

Physician Assistant in Orthopaedic Surgery

Cultural Humility

Shani Fleming, MPH, PA-C

Dr. Dawn Morton-Rias, EdD, PA-C

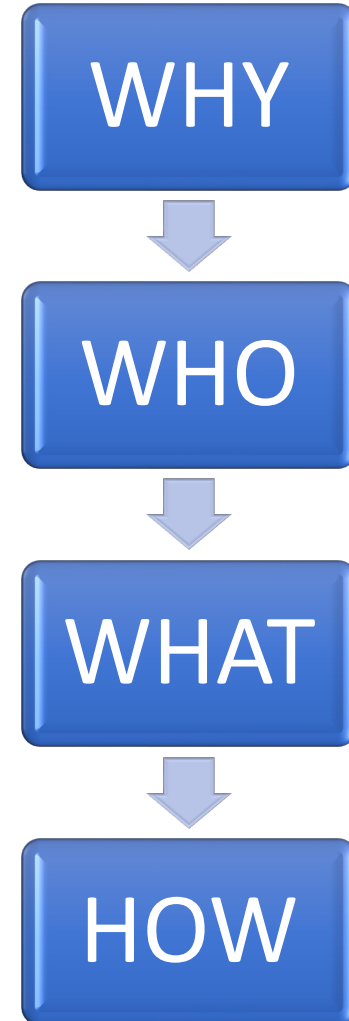


Learning Objectives

Reflect on cultural diversity and cultural humility in clinical practice

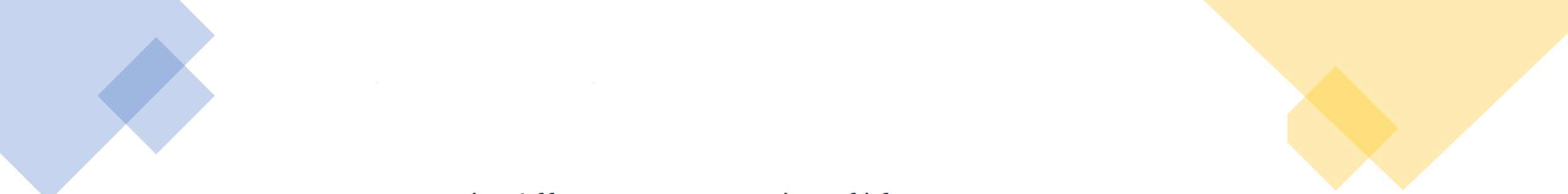
Discuss approaches to address institutional and structural inequities in our health care system

Determine steps for personal action towards addressing health disparities and promoting health equity





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Make difference in pts quality of life
Money and interest
Caring
To be a more open person
Challenge Money and fun
To take care of people
Serving community
Help people Help Love medicine
Self-betterment

Helping **Help others** Passion
Provide help
Service People To help empower Care

To help people get back to there normal

Young fascination when I needed surgery
Inspired by healthcare professionals



WHO?



Health Disparities

Ortho Surgery Health Disparities



- Access to care due to insurance
 - 8.8 x more likely with private insurance vs Medicaid (Rotator cuff)
 - 2.2 x more likely with private insurance vs Medicaid (Hand flexor tendon)
 - 30.1% (Medicaid) vs 96% (Medicare) vs 100% (private)—Knee arthroplasty
- Outcomes in Total Joint Arthroscopy
 - Readmission rates for Blacks 24% higher than white patients
 - Mortality and complication rates higher for Black and mixed-race patients
 - Black patients higher odds ratio for PE within 90d of discharge
- Who receives Total Joint Replacement
 - Rates of 4.82 white men, 3.46 Hispanic men, 1.84 Black men (per 1000)
- Outcomes in Hip Fracture Care
 - Higher mortality and worse mobility for nonwhite patients
 - Black patients with the longest time to surgery compared to all races

Ortho Surgery Health Disparities

- Access to care due to Race, Ethnicity, and Sex
 - Female-22% vs 78% referral for surgical consultation (shoulder injury)
 - White (70%) vs Black (5%) account for total shoulder arthroplasty procedures
- Racial disparities in communication between orthopedic surgeons and patients.



