Society, Culture, and Race in Clinical Care

Webinar Logistics

LENOX HILL NEIGHBORHOOD HOUSE
SINCE 1894

- All attendees will be automatically muted and in listen-only mode for the duration of the presentation
- Participation is highly encouraged!
  - The speaker will take questions at the end of the webinar.
  - Please submit your responses to the polls during the presentation.
  - Don't forget the satisfaction survey following the webinar.
- All slides and the audio recording will be made available on our website following the presentation
  - http://www.nyp.org/pps/resources/pps-webinars

NewYork-Presbyterian
Performing Provider System

Presenter

LENOX HILL NEIGHBORHOOD HOUSE
SINCE 1894

- **Bradley Matthys Moore, PhD**, Research and Partnerships Manager at The Lenox Hill Neighborhood House

NewYork-Presbyterian
Performing Provider System

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Society, Culture, and Race in Clinical Care

New York-Presbyterian PPS

Cultural Competency / Health Literacy Work Group

NYP PPS Cultural Competency / Health Literacy Tip Sheets, Webinars, and Online Resources

Tip Sheets and Webinars:

- **Society, Culture, and Race in Clinical Care (Webinar 3/29/2017)**
- **Health Literacy (Webinar 4/20/2017 – Combined with Teach-Back)**
- **Teach-Back and Barriers to Adherence Discussion**
- **Gender Identity and Sexual Orientation (Webinar TBA)**
- **Disability (Webinar TBA)**
- **Linguistic Barriers (Webinar TBA)**

Online Resources:

- **NYP PPS Cultural Competency / Health Literacy web page**
  http://www.nyp.org/pps/cultural-competency/training-resources
- **Quality Interactions Resource Center**
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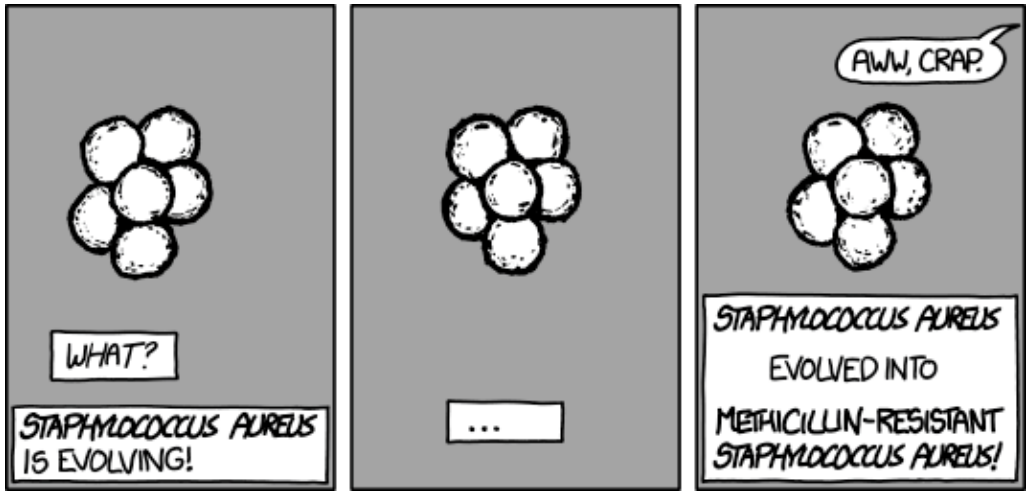
- **Healthify (Phased Implementation)**
- **HITE (Health Information Tool for Empowerment)**
  https://www.hitesite.org/

“To speak a language is to take on a world, a culture.”

-Frantz Fanon

The Language and Culture of Health Care Provision

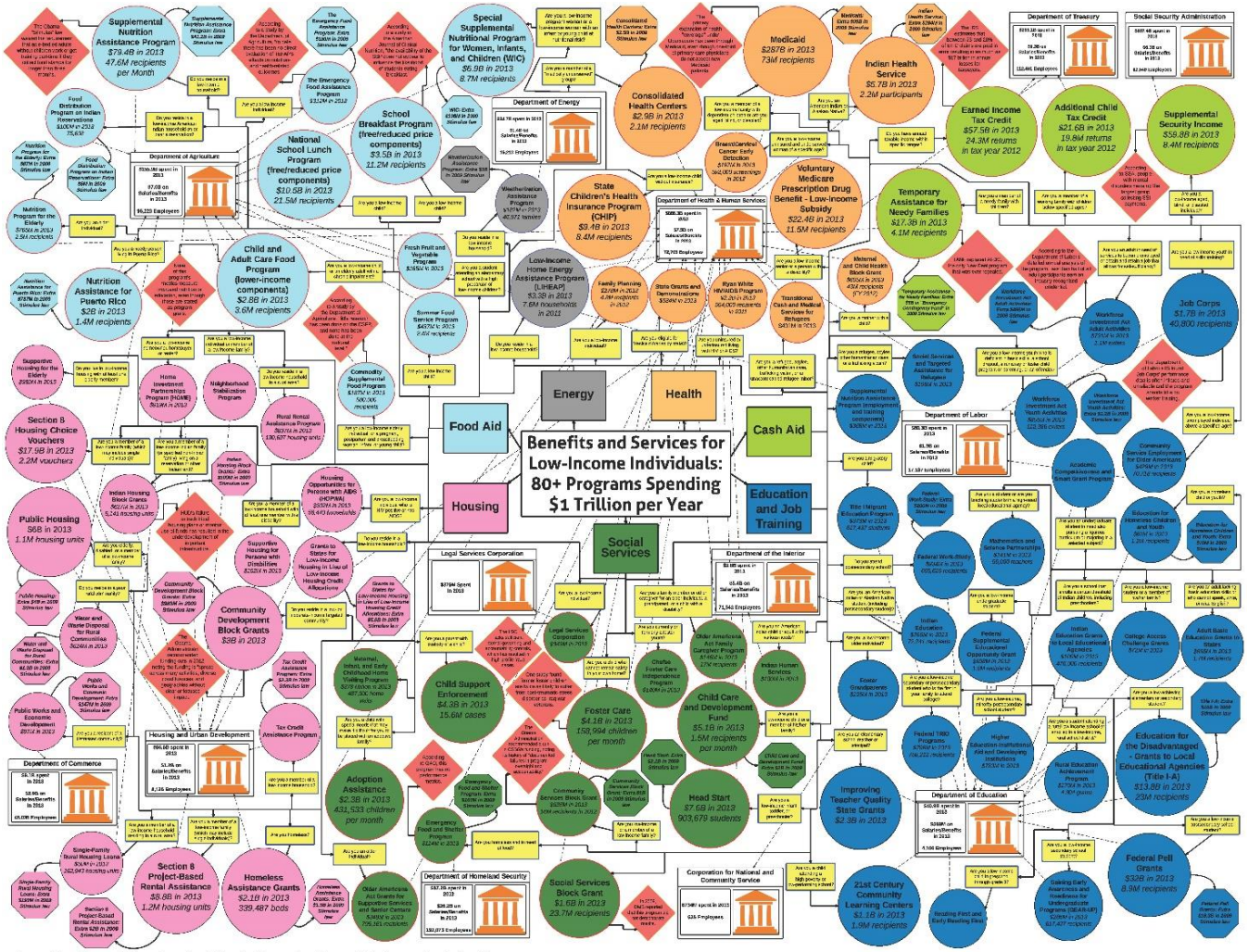
- A1C?
- FEV1?
- BMI?
- Medial or lateral?
- Gravid?
- Creatine kinase?
- Neoplasm?
- Anthroplasty?
- ICD 10?
- CPT?
- FQHC?
- EBM?



