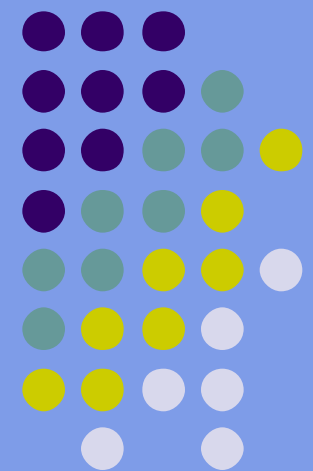




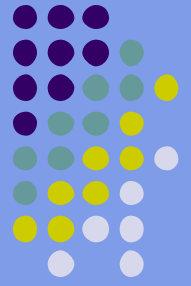
Mixed-method Analysis of the Obstacles in Creating a Culturally and Linguistically Competent Health Workforce



Melissa Walthers, MPH
Chris Giangreco, PhD
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UIC SCHOOL OF
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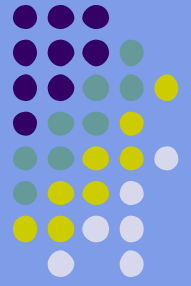
Health Disparities



- Health disparities are the differences in incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States (NIH, 2000).
- Research suggests that socioeconomic status, racial and ethnic differences in access to health care and other resources, the effects of racism and segregation, and living and occupational conditions are likely sources of disparities within geographic areas (CDC, 2002).

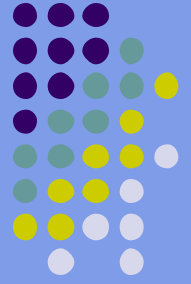


Health Disparities Continued



- In 2002 though, an influential Institute of Medicine (IOM) report established evidence that people of color often receive a lower quality of care than their white counterparts- even when insurance and socioeconomic status, comorbidities, stage of presentation and other factors are taken into account (Betancourt, 2006).

Cultural & linguistic competency is a key strategy being used towards achieving one of the two main goals of Healthy People 2010 – the elimination of health disparities.



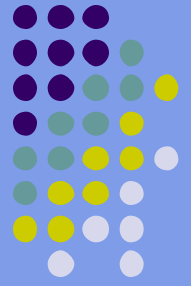
Cultural Competency

Cultural competence is defined as the ability of health care providers to understand and respond to the cultural and linguistic needs of their patients. Practitioners with an awareness of beliefs or practices within a patients' culture have:

- better opportunities to build patient trust,
- improve communication and help patients have successful responses to treatment.
- improved quality care that is an expected outcome of culturally competent practice increases patients' trust in the health care system.



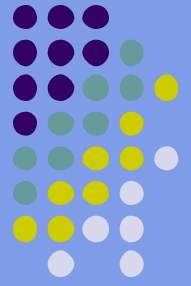
Linguistic Competency



Linguistic competency is the ability for a health care provider to use a spoken language and vocabulary with which a patient is comfortable, either through the use of an interpreter or the providers' own abilities.

- decreases miscommunication and improves patient-provider trust.

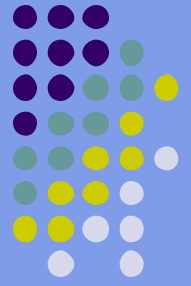
Why is it important?



- *Communication is the cornerstone of quality health care. The American Medical Association reports that a breakdown in communication is the most common cause of errors that harm patients.*
- *With better health care through cultural and linguistic competency, patients are more likely to adhere to treatment, recover more quickly and therefore reduce health disparities.*

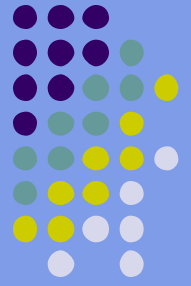
IPHI January 20, 2007

“Cultural and Linguistic Competency in Health Care Settings: A How-to Forum”



- Awareness/Education/Training Forums are one way of addressing the needs in the provider population to treat patients in a more culturally and linguistically competent manner.
- The Illinois Public Health Institute’s Racial and Ethnic Health Disparities Council (REHDAC) held a one-day Forum on cultural and linguistic competency
- The forum brought together health care administrators and practitioners from across the state to discuss barriers, concerns, and successes in increasing the cultural and linguistic competency of the public health and health care workforce.
- Over 200 health professionals attended

