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**CHICAGO**  
MEDICINE

# A Cross Cultural Approach: The Path to addressing health disparities and accessing and benefiting from early intervention services

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COMER CHILDREN'S HOSPITAL











# Learning Objectives

Participants will be able to:

- ✗ Identify 3 key components of a cross-cultural approach
- ✗ Identify 3 ways to strengthen and enhance family function
- ✗ Identify the critical components in Project ASPIRE



*Let's think of an encounter where cultural differences had an impact on patient's access to care and satisfaction*





Culture is the way  
you think, act, and  
interact.





# Cultural Competence

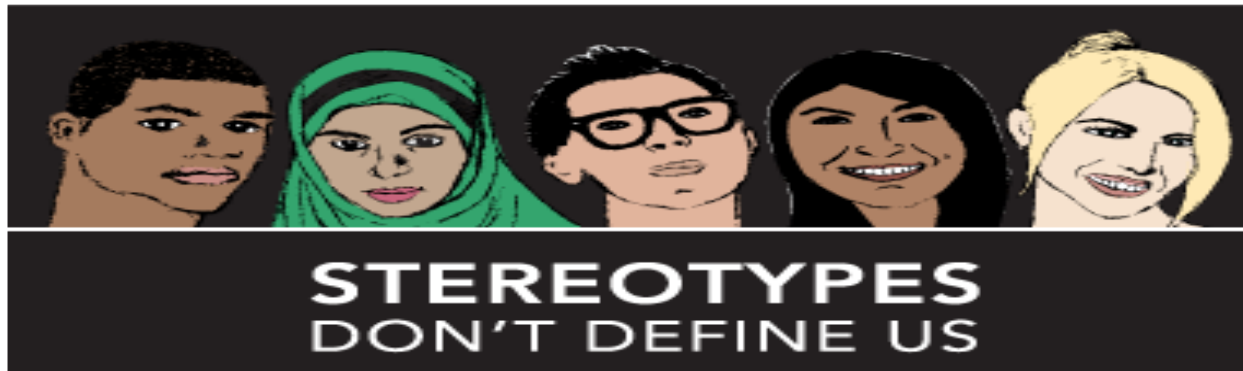
- × Understanding social and cultural influences in a patient's health beliefs and behaviors.
- × Ability of health care providers to interact with patients who are different than themselves (Nunez, 2006, Dy, 2011)

Intercultural Training: prepares individuals to deal effectively with cultural differences (Fischer, 2011)



# Multicultural Health Care

- × cultural sensitive and responsive
- × categorical approach, that might risk falling into *stereotyping* (Masi, 1988).

















# Cross- Cultural: A TWO WAY STREET



Patient's and  
family's  
Culture

The Local  
Culture

# Cross-Cultural Approach

- × Provider's culture + patient's culture = two way communication
- × Patients understand the system in place to provide care for them
- × Patient Centered Approach... Decreases the risk of stereotyping

*Understanding the local culture is vital for them  
to access services in a timely manner*

# Cultural Humility (Tervalon)

- ✗ Understanding the cultures and world views of others
- ✗ Celebrate cultural differences to provide effective patient care (ABPACME, 2012)
- ✗ Teach how to navigate patient's beliefs system and their understanding of health and illness (Francis, 1969; Korsch, 1984, Javier, 2013)





# Cross-Cultural Training

- × Focused on promoting intercultural learning through the acquisition of behavioral, cognitive and affective competences required for effective interactions across diverse culture (Landis & Brislin, 1996; Morris & Robie, 2001; Littrell & Salas, 2005).

- × It creates Adaptable PEOPLE



# Some FACTS...

- × The immigrant population ~40 million
  - × most from Latin America and Asia. (2010 census)
- × By 2023 more than half of US children will be Hispanic (Martin , et al. 2011, Frintner, et al. 2012).
  - × In 2009 24% of births were Hispanic
- × Two thirds of Hispanic children are born outside of the U.S. (Fray & Passel, 2009; Frintner, et al. 2012).
- × In the U.S. 25% of Hispanic children live in households that speak little or no English (Hernandez, 2007; Frintner, et al. 2012)





*Culture is part of ALL of us and it's  
influenced by **socioeconomic  
status***

*Addressing Language Disparities in  
the Pediatric Population and  
Enhancing Family Function*





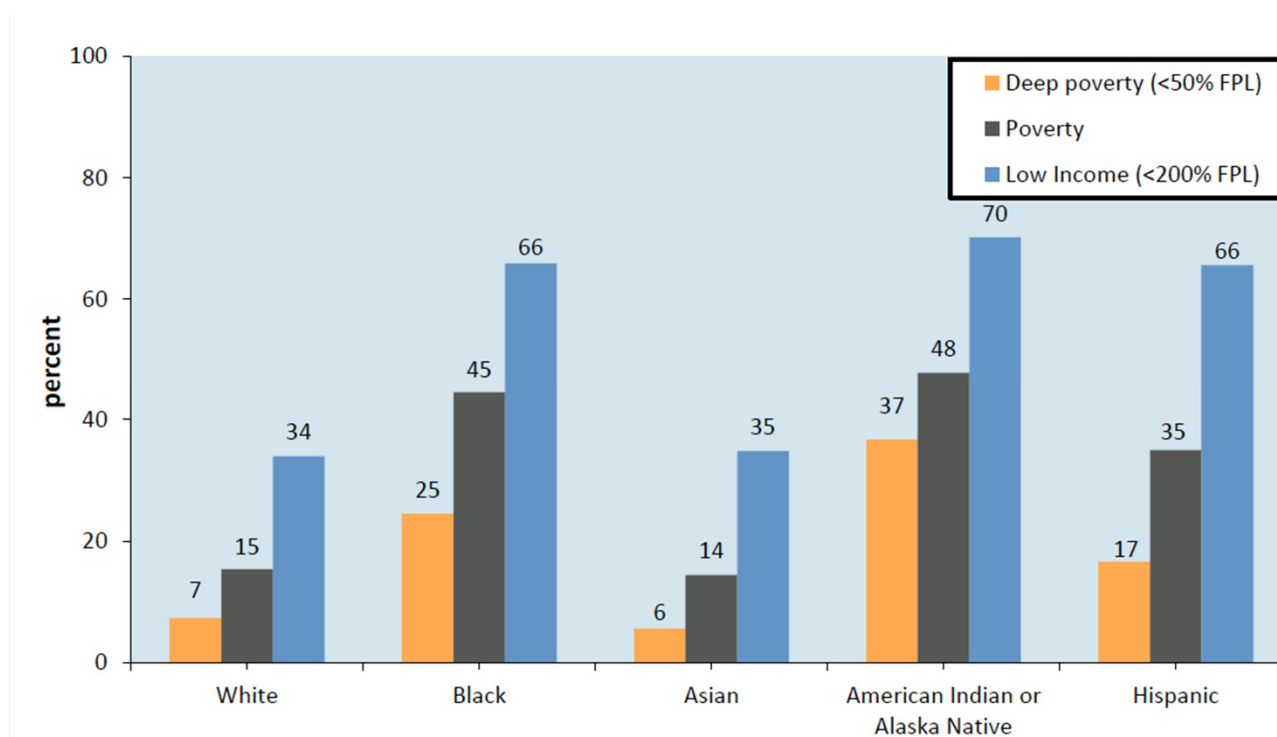
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## Children Born Into Poverty

