Executive Summary: Health Impact Review of SB 6170

Concerning Cultural Competency Education for Health Care Professionals

Evidence indicates that SB 6170 has the potential to increase cultural competency among health care personnel, which in turn has potential to improve health and health care outcomes for diverse patient populations, thereby decreasing health disparities

BILL INFORMATION

Sponsors: Senators Keiser, Becker, Pedersen, Cleveland, Hasegawa, McCoy, Kohl-Welles, Frockt, McAuliffe, Kline

Summary of Bill:

- Requires disciplining authorities specified in RCW 18.130.040 to adopt rules requiring health professionals to receive cultural competency continuing education.
- Requires the Department of Health to develop a list of continuing education opportunities related to cultural competency.

HEALTH IMPACT REVIEW

Summary of Findings:

This health impact review found the following evidence regarding the provisions in SB 6170:

- Strong evidence that cultural competency training for health care professionals improves the cultural relevance of care.
- Strong evidence that culturally relevant care improves health and health care outcomes and decreases health disparities.
- Strong evidence that culturally relevant care increases patient satisfaction.
- Some evidence that cultural competency training for health care professionals increases patient satisfaction.
- Some evidence that patient satisfaction is associated with improved health and health care outcomes..
- Minimal evidence directly indicating that cultural competency training for health care professionals improves health and health care outcomes and decreases health disparities (few studies have examined the direct link between training and health outcomes).

FULL REVIEW

For review methods, a logic model showing the potential pathways between the bill and decreased health disparities, strength-of-evidence analyses, and citations of empirical evidence refer to the full health impact review which can be found at:

http://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2014-01-SB6170.pdf

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Health Impact Review of SB 6170

Concerning Cultural Competency Education for Health Care Professionals

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Contents

Introduction and Methods

A health impact review is an analysis of how a proposed legislative or budgetary change will likely impact health and health disparities in Washington state (RCW 43.20.285). For the purpose of this review 'health disparities' have been defined as the differences in disease, death, and other adverse health conditions that exist between populations (RCW 43.20.270). This document provides summaries of the evidence analyzed by State Board of Health staff during the health impact review of Senate Bill 6170 (SB 6170).

Staff analyzed the content of SB 6170 and created a logic model depicting possible pathways leading from the provisions of the bill to health outcomes. Staff consulted with experts in health and health care and conducted objective reviews of the literature for each component of the pathway. Staff used databases including ERIC, PubMed, and Google Scholar to search the literature.

The following pages provide:

- A detailed analysis of the bill including a summary of the bill and a presentation of potential pathways leading from the bill to decreased health disparities.
- Annotated references with summaries of the findings for each research question.

The logic models depicting potential pathways between the bill and health impacts are presented both in text and through a logic model (Figure 1). The logic model includes information on the strength of the evidence for each relationship. The strength-of-evidence has been defined using the following criteria:

- **Minimal evidence:** the literature review yielded only one study supporting the association, *or* the literature review yielded several studies supporting the association but also some studies which found no association or a negative relationship.
- **Some evidence:** the literature review yielded several studies supporting the association, but a large body of evidence was not established.
- **Strong evidence:** the literature review yielded a large body of evidence on the relationship (a majority of which supported the association) but the body of evidence contained some contradictory findings, did not incorporate the most robust study designs or data analysis, had significant but not meaningful results, or some combination of these. Any relationship where the language of the bill explicitly indicated that the work must be evidence-based was considered a strong connection.
- **Very strong evidence:** the literature review yielded a very large body of robust evidence supporting the association with few if any contradictory findings. The evidence indicates that the scientific community largely accepts the existence of the association.

This review was subject to time constraints which allowed for only a preliminary search of the evidence so some research articles may have been missed. The annotated references are only a representation of the evidence and simply provide examples of current research. In many cases only a few review articles or meta-analyses are included in the references. One article may cite or provide analysis of dozens of other articles. Therefore the number of references included in the bibliography does not necessarily reflect the strength-of-evidence. In addition, some articles provide evidence for more than one research question so they appear more than once in the reference list.

Analysis of SB 6170 and the Scientific Evidence

Summary of SB 6170

By July 1, 2016, disciplining authorities specified in RCW 18.130.040 would be required to adopt rules requiring health care professionals governed by these authorities to receive cultural competency continuing education.

By July 1, 2015 the Department of Health (DOH) would be required to develop a list of continuing education opportunities related to cultural competency. DOH would be granted the authority to seek assistance or provide grant funding for another entity to develop this list. The opportunities must teach attitudes, knowledge, and skills that enable a provider to effectively care for patients from diverse backgrounds, including specific skills outlined in the bill.

Health impact of SB 6170

Evidence indicates that SB 6170 has the potential to increase cultural competency among health care personnel, which in turn has potential to improve health and heath care outcomes for diverse patient populations, thereby decreasing health disparities.

