Assessing Cultural Competency in Stroke Prevention for African-American Patients:
Measuring Professional Practice Gaps

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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, MDNGLive.com, Outcomes Inc, Pri-Med Institute, Wyeth, Boehringer-Ingelheim, Schering-Plough, Eli Lilly, Cline Davis & Mann, American Heart Association, American College of Cardiology Foundation

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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

ARS Question 2

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

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National Cause Architecture

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Campaign

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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

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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?

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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

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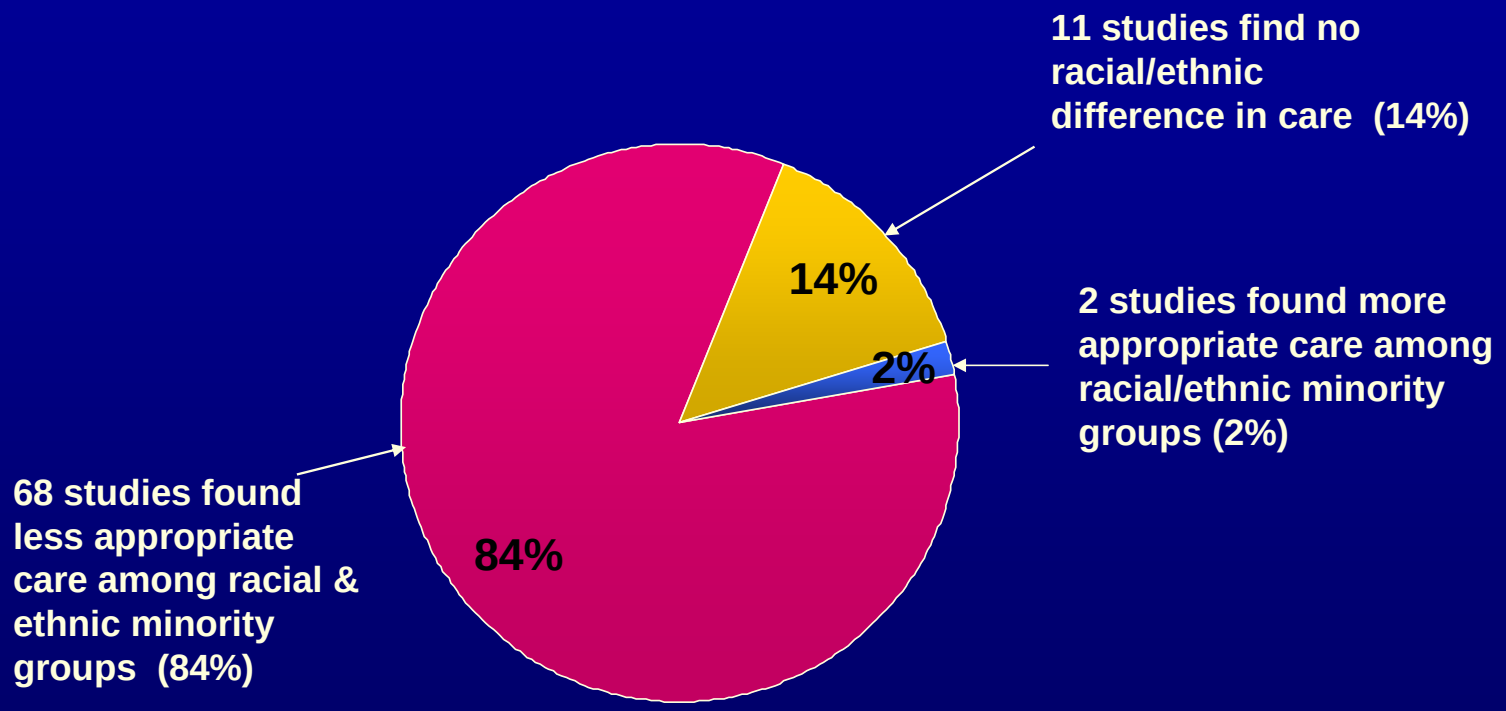
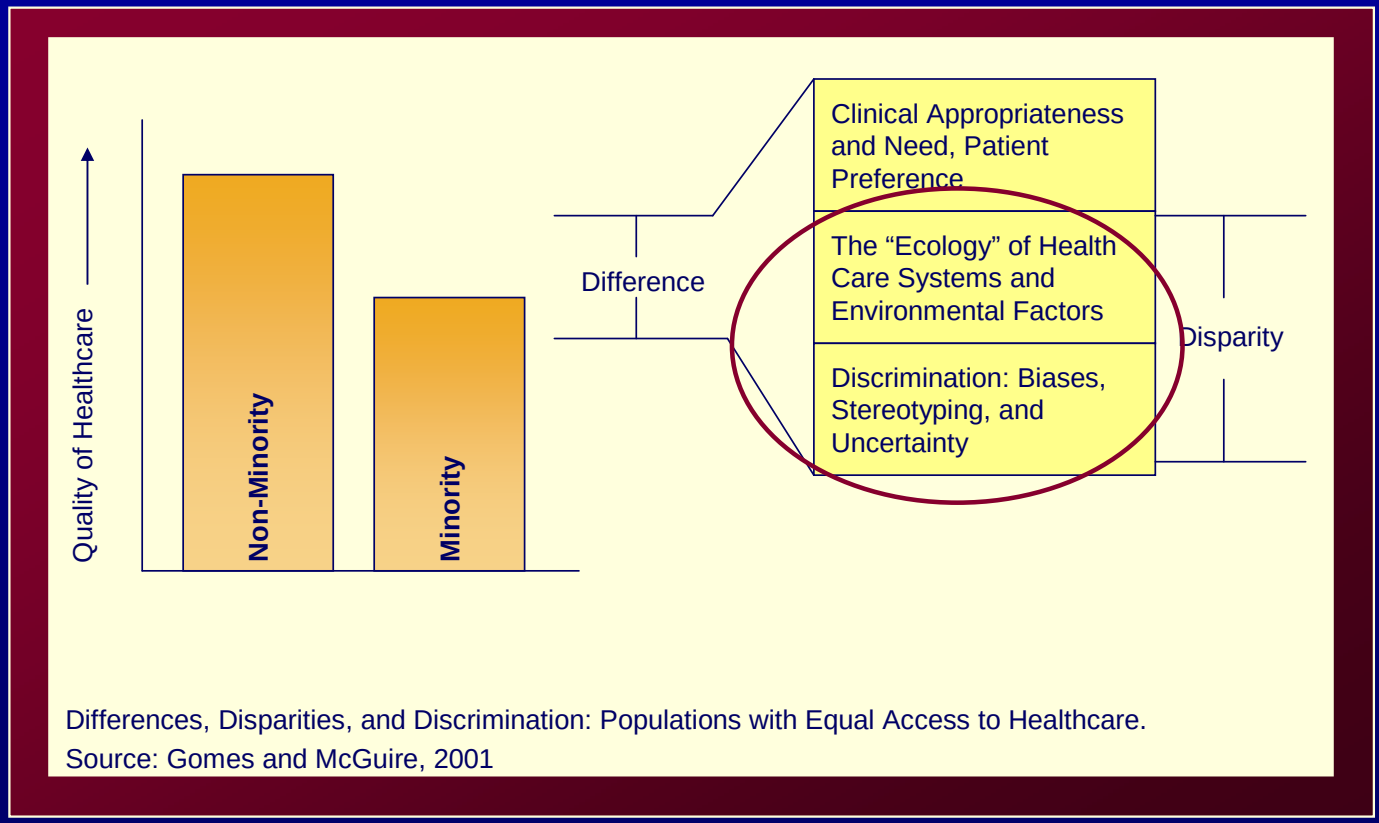
Evidence of racial/ethnic differences in cardiac care 1984-2001



