# Providing Culturally Informed Care

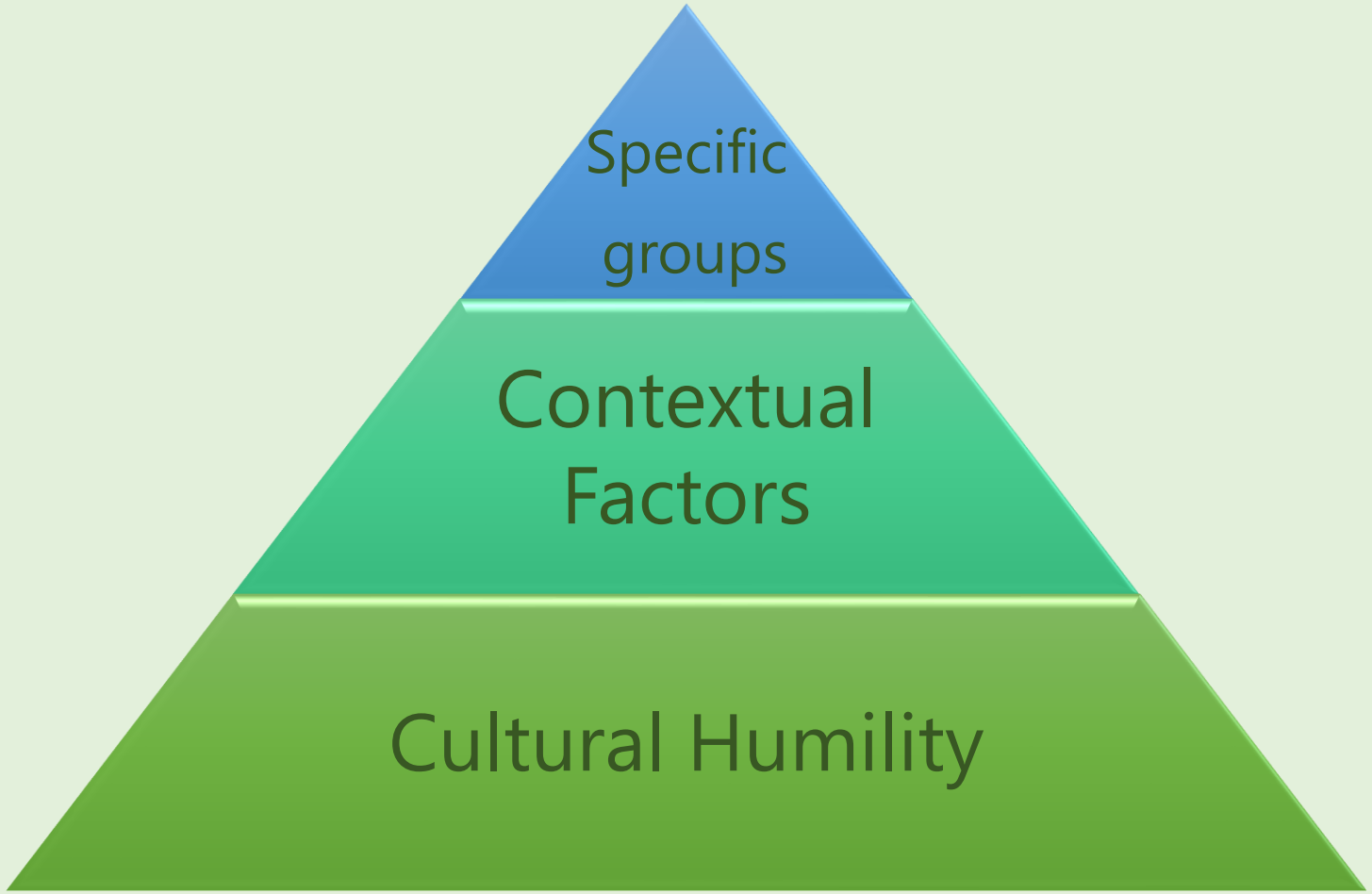
How We Remove Barriers to Patients' Wellness