Pathways to health impacts

The potential pathways leading from SB 6170 to decreased health disparities are depicted in Figure 1. Recent data show that disparities both in health outcomes and in health care access and outcomes exist in Washington state.[1] Evidence indicates that cultural competency training for health care professionals has potential to directly increase the ability of health care professionals to deliver culturally relevant care,[2-9] increase patient satisfaction among diverse patient populations,[10-12] and improve health and health care outcomes for this patient population (thereby helping to decrease health disparities).[13-15] In addition, evidence indicates that increased culturally competency among health professionals has potential to directly lead to improved health and health care outcomes,[16-20] and also to increase patient satisfaction among diverse patient population.[21-27] Increased patient satisfaction is also linked to improved health outcomes, indicating that improving patient satisfaction among diverse patient populations has potential to decrease health disparities.[28-31]

Logic Model

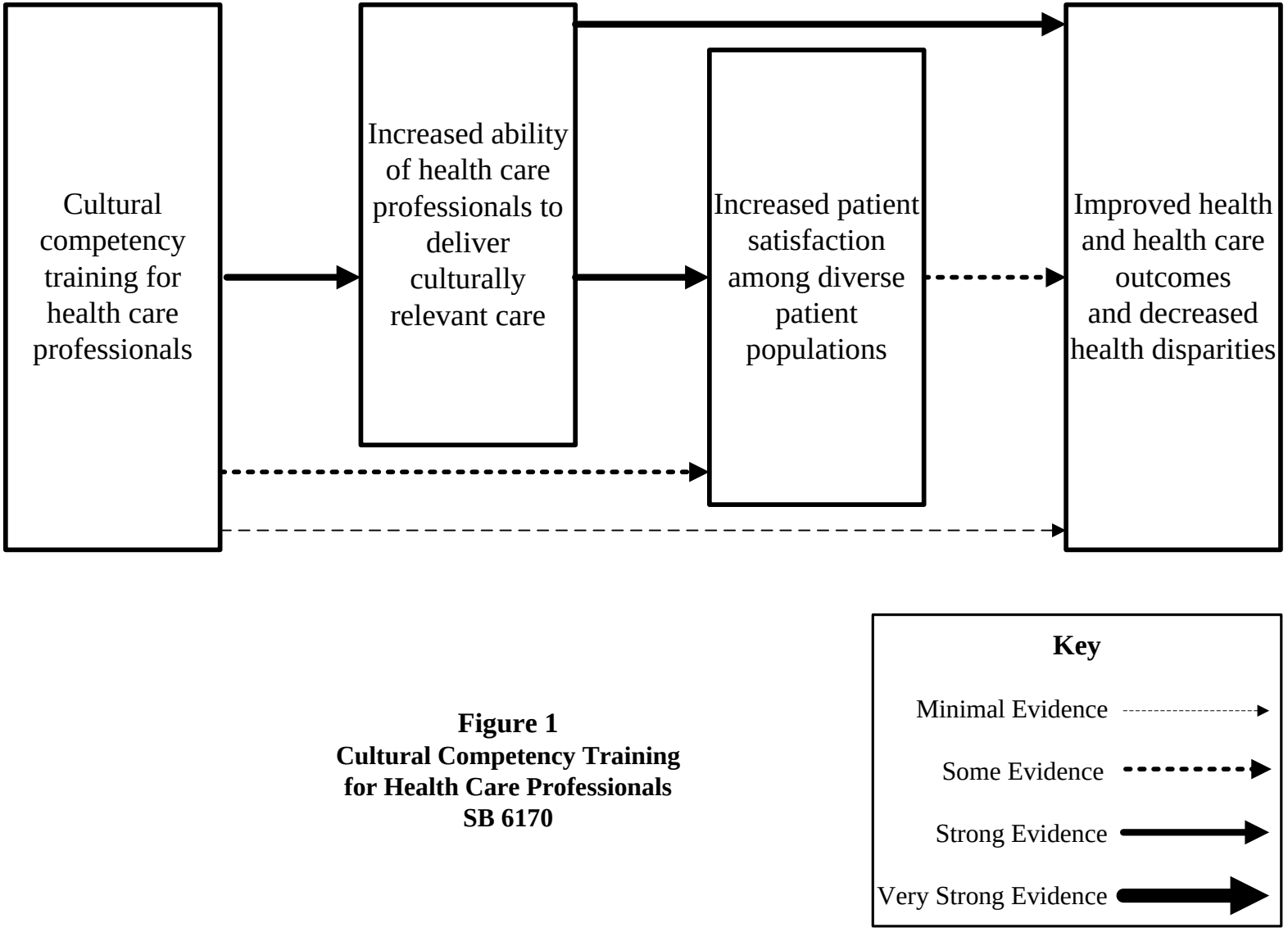

Figure 1
Cultural Competency Training for Health Care Professionals
SB 6170

Annotated References and Summaries of Findings

Evidence of disparities in quality of health care and in health outcomes in Washington state

Summary of findings

Recent evidence indicates that Washington state does experience disparities in care and in health outcomes just as does the rest of the nation. Washington state Medicaid data indicate that Medicaid patients are receiving lower quality of care than commercially-insured populations on most measures. In addition data show that racial/ethnic disparities in care and health outcomes exist even within the Medicaid population in Washington. Note that this is not a review of the literature on health disparities in Washington State—this article simply provides an example of the evidence that disparities in health care do exist.

