Improving Health Care for All: Culturally-Competent Care

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  – Agency for Healthcare Administration
Outline

• Why be concerned with culturally competent care?
• What is culturally competent care?
  – What is the evidence of its impact?
• What are strategies for improving cultural and linguistic care?
  – Does research show that training makes a difference?
• Getting Started!
  – Some suggestions & resources
Our Mission(s)

• The mission of the Florida Initiative for Children’s Healthcare Quality (FLICHQ) is to improve the quality of health care for all children in Florida and the nation through research, teaching and the translation of knowledge into effective policies and practices.

• The mission of the National Initiative for Children’s Healthcare Quality (NICHQ) is to eliminate the gap between what is and what can be in health care for ALL children.
Why Be Concerned With Culturally Competent Care?

- Demographic trends
- Disparities in health and health care
- Need to improve the quality of services & outcomes
- Respond to legislative, regulatory, & accreditation mandates

U.S. Demographic Trends

- Minority populations continue to increase at a faster rate than Whites
- Latinos are largest minority in the U.S. (12.5% of population) with the majority living in the West and South
- Most immigration to U.S. is from Latin America and Asia
- By 2020, 45% of children will be racial/ethnic minorities
- Spanish is the most common foreign language in the U.S.
Language Diversity, Limited English Proficiency, and Health Literacy

• Language Diversity in the US
  → 18% speak language other than English at home; 47% increase since 1990
  → In California, 40% speak a language other than English at home!

• Limited English Proficiency
  → U.S. Census definition of LEP (speak English less than “very well”)
  → 8% of U.S. population; 52% increase between 1990 and 2000

• Health literacy
  → The ability to read, comprehend, act on written and numerical information received in health settings

Growing recognition of prevalence and impact on quality and costs
Quality and Disparities: Institute of Medicine Reports

To Err is Human: Building a Safer Health System (1999)

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


In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce (2003)
Health & Healthcare Disparities = Unequal Care

- An abundance of data documenting disparities in access, use of services and outcomes
  - Analgesia
  - Chronic illnesses
  - Access to renal transplantation
  - Use of immunization and preventive services
  - Use of medications
  - Use of diagnostic services and length of stay
Causes of Disparities Probably Include:

- Communication gaps between clinicians and patients and families
- Health beliefs of patients and families
- Biases and stereotypes among health professionals
- Patients’ use of complementary or alternative healing traditions/healers
- Language issues
- Ability to navigate healthcare organization
- Availability and access to services
Impact of Language Barriers

- Impaired health status
- Lower likelihood of having a usual source of care
- Lower rates of preventive services
- Greater likelihood of diagnosis of more severe psychopathology and leaving hospital AMA
- Increased risk of drug complications
- Higher resource utilization for diagnostic testing

Flores, 2005
Communication Barriers: Not Just an Issue for Non-English* Speakers

Percent of adults reporting it very easy to understand information from doctor’s office

- Total U.S.: 57%
- Hispanic English Speaking: 51%
- Hispanic Spanish Speaking: 37%
- Asian American English Speaking: 47%
- Asian American Non-English speaking: 16%

* English is not primary language spoken at home.

## Anticipatory Guidance for 4-35 Month-Old Children

<table>
<thead>
<tr>
<th>Topic Discussed with Parent by Provider</th>
<th>Odds Ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Black</td>
</tr>
<tr>
<td>Violence in community</td>
<td>2.2 (1.1, 4.4)</td>
</tr>
<tr>
<td>Smoking in household</td>
<td>1.9 (1.2, 2.8)</td>
</tr>
<tr>
<td>Use of alcohol or drugs in household</td>
<td>2.0 (1.4, 2.8)</td>
</tr>
<tr>
<td>Trouble paying for child’s needs</td>
<td>1.7 (1.03, 2.8)</td>
</tr>
<tr>
<td>Spouse/partner supports parenting efforts</td>
<td>1.6 (1.2, 2.3)</td>
</tr>
<tr>
<td>Childcare arrangements</td>
<td>2.0 (1.4, 2.8)</td>
</tr>
<tr>
<td>Importance of reading to child</td>
<td>1.6 (1.1, 2.3)</td>
</tr>
</tbody>
</table>

Flores, 2005
National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care

- The 14 standards are organized by themes:
  - Culturally Competent Care (Standards 1-3)
  - Language Access Services (Standards 4-7)
  - Organizational Supports for Cultural Competence (Standards 8-14).

