July 27, 2011

Culture, Language, and Equitable Care:

Clinician Perspectives on Caring for Diverse Patient Populations

By Laura Fink, Editor, QuantiaMD

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Foreword

There is little doubt that patients' sociocultural background, race, ethnicity, and English proficiency have an impact on their health, as well as the health care they receive. Every day clinicians see patients who present varied perspectives, values, beliefs, and behaviors regarding health and well being, in part influenced by their sociocultural background. These include variations in recognition of symptoms, thresholds for seeking care, comprehension of management strategies, expectations of care (including preferences for or against diagnostic and therapeutic procedures), and adherence to preventive measures and medications.

The following survey by QuantiaMD brings all of these issues to life, and makes them real, as the voices of clinicians from across the country share their perspectives about caring for diverse patient populations. The results clearly demonstrate that when sociocultural differences and language barriers between clinicians and patients aren't bridged effectively in the clinical encounter, suboptimal adherence, lower quality care, and poorer health outcomes may result.

My hope is that this important work adds to the growing body of research supporting the importance of cultural competence in health care. Quite simply, clinicians can become culturally competent by developing the tools and skills to provide high-quality care to any patient, anywhere, at any time, regardless of their race, ethnicity, or English proficiency. The field of cultural competence is not new, but is growing both in scope and importance as its evidence base builds. At the end of the day, all patients have culture, and as such the tools of cultural competence can help us provide higher quality care to all patients. What clinician would be opposed to that?

QuantiaMD will soon be joining the effort to improve the cultural competence of clinicians, in partnership with experts and other groups that have been doing this work for years. I am excited about the potential, and bright future ahead.

Joseph Betancourt, MD, MPH
Director of the Disparities Solutions Center and
Director of Multicultural Education
Massachusetts General Hospital

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Executive Summary

Most clinicians lack sufficient support and tools to care for today's increasingly diverse patient population, suggest several recent studies from QuantiaMD. In a new study conducted with support from Joseph Betancourt, MD, MPH, Director of the Disparities Solutions Center and Director of Multicultural Education at Massachusetts General Hospital, 90% of clinicians find language and/or culture create barriers to effectively serving their patients. Other take-aways from the study of over 4,300 QuantiaMD members between April 12 and May 9, 2011 include:

- Most clinicians feel that language and cultural barriers are significant or 'extremely significant' issues.
- It is not unusual for at least one-fourth of a practice's patient population to have limited English proficiency.
- Cultural barriers compromise care almost as often as language barriers and anecdotally may be more problematic.
- Perceptions regarding treatment; perspectives about disease origin, nature, and history; and expectations of health care are the culturally related beliefs that most affect patient care.
- Adherence to traditional diets that put patients at risk and the use of complementary, alternative, or folk remedies are the culturally related behaviors that most affect patient care.
- Nearly three-quarters of providers say appointment times are longer than average for patients with limited English proficiency or cultural barriers.
- Almost 40% of clinicians say over half of their patients with limited English proficiency or cultural barriers are underinsured.
- Even small efforts toward cultural understanding can go a long way, and many providers are willing to make such efforts.

In response to this and related studies, QuantiaMD has launched a new cultural competency campaign, which is aimed at improving outcomes for multilingual and multicultural patients as part of its Doctor-Patient Relationship Interest Group. In the coming months, the Doctor-Patient Relationship Interest Group will become a home for educational modules, multicultural resources, and collaboration among cultural experts and engaged clinicians.

Dr. Joseph Betancourt, who co-founded Manhattan Cross-Cultural Group, developers of Quality Interactions (www.qualityinteractions.org)—an extensive portfolio of e-learning programs focused on improving providers' capacity in cross-cultural communication—will help oversee this effort. Quality Interactions will serve as a partner resource in this campaign. QuantiaMD (www.quantiamd.com) is the leading mobile and online community serving over 125,000 physicians with opportunities to learn from, and exchange insights with, their peers and experts in their fields.

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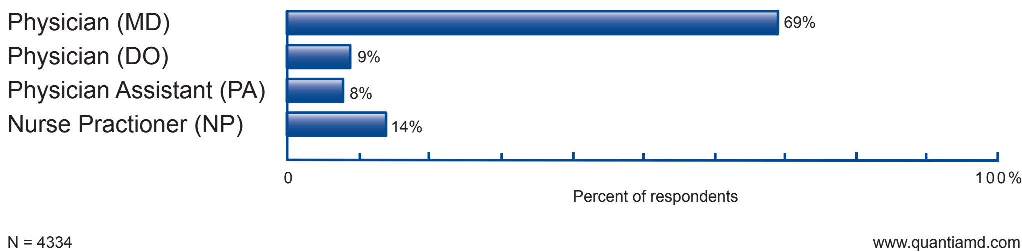
Demographics

The 4,334 survey respondents were comprised of 3,403 physicians (78%) and 931 non-physician providers, including nurse practitioners (14%) and physician assistants (8%) *(Figure 1)*. A majority of respondents came from group (35%) or private (24%) practices. The remainder came from inpatient (22%) and outpatient hospital-based (19%) settings *(Figure 2)*.

Clinicians from every U.S. state participated, and there were at least 800 respondents from each U.S. Census Bureau region. The majority of respondents were from the Northeast or South, each accounting for 29% of the data. The next largest group was from the Midwest (23%), and a minority of respondents were from the West (19%). Compared to the actual U.S. landscape, the Northeast was somewhat overrepresented and the West and South were somewhat underrepresented *(Figure 3)*.

Together, seven states accounted for almost half of the study data, with more than 200 respondents each. These states were California, Florida, Illinois, New Jersey, New York, Pennsylvania, and Texas *(Appendices 1-7)*.

Figure 1: Titles



N = 4334 www.quantiamd.com

Figure 2: Identify your primary practice setting

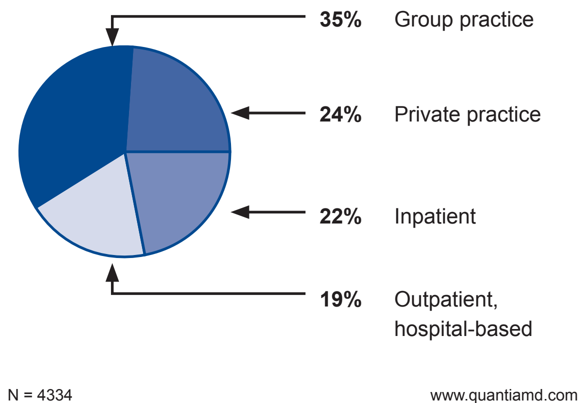


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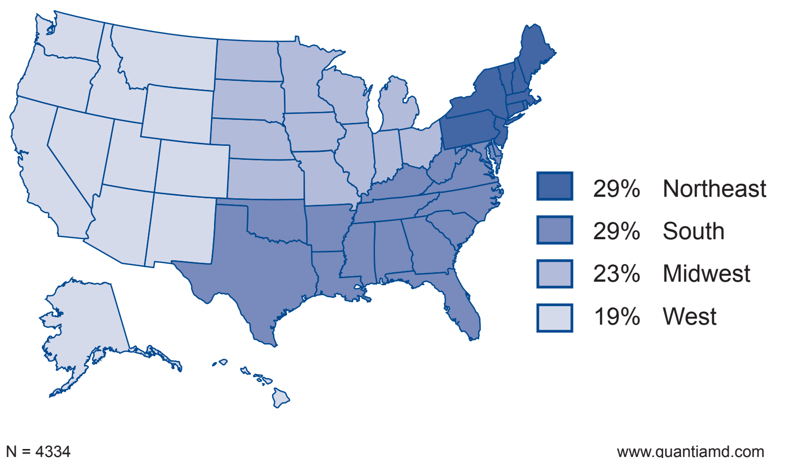
Figure 3: Respondents by region



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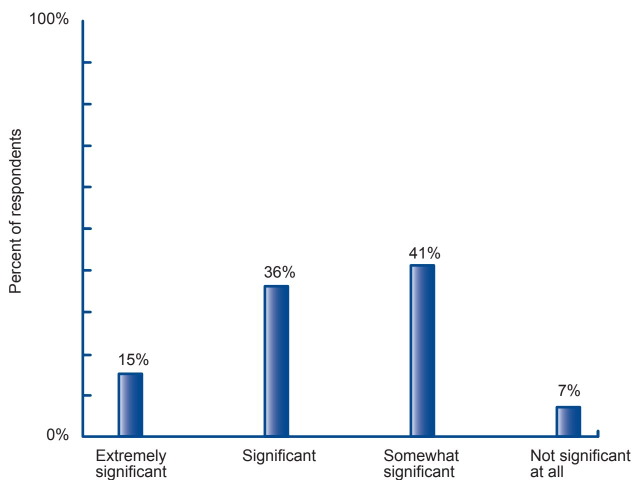
Language and Cultural Barriers are Significant

