

Background The CDC and others advocate improved physician cultural competence to reduce disparities in cardiovascular (CV) health [1]. Clinical interventions to prevent and manage cardiovascular disease typically entail recommendations for long-term lifestyle change and pharmacotherapy. Patients may be more receptive and able to implement these recommendations when they have an effective therapeutic alliance with their physician [2]. Physician cultural competence facilitates the therapeutic alliance by enabling clinicians to better engage and communicate with patients. The ability to provide culturally appropriate, patient-centered care becomes particularly important when patients and physicians have different racial, ethnic or cultural backgrounds.

This study sought to better understand elements of cultural competence at both the physician and physician office level that could be targeted to improve cardiovascular health and reduce stroke in minority populations. In designing the study, particular emphasis was placed on understanding aspects of cultural competence that were relevant to stroke prevention among African Americans in the southeastern US ("Stroke Belt" region) [3].

Methods This study invited family medicine and internal medicine physicians, cardiologists and neurologists practicing in 10 southeastern states (Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Virginia) to complete a survey exploring aspects of physician cultural competence in spring 2008. Items used in the survey were derived from the Clinical Cultural Competence Questionnaire (CCCQ) [4], an instrument developed by UMDNJ's Center For Healthy Families and Cultural Diversity. Participants self-assessed their attitudes, prior training and perceived knowledge and skills in cross-cultural healthcare using 5-point rating scales. They were also asked demographic questions about themselves and the types of patients seen in their practice.

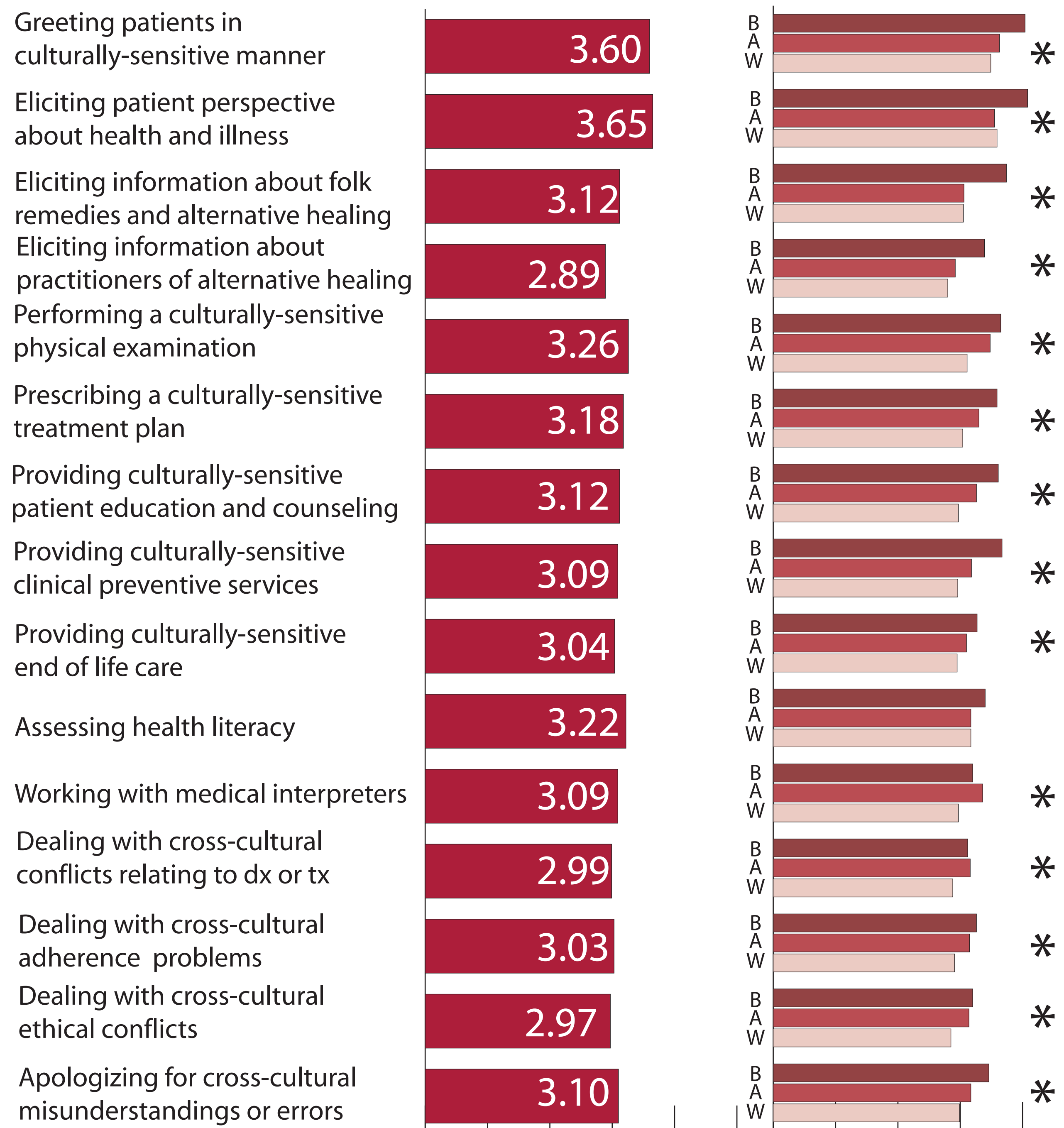
To explore cultural competence at the practice level, office managers of physician respondents were invited to complete a separate survey assessing their practice's compliance with Culturally and Linguistically Appropriate Services (CLAS) Standards 1, 2 and 3 [5]. These three CLAS standards form the Culturally Competent Care subgroup and are highly relevant to the ambulatory practice setting. Survey items were drawn from the CLAS Standards Pre-Assessment Tool developed by the Oklahoma Foundation for Medical Quality. Practices were considered in compliance with a standard if they reported that they currently do at least 50% of behaviors considered indicative of that standard.