Randall Munroe, XKCD Comics, https://xkcd.com/1147/

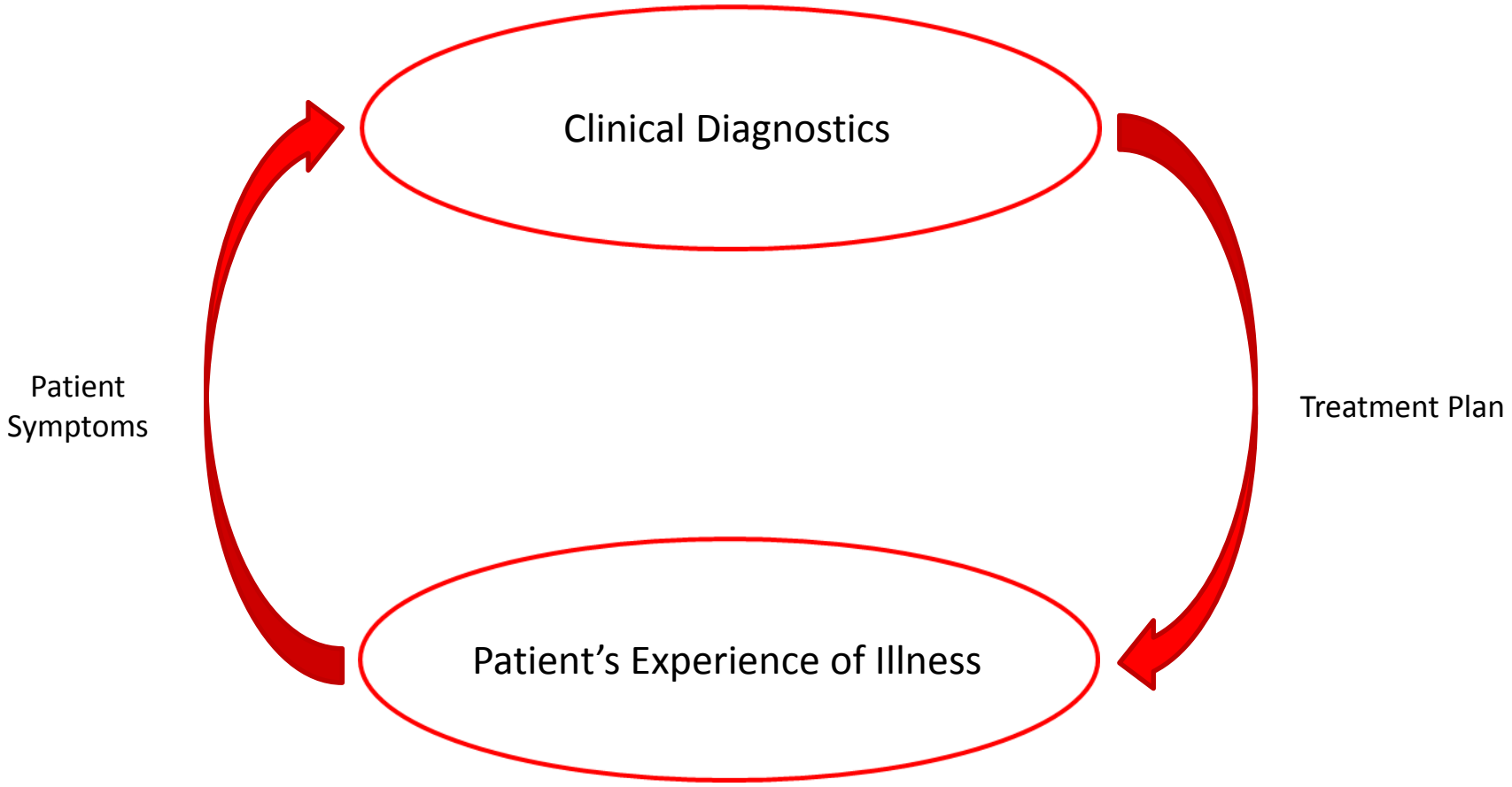
…and Social Services

- SNAP?
- TANF?
- HEAP?
- CHIP?
- MI?
- 2010e?
- SP-SRO?
- NSI?
- PHQ9?
- FPL?
- MAGI?