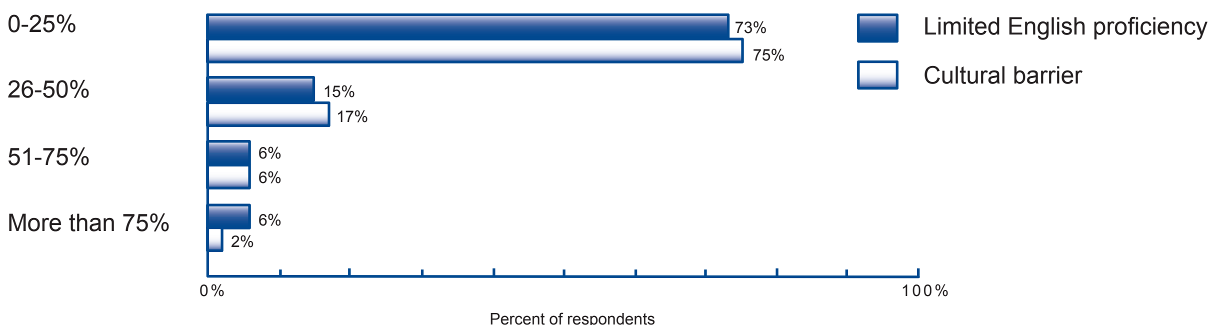
No matter how often clinicians faced language and cultural barriers, they tended to be important issues: nationwide, 93% said linguistic and cultural barriers were at least 'somewhat significant' to their practice. Beyond that, over half said the issues were significant (36%) or 'extremely significant' (15%) when it came to providing efficient, high-quality care *(Figure 4)*.

Figure 4: How significant of an issue do you believe language and culture barriers are to providing efficient, high-quality health care to your patients?



For many clinicians, these challenges were fairly common: greater than 25% said patients with limited English proficiency and/or other cultural barriers made up more than one-fourth of their practice. In some areas with large minority populations, such as California, Florida, and New York, closer to 50% of providers said these patients made up more than more than one-fourth of their practice. In both California and Florida, approximately 20% of clinicians said more than half of their practice had limited English proficiency *(Figure 5, Appendices 1, 2 & 5.)*.

Figure 5: What percentage of the patients in your practice have limited English proficiency or a cultural barrier that influences their care?



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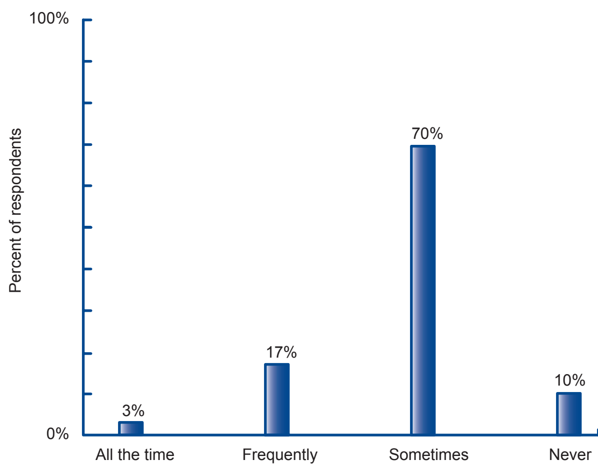
How Care is Compromised by Language Barriers

Ninety percent of clinicians said language barriers compromised care, at least sometimes. Beyond that, 17% said for patients with limited English proficiency, care was affected frequently, and 3% went as far as to say care was affected 'all the time' *(Figure 6).*

Study participants submitted many examples of how miscommunication due to language barriers impacted quality and efficiency. One oncologist said, "It's very difficult to communicate [to] a patient with limited English the nature of cancer and the complex treatment (i.e., chemotherapy, radiation, etc.)." Others had similar difficulty relaying complex concepts in their specialties.

Figure 6: How often do you believe language barriers have compromised care and service to your patients with limited English proficiency?



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> **"It's very difficult to communicate [to] a patient with limited English the nature of cancer and the complex treatment."**
>
> **Hematologist / Oncologist**
> **Florida**

Even when instructions were more straightforward, confusion occurred. One respondent could not convey to an outpatient over the phone that lab results indicated she needed to come in. Another had a patient who misunderstood directions to take three daily pills, instead taking his medications every three days, alternating.

Sometimes language barriers meant patients withheld information. "Word got around that I spoke Spanish and patients switched to me. Many admitted that they often did not discuss their issues [with other health care providers] due to language barrier," said one bilingual provider.

Access to a professional interpreter did not always eliminate miscommunication, but many reported such resources were extremely helpful. In addition, clinicians said English-speaking patient family members, telephone-based interpretation services, and Web sites, or digital translation applications could be very helpful. Others reported visual aids, such as diagrams and pictures, were effective in their practice.

> **"Word got around that I spoke Spanish and patients switched to me. Many admitted that they often did not discuss their issues [with other health care providers] due to language barrier."**
>
> **Internal Medicine Physician**
> **Maryland**

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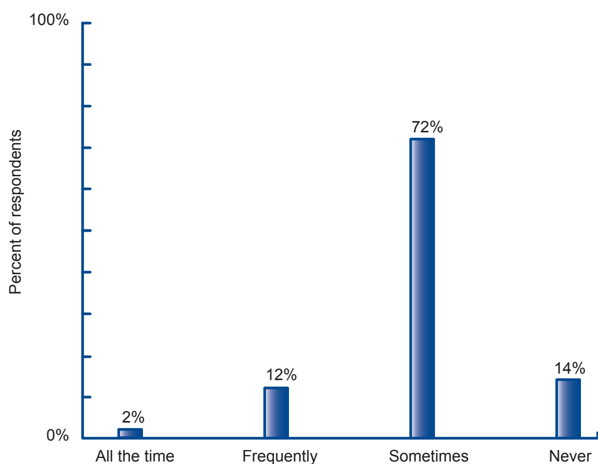
Cultural Barriers May Be Equally or More Challenging

Even compared to language barriers, other cultural factors, such as beliefs about health care and traditional behavior, affected care almost as often: sometimes for 72%, frequently for 12%, and 'all the time' for 2%. In fact, some clinicians said these challenges were even more difficult to overcome *(Figure 7)*.

Figure 7: How often do you believe cultural barriers have compromised care and service to your patients?



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"I spent a year in language school so I could work with Hispanics and overcome the language barrier, but it took two years of living in their culture to really understand all the cultural barriers."

Nurse Anesthetist
Alabama

"I spent a year in language school so I could work with Hispanics and overcome the language barrier, but it took two years of living in their culture to really understand all the cultural barriers," said one study participant.

Another said, "I'm fluent in Spanish…but cultural barriers continue to be a significant problem," and a third agreed, saying "I speak Spanish...communication helps, but it is not the only issue. Things have to be approached differently due to culture."

Results of the 2010 U.S. Census show that minorities now compose more than one-third of the U.S. population, and have represented greater than 80% of the population growth since 2000. Organizations such as The Joint Commission, the National Committee on Quality Assurance, the National Quality Forum, and the Center for Medicare and Medicaid Services recognize the need for new standards to ensure equitable care in this changing landscape. Most recently, the American Hospital Association, in partnership with other key organizations, announced a national initiative to improve equity (www.equityofcare.org) that included having 100% of hospitals engage in cultural competence training by 2020.

While the impetus for new standards may be the growing minority and non-English-speaking population, this study served as a reminder that cultural factors affect the care all patients receive. As one clinician said in describing a patient upset by misleading Internet information, "Culture is a lot more than language. [For instance,] the culture of the Internet-dependent college student can affect our interactions."

"Culture is a lot more than language. [For instance,] the culture of the Internet-dependent college student can affect our interactions."