Total= 81 studies

Contributors to Healthcare Disparities



Differences, Disparities, and Discrimination: Populations with Equal Access to Healthcare.
Source: Gomes and McGuire, 2001

Smedley BD, Stith AY, Nelson AR, Editors et al. Unequal Treatment: What Healthcare Providers Need to Know About Racial and Ethnic Disparities in Healthcare. National Academies Press; 2002

Institute of Medicine Reports

Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (2002)

"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."*

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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

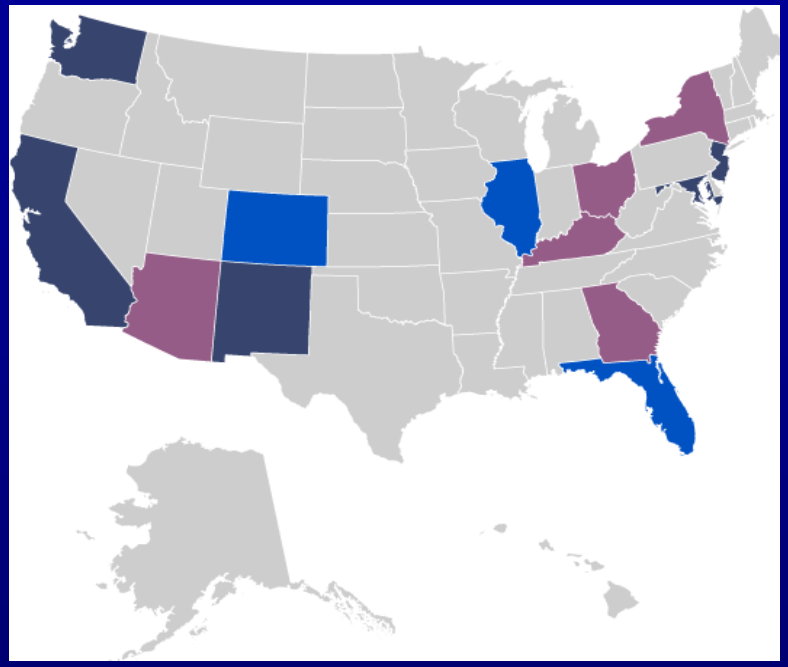
- Responding to demographic changes
- Eliminating disparities in the health status of people of diverse racial, ethnic, & cultural backgrounds
- Improving the quality of services & outcomes
- Meeting legislative, regulatory, & accreditation mandates
- Gaining a competitive edge in the marketplace
- Decreasing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

Cohen E, Goode T. Policy Brief 1: Rationale for cultural competence in primary health care. Georgetown University Child Development Center, The National Center for Cultural Competence. Washington, D.C., 1999.

Emerging Accreditation Requirements and Guidelines

- Office of Minority Health - National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care
  - www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15
- 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



U.S. State	Legislation Status
New Jersey	Passed
California	Passed
Washington State	Passed
New Mexico	Passed
Maryland	Passed
New York	Pending
Ohio	Pending
Arizona	Pending
Kentucky	Pending
Georgia	Pending
Illinois	Died
Florida	Died
Colorado	Vetoed

- **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.

http://www.thinkculturalhealth.com/cc_legislation.asp

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Cultural Competence Education Recommendations

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.

Smith WR, Betancourt JR, et al. Recommendations for Teaching about Racial and Ethnic Disparities in Health and Health Care. Annals of Internal Medicine 2007; 147(9): 654-665.

Evidence Base for Cultural Competence Training

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

Specific web site of supporting evidence:
http://www.ahrq.gov/downloads/pub/evidence/pdf/minqual/minqual.pdf

