



Minority Health and
Health Disparities
Maryland Department of Health
and Mental Hygiene



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Cultural Competency and Health Literacy Primer: A Guide for Teaching Health Professionals and Students

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What is the Purpose of the Project?

- ▶ Primary purpose:

- Development of an integrated resource guide on cultural competency and health literacy for educators of Maryland's health professional students and practicing health professionals.

- ▶ Secondary purpose:

- Sharing the primer (or “guide”) with other states and institutions.

Purpose of Project (cont'd)

- ▶ The primer will provide users with a conceptual framework and sufficient content and resources for integrating cultural competency and health literacy into their educational programs.
- ▶ The primer can be used to supplement existing cultural competency and health literacy curricula.

Why is this Primer Unique?

- ▶ A teaching guide that incorporates both cultural and health literacy competency does not exist.
- ▶ A teaching guide for multiple health professions does not exist.

How Did This Project Come About?

▶ Precipitating Local Developments:

- Maryland Plan to Eliminate Minority Health Disparities, Plan of Action 2010–2014
- Maryland's Health Care Reform Coordinating Council (2010–present)
- Cultural and Linguistic Competency Legislation in Maryland (i.e., House Bill 756 (2009))

How Did Project Come About? (cont'd)

- ▶ Accompanying National Developments:
 - Healthy People 2020
 - 2010 Patient Protection and Affordable Care Act (ACA)
 - Joint Commission Revised Standards for Patient-Centered Communication
 - CLAS Standards Enhancement Initiative
 - HHS National Action Plan to Improve Health Literacy
 - HHS/National Partnership for Action's National Stakeholder Strategy for Achieving Health Equity
 - NCQA Multicultural Health Care Standards and Distinction Program
 - NQF "Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency"

How Did Project Come About? (cont'd)

▶ Funding Opportunity

- HHS Office of Minority Health
[Grant #STTMP101063-01-00 (MHHD)]
- National Institute on Minority Health and Health Disparities [Grant #2R13MD006056-02 (Carter-Pokras)]

▶ Partnership

- Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities
- University of Maryland College Park, School of Public Health

How is the Primer Being Developed?

- ▶ Development of the primer is being driven by:
 - Identified cultural and health literacy competencies
 - Consultation with national cultural competency and health literacy experts and state offices of minority health
- ▶ The primer will be organized with a framework that provides customizable modules for instruction to fit different teaching and learning environments.

Development of the Primer (cont'd)

- ▶ Resources that will be included will be:
 - Free or low-cost
 - Easily accessible
 - High quality
 - From credible sources
 - Ideally, evidence-based
- ▶ Examples
 - Newest Vital Sign
 - Case Studies

Any Questions?

- ▶ Please complete the brief questionnaire

Thank You!

For more information, please contact:

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CASE #1¹

Mr. Wilson is a 68-year old Caucasian man with type 2 diabetes who lives in a rural Eastern shore county. He and his wife have come to a small primary care center in the neighboring county for a checkup. He is seen by a nurse, Ms. Jane Cox, who is doing a month-long rural medicine rotation. Mrs. Wilson tells Ms. Cox that she is concerned that her husband is shuffling his feet when he walks, but, Mr. Wilson denies having any problems. Mr. Wilson smokes about a pack of cigarettes each day and has smoked or chewed tobacco since his early teens. He does not drink alcohol. At his last visit to the center over a year ago, Mr. Wilson complained of burning in his feet, excessive urination, and some blurred vision. His blood glucose 1 year ago was 215 mg/dL (normal is less than 200 mg/dL) and HbA1c was 11% (normal is 4.8%-6.4%). He was prescribed Metformin, but, admits that he only filled the prescription once. Today's 2-hour post-prandial glucose fingerstick result is 290 mg/dL. Ms. Cox then accuses Mr. Wilson of neglecting his health, specifically citing his refusal to take medications, monitor his glucose, quit smoking, or change his diet. Ms. Cox states angrily, "Your diabetes is so out of control! If you keep ignoring what you eat and don't start monitoring your blood sugars regularly, you are going to lose a leg!"

- 1. How might the attitude that Ms. Cox expressed to Mr. Wilson affect his care?**

- 2. What are some of the factors that need to be considered when prescribing treatment for patients who are poor?**

Ms. Cox presents Mr. Wilson to the physician assistant, Ms. Jennings, and says "Mr. Wilson is a noncompliant patient. He was last seen here 1 year ago and doesn't seem at all interested in controlling his diabetes! Frankly, we have other patients who care more about their health who are waiting to be seen."

- 3. What would be the appropriate response from Ms. Jennings to Ms. Cox's statements about Mr. Wilson?**

¹ Adapted from Case 25 in *Achieving Cultural Competency: A Case-Based Approach to Training Health Professionals*. Wiley-Blackwell. 2009.