Family Medicine Physician
Indiana

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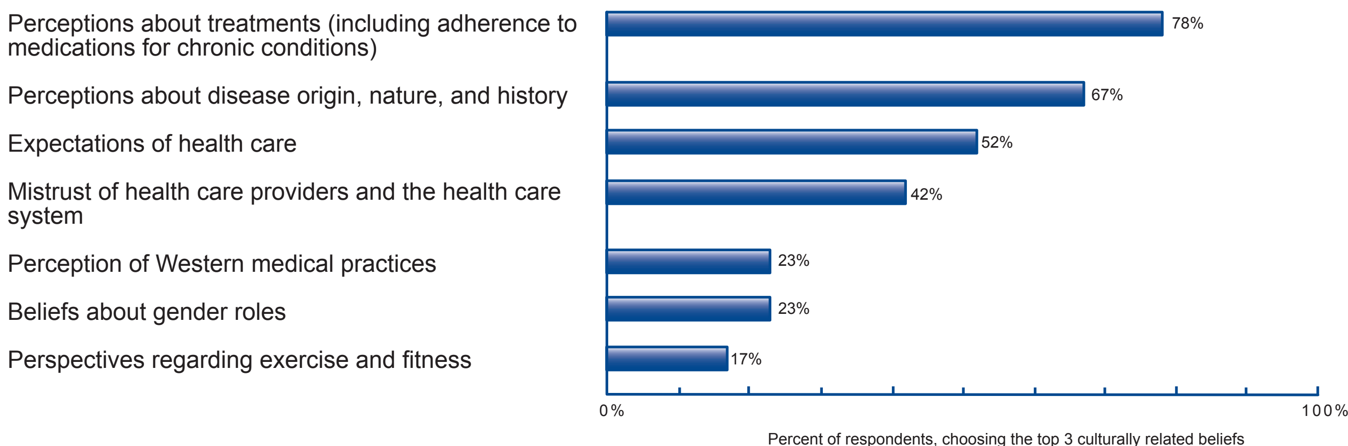
Culturally Related Beliefs May Mandate a New Approach

Cultural perceptions regarding treatment were felt to have the most significant impact on care, said to be one of the top challenges by 78% of respondents. Following that, perceptions about disease origin, nature, and history were a top concern for 67%, and 52% said expectations of health care were a top issue. Lesser concerns included perception of Western medical practices (23%), beliefs about gender roles (23%), and beliefs related to exercise and fitness (17%) *(Figure 8).*

Having an awareness of differing cultural perceptions could allow providers to overcome these barriers. One respondent said, “My Chinese patients have had a very difficult time accepting any suggestion of depression. I have been able to reframe it as a chemical state—a depletion of neurotransmitters—and met acceptance of medications.”

Figure 8: What are the top three culturally related **beliefs** that affect the care of your patients?



N = 4328, three responses allowed

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‘Reframing’ techniques were reported to be effective by others, as well. Another respondent described a patient who initially refused all treatment for pneumonia. By working within the framework of the patient’s religion, saying “God wants you to get better; that’s why He has provided the opportunity for us to meet,” the clinician helped the patient accept treatment and be cured.

A third respondent spoke of a patient who, because of her culture, could not accept an HIV diagnosis until she and her family understood that sexual intercourse was not the only route of transmission.

> **“My Chinese patients have had a very difficult time accepting any suggestion of depression. I have been able to reframe it as a chemical state—a depletion of neurotransmitters—and met acceptance of medications.”**
>
> **Internal Medicine Physician**
> **California**

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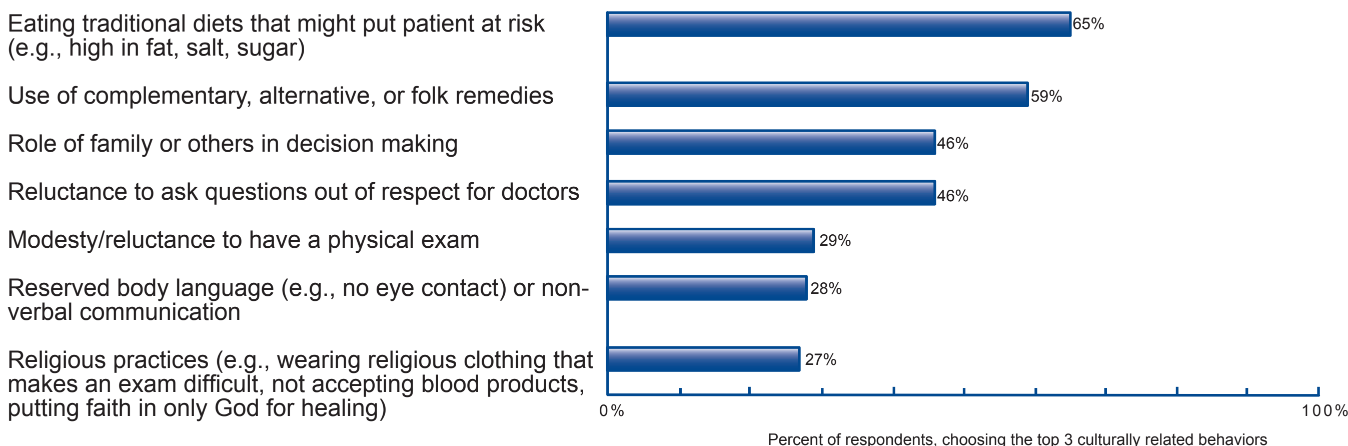
Culturally Based Behaviors Can Conflict with Doctors' Orders

Cultural behaviors that went against doctors' orders could compromise care. Behaviors of day-to-day life, though occurring outside the office, were recognized to be the most challenging. Traditional diets high in fat, salt, or sugar were considered a major issue affecting care by the largest group of clinicians (65%). Additionally, 59% said the use of complementary, alternative, or folk remedies hindered care *(Figure 9).*

Figure 9: What are the top three culturally related **behaviors** that affect the care of your patients?



N = 4327, three responses allowed

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These barriers were often addressed through patient education and counseling. For instance, a 23-year-old male who believed he came from a family of 'big people' was able to overcome his perception that he was destined to be obese. In other examples, cancer patients interested only in herbal remedies eventually came to accept surgery and/or chemotherapy. Cultural awareness also helped clinicians offer specific practical advice, such as one respondent who reported "I often recommend to Latinos to eat as their ancestors ate—verdolagas, nopales, and berro—and they get it and do."

At the point of care, both the role of family in decision-making, and reluctance to ask questions of the doctor (out of respect), were top concerns for 46%. Lesser concerns were modesty/reluctance to have a physical exam (29%), reserved body language or nonverbal communication (28%), and religious practices (27%).

Many success stories around these issues involved methods of building trust. "I usually try and acknowledge first [my patients'] point of view, and gain their trust by encouraging them to share with me their beliefs and alternative treatment," said one clinician. Some respondents were able to turn the family's influence to their advantage. "I saw a cancer patient…due to her attire, the attending found it very difficult to do physical examination. It took the presence of lot of family members and a female doctor to do physical examination on her," said one. Another impressed upon an older patient that she had a matriarchal responsibility to take good care of herself, and set a good example.

> **"I usually try and acknowledge first [my patients'] point of view, and gain their trust by encouraging them to share with me their beliefs and alternative treatment."**
>
> **Internal Medicine Physician**
> **Florida**

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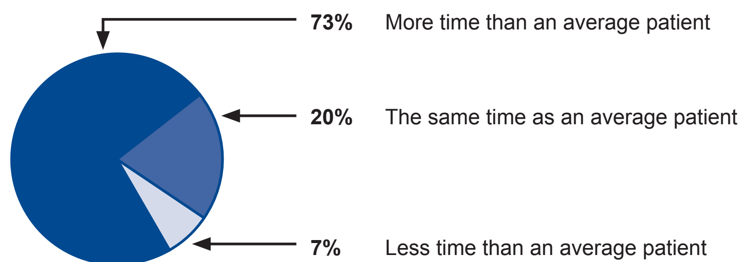
Language and Cultural Barriers Impact Health Care Costs

Seventy-three percent of clinicians said patient visits in which there were language or cultural barriers took more time. In addition to needing extra time for communication, when there was a communication breakdown, it could result in noncompliance and additional office visits (*Figure 10*).

Figure 10: Compared with an average appointment, how much time do you spend with a patient who speaks limited English or faces a cultural barrier?



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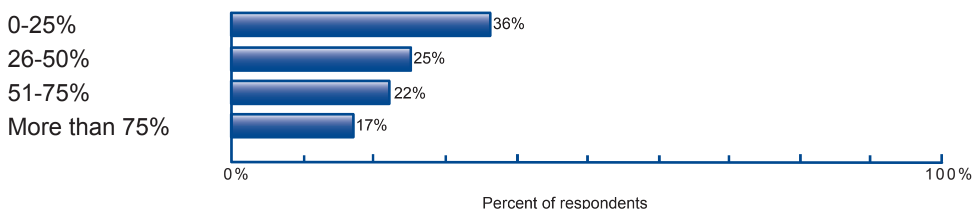
Also contributing to the problem, these patients were often underinsured: almost 40% of providers said over half of patients with a language or cultural barrier lacked sufficient health insurance. Although underinsurance is difficult to define and tally, this rate is almost certainly higher than the national average (uninsurance in the general U.S. population is approximately 15%) (*Figure 11*).