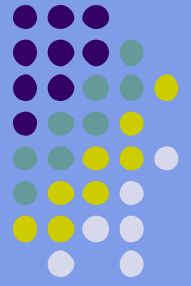
Methods/Data Collection



- Evaluation Surveys
 - 92 pre - evaluation surveys
 - 87 post - evaluation surveys
 - Data was collected to assess the perceived barriers, feelings and learning objectives for the forum.
 - Information on the needs to overcome those barriers was also sought from respondents

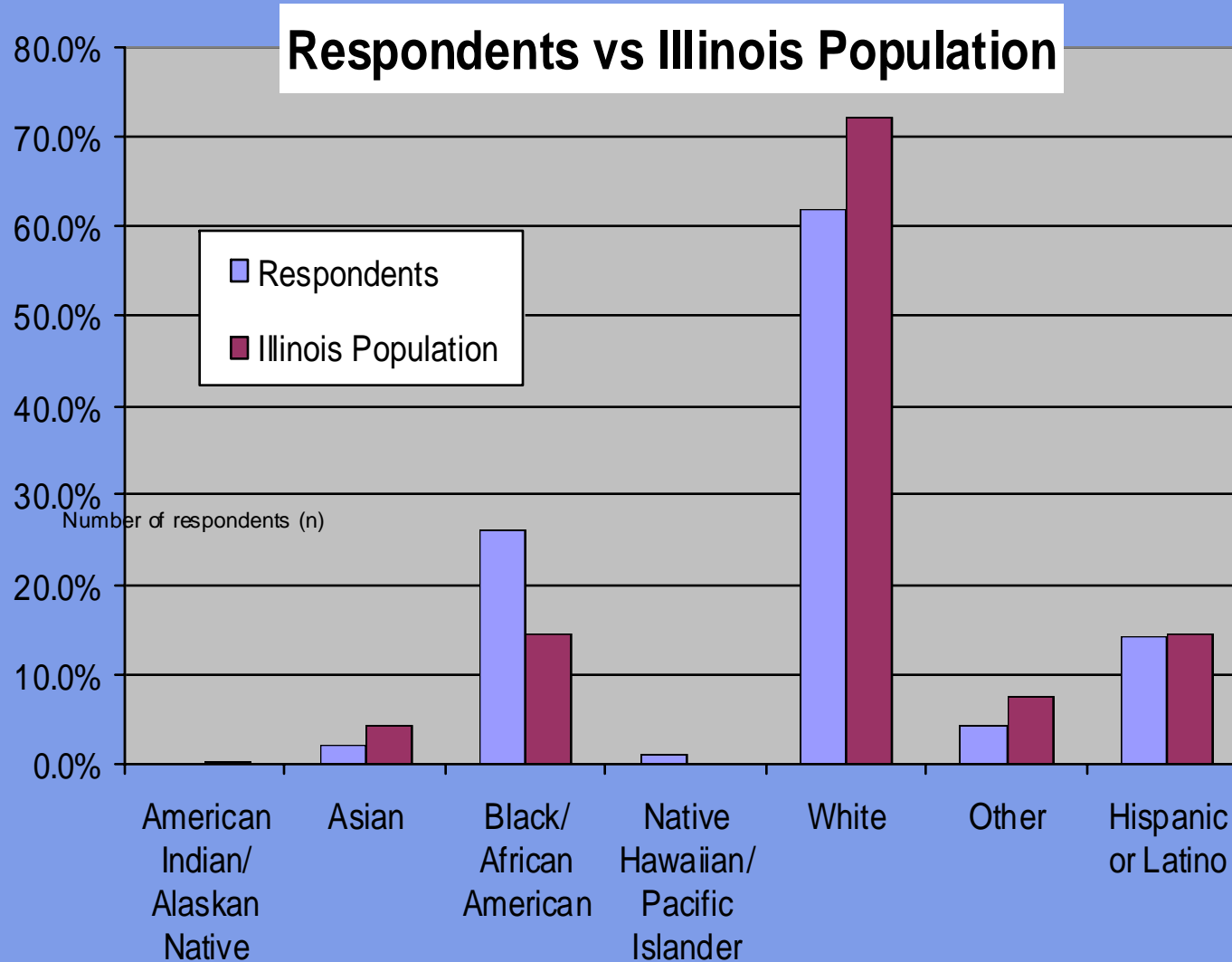
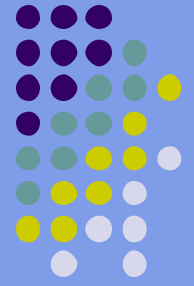


