

### 2023 Fall member retreat speaker

### About me:



Stacie Walton MD, MPH

CEO

Stacie Walton MD, MPH, is a semi-retired, board-certified pediatrician.

She has been a consultant in DEI for various institutions for over 25 years.

Currently, Stacie heads her consultant business, *The Diversity Doctor*.

Her academic degrees come from Stanford, Columbia, University of Pennsylvania, and UC Berkeley.



## Learning objectives

Building an inclusive company culture through a culturally intelligent lens

- Recognize the importance of cultural competence and humility in healthcare delivery
- Define culture and outline a roadmap to competence

 Illustrate the connection between cultural humility and emotional intelligence





## The issues we're all facing:

### **United States** diversity

White Americans are the racial majority with:

- 59.3% Non-Hispanic White Americans
- 18.9% Hispanic/Latino **Americans**
- 12.6% Black **Americans**

Persistent and pervasive health disparities

Influence of social determinants of health



### Power of cultural congruence

• ... the application of care that agrees with the preferred cultural values, beliefs, worldview, and practices of the healthcare consumer and other stakeholders.



### Ongoing demographic trends

- The 2020 U.S. population was more racially and ethnically diverse than measured in 2010
  - By 2050, the Census Bureau projects African Americans will have grown by roughly 30%, the number of Hispanics by 60% and the number of Asian Americans will have more than doubled.





Of the population is nonwhite; the most change is seen in the under-18 population.



## The state of health disparities

What is most striking is that during the years we analyzed, a time when there has been a tremendous increase in healthcare spending and important national efforts to eliminate disparities, we detected NO progress in these key health metrics and NO improvement in health equity.

– Harlan M. Krumholz, MD, Yale Study JAMA 8.17.2021

## Persisting health disparities

• The point being: health disparities persist today despite increased healthcare expenditures from 1999-2018

- This is especially true for black and latin patients who continue to experience:
  - Decreased access to care
  - Increased likelihood to delay or go without care because of its cost





### Social determinants of health

We can improve health by providing:









Access to housing

Income support

**Food security** 

**Community outreach** and care communication



## Power of cultural congruence

# Physician-patient racial concordance and disparities in birthing mortality for newborns

Brad N Greenwood <sup>1</sup>, Rachel R Hardeman <sup>2</sup>, Laura Huang <sup>3</sup>, Aaron Sojourner <sup>4</sup>

Affiliations + expand

PMID: 32817561 PMCID: PMC7474610 DOI: 10.1073/pnas.1913405117

Free PMC article

#### **Abstract**

Recent work has emphasized the benefits of patient-physician concordance on clinical care outcomes for underrepresented minorities, arguing it can ameliorate outgroup biases, boost communication, and increase trust. We explore concordance in a setting where racial disparities are particularly severe: childbirth. In the United States, Black newborns die at three times the rate of White newborns. Results examining 1.8 million hospital births in the state of Florida between 1992 and 2015 suggest that newborn-physician racial concordance is associated with a significant improvement in mortality for Black infants. Results further suggest that these benefits manifest during more challenging births and in hospitals that deliver more Black babies. We find no significant improvement in maternal mortality when birthing mothers share race with their physician.

Greenwood BN, Hardeman RR, Huang L, Sojourner A. Physician-patient racial concordance and disparities in birthing mortality for newborns.

Proc Natl Acad Sci U S A. 2020 Sep 1;117(35):21194-21200. doi: 10.1073/pnas.1913405117. Epub 2020 Aug 17. PMID: 32817561; PMCID:

PMC7474610

Takeshita J, Wang S, Loren AW, et al. Association of Racial/Ethnic and Gender Concordance Between Patients and Physicians With Patient

Experience Ratings. JAMA Netw Open. 2020;3(11):e2024583. doi:10.1001/jamanetworkopen.2020.24583