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

ARS Question 3

Physician Cultural Competency

Selected Findings from a Multifaceted Needs Assessment

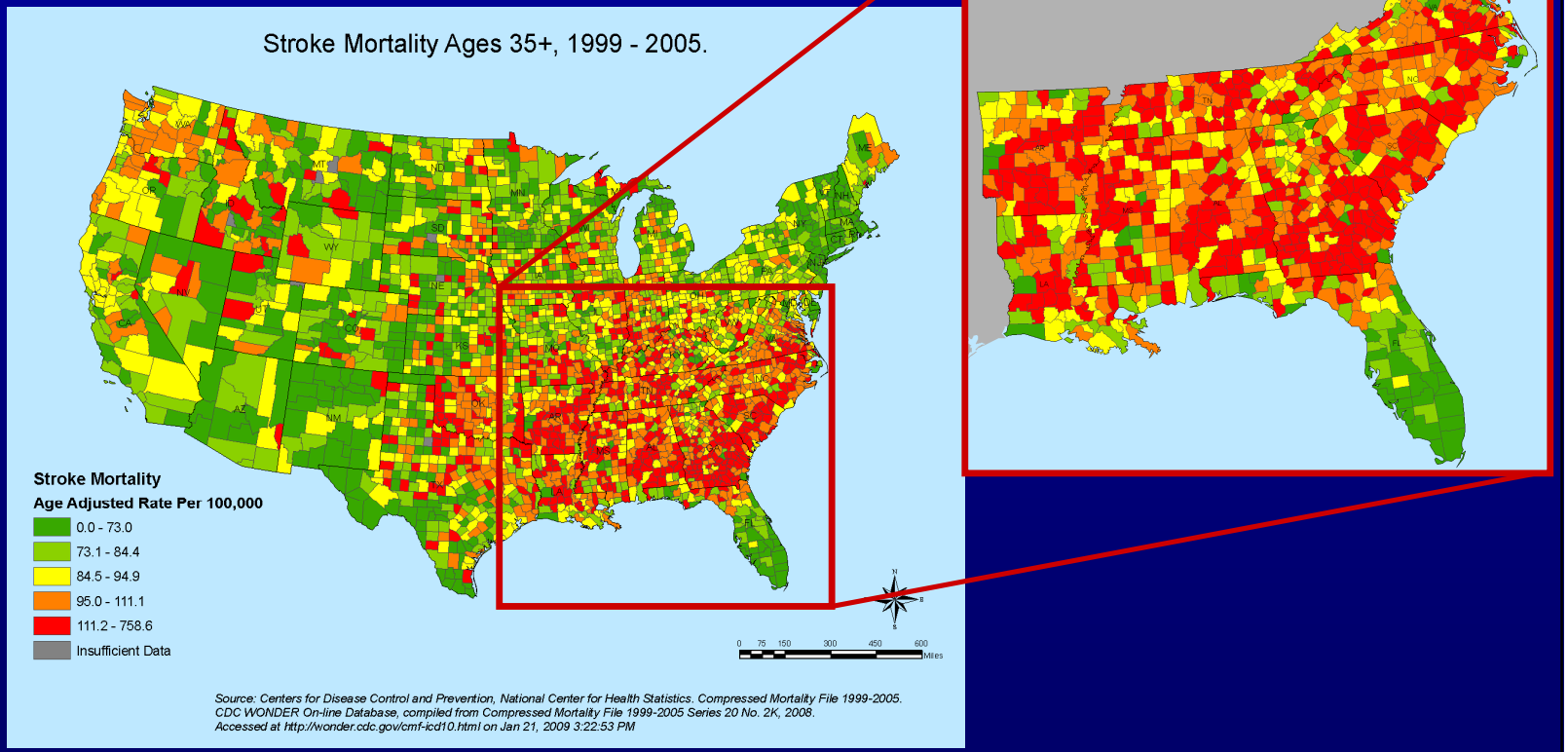
TOPIC:

Physician cultural competence in stroke prevention

NEEDS ASSESSMENT:

