Cultural Competency: A Formalized Strategy

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Disclosure

I certify that there is no conflict to declare.
Session Objectives

- The Magnitude of the Problem of Chronic Disease
- The need to engage/partner with patients in managing chronic disease:
  - Lessons from the healthcare documentary RX: The Quiet Revolution
- The Need for Formalized Strategy for Patient Centered partnership and Health Equity: The North Shore LIJ Health System Approach
  - The U.S. National Prevention Strategy: Elimination of Health Disparities
  - Cultural and Linguistic Competence in the Delivery of Patient-Centered Care
- An Innovative model for health care delivery/ community partnership:
  - The Diabetes Telehealth Network in the Mississippi Delta
Public Health: Past, Present and Future

Achievements of the 20th century:

- Vaccinations
- Improved sanitation
- Fewer deaths from heart disease and stroke
- Healthier mothers & babies
- Reduction in tobacco use

Emerging threats of the 21st century:

- Chronic diseases: ~133 million Americans live with at least one chronic illness
- New and re-emerging infectious diseases
- Natural disasters

IOM 2001: Crossing the Quality Chasm→A New Health System for the 21st Century

1. **Safe** – avoiding injuries to patients from care
   - that is intended to help them.
2. **Effective** – providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit.
3. **Patient-centered** – providing care that is respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.
4. **Timely** – reducing waits and sometimes harmful delays for both those who receive and those who give care.
5. **Efficient** – avoiding waste, in particular waste of equipment, supplies, ideas, and energy.
6. **Equitable** – providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographical location, and socioeconomic status.

~ 85 percent of a population's well being: Quality of life factors, social determinates of health

Actions in health care account collectively for ~15 percent of society's well being.
Population Health: Creating a Culture of Wellness

Three Pillars of Population Health:
- Recognition that there are outcomes of medical care that are unevenly distributed in the population — morbidity, mortality, and quality of life
- Outcomes are based largely on the social determinants of health
  - where you live
  - socioeconomic status,
  - level of education and level of Health literacy
- Health policy and laws: eg the Affordable Care Act

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#IHI27FORUM
Lessons from Health Care documentary
RX: The Quiet Revolution (4/2/2015)

Video
Cultural Competence in the Delivery of Patient Centered Care

A patient is an individual to be cared for, not a medical condition to be treated. Our patients are our partners and have knowledge that is essential to their care. Patient-Family Centered Care is the core of a high-quality healthcare system and a necessary foundation for safe, effective, timely and equitable care.

Source: Cooper Health System Patient Guide, 2013

Patient/Person Centered HealthCare

- Patient/ person-centered care is care that is structured around the patient. It is a model in which the health care team partners with patients and families to identify and satisfy the full range of patient needs and preferences.

- The ultimate goal of patient- and family-centered care is to create partnerships among health care practitioners, patients and families that will lead to the best outcomes and enhance the quality and safety of health care.

Source: modified from Institute of Medicine, Crossing the Quality Chasm (2001)
**Picker Principles of Patient Centered care**

- Respect for patients’ values, preferences, and expressed needs
- Coordination and integration of care
- Information, communication, and education;
- Physical comfort;
- Emotional support and alleviation of fear and anxiety;
- Involvement of family and friends;
- Transition and continuity
- Access to care


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Health policy and laws: eg The Affordable Care Act (USA)
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Scope of North Shore-LIJ Health System (Northwell Health)
New York Region USA
**North Shore-LIJ Health System (NorthWell Health)**

- Nation’s 14th largest healthcare system, based on net patient revenue; largest in New York State.
- Service area: 8 million people
  - Across Long Island, Manhattan, Queens, Staten Island and Westchester.
- 60,000 employees
  - 10,000 physicians.
  - 11,000 nurses.
- Innovations in education:
  - School of Medicine
  - School of Nursing
- CLI: largest “corporate university” in the healthcare industry.
  - Nation’s largest patient simulation center (PSI).

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**Importance of a Formalized Approach to Diversity, Cultural Competency & Community Health to NSLIJ Health System:**

**Service Area Demographics**

### Nassau
- 65% White
- 15% Hispanic
- 11% Asian
- 2% Black
- 1% Multirace
- 2% Other

### New York
- 48% White
- 25% Hispanic
- 13% Asian
- 11% Black
- 2% Multirace
- 2% Other

### Queens
- 27% White
- 28% Hispanic
- 23% Asian
- 2% Black
- 18% Multirace
- 2% Other

### Richmond
- 64% White
- 17% Hispanic
- 10% Asian
- 7% Black
- 2% Multirace
- 2% Other

### Suffolk
- 72% White
- 17% Hispanic
- 11% Asian
- 7% Black
- 1% Multirace
- 0% Other

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*Queens is one of the most ethnically diverse regions in the world, populated by residents who represent more than 100 nationalities and speak more than 170 languages*.1

