A Two-Year Evaluation of the Office of Minority Health’s
A Physician’s Practical Guide to Culturally Competent Care

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Presentation Overview

- HHS Office of Minority Health
- Overview of Health Disparities
- What/Why Cultural Competency?
- Demographics
- The OMH Center of Linguistic and Cultural Competence in Health Care (CLCCHC)
- The Physician’s Practical Guide to Culturally Competent Care
- Evaluation/Results of the Physician’s Practical Guide to Culturally Competent Care
Mission: To improve the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities
Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (IOM, 2002)

- Racial and ethnic disparities in health care exist and are unacceptable
- Minorities receive lower quality of health care even when socio-economic and access-related factors were controlled
- Bias, stereotyping, prejudice, and clinical uncertainty may contribute to racial and ethnic disparities in healthcare
National Report on Health Disparities

National Healthcare Disparities Report 2008

- Created by the Agency for Healthcare Research and Quality (AHRQ)
- Provides a national overview of disparities in health care among racial, ethnic, and socioeconomic groups in the general U.S. population
- Highlights three key themes:
  - Overall, disparities in health care are not getting smaller
  - Progress is being made, but many of the biggest gaps in quality have not been reduced
  - Uninsured is a major barrier to reducing disparities
"Minorities and low income Americans are more likely to be sick and less likely to get the care they need"

– HHS Secretary Sebelius

- 15% of African Americans, 14% of Hispanics, and 18% of American Indians develop diabetes, while only 8% of white Americans do.
- African Americans are diagnosed with AIDS at nine times, and Hispanics at three times the rate of Whites.
- 48% of all African Americans adults suffer from a chronic disease compared to 39% of the general population.

*Source: DHHS 2009*
What is Cultural Competency?

- Cultural competency is effectively providing services to people of all cultures, races, ethnic backgrounds and religions in a manner that respects the worth of the individual and preserves their dignity.

- Aspects of culture include all of the following*:

*Source: Graves 2001

www.thinkculturalhealth.org
Why Promote Cultural Competency Service Delivery?

- Respond to Changing Demographics
- Improve ability of providers to effectively communicate/care for patients from diverse social/cultural backgrounds
- Provide quality care/improve health outcomes
- Meet Legislative, Organizational, and Accreditation Standards
Why Cultural Competency? 
Respond to Changing Demographics

A Snapshot of the Race/Ethnicity Shift in the U.S.*

1970 Population

- White non-Hispanic: 83%
- African American: 11%
- Hispanic: 5%
- Asian: 1%

2005 Population

- White non-Hispanic: 68%
- African American: 13%
- Hispanic: 5%
- Asian: 14%

Projected 2050 Population

- White non-Hispanic: 52%
- African American: 13%
- Hispanic: 25%
- Asian: 10%

*Sources: U.S. Census Bureau, Population Reference Bureau

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Why Cultural Competency? Respond to Changing Demographics

Minorities in the Physician Workforce

- The physician population is less diverse than the U.S. population
  - Approximately 15% of physicians are from a racial/ethnic minority background as compared to 33% of patients

Source: 2008 Kaiser State Health Facts
Why Cultural Competency? Facilitate Clinical Processes/Improve Health Outcomes

- Make a more accurate diagnosis
- Run fewer tests
- Develop a more personalized treatment plan
- Increase compliance and adherence to treatment
- Raise level of preventative care
Why Cultural Competency?
Minorities Face Greater Difficulty in Communicating with Physicians*

*Source: The Commonwealth Fund Health Care Quality Survey 2001

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Professional Standards/Statements:

- **American Medical Association***
  - An organization should create an environment that is respectful to populations with diverse backgrounds; this includes helping its workforce understand sociocultural factors that affect health beliefs and the ability to interact with the health care system.
  - An organization should determine what language assistance is required to communicate effectively with the populations it serves, make this assistance easily available and train its workforce to access and use language assistance resources.

