



Ethnic Diversity and Cultural Competency in Cancer Care

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Presentation Outline

- Introductions
- Green
 - Moffitt Cancer Center (MCC)
 - Overview of Cultural and Linguistic Competency (CLC)
 - CLC at MCC
- Antolino
 - Importance of Language Services (LS) to patient outcomes
 - LS at MCC
 - Working with interpreters and translators
- Roetzheim
 - Physician perspective of CLC
 - Connection between CLC and patient outcomes
 - Importance of CLC education to healthcare providers



MOFFITT CANCER CENTER





About the Moffitt Cancer Center

- Opened in 1986
- H. Lee Moffitt – Speaker of the House of Representatives
- One of 41 NCI Designated Comprehensive Cancer Centers
- 4,300 employees
- Statistics per year
 - 206 beds
 - Over 9K admissions
 - 325K outpatient visits
 - 9K surgical cases
 - 16K screening visits
 - Serves about 20% of all cancer cases in the state



Patient Demographics

- New patients
 - 81% White
 - 9.1% Hispanic/Latino
 - 6.5% Black
 - 2% Asian
 - 1.4% other
- Language
 - 13% LEP
- Moffitt.org



MOFFITT DIVERSITY





Moffitt Diversity

Organizational Vision

As a cancer center that strives to “contribute to the prevention and cure of cancer, we believe in the diversity of people and experiences and also believe that this makes us a better cancer center.

Our vision is to create a cancer center that reflects the community in which it serves as well as equally serve all communities in our cancer care, research, teaching, and service.



Focus Areas

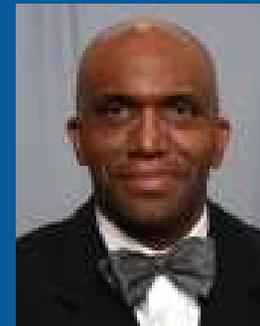
- Outreach to underrepresented populations
- Increase minority patient population
- Increase minority clinical trials and research study participation
- Workforce diversity – recruitment of diverse faculty and staff
- Research – health disparities
- Cultural & Linguistic Competence initiatives





Health Disparities Grants

- Center for Equal Health
 - USF/Moffitt/Community partnership to create a Center of Excellence to address cancer health disparities. Focus on research, education and training, community outreach activities to reduce cancer related health disparities. Funding - NIH/NIMHD





Tampa Bay Community Cancer Network (TBCCN)

- The Tampa Bay Community Cancer Network is a collaborative network of academic and community-based organizations and is one of 25 Community Networks Programs across the country funded by the National Cancer Institute's Center to Reduce Cancer Health Disparities. –
 - Funded by the National Cancer Institute



Cathy Meade



Clement Gwede



Ponce School of Medicine and Moffitt Cancer Center Partnership – U54 Grant

- Long-standing effort by the Ponce School of Medicine and the Moffitt Cancer Center to develop an academic partnership. The complementary expertise at both institutions provides a synergistic means of studying the cancer problem in Puerto Ricans, and in the Hispanic population in general. Funding - NIH



Teresita Munoz-Antonia



CULTURAL and LINGUISTIC COMPETENCY





“Adding wings to caterpillars does not create butterflies -- it creates awkward and dysfunctional caterpillars. Butterflies are created through transformation.”

Stephanie Pace Marshall



- Culture is the sum total of the learned behavior of a group of people that are generally considered to be the tradition of that people and are transmitted from generation to generation
 - Experience, beliefs, values, attitudes, religion, language, etc



Institute of Medicine Reports

Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (2002)

*“Healthcare providers should be made aware of **racial and ethnic disparities in healthcare** In addition, all current and future healthcare providers can benefit from **cross-cultural education.**”*

Crossing the Quality Chasm: A New Health System for the 21st Century (2001)

*“Health care ... should be safe, effective, **patient-centered**, timely, efficient, and equitable.”*



Standards, Accreditation Requirements and Guidelines

- Office of Minority Health's National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care
- Joint Commission
- National Committee on Quality Assurance
- National Quality Forum
- Liaison Committee on Medical Education
- Accreditation Council for Graduate Medical Education



