



CULTURAL COMPETENCY AND HEALTH CARE DISPARITIES 2002-2016

LISTENING AND INCLUDING VOICES OF BLACK IMMIGRANTS

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THE PATH

The presenter posits that the path to reducing persistent health disparities and improving health outcomes among black immigrants involves a cultural competency framework that is rooted more in intentionally listening to and including voices of black immigrants than on prescribing a solution.

GOAL/BACKGROUND

- Reducing health disparities and achieving equitable health care remains an important goal for the U.S. Healthcare system.
- Cultural competence is widely seen as a foundational pillar for reducing disparities through culturally sensitive and unbiased quality care.
- Culturally competent care is defined as care that respects diversity in the patient population and cultural factors that can affect health and health care, such as language, communication styles, beliefs, attitudes, and behaviors.

THEORETICAL PERSPECTIVES

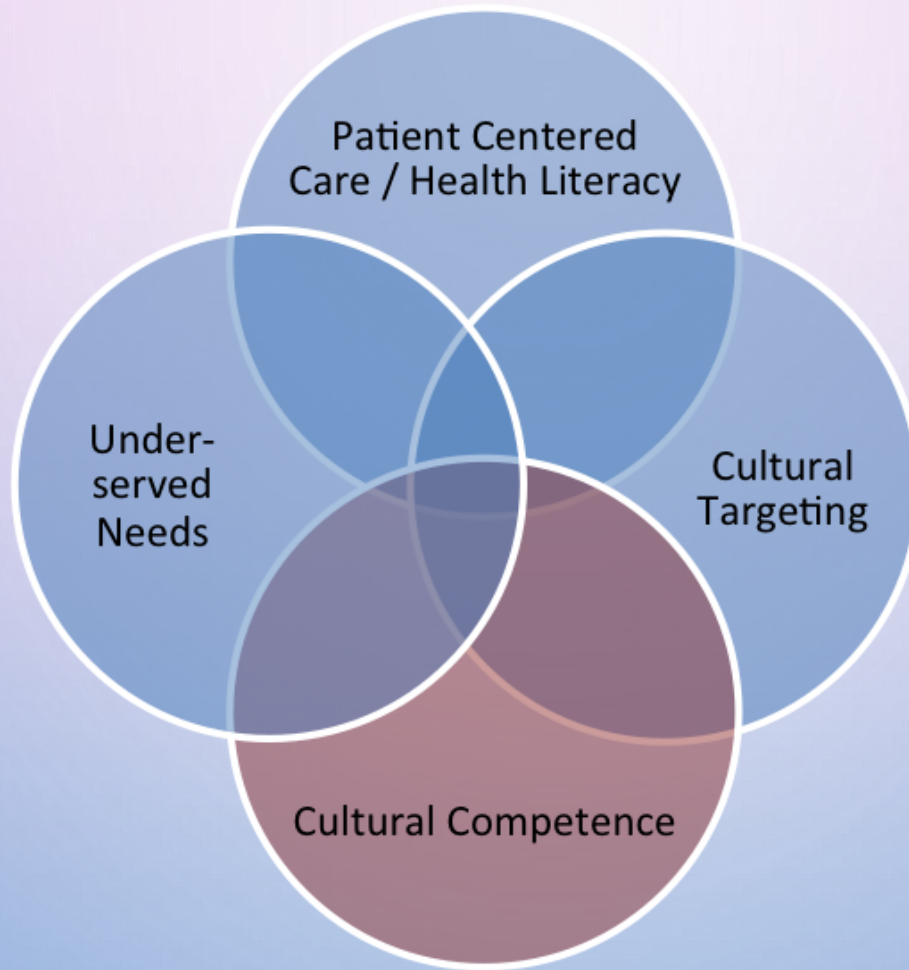


Figure 1. Health services research concepts that overlap with cultural competence

CULTURAL COMPETENCE CIRCLE 1

Includable interventions that lie within the cultural competence circle in Figure 1 are defined as:

- “People first” care interventions that promote “individuation.” These interventions prompt providers to make a conscious effort to view people in terms of their individual characteristics rather than group membership, and being aware of one’s own biases and stereotypes. The interventions can also take place at the system level, engineering a system that promotes providing needed care universally, such as equitable receipt of preventive or chronic disease management.