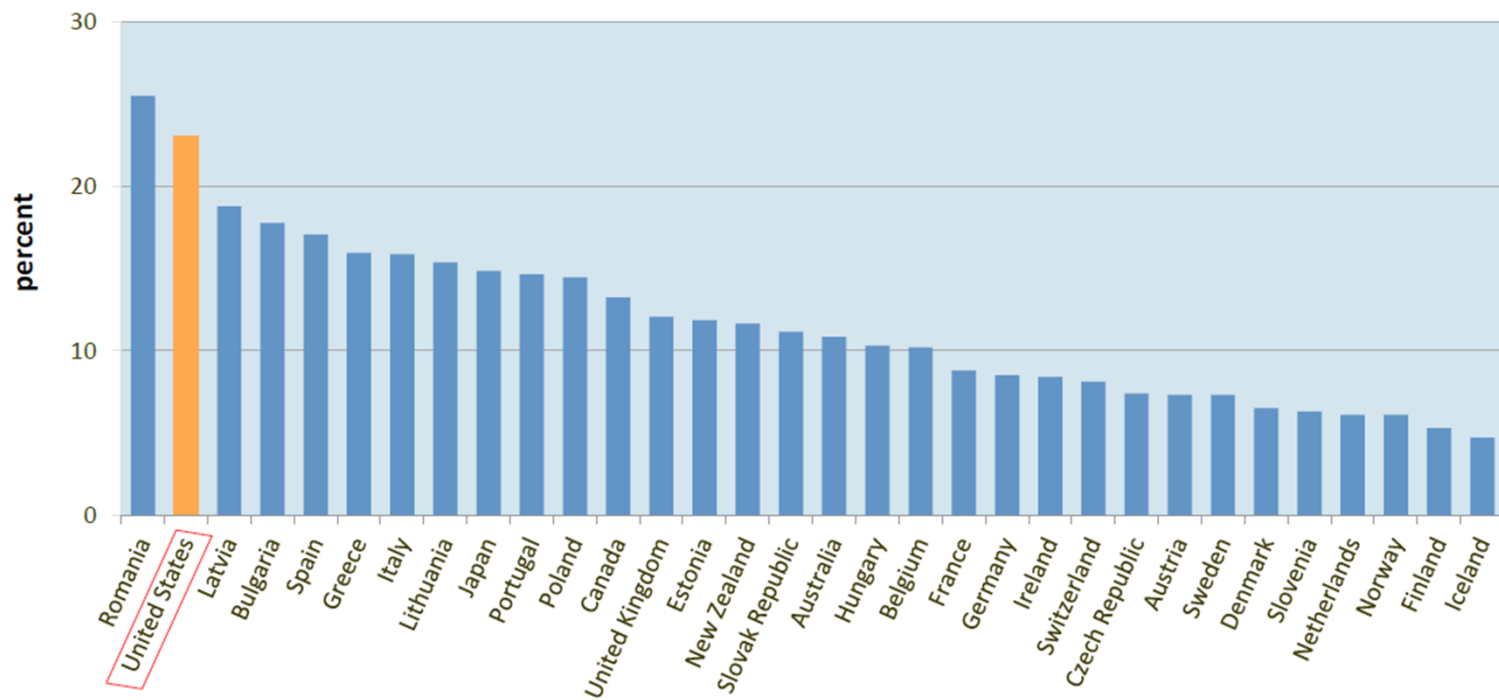
- Income inequality has never been greater in this country
- Children are profoundly impacted
- 16.1 million children in the US live in poverty
- An additional 16.3 million children are living just above the federal poverty line
- Racial and ethnic minorities are disproportionately affected

## Infants/toddlers living in deep poverty, poverty, and with low income (2012) Significant disparities by race/ethnicity



\*Year reflects the year that the question was asked. Question was asked regarding the previous 12 months. Data refer to children residing with and related to the householder.

Children (birth – age 17) living in relative poverty\* in 32 developed countries (2009\*\*)  
U.S. ranks second to last



\*Relative poverty is defined as living in a household where disposable income, adjusted for family size and composition, is less than half (50%) of the national median income.. \*\*Data for the United States are from 2007 and data for New Zealand and Japan are from 2011



## It's More Than Just Income

What does it really mean for a child?

Poverty impacts every aspect of a child's life.

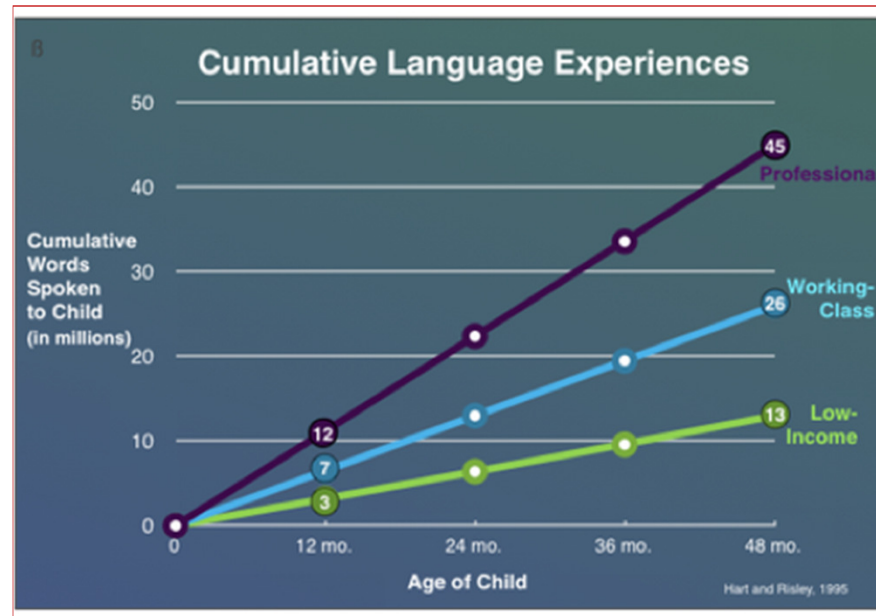
Limited access to:

- health care
- quality education
- healthy food
- stable and safe housing

## The Achievement Gap

- More than 80% of black and Latino public school students can't read or do math on grade level in the 4<sup>th</sup>, 8<sup>th</sup>, and 12<sup>th</sup> grades
- **52%** of low-SES children are *not* school ready by age 5
- Disparities can be seen by 9 months between low and high SES children
- Root Cause: A Child's Early Language Environment

# 30 Million Word Gap



## The Thirty Million Word Gap

- Hart & Risley (1995):
  - High-SES children: 45 million words by age 3
  - Low-SES children: 13 million words by age 3

## DISPARITIES IN EARLY LANGUAGE ENVIRONMENTS

- Both quantitative and qualitative
- Inequities in parents' language input include:
  - significantly less talk and gesture
  - shorter and less complex phrases
  - less use of open-ended questions
  - greater use of directives
  - decreased maternal responsiveness
  - decreased joint attention



## DISPARITIES IN EARLY LANGUAGE ENVIRONMENTS

- Decreased parental language input leads to significant disparities in children's development of:
  - vocabulary
  - grammar
  - narrative skills
  - early literacy skills
  - cognitive processing/processing speed
- Disparities in language skills are seen from infancy through high school, and the gap widens with age

- The impact of early language environments is pervasive
- But at the heart of early language environments lies a very tangible and ultimately modifiable variable: parent talk
- Parents have the power to profoundly impact their children's development and ultimate trajectories through their words

# ASPIRE + TMW Home Visiting



- 10-12 week multimedia intervention
- Theoretically-driven, culturally sensitive
- **Parent talk: Lens into whole parent-child relationship**
- Standardized, computer-based curriculum designed for future scalability

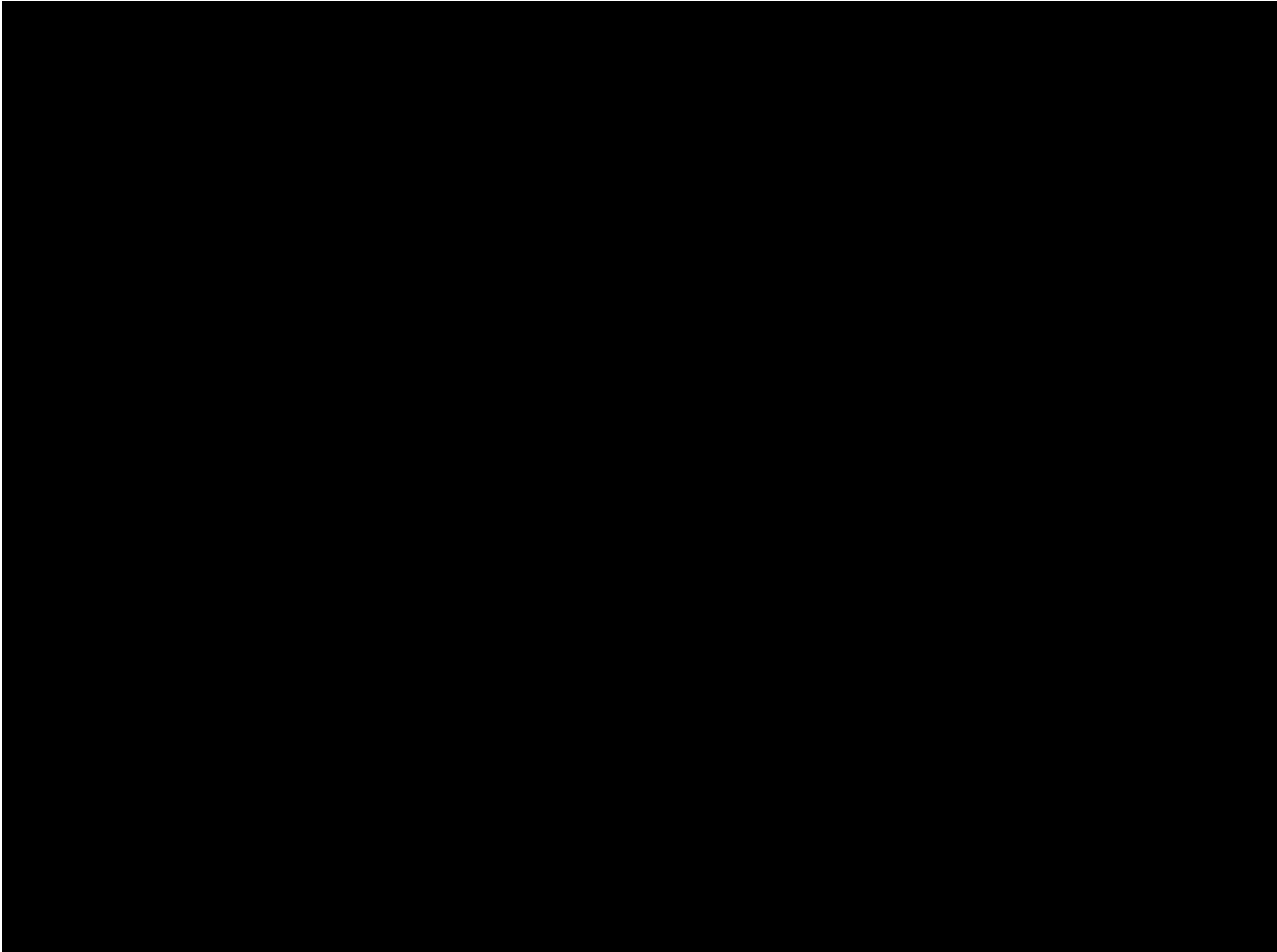
## Project ASPIRE: Addressing the Disparities

- 10 week home visit program
- Empowering and guiding parents to provide an enriched language environment
- Children under age 4
- In addition to Early Intervention
- Wearing a hearing device
- Lower SES families
- Funded by Dept. of Ed. grant
- 32 families in the Chicagoland Area
- Currently analyzing the data

## Research Behavioral Intervention

- Theoretically-driven, **multimedia program** translating cross-disciplinary science into easy-to-understand and easy-to-apply concepts
- Education component combines **animation and real parent video** to make strategies easily accessible to parents









- Parent is first and most important teacher
- Limit background noise
- Learning to Listen
- Tune In – joint attention
- Child-directed speech
- Turn taking
- Wait time & Expectant look
- Talk More – description and using detail
- Labeling – take the “IT” out
- Self talk & parallel talk
- Choices & open ended questions
- Book sharing
- Decreasing TV and technology time