Figure 11: Of your patients with limited English proficiency or cultural barriers, what percentage is underinsured or uninsured?



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One respondent summarized issues being faced: “Many new patients to this country have language barriers as well as insurance constraints, which compromises their care and increases the visit time.”

Despite insurance and time barriers, many clinicians put in additional effort to serve such patients. “I spent a great deal of time adjusting medications [for a patient] who didn't speak English in order to make it more affordable for her since she didn't have insurance, and she was very grateful,” said another respondent.

“Many new patients to this country have language barriers as well as insurance constraints, which compromises their care and increases the visit time.”

Family Nurse Practitioner
New York

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Clinicians Define Needs to Fill the Gaps

Prior to this most recent study, in early 2011, QuantiaMD twice surveyed over 5,000 clinicians from its community to establish a sense of what they had and what they needed as far as resources to assist in caring for non-English-speaking patients. Among those studies' findings:

- 80% of clinicians believe having patient education resources available in multiple languages is somewhat or very important.
- 64% of clinicians say their existing multilingual resources are fair, poor, or non-existent.
- Patient education resources in Spanish are most needed by a wide margin, followed by Arabic and Hindi.
- Conditions for which non-English patient resources are most important are (in order): diabetes, hypertension, high cholesterol, asthma/COPD, depression/anxiety, smoking cessation, and pain.
- Less than one-third of respondents have non-English patient resources for any of the aforementioned "most important" conditions except diabetes (less than half have non-English patient resources for diabetes).
- For clinicians who do have non-English resources, less than 20% say they come from hospitals, medical associations, and government bodies. Their primary sources: the Internet (31%) and pharmaceutical companies (24%).

Figure 12: How important is it to you that patient education resources are available in multiple languages?

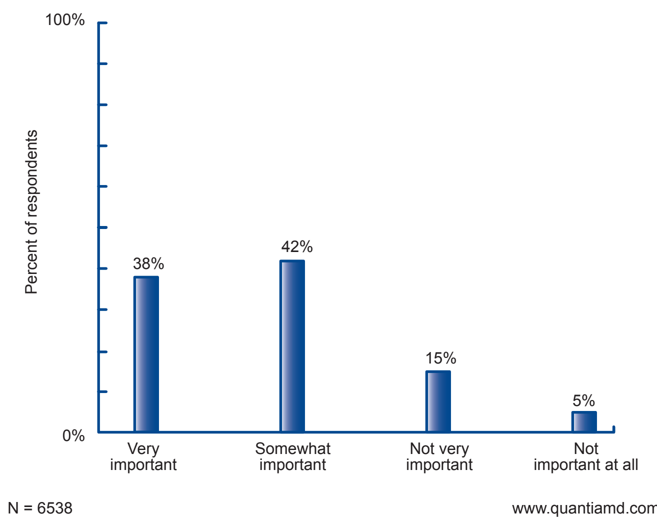
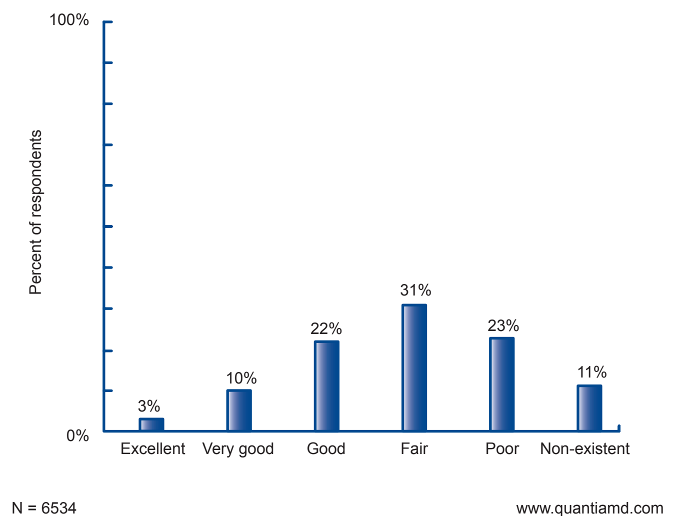


Figure 13: How would you rate your **current** patient education resources in multiple languages?



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Conclusions

In our April-May 2011 study, thousands of clinicians suggested there is a major problem in the health care system, as they do not have adequate resources to care for an increasingly diverse U.S. population. Simultaneously, clinicians indicated great willingness to tackle this challenge on an individual basis and showed in many cases they have, successfully.

In the coming months, QuantiaMD hopes to build upon these successes. In response to all studies cited in this paper, QuantiaMD has begun forming an international network of clinicians within its Doctor-Patient Relationship Interest Group, allowing those who have expressed a desire to develop, translate, review, or distribute high-quality non-English patient education resources the opportunity to do so, and invite others to support this cause, as well.

Although our study found language and culture may be barriers to care for any patient, when approached with competence, these barriers were minimized and overcome. Survey respondents who shared personal anecdotes repeatedly demonstrated that even small efforts toward cultural understanding went a long way.

“Even with a language barrier, attempting to learn to say ‘hello’ and ‘goodbye’ in a patient’s native tongue helps establish an element of trust,” said one respondent. Another said “I notice that when I at least try, my patients are very appreciative. They understand that I am on their side and want to help.” A third summed it up: “Showing empathy works wonders.”

“Even with a language barrier, attempting to learn to say ‘hello’ and ‘goodbye’ in a patient’s native tongue helps establish an element of trust.”

Physician Assistant
Florida

Methodology

The survey for the *Culture, Language, and Equitable Care: Clinician Perspectives on Caring for Diverse Patient Populations* research paper was fielded between April 12 and May 9, 2011 on QuantiaMD. The survey was not promoted to any specific audience and was available on the QuantiaMD platform to all registered members, of which there were over 125,000 at the time. Because study participants self-selected as respondents, it is possible that the respondent group was either more interested in or more likely to have experienced linguistic and cultural barriers than non-responders. In addition, the study was fielded electronically, so only clinicians with access to and comfort with computers and/or mobile technology participated.

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Appendix 1: California

Figure 14: Language barriers: How often they're encountered and how often they affect care

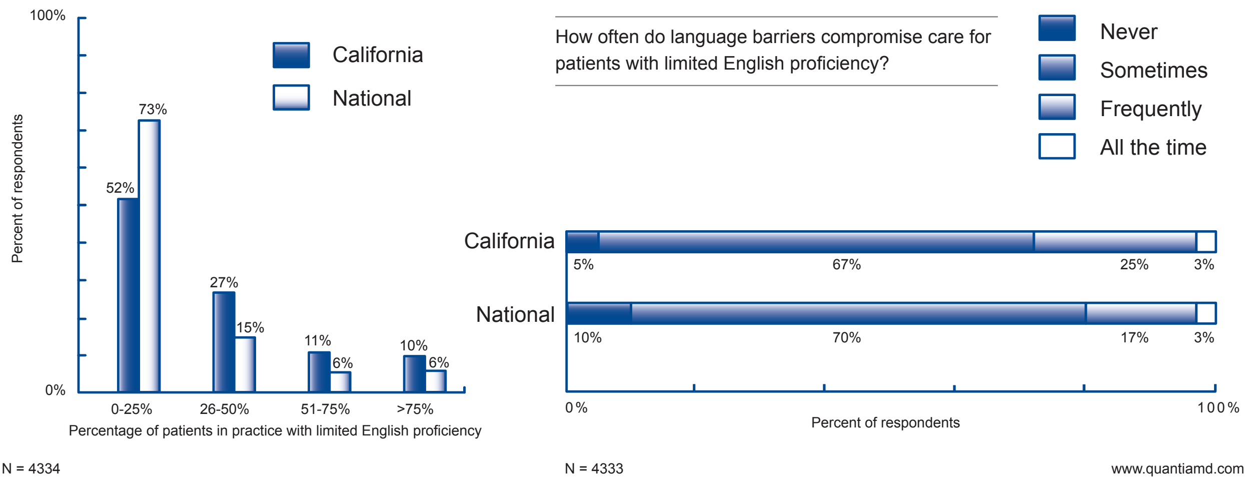


Figure 15: Cultural barriers: How often they're encountered and how often they affect care