Annotated references

1. **Puget Sound Health Alliance. Disparities in Care: 2013 Report. 2013.**

The authors of this report cite evidence highlighting the existence of racial/ethnic disparities both in health outcomes and in health care access and outcomes across the United States. They also indicate that these disparities impact the health and well-being of diverse patient populations, and that they also cause significant financial hardships for the country. These disparities also exist in Washington state. Washington state Medicaid data indicate that, not only are Medicaid patients receiving lower quality of care than commercially-insured populations on most measures, but that disparities in care and health outcomes exist even within the Medicaid population. For example, Medicaid patients of color have poorer access to care, lower screening rates, lower quality of care, and poorer health outcomes than white Medicaid patients on many measures.

Evidence relating to how cultural competency training for health care professionals may increase their ability to deliver culturally relevant care

Summary of findings

There is strong evidence that cultural competency trainings are associated with changes in provider knowledge, attitudes, and skills. Evidence indicates that training may lead to increased provider knowledge of issues such as the existence of disparities in care and health, the unique health care needs of diverse populations, and the barriers to care and health that they face. Training is also associated with changes in attitudes such as increased desire and comfort working with diverse populations. The literature indicates that trainings can contribute to increased provider skills, such as culturally appropriate interactions with patients. Note that the literature does not indicate that all trainings are effective for every measure, but that evidence-based trainings do exist.

Annotated references

2. **Beach MC, Price EG, Gary TL, Robinson KA, Gozu A, Palacio A, Smarth C, Jenckes MW, Feuerstein C, Bass EB, Powe NR, Cooper LA. Cultural competence: A systematic review of health care provider educational interventions. Med Care. 2005;43(4):356-373.**

Beach et al. conducted a systematic review of the literature published between 1980 and 2003 that looked at the efficacy of cultural competence training. Thirty-four articles met their inclusion criteria. They graded the strength of evidence for each outcome type (e.g. provider knowledge would be one outcome type while provider skills would be another type) based on a number of factors including rigor of study designs contributing to that outcome type, consistency of the findings across studies, and objectivity of assessment method. A grade of 'A' indicated robust study designs, consistent findings, and objective assessment methods. As the evidence for an outcome type being measured became weaker, the grade dropped. Seventeen of the 19 applicable studies demonstrated a beneficial effect on provider knowledge as evidenced through measures such as knowledge of the impact of culture on the patient-provider interaction (this received an evidence grade of A). Twenty-one of the 25 applicable studies found that training had a beneficial effect on provider attitudes as evidenced through measures such as confidence in skills related to diverse patient populations and attitudes toward community health issues (this received an evidence grade of B). One hundred percent of the 14 studies that evaluate the effect on provider skills found that training had a positive impact (evidence grade of B). Only three studies looked at the impact of training on patient satisfaction, all of which found improvement following training (evidence grade of B). None of the studies captured by the review analyzed the impact of training on patient adherence or health outcomes.

3. **Castro A, Ruiz E. The effects of nurse practitioner cultural competence on Latina patient satisfaction. Journal of the American Academy of Nurse Practitioners. 2009;21(5):278-286.**

Castro and Ruiz drew a convenience sample of nurse practitioners (n=15) and asked them to complete a questionnaire and an instrument which is used to assess cultural competence. In addition, the researchers drew a convenience sample of 218 Latina participants who were asked to fill out questionnaires on demographics, acculturation, and patient satisfaction. The data indicate that when a patient had a provider who scored high on the cultural competence assessment, the patient was more likely to be satisfied with their care. They also found that providers who scored higher cultural competence scores on the assessment were more likely to have received cultural competence training.

4. **Chipps JA, Simpson B, Brysiewicz P. The effectiveness of cultural-competence training for health professionals in community-based rehabilitation: A systematic review of literature. Worldviews on Evidence-Based Nursing. 2008;5(2):85-94.**

Chipps et al. conducted a systematic review of the published and unpublished literature released between 1991 and 2006 that researched the efficacy of cultural-training programs for health professionals practicing in rehabilitation and community-based settings. Seventeen articles fit their criteria, and the authors evaluated the rigor of each study using many criteria to evaluate the strength of the studies. Most of the studies cited positive outcomes following cultural competency training. The outcomes measured varied, but included provider cultural knowledge, attitude, and competence as well as patient satisfaction, and adherence to treatment. Although some of the studies reviewed had more rigorous study designs (such as randomized-control trials), Chipps et al. indicate that few of the studies included in the review were of very high quality and that more studies of rigorous design are needed on the efficacy of cultural competency training. They conclude that reasonable evidence exists indicating that cultural-competence training can have positive impacts on provider knowledge, attitude and skills; that some evidence exists indicating that these trainings effect patient satisfaction; and that little evidence exists that these trainings improve patient care.

