

Addressing Health Disparities and Improving the Quality of Care for Diverse Populations: The Need for Community Engagement and Collaboration

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Faculty Disclosure Statement

- This session will not discuss any off-label or unapproved uses of drugs or medical devices.
- Consultant/Advisory Board/Speaker's Bureau/
Other Financial for Selected Cultural Competency
& Health Disparities Programs
Commercial entities in past 12 months -
Medscape, Schering Plough (now part of Merck),
MDNGLive.com, American Heart Association,
American College of Cardiology/Foundation

Objectives

- Review demographic and epidemiologic statistics relating to disparities in health and health care in the United States
- Define the concept and rationale for culturally competent health care
- Describe best and promising cultural competency and disparity reduction practices being integrated into health professions schools, health care organizations, and service delivery systems
- Discuss why community engagement and partnerships are needed to address health inequities and the socio-cultural and economic determinants of health

"It was the best of times, it was the worst of times ... it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair"

Charles Dickens, *A Tale of Two Cities*, London: Penguin Books, 2000 (first published 1859), p. 5

World Health Organization Report

*Closing the Gap in a Generation:
Health Equity through Action on the
Social Determinants of Health,
August 2008*

http://www.who.int/social_determinants/final_report/en

Institute of Medicine Reports

Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (2002)

*“Healthcare providers should be made aware of **racial and ethnic disparities in healthcare***

*In addition, all current and future healthcare providers can benefit from **cross-cultural education**.”*

Crossing the Quality Chasm: A New Health System for the 21st Century (2001)

*“Health care ... should be safe, effective, **patient-centered**, timely, efficient, and **equitable**.”*

Ohio – Health Disparity and Inequity Initiatives

Ohio Commission on Minority Health

<http://mih.ohio.gov/>

Governor's Task Force Report on Black and Minority Health

<http://mih.ohio.gov/RECOMMENDATIONS.pdf>

Health Policy Institute of Ohio, Understanding Health Disparities,
November 2004

<http://www.healthpolicyohio.org/pdf/healthdisparities.pdf>

Cleveland State University Center for Health Equity

<http://urban.csuohio.edu/che/>

Case Center for Reducing Health Disparities

<http://www.case.edu/med/ccrhd>

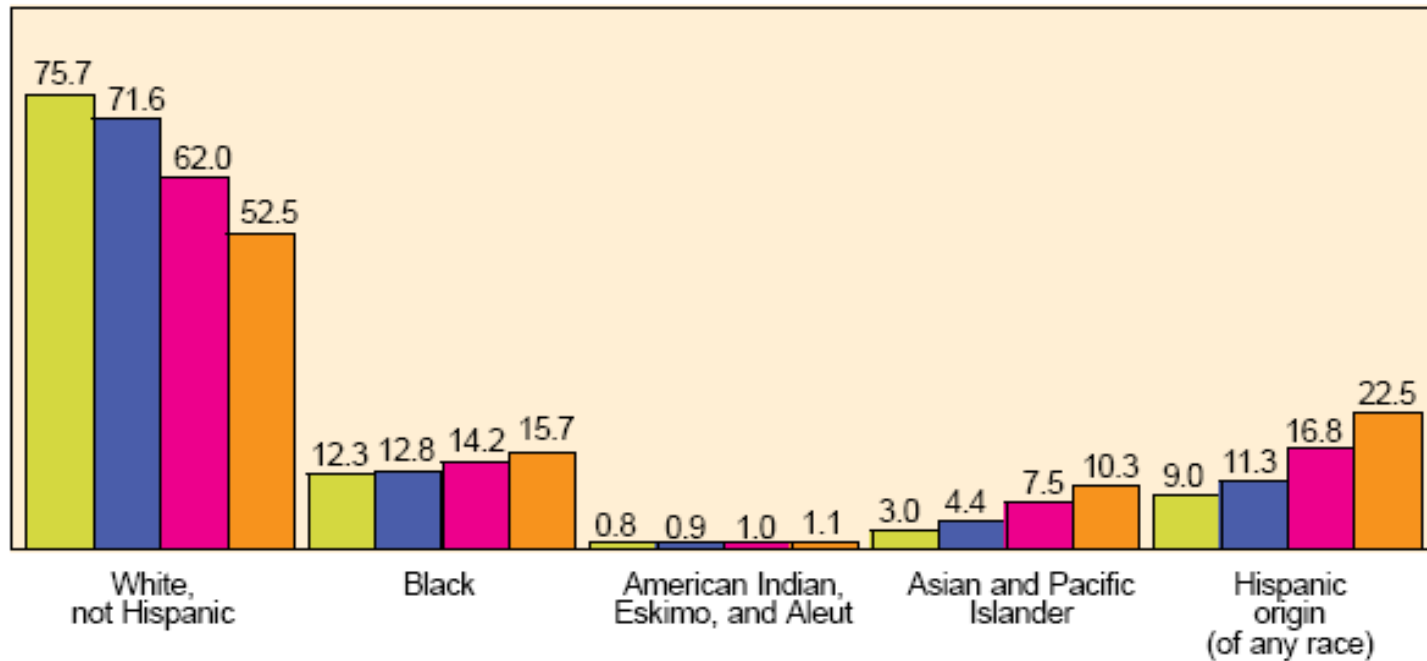
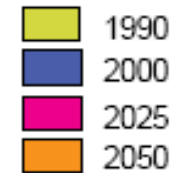
Ohio State University Center for Population Health and Health Disparities

<http://www.osuccc.osu.edu/cphhd>

Population Trends: Increasing Diversity

Percent of the Population, by Race and Hispanic Origin: 1990, 2000, 2025, and 2050

(Middle-series projections)



National Population Projections, JENNIFER CHEESEMAN DAY. Current Population Reports, Series P25-1104, Population Projections of the United States, by Age, Sex, Race, and Hispanic Origin: 1993 to 2050. http://cps.ipums.org/cps/cpr/2_ps.pdf

U.S. Migration - States Ranked by Percent Foreign-born Population 2008 Statistics

<u>Top Ten States</u>	<u>%</u>
1. California	26.8
2. New York	21.7
3. New Jersey	19.8
4. Nevada	18.9
5. Florida	18.5
6. Hawaii	17.8
7. Texas	16.0
8. Massachusetts	14.4
9. Arizona	14.3
10. Illinois	13.8
39. Ohio	3.7

2007 American Community Survey and Census Data on the Foreign Born by State
<http://www.migrationinformation.org/datahub/acscensus.cfm>

What are the most common foreign languages spoken in Ohio? -- 2005

1. Spanish (> than all others combined)
2. German
3. Arabic
4. French
5. Italian
6. Chinese
7. Pennsylvania Dutch
8. Cushite
9. Russian
10. Polish

Source: 2005 American Community Survey
http://www.mla.org/cgi-shl/docstudio/docs.pl?map_data_results

