TRANSLATING SCIENCE TO BETTER HEALTH:
THE POWER OF DIVERSITY AND MULTICULTURAL ENGAGEMENT

GENERAL SESSION II
Lost in Translation: Improving Cultural Competency in Healthcare Delivery

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Improving Cultural Competence in Health Care Delivery

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13th RCMI International Symposium on Health Disparities
San Juan, PR
December 11, 2012
Why does race matter?

Social Separation

Social Hierarchy
Underrepresentation in Health Professions

Social Distance

Social Proximity
Manifestations of Distance

• Stereotyping and race bias
• Distrust
• Differing worldviews

Beliefs About HIV

Survey of 214 African American men with HIV:

- HIV is a manmade virus: 44%
- There is a cure for AIDS, but it is being withheld: 32%
- AIDS was produced in a government laboratory: 31%
- AIDS is a form of genocide against blacks: 31%
- People who take the new HIV meds are human guinea pigs: 22%

Endorsement of conspiracy beliefs was associated with lower adherence to ARV meds

Bogart, JAIDS, 2011
Can Cultural Competence Reduce Racial Disparities?

- Measured cultural competence among 45 HIV care providers in 4 cities
- Measured outcomes among 437 of their patients
- Adherence to HIV medication
- Viral suppression
- Analyzed data to determine if higher CC was associated with less disparity

White vs. Non-white (adjusted odds ratios)

How Do We Achieve Cultural Competence?

- Reducing social distance
  - acknowledging group affiliation, while knowing and valuing the individual
  - treating each individual patient with respect
The Central Role of Respect

Respect is universally considered important.

Respect is embraced by people with diverse life philosophies.
But there is no uniform definition of respect.

Respect is a vague concept.

"Respect is the essence of humanism, and humanism is both central to professionalism, and fundamental to enhancing collegiality among physicians."

Professionalism example: American Board of Internal Medicine

Ambiguity about respect limits its effectiveness as a moral concept.

• Does "respect" have any particular meaning, or is it simply an idea used to support positions one happens believe in?
Respect is the unconditional valuing of patients as persons.

Common misconceptions | Our conception
---|---
Necessitates admiration | Unconditional

Does respect necessitate admiration?

- **Respect** = A high or special regard; esteem  
  (Merriam-Webster Online Dictionary, 2005)
- **Appraisal Respect** (Darwall, Ethics 1977)
  - Positive evaluation of object that meets standards
  - Conditional
  - Not morally required
- Respect must also be distinguished from 'liking'
  - Subject-generated v. object-generated

Respect must be unconditional.

- **Respect** = an act of giving particular attention  
  (Merriam-Webster Online Dictionary, 2005)
- **Recognition Respect** (Darwall, Ethics 1977)
  - Acknowledgement of some fact about an object and act accordingly
  - Unconditional: one needs only to be a person
Respect is the unconditional valuing of patients as persons.

<table>
<thead>
<tr>
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<tr>
<td>Focused on autonomy</td>
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Respect is typically focused on patient autonomy

- "Physicians must have respect for patient autonomy. Patients' decisions about their care must be paramount, as long as those decisions are in keeping with good ethical practice and do not lead to demands for inappropriate care."

ABIM Charter on Medical Professionalism

Autonomy

Acknowledgment of a person's right to hold views, to make choices, and to take actions based on personal values and beliefs

- Beauchamp & Childress 2001
Persons

Autonomy

Recognition that all persons have unconditional worth (dignity)
- Kant

What is the essence of personhood?

Respect is the unconditional valuing of patients as persons.

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<tr>
<td>Respect is a set of behaviors</td>
<td>Involves attitude of valuing or way of being</td>
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</table>

Respect is fundamentally an attitude or way of being

- It is difficult to act with respect unless the actions are genuine
- Fostering the right attitudes about patients is one of the most important obligations of health professionals
- Respectful actions and respectful attitudes can and should be mutually supportive
Professional Guidelines Emphasize Behaviors - not Attitudes

- Students must "act with respect..."  
  (AAMC Medical School Objectives Project)
- Residents must "demonstrate respect, compassion..."  
  (ACGME Professionalism Competency)
- Behaviors are important and may aid development of more positive attitudes

Why don’t we focus on attitudes?

