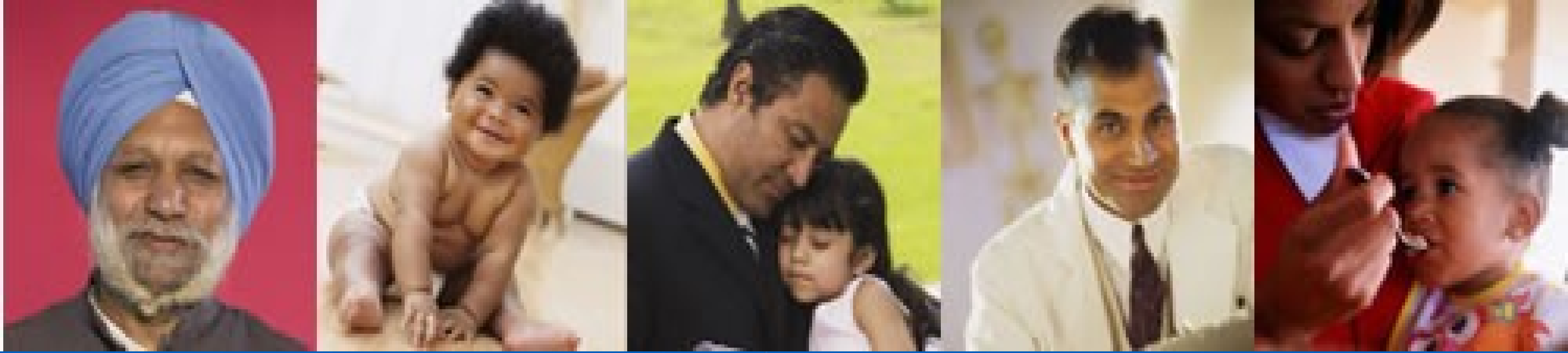


Cultural Competence:

Providing Sensitive Health Care in the Pursuit of Quality Improvement

Bourne Lecture

St. George's University

Grenada

February 2008

Fred M. Jacobs, M.D., J.D.
Executive Vice President
Director, Quality Institute
Saint Barnabas
Health Care System

Cultural Competence

…the ability of systems to provide care to patients with diverse values, beliefs & behaviors including tailoring delivery to meet patients' social, cultural & linguistic needs. The goal is a system & workforce that delivers the highest quality care to every patient—regardless of race, ethnicity, cultural background or English proficiency.

Cultural Competence in Health Care: Emerging Frameworks & Practical Approaches *Betancourt, Green & Carrillo* 2002

Principals of Cultural Competence in Health Care:

- Define culture broadly
- Value clients' cultural beliefs
- Recognize complexity in language interpretation
- Facilitate learning between providers/community
- Involve community in addressing needs
- Collaborate with other agencies
- Professionalize staff hiring & training
- Institutionalize cultural competence

--CDC

Problems in communication due to cultural differences between patients & MDs often contribute to disparity in the understanding that patients & MDs have regarding the cause of disease & the effectiveness of available treatments

Doctors Talking with Patients/ Patients Talking With Doctors: Improving Communication in Medical Visits *(Roter, Hall; Westport, Conn. 1992)*

Linguistic Competence

The ability to communicate efficiently & effectively directly or through an interpreter with patients that speak a different language

Salas-Lopez Cultural Competency: Making the Case, Facing the Challenge UMDNJ-NJ Medical School

Cultural Competence & Quality

Improving patient-physician communication is an important component of addressing differences in quality of care that are associated with patient race, ethnicity or culture

Weissman, J; Betancourt, J. Campbell, E. Resident Physicians' Preparedness to Provide Cross-Cultural Care ***JAMA 2005***

Cultural Competence & Quality

Unexplored socio-cultural differences between patients & physicians can lead to patient dissatisfaction, poor adherence to treatment & poor health outcomes

--***IOM*** Unequal Treatment :

