

## Combatting Chronic Disease: A Community-Wide Intervention

### *Excerpt: Assessing the Relationship Between Culturally-Diverse Patients and Healthcare Providers to Reform Clinical Practices*

Demographic trends reveal that the diversity of Long Island's population is increasing. In 2015, blacks, Hispanics, and Asians constituted 33% of Long Island's population, compared to 25% in 2000 ("Long Island's Changing Population," 2015). Moreover, Nassau County's racial and ethnic makeup is as follows: 77.3% white, 12.2% black, 1% American Indian, 0.1% Pacific Islander, 8.4% Asian, and 15.3% Hispanic or Latino ("Long Island Demographics," 2015). Catering to the healthcare needs of this increasingly diverse population with different beliefs and lingualities requires a heightened sense of cultural awareness among healthcare providers and provisions that promote the accessibility of healthcare to English nonspeakers, both of which intuitively display a positive correlation with the prevention of chronic disease. We aim to bridge the inevitable rift between patient and provider that is attributed to cultural and language barriers and can influence the onset of chronic disease. Implementing more culturally-sensitive healthcare practices will create better health outcomes for more satisfied patients. The proposed survey results will inform medical professionals about cultural differences within their diverse patient population. Health fairs providing free medical screenings and consultations will be implemented.

### **Project Plan/Strategy**

#### **Significance:**

Satisfied patients are more likely to follow doctors' orders, attend appointments, and engage in healthy behaviors than unsatisfied patients (Clark, Anderson, Clark, & Williams, 1999). Perceived racism and distrust leads to behavioral, cognitive, and physical stress, affecting patients' decisions to follow orders given by doctors (Clark, Anderson, Clark, & Williams, 1999; Armstrong et al., 2013). Also, cultural beliefs may contradict medical instructions. For example, some Chinese people refuse prescribed medication due to their belief that illnesses are symptomatic of internal energy imbalances (A Practical Guide for Tuberculosis, 2008), and lower socioeconomic groups may be unable to afford nutritious foods necessary for healthy lifestyles (Drewnowski & Eichelsdoerfer, 2010). Also, many cultures have distinct dietary patterns and therefore different disease risks.

#### **Innovation:**

We hypothesize that cultural sensitivity among healthcare providers will lead to more health-promoting behaviors among patients. Our methodology will involve conducting a needs

assessment on the current state of cultural sensitivity in health care and patients' health-promoting behaviors, holding focus group interviews to learn the culturally sensitive practices that patients wish their health care providers would adopt, following international standards for culturally sensitive healthcare, and finally measuring success by comparing the frequency of health-promoting behaviors (e.g., medication adherence) among patients between pre- and post- implementation of culturally-sensitive practices.

We propose assessing the relationship between culturally-diverse patients and healthcare providers (doctors and nurses) to reform clinical practices and foster a comfortable environment in which patients heed providers' advice to improve their health. We proposed refining the survey items proposed in the PC-CSHC Model to enable patients to adopt a more active, participatory role in their health care, rather than having health care providers be the sole arbiter of patient treatment. A validated health care survey may provide a more adequate baseline to which a plethora of new questions regarding cultural needs in health care will be added, such as questions inquiring about patients' religious beliefs, dietary and financial restrictions, and home remedies. According to CDC guidelines, the survey will contain Likert (rating) scales with which patients will rate their current satisfaction regarding doctors' understanding of cultural differences between themselves and other fellow patients (Losby & Wetmore, 2012). This information will enable healthcare providers to realize the importance of differentiating the needs of their culturally-diverse patients and thus tailoring their advice.

Furthermore, Northwell will host public health fairs that citizens can attend to receive free medical screenings and communicate with doctors about the validity of their cultural beliefs..

### **Approach:**

Patients will complete the refined PC-CSHC Model to assess patient satisfaction, cultural needs, and the frequency of health-promoting behaviors pre-implementation of the proposal, which reflects their willingness to adhere to physician orders during bi-annual patient visits and during local health fairs. Additionally, out-patient focus group interviews will be conducted to elucidate (1) clinical practices that patients prefer from health care providers and (2) patients' cultural beliefs regarding health care (i.e. religious dietary restrictions, historical medical practices). Statisticians and cultural anthropologists will analyze results from the surveys and interviews and create training courses for healthcare professionals on how to adapt advice to culturally diverse patients. For example, a patient of the Jain faith may explain on the survey that s/he practices strict vegetarianism and would appreciate suggestions regarding healthy sources of protein (Strol, 2015). Based on the patient's' responses, nurses would be informed on how to make suggestions of this nature by attending nutrition instructional courses. Culturally-oriented

suggestions would help Jains receive the nutrition they need in the prevention of chronic disease while still respecting the religious and cultural aspects of their diets.

Public health clinics will be hosted annually in large, open venues. The services of medical organizations (e.g. Northwell Health Clinical Integration Network IPA) that may be willing to sponsor the health fairs will be requested. Doctors, preferably multilingual, willing to volunteer their time will facilitate the health fairs. The doctors will also perform medical screenings by measuring height, weight, BMI, blood pressure, hearing, and eyesight. The medical screenings will operate like a routine health checkup and the results will be used to refer attendees to more specialized physicians. Requests to local health stores and companies will be made to deploy vendors to advertise health products (e.g. protein shakes, pedometers, vitamins) by offering free samples and educating the public about the importance of healthy lifestyle choices.

Doctors can hold question-and-answer sessions to address misconceptions regarding medicine and health that are prevalent among certain cultures in addition to alternative ways to remain well-nourished despite potential nutritional inadequacies of cultural, religious, or self-imposed dietary restrictions such as vegetarianism, veganism, halal, or kosher. It would be similar to “The Dr. Oz Show” on television, and clear away any misconceptions regarding medicine and health that are prevalent among people of their cultures. One month prior to the date of the health fair, community members will be notified of the fair and will be able to email questions to the Health Fair Director, who will then compile a list of questions regarding cultural concerns in healthcare that will be answered by doctors at the fair.

### **Project Assessment/Impact**

A post-assessment of patient satisfaction, as part of the modified PC-CSHC Model regarding the relationship with healthcare providers will be given (Tucker, Marsiske, Rice, Jones, & Herman, 2011). An overall improvement in patient satisfaction ratings from the Likert scale as adapted from Losby & Wetmore (2012) will indicate success of the clinical changes (e.g. more individualized advice) implemented by the health care providers after the cultural courses. Monthly faculty and departmental meetings will be held by the Northwell Health-affiliated hospital as forums for doctors to share clinical experiences in order to seek and share advice from one another on how to handle different clinical situations with culturally-different patients. Additionally, Northwell administrators will use these monthly meetings to assess the efficacy of the cultural assessments, the cultural training courses, and the reformed, culturally-aware practices implemented by healthcare providers after the initial assessment. Furthermore, ‘success’ of the advice provided by nurses and the information in the pamphlets will be established if over 50% of patients adhere to physician orders and demonstrate improved biological measures (e.g. BMI,

weight, blood pressure, blood glucose levels, and cholesterol levels) after the physicians of patients who have attended the health fairs take biological measurements of their patients pre- and post- participation in the public health fairs.