OBJECTIVES
This project sought to (1) understand the extent of health disparities among patients at Optimus (2) assess staff knowledge, attitudes, and skills regarding cultural competency to make recommendations regarding future cultural competency staff trainings.

BACKGROUND
Community health centers are a critical source of care for the uninsured and underinsured, racial and ethnic minorities, and patients with a preferred language other than English. Optimus Healthcare is the second largest community health center network in Connecticut, with clinics located in Bridgeport, Stratford and Stamford. The population Optimus serves is 26.2% Black/African American, and 57.5% Hispanic. Strengthening cultural competency, the behaviors, attitudes, and policies that enable professionals to work effectively in cross-cultural situations, could improve patient-physician communication and enhance service delivery.

KEY FINDINGS – Medical Record Data
- Most of the chronic conditions and uncontrolled chronic conditions were among racial and ethnic minorities.
  - Although 37.6% of patients with hypertension are Black/African American, 42.9% of those with uncontrolled blood pressure are Black/African American. Hispanic clients with diagnosed hypertension have a significantly lower risk of uncontrolled blood pressure than non-Hispanic patients.
  - 55.4% of Hispanic clients with diagnosed diabetes had HgbA1c>7.0 at their most recent visit, as compared to 52.1% in non-Hispanic clients.
  - 58.1% of patients with hyperlipidemia are Hispanic. Black/African American and Hispanic/Latino clients have significantly increased risk of high cholesterol at their most recent test compared to Caucasian and non-Hispanic patients, although the sample size was quite small (n=78).
- Rates of chronic conditions are higher among 30-54 yr old clients, as only 32% of the overall Optimus population falls into this age group.
  - 43.7% of the clients with diabetes, 50.7% of those with hypertension, and 48.5% of those with hyperlipidemia are ages 30-54 yr.

"46.7% of respondents reported that the prevailing beliefs, customs, norms, or values of the cultural groups among Optimus patients have in the past interfered with obtaining optimal health outcomes for patients"
KEY FINDINGS – Cultural Competency Survey

- Respondents noted difficulties in providing care due to language barriers, limited knowledge of intra-cultural group differences, and limited knowledge of how the causes of mental health are viewed by different cultural groups.
- 75% of black respondents reported that they have difficulty understanding some patients because of language barriers versus 60% of non-Hispanic white respondents and 30% of Hispanic/Latino respondents.
- When asked to critique Optimus’ current cultural competency training, staff members reported efficiency as a strength and lack of applicability to a practical setting as a weakness, emphasizing the need for interactive training.

LIMITATIONS

- EMR data are prevalence data only and are limited in the number of variables included.
- EMR data was limited to Optimus’ Bridgeport clinics.
- The survey response rate was only 22.4% (n=80 out of eligible 357 staff).
- Did not evaluate patient perceptions of provider cultural competency, which is an important area for future research.

CONCLUSIONS

The results of this study indicate that there are disparities in control of chronic disease related to age, race and ethnicity. Since the prevalence of chronic disease is reflective of the overall patient demographics indicates, race may not be a key factor in susceptibility to disease. However, improvements in clinical care for these populations are needed to manage disease. Several target areas have been identified to improve the cultural competency, practice and delivery, and training needs of Optimus staff, including: language barriers, knowledge of intra-cultural group differences, and awareness of mental health issues.

Community health centers provide services to ethnically diverse and marginalized populations who face significant barriers to care. Better communication and understanding leads to better care and better physical and mental outcomes. Given the high prevalence of these diseases and the existing disparities within the United States, interventions that improve culturally competent care represent an essential step in the battle to reduce health disparities.

RECOMMENDATIONS

- Optimus should develop policies and procedures that improve chronic disease management and care services for racial and ethnic minorities.
- Optimus should direct resources to bring about greater access to routine screening, especially among ethnic minorities and the population aged 30-54.
- Communication with patients whose preferred language is other than English is something that should be addressed in future adaptations of Optimus’ cultural competency trainings.
- Future trainings should approach cultural competency more interactively.
- Future trainings should incorporate topics that enhance understanding of intra-group cultural differences, and trainings should also highlight social issues facing these different cultural groups.

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