Professional Medical Organizations

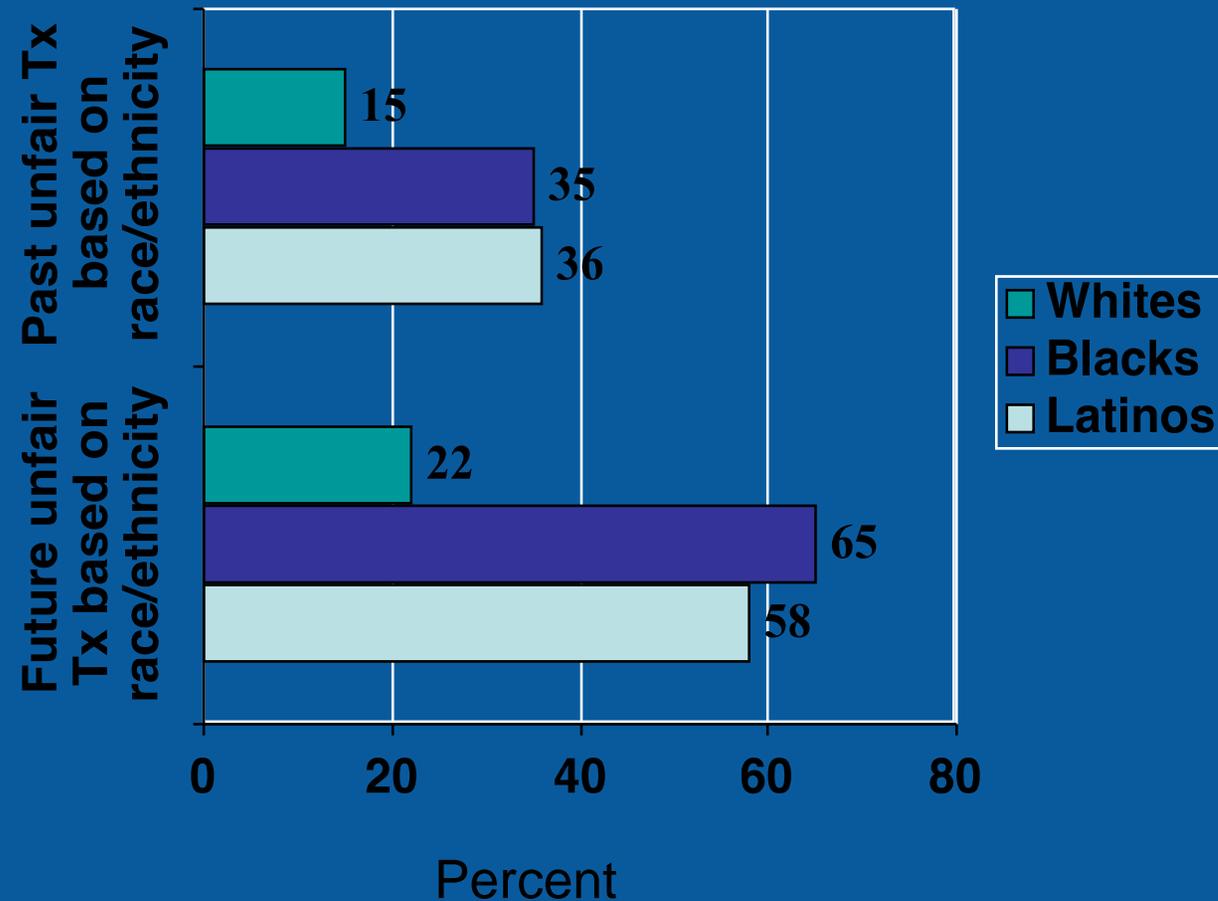
The following are some of the specialty groups that have published guidelines and/or policies relating to the care of culturally diverse populations:

- Society of Teachers of Family Medicine
- American Academy of Family Physicians
- American Osteopathic Association
- American Academy of Pediatrics
- American College of Physicians
- American Psychiatric Association
- American College of Obstetrics and Gynecology
- American College of Emergency Physicians
- American Academy of Orthopaedic Surgeons



