Does culture play a role in quality of medical care?

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Learning objectives

- Identify factors that impact quality of care and their relationship to culture
- Describe the connection between culture and health care disparities
- Discuss one model of incorporating the patient’s culture into standard practice
Culture Defined

- An integrated pattern of learned beliefs and behaviors
- Includes thoughts, communication styles, ways of interacting, views of roles and relationships, values, practices, and customs
- Shapes how we explain and value the world

Betancourt 2003
What is quality medical care?
Quality of Care Defined

The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Institute of Medicine 2001
What Factors May Affect Quality?

- Communication gaps between physician and patient/family
- Health beliefs of patients/families
- Biases and stereotypes of health professionals
- Patients’ use of alternative/complementary healing traditions or healers
- Language barriers
Communication

- Improved communication leads to improved adherence
  - Appropriate use of prescribed medications
  - Better self-management of chronic disease
  - More acceptance of preventive measures
Link between Communication and Health Outcomes

Effective Communication

Patient Satisfaction

Adherence

Improved Health Outcomes
Health Literacy & Communication

- Health Literacy means:
  - The ability to **read**, **comprehend** and **act** on written and numerical information received in health care settings

Institute of Medicine 2004
Health Literacy Facts

- Health care systems place high literacy and language demands on patients/families
  - Average reading level of Medicaid recipients: 5th grade
- Over half of English- and Spanish-speaking public have limited HL
- Growing evidence linking HL to clinical outcomes

Schillinger D et al 2002
Health Beliefs

- Culture influences health beliefs
- These beliefs shape the patient’s/family’s
  - Control and empowerment over health issues
    (wellness, illness and healing)
  - Interpretations of healing, disability and quality of life
  - Attitudes about survival and death
Biases and Assumptions

- An inherent human trait - we all make assumptions and have biases
  - It’s an efficient way to manage information
  - It’s also shaped by society
- More likely to make assumptions when time and information are limited
- We may have subconscious biases
Stereotypes

- A type of mental shortcut for receiving, processing and retrieving information
  - Used to assign an individual to a category based on what we believe about a general group or groups to which they belong
- It’s based on limited personal knowledge and/or experience
- More likely to happen with time pressure, need for quick judgments, anxiety or multi-tasking
Complementary and Alternative Medicine

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National Center for Complementary and Alternative Medicine 2008
Health Disparities

- Ethnic differences in the quality of health care
- Difference results in worse clinical outcomes
- Difference persists even after controlling for known factors, such as social determinants, access to care, insurance
Categories of Unequal Health Care
Quality and Outcomes

- Difference
- Disparity

Populations with Equal Access to Health Care

Non-Minority
Minority

Need for care
Clinical Appropriateness
Patient Preferences/Choices

The Operation of Health Care Systems and the Legal and Regulatory Climate

Discrimination:
Biases, Prejudices, Stereotyping;
Uncertainties; Pt. Trust

Source: Gomes and McGuire (2001) Model of Difference, Disparities and Discrimination
Unequal Treatment

- Health Disparities = Unequal Quality of Care
Disparities in Asthma Care

- Asthma lends itself to monitoring quality of care
- There are established, clear guidelines for appropriate care
- Lieu and colleagues set out to study outcomes of children with asthma enrolled in managed Medicaid programs in CA, MA, and WA
Asthma Disparities

- They found that Black and Latino children in the study of 1,658 subjects had worse asthma status and were less likely to use preventive medications than White children.

- These disparities persisted even after adjusting for socioeconomic status and family structure.

- Why?

Lieu TA et al. Pediatrics 2002
Asthma Disparities (cont’d)

- Authors attribute difference to:
  - Ethnic/racial differences in health beliefs and concepts of disease
  - Different beliefs about value of prevention
  - Fears about steroids
  - Lack of regularity in life of family
  - Possible communication barriers between doctors and patients/families
  - Not obtaining refills even when covered by Medicaid

Lieu TA et al Pediatrics 2002
Cultural Competence in Health Care

- A set of congruent behaviors, attitudes, and policies that enables effective work in cross-cultural situations
- ‘Competence’ implies having the capacity to function effectively within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities

Cultural Competence (cont’d)

- Is a continuum
- May be situational
  - Culture is dynamic and complex
  - Context is critical since we cannot separate culture from social and economic factors
- Cultural competence is not an inherent skill
- The foundation is built on awareness
- We then add knowledge, and skills to the base
- Happens at the individual and organizational level
Patient Interview: One Model

- **L** Listen to the patient’s perception of the problem
- **E** Explain your perceptions of the problem
- **A** Acknowledge and discuss differences and similarities
- **R** Recommend treatment
- **N** Negotiate an agreement

Berlin & Fowkes 1987
Without some agreement about the nature of what is wrong, it is difficult for a doctor and a patient to agree on a plan of management acceptable to both of them.

It is not essential for the physician to actually believe that the nature of the problem is as the patient sees it, but the doctor’s explanation and recommended treatment must be at least consistent with the patient’s point of view.

Moira Stewart, Patient-Centered Medicine
Thank you for your kind attention!