Grounded Theory to Assess Themes

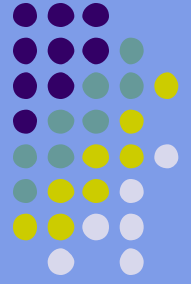


- All qualitative data gathered from survey evaluations was analyzed using grounded theoretical techniques of analysis to reflect themes and categories that emerged from participant responses.
- Used this technique as opposed to forcing participants into pre-constructed categories created by researchers.

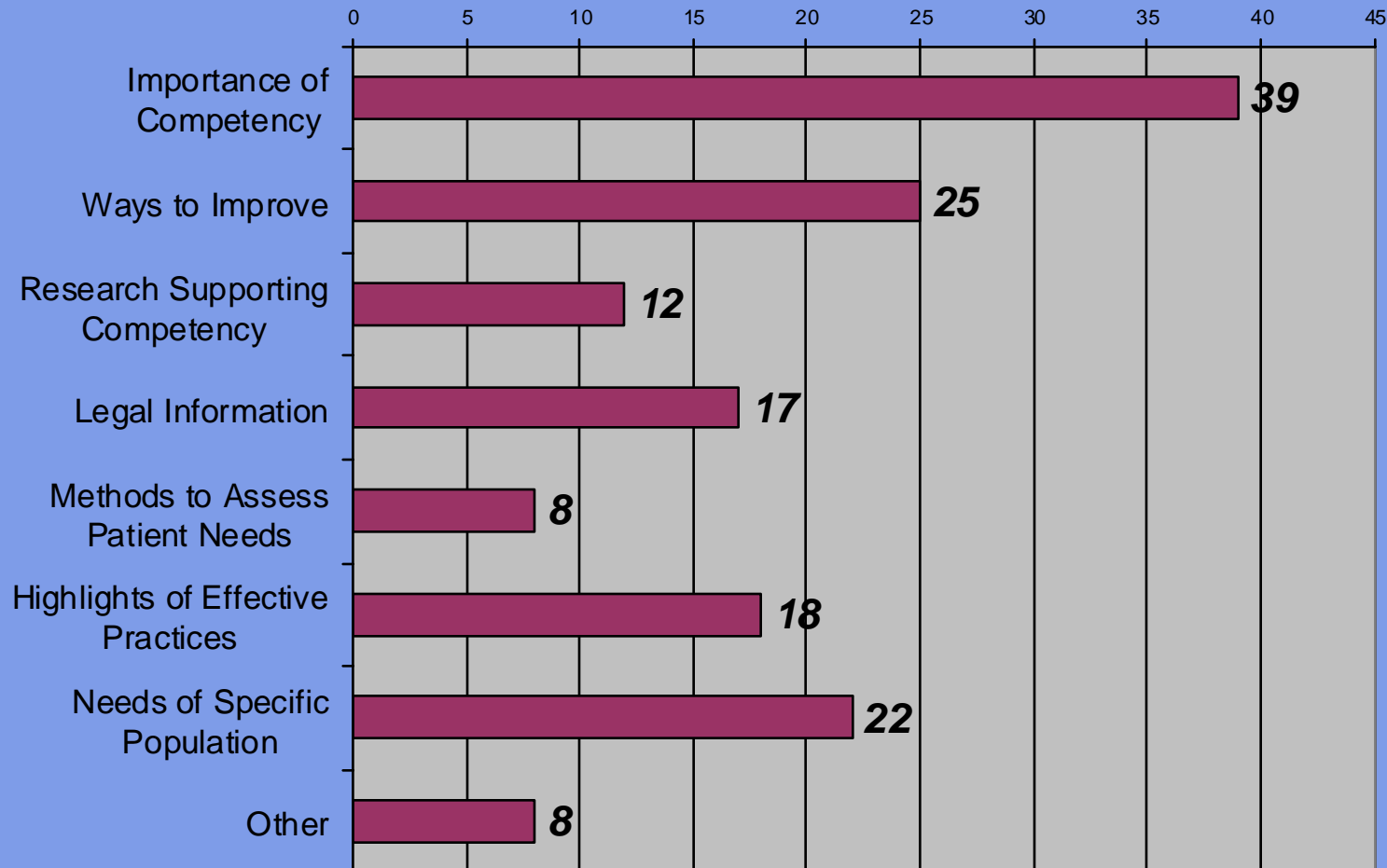
Results



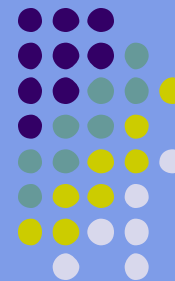
Results Cont.



