2018 OSPA Fall CME

Cultural Competency in Healthcare

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Wise Tools to Help us Navigate

- Curiosity - with willingness to “not know”
- Humility – to help us avoid judging difference
- Charity – (attitude of compassion) helps us work with and appreciate people who challenge our beliefs and values
- Less expectations of ourselves as well as the “other”
- Ability to ask questions – seek clarity
- Ability to question our assumptions and look for other explanations

Self-Exploration

Who we are and what forces, both past and present, influence us, consciously and unconsciously, is where we’ll start our exploration. The more we know who we are, the easier it is to connect with others.
What is Culture:

It is the cumulative knowledge, experience, beliefs, values, rituals, attitudes, meanings, hierarchies, religion, notions of time, roles, acquired and passed down through generations by a group of people.

Values:

Represent your deeply held beliefs, your highest priorities, and the fundamental forces that drive your actions. Form foundation of our behaviors & perceptions of other’s behaviors throughout our life.

Values

Pick your 5 most important values that take precedence over everything when you’re making decisions, choices no matter how big or small.

Share with your neighbor and come up with examples of when they might show up. Go with your first instinct.

Diversity Wheel- Similarities & Differences
Culture is like an Iceberg

5% Explicit
95% Implicit

Cultural Value Differences

For One

Individualistic - Identify with "oneself". The needs of the individual take precedence over the needs of the group. Self-reliance and independence are stressed and greatly valued.
FOR ALL

Collectivistic:
One's identity is largely a function of one's membership and role in a group.

It's more important for an individual's action to benefit the community or family then the individual.

The welfare of the group carries more weight than the welfare of the individual.

Communication Styles

• Direct-
• Indirect
• Circular-
• Linear

TIME

• Monochronic – Time is a limited commodity.
• Laser-sharp focus on one thing at a time.
• Quantifiable. Time is $$$
• Polychronic – Time is limitless and not quantifiable. It is the servant of the people and can be open-focused on many aspects of the present moment – the passage of time
Locus of Control

**Internal**
- Fate has little importance.
- Life has few givens and most things can be changed.
- When there is a will – there’s a way.
- We make our own luck, unhappiness is our own fault.
- Optimism is prevalent and life is what you make it.

**External**
- Fate plays a major role; people believe they have limited control over destiny/external events.
- Most things must be accepted and can’t be changed.
- Success partly a result of fortune.
- Fatalism is prevalent and life is just what happens to you.

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High and Low Context Cultures

<table>
<thead>
<tr>
<th>High Context</th>
<th>Low Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respectful/Polite/Nonverbal/Formal</td>
<td>Open/Direct/Informal/Verbal</td>
</tr>
<tr>
<td>Collaborative – group achievement</td>
<td>Competitive-personal achievement</td>
</tr>
<tr>
<td>Team-oriented</td>
<td>Individual projects – work style</td>
</tr>
<tr>
<td>Accomplishments depend on group</td>
<td>Accomplishments depend on procedures &amp;</td>
</tr>
<tr>
<td>process &amp; relationships</td>
<td>the goal</td>
</tr>
<tr>
<td>Identity rooted in membership in</td>
<td>Identity rooted in oneself &amp; one’s</td>
</tr>
<tr>
<td>family &amp; groups</td>
<td>accomplishments</td>
</tr>
<tr>
<td>Social Struc. Centralized, hierarchical</td>
<td>Decentralized; authoritarian, egalitarian</td>
</tr>
<tr>
<td>Space is communal: people stand close together; little privacy</td>
<td>Space is compartmentalized; privacy is important</td>
</tr>
<tr>
<td>Tradition over change</td>
<td>Change (improvement) over tradition</td>
</tr>
<tr>
<td>Respect for the past</td>
<td>Present &amp; future oriented</td>
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<tr>
<td>More apt to be patriarchal</td>
<td>Usually patriarchal</td>
</tr>
</tbody>
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High and Low Context Cultures

<table>
<thead>
<tr>
<th>Lower context culture</th>
<th>Higher context culture</th>
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<tbody>
<tr>
<td>Australian</td>
<td>Koreans</td>
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<tr>
<td>Dutch</td>
<td>Latin Americans</td>
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<tr>
<td>English-Canadian</td>
<td>Hungarian</td>
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<td>English</td>
<td>Hungarian</td>
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<td>Finnish</td>
<td>Hungarian</td>
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<td>German</td>
<td>Hungarian</td>
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<td>Hebrew/Jews</td>
<td>Hungarian</td>
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<td>Irish</td>
<td>Hungarian</td>
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<td>New Zealand</td>
<td>Hungarian</td>
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<td>Scandinics</td>
<td>Hungarian</td>
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<tr>
<td>Switzerland</td>
<td>Hungarian</td>
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<tr>
<td>United States (excluding the Southern)</td>
<td>Brazilian</td>
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<tr>
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<td>Brazilian</td>
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<tr>
<td>British</td>
<td>Japanese</td>
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<td>Chinese</td>
<td>Japanese</td>
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<td>French</td>
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<td>German</td>
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<td>Greek</td>
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<td>Hungarian</td>
<td>Japanese</td>
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<td>Indonesian</td>
<td>Japanese</td>
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<td>Italian</td>
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<td>Polish</td>
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<td>Russian</td>
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<td>Spanish</td>
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<td>Swedish</td>
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<td>Turkish</td>
<td>Japanese</td>
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<tr>
<td>Vietnamese</td>
<td>Japanese</td>
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<tr>
<td>South Korean</td>
<td>Japanese</td>
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*Source: Revised from Harmony.*
Culture of Poverty

- Generational (2+) poverty has similarities to collectivistic cultures
- Matriarchal – mother has most power
- Time lives in the present,
- Destiny & fate dominate over choice;
- Loyalty to family is greatest value
- Polarized thinking – options not considered
- Relationships, especially family, are like possessions & most relied upon
- Survival is about having a job not a career
- “Casual register “ used for everything (not effective in middle class).

What cultures, categories or groups do you belong to?

We are all members of multiple cultures:

Race          Gender/Non-Gender
Ethnicity     Marital Status
Generation,   Political Affiliation
Sexual Orientation,
Physical Ability  Socio-Economic Status,
Education,     Military Status
Geographic Location
Body Type      Religion
Skin Tone

Implicit Bias - Prejudice

Implicit Bias refers to the brains’ automatic, instant association of stereotypes or attitudes towards particular groups, without our conscious awareness.

These biases are related to our attitudes and our behaviors which in turn impact our preferences or discrimination toward others.
Implicit Association Test

• These dig into our stereotypes or triggers and assumptions and find out how biased we are, informing us of how governed we are by our bias, https://implicit.harvard.edu/implicit/demo. In USA most make quicker associations between Gay People and Bad as opposed to Straight people and good.

What informs our implicit memories = biases?

• Cultural background including intergenerational trauma of our ancestors. Impacts trust and our epigenetics: how our genes get turned on or off according to a longer ago need, no longer present.
• Our faith, spirituality or religion and its codes of conduct & beliefs.
• Socio-economic status and all the baggage that comes with it.
• Implicit memories from 7th month gestation to now; what was going on when we were conceived, born and the first years have a huge impact on our ability to relate with others. Our joys, disappoints, traumas and accomplishments and how we were mirrored or not, cared for or not. Micro-aggressions, all the components for health and well-being accessible or not...largely lie in our implicit and are drawn from when our amygdala is trying to keep us safe.
  • Same = safe Different = Unsafe (amygdala's first take)

The Process

• Sensory data