Promoting Health Equity Through Cultural Competency in Klamath County

DATE: September 30, 2016 PRESENTED BY: Jean McCalmont, BSN-RN, FNP-C, Emily Harvey, MS3, Joshua Lum, MS4
Demographics and Disparities in Klamath County

http://datausa.io/profile/geo/klamath-falls-or/#demographics
Demographics and Disparities in Klamath County

- Tribal population experiences higher mortality from
  - Diabetes
  - CV disease
  - Chronic liver disease/Cirrhosis

http://datausa.io/profile/geo/klamath-falls-or/#demographics
Project Objectives

**Objective 1.1:** To assess cultural competency and social exclusion knowledge of health and social service professionals that serve diverse populations in Klamath County, Oregon.

**Objective 1.2:** To provide recommendations for increasing equitable delivery of health and social services in Klamath County, Oregon.

**Overall goal:** To improve health outcomes of diverse populations receiving services through local health and social service agencies in Klamath County, Oregon.
Efficacy of Cultural Competency in Improving Patient Outcomes

HIV – Self-reported provider cultural competence correlates with HIV-treatment outcomes including prescription of ARV therapy, self-efficacy in managing HIV regimens, adherence to ARV medications, and viral load (Saha et al, 2013)

HTN – Culturally competent patient education sessions → higher adherence to lifestyle modifications in patients treated for HTN of African origin (Beune et al, 2014)
Efficacy in Strengthening the Patient-Provider Relationship

• Low-quality evidence shows cultural competency training improves understanding between patient and provider, and can improve attendance at appointments among disadvantaged populations (Horvat, 2014)

• CC is helpful in “assuring treatment adherence, establishing therapeutic alliance, safeguarding confidentiality, engaging in informed consent processes” (Roberts, 2008; Yasui, 2014)

• CC training helps physicians to reduce judgmental thoughts/behaviors and to ask about the patient’s explanatory model of illness (Kutob, 2013)
Oregon Health Authorities’ Cultural Competence Continuing Education Committee states that: “Based on Oregon-specific and national data that demonstrate a consistent pattern of disparities for culturally and socially diverse groups, a growing evidence base indicating the effectiveness of cultural competence training for health professionals and a desire by many licensing boards, professional associations and health systems organizations to address cultural competence for their workforce, the Committee recommends cultural competence continuing education as a strategy for eliminating health inequities and achieving the Oregon Health Policy Boards’ triple aim of improving health, improving care and lowering costs.”
Methods - Overview

Exploratory Interviews

Focus Group 1

Focus Group 2

Thematic Analysis
Methods – Focus Groups Participants

• Focus Groups of 9-10 people
• Inclusion criteria:
  – Over age 18
  – Working in Klamath County area
  – Represent any of the following professions: physicians, physician assistants, nurse practitioners, nurses, dentists, dental hygienists, pharmacists, psychologists, counselors, social workers, case managers, and lay health workers.
Methods – Focus Group Preparation

• IRB Reviewed – Exempt as Quality Improvement Project
• Recruitment via phone calls and emails to local health care facilities
• Focus group questions were vetted via individual interviews with local health care workers
Methods – Focus Group Proceedings

- Focus groups were facilitated by OHSU rural campus students and faculty
- A script was used to facilitate each focus group
- Each session was audio recorded
- Notes were taken by students at each focus group
Methods - Data Analysis

Notes from each focus group were used to identify common themes.
Results

Objective 1.1: Assess cultural competency and social exclusion knowledge of health and social service professionals

Cultural Competency Knowledge (Themes):

• Willingness to learn
• Competency vs. Humility

“An openness and willingness to learn...It’s a line of inquiry in trying to understand details about my patient’s lives and about their beliefs and how that affects their interactions within the healthcare system and their beliefs about their health.”
Results

Objective 1.1: Assess cultural competency and social exclusion knowledge of health and social service professionals

Social Exclusion Knowledge / What are health disparities? (Themes):

• Intrinsic vs. Extrinsic contributors to health disparities
• Equality vs. Equity

“Equality and equity are different things. Equality is treating everybody the same, whereas equity leans more toward identifying shortcomings and applying more resources to that.”
Results

Objective 1.2: To provide recommendations for increasing equitable delivery of health and social services in Klamath County, Oregon.