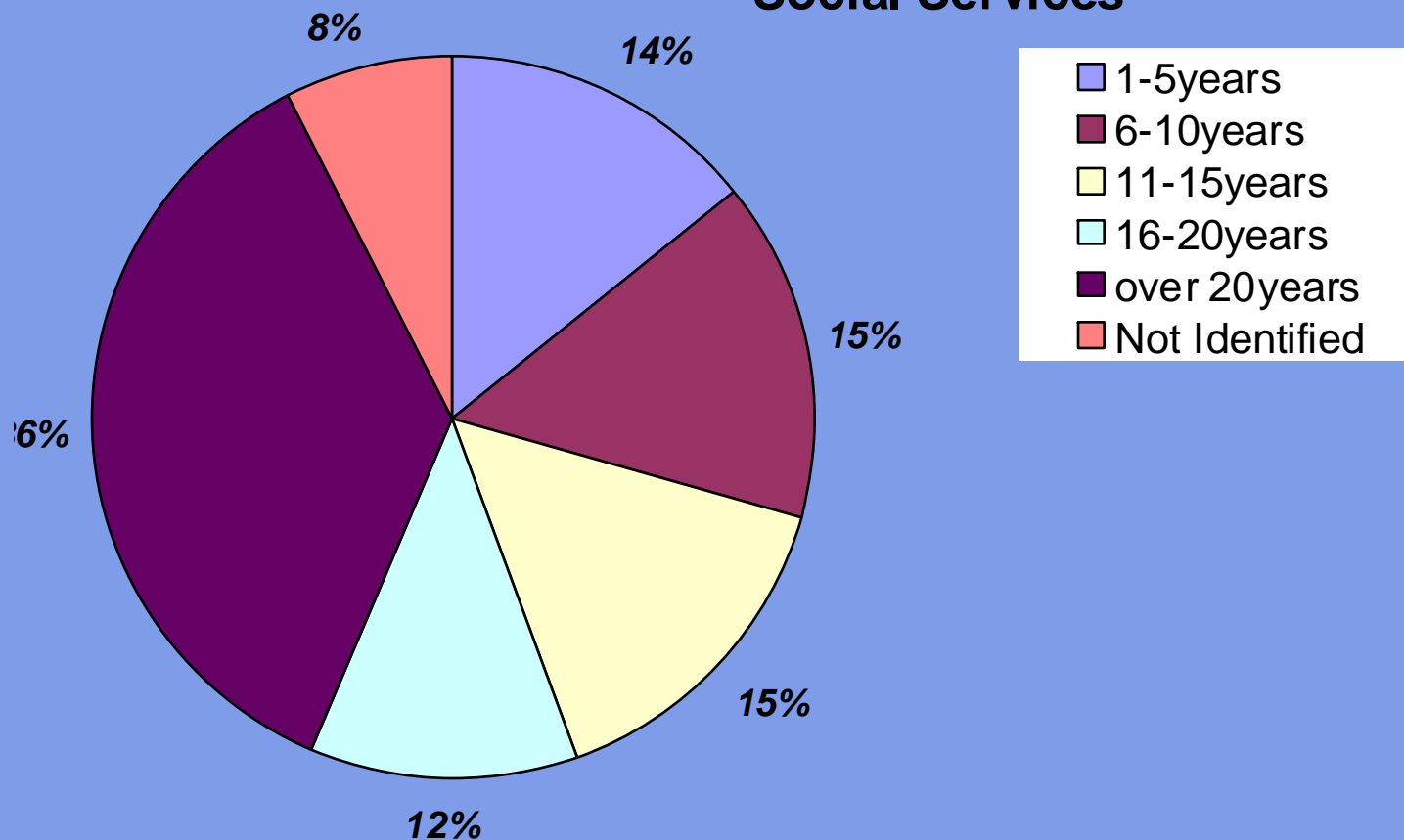
Topics of Trainings Previously Attended



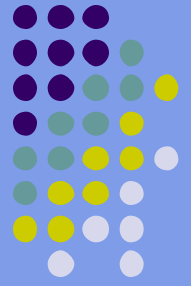
Results Cont.



