

Cultural Competence in Women's Health: Implications for Cardiac Risk Factors and Disease

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Goals

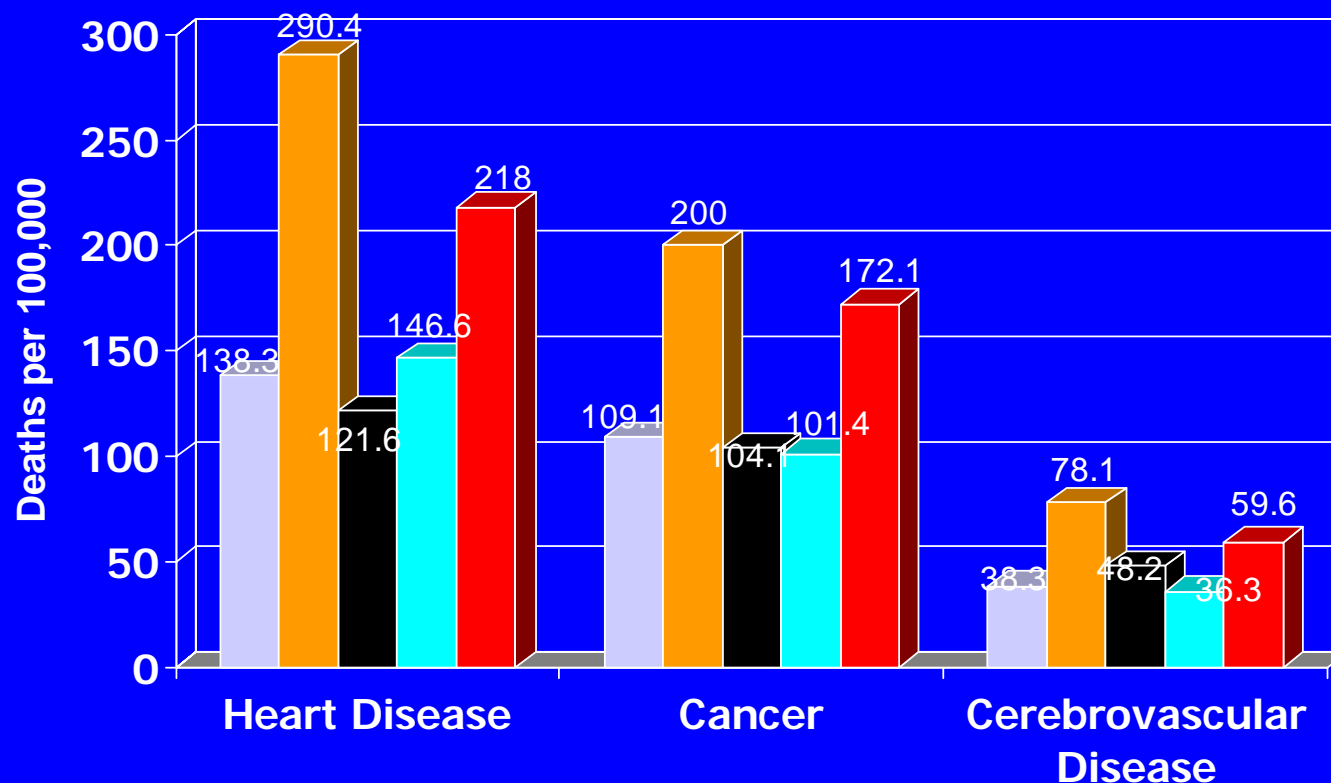
- Describe disparities in women's health relevant to heart disease
- Describe factors that contribute to disparities
- Review an approach to achieving cultural competency
- Review relevance to heart disease prevention in women

Leading Causes of Death Among Women

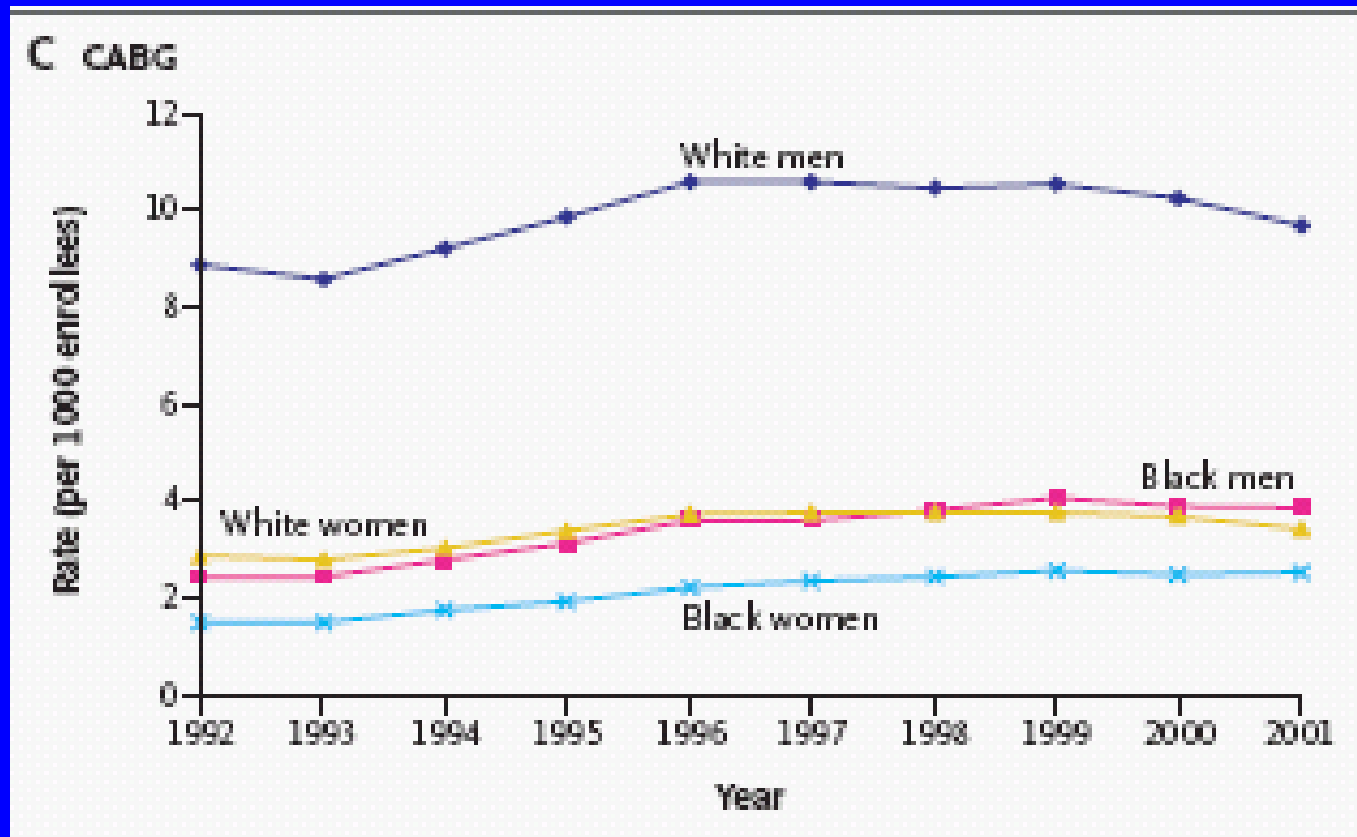
- American Indian/Alaska Native
 - heart disease, cancer, injuries, DM, CVD, liver disease
- Hispanic
 - heart disease, cancer, CVD, DM, injuries, respiratory disease
- Black
 - heart disease, cancer, CVD, DM, injuries, kidney disease
- Asian/PI
 - cancer, heart disease, CVD, DM, injuries, respiratory disease
- White
 - heart disease, cancer, CVD, respiratory disease, influenza, Alzheimer's disease

Age Adjusted Mortality Rates from Major Causes of Death

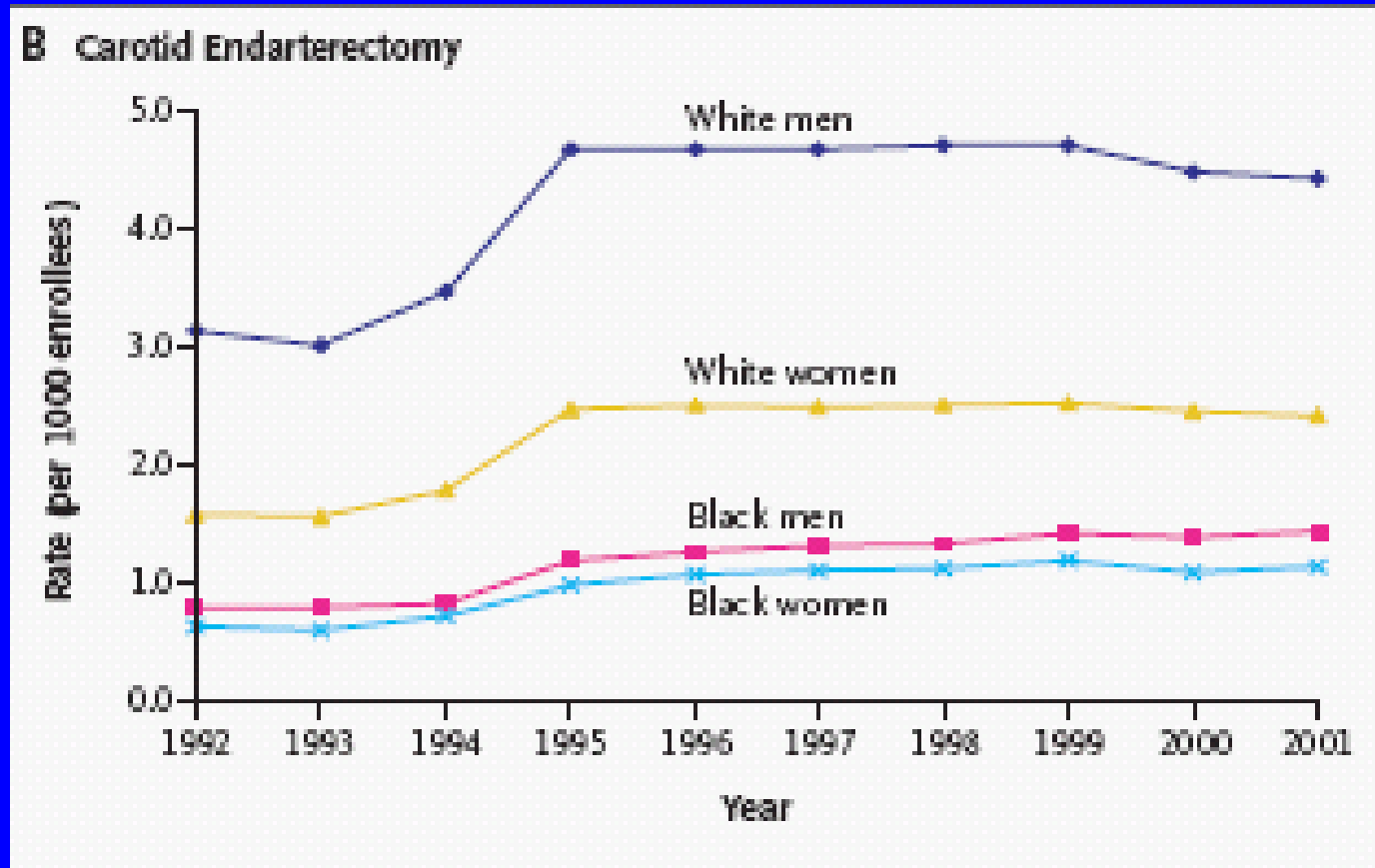
■ AI/AN ■ Black ■ Asian/PI ■ Hispanic ■ White