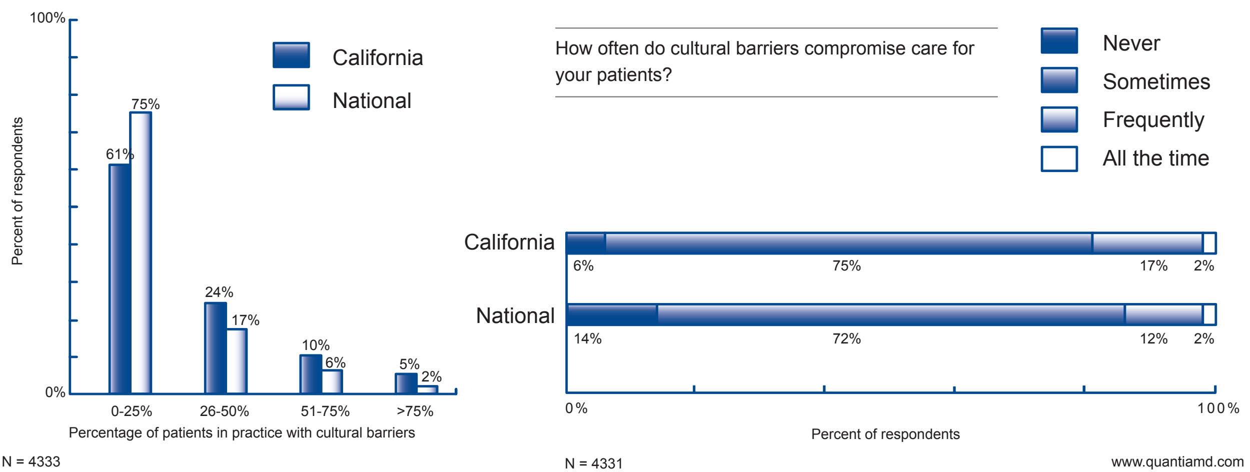
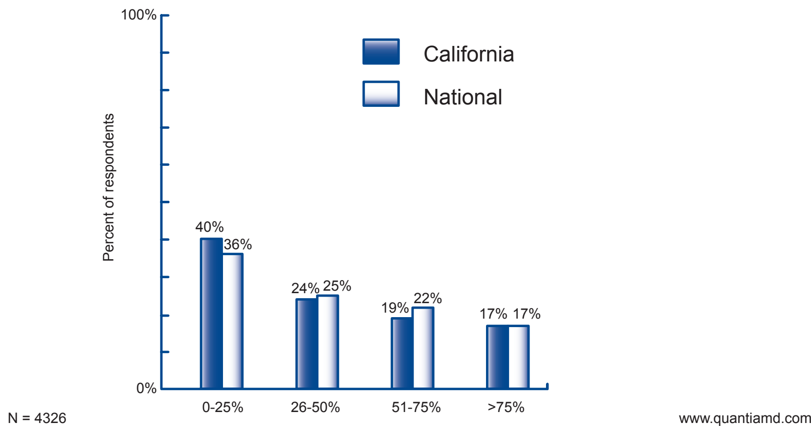


Figure 16: Of your patients with limited English proficiency or cultural barriers, what percentage is **underinsured** or **uninsured**?



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Appendix 2: Florida

Figure 17: Language barriers: How often they're encountered and how often they affect care

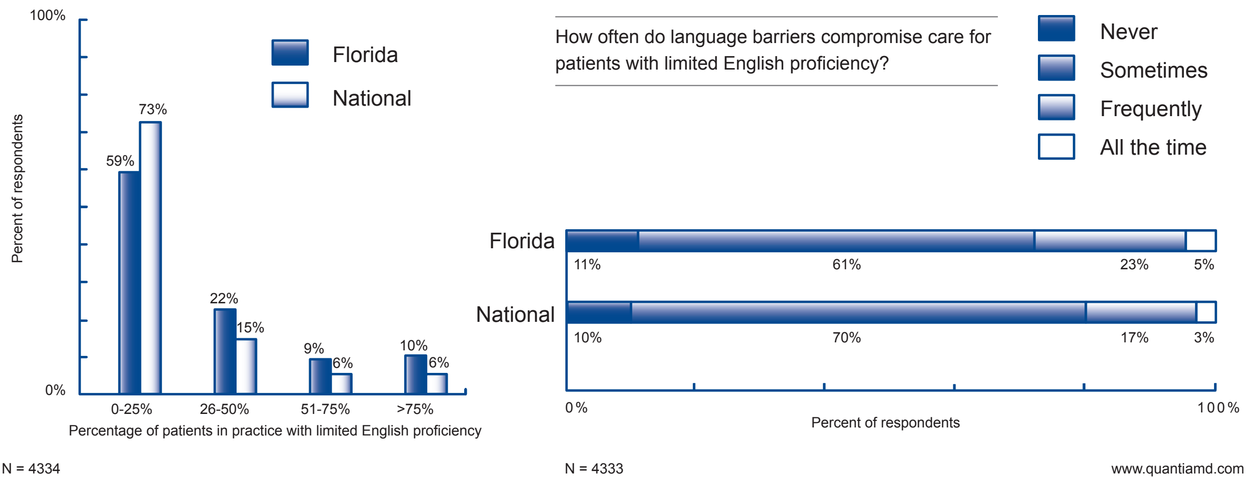


Figure 18: Cultural barriers: How often they're encountered and how often they affect care

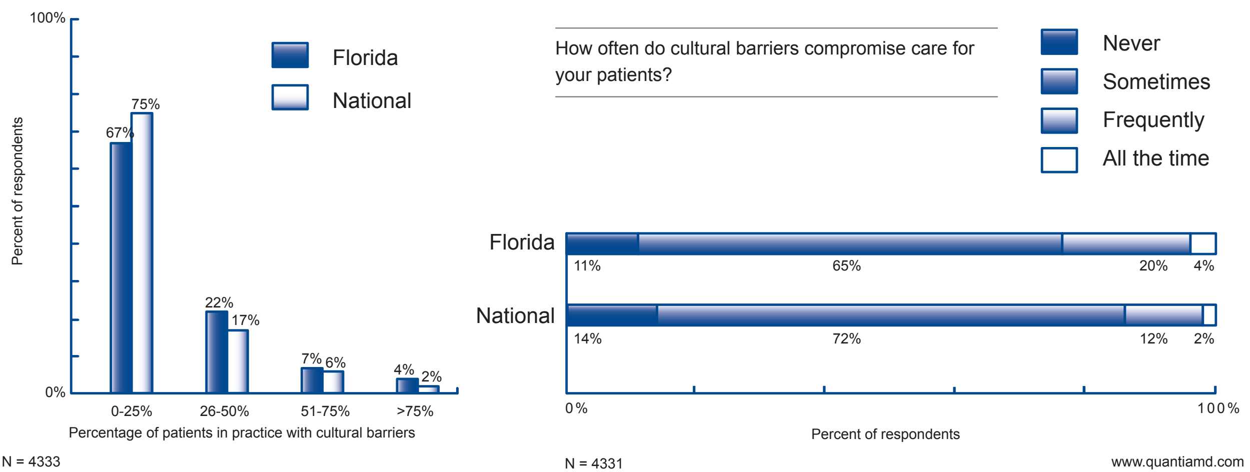
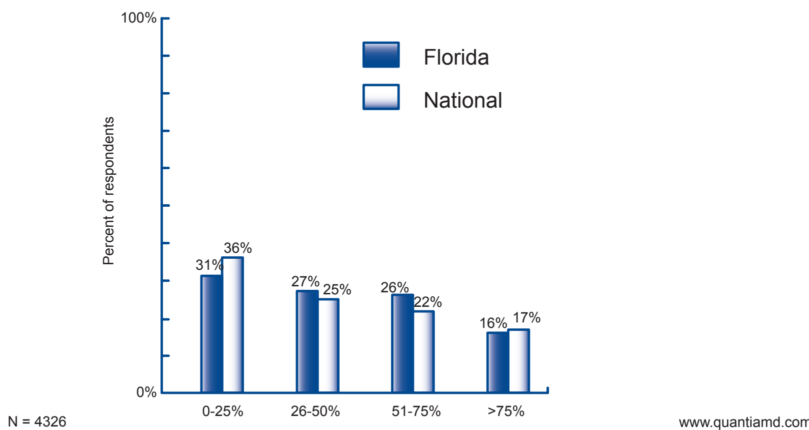


Figure 19: Of your patients with limited English proficiency or cultural barriers, what percentage is **underinsured** or **uninsured**?



