

Healthcare Provider Attitudes Towards Counseling Diverse Patient Populations For Preventative Health

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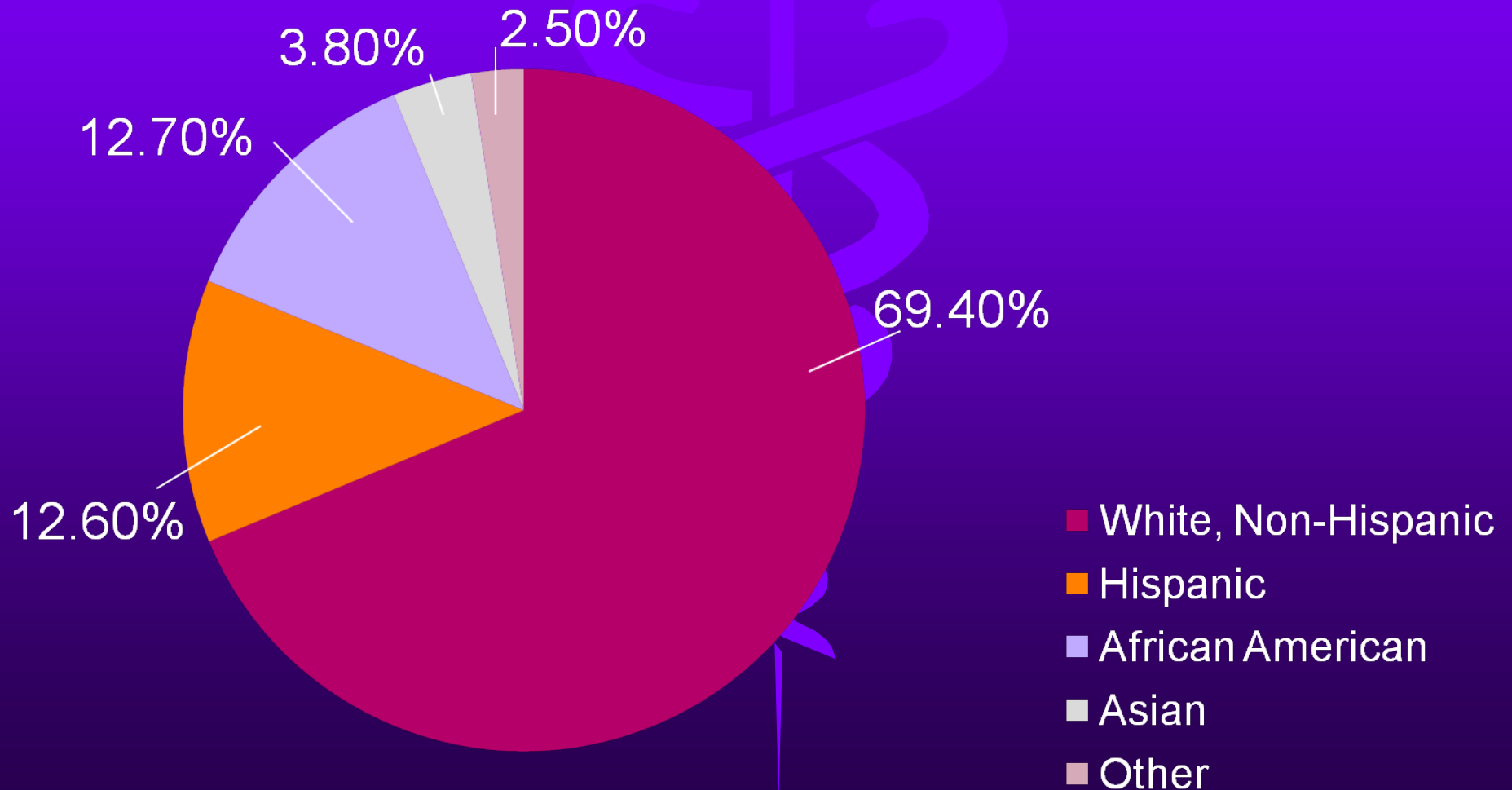
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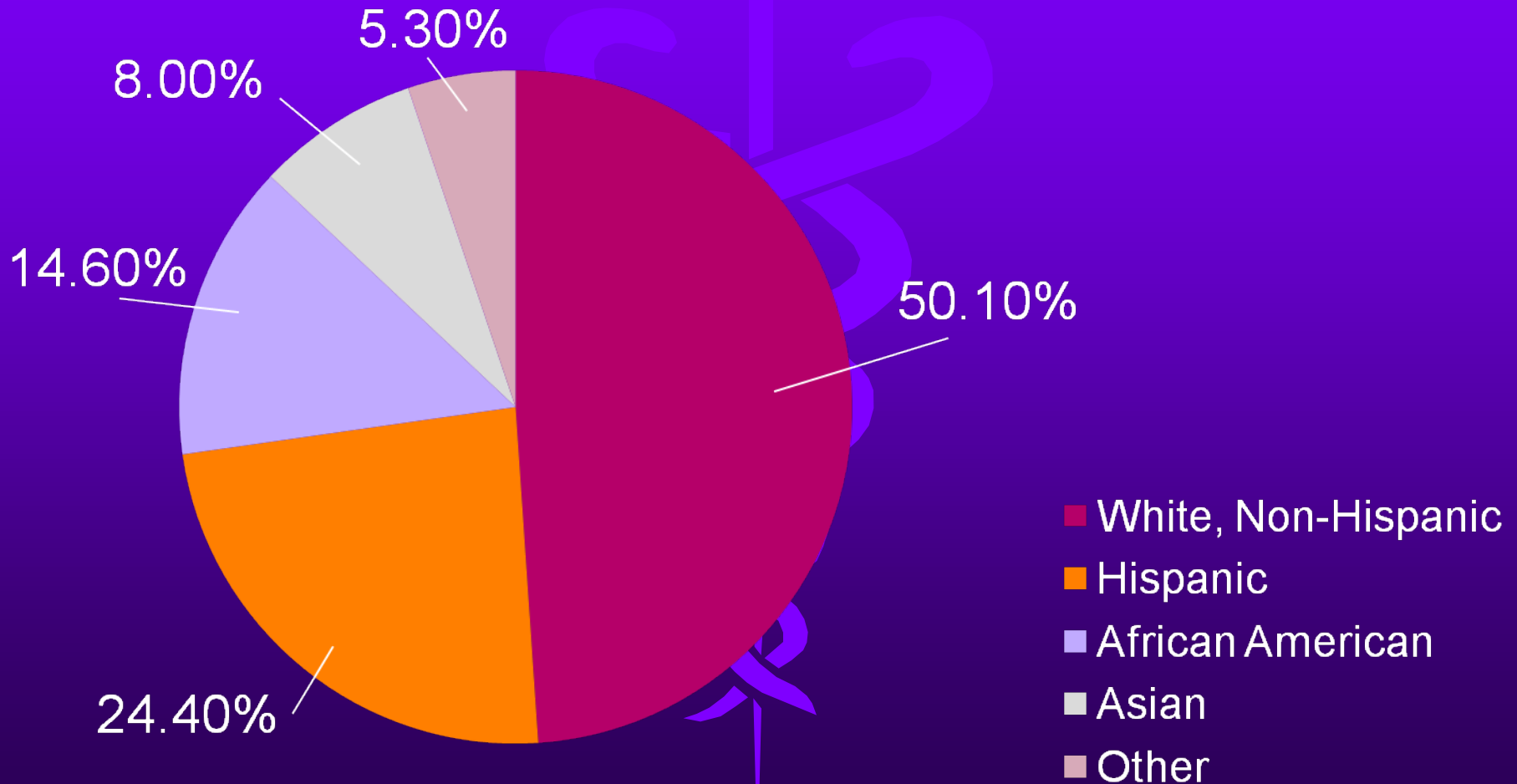
Outline

