



Competence in Health Care: Views from Organizations, Providers, and Recipients

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Agenda

- Briefly review definition of cultural competence, frameworks for implementation
- Briefly review results from four different studies examining racial/ethnic issues
 - ◆ One mail survey of caregivers to child recipients of Medicaid (AREA 11)
 - ◆ One mail survey of adult recipients of Medicaid (Area 11)
 - ◆ One mail survey of providers to Medicaid recipients Area 7
 - ◆ One statewide assessment of nursing homes



BACKGROUND

USDHHS Office of Minority Health Definition (2006)

“Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations...

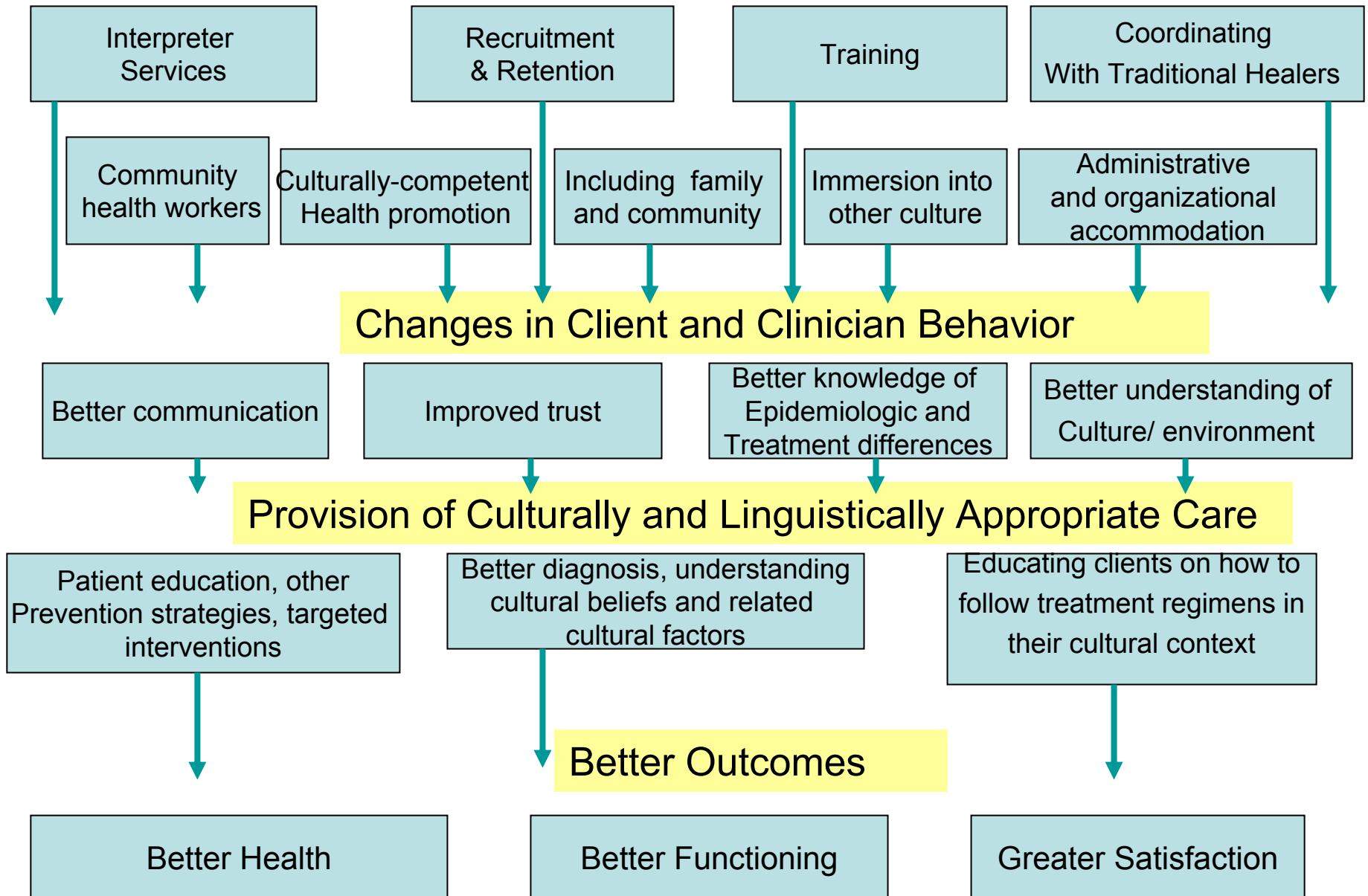
Office of Minority Health definition (cont.)

