



# Culturally Effective Health Care: Establishing a Multi-modal Curriculum for Pediatric Trainees and the Inter-professional Team

APPD April 2, 2016

# + Welcome and Introductions

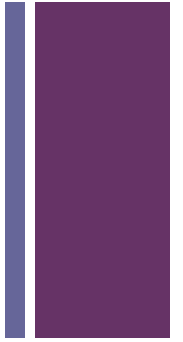
- Thank you for joining us!

# + Objectives

- Evaluate the need for an innovative curricular model that addresses provision of Culturally Effective Health Care (CEHC) for pediatric trainees and inter-professional team
- Practice specific skills related to integration of key CEHC tenets into clinical practice and pediatric trainee education
- Identify methods for implementation of a CEHC curriculum and collectively address potential barriers to its initiation



# Culturally Effective Health Care



The American Academy of Pediatrics recognizes the importance of **culturally effective pediatric health care**, which is defined as:

**“the delivery of care within the context of appropriate [provider] knowledge, understanding, and appreciation of cultural distinctions. Such understanding should take into account the beliefs, values, actions, customs, and unique health care needs of distinct population groups. [Providers] will thus enhance interpersonal and communication skills, thereby strengthening the [provider]-patient relationship and maximizing the health status of patients.”**



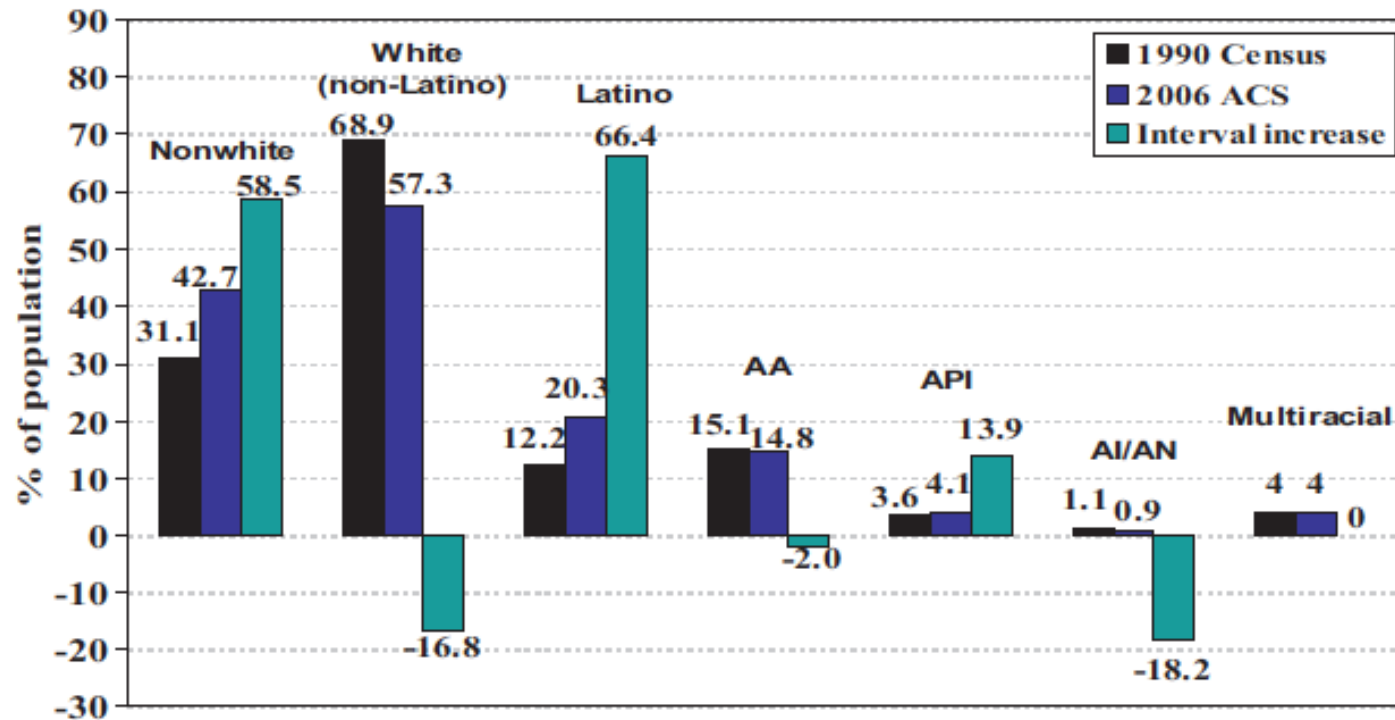
## + CEHC Background





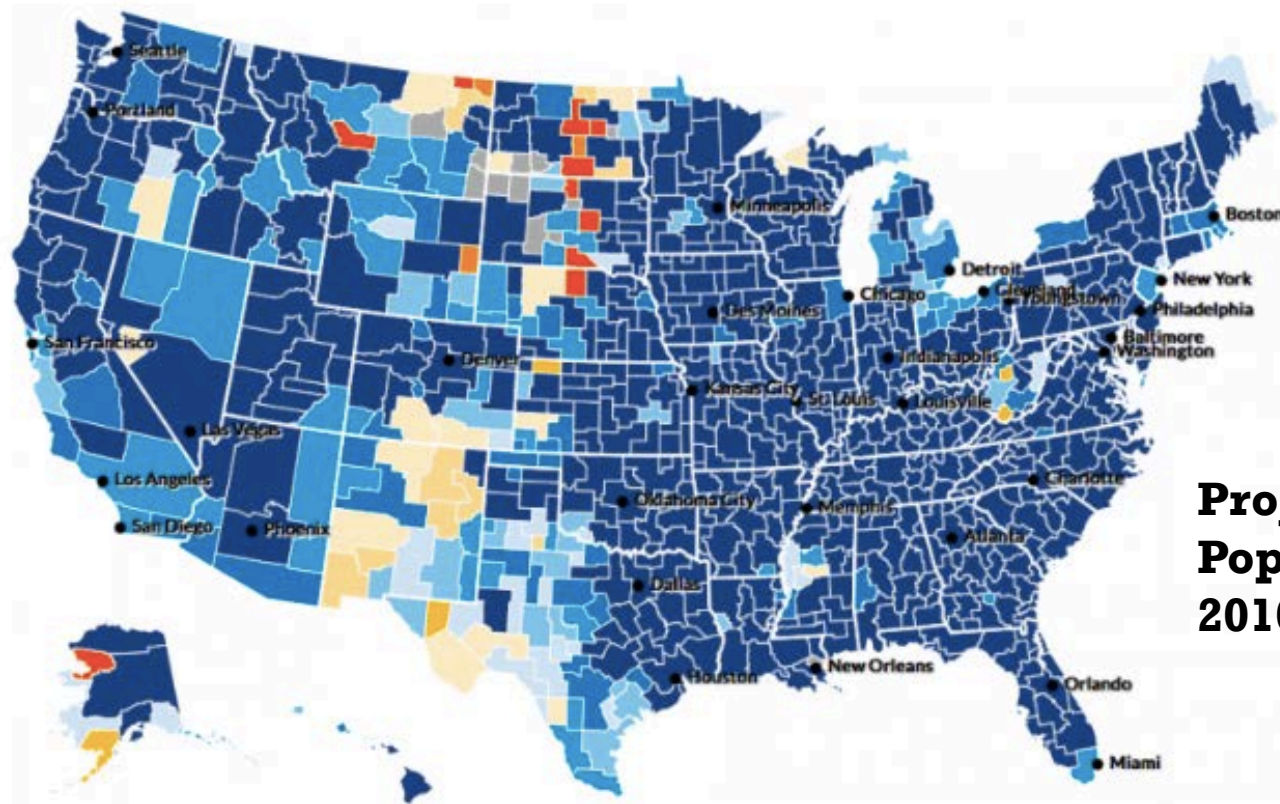
# U.S. Demographic Changes

- In 2010, 43% of the US population (~31.4 million children) were of non-white race/ethnicity – an increase of 58% since 1990.





