Culturally Competent Care: Best Practices and Tips

Amit G. Pandya, MD
Professor
Department of Dermatology
University of Texas Southwestern Medical Center
Dallas, Texas

Which Racial/Ethnic Groups Have the Greatest Healthcare Disparities?

- Compared to Whites, Hispanics and African Americans
  - Comprise >50% of uninsured
  - Have poorer health outcomes
  - Have higher infant mortality
  - Are more likely to go without a doctor visit in the last year
  - Experience more bias, stereotyping, prejudice and clinical uncertainty on the part of healthcare providers
  - Have lower quality care
  - Are under-represented in medicine

Institute of Medicine, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, 2002
Causes of Health Care Disparities

- Barriers to routine access to preventive care
- Lack of insurance coverage
- Under-insured
- Inability to afford co-pays
- Linguistic barriers
- Low levels of cultural competence among health professionals
- Physicians with culturally/ethnically unfamiliar patients take a more conservative course of action
- Patient mistrust
- Lack of proportional representation of minorities in the health professions

Culture

- “A set of guidelines (both explicit and implicit) which individuals inherit as members of a particular society, and which tells them how to view the world, how to experience it emotionally, and how to behave in it in relations to other people, to supernatural forces or gods, and to the natural environment. It also provides them with a way of transmitting these guidelines to the next generation - by the use of symbols, language, art and ritual.” (Helman, 2000)
What is Cultural Competence?

- Knowledge of factors regarding a patient’s race, ethnicity, gender, language, social status, religion, sexual orientation, occupation, and disability.

Culture is Not Race

- Race: based on both ancestry and visible traits, especially skin color and facial features.
- Ethnicity: based on linguistic, cultural, religious and national or regional ties.

FBI categorization of race for fugitive identification:

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
<th>White (Hispanic)</th>
<th>Asian</th>
</tr>
</thead>
</table>
Race/Ethnicity is Not the Same as Genetic Homogeneity

• The largest amount of genetic variation, about 85%, is among individuals within local national or linguistic populations rather than between groups.

Why Is Culture so Important in Health Care?

• Increased cultural diversity of society
• Physician-patient ethnic/racial mismatch
• To eliminate health care disparities
• Negative health outcomes when culture is dismissed

Kagawa-Singer M et al, Academic Medicine, 2003; 78:577-87
Demographic Changes in the U.S.

By the year 2030, 44% of the population in the United States will be Hispanic, African American, or Asian

U.S. Census Bureau

Matriculating Medical Students

<table>
<thead>
<tr>
<th>Year</th>
<th>White Non-Hispanic (%)</th>
<th>Black (%)</th>
<th>Hispanic (%)</th>
<th>Asian/Pacific Islander (%)</th>
<th>Native American (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>70.0</td>
<td>7.0</td>
<td>5.8</td>
<td>15.2</td>
<td>0.5</td>
</tr>
<tr>
<td>2015</td>
<td>59.4</td>
<td>7.6</td>
<td>10.0</td>
<td>24.0</td>
<td>0.9</td>
</tr>
<tr>
<td>United States Population (2016)</td>
<td>62</td>
<td>13</td>
<td>17</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

AAMC Medical Student Data
Physician-Patient Mismatch

- Patient satisfaction improved by physician-patient ethnic/racial matching
- URM physicians more likely to accept Medicaid and see more URM patients and those with low SES
- Unrealistic to expect racial/ethnic match in all encounters
- Health care providers must care for patients from different cultures

Improving Healthcare Disparities

- Diversify health care leadership and workforce
- Develop clinical encounter models and practice-system organizations that support diversity of patient population
- Educate physicians and trainees about culturally competent care
- Support translation services that utilize certification in linguistic competencies
- Health information publications in multiple languages
- Identifying ethnicity-related patient preferences
- Accountability for cultural competence
Health Care Disparities

- History of overt racism and segregation of hospitals, wards, clinics
- Research abuses
- Impacts trust in medical providers/compliance
- Physicians may not be color blind when health outcomes are measured
- Unconscious use of skin color to stereotype patients uncovered in recent studies

