

Program/Initiative Description

Organization Size: 201 bed acute care hospital, 18 physician offices

Ensuring Culturally-Appropriate Care: Approximately half of Utica's minority population is African American, and the area is also the fourth largest refugee settlement center per capita in the United States, with over 11,000 refugees living in Utica representing a variety of countries. St. Elizabeth Family Medicine Center is located two blocks from the area's Mohawk Valley Resource Center for Refugees, and is constantly challenged to provide culturally-appropriate care, train new employees and new residents and ensure adequate interpreter services are available at all times. In order to effectively address the area's diverse needs, the medical center began a formalized approach to understanding and addressing the needs of its patient base in 1999, when it was approached by a professor at Colgate University, Hamilton, NY, to offer a class project for the university's Community Service Learning course. St. Elizabeth's Residency Program and Family Medicine Center became the focus of the student project, with the goal of identifying the positions, morals and beliefs of Utica's primary ethnic groups, particularly Bosnians, Vietnamese, Russians, African Americans and Latinos.

Several objectives were developed based on the partnership between St. Elizabeth and Colgate University, resulting in a plan to research a variety of subjects for each ethnic group, convene focus groups, review the data from the research and focus groups and assimilate the data into general categories for Web site development. Once created, the goal of the Web site was to help caregivers understand the cultural background and needs of the area's diverse population, enabling easy access to information that may improve the ability to provide culturally appropriate care.

The first phase of the project consisted of research. The majority of the research was conducted by students at Colgate University, studying topics such as the cultural history of each ethnicity, their migration patterns to the United States, religious beliefs, language and communication styles, health history and health care immunization trends, nutrition trends, dietary concerns, gender issues, sexuality, mental health, death and dying and children's health. The students also attended a class at Utica College solely dedicated to the study of migration of early settlers to the area.

After completion of the initial research, the medical center and students held focus groups. Each focus group consisted of five to ten individuals and represented one culture or ethnicity in the region. Participants were recruited in a variety of ways, including promotion of the opportunity to St. Elizabeth's patients, posting signs and advertisements throughout the community, and promotion through local organized groups such as churches, refugee centers and other agencies. A focus group was also developed to represent the staff, residents and faculty, with approximately 10 staff members (primarily nurses), five residents and one faculty member.

Focus group participants were asked a variety of questions to help researchers identify potential barriers to overcome when providing care. For example, each ethnic group was asked questions such as: 1) are there any beliefs that conflict with Western Medicine? 2) What traditional healing practices are used in your culture? and 3) How many children are considered desirable? Staff were asked to explore care giving issues, such as listing the factors that make caring for people from different cultures difficult and challenging, and if they believe that individuals from different cultures trust them. Residents and faculty were asked about practices, beliefs or ideas of refugee patient populations they find strange or difficult to accept, and if they had encountered any patients with nutritional deficiencies attributed to their culture.

The focus groups met for approximately one and a half hours each week, for ten consecutive weeks. Three students were assigned to each focus group, leading the discussion on a different subject matter each week. At the end of each session, the focus group participants were informed of what the subject matter would be the following week, allowing them time to gather their thoughts and seek input from family and friends before engaging in the discussion the following week. After completion of the focus groups, the results were combined with the initial research conducted and compiled into the following general categories: cultural awareness; communication; using interpreters; health history; nutrition; how to understand patient perception of a problem; and discharge planning. The results of the research were then posted on a Web site developed by the Computer Technology department at Colgate University, hosted on the university's server.

Despite the thorough research and detailed findings, research indicated that few individuals accessed the Web site. This led to phase two of the project, which included an evaluation of the Web site to determine its access and usability. Both inpatient and outpatient nurses were asked to utilize the Web site to access the information they believed would be helpful as they provide care to culturally diverse patients, and provide feedback about their experience. The study's conclusions demonstrated that the nurses were knowledgeable enough to maneuver through the site and the information recovered was helpful; however the layout of the site resulted in it taking the nurses a long time to access the information they desired. In addition, many of the caregivers did not have easy access to computers while caring for patients. Recommendations were made to develop a "point-click" format for easy retrieval of information, and to identify new approaches to make the information more readily available throughout the organization.

In response to the phase two recommendations, the St. Elizabeth Medical Center Cultural Diversity Team was formed. The Team initiated phase three of the project: the redesign of the Web site. Working closely with a Computer Technology student at Colgate University, the Team developed the new site, hosted by St. Elizabeth rather than Colgate University. The new site took key information and categorized it into diagnostic checklists, and strived to make the web site more appealing to the eye. For people without ready access to the Internet, the completed Web site was printed and placed in binders to keep in specified areas, such as nurses' stations.

The new Web site is currently used for a variety of purposes, including new resident orientation and new employee orientation as well as a quick reference guide for caregivers as they encounter patients from a variety of cultural backgrounds. New residents and employees review the Web site's contents by following a self-study packet associated with the site to ensure understanding of the history of the region,

different cultures they will encounter, and spark discussion about potential prejudices and cultural needs/desires. In addition, residents utilize the Web site heavily while they participate in their ambulatory medicine and community medicine rotations, using self-study packets based on the Web site material. To compliment the Web site material, during their community medicine rotation residents participate in a variety of activities to build understanding about cultural medicine. For example, because residents represent a diverse background of countries and cultures, each resident presents information about the region of the country that they are from.