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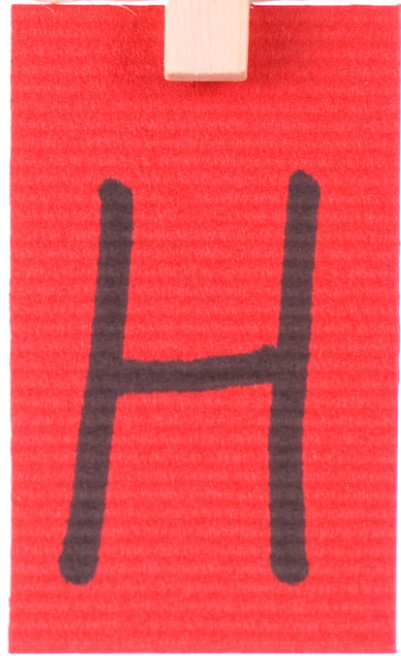
	Race	Excellent	Very Good	Good/Below	P
a. Treating you like you're on the same level; not "talking down" to you	W	84.8	13.8	1.4	<0.0001
	AA	64.4	23.5	12.1	
b. Letting you tell your story and listening	W	78.7	17.4	3.9	<0.0001
	AA	62.6	23.0	14.4	
c. Showing interest in you as a person	W	77.8	17.2	5.0	<0.0001
	AA	65.9	19.7	14.4	
d. Discussing options with you and offering choices	W	77.7	17.0	5.3	<0.001
	AA	61.4	20.5	18.1	
e. Letting you help decide what to do	W	74.6	19.4	6.0	<0.001
	AA	58.4	16.9	24.7	
f. Encouraging you to ask questions	W	70.6	19.6	9.8	<0.001
	AA	58.5	19.9	21.6	
g. Answering your questions clearly	W	80.9	15.8	3.3	<0.0183
	AA	71.5	22.1	6.4	
h. Explaining what you need to now about your problems, how and why they occurred and what to expect next	W	77.8	16.6	5.6	<0.0027
	AA	69.4	17.7	12.9	
i. Using language you can understand when explaining your problems and treatments	W	82.6	14.4	3.0	<0.0009
	AA	71.7	20.2	8.1	
j. Discussing how your problem or treatment impacts on your daily life	W	73.2	19.3	7.5	<0.0001
	AA	60.7	17.8	21.5	
k. Taking all your medical history into account when considering your current problem or treatment	W	76.9	18.1	5.0	<0.0001
	AA	64.8	17.6	17.6	



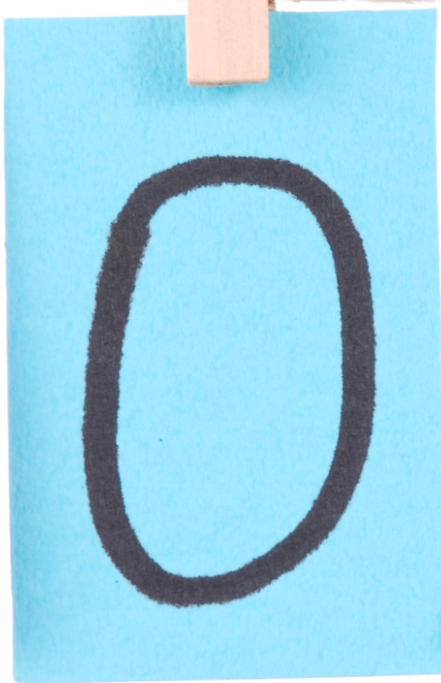
WHAT?

What causes Health Disparities?