- **American Academy of Pediatrics**
- **American Association of Medical Colleges**

*Source: AMA 2006*
Why Cultural Competency?
Meet Legislative, Organizational, and Accreditation Standards

Accreditation Standards:

◆ The Joint Commission
  • Currently proposing accreditation standards for hospitals that will promote the provision of culturally competent patient-centered care

◆ National Committee for Quality Assurance
  • Develop Multicultural CLAS standard Benchmarks

◆ Education Bodies
  • Liaison Committee on Medical Education, Commission on Collegiate Nursing Education, Accreditation Council for Graduate Medical Education
Why Cultural Competency?
Meet Legislative, Organizational, and Accreditation Standards

Cultural Competency State Legislation

- **Dark Blue** denotes legislation requiring (WA, CA, NJ, NM) or strongly recommending (MD) cultural competence training, which was signed into law.
- **Purple** denotes legislation which has been referred to committee and is currently under consideration.
- **Royal Blue** denotes legislation which died in committee or was vetoed.
Federal regulations

- **Title VI of the Civil Rights Act of 1964**
  - Mandates that no person in the United States shall, on ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

- **Medicaid & Medicare Programs making services/programs accessible to language minority populations**
The mission of the CLCCHC:

- To collaborate with federal agencies and other entities to enhance the ability of the health care system to effectively deliver linguistically appropriate and culturally competent health care to limited English-speaking populations.
CLAS Standards

- National Standards (14) for Culturally and Linguistically Appropriate Services in Health Care (CLAS) were developed by OMH as a means to improve access to health care for minorities, reduce disparities, and improve quality of care.

- Issued December 2000

- Three themes:
  - Culturally Competent Care (1-3)
  - Language Access Services (4-7)
  - Organizational Supports (8-14)
OMH’s Cultural Competency E-Learning Programs: Tools to Reduce Disparities

www.ThinkCulturalHealth.org

- A Physician’s Practical Guide to Culturally Competent Care
- Culturally Competent Nursing Care: A Cornerstone of Caring
- Health Care Language Services Implementation Guide
- Cultural Competency Curriculum for Disaster Preparedness and Crisis Response

“Equip health professionals with awareness, knowledge, and skills to treat diverse patients”

www.thinkculturalhealth.org
Why Develop this Curriculum?

- Increasing racial and ethnic diversity of U.S. population demands new skills from health care providers
- Lack of cross-cultural training programs
- Enhance providers’ communication skills – improving health care for all patients
- Improve health of racial and ethnic minority populations
- Close the gap between minority and non-minority populations
A Physician’s Practical Guide to Culturally Competent Care

- Flagship program in the Think Cultural Health suite of programs: released in December 2004
- Designed to equip providers with awareness, knowledge and skills to treat diverse patients and improve quality of care
- Free, online program accredited for up to 9 hours of continuing education for:
  - Physicians
  - Physician Assistants
  - Nurse Practitioners
Why Online Format Continuing Education?

- Use of multiple modules is more successful in influencing physician behavior than single episodic intervention
  - Casebeer et al, 2003, Journal of Medical Internet Research

- “Appropriately designed, evidence-based online CME can produce objectively measured changes in behavior as well as sustained gains in knowledge that are comparable or superior to those realized from effective live activities.”
  - Fordis et al, 2005, JAMA
Curriculum Development Process

- Needs Assessment
  - Focus Groups

- Environmental Scan
  - National Project
  - Advisory Committee
  - Consensus Building
  - Concept Papers

- 1st Draft: PDF & DVD cases
  - Pilot Testing

- Revisions
  - Web Platform

- 2nd Draft
  - Field Testing

- Revisions
  - Final Draft

Accreditation & Launch
A Physician’s Practical Guide: Curriculum Design

Participants can:

- Watch streaming video case studies or view transcripts
- Answer pre- and posttests that provide immediate feedback and review missed questions
- Receive instant online grading and CME/CEU certification at no cost
- View other providers’ comments
- Participate in a group session of the course using the Facilitator’s Guide and iDVD Test Center

Why Culturally Competent Care?

With the increasing diversity of the United States' population, physicians are more and more likely to encounter situations that require the delivery of culturally competent care, access to a vast array of language services, and support for healthcare organizations.

Register today to start earning up to 9 free CME credits (Physicians), 9 CME credits (Physician Assistants), 9 CME credits (Nurses) or 9 contact hours (0.9 CEUs) (Pharmacists) while exploring engaging cases and learning about cultural competency in health care.

Below you may view case highlights from this Web site:

A Young Hispanic doctor wants the office staff to treat her patients better.

She is dismayed to overhear a staff member say, “There should be a law that everyone speaks English in this country” now should she handle the situation?