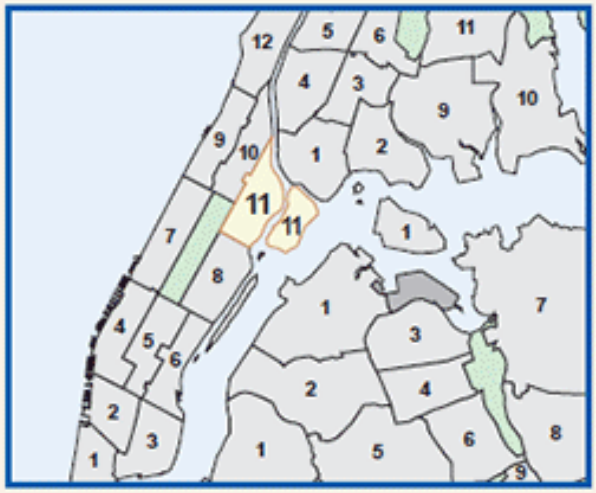


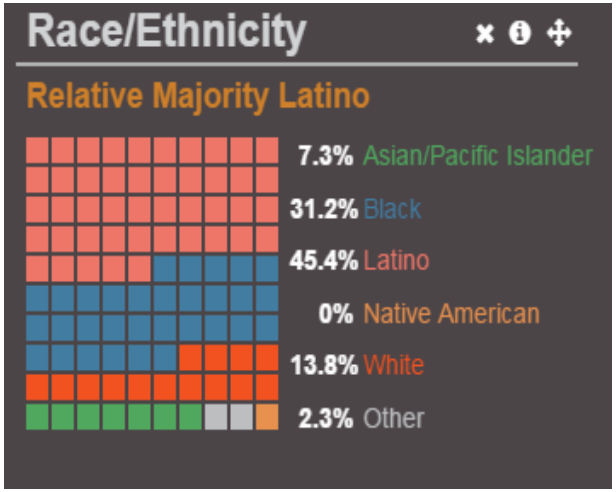
Source: House Ways and Means Committee staff, using Congressional Research Service reports and other data.

Health Care Provision and Cross-Cultural Communication



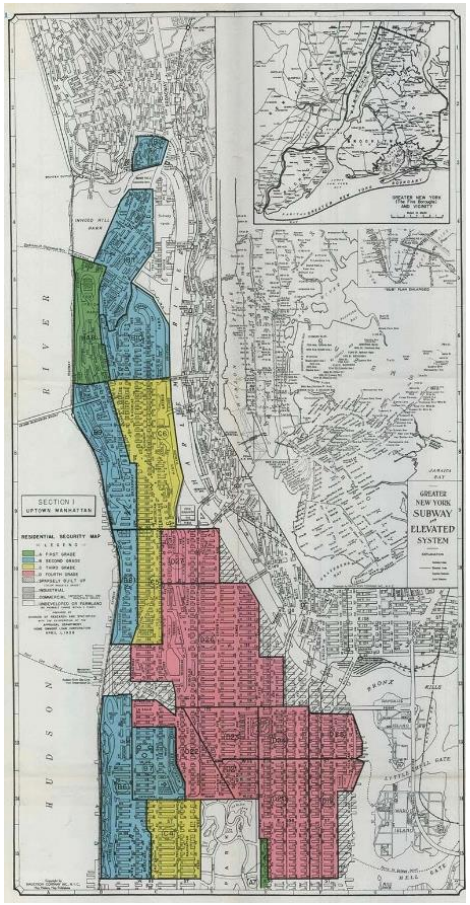
Situating the Illness Experience: The Case of East Harlem





Multiple data sources, Data2go, Community District 11, East Harlem. www.data2go.nyc

The Case of East Harlem: History, Housing, Racism, and Poverty



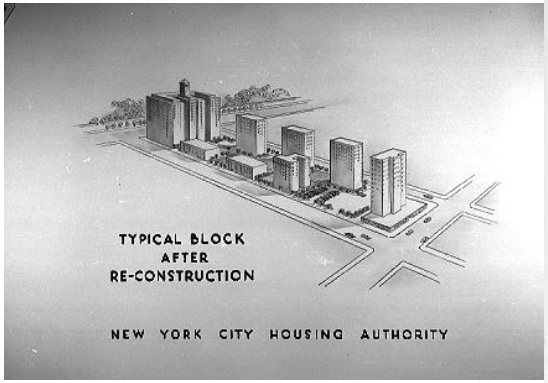
Home Owners' Loan Corporation residential security map, New York 1938.
https://www.moma.org/interactives/exhibitions/2015/onewayticket/static/panel/48/

982 (1). ***Adequacy of Civic, Social, and Commercial Centers.*** **These elements of comfortable living usually follow rather than precede development. Those centers serving the city or section in which the development is situated should be readily available to its occupants. Schools should be appropriate to the needs of the new community and they should not be attended in large numbers by inharmonious racial groups. Employment centers, preferably diver-**