- **‘Culture’** - integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.
- **‘Competence’** - having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

The Context

- Cultural incompetence: has been proposed as an underlying source of mental and physical health disparities.
- Florida has more African Americans/Blacks than any state other than New York, and more Hispanics/Latinos than any states other than California and Texas.

Techniques for Achieving Cultural Competence (Brach & Fraser, 2000)





Things Don't Have to Be
So Complicated!

From *Cultural Competence Works* Human Resources and Services Administration (HRSA, 2001)

Examples of the common sense and best practice issues involved in cultural competence:

1. Define culture broadly.
2. Value clients' cultural beliefs.
3. Recognize complexity in language interpretation.
4. Facilitate learning between providers and communities.
5. Involve the community in defining and addressing service needs.
6. Collaborate with other agencies.
7. Professionalize staff hiring and training.
8. Institutionalize cultural competence



FINDINGS

1. Results from Child Caregiver Study (CCS; Leads: William Kearns and Huey Chen)

- Mail survey of caregivers to children receiving Medicaid benefits in AHCA Region11 (Miami-Dade)
- 696 returned the survey (29.3% adjusted response rate)
- Included FMHI standard tool on cultural competence

Race/ethnicity of provider		Race/ethnicity of Recipient		
		non-Hispanic White	Hispanic	Black
non-Hispanic White	Count (%)	59 (49.2)	34 (10.9)	39 (23.5)
Hispanic	Count (%)	54 (45.2)	270 (86.5)	66 (39.8)
Black	Count (%)	7 (5.8)	8 (2.6)	61 (36.7)
Total	Count	120 (100.0)	312 (100.0)	166 (100.0)

Chi square = 208.68, p=.000

Preference for race/ethnicity of provider:		Race/ethnicity of Recipient		
		non-Hispanic White	Hispanic	Black
Another group	Count (%)	0 (0.0)	8 (2.4)	8 (4.2)
Match	Count (%)	18 (13.8)	75 (22.1)	8 (4.2)
No preference	Count (%)	112 (86.2)	256 (75.5)	173 (91.5)
Total	Count	130 (100.0)	339 (100.0)	189 (100.0)

+Chi square = 29.80, df = 2, p = .000 (preference for other race cells eliminated from statistical analysis in order to minimize low expected frequencies)

The provider asked about, or made available:	White	Hispanic	Black
Family customs and traditions*	57 (48.7)	158 (59.2)	102 (60.7)
Respect beliefs about treatment	96 (81.4)	224 (84.8)	138 (81.2)
Used words I understand	117 (97.5)	256 (95.5)	159 (93.5)
Displayed understandable signs***	109 (91.6)	242 (92.4)	140 (83.8)
Understandable printed matter <small>p=.10, *p=.05, ***p=.01 +Asked only of those indicating a need</small>	111 (93.3)	243 (91.0)	156 (92.3)
Telephone calls in preferred language*	110 (94.8)	250 (93.6)	149 (88.2)
Interpreter provided if needed*+	27 (77.1)	115 (83.9)	41 (65.1)

*p=.10, **p=.05, ***p=.01 +Asked only of those indicating a need

Persons Saying an Interpreter was Provided if Needed, by Whether Born in the United States or Not*

	Non-Hispanic White Count (%)	Hispanic Count (%)	Black Count (%)
Not born in US	3 (60.0)	85 (86.7)	9 (64.3)
Born in US	24 (80.0)	27 (75.0)	29 (65.9)

*Likelihood ratio = 5.33 ,df=2, p=.07

Who Served as Interpreter?