Definitions

Health Disparities

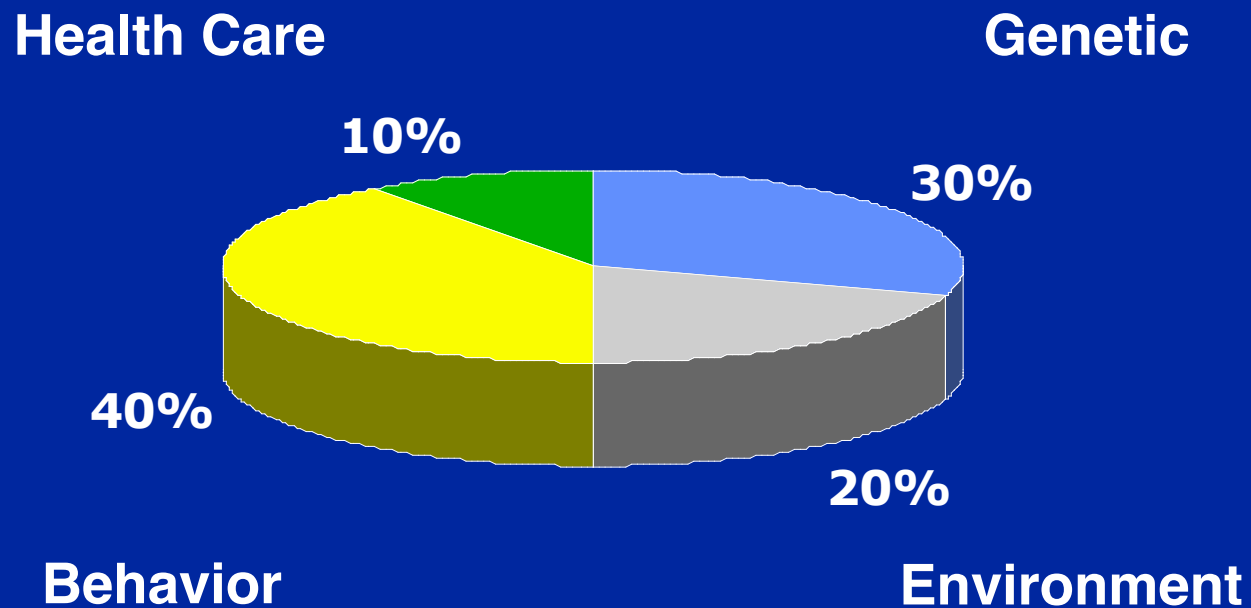
- *Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups*

Health Care Disparities

- *Unexpected differences in the quality of care that are **not** due to access-related factors or clinical needs, preferences, and appropriateness of intervention*

Institute of Medicine, Unequal Treatment, 2002

Determinants of Health



Adapted from McGinnis et al., Health Affairs 2002

Higher Death Rates

- African Americans

CVD; Breast, Prostate, & Lung CA; DM; Infant Mortality; HIV/AIDS

- Hispanic Americans

DM; Uncontrolled Hypertension; HIV/AIDS

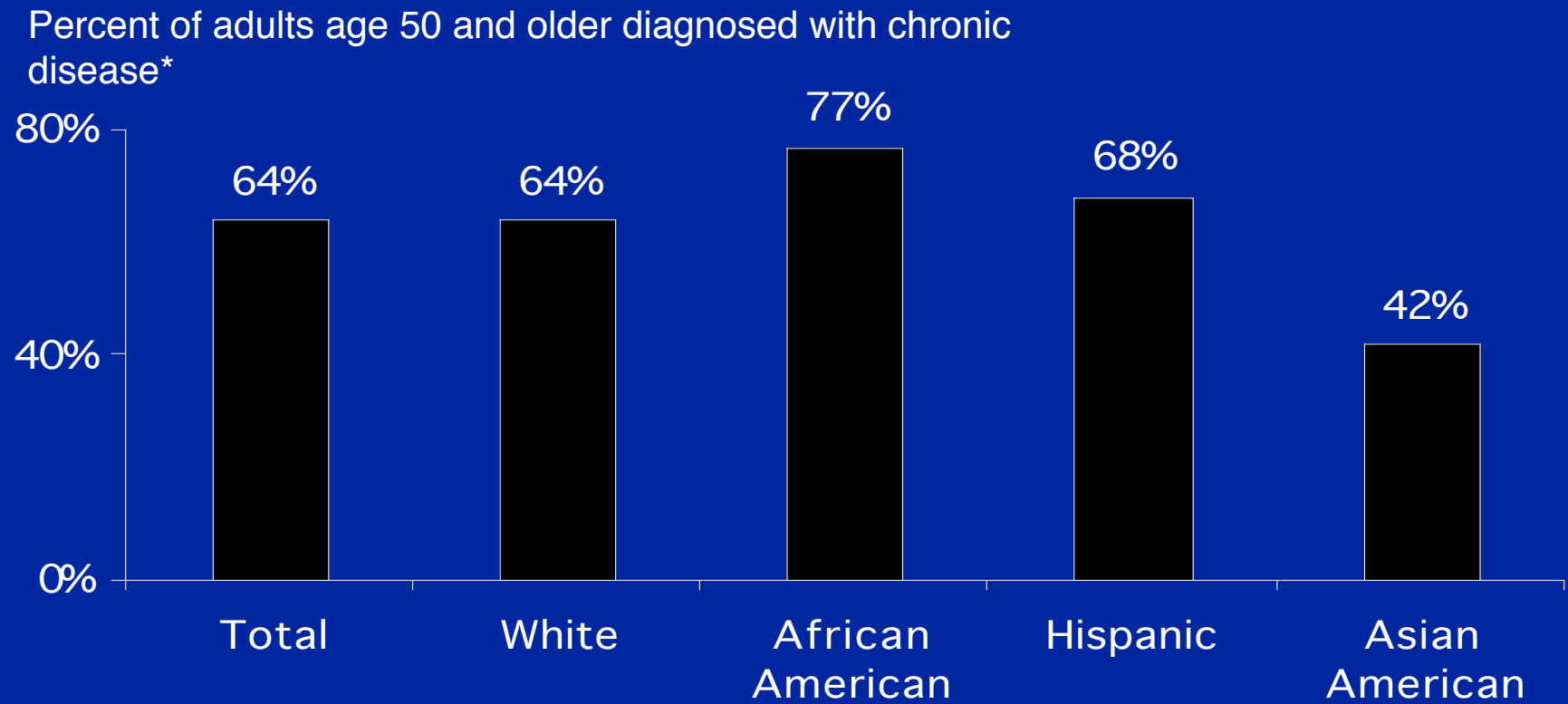
- Asian/Pacific Islander Americans

Tuberculosis; Stroke; Cervical Cancer

- American Indians/Alaska Natives

DM; Infant Mortality

Chronic Disease Among Adults Age 50 and Older, by Race/Ethnicity



* Diagnosed with at least one of following seven conditions: **asthma, cancer, heart disease, diabetes, high blood pressure, obesity, or anxiety/depression.**

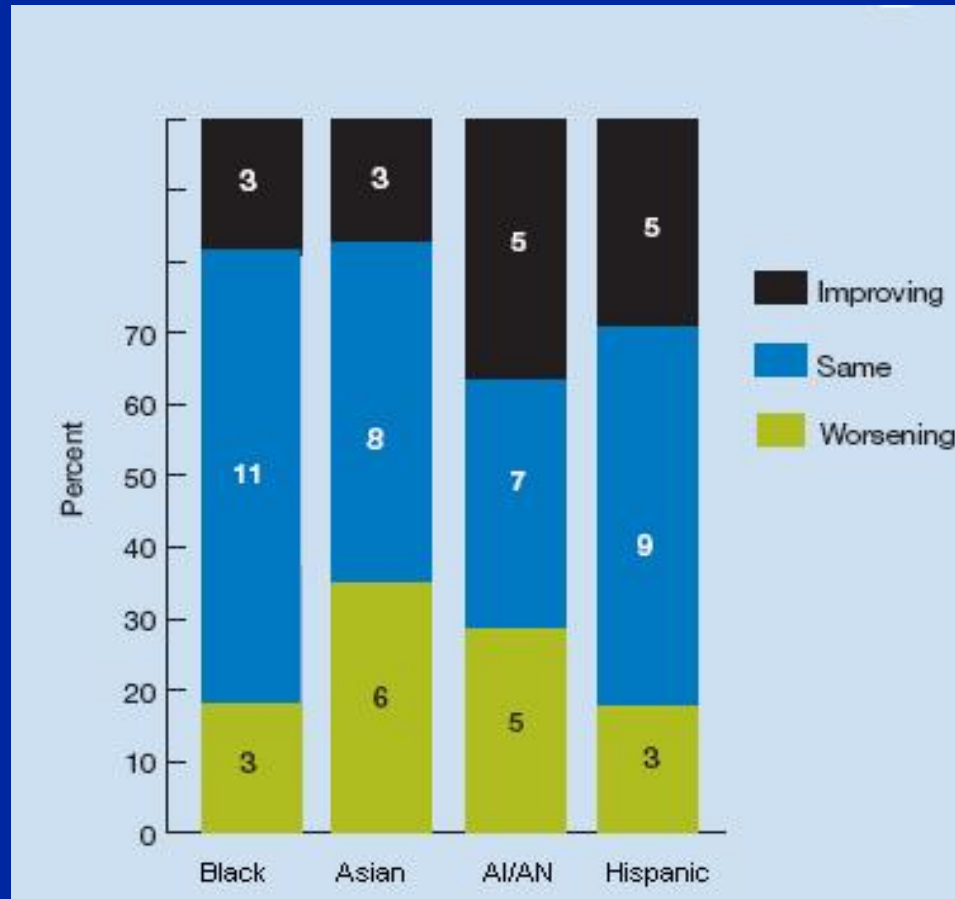
Source: The Commonwealth Fund 2001 Health Care Quality Survey.