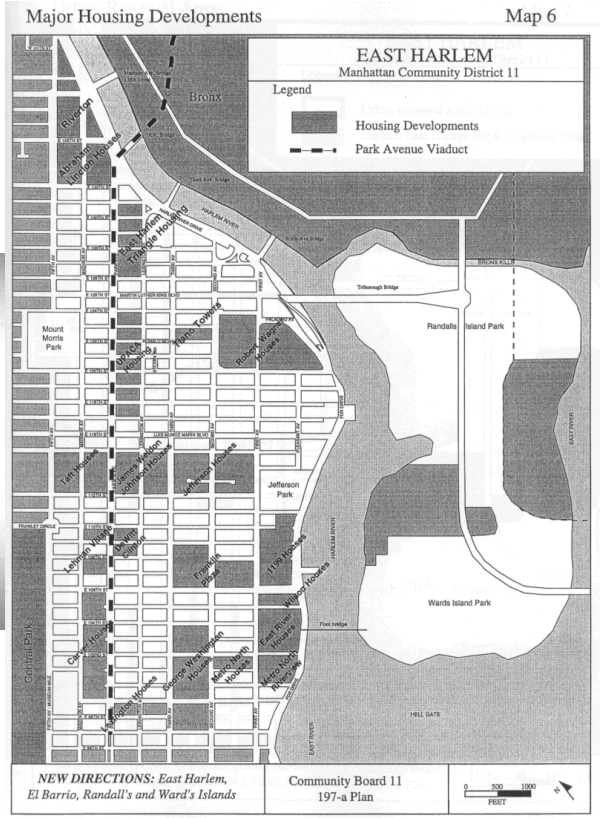
1032. The borrower who acquires property for occupancy in a location inhabited by a class or race of people that may impair his interest in the property—and thereby affect his motivation—should be ascribed a lower rating in this feature to reflect the diminishing importance of the property to the borrower. Diminishing importance from this source may reduce motivation to a degree justifying rejection of the borrower in this feature. A borrower who

Underwriting Manual: Underwriting Analysis under Title II, Section 203 of the National Housing Act, United States Federal Housing Administration, 1938.

The Case of East Harlem: Disinvestment, Community Disruption, and Planned Development, 1930-1980



Photographs from 114th St. and 113th St. in the 1940s – future sites of the Jefferson and Johnson NYCHA complexes in East Harlem, and a 1955 artists rendering of a "typical" NYCHA development after demolition of the tenements. La Guardia and Wagner Archives, "Public Housing: New York Transformed 1939-1967. Photographs from the New York Housing Authority." http://www.laguardiawagnerarchive.lagcc.cuny.edu/NYCHA_PHOTO_GALLERY.aspx

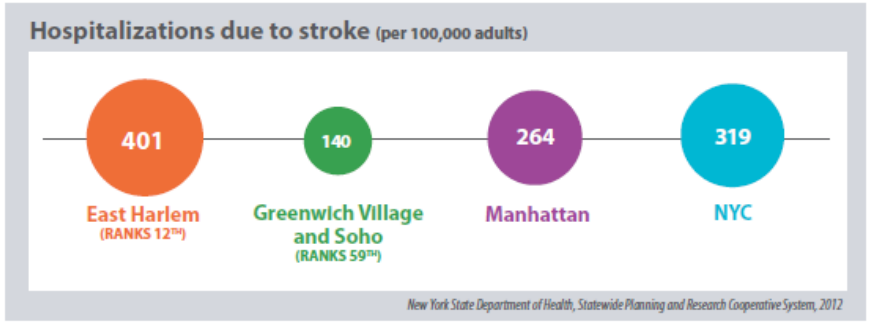


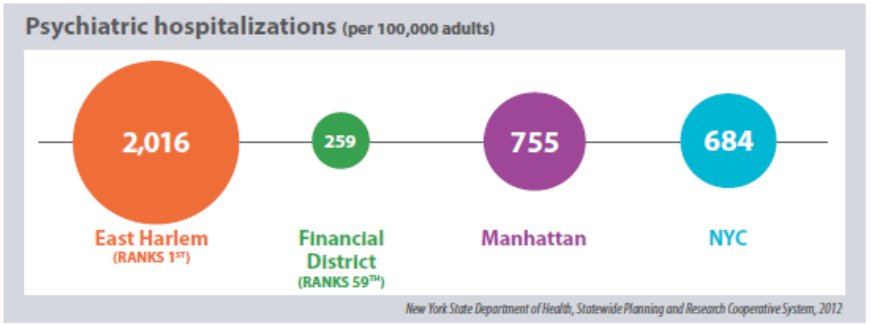
East Harlem has the second highest concentration of public housing in the nation – 24 NYCHA Housing Developments were built in the area between the 1940s and 1980s. Map *New Directions: A 197-A Plan for Manhattan Community District 11* (Revised 1999)

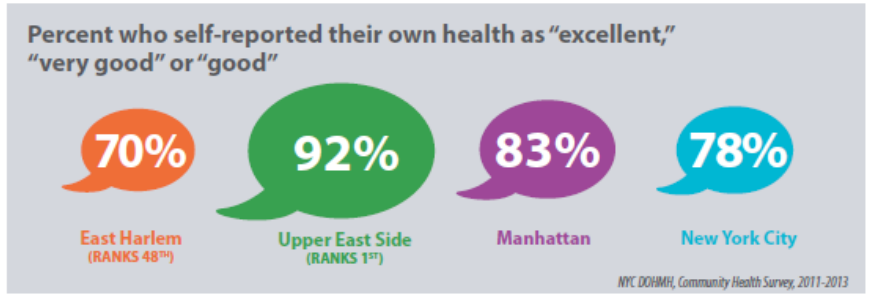
The Case of East Harlem: Socioeconomic Impacts of a Racist Policy

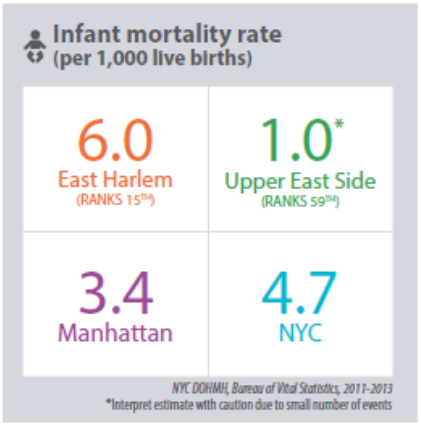
Multiple data sources, Data2go, Manhattan Community District 11, East Harlem. www.data2go.nyc

