



Stony Brook
Medicine



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CULTURAL COMPETENCY AND HEALTH LITERACY

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CULTURE

Shared values, traditions, behavioral norms, customs, communication styles, history, etc...all of which guide perceptions and actions of a particular group of people.

CULTURAL DIVERSITY

Differences in race, ethnicity, language, nationality, religion, age, sexual orientation, physical ability, among various groups within a community.



WHAT IS CULTURAL AND LINGUISTIC COMPETENCE?

A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals enabling, the delivery of services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients.



- Health literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.
- Individuals must possess the skills to understand information and services and use them to make appropriate decisions about their healthcare needs and priorities.
- Health Literacy is the product of individuals' capabilities and the health literacy related demands and complexities of the healthcare system.



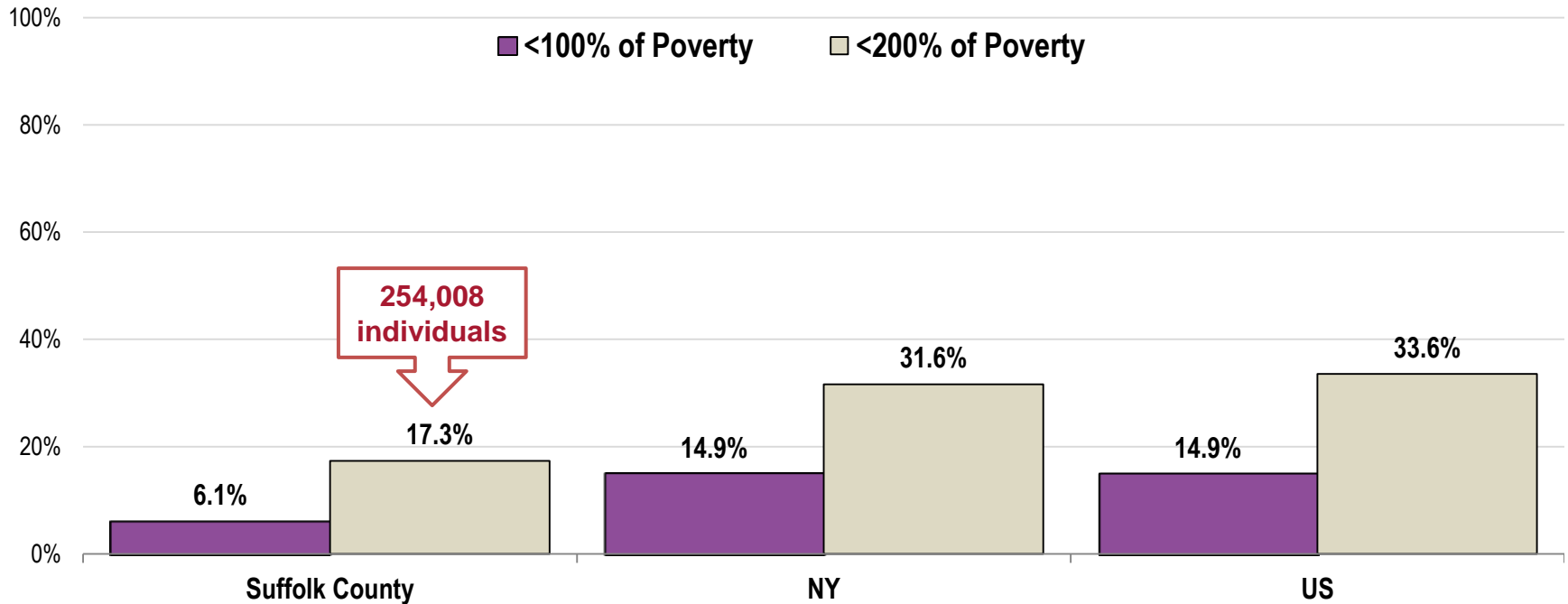
SUFFOLK COUNTY DEMOGRAPHIC DATA

Census data indicated that 17.5% of Suffolk County residents live below 200% of the federal poverty level and 10.2% of the population does not have a high school education and may lack the reading skills to make appropriate healthcare decisions. Low health literacy leads to higher rates of hospitalization emergency room visits, decreased rates of preventive care and poorer health outcomes.



