



## Overcoming cultural barriers and disparities in healthcare

### • Objectives:

- Who: Immigrant/minority population in Hillsboro, OR  
» Migration primarily from Central America
- What: Equal access to preventative healthcare information
- Why: Healthcare disparities
- How: Identify most pressing health condition.  
**Identify clinical guideline addressing condition.**  
**Identify patient representatives**  
**Establish a focus group**  
**Processes for creating patient-friendly guideline tools**  
**Test tools, Surveys and Questionnaires**

## Who?

- Oregon's Washington County ranks as the most ethnically diverse county in the three-county metropolitan region. The Hispanic population embodies the largest ethnic group in Washington County with 14 percent followed by those of Asian/Pacific Island decent who represent 9 percent of the County's citizenry.
- *Source: Oregon County Diversity Information from the: American Community Survey, U.S. Census Bureau 2006.*



## What?

Equal Access to  
Preventative Health Information



## WHY?

- Tobacco and obesity related chronic disease burden of Adults 18+ years of age: defined as having a diagnosis of arthritis, asthma, cardiovascular disease or diabetes:
  - Oregon Overall Disease Burden
    - African American 58.1%
    - American Indian 54.8%
    - Asian/Pacific Islander 34.0%
    - Hispanic/Latino 29.1%
    - White 39.7%
  - In Washington county alone (including Hillsboro)
    - 34.8%

**Note:** All adult data are age-adjusted to year 2000 standard population to enable comparisons within race/ethnic and county groupings. However, data in this table may represent different time periods among population groups.

**Source:** Improving the health of all Oregonians; where they live, work, learn and play. A report of the Oregon Health Improvement Plan Committee; Oregon Health Policy Board Oregon Health Authority. December 2010



## Why....continued

- Almost one in five people in the United States speaks a language other than English at home, and a significant number of these residents have limited proficiency in English.
- Quality interpretation of materials is essential in order to provide equal access to culturally and linguistically appropriate health information.
- Translations are a health equity issue. Limited-English proficient (LEP) populations are often underserved, more vulnerable and disproportionately impacted by every day diseases and during emergencies.
- Standard 7 of the nationally-recognized standards for culturally and linguistically appropriate services (CLAS) states, *“Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.”*

**Reference:** Public Health Statistics: Seattle and Kings County updated April 28, 2011  
<http://www.nwcp.org/training/hot-topics/2011-hot-topics/risk-communication>  
<http://www.kingcounty.gov/healthservices/health/languages/translation.aspx>



## Overview of new developments in and recent studies of programs outlining patient involvement in Guideline Development

| <u>Programs</u>   | <u>Policy</u>  | <u>Studies</u>   |
|---|--|--|
| <ul style="list-style-type: none"> <li>• SIGN*</li> <li>• WHO**</li> <li>• GIN Public</li> <li>• NICE***</li> <li>• AGREE****</li> <li>• CDC</li> </ul>   | <ul style="list-style-type: none"> <li>• IOM</li> <li>• EU Standards</li> <li>• Australia</li> </ul> | <ul style="list-style-type: none"> <li>• Cochrane</li> <li>• Other studies...</li> </ul> |
| <ul style="list-style-type: none"> <li>• Are well established processes in consumer and patient involvement in guideline development, patient safety and patient information.</li> <li>• Offer a package of advice and 'how to' develop guidelines and who to involve in providing information for the lay person.               <ul style="list-style-type: none"> <li>• Eurocancercomms. Tenovus 2/10/2009</li> </ul> </li> </ul> |  |  |
| <ul style="list-style-type: none"> <li>• *SIGN: <i>Scottish Intercollegiate Guidelines Network</i></li> <li>• **WHO: <i>World Health Organization</i></li> <li>• ***NICE: <i>National Institute for Clinical Excellence</i></li> <li>• ****AGREE: <i>Appraisal Of Guidelines Research and Evaluation</i></li> <li>• *****Center for Disease Control</li> </ul>  |  |  |



## IOM Standard 3: Patient and Public Involvement in Guideline Development

NOTE: The Institute of Medicine has issued eight recommended standards to develop trustworthy clinical practice guidelines and 21 recommended standards for systematic review of the comparative effectiveness of medical or surgical interventions.

### IOM STANDARD 3: Guideline development group composition

- 3.2 Patient and public involvement should be facilitated by including (at least at the time of clinical question formulation and draft CPG review) a current or former patient and a patient advocate or patient/consumer organization representative in the GDG.
- 3.3 Strategies to increase effective participation of patient and consumer representatives, including training in appraisal of evidence, should be adopted by GDGs.
- *Institute of Medicine of the National Academies. Report at a Glance. Standards for Developing Trustworthy Clinical Practice Guidelines. Released: 3/23/2011*



## Overcoming cultural barriers and disparities in healthcare

# HOW?



## Process Outline

- **Small Grant**
- Focus on Minority Health Disparities
- Logical extension of previous work
- Define target population through:
  - Public health statistics
  - Demographics including age & health status
  - Reported health disparities
- Survey Pacific University employee population
- Recruitment process for focus group (7 members)
  - Criteria for acceptance (utilize what is already available)
- Identify evidence based guideline
- Tool Development
- Follow up survey



## Identify Patient Population: HOW?

- Health Information Technology & Standards
- Health Statistics
- National Public Health Data Sets
- State and Local Public Health Data Sets



## Guideline: How?

- Selecting a Guideline
  - establish an evaluation process (ADAPT) or select a guideline from a trusted source with transparent methodology.
  - Translate / interpret the technical guideline document to a level that clearly outlines treatment/screening options
  - Use clear language consistent across cultures
  - Avoid colloquial expressions
  - Consider readability, sentence structure and length



## Patient Representatives: How?

- Identify Patient Representatives
  - Outline job description; Outline roles and expectations.
  - Identify barriers to accessing health care (language, financial, transportation, and lack of awareness and benefits of prevention)
  - Identify existing tools and develop our own tools tailored to meet the needs of our test group.



## Sample Questions for Target Population

- Who would you like to receive information from regarding your health?
  - Information in the newspaper
  - Information in the grocery store
  - Information from your doctor's office
  - Information from another trusted source
- In what format would you like to receive health information?
  - Newspaper
  - Newsletter from your doctors office mailed to your home
  - Brochures from community organizations
  - Email
  - Church/religious group
- What media?
  - TV, Radio, Newspaper, Newsletters, Websites, E-mail



## Desired Outcomes:

Making information available in a format designed with direct patient input that is culturally sensitive, informative and actionable.

To empower patients to discuss treatment/screening options with their health care provider.

Measure “empowerment” by follow up semi-structured interview /questionnaire



## Any Questions?