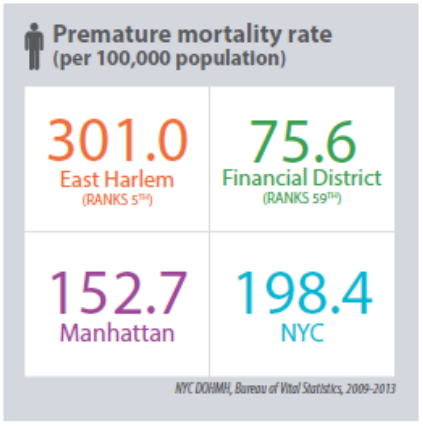
East Harlem: Health Disparities











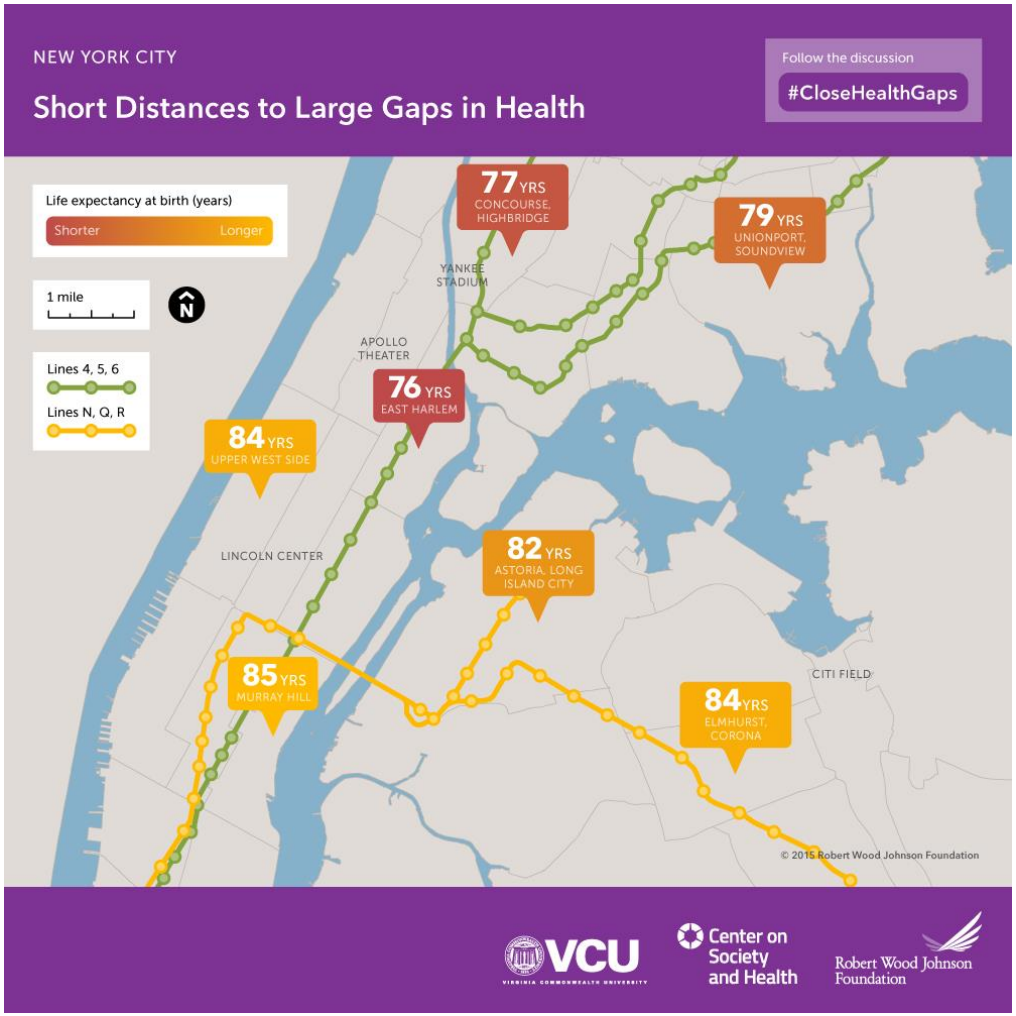
Top causes of death and rates (per 100,000 population)

East Harlem			New York City	
RANK	CAUSE: NUMBER OF DEATHS	DEATH RATE	RANK	DEATH RATE
1	Heart disease: 1,279	206.3	1	202.6
2	Cancer: 1,099	180.2	2	156.7
3	Diabetes mellitus: 216	35.3	4	20.6
4	Lower respiratory diseases: 190	30.9	5	19.8
5	Flu/pneumonia: 181	29.2	3	27.4
6	HIV: 172	28.0	10	8.4
7	Stroke: 149	24.0	6	18.8
8	Hypertension: 135	21.6	8	11.4
9	Drug-related: 103	16.6	9	8.6
10	Alzheimer's disease: 89	13.8	11	7.1

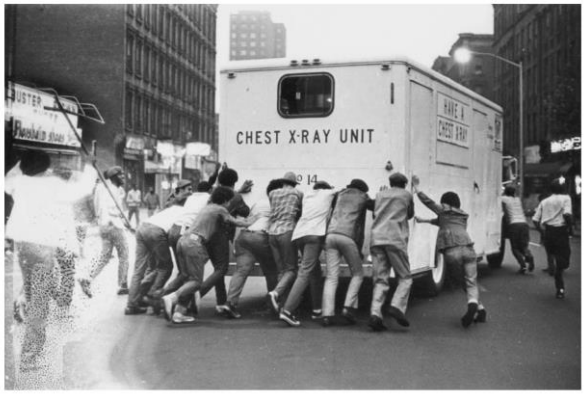
NYC DOHMH, Bureau of Vital Statistics, 2009-2013