# Project ASPIRE



# Quantitative Linguistic Feedback



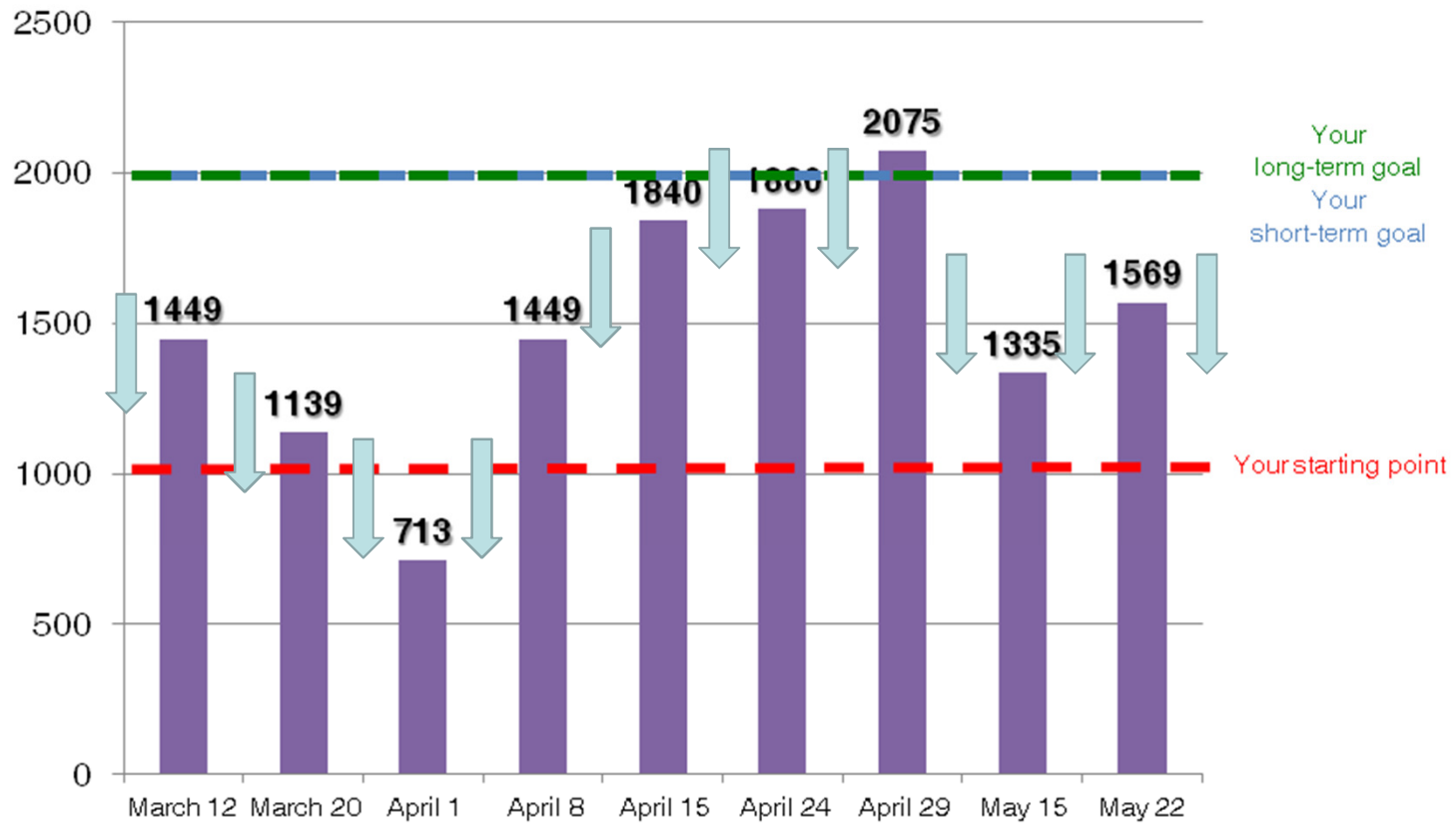
## Language ENvironment Analysis System: LENA

- Innovative, automated, technology grants an unprecedented window into a child's natural language environment
- Records 10-16 hours
- Measures
  - Adult Words
  - Conversational Turns
  - Child Vocalizations
  - TV time



