"Patient Safety: Culturally Competent Care in a Diverse Population"

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DISCLOSURE - THOMAS LAVEIST

- I created one of the web-based tools (COA360) that I will be describing in my presentation
- I will receive a royalty for use of the tool I will be describing

Cultural Competence



of PUBLIC HEALTH

Increasing Diversity Can Come with Risks







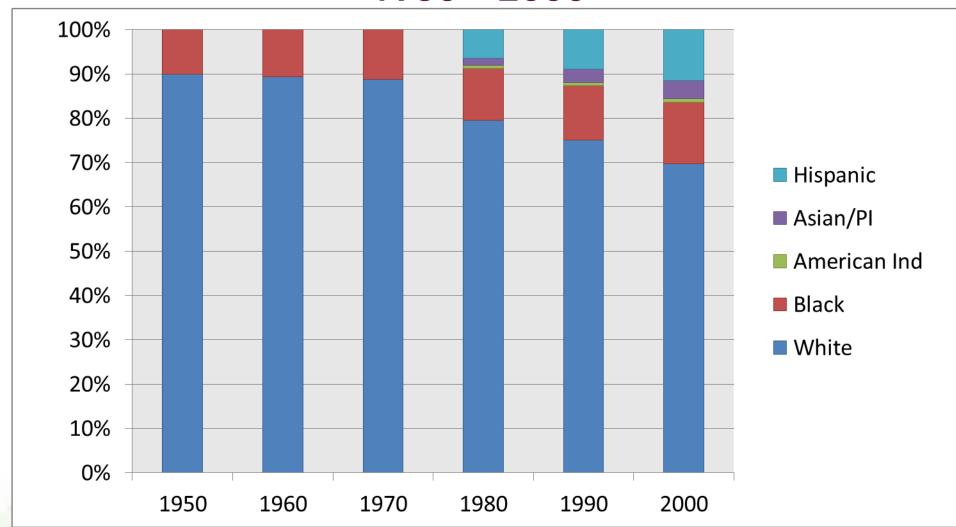
Increasing Diversity Presents Opportunity







U.S. population is becoming increasingly diverse 1950 - 2000

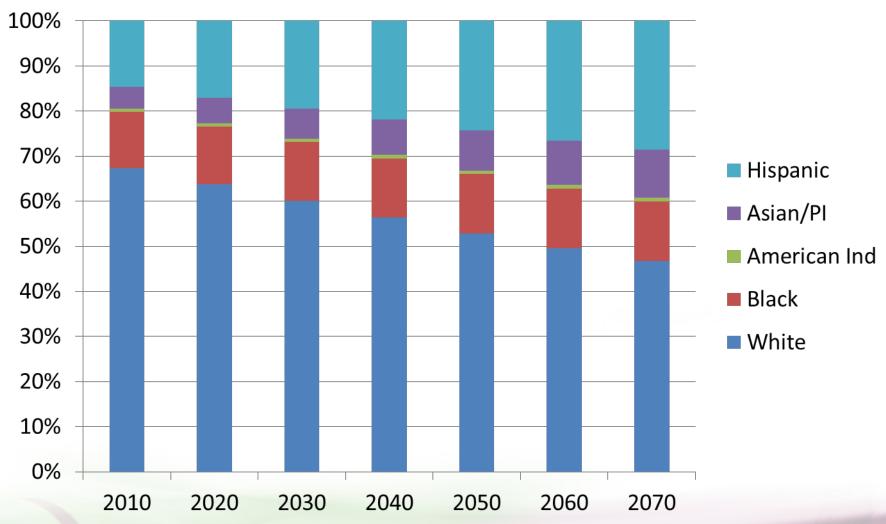




Source: U.S. Bureau of the Census:(NP-T5) Projections of the Resident Population by Race, Hispanic Origin, and Nativity: Middle Series, 1999 to 2100



U.S. population is becoming increasingly diverse 2010 - 2070





Source: U.S. Bureau of the Census:(NP-T5) Projections of the Resident Population by Race, Hispanic Origin, and Nativity: Middle Series, 1999 to 2100



Changing U.S. Demographics

- Between 1990 and 2010, the U.S. LEP population increased 80%.
- Between 1990 and 2010, the 10 states experiencing the greatest growth in their LEP populations were:
 - Nevada (398.2%), North Carolina (395.2%), Georgia (378.8%), Arkansas (311.5%), Tennessee (281.4%), Nebraska (242.2%), South Carolina (237.2%), Utah (235.2%), Washington (209.7%), and Alabama (202.1%).