Trends in Use of CABG in Elderly



Trends in Use of CEA in Elderly

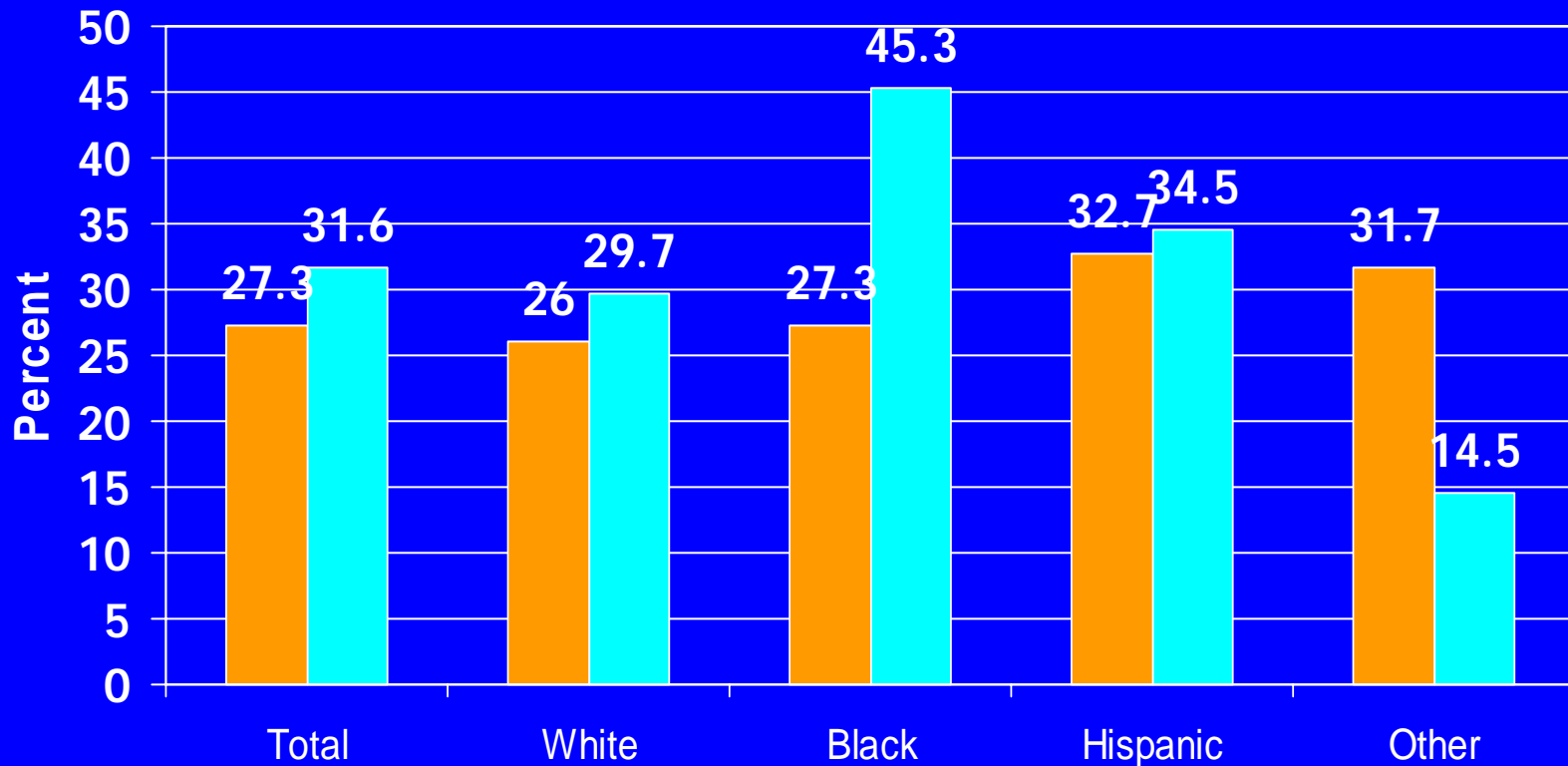


Jha AK et.al. N Engl J Med 353;683-91

Sex and Race Differences in Management of MI

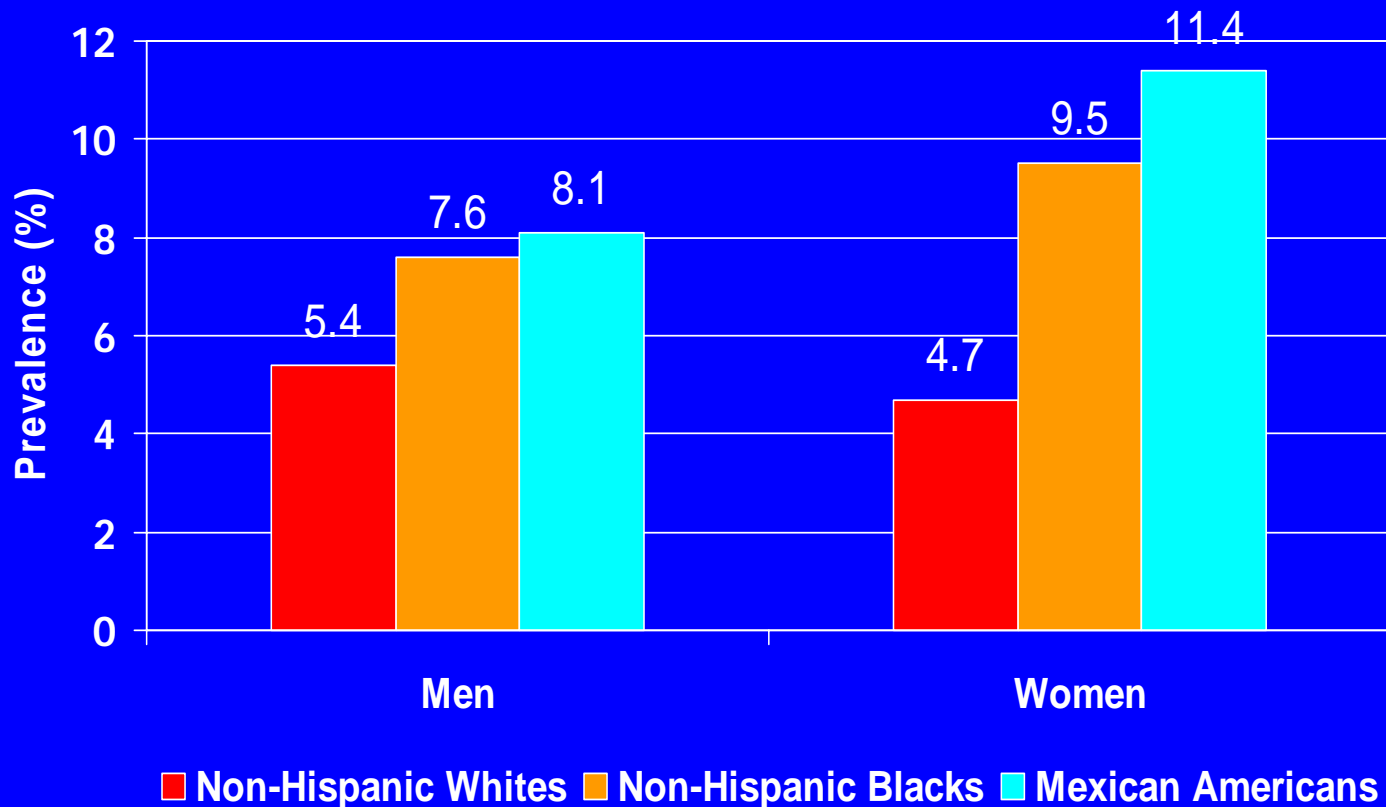
- No change in differences in the use of reperfusion therapy and coronary angiography by sex and race between 1994-2002
 - Reperfusion therapy RR for white women, black men, black women .97, .91, .87 compared with white men
 - Coronary angiography RR for white women, black men, black women .91, .82, .76 compared with white men

Overweight and Obesity in Women Aged 18 and Older

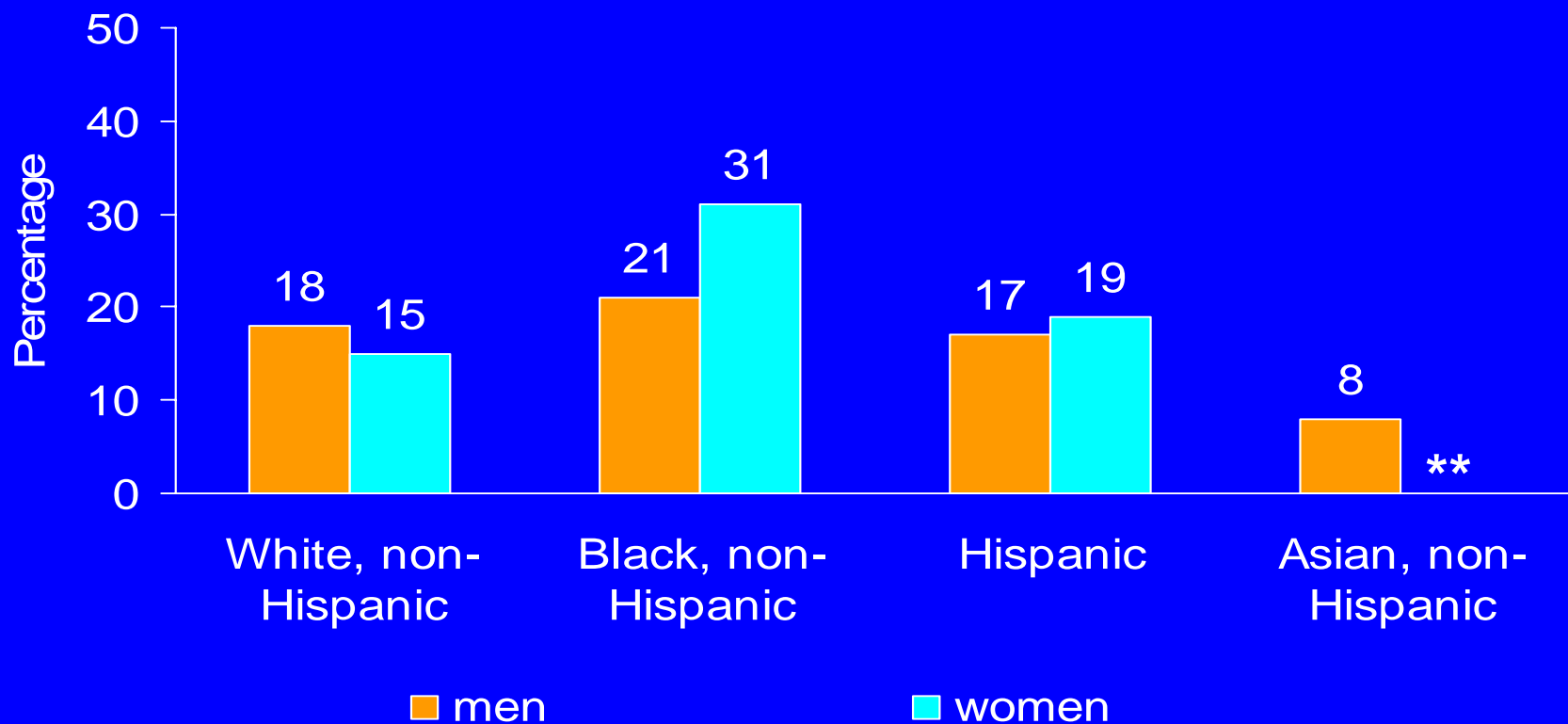


Centers for Disease Control and Prevention, National Center
for Health Statistics, National Health and Nutrition Examination Survey

