

Compassionate Care Across Cultures and Languages: Finding Common Ground

Compassion in Action Webinar Series

June 14, 2016



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Moderator



Lynn Osborn
Director of Business
Development and Operations
The Schwartz Center for Compassionate Healthcare



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Audience Reminders

- This webinar is funded in part by a donation in memory of Julian and Eunice Cohen.
- Participate in polling questions by selecting the response that best reflects your opinion.
- You may submit a question by typing it into the Question and Answer pane at the right of your screen at any time.
- We value your feedback! Please complete our electronic survey following the webinar.

Host



Beth Lown, MD
Medical Director
The Schwartz Center for Compassionate Healthcare

Compassionate Collaborative Care Framework

http://www.theschwartzcenter.org/media/Triple-C-Conference-Recommendations-Report_FINAL1.pdf

Focuses attention	Demonstrates trustworthiness
Recognizes nonverbal cues	Communicates with colleagues, adjusts
Actively listens	Practices self-reflection
Elicits info about the “whole person”	Builds relationships, partnerships, teams
Nonjudgmentally values each person	Practices emotion regulation
Asks about, responds to emotions, concerns	Practices self-care, attends to personal and professional development
Shares information, decision-making	Practices self-compassion

 FOR COMPASSIONATE HEALTHCARE

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Today's Speaker



Alexander R. Green, MD, MPH
Senior Scientist at The Disparities Solutions Center
Massachusetts General Hospital and Professor at Harvard Medical School

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Compassionate Care Across Cultures: Finding Common Ground

Alexander R. Green, MD, MPH
Arnold P. Gold Associate Professor of Medicine
Chair, Cross-Cultural Care Committee
Harvard Medical School
Massachusetts General Hospital

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Session overview

- Brief background and context
- Patient-based approach to cross-cultural care
- Case vignettes
- Wrap-up

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Polling Question: Which aspect of cultural competence do you consider to be most important for effective patient care?

- A. Treating every patient with equal respect and dignity culture, ethnicity, race or social status
- B. Having a working knowledge of the important customs, values, and health beliefs, for a wide range of cultural groups
- C. Having the skills to communicate well with any patient you see to explore how customs, values, and health beliefs may affect clinical care

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Culturally Competent Health Care¹



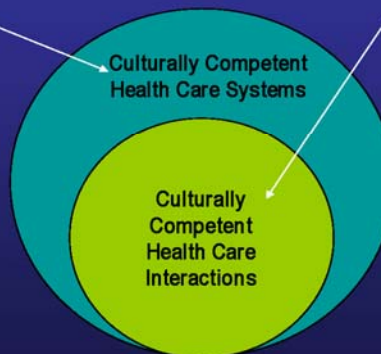
Ability of a health care professional to bridge cultural differences and to build an effective relationship with a patient

1. Smedley BD et al. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: National Academies Press; 2002.

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Culturally Competent Health Care¹

Ability of the health care organization to meet needs of diverse groups of patients



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Skills include being able to effectively...

- Explore patients' health beliefs and values
- Communicate with patient with low levels of health literacy (keep it simple, avoid jargon, etc.)
- Work effectively with interpreters
- Identify mistrust and build trust
- Discuss alternative medicine use
- Explore different traditions and customs that could effect care (e.g. fasting, avoiding blood products)

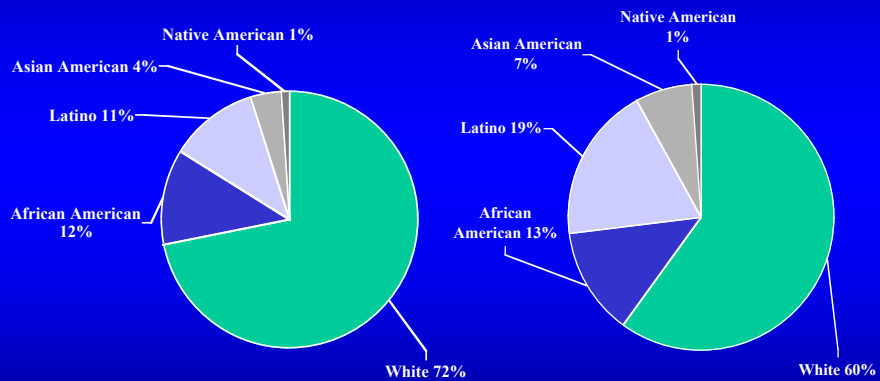


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Why is it important?