[1] Mensah GA. Circulation 2005;111: 1332-1336.
 [2] Betancourt JR, et al. Public Health Rep 2003;118: 293-302
 [3] National Heart, Lung, and Blood Institute. The stroke belt: stroke mortality by race and sex. 1989.
 [4] www.umdj.edu/fmedweb/chfcd/aetna_foundation.htm
 [5] National Standards for Culturally and Linguistically Appropriate Services in Health Care - Final Report. 2001.

Physician Demographics

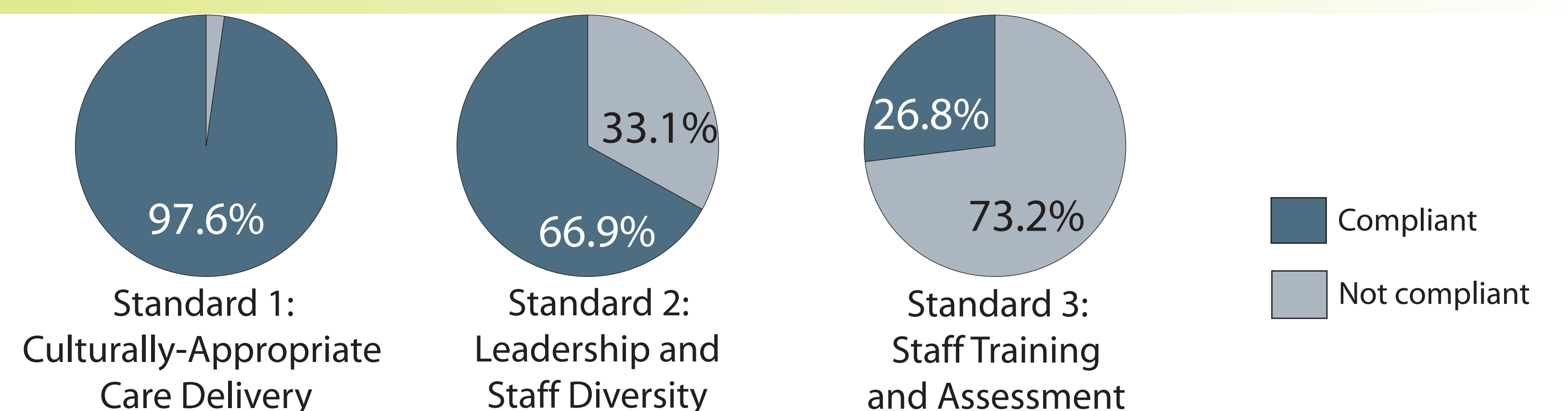
Specialty	Primary care (family physician/general internist)	73.0%
	Specialist (cardiologist/neurologist)	26.9%
Ethnicity	Caucasian/white	70.2%
	Asian	12.6%
	African American/black	7.4%
	Hispanic/Latino	4.7%
	Other/multiple ethnicity	4.7%
Med School	United States	79.0%
	International	21.0%
Years since graduation	Less than 10	9.0%
	10-20	36.9%
	More than 20	54.1%
Gender	Male	76.8%
	Female	23.2%

