Impacting Health Disparities: Improving the Quality of Care Through Cultural Competence

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Why Cultural Competence?

The increasing diversity of the nation brings opportunities and challenges for health care providers, health care systems, and policy makers to create and deliver culturally competent services.

Cultural Competency: A historical lens

- Dr. Carter G. Woodson may have introduced the concept of cultural competence in 1927 when he put his life on the line to create the society for the study of negro culture and life and instituted Negro History week, the precursor of Black History month.
- This effort to promote cultural knowledge was a precursor to our cultural competency work.
Cultural Competency

Ohio was the first state in the nation to adopt a cultural competency definition:

"Cultural Competency is a constant learning process that builds knowledge, awareness, skills and capacity to identify and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans in order to develop policies to promote effective programs and services."

-Multicultural Advocates for Cultural Competency

Cultural competence is defined as the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients.

A culturally competent health care system can help improve health outcomes and quality of care, and can contribute to the elimination of racial and ethnic health disparities.

Institute of Medicine

In 1999, Congress requested that the IOM:
- Assess the extent of racial and ethnic disparities in healthcare.
- Identify potential sources of these disparities; and
- Suggest intervention strategies.

The study committee was struck by what it found. The research indicated minorities are less likely than whites to receive needed services, including clinically necessary procedures, even after correcting for access-related factors, such as insurance status.
African Americans and Hispanics tend to receive a lower quality of healthcare across a range of disease areas (including cancer, cardiovascular disease, diabetes, mental health and other chronic and infection disease). Disparities are found even when clinical factors such as stage of disease presentation, co-morbidities, age and severity of disease are taken into account. Disparities in care are associated with higher mortality among minorities who do not receive the same services as whites. Disparities are found across a range of clinical settings, including public and private hospitals, teaching and non-teaching hospitals.

Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care

Health Care Disparities

"Racial or Ethnic differences in the quality of healthcare that are not due to access related factors or clinical needs, preferences, and appropriateness of intervention."

National Racial and Ethnic Health Disparities
Race, income and neighborhood are each major predictors of whether we graduate from high school, become incarcerated, how healthy we are, and even how long we will live.

Kaiser Family Foundation
The Role of Social Determinants of Health

Social Determinants of Health

Equity and Social Justice – King County Washington

Making the case for Social Determinants of Health

The social conditions in which people are born, live and work are the single most important determinant health and life expectancy.

The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.*

What is Health Equity?

**Equity** is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically.

When everyone has the same potential to achieve the best health possible, regardless of who they are or where they live.

Source: Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health

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Cultural Competency in Service Delivery

Disparities in health and health care delivery are widespread and persistent, some of which could be reduced if health care providers and systems were more aware of their patients’ cultural background and responsive to those unique needs.

At the same time, cultural competence training, the most common approach for improving these issues, is insufficient by itself to improve patient outcomes. This requires organizations to be knowledgeable and responsive to cultural issues through policy efforts – we must move beyond cultural competence training.

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OACHC Role in addressing racial and ethnic health disparities and achieving health equity

- National data indicates that the Community Based Health Centers have the potential to impact racial and ethnic health disparities.

- While this model by design improves access to health care, PCMH’s must be accessible to racial and ethnic communities with health disparity hot spots.

- Access is only one driver of health disparities and must be considered along with quality of care and social determinants of health.

- This impact largely depends upon organizational leadership, diversification of staff, staff training and the strategic intent to address health equity.
Cultural Competency in Service Delivery

- Patients' cultural background influences how they experience illness, interact with the care delivery system, and handle care.
- Cultural background also affects how patients behave and self-manage outside of the clinic.
- Thus, healthcare workers and organizations must respond to patients' cultural influences in order to provide effective care.

Eliminating Disparities through Culturally Competent Care

The provision of culturally and linguistically appropriate services is increasingly recognized as a key strategy to eliminating disparities in health and health care.

Among several other policy factors, the lack of cultural competence and sensitivity among health and health care professionals has also been associated with the perpetuation of health disparities.

This is often the result of miscommunication and incongruence between the patient or consumer's cultural and linguistic needs and the services the health or health care professional is providing.

The provision of culturally and linguistically appropriate services can help address these issues by providing health and health care professionals with the knowledge and skills to manage the provider-level, individual-level, and system-level factors.
National Standards for Cultural and Linguistically Appropriate Services

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization’s planning and operations.

10. Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

15. Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.
Impact of Culture

- Culture determines how an individual defines health, acknowledges illness and their practice of seeking treatment.
- Each culture has beliefs, attitudes, values and practices about good health and disease prevention.
- How the illness is cared for and treated is impacted by culture.
- As well as who is consulted about an illness.

Culture Iceberg

HOW ARE STEREOTYPES, BIAS, AND PREJUDICE RELATED TO PATIENT CARE?