**Source:** 1NYS Office of the State Comptroller; U.S. Census, 2010 - Race/Ethnicity Demographics Report prepared by North Shore-LIJ Health System Office of Strategic Planning and Program Development/Sk
NSLIJHS Service Area Demographics: Importance of a Formalized Approach to Diversity, Cultural Competency & Health Literacy

NSLIJ Office of Community and Public Health

Mission:
To promote health, prevent disease and lead the delivery of culturally appropriate care, customized for all communities
North Shore-LIJ Health System Alignment with the National Prevention Strategy (NPS)

- In June 2011, the U.S. Department of Health and Human Services announced the nation’s new “NPS”.
- Comprehensive plan aims to increase the number of Americans who are healthy at every stage of life.
- DIHL has aligned its philosophy and activities with the NPS in order to maximally improve the health of the populations that it serves.

Empowered People

- Health information is often presented in a way many Americans find difficult to understand and put into action.
- When people have access to actionable and easy-to-understand information and resources, they are empowered to make healthier choices.
- Includes recommendations for patient education, health care systems, and clinicians such as:
  - Plain Language
  - Teach-back method
  - Empowering individuals to develop and participate in health protection and promotion programs through community programs.
Elimination of Health Disparities

- Health outcomes vary widely based on race, ethnicity, socio-economic status, and other social factors.
- Clear evidence exists that with appropriate focus and investment, health disparities can be eliminated.

- Ensure a strategic focus on communities at greatest risk
- Participation of community leaders, members, and organizations helps ensure that programs/policies align with local culture.
  - Initiatives grounded in the unique historical and cultural contexts of communities.

Essential Components for Achieving Health Equity

- Health Literacy & Patient Education
- Language Access
- Cultural Competence
- Diversity & Inclusion
- Community
- Humanism = Dignity & Respect
- Professional Education
- Governance
- Research
- Patient Care

Elimination of Health Disparities = Health Equity

Source: Modified from Dr. Marc Nivet’s AAMC: 11/2010 24-12-13 version
When working with people and building relationships with them, it helps to have some perspective on and understanding of their culture.

Culture is a central issue in people’s lives. It influences their views, their values, their humor, their hopes, their loyalties, and their worries and fears.

Culture is also a central issue in people’s health care. A person's culture can affect:
- How health care information is received
- How rights and protections are exercised
- What is considered to be a health problem
- How symptoms and concerns about the problem are expressed
- Who provides treatment for the problem
- What types of treatment should be given
Cultural Competency

- The ability to provide an expanded cross-cultural approach to care of individuals with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural communication and linguistic needs.

Community Data: Importance of Collection of Race, Ethnicity and Language

- Before a health care organization becomes culturally competent, leaders must understand the local community and the role the organization plays within the community.
- The collection of Race, ethnicity and Language (REAL) data is a necessary first step to understanding the health care needs of the populations served.

Cultural and Linguistic Competence

- Humanism: whereby everyone is treated with Dignity and Respect
- Fosters an inclusive health care culture
- Improved relationships with patients, and communities
- Care: that is empathetic, compassionate, high quality incorporating diverse values, beliefs and behaviors
- Delivery of care meets the patients' social, cultural and linguistic needs.


Communication & Language Access

- Communication, Language and Interpreter Services:
  - Essential to the delivery of culturally and linguistically appropriate care
  - Communicate with diverse communities in which English is a second language
  - Communicate with the hearing or visually impaired.
  - Ability to collect information to establish diagnostic and treatment strategies
  - Obtain informed consent for required treatment and procedures,
  - Develop relationships and trust
  - Discuss treatment options and provide necessary health care education.
Importance of Health Literacy In Patient Centered Care

“Effective communication is a critical component of the delivery of safe quality patient-centered care and, as such, health literacy is critical to the improvement of health and wellness”


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Health Literacy

- Health literacy happens with patients, (anyone on the receiving end of health communication), and providers (anyone on the giving end of health communication, truly understand one another.

- It is the degree to which individuals have the capacity to obtain, process, communicate and understand basic health information and services needed to make appropriate health decisions about their healthcare needs and priorities.