Changing State Demographics

- In 8 states, at least 10% of the overall population is already LEP.
 - California (19.8%), Texas (14.4%),
 New York (13.5%), New Jersey
 (12.5%), Nevada (12.3%), Florida
 (11.9%), Hawaii (11.8%), and Arizona
 (9.9%)

Pandya, Chhandasi, Jeanne Batalova, and Margie McHugh. 2011. "Limited English Proficient Individuals in the United States: Number, Share, Growth, and Linguistic Diversity." Washington, DC: Migration Policy





The Demographic Transition

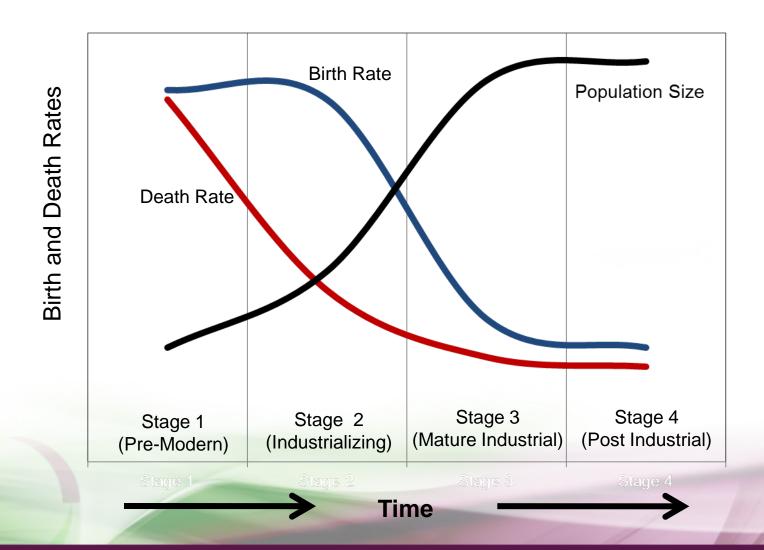
- Stage 1 Pre-modern Stage
- Stage 2 Early industrialization and urbanization
- Stage 3 Mature industrial stage
- Stage 4 Post-industrial stage

