

“Does Cultural Competency Make Us Better at Delivering Patient Care?”  
Devyani Chowdhury, MD, FACC, FASE

**Does Cultural Competency Make Us in Better Delivering Patient Care**



 **Devyani Chowdhury MD, Director**  
Lancaster, PA

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**Disclosures**

**Dr. Chowdhury has provided no disclosures.**

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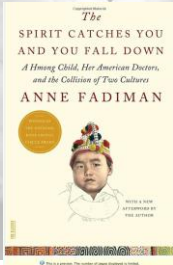
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**Lias Story**



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### Cultural Competency





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### Cultural Competency





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### Cultural Competency

**Definition: The ability to interact effectively with people of different cultures, helps to ensure the needs of all community members are addressed.**



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# Cultural Competency

## Does Cultural Competency Make Us Better Delivering Patient Care ?



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# Cultural Competency

2 units:  
1.Team giving Care  
2.Team receiving care



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# Cultural Competency

4 yr. old presents to the office  
Accompanied by her mother who is full burkha, does not speak english, accompanied by a translator



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# Cultural Competency

Audience question 1



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# Cultural Competency

Is it important to spend time to understand  
the culture of this family?  
Will it impact the care?



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# Cultural Competency

Amish family  
Baby has dilated cardiomyopathy  
No breast milk  
home made goat milk based formula  
No immunizations



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# Cultural Competency

Audience question #2



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# Cultural Competency

Would you discharge this patient from your practice?



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# Cultural Competency

Report to CYS  
Force formula  
Force immunization



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# Cultural Competency

Health care literacy



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# Cultural Competency

They are integrally related, along with preferred language.

Clinician can effectively and respectfully communicate with a patient if they do so in the patient's preferred language, in a way the patient can understand and act upon and one that takes the patient's cultural preferences into account.

Otherwise, it is likely that the patient will not follow through with the instructions and/or treatment plan....for several reasons as you may imagine.



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# Cultural Competency



Does this create cultural competency?



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### Cultural Competency

When discussing culture I also include information on unconscious bias. I find it provides opportunities for the participants to pause, self-reflect and hopefully the "light bulb" will go off! Especially for individual's that may have a potential comment as the one you shared.



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### Cultural Competency

An anthropological approach to teach and evaluate cultural competence in medical students – the application of mini-ethnography in medical history taking



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### Cultural Competency

Cultural competence is a crucial skill that helps health care providers to reduce inequality in health care



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### ACC's Diversity and Inclusion Strategy:

*Working Toward a Diverse and Inclusive Cardiology Workforce and Culture*

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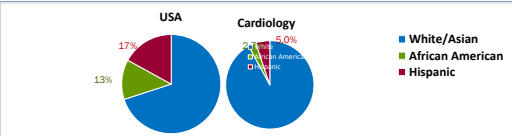
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**In comparison to the U.S. population,**  
**Adult cardiology is far less diverse...**






Group	USA (%)	Cardiology (%)
White/Asian	65	85
African American	13	2.4
Hispanic	17	5.0

- ACC 2016 Professional Life Survey suggests that African Americans and Hispanic each represent 3% to 6% of ACC membership
- <10% of medical students and less than 3% of SOM faculty are African American
- In 2015-2016, 5.4% of CV trainees were African American and 6.8% were Hispanic, compared to 5.8% and 7.8% respectively in internal medicine (ACGME)

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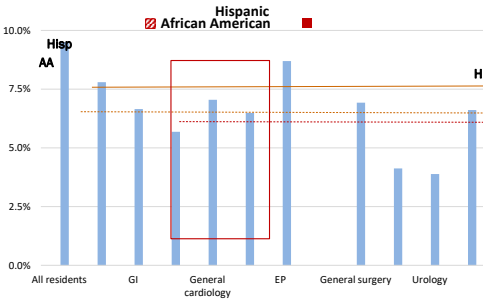
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### Trainees By Race/Ethnicity 2015-2016



Specialty	White/Asian	African American	Hispanic
All residents	85	13	17
GI	85	13	17
General cardiology	85	13	17
EP	85	13	17
General surgery	85	13	17
Urology	85	13	17

ACGME GME Data Resource Book 2015-2016 Table c.23  
<http://www.acgme.org/About/Us/Publications-and-Resources/Graduate-Medical-Education-Data-Resource-Book>



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**In comparison to U.S. medicine,  
Adult cardiology is far less diverse...**

**USA**

50.4%

**Cardiology**

9.8%

- In 2015, only 9.8% of FACCs who are U.S. board certified in adult CV are women
- About half of IM residents are women, compared with 21% of adult cardiology fellows. Even so, women are under represented in CV fellowships compared to almost every other specialty in the House of Medicine
- Review of ACC Awards indicates that 31 of 465 have gone to women (6.7%). Of these 10 went to pediatric cardiologists, 2 to statisticians, 1 to lay person, leaving <4% of ACC awards to adult CV women MDs.