Impact of Low Health Literacy

Affects a person’s ability to:
- Access and navigate the health care environment
- Share health history with providers
- Engage in self-care, disease prevention, chronic disease management and treatment
- Adhere to medicine routine

Role of Cultural Competency in Clinical Practice

- Cultural competency: ongoing journey of commitment and active engagement through the process
  - of cultural awareness,
  - cultural knowledge,
  - cultural skills,
  - cultural collaboration
- Cultural competency allows for the delivery of individualized health care services within the cultural context of the patient and the avoidance of stereotyping.
- Trust is the underlying purpose behind cultural competency in the development of the health care provider/health care team and patient relationship.
- Without trust there cannot be an effective relationship, which increases health disparities
North Shore-LIJ Service Area Demographics:
The case for Diversity, Inclusion, Health Literacy and Cultural Competency Strategies

2010 US Census
Population Race and Ethnicity
Strategic Market Area: North Shore-LIJ Health System

Primary Language Spoken at Home
Strategic Market Area: North Shore-LIJ Health System

North Shore-LIJ Health System & Hofstra North Shore- LIJ School of Medicine:
Diversity, Inclusion & Health Literacy Strategic Steps

1. AMA Baseline national survey
2. Develop & implement a strategic plan to promote the provision of culturally appropriate patient care

• Education partnership with CLI to implement policies & protocols to advance effective communication, health literacy, cultural awareness & linguistic access for the delivery of high-quality, culturally and linguistically appropriate patient & family centered care

3. Enhance recruitment & retention of culturally diverse staff/leadership to ensure alignment between workforce & patients served

4. Diversity & Inclusion Metrics, Publish data/ policies on cultural inclusiveness and health literacy focusing on the direct relationship to patient safety
**Diversity, Inclusion & Health Literacy:**

Strategy for Incorporating Diversity, Inclusion & Health Literacy into the NSLIJ health System: *six key domains & seven core pillars* on which activities across all domains are based

**Mission:**

To promote, sustain & advance an environment that supports principles of equity, diversity, inclusion, health literacy and community.

### Individual Domain Scores

<table>
<thead>
<tr>
<th>Domain*</th>
<th>Hospital 1</th>
<th>Hospital 2</th>
<th>Hospital 3</th>
<th>Hospital 4</th>
<th>National Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff</td>
<td>Patient</td>
<td>Staff</td>
<td>Patient</td>
<td>Staff</td>
</tr>
<tr>
<td>1. Leadership Commitment</td>
<td>70.9</td>
<td>90.0</td>
<td>67.1</td>
<td>87.4</td>
<td>67.4</td>
</tr>
<tr>
<td>2. Information Collection</td>
<td>74.7</td>
<td>66.0</td>
<td>70.8</td>
<td>67.3</td>
<td>65.0</td>
</tr>
<tr>
<td>3. Community Engagement</td>
<td>77.1</td>
<td>85.5</td>
<td>68.6</td>
<td>81.2</td>
<td>74.4</td>
</tr>
<tr>
<td>4. Workforce Development</td>
<td>71.9</td>
<td>85.5</td>
<td>67.7</td>
<td>80.9</td>
<td>66.5</td>
</tr>
<tr>
<td>5. Individual Engagement</td>
<td>70.9</td>
<td>87.6</td>
<td>68.3</td>
<td>86.1</td>
<td>70.5</td>
</tr>
<tr>
<td>6. Cross-Cultural Communication</td>
<td>72.8</td>
<td>81.7</td>
<td>68.7</td>
<td>80.0</td>
<td>68.7</td>
</tr>
<tr>
<td>7. Language Services**</td>
<td>71.6</td>
<td>N/A</td>
<td>69.5</td>
<td>N/A</td>
<td>67.6</td>
</tr>
<tr>
<td>8. Health Literacy</td>
<td>76.9</td>
<td>87.9</td>
<td>72.8</td>
<td>85.4</td>
<td>72.9</td>
</tr>
<tr>
<td>9. Evaluating Performance</td>
<td>68.5</td>
<td>75.2</td>
<td>63.2</td>
<td>64.5</td>
<td>67.4</td>
</tr>
</tbody>
</table>

*Respondents to the patient surveys were primarily White and English speaking.

**Language Services domain score depends on the input of patients who prefer to speak a language other than English with their doctors. Due to a limited sample of such patients in this assessment we are unable to provide a score in this domain.

*Represents highest score in category
North Shore-LIJ Health System & Hofstra North Shore- LIJ School of Medicine: Diversity, Inclusion & Health Literacy Strategic Steps

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**Evolution of Diversity, Health Literacy, Cultural and Linguistic Strategy**

<table>
<thead>
<tr>
<th>Year</th>
<th>Strategy</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>Formalized approach to DIHL</td>
<td>Awareness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and Education</td>
</tr>
<tr>
<td>2011-2012</td>
<td>Continued education</td>
<td>Resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(material development)</td>
</tr>
<tr>
<td>2013-2015</td>
<td>Expanded strategy</td>
<td>Integration</td>
</tr>
<tr>
<td>2015 - Ongoing</td>
<td>Site Ownership</td>
<td>Resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(material consultation)</td>
</tr>
</tbody>
</table>
Expanded Diversity, Inclusion, Health Literacy Strategy

Education and Development

Cross cutting efforts: in print, online and in-class educational opportunities.