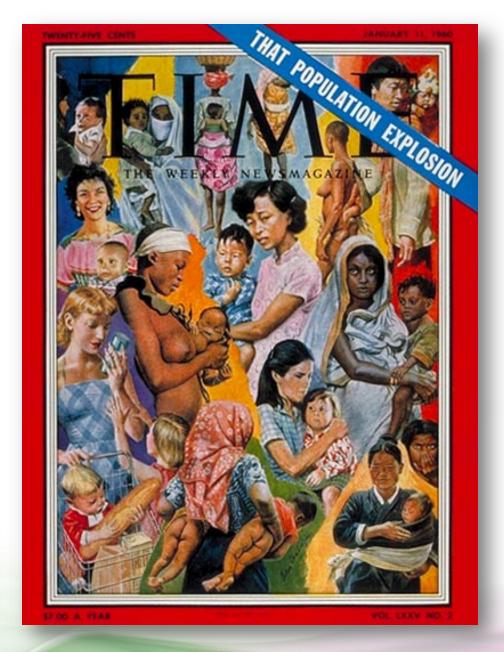




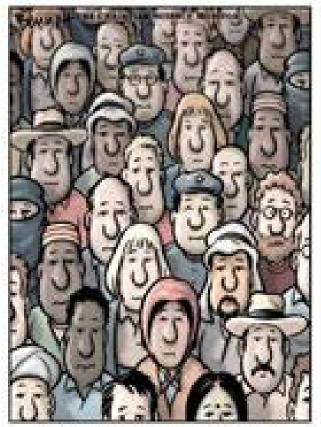
Demographic Transition Model

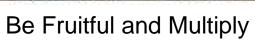
The Demographic Transition Model

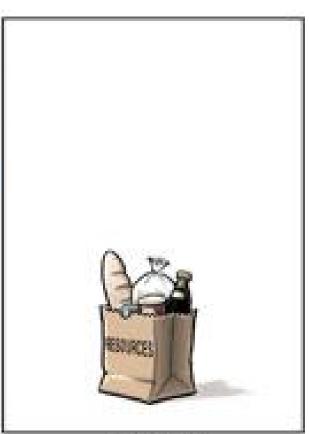




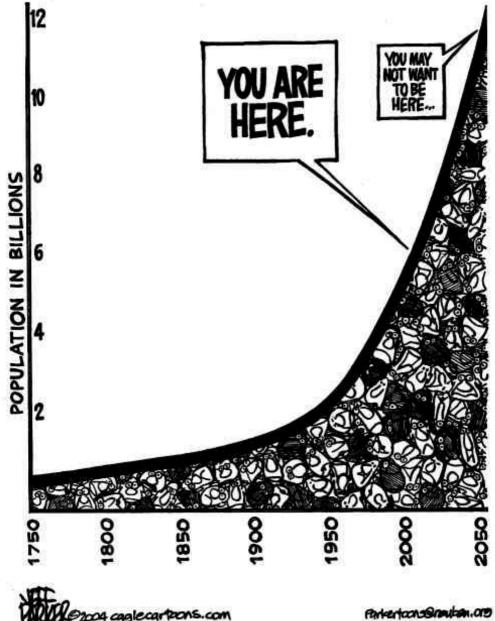
Source: Time Magazine January 11, 1960





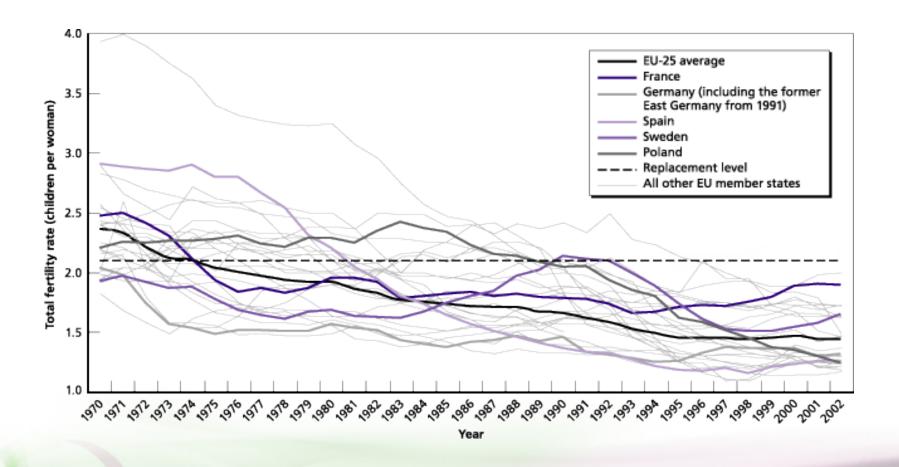


Now Divide



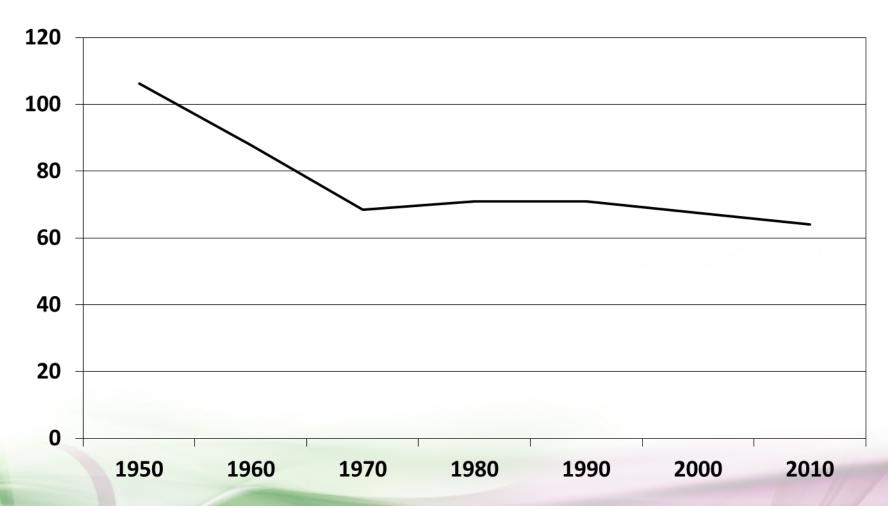
192004 caglecartoons.com

Population Implosion



Low Fertility and Population Ageing: Causes, Consequences, and Policy Options, by Jonathan Grant, Stijn Hoorens, Suja Sivadasan, Mirjam van het Loo, Julie DaVanzo, Lauren Hale, Shawna Gibson, and William Butz, MG-206-EC, 2004, 172 pp. Rand Research Brief

US Fertility Rate, 1950-2010



Source: National Center for Health Statistics (2010)

The 5th demographic stage

The 5th Stage - Multi-Culturalism

- Stage 4 countries attract immigration from pre-Stage 4 countries
- The immigrant population will have a larger percentage in the childbearing ages range
- The immigrant population will have a higher birth rate





What is happening?