Confronting Racial & Ethnic Disparities in Health Care, 2002

Changing Demographics

- Demographic changes anticipated over the next decade magnify the importance of addressing disparities in health status
- Immigrants & other groups experiencing poorer health status are expected to grow as a proportion of the total U.S. population
- A national focus on disparities in health status is particularly important as major changes unfold in the way health care is delivered & financed

Population Demographics	NJ	US
White persons, percent, 2005 (a)	76.6%	80.2%
Black persons, percent, 2005 (a)	14.5%	12.8%
American Indian & Alaska Native persons, 2005 (a)	0.3%	1.0%
Asian persons, percent, 2005 (a)	7.2%	4.3%
Native Hawaiian/Other Pacific Islander, 2005 (a)	0.1%	0.2%
Persons reporting two or more races, 2005	1.3%	1.5%
Persons of Hispanic or Latino origin, 2005 (b)	15.2%	14.4%
White persons not Hispanic, 2005	63.2%	66.9%
(a) Includes persons reporting only one race.		

(b) Hispanics may be of any race, so also are included in applicable race categories.

U.S. Census Bureau State & County QuickFacts

Health Disparities in NJ

- HIV/AIDS incidence 16Xs higher for blacks & 5Xs higher for Hispanics
- Asthma hospitalization 3Xs higher for blacks & 1.8Xs higher for Hispanics
- Black infant mortality 3Xs white rate
- Obesity 2Xs higher for blacks & Hispanics
- Blacks 2Xs more likely die of Diabetes

Strategic Plan to Eliminate Health Disparities in NJ 2007 NJDHSS

Barriers Among Patients, Providers & U.S. Health Care System

- **Lack of Diversity in leadership & workforce**
- **Systems of care poorly designed to meet the needs of diverse patient populations**
- **Poor communication between providers & patients of different racial, ethnic or cultural backgrounds**

Cultural Competence in Health Care: Emerging Frameworks & Practical Approaches *Betancourt, Green & Carrillo* 2002

Rationale for Teaching Cultural Competence

- Patients require a clear understanding of medical information & instructions to give consent & follow treatment protocols
- Delivering appropriate care requires an understanding of patient complaints & concerns

Culturally Competent Systems Must

- **Make on-site interpreter services available in settings w significant populations of LEP**
- **Develop culturally & linguistically appropriate health ed materials & prevention interventions**
- **Collect & make public race/ethnicity/language data to monitor disparities & QI**
- **ID medical errors due to lack of CC**
- **Provide quality care & QI measures for diverse populations**
- **Require large purchasers to include CC interventions as a condition of contract**

Cultural Competence in Health Care: Emerging Frameworks & Practical Approaches *Betancourt, Green & Carrillo* 2002

Culturally Competent Health Care Providers Must:

- Be made aware of the impact of social & cultural factors on health beliefs & behaviors
- Have the tools & skills to manage these factors appropriately through training & education
- Empower patients to be more active partners in medical encounters

Cultural Competence in Health Care: Emerging Frameworks & Practical Approaches (*Betancourt, Green & Carrillo* 2002

NJ: Strategic Plan to Eliminate Health Disparities 2007

- **Asthma, Cancer, Diabetes, Infant Mortality, HIV, Heart Disease, obesity**
- **Identifies gaps in access & programs**
- **Benchmarks to improve health of racial/ethnic minorities**
- **Curriculum for medical interpreters**
- **Cultural competency training**
- **CBO Workshop on interpretation**

U.S. Health Disparities

- Higher Death Rates
  - African Americans: Breast, Prostate & Lung CA; DM; Infant Mortality; HIV/AIDS
  - Hispanic Americans: DM; Hypertension/HIV/AIDS
  - Asian/Pacific Islander Americans: TB; Stroke; Cervical Cancer
  - American Indians/Alaska Natives: DM; Infant Mortality

