

Importance of Cultural Competence



- ▶ Cultural Competence is necessary to improve the health care outcomes of a culturally diverse population of patients who utilize the health care system.

Health Care Disparities



- ▶ Research indicates that clinical encounters between culturally insensitive health care practitioners and patients from different cultural backgrounds can contribute to disparities and barriers to appropriate health care.

Health Care Disparities

- ▶ Disparities in health care delivery has been documented among:
 - African Americans
 - Latino/Hispanics
 - Native Americans
 - Asians
 - Alaskans
 - Pacific Islanders
 - Persons with disabilities
 - The elderly

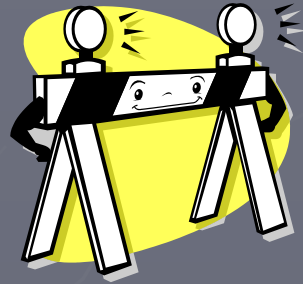


Health Care Disparities

- ▶ In the U.S., ethnic minority populations lag behind the European population on a number of key health indicators including:
 - Health care coverage
 - Access to health care
 - Life expectancy
 - Acute and chronic disease states



Health Care Disparities



- ▶ Common barriers to providing culturally sensitive health care include:
 - Underestimation of need for service
 - Lack of appreciation for cultural belief differences related to illness, suffering, and dying
 - Language and other communication barriers
- ▶ Culturally competent health care guidelines will help eliminate these disparities.

Key Components of Culturally Appropriate Care Include:

- ▶ Attitude
- ▶ Hiring and Training
- ▶ Skills
- ▶ Culturally Diverse Health System



Attitude

Culturally Biased Health Care



- ▶ Patients from other races and socio-economic status tend to be viewed more negatively by physicians (VanRyn and Burke, 2000)
- ▶ Hispanics and Blacks are less likely to receive major therapeutic and diagnostic procedures for their conditions (VanRyn and Burke, 2000)
- ▶ Vietnamese, Hispanics and Blacks have higher mortality rates for cancer and studies indicate that physicians manage cancer different based on race (Bach et al, 1999: King and Brunetta, 1999)

Attitude

Culturally Biased Health Care:

- ▶ A patient's race and gender have been shown to influence a physician's decision to refer for cardiac catheterization. (Schulman et al, 1999)



- ▶ Physicians fail to recognize the presence of pain in patients who are culturally different resulting in under medication. (Todd et al, 1993)



Attitude

Cultural competence requires willingness to adapt to the needs of patients and their family members, and to meet those needs in an objective, non-judgmental way including:

- Ability to demonstrate empathy
- Ability to value diversity
- The capacity for cultural self assessment
- Awareness of the dynamics that exist when cultures interact
- A clinical demeanor based on an understanding of cultural diversity

Hiring and Training for Cultural Competence

- ▶ Hire a culturally diverse work force
- ▶ Develop a comprehensive training curriculum in the elements of cultural competence
- ▶ Mandate training in language, medical interpretation and cultural competence for all employees as required by their position
- ▶ Allocate the budget and time for employee orientation, training and up-dates in the area of cultural competence



Skills

► Cultural competence requires behaviors that exemplify appropriate interactions between health care professionals and their patients in the areas of:

- Patient cultural assessment
- Treatment planning and adherence
- Patient education and communication
- Clinical decision making



Skills

- ▶ **Patient Cultural Assessment:** the need to assess cultural, environmental and socioeconomic factors as part of diagnostic procedures.
 - Cultural: Race, family structure, gender roles, religion and spirituality, dietary habits and time/space orientation.
 - Social: Support networks, socioeconomic status, community resources, literacy level and lifestyle behaviors.
 - Environment: Acculturation, knowledge of U.S health care system, political history, racism and discrimination and geographic access.

