Culturally Competent Care: What does this look like?

Cultural Competency Learning Symposium, Learning Together, Growing Together

18 March 2014
Workshop Objectives:

• Discuss the impact of personal biases, prejudice and discrimination on the ability to deliver excellent service to patients, families, and colleagues
• Describe the relationship between cultural competence and service excellence in promoting health equity
• Recognize the impact of Social Determinants of Health in providing excellent care
• Understand how health disparities are influenced by racism, marginalization and lack of access to quality care
Why Are You Here Today?
Why Are You Here Today?


“... a disturbing new study by the Institute of Medicine has concluded that even when members of minority groups have the same incomes, insurance coverage and medical conditions as whites, they receive notably poorer care. Biases, prejudices and negative racial stereotypes, the panel concludes, may be misleading doctors and other health professionals.”
Implicit Association Test

https://implicit.harvard.edu/implicit/takeatest.html
Look at the two photos below –write down the very first 5 things that come to your mind.

**Picture 1**

- A baby in a high chair.
- The baby is holding a spoon.
- The baby appears to be eating.
- The scene is outdoors, possibly in a park.
- There are other people in the background.

**Picture 2**

- A child pointing outside a window.
- The child is wearing a colorful sweater.
- The child looks curious or interested.
- A woman is sitting next to the child, smiling.
- The setting is indoors, with natural light coming through the window.
Why is health equity better than health equality?
Perspectives on Power and Privilege
Health Equity

Equity in health care refers to ensuring **quality care** regardless of race, religion, language, income or any other individual characteristic.
Culturally competent health care is one strategy for addressing and ideally reversing health disparities.
Cultural competence in health care describes the ability to provide care to patients with diverse values, beliefs and behaviors, including tailoring health care delivery to meet patients’ social, cultural and linguistic needs.

Health Research & Educational Trust (2011)
Clinical Cultural Competence Framework

- Clinical Cultural Competence
- Organizational Cultural Competence
- Structural Cultural Competence

Improved Health Outcomes

- Cultural competence training
- Equitable hiring
- Supportive policies
- On-site interpreters

Adapted from Betancourt (2003)
Culturally Competent Practice:
What does it look like?
Health Literacy
Canadians with the lowest literacy scores are **two and a half times** as likely to see themselves as being in fair or poor health

(Rootman & Gordon-El-Bihbety, 2008)
Health Literacy

We should not assume people understand words or their meaning, even in their first language.

Health literacy is more than:

- giving a family a pamphlet in their own language (English or otherwise)
- providing interpretation in the language of their choice
Health Literacy is a key component of patient and family—centred, culturally competent care:

• Share information in a way that can be understood
• Provide information for informed treatment and decision making
• Empower clients to become self-advocates and partners in their care
Explore Health Literacy of Patients and Families

**DO**
- Let patients and families know you will ask questions to better help them
- Ask them about how they learn best
- Ask them about their reading habits at home
- Ask in which language they read
- Ask them what their understanding of the condition is
- Use visual aids

**DON’T**
- Assume that they can read and write in their native tongue
- Assume that they understood your directions or information
- Assume that they know their options and available services
- Assume that they have the same access to technology and resources as others you help
- Ignore body language and non-verbal cues
Social Determinants of Health
Social Determinants of Health
What could we have done differently?
Cross-Cultural Communication
Assigning Meaning

<table>
<thead>
<tr>
<th>Discuss at your tables:</th>
<th>What it means to me</th>
<th>What it might mean to another</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not making eye contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often saying “YES”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spending time on small talk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arriving late for an appt./class/work</td>
<td></td>
<td></td>
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<tr>
<td>Needing to consult family</td>
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</table>
The Joy Luck Club: Dinner Scene

I figured she was going to have to accept Rich, like it or not.
Collaborative Conversation: A Communication Tool
# Collaborative Conversations

<table>
<thead>
<tr>
<th>3 Steps</th>
<th>2 Ingredients</th>
<th>Key phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathy - Understanding</td>
<td>Two concerns</td>
<td>I’ve noticed . . . Help me understand . . Tell me more . . Can you explain that a bit more? What else are you thinking?</td>
</tr>
<tr>
<td>Define the Problem</td>
<td></td>
<td>What I’m thinking . . I’m concerned that . . I’ve been considering . .</td>
</tr>
<tr>
<td>Invitation to Generate Solutions</td>
<td>Win/win solutions</td>
<td>Would you be open to . . . Could we consider . . . What can we do about this? Let’s consider . . . What about . . . I wonder if there is a way . . .</td>
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(Greene & Ablon, 2006)
## Cultural Assessment Tool

### Potential topics to explore:

<table>
<thead>
<tr>
<th>Communication (language/style)</th>
<th>Health Related Beliefs and Practices</th>
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</thead>
<tbody>
<tr>
<td>Bio-cultural Variations and Cultural Aspects of the Incidence of Disease</td>
<td>Kinship and Social Network</td>
</tr>
<tr>
<td>Cultural Affiliation</td>
<td>Nutrition</td>
</tr>
<tr>
<td>Cultural Sanctions and Restrictions</td>
<td>Religious Affiliation</td>
</tr>
<tr>
<td>Developmental Considerations</td>
<td>Values Orientation</td>
</tr>
<tr>
<td>Educational Background</td>
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</tbody>
</table>
Potential Assessment Questions

These questions, developed by Arthur Kleinman, MD, a professor of medical anthropology at Harvard Medical School, Cambridge, MA, will help you evaluate a culturally diverse population. Consider how you would need to adapt them for the individual patient or family member:

1. What do you call the problem?
2. What do you think has caused the problem?
3. Why do you think it started when it did?
4. What do you think the sickness does?
5. How severe is the sickness? Will it have a short or long course?
6. What kind of treatment do you think you (or the patient, if asking a family member) should receive? What are the most important results you hope to receive from this treatment?
7. What are the chief problems the sickness has caused?
8. What do you fear most about the sickness?

(Saver, 2007)
Cultural Competence for Healthcare Providers
Interpreter Services
Costs of Not Providing Interpretation in Healthcare

A literature review described inequitable care with regard to three specific factors:

- Inappropriate tests and procedures
- Increased adverse events
- Lack of or inappropriate hospital utilization

(Access Alliance, 2009)
Things to Consider…

Better Outcomes

➢ Length of stay for LEP patients was significantly longer when interpreters were not utilized for admission and or admission/discharge

(Lindholm, Hargraves, Ferguson, & Reed, 2012)

Availability of interpreters

➢ At all times, strategies are needed to support effective communication (ex. OPI or AboutKidsHealth.ca)

Trained versus untrained interpreters

➢ Untrained interpreters were 70% more likely to make medical interpretation errors than trained interpreters

(Gany et al., 2010)
How to Assess a Family’s Interpreter Needs

- Ask the family what language they speak at home
- Observe what language the family speaks among themselves
- Explore with the family when having an interpreter may be helpful
- Explore with the family why they may not want to have an interpreter
- Explain to the family why YOU want to have an interpreter if they are resistant
Face to Face vs. Over the Phone

versus
DARE Approach

Discover

Acknowledge & Recognize

Enable
Reducing Health Disparities Through Culturally Competent Care

Diverse Populations → Cultural Competence Techniques → Clinician/Patient Behavioural Change → Appropriate Services → Improved Outcomes → Reduction of Health Disparities

(Brach & Fraser, 2002)
Looking Beyond the Obvious

Adapting Medical Music Technology for the Stage
A Vigour Projects - Holland Bloorview Collaboration
Thank You!

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