The Patient Perspective: Unfair Treatment

Kaiser Family Foundation Survey



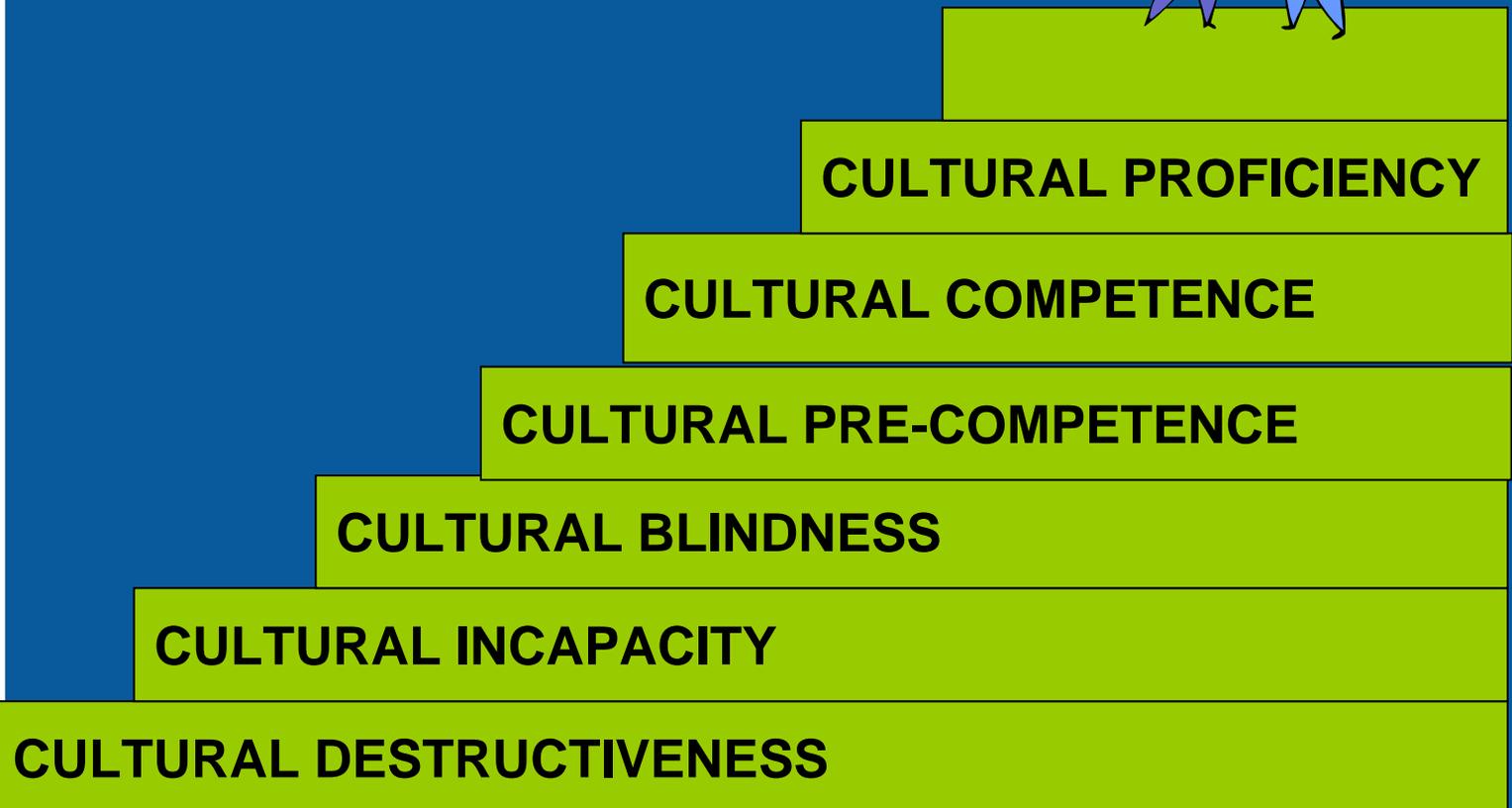


Cultural Competency

- Developing proficiency in effectively responding in a cross-cultural context
- Integration and transformation of assumptions, values, biases, and knowledge about themselves and others in order to respectfully and effectively communicate across cultures
- Recognizes, affirms, fosters and values the strengths of individuals and communities



The Cultural Sensitivity Continuum



Goode, T. Cultural Competency Continuum National Center for Cultural Competence. Georgetown University Center for Child and Human Development, University Center for Excellence in Developmental Disabilities Revised 2004



Cohen E, Goode T.
Policy Brief 1:
Rationale for
cultural competence
in primary health
care. Georgetown
University
Child
Development
Center, The
National Center
for Cultural
Competence.
Washington, D.C.,
1999.