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**Adult CVD Board Certified Physicians:  
Distribution of Women**

Distribution of Women Physician Members (ACC) Board Certified in Cardiovascular Disease  
2,321 domestic female physician members (Associate Fellows and Fellows) who are board certified in cardiovascular disease

Source: ACC Database - June 2017  
Prepared by: ACC Market Intelligence

12 states have <10 women CV MDs

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**Cardiology  
October 2017**

**25%** The proportion of ACC members who are women is 25%.

**3% to 6%** The proportion of ACC members who are women is 3% to 6%.

**\$1 Million** The proportion of ACC members who are women is \$1 Million.

**9.8%** The proportion of ACC members who are women is 9.8%.

**Q65%** The proportion of ACC members who are women is Q65%.

**21%** The proportion of ACC members who are women is 21%.

**5.4%** The proportion of ACC members who are women is 5.4%.

**<10%** The proportion of ACC members who are women is <10%.

**8%** The proportion of ACC members who are women is 8%.

**DIVERSITY IN THE CARDIOVASCULAR WORKFORCE**

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POFPS 43<sup>RD</sup> Annual CME Symposium  
August 3-5, 2018

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Diversity Plays an Important Role in the Nation’s Health

"The fact that the nation’s health professions have not kept pace with changing demographics **may be an even greater cause of disparities in health access and outcomes than the persistent lack of health insurance for tens of millions of Americans.**"

Report of the Sullivan Report Commission on Diversity in the Healthcare Workforce:  
[Missing Persons: Minorities In The Health Professions: A Report Of The Sullivan Commission On Diversity In The Healthcare Workforce](#)

Louis Sullivan, MD, Chair  
Past Secretary of US HHS

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Cultural Competency

Health care professionals cannot become culturally competent solely by reading textbooks and listening to lectures.

They must be educated in environments that are emblematic of the diverse society they will be called upon to serve

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Cultural Competency

“Stagnation in minority representation in the physician workforce will have unwelcome consequences for the health of the nation.”

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### Cultural Competency

Access for the underserved.

To provide improved access to high-quality health care for persons in our society who remain underserved.

Inadequate access to health care services remains a major problem within minority populations.



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### Cultural Competency

Broadened research agenda.

United States is plagued by unsolved health problems, many of which disproportionately affect minority populations



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### Cultural Competency

Augment the pool of medically trained executives and public policymakers available to assume management roles in the future health care system and to contribute to governmental efforts that address important health care issues.



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# Trends in Race/Ethnicity and Gender in Pediatrics

Diversity and Inclusion Task Force June, 2016

Data analysis and summary by  
AAP Division of Health Services Research

American Academy of Pediatrics  
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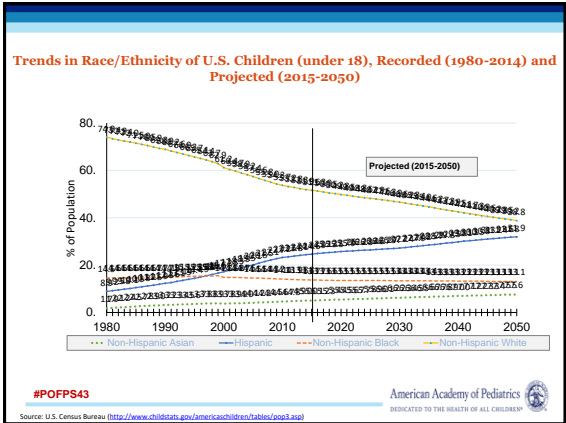
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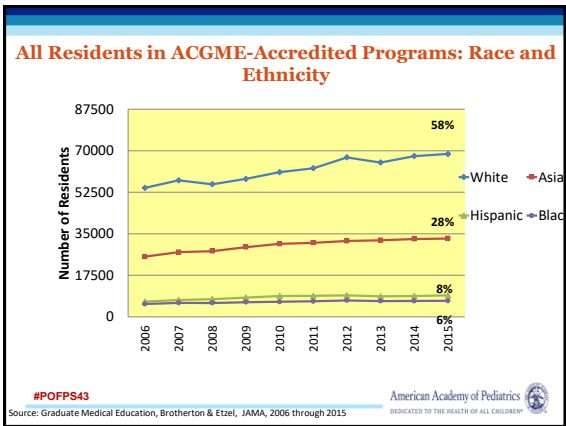
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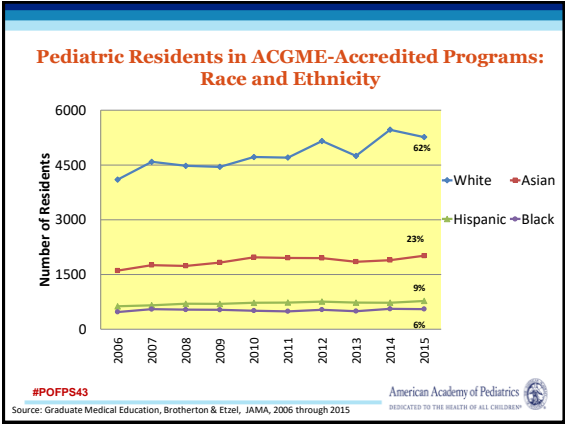
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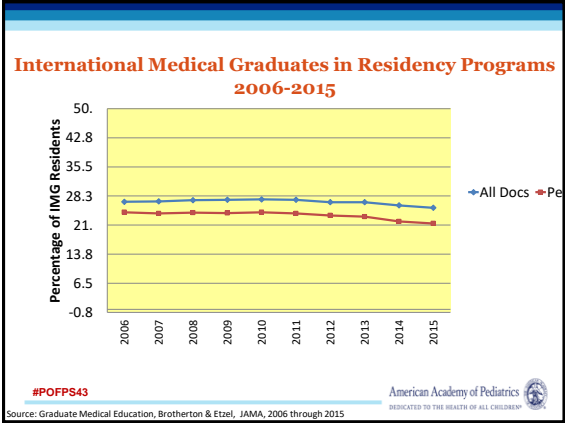
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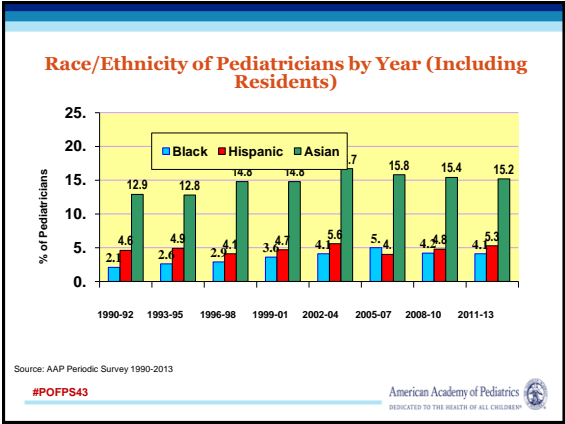
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### Conclusions: Race and Ethnicity