- Immigration
- Age distribution
- Fertility





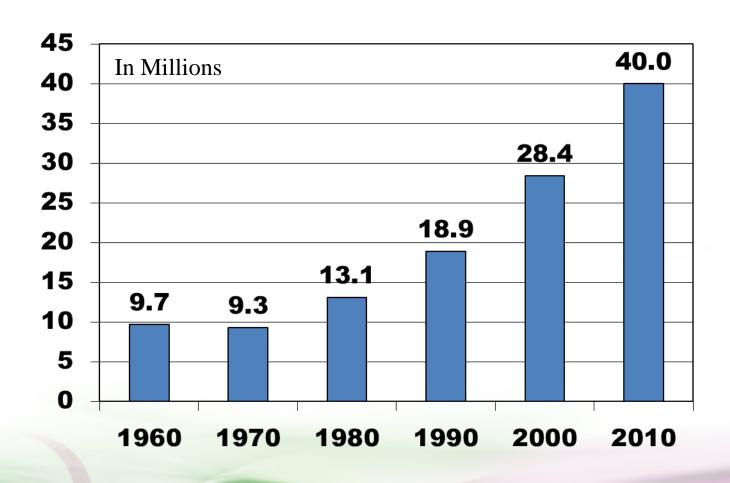
Immigration



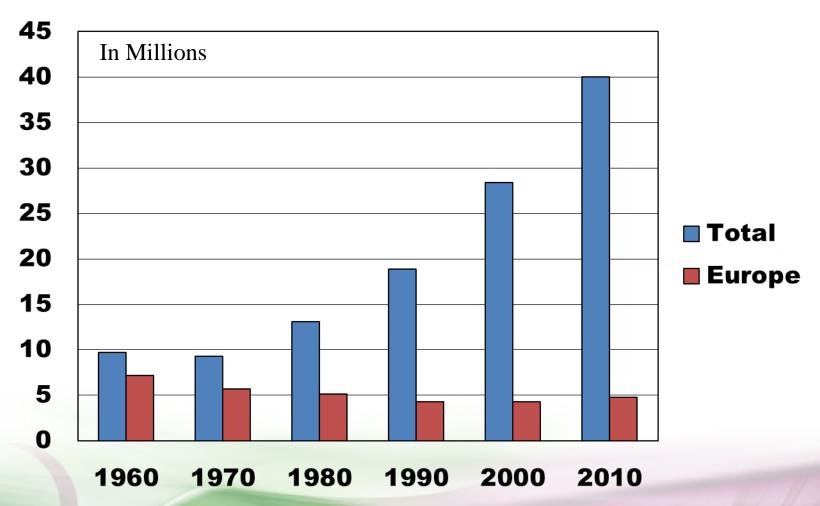


Clearview 360

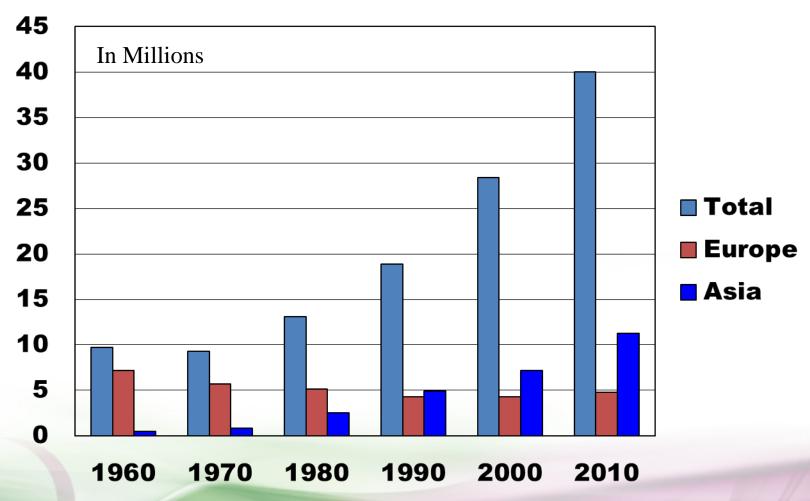
Foreign-Born Population, 1960-2010



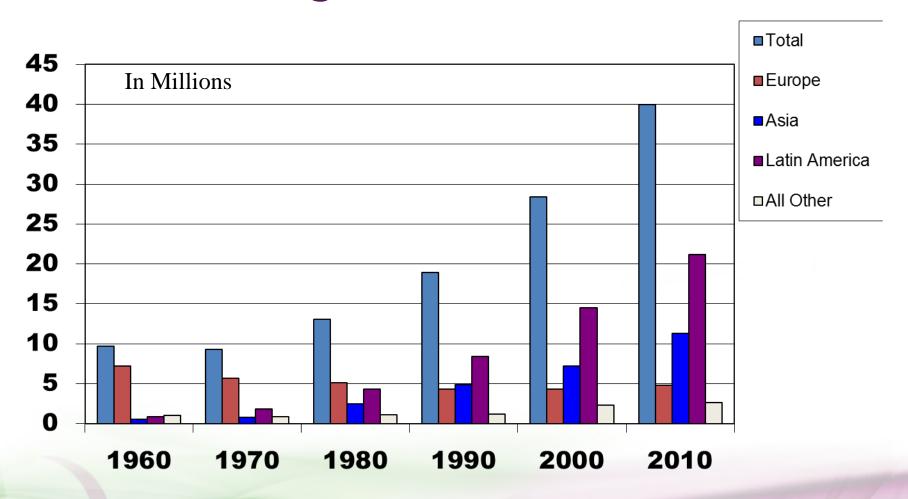
All Foreign-Born and European-Born Population by: 1960- 2010