NYC DOHMH, *Community Health Profiles 2015, Manhattan Community District 11: East Harlem*, http://www1.nyc.gov/assets/doh/downloads/pdf/data/2015chp-mn11.pdf

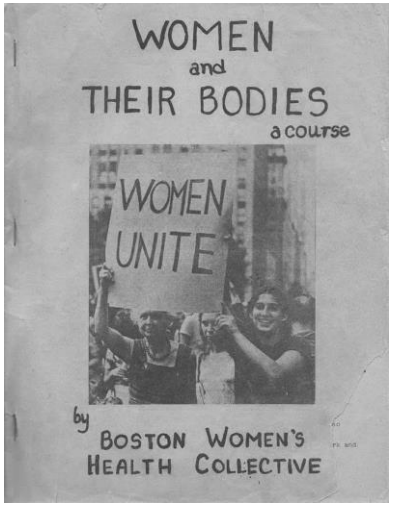
"Your zip code is a better predictor of health than your genetic code" – Melody Goodman, PhD



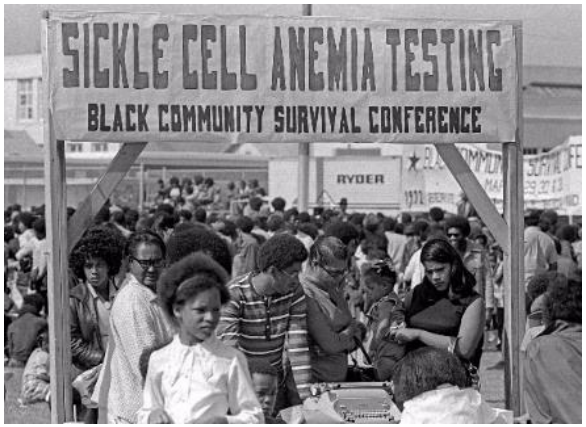
Population-Level Health Disparities in Access, Treatment, and Care



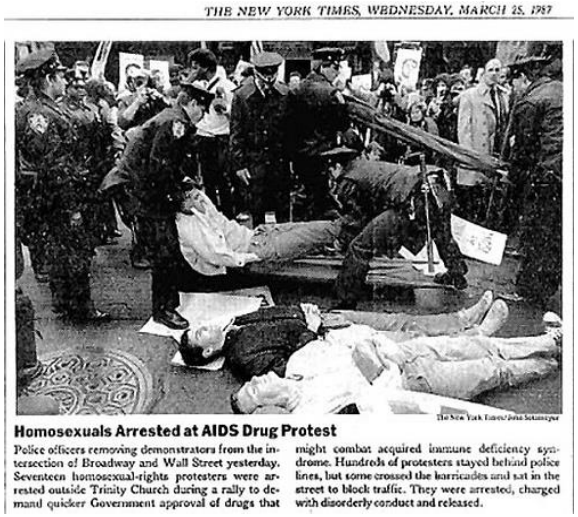
Young Lords commandeer a TB testing truck. Enck-Wanzer, Darrel (ed). *The Young Lords: A Reader*. New York and London: New York University Press, 2010: 188.



First edition of *Our Bodies, Ourselves*, 1970, https://www.nlm.nih.gov/exhibition/forallthepeople/exhibition4.html



A Black Panthers' Sickle Cell Testing Site. Bob Fitch, The Bob Fitch Photography Archive, Stanford University.



THE NEW YORK TIMES, WEDNESDAY, MARCH 25, 1987

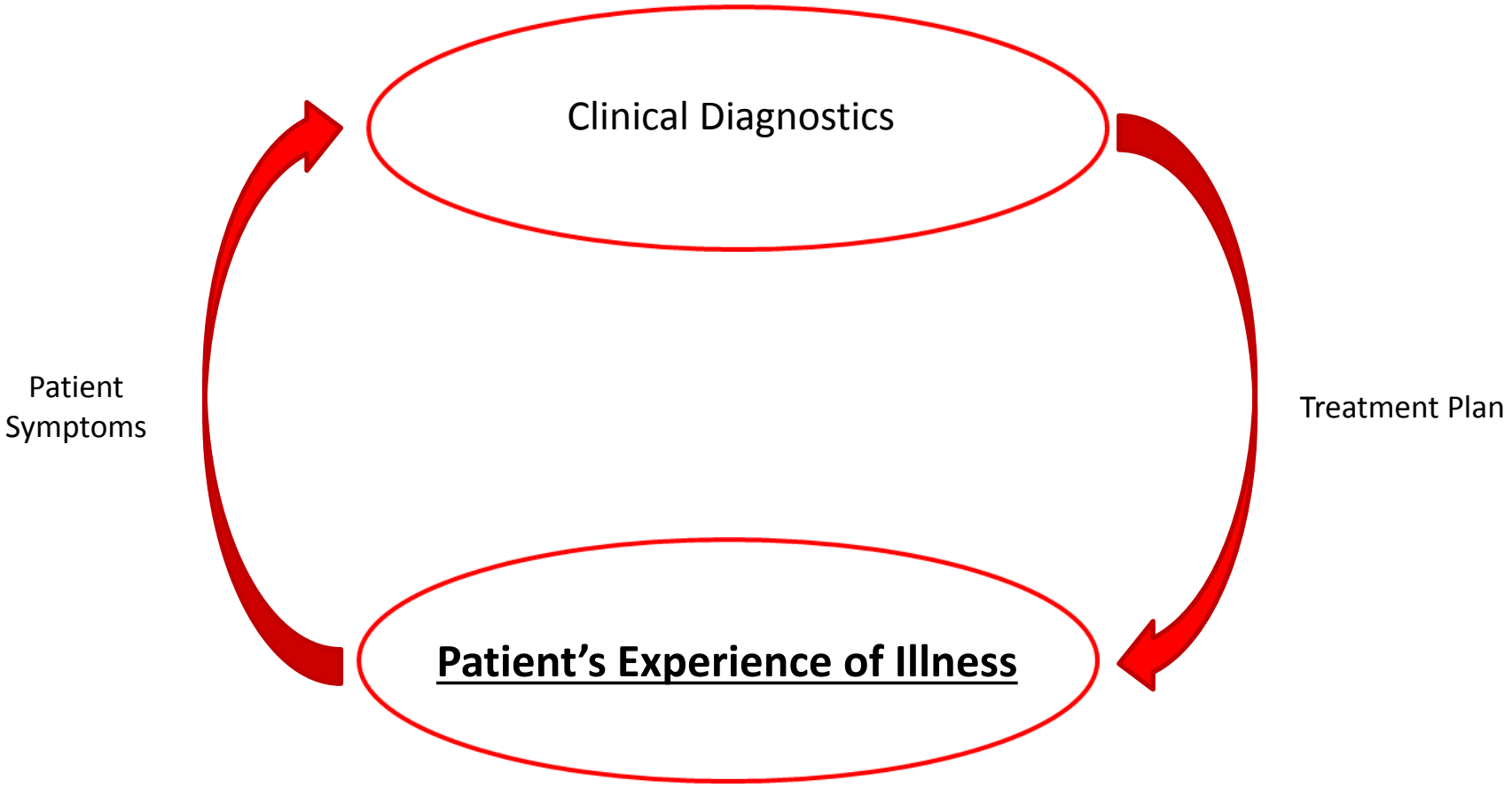
Homosexuals Arrested at AIDS Drug Protest