Age-Adjusted Prevalence of Diabetes Mellitus in U.S. Population



Percentage of Obese Adults by Sex and Race and Ethnicity, Massachusetts

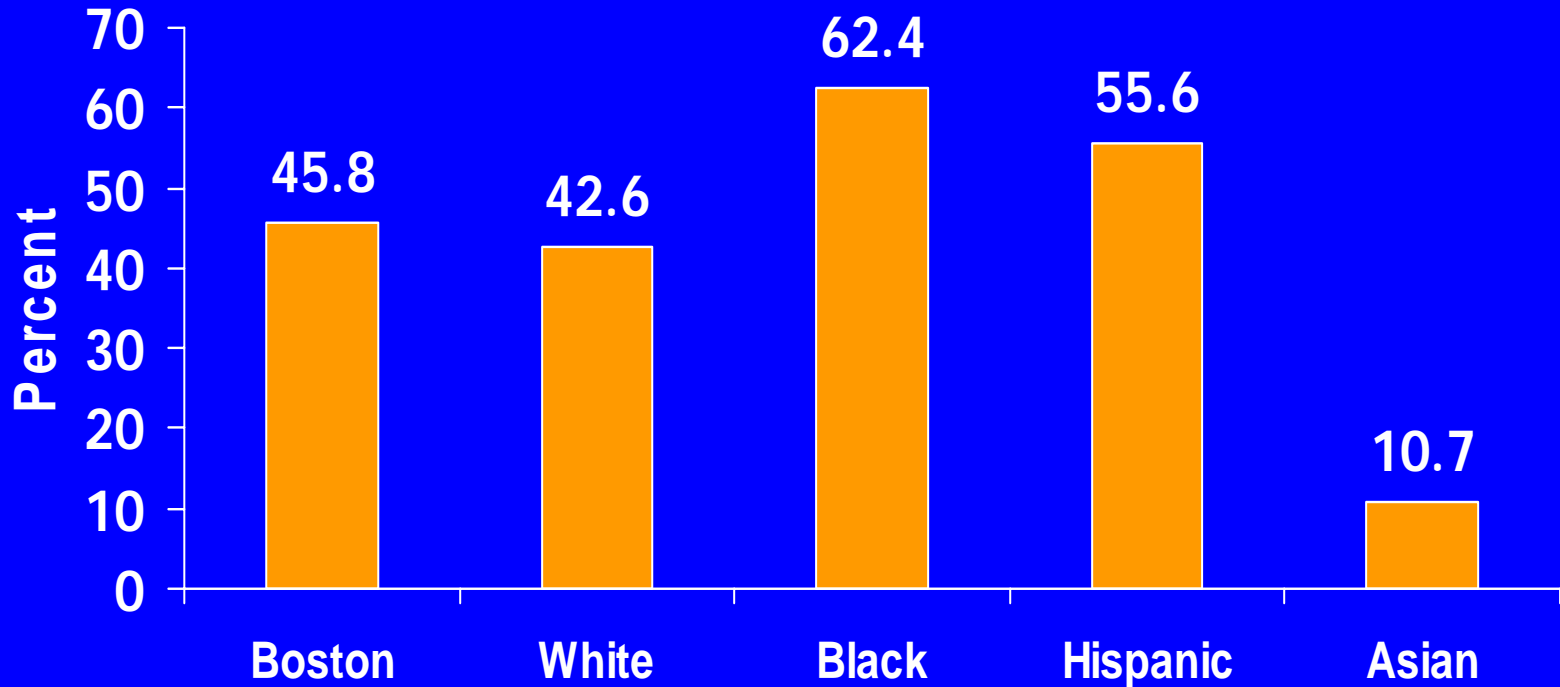


Data Source: BRFSS, Mass DPH

**insufficient numbers

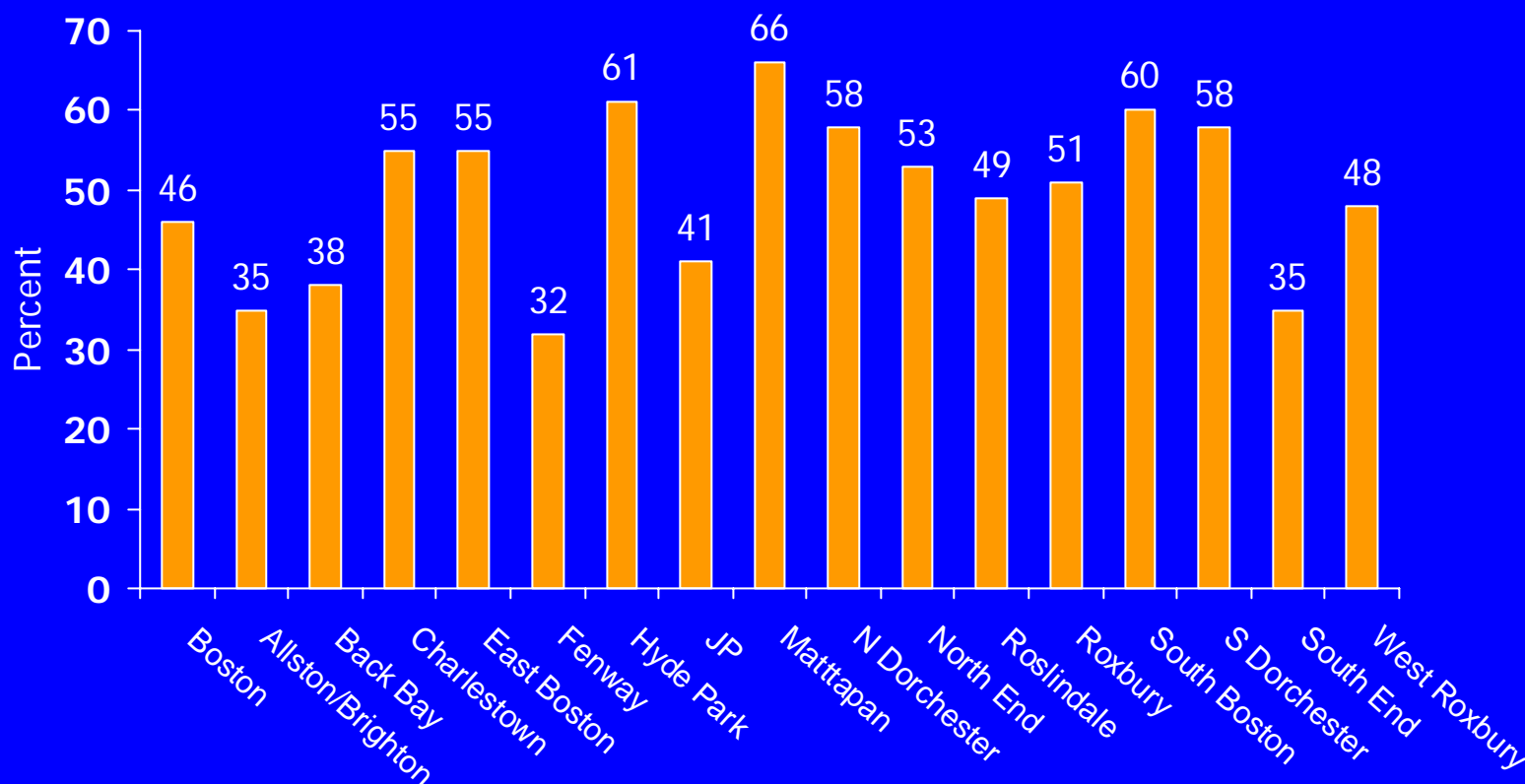
Overweight and Obese Bostonians

By BMI, based on self-reported height and weight



Behavioral Risk Factor Survey, 1999. Data analysis by Boston Public Health Commission

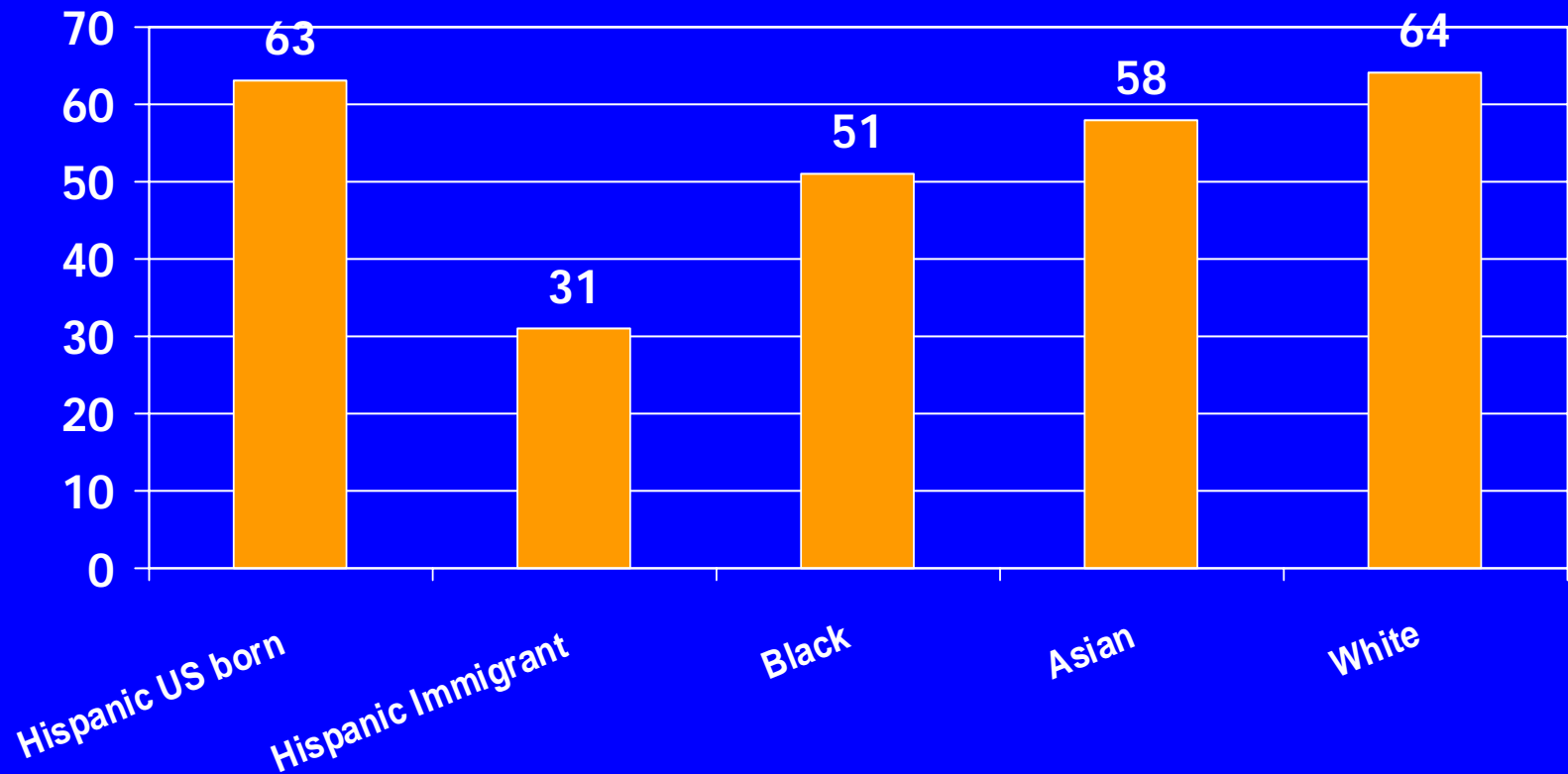
Boston Adults with BMI ≥ 25 by Neighborhood



Data source: BRFSS, Mass DPH

Data analysis: Boston Public Health Commission Research Office

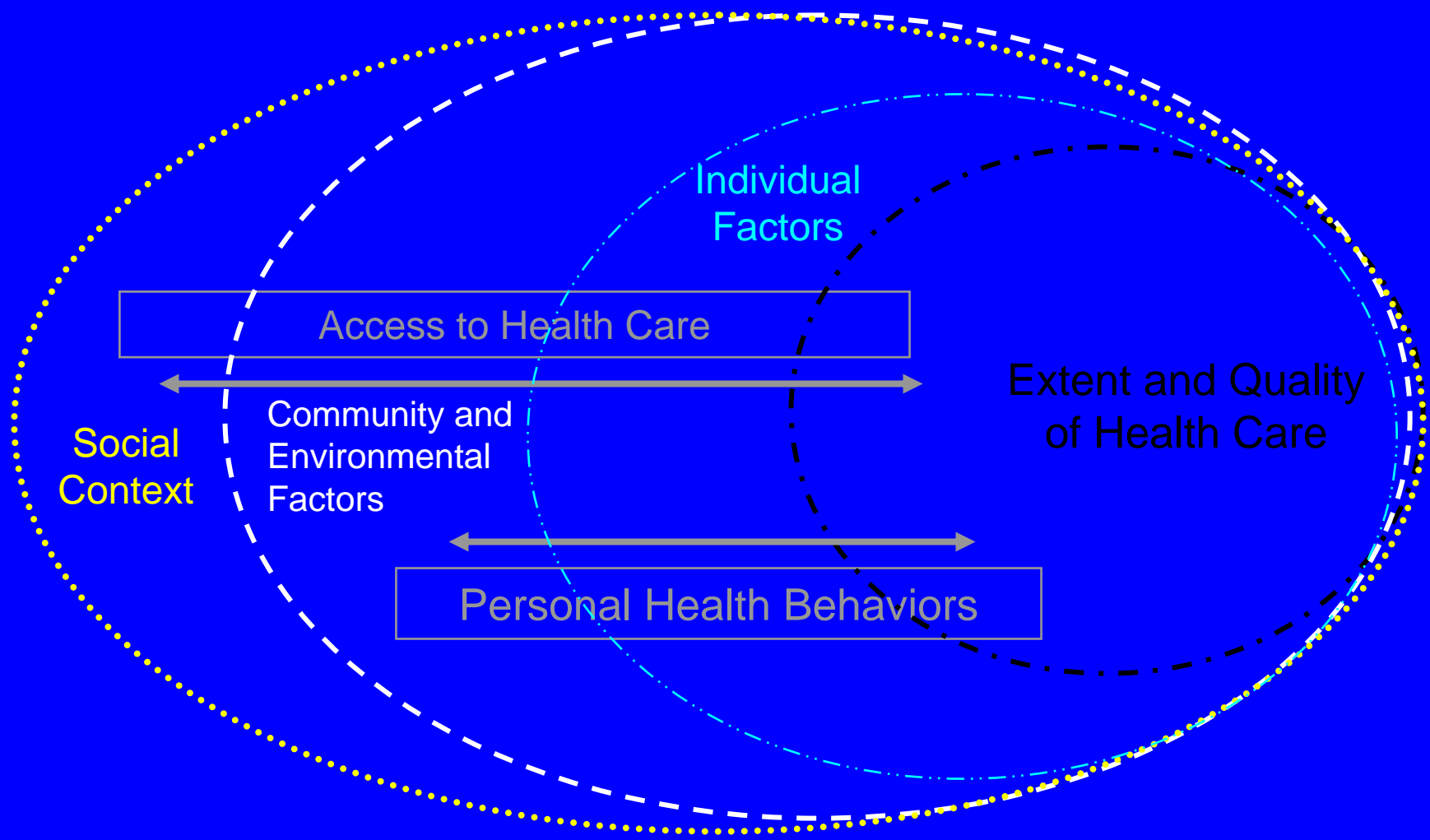
Percent of Women Exercising at Least Once Per Week