Rationale for Culturally Competent Health Care

- Responding to demographic changes
- Eliminating disparities in the health status of people of diverse racial, ethnic, & cultural backgrounds
- Improving the quality of services & outcomes
- Meeting legislative, regulatory, & accreditation mandates
- Gaining a competitive edge in the marketplace
- Decreasing the likelihood of liability/malpractice claims



Cultural Competency in Health Care

- Describes the ability of systems
 - To provide care to patients with diverse values, beliefs and behaviors,
 - Including tailoring delivery to meet patients' social, cultural, and linguistic needs.
- (Betancourt, 2002)



Organizational Components

- Openness and respect for diverse staff and clients
- Access to a diverse group of professional interpreters
- Signs and written materials in the languages of clients
- Culturally diverse staff that reflects the patient mix
- Cultural competency training
- Services and programs that address the different needs of the patients
- Routine evaluation of treatment and outcomes by race, ethnicity and language



Successful Organizations

- Are patient-centered; ‘think about everything they do in the context of those they serve.’
- Focus on Quality, Equity, and Value
- Are nimble
- Has leadership that ‘gets it’ and allocates their time and resources.
- Has a workforce that embraces ‘it.’



Moffitt's Improved Standards for Communication: Cultural and Linguistic Competency





- The Business Case
- Sponsorship and Infrastructure
 - The Roadmap



The Business Case

Expected demographic shifts

CLC increases patient safety and satisfaction (robust literature)

Improves quality and health outcomes (robust literature)

Minimizes legal and financial risk and liability (industry trend)

Meeting Joint Commission revised standards



The Joint Commission (2010) - Advancing Effective Communication, Cultural Competence, and Patient - and Family-Centered Care: A Roadmap for Hospitals

“Every patient that enters the hospital has a unique set of needs—clinical symptoms that require medical attention and issues specific to the individual that can affect his or her care. As patients move along the care continuum, it is important for hospitals to be prepared to identify and address not just the clinical aspects of care, but also the spectrum of each patient’s demographic and personal characteristics” (p. 1).



Executive Sponsorship

- Leadership Driven
 - Executive Leadership Sponsors
 - » CEO
 - » COO
 - » EVP for Research
 - » EVP for Strategy and Business Development
 - Vice President Sponsors
 - » Chief Medical Officer
 - » Chief Nursing Officer
 - » VP for Ancillary Services
 - » VP for HR
 - » VP for Diversity



Development of CLC Committee/Taskforce

- Role of committee
 - Oversight of institutional assessments
 - Organizational
 - Clinical
 - Leadership
 - Develop CLC strategic plan
 - Training and Education
 - Oversight of plan
 - Annual CLC progress report



- CLC Steering Committee
 - Dr. John Kiluk, MD, FACS
 - Surgical Oncologist – Breast Cancer
 - VP level members
 - Focus areas
 - Patient Experience
 - Language
 - Data Collection
 - Education





Moffitt CLC External Advisory Committee (CLCEAC)

- Joseph Betancourt
 - Director, Disparities Solution Center, Boston
- Tawara Goode
 - Director, National Center for Cultural Competency
- Robert C. Like
 - Robert Wood Johnson Medical School
- Debbie Salas-Lopez
 - Chair, Dept of Medicine, Lehigh Valley, PA
- Jeannette E. South-Paul
 - Chair, Dept of Medicine, Univ of Pitt





In Summary

To be culturally competent as an organization and as a workforce doesn't mean you are an authority in the values and beliefs of every culture.

What it means is that you hold a deep respect for cultural differences and are eager to learn, and willing to accept, that there are many ways of viewing the world."

— Okokon Udo



**Roman
Herzog,
President
of
Germany
1994-1999**

**Without mutual knowledge there
can be no mutual understanding;**

**~ without understanding, there can
be no trust and respect;**

**~ without trust, there can be no
peace, only the danger of conflict.**

**~ This means we have to be willing
and able to familiarize ourselves
with the way people of other
cultures think and perceive the
world around them,**

**.....without losing our own
standpoint in the process.**



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Language Services

Prado Antolino, M.A., CT, CMI
Language Services Manager



Two definitions...

