

Consumer-Based Cultural Sensitivity Assessment, Outcomes & Hospital Use



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Overview

- Research Questions
- Cultural Competence and Person-Centered Care
- Measuring Cultural Sensitivity (IV)
- Adult Consumer Sample
- Measuring Hospital Use (DV 1)
 - Results of Logistic Regression
- Measuring Social Connectedness (DV 2)
 - Results of Multiple Regression
- So What?

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Research Questions

- Does consumer perception of the service providers' cultural sensitivity have any association with
 - Hospital Use
 - Social Connectedness (Presence of a Community Support Network)



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Why is Cultural Perspective Important?

Culture falls under the umbrella of person-centered care. It provides a framework for understanding human experience.

- Personal & Group Identity
- Beliefs & Values
- Customs & Traditions
- Language & History
- Otherness: Minority versus Majority Status



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DSM IV-TR Guidelines

- Inquire about cultural identity — *race, ethnicity, gender, sexual orientation, religion, spirituality, disability status & other self-defining characteristics*
- Explore cultural explanations of the problem
- Consider cultural factors in psychosocial environment and level of functioning
- Examine cultural elements in the client-provider relationship
- Overall cultural assessment goes into diagnosis and individual treatment plan

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The Knowledge Base



Very little research

- looks at the relationship between provider's cultural sensitivity & the **patient's social support** (Griner & Smith, 2006)
- evaluates cultural sensitivity **from the consumer perspective** (Cornelius et al, 2004)

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MHSIP Adult Consumer Survey

Self-rated

- **Perception of Care**
 - General Satisfaction (3 items)
 - Access to Care (4 items)
 - Quality & Appropriateness (8 items)
 - Participation in Treatment (2 items)
- **Quality of Life (8 items)**
- **Functioning (5 items)**
- **Social Connectedness (4 items)**



http://www.nri-inc.org/projects/SDICC/TA/Ganju.Smith_I.pdf

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Consumer Based Cultural Competence Inventory (CBCCI)

Experimental 52-item Inventory developed by
Cornelius & others in Maryland in 2002.

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- Awareness of patient culture
- Respectful behaviors
- Language interpreters
- Understanding indigenous practices
- Consumer involvement
- Acceptance of cultural differences
- Community outreach
- Patient-provider-organization interactions



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For Study Purposes: The Independent Variable

- 20 items from CBCCI tested & analyzed by OMHAS-PQR staff in 2012 Ohio administration
 - Reduced administrative burden
 - Conceptual & statistical considerations
- **10 items from CBCC survey adopted to analyze consumer-reported treatment outcomes**
 - Factor loadings > .4
 - Two factor solution explains 59.4% s²
 - Staff level (8 items)
 - Organizational level (2 items)
 - Cronbach's $\alpha = .91$

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Consumer-Based Cultural Competence Survey

Some of the staff at my agency understand the difference between their culture and mine.	0.755	
Staff understand some of the different ideas that I, my family, and others from my minority group may have about mental illness.	0.743	
Staff understand that people of my racial or ethnic group are not all alike.	0.739	
Staff are willing to be flexible and provide alternative approaches or services to my cultural/ethnic treatment needs.	0.737	
The staff who work directly with me on my mental health needs respect my belief in God, a supreme being, or higher power.	0.709	
Most of the time, I feel I can trust the staff who work with me.	0.707	
The staff listen to me and my family when we talk to them.	0.706	
When I first called or came to the agency, it was easy to talk to the staff.	0.532	
The agency waiting room has pictures or reading material that show people from my minority group.		0.962
The agency's reading materials and handouts are in other languages as well as English.		0.603
Some of the staff at my agency understand the difference between their culture and mine.	0.755	

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CBCC Survey Leading Question

Some people belong to minority groups because their race, country of origin, history, language, religion, or sexual orientation is different than most people. Do you consider yourself a cultural, racial, ethnic, religious, or sexual minority group member?

Yes No

If you answered YES, what is your minority group? (Specify cultural, racial, ethnic, religious and/or sexual identity) _____

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Minority Status

About 37% of the sample who were people of color or hispanic ethnicity said *No* to the question about minority status.

- *The US is becoming more racially and ethnically diverse.*
- *Many people in the sample do not appear to see themselves as “other” or set apart from mainstream society because of race or ethnicity.*
- *However, respondents had many ways of identifying themselves as individuals*

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Respondents

373 CBCC surveys returned

- 311 African American respondents (85%)

<ul style="list-style-type: none"> × F = 61% M = 39% × 46.9 X Age Range 18 – 79 SD = 11.3 × 91% Medicaid 9% other public coverage 	<ul style="list-style-type: none"> × 89.5% long term 10.6% new in 2011 × 88% still in treatment 5% terminated 7% unknown status
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Study sample (N = 311)

Geographic

Appalachian	2%
Rural	8%
Major Metro	87%
Small City	1%
Suburban	2%

Diagnoses

Psychotic DO	48%
Maj Depr	29%
Bipolar DO	18%
All Other DO	5%

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Dependent Variable I: Hospitalization