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Appendix 3: Illinois

Figure 20: Language barriers: How often they're encountered and how often they affect care

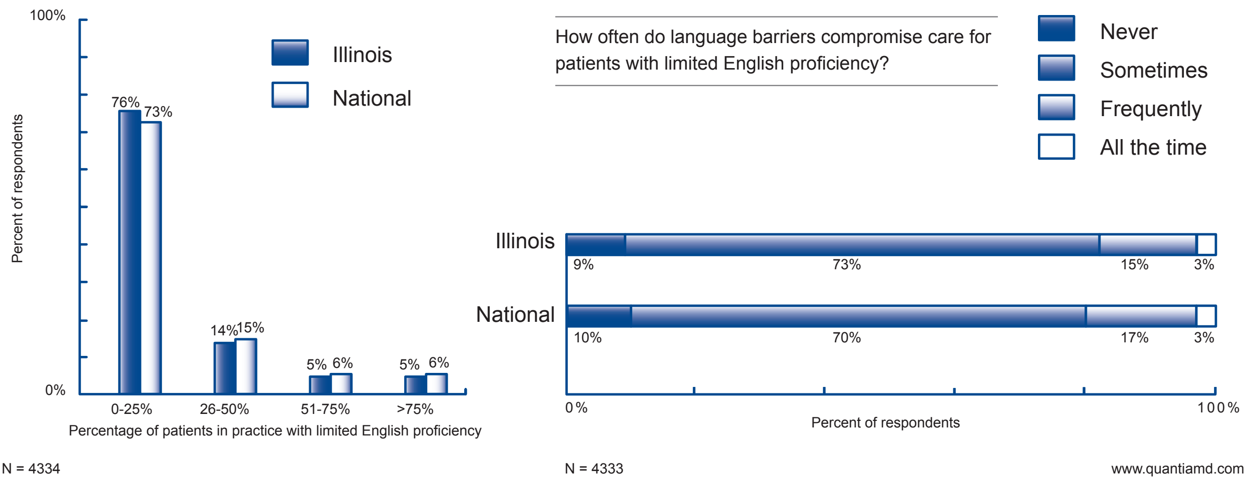


Figure 21: Cultural barriers: How often they're encountered and how often they affect care

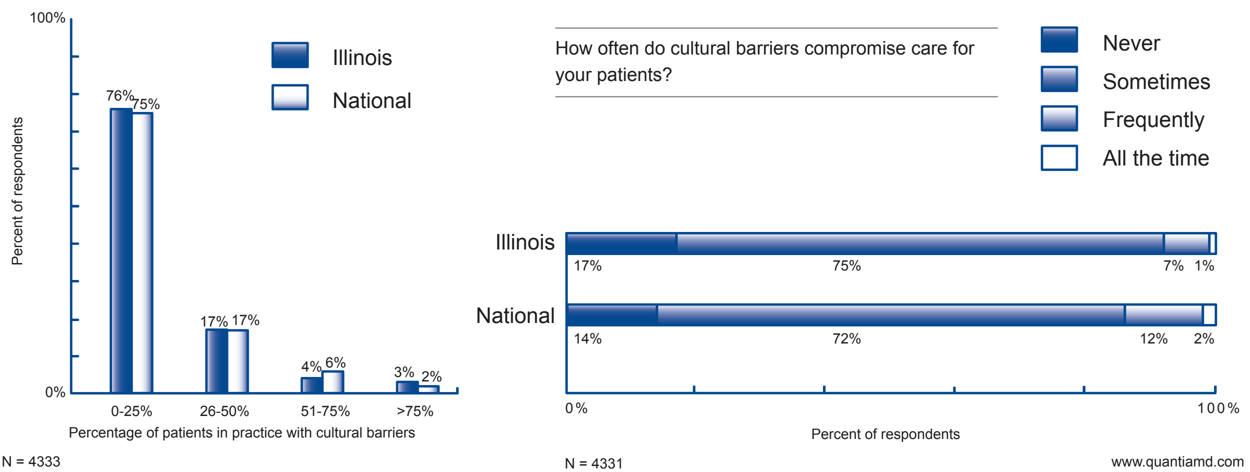
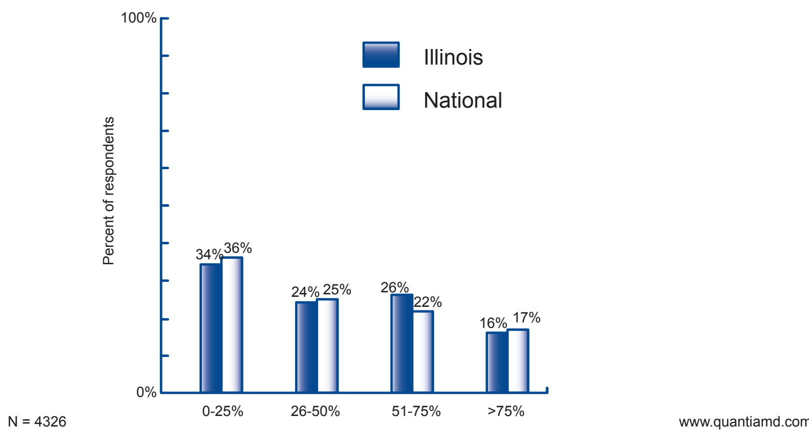


Figure 22: Of your patients with limited English proficiency or cultural barriers, what percentage is **underinsured** or **uninsured**?



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Appendix 4: New Jersey

Figure 23: Language barriers: How often they're encountered and how often they affect care

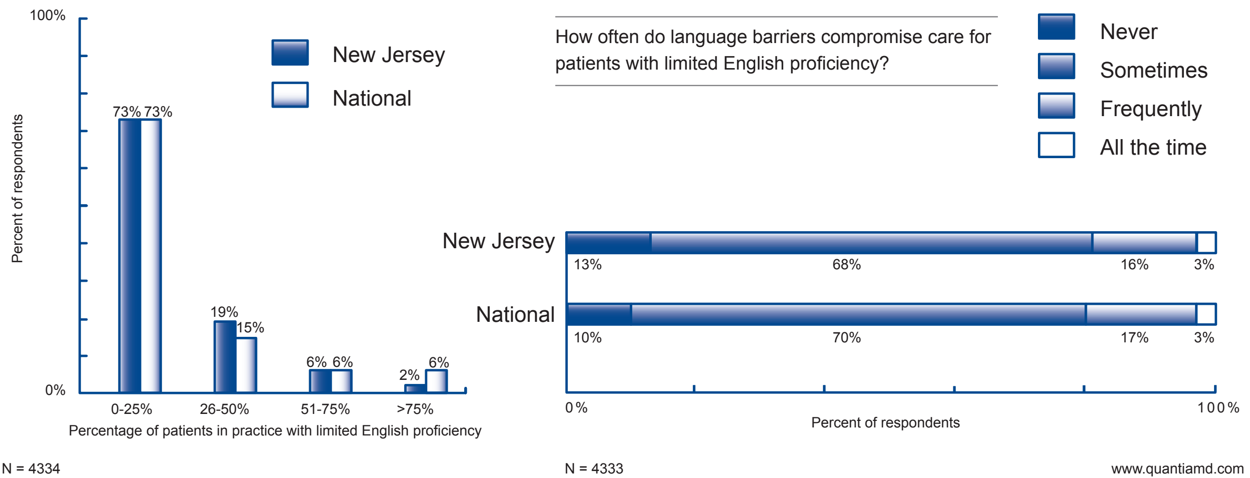


Figure 24: Cultural barriers: How often they're encountered and how often they affect care

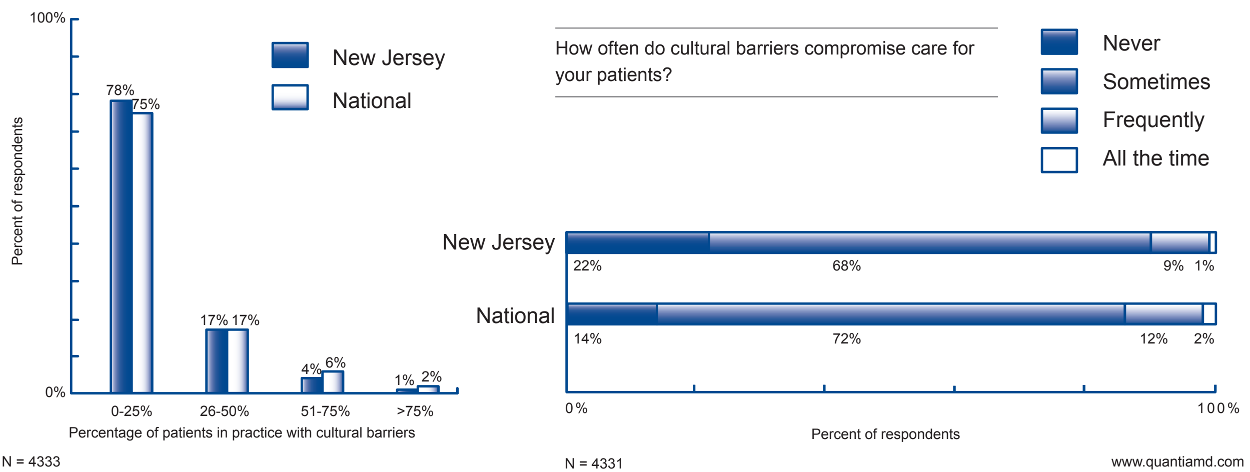
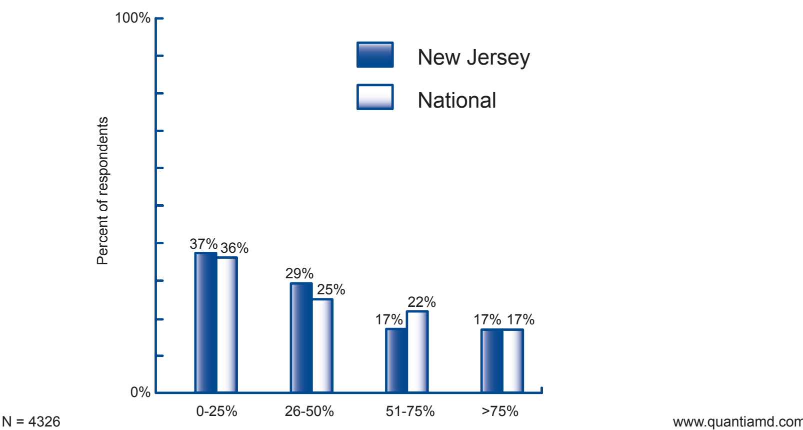