- Translation
- Interpreting



...and a MYTH!

**Bilingualism is
enough.**



Importance of Language Access Services

- **It is the law**

Title VI of the Civil Rights Act of 1964

“No person in the United States shall, on ground of race, color, or national origin, be excluded from participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

- **Joint Commission standards on language and communication**
- **Health outcomes and satisfaction, and physician-patient communication**



Impact of language barriers

Effective communication

- Patient-provider successful relationship
- Standard medical interview techniques
- Empathic connection

Health outcomes and satisfaction

- Less likely to have a PCP
- More likely to not go to follow up appointments
- More likely to be in fair or poor health
- Medication instructions errors
- Less satisfied with the health care received



Moffitt Language Services

- **Medical Interpreter Services (verbal communication)**
 - Inpatient/Outpatient encounters/Satellite locations
- **Translation Services (written communication)**
 - Vital documents (informed consents, discharge instructions, pre-/post-op instructions, patient education, legal documents, etc.)
 - Non-vital documents (signage, website, promotional materials, menus, etc.)
- **Consulting services and in-service education to other departments**
 - Video production, bilingual educational events, strategic planning incorporating language access, etc.



Staffing and Operation

Staffing

- Two Spanish professionally-trained, American Translators Association (ATA)-certified translators
- 7 NBCMI-certified Spanish medical interpreters
- 1 opening for a trilingual interpreter (Spanish-English-ASL)

Operations

- Mon. through Fri.: 7:30 a.m. – 8:00 p.m.
- Sat. and Sun.: 8:30 a.m. – 1:00 p.m.
- After Hours:
 - Telephone interpreting services - 24/7
 - ASL /Spanish Video Remote Interpreting (VRI) - 24/7

Tools

Language and Communication Assistance Policy and FAQs

Video remote interpreting

iPads (future)



Undesirable Practices

Use of untrained interpreters (family members, **children**, untrained hospital staff, non-proficient bilinguals or reliance on own language skills):

✓ **Problems associated with providers/patients' own language skills:**

- Insufficient language skills
- Interference with clinical thinking and patient education
- Cultural barriers

✓ **Problems with using family members as interpreters:**

- Insufficient language skills
- Stereotypical errors
- Confidentiality, modesty, family-culture issues



Best Practices

Use trained/qualified/certified interpreters or remote interpreting services during “the non-negotiables”:

- Obtaining informed consent
- Obtaining medical or social histories
- Explanation of diagnosis or plan of treatment
- Explanation of procedures, tests, and/or surgeries
- Explanation of side effects
- Discharge instructions, pre- and postoperative instructions
- Review of legal issues or documents (advance planning, guardianships, DNR, etc.)
- Obtaining financial and insurance information



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How to Work Effectively with Trained Medical Interpreters (live)



Do...

- Brief the interpreter on the encounter
- Complete your sentences.
- Pay attention to the seating arrangements.
- Clarify acronyms and minimize technical terms and medical jargon.
- Address the patient directly, not the interpreter or the English-speaking family member.
- Verify understanding on the part of the patient.
- Remember that many English concepts may not have an equivalent in other languages.



Do...

- Speak at a comfortable pace and pause frequently (every two or three sentences).
- Expect the interpreter to relay **meaning**, not word-for-word interpreting.
- Expect the interpreter to abide by a Code of Ethics and by standards of practice.
- Document the use of an interpreter on the patient's chart (name or ID number).
- Close out the encounter before leaving the room. The patient is **yours** until the end.
- Consider the interpreter part of the clinical team.



Don't...

- Ask the patient to bring their own interpreter.
- Use family members as interpreters.
- Use untrained hospital staff as your first choice in medical encounters.
- Tell the interpreter, “Please go in the room and tell the patient...” or to summarize your message. Interpreter is never the messenger.
- Ask the interpreter to perform any tasks you would not ask an employee to do for an English-speaking patient.
- Grow frustrated with the pace of the encounter.



Don't...

