Improving Cultural Competence and Humility in Diabetes Care

National Center for Health in Public Housing

Tuesday, April 4

Learning Objectives

- Define cultural competence and cultural humility
- Discuss barriers to the provision of high-quality care for diabetes prevention and diabetes management
- Identify cultural competence resources for health center staff

What countries have you visited?

https://padlet.com/joseleon17/countries-i-have-visited-l3n02psza7speqkk

Icebreaker

In your last experience visiting another country:

- what did you learn about their national dishes?
- What did you learn about cultural differences?
- Did you experience a language barrier? How did you overcome it?

Introduction

The U.S. Census Bureau predicts that, by 2050, non-White populations will account for >50% of the population for the first time in American history. With an increasingly diverse patient population, it has become more important than ever for PCPs to be able to connect with patients of different racial and ethnic backgrounds to provide effective, high-quality care to all patients

Source: US Census Bureau

Case Presentation: Maria

- Maria is a 57-year-old, Spanish-speaking woman with a medical history of type 2 diabetes, hypertension, and hyperlipidemia, who presents to your clinic to establish care. Through an interpreter, you learn that she immigrated from Mexico to the United States 2 years ago and lives with her children and grandchildren. This is her first visit to a doctor since she moved to the United States.
- Maria ran out of her medications about 1 year ago and reports feeling excessively thirsty and fatigued. She also reports that she wakes up several times each night to urinate. She is worried about her diabetes. Her sister, who still lives in Mexico, recently had to get her foot amputated as a result of diabetes-related complications, and her brother just had a stroke. She takes a daily 30-minute walk around her neighborhood, and her diet is a mixture of traditional Mexican foods such as tortillas, rice, and beans and a typical Western diet, including fast food and processed snacks.
- In the clinic, Maria's fasting blood glucose is 220 mg/dL, and her blood pressure is 148/95 mmHg. Her physical exam is unremarkable, and laboratory test results are pending.

Questions for Consideration

- How can your health center best address Maria's needs in this scenario?
- What cultural aspects are important to recognize and incorporate into her evaluation and care plan?
- What are cultural competency and cultural humility, and why should health centers care?

Cultural Competency and Cultural Humility

Cultural competency: The integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes.

- Source: Centers for Disease Control and Prevention Cultural competence. Available from npin.cdc.gov/pages/cultural-competence.

Cultural Humility: Combines the life-long process of self-exploration and self-critique with a willingness to learn from others. It promotes interpersonal sensitivity and openness, addresses power imbalances, and develops an appreciation of intracultural variation and individuality to avoid stereotyping and have a more oriented perspective

- Source: Stubbe DE. Practicing cultural competence and cultural humility in the care of diverse patients. *Focus Am Psychiatr Publ* 2020;18:49–51

Importance of Cultural Competency and Humility in Diabetes Care

- Diabetes disproportionately affects non-White populations, with a prevalence that is two to six times higher among African American, Native American, Asian, and Hispanic populations compared with White population
- These populations also experience a 50–100% higher burden of illness and mortality from diabetes than White Americans
- Minority populations have a higher mean A1C than White populations and higher rates of diabetes-related complications
- Racial and ethnic minorities have a higher prevalence of diabetes at a lower BMI than Whites, suggesting that factors other than obesity play a role in disparities relating to diabetes risk and care across racial and ethnic group

UDS Data: Patient Characteristics/Diabetes

Total number of reporting program awardees	**1,373**	
Reporting period	2021	
Total patients	30,193,278	
total Agricultural workers or dependents	1,015,162	
Patients best served in a language other than English	7,392,089	24.48%
Number of patients with diabetes	2,873,252	9.52%
Estimated number of Latino patients (18+) with HbA1c poor Control		34.41%
Estimated number of Asian patients (18+) with HbA1c poor control		21.01%
Unreported/refused to report race and ethnicity with HbA1c poor control		37.19%