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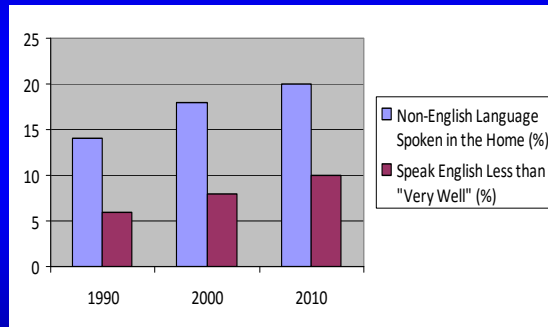
Projected Resident Population of the United States 1998-2030



Source: Collins, Hall, and Neuhaus, U.S. Minority Health: A Chart Book, 1999

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53 Million U.S. residents speak a non-English language at home*



- 20% of U.S. population
- Up from 14% in 1990
- 1/2 have difficulty speaking English

* United States Census 2010 15

Limited functional health literacy* is defined as the ability to:

- Understand basic medical terms about symptoms and illness
- follow directions for diagnostic procedures and therapies
- Engage in a dialogue about health issues



*Health Literacy: A Prescription to End Confusion. Institute of Medicine. The National Academies Press. Washington, D.C. 2004.

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Polling Question

What percentage of adult patients in the US have limited functional health literacy?

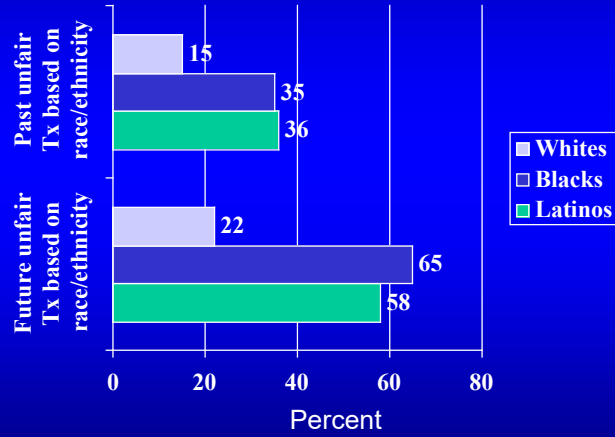
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The Patient Perspective: Unequal Treatment

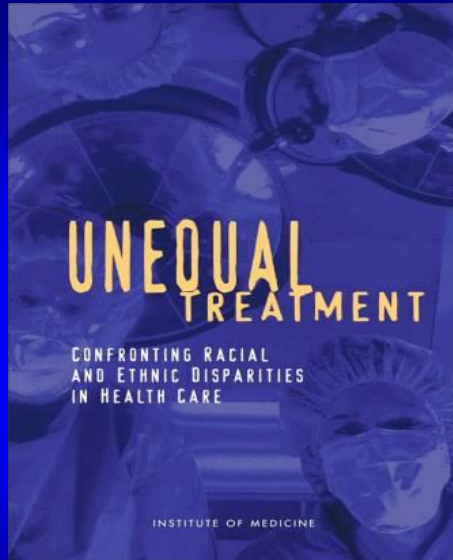
Kaiser Family Foundation Survey



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What does the data show?

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**Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.*
Institute of Medicine. The National Academies Press. Washington, D.C. 2004.