Women of Color Health Data Book: NIH

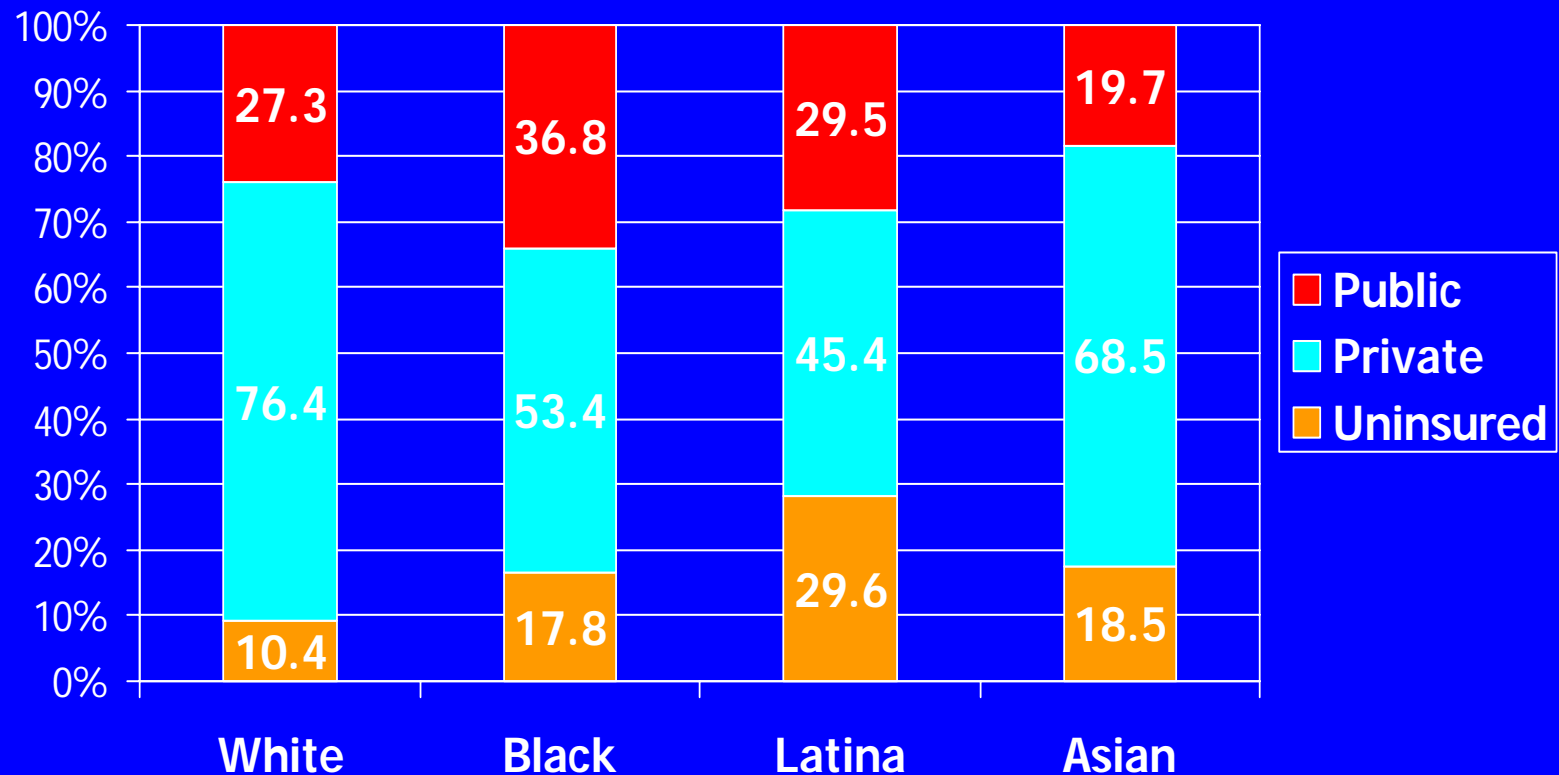
What accounts for health disparities?

Factors Contributing to Disparities



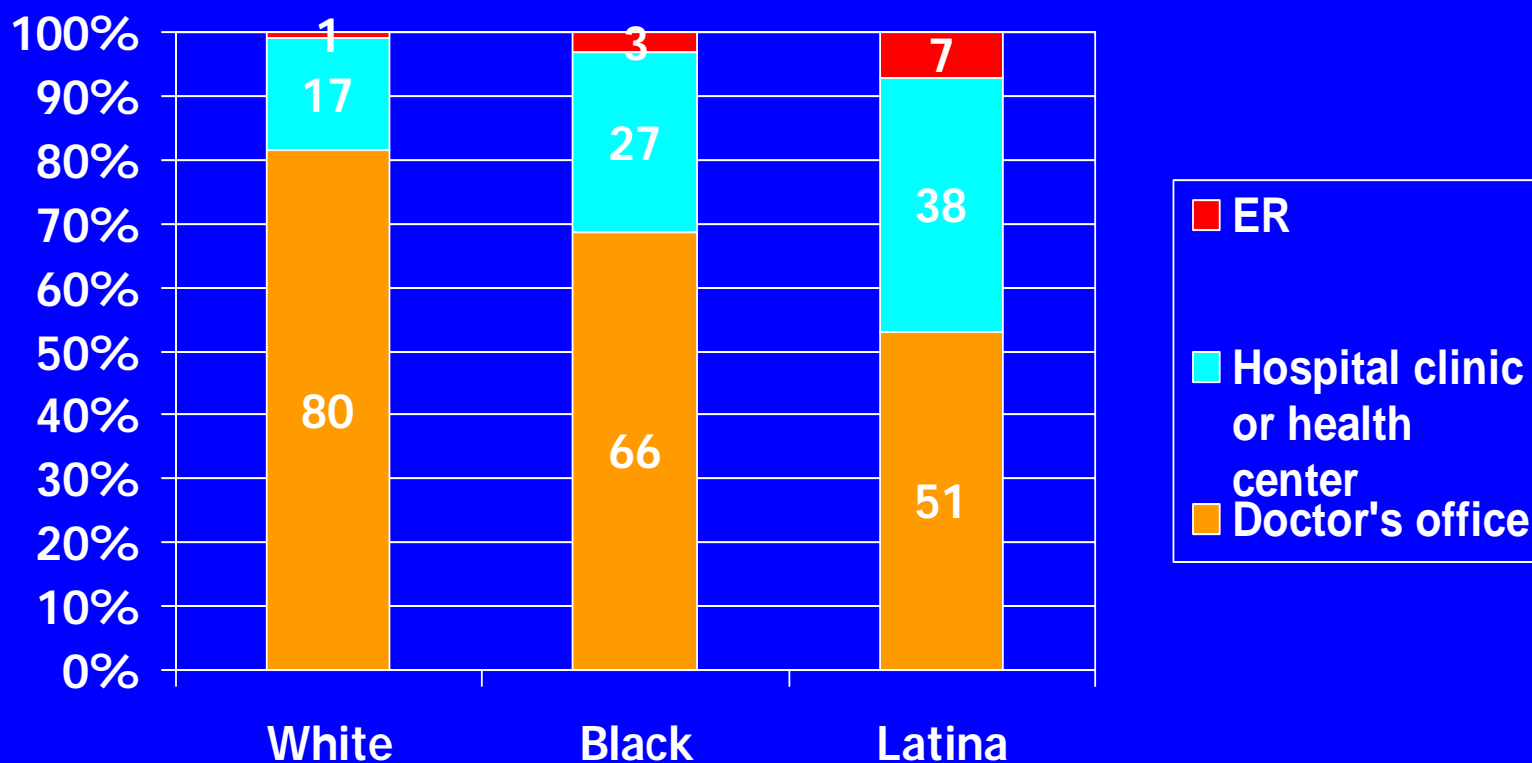
Access to Care

Women's Health Insurance Coverage, 2003



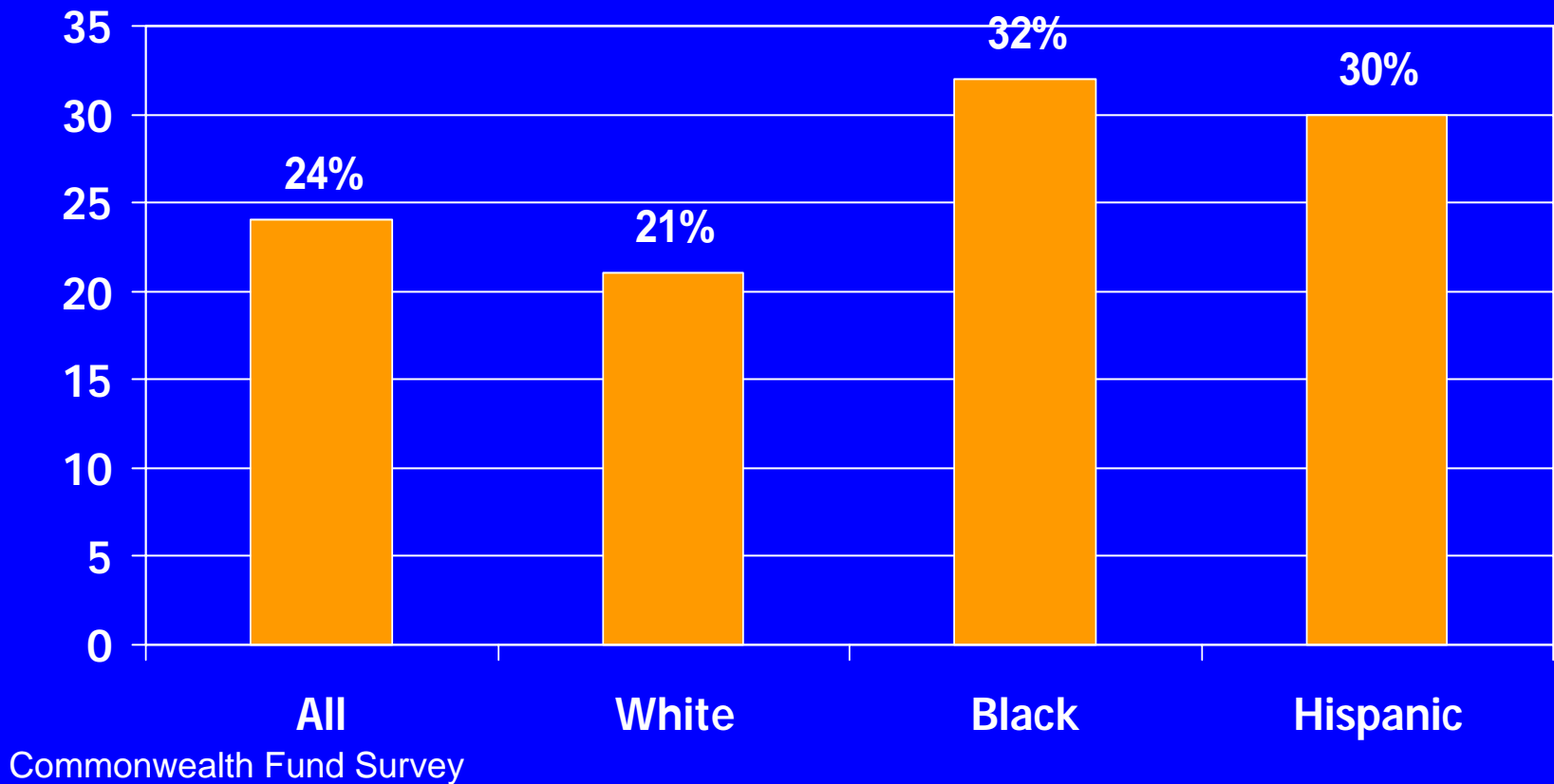
U.S. Census Bureau, Current Population Survey