Health Care Disparities

- Minority & Multicultural populations have an increase of
  - Potentially avoidable procedures like amputations
  - Treatment of late-stage cancer
  - Avoidable hospitalizations
  - Untreated disease

Fiscella, K et al. *JAMA* 2000; 283: 2579-2584

Health Care Disparities

- Minority Populations Receive Fewer:
  - Cardiovascular procedures
  - Kidney & bone marrow transplants
  - Orthopedic & peripheral vascular procedures
  - Antiretrovirals for HIV infection
  - Pain medications

Fiscella K et.al. *JAMA* 2000; 283: 2579-2584

Strategies to Overcome Linguistic & Cultural Barriers

- Bilingual/Bicultural providers
- Bilingual/Bicultural health workers
- Professional Interpreters
- Written Translation Materials
- Implementing Policy @ state level

2,000 Final Year Residents Reported little Cross-Cultural training beyond medical school:

- 56% How to ID patient mistrust
- 50% Address patients from differing cultures
- 50% ID Relevant religious beliefs
- 48% ID Relevant cultural customs

Weissman, Betancourt. *Resident Physicians' Preparedness to Provide Cross-Cultural Care* JAMA 2005

2,000 Final Year Residents Reported being unprepared to provide cross-cultural care to patients who:

- Mistrust U.S. healthcare system (28%)
- Use alternative medicine (26%)
- New Immigrants (25%)
- Health beliefs @ odds w western medicine (25 %)
- Religious beliefs affect treatment (20%)

Resident Physicians' Preparedness to Provide Cross-Cultural Care
Weissman, Betancourt, JAMA 2005

Barriers to effective communication

- **Patient factors:**
  - **Lack of self-efficacy regarding managing one's own health**
  - **Language barriers**
  - **Low health literacy**
- **Physician factors:**
  - **Unintentional racial/ ethnic bias in interpretation of symptoms, patient behavior & medical decision making**
  - **Lack of understanding of cultural disease models**
  - **Expectations of visit differ from patients'**

--Cooper-Patrick, Gallo. Race, Gender & Partnership in the Patient-Physician Relationship *JAMA* 1999

U.S. HHS 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): 47311-7323

NJ's Cultural Competency Law

- **First state law requiring cultural competence ed**
- **Medical Schools must provide cultural competency training as condition of diploma**
- **MDs must take 6 hours CME for license renewal**

"The public interest in providing quality health care to all segments of society dictates the need for a formal requirement that medical professionals be trained in the provision of culturally competent health care as a condition of licensure to practice medicine in New Jersey."

NJ's Cultural Competence Law

- NJ State Board of Medical Examiners has authority to develop regs & implement new law
- BME invited experts in the field
- BME expanded original law to include requirement that MDs take 6 CME credits as a condition of license renewal

Other State Legislation

- California: Civil Code §51
- "Continuing Medical Education on Cultural Competency"
- AB 1195—Chapter 514, effective July 1, 2006 www.aroundthecapitol.com/Bills/AB_1195
- Washington State: "Requiring Multicultural Education for Health Professionals"
- 2006 Senate Bill 6194S, signed into law March 27 , 2006
- www.washingtonvotes.org/2006-SB-6194

NJ Initiatives to provide CC Resources to Diverse Populations

- State, hospitals, LHDs, grantees & providers must standardize statewide racial/ethnic data collection
- 2 hospital demo projects to train bilingual staff as medical interpreters
- @2,500 Communication Boards given to hospitals & FQHCs
- Spanish portal on OMMH website

5 Principles to Address Health Disparities in Quality:

- Must be recognized as a quality problem
- Relevant & reliable data
- HEDIS & other performance measures should report rates by race/ethnicity
- Population wide monitoring should incorporate adjustment for race/ethnicity
- Link payment to race/ethnicity & socioeconomic position of enrolled population