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Unequal Treatment: major findings

Racial/ethnic disparities consistently found across a wide range of

- health care settings (managed care, public/private hospitals, teaching/community, etc.)
- disease areas, and
- clinical services,

even when various confounders are controlled for (i.e. socioeconomic status, insurance, stage of presentation, comorbidities)

www.nap.edu

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Racial/Ethnic Disparities in Health Care Services

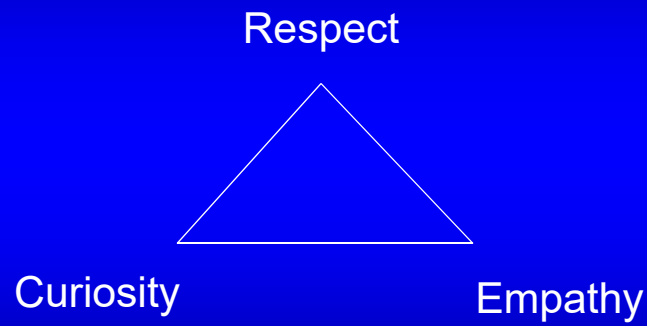
- Mammography (Gornick et al.)
- Amputations (Gornick et al.)
- Influenza vaccination (Gornick et al.)
- *Lung Ca Surgery* (Bach et al.)
- *Renal Transplantation* (Ayanian et al.)
- Cardiac care
- *Pain management* (Todd et al.)
- *Mental health services*

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What can we do about it?

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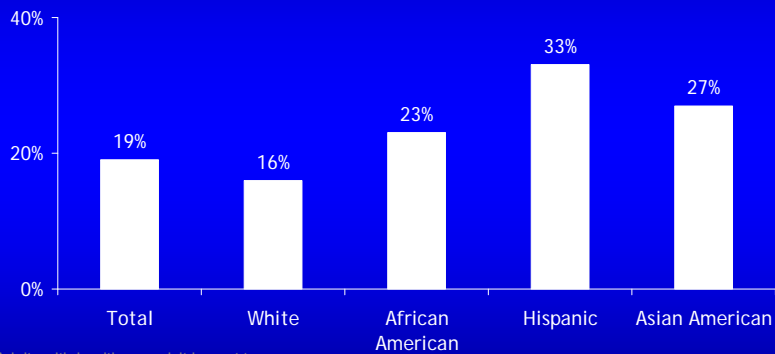
Three fundamentals of cross-cultural care



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Minorities Face Greater Difficulty in Communicating with Physicians

Percent of adults with one or more communication problems*



Base: Adults with health care visit in past two years.

* Problems include understanding doctor, feeling doctor listened, had questions but did not ask.

Source: The Commonwealth Fund Health Care Quality Survey.

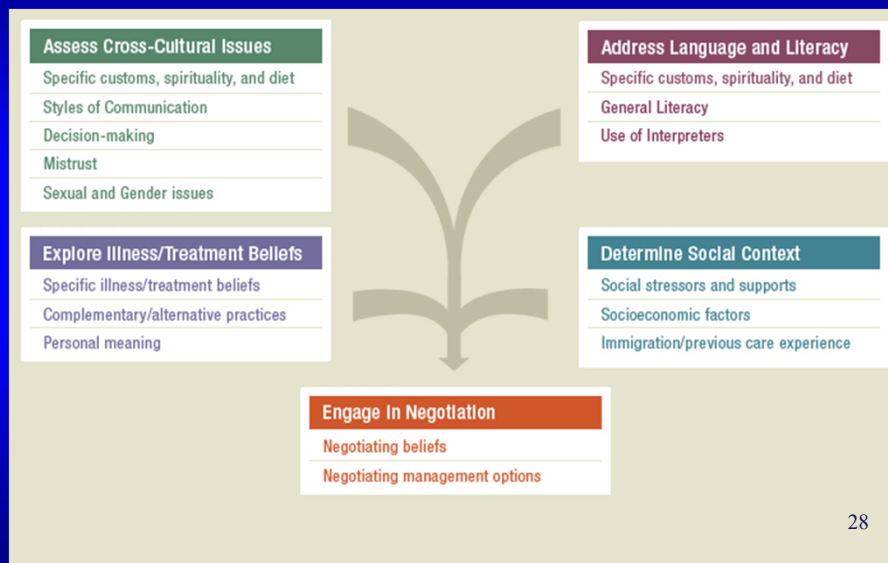
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Poor cross-cultural communication leads to disparities