Location of last medical check-up

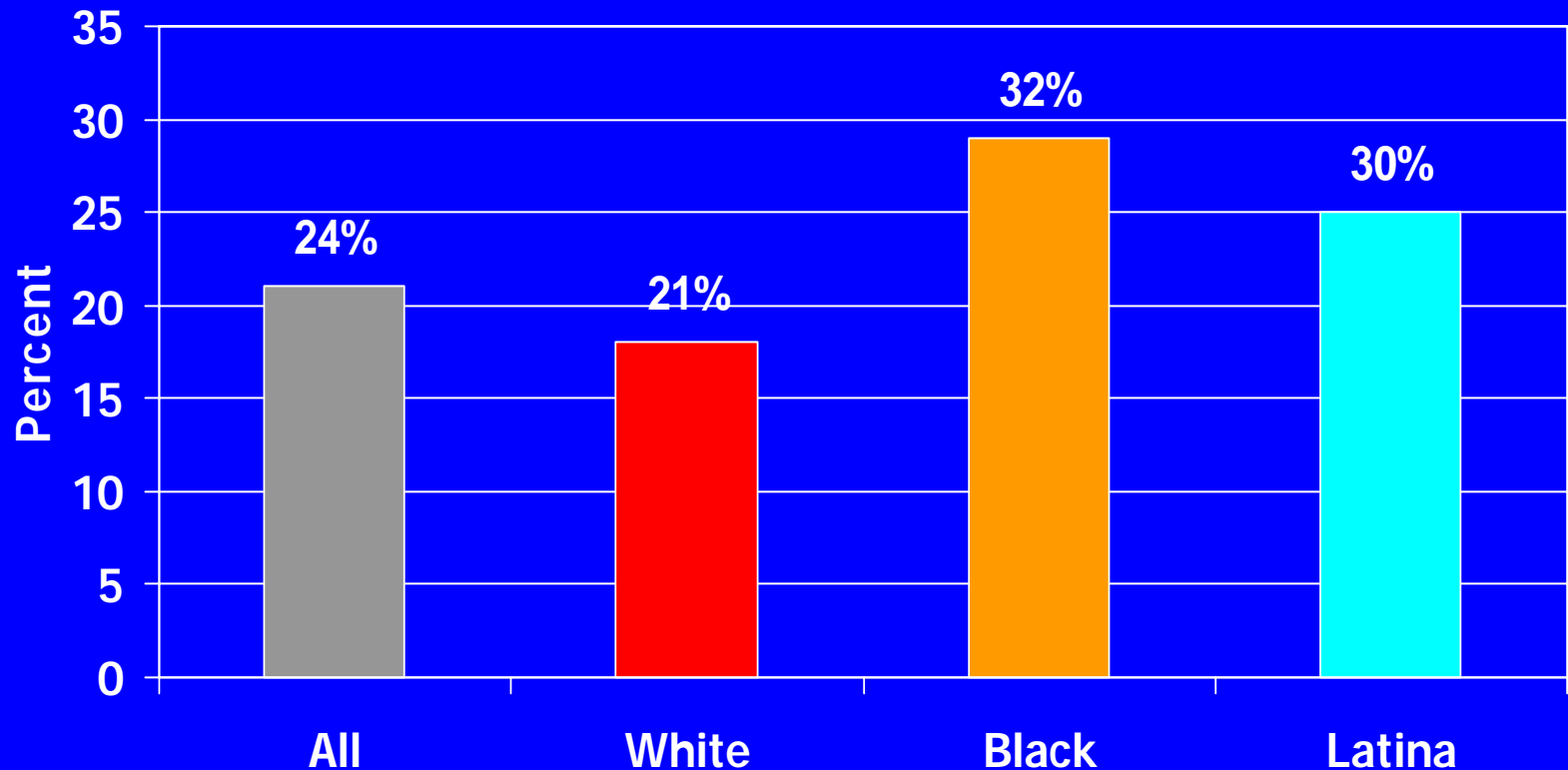


Henry J. Kaiser Family Foundation Women's Health Survey

Women 18-64 Reporting Health Care Access Problems

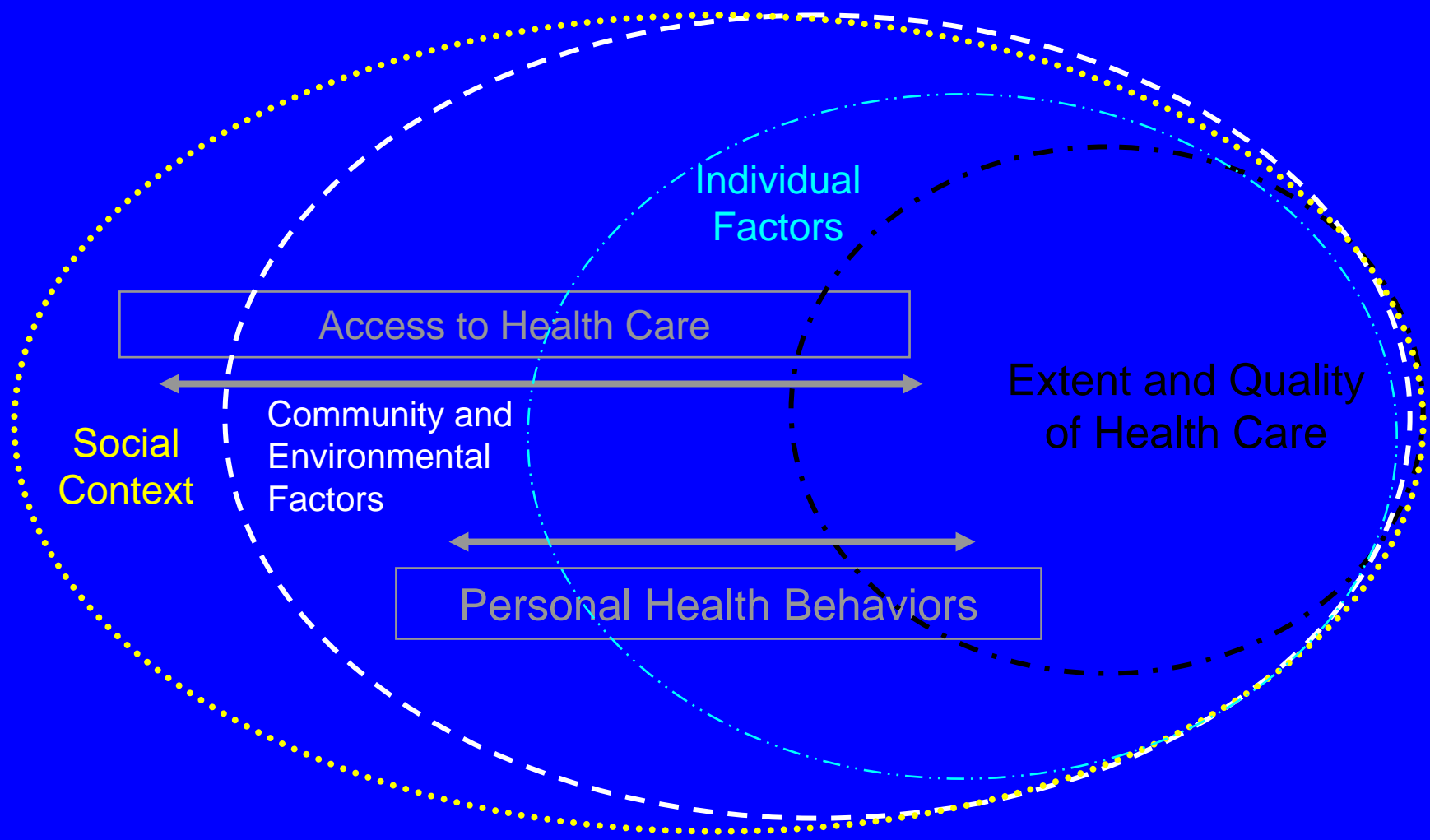


Women 18+ Reporting Concerns about Quality of Care



Source: Kaiser Family Foundation. Women and Health Care: A National Profile, July 2005

Factors Contributing to Disparities



Societal, Community, and Environmental Factors



Personal factors

- Sex
- Genetics
- Race
- Ethnicity (culture, language)
- Socioeconomic position (education, income)
- Attitudes and beliefs
- Preferences
- Health care literacy
- Health behavior

Access to care

- Insurance
- Reimbursement level, OOP
- Public support

Structure of health care

- Availability
- Appointments
- Organization (wrap around services)
- Transportation



Health Care System Processes

Visits

- Primary care
- Reproductive Health
- Specialty care
- Emergency
- Mental Health
- Oral Health

Procedures and Treatments

- Preventive
- Diagnostic
- Therapeutic

Expertise and competence of Providers

- Cultural competence
- Communication skills
- Medical Knowledge
- Technical Skills
- Bias

Appropriateness of care

Efficacy of treatment

Patient adherence



Outcomes

Health status

- Mortality
- Morbidity
- Well-being
- Functional status

Equity of Services

Quality of Care

Patient views of care

- Experiences
- Satisfaction
- Provider interactions

ANALYTIC FRAMEWORK FOR EQUITY IN HEALTH AND HEALTH CARE

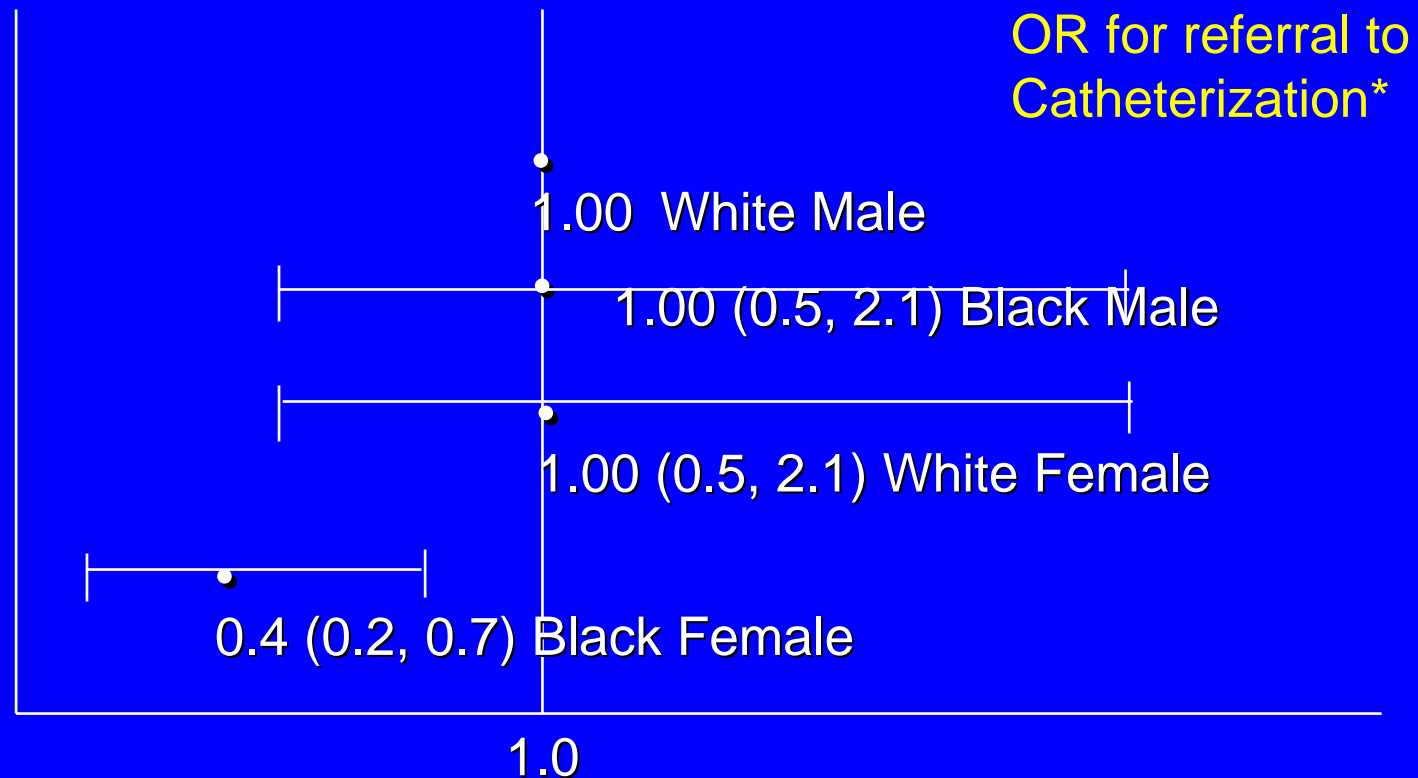
Adapted from Cooper, et al. JGIM 2002;17:477