5. **Lie D, Lee-Rey E, Gomez A, Bereknyei S, Braddock CH. Does cultural competency training of health professionals improve patient outcomes? A systematic review and proposed algorithm for future research. Journal of General Internal Medicine. 2011;26(3):317-325.**

Lie et al. conducted a systematic review of the literature on the effect of cultural competence training on patient outcomes published between 1990 and 2010. They identified seven studies that met their inclusion criteria. The researchers evaluated the strength of each study design using two instruments designed for such review which include (but are not limited to) assessments of: study design, participants, setting, confounding variables, bias, study size, and statistical analysis. Using this technique they found that the seven studies were from low to moderate quality and found effect sizes ranging from no effect to moderate positive effect (indicating that the training had a moderate positive effect on health outcome measures). These outcomes which indicated positive effects included patient satisfaction, use of social and economic resources, and trust of physician. No studies found negative effects on health outcomes. The researchers conclude that more research with robust study designs need to be conducted in order to understand the impacts of cultural competency training on health outcomes.

6. **Porter K, Krinsky L. Do LGBT aging trainings effectuate positive change in mainstream elder service providers? Journal of Homosexuality. 2014;61(1):197-216.**

Porter and Krinsky evaluated the impact of a five-hour cultural competency training (using pre- and post-evaluations filled out by the participants) in order to determine if the workshop impacted attitudes, beliefs, and intentions of elder-service staff. The goal of the training was to educate providers on the unique challenges and needs of lesbian, gay, bisexual, and transgender (LGBT) older adults. Seventy-six providers participated. The researchers found significant increases in a number of the measures following the training. They found increases, for example, in provider awareness of LGBT resources, comfort and knowledge on how to work with LGBT patients, and understanding of the unique barriers that these patients face. Note that this study did not involve a control group.

7. **Prescott-Clements L, Schuwirth L, van der Vleuten C, Hurst Y, Whelan G, Gibb E, Rennie J. The cultural competence of health care professionals: Conceptual analysis using the results from a national pilot study of training and assessment. Evaluation & the Health Professions. 2013;36(2):191-203.**

Prescott-Clements et al. evaluated the impacts of a 1.5 day patient-centered cultural training for Vocational Dental Practitioners in Scotland four months after the training. Participant assessments included interactions with actors playing patients with unique cultural needs. Participants were evaluated based on how they handled the interaction and if their actions were culturally appropriate. The researchers found that those who received the training (n=76) evaluated the training positively, indicated their intention to change future practice to in order to provide culturally relevant care, and achieved significantly higher post-training assessment scores than the control group (n=15). Note that this study did not utilize a pre-assessment in order to compare with baseline results.

8. **Sequist TD, Fitzmaurice GM, Marshall R, et al. Cultural competency training and performance reports to improve diabetes care for black patients. Annals of Internal Medicine. 2010;152(1):40-W.10.**

Sequist et al. conducted a cluster randomized control trial in eight ambulatory care centers in Massachusetts. They had 124 primary care clinicians as participants. These participants provided

care for 2,699 black and 4,858 white patients with diabetes. The intervention group of physicians received cultural competency training and monthly race-stratified performance reports. The researchers measured the differences between the control group and intervention group's awareness of racial differences in diabetes care and rates, as well as if clinical targets were reached for hemoglobin, low-density lipoprotein, and blood pressure levels 12 months after the intervention. They found that there were significant differences between white and black patients in these measures at baseline with black patients experiencing worse outcomes. The researchers found that at study completion the intervention clinicians were significantly more likely than control clinicians to realize the existence of racial disparities in care and in health. Following the training, the intervention group was less likely than the control group to feel that cultural competence training would be 'very effective' in decreasing disparities in care. There were no significant differences between the percentage of patients of intervention and control clinicians who reached clinical targets. An important limitation of this study is that involvement in the cultural competency training was voluntary, so not all intervention clinicians participated in the training. Only half of the clinician pairs had both clinicians attend the training. Primary care physicians were less likely to attend the training than nurse practitioners and physicians assistants.

