Delivering Quality Care to Diverse Populations: Developing Cultural Competence

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Outline

- Cultural Competence and Quality: Goals and Drivers
- A Checklist: The Patient-Based Approach
- Looking to the Future
What is the goal of Cultural Competence?

To improve the ability of health care providers and the health care system to effectively communicate and care for patients from diverse social and cultural backgrounds.

_Emerged in response to acknowledgement of impact of culture on clinical care, and increasing patient diversity._
What is Culture?

- Shared system of values, beliefs, and learned patterns of behavior
  - Lens through which we view world
  - Includes social factors

- Not equivalent to just ethnicity or race
  - We all have culture, and belong to multiple cultures

- Fluid, not static
  - Great variations within groups
Why Cultural Competence? Increasing Diversity

Health care organizations need to prepare staff to work with patients and colleagues from diverse cultural backgrounds.

Current and Projected Resident Population of the United States, 1998-2030

Why Cultural Competence?
Impact of Sociocultural Factors on Health Beliefs, Behaviors and Treatment

- Variation in symptom presentation
- Expectations of care
- Ability to maneuver within the system
- Diagnostic and Treatment choices
Why Cultural Competence?

Disparities in Health Care 2002

Racial/Ethnic disparities found across a wide range of health care settings, disease areas, and clinical services, even when various confounders (SES, insurance) controlled for.

Findings: Many sources contribute to disparities—no one suspect, no one solution

- Provider-Patient Communication
- Stereotyping
- Mistrust

Rec: Cultural Competence training for all health care professionals
Residents Preparedness to Care for Diverse Populations
JAMA 2005

- Residents located in programs affiliated with 160 academic health center hospitals
- Final year of training
- N=2047 (RR=60%)
- Seven Specialties
  1) Emergency Med (EM)
  2) Family Med (FM)
  3) Internal Med (IM)
  4) OB/GYN
  5) Pediatrics (Ped)
  6) Psychiatry (PSY)
  7) General Surgery (Surg)
Residents Preparedness to Care for Diverse Populations
JAMA 2005

Key Highlights

 Culture is important in clinical care

 Being inattentive to culture has clinical consequences
  – Longer LOS, non-adherence, unnecessary visits, tests, hospitalizations and delays obtaining informed consent

 Although majority feel prepared, they lack basic skills

 Those who received training feel better prepared
  – Training matters

 Time is the biggest barrier to cross-cultural care
A Checklist:  
The Patient-Based Approach to Cross-Cultural Care

- Assess *Core cross-cultural issues*
- Explore the *meaning of the illness*
- Determine the *social context*
- Engage in *negotiation*
Core Cross-Cultural Issues

- Styles of Communication
  - Empower patient to participate and ask questions

- Autonomy, Authority, and Family Dynamics
  - Identify how patients want to hear news; who else should be involved

- Role of Biomedicine
  - Determine whether patient sees anyone else; identify use of CAM and folk remedies

- Traditions, Customs, Spirituality
  - Determine whether there are customs that might interfere with clinical care

- Sexual and Gender Issues
  - Explore issues related to sexuality, orientation; determine comfort with opposite gender

- Mistrust and Prejudice
  - Identify mistrust (through previous health experience); provide focused reassurance
Exploring the Meaning: Identifying Explanatory Models

- Patient’s conceptualizations of illness
  - “I know when my blood pressure is high”

- Patient’s ideas about dx procedures or txs
  - “The flu shot causes the flu…”

1. What do you think has caused your problem? How?
2. Why do you think it started when it did?
3. How does it affect you?
4. What worries you most? Severity? Duration?
5. What kind of treatment do you think you should receive? What result do you expect?
Determining the Social Context

Tension:
- What are your major supports and stressors?

Life Control
- What are your thoughts about health care? Can you get meds?

Language/Literacy
- Do you have trouble reading pill bottles?

Environment Change
- What was medical care like where you come from?
Provider-Patient Negotiation

Patient’s model  Biomedical model

Mutual understanding

Improved cooperation
Model for Cross-Cultural Care: A Patient-Based Approach

Awareness of Cultural and Social Factors → Elicit Factors → Negotiate Models → Implement Management Strategies

Avoid stereotypes and build trust

Tools and skills necessary to provide quality care to any patient we see, regardless of race, ethnicity, culture, class or language proficiency.
Challenges in teaching cross-cultural care

**Challenge:**
- Students consider themselves culturally savvy

**Solution:**
- Calls for a learner-centered approach that recognizes this increasing diversity and incorporates the student’s own background into the curriculum
- Explores the learner’s explanatory model in relation to the patient’s explanatory model
Challenges in teaching cross-cultural care

Challenge

- Students respect empiricism over subjectivity and may not have as much deference to authority (learner resistance)
  - If not obviously presented in an evidence-based framework, some students may feel that this is “soft medicine.” (Betancourt et al, 2005)

Solution

- Calls for the recognition of health disparities as relevant to healthcare outcomes as well as other current drivers – quality, patient experience, legal, etc.
- Teaching of cross-cultural care leads to improvements in healthcare outcomes
Challenges in teaching cross-cultural care

Challenge

- Teachers must avoid reducing cross-cultural care teaching to the teaching of stereotypes
  - Teaching only during interactions where the patient and physician belong to discordant racial or ethnic groups (process of “othering”) (Nunez, 2000)

Solution

- Concept of culture must be broadened
  - Teaching the importance of individual preferences and the individual socioeconomic factors that are at play (Green et al, 2005)
  - Development of “the Beginner’s mind”
Application of Cultural Competence Education

- Integrate cross-cultural issues into clinical/communication skills teaching
- Use of Internet-based resources
  - E-learning program
- Integrating into clinical teaching
- Use of Objective Structured Clinical Examinations (OSCE)
- Use of Film
  - *Worlds Apart* cases
Quality Interactions offers case-based teaching which allows learners to experience a real clinical scenario, while learning a skill set to best care for patients of diverse cultural backgrounds.
“Cultural Competence” OSCE

Students gained the following perspectives:

- Eliciting the patient’s perspective on their illness
- Examining how and why patients take their medications and inquiring about alternative therapies
- Exploring the range of social and cultural factors associated with medication non-adherence

Note: This exercise requires careful attention to faculty development, training of standardized patients, and preparation of students

Miller E and Green AR. *Med Teach.* 2007 May;29(4):e76-84
Clinical Teaching/Precepting

- Role modeling communication skills & attitudes of curiosity, empathy, respect, tolerance
- Making socio-cultural issues important
- Recognizing and discussing learner’s emotions/attitudes towards patient
- Signs of cross-cultural issues/barriers and probes for discussion
Mindful Practice

- To become more aware of one's own mental processes, listen more attentively, become flexible, and recognize bias and judgments, and thereby act with principles and compassion.
- To have an ability to observe the observed while observing the observer in the consulting room.
- Mindful practice requires mentoring and guidance.

Epstein RM. Mindful Practice. JAMA. 1999; 282: 833-839
The Patient’s Voice

View portion of documentary film (real case)

Consider:

Patient Perspective

Clinicians’ Perspective

Barriers and challenges

How would you teach?