Intersection of Patient and Doctor Factors

Race and Health Care

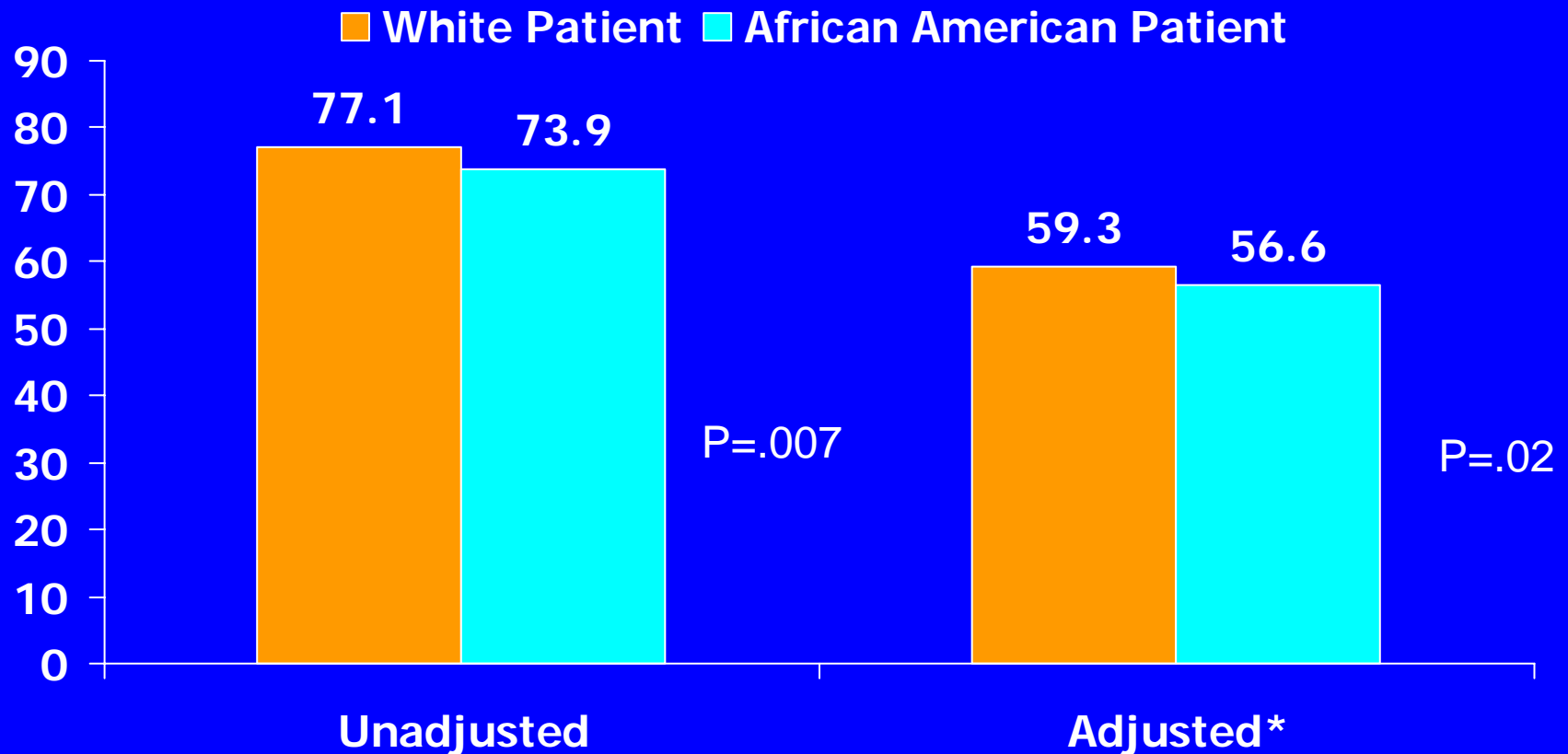
- Kaiser, Commonwealth surveys report that >50% of blacks and Latinos and 20% of whites view racism in medicine as a problem
- Commonwealth Fund survey reports that blacks, Latinos, and Asians more likely than whites to report they have been disrespected by health care system due to race/ethnicity, language, or insurance

Effect of Race and Gender on Referral for Cardiac Catheterization



*Models include probability of CAD estimated after the results of ETT were known.
Schulman KA, et al. N Engl J Med 1999;340: 618-26.

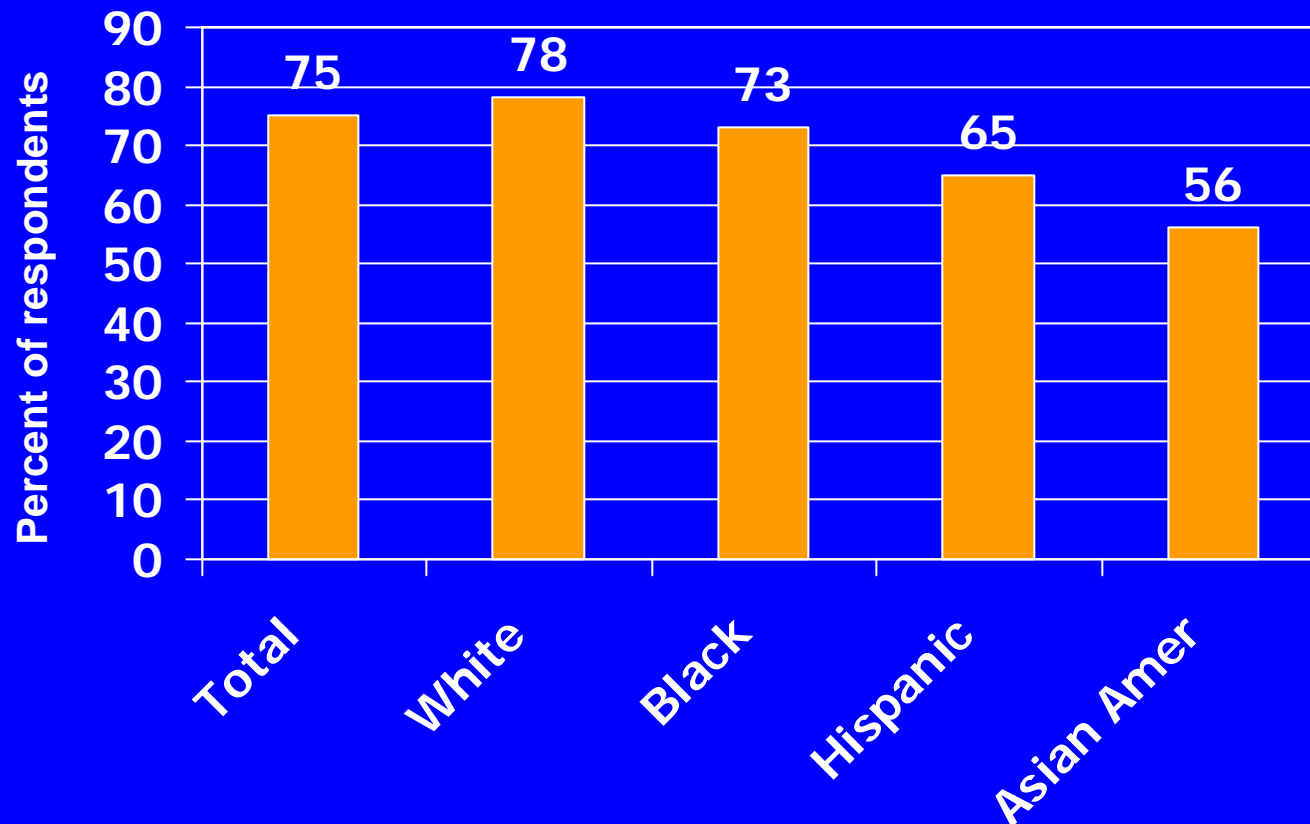
African Americans rate their physicians' decision-making styles as less participatory than do whites



*adjusted for pts' age, gender, education, marital status, health status, length of pt-physician relationship, and patient gender

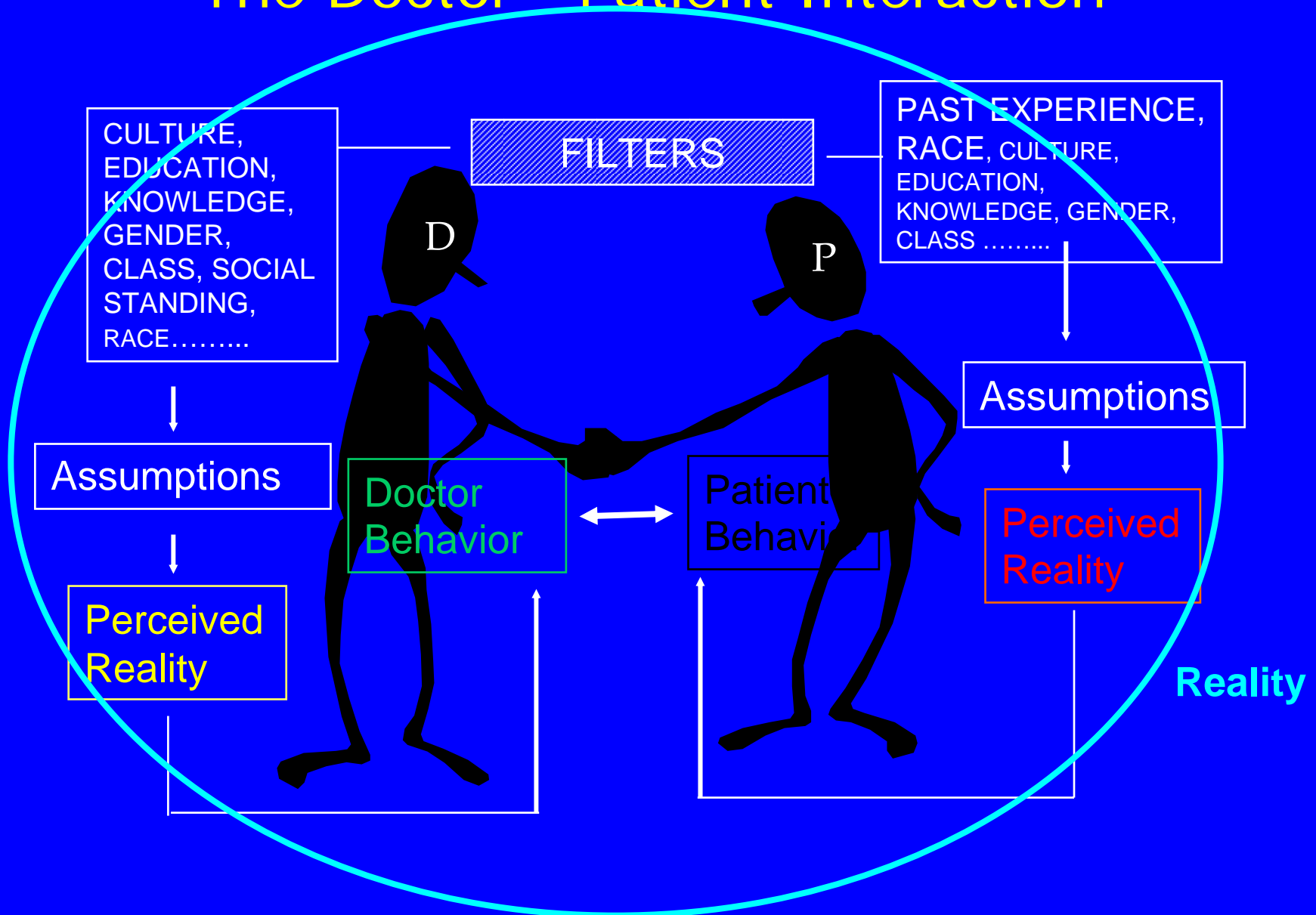
Cooper-Patrick et.al, JAMA 1999

Involved in Care as Much as Would Like to Be



Source: The Commonwealth Fund 2001 Health Care Quality Survey

The Doctor - Patient Interaction



Women's Learned Behaviors

- Withhold important information
- Delay presentation for care
- Don't follow recommendations
- Don't ask questions for fear of appearing ignorant

Physician Challenges and Learned Behavior

- Lack competence and fear being exposed
- Advocate more readily for patients with whom they feel a connection
- Code and label patients for expediency to get “through quickly and keep moving”
- Don’t discuss differences
- Don’t involve patient

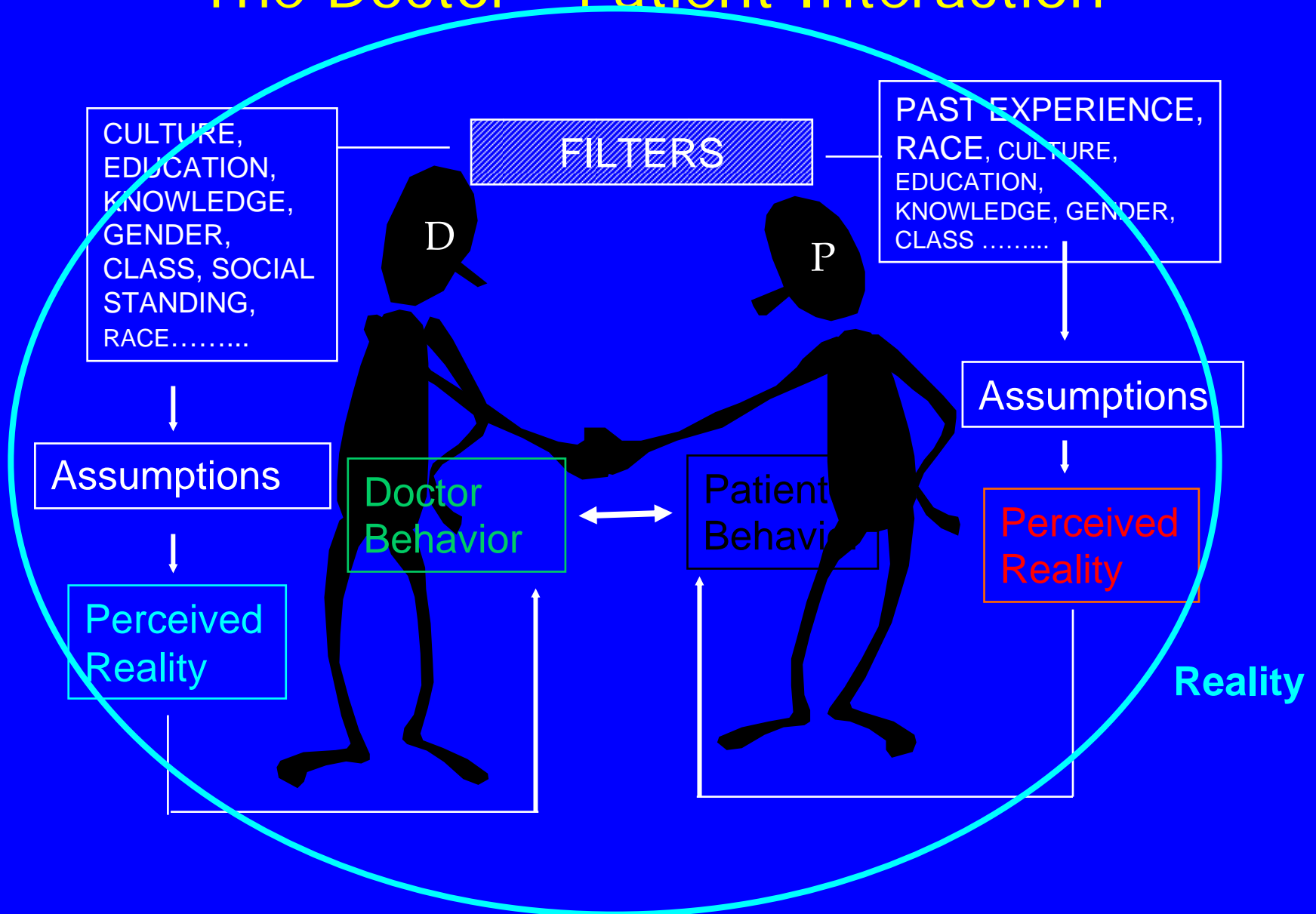
Key Components of Cultural Competency for Individuals

