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Disclosures

- Eileen Raher, RN, MS, MAED has no interest in selling a technology, program, product, and/or service to CME professionals.

- Jill Foster, MD MPH is an employee of CE Outcomes, LLC, which sells evaluation services to CME professionals.

- Robert Like, MD MS serves as a Consultant/Advisory Board Member/Speaker’s Bureau Member and has other financial relationships related to Selected Cultural Competency & Disparities in Health & Health Care Program and Activities: Medscape, MDNJLive.com, Outcomes Inc, Pri-Med Institute, Wyeth, Boehringer-Ingelheim, Schering-Plough, Eli Lilly, Cline Davis & Mann, American Heart Association, American College of Cardiology Foundation.

The Needs Assessment information being presented was funded through an educational grant to AHA from Pfizer.
Objectives

- Define cultural competencies for selected health care professionals
- Discuss the importance of cultural competency training for improving the quality of patient care
- Describe survey methodology for physicians, office staff and patients used to assess the cultural competency of healthcare professionals
- Utilize information from the multiple perspectives to design and implement cultural competency training related to stroke and cardiovascular disease (CVD) prevention in African American populations
Who’s In Our Audience?

1. Academic Medical Institution
2. Medical Education and Communication Company
3. Other CME Provider
4. Disease Specific Society
5. Medical Specialty Organization
6. Pharma/Biotech/Medical Device Company
7. Other *(please let us know who you are)*

ARS Question 1
What are your plans for CME/CPPD programs that address cultural competence or healthcare disparities in the next 12 months? (Select only one)

- Not really interested in these topics
- Interesting topics, but no plans to address them in near future
- Already exploring this as an area for future activity
- Plans or proposals underway in these areas, seeking support to implement
- Currently implementing or supporting activities in these areas
- Experienced in supporting or conducting activities in these areas; able to assist others
Background on AHA Initiative

- American Stroke Association (ASA) launched – 1998
- Cultural Health Initiatives
  - Establish and inform AHA/ASA priorities and strategies
  - Educate emerging populations to reduce cardiovascular disease (CVD) and stroke disparities
- 2020 Impact Goal
  - to improve the Cardiovascular Health of All Americans by 20% while reducing deaths from cardiovascular disease and stroke by 20%

- Suite of award-winning, comprehensive programs (2003 launch) which improve acute and preventive care for patients hospitalized with CVD
  - Stroke module currently implemented in over 1500 hospitals
### National Cause Architecture

#### Campaign

- Collateral
- PTES Pledge
- Local Events
- Nat’l. Spokesperson
- Theme Song
- Celebrity Ambassadors
- Power Awards
- Ad Council Partnership
- Local Media Alliances
- Nat’l. Spokesperson
- PTES Pledge
- Local Events
- Guidelines
- Targeted Research
- Ambassador Program
- Strategic Alliances
- Key Opinion Leaders
- PR/Media Outreach
- Celebrity Engagement
- Stakeholder Engagement

#### Audience

African Americans ages 30-64

#### Pillars

- Medical Community
- Key Opinion Leaders
- PR/Media Outreach
- Celebrity Engagement
- Stakeholder Engagement

#### Core Elements

- Guidelines
- Targeted Research
- Ambassador Program
- Strategic Alliances
- Ad Council Partnership
- Local Media Alliances
- Nat’l. Spokesperson
- Theme Song
- Celebrity Ambassadors
- Power Awards
- Collateral
- PTES Pledge
- Local Events
POWER TO END STROKE

I’M PROUD

I’M STRONG
Bridging the Gap

**What we have:**
- System-wide program to improve prevention and acute stroke care
- Patient-driven initiatives to reduce stroke risk in African Americans

**What we need to ask:**
- How can we strengthen interactions between African American patients and their healthcare providers?
- Are there professional practice gaps?
Racial & Ethnic Disparities in Health & Health Care
Definitions

**Health Disparities**
- Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups

**Health Care Disparities**
- Unexpected differences in the quality of care that are **not** due to access-related factors or clinical needs, preferences, and appropriateness of intervention

Institute of Medicine, Unequal Treatment, 2002
Evidence of Healthcare Disparities
Evidence of racial/ethnic differences in cardiac care 1984-2001

- 68 studies found less appropriate care among racial & ethnic minority groups (84%)
- 11 studies find no racial/ethnic difference in care (14%)
- 2 studies found more appropriate care among racial/ethnic minority groups (2%)

Total= 81 studies
Contributors to Healthcare Disparities

Institute of Medicine Reports


“Healthcare providers should be made aware of racial and ethnic disparities in healthcare ....

In addition, all current and future healthcare providers can benefit from cross-cultural education.”

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

“Health care … should be safe, effective, patient-centered, timely, efficient, and equitable.”
Cultural Competence
What is 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, [language proficiency, literacy, age, gender, sexual orientation, disability, or socioeconomic status].”