	Non-Hispanic White Count (%)	Hispanic Count (%)	Black Count (%)
Health care provider	1 (16.7)	8 (18.2)	2 (16.7)
Trained medical interpreter	0 (0.0)	3 (6.8)	2 (16.7)
Staff person other than above	2 (33.3)	15 (34.1)	6 (50.0)
Friend or relative	1 (16.7)	2 (4.5)	2 (16.7)
My child	2 (33.3)	13 (29.5)	0 (0.0)
Someone else	0 (0.0)	3 (6.8)	0 (0.0)

2. Findings from Adult Medicaid Study (AMS: Leads: Huey Chen and William Kearns)

- Mail survey of Medicaid recipients aged 18 through 64 living in AHCA Region 11 (Miami-Dade)
- 720 returned the survey (24.4% adjusted response rate)
- Included only components of FMHI standard tool on cultural competence

Adult Medicaid Study: Race/ethnicity of provider		Race/ethnicity of Recipient		
		non-Hispanic White	Hispanic	Black
non-Hispanic White	Count (%)	49 (61.3)	92 (25.6)	70 (40.2)
Hispanic	Count (%)	27 (33.8)	262 (72.8)	54 (31.0)
Black	Count (%)	4 (5.0)	6 (1.7)	50 (28.7)
Total	Count	80 (100.0)	360(100.0)	174 (100.0)

Chi square = 161.44, p=.000

Adult Medicaid Study:		Race/ethnicity of Recipient		
		non-Hispanic White	Hispanic	Black
Preference for a Match				
Prefer to be treated by another race or ethnicity	Count (%)	4 (4.7)	11 (2.9)	16 (8.1)
Prefer match	Count (%)	16 (18.6)	107 (28.2)	26 (13.1)
No Preference	Count (%)	66 (76.7)	261 (68.9)	156 (78.8)
Total	Count	86 (100.0)	379 (100.0)	198 (100.0)

Chi square = 23.28, df=4, p=.000 (preference for other race cells eliminated)

Number (and %) of Recipients Who **Never** Had a Problem with the Following Issues

REGARDING COMMUNICATING WITH PROVIDER:	Non-Hispanic White Count (%)	Hispanic Count (%)	Black Count (%)
Hard time understanding*	49 (57.6)	180 (48.6)	91 (47.4)
Need help speaking to provider*** <small>p=.10, *p=.05</small>	15 (42.9)	42 (22.2)	45 (44.6)
Got an interpreter when needed*** +	0 (0.0) [20 said never provided]	31 (21.4)	1 (1.8) [56 said never provided]

*p=.10, **p=.05, ***p=.01 +Chi square calculated on collapsed 2x2 table

Agrees Completely with Dimensions of Cultural Competence of Provider

	Non-Hispanic White	Hispanic	Black
Treats me with respect and dignity ^{***}	47 (59.5)	248 (80.8)	112 (66.7)
Never looks down on me, my life	44 (56.4)	146 (48.5)	90 (53.6)
Involves me in decisions	45 (56.3)	155 (51.7)	91 (54.2)
Understands my background, values ^{***}	40 (50.6)	216 (71.1)	83 (49.1)
Sensitive to my culture ^{***}	39 (50.6)	203 (68.6)	72 (43.4)

*p=.10, **p=.05, ***p=.01

	Non-Hispanic White	Hispanic	Black
Provider considerate of my needs ^{***}	36 (45.6)	206 (67.5)	93 (56.0)
I trust my provider and always follow advice ^{***}	38 (48.1)	211 (69.2)	90 (53.3)
What provider says must be true ^{***}	29 (36.7)	193 (63.9)	59 (34.9)
Trust provider's judgments ^{***}	37 (46.8)	203 (66.8)	85 (50.6)
Provider puts my needs first ^{***}	41 (51.9)	208 (69.6)	88 (52.1)

*p=.10, **p=.05, ***p=.01

3. Provider Survey (Lead: Patty Sharrock)

- Mail survey of providers in AHCA Region 7 (Brevard, Orange, Osceola, and Seminole counties)
- 41 direct mental health service providers out of 100 mailed
- Included FMHI standard tool on cultural competence

Number (and Percent) of Providers Endorsing Different Scale Points

	Don't Know	No Opinion	Agree
Ask about customs	5 (12.5)	7 (17.5)	24 (60.0)
Show respect	5 (12.5)	6 (15.0)	28 (70.0)
Understandable words	2 (5.0)	1 (2.5)	36 (90.0)
Signage understandable	1 (2.5)	5 (12.5)	29 (72.5)
Printed matter understandable	0 (0.0)	8 (20.0)	28 (70.0)
Use preferred language	1 (2.5)	6 (15.0)	30 (75.0)
Interpreter services	10 (25.0)	5 (12.5)	22 (55.0)



DISCUSSION (Part I)

“It Was The Best of Times, It Was the Worst of Times”