- Within this framework - three types of standards of varying stringency:
  - CLAS mandates are current Federal requirements for all recipients of Federal funds (Standards 4, 5, 6, and 7).
  - CLAS guidelines are activities recommended by OMH for adoption as mandates by Federal, State, and national accrediting agencies (Standards 1, 2, 3, 8, 9, 10, 11, 12, and 13).
  - CLAS recommendations are suggested by OMH for voluntary adoption by health care organizations (Standard 14).

www.omhrc.gov
Legislation

New Jersey: “Requires Physician Cultural Competency Training as a Condition of Licensure”
Senate Bill 144, signed into law March 23, 2005
http://www.njleg.state.nj.us

California: Civil Code §51
“Continuing Medical Education on Cultural Competency”
AB 1195—Chapter 514, effective July 1, 2006
http://www.aroundthecapitol.com/Bills/AB_1195
Emerging Accreditation Requirements and Guidelines

- Joint Commission on Accreditation of Health Care Organizations
- National Committee on Quality Assurance
- Liaison Committee on Medical Education
- Accreditation Council for Graduate Medical Education
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
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• **What is culturally competent care?**
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Definitions

• Culture
  - Set of learned and shared beliefs and values that shape interactions and interpretation of experience
  - Each of us can belong to many different cultural groups, including but not nearly limited to race, ethnicity, language, religion, sexual orientation, gender, disability, and socioeconomic status

• Cultural Competence
  - “The ability of systems to provide care to patients with diverse values, beliefs and behaviors including tailoring delivery of care to meet patients’ social, cultural, and linguistic needs. The ultimate goal is a health care system and workforce that can deliver the highest quality of care to every patient, regardless of race, ethnicity, cultural background, or English proficiency.” The Commonwealth Fund. New York, NY, 2002
Definitions (cont)

• Linguistic competence
  – Capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences, including persons of LEP, those who have low literacy skills or are not literate, and individuals with disabilities.

*National Center for Cultural Competence, 2004*
“Cultural competence is not a panacea that will single-handedly improve health outcomes and eliminate disparities, but a necessary set of skills for physicians [and organizations] who wish to deliver high-quality care to all patients”

Culturally Competent Organizations

• Have a defined, congruent set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them and their personnel to work effectively cross-culturally.

• Have the capacity to:
  – value diversity
  – conduct self-assessment
  – manage the dynamics of difference
  – acquire and institutionalize cultural knowledge
  – adapt to diversity and the cultural contexts of the communities they serve.

• Incorporate the above in all aspects of policymaking, administration, practice, and service delivery and systematically involve patients, families and their communities.

*National Center for Cultural Competence, 2006*
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Evidence Base for Cultural Competency


Expected Outcomes of Culturally Competent Care

• Evidence-based care matched to needs and preferences of patients
  – Health outcomes & wellbeing:
    • Reduce or eliminate disparities
    • Improve overall health outcomes & wellbeing
  – Improved adherence
  – Improved satisfaction
Focus of Intervention Studies

• Cancer prevention and early detection (9 studies)
  – Smoking reduction
  – Cancer screenings
• Diabetes care and management (8 studies)
• Other areas:
  – Asthma
  – HIV prevention or treatment
  – Weight loss
  – Fitness and nutrition
## Organizational Cultural Competence Policies

<table>
<thead>
<tr>
<th>Cultural Competence policies (used for summary score), n = 83</th>
<th>Sites reporting policies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruits ethnically diverse nurses and providers</td>
<td>49</td>
</tr>
<tr>
<td>Recruits bilingual nurses and providers</td>
<td>40</td>
</tr>
<tr>
<td>Attempts to minimize cultural barriers through printed materials</td>
<td>34</td>
</tr>
<tr>
<td>Offers cross-cultural or diversity training</td>
<td>26</td>
</tr>
<tr>
<td>Offers training to providers to develop communication skills</td>
<td>16</td>
</tr>
<tr>
<td>Evaluates the level of cultural competence among providers</td>
<td>9</td>
</tr>
</tbody>
</table>

Organizational Cultural Competency Improves Quality of Care

Preventive medication underuse among children with persistent asthma

The Bottom Line?

• “… there is a growing case to support the effectiveness of culturally competent health promotion and education models in improving outcomes.

• Of these twenty-five studies, all but two found improved outcomes in terms of increased rates of screening, improved adherence to treatment regimens, or better physiologically based measures.”