Figure 25: Of your patients with limited English proficiency or cultural barriers, what percentage is **underinsured** or **uninsured**?



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Appendix 5: New York

Figure 26: Language barriers: How often they're encountered and how often they affect care

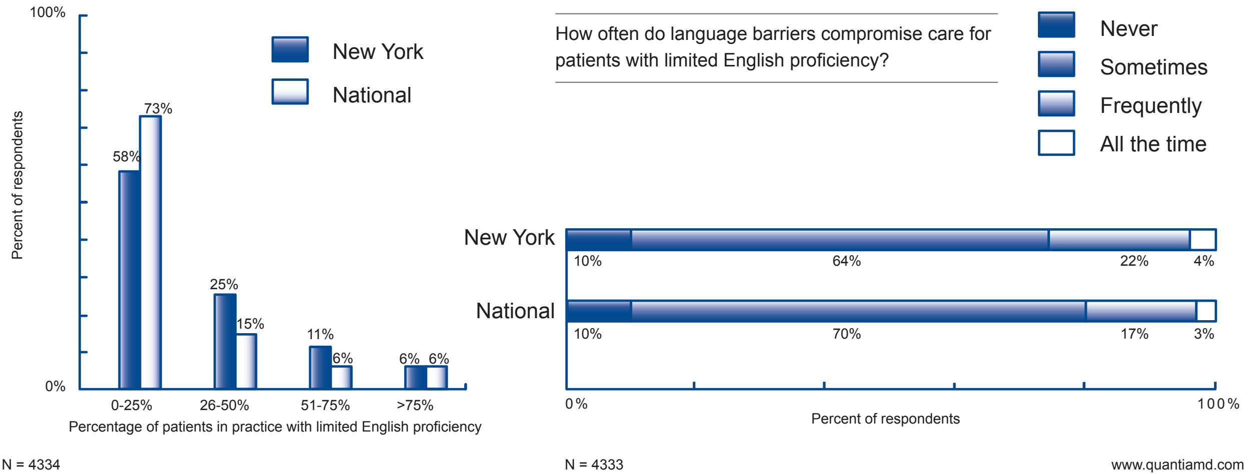


Figure 27: Cultural barriers: How often they're encountered and how often they affect care

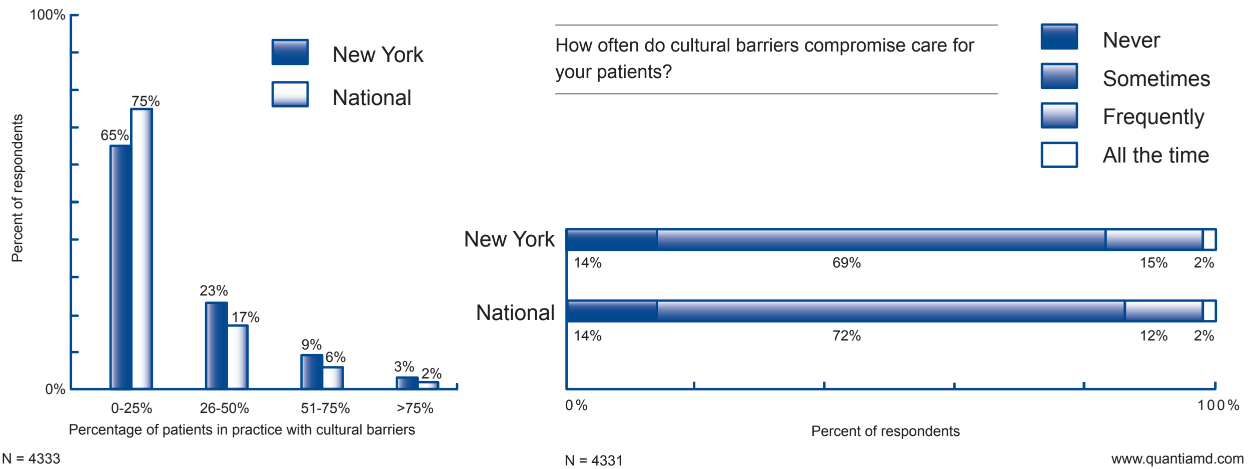
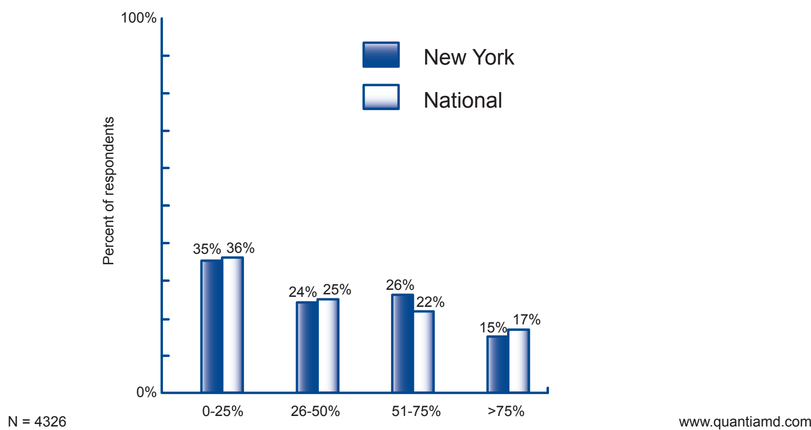


Figure 28: Of your patients with limited English proficiency or cultural barriers, what percentage is **underinsured** or **uninsured**?



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Appendix 6: Pennsylvania

Figure 29: Language barriers: How often they're encountered and how often they affect care

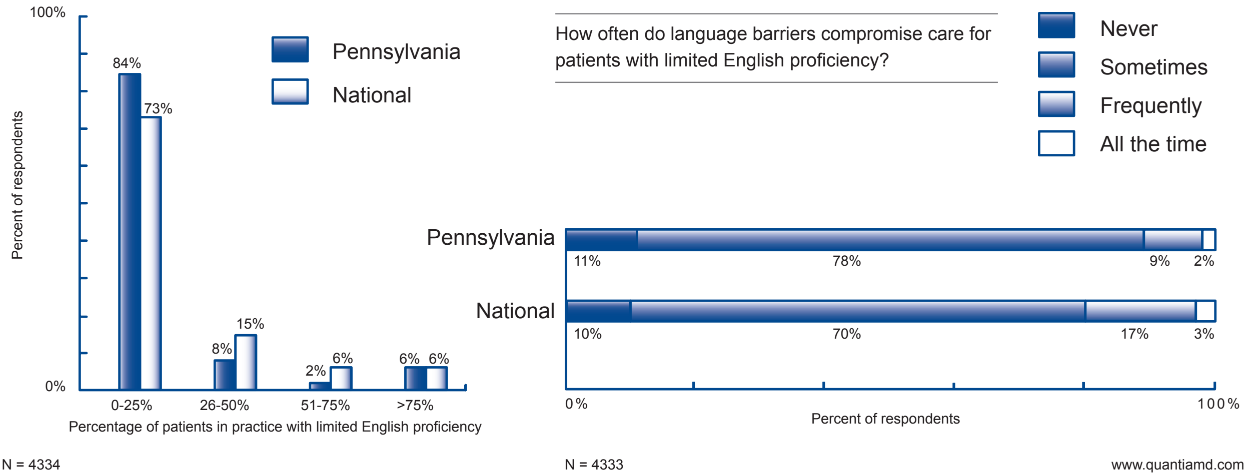


Figure 30: Cultural barriers: How often they're encountered and how often they affect care

