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Practice Setting: ProBono Outpatient Orthopedics

Innovation Name: PT Education in the Margins: Cultivating Culturally Responsive Care

• Description of Practice Innovation

Despite the efforts of healthcare education institutions and practitioner/employer training modules, there continues to be a substantial gap in the care of marginalized patients compared to patients who have historically had greater accessibility and presence in healthcare. *PT Education in the Margins: Cultivating Culturally Responsive Care* is an educational module that represents innovation in current practice for students/clinicians seeking references and education supporting their ability to provide quality patient-centered care for patients traditionally marginalized by our healthcare system. *Created in collaboration with the Virginia G. Piper Medical Clinic, a pro bono clinic at St. Vincent de Paul (SVdP), these modules were developed to address key tenets of providing culturally responsive care with the goal of reducing the gap between best practices in healthcare and the historical care of patients from these communities. These patient populations have unique attributes that may make it difficult for clinicians to truly understand where their patients are "coming from." The modules provide up-to-date and evidence-based resources that clinicians may use to bolster their knowledge of topics such as poverty's impact on healthcare decision-making, multi-generational family dynamics, or best practices in using interpretation/translation services, which provide the foundation for compassionate care.

• Application of Practice Innovation

These educational models were initially written for healthcare students (PT, OT, RN, MD, Pharm, PA) treating at the St. Vincent de Paul (SVdP) pro bono clinic in the metropolitan area of Phoenix, AZ. Providing culturally sensitive care requires understanding your own biases as well as the cultural context of your patient.³ The population seen at the SVdP clinic comprises only uninsured patients. Moreover, this patient population is composed of people who often lack education, with over 59% reporting less than a 12th-grade education in 2018.⁴ Further, 64% of patients from the clinic reported they lacked proper immigration documentation. The racial and ethnic demographics of the patient population at the SVdP clinic are as follows: 76% Hispanic or Latino, 4% White (not Hispanic or Latino), 4% Black or African American, 1% Asian, and 1% identified as other.⁴ Finally, only 48.8% indicated they were employed, which these educators considered a measure of the patient's economic stability.⁴

These modules were developed in collaboration with clinicians/staff from the clinic/community to provide the cultural context and relevant structure for the content. While these educational modules were made initially for students treating within this specific patient population, the tenants behind each page within the modules can be appropriate for patients across the United States, depending on that patient's unique background. The module topics address the needs of patients who are on fixed-income budgets, who may be of a racial/ethnic minority, or who may identify as asylum-seeking or an immigrant. These modules, therefore, can provide the foundation for understanding healthcare decision-making in many of these populations. Further, they can provide insight into the impact these cultural characteristics may have on the practice of physical therapy.

What makes it innovative?

Materials available to date are focused on social determinants of health, but many do not provide practical tools for care. For materials to be practical for clinical use, they must be easily accessible, comprehensive, and relevant to the patient's clinical needs. Accessibility includes integrating quick screenings and having resources available for common health

literacy, societal, and cultural needs. Clinicians do not have the ability to take valuable time away from patient care to find clinical evidence-based practice resources. These modules provide context to common patient populations, link screenings/tools to care approaches, and integrate evidence-based practice guidelines into the recommended interventions and resources. Additionally, the resources are comprehensive and span multiple languages, as well as cultural needs that can be implemented directly with point-of-care utility. These modules are innovative in that they can be applied in a comprehensive, clinically accessible, timely, and relevant manner.

• Unique Attributes of the Innovation

Currently, the modules are divided into two one-hour educational sessions. The modules are comprised of multiple online pages, each with a different topic/set of resources. Students take session #1 before their first day in clinic and session #2 one year after session #1, having had experiences with the target population to better reflect on those patients' needs. The modules are self-paced and asynchronous, allowing students to return to review content as needed to support the unique characteristics of their patients seen in clinic. Page content, developed in response to clinic/community advisement, includes effective use of translation/interpretation services, keys to patient-provider relationships, the impact of immigration on healthcare, poverty, and healthcare decision-making, cultural keys to effective patient care, common challenges and resources in our healthcare system, and identifying trafficking victims. Further, the modules/pages direct students to items readily available in the clinic, including screenings for mental health, health literacy,⁵ and environmental/social needs support. These topics are highly relevant to our current healthcare climate and patient populations, which constitute the unique characteristics of this innovation and are applicable as physical therapy begins to offer greater access to address the needs of primary care providers.

• Impact on the Profession

The APTA recognizes the importance of teaching culturally competent care³ which is even more critical as the profession moves to increase primary care services. Yet, the practical implementation aspects of how to best train someone to treat in a culturally competent way have yet to be fully developed and compiled. Given this, multiple factors make this innovation essential for the continued growth and success of the physical therapy profession. Recent trends in immigration, as noted by the New York Times, and a lack of healthcare for United States citizens identify that the uninsured to underinsured populations in the United States have significantly grown in the past five years.⁶ This change in the demographic of our patient population has necessitated that physical therapists educate themselves in order to provide culturally sensitive front-line healthcare. Further, continued changes in the healthcare system as the economic challenges currently facing our nation will continue to result in an underserved patient population who may only have access to limited insurance resources or are completely uninsured. As a profession, we must be ready to face these challenges and overcome the barriers that will likely limit access to physical therapy services. These educational modules provide the foundation for clinicians to address these barriers confidently and provide a reliable resource for further information about many of these topics.