CULTURAL COMPETENCE CIRCLE 2

- Cultural competence interventions that improve the ability of providers to provide health care services to patients who are unlike the providers (or the providers' culture) in important ways. Targeted providers in such cases can include physicians, nursing staff, allied health professionals, paraprofessionals, and clinic staff who have regular contact with patients, or health system factors intended to engineer the system to support and sustain cultural competence.

CULTURAL COMPETENCE CIRCLE 3

- Interventions that assist patients from priority populations to competently navigate the patient-provider relationship and the larger health system.
- Interventions that address physical barriers to access.
- Interventions that educate providers about, and to look for, the common secondary conditions specific to the target populations. For example, people with disabilities commonly experience an identifiable set of health conditions secondary to the disability such as urinary tract infections, asthma, obesity, hypertension, and pressure ulcers.

ANALYTIC FRAMEWORK

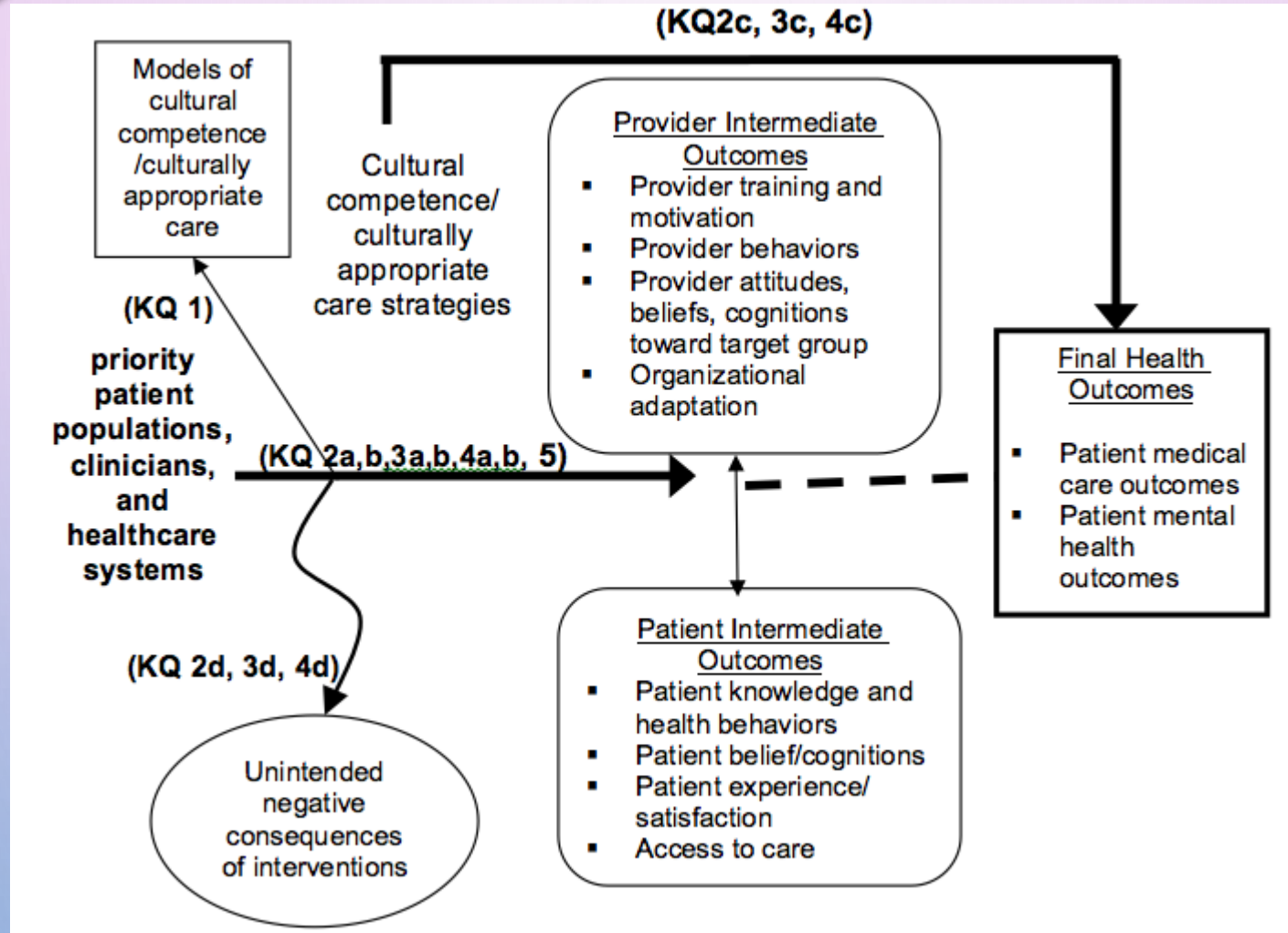


Figure 2 - Analytic framework for improving cultural competence to reduce disparities in priority populations KQ4A-D= Racial/Ethnic children and adults.

CULTURAL COMPETENCE TOWARDS ELIMINATING DISPARITIES

Evidence in 2002

- Informants saw a clear link between cultural competence and eliminating racial/ethnic disparities in health care. However, there was agreement that disparities are the result of many factors and that cultural competence alone could not address the problem.
- The Culturally and Linguistically Appropriate Services (CLAS) standards project was often referred to as an effective blueprint for improving the cultural competence of our health care system. Indeed, cultural competence seems to be evolving from a marginal to a mainstream health care policy issue and as a potential strategy to improve quality and address disparities.