POPULATION IN POVERTY

(Populations Living Below 100% and Below 200% of the Poverty Level; 2008-2012)



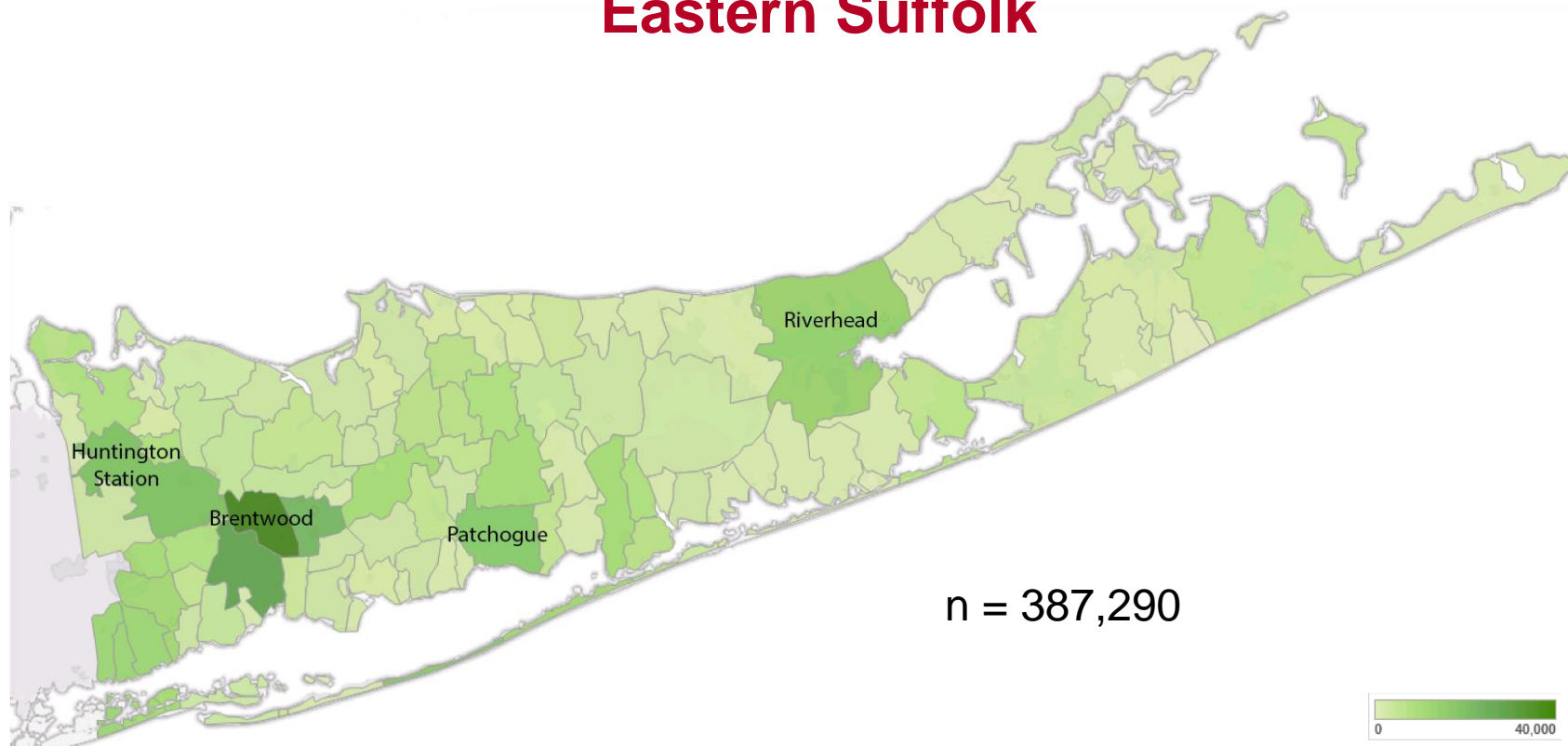
Sources: ● US Census Bureau American Community Survey 5-year estimates (2008-2012).

● Retrieved August 2014 from Community Commons at <http://www.chna.org>.

Notes: ● Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.