- Hispanics were the most likely to prefer a racial/ ethnic match, and the most likely to obtain a match
- African American/Blacks were the least likely to prefer a match, and the least likely to obtain one
- Hispanics were most likely to have access to an interpreter when needed, Blacks the least likely

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- White adults least likely to report problems understanding provider but also least likely to obtain an interpreter when needed
 - Small but still significant numbers of family and friends were used as interpreters – against USDHHS Office of Minority Health guidelines for culturally and linguistically appropriate services

4. Cultural Competence in Nursing Facilities

- OSCARS data on 651 nursing facilities in Florida
- Medicaid data on residents of these facilities
- GIS-ARC mapping to examine geographic distribution

Proportion of Medicaid clients in Facility, by Proportion of Racial/Ethnic Recipients (in Quartiles)

Quartiles for Each Group	White	Black	Hispanic
Lowest quartile (group a)	68.32 ^{b,c,d}	52.61 ^{b,c,d}	60.40
Second quartile (group b)	61.51 ^{a,d}	58.71 ^{a,c,d}	60.49
Third quartile (group c)	58.06 ^{a,d}	63.56 ^{a,b,d}	57.45 ^d
Highest quartile (group d)	49.71 ^{a,b,c}	70.14 ^{a,b,c}	64.28 ^c

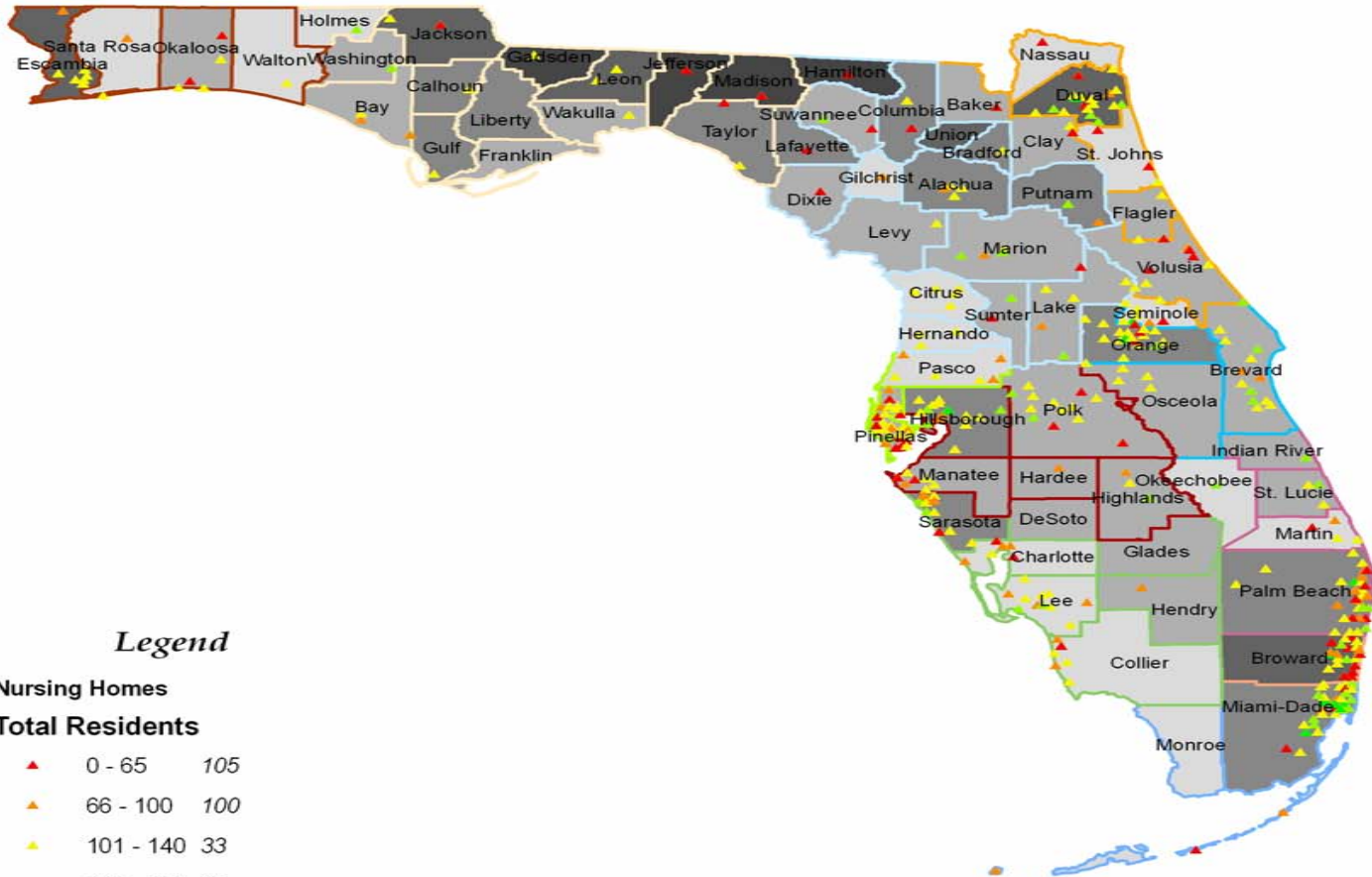
Average Number of Dementia-designated beds, by Proportions of Racial/Ethnic Groups