Concept of Culture

- Problems with racial stereotyping
  - False assumption that genetic differences are primary causes of differences in disease incidence, prevalence and mortality
    - Diabetes incidence in Latino immigrants
    - Breast cancer incidence in Chinese and Japanese immigrants
  - Diversion of attention from social and political causes of disease and intra-group variability
  - Each cultural group is undergoing mixtures and modifications that render it uniquely American
Cultural Knowledge vs. Cultural Competence

- Knowledge-based approaches to cross-cultural education has focused on cultural norms among groups, such as:
  - Fatalism among Hispanics
  - Passivism among Asians
  - Mistrust of system among African Americans
- Our society is too complex and fluid to make these generalizations
- “Cultural knowledge” can be more detrimental than helpful

Betancourt JR, Academic Medicine, 2003; 78:560-68

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Why Is Culture so Important in Health Care?

- Effective health communication is as important to health care as clinical skill
- Exceptional clinical skills + lack of communication skills = incompetent care
- Culturally competent care is better care
- Gives physicians permission to evaluate patients on the basis of race, class, ethnicity, and other factors, a practice that was once believed to be biased

Why Is Culture so Important in Health Care?

- Improves risk management
- Improves market share
- Mandated by federal guidelines in 2000
- Cultural diversity training in medical schools now required for AAMC accreditation


Why Is Culture so Important in Health Care?

- Cultural competence is central to PROFESSIONALISM:
  - Doing what's in the best interest of the patient
    - Humility
    - Empathy
    - Curiosity
    - Respect
    - Sensitivity
    - Awareness
    - Cultural competence
  - Business leader- fiduciary responsibility to work to increase share value
  - Union leader- responsibility to work to improve union member jobs

Culture and Health

• Every culture defines what health is for its members

• Western view
  – Human beings are central to the meaning of the universe
  – Individuality and autonomy are basis of bioethics
  – Disease is separate from moral status

• Western view is not universal


Culture and Health

• Eastern view
  – Prevention emphasized over treatment
  – Holistic: looking at the body, mind and spirit as a whole unlike the Western view of looking at individual body parts and symptoms
  – Needs of family and society greater than self
  – Harmony is emphasized
  – Karma, shame, luck, saving face

Physician’s Cultures

- Medical culture
  - Stresses the scientific over the interpersonal
  - Distances the provider from the patient
  - Views provider as THE decision maker
  - Patient and family are separable
  - Illness and treatment are somatically based

- Personal culture
  - Includes customs, traditions, values, religion, socioeconomic status

Culture and Health

- “Evil eye”
- Kaajal to diminish “perfection
- Witch doctors
- Spirits
Integrating Many Cultures

Physician → Gender Culture → Patient’s Family

Patient

Subspecialty Group

Health Care Institution

Improving Cultural Competence

• Unrealistic to learn all cultures
• Basic principles, approaches, attitudes and ways of adapting services can be learned
• Develop knowledge specific for the community in which you practice
  – New immigrants vs. longstanding residents
  – Predominant socioeconomic status
  – Voluntary immigration vs. forced

Improving Cultural Competence

• Develop knowledge specific for the community in which you practice (Continued)
  – Nutritional habits (high carbohydrate, protein, or fat)
  – Common occupations
  – Housing
  – Folk illnesses and healing practices
  – Beliefs, values, culture, and language
  – Disease incidence and prevalence
  – Ethnopharmacology (effect of medications on a population)


Improving Cultural Competence- Cross-Cultural Curricula

• Worlds Apart
  – A documentary film and medical education project to improve multicultural health
  – Follows four patients and their families from diverse backgrounds as they face critical medical decisions and navigate their way through the health care system
  – Accompanied by a study guide to teach students and health care professionals about cross-cultural communication
Improving Cultural Competence

- Immersion in local community-based clinics

Tervalon M, Academic Medicine, 2003; 78:570-76
Improving Cultural Competence

• Volunteer for a short term medical trip in a culturally different location

Tervalon M, Academic Medicine, 2003; 78:570-76

Improving Cultural Competence

• Volunteer at an ethnically/racially diverse hospital

Tervalon M, Academic Medicine, 2003; 78:570-76
The Spirit Catches You and You Fall Down

• Explores the clash between a Hmong child with severe epilepsy and a small county hospital in California
• Lack of understanding led to tragedy
Delivering Cultural Competent Health Care to Hispanics ¡Si se puede! – It can be done!