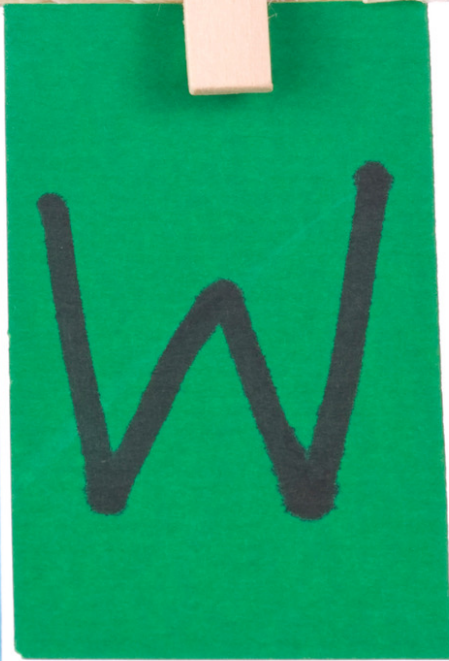
- Social determinants of health drive more than **80%** of health outcomes
 - non-medical factors that influence health outcomes
 - conditions in which people are born, grow, work, live, and age
 - the wider set of forces and systems shaping the conditions of daily life
- Socioeconomic status/Poverty
- Environmental
- Provider bias
- Lack of cultural humility/cultural competence
- Individual behavior
- Genetics/biology



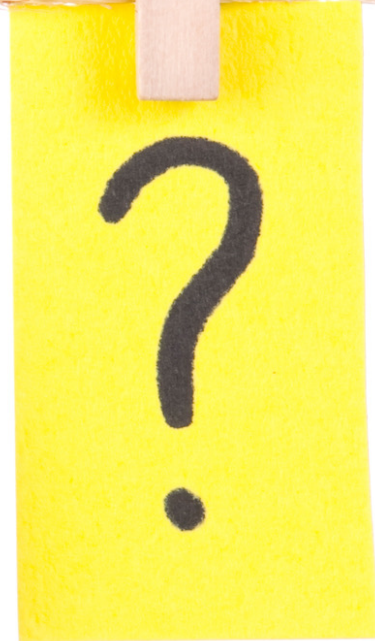
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O



W



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How to achieve improved health outcomes?

Identify important Health Disparities

Change and implement policies, laws, systems, environments, and practices to reduce inequities in the opportunities and resources needed to be as healthy as possible

Evaluate and monitor efforts using short- and long-term measures

Reassess strategies in light of process and outcomes and plan next steps.



Self- Reflection

Inward, Outward, Upward Workbook

Why Now?