- Say anything you don't want the patient to hear. The interpreter will interpret **everything** spoken out loud.
- “Practice” your foreign language skills with your patients (build rapport and then **STOP!**).
- Hold professional/personal conversations on the side in front of the non-English-speaking patient.
- Use slang, idiomatic expressions, and very technical terms.
- **Use mobile device, language applications or automatic translation programs.**



Original Spanish
(Discharge instructions)

Llame si le da dolor que no se alivia. Levantado según lo tolere. Otro: No levante peso ni haga esfuerzos. Puede ducharse, pero no bañarse en la bañera ni remojar en agua.

Google Translator

Call if you give pain that can not relieve. Raised as tolerated. Other: Do not lift a weight or exertion. You can shower but not take a bath or soaking in water.

Professional translation

Call for uncontrollable pain. Up as tolerated. Other: No heavy lifting or straining. May shower, no tub bathing or soaking in water.



Additional Tips When Working with Remote Interpreters

- **Telephonic interpreting**
 - Short paragraphs
 - Be mindful of the speed at which you speak
 - Let the interpreter finish (speaker phones)
 - Speak towards the microphone
 - Beware of noises – interference
 - It may take the interpreter longer to interpret because of lack of visual cues (sighing, inhaling...)
- **Videointerpreting**
 - Brief the interpreter on where you are, purpose of the conversation, who else is in the room...



Goals of Presentation

- *Provide a physician perspective of cultural-linguistic competency (CLC)*
- *Understand the importance of CLC education to health care providers*
- *Understand the importance of CLC in the care of cancer patients*



Physician Patient Interaction

Goals of Interaction

- Develop trusting collaborative doctor-patient relationship
- Effective Communication



Physician Patient Interaction

Benefits of Effective Interactions

- Better decision making
- Improved treatment adherence
- Improved health outcomes



Rationale for Cultural-Linguistic Competency

- *Easier to address complicated medical issues when patient and provider share background, culture, language, values*
- *Goal of CLC is ability and confidence to effectively manage patients from diverse cultures, backgrounds, languages and values.*



Rationale for Cultural-Linguistic Competency





Physician Perspective of Cultural-Linguistic Competency

- *Important to learn about diverse cultures and health beliefs*
- *Can't stereotype*
- *Every patient is unique*
- *Learning about a patient takes time*



Physician Perspective of Cultural-Linguistic Competency

CLC helpful in this process

- Avoid initial cultural blunders
- Point out areas to explore
- Provides framework to address issues in respectful manner



Why is Cultural-Linguistic Competency Important?

Changing Demographics of America

	<u>1990</u>	<u>2011</u>
<i>Non-Hispanic White</i>	83.1%	63.4%
<i>Black</i>	12.1%	13.1%
<i>Asian</i>	2.9%	5.0%
<i>Hispanic / Latino</i>	9.0%	16.7%
<i>Foreign Born</i>	7.9%	12.8%
<i>Other Language</i>	14.0%	20.3%



Demographics of Florida

2011 US Census

<i>Non Hispanic White</i>	<i>57.5%</i>
<i>Black</i>	<i>16.5%</i>
<i>Asian</i>	<i>2.6%</i>
<i>Hispanic / Latino</i>	<i>22.9%</i>
<i>Foreign Born</i>	<i>19.2%</i>
<i>Non English</i>	<i>27.0%</i>

Why is Cultural-Linguistic Competency Important?

1. *Improve Quality of Care*

- *Stronger physician-patient relationships*
- *Better communication*
- *Better decision-making*
- *Better adherence to treatment*
- *Better care seeking / follow up*

Why is Cultural-Linguistic Competency Important?

2. Reduce Health Disparities

- *AA men – 2X prostate cancer mortality*
- *AA women – 40% higher breast cancer mortality*
- *Hispanic/Latina women - 2X cervical cancer incidence*
- *AA/Hispanic patients – late stage cancer diagnosis*



Exploring Culture and Patients' Health Beliefs

1. *Language/literacy:*

- *What languages do you speak, and in which are you most comfortable speaking?*
- *Would a trained medical interpreter help you to communicate with me and ask the questions you would like to ask me?*

(adapted from Kagawa-Singer, et al. CA Cancer J Clin 2010;60:12–39)



Exploring Culture and Patients' Health Beliefs

2. Health beliefs and values:

- How do you see this disease affecting you and your family?*
- What most concerns you about your condition?*



