

Community, quality, and cultural intelligence: *The role of social capital in chronic disease management*

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Outline

- **Motivation behind the research**
- **Questions and hypothesis going in**
- **Discussion of the theoretical framework**
- **Overview of the Methods**
- **Findings to date**

Motivations

- Practical
- Academic

Project Overview

This research extends the community focus by examining the nature of community connections at the provider level and their potential benefit to the health care team.

Research Questions

1. What types of connections do care team members have to the community they serve?
 - How are these ties established?
 - What is the nature of the relationship involved in said ties?
 - What are the barriers and facilitators to developing ties?

H1: Provider ties to the community are embedded with preexisting networks and community relationships.

Research Questions

2. Is human capital in the form of cultural intelligence garnered via community connections?

H2: Community connections reduce cultural distance by increasing knowledge of social, cultural and environmental factors associated with health and health behavior while reducing stereotypes and bias.

Research Questions

3. How are community connections where cultural intelligence is gained different, than community connections where it is not gained?

H3: Community connections yielding CQ involve care team member motivation and are dependent on a mutual trust relationship.

Research Questions

4. Is cultural intelligence transferable to additional care team members via internal social networks?
 - What enables cultural intelligence to be transferred?

H4: Information garnered externally is spread through internal social networks increasing the cultural intelligence of the care team as a whole.

Research Questions

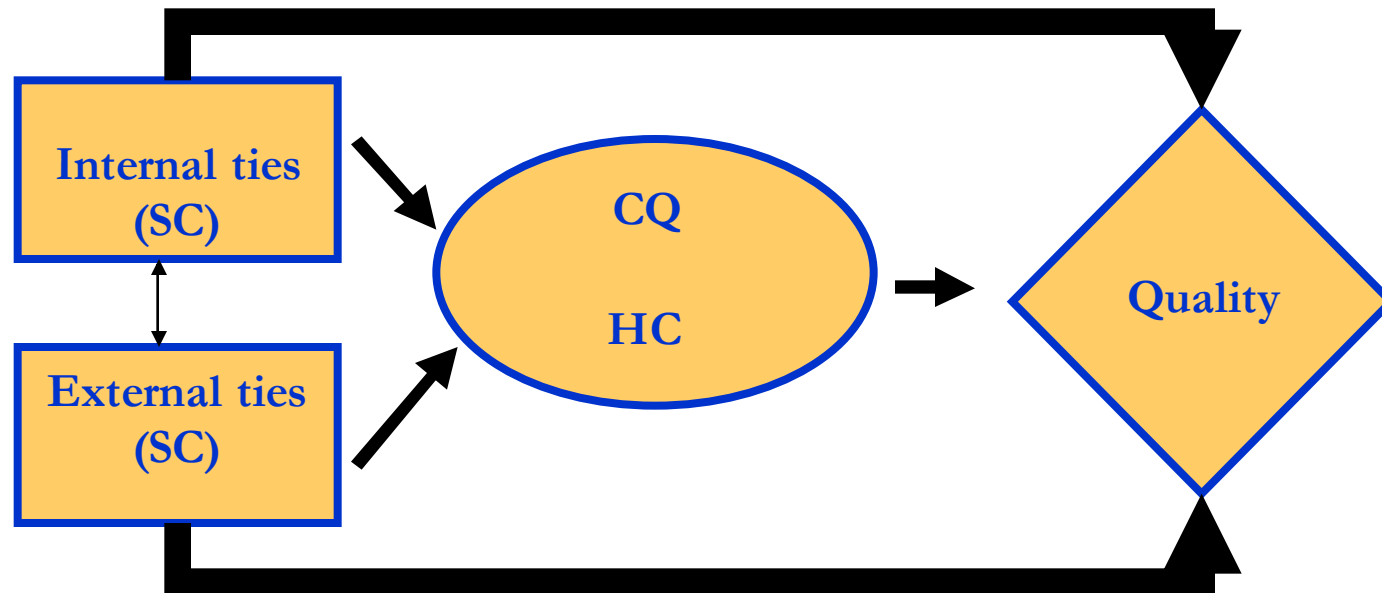
5. Is there a correlation between quality of care and care team community connections?

H5: Quality will be correlated with care team community connections when the ties are associated with an increase in cultural intelligence.

Theoretical Framework: Social Capital Theory

- Network ties, both formal and informal, between the **community** and the health care team exist
- These external or 'weak' ties lead to both increased and new knowledge (Burt 1992)
- The care team and its members benefit from having particular relationships or belonging to certain social networks (Bourdieu 1985)
- Ties serve as a pathway by which to generate new intellectual capital for members, ultimately increasing the human capital capacity of the care team (Nahapiet and Ghoshal 1998)

Model



SC: Social Capital

HC: Human Capital

CQ: Cultural Intelligence

Study Site and Sample

- Health Care Organization
 - 3 hospitals and more than 20 ambulatory care sites
 - Serves a diverse population (linguistically and ethnically)
 - Largely covers underserved communities
 - Recently implemented the chronic care model
- Sample
 - Health centers that have implemented the care team structure for diabetes treatment
 - The number of teams varies by health center

Methods and Analysis

- Primary Data Collection
 - Connection to community
 - Relational coordination around the interpersonal aspects of care
 - Internal social networks
 - Cultural intelligence
- Secondary Analysis
 - Data Envelopment Analysis (DEA)
 - Spearman's Rank Correlation

Expectations and Challenges

- Policy implementation inclusive of a standardized team structure
- Interpretation of policy
- Variation in care team design

Next Steps

- Adding a step to the model
 - Implementation style
 - Leadership and structure
 - Unpacking team effect