# + U.S. Language Changes



**Projected Hispanic  
Population Change,  
2010-2030**

Urban Institute

<https://www.washingtonpost.com/news/wonk/wp/2015/01/20/4-maps-that-show-how-demographic-change-will-touch-every-corner-of-the-country/>





# Pediatric Health Disparities



- In a systematic review of pediatric literature of racial/ethnic disparities, the authors found that disparities were noted across the spectrum of health and health care, including in:

Mortality rates

Access to care and use of services

Prevention and population health

Health status

Adolescent health

Chronic diseases

Special health care needs

Quality of care

Organ transplantation

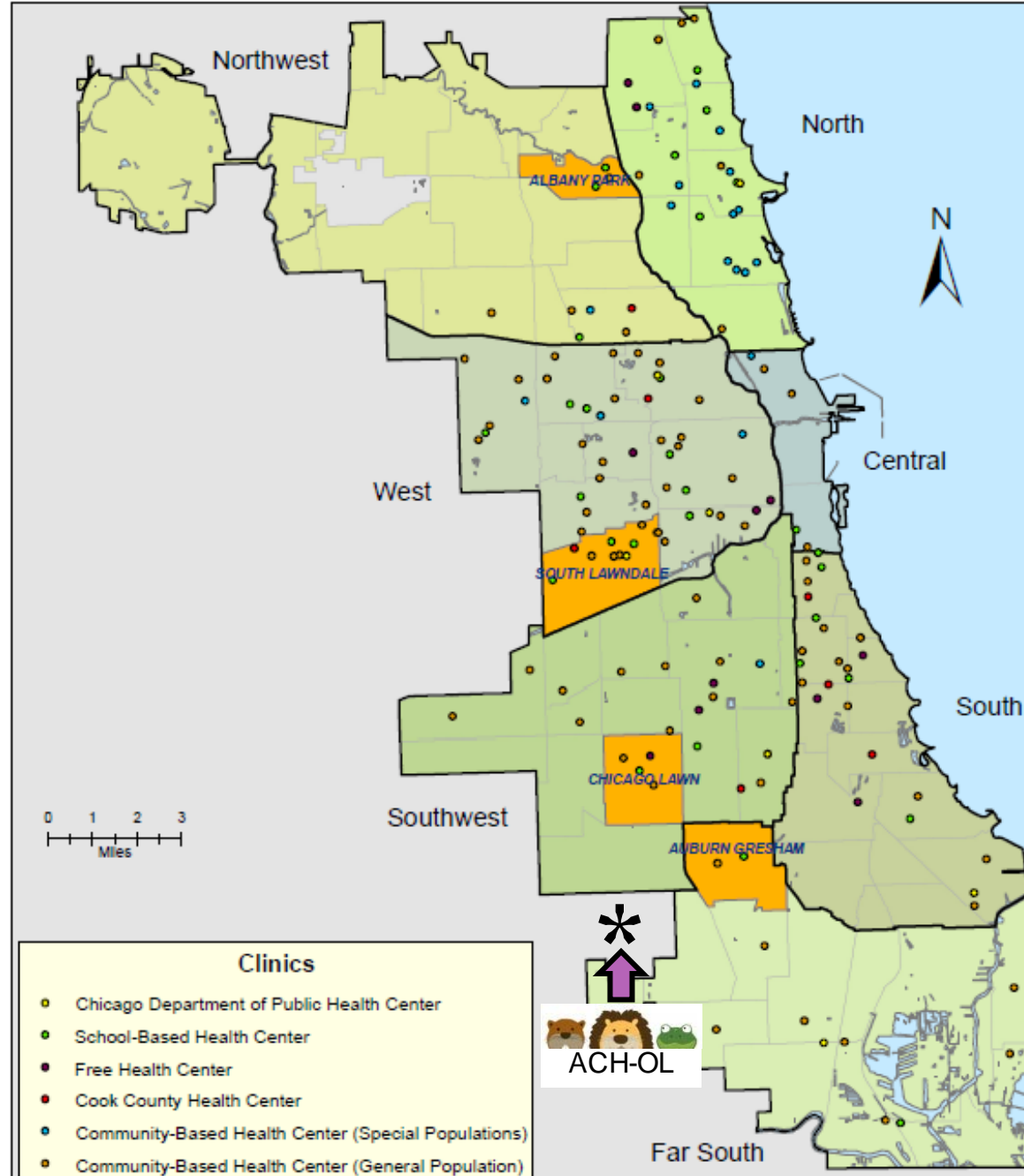
- The authors included 111 studies in their review. Of those, only 2 of them focused on interventions.

# + Chicago Demographics

- Of the total population in Illinois, 23% are children <18 yo (~3 million).
- Of all children in Chicago under 18 years, 34% (~200,000) are living in poverty.
- The prevalence of overweight among high school students in Chicago is significantly higher than for the rest of the nation (21% vs. 16%)  
-- 2009 CDC Youth Risk Behavior Survey
- In 2008, the Chicago teen birth rate was 57% higher than the U.S. rate. In 2007, the southwest and west regions of the city had the highest teen birth rates. The birth rate in the southwest is four times that in the north region (92.4 vs. 22.8 per 1,000 teens).