Exploring Culture and Patients' Health Beliefs

3. Social structure:

- *Who is there to help you with health care, emotional support, transportation, and care of loved ones?*
- *Who do you see or talk with for support?*
- *Is there someone else you involve when making important decisions about your health?*



Exploring Culture and Patients' Health Beliefs

4. Environment:

- What kind of assistance is available to you in your community that might be helpful during this time?*
- Do you know others in your community who have faced similar difficulties?*



Exploring Culture and Patients' Health Beliefs

5. Religion / beliefs about healing:

- *Where do you go for religious or spiritual strength?*
- *Do you use the services or advice of a traditional healer?*
- *Do you use natural herbs/medicines to help with your illness?*

Culture and Cancer Care

Culture may shape basic beliefs about cancer

- *Cancer is contagious*
- *Cancer spreads when exposed to air*
- *Cancer can be caused by fright “Susto”*



Culture and Cancer Care

Culture impacts attitudes about cancer screening and diagnosis

- *Embarrassment with screening tests*
- *Threats to masculinity (CRC/prostate)*
- *Disclosing a cancer diagnosis*



Culture and Cancer Care

Culture may influence treatment decisions

- *Attitudes concerning loss of an organ (mastectomy/hysterectomy)*
- *Loss of sexual function (prostate)*
- *Shared decision making*



Culture and Cancer Care

Culture can influence how patients cope with cancer

- *Changes in caregiver/provider roles*
- *Alternative medicine / natural healing*
- *End of life care*



Diversity and Cancer

A lack of diversity in our health care system can lead to:

- *Mistrust*
- *Real or perceived discrimination*
- *Culturally insensitive care*
- *Culturally inappropriate patient education materials*
- *Contribute to health disparities*



Conclusions

Cultural-linguistic competency critically important for physicians and all health care providers

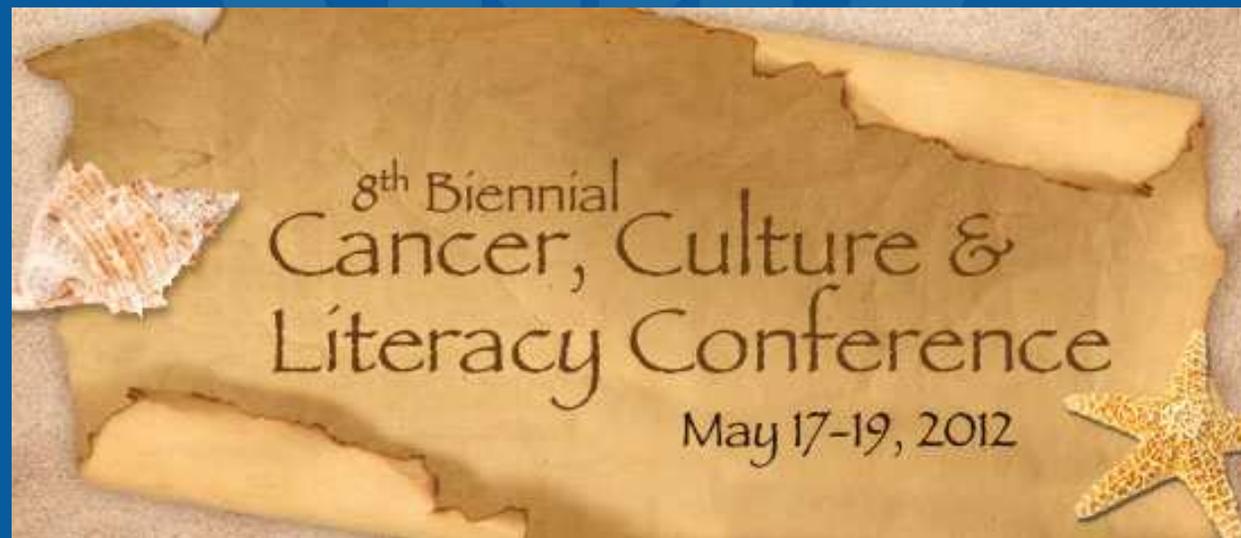
Culture plays an especially important role in care of cancer patients



Cancer Culture and Literacy

*Moffitt Hosts Biennial Conference on
Cancer Culture and Literacy*

*Next meeting targeted for May 2014 in
Clearwater Florida*





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Questions