Police officers removing demonstrators from the intersection of Broadway and Wall Street yesterday. Seventeen homosexual-rights protesters were arrested outside Trinity Church during a rally to demand quicker Government approval of drugs that might combat acquired immune deficiency syndrome. Hundreds of protesters stayed behind police lines, but some crossed the barricades and sat in the street to block traffic. They were arrested, charged with disorderly conduct and released.

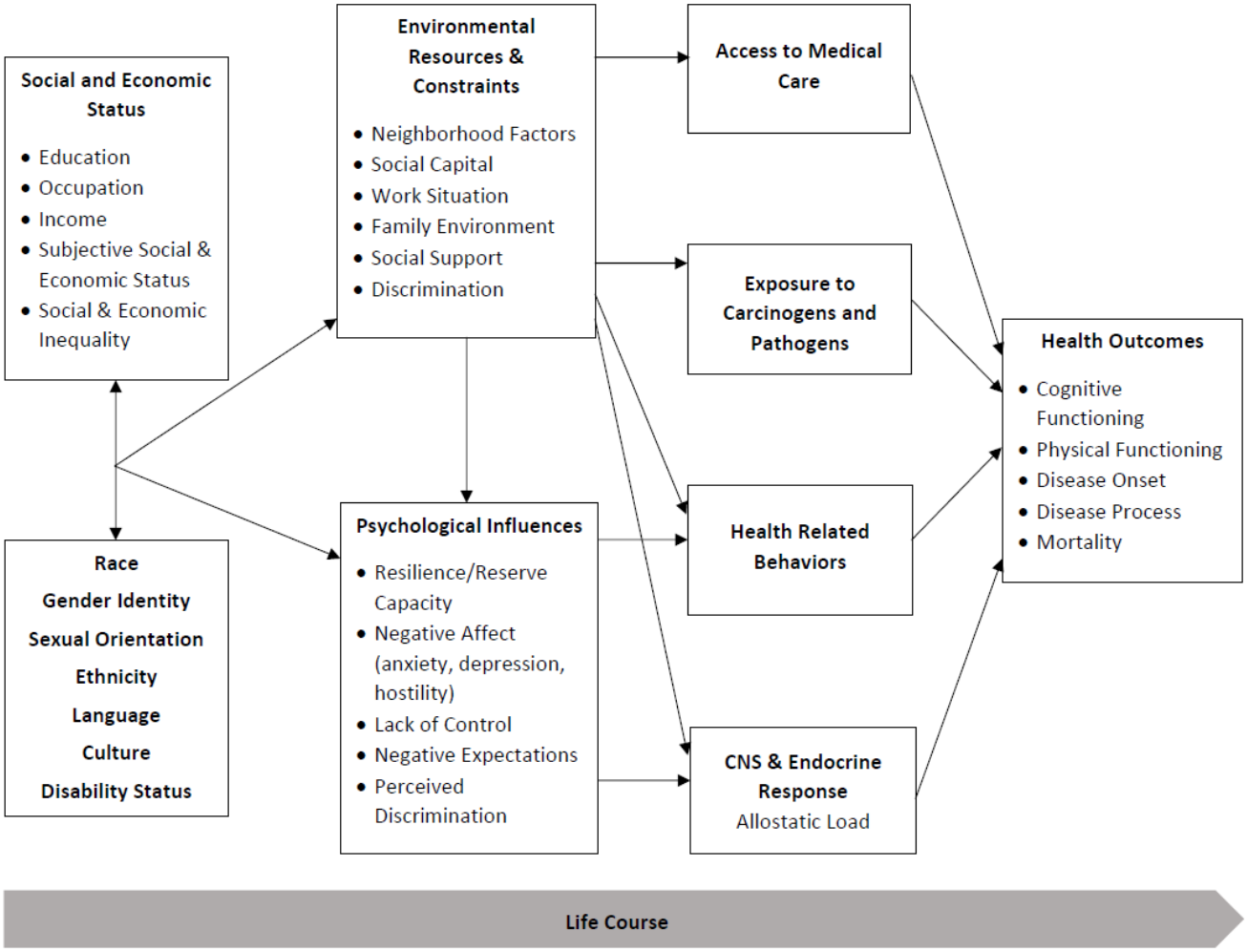
Act-Up protest to demand greater access to experimental HIV/AIDS drugs, 1987.