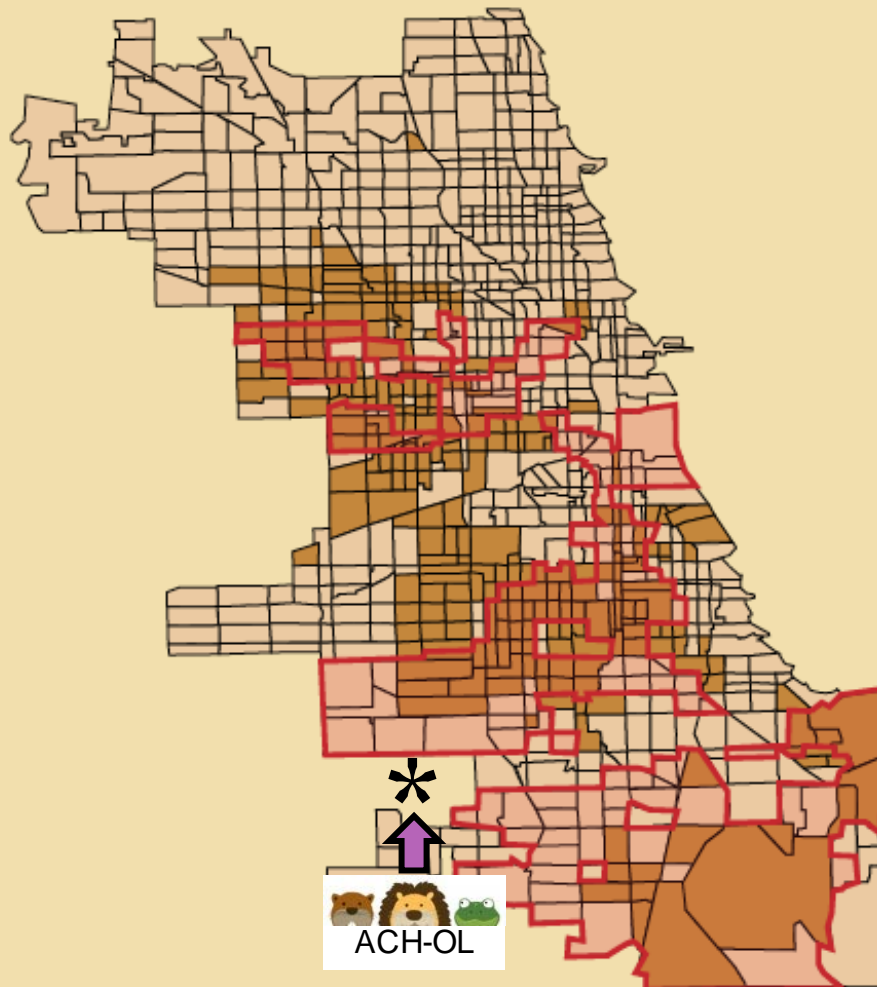
Kids Count Data Center. Available at: <http://datacenter.kidscount.org/>



Executive Summary: A Profile of Health and Health Resources within Chicago's 77 Communities." Northwestern University Center for Healthcare Equity. 2011. Available at: <http://chicagohealth77.org/executive-summary/>

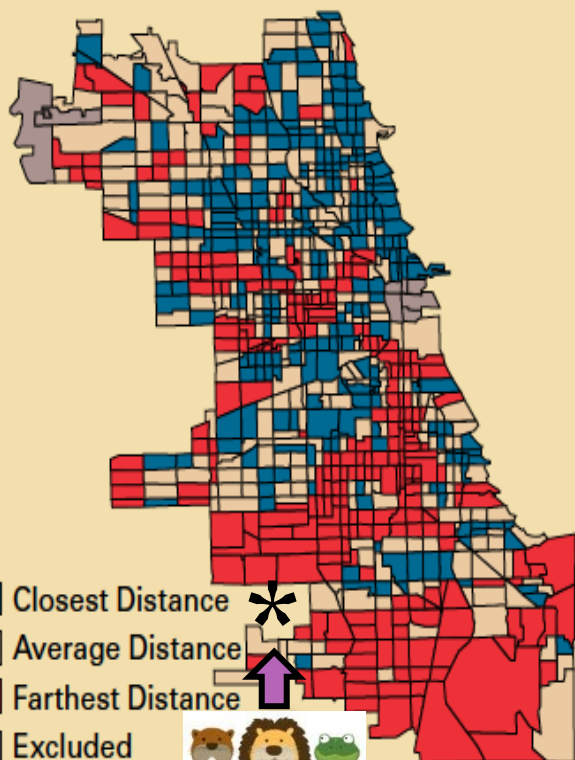


Executive Summary: A Profile of Health and Health Resources within Chicago's 77 Communities." Northwestern University Center for Healthcare Equity. 2011. Available at: <http://chicagohealth77.org/executive-summary/>

**Chicago's Highest Concentration  
of Children Under 18  
as a Percentage of Total Population by Tract  
with the Food Desert Overlay**

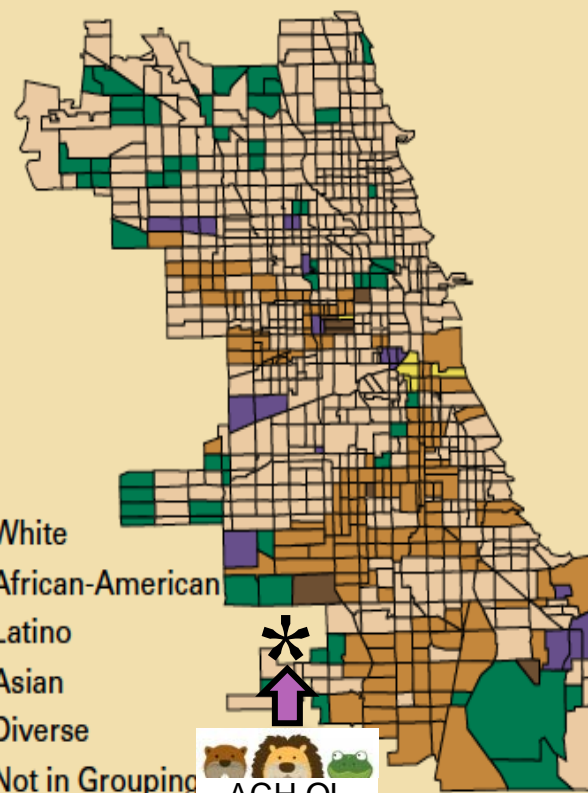


-  Highest third concentration of children
-  Food Desert



*The map shows distance to all types of grocery stores at the tract level. Red colored tracts are the farthest distance from grocers; we see that they form three key food deserts on Chicago's West and South sides.*

**Fig. 6**



*The map shows only the tracts that are the farthest distance to grocers and shades them by race. We see that the three clusters of food deserts are primarily African-American, with the African-American majority tracts.*

**Fig. 7**



# Disparities in LGBT Population

- More likely to delay seeking health care due to fear of discrimination.
- Have increased risk of substance use, risky sexual behaviors, eating disorders, suicidal ideation, and victimization
- More likely to be overweight
- More likely to be homeless







# Why is providing culturally effective health care important?



- To improve the quality of services and health outcomes
- To respond to current and projected demographic changes in the United States.
- To aid in eliminating disparities in the health status of people of diverse racial, ethnic, and cultural backgrounds.



# Why is providing culturally effective healthcare important?



- To meet legislative, regulatory, and accreditation mandates, namely from the ACGME

## Interpersonal Communication Skills

Communicates effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.

## Professionalism

Demonstrates humanism, compassion, integrity, and respect for others based on the characteristics of an empathetic practitioner.

## Systems-based practice

Builds partnerships that foster family-centered, culturally effective care, ensuring effective communication and collaboration along the continuum of care.

