCT recommendations and guidelines put forth by the institution and by external accreditation agencies
- CCT is essential in residency, often the last point of supervised care

Study Limitations

- Convenience sampling – external validity
- Small sample size
- Volunteer participation may introduce a selection bias (in favor of CCT)
- Comparisons between specialties should be made with physicians within the same hospital

Future Studies

- Survey to be disseminated to entire healthcare workforce in participating hospitals comparing specialties
- Perceptions related to mandated training to be surveyed
- Comparisons to be made with a state that has implemented mandatory training

Contact Information

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