National Center for Cultural Competence, 2006
Evidence on the Impact of Interpreter Services

- Communication issues
- Patient satisfaction with care
- Processes, outcomes, complications and use of health services

Flores, 2005
Communication Issues

- Patients who need, but do not get an interpreter, have poor self-reported understanding of diagnosis & treatment
- Ad-hoc interpreters
  - Misinterpret or omit up to half of all physicians’ questions
  - More likely to commit errors of clinical significance
  - Higher risk of not mentioning medication side effects
  - Ignore embarrassing issues

Flores, 2005
Patient Satisfaction

- Bilingual providers and telephone interpreters result in the highest levels of satisfaction
- Patients who need, but do not get interpreters, have the lowest satisfaction

Flores, 2005
• Positive impact on preventive service rates
• Institution of trained interpreter services results in more office visits & more filled prescriptions
• LEP patients with no/ad hoc interpreters:
  – More medical tests
  – Higher test costs
  – Higher risk of hospitalization

Flores, 2005
The Bottom Line?

• “...Available evidence suggests that optimal communication, the highest patient satisfaction, the best outcomes, and the fewest errors of potential clinical consequence occur when LEP patients have access to trained professional interpreters or bilingual health providers”

Flores, 2005
Evidence on the Costs and Benefits of Culturally Competent Care

- Cost estimates for linguistic competence
- Benefits found in only 2 studies
  - ↑ preventive services
  - ↓ emergency department use, intensity, or charges
- Cost benefits focused on reduction of disparities

National Center for Cultural Competence, 2006
Cost of LEP Services

- $268 million per year to provide interpretation services for people with LEP in the US *(2002 OMB Report)*

<table>
<thead>
<tr>
<th>Visit</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER visits</td>
<td>$8.6 million for hospitals</td>
</tr>
<tr>
<td>Inpatient hospital visits</td>
<td>$78.2 million for hospitals</td>
</tr>
<tr>
<td>Outpatient visits (office-based)</td>
<td>$11.5 million for community health centers</td>
</tr>
<tr>
<td></td>
<td>$12.4 million cost for hospitals</td>
</tr>
<tr>
<td></td>
<td>$156.9 million for providers</td>
</tr>
</tbody>
</table>
System Benefits

- Reduction in disparities
- Market share
- Staff turnover
- Liability
  - Links to medical error
The Bottom Line?

- The volume and level of evidence to support the hypothesis [...] that cultural and linguistic competence would result in decreased system cost is not currently present in the literature.

National Center for Cultural Competence, 2006
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“Expanding Perspectives”

Objectives

• Develop practical strategies that healthcare organizations – primary care practices in particular – can use to become better able to care for diverse populations
• Develop measures that can be used to track progress towards the goal of culturally competent care
• Test strategies and measures for feasibility
• Embed both in NICHQ quality improvement efforts and those of others
Change Package

• Three key elements
  – A conceptual framework that describes the features of the ideal system (Care Model for Child Health)
  – A set of changes and strategies that have proven to be or promise to be effective in achieving improvements
    • Change concepts
  – A set of measures that enable tracking of progress towards improvement goals
    • Outcome Measures
    • Process Measures
    • Structural Measures
    • Balancing Measures
Framework

• Care Model for Child Health
  – A modification of the Chronic Care Model (Ed Wagner, MD, MPH et al)
  – Used in all NICHQ Collaboratives (Quality Improvement projects) focused on chronic illness care and preventive services, e.g.,
Care Model for Child Health

Productive Interactions
Functional and Clinical Outcomes
Change Concepts

• Within each of the six components of the Care Model for Child Health
  – Community Resources (2)
  – Health System and Organization (3)
  – Family and Self-Management Support (2)
  – Decision Support (2)
  – Delivery System Design (2)
  – Clinical Information System (2)

• Included several or many strategies for each change
Community resources

- Involve community in planning, implementing, and evaluating services and policies
- Create and sustain meaningful partnerships with community leaders and organizations
Health System

• Assess organizational and individual understanding of culturally and linguistically effective care and implement appropriate strategies for making and sustaining improvements.
  – Train providers in the use of trained interpreters
  – Collect, analyze, and report patient population data by race, ethnicity, and language
  – Use varied methods to educate providers and staff about culturally competent care, and evaluate the training outcomes
Delivery System Design

• Provide consumers with effective and respectful care compatible with their cultural beliefs and practices and in their preferred language.
  – Use standardized questions or tools such as language cards for assessing preferred language
  – Use standardized instrument to assess health literacy
• Define roles and responsibilities regarding culturally effective care
  – Incorporate language needs at time of scheduling
Family and Self Management Support

• Prepare families to be ...active partners in their child’s care
  – Review and adapt existing translated materials (e.g., asthma management plans) for use by the specific communities served
  – Provide all health materials and programs in culturally/linguistically appropriate manner
Decision Support

• Provide clinicians access to reliable resources for learning about health beliefs and practices of cultural groups in the community (cautiously)
  – Gather population demographics, epidemiological statistics about disparities in health and health care, prevalent health beliefs and healing traditions for predominant cultures served
Clinical Information Systems

• Create a standardized system to collect all relevant patient demographic data.
  – Incorporate demographic data into any existing Electronic Medical Record or data system
  – Ensure that data fields for race/ethnicity and language (at a minimum) are present in registration system
  – Use data to monitor performance of practice team and health system

• Use reports stratified by relevant groups to provide feedback to staff, providers, and families.
Measures

Outcome Measure

- **Disparities**: Magnitude of difference among racial/ethnic groups in key clinical outcomes.

