



INTEGRATING DISPARITIES REDUCTION, CULTURAL COMPETENCE AND LANGUAGE ASSISTANCE INTO CHRONIC DISEASE MANAGEMENT

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Reduce Disparities in Health Care
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Purpose

To create a framework and resource for addressing the needs of racially and ethnically diverse patients diagnosed with diabetes, asthma, and other chronic conditions



Application

To make available a resource based on the care model used by the nationally recognized Institute for Healthcare Improvement

To provide a template of action and education/training recommendations on disparities reduction, cultural competence and language assistance that can assist in addressing disease/condition-specific initiatives



Design

Identify information from experts, published literature, current research and written reports

Review and integrate information into the CM dimensions



The Care Model Dimensions and actions to address the needs of racially/ethnically diverse patients and populations.

- Self Management
- Decision Support
- Clinical Information Systems
- Delivery Systems Design
- Organization of Health Care
- Community



Self Management

Premise: To develop effective patient self management requires knowledge of cultural specific factors that influence decisions, affect continued adherence to treatment and are critical to patient-practitioner relationships

Self Management (continued)

Actions

- Identifying beliefs regarding health and illness
- Encouraging practitioners to work within belief system
- Addressing alternative treatments and considering who may play key roles in those treatments
- Determining acceptable levels of formality and interaction
- Assessing language and literacy needs
- Recognizing the importance of racism and other contextual factors



Decision Support

Premise: Need to acknowledge and be aware of well documented disparities in receipt of mainstream/recommended treatments

Decision Support (continued)

Actions

- Establish stability in the practitioner-patient relationship
- Present patients with range of treatment options
- Understand cultural/linguistic barriers to care and help navigate system
- Educate and train practitioners on interpreter choices and importance of signage
- Use evidence based guidelines
- Identify and address stereotypes and presumptions



Clinical Information Systems

Premise: Integrating race/ethnicity data into information systems is critical to improving health care quality

Clinical Information Systems (continued)

Actions

- Document specific concerns for diverse populations such as interpreter needs, diet, family involvement
- Link information with patient satisfaction
- Include diverse staffing characteristics—language competence, training
- Provide information guidance to clinicians regarding predispositions (e.g., sickle cell, pharmaceutical treatment)



Delivery System Design

Premise: Tailoring of delivery system to specific population needs to promotes and supports effective patient care

Delivery System Design (continued)

Actions

- Use group visits as an opportunity for specific racial-ethnic groups to address their specific needs
- Assure race/ethnic-specific information is available to the practitioner
- Assure that follow up considers diversity-specific implications
- Use patient navigators with knowledge and experience in the culture, language and literacy of the individual to assist in moving through the care process



Organization of Health Care

Premise: Commitment and participation from levels of administration through the health care setting are essential to advancing disparities reduction and cultural competence beyond individual and department/clinic efforts as well as sustaining progress.

Organization of Health Care (continued)

Actions

- Developing policies promoting/assuring the highest quality care of all patients and for addressing diversity internally through the workforce
- Business and executive decisions as well as actions by management reflect importance from both patient and staff perspectives
- Racial/ethnic compositions of the community reflected in organization and in its setting design (e.g., artwork, modification of layout)
- Discussion and efforts around laws/regulations, minimizing health disparities, patient safety and medical error and other priorities



Community

Premise: The role and involvement of community is integral to integrating cultural competence effectively into the health care setting. Community must be represented broadly and is a critical source of information, advice and guidance

Community (continued)

Actions

- Use expertise and key individuals from diverse communities to educate staff, convey important information (e.g., ethnic media), serve as spokespeople for the health care setting and to work with practitioners
- Involve the community in planning, implementation and assessment of service/organization effectiveness in meeting needs
- Commit to using residents from diverse racial/ethnic heritage as community workers, to check the accuracy of health/health care messages in languages other than English; and to assure the acceptability of information
- Design programs to actively promote outreach and collaboration
- Affiliate with community based organizations to assist in implementing self management and other elements of the model



Options for integrating disparities reduction/cultural competence into care teams

- Formation of diversity teams
- Designating/assigning an individual within the team to assume responsibility for integrating disparities/cultural competence into the initiative
- Requiring each team member to include in their responsibility

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