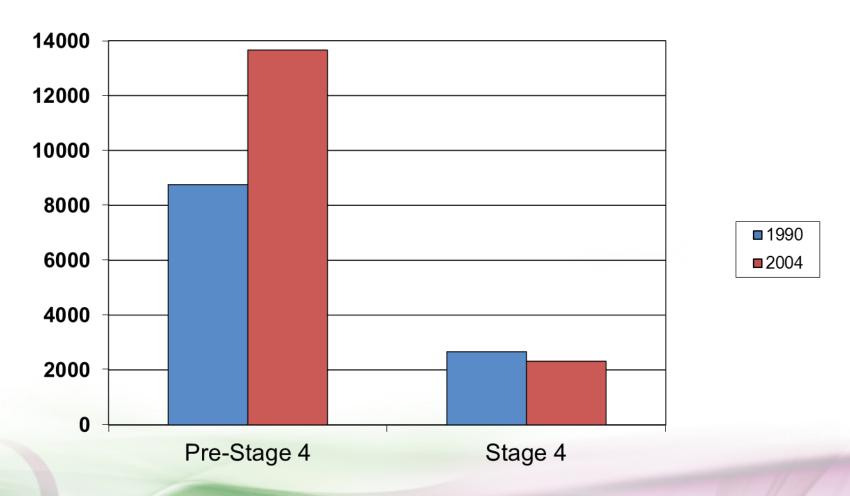
All Foreign-Born, European and Asianborn Population, 1960-2010



Foreign-Born Population by World Region, 1960-2010



Stage 4 and Pre-stage 4 status of country of birth for foreign-born U.S. population, 1990-2004



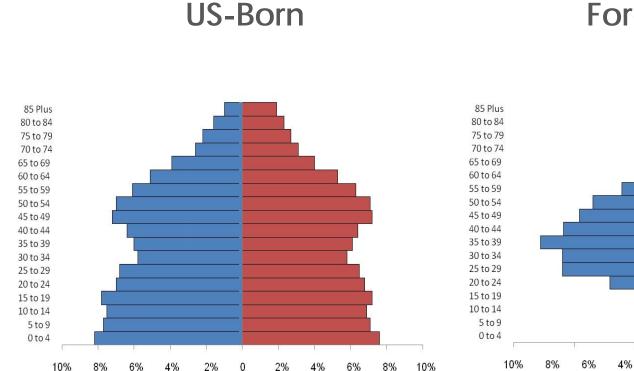
Age Distribution







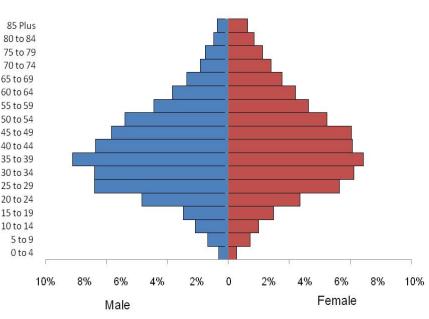
Population Pyramid of US-Born, and Foreign-Born Population, 2009 (in percent)



Female

Male

Foreign-Born



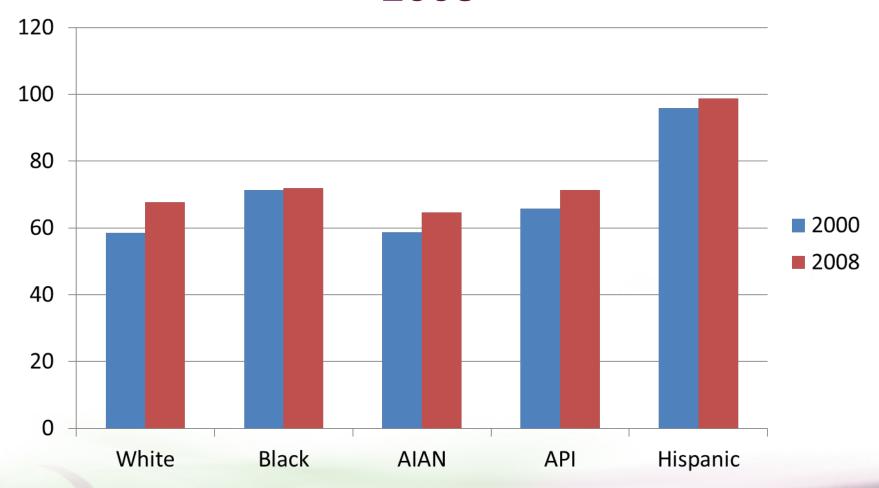
Fertility







Fertility Rates by race/ethnicity, 2000-2008



U.S. National Center for Health Statistics, National Vital Statistics Reports (NVSR), *Births: Final Data for 2008*, Vol. 59, No. 1, January 2010.

General Fertility Rate, US-born and Foreign-born women age 15-44, 2009

	Women Age 15-44 (in thousands)	Births	Rate per 1,000
US-Born	61,568 (86.9%)	3,398,400 (79.6%)	55.20
Foreign- Born	9,291 (13.1%)	873,078 (20.4%)	93.97
Rate Ratio	.15	.26	1.70