National Health Care Disparities and Quality Reports

2003-2009

<http://www.ahrq.gov/qual/measurix.htm#quality>

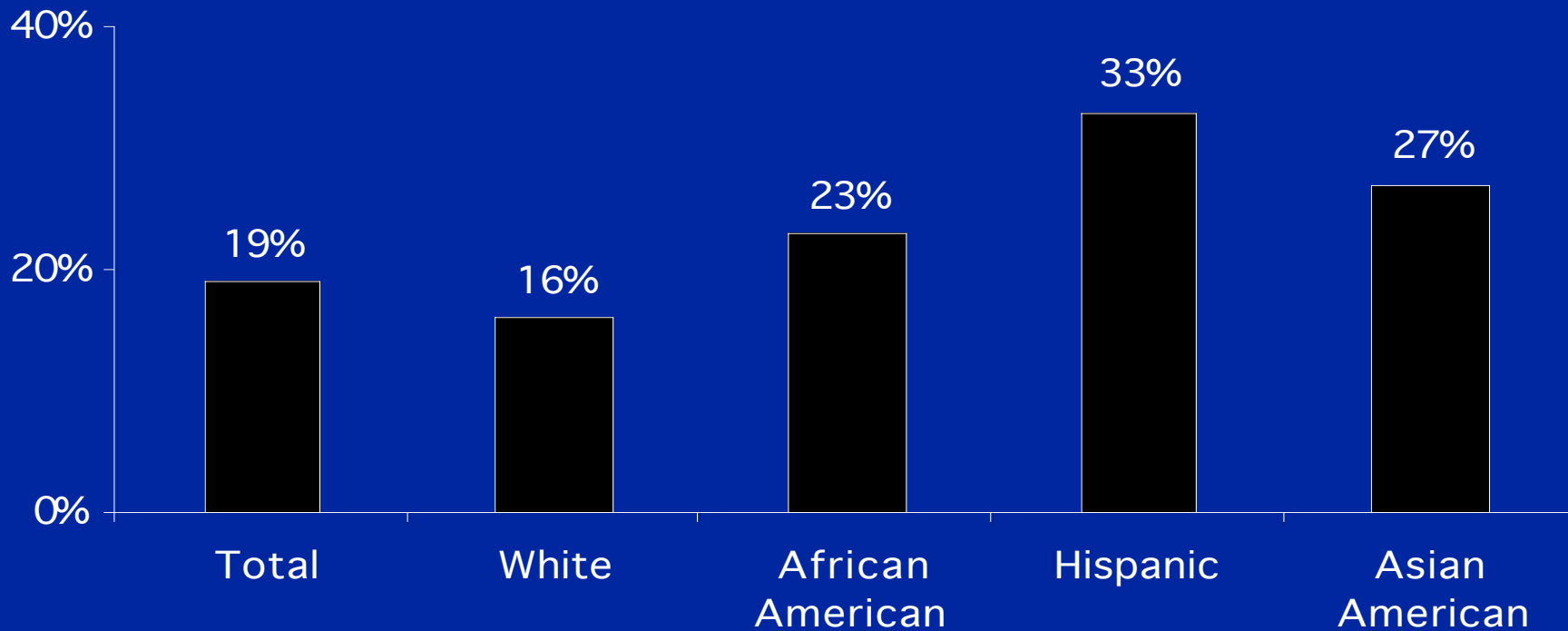
Comparison of Quality of Care for Minority Groups Compared to Whites



AHRQ: 2008 National Healthcare Disparities Report

Minorities Face Greater Difficulty in Communicating with Physicians

Percent of adults with one or more communication problems*



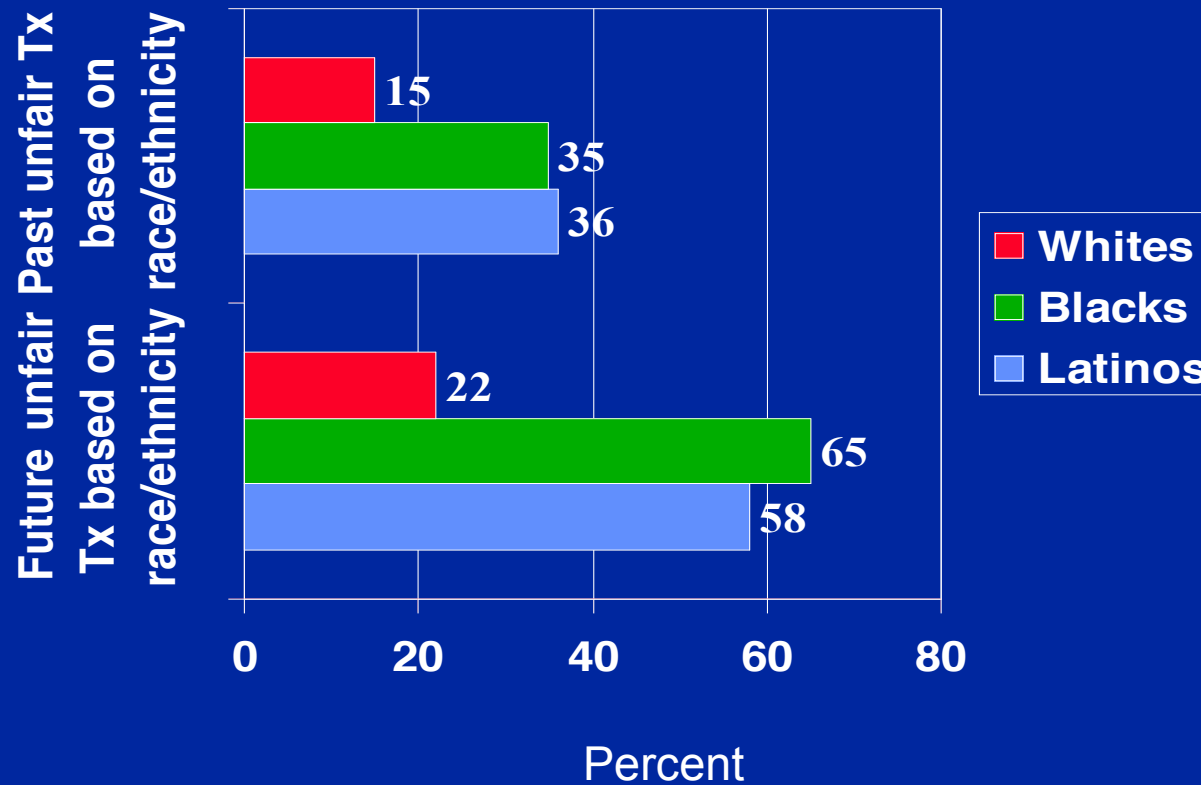
Base: Adults with health care visit in past two years.