Joseph R. Betancourt, Alexander R. Green, J. Emilio Carrillo and Elyse R. Park
Cultural Competence and Health Care Disparities: Key Perspectives And Trends, Health Affairs
March 2005 vol. 24 no. 2 pp 499-505; <http://content.healthaffairs.org/content/current>

IMPROVING CULTURAL COMPETENCE TO REDUCE HEALTH DISPARITIES

Evidence in 2016

- The Agency for Healthcare Research and Quality (AHRQ), through its evidence-based practice centers (EPCs), sponsors the development of systematic reviews to assist public-sector and private-sector organizations in their efforts to improve the quality of health care in the United States. These reviews provide comprehensive, science-based information on common, costly medical conditions, and new health care technologies and strategies.

AHRQ Improving Cultural Competence: Publication No.16-EHC006-EF March 2016

AHRQ REVIEWS

Over 37,000 nonduplicated English-language citations were reviewed; 56 unique studies were identified as of June 2015:

- 20 randomized controlled trials (RCTs) and 5 observational studies for individuals with disabilities.
- 5 RCTs (6 manuscripts) and 6 observational studies for LGBT populations.
- 14 RCTs (15 manuscripts), 4 observational studies, and 2 systematic reviews for members of racial and ethnic minorities.

Interventions fell into four broad categories:

- (1) provider trainings and education;
- (2) interventions providing alteration of an established protocol, or the delivery of an established protocol, to meet the needs of a target population;
- (3) interventions prompting patients to interact with the formal health care system or health care providers;
- (4) interventions aimed at providing culturally competent care at the point of service.