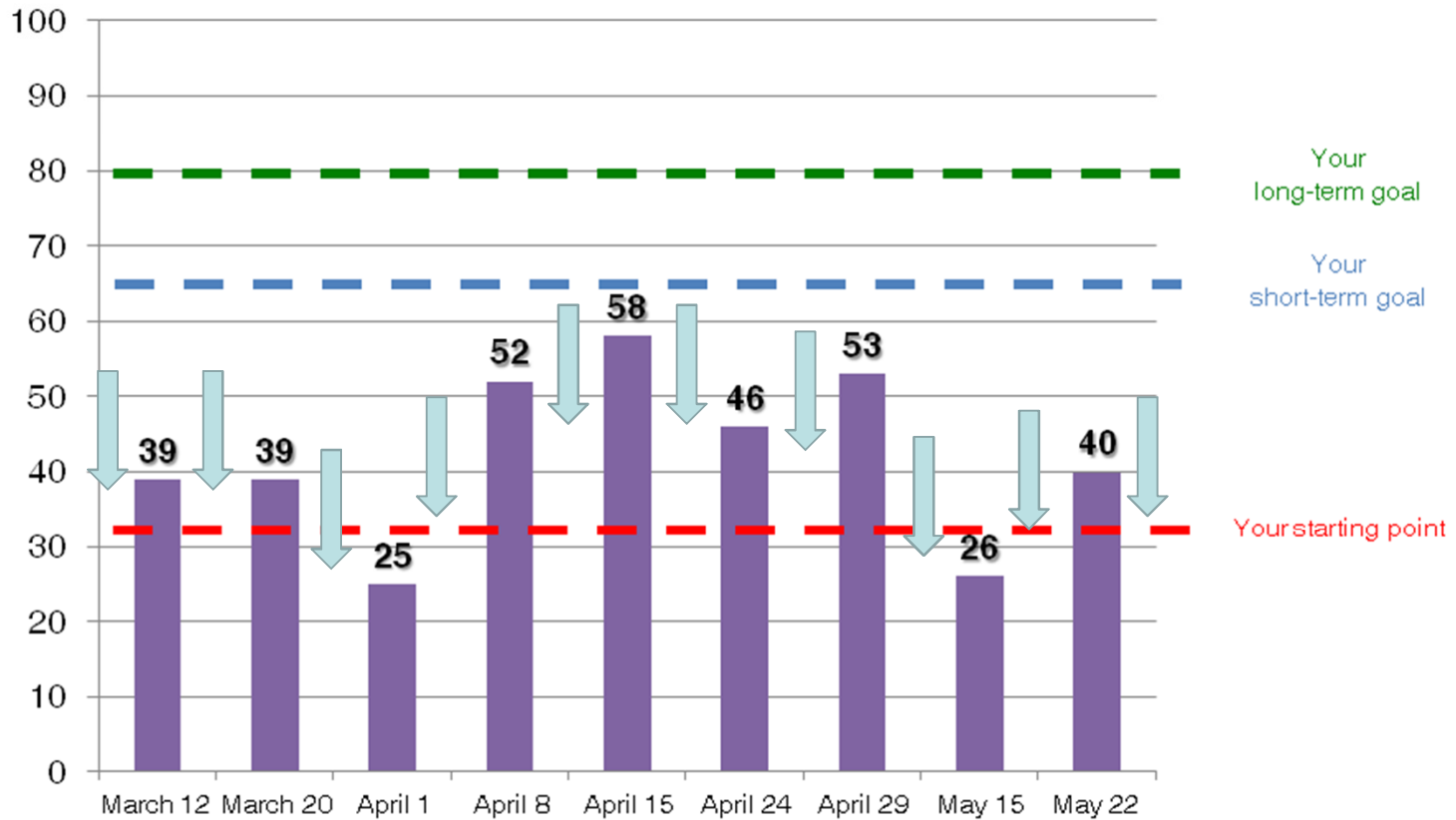


# Average words per hour



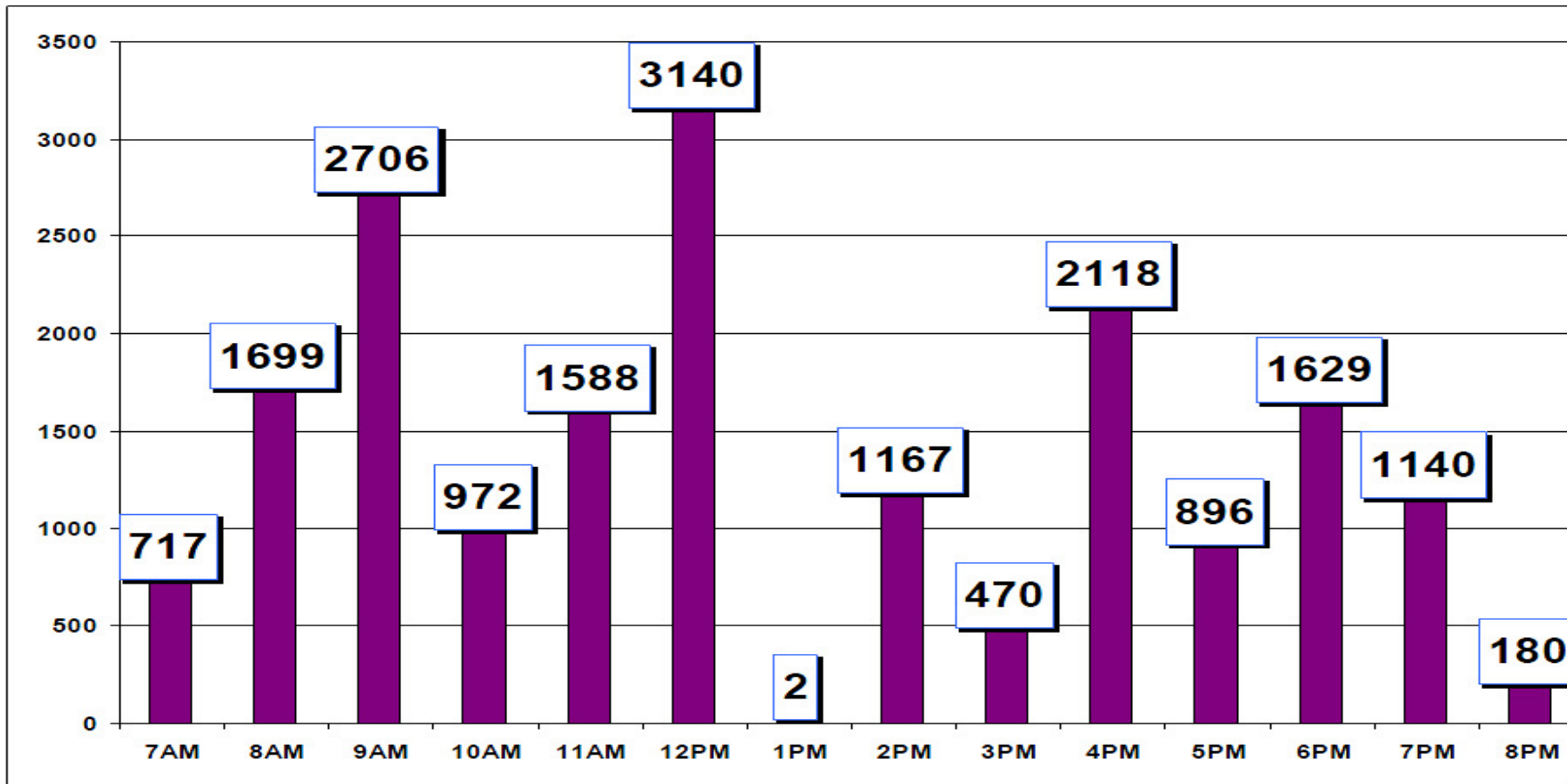


# Average turns per hour





## Words Each Hour - Sep. 10





## The Thirty Million Words Initiative at the University of Chicago

- Vision: impact early language environments of children living in poverty to improve school readiness and school outcomes





## Knowledge of child development

Your words build  
your child's brain!



## Parent beliefs

Babies aren't born smart;  
they're made smart.  
They're made smart by their  
parents talking with them.

Reaching one parent at a time makes a difference in one child's life at a time

But to narrow the gap, the approach must be broadened to the population level

# Longitudinal RCT



- PNC Grow-up Great Funding
- 5-year RCT to assess impact on Kindergarten School Readiness
  - 200 families
  - Assess children age 15mo to kindergarten
  - TMW versus Nutrition Intervention
  - Overlay onto Early Head Start infrastructure

Outcomes to be assessed:

Parent:	Understanding of child language development and parents' role in development
	Language input
	Responsiveness and engagement
Child:	Oral language development
	Social-emotional development
	School readiness (especially linguistic development, self-regulation, early literacy skills)





# TMW Newborn Initiative



- Bilingual intervention piggybacks on the Universal Newborn Hearing Screening (UNHS)
- 10 minute multi-media presentation designed to reach mothers immediately postpartum
- Impact parents' beliefs about their role in their child's language & cognitive development
- Currently in Formative Development at the University of Chicago and Northwestern

Photo courtesy of [blogs.rch.org.au](https://blogs.rch.org.au)