* Problems include understanding doctor, feeling doctor listened, had questions but did not ask.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

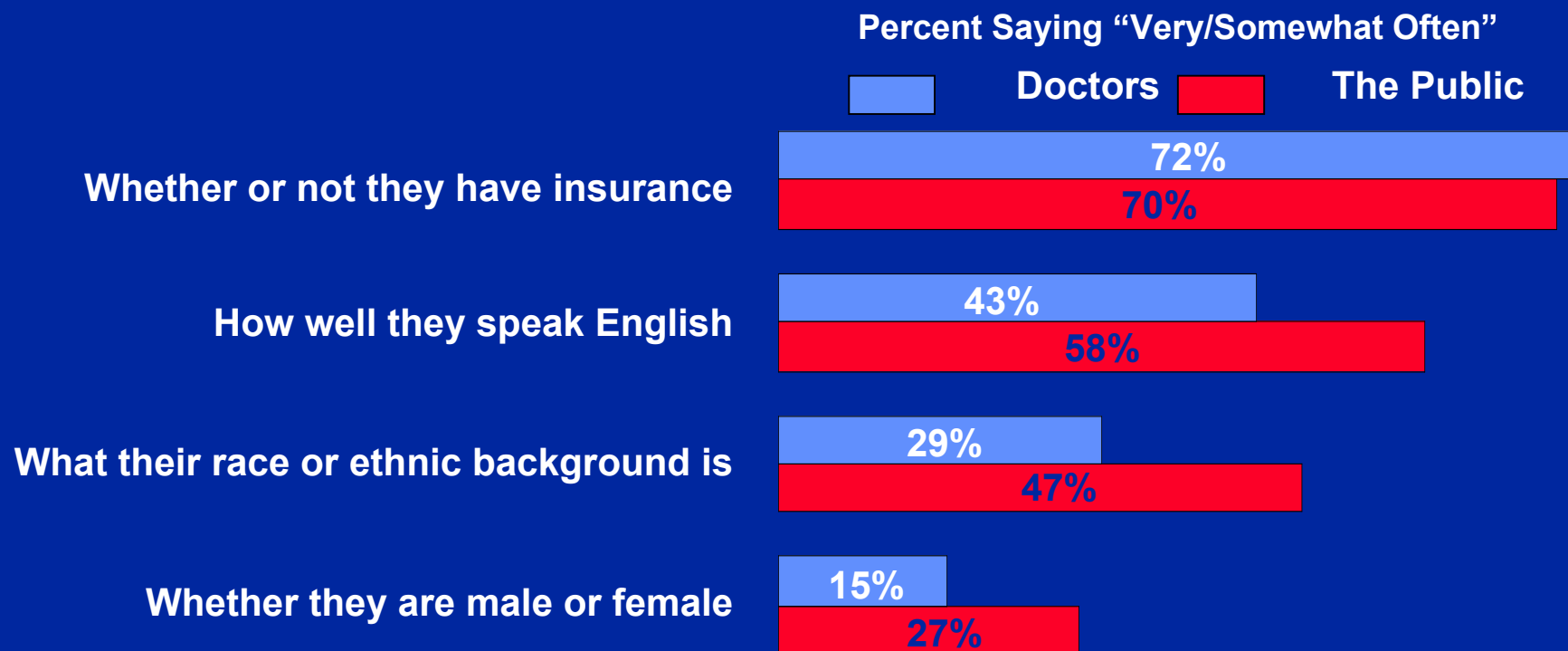
The Patient Perspective: Unfair Treatment

Kaiser Family Foundation Survey



Perceptions of Disparities in Health Care

Generally speaking, how often do you think our health care system treats people unfairly based on...

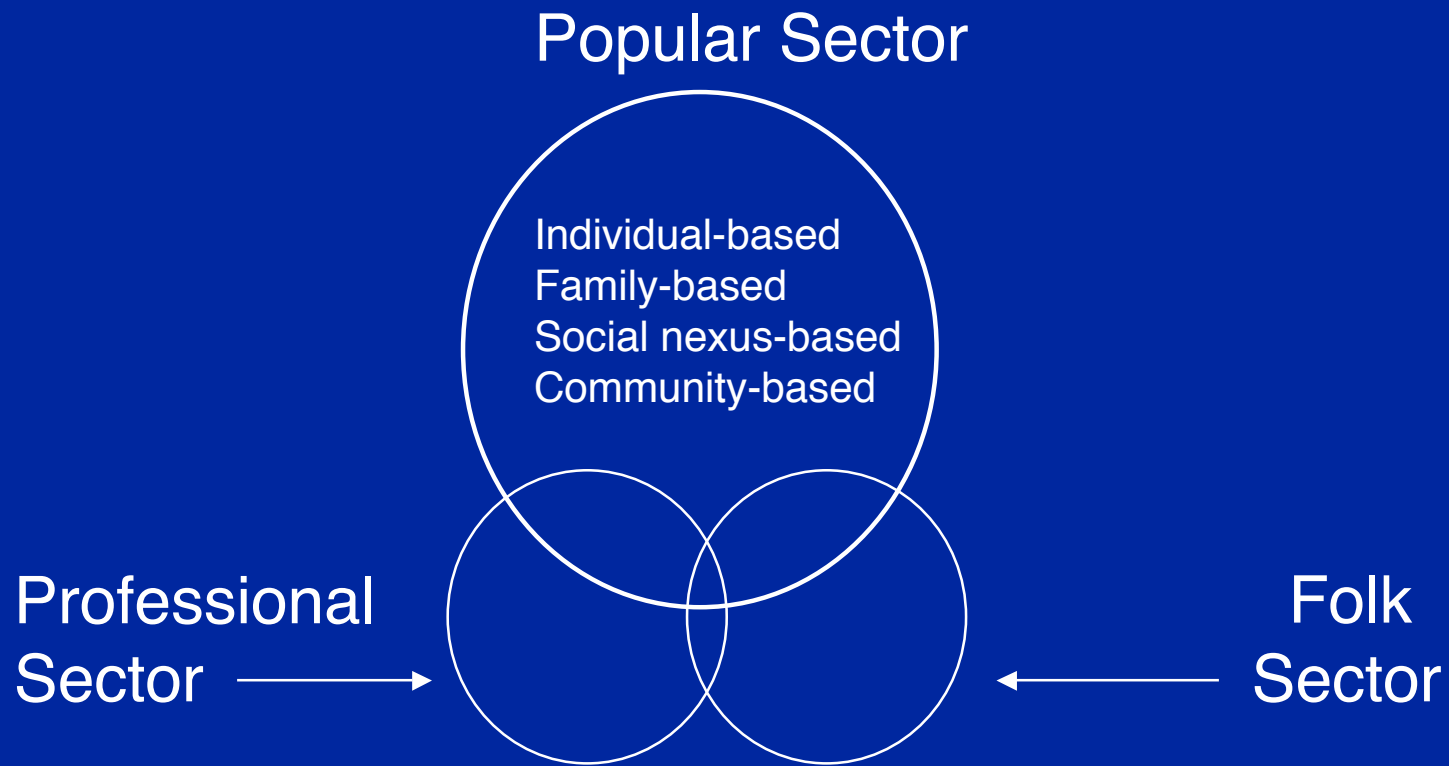


Source: Kaiser Family Foundation, *National Survey of Physicians*, March 2002 (conducted March-October 2001); *Survey of Race, Ethnicity and Medical Care: Public Perceptions and Experiences*, October 1999 (Conducted July – Sept., 1999)

Causes of Health Care Disparities

- Patient-level factors
- Health system-related factors
- Practice-related factors
- Practitioner level-factors

The Health Care System



Adapted from Kleinman A: [Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine, and Psychiatry](#), Berkeley, University of California Press, 1980

Worlds Apart: A Four-Part Series on Cross-Cultural Healthcare

“Alicia Mercado’s Story”

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

Fanlight Productions (www.fanlight.com)

Group Discussion

- What are your reactions to the video?
- What are some of the health disparity and quality of care challenges?
- What strategies would you recommend to address these challenges?