Adapted & expanded from the Commonwealth Fund. New York, NY, 2002
Rationale for Culturally Competent Health Care

- Responding to demographic changes
- Eliminating disparities in the health status of people of diverse racial, ethnic, & cultural backgrounds
- Improving the quality of services & outcomes
- Meeting legislative, regulatory, & accreditation mandates
- Gaining a competitive edge in the marketplace
- Decreasing the likelihood of liability/malpractice claims

# Emerging Accreditation Requirements and Guidelines

- **Office of Minority Health - National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care**

- **Joint Commission**

- **National Committee on Quality Assurance**

- **National Quality Forum**

- **Liaison Committee on Medical Education**

- **Accreditation Council for Graduate Medical Education**
## State Cultural Competency Legislation

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

### U.S. State Legislation Status

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<td>New Jersey</td>
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<td>Florida</td>
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</tr>
<tr>
<td>Colorado</td>
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Goal

- Develop a commitment to eliminating inequities in health care quality by understanding and assuming a professional role in addressing this pressing health care crisis.

Learning Objectives

- Examine and understand attitudes, such as mistrust, subconscious bias, and stereotyping, which practitioners and patients may bring to clinical encounters;

- Gain knowledge of the existence and magnitude of health disparities, including the multifactorial causes of health disparities and the many solutions required to diminish or eliminate them;

- Acquire the skills to effectively communicate and negotiate across cultures, languages, and literacy levels, including the use of key tools to improve communication.

There is some evidence that interventions to improve quality of healthcare for minorities, including cultural competence training, are effective.

Name of AAFP-approved source: AHRQ


Strength of evidence: A systematic review of 91 articles, of which 64 were chosen that evaluated cultural competence training as a strategy to improve the quality of healthcare in minority populations. There is excellent evidence for improvement in provider knowledge, good evidence for improvement in provider attitudes and skills, and good evidence for improvement in patient satisfaction.
Within the past 2 years, has your organization developed or supported any CME/CPPD programs with this focus? (select all that apply)

- Improving Provider Cultural Competence
- Reducing Healthcare Disparities
- Reducing Health Disparities
- Facilitating Patient-Centered Healthcare
- None of these
TOPIC:
Physician cultural competence in stroke prevention

NEEDS ASSESSMENT:
How would you design your assessment?
Geographic Focus – The “Stroke Belt”


Stroke Mortality
Age Adjusted Rate Per 100,000
- 0.0 - 7.0
- 7.1 - 8.4
- 8.5 - 9.4
- 9.5 - 11.1
- 11.2 - 75.6
- Insufficient Data

Multifaceted Assessment Approach

- Patient Perceptions of Physician Cultural Competencies
  - History-taking Behaviors
  - Explanatory Behaviors
  - Trust
  - Satisfaction

- Self-Assessed Physician Cultural Competencies
  - Attitude
  - Knowledge
  - Skills

- Physician Office Staff Cultural Competencies
  - Culturally Competent Care

Educational Recommendations for American Heart Association
**Methods**

**Survey Instrument**
- Clinical Cultural Competence Questionnaire (CCCQ)\(^1,2\)
  - Attitudes about sociocultural issues and diversity training
  - Knowledge of health risks, health disparities, and sociocultural issues
  - Skills with sociocultural issues of diverse racial and ethnic groups

**Sampling Strategy**
- Family physicians, general internists, cardiologists, & neurologists
- 10 “Stroke Belt” states
- Survey distributed by e-mail, fax and FedEx

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\(^1\) Like RC. Assessing the impact of cultural competency training using participatory quality improvement methods. www2.umdnj.edu/fmedweb/chfcd/aetna_foundation.htm

### Physician Demographic Characteristics

<table>
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<th>Demographic Category</th>
<th>Demographic Characteristic</th>
<th>Percentage</th>
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<td>Gender</td>
<td>Male</td>
<td>77%</td>
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<tr>
<td>Specialty</td>
<td>Primary Care (FP &amp; IM)</td>
<td>73%</td>
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<tr>
<td></td>
<td>Specialist (Cardiology and Neurology)</td>
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<tr>
<td>Physician ethnicity</td>
<td>Caucasian</td>
<td>70%</td>
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<tr>
<td></td>
<td>Asian American</td>
<td>13%</td>
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<td></td>
<td>African American / Black</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>Latino / Hispanic</td>
<td>5%</td>
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<tr>
<td></td>
<td>Other / multiple ethnicities</td>
<td>4%</td>
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<tr>
<td>Years since medical school graduation</td>
<td>Less than 10 years</td>
<td>9%</td>
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<tr>
<td></td>
<td>10-20 years</td>
<td>37%</td>
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<tr>
<td></td>
<td>More than 20 years</td>
<td>54%</td>
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<tr>
<td>Medical school attendance</td>
<td>International</td>
<td>21%</td>
</tr>
<tr>
<td>Prior training in cultural diversity</td>
<td>None</td>
<td>25%</td>
</tr>
</tbody>
</table>