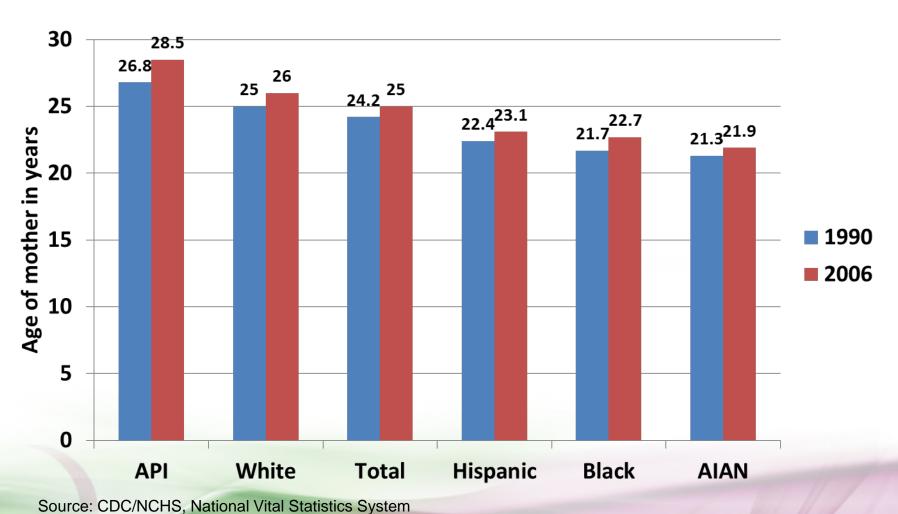
Sources: Pew Hispanic Center "Statistical Portrait of the Foreign-Born Population of the United States, 2009.

http://pewhispanic.org/factsheets/factsheet.php?FactsheetID=69 accessed June 23, 2011. And, : U.S. Census Bureau, Urgent Population Survey, Annual Social and Economic Supplement, 2009. Tables 1.1 and 2.1.

Clearview 36

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Average age of mother at first birth, by race and Hispanic origin of mother: United States, 1990 and 2006



Producing the Minority-Majority

- Immigration from pre-stage 4 countries
- US Native population fertility-rate is lower
- Foreign-born population greater percentage in child-bearing ages
- Foreign-born population younger age at first birth





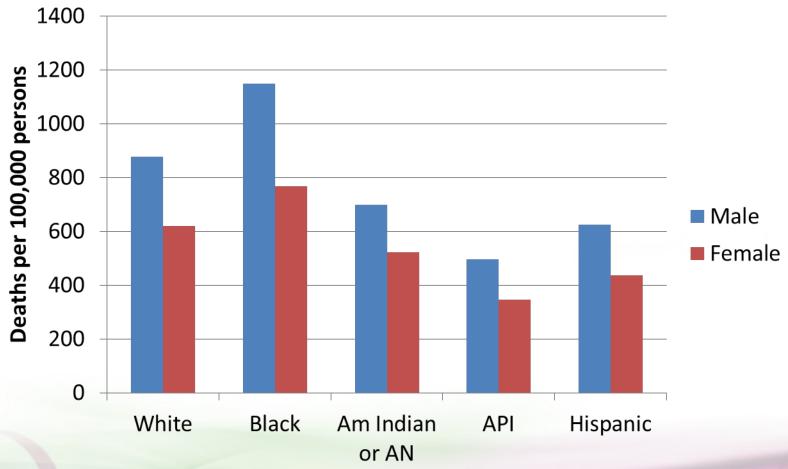
Why Does this Matter?

- Medical/Health Case
- Ethical Case
 - Social justice
- Business Case
 - Greying and browning healthcare costs
 - Economic burden report
- Regulatory/Legal Case
 - JC, NCQA, PCMH, CLAS





Age-adjusted mortality rates by race/ethnicity and gender, 2009

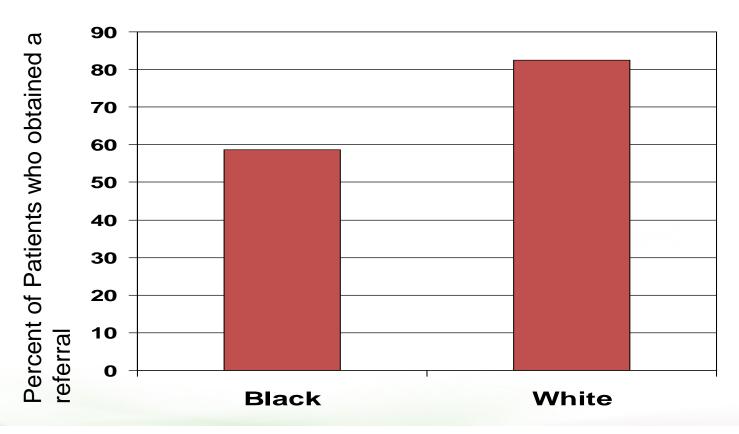






Healthcare Disparity

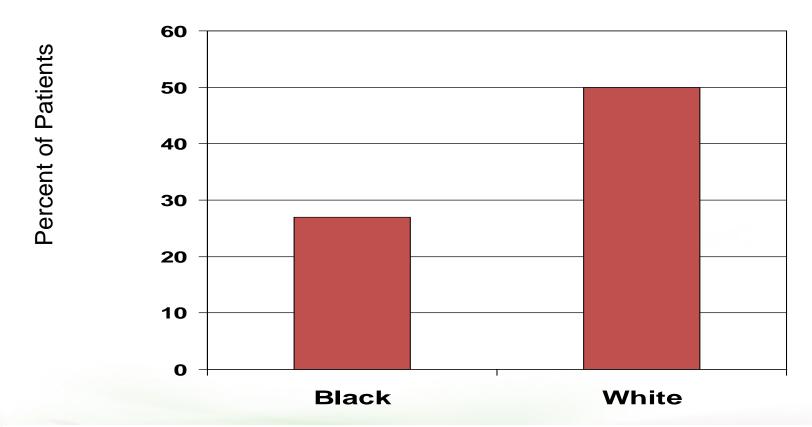
Studies of patients who were appropriate candidates for coronary angiography have found race differences in obtaining a referral for this diagnostic procedure.