# + Who else benefits?



## ■ Pediatric providers:

- improve communication and understanding of the care plan
- increased understanding of how to set an example for pediatric residents and the healthcare team, and how to assess residents' cultural effectiveness

## ■ The entire health care team:

- attitudes, knowledge and skills acquired apply to all inter-professional relationships
- will improve communication amongst all team members
- has the potential to improve health care quality and patient safety



# Existing Literature



- Importance of undertaking a needs assessment of existing curriculum and opportunities
- Several examples of a framework for incorporation into a curriculum

## ATTITUDES, KNOWLEDGE, SKILLS

- Wide variety of specific curricular content
- **Paucity of assessment tools possibly due to lack of consensus on what should be included\*\*\***
- **Paucity of works published related to CEHC and the inter-professional team\*\*\***



# CEHC Educational Models

Table 1  
Representative Educational Methods Used to Teach Cultural Competency

Investigator	Specifically Used for Cultural Competency	Description
Portfolios Gordon <sup>25</sup>	No	Longitudinal portfolio focused on self-reflection and self-evaluation. Faculty review for both formative and summative feedback.
Cultural immersion Crampton <sup>26</sup>	Yes	Cultural immersion program with emphasis on health-needs assessment and cultural exposure.
Kamaka <sup>30</sup>	Yes	Five-day CME cultural immersion program focusing on cultural aspects of health, traditional healing, and impact of culture on physician-patient relationship.
Godkin et al. <sup>31</sup>	Yes	Coordinated longitudinal curriculum of linguistic, cultural, and clinical immersions.
Literary models Shapiro and Lie <sup>32</sup>	No	Multisession seminar series that uses poetry, short stories, and other literary mediums to explore relationships and difficult patient interactions.
Clinical experience Hatem <sup>33</sup>		Two educational programs for professionalism education: "Resident as Teacher" and "Bedside Teaching."
Esfandiari et al. <sup>34</sup>	Yes	Six-week classroom and clinical experience in tropical health and disease. Two weeks of classroom work followed by a four-week clinical immersion experience.
Takayama et al. <sup>35</sup>	Yes	Pediatric residents receive 18 hours of instruction in diversity training, cultural issues, and fieldwork sessions.
Simulation models Brainin-Rodriguez <sup>36</sup>	Yes	Video prompts focus culture-based discussions and guide development of best practices for culturally sensitive interviews.
Altshuler and Kachur <sup>37</sup>	Yes	Six-station standardized patient cultural OSCE administered to pediatric residents. Written formative feedback based on checklist evaluation instruments.
Didactic models Goleman <sup>38</sup>	Yes	Four-unit curriculum focused on the development of knowledge, skills, and attitudes needed to span barriers of culture, economics, gender, and education.
Nunez <sup>39</sup>	Yes	Defines educational milestones for women's health and cross-cultural objectives, and identifies instructional methods and paired evaluation tools.
Kagawa-Singer and Kassim-Lakha <sup>40</sup>	Yes	Provides an anthropological perspective on culture, and defines the RISK model (Resources, Identify, Skills, Knowledge) for decreasing miscommunication across cultures.
Rosen et al. <sup>41</sup>	Yes	1.5-day workshop using lecture, teaching OSCEs, and small-group discussion format. Uses the CHAT (Culture and Health-belief Assessment Tool) to elicit a patient's explanatory model.

OSCE = objective structured clinical exam.

Hobgood CD, Sawning S, Bowen J, Savage K. Teaching Culturally Appropriate Care: A Review of Educational Models and Methods. *Acad Emerg Med* (2006) 13:1288–1295.

# + Curricular Evaluation



## Evaluating Students in Cross-cultural Education

Educational Approach	Evaluation Strategy
Focusing on attitudes	Standard surveying Structured interviewing Self-awareness assessment Presentation of clinical cases Objective structured clinical exam Videotaped/audiotaped clinical encounter
Focusing on knowledge	Pretest–posttests (multiple-choice, true-false, etc) Unknown clinical cases Presentation of clinical cases Objective structured clinical exams
Focusing on skills	Presentation of clinical cases Objective structured clinical exam Videotaped/audiotaped clinical encounter

## Linking Cross-cultural Curricula to Health Outcomes

Key Question	Evaluation Strategy Examples
Do students learn what is taught?	Pre, post tests Unknown clinical cases Objective structured clinical exam
Do students use what is taught?	Qualitative physician and patient interviews Medical chart review Audio or videotape of multiple, random medical encounters
Does what is taught have an impact on care?	Patient and provider satisfaction Medical chart review Processes of care (i.e., completion of health promotion/disease prevention interventions)



# + Attitudes and Bias



A



B

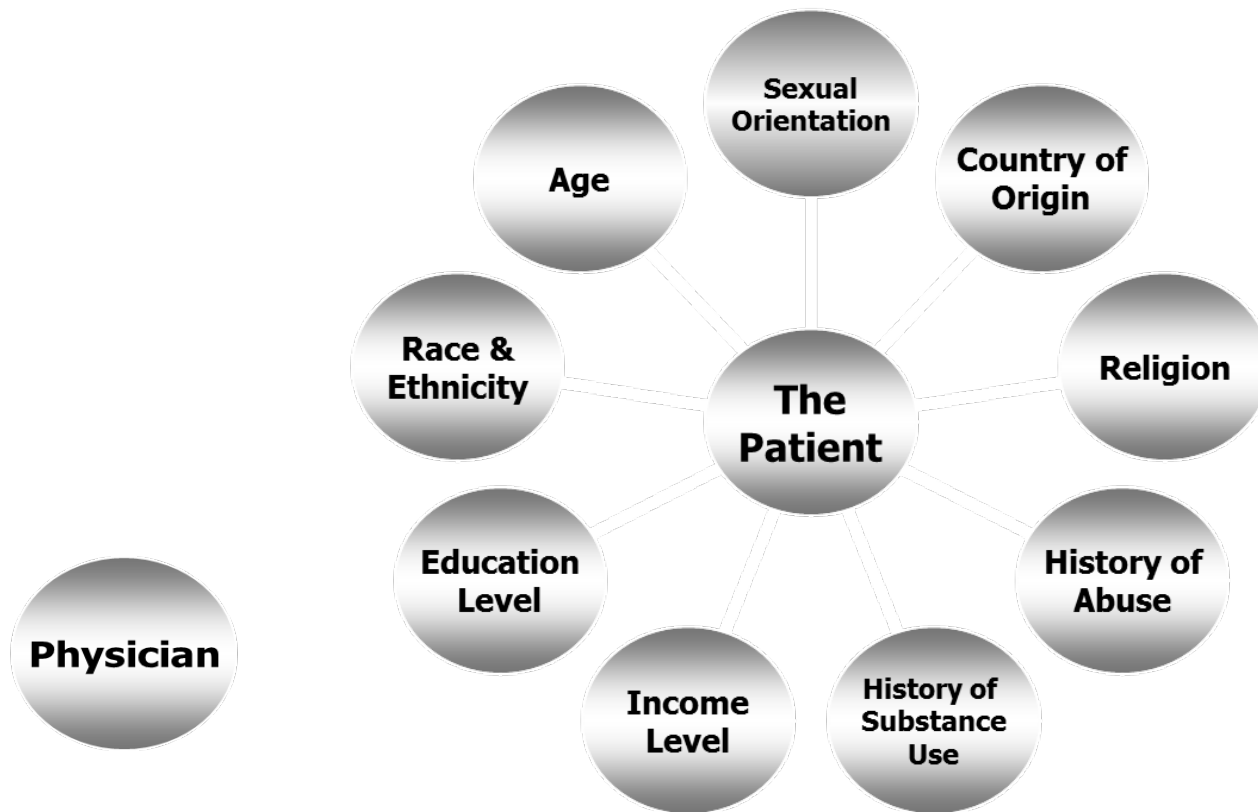


# + Self-Awareness & Humility

- Examine own values, beliefs, and traditions
- Explore ways in which health, illness, & healing are understood by different people
- Set aside your own bias in order to deliver effective care to diverse populations
- Assuming you know the answers can lead to errors/misjudgments limiting quality of care