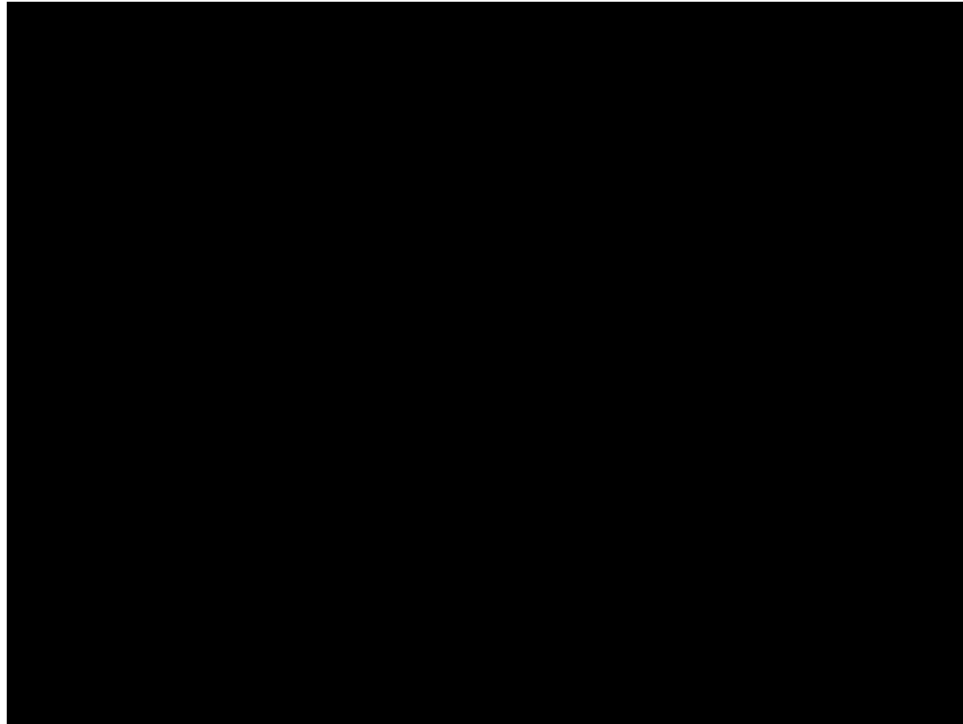
# TMW

## Well Baby Initiative



- Bilingual, perinatal intervention built into well baby pediatric visits at 1, 2, 4, & 6 months
- 4 multi-media modules designed integrate into existing infrastructures
- Will scale out with Reach Out and Read
- Targets parents to impact language & cognitive development from the start of life

Photo courtesy of: <https://www.pinterest.com/capbluecross/well-baby-well-child-visits/>





ENCOURAGING  
CULTURAL  
UNDERSTANDING

WHO  
ARE  
YOU?

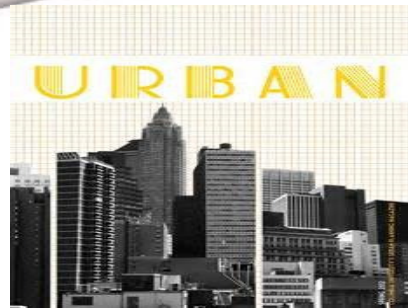
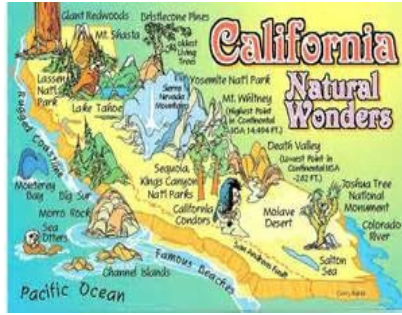






# Cultural Lens







*Life at its purest*



\* Audiology & Hearing Clinic serving Central Florida (Orlando)



call:407346880





# Minorities are more likely to suffer with disease and disability.

- ✗ Leads to shortened life expectancy
- ✗ Lost opportunities for economic advancement
- ✗ Low quality of life (Garcia, et al. 2008; Cadoret & Garcia 2014)





## Cross Cultural Training

- × Used for decades to train expats
- × Used formally as part of curricula in the medical field since the 1990s
- × Identifies different areas for knowledge and skills development
- × PATIENT based approach
- × Recognize SES as factor influencing culture within an ethnic group.

*Limited evidence that CCT improves  
Patient health status outcomes*



# Cross Culture and EHDI

## Main difficulties

- × System Navigation
- × Delays in accessing services
- × Delays in accepting services
- × Delays in incorporating services to daily life







# Cross Culture and EHDI

*Many cultures and socioeconomics groups see medicine as a healing stage, while failing to see the preventive side of it.*

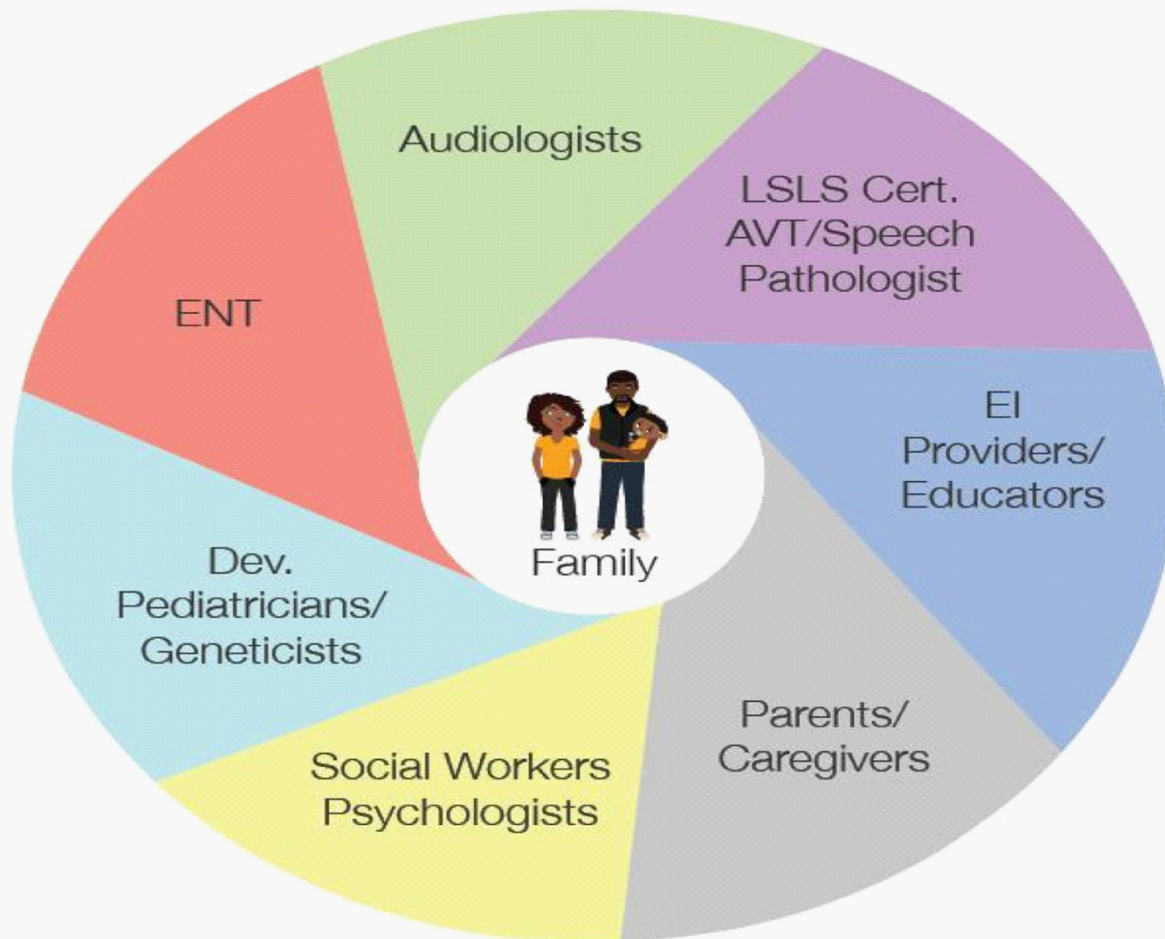
- × Prevention and promotion vs. intervention and healing care
- × Pro-activeness: important in development and might decrease delays
- × System navigation