What is Cultural Competence?

“Cultural competence is the knowledge, interpersonal skills, and behaviors that enable a system, organization, program, or individual to work effectively cross-culturally by understanding, appreciating, honoring, and respecting cultural differences and similarities within and between cultures. The acquisition of cultural competence is a dynamic, ongoing, developmental process that requires a long-term commitment and is achieved over time.

Cultural Humility

- A lifelong commitment to self-evaluation and self-critique
- Redressing power imbalances
- Developing mutually beneficial partnerships with communities on behalf of individuals and defined populations

Tervalon M, Murray-Garcia J: "Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education," Journal of Health Care for the Poor and Underserved 1998; 9(2):117-124.

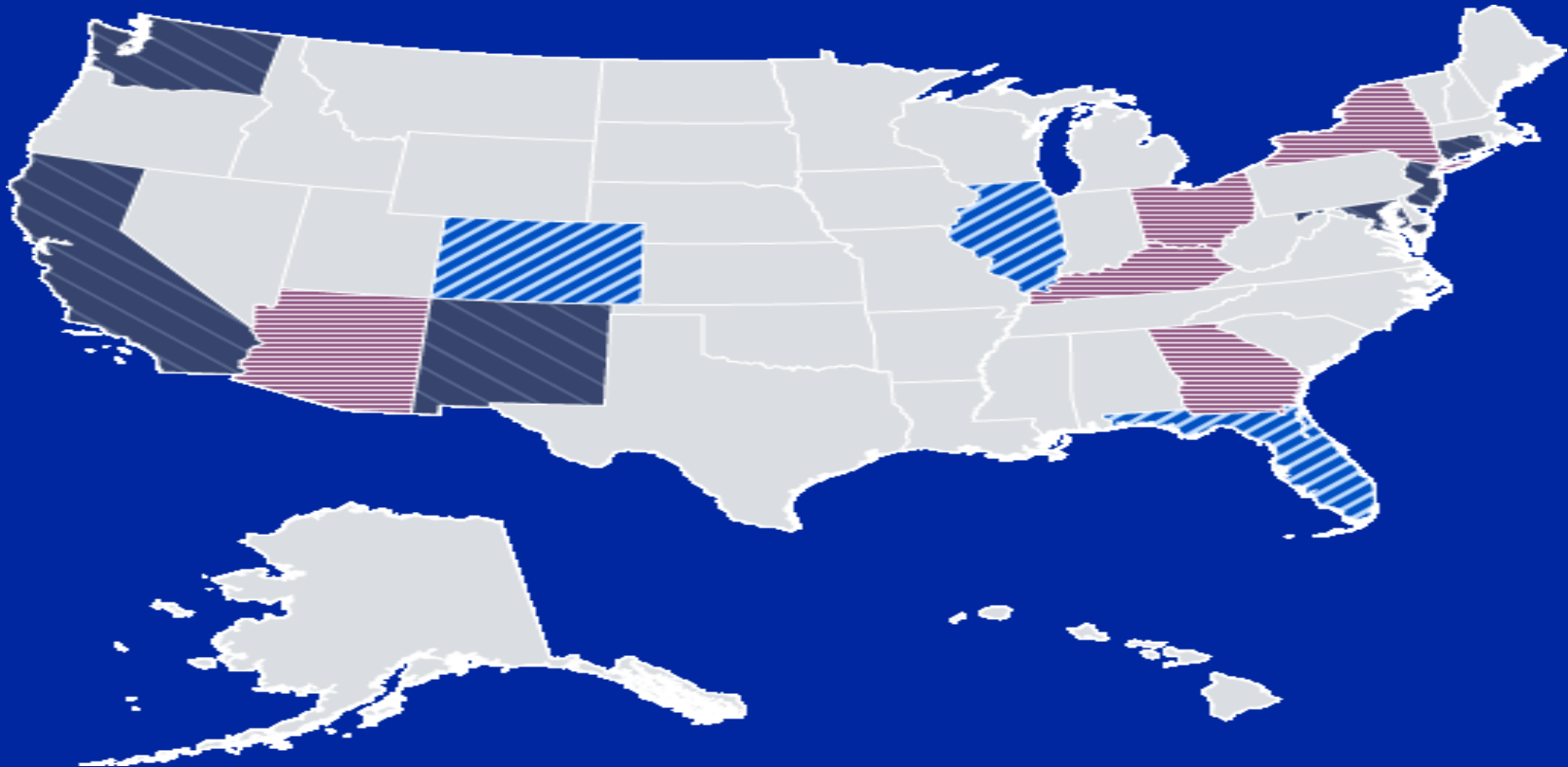
Rationale for Culturally Competent Health Care

- **Responding to demographic changes**
- **Eliminating disparities in the health status of people of diverse racial, ethnic, & cultural backgrounds**
- **Improving the quality of services & outcomes**
- **Meeting legislative, regulatory, & accreditation mandates**
- **Gaining a competitive edge in the marketplace**
- **Decreasing the likelihood of liability/malpractice claims**

Standards, Accreditation Requirements, and Guidelines

- **Office of Minority Health's National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care**
- **Joint Commission**
- **National Committee for Quality Assurance**
- **National Quality Forum**
- **Liaison Committee on Medical Education**
- **Accreditation Council for Graduate Medical Education**

US Cultural Competency Legislation



- **Dark Blue** denotes legislation requiring (NJ, CA, WA, NM, CT) or strongly recommending (MD) cultural competence training, which was signed into law.
- **Purple** denotes legislation (NY, OH, AZ, KY, GA) which has been referred to committee and is currently under consideration.
- **Blue** denotes legislation (IL, FL) which died in committee or was vetoed (CO).

Adapted from https://www.thinkculturalhealth.org/cc_legislation.asp

The Business Case

Reducing Disparities through Culturally Competent Health Care:
An Analysis of the Business Case.

Brach C, Fraser I. Quality Management in Health Care 2002;10(4):15-28.

Why Companies are Making Health Disparities Their Business.
The Business Case and Practical Strategies.

http://www.omhrc.gov/assets/pdf/checked/business_case.pdf

Washington Business Group on Health
Promoting Health for a Culturally Diverse Workforce

http://www.businessgrouphealth.org/pdfs/proceed_cultdiv.pdf

National Business Group on Health
An Employer Toolkit: Reducing Racial & Ethnic Health Disparities

http://www.businessgrouphealth.org/benefitstopics/et_disparities.cfm

US Department of Health and Human Services Office for Civil Rights

Title VI of the Civil Rights Act of 1964;
Policy Guidance on the Prohibition
Against National Origin Discrimination
As It Affects Persons with Limited
English Proficiency
("Revised HHS LEP Guidance," issued
pursuant to Executive Order 13166)

Federal Register: August 8, 2003 68(153):47311-47323
From the Federal Register Online via GPO Access
wais.access.gpo.gov; DOCID:fr08au03-65

Evidence Base for Cultural Competency Training

There is some evidence that interventions to improve quality of healthcare for minorities, including cultural competence training, are effective.