- Not our business to tell people what to think
- Attitudes are not the most important thing anyway – we should focus on behavior
- Too difficult to change attitudes

Changing attitudes

- May require a different approach than traditional educational interventions
- Difficult to compel attitude change
- Create conditions that foster development of moral attitudes such as respect
- Use this approach when change in attitude is most important goal
Sickle Cell Disease
• Genetic condition affecting the hemoglobin within red blood cells

Sickle Cell Disease
• Genetic condition affecting the hemoglobin within red blood cells
  • Severe episodic unpredictable pain

Problems in Health Care Quality

"...everybody’s so angry, everybody’s so frustrated, everyone’s in pain. and nobody’s doing anything about it, nobody’s listening to anyone’s complaints, you know. It makes me feel like, you know, my life is worth nothing to them. You could drop down dead, they wouldn’t care...”

-Patient with sickle cell disease

Thomas VJ, Taylor LM. The psychosocial experience of people with sickle cell disease and its impact on quality of life: Qualitative findings from focus groups. Br J Health Psychol 2002; 7(Part 3):345-363
Hospital Experiences of SCD Patients Compared to US Population

![Bar chart showing hospital experiences of SCD patients compared to US population. The chart indicates significant differences (p<0.001) in all categories listed.]

Provider Attitudes Towards Patients with Sickle Cell Pain Crisis

<table>
<thead>
<tr>
<th>Question</th>
<th>SCD Patients</th>
<th>US Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likely to...</td>
<td>Not at all</td>
<td>A little, somewhat, very, or extremely likely</td>
</tr>
<tr>
<td>over-report (exaggerate) discomfort?</td>
<td>34%</td>
<td>66%</td>
</tr>
<tr>
<td>fail to comply with medical advice?</td>
<td>24%</td>
<td>76%</td>
</tr>
<tr>
<td>abuse drugs, including alcohol?</td>
<td>33%</td>
<td>77%</td>
</tr>
<tr>
<td>try to manipulate you or other providers?</td>
<td>35%</td>
<td>75%</td>
</tr>
</tbody>
</table>

Development of a Brief Documentary to Improve Provider Attitudes

- **Funding:** The Osler Center for Clinical Excellence
- **Aims:**
  1. Create a documentary about patients' experience
  2. Evaluate its impact on nurses and doctors
- **Premise:** Doctors and nurses want to do a good job and wouldn’t treat SCD patients badly if given the opportunity to reflect
Randomized Study

- Randomized controlled study
- Subjects completed questionnaire before vs. after viewing film
- Subjects – Healthcare professionals
  - All nurses in Department of Medicine at annual required retreat
  - Noon conference for residents
- Setting – Urban academic medical center in eastern United States

Effect of Film Intervention on Clinician Attitudes

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Control</th>
<th>Difference in Means (95%CI)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Attitudes</td>
<td>32.3 (21.2)</td>
<td>41.2 (22.0)</td>
<td>-8.9 (-14.2,-3.6)</td>
</tr>
<tr>
<td>Positive Attitudes</td>
<td>48.8 (26.6)</td>
<td>42.2 (20.9)</td>
<td>6.6 (0.6,12.6)</td>
</tr>
<tr>
<td>Concern Raising Behaviors</td>
<td>50.1 (20.2)</td>
<td>57.9 (19.9)</td>
<td>-7.8 (-13.1,-2.5)</td>
</tr>
</tbody>
</table>

Acknowledgements

TOP: Carlton Haywood, Sophie Lanzkron, Shawn Bediako, Neda Ratanawongs
BOTTOM: Rochelle Brown, Mark Hughes, Michele Massa, Neil Powe
Crisis
Experiences of People with Sickle Cell Disease seeking Health Care for Pain
tinyurl.com/sicklecellrespect

THANK YOU!