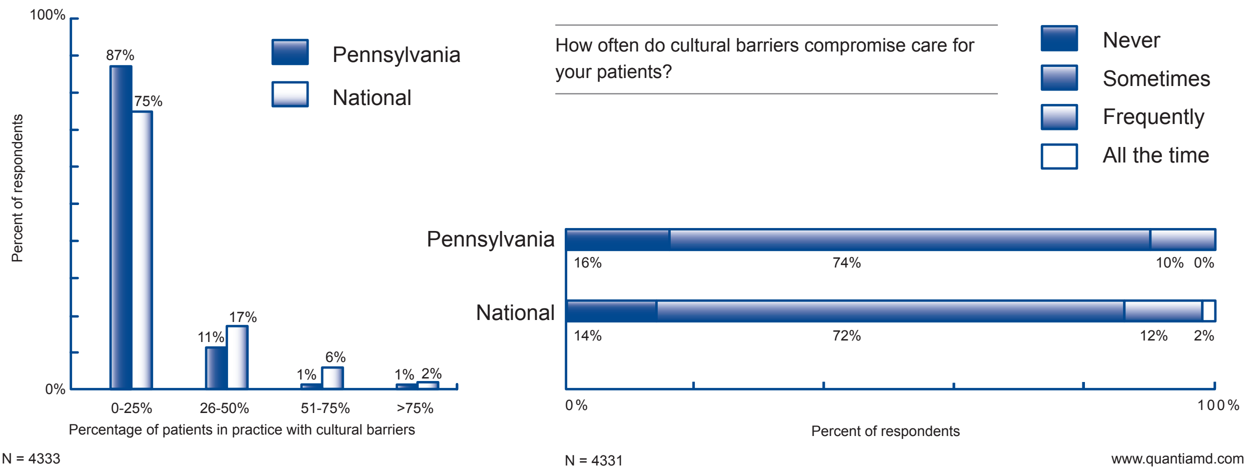
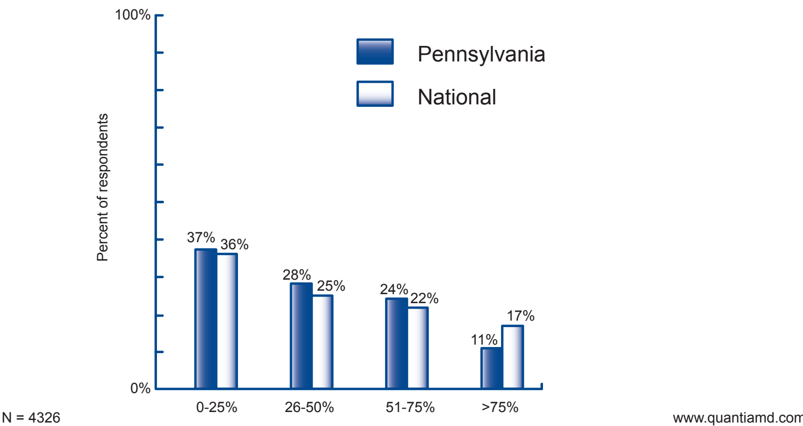


Figure 31: Of your patients with limited English proficiency or cultural barriers, what percentage is **underinsured** or **uninsured**?



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Appendix 7: Texas

Figure 32: Language barriers: How often they're encountered and how often they affect care

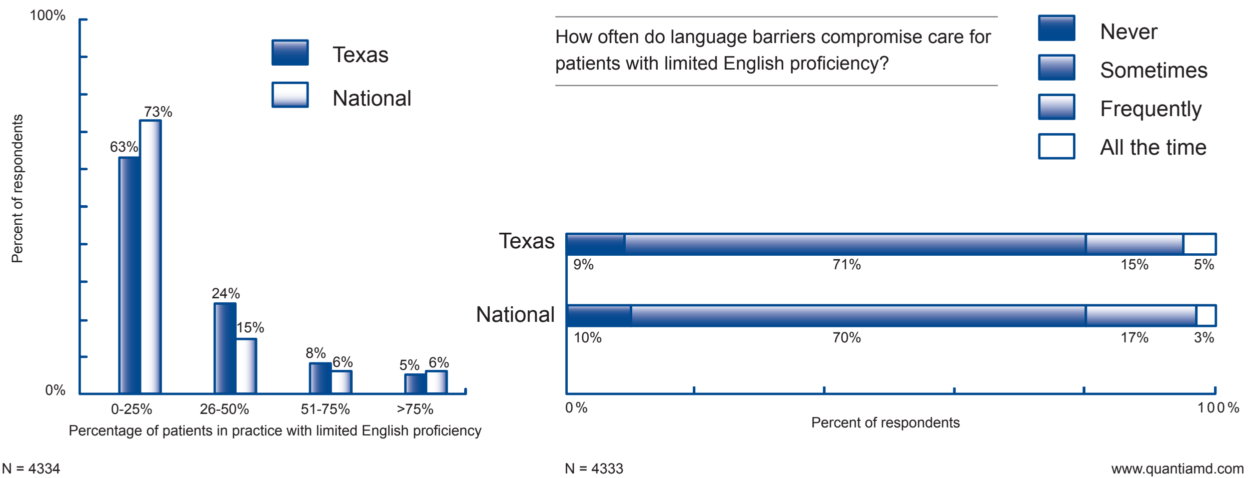


Figure 33: Cultural barriers: How often they're encountered and how often they affect care

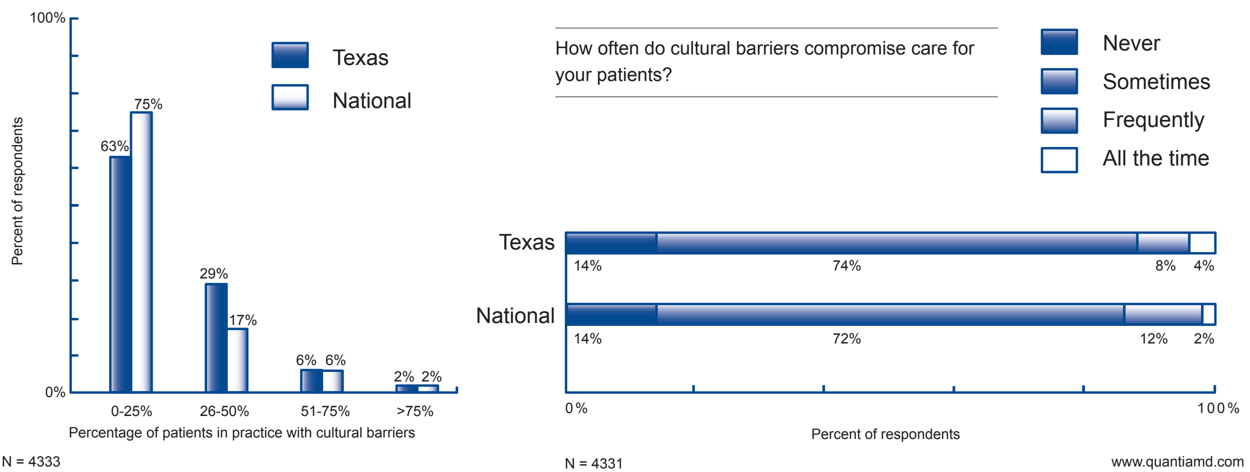
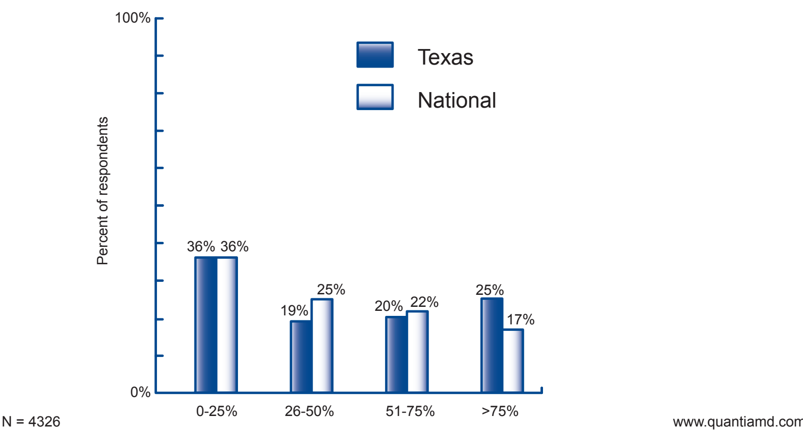


Figure 34: Of your patients with limited English proficiency or cultural barriers, what percentage is **underinsured** or **uninsured**?



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