Proportions in Facility (Quartiles for Each Racial.Ethnic Group)	White	Black	Hispanic
Lowest quartile (group a)	4.54 ^{c,d}	10.80 ^d	8.15
Second quartile (group b)	7.60	9.06	8.54
Third quartile (group c)	8.97 ^a	7.89	10.92 ^d
Highest quartile (group d)	10.68 ^a	5.22 ^a	4.87 ^c
Total	7.94 ⁺	8.24 ⁺	8.12 ⁺

Deficiency Quartiles	Average Proportion Residing in Facilities varying in deficiencies		
	White	Black	Hispanic
Lowest Deficiencies(group a)	.74 ^{c,d}	.15 ^d	.10
Second Lowest (group b)	.72 ^d	.17	.08
Second Highest (group c)	.69 ^a	.18	.09
Highest (group d)	.67 ^{a,b}	.20 ^a	.10
Average Group Proportion	.70	.18	.09

a,b,c,d Groups differ *(p=.05)

Blacks as Percent of Total Population



Legend

Nursing Homes

Total Residents

▲	0 - 65	105
▲	66 - 100	100
▲	101 - 140	33
▲	141 - 212	87
▲	213 - 426	19

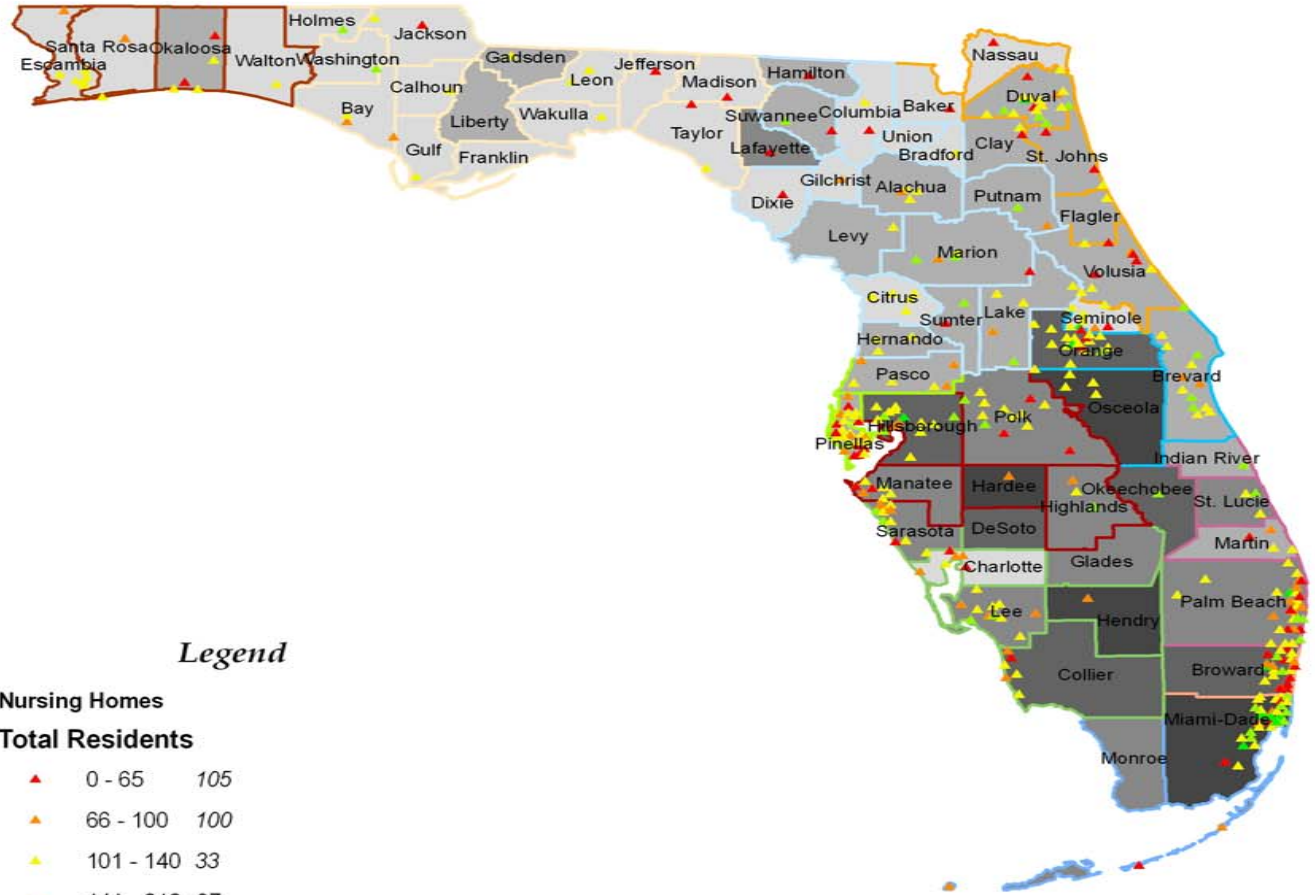
Blacks as % of Population\

■	2.8% - 8%
■	8.1% - 14.2%
■	14.3% - 21.9%
■	22% - 30.2%
■	30.3% - 56.4%

Sources: County boundary files and population data, U.S. Census Bureau; AHCA districts, ACHA.

Created by Beverly Ward, Ph.D.
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Hispanics as Percent of Total Population



Legend

Nursing Homes

Total Residents

- ▲ 0 - 65 105
- ▲ 66 - 100 100
- ▲ 101 - 140 33
- ▲ 141 - 212 87
- ▲ 213 - 426 19

Hispanic Population as % Population

- 1.5% - 4.4%
- 4.5% - 9.1%
- 9.2% - 17.7%
- 17.8% - 31.4%
- 31.5% - 60.6%



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Sources: County boundary files
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DISCUSSION (Part II)

“It Was The Best of Times, It Was the Worst of Times”

- Geographic distribution of nursing facilities does not suggest greater distances of facilities from location of racial/ethnic minority populations.