Unpacking You: Identity and Insights

Examining Your Resistance

Illuminating Historical and Social Realities

Examining Resistant Encounters and Others

Dialogue Strategies

Action Plan

Resource Page

Implicit Bias Modules

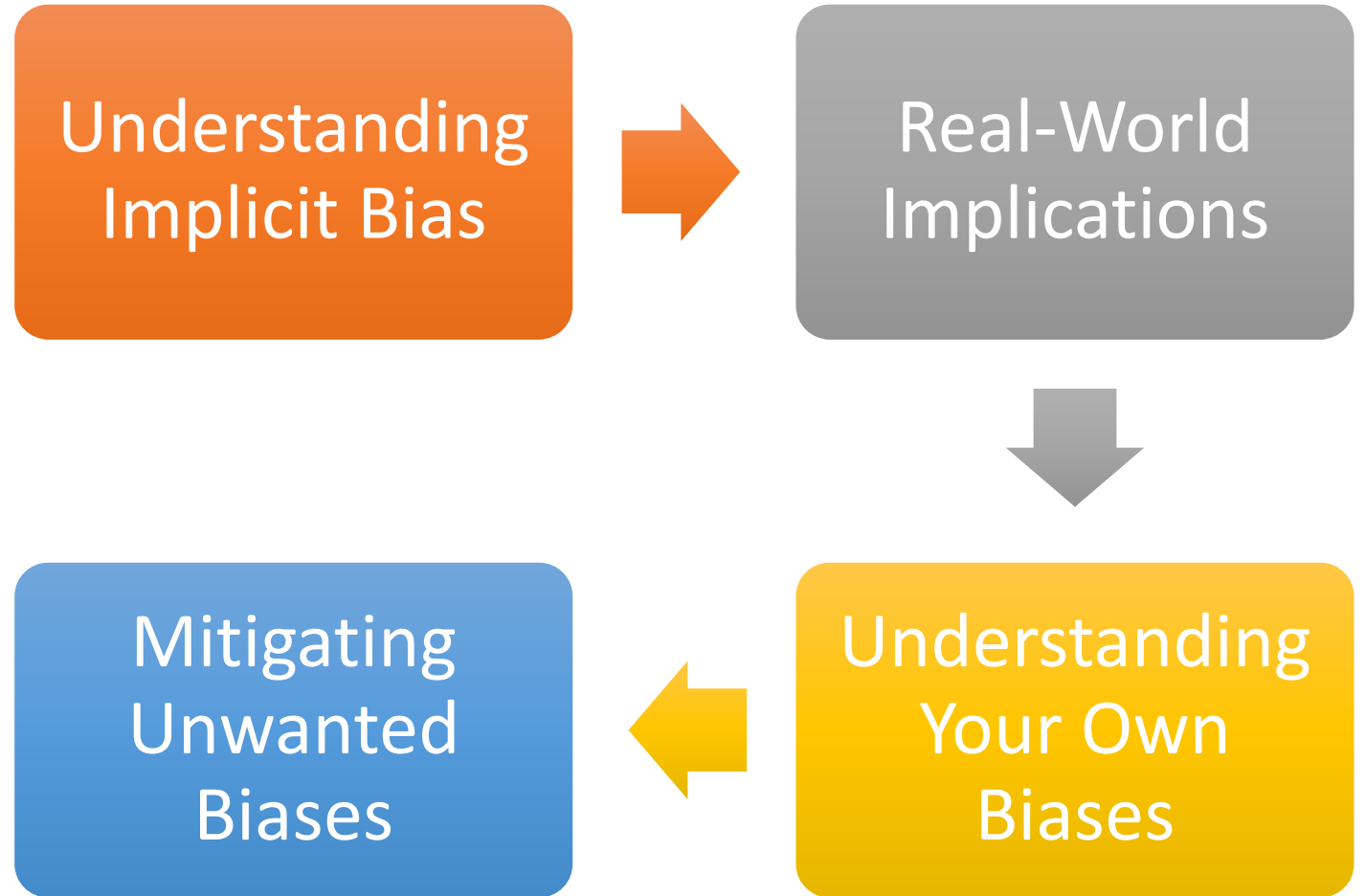
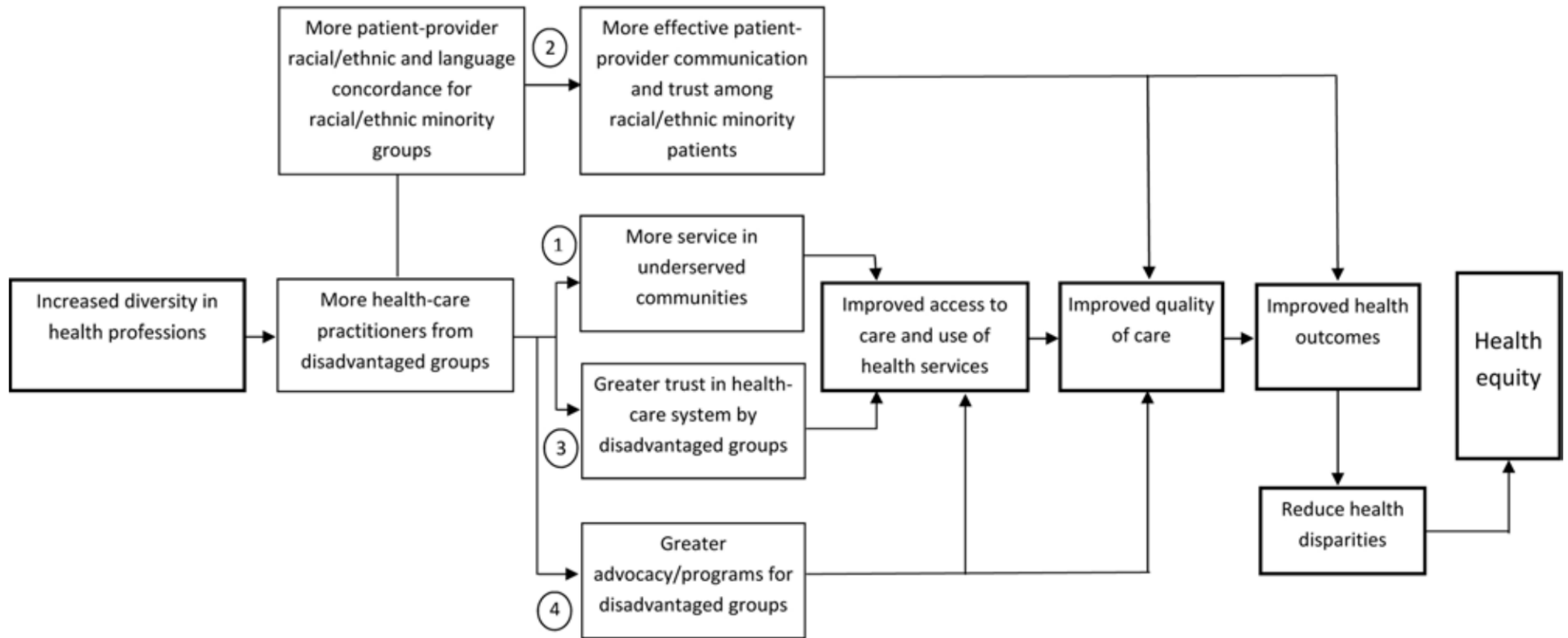