### Association of Racial/Ethnic and Gender Concordance Between Patients and Physicians With Patient Experience Ratings

Junko Takeshita <sup>1 2</sup>, Shiyu Wang <sup>1</sup>, Alison W Loren <sup>3</sup>, Nandita Mitra <sup>2</sup>, Justine Shults <sup>2</sup>, Daniel B Shin <sup>1</sup>, Deirdre L Sawinski <sup>4</sup>

Affiliations + expand

PMID: 33165609 PMCID: PMC7653497 DOI: 10.1001/jamanetworkopen.2020.24583

Free PMC article

#### Abstract

**Importance:** The Press Ganey Outpatient Medical Practice Survey is used to measure the patient experience. An understanding of the patient- and physician-related determinants of the patient experience may help identify opportunities to improve health care delivery and physician ratings.

**Objective:** To evaluate the associations between the patient experience as measured by scores on the Press Ganey survey and patient-physician racial/ethnic and gender concordance.

**Design, setting, and participants:** A cross-sectional analysis of Press Ganey surveys returned for outpatient visits within the University of Pennsylvania Health System between 2014 and 2017 was performed. Participants included adult patient and physician dyads for whom surveys were returned. Data analysis was performed from January to June 2019.

**Exposures:** Patient-physician racial/ethnic and gender concordance.

Main outcomes and measures: The primary outcome was receipt of the maximum score for the "likelihood of your recommending this care provider to others" question in the Care Provider domain of the Press Ganey survey. Secondary outcomes included each of the remaining 9 questions in the Care Provider domain. Generalized estimating equations clustering on physicians with exchangeable intracluster correlations and cluster-robust standard errors were used to investigate associations between the outcomes and patient-physician racial/ethnic and gender concordance.



## Something about culture...

- The dimensions of culture and the iceberg analogy:
  - Some aspects of your culture will be readily visible to all
  - Others may be more subtle or only sensed





### Above the waterline

What we can see

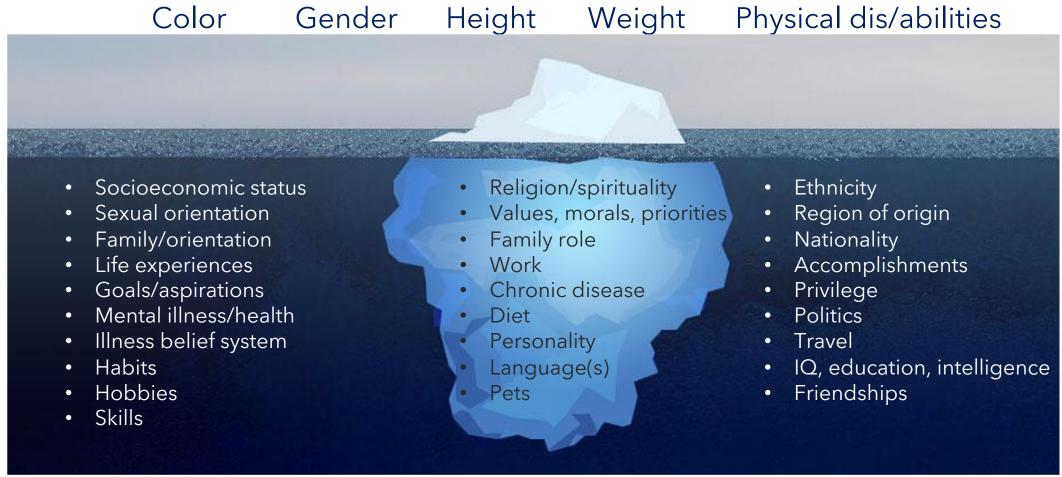


https://www.cdc.gov/nchs/healthy\_people/hp2030/hp2030.htm
Taylor, L. A., Tan, A. X., Coyle, C. E., Ndumele, C., Rogan, E., Canavan, M., Curry, L. A., & Bradley, E. H. (2016).
Leveraging the Social Determinants of Health: What Works? PLoS ONE, 11(8). https://doi.org/10.1371/journal.pone.0160217



### Below the waterline

### What we cannot see



https://www.cdc.gov/nchs/healthy\_people/hp2030/hp2030.htm

Taylor, L. A., Tan, A. X., Coyle, C. E., Ndumele, C., Rogan, E., Canavan, M., Curry, L. A., & Bradley, E. H. (2016). Leveraging the Social Determinants of Health: What Works? PLoS ONE, 11(8). https://doi.org/10.1371/journal.pone.0160217



### Discussion:

01

What does the analogy suggest?

