

Diversity Rx- Quality Health Care for Culturally Diverse Populations: A new place on the national health agenda. October 18-21, 2010 Renaissance Harborplace, Baltimore, Maryland

Brenda Yee, RN, MSN, Angela Sun, PhD, MPH, Jian Zhang, MS, RN, CDE, FNP, Yvonne Liang, MS, RD, Lena Chan, RN, Joyce Cheng, MS, Edward A. Chow, MD

A Multi-Disciplinary Approach to Chronic Disease Education Management: Providing linguistically and culturally competent chronic disease education management program for Chinese patients with limited English proficiency in the San Francisco Bay Area.

Chronic diseases are the leading causes of death in United States. Among Asian Americans (AA), heart diseases was the number one cause of death, chronic lower pulmonary respiratory disease ranked 4th, and diabetes mellitus ranked 6th.¹ AA make up approximately 12 million (4.6%) of the total US population², with 61% immigrants,³ of which 3.6 million are of Chinese descent.

AA continued to experience disparity and challenges manifested by language barriers. Among the AA population, 39.5% reported speaking English less than “very well” and speaking non-English language at home.⁴ In-language communication between patient and provider can result in positive physical and mental health outcomes.⁵

To provide linguistically and culturally competent chronic disease education management program for Chinese patients with limited English proficiency in the San Francisco Bay Area, the Chinese Community Health Plan (CCHP) together with Chinese Community Health Resource Center (CCHRC), Chinese Hospital Support Services Clinic (CHSSC), and Chinese Community Health Care Association (CCHCA) developed the Multi-Disciplinary Approach to Chronic Disease Education Management program (MDA: CDEM). The program is based upon six components of the Chronic Care Model (CCM):

(1) Self-Management Support. CCHRC and CHSSC conducted health education, clinical assessments and social support group to assist patients/clients in managing their chronic disease(s) via group education sessions facilitated by English-Chinese bilingual staff comprised of Registered Nurse, Registered Dietician, and Health Educators. High-risk patients/clients with special needs were referred to CHSSC for individual counseling and clinical support.

(2) Decision Support. Evidence-based clinical and educational guidelines were integrated into the program.

(3) Delivery System Design. CCHP established a nurse-led case management for high-risk patients with chronic diseases whereby patients are identified from review of billing data, diagnostic codes, charts, and assessment using specific criteria. For ambulatory high-risk patients, those needing clinical support and education (one-on-one) were referred to CHSSC, and those needing education were referred to CCHRC for group sessions. For non-ambulatory patients, home care services were provided by CCHP. Program is also available to the community at large and patients are recruited via flyer, mailings and the Chinese media.

¹ Center for Disease Control and Prevention (CDC), 2007

² US Census Bureau, 2006

³ Research and Development (RAND) corporation, 2008

⁴ US Census Bureau, 2000

⁵ Taylor & Luire, 2004

(4) Clinical Information System. Clinical information system is being established to record clinical and educational outcomes from which data can be entered and retrieved by all parties involved.

(5) Community Resources. Effective programs and resources were identified by the CCHRC and CHSSC via its Patient Navigation Program to encourage patient/client usage and participation.

(6) Health System- Organization of Healthcare. A Pay for Performance (PPP) policy initiative was established by CCHCA in collaboration with CCHP to improve chronic disease performance measures for patients with chronic illness. PPP is based on quality indicators specified in the HEDIS.

The program provides linguistically and culturally competent health education that enable patients/clients to better manage chronic disease(s) by integrating components of CCM. Improvements were observed in all relevant clinical and non-clinical indicators. The program can be adapted cross culturally and tailored to meet the needs of the target population. Thus, patients are more likely to make changes. Collaboration and partnership can strengthen the pool of resources and personnel from which innovative ideas and expertise can be drawn.