- Increase in the racial/ethnic diversity of children
- No change in the racial/ethnic diversity of pediatricians
- Similar to medicine overall
- Major leak in diversity pipeline between start of high school and end of college
- IMGs provide a source of increased diversity

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American Academy of Pediatrics

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### Cultural Competency

Understanding patients' diverse cultures — their values, traditions, history and institutions — is not simply political correctness. It is integral to eliminating health care disparities and providing high-quality patient care. Culture shapes individuals' experiences, perceptions, decisions and how they relate to others. It influences the way patients respond to medical services and preventive interventions and impacts the way physicians deliver those services. In a society as culturally diverse as the United States, physicians and others in health care delivery need sensitivity toward diverse patient populations and work to understand culturally influenced health behaviors.

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### Cultural Competency

Self test for cultural competency

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### Cultural Competency

Language

Communication

Courtesies

Rituals

Roles

Customs

Relationships

Practices

Expected behaviors

Values

Thoughts

Manners of interacting

**CULTURE**

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### COMPONENTS OF CULTURALLY COMPETENT CARE

**CULTURAL AWARENESS** involves self-examination of in-depth exploration of one's cultural and professional background. This component begins with insight into one's cultural healthcare beliefs and values. A cultural awareness assessment tool can be used to assess a person's level of cultural awareness.

**CULTURAL KNOWLEDGE** involves seeking and obtaining an information base on different cultural and ethnic groups. This component is expanded by accessing information offered through sources such as journal articles, seminars, textbooks, internet resources, workshop presentations and university courses.

**CULTURAL SKILL** involves the nurse's ability to collect relevant cultural data regarding the patient's presenting problem and accurately perform a culturally specific assessment. The Oger and Davidhizar model offers a framework for assessing cultural, racial and ethnic differences in patients.

**CULTURAL ENCOUNTER** is defined as the process that encourages nurses to directly engage in cross-cultural interactions with patients from culturally diverse backgrounds. Nurses increase cultural competence by directly interacting with patients from different cultural backgrounds. This is an ongoing process; developing cultural competence cannot be mastered.

**CULTURAL DESIRE** refers to the motivation to become culturally aware and to seek cultural encounters. This component involves the willingness to be open to others, to accept and respect cultural differences and to be willing to learn from others.

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### Cultural Competency

Patient Centered Care / Health Literacy

Under-served Needs

Cultural Targeting

Cultural Competence

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### Cultural Competency

#### Acquiring Cultural Competence

**Ask yourself these questions:**

- Who are my patients, families and co-workers?
- How can I learn about them?
- What are my beliefs about this group?

**Acquire knowledge of the cultural values, beliefs and practices of your customers:**

- Ask questions
- Listen
- Account for language issues
- Be aware of communication styles



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Our ability to reach unity in diversity  
will be the beauty and the test of  
our civilization.

— Mahatma Gandhi —



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