Length of Time Working in Health Care or Social Services

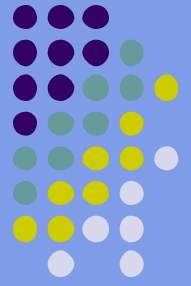


Results: Barriers



- **Awareness Issues**
- **Resource Constraint Issues**
- **Linguistic Access Issues**
- **Workforce Issues**
- **Educational/Training Issues**

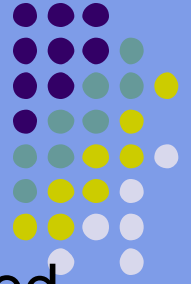
Results: Resources & Tools



Tools and resources respondents recommended to overcome barriers:

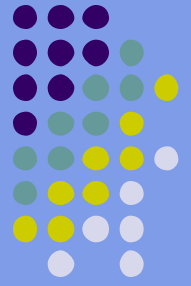
- Educational Programs
- Training Seminars
- Research Dollars/Grant Funding for Programs
- Education on Awareness
- Health Workforce Collaboration
- Increased Administration Policies
- Continuing Education Requirements
- Increased Local, State and Federal Policies
- Licensing Requirements
- Curriculum Changes for Doctors and Nurses

Analysis



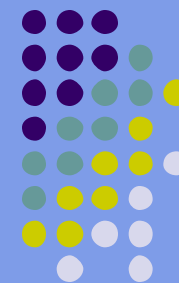
- All of the barriers presented by respondents necessitated a multi-level approach to address the needed tools/resources referenced.
- Example: Barrier: Educational Training
Multi-level resources:
 - in the classroom
 - in curriculum development
 - in educational institutional commitment to change
 - in policy requirements for certification, resource allocation, etc.
- Highlights an ecological theoretical perspective of health interventions

Analysis



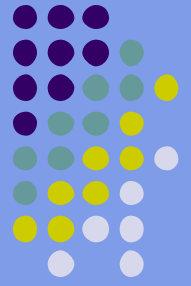
- **Macro Level** (System structure to all social interaction; the Social Order, including laws):
 - Provide more opportunities for training/education through CME programs
 - Increase the number of minority health care providers through scholarships and grant programs
 - Reimburse or reward providers for cultural competency excellence

Analysis



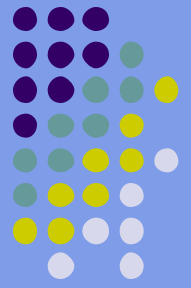
- **Meso Level** (Organizational, intra-institutional or organizational interaction):
 - Commitment from the top through administration funds and policies
 - Annual assessments of cultural competency needs
 - Actively recruiting physicians that reflect the patient-base (with use of demographics from intake/ discharge forms)
 - Plan & Implement on-going cultural, gender and educational-appropriate diversity training
 - Establish/ update translation services
 - Engage community through effective outreach and educational strategies

Analysis



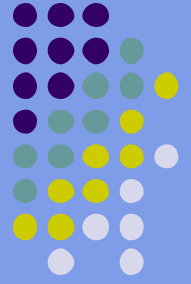
- **Micro Level (Individual interactions):**
 - Understand the social/ cultural environment of your patient
 - Recognize growing body of research showing differences in therapeutic responses to treatments (cognitive, biological, physiological)
 - Health behaviors are a result of a patient's lifestyle and environment; understand their risk behaviors
 - Use the information about your patients to promote preventative health

Conclusions



- Cultural competency and linguistic access are multi-level issues that must be addressed outside of a patient-provider perspective.
- Looking at the “big-picture” through an ecological systems approach will address the issue on various levels therefore more greatly affecting the influence on health disparity outcomes.
- Importance of understanding and talking to providers about the barriers *BUT* need to focus on creating a systematic approach to addressing those barriers
- Forums/skill building workshops are important towards fostering awareness and sharing knowledge about creating an impetus for change.

Thank you!



Melissa Walthers
American Medical Association Alliance
Melissa.walthers@ama-assn.org
312-464-5305