Process Measures

- **Language**: Percent of patients receiving care in their preferred language.
- **Identification of race, ethnicity, and language preference**: Percent of children/families with R/E, language preference, and desire for an interpreter identified in data system or in the medical record.
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Cultural and Linguistic Competency Training Vehicles

- Monographs/Articles
- Seminars/Workshops/Courses
- Grand Rounds/Conferences
- Curricular Materials/Simulations
- Community Immersion Experiences
- Multimedia - Videos/CD-ROMs/DVDs
- Websites/E-Learning/Blended Learning
Cultural Competency Training

- There is excellent evidence to suggest…
  - CC training improves the knowledge of healthcare providers (17 of 19 studies)

- There is good evidence to suggest…
  - CC training impacts the attitudes and skills/behaviors of healthcare providers Improves attitudes and skills (good evidence; 21 of 25 attitude studies and 14 of 14 skills studies)
  - CC training improves patient satisfaction (good evidence; 3 of 3 studies)
  - No evidence on health status outcomes

Beach MC et al Medical Care April 2005
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The following are some of the specialty groups that have published guidelines and/or policies relating to the care of culturally diverse populations:

- Society of Teachers of Family Medicine
- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Obstetrics and Gynecology
- American Psychiatric Association
- American College of Emergency Physicians
- American Academy of Orthopedic Surgeons
Patient- & Family-Centered Care

- NICHQ Programs, Services & Resources
  www.nichq.org

- Picker Institute – Picker/Commonwealth Program for Patient-Centered Care
  http://www.pickerinstitute.org

- Planetree Health Alliance
  http://www.planetree.org

- Institute for Family-Centered Care
  http://www.familycenteredcare.org
Communication and Culture: The Common Denominator in Improving Quality and Safety of Care for Children

Promising Strategies to Assess and Improve Quality and Safety of Hospital Care for Latino Children from Limited English Proficient (LEP) Homes: A Toolkit for Innovative Health Care Leaders, October 2005

Prepared by: FLICHQ, CAHMI, All Children’s Hospital, & San Diego Children’s

Project Funding: The Commonwealth Fund & California Endowment (www.cmwf.com & www.calendow.org )

Contacts: Dr. Lisa Simpson (University of South Florida) and Dr. Christina Bethell (Oregon Health and Science University)
This toolkit for innovative health care leaders includes:

I. The Child Hospitalization Communication, quality and Safety Survey (CHCQSS-LEP) Module, Pilot Version 1.5, guidelines and checklist for implementation

II. Models to Improve Quality & Safety-Related Communication, additional tools, ideas and resources

III. Additional resources and references
LEP Survey Module
Survey module topics include:

– LEP Status Screener
– Translation
– Written Forms
– Medical Procedures
– Medicines
– Getting Help and Information
– Admission to Hospital
– Discharge
Additional Resources

- The California Endowment
  http://www.calendow.org/
- The Network for Multicultural Health
- Office of Minority Health
  http://www.omhrc.gov
- National Center on Minority Health and Health Disparities, NIH
  http://ncmhd.nih.gov
- The Commonwealth Fund
  http://www.cmwf.org/
- National Center for Cultural Competence
  http://www.gucchd.georgetown.edu/ncc
- Cross Cultural Health Care Program
  www.xculture.org/
- EthnoMed
  http://ethnomed.org
- Office of Minority Health
  http://www.omhrc.gov
- Center for Cultural Competency
  http://www.umdnj.edu/culturalcompetency/pages/whats.htm
- National Health Law Program
  http://www.healthlaw.org
- Hablamos Juntos
  http://www.hablamosjuntos.org
- Transcultural Nursing Society
  http://www.tcns.org
- Lumetra Health Plan’s cultural competency effort
- Diversity Rx - Resources for Cross Cultural Health Care
  http://www.diversityrx.org
The Journey Ahead...

“Adding wings to caterpillars does not create butterflies -- it creates awkward and dysfunctional caterpillars. Butterflies are created through transformation.”

Stephanie Pace Marshall
...Starts with Small Steps

“Never doubt that a small group of committed citizens can change the world;
“Never doubt that a small group of committed citizens can change the world; indeed it is the only thing that ever has.”

Margaret Meade