- Staff/resident ratios (not shown in slides) did not vary according to proportion of non-Hispanic White, African American/Black and Hispanic Medicaid recipients


“It Was The Best of Times, It Was the Worst of Times”

- Racial/ethnic minorities more likely to be in larger nursing facilities with proportionately more Medicaid residents, more deficiencies and fewer dementia-designated beds

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- Racial/ethnic minorities more likely to be in larger nursing facilities with more Medicaid residents, more deficiencies and fewer dementia-designated beds
 - Geographic distribution of nursing facilities does not suggest greater distances of facilities from location of racial/ethnic minority populations.

References

- Brach, C. & Fraser, I. (2000). Can cultural competence reduce racial and ethnic health disparities? A review and conceptual model. *Medical Care Research and Review*, 57 (Suppl. 1): 181-217
- HRSA. (2001). *Cultural Competence Works: Using Cultural Competence to Improve the Quality of Health Care for Diverse Populations and Add Value to Managed Care Arrangements*. Health Resources and Services Administration, U.S. Department of Health and Human Services. Retrieved 3-18-2007. <ftp://ftp.hrsa.gov/financeMC/cultural-competence.pdf>.
- OMH. (2006). What is Cultural Competency? Office of Minority Health. Retrieved 5-20-2007. <http://www.omhrc.gov/templates/browse.aspx?1v1=1&1ID=3>
- Office of Minority Health. (2001). *National Standards for Culturally and Linguistically Appropriate Services in Health Care. Final Report*. Washington, DC: U.S. Department of Health and Human Services. Retrieved 7-24-2006. <http://www.omhrc.gov/assets/pdf/checked/finalreport.pdf>