- Introduction and Background Information
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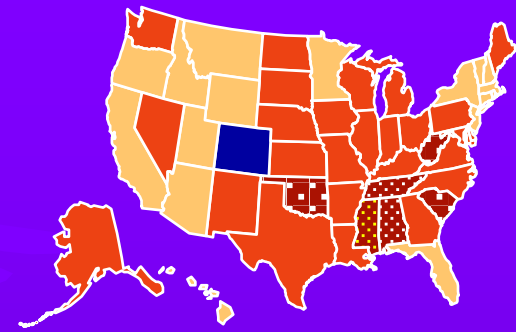
US Population by Race/Ethnicity 2000



US Population by Race/Ethnicity 2050



Introduction



- Health disparities persist among minority groups for preventable chronic diseases.
 - Obesity, CVD; Type II Diabetes
- These chronic diseases can be prevented or reduced through sufficient physical activity, diet and weight management practices.
- Provider counseling is effective for improving patient physical activity, diet and weight management behaviors.



Introduction

- Effectiveness of provider counseling for lifestyle health behaviors among diverse individuals may be affected by their cultural competency.
 - Many minority groups report having trouble communicating with their health care provider .
 - (Gaston-Johnson et al, 2007)
 - Cultural competency and provider-patient communication listed as a top three barrier to quality health care .
 - More culturally specific training is needed .
 - (Gaston-Johnson et al, 2007; Williams 2007; Dagogo-Jack et al 2006)

Purpose

- To better understand factors associated with Kansas providers' attitudes toward lifestyle counseling for patients' of a different racial/ethnic background.



Survey Questions

- Answered on 5-point Likert scale anchored by strongly agree (1) and strongly disagree (5).
 1. “I modify my counseling approach to better accommodate my patient’s ethnicity/culture.”

(asked separately for physical activity, diet, weight management)
 2. “I find it more difficult to counsel patients who do not belong to my racial/ethnic group.”
 3. “I have the cultural competencies necessary to effectively counsel patients of a race other than my own.”

Survey Questions

- Answered on 5-point Likert scale anchored by strongly agree (1) and strongly disagree (5)
 4. “More training should be provided for lifestyle counseling skills in medical/nursing school.”
 5. “If available, I would attend more continuing education opportunities or trainings to improve my lifestyle counseling skills.”

Kansas Healthcare Provider Statewide Survey

Licensed HCP Lists Acquired from the State of Kansas

Physicians
N=5,511

Physicians Assistants
N=655

Nurses
N=54,192

Eligible Respondents
N = 2325

Eligible Respondents
N = 646

Eligible Respondents
N = 45,008

Randomly Selected
N=1000

Remaining
N=646

Randomly Selected
N=1000

Surveys Returned
N=158 (RR = 15.8%)

Surveys Returned
N=162 (RR = 16.2%)

Surveys Returned
N=104 (RR = 10.4%)

List filtered for the following exclusion Criteria:

- > 65 years old
- Living/practicing outside Kansas
- Specializations with little patient contact (e.g. anesthesiologist)

Sample Characteristics (N = 455)

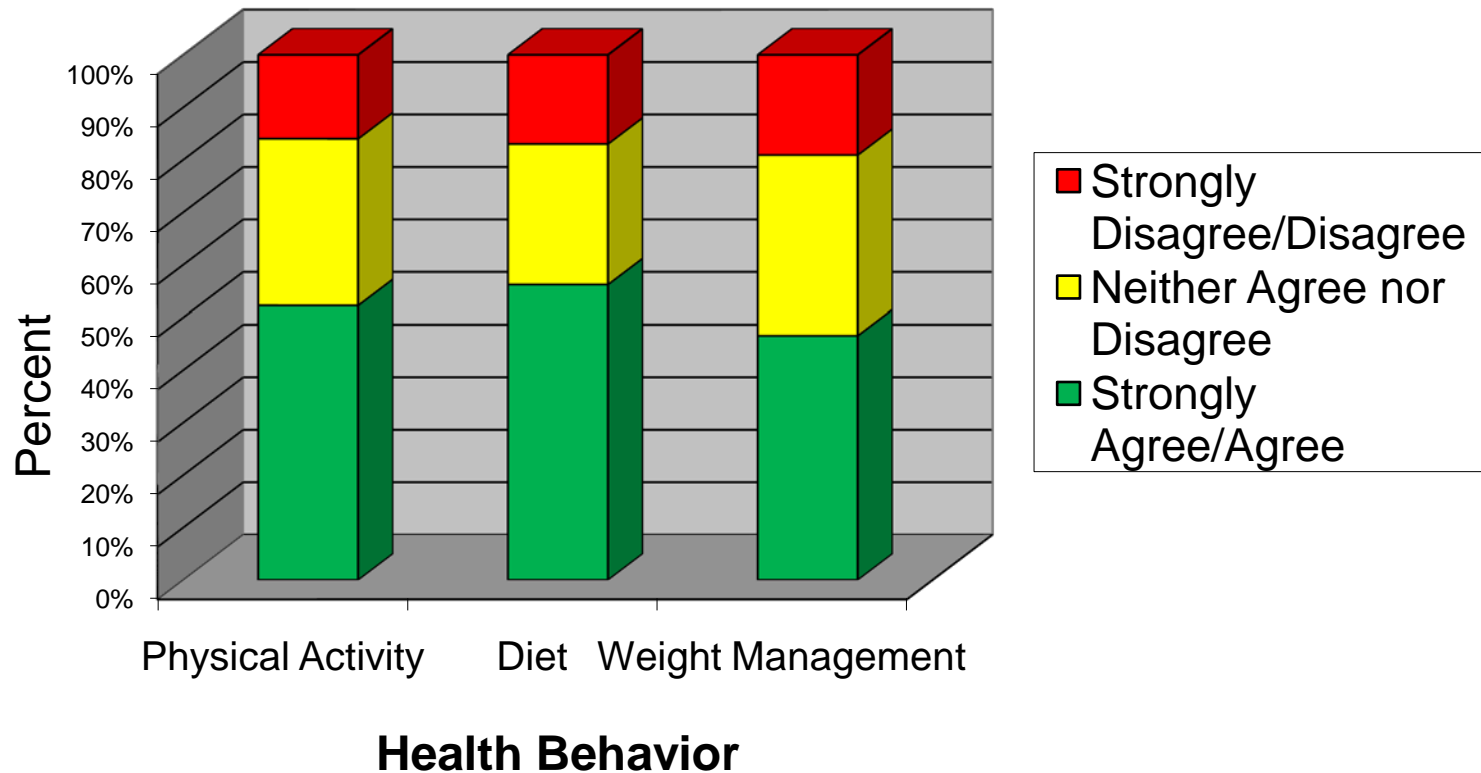
Sample Characteristic	n (%)
Sex	
Male	135 (32.4)
Female	282 (67.7)
Race/Ethnicity	
White/Caucasian	391 (92.7)
Other	31 (7.3)
Age	
Youngest 1/3 (<37.15 yrs)	138 (33.3)
Middle 1/3 (37.15 - 50.72 yrs)	139 (33.8)
Oldest 1/3 (> 50.72 yrs)	138 (33.3)
Liscense	
Physician	158 (37.3)
Physician Assistant	162 (38.2)
Nurse	104 (24.5)
Rural Classification	
RUCs 1-3	262 (66.5)
RUCs 4, 6, 8	43 (10.9)
RUCs 5, 7, 9	89 (22.6)