Name of AAFP-approved source: AHRQ

Specific web site of supporting evidence:

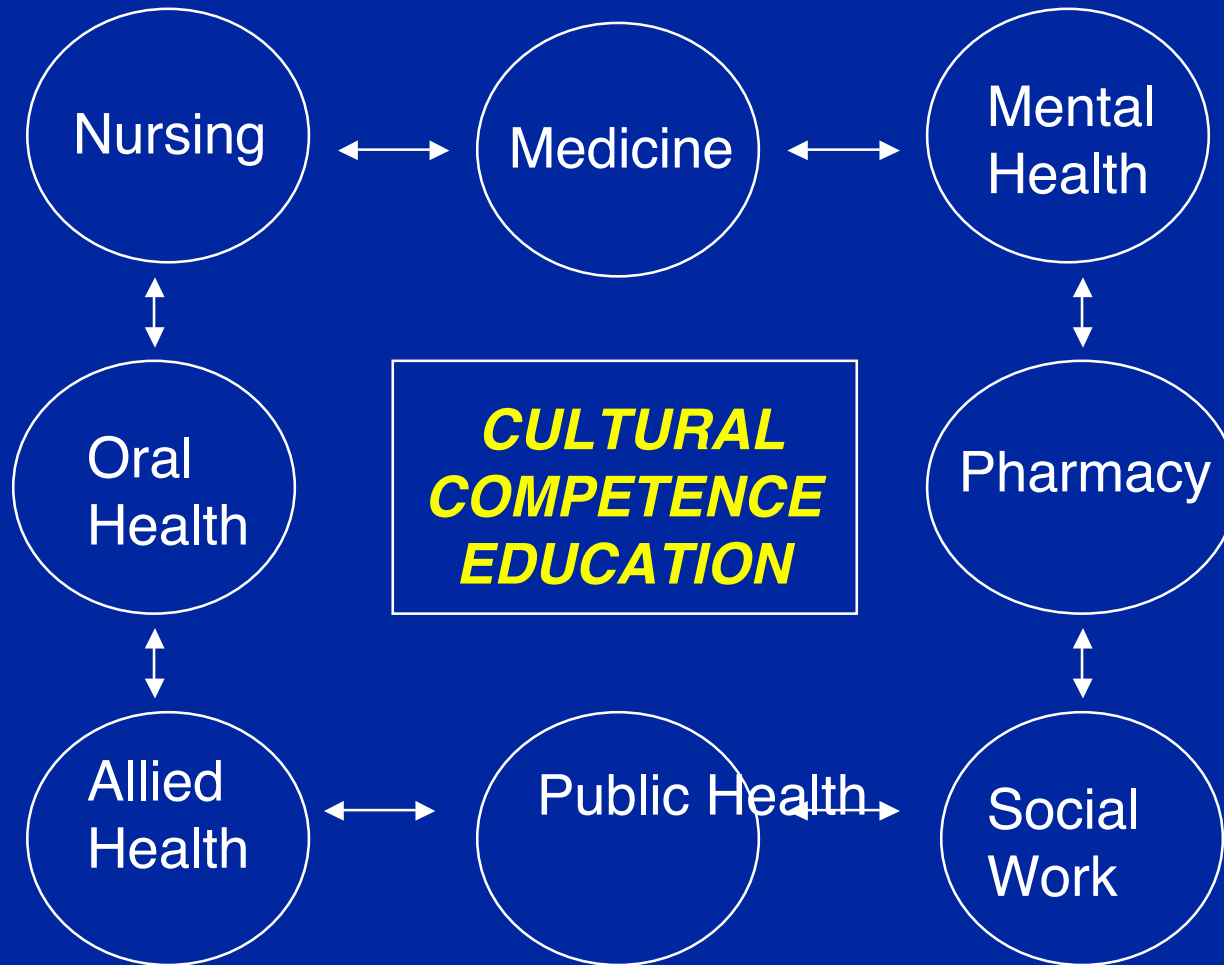
<http://www.ahrq.gov/downloads/pub/evidence/pdf/minqual/minqual.pdf>

Strength of evidence:

A systematic review of 91 articles, of which 64 were chosen that evaluated cultural competence training as a strategy to improve the quality of healthcare in minority populations. There is excellent evidence for improvement in provider knowledge, good evidence for improvement in provider attitudes and skills, and good evidence for improvement in patient satisfaction.

**Becoming a
Culturally Competent
Clinician and Health Care
Professional**

Interdisciplinary Health Professions Training: Connecting the Silos



Professional Medical Organizations

The following are some of the specialty groups that have published guidelines and/or policies relating to the care of culturally diverse populations and/or the elimination of health disparities

- Society of Teachers of Family Medicine
- American Academy of Family Physicians
- American Osteopathic Association
- American Academy of Pediatrics
- American College of Physicians
- Society of General Internal Medicine
- American Heart Association
- American College of Cardiology
- American Psychiatric Association
- American College of Obstetrics and Gynecology
- American College of Emergency Physicians
- American Academy of Orthopaedic Surgeons

Commission to End Health Care Disparities

- American Medical Association
- National Medical Association
- National Hispanic Medical Association
- 65+ other leading health professional associations

www.ama-assn.org/go/healthdisparities

Smith WR, Betancourt JR, et al. Recommendations for Teaching about Racial and Ethnic Disparities in Health and Health Care. *Annals of Internal Medicine* 2007; 147(9): 654-665.

Goal

- Develop a commitment to eliminating inequities in health care quality by understanding and assuming a professional role in addressing this pressing health care crisis.

Learning Objectives

- Examine and understand attitudes, such as mistrust, subconscious bias, and stereotyping, which practitioners and patients may bring to clinical encounters;
- Gain knowledge of the existence and magnitude of health disparities, including the multifactorial causes of health disparities and the many solutions required to diminish or eliminate them; and
- Acquire the skills to effectively communicate and negotiate across cultures, languages, and literacy levels, including the use of key tools to improve communication.

Selected Cultural Competency Distance Learning Programs

Office of Minority Health

A Physician's Practical Guide to Culturally Competent Care

<https://cccm.thinkculturalhealth.org>

Office of Minority Health

Culturally Competent Nursing Care: A Cornerstone of Caring

<http://ccnm.thinkculturalhealth.org>

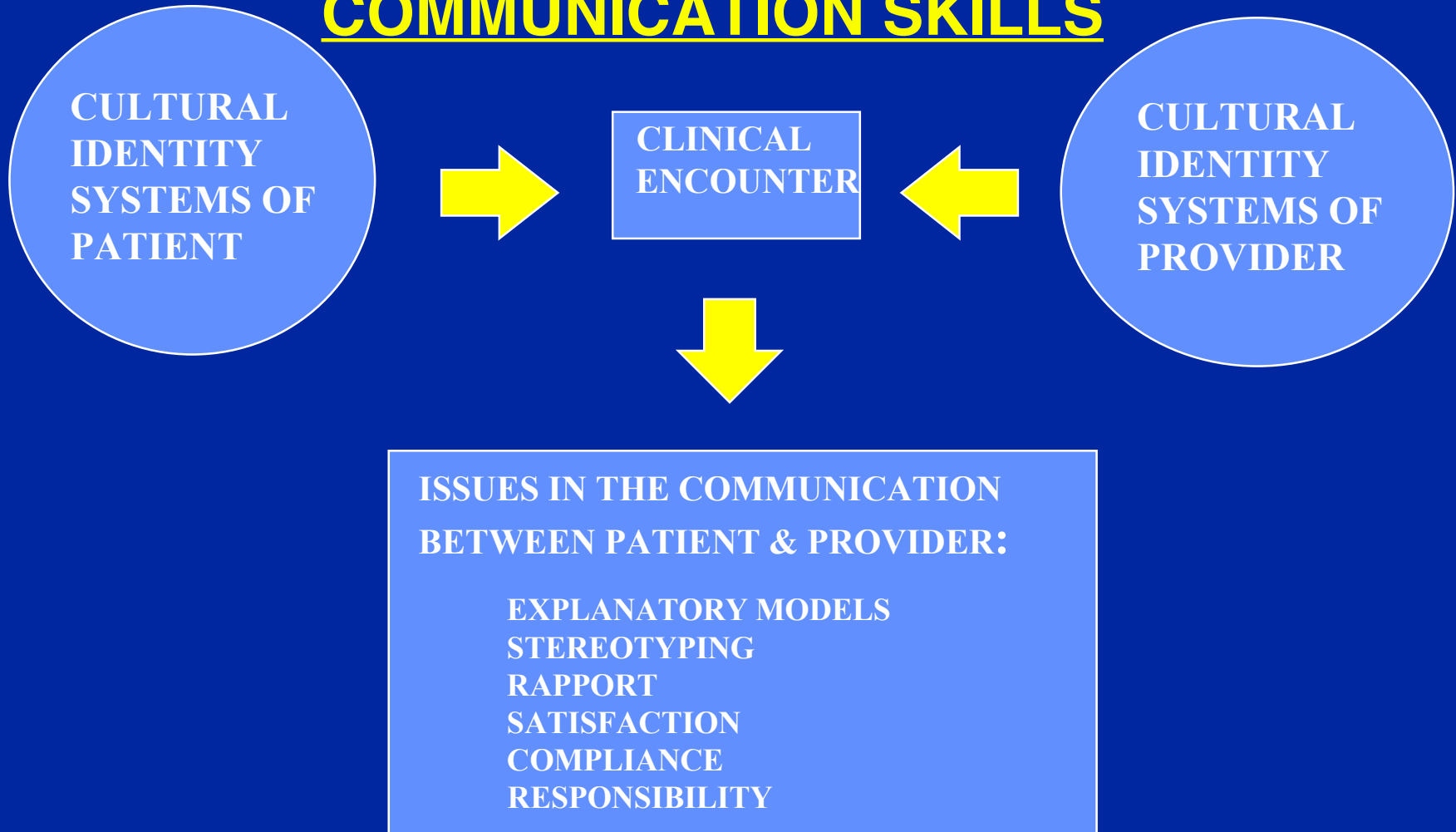
Health Resources and Services Administration