02

Which attributes do we often react to?





## The intercultural sensitivity model

Milton Bennett





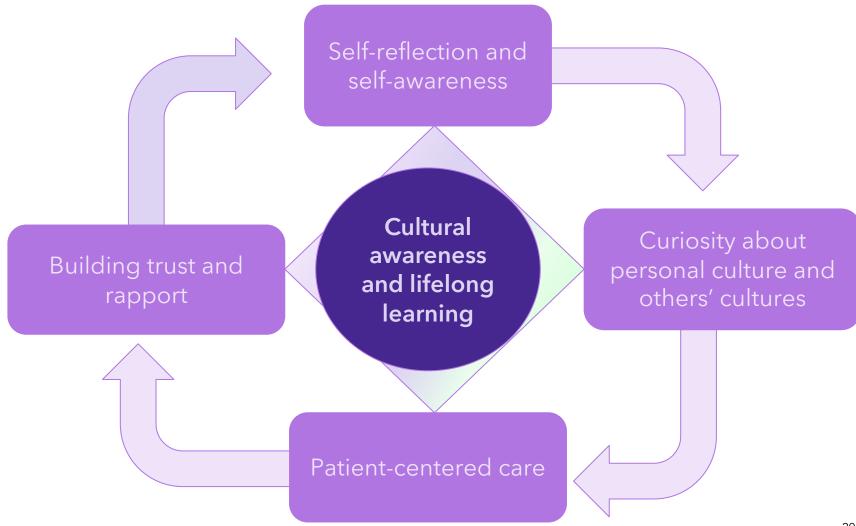






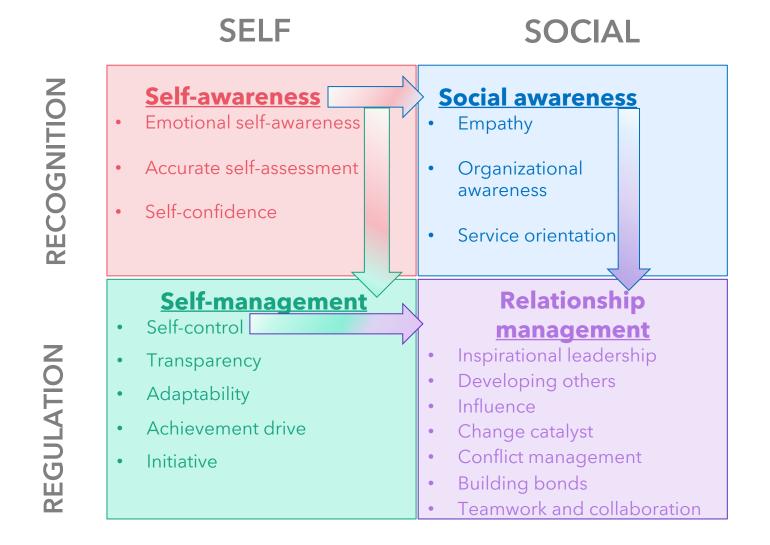
## **Cultural humility**

"A model of self-awareness and lifelong learning"





## The four quadrants of emotional intelligence





## **Empathy – What is it?**





## Empathy – What is it at work?





### **Conclusions**

**Cultural competency** is foundational in creating workplaces that are inclusive and provide quality of care for patients and clients.



**Cultural humility** represents the life-long model of self-awareness, which is a skill based in emotional intelligence.