Eboni Winford, PhD, MPH
Director of Research and Health Equity
Cherokee Health Systems

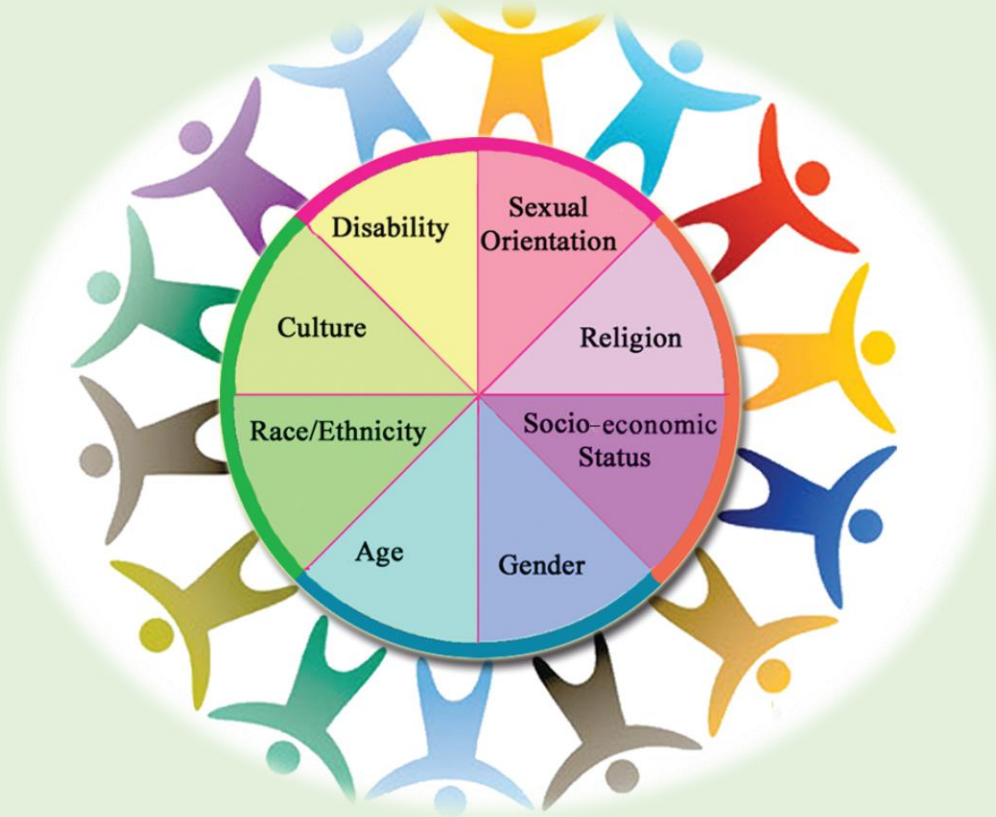
# Day 1 Review

- Reality, equality, equity, justice
- Root causes
- Health disparities
- Social determinants of health