Anecdotally, clinicians within the various schools using these modules have reported the importance of this education not only for students but also for practicing clinicians. Further, despite the promotion of culturally responsive care by prominent agencies such as the APTA and CDC, faculty within our university have identified the paucity of empirically evidenced solutions for clinicians. This suggests that this module content may be appropriate for implementation across healthcare settings, including within the physical therapy field. Combining the information in these modules with a lens towards holistic evaluation performed in the clinic, a comprehensive, culturally sensitive, and impactful set of patient resources can complement the physical therapy interventions and enhance a wellness-based model.

• Impact/Relevance of Practice Innovation to Patient Care/Treatment

Culturally responsive care is crucial for effective healthcare.⁷⁻⁹ Research consistently shows that improved patient outcomes are linked to providers who understand the unique challenges faced by specific patient communities.¹⁰ Disparities arise from differences in backgrounds and demographics between providers and patients. These modules address this by providing relevant practice tools and concrete approaches to patient care that address the most common barriers impacting historically marginalized populations. The modules stress the impact of cultural needs in addition to social determinants of health that create disparities and provide context for meeting the patient "where they are at" and providing resources that 1) connect them to a community, 2) leverage local resources, and 3) screen for potential issues

associated with unstable housing or work opportunities, we can shift from medical impairments to truly offering a comprehensive wellness model for patients.

• Outcomes of the Practice Innovation

Outcome data from the initial pilot of this survey identified that students entering our healthcare programs rated themselves on a cultural sensitivity scale score as a mean of 57 out of 75 available. Quantitative evidence of improved knowledge after the modules demonstrates a 30% improvement in knowledge of patient population served barriers to patient healthcare access and understanding of healthcare behaviors. Further qualitatively, students identify the importance of the modules in these bearing factors. Therefore, the data was used to update the modules to provide a more comprehensive resource for students and ensure screening documents were readily available at the clinic.

Modules emphasized understanding of community, cultural awareness, and methods for addressing potential disparities. Student responses highlighted patient care, awareness, and the impact of multifaceted influences on healthcare. Initial pilot data from the implementation of the modules identified that participants valued empathy activities, cultural awareness tips, and ways to address patient disparities. Themed key takeaways and most valuable assets reported by students are seen in Figure 1 (n=242).

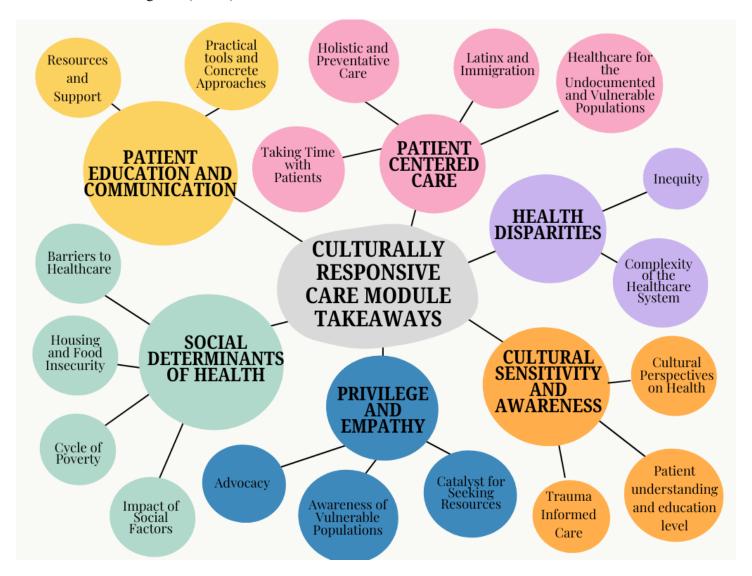


Figure 1

Cost of Innovation

While these educational modules are currently housed within a proprietary educational management system, relevant modules/content can be translated to a platform that would allow for free or reduced-cost access to the materials. A method for continued quality improvement is needed to continue to appropriately update the materials to meet the needs of learners and patients impacted by the modules.

• Training Required for Utilizing the Innovation

None at this time. Methods of feedback and metrics to identify impact in areas outside of Phoenix, AZ, may be indicated.

• Justify AOPT funding this Innovation

Each module takes approximately 60 to 90 minutes to complete for clinicians and could be used as continuing education credit with yearly updates and new modules that address the nature of constant change in the field of physical therapy and primary care healthcare. This innovation is currently part of a course curriculum, but appropriate modules could be shared publicly, depending on the needs of the physical therapy community as a free or reduced-cost resource. The cost of updating these modules will be an ongoing process. Short-term funding would address improvements required to update the student module to apply to clinical needs outside of Phoenix, AZ, and associated changes would be made to the clinician-based module.

• Benefit(s)/Value to Clinical Practice

The APTA cites the importance and transformative power of culturally competent care¹. These modules directly address the need for practical tools and resources to inform and empower clinicians to provide culturally responsive care in their practice. As physical therapy continues to grow as primary care practitioners, the need for culturally competent education and resources will continue to grow.

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