# Patient-Centered





## ACTIVITY #2:

### CEHC Needs Assessment

- Small group activity
- Complete the worksheet at your table
- Identify 1 spokes person to share your ideas
- 10 minutes



## + Example CEHC Curriculum



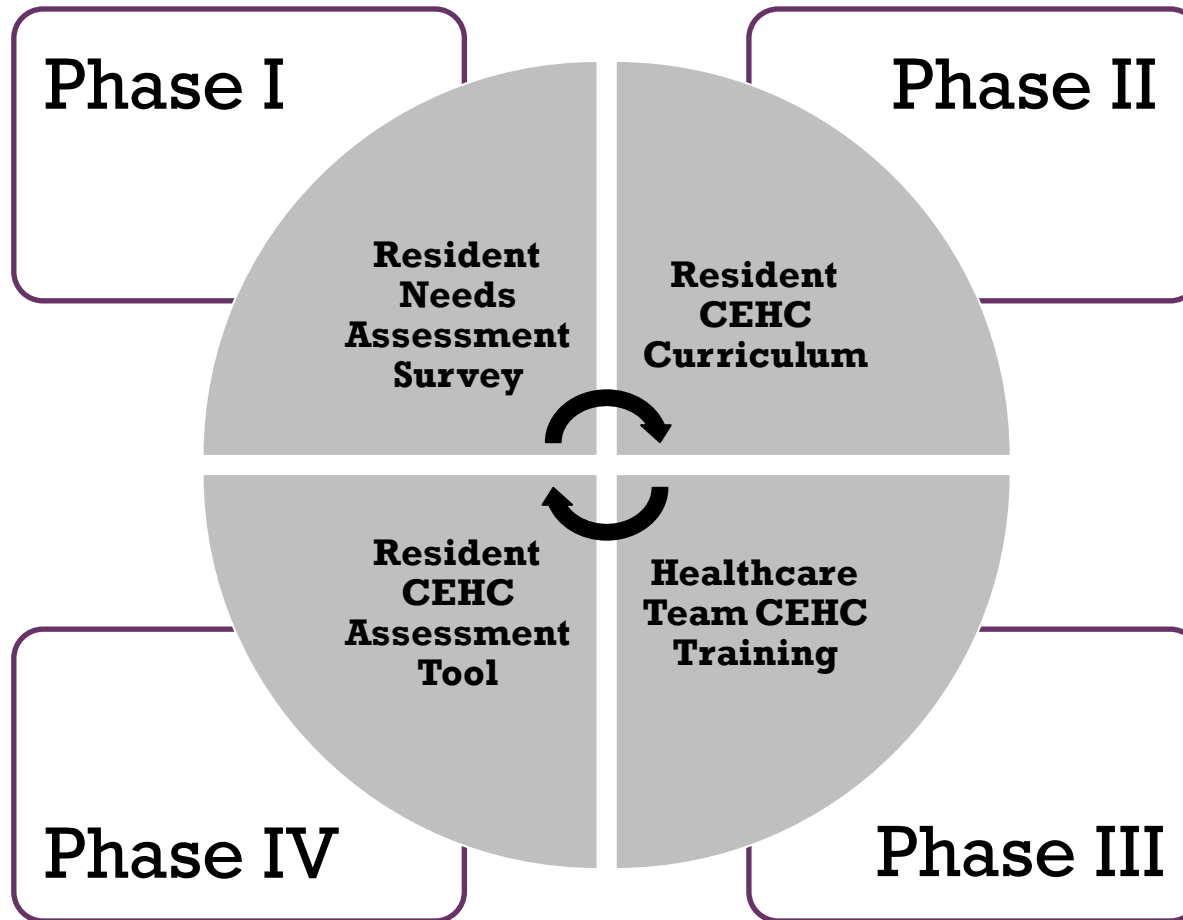
# Our objectives

1. Assess the needs of pediatric residents at our training program with regards to cultural competency training including awareness, knowledge and skills when interacting with patients **as well as in their inter-professional relationships.**
2. Revise and enhance an existing cultural competency curriculum to establish a 3-year curriculum that augments resident satisfaction with, understanding of, and use of cultural competency skills/techniques as applicable to both patient care and inter-professional relationships.
3. Work with an inter-professional team to adapt the revised educational model to incorporate the entire healthcare team.

CHANGE THE CULTURE!!



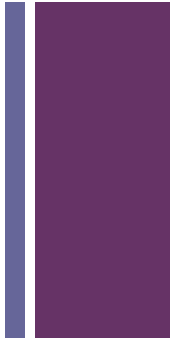
# + Project Design Overview





# Phase 1:

## Resident Needs Assessment Survey

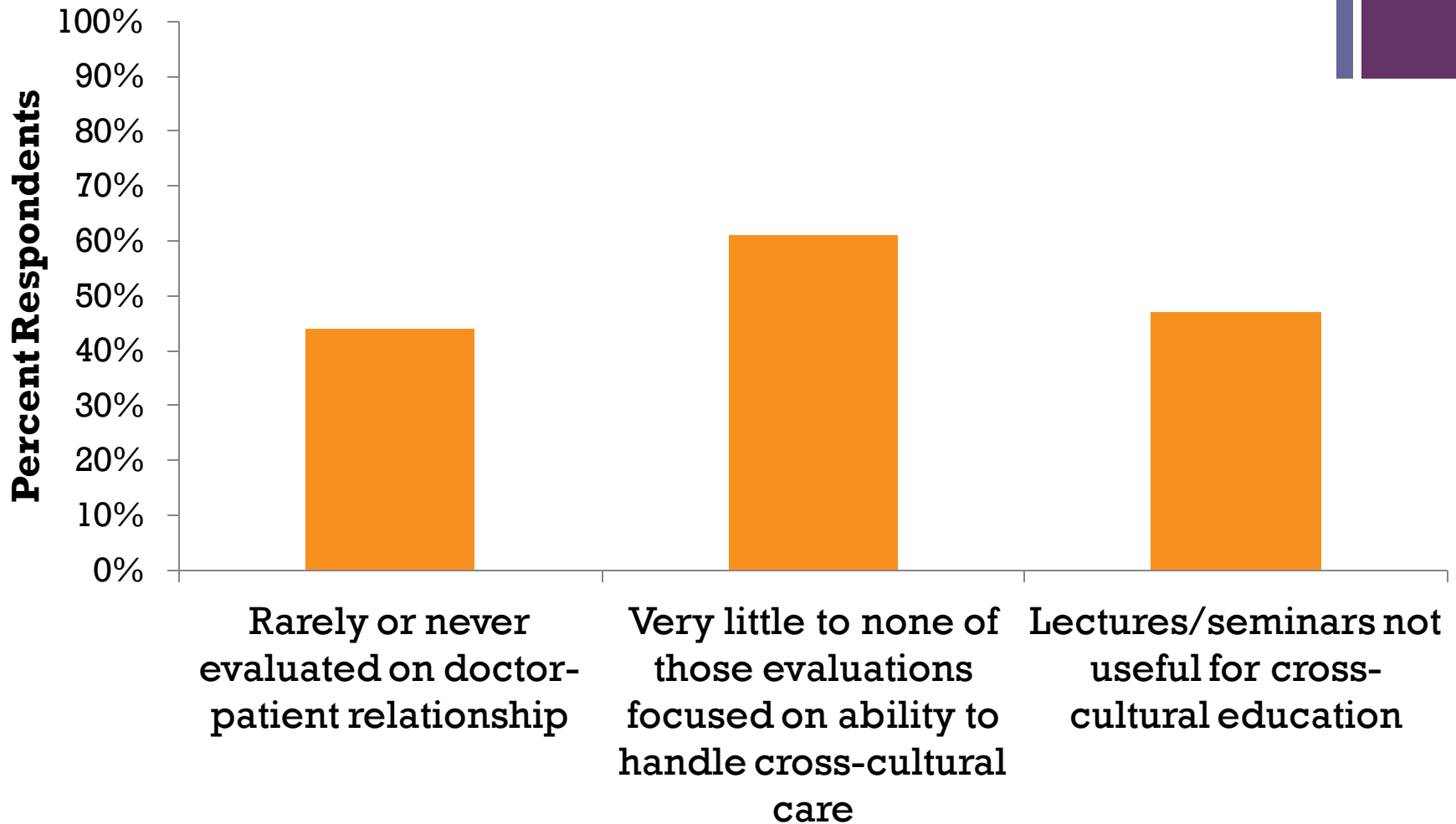
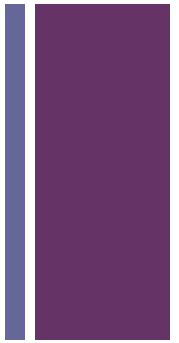