# Overview



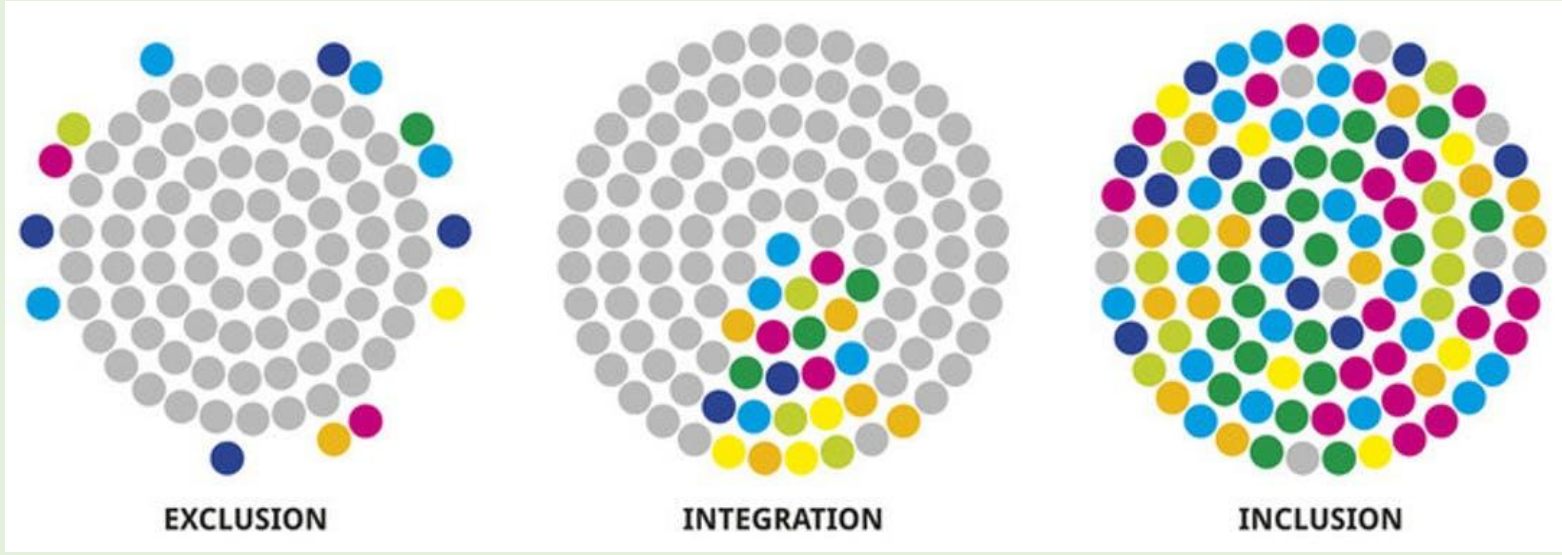
# Let's Get on the Same Page




- Diversity
  - A core value, **NOT** a destination
  - Characterized by inclusiveness, integration, mutual respect, and multiple perspectives

# Let’s Get on the Same Page

- Inclusion
  - KEY factor for diversity to exist and thrive
  - Creating an environment that fosters belonging, respect, and value for all persons



# Cultural Humility

- Awareness of one's own assumptions, biases, cultural background, and values
- Exploring (with kindness) own world view and that of our diverse patients
- Lifelong commitment to self-evaluation and critique

# Why Not Cultural Competence?

# What's the Big Difference?

## Competence

- Implies a destination that can be reached; an end goal
- Behaviors, attitudes, policies that ensure system, agency, program, individual function in diverse cultural interactions and settings
- Appreciation, understanding, and respect of cultural differences and similarities
- Top-down approach: one group decides what is worthy of being learned and what benchmark criteria are used to assess the competence
- Binary construct—either you are competent, or you are not
- Whiteness is usually the norm to which all other cultural identities is compared
- "Incompetence" framed as lack of knowledge about the "other"
- Learn about another culture rather than reflect on one's own