9. **Venturin J, Durall PS, Enciso R, Clark GT, Mulligan R. Comparing methods of cultural competency training and assessment in a predoctoral dental course. Journal of Dental Education. 2013; 77(4):476-484.**

Venturin et al. evaluated the impact of a one week clinical course for fourth-year dental students which included cultural competency training. One group of students was provided the training via seminar type presentations (45 students) while the other group received web-based training (36 students). Participants were administer two pre- and post-tests that were designed to assess cultural competency. These self-evaluation tests are designed to assess knowledge, feelings, and actions when students interact with others in a health care setting. Both groups showed significant improvements on both tests after the cultural competency training.

Evidence relating to how cultural competency training for health care professionals may improve patient satisfaction among diverse patient populations

Summary of findings

There is some evidence that cultural competency training for health care professionals may improve patient satisfaction, particularly for patients from diverse cultural backgrounds. Three main reviews of the literature on the effects of cultural competency training have been conducted in the past ten years. Together these three reviews identified a small number of studies that have explored the impact of training on patient satisfaction. These studies found that training was associated with increased patient satisfaction. This includes measures such as patients feeling increased comfort and trust with their provider, that their provider cared about them, and that their provider communicated with their family.

Annotated references

10. **Beach MC PE, Gary TL, Robinson KA, Gozu A, Palacio A, Smarth C, Jenckes MW, Feuerstein C, Bass EB, Powe NR, Cooper LA. Cultural competence: A systematic review of health care provider educational interventions. Med Care. 2005;43(4):356-373.**

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outcomes which indicated positive effects included patient satisfaction, use of social and economic resources, and trust of physician. No studies found negative effects on health outcomes. The researchers conclude that more research with robust study designs need to be conducted in order to understand the impacts of cultural competency training on health outcomes.

Evidence relating to how cultural competency training may improve health and health care outcomes and decreased health disparities

Summary of findings

There is minimal evidence that cultural competency training directly impacts health care outcomes, as very few studies have directly researched this link. The few studies that have explored this relationship have found a range of results from no measurable effect on health care outcomes to some positive effect on health care outcomes. These studies have found positive impact on several measures including increased patient use of social and economic resources and increased adherence to treatment.

Annotated references

13. Chipps JA, Simpson B, Brysiewicz P. The effectiveness of cultural-competence training for health professionals in community-based rehabilitation: A systematic review of literature. Worldviews on Evidence-Based Nursing. 2008;5(2):85-94.

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Evidence relating to how culturally relevant care may improve health and health care outcomes and decrease health disparities

Summary of findings

There is strong evidence that culturally relevant care is associated with improved health and health care outcomes—particularly among diverse patient populations, which may lead to decreases in health disparities. Research has found a link between culturally competent care and outcomes such as: increased access to services, active participation in the care, greater satisfaction, improved clinical outcomes, decreased patient stress, increased treatment adherence, increased engagement in a health promoting lifestyle, increased dietary adherence, increased quality of life measures, high self-efficacy, and HIV viral suppression. At least one study also found that cultural sensitivity of the provider had a larger direct impact on both patient satisfaction and dietary adherence for the African American patient group than for the white patient group studied. Another study found that while racial disparities were observed for health outcomes among patients of providers with low cultural competence scores, these disparities did not exist among patients of moderate and high culturally competent providers.

16. Browne A, Varcoe C, Wong S, et al. Closing the health equity gap: Evidence-based strategies for primary health care organizations. International Journal for Equity in Health. 2012;11(1).

Browne et al. conducted a mixed methods ethnographic study of primary health care centers in Canada. They collected data through interviews and focus groups with patients and staff (n=114), participant observation (900 hours), and analysis of organizational documents. They identified four dimensions of equity-oriented services which lead to "improvements in the quality of care, an improved 'fit' between people's needs and services, enhanced trust and engagement by patients, and a shift from crisis-oriented care to continuity of care." The dimensions of equity-oriented care that they identified are: inequity-responsive care (addressing the social determinants of health); trauma- and violence-informed care (recognizing that many marginalized populations are affected by trauma and violence and provided care should be empowering); contextually-tailored care (expanding care from being patient centered to also include community context and resources); and culturally-competent care (taking into account how culture and experiences of discrimination impact the patient). Participants (both patients and providers) linked these strategies to short-term outcomes (increases in patients' capacity to manage their own health, and increased access to resources essential to support health) as well as longer-term improvements in health and quality of life that have the potential for reducing health disparities at the population level.

17. Mancoske RJ, Lewis ML, Bowers-Stephens CFA. Cultural competence and children's mental health service outcomes. Journal of Ethnic & Cultural Diversity in Social Work. 2012;21(3):195-211.