Physician Skill (self-assessed)

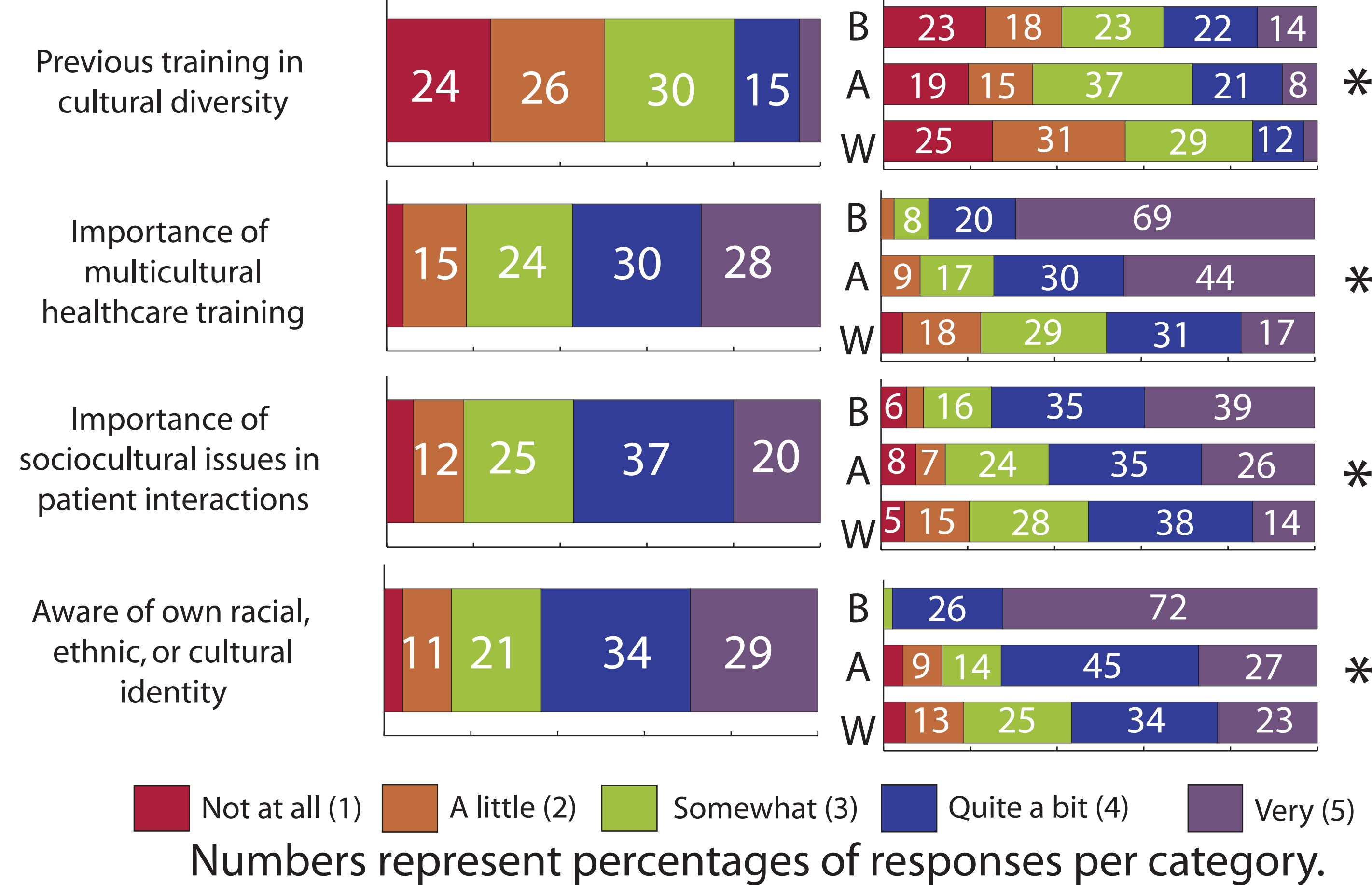


Office Staff -- CLAS Standards Compliance

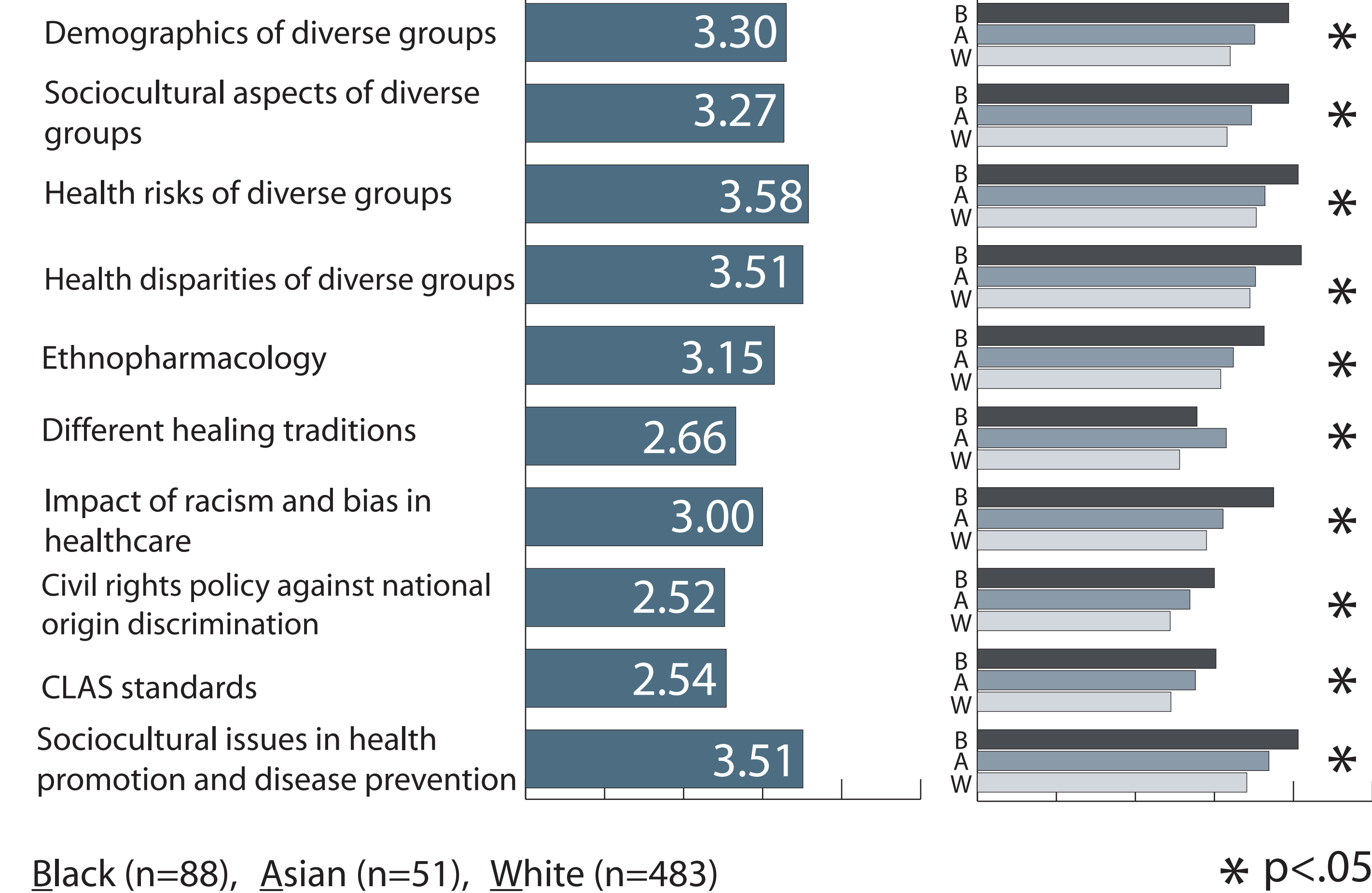
Specialty	Primary care (family physician/general internist)	73.4%
	Specialist (cardiologist/neurologist)	26.6%
Ethnicity	Caucasian/white	74.2%
	Asian	5.6%
	African American/black	8.9%
	Other/multiple ethnicity	11.3%
Ethnicity of physician	Caucasian/white	67.2%
	Asian	11.5%
	African American/black	9.0%
	Hispanic/Latino	4.9%
	Other/multiple ethnicity	7.4%