Majority of sample:

- Male
- White
- Practicing in urban areas

Results: All Providers

Percent of Providers Reporting that They Modify Their Counseling to Accomodate Patient Race/Ethnicity



Results: All Providers

- “I find it more difficult to counsel patients who do not belong to my racial/ethnic group.”
 - Strongly Agree/Agree: 11.6%
 - Neither Agree nor Disagree: 24.9%
 - Strongly Disagree/Disagree: 63.5%
- “I have the cultural competencies necessary to effectively counsel patients of a race other than my own.”
 - Strongly Agree/Agree: 55.9%
 - Neither Agree nor Disagree: 32.9%
 - Strongly Disagree/Disagree: 11.2%

Results: All Providers

- “More training should be provided for lifestyle counseling skills in medical/nursing school.”
 - **Strongly Agree/Agree: 74.5%**
 - Neither Agree nor Disagree: 19.8%
 - Strongly Disagree/Disagree: 5.7%
- “If available, I would attend more continuing education opportunities or trainings to improve my lifestyle counseling skills.”
 - **Strongly Agree/Agree: 67.7%**
 - Neither Agree nor Disagree: 19.3%
 - Strongly Disagree/Disagree: 13.0%

Results

- Younger providers were more willing to attend further trainings ($p = 0.007$)
- Compared to physicians, nurses and physician assistants were:
 - More willing to attend further training ($p < 0.001$)
 - Less likely to feel culturally competent ($p < 0.001$)

Results

- Compared to those practicing in urban areas, those practicing in rural areas reported:
 - Less confident in cultural competency ($p = 0.02$)

Results

- Compared to men, women providers were:
 - Less likely to feel culturally competent ($p = 0.005$)
 - More likely to endorse increased training for counseling skills in medical/professional school ($p < 0.001$)
 - More interested in attending future trainings for health behavior counseling ($p = 0.009$)

Conclusions/Future Directions

- Effectiveness of health behavior counseling among minority patients may depend on the cultural competency of their provider.
 - Unfortunately, only half of providers felt they had the cultural competencies to effectively counsel patients of a different racial/ethnic group.
- Most providers believed more training should be provided in medical/professional school.
 - Additionally, most would attend trainings at this stage in their career.

Conclusions/Future Directions

- Future endeavors in this field may include:
 - Development and testing of effective training programs for behavioral counseling and cultural competency.
 - CEUs for training in health behavior counseling and cultural competency.
 - Required training/coursework in undergraduate pre-med programs and/or medical/professional schools.

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Questions

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