- Part 1: Complete version of the Needs Assessment survey developed by Weissman et al. (2005).
- Part 2: Questions regarding cross-cultural skills as applicable to inter-professional relationships

N = 19 (63% response rate)



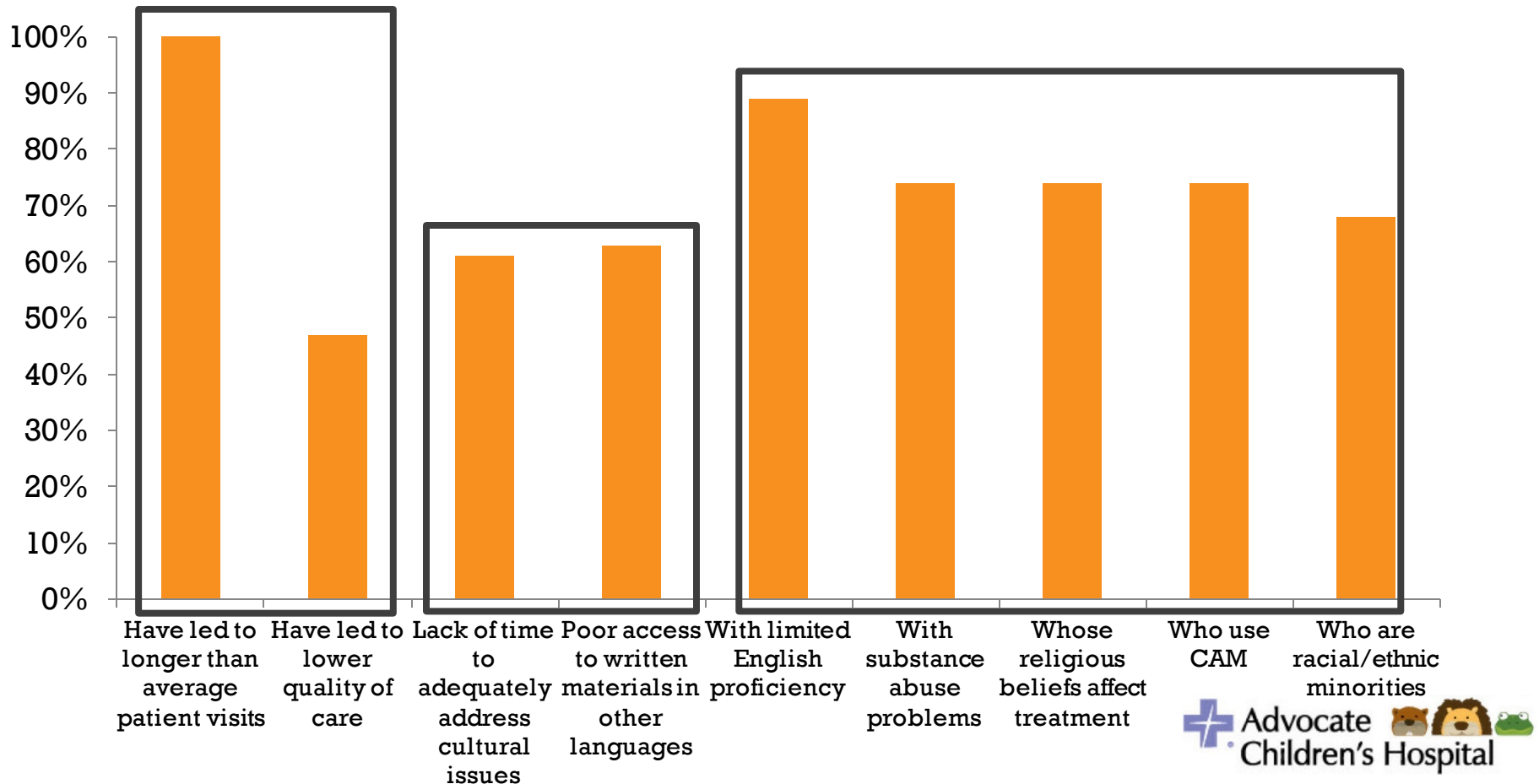
# Survey results: Part 1, Section A



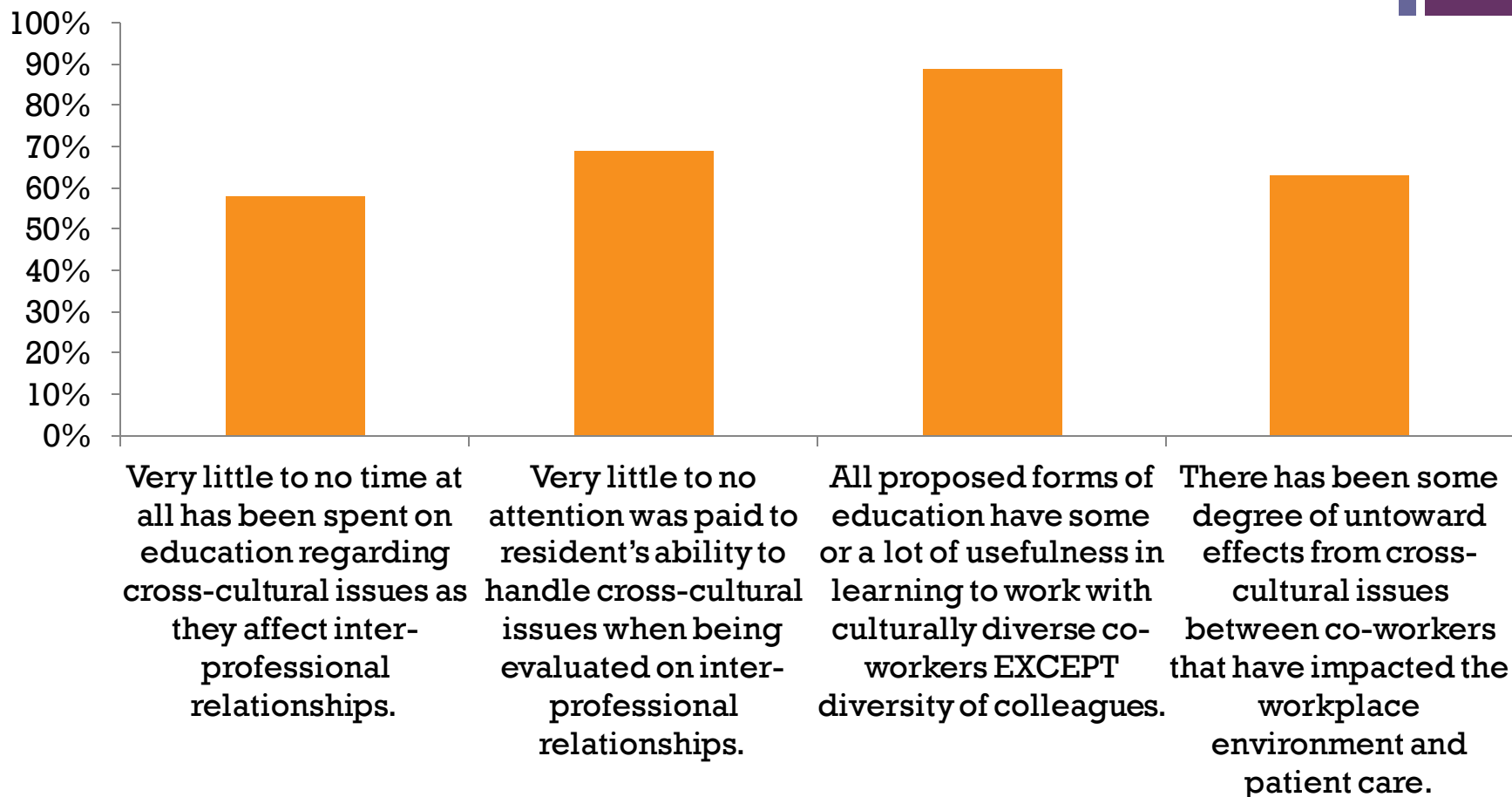


# Survey results: Part 1, Section B

- Sometimes or often cross-cultural issues have led to untoward patient results.
- Residents note that in their current practice, they can either *not very skillfully*, *somewhat unskillfully*, or *somewhat skillfully* care for patients/families.
- Most significant issues that are moderate or big problems in providing effective cross-cultural care.



# + Survey results: Part 2, Inter-professional Teams



# + Phase 2: CEHC Taskforce



- Specific recommendations regarding:
  - structure and time-frame of residency cultural competency curriculum
  - content of residency cultural competency curriculum
  - teaching methods within a residency cultural competency curriculum
  - the creation of a cultural competency assessment tool.
- Participation in dissemination of work on various levels





# Our CEHC Resident Curriculum



## YEAR ONE

**Intern Orientation:** Introductory Workshop

**Fall lecture (Thurs):** Health Disparities

**Grand Rounds:** Attitudes and Skills

**Winter workshop (Thurs):**  
Skills training #1 – Sociocultural Assessment

## YEAR TWO

**Intern Orientation:** Introductory Workshop

**Fall workshop (Thurs):**  
Skills training #2 – Using Interpreters

**Winter workshop (Thurs):**  
Skills training #3 – Care Plan negotiation

**Standardized Patient Week**

## YEAR THREE

**Intern Orientation:** Introductory Workshop  
and Sociocultural Assessment

**Fall lecture (Thurs):** Unique Needs

**Grand Rounds:** Attitudes and Skills

**Winter workshop (Thurs):**  
Skills training #4 – Personal Awareness/Bias

**Standardized Patient Week**

## LONGITUDINAL COMPONENTS:

**PGY 2/3:** Pediatric Academic Series Case Presentation In Retrospect

**PGY1/2/3:** Faculty Modeling

**PGY1/2:** CBT module followed by discussion

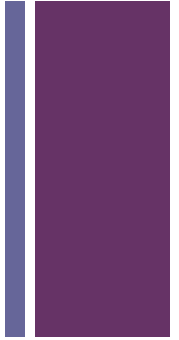
**PGY3 CAR:** Windshield survey



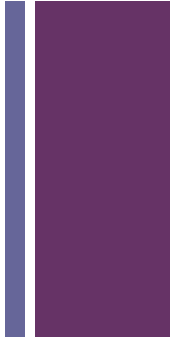
# ACTIVITY #3:

## The Sociocultural Assessment

- Example case
- Social Context "Review of Systems"
- Tool: Socio-Cultural Assessment
- The How To
- Deliberate Practice
- Discussion



*A 7 y/o boy has just been diagnosed with ADHD. His mom is eager to start him on medication because of the pressure she is getting from his school. Unfortunately, she has switched jobs and is between insurance plans. The out-of-pocket cost for a 30 day supply of the medication would be \$200 for the month between this visit and when the mom might have her new insurance plan.*