Section 504 Disability Activists, 1977. HolLynn D'Lil, https://www.nlm.nih.gov/exhibition/forallthepeople/exhibition4.html

Health Care and Cross-Cultural Communication (Revisited)



Recognizing the Complex Ecologies of the Illness Experience: Race, Culture, Society & Environment



Adapted from Nancy E. Adler and Judith Stewart, "Health Disparities Across the Lifespan: Meaning, Methods, and Mechanisms," *Annals of the New York Academy of Sciences* 1186, (Feb 2010) 1: 5-23.

The Influence of Lived Experience: Illness Management and Health Behaviors Don't Occur in a Vacuum

- Stigma
- Racism/Sexism/Bigotry
- Limited Access/Work/Sick Time
- Financial Stress/Poverty
- Time Constraints
- Transportation Issues
- Family/Social Support
- Physical Accessibility
- Medical Skepticism
- Depression/Anger/ Resentment/Anxiety
- Pill or Injection Burden/Adverse Side Effects/Complex Treatment Regime
- Misunderstanding/ Inadequate Counselling
- Folk/Alternative/ Traditional Remedies
- Different Cultural Understandings of Illness
- Environmental Constraints
- Lack of Provider Coordination

General Tips on Cultural Competence: The NYP PPS Tip Sheet

"Narrative humility acknowledges that our patients' stories are not objects that we can comprehend or master, but rather dynamic entities that we can approach and engage with…[it] allows clinicians to recognize that each story we hear holds elements that are unfamiliar—be they cultural, socioeconomic, sexual, religious, or idiosyncratically personal."

-Sayantani DasGupta, "Narrative Humility," *The Lancet* 371 (March 2008): 980-981.

General Tips on Cultural Competence: The NYP PPS Tip Sheet

- Create a welcoming clinical environment across cultures and groups (representation, accessibility, staffing).
- Treatment planning is shared decision making – seek out a patient's healing beliefs and personal view of successful outcomes in treatment planning.
- Include family members in healthcare decisions when requested.
- Consider cultural, spiritual, and religious beliefs that may complement or conflict with standard medical care or treatment planning.
- Consider potential role of medical or scientific skepticism/mistrust in treatment planning.

General Tips on Cultural Competence: The NYP PPS Tip Sheet

- **Avoid racial, cultural, or ethnic assumptions about notions of health and healing:**
  - **An individual's visual, personal, and cultural identities can and do conflict.**
  - **Specific population and sub-group level trends ≠ individual patient-level behavior, beliefs, or experiences.**

- **Normalize and seek out common issues with treatment adherence during treatment planning:**
  - **Example: "Some people have difficulty filling prescriptions. What kinds of issues might make it hard for you to get these medications?"**
  - **Example: "Sometimes people have difficulty connecting with a regular doctor. What kinds of issues might make it hard to find a regular doctor?"**

Six Step Model of Culturally Informed Care – Adapted from Arthur Kleinman & Peter Benson

1) Determine whether ethnic identity is an important part of the self.

2) Evaluate what is at stake for the patient and their family in this episode of illness.

3) Reconstruct the patient's illness narrative, i.e., their own understanding of their illness.

4) Evaluate the potential role of psychosocial barriers and stressors in treatment.

5) Assess how culture, stereotypes, or bias may be impacting the clinical encounter or treatment planning.

6) Seek cultural sensitivity, yet avoid unnecessarily racial, ethnic, gendered, or sexual identity-based interpretations of treatment needs/difficulties.

Arthur Kleinman & Peter Benson, "Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix it," *PLOS Medicine* 3, 10 (October 2006): 1673-1676.

"If we were to reduce the six steps of culturally informed care to one activity that even the busiest clinician should be able to find time to do, it would be to routinely ask patients (and where appropriate family members) what matters most to them in the experience of illness and treatment. The clinicians can then use that crucial information in thinking through treatment decisions and negotiating with patients."

-Kleinman & Benson 2006

General Tips on Cultural Competence: The NYP PPS Tip Sheet

Teach-Back and Barriers to Adherence Discussion: Does the patient have the knowledge, ability, *and* opportunity to follow the treatment plan?

Questions?

Tip Sheets and Webinars:

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NewYork-Presbyterian
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Upcoming Webinars from NYP PPS and Collaborators:

Register Here: http://www.nyp.org/pps/resources/pps-webinars

An Overview of the Health Home Serving Children

Tuesday, April 4, 2017 from 11:00 AM - 12:00 PM EST

This webinar will feature **Jodi Saitowitz, LCSW**, Executive Director of The Collaborative for Children and Families.

Health Literacy and Teach-Back Techniques: Overcoming Barriers to Adherence

Thursday, April 20, 2017 from 2:00 PM - 3:00 PM EST

This presentation will feature **Dodi Meyer, MD**, Director of Community Pediatrics and Associate Professor of Pediatrics at Columbia University Medical Center, and **Emelin Martinez**, Program Manager for the Health Education and Adult Literacy (HEAL) Program and Reach Out & Read at NewYork-Presbyterian Hospital.

Special Webinar Announcement from GNYHA/NYLAG LegalHealth:

Understanding the Current Immigration Landscape for Patients

Thursday, March 30, 2017 from 3:00 - 4:30 PM EST

Register: https://join.onstreammedia.com/register/92762188/qaqm3zw

We want to hear from you! Please contact ppsmembership@nyp.org with any feedback.

Bradley Matthys Moore, PhD, Research and Partnerships Manager,
Lenox Hill Neighborhood House, bmoore@lenoxhill.org

NYP PPS Cultural Competency and Health Literacy Workgroup:

ppsmembership@nyp.org