Mancoske et al. conducted a thorough literature review on the research looking at the associations between cultural competence of health care personnel and medical and health outcomes. They identified a number of studies and reviews which highlight several studies which have shown a connection between culturally relevant care and positive health outcomes (such as symptom reductions) or a connection between care that is not culturally competent and poor health outcomes. The researchers also indicate though, that more research is needed on this topic. The study conducted by Mancoske et al. in a children's mental health program explored the relationship between clients' perceptions of their mental health provider's cultural competency and outcomes such as client satisfaction and positive mental health outcomes for children and their families. The child's caregiver provided information on their experiences and perceptions of the provider's cultural competency/sensitivity through interviews (n=111). They found that clients who reported greater perceived culturally competence of care also reported significantly greater levels of access to services, active participation in the care, and greater satisfaction. Higher perceived cultural competence was also significantly associated with improved clinical outcomes (using measures such as, "child better off, better at handling life, gets along with family, gets along with others, better in school, coping, and family life satisfaction.")

18. Hawthorne K, Robles Y, Cannings-John R, Edwards AG. Culturally appropriate health education for Type 2 diabetes in ethnic minority groups: A systematic and narrative review of randomized controlled trials. Diabetic Medicine: A Journal of the British Diabetic Association. 2010;27(6):613-623.

Hawthorne et al. conducted a systematic meta-analysis of the literature to determine if culturally relevant health education is more effective than 'usual' health education for individuals from diverse backgrounds living with diabetes. They included randomized controlled trials of specific

diabetes health education interventions conducted with participants in high- and upper-middle-income countries. Eleven articles fit their strict inclusion criteria (seven of which were conducted in the United States). Hawthorne et al. provide a detailed description of the measures and methods used in these studies, as well as meta-analysis of the results for measures that were comparable across multiple studies. They indicate that culturally competent health education was associated with significantly higher improvements in clinical and quality of life measures as well as in improved knowledge scores when compared with the control programs.

19. Saha S, Korthuis PT, Cohn JA, Sharp VL, Moore RD, Beach MC. Primary care provider cultural competence and racial disparities in HIV care and outcomes. J Gen Intern Med. 2013;28:622-629.

Saha et al. evaluated the impact of cultural competence among primary care providers at four HIV care sites across the United States on patient outcomes. They recruited providers to participate and then recruited five to 10 patients of each participating provider. They measured the cultural competence of each provider using an instrument that they developed. The researchers also measured patient outcome data. They found that, after adjusting for clinical and demographic variables, nonwhite patients whose providers scored in the middle or highest third on the cultural competence evaluation were more likely than those with providers in the lowest third to be on antiretrovirals (ARVs), have high self-efficacy, and report complete ARV adherence. The data also indicate that while racial disparities were observed in receipt of ARVs, self-efficacy, and viral suppression among patients of providers with low cultural competence scores, these disparities did not exist among patients of moderate and high culturally competent providers.

20. Tucker CM, Marsiske M, Rice KG, Nielson JJ, Herman K. Patient-centered culturally sensitive health care: Model testing and refinement. Health psychology : Official Journal of the Division of Health Psychology, American Psychological Association. 2011;30(3):342-350.

Tucker et al. recruited predominantly low-income African American (n=110) and non-Hispanic white American (n=119) patients from community-based primary care clinics to complete written questionnaires about perceived provider cultural sensitivity, and their own adherence to treatment. They used the Tucker Culturally Sensitive Health Care Inventory and other instruments. The researchers found that patient's perceptions of provider cultural sensitivity and treatment adherence were less than optimal for both racial/ethnic groups. The researchers used statistical modeling and found significant links between perceived provider cultural sensitivity and decreased patient stress and increased treatment adherence variables (i.e., engagement in a health promoting lifestyle, medication adherence, and dietary adherence). They also found that cultural sensitivity had a larger direct impact on both patient satisfaction and dietary adherence for the African American patient group that for the white patient group.

Evidence relating to how culturally relevant care may improve patient satisfaction among diverse patient populations

Summary of findings

There is strong evidence that cultural competence among providers is associated with improved patient satisfaction. This trend has been observed in mental health care settings as well as in clinic and primary care settings. Cultural competence of providers is often measured using

patient questionnaires that inquire into both the feelings and thoughts of the patient concerning their interactions with the providers, as well as the actions of the provider. Many studies have explored this relationship—a few are cited here as examples.

Annotated references

21. Bennett JK, Fuertes JN, Keitel M, Phillips R. The role of patient attachment and working alliance on patient adherence, satisfaction, and health-related quality of life in lupus treatment. Patient Education and Counseling. 2011;85(1):53-59.

Bennett et al. conducted an online survey with 193 patients diagnosed with lupus. The survey used questions from a number of instruments designed to assess physician-patient working alliance, patient satisfaction, and patient adherence to treatment. The researchers conducted statistical modeling. They found that a working alliance between the patient and the provider (characterized by agreement, communication on goals and treatment, patient trust and liking of provider) was significantly and positively associated with adherence to treatment, satisfaction, and quality of life. The models also showed significant associations between satisfaction and quality of life. In their discussion the researchers highlight other evidence linking patient satisfaction to health outcomes (such as compliance with treatment and quality of life). They also cite evidence that dissatisfaction is associated with decreased adherence to treatment.