Geographic Concentrations in Western, Central and Eastern Suffolk

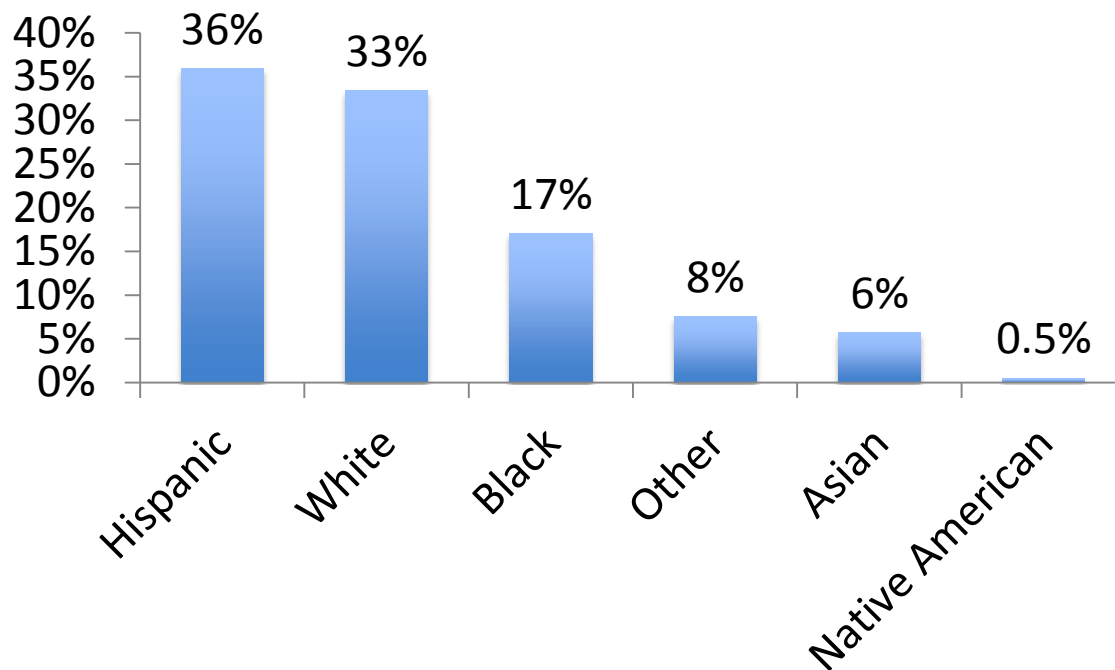


Medicaid Members Data from DSRIP 2012; Uninsured data from ACS 2012 5 Year Estimate