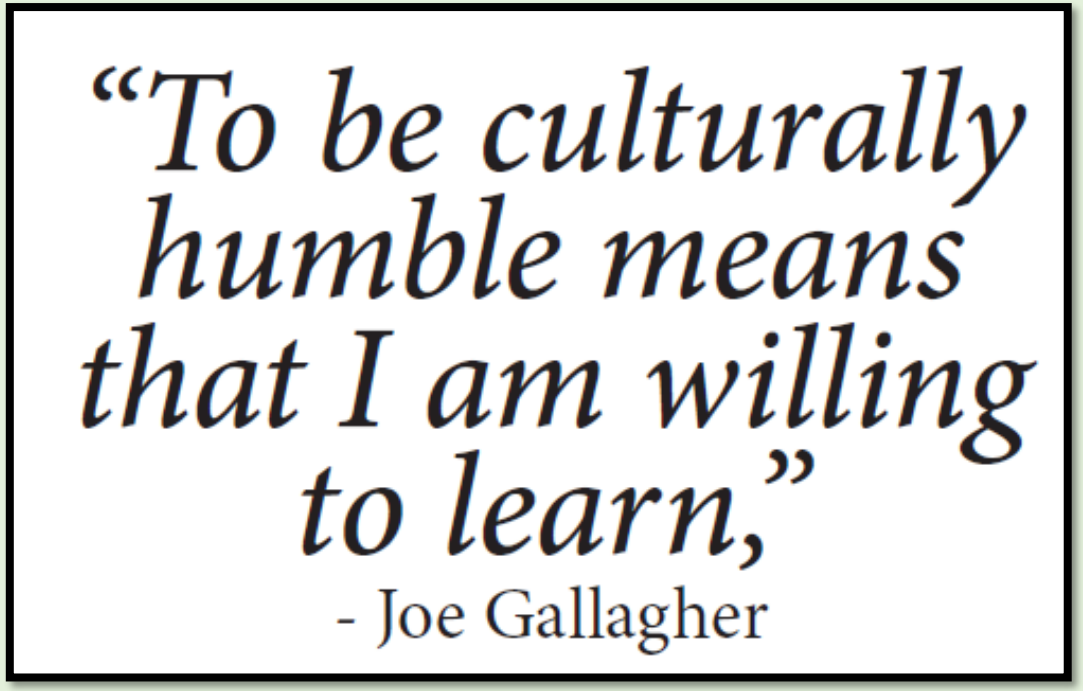
## Humility

- An iterative, lifelong process
- Being willing to say and act upon the awareness that we have not and will never arrive at a finish line where we are done learning
- Focus is on self not on other
- Don't just seek to understand, seek to identify and remove power imbalances and develop beneficial non-paternalistic partnerships with communities
- Goes beyond just thinking about one's biases, beliefs, assumptions
- Requires awareness of and sensitivity to historical context
- Goes beyond trainings, which are largely ineffective

"The second feature of cultural humility is a desire to **fix power imbalances** where none ought to exist (Tervalon & Murray-Garcia, 1998). Recognizing that each person brings something different to the proverbial table of life helps us see the value of each person. When practitioners interview clients, the client is the expert on his or her own life, symptoms and strengths. The practitioner holds a body of knowledge that the client does not; however, the client also has understanding outside the scope of the practitioner. Both people must collaborate and learn from each other for the best outcomes. One holds power in scientific knowledge, the other holds power in personal history and preferences."

# How Do We Build Cultural Humility?

- Consider **CRASH** approach
  - **C**ULTURE
  - **R**ESPECT
  - **A**SSESS/AFFIRM
  - **S**ENSITIVITY/SELF-AWARENESS
  - **H**UMILITY



# Culture

- Unique worldview
  - Shared values, perceptions, connections, historical roots, traditions/customs, language
  - Interactions between patients' worldview and their experience of healthcare

# Respect

- Understanding that demonstrations of respect are more important than gestures of affection
  - Building rapport with a foundation of mutual respect and understanding
- Finding ways to learn how to demonstrate respect in various cultural contexts

# Assess/Affirm

- Assess
  - Recognize within-group differences
  - If relevant, asking about identity, beliefs, understanding of health conditions (remember invisible minorities)
  - Assess their language preferences, acculturation-level, and health literacy
- Affirm
  - Validate that each person as the expert on their own world experience
  - Understanding cultural differences as assets to treatment and engagement in healthcare

# Sensitivity/Self-Awareness

- Sensitivity
  - Awareness of specific issues within each culture that may negatively impact the relationship between patient and professional
  - Awareness of historical context associated with patient's lived experience
  - Remember: the responsibility to learn is on **you**; patient should not feel compelled to teach you

- Self-awareness
  - Awareness of one's own worldview, cultural norms, societal beliefs, values and "hot-button" issues that may impact delivery of services