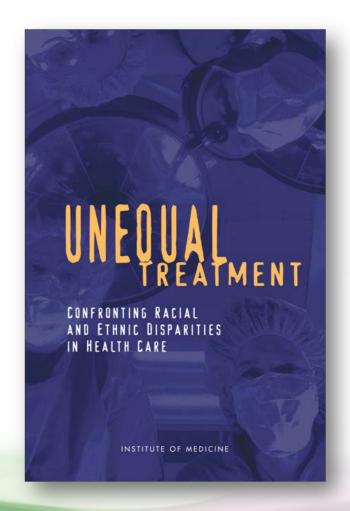
Source: LaVeist TA, Arthur M, Morgan A, Rubinstein M, Kinder J, Kinney LM, Plantholt S. The cardiac access longitudinal study. A study of access to invasive cardiology among African American and white patients. <u>J Am Coll Cardiol</u>. 2003 Apr 2;41(7):1159-66.

Healthcare Disparity

A race disparity in coronary revascularization was found among patients in the Veteran Affairs health system, where there are no race differences in ability to pay and providers are paid a salary.



Source: Ibrahim SA, Whittle J, Bean-Mayberry B, Kelley ME, Good C, Conigliaro J. Racial/ethnic variations in physician recommendations for cardiac revascularization. <u>Am J Public Health</u>. 2003 Oct;93(10):1689-93.







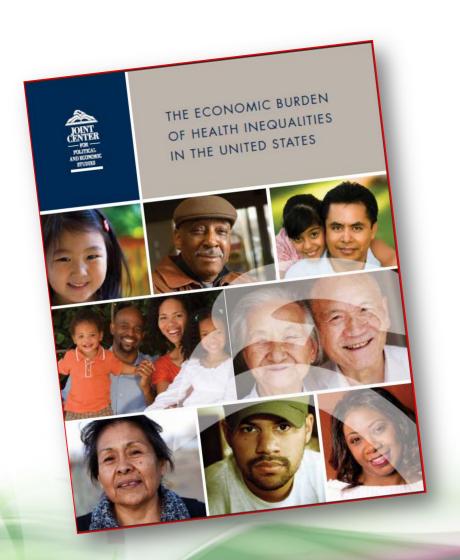
The Ethical Case







The Business Case



- Direct Medical Care Costs \$229.4 billion for the years 2003-2006.
- Indirect Costs of disability and illness \$50.3 billion
- Cost of Premature deaths were \$957.5B
- Total \$1.24 trillion (in 2008 inflation-adjusted dollars).

The Regulatory Case







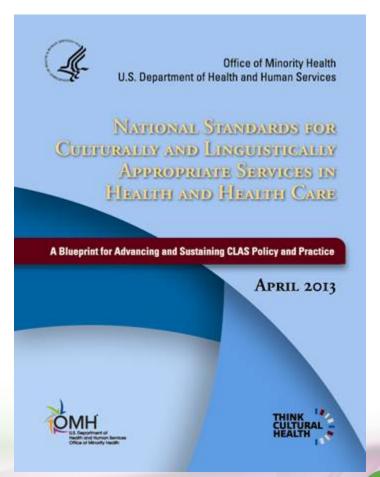
Federal Mandates and Regulatory Standards



National CLAS Standards: The Blueprint

The Blueprint:

- The Case for CLAS
- Enhancements Overview
- Standard-by-Standard chapters with explanations and implementation strategies







National CLAS Standards

The fifteen (15) standards are grouped into four topic areas:

- 1) Principal Standard (Standard 1)
- 2) Governance, leadership and workforce (Standards 2-4)
- 3) Communication and language assistance (Standards 5-8)
- Engagement, continuous improvement and accountability (Standards 9-15)

The Joint Commission Standards



- 6 new standards or elements of performance (EPs) in the following areas:
 - Effective Patient-Provider
 Communication
 - Right to Effective Communication
 - Qualifications for Interpreters
 - Collection of Patient-level Data
 - Access to a Support Individual
 - Non-Discrimination in Care
- Effective January 1, 2011





NCQA: Multicultural Health Care (MHC) Standards



- 5 Standards
 - Race/Ethnicity and Language Data
 - Access and Availability of Language Services
 - Practitioner Network Cultural Responsiveness
 - Culturally and Linguistically
 Appropriate Services Programs
 - Reducing Health Care Disparities
- Effective July 1, 2010