***Unified Health Communication 101: Addressing Health Literacy,
Cultural Competency, and Limited English Proficiency***

<http://www.hrsa.gov/healthliteracy/training.htm>

Private Sector Programs

COMMUNICATION SKILLS



Hill RF, Fortenberry D, Stein HF: "Culture in Clinical Medicine," Southern Medical Journal 83 (9): 1071-1080, 1990.

Disparities in the Clinical Encounter: The Core Paradox

Possibilities examined: bias (prejudice), uncertainty, stereotyping

- **Bias** – no evidence suggests that providers are more likely than the general public to express biases, but some evidence suggests that unconscious biases may exist
- **Uncertainty** – a plausible hypothesis, particularly when providers treat patients that are dissimilar in cultural or linguistic background
- **Stereotyping** – evidence suggests that physicians, like everyone else, use these ‘cognitive shortcuts’

Project Implicit®



Demonstration

Research

<https://implicit.harvard.edu/implicit>

BATHE: A Useful Mnemonic for Eliciting the Psychosocial Context

B : *Background*

A : *Affect*

T : *Trouble*

H : *Handling*

E : *Empathy*

From: Stuart MR, Lieberman, JA III, Rakel, RE (FRW). The Fifteen Minute Hour: Therapeutic Talk in Primary Care, 4th Edition. Oxford and New York: Radcliffe Publishing, 2008.

ETHNIC: A Framework for Culturally Competent Clinical Practice

E : *Explanation*

T : *Treatment*

H : *Healers*

N : *Negotiate*

I : *Intervention*

C : *Collaboration*

Levin, SJ, Like, RC, and Gottlieb, JE. ETHNIC: A framework for culturally competent clinical practice. In Appendix: Useful clinical interviewing mnemonics. *Patient Care* 2000; 34(9):188-189.

Lessons Learned: Key Points

- Need to create learning environments that foster safety, trust, and respect
- Within-group diversity is often greater than between-group diversity
- There is no “cookbook approach” to treating patients
- Avoid stereotyping and overgeneralization
- An assets and strengths-based perspective is important to maintain
- Remember that every encounter is a cross-cultural encounter
- Developing cultural competency is a life-long journey and not a final destination

**Becoming a Culturally
Competent Healthcare
Organization and Service
Delivery System**

National Center for Cultural Competence Georgetown University

- *A Guide to Planning and Implementing Cultural Competence Organizational Self-Assessment*
- *Cultural Competence Health Practitioner Policy Assessment*
- *Planning for Cultural and Linguistic Competence in Systems of Care*
- *Process of Inquiry: Communicating in a Multicultural Environment*
- *Bridging the Cultural Divide in Health Care Settings: The Essential Role of Cultural Broker Programs*
- *Self-Assessment Checklist for Personnel Providing Primary Health Care Services*

Joint Commission

“What Did the Doctor Say?:” Improving Health Literacy to Protect Patient Safety, February 2007

http://www.jointcommission.org/NR/rdonlyres/D5248B2E-E7E6-4121-8874-99C7B4888301/0/improving_health_literacy.pdf

Hospitals, Language, and Culture: A Snapshot of the Nation, March 2007

http://www.jointcommission.org/NR/rdonlyres/E64E5E89-5734-4D1D-BB4D-C4ACD4BF8BD3/0/hlc_paper.pdf

One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations, April 2008

<http://www.jointcommission.org/NR/rdonlyres/88C2C901-6E4E-4570-95D8-B49BD7F756CF/0/HLCOneSizeFinal.pdf>

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals, August 2010

<http://www.jointcommission.org/NR/rdonlyres/87C00B33-FCD0-4D37-A4EB-21791FB3969C/0/ARoadmapforHospitalsfinalversion727.pdf>

A Cultural Competency Standards Crosswalk: a tool to examine the relationship between the OMH CLAS Standards and Joint Commission/ URAC/NCQA Accreditation Standards

http://www.urac.org/savedfiles/CLAS_Standards_Crosswalk_V2.pdf

National Quality Forum

A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency: A Consensus Report, 2009

- Leadership
- Integration into Management Systems and Operations
- Patient-Provider Communication
- Care Delivery and Supporting Mechanisms
- Workforce Diversity and Training
- Community Engagement
- Data Collection, Public Accountability, and Quality Improvement

Funded by the California Endowment

http://www.calendow.org/Collection_Publications.aspx?coll_id=46&ItemID=322

National Committee for Quality Assurance (NCQA)