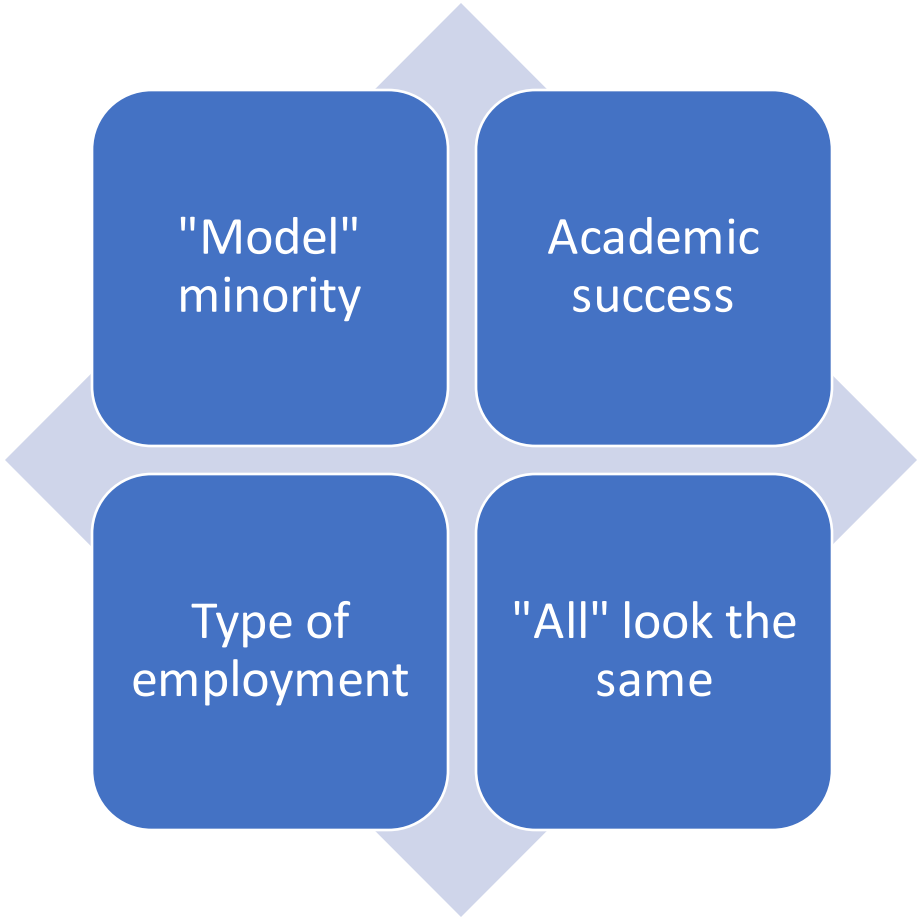
TABLE 2-1 Leading Causes of Death by Race, Ethnicity, and Gender, 2013

Rank	Gender	All	African American	American Indian/Alaska Native	Asian/Pacific Islander	Hispanic	White
1	Female	Heart disease 22.4%	Heart disease 23.6%	Cancer 18.9%	Cancer 26.4%	Cancer 22.6%	Heart disease 22.4%
	Male	Heart disease 24.6%	Heart disease 24.0%	Heart disease 19.8%	Cancer 26.1%	Heart disease 20.7%	Heart disease 24.8%
2	Female	Cancer 21.5%	Cancer 22.5%	Heart disease 16.8%	Heart disease 20.8%	Heart disease 20.0%	Cancer 21.2%
	Male	Cancer 23.5%	Cancer 22.4%	Cancer 17.74%	Heart disease 23.6%	Cancer 20.7%	Cancer 23.7%
3	Female	Chronic lower respiratory diseases 6.1%	Stroke 6.0%	Unintentional injuries 8.5%	Stroke 8.0%	Stroke 5.8%	Chronic lower respiratory diseases 6.6%
	Male	Unintentional injuries 6.3%	Unintentional injuries 5.8%	Unintentional injuries 12.6%	Stroke 6.1%	Unintentional injuries 9.9%	Unintentional injuries 6.3%
4	Female	Stroke 5.8%	Diabetes 4.7%	Diabetes 6.1%	Diabetes 3.7%	Diabetes 5.0%	Stroke 5.8%
	Male	Chronic lower respiratory diseases 5.4%	Stroke 4.7%	Chronic liver disease 5.5%	Unintentional injuries 5.0%	Diabetes 4.4%	Chronic lower respiratory diseases 5.7%
5	Female	Alzheimer's disease 4.6%	Chronic lower respiratory diseases 3.3%	Chronic liver disease 5.6%	Influenza and pneumonia 3.5%	Unintentional injuries 4.4%	Alzheimer's disease 4.9%
	Male	Stroke 4.1%	Homicide 4.5%	Diabetes 5.3%	Diabetes 4.0%	Stroke 4.3%	Stroke 4.0%
6	Female	Unintentional injuries 3.8%	Kidney disease 3.0%	Chronic lower respiratory diseases 5.0%	Alzheimer's disease 3.4%	Alzheimer's disease 3.8%	Unintentional injuries 3.9%
	Male	Diabetes 3.1%	Diabetes 4.1%	Suicide 4.3%	Chronic lower respiratory diseases 3.6%	Chronic liver disease 4.0%	Diabetes 2.9%
7	Female	Diabetes 2.8%	Unintentional injuries 3.0%	Stroke 4.4%	Unintentional injuries 3.3%	Chronic lower respiratory diseases 3.1%	Diabetes 2.5%
	Male	Suicide 2.5%	Chronic lower respiratory diseases 3.3%	Chronic lower respiratory diseases 4.0%	Influenza and pneumonia 3.3%	Chronic lower respiratory diseases 2.9%	Suicide 2.6%
8	Female	Influenza and pneumonia 2.3%	Alzheimer's disease 2.7%	Influenza and pneumonia 2.4%	Chronic lower respiratory diseases 2.5%	Influenza and pneumonia 2.4%	Influenza and pneumonia 2.4%
	Male	Influenza and pneumonia 2.1%	Kidney disease 2.6%	Stroke 2.7%	Suicide 2.6%	Suicide 2.6%	Alzheimer's disease 2.1%
9	Female	Kidney disease 1.8%	Septicemia 2.3%	Alzheimer's disease 2.1%	Kidney disease 2.0%	Chronic liver disease 2.1%	Kidney disease 1.7%
	Male	Alzheimer's disease 2.0%	Septicemia 1.9%	Influenza and pneumonia 2.0%	Kidney disease 1.9%	Homicide 2.4%	Influenza and pneumonia 2.1%