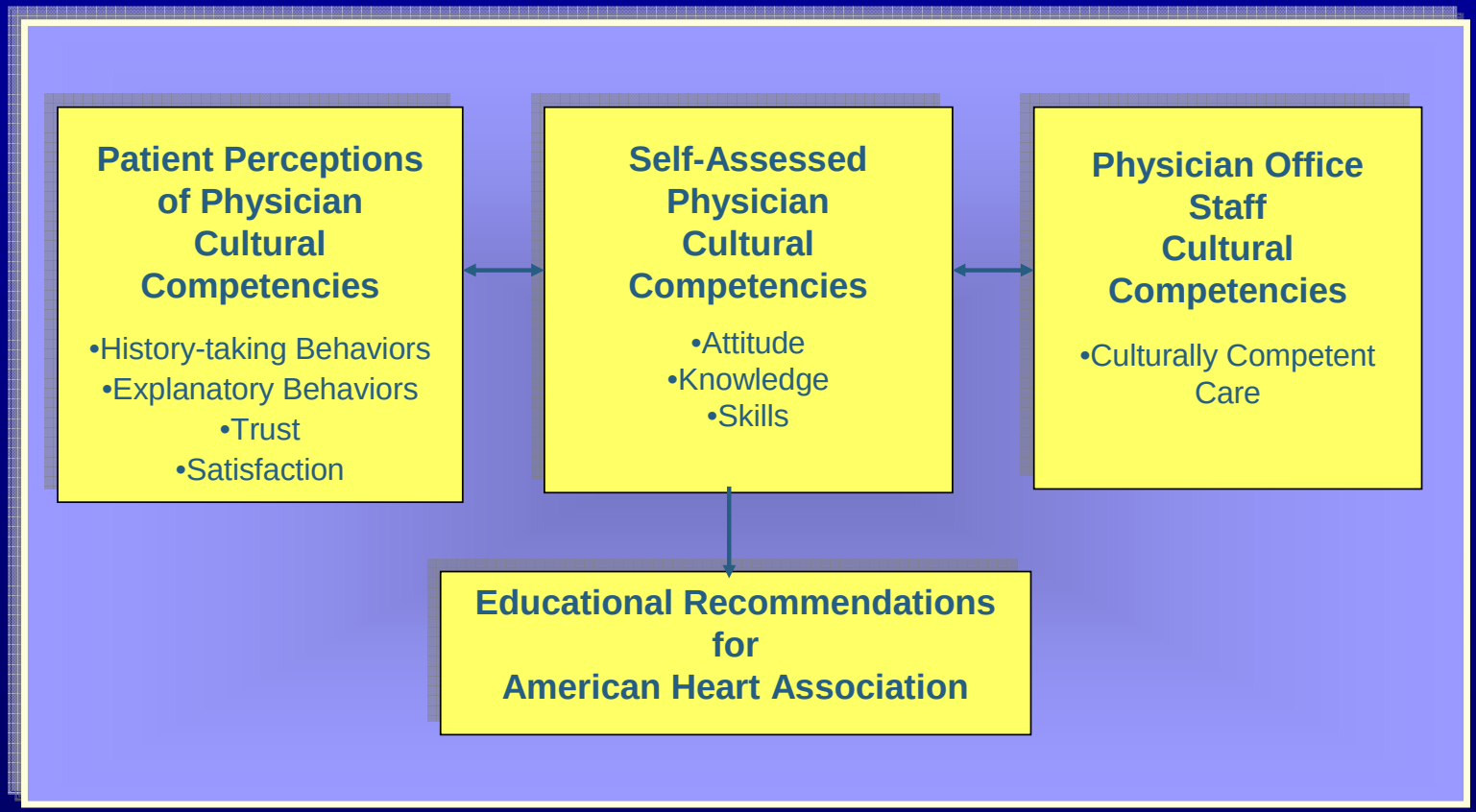
How would you design your assessment?

Geographic Focus – The "Stroke Belt"



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2005. CDC WONDER On-line Database, compiled from Compressed Mortality File 1999-2005 Series 20 No. 2K, 2008. Accessed at http://wonder.cdc.gov/cmf-icd10.html on Jan 21, 2009 3:22:53 PM