- Provides a framework to use when treating Hispanic patients
- Learn to provide culturally and linguistically appropriate care
- Improves cultural competence

AIDS Education and Training Center Program- BE SAFE

- Barriers to care: real or perceived gaps to providing quality care that are compounded by the relationship of HIV/AIDS to ethnicity
- Ethics: science of the human condition as it applies to morality and belief systems
- Sensitivity: self-examination of one’s biases and prejudices toward other cultures as well as one’s own cultural background
- Assessment: ability of the health care professional to collect relevant patient health history data
- Facts: understanding of physiology, behavior, and patient’s perception of his or her illness
- Encounters: necessary face-to-face interactions

U.S. Department of Health and Human Services, Health Resources and Services Administration website
Asians Living with HIV

• Deference to Authority
• Language
• Shame
• Taboo subjects
• Avoiding direct expression of feelings
• Health beliefs
• Traditional healing

Improving Cultural Competence
### Common Languages at UTSW

- **Mandarin**: Ni hao, Xie Xie, Zai Jian
- **Spanish**: Ola, Buenos Dias, Gracias, Adios
- **Hindi**: Namaskar, Phir milenge, Dhanyavad
- **Arabic**: As-salamu alikum, Shukran
- **Portuguese**: Ola, Como Vai?, Tudo bem, Obrigado, Ciao
- **Russian**: Zdrastvooyte, Preevyet, Spaseeba, Dasveedaneeya
- **Japanese**: Konichiwaa, Domo aregato, Sayonara
- **German**: Guten tag, Danke, Auf wiedersehn
- **French**: Bonjour, Merci, Au revoir
- **Korean**: anyoung haseyo, kamsahamnida
- **Vietnamese**: Chao

### Common Languages at UTSW

- **Yuroba (Nigeria)**: Bawoni
- **Igbo (Nigeria)**: Kedu, O di mma
- **Thai**: Sawas dee krab/ka, Khap khun krab/ka
- **Farsi**: Salam, Mersi, Khodahafez
- **Amharic (Ethiopia)**: Selam, Ciao
- **Indonesian**: Selamat pagi, Selamat malam, Terima kasih
- **Northern**: “How you doin?”,”Thanks pal”, “Take it easy”
- **Southern**: “Hey”, “Much obliged”, “Sho nuff?”, “Y’all have a good one”
R.I.S.K. Assessment of Cultural Influence

- **Resources for patients and families**
  - Education, financial resources, social support networks, social service agencies, transportation, family location, advisors
- **Individual identity and acculturation**
  - Place of birth, immigrant status, languages spoken, degree of integration with ethnic community, utilization of health care in home country
- **Skills available to patient and family to adapt to disease requirements**
  - Navigating the health care system
  - Coping with the emotional, physical, social and spiritual demands of the disease

Kagawa-Singer M et al, Academic Medicine, 2003; 78:577-87

R.I.S.K. Assessment of Cultural Influence

- **Knowledge about the ethnic group’s beliefs, values, practices, and cultural communications etiquette**
  - Family-centered vs. individual-centered decision-making style
  - Historical, social, and political issues unique to a particular ethnic group
  - Truth-telling, shame, saving face
  - Gender roles, positions of authority
  - Community and family practices surrounding health, illness, death and dying
  - Does family adhere to traditional cultural guidelines or to Western model?
  - Religion and spirituality
  - Folk healers, complementary and alternative medicine

Kagawa-Singer M et al, Academic Medicine, 2003; 78:577-87
Summary

• All of us need to pay attention to cultural differences and build the skills necessary for cross-cultural expertise
• Cultural competence can improve health outcomes and increase quality of life for patients from a wide array of cultural backgrounds
• If we ignore culture, we will perpetuate and exacerbate the differential outcomes and unequal distribution of disease burden present today