REVIEWS CONCLUSIONS

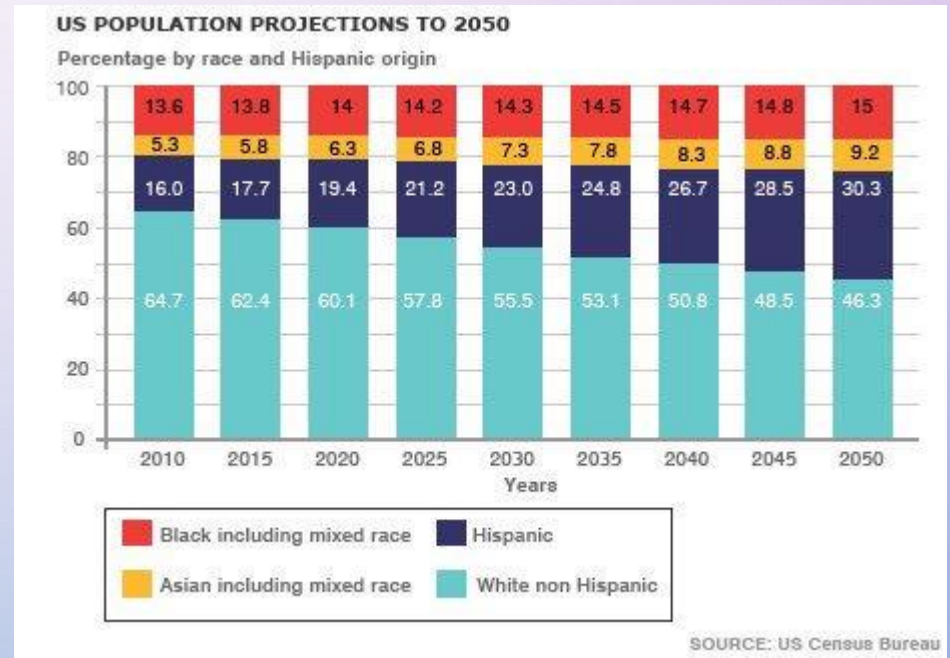
- None of the reviewed 56 studies measured the effect of cultural competence interventions on health care disparities. Reference: AHRQ Improving Cultural Competence: No.16-EHC006-EF (2016)
- Most of the training interventions measured changes in professional attitudes toward the population of interest but did not measure the downstream effect of changing provider beliefs on the care delivered to patients.
- Interventions that altered existing protocols, empowered patients to interact with the formal health care system, or prompted provider behavior at the point of care were more likely to measure patient-centered outcomes.
- The medium or high risk of bias of the included studies, the heterogeneity of populations, and the lack of measurement consensus prohibited pooling estimates or commenting about efficacy in a meaningful or responsible way.
- The term “cultural competence” is not well defined for the LGBT and disability populations, and is often conflated with patient-centered or individualized care. There are many gaps in the literature; many large subpopulations are not represented.

ADVANCING CULTURAL COMPETENCY: LISTENING AND INCLUDING

Hypothesis: The path to reducing persistent health disparities and improving health outcomes among black immigrants involves a cultural competency framework that is rooted in intentionally listening to and including voices of black immigrants rather than on prescribing a solution or telling them what to do.

SHIFTING DEMOGRAPHICS

- As the demographics of the United States change to include a more diverse population, health care practitioners will be faced with the challenge of working with clients and colleagues who are culturally different than themselves.
- It is imperative that practitioners develop the characteristics and skills necessary to provide culturally competent care.



LISTENING AND INCLUDING

Real Life Examples:

Incident 1. January 21 in Altadena. Listening versus Prescribing

Incident 2. Howard University and HIV Class

VOICES OF THE AFFECTED

- During these conversations, it came to me that leaders and the voices of the affected were missing. They were often not included in the decision-making process or in research studies.
- How do immigrants actually talk about and experience cultural competence? What does it mean to them?
- How do they describe a culturally competent person? Can they recognize culturally competent care?
- When they leave the clinic or facility are they sensing culturally competent care?

CLIENT-CENTERED APPROACH

- Using a client-centered approach, health care practitioners assist people to improve their wellbeing. They do this by recognizing a client's values and interests and collaborating on an intervention approach.
- A person's values, beliefs and interests are determined by their sociocultural background, as are the occupations or activities that are meaningful and in which one engages.
- Cultural beliefs also determine how a person defines health and wellness, how he/she interprets and responds to the sick role, and how he/she interacts with health care personnel.

Reference: Black, Roxie M. - The Essence of Cultural Competence: Listening to the Voices of Occupational Therapy Students (2002).

STUDY OF THEIR VOICES

- How do multicultural immigrants describe their experiences with, and perceptions of, cultural competence and culturally competent care?
- What are the consequences of the lack of cultural competence?