# Cross Culture and EHDI

- × Diversity in our workforce /staff
- × Providers training / learning modules
- × Communication skills
  - × LEARN method – gathers patient/family information
- × Two way highway: Exchange of information
  - × Stage one: gathering information and capturing the patient's socio and cultural scenario
  - × Stage two: sharing the local and institute culture
- × Implement family centered practice





# Family Centered Approach

## × LEARN

- × Listen
- × Explain
- × Acknowledge
- × Recommend
- × Negotiate

× LEARN MODEL & Kleinman's Cultural Assessment Questions,

Joyce, et al. 2013



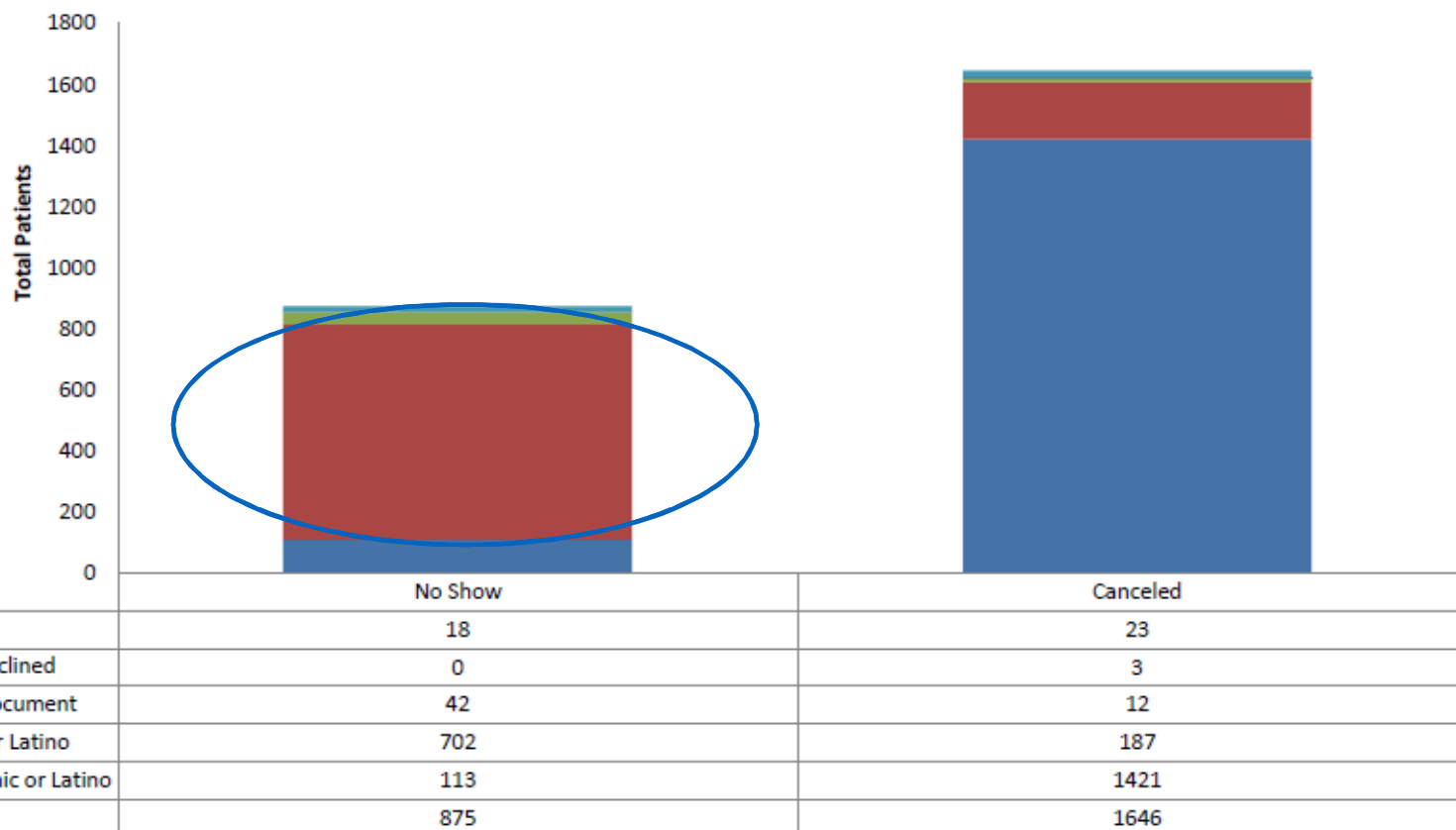
## Family Centered Approach

### Effective Family-Provider Communication

- × Build a relationship
- × Open discussion
- × Gather Information
- × Understand the family's perspective
- × Share Information
- × Reach agreement on problems and plans
- × Provide closure