Skills

- ▶ **LEARN** model (Berlin and Fowke's):
 - **(L)** – Listening to the patients perspective
 - **(E)** – Explaining and sharing one's own perspective
 - **(A)** – Acknowledging differences and similarities between the two perspectives.
 - **(R)** – Recommend a treatment plan
 - **(N)** – Negotiating a mutually agreed-on treatment plan

Skills

- ▶ Models for patient cultural assessment:
 - **Patient Explanatory Model** (Klienman et al) Elicitation techniques for gaining information from patient and/or family members about onset, treatment and prognosis:
 - ▶ What do you call your problem? What name does it have?
 - ▶ What do you think caused your problem?
 - ▶ What is your sickness doing to you?
 - ▶ What problems has it caused you?
 - ▶ Will it last a short or long time?
 - ▶ What type of treatment do you think you should get?
 - ▶ What do you hope to get from the treatment?

Treatment Planning and Assessment

- ▶ Factors affecting treatment planning:
 - Cultural health beliefs
 - ▶ Traditional/folk medicine practiced
 - ▶ Religious practices
 - ▶ Patients views about health, medications and health care establishment
 - Role of family
 - ▶ Family member designated as key decision maker
 - ▶ Family members responsible for giving and monitoring care
 - ▶ Extended family members to be included in care planning

Treatment Planning and Assessment

- ▶ Factors affecting treatment planning:
 - Socioeconomic factors
 - ▶ Ability to pay for treatment over time
 - ▶ Limited resources may lead to skipping or sharing medications with other family members
 - Environmental factors
 - ▶ Patients work schedule can result in missed appointments
 - ▶ Lack of transportation presents barriers to keeping appointments
 - ▶ Exposure to environmental toxins (i.e. pollution, allergens, roaches, etc.) can decrease the effectiveness of therapy



Patient Communication/Education

- ▶ Barriers to effective communication:
 - Lack of awareness of patient expectations
 - Devaluing the patient or the patients' family health care views
 - Language barriers
 - Cultural norms/customs for interpersonal communication
 - Patient feeling rushed
 - Physician biases

Collins et al., 2002; IOM, 2003; Rivadeneyra et al., 2000



Promote Effective Communication

- ▶ Translation: When written words in one language are translated into another. Patient materials must be developed and written in the clients language.
- ▶ Interpretation: Conversation between two speakers are translated from one language to another including sign language. This is usually performed by a third party.
- ▶ Medical Interpretation: Goes beyond routine interpretation with emphasis placed on the ability to interpret for the provider and the patient within a medical context.



Patient Communication/Education

- ▶ Suggested strategies for effective cross-cultural communication:
 - Use open ended questions
 - Collect information via conversation rather than intensive questioning
 - Do not interrupt the patient
 - Communicate in an unhurried manner
 - Allow the patient time to ask questions
 - Speak in a normal tone
 - Explain medical terms in simple language
 - Use validating techniques to assure the patient you are listening.

Patient Communication/Education

Suggestions for non-verbal cross-cultural communication:

- ▶ Speak directly to the patient.
- ▶ Understand that lack of eye contact may not imply lack of interest.
- ▶ Limit the use of gestures.
- ▶ Be aware of the patients' cultural norms for appropriate distance.
- ▶ Social touching of the patient may be unacceptable
- ▶ Slouching or exposing the sole of the foot can be viewed as unacceptable.
- ▶ Use interpreters when needed

Clinical Decision Making



- ▶ Culturally sensitive clinical decision making must transcend:
 - The clinicians preconceived assumptions about the patient and the cause of their illness.
 - Professional norms, behaviors and training that distance the clinician from the patient and their individual needs.
 - The complex health care system and institutional operations that promote cost control, clinical productivity and workforce competence over patient preferences and individual needs.

Goals of a Culturally Diverse Health System



- ▶ To value the diverse cultural beliefs of all clients.
- ▶ To promote effective communication between providers and the diverse community of interest they serve.
- ▶ To hire and train for cultural competence with the same seriousness as applied to other essential clinical skills.
- ▶ To institutionalize cultural competence

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Ευχαριστώ

Teşekkürler

شكراً

Thank You

Hvala

Gracias

Dankeschön!