HIGH NEED FOR CULTURALLY COMPETENT CARE

Medicaid Members by Race

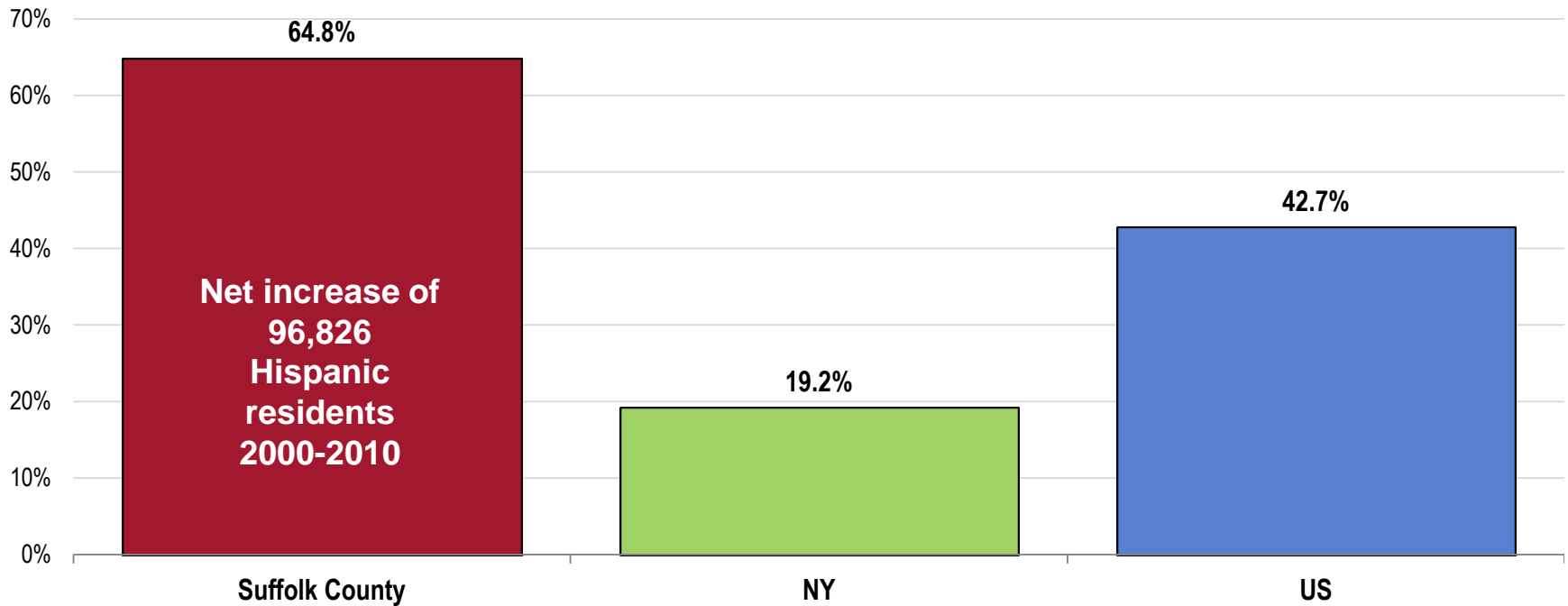


Long Island region monthly Medicaid eligibility data for 12/2012



Hispanic Population Change

(Percentage Change in Hispanic Population Between 2000 and 2010)



- Sources:
- US Census Bureau Decennial Census (2000-2010).
 - Retrieved August 2014 from Community Commons at <http://www.chna.org>.



A total of 43 complete responses. Respondents were from a variety of institutions across Suffolk County

Q3: SERVICES PROVIDED

MAIN SERVICE PROVIDED	Number of Respondents	Percentage of Total Respondents (n=43)
DIRECT HEALTH SERVICES (includes hospitals and other direct patient care organizations)	5	11.63
PREVENTATIVE SERVICES (includes: non-profits and community based organizations)	11	25.58
HOSPICE CARE	1	2.33
SKILLED NURSING FACILITY/NURSING HOMES	9	20.93
VOLUNTEER SERVICES	1	2.33
DEPARTMENT OF HEALTH	1	2.33
SUBSTANCE ABUSE TREATMENT	5	11.63
LONG TERM AND HOME CARE	7	16.28
REHABILITATION (NON-SUBSTANCE ABUSE)	2	4.65
MENTAL HEALTH SERVICES	1	2.33



CULTURAL COMPETENCE SURVEY FINDINGS

In a recent cultural competence survey completed by 43 members of our PPS:

- 42% reported that effective cross- cultural communication was challenging, particularly with non-English speaking patients.
- 12% stated that cultural competency was important to their organization.
- 29% recognized the importance of the patient's background /or culture.
- Only 7% had staff training related to care for the Lesbian, Gay, Bisexual, Transgender (LGBT) population.
- Only 7% of respondents identified disabled persons as a unique population requiring culturally competent care.
- 77% of organizations reported that cultural competency training was done internally.



ORGANIZATIONAL HANDLING OF IMMIGRANT POPULATIONS AND/OR NON-ENGLISH SPEAKING POPULATIONS

46%

Employ multilingual
staff

33%

Use “language
lines”

26%

Use translations
services



THE COMMUNITY OUTREACH FORUM

At a recent community outreach forum held by the Suffolk DSRIP Collaborative on November 20th, 80 community leaders representing **churches** from many denominations, **community based organizations**, the **Shinnecock Indian Nation**, and the **Suffolk County Department of Health's Office of Minority Health** gathered to provide local perspectives on culturally competent healthcare delivery.



RESULTS FROM THE COMMUNITY OUTREACH FORUM

The Leaders identified the following challenges:

- **Ineffective communication with providers due to low health literacy and language barriers.**
- **Hospital and Emergency Room discharge instructions need to be simplified.**
- **Limited provider understanding of cultural values of diverse populations.**
- **Lack of sensitive, coordinated care for elderly, disabled, LGBT, and Native American populations.**
- **Limited information about community based resources.**
- **More engagement of grassroots organizations and Peer Educators to explain healthcare services to the diverse populations.**
- **Broader awareness and understanding of the diversity of the Hispanic community, its multiple nationalities, unique cultures and health beliefs.**



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