# What Are Your Hot Button Issues?

# Humility

- A lifetime commitment to learning
- Understanding contextual factors surrounding our own perspectives and biases
- Being quick to apologize and accept responsibility for cultural missteps
- Embracing opportunity to learn and expand your worldview

# Unearned Privilege


- Privilege:  When a group of people are entitled to get special things just based on the group they belong to, even though they have done nothing to deserve it

- Ex. Being left-handed in a right-handed world
  - Left-handed people adapt to function in a world designed opposite to them
  - Right-handed people often do not realize that they have this privilege. **However, anyone who does not have this unearned privilege is very aware of it.**

# Contextual Factors

# Contextual Factors

- Chain of "isms"
  - Racism
  - Sexism
  - Heterosexism
  - Classism
  - Colonialism
  - Ableism


- Types of "isms"
  - Individual interactions designed to injure, denigrate, or deny services/goods to individuals from groups assumed to be inferior
  - Institutional policies, practices, and norms that incidentally (but inevitably) perpetuate inequity and contribute to disparities by restricting opportunities to specific groups
  - Cultural symbols or practices used to reinforce a belief in the superiority of one group and the inferiority of non-dominant groups

# Microaggressions

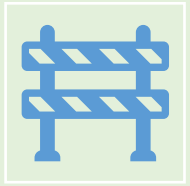
# Impact of Microagressions


- Psychological distress—anger, anxiety, confusion, contempt
- Altered therapeutic interactions
  - Acknowledging cultural mishaps
  - Therapists' discomfort with addressing race/ethnicity/marginalization
  - Weaker therapeutic alliance
- Microaggressions can be overcome in the same way you would repair other therapeutic ruptures

# Cultural Considerations with Specific Groups

**Based on populations served by CHS: LatinX, Black/AA, Refugee, individuals experiencing homelessness**

# Barriers to Treatment



## Structural

Later referrals to treatment, higher rates of involuntary commitment, fewer specialty services in specific communities

## Provider

More frequent misdiagnosis, bias, lack of cultural humility, fewer providers of similar backgrounds


## Individual/cultural

Delayed problem recognitions (meds), delayed entry into treatment, fear of stigma/discrimination, historical mistrust of providers


## Historical

Past studies(Tuskegee syphilis study), “running away” from slavery as a disease, media discourse

# Cultural Mistrust

- "Healthy paranoia"
  - Based on recent and generational history, current laws, and past interactions with healthcare providers
  - Homelessness in healthcare

- Perceiving majority-group providers as less culturally sensitive than those who have similar backgrounds
  - What do BIPOC and AMENA stand for?
  - Difference between political asylee and refugee?
  - Process of deportation? Typical length of immigration proceeding?

- Cultural belief of "keeping family business at home"
  - Low health-literacy given limited access to healthcare in the past

# Consider Protective Factors

Positive identity development has been shown to buffer effects of oppression

Strong bonds of family/kinship are source of strength and support (may include friends and neighbors)

Religious institutions and spiritual beliefs are sources of strength

Conceptualizing their values as functions of behavior

# Engage Minority Patients in Care

- Structural characteristics of the provider
  - Culturally-welcoming environment
  - Ethnic compatibility of staff
  - Flexible hours
  - Child-care arrangements

- Interpersonal characteristics of the provider
  - Engaging in collaborative & active problem-solving (reduce mistrust)
  - Taking time to build trust and rapport
  - Use multiple treatment modalities (personalize treatment)
  - Addressing cultural differences as appropriate (avoid bringing it up all the time)
  - Avoid assumption that racial similarities will enhance therapeutic relationship or outcome

# In Sum

# Take Aways

- We never “arrive”
- We all have work to do
- We all have lessons to learn
- We all have a role to play in removing the barriers that lead to health disparities


TOWARDS CULTURAL SAFETY
Cultural Awareness & Sensitivity
Cultural Competency
Cultural Humility

# Questions?