Multifaceted Assessment Approach



Physician Self-Assessment

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

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

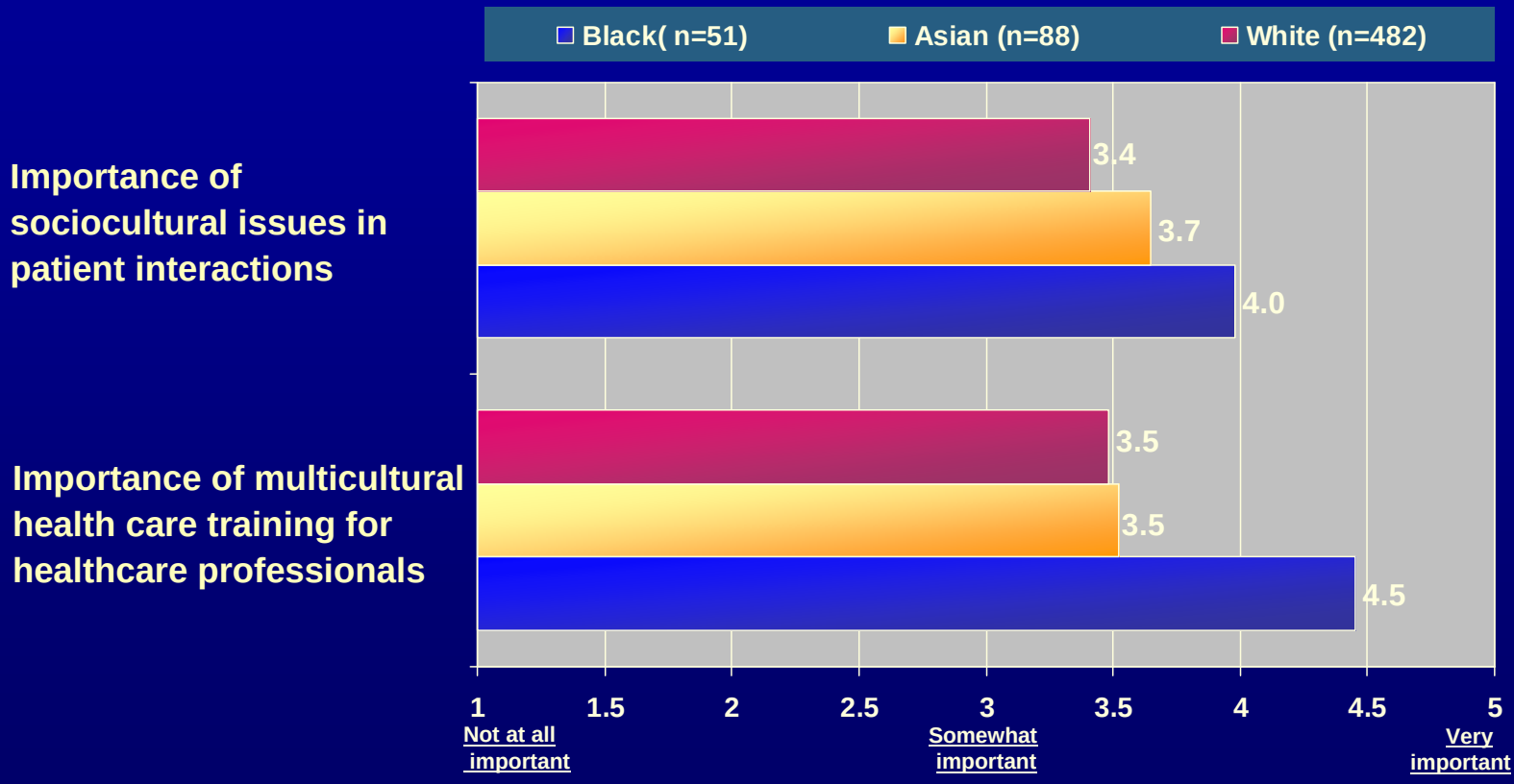
[2] Ladson GM et al. Am J Obstet & Gynecol. 2006; 195:1457-62.

Physician Demographic Characteristics

Demographic Category	Demographic Characteristic	Percentage
Gender	Male	77%
Specialty	Primary Care (FP & IM)	73%
	Specialist (Cardiology and Neurology)	27%
Physician ethnicity	Caucasian	70%
	Asian American	13%
	African American / Black	7%
	Latino / Hispanic	5%
	Other / multiple ethnicities	4%
Years since medical school graduation	Less than 10 years	9%
	10-20 years	37%
	More than 20 years	54%
Medical school attendance	International	21%
Prior training in cultural diversity	None	25%

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?"

Physician Self-Assessed Attitudes

- 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[1]

    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

[1]CLAS 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[1]