Physician Training and Attitudes



Physician Knowledge (self-assessed)



Key Points

- Among practicing physicians in the southern US:
- 1 in 4 report no prior training in cultural diversity
 - Nearly 4 of 5 consider sociocultural issues at least somewhat important in patient interactions and similarly value multicultural training for healthcare professionals, however, a significant portion show minimal interest in these constructs
 - Self-assessed cross-cultural knowledge and skill are moderate for most items assessed, but are limited in some important areas such as knowledge of CLAS standards
 - There is marked variation in cultural sensitivity as well as cross-cultural knowledge and skill by physician race, with black physicians reporting higher levels than whites for all items except knowledge of traditional healing traditions
 - Almost all physician offices are compliant with aspects of CLAS standards that are broadly considered indicative of standard health care delivery. Far fewer have implemented the more formal processes needed to ensure culturally-appropriate healthcare delivery

Conclusions

Although a significant segment of physicians in the southern US have little or no formal education in multicultural healthcare, overall, they appear to be moderately knowledgeable and skilled in key aspects of cross-cultural care. Findings vary significantly by physician race. This may reflect personal life experiences that attune physicians to cultural variations and help them broker cultural differences. The study also identifies several opportunities to improve cultural competence at both the physician and practice levels.

Improving physician cultural competence is an American Heart Association strategy for reducing disparities in cardiovascular disease. The American Heart Association Board of Directors has defined several goals in its strategic plan. These include a call to impact the healthcare system so that effective care is provided for diverse populations. These goals support the Association's overall 2020 goal which is "to improve the cardiovascular health of all Americans by 20% while reducing deaths from cardiovascular diseases and stroke by 20%".

In order to improve the cardiovascular care delivery system for all Americans, this study indicates a need to sensitize physicians to relevant cultural nuances, provide education on multicultural issues in cardiovascular health, and cultivate cross-cultural skills. Since a portion of physicians appear reluctant to embrace culturally competent care, the evidence demonstrating its value should be further disseminated and developed.

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