Clinician SCD Attitudes Scales

<table>
<thead>
<tr>
<th>What percentage of patients with Sickle Cell Disease:</th>
<th>Please indicate your opinion about the degree to which each of the following is a sign that a patient with sickle cell disease is inappropriately drug-seeking (Strongly Disagree - Strongly Agree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(&lt;5%, 6-20%, 21-50%, 51-75%, &gt;75%)</td>
<td></td>
</tr>
<tr>
<td>Negative Attitudes</td>
<td>Positive Attitudes</td>
</tr>
<tr>
<td>Over-report (exaggerate) pain?</td>
<td>Make me feel glad that I went into medicine?</td>
</tr>
<tr>
<td>Fail to comply with medical advice?</td>
<td>Patient requests specific narcotic drug and dose</td>
</tr>
<tr>
<td>Abuse drugs, including alcohol?</td>
<td>Patient appears comfortable (e.g. talking on phone or watching TV) while complaining of severe pain</td>
</tr>
<tr>
<td>Manipulate you or other providers?</td>
<td>Patient has history of disputes with staff</td>
</tr>
<tr>
<td>Are drug-seeking when they come to the hospital?</td>
<td>Are easy to empathize with?</td>
</tr>
<tr>
<td>Are frustrating to take care of?</td>
<td>Patient rings bell for nurse and constantly asks for more pain medication before next dose is due</td>
</tr>
</tbody>
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Providers who believe >50% SCD patients…

<table>
<thead>
<tr>
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<th>Control (No film)</th>
<th>Intervention (Film)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>...exaggerate pain</td>
<td>17%</td>
<td>10%</td>
<td>0.019</td>
</tr>
<tr>
<td>...manipulate</td>
<td>25%</td>
<td>11%</td>
<td>0.008</td>
</tr>
<tr>
<td>...drug-seek</td>
<td>19%</td>
<td>11%</td>
<td>0.024</td>
</tr>
</tbody>
</table>

How do patients experience respect?

Qualitative analysis of semi-structured interviews with 29 adult patients in Baltimore, MD

Respect: Treating as Equal

• #23: I think under certain circumstances, some doctors feel like they are above the crowd... I’m saying don’t treat me like I’m the lower part of the ladder, in other words.

• #28: You wouldn’t talk down or look down on anybody based on appearance or education or anything of that nature.
Respect: Acknowledgment

• #20: First of all, I thought and I learned and I thought about this, this way: Eye contact. You're looking at each other when you talk. ...they're thumbing through the papers and never look up, that makes you feel like, what am I? A piece of paper or a piece of meat or whatever?

• #8: Well you don't turn your back on them when they're talking to you, you don't try to shut them up when they're talking to you, things like that.

• #24: Well, simple thing like knocking on the door when they come in.

• #6: you just say good morning and basically you don't know them but you're showing your respect

• #17: It's the way they talk to you, number one, I think the way you talk with a person, you can tell whether or not they have respect for you or not... You think they're listening and when it's all over, what we'll hear, here take this and they're not really listening.

Respect: Autonomy

• #27: Like I said for the doctor not to go against my wishes or try to say that I should have certain things done and try to force me to do it

• #6: she was respectful, because I told her I can't stick my finger everyday the way she want me to do it. I do it at random ... I don't do it three times a day like she want me to and she respected that and I just did it my way.

• #12: Years ago, I had one doctor, I won't even mention his name, he said that I was to eat four prunes every morning for breakfast and I don't care for prunes and anyway after a couple of visits, he wanted to know if I was doing it and I said no. He said When I tell you to eat four prunes that's what I meant and I said Well I'm so sorry about that and I ... and walked out. I never went back to him again.