- Education courses and conferences
- Resources: E-learning modules, Care Notes®, Culture Vision™
- Unconscious Bias Training
- Onboarding (RN, NP, PA)
- Mandatory Topics
- Community Outreach
- Vital Documents
- Standardization
- Centralized Policies and Procedures
Diversity, Inclusion & Health Literacy: Strategy for Incorporating Diversity, Inclusion & Health Literacy into the NSLIJ health System: six key domains & seven core pillars on which activities across all domains are based.

Mission: To promote, sustain & advance an environment that supports principles of equity, diversity, inclusion, health literacy and community.

Commitment, Culture Change and Accountability

- **Executive DIHL Council**
  - Chaired by President and CEO, Michael Dowling

- **Physician DIHL Advisory Council**
  - Co-chaired by the Chief Medical Officer and the Chair of the Department of Medicine

- **DIHL System Committee**
  - System-wide site representation
  - **Site DIHL Committees**
    - DIHL site champions

- **Effective Communication Committee**
  - LAC and Pt. Ed/Health Literacy Coordinators
Business Employee Resource Group Program
Impact and Strategic Alignment

Workplace
• Align with DIHL strategy and support integration efforts
• Enhance employee engagement and innovation
• Support talent development of high potential leadership
• Promoting an inclusive culture

Marketplace
• NSLIJ strategic alignment
• Support NSLIJ key goals/objectives
• Expand market reach
• Understand diverse populations served

Patient

Community
• Align with DIHL strategy
• Promote wellness/education/raise health awareness
• Increase community partnerships

Workforce Engagement - BERGS

VALOR
Veterans and Allies: Liaisons of Reintegration
• 349 Members
• Subcommittees
  • Ambassadors Team
  • Military Cultural Competency Team
  • VALOR Navigator Team

BRIDGES
Cultural Ambassadors
• 382 Members
• NSLIJHS Brain Death Policy: revision to meet religious/cultural needs of Orthodox Jewish community.
• “Korean Healing Concert”: to increase suicide/mental health awareness in Korean community.
• Latin Ready Assessment®: measure organizational readiness to meet linguistic and cultural needs of Latinos in alignment with CLAS Standards
• Korean Medical Program: Address gaps in language & culturally appropriate care

EXPRESSIONS
Lesbian, Gay, Bisexual and Transgender or allies
• 71 Members
• Assisting LGBT Patient Care Education Task Force with development and implementation of system-wide education curriculum.
Community Partnerships

Katz Institute for Women’s Health Four Guiding Principles

Spinney Hill Community Coalition Farmers Market

Hofstra University’s Pipeline Program

Long Island Regional Adult Education Network

North Shore-LIJ Health System

Diversity, Inclusion & Health Literacy Awards & Recognition

The 2015 DiversityInc Top 5 Hospitals and Health Systems

1. Henry Ford Health System
2. Cleveland Clinic
3. Mayo Clinic
4. North Shore-LIJ Health System
5. Mount Sinai Health System

2013 Foster G. McGaw Prize Excellence in Community Service
National Patient-Centered Initiative
#123forEquity Pledge to Act to Eliminate Health Care Disparities

• The American College of Healthcare Executives, American Hospital Association, Association of American Medical Colleges, Catholic Health Association of the United States, and America’s Essential Hospitals stood together in a call to action to eliminate health care disparities.

• A National Call to Action to Eliminate Health Care Disparities was established, focused on making progress in 3 areas that will provide the greatest opportunities for hospitals to increase the equity of the care they deliver.
  - Increase the collection and use of race, ethnicity and language preference data;
  - Increase cultural competency training; and
  - Increase diversity in leadership and governance.

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Lessons from Health Care Documentary
RX: The Quiet Revolution

A new model for health care delivery:
The Diabetes Telehealth Network in the Mississippi Delta

- Mississippi faces a growing diabetes crisis, ranking second among all states nationwide in disease prevalence with more than 373,000 adults in the state living with some form of diabetes.
- 12.1% of adults in the Mississippi Delta, among the more underserved and impoverished regions in the nation, reported being diagnosed with type 2 diabetes (2010).
- Diabetic medical expenses in Mississippi totaled $2.74 billion (2012).
- Innovative Public-Private Partnership Expanding Access to Quality Care for Patients across Mississippi: novel multidisciplinary integrated interactive video consult Program with:
  - Physicians, nurses, pharmacist, the diabetic educator, endocrinologist and the ophthalmologist, to the Mississippi Delta

Source: ADA

Source: http://rxfilm.org/
The Patient-as-Partner Approach in Health Care: A Conceptual Framework for a Necessary Transition

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December 9, 2015

RX: The Quiet Revolution: rxfilm.org
RX: Doctors of Tomorrow: