Healthcare Provider Attitudes Towards Counseling Diverse Patient Populations For Preventative Health

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Outline

- Introduction and Background Information
- Purpose Statement
- Methods
- Results
- Conclusion/Future Directions
- Questions
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

<table>
<thead>
<tr>
<th>Licensed HCP Lists Acquired from the State of Kansas</th>
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<tbody>
<tr>
<td>Physicians N=5,511</td>
</tr>
<tr>
<td>Physicians Assistants N=655</td>
</tr>
<tr>
<td>Nurses N=54,192</td>
</tr>
</tbody>
</table>

| 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)

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

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

- Physical Activity
- Diet
- Weight Management

Health Behavior

Legend:
- Red: Strongly Disagree/Disagree
- Yellow: Neither Agree nor Disagree
- Green: Strongly Agree/Agree
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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