- 4. What additional social information would have been helpful in developing a treatment plan? How might this information be used to promote adherence to his diabetes treatment?**

Ms. Cox and Ms. Jennings return to the exam room to talk to Mr. and Mrs. Wilson about his diabetes; however, they have both left the clinic. Ms. Jennings was told by the receptionist that Mr. Wilson was upset by the way he was spoken to by Dr. Cox. Three days later, Mr. Wilson is brought to the Emergency Department (ED) in the neighboring county after falling from a ladder while picking peaches. Mr. Wilson is seen by Dr. Joiner, the family medicine resident on call, who tells Mr. Wilson and his son that he has a broken ankle and an elevated blood glucose level of 472 mg/dL. After having his ankle cast, Mr. Wilson is admitted to the hospital for management of his diabetes and followed by Dr. Joiner.

- 5. What are some of the things that could be done to increase the likelihood that Mr. Wilson's diabetes will be controlled in the future?**

Mrs. Wilson has not left her husband's side since his admission. When the doctor stops by to see him, she pulls the doctor aside to suggest that maybe the minister and elders can help convince her husband "that he needs to do the Lord's work and he can't do that unless he is healthy." The doctor says, "I'm not sure that I see the benefit of inviting more people to speak to your husband. Let's see how he feels in a few weeks."

- 6. What role, if any, could the minister and elders play in Mr. Wilson's care?**

- 7. What resources may be available in rural communities to help patients control their diabetes and overcome many of the barriers that exist?**

Case #2¹

Mr. Carlos Cruz is a 34-year-old Mexican immigrant who went to the Emergency Department (ED) because of several days of upper respiratory tract symptoms. A chest X-ray revealed a small lung nodule of unknown significance. He was felt to have a viral syndrome and was given an appointment to follow-up in the pulmonary clinic in 10 days for further evaluation of the nodule. After missing his initial and two rescheduled appointments in the pulmonary clinic, one of the clinic nurses calls his home to encourage him to keep his appointment schedules for next week. As she speaks with him, she is not confident that her message is understood.

1. Given the nurse's concerns about poor communications, what is the appropriate next step for this patient?

After completing the call, the nurse discusses the patient with Dr. Ross, one of the staff physicians, and expresses frustration over communicating with patients who can't speak English. She states, "These people never keep their appointments. I don't know why we waste our time tracking them down."

2. How should Dr. Ross respond?

Mr. Cruz's lab and physical exam revealed elevated triglycerides and blood sugar, low HDL-Cholesterol, borderline hypertension, and an abnormally high waist circumference. He therefore meets all five of the criteria for the diagnosis of metabolic syndrome. He is at risk for developing diabetes and hypertension. Mr. Cruz's current diet is high in total fat, saturated fat, cholesterol, sodium and sugar. He is also obese, with a BMI of 32 and a waist circumference of 43 inches. Mr. Cruz's current job is very stressful; he works every day, does not have time to exercise, and has limited choices for healthy foods.

3. Now that communication issues have been discussed, what specific dietary recommendations would be appropriate and realistic for Mr. Cruz to implement? How can he increase his physical activity level?

¹ Adapted from Case 11 in *Achieving Cultural Competency: A Case-Based Approach to Training Health Professionals*. Wiley-Blackwell. 2009.

Job Aid

The Newest Vital Sign Assessment

Nutrition Facts			
Serving Size		½ cup	
Servings per container		4	
Amount per serving			
Calories	250	Fat Cal	120
			%DV
Total Fat	13g		20%
Sat Fat	9g		40%
Cholesterol	28mg		12%
Sodium	55mg		2%
Total Carbohydrate	30g		12%
Dietary Fiber	2g		
Sugars	23g		
Protein	4g		8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

The content for this material was excerpted from *The Newest Vital Sign—A Health Literacy Assessment Tool* website available at: <http://www.newestvitalsign.org/nvs-resources.aspx>

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Job Aid

Score Sheet for the Newest Vital Sign Questions and Answers

READ TO SUBJECT: This information is on the back of a container of a pint of ice cream.

1. If you eat the entire container, how many calories will you eat?

Answer: 1,000 is the only correct answer

2. If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have?

Answer: Any of the following is correct: 1 cup (or any amount up to 1 cup), Half the container Note: If patient answers "two servings," ask "How much ice cream would that be if you were to measure it into a bowl."

3. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?

Answer: 33 is the only correct answer

4. If you usually eat 2500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?

Answer: 10% is the only correct answer

READ TO SUBJECT: Pretend that you are allergic to the following substances: Penicillin, peanuts, latex gloves, and bee stings.

5. Is it safe for you to eat this ice cream?

Answer: No

6. (Ask only if the patient responds "no" to question 5): Why not?

Answer: Because it has peanut oil.

ANSWER CORRECT?

yes	no

Interpretation

Number of correct answers:

Score of 0-1 suggests high likelihood (50% or more) of limited literacy

Score of 2-3 indicates the possibility of limited literacy.

Score of 4-6 almost always indicates adequate literacy.