- Community Medicaid & State Hospitalization
 - Within 24-month period (7/1/09 – 6/30/11)
- Provider at time of Hospitalization matched provider at time of survey (March 2012)
 - Eliminated 5 cases
- 30 cases coded as Hospitalized = 1 (Yes)
 - 12 cases FY10 18 cases FY11
- 285 cases coded as Hospitalized = 0 (No)

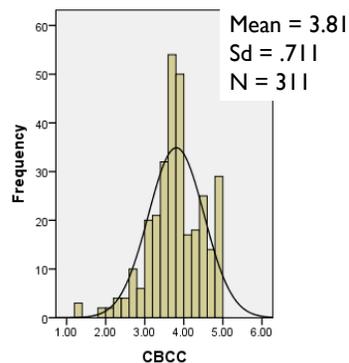
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6 Independent Variables entered into Logistic Regression

- Age
- Gender
- Geographic Representation
- Diagnostic Group
- Service Longevity

Cultural Competence Scale



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Logistic Regression

A statistical test that determines whether a low mean score on a scale like the CBCC

YES



NO



has an association with hospital use...

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Logistic Regression Model (N = 311)

Model Coefficients $\chi^2 = 21.376, df = 1, \alpha = 0$

Var	β	SE	Wald	df	α	Exp(β)
Age	-.027	.018	2.154	1	.142	.974
Gender	.032	.414	.006	1	.938	1.033
Longevity	18.924	6851.25	.000	1	.980	1.66
Diagnosis	-1.243	2.20	3.845	3	.279	2.284
GeoType	-38.092	34335.63	1.353	4	.852	3.097
CBCC	-.536	.264	4.125	1	.042	.585
Constant	-17.262	6851.25	.000	1	.998	.000

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Simply Speaking

The probability the consumer stayed out of the hospital and remained in the community increased



with every 1 point increase in CBCC scale.

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Client-Reported Outcomes

Dependent Variable 2:
Social Connectedness Score

As a direct result of the Outpatient services I received:

Domain	Items
Social Connectedness	I am happy with the friendships I have
	I have people with whom I can do enjoyable things
	I feel I belong in community
	In a crisis, I would have the support I need from family or friends

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13 Independent Variables

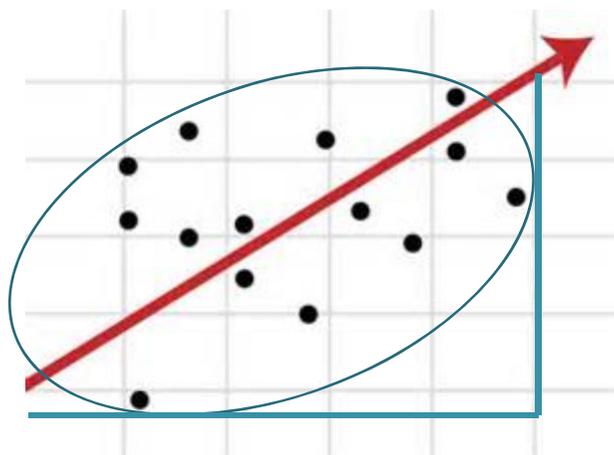
entered into Regression Model

- 
- Age
 - Race
 - Gender
 - Ethnicity
 - Geographic Profile
 - Diagnosis
 - Service Longevity
 - Service Continuity
 - Perception of Care
 - General Satisfaction
 - Access
 - Quality & Appropriateness
 - Participation in Treatment
 - Cultural Sensitivity

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Linear Regression



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Regression Model

(N = 305; 13 independent variables)

Significant Variables	β	t	p
Major Depression	-.143	-2.587	.010
Small City Geo Type	.127	3.530	.012
Access	.235	2.110	.036
Participation in Tx	.222	2.988	.003
Cultural Sensitivity	.427	6.217	.000

$$R^2 = .325, F = 7.73_{18,287}, p < .000$$

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In other words

For every 1 point increase in the consumer's perception of the provider's cultural sensitivity, there was a



42.7% increase

in the strength of the consumer's self-reported social support network.

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By Comparison

For every 1 point increase in the consumer's perception of the provider's cultural sensitivity, there was a

- 18.7% increase on Quality of Life
- 18.3% increase on Functioning



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Implications

- ✓ The perception of culturally sensitive care appears to help the client improve social connections in his or her community.

However, no association was found between social connectedness and probability of hospitalization.

- ✓ Therefore, there is something about the perceived cultural sensitivity of the provider that associates with client hospitalization and predicts the client's social connectedness as a treatment outcome.

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What Else?

- Taken together...
 - Changing sense of one's minority ("less than") status
 - Recognition of difference important aspect of provider cultural sensitivity
 - CS associated with probability of staying in community and out of hospital
 - CS predicts strengthened social support
- What types of culturally sensitive service interventions are likely to promote or support these findings?