- Cultural self-awareness
- Cultural knowledge (historic perspective, cultural context, epidemiological and biologic differences)
- Incorporation of cultural assessment into clinical encounters
 - assess values, beliefs, and activities
 - recognize that behaviors may be motivated by cultural views rather than by lack of knowledge

Key Components of Cultural Competency for Individuals

- Acknowledgment and recognition of the dynamics of difference
- Mastery of communication skills that enable providers to develop relationships with patients and their families regardless of English proficiency, literacy and other factors impacting language.
- Cultural desire (internal motivation)

The Doctor - Patient Interaction



Trust Building Behaviors

- Eye contact
- Don't appear rushed
- Ask personal questions
- Don't make assumptions
- Attention to cultural beliefs
- Respect different perspective
- Distinguish person as an individual
- Be responsive
- Make an effort to make patient feel comfortable
- Use understandable language
- Display genuine concern
- Listen to symptoms in the patient's style of telling
- Hold patient information as confidential
- Ask if satisfied with appointment
- Ask if patient understands
- Listen to questions
- Apologize when there is a problem

RESPECT

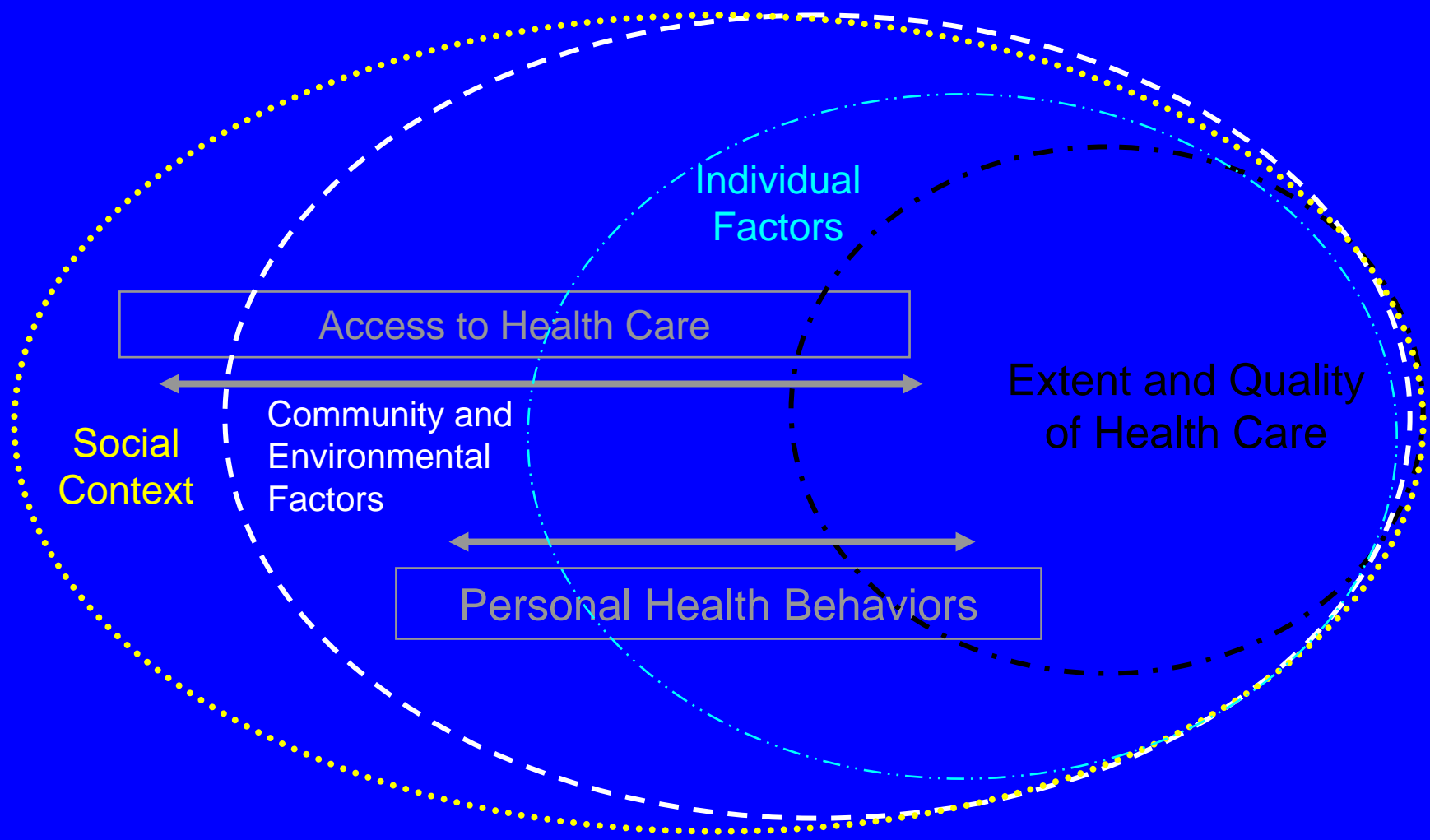
- **R**espect - a demonstrable attitude involving both verbal and non-verbal communications.
- **E**xplanatory model - What is patient's point of view?
- **S**ociocultural context - class, race, ethnicity, education, sexual norms and orientation, family and gender roles for example
- **P**ower - power differential between patients and providers
- **E**mpathy - putting into words the significance of the patient's concerns so patient feels understood
- **C**oncerns and fears - eliciting the patient's emotions and underlying concerns of their symptoms
- **T**herapeutic Alliance/**T**rust - a measurable outcome that will enhance adherence and compliance

*RESPECT model developed by the Boston University Residency Training Program
in Internal Medicine, Diversity Curriculum Task Force*

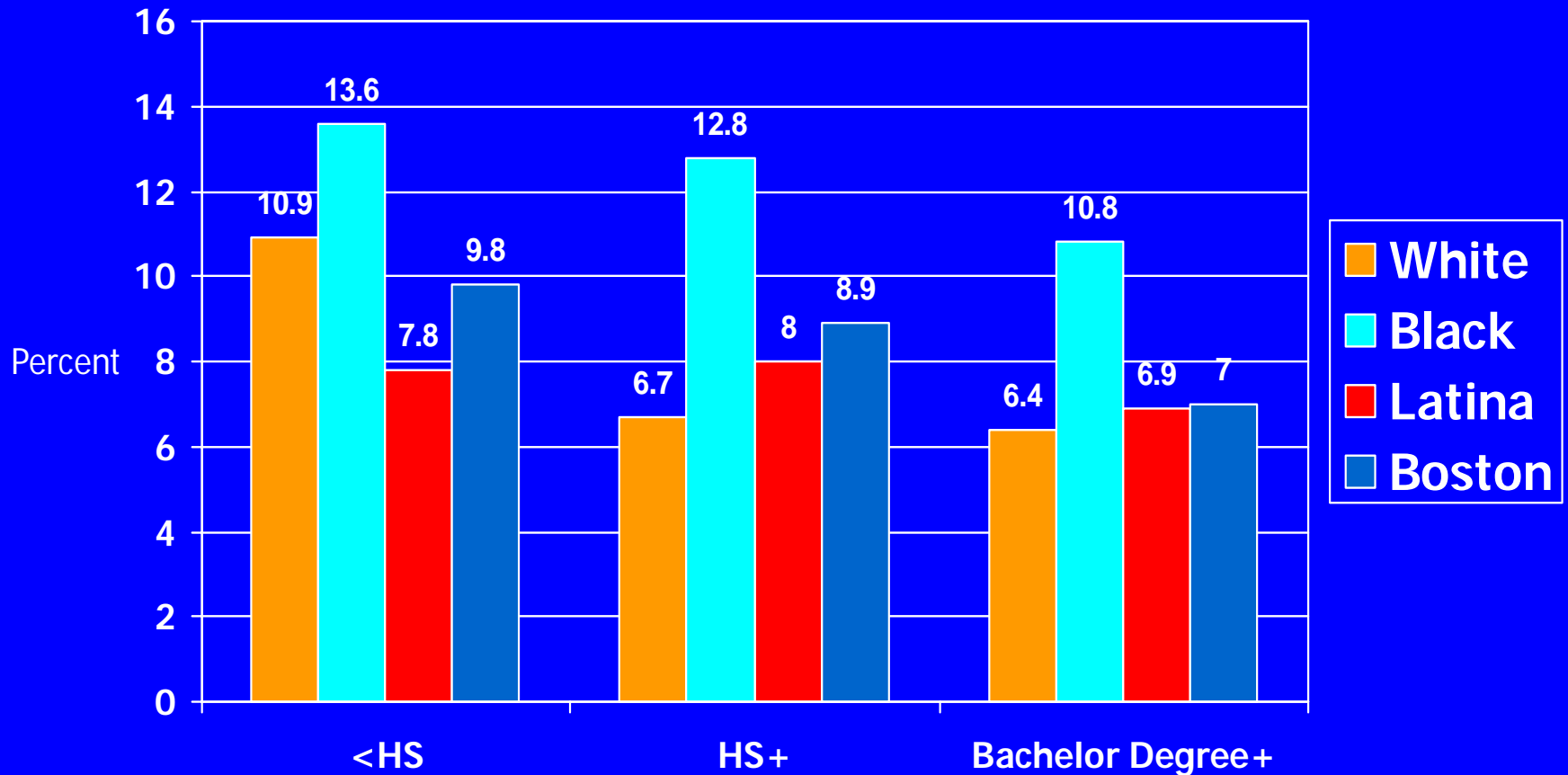
Key Issues

- Cultural identity
- Communication
 - verbal and non-verbal
- Gender roles
- Work issues
- Biologic differences
- High risk behavior
- Nutrition
- Pregnancy and reproductive health
- Mental health
- Spirituality
- Death and dying
- Health care practices
 - attitudes about prevention, barriers to care