Figure 2. Expanded conceptual model linking health professions diversity to health disparity and health equity outcomes, 2012^a



^aAdapted from: Department of Health and Human Services (US), Health Resources and Services Administration, Bureau of Health Professions. The rationale for diversity in the health professions: a review of the evidence. Rockville (MD): HHS; 2006.

Percentage of Certified PAs by Race

Race	2019	2015
White	91.1%	91.1%
Black/African American	2.1%	2.2%
Asian	3.7%	3.5%
Native Hawaiian/Pacific Islander	0.3%	0.4%
American Indian/Alaska Native	0.2%	0.3%
Other	2.5%	2.6%
TOTAL	100.0%	100.0%

Percentage of Certified PAs by Gender

Gender	2019	2015
Female	51.6%	49.5%
Male	48.4%	50.5%
TOTAL	100.0%	100.0%



Ethnicity: Percent who indicated they are **Hispanic**
 2019: **4.9%**
 2015: **4.2%**

Cultural Competence

- Knowledge, skills, and attitudes (and policies) that are required to work and communicate effectively with individuals from cultural, ethnic, and racial backgrounds different from one's own
 - Tailoring the delivery of high-quality clinical care to meet the social, cultural, and linguistic needs of the patient
 - Combines the principles of patient-centered care with an understanding of the social and cultural influences that patients bring to the medical encounter
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Tervalon, M., Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9, 117-125.



Cultural Humility

- Practice of self-reflection on how one's own background and the background of others, impacts teaching, learning, research, creative activity, engagement, and leadership
 - and
 - Commitment to work individually and with others to end injustice
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Tervalon, M., Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9, 117-125.



HOW WILL YOU TAKE ACTION?

Make difference in pts quality of life
Money and interest
Caring
To be a more open person
Challenge
Money and fun
To take care of people
Serving community
Help people
Help
Love medicine
Self-betterment

Helping
Help others
Passion
Provide help
Service
People
To help empower
Care

To help people get back to there normal

Young fascination when I needed surgery
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References and Resources

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- Healthy People 2030. <https://health.gov/healthypeople>
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- **Justice in June** | <https://justiceinjune.org/>
- **Scaffolded Anti-Racist Resources** | [Google Doc](#)
- Cultural Awareness Quiz: https://edge.sagepub.com/sites/default/files/9.3_cultural_diversity_awareness_questionnaire.pdf
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- Kirwan Institute for the Study of Race and Ethnicity. Implicit Bias Module Series. <http://kirwaninstitute.osu.edu/implicit-bias-training/>

Thank you for
your time!