- Misunderstanding of medications, tests and procedures with increased complications
- Poorer control of chronic illnesses
- Less preventive care (cancer screening, vacc.)
- Unnecessary tests and procedures
- Increased use of emergency department for care
- Poor understanding of discharge instructions and increased readmissions

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The Patient-Based Approach to Cross-Cultural Care



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Overview

- Core cross-cultural issues
- Language and literacy
- Exploring illness/treatment beliefs
- Determining the social context
- Doctor-patient negotiation

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Core Cross-Cultural Issues

- Styles of communication
- Mistrust and Prejudice
- Traditions and Customs
- Autonomy, Authority, and the Family
- Sexual and Gender Issues



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Language and Literacy

- Work with qualified interpreters
- Review interpreting guidelines
 - Clear concise language
 - Pause frequently
 - Check meaning
 - Allow interpreter to do more than just interpret
- Don't assume literacy – clues, screens
 - Have other options – video, pictorial diagrams, educators



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Explanatory model questions

1. What do you think has caused your problem?
How do you understand it?
2. Why do you think it started when it did?
3. How does it affect you?
4. What worries you most? Severity? Duration?
5. What kind of treatment do you think would work? Results expected?

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Polling Question:

How frequently do you explore your patients' explanatory models of illness?

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Overview

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Determining social context



- Immigration
- Financial
- Literacy
- Social stress and support

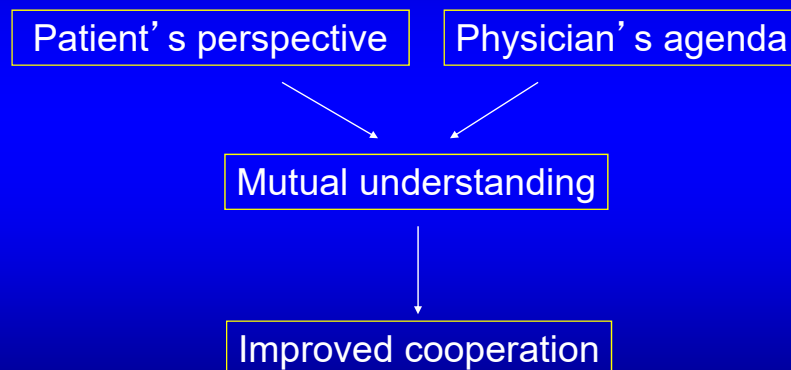
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Overview

- Core cross-cultural issues
- Language and literacy
- Exploring illness/treatment beliefs
- Determining the social context
- Clinician-patient negotiation

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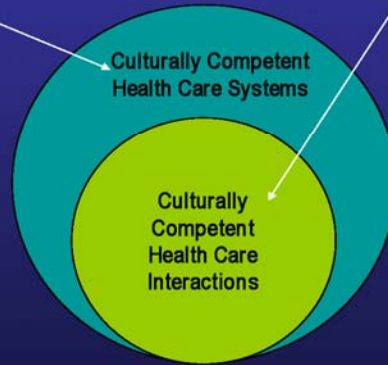
Negotiating across cultures: striving for cooperation



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Take home points

- Cultural competency is essential to high quality compassionate care
- Avoid generalization and assumptions focus on cross-cultural skills
- Meet patients/people where they are (find out first)



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Questions



Alexander R. Green, MD, MPH
Senior Scientist at The Disparities
Solutions Center at Massachusetts
General Hospital and Professor at
Harvard Medical School



Beth Lown, MD
Medical Director
The Schwartz Center for Compassionate
Healthcare



Lynn Osborn
Director of Business
Development and Operations
The Schwartz Center for Compassionate
Healthcare

Upcoming Webinars

When Emotion Fills the Room: How to Use Empathic Statements to Move a Conversation Forward

Katherine Aragon, MD

July 19, 2016

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and share them with your friends!*



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today's session.**

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