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# A Physician’s Practical Guide: Interactive Features

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<th>Icon</th>
<th>Feature Name</th>
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<td>CLAS Acts</td>
<td>Creative ways to implement the CLAS Standards</td>
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<td><img src="image2.png" alt="Icon" /></td>
<td>Cultural Insights</td>
<td>Information about culturally diverse groups</td>
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<td><img src="image3.png" alt="Icon" /></td>
<td>Fast Facts</td>
<td>Information, research, and statistics related to diversity</td>
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<td>Pulse Points</td>
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<td>Stories from the Front Line</td>
<td>Examples of cultural encounters from individuals in the field</td>
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<td>Video Clips</td>
<td>Case studies depicting real life scenarios physicians may face</td>
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A Physician’s Practical Guide: Rationale for Evaluation

- Conducted two years after the launch of the program
- Sought to determine impact of program on:
  - Physician’s knowledge regarding culturally competent care models, principles, and theories
  - Physician’s attitudes regarding the provision of culturally competent care toward diverse patient types
  - Physician’s skills (communication skills, use interpreters) regarding the provision of culturally competent care
- Additionally conducted to provide evidence base for:
  - Ongoing research and new training programs
  - Recommended program improvements
Selected Research Questions

- Do physicians successfully learn course material, as indicated by higher scores on the posttest than on the pretest?
- Do physicians report increasingly positive attitudes toward diverse patient types?
- Have physicians increased their knowledge of resources available to improve practice of care and the utilization of those resources (based on pre-post test comparisons as well as self-report)?
- Do physicians perceive that communication practices in direct physician-patient interactions were enhanced due to the curriculum?
Selected Research Questions

- Do physicians and patients who share the same racial characteristics receive higher self-assessed ratings, patient ratings, or higher pre or post test scores relating to achievement of cultural competence?

- Do physicians who share the primary language with patients of limited English proficiency (LEP) receive higher self-assessed ratings, patient ratings, or higher pre or post test scores relating to achievement of cultural competence?
A Physician’s Practical Guide: Evaluation Methodology

- Data collected from 2,213 physicians who participated in the curriculum between December 2004 and December 2006
- Examined qualitative and quantitative data
- Used a repeated measures design to examine knowledge before and after curriculum participation
- Data sources included pre- and posttests, registration questionnaires, self-reflection surveys, and nationwide focus groups
A Physician’s Practical Guide: Evaluation Conclusions

- Physicians enter the program with a reasonable understanding of cultural competency, but still show increased posttest scores and knowledge gain.
- Curriculum participation renders a positive impact on practice behavior:
  - Increased sensitivity to cultural differences
  - Took more time with patients
  - Asked more patient-centered questions
- Course resulted in improved perceptions of medical interpreters.
- Curriculum participation results in enhanced self-awareness of cultural competency concepts.
Course Evaluation Feedback

To what extent did this course meet your expectations for defining the benefits of incorporating cultural competence in medical practice?

- 51% Met completely
- 34% Almost completely met
- 13% Partially met
- 1% Barely met
- 1% Did not meet
Do you feel the learning activities presented in this course are effective?

- 96%
- 4%
Course Evaluation Feedback

Would you recommend this course to a colleague?

- Yes: 96%
- No: 4%
“It made me more aware of the cultural differences. It has caused me to take a little more time with patients when I know there is a language or cultural difference...I’ve remained more sensitive about patient-centered care and started asking my patients: ‘What do you think we should do about this?’”

“One thing that impacted me was not using family members as interpreters. A lot of times I’m forced to do that or it seems like the best method at the time, but now I can understand how certain issues may be sensitive to people, even if I don’t think they are sensitive issues.”

“I really started to realize that having an interpreter is a good practice builder. It has been a boon to my practice.”
User Feedback

- "I liked the case based approach which helped to bring it alive."

- "This program was excellent. I learned more than I have ever learned from any other CME program. It will definitely affect the way I interview patients."

- "This is extremely valuable - every health care provider should participate."

- "Loved the clinical examples that really enhanced the learning."

- "Excellent information that I will be able to use in my practice."

- "The fact that this can be completed from home is a huge plus."
Challenges and Limitations of Evaluation

- Participants self-select participation in Physician’s curriculum
  - Likely that participants are “pre-disposed” to cultural awareness and/or prefer Web-based curricula
- Attrition in completing later modules
- “Visitor” versus “course completer” distinctions
- Small sample sizes for certain specialties, ethnicities, and practice types

- Over 39,000 registered users
  - 50% of registered users are MDs; 6% are DOs
  - 56% of registered users are female
  - 66% of users are White

- Nearly 200,000 credits awarded to participants
  - CME Physician: Over 126,000
  - CEU Physician Assistant: Over 6,000
  - Participation: Over 26,900

- Top participant specialties
  - Family Practice
  - Internal Medicine
  - Pediatrics
  - Surgery

*As of 03.19.10
Questions?

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