- Stereotyping is a process by which people use social groups (such as sex and race) to gather, process, and recall information about other people. Stereotypes are, in other words, labels that we give to people on the basis of what groups we think they belong to.
Impact of Stereotypes

► Both implicit and explicit stereotypes shape our personal interactions.

► They affect how we recall information and guide our expectations and perceptions.

► The subtle clues we give about our own stereotypes – and how we interpret those given by others – can even produce "self-fulfilling prophecies" in social situations.

Our own beliefs about how a situation should or will unfold can actually influence the interaction so that it meets our expectations.

► For example, a professional’s conscious or subconscious stereotypes about whether minority patients will participate in a program, stick to treatment plans or keep follow-up appointments can convey the message that they don’t expect the patient to cooperate.

Listen to Patient Perspectives

► My name is... [a common Hispanic surname] and when they see that name, I think there is... some kind of a prejudice of the name...

► We’re talking about on the phone, there’s a lack of respect. There’s a lack of acknowledging the person and making one feel welcome.

► All of the courtesies that go with the profession that they are paid to do are kind of put aside. They think they can get away with a lot because...

► “Here’s another dumb Mexican.” [Hispanic focus group participant]
**Listen to Patient Perspectives**

- Often times, the [healthcare] system gets the concept of black people off the 6 o’clock news, and they treat us all the same way. Here’s a guy coming in here with no insurance. He’s low breed. (African American focus group participant)

- If you speak English well, then they will treat you better. If you speak Chinese and your English is not that good, they would also kind of look down on you. They would [be] kind of prejudiced. (Chinese-American focus group participant)

**Listen to Patient Perspectives**

“If they are going to practice in a Native American setting or serve Native Americans they should understand how traditional medicine can lead to healing the patient.” (Native American focus group participant)

**Cultural Competence Conceptual Framework**

Cultural competence requires that organizations:

1. Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.
2. have the capacity to:
   a. value diversity,
   b. conduct self-assessment,
   c. manage the dynamics of difference,
   d. acquire and institutionalize cultural knowledge and
   e. adapt to diversity and the cultural contexts of the communities they serve.

3. Incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.

   Cultural competence is a developmental process that evolves over an extended period.

   Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum.

4) leveraging cultural differences, or improving minority health by using their cultural practices, environment, and philosophies to "facilitate behavior change of patients or providers."

   By responding to the many aspects of culture, providers and organizations can work more effectively with patients to improve health behaviors, the quality of interactions with providers and organizations, and ultimately patients’ health outcomes.
Practice & Service Design

- Cultural competence is achieved by identifying and understanding the needs and help-seeking behaviors of individuals and families.
- Culturally competent organizations design and implement services that are tailored or matched to the unique needs of individuals and families served.

Practice & Service Design

- Practice is driven in service delivery systems by client preferred choices, not by culturally blind or culturally free interventions.
- Culturally competent organizations have a service delivery model that recognizes mental health as an integral and inseparable aspect of primary health care.

Cultural Competency in Service Delivery

Strategies:
1) identifying specific groups for intervention,
2) tailoring and adapting care to cultural differences,
3) being culturally competent (aware of cultural differences and able to actively solicit and respond to differences), and
Community Engagement

- Cultural competence extends the concept of self-determination to the community.
- Cultural competence involves working in conjunction with natural, informal support and helping networks within culturally diverse communities.

Community Engagement

- Communities determine their own needs.
- Community members are full partners in decision making.
- Communities should economically benefit from collaboration.

Cultural Competence: A Necessary Skill

- There is much that we as educators and health practitioners have chosen NOT to learn about those whom we serve, even though understanding the culture and history of racial and ethnic groups is essential to helping them.
- One of the most valuable skills we can have is cultural competence - the ability to work effectively across cultures in a way that acknowledges and respects the cultural of the person being served.
Cultural Competence Continuum

Cultural competence builds on the concepts of cultural sensitivity and cultural awareness and refers to the ability of healthcare providers to apply knowledge and skill appropriately in interactions with clients (Envisage, 2007).

Opportunities to Achieve Health Equity

HHS Action Plan to Reduce Racial and Ethnic Health Disparities

Vision: “A Nation free of disparities in health and healthcare.”

Goals:
1. Transform Health Care
2. Strengthen the Nation’s Health and Human Services Infrastructure and Workforce
3. Advance the Health, Safety, and Well-Being of the American People
4. Advance Scientific Knowledge and Innovations
5. Increase efficiency, transparency, and accountability of HHS Programs.
Why Does Cultural Competence Matter?

We are all caught up in an inescapable network of mutuality, tied in a single garment of destiny. Whatever effects one directly effects all indirectly.

The Rev. Dr. Martin Luther King, Jr.