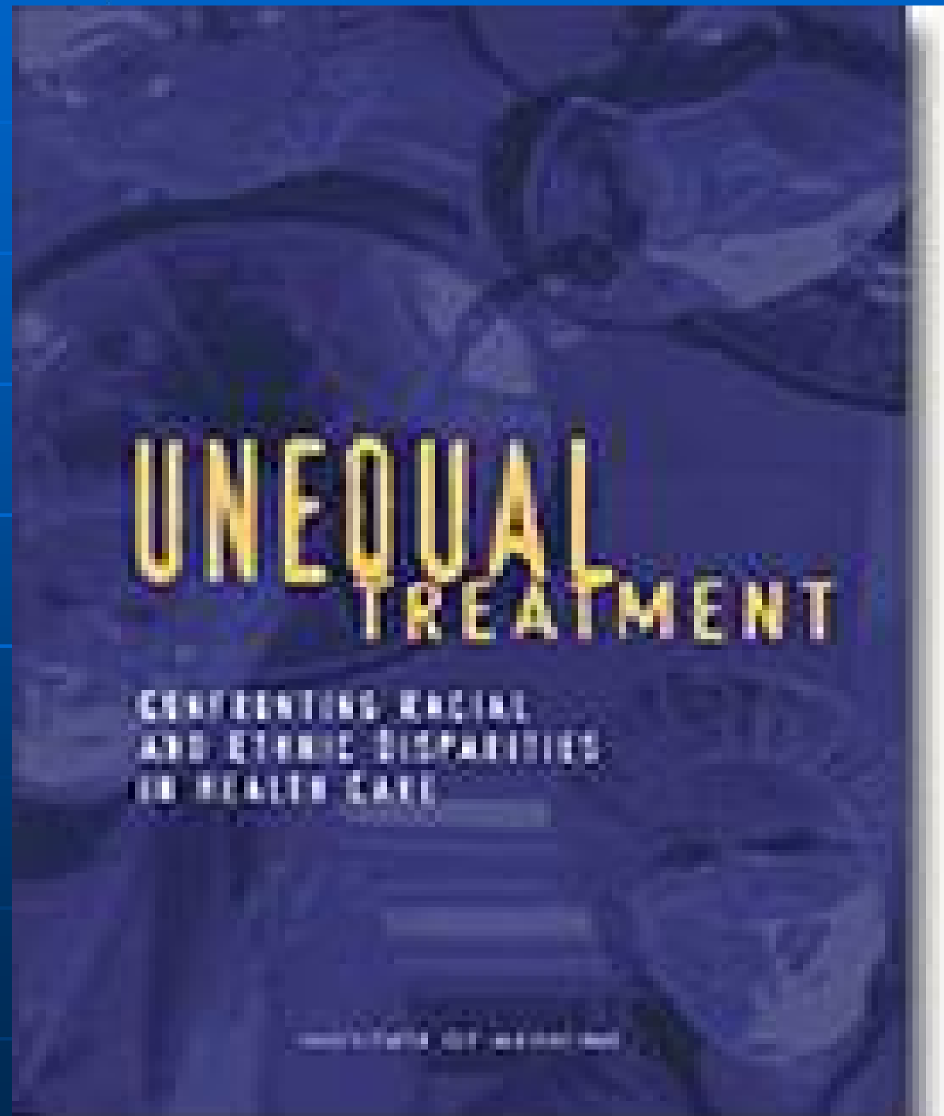
Fiscella, Franks, Gold. Inequality In Quality; Addressing Socio-Economic, Racial & Ethnic Disparities in Health Care; *JAMA,* 2000

IOM REPORTS

Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare

In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce

- **Patient Safety: Achieving a New Standard for Care**
- **Crossing the Quality Chasm: A New System for the 21st Century**



Although the social class, education & ethnicity of patients cannot be changed, providers behaviors might change if both they & their patients become more aware of how these characteristics intrude into the supposedly neutral provision of medical care

--Doctors Talking with Patients/ Patients Talking With Doctors: Improving Communication in Medical Visits
(Roter, Hall; Westport, Conn. 1992)