## Positive results of the interaction:

- frank discussion of how much family could afford
- plan made that mom would purchase medication for 2 weeks until her next pay period.
- opportunity to consult Social Worker or community health workers who can help to increase access to services as well as increase understanding of the challenges families may face.



## Social Determinants of Health

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash)
- Socioeconomic conditions (e.g., concentrated poverty)
- Residential segregation
- Language/Literacy
- Access to mass media and emerging technologies (e.g., cell phones, social media)
- Culture

## Physical Determinants of Health

- Natural environment, such as green space (e.g., trees and grass) or weather (e.g., climate change)
- Built environment, such as buildings, sidewalks, bike lanes, and roads
- Worksites, schools, and recreational settings
- Housing and community design
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements (e.g., good lighting, trees, and benches)





# Social Context “Review of Systems”



## Control Over Environment

- Is money a big problem in your life? Are you ever short of food or clothing?
- How do you keep track of appointments?
- Are you more concerned about how your health affects you right now or how it might affect you in the future?

## Change in Environment

- What is your country (city, town) of origin?
- What made you decide to come to this country (city, town)? When did you come?
- How have you found life here compared with life in your country (city, town)? What was medical care like there compared with here?

## Social Stressors and Support Network

- What is causing the most difficulty or stress in your life? How do you deal with this?
- Do you have friends or relatives on whom you can call for help? Who are they? Do they live close to you?
- Are you very involved in a religious or social group? Do you feel that God (or a higher power) provides a strong source of support in your life?

## Literacy and Language

- Do you have trouble reading your medication bottles or appointment slips?
- What language do you speak at home? Do you ever feel that you have difficulty communicating everything you want to say to the doctor or staff?

Kodjo Cheryl, Cultural Competence in Clinician Communication. *Pediatr.Rev.*2009;30;57-64  
From material cited in Carrillo JE, Green AR. Betancourt JR. Crosscultural primary care: a patient-based approach. *Ann Intern Med.* 1999;130:929–934.