N = 697
Physician Self-Assessed Attitudes

Survey Questions:
How important do you consider sociocultural issues to be in your interactions with patients?
How important do you feel it is for health professionals to receive training in cultural diversity and/or multicultural health care?
There are striking differences regarding the perceived importance of multicultural healthcare training between white and non-white physicians.
Physician Self-Assessed Knowledge

Survey Item Examples - Knowledge in sociocultural issues

- Sociocultural characteristics of diverse racial/ethnic groups
- Health disparities experienced by diverse racial/ethnic groups
- Impact of racism, bias, prejudice, and discrimination experienced in health care
- Ethnopharmacology
- Different healing traditions
- Office of Minority Health’s National Standards for CLAS in health care

Survey Question: How knowledgeable are you about each of the following subject areas?
Physician Self-Assessed Skills

Survey Item Examples - Skills dealing with sociocultural issues

• Greeting patients in a culturally sensitive manner
• Assessing health literacy
• Prescribing/negotiating a culturally sensitive treatment plan
• Providing culturally sensitive patient education and counseling
• Eliciting information on folk remedy & alternative healing modality use
• Dealing with cross-cultural conflicts relating to diagnosis or treatment

Survey Question: How skilled are you in dealing with sociocultural issues in the following areas of patient care?
Office Staff Assessment Summary

- **Participants (n=149)**
  - Office managers of participating physicians

- **Assessment Instrument Focus**
  - Compliance with 3 Culturally and Linguistically Appropriate Services in Health Care (CLAS) Standards
    - Standard 1 – Effective, understandable, respectful patient care
    - Standard 2 – Diverse staff and leadership
    - Standard 3 – CLAS staff training and evaluation

- **Findings**
  - 26% of practices in compliance with all 3 CLAS Standards
    - Highest for Standard 1
    - Lowest for Standard 3

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1CLAS Standards Pre-Assessment Tool developed by the Oklahoma Foundation for Medical Quality
Patient Assessment Findings Summary

Participants (n=1181)
- Drawn from 25 randomly selected southeastern counties
- Adults 40-75 yrs who saw primary care physician (PCP) in past year
  - 41% black, 55% white

Assessment Instrument Focus
- Physician’s History-Taking and Explanatory Behaviors

Findings
- Physician history-taking behaviors less frequent than explanatory behaviors
- No differences by patient race, but significant differences by PCP race
  - Patients reported all assessed behaviors at higher frequencies for black, compared to white physicians.

1Patient-Reported Physician Cultural Competence (PRPCC) - Thom DH and Tirado MD. Med Care Res Rev 2006; 63:636-55
Summary

- Enhancing cultural competence is an important mechanism for reducing CVD healthcare disparities.

- Assessments of cultural competence should include multiple perspectives to adequately understand providers and their practice environment.

- Practicing physicians’ preparedness for culturally appropriate care is varied with many physicians lacking formal training. Tiered interventions are needed for physicians at differing stages.

- 1 in 5 physicians considers multicultural healthcare training unimportant. Integrating cross-cultural issues more broadly into CME may help engage this subgroup.
Lessons Learned
Strategies to Enhance Cultural Competence

- CLAS Practice Environment
- Resources & Tools
- Cultivate Leadership
- Legitimize Cultural Competency
- Facilitate Skill Development
- Impart Critical Knowledge
- Promote Positive Attitudes
- Encourage Self-Assessment

Reducing Healthcare Disparities in Cardiovascular Disease
What are the biggest challenges to developing CME/CPPD programs that improve cultural competence?

(Select all that apply)

- Documenting the need for cultural competency training
- Conveying evidence that cultural competency training improves quality of care and health outcomes
- Obtaining funding and resources for program development
- Identifying knowledgeable faculty and curricula
- Addressing resistance and inertia on the subject

ARS Question 4
You are developing a 1-day symposium focusing on a specific disease. Your faculty have asked that one of the program objectives focus on reducing health and healthcare disparities associated with the disease.

Where would you seek funding to support this objective?
(Select only one)

- Pharma/Industry
- Managed care organizations
- Federal Agency
- Private Foundation
- Internal funding
AHA Next Steps

- The AHA Diversity Leadership Committee is in the exploratory phase of an internal baseline assessment of organizational cultural competence.
- Session on cultural competence being developed for 2010 AHA Quality of Care and Outcomes Research Annual Conference.
- Manuscript of data presented today is being finalized for submission for publication.
- AHA Cultural Competency Initiative Working Group is working on refining and redeploying a survey to a broader constituency.
- The AHA Cultural Competency Initiative Working Group is exploring development of CME/CE activities.
Additional Resources

AHA Minority Health Summit - Executive Summary
  - FREE full text article available via PubMed link

Educating Physicians to Provide Culturally Competent, Patient-Centered Care

National Standards on Culturally & Linguistically Appropriate Services (CLAS)
- DHHS, Office of Minority Health
- [www.omhrc.gov/CLAS](www.omhrc.gov/CLAS)

AMA/NMA/NHMA Commission to End Healthcare Disparities
- [www.ama-assn.org/go/healthdisparities](www.ama-assn.org/go/healthdisparities)
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