Meaningful Use of Electronic Health Records (EHRs)

- Electronically record, modify, and retrieve patient demographic data, including:
 - preferred language
 - insurance type
 - gender
 - race
 - ethnicity
 - date of birth
 - date and cause of death in the event of mortality
- Effective January 1, 2011



Solution to Increasing Diversity: Increase the Cultural Competency Organizations

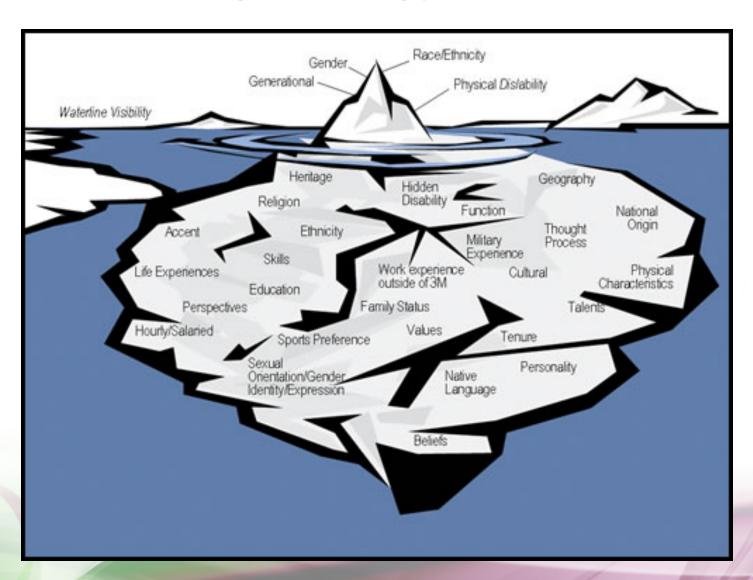
Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in an organization that enables effective work in cross-cultural situations.

(Adapted from Cross, 1989)

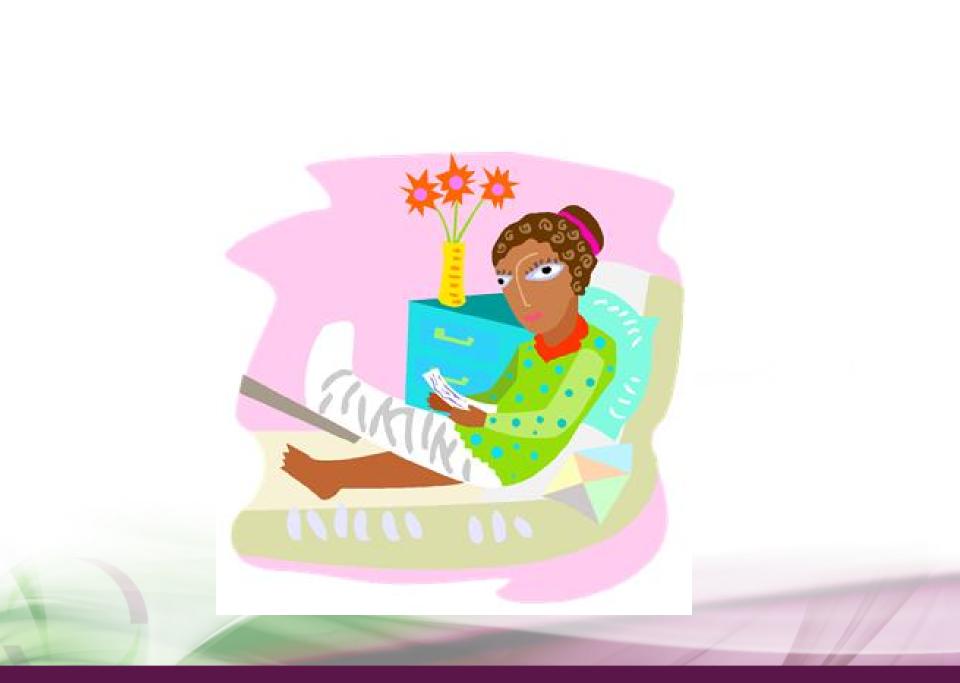




Iceberg Analogy of Culture





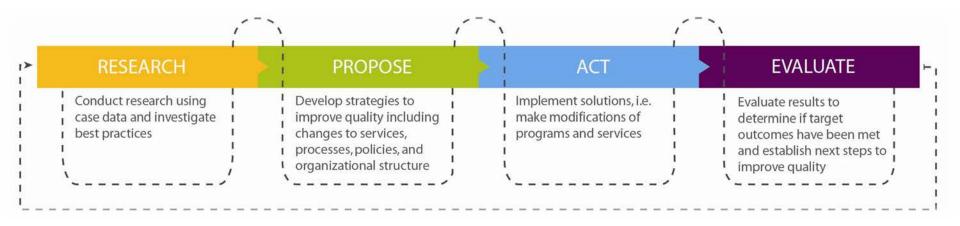






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Continuous Quality Improvement (CQI) Process









21st Century Healthcare





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