# The Tool

- [-] Social History
  - Social History
  - Childcare and Preschool
  - Socio-Cultural Assessment**
- [-] Vitals
  - Free Text
- [-] Physical Exam
  - Constitutional
  - Head and Face
  - Eyes
  - ENT
  - Neck
  - Pulmonary
  - Cardiovascular
  - Abdomen
  - Chest
  - Genitourinary
  - Lymphatic
  - Musculoskeletal
  - Neurologic
  - Skin
- [-] Results/Data
  - Results
- [-] Screening
  - ASQ
  - MCHAT
- [-] Lead Screen Questionnaire
  - Childhood Lead Risk Questionnaire
- [-] Immunizations
  - Immunization Status
- [-] Procedure
  - Procedures
- [-] Anticipatory Guidance
  - Anticipatory Guidance 18 Mo
- [-] Discussion/Summary
  - Pediatric Impression
  - Assessment
- [-] Plan
  - Order Reminders (18 months)

## Socio-Cultural Assessment

### Socio-Cultural Assessment

#### Preferred Language:

- ☐ English
 ☐ Arabic
 ☐ Vietnamese  
☐ Spanish
 ☐ Polish

Interpreter Needed: ☒ Y ☐ N If yes, please add to Chart Alerts.

#### Preferred Method of Communication Regarding Health Issues:

- ☐ Verbal with Primary Caregiver  
☐ Written to Primary Caregiver  
☐ Discussion with other family member or friend (specify: )

#### Spiritual Preference

- ☐ Christian
 ☐ Muslim
 ☐ None
 ☐ Other   
☐ Catholic
 ☐ Jewish

#### Dietary Restrictions

- ☐ No Meat
 ☐ Vegan
 ☐ None
 ☐ Other   
☐ No Pork

#### Use of complementary alternative medicine

- ☐ Teas
 ☐ Acupuncture
 ☐ None
 ☐ Other:   
☐ Chiropractor

#### Specific Socio-Cultural Issues

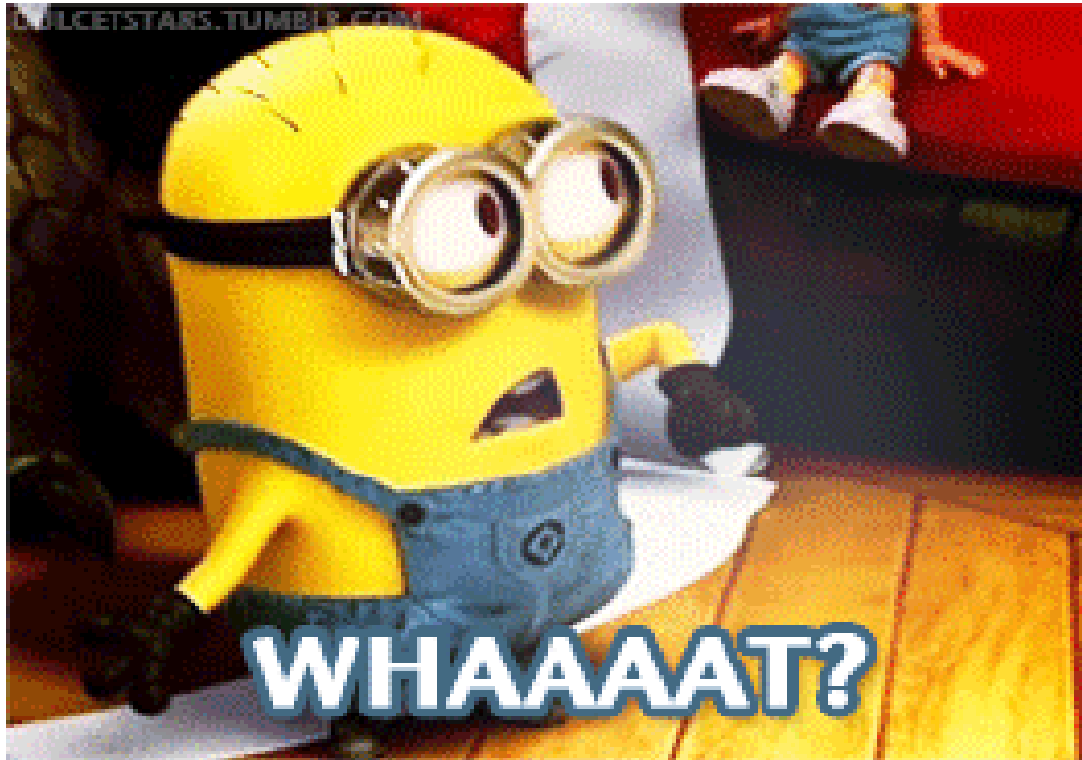
- ☐ Transportation Issues
 ☐ Domestic Violence  
☐ Family Members in Jail
 ☐ Bullying at School or Work  
☐ Homelessness

Intervention- provided reassurance, discussion re:

#### Seen today by:

- ☐ Social Worker
 ☐ Health Steps Specialist
 ☐ Other

# + Another checklist?!





# + The “How To”



- Introduce the idea
- Explain why this is important
- Make it part of the conversation
- Let them tell their story
- Many different ways of asking
- Can depend on style, type of visit, and interaction with the family (i.e. 1<sup>st</sup> time meeting family and patient vs follow up visit)



# Getting Started



*"I would like to get to know you and your family better and understand your specific needs and preferences."*

*"I have a few questions for you which will help me get to know you and your family better and understand your specific needs and preferences."*

*"Is there something preventing you and your family from staying healthy (or following advice)?" and then for some of the questions perhaps using the "I have a series of questions that will help me identify your specific needs and preferences."*

# + Video Example



# + Your turn!

## Roles:

- 1) Parent
- 2) Physician
- 3) Coach

## Instructions:

- In groups of 3, choose one role for each case.
- Read only your role instructions for each case (except the coach).
- Remember that the point of the exercise is to ***identify*** specific needs, preferences, and socio-cultural issues that affect your patient's health, **NOT** to solve the issues.
- 15 minutes

# + Discussion

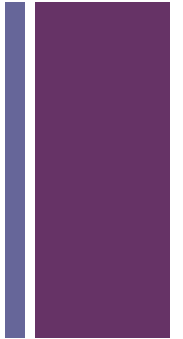


- How did it go?
- What was most difficult to ask?
- What worked?
- What didn't?
- Other comments? Questions?



## + Summary and Wrap Up

# + Next Steps



- Resident CEHC Assessment tool
- Inter-professional team needs assessment
- Enhanced inter-professional team training

# + Session Evaluation





# + Contact Information



- Mark Butterly  
[mark.butterly@advocatehealth.com](mailto:mark.butterly@advocatehealth.com)
- Imelda Huerta Galvez  
[Imelda.huerta@advocatehealth.com](mailto:Imelda.huerta@advocatehealth.com)
- Lisa Marie Piwoszkin  
[lisamarie.piwoszkin@advocatehealth.com](mailto:lisamarie.piwoszkin@advocatehealth.com)
- Pati Notario  
[patricia.notario@advocatehealth.com](mailto:patricia.notario@advocatehealth.com)  
708-684-1272



# THANK YOU!

