

Cultural and Linguistic Competency: Quality of Care for the 21st Century

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Literacy

- Literacy: "An individual's ability to read, write and speak in English, and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one's goals, and develop one's knowledge and potential." ¹
- 40-44 million Americans who are functionally illiterate and 50 million w/ marginal literacy skills (~ 50% pop'n)²
- Majority are white, native-born Americans
- Disproportionate rates among: elderly, immigrants, poor, racial/ethnic minorities, and those in poor health

1 National Literacy Act, 20 USC § 1201 (1991).

2 Adult Literacy in America: A First Look at the Findings of the National Adult Literacy Survey. Washington, DC: NCES, US Dept. of Education, 1993.

Functional Health Literacy

- IOM Dfn: "The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions." ¹
- Important for full participation in health care: navigating the health system (kept appts), accurate/complete histories, inappropriate use of medicine, use of "informed consent"
- Diabetes: 50% w/ inadequate literacy knew hypoglycemia symptoms vs. 94% w/ adequate literacy²
- Asthma: poor literacy ~ less asthma knowledge and inappropriate use of inhalers

¹ Health literacy: a prescription to end confusion. Institute of Medicine. www.iom.edu/report.asp?id=19723.
² Williams MV, Baker DW, Parker RM, Nurss JR. Arch Intern Med. 1993;153:166-72.

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Functional Health Literacy

- Majority of patient information (education brochures, discharge instructions, consent forms) is written above the eighth grade reading level
- Physicians overuse medical jargon
 - simple medical terms often not understood: "orally" (35%), "nerve" (22%), malignant (18%) and "terminal" (13%) ¹
- Culture, language and learning are inter-related
- Effective health education must be both culturally and linguistically appropriate

¹ Samora J, Saunders L, Larson R. J Health Hum Behavior. 1961:83-92.

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Cultural Competency

- Campinha-Bacote Dfn¹:
 - 1. Cultural awareness: learning to value and understand other cultures, in part through awareness of personal biases hindering this process
 - 2. Cultural knowledge: acquiring a basic educational foundation about other cultures
 - 3. Cultural skills: the ability to apply cultural information in patient health care settings
 - 4. Cultural encounters: gaining experience through cross-cultural interactions
 - 5. Cultural desire: Having motivation to pursue the above

1 Campinha-Bacote J. J Nurs Educ. 1999;38:203-7.

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Cultural Competency

- Cross-cultural variation exists in cultural beliefs and expectations, family and gender-based role behaviors, and relationship structures/behaviors
- These cultural differences impact on how diseases are managed¹

1 Kleinman A, Eisenberg L, Good B. Ann Intern Med. 1978;88:251-8.

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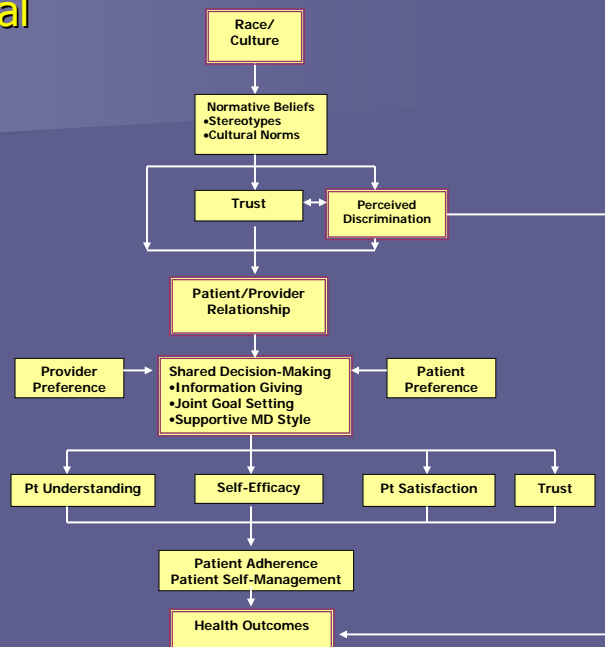
Physician bias and stereotyping

- Physician visits are ripe for unconscious stereotyping
 - Adaptive strategies, stereotypes, bias/prejudice and discrimination
 - Time pressure, high cognitive demand, limited resources and uncertainty
- Racial/ethnic minorities more likely to report discrimination w/in the health care setting (i.e. 15-70% AA vs. 1-2% whites)
- Landmark study: AA 40% less likely to be recommended for cardiac angiogram than whites (among patient actors w/ identical clinical scenarios)¹
- Studies of pts w/ bone fractures: Hispanics and AA were less likely to receive pain meds despite equal estimates of pain by doctors^{2,3}

1 Schulman KA, Berlin JA, Harless W, et al. N Engl J Med. 1999;340:618-26.
 2 Todd KH, Samaroo N, Hoffman JR. JAMA. 1993;269:1537-9.
 3 Todd KH, Deaton C, D'Adamo AP, Goe L. Ann Emerg Med. 2000;35:11-6.