22. Browne A, Varcoe C, Wong S, et al. Closing the health equity gap: Evidence-based strategies for primary health care organizations. International Journal for Equity in Health. 2012;11(1).

Browne et al. conducted a mixed methods ethnographic study of primary health care centers in Canada. They collected data through interviews and focus groups with patients and staff (n=114), participant observation (900 hours), and analysis of organizational documents. They identified four dimensions of equity-oriented services which lead to "improvements in the quality of care, an improved 'fit' between people's needs and services, enhanced trust and engagement by patients, and a shift from crisis-oriented care to continuity of care." The dimensions of equity-oriented care that they identified are: inequity-responsive care (addressing the social determinants of health); trauma- and violence-informed care (recognizing that many marginalized populations are affected by trauma and violence and provided care should be empowering); contextually-tailored care (expanding care from being patient centered to also include community context and resources); and culturally-competent care (taking into account how culture and experiences of discrimination impact the patient). Participants (both patients and providers) linked these strategies to short-term outcomes (increases in patients' capacity to manage their own health, and increased access to resources essential to support health) as well as longer-term improvements in health and quality of life that have the potential for reducing health disparities at the population level.

23. Castro A, Ruiz E. The effects of nurse practitioner cultural competence on Latina patient satisfaction. Journal of the American Academy of Nurse Practitioners. 2009;21(5):278-286.

Castro and Ruiz drew a convenience sample of nurse practitioners (n=15) and asked them to complete a questionnaire and an instrument which is used to assess cultural competence. In addition, the researchers drew a convenience sample of 218 Latina participants who were asked to fill out questionnaires on demographics, acculturation, and patient satisfaction. The data indicate that when a patient had a provider who scored high on the cultural competence assessment, the patient was more likely to be satisfied with their care. They also found that

providers who scored higher cultural competence scores on the assessment were more likely to have received cultural competence training.

24. Mancoske RJ, Lewis ML, Bowers-Stephens CFA. Cultural competence and children's mental health service outcomes. Journal of Ethnic & Cultural Diversity in Social Work. 2012;21(3):195-211.

Mancoske et al. conducted a thorough literature review on the research looking at the associations between cultural competence of health care personnel and medical and health outcomes. They identified a number of studies and reviews which highlight several studies which have shown a connection between culturally relevant care and positive health outcomes (such as symptom reductions) or a connection between care that is not culturally competent and poor health outcomes. The researchers also indicate though, that more research is needed on this topic. The study conducted by Mancoske et al. in a children's mental health program explored the relationship between clients' perceptions of their mental health provider's cultural competency and outcomes such as client satisfaction and positive mental health outcomes for children and their families. The child's caregiver provided information on their experiences and perceptions of the provider's cultural competency/sensitivity through interviews (n=111). They found that clients who reported greater perceived culturally competence of care also reported significantly greater levels of access to services, active participation in the care, and greater satisfaction. Higher perceived cultural competence was also significantly associated with improved clinical outcomes (using measures such as, "child better off, better at handling life, gets along with family, gets along with others, better in school, coping, and family life satisfaction.")

25. Meyer O, Zane N. The influence of race and ethnicity in clients' experiences of mental health treatment. Journal of Community Psychology. 2013;41(7):884-901.

Meyer and Zane examined 102 clients who received mental health treatment from outpatient mental health clinics in California. They investigated whether culturally related treatment elements involving race and ethnicity were important to clients and whether they impacted client satisfaction and perceived treatment outcomes. The researchers collected these measures using a written survey filled out by each participant. Nonwhite clients were more likely to indicate that issues regarding race and ethnicity were more important than did white clients. When nonwhite clients considered these elements to be important, and they were not included in their care, clients were less satisfied with treatment.

26. Paez K, Allen JK, Beach MC, Carson KA, Cooper LA. Physician cultural competence and patient ratings of the patient-physician relationship. Journal of General Internal Medicine. 2009;24(4):495-498.

Paez et al. analyzed survey data from 26 primary care physicians in Baltimore and 123 of their patients. Providers conducted a self-assessment in which they answered questions related to their motivation to learn about cultures, their understanding of white privilege, their acceptance of a group's right to maintain cultural customs and values, and ways that they handle situations with patients. Patients answered questions in relation to their satisfaction with the care, their physicians respect toward them, and their trust of their physician. Patients of physicians who were more motivated to learn about cultures within their practice and society were more satisfied with the medical visit, perceived their physicians were more facilitative, and reported seeking and sharing more information. Physicians' awareness of white privilege and acceptance of a group's right to retain customs and values were associated with patients' perception that their physician was more facilitative. Patients of physicians reporting more frequent culturally

competent behaviors were more satisfied and reported seeking and sharing more information with their physicians.