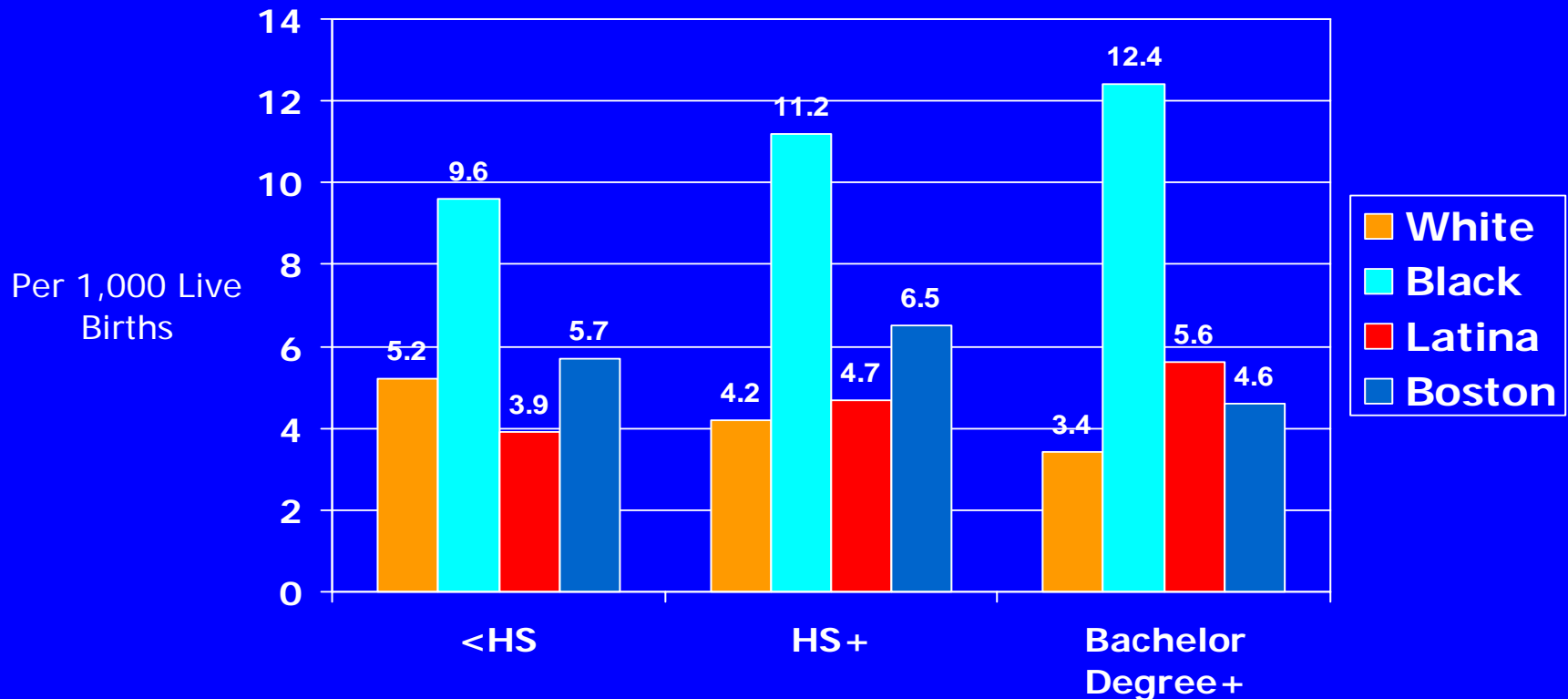
Factors Contributing to Disparities



Low Birth Weight, by Education and Race/Ethnicity Boston 1996-2001



Infant Mortality, by Education and Race/Ethnicity Boston 1996-2001

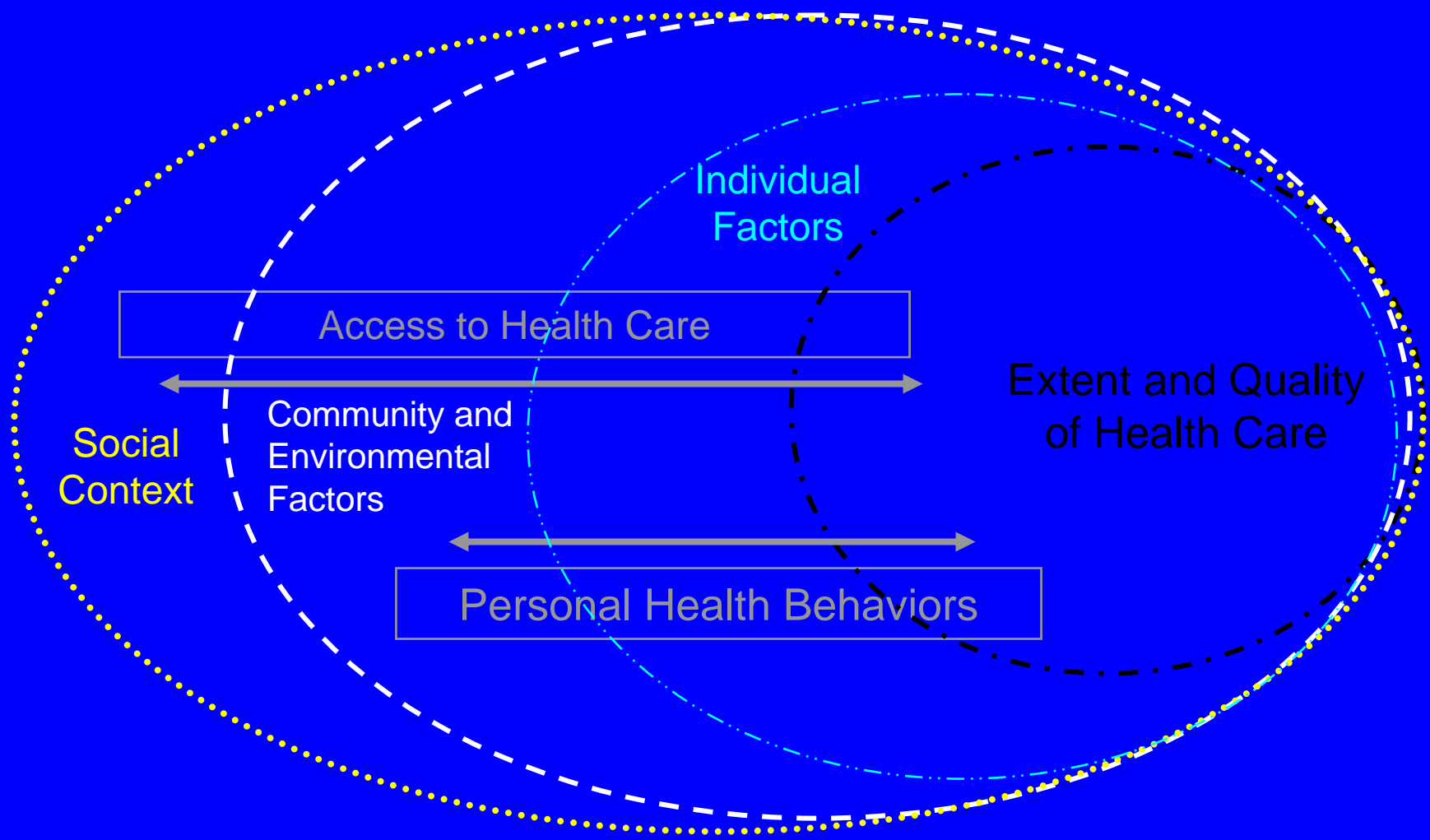


Data analysis, Boston Public Health Commission

Differences among <HS not statistically significant

Difference statistically significant between blacks with HS+ and all others and between blacks and whites and blacks and all Boston for Bachelor Degree+

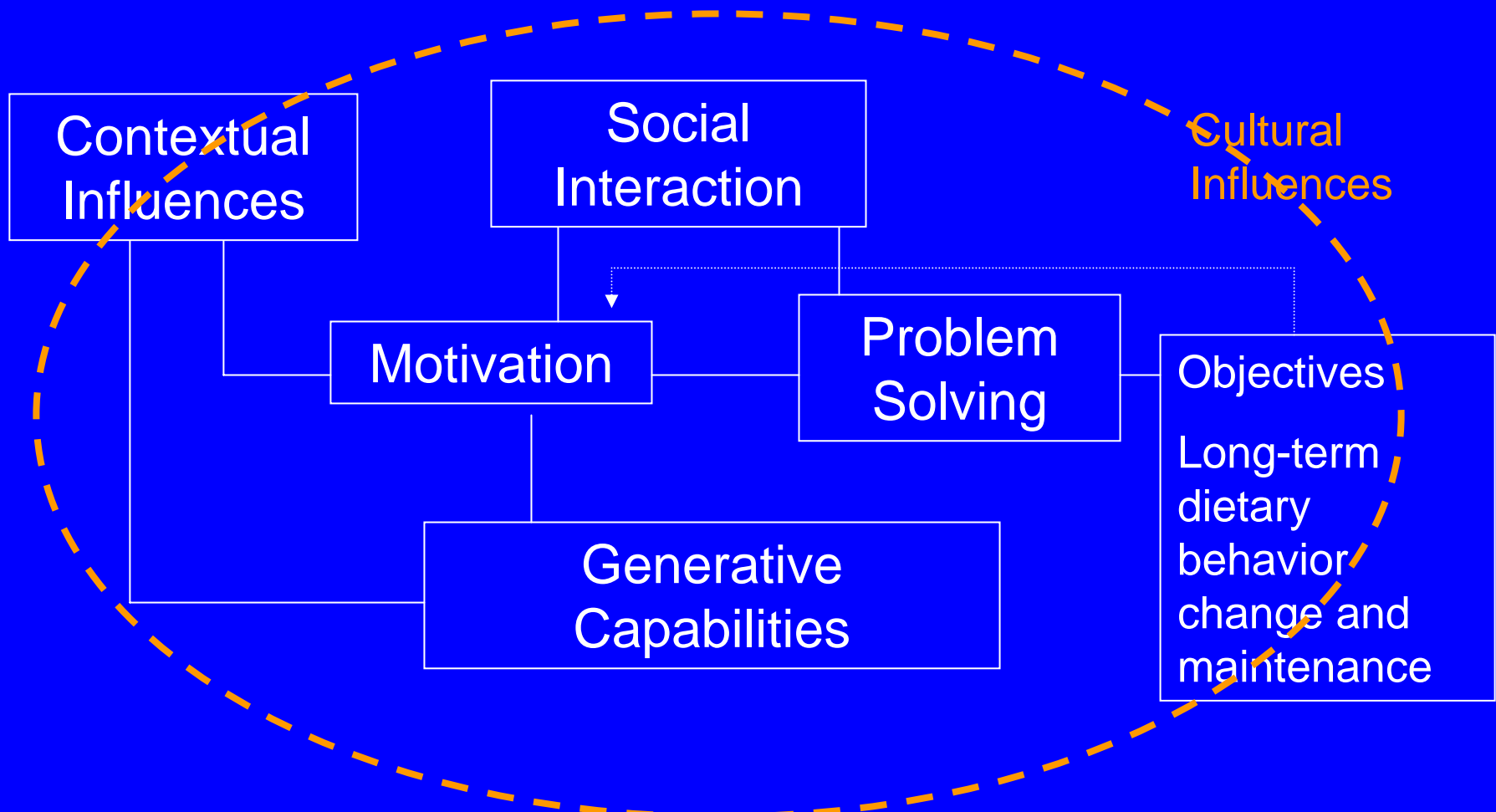
Factors Contributing to Disparities



Addressing Disparities in Obesity and Overweight Among Black Women

- Black women report fewer attempts at weight loss and for shorter duration compared to white women
- Components of moderately successful programs for black women
 - Small groups with face-to-face social support
 - Culturally tailored content
 - Interactive learning

Social Action Theory



Kumanyika SK, Ewart CK Diabetes Care 1990;13:1154-62

Promoting Change

- Recommendations for dietary changes have been made for more than 4 decades with little evidence of sustainable change
- Dietary choices are influenced by a variety of factors
 - Knowledge of causative and preventive effects of certain foods
 - Cost of food
 - Availability of different foods

The Contextual Effect of the Local Food Environment on Diet

- Estimates of compliance with recommended food intakes to reduce atherosclerosis correspond to prevalence of supermarkets, grocery stores, and full and fast-food restaurants (Am J Pub Health 2002;92:1761)
 - Black Americans' fruit and vegetable intake increased by 30% with 1 supermarket in a census tract and by 50% with 2 supermarkets
 - White Americans fruit and vegetable intake increased by 11% with the presence of 1 or more supermarkets in a census tract
- Fewer than 20% of grocery stores in East Harlem stock diabetic friendly foods compared to 58% of Upper Eastside stores (Am J Pub Health, September 2004)
- The cost of heart healthy food is more than what a food stamp award allows in Boston (Fulp)

Sister Talk Focus Groups Findings

- Black female identity
- Body image issues
- Communication styles
- Cultural symbols
- Family-centered
- Food preferences
- Physical activity practices
- Practical aspects of adherence
- Psychosocial stress
- Social connotations of eating and food preparation
- Social eating situations
- Social norms
- Social support for weight control

Sister Talk Approaches to Address Issues

- Use of ordinary women as role models
- Toll free number for feedback about show
- Emphasize improving healthy eating and benefits of physical activity over weight loss
- Encourage setting individual goals
- Testimonials from women on the street
- Ethnic dance as exercise
- Caring for self will allow better care of family
- Lower-fat makeovers of traditional foods
- Focus on moderate activities
- Role models for physical activities
- Hair care tips
- Teach stress reducing techniques
- Address environmental triggers
- Discussion of what constitutes social support
- Strategies for addressing nonsupportive behaviors
- Culturally acceptable alternatives for self-affirmation and support

Obesity and Obesity Management from a Community Perspective

- People don't become obese one person at a time
- Individual behavior exists within a social context
- Health behavior alone does not account for unequal burden of disease and death
- Approaches to overweight and obesity can not focus solely on individual behaviors but must consider broader approaches

It is not race or ethnicity per se
but the social experiences of
difference that help to shape
particular ... value systems.