Innovative Practices in Multicultural Health Care 2006-2009

<http://www.ncqa.org/tabid/451/Default.aspx>

Multicultural Health Care: A Quality Improvement Guide, 2008

<http://www.ncqa.org/tabid/676/Default.aspx>

<http://clashealth.org>

Supporting Small Practices: Lessons for Health Reform

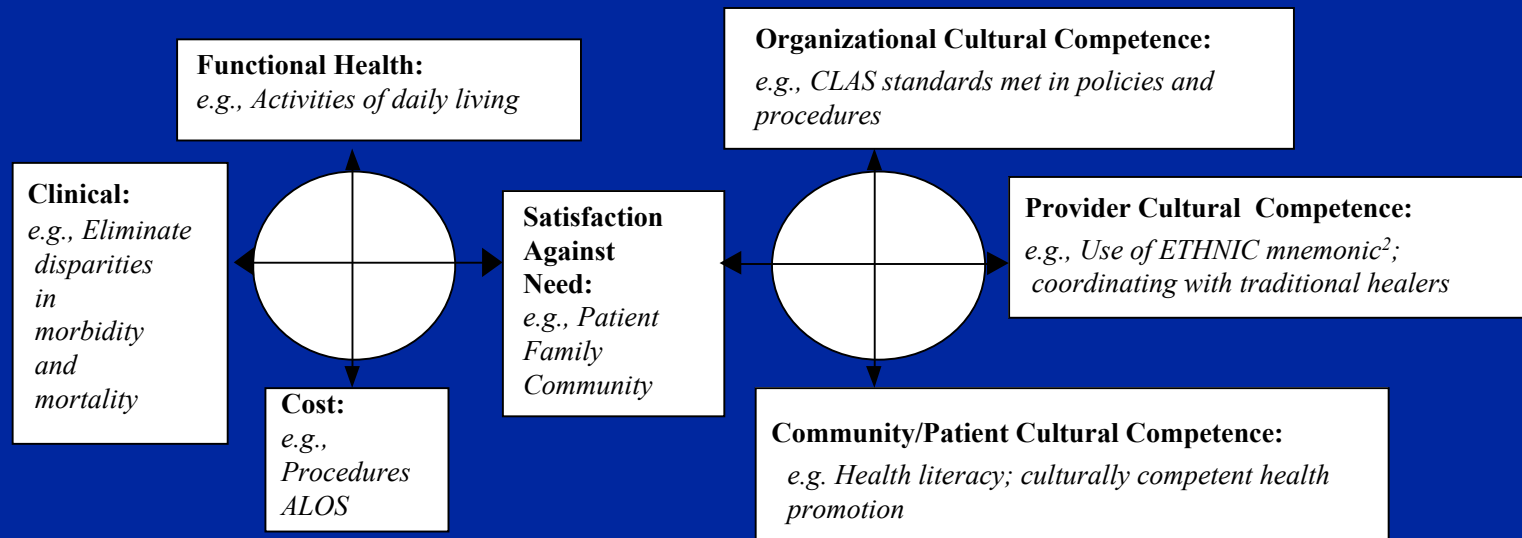
<http://www.ncqa.org/tabid/1035/Default.aspx>

Multicultural Health Care Standards and Distinction

Program, 2010

<http://www.ncqa.org/tabid/1157/Default.aspx>

Participatory Quality Improvement (PQI) ©



CLINICAL VALUE COMPASS¹

CULTURAL VALUE COMPASS

©2000 Developed by the Center for Healthy Families and Cultural Diversity

¹ EC Nelson, PB Batalden, and JC Ryer, *Clinical Improvement Action Guide*, Joint Commission on Accreditation of Healthcare Organizations, 1998.

²Published in *Patient Care*, "Appendix x: Useful clinical interviewing mnemonics," May 15, 2000, pp. 188 -89.

Kairys JA, Stroebe C. Using the Participatory Quality Improvement (PQI)© model to improve the health of diverse communities. First Hand feature article in JCAHO Benchmark 2001 (May); 3(5):6-7.

**DEVELOPMENTAL MODELS OF
ORGANIZATIONAL CULTURAL
COMPETENCE**

The Spectrum of Cultural Competence

Stage 0: Inaction

Stage I: Symbolic Action and Initial Organization

Stage II: Formalized Internal Action

Stage III: Patient and Staff Cultural Diversity Initiatives

Stage IV: Culturally Diverse Learning Organization

Developed by Dennis P. Andrulis, PhD; Texas Health Institute, Austin, TX
<http://erc.msh.org/mainpage.cfm?file=9.1g.htm&module=provider&language=English>
<http://erc.msh.org/provider/andrulis.pdf>

The Need for Community Partnerships

Community Engagement and Participation

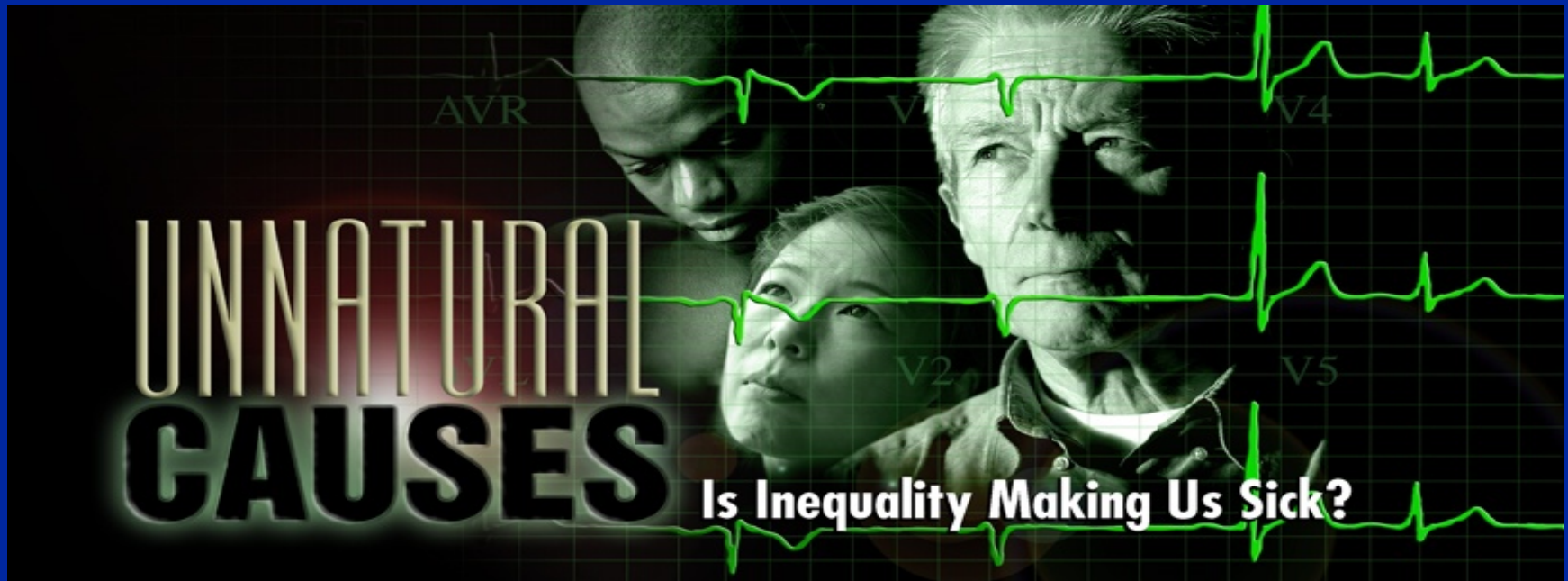
- **Task 1:** Planning the Program
- **Task 2:** Implementing the Program
- **Task 3:** Evaluating the Program

Adapted from Kline MV: "Planning Health Promotion and Disease Prevention Programs in Multicultural Populations," in Promoting Health in Multicultural Populations: A Handbook for Practitioners, eds. RM Huff, MV Kline, Thousand Oaks, CA: SAGE, 1999, pp. 73-102.

Culturally Competent Community Health Promotion and Disease Prevention

Targeting vs. Tailoring

Pasick RJ, D'Onofrio CN, Otero-Sabogal R. "Similarities and Differences Across Cultures: Questions to Inform a Third Generation for Health Promotion Research," Health Education Quarterly 1996; 23 (Supplement) S142-S161.



“A seven-part series for PBS broadcast and DVD release, will, for the first time on television, sound the alarm about our glaring socio-economic and racial disparities in health -- and seek out root causes.”

<http://www.unnaturalcauses.org>

Ongoing Challenges

How can we ...

- *transform ourselves as individuals, organizations, and health care delivery systems?*
- *generate interest, deal with resistance and inertia, and support the desire to become more culturally competent?*
- *address historical and contemporary “isms” and “fears”?*

Ongoing Challenges

How can we ...

- *partner and work more effectively with communities and with key stakeholders/constituencies in the public and private sectors?*
- *align the social, economic, and business cases for cultural competence?*
- *support a more culturally competent and participatory health policy environment?*

Diversity in America

Rainbow

Kaleidoscope

Mosaic

What is your preferred image?

Salad

Cauldron

Melting Pot

Other?

*“Statistics are people with
the tears wiped off.”*

Kerr White, MD

“The opposite of love is not hate but indifference.”

Elie Wiesel

“Sometimes it is easier to change the world than to change oneself.”

Rabbi Yakov R. Hilsenrath