Findings

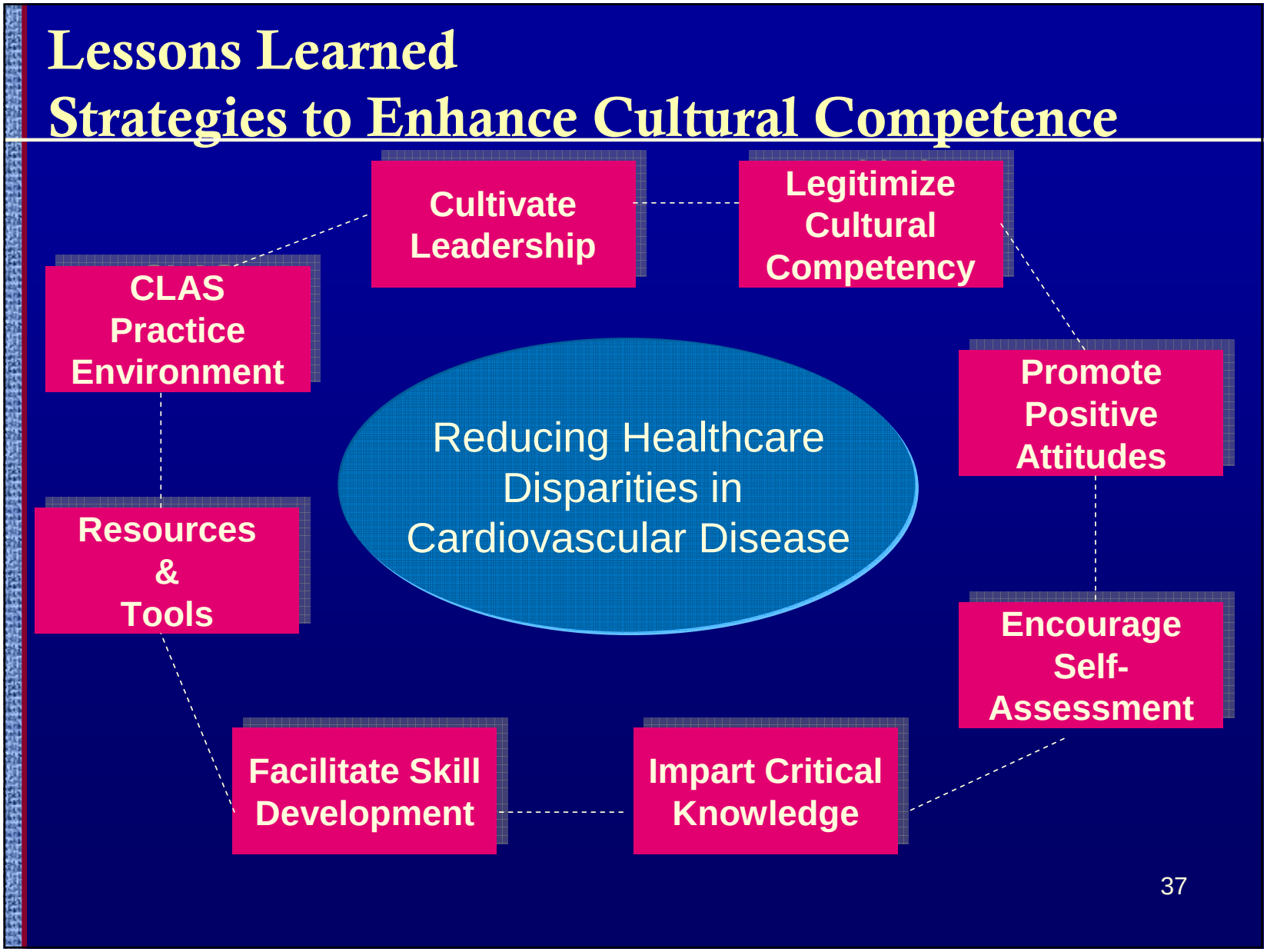
- Physician history-taking behaviors less frequent than explanatory behaviors
- No differences by patient race, but significant differences by PCP race
  - Patients reported all assessed behaviors at higher frequencies for black, compared to white physicians.

[1]Patient-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



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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

ARS Question 5

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**
  - Yancy CW, et al. Circulation 2005. 111: 1339-49.
  - www.ncbi.nlm.nih.gov/pubmed/15769779?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=6
    - FREE full text article available via PubMed link
- **Educating Physicians to Provide Culturally Competent, Patient-Centered Care**
  - Like RC, et al. Perspectives: A View of Family Medicine in New Jersey. 2008; 7(2):10-20
  - www.njafp.org/documents/NJAFP_2008_2QFINAL_20081016111034.pdf
- **National Standards on Culturally & Linguistically Appropriate Services (CLAS)**
  - DHHS, Office of Minority Health
  - www.omhrc.gov/CLAS
- **AMA/NMA/NHMA Commission to End Healthcare Disparities**
  - www.ama-assn.org/go/healthdisparities

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