Makoul, 2001; Cadoret & Garcia, 2014

### Department of Audiology No Shows and Cancellations (Ethnicity) January 01, 2014 to December 31, 2014



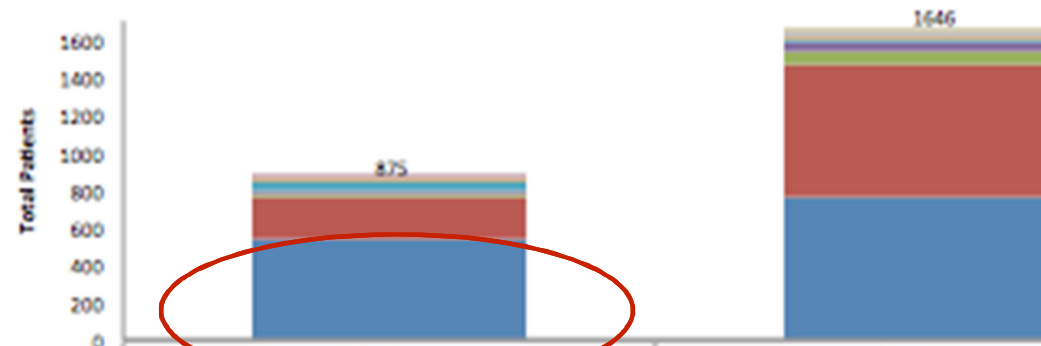
The graph above summarizes the distribution of no shows and cancellations of appointments and office visits for the department of Audiology at the University of Chicago Medical Center between January 01, 2014 and December 31, 2014. The data is distributed by ethnicity as documented in the patient record in Epic.

Data Source: Epic(Clarify)

Quality Analytics Contact: Edward Kim, Ex: 4-7725

**PLEASE DO NOT DISTRIBUTE: FOR QUALITY IMPROVEMENT PURPOSES ONLY**

**Department of Audiology No Shows and Cancellations(Race)  
January 01, 2014 to December 31, 2014**



	No Show	Canceled
Total	875	1646
Native Hawaiian/Other Pacific Islander	0	3
Patient Declined	1	8
American Indian or Alaska Native	7	4
Unknown	23	17
Not Documented	40	18
More than one Race	30	56
Asian/Mideast Indian	17	72
White	223	703
Black/African-American	534	765

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# University of Chicago Medicine

- × Department of Diversity, Inclusion and Equity began in 2013
- × 5 Year Enterprise Wide Diversity and Inclusion Strategy
- × Workforce: recruits, promotes and develops a work force that represent the patient population
- × Inclusion: seeks to build and sustain an environment that promotes respect and values differences
- × Equity: strives to transform us to a culturally and linguistically competent organization

# Medical Center / Sub-Committees:

Policy: Aims to advance culturally and linguistically appropriate services and practices through policy and practice changes

Education and Training: informs and supports the successful implementation of cultural competence training strategy

Data: recommends policy for collection, stratification and reporting of performance measures

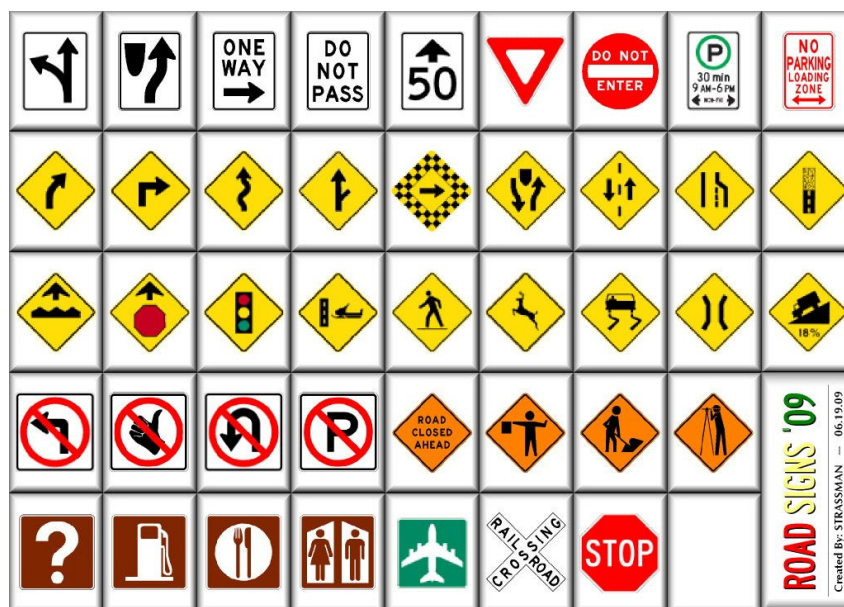
# Cultural Competence Course

Aims to provide tools to work more effectively in a multicultural setting.

1. Cultural competence & the dimensions of diversity
2. Power and privilege and self- awareness
3. World view and transcultural communication
4. Addressing limited health literacy and communication via interpreters
5. Ethical dimensions of care
6. Health disparities and change agency



# The Road Map to Success Evaluation - Services - Support



Referral to  
University of Chicago Medicine  
Pediatric Hearing Loss  
Cochlear Implant Program

Registration new patients: 773-702-1865  
Next contact the team:  
English 773-702-8182  
Spanish: 773-702-1312  
sallyt@uchicago.edu

**Appointment Day:**  
Location: 5758 S Maryland Ave.  
DCAM Building, 4<sup>th</sup> Floor, 4H  
Garage parking and valet available

**Clinic Day at a glance:**  
Check in & meet the team:  
Pediatric ENT surgeon: Case history & medical assessment  
Pediatric Audiologists: Evaluate your child's hearing & hearing devices  
Educational liaison: Connect you to EI and evaluation process  
Referrals to other team members as needed



**Who to contact when:**

Cancel or change an appointment:  
773-702-1865 Bilingual

For copy of records:  
773-702-4851

For immunizations or prescription  
information:  
773-834-3153

Hearing aids / BAHA help:  
773-702-0813 English  
773-702-1312 Spanish

Cochlear Implants help:  
773-834-7101 English  
773-702-1312 Spanish

Therapy and education help:  
773-702-8182



# Services

- × Hearing aid benefit assessment
- × Device selection
  - × 3 FDA approved cochlear implant options
- × Insurance
- × **Appointment schedule**
- × Bilateral & bi-modal information
- × Pre & Post Op instructions
- × Activation- what to expect





# Support

- ✗ A commitment for life!
- ✗ On going educational support
- ✗ Liaison with local services
- ✗ At home listening and language activities
- ✗ Services through adulthood





**CROSS  
CULTURAL**  
E F F E C T I V E N E S S

Creating a PATH for our children with hearing loss  
to become ACTIVE CITIZENS of the world



# THANK YOU to OUR TEAM

## **Medical:**

- × Dr. Dana Suskind
- × Dr. Michael Gluth
- × Dr. Ernest Mhoon
- × Dr. Fuad Baroody
- × Christina Monteiro, RN, NP-C
- × Mary Brady, RN

## **Audiology:**

- × Dr. Lia Ferro
- × Dr Barbara Corbett
- × Dr. Brittney Sprouse
- × Dr. Jessica Elliott

## **Habilitation / Rehabilitation**

- × Michelle Havlik, MS, SPL

**THANK YOU!**



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