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Conceptual Model



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Why is this important?

- Changing demographics of the U.S.
 - 2050: 40% of U.S. will consist of AA and Hispanics
 - Significant health disparities among racial/ethnic minorities
 - Public health and health care delivery costs
- Culturally and Linguistically Competent Care is:
 - Standard of care
 - Quality care
 - Good business

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Quality of Care

- IOM *Crossing the Quality Chasm* report: safety, effectiveness, patient centeredness, timeliness, efficiency and equity.¹
- Racial/ethnic disparities in quality of care
 - AA with diabetes have lower rates of PCP visits, eye exams, LDL and A1C m'ment, influenza vaccinations
- Discrimination and/or lack of cultural competency may impact the equitable distribution of health care resources
- Patient centeredness "establishes a partnership among practitioners, patients, and their families to ensure that decisions respect patients' wants, needs, and preferences and that patients have the education and support they require to make decisions and participate in their own care."¹
- Patient centeredness is an important part of the Chronic Care Model.

¹ Committee on Quality of Health Care in America, Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, D.C.: National Academy Press, 2001.

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Quality of Care

- Racial/ethnic minorities have less equitable care, patient-centered communication, participatory visits and shared decision-making (SDM)
- Cross-sectional survey of 34 community health centers¹
 - 3-item subscale of the Patient-Practitioner Orientation Scale
 - Controlled for age, gender, education, marital status and “how well patient is known by their physician”
 - No differences between African-Americans and whites in patient preference for SDM (p= 0.21)
 - Cultural discordance, provider bias or other factors?

1 Peek ME, Tang H, Cargill A, Chin MH. J Gen Intern Med. Manuscript submitted.

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Health Literacy and Outcomes

- Diabetes:
 - lower percentages of “tight” control (20% vs. 33%)¹
 - 2.3x the rate of eye disease and 2.7x the rate of stroke¹
- Depression: 1.2x odds of being depressed²
- Prostate cancer: higher percentages of late-stage disease (55% vs. 38%)³
- Overall health status: 2x chance of reporting poor health⁴

1 Schwinger D, Chumbach K, Perna J, et al. JAMA. 2002;288:1779-82.
2 Gennipianu J, Baker D, Parker R, Baker DC. Arch Intern Med. 2002;162:2207-14.
3 Bennett CL, Ferrara MR, Davis TC, et al. J Clin Oncol. 1998;16:2101-6.
4 Baker DW, Parker RW, Williams RV, Clark WJ, Nurss J, Aron J. Public Health. 1997;107:1027-30.

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Health Literacy and Costs

- Medicaid beneficiaries: lowest grade levels (0-2) had annual costs of \$12,974 (vs. \$2969 for overall pop'n)¹
- Medicare beneficiaries: low literacy pts w/ 1.29 higher chance of hospitalization than higher literacy pts²
- Rheumatoid arthritis: low literacy pts w/ 3x the number of outpatient visits as higher literacy pts³

1 Weiss BD, Blanchard JS, McGee DL, et al. *J Health Care Poor Underserved*. 1994;5:99-111.
2 Baker DW, Gazmararian JA, Williams MV, et al. *Am J Public Health*. 2002;92:1278-83.
3 Gordon MM, Hampson R, Capell HA, Madhok R. *Rheumatology*. 2002;41:750-4.

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Cultural Competency and Outcomes

- Increased diagnostic errors due to:
 - Language/communication barriers
 - Failure to understand culture-specific symptom presentations or epidemiology
- Patients who report discrimination:
 - Worse health indicators: self-rated poor health, hypertension, days spent unwell in bed, risk of pre-term delivery and AIDS-related symptoms
 - Delays in medication use and medical testing/treatment

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Healthcare Interventions

- Early evidence of favorable impact on health outcomes
- Physician intervention for DM pts w/ low literacy¹
 - Assessed recall/comprehension of new concepts
 - ~ 9x odds of better diabetes control in study group
- Cultural competency training for providers²
 - + use of lay health educators
 - Increased mammography rates (60% vs. 50%)

1 Schillinger D, Piette J, Grumbach K, Wang F, et al. *Arch Intern Med.* 2003;163:83-90.
2 Margolis KL, Lurie N. *J Gen Intern Med.* 1998;13:515-21.

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Healthcare Interventions

- Systematic review of health care interventions to reduce racial/ethnic disparities in diabetes¹
 - Culturally-tailored interventions: better glucose control than “standard” interventions (HgbA1c reduction: 0.69 vs. 0.10)
 - Use of CHWs: \$131/person, 12-mo study, 0.70 HgbA1c²
 - DM costs: \$100 billion annually, 1.0 HgbA1c reduction → 25-35% reduction in retinopathy, nephropathy, and neuropathy

1 Peek ME, Cargill A, Huang ES. *Med Care Res Rev.* In press.
2 Brown, S. A., S. A. Blozis, K. Kouzekanani, et al. *Diabetes Care* 2005;28:527-32.

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