In addition, St. Elizabeth Medical Center utilizes interpreters from a variety of sources, including bilingual employees as well as experts from the Multicultural Association of Medical Interpreters and from the Mohawk Valley Resource Center for Refugees. When using an interpreter, providers are trained to maintain eye contact with the patient and speak directly to them in English, waiting for the interpreter to translate but focusing on the relationship with the patient rather than the interpreter. The medical center is currently in the process of implementing a patient satisfaction survey, seeking feedback about its interpretive services. The organization has also translated its signs, brochures and the majority of its literature into the four most prevalent local languages. A part-time language assistance coordinator is responsible for coordinating these interpretive services as well as instructing the portion of new employee orientation addressing diversity and providing culturally competent care.

The success of the medical center's research, new Web site and approach to culturally appropriate care has led St. Elizabeth Medical Center to develop several additional goals for the future. Specific plans include creating software to allow the Web site contents to be viewed on a hand-held device such as a palm pilot; offering patient satisfaction surveys in multiple languages; and continuing to provide research projects for residents. In addition, the medical center recently applied and was accepted to the National Public Health Leadership Institute at the University of North Carolina. The one-year program, beginning in November 2005, will assist St. Elizabeth Medical Center in working with community members to develop a strategic plan to improve the health care of new refugees and immigrants coming to the area.

Establishment of Program/Initiative:

- Partnership with Colgate University's Community Service Learning Course: 1999
- Development of the St. Elizabeth Medical Center Cultural Diversity Team: 2001

Racial or Ethnic Disparities Problem the Program/Initiative Was Designed to Address:

- Lack of understanding of the culturally diverse needs and desires of the medical center's patients, including a wide range of cultures and ethnicities due to the large number of refugees in Utica
- Utica is the fourth largest refugee settlement center per capita in the United States, with over 11,000 refugees living in Utica representing a variety of countries, including Russia, Bosnia, Somalia, Sudan, Vietnam, Burma, Laos, Iraq, Poland and Cambodia
- More than half of the minority population in Utica is African American, and approximately 5.7 percent of the total population is Hispanic

- 30 percent of St. Elizabeth Family Medicine Residency Program participants represent a diverse culture
- Lack of clear communication during the orientation of new residents for the Family Medicine Residency Program due to language and cultural barriers, making it difficult to explain the American health care system and the cultural-specific needs that different patients may have; in addition, potential communication and cultural barriers existed between the staff, consisting of primarily white females, and the residents, consisting of individuals from Nigeria, Russia, Vietnam, Pakistan, India, Jordan, South Africa, Haiti, Mexico, Syria and Myanmar

Major Objectives:

- Partner with Colgate University to identify positions, morals and beliefs of Utica's primary ethnic groups, particularly Bosnians, Vietnamese, Russians, African Americans and Latinos
- Assist residents and employees in understanding and delivering culturally-sensitive care, taking into account factors such as cultural beliefs, religion, dietary trends and language barriers
- Ensure fulfillment of the medical center's mission to care for all regardless of race or ethnicity
- Send a message to patients, staff, residents and the community at large that the medical center cares about the differences in cultural backgrounds and they are important

Significant Results:

- A large portion of resident and new employee orientations are dedicated to understanding and providing culturally appropriate care, using the Web site as a learning and resource tool
- New resident training is more comprehensive, and residents express a greater understanding of the cultural and ethnic issues they must consider when caring for diverse patients
- Employees and residents have quick access to information about the cultures and ethnicities unique to the Utica area, enabling care to be catered to specific patient behaviors, beliefs and communication styles

External Partners in the Program/Initiative:

- Colgate University, Hamilton, NY
- Multicultural Association of Medical Interpreters
- Mohawk Valley Resource Center for Refugees, Utica, NY
- Utica College, Utica, NY
- National Public Health Leadership Institute, University of North Carolina

Limitations or Problems Encountered:

- The initial Web site created was not conducive to the time demands of its users; it took a long time to maneuver through it to find the desired information
- Not all employees and caregivers have easy access to a computer to view the Web site

- The focus groups were offered during the day, which limited the pool of individuals able to participate
- Identifying participants for the focus groups was initially challenging; however, the leaders in each community worked closely with the medical center and encouraged friends and family to participate
- Development and implementation of the research and Web site were time consuming for residents and staff

Estimated Cost of the Program, To Date: \$90,000 annually for interpreters

Advice to Other Organizations That May Want to Start a Similar Program:

- Determine local needs by looking at census data and seeking employee input about major ethnic and cultural groups
- Partner with a university, community college or high school, and do not let distance be a barrier; Colgate University is approximately 45 minutes away from St. Elizabeth's campus, and the students ride a bus once a week to the medical center to participate in the program
- Strong support from your information services/information technology department is critical to post and maintain a Web site
- Seek out dedicated individuals interested in leading the project
- Determine the type of data to collect by looking inward, asking the end users/employees about the information they need to treat patients most effectively
- When holding focus groups, prominently advertise the meeting times and locations; call participants ahead of time to remind them; include refreshments and social time at the beginning of each session; and be organized to make the best use of participants' time, including telling them ahead of time what will be discussed at the next meeting so they can prepare for the discussion
- Before making the Web site available to the entire community, have employees and key stakeholders review the information to ensure accuracy, appropriateness and ease of understanding
- When implementing a similar approach, determine indicators of success and measure them regularly to track progress, such as patient and resident satisfaction
- By conducting the research and focus groups in your local area, your program will be specifically catered to local needs rather than a "canned" program

Contact Name: Janine Carzo

Title: Administrative Director, Medical Education Family Medicine Residency Program, St. Elizabeth Medical Center

Email address: jsadlik@stemc.org

Telephone: (315) 734-3571

Fax: (315) 734-3572