Themes:
• Self-Reflection
• Interest in Local Subcultures
• Inefficacy of Online trainings

“Personal examples are the strongest and most memorable, people coming in and sharing experiences. Online is least effective.”
Recommendations

1. Trainings should clearly define terms such as cultural competency, cultural humility, and health disparities
   – Introductory trainings can provide a unified, foundational approach to more advanced future trainings
Recommendations

2. Trainings should be offered frequently and regularly, and be offered to all health professions.
Recommendations

3. Trainings should focus on sub-populations within the local demographic
   – Ex: people who use IV drugs, or alcohol, veterans, persons with disabilities, individuals with low socioeconomic status, LGBT, Tribal, Hispanic
   – These sessions should be taught by patients/members of the various populations.
Recommendations

4. Trainings should promote self-reflection
   – Identify personal shortcomings, lack of knowledge, or areas for improvement
Ex: pre and post training written reflection or discussion about the material presented during the training.
Recommendations

5. Attendance:
   – Create liaison positions for various professional groups (Ex: physicians, dentists, nurses, high-school and middle-school teachers, etc.)
   – Provide free food and beverages at events as well as CME.
Suggestions for Trainings:

Suggested Effective methods of Competency Training:

• Readings (book club) with accompanying didactics and discussion (ex. "The Spirit Catches You and You Fall Down")

• Grand Rounds lectures regarding cultural issues, championed by the residency program and open to the community.

• Specific (advanced) training after established baseline (basic) training

• Immersion experiences (home visits, participation in community events)
Suggestions for Trainings:

• Personal experiences: speakers should be members of the community presenting as representatives of their sub-populations.
• Multiple-day experience involving workshops, lectures, simulated patient experiences as well as presentations by patients/healthcare providers/community health liaisons
• Offer CME to professionals who complete training courses.

Ineffective methods for Delivery of Cultural Competency Training:

• Online training (CME): difficult to engage professionals in target mate
Future Directions:

• Follow up with Klamath Regional Health Equity Coalition to help troubleshoot and assess progress
• Survey local health and service professionals to discover usefulness of recommendations and training sessions
• Conduct study to evaluate improvement in health disparities due to increasing cultural competency
Reflections on the Campus for Rural Health Experience
Takeaways from Working on an Interprofessional Student Project

• Advantages:
  – Break down silos among healthcare professions
  – Share differing views and opinions based on educational background and work experience
  – Develop and practice effective communication strategies
  – Promote relationship building

• Challenges:
  – Varying levels of time and energy to commit to project
  – Differing approaches to project management
Community Engagement

- Addressing a community-identified need
- Formal and informal meetings with community members
  - Klamath Regional Health Equity Coalition (KRHEC) meetings
- Sharing of skills, knowledge, and experiences between students and community partners
- Volunteer opportunities
  - YMCA
  - Walk-with-a-Doc
Community Engagement

• Valeree Lane and the other members of the Klamath Regional Health Equity Coalition

• OHSU Campus for Rural Health – Klamath Faculty and Students

Jessica Roberts, PharmD, 2016; Shelby Ross, PA-S2, 2016; Brant Thayer, MS-3, 2018; Jean McCalmont, BSN-RN, FNP-S, 2017; Margot Presley, MN-RN, FNP-S, 2017; Austin Pliska, PharmD, 2017; Emily Harvey, MS-3 2018; Johnathan Righetti MS-3 2018; Stacy Rudy, PA-S2 2016; Nicholas Dean, PA-S2 2016; Anthony Nguyen, MS-3 2018; Lauren Liebling, PA-S2 2017; Benjamin Hearty, PA-S2 2017; Cong Vo MS-3 201; Rebecca Starks PA-S2 2017; Joshua Lum, MS-4 2017; Brad Spika, DMD 2016; Colin Taggart, DMD 2016; Josh Hardin, DMD 2016
References


References


References


Thank You