

# Cross-Cultural Care: Communication, Adherence and a Patient-Based Approach

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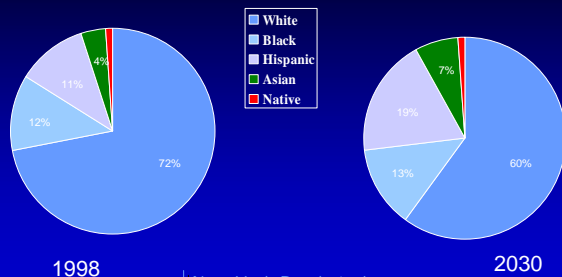


## Presentation Objectives

- Challenges Posed by Diversity
- The Case of Mrs. Z
- Cross-Cultural Communication and Adherence
- Revisiting Mrs. Z



## Demographic Projections



## Challenges of Diversity

- Impact of sociocultural factors on health beliefs, behaviors, and treatment
  - Variation in symptom presentation
  - Expectations of care
  - Bias, mistrust, prejudice, stereotyping
  - Ability to maneuver within the system
  - Diagnostic and Treatment choices
  - Advanced health planning



## Clinical Case: Mrs. Z

35 year old Honduran female with no sig PMH diagnosed HIV+ after husband presents with advanced AIDS. He dies shortly thereafter. Mrs. Z is followed-up, and over time started on triple therapy. On multiple return visits, she states that she hasn't started taking the medication. Despite being told the risks and benefits, she continues to avoid meds, is labeled in the chart as being "non-compliant", and is lost to follow-up.



## The Case of Mrs. Z

- What went wrong?
- Why did she refuse the medications?
- Why was she lost to follow-up?



## Communication and Adherence

- Previous focus on structural, practical and logistical barriers
- New focus on provider-patient communication in the medical encounter

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## Provider - Patient Communication, Satisfaction, Adherence and Outcomes



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## Communication in Multicultural and Minority Populations

- Sociocultural variations in health beliefs and behaviors
  - Linguistic barriers
  - Cultural/Contextual barriers
- Inattention to social factors

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## Core Cross-Cultural Issues

- Styles of Communication
- Mistrust and Prejudice
- Autonomy, Authority, and Family Dynamics
- Role of Physician and Biomedicine
- Traditions and Customs
- Sexual and Gender Issues

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## Meaning of the Illness

- Explanatory Model
  - A individual patient's conceptualization of an illness

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## Determining the social context

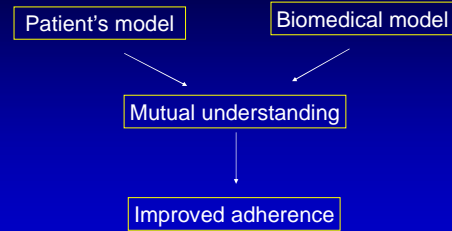
- Tension (social stress / support systems)
- Environment change
- Life control
- Literacy and Language

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## Provider-Patient Negotiation



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## The ESFT Model

- Explanatory Model
- Social Risk for Noncompliance
- Fears/Concerns about the Medication
- Therapeutic Contracting/Playback

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## Determining the Explanatory Model

1. What do you think has caused your problem? How?
2. Why do you think it started when it did?
3. How does it affect you?
4. What worries you most? Severity? Duration?
5. What kind of treatment do you think you should receive?

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## Determining Social and Financial Risk for Noncompliance

1. How do you get your medications?
2. Are they difficult to afford?
3. Do you have the time to pick them up?
4. How quickly do you get them?
5. Do you have help getting them if needed?

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## Determining Fears and Concerns about Medications

1. Does this medication sound okay to you?
2. Are you concerned about the:
  - Dosage
  - Size of pill
  - Color of pill
3. Have you heard anything about this medication?
4. Are you worried about side effects?

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## Determining Patient Understanding of the Treatment

Remembering how to take medications can be difficult...

1. Do you understand how to take the medication?
2. Can you tell me how you will take them?

## Revisiting Mrs. Z

### Core Cross-Cultural Issues

- Mistrust-->Western Med, Naturalization issues
- Autonomous decision making
- Physician, meds last resort
- Adherence to traditions

### Meaning

- Hospital, meds hasten condition; well now
- Acknowledgement of illness

## Revisiting Mrs. Z

### Social Context

- Strong social support
- Rural background / little access to health care
- Mother uses traditional herbal medicine
- Came to find better work, get education

### Negotiation

- Hold off on meds now, can continue herbals
- Agreed to close f/u and starting meds in future
- Tied into community services

## Cross-Cultural Care:

### Summary

- Focus on the individual patient
- Framework to serve diverse populations
  - “Review of Systems” and “Cues” Approach
  - Key tools and skills
- Exploration of social and cultural factors