27. Tucker CM, Marsiske M, Rice KG, Nielson JJ, Herman K. Patient-centered culturally sensitive health care: Model testing and refinement. Health psychology : Official Journal of the Division of Health Psychology, American Psychological Association. 2011;30(3):342-350.

Tucker et al. recruited predominantly low-income African American (n=110) and non-Hispanic white American (n=119) patients from community-based primary care clinics to complete written questionnaires about perceived provider cultural sensitivity, and their own adherence to treatment. They used the Tucker Culturally Sensitive Health Care Inventory and other instruments. The researchers found that patient's perceptions of provider cultural sensitivity and treatment adherence were less than optimal for both racial/ethnic groups. The researchers used statistical modeling and found significant links between perceived provider cultural sensitivity and decreased patient stress and increased treatment adherence variables (i.e., engagement in a health promoting lifestyle, medication adherence, and dietary adherence). They also found that cultural sensitivity had a larger direct impact on both patient satisfaction and dietary adherence for the African American patient group that for the white patient group.

Evidence relating to how patient satisfaction may improve health and health care outcomes and decrease health disparities

Summary of findings

There is some evidence that patient satisfaction may lead to improved health and health care outcomes. The evidence on the association between patient satisfaction and improved health outcomes have been mixed, with some studies finding a positive association and other studies finding a null or even negative association. A recent review of the literature on this relationship, though, critiqued the methods of many of these studies and concluded that when patient satisfaction surveys are well-conducted, timely, and specific patient satisfaction is strongly associated with high quality of care measures and positive patient outcomes. Research has found that patient satisfaction is positivity associated with outcomes such as quality of life, decreased pain, and increased adherence to treatment. Note that most of these studies show an association between satisfaction and positive health outcomes but cannot indicate a causal path. Because cultural competency training may increase patient satisfaction particularly among patients from diverse cultural backgrounds, any health benefits associated with patient satisfaction would likely have a greater impact on diverse patient populations, thereby helping to decrease health disparities.

Annotated references

28. Bennett JK, Fuertes JN, Keitel M, Phillips R. The role of patient attachment and working alliance on patient adherence, satisfaction, and health-related quality of life in lupus treatment. Patient Education and Counseling. 2011;85(1):53-59.

Bennett et al. conducted an online survey with 193 patients diagnosed with lupus. The survey used questions from a number of instruments designed to assess physician-patient working alliance, patient satisfaction, and patient adherence to treatment. The researchers conducted statistical modeling. They found that a working alliance between the patient and the provider (characterized by agreement, communication on goals and treatment, patient trust and liking of

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29. Holbrook T, Obradovic M, Liedgens, H. Treatment satisfaction and its association with health outcomes in patients with neuropathic pain-PSY61. JVAL Value in Health. 2013;16(7):A388-A388.

Holbrook et al. investigated the relationship between patients' satisfaction with pain therapy for neuropathic pain (NP) (a chronic progressive disease which is difficult to control), and pain severity and health related quality of life. The researchers analyzed data from a 2012 cross-sectional study involving primary care physicians and specialists across Europe (n=413) and 1,568 of their NP patients. The patients completed questionnaires which used multiple tools to assess patient pain, health related quality of life, and satisfaction. They found that satisfaction was associated with higher health related quality of life and lower pain scores. Note that this shows association not the direction of the relationships.

30. Lee DS, Tu JV, Chong A, Alter DA. Patient satisfaction and its relationship with quality and outcomes of care after acute myocardial infarction. Circulation. 2008;118(19):1938-1945.

Lee et al. conducted a longitudinal cohort study (n=1,866) looking at the associations between patient-reported care satisfaction and clinical characteristics, physical and psychological function measures, quality indicators of myocardial infarction care, and other outcomes. They collected surveys from patients in Ontario, Canada. The researchers found a significant association between higher patient satisfaction and higher Duke Activity Status Index scores, more independence in daily living, higher maximal oxygen consumption, and better Canadian Cardiovascular Society functional class. Patient dissatisfaction was also associated with higher depression scores. There was no significant difference in survival rates or rates of survival free of recurrent myocardial infarction, angina, or heart failure among those who were or were not satisfied with care received. Note that, although this is a cohort study, these findings show only associations not causation.

31. Manary M, Boulding W, Staelin R, Glickman SW. The patient experience and health outcomes. The New England Journal of Medicine. 2013;368(3):201-203.

Manary et al. provide a review of the literature on the link between patient satisfaction and quality of care and patient outcomes. The review indicates that numerous studies have explored this connection and found conflicting results (including positive associations between patient satisfaction and outcomes, no association, and negative associations). The researchers go on to analyze the evidence and conclude patient satisfaction surveys that are well-conducted, timely, and specific indicate that patient satisfaction is strongly associated with high quality of care measures and positive patient outcomes. They argue that the available evidence suggests that such patient satisfaction measures "are robust, distinctive indicators of health care quality."