Importance of Cultural Competence and Humility in Diabetes Care

- In the United States, diabetes disproportionately affects non-White populations, with a prevalence that is two to six times higher among African American, Native American, Asian, and Hispanic populations compared with White populations
- These populations also experience a 50–100% higher burden of illness and mortality from diabetes than White American
- Minority populations have a higher mean A1C than White populations and higher rates of diabetes-related complications
- Perhaps most alarming, racial and ethnic minorities have a higher prevalence of diabetes at a lower BMI than Whites, suggesting that factors other than obesity play a role in disparities relating to diabetes risk and care across racial and ethnic groups

Myths and Misinformation – AA/PI



Importance of Practicing Patient-Centered Medicine

Current American Diabetes Association (ADA) guidelines suggest screening for diabetes in asymptomatic adults with a BMI ≥25 kg/m^2 (or ≥23 kg/m^2 for Asian Americans) who have one or more known risk factors for diabetes

ADA set a lower cut point for Asian Americans to address evidence of disparity showing that the higher BMI would miss ~36% of diabetes cases among Asian Americans

Selected Cultural Competency Resources for Health Care Providers

Organization
U.S. Department of Health and Human Services Office of Minority Health : A Physician's Practical Guide to Culturally Competent Care
Georgetown University National Center for Cultural Competence: National Center for Cultural Competence
American Academy of Family Physicians: The Everyone Project

Potential Provider Viewpoints That Can Become Barriers to the Provision of High-Quality Care

- **Patients who do not live a healthy lifestyle do not care about their health.**
- Difficulty in successfully following treatment recommendations is solely because of the patient.
- Everyone understands what it means to have a chronic illness.
- Everyone should and will listen to recommendations from their health care providers.
- Not following providers' instructions means "nonadherence."

Cultural Sensitivity Best Practices

- When managing a complex chronic disease such as diabetes, a team-based approach to lifestyle change is important to ensure the provision of patient-centered, high-quality care that yields the best outcomes
- Care teams provide patients with self-management support not only from traditional health care providers, but often also from lay health coaches, health system navigators, and community health workers; specific types of team members will vary based on the cultural norms of each patient population
- By constantly challenging ourselves and our training, confronting our biases, and facing the uncomfortable reality of health disparities in the United States, we have an opportunity to improve the health of all patients—not just those who are the most privilege

General Statistics

- Increased number from the Caribbean and sub-Saharan Africa, representing almost 881,300 (US Census).
- 36% from West Africa, Ghana, Nigeria, and Sierra Leone. Subsequently may prefer to be referred based on their native country, Africans, Nigerians, and Somalis.
- Though all viewed as Black (based on phenotypical characteristics) individuals have a completely different history and cultural background.
- Haitians (420,000) may resent being grouped as Black.
- 56% of the 36.2 Million African Americans live in the South, 18% in the Northeast, 18% in the Midwest, and 9% in the West.
- 52% live in central cities (compared to 21% Whites).

Case Presentation – Tailoring Treatment

- For Maria, the patient in our case presentation, a team-based approach involving health care providers, community leaders, and family members maximizes resources to ensure that she receives high-quality and effective diabetes care
- Dietary recommendations provided for Maria should emphasize the use of traditional Mexican ingredients such as corn tortillas, brown rice, and legumes; including plenty of fruit and vegetables; and minimizing processed foods, flour tortillas, and white rice. These recommendations will allow Maria to continue eating the culturally important foods she is used to, while still making healthy alterations to help her achieve glycemic control
- After reviewing an individualized treatment plan, referring Maria to and helping her enroll in a diabetes education class with a Spanish-speaking diabetes educator can help empower her to take a more active role in managing her disease. Additionally, giving her take-home educational pamphlets in her own language will allow her to continue learning about diabetes in the comfort of her own home, so she can come to the next visit prepared with informed questions
- Finally, the role of the family is extremely important in Hispanic populations. Including Maria's family and making sure everyone is on board with her diabetes management plan will help to increase Maria's engagement and improve her overall health.

- Instead of telling patients to stop eating a certain food of great cultural importance, suggest that they eat more of another type of food, such as fresh fruits and vegetables.

- Tailor each recommendation to the individual's learning style and personal beliefs.

- Always use an interpreter instead of a family member when speaking to non–English-speaking patients.

- Community programs are especially effective when encouraging patients to make lifestyle modifications, allowing them to learn from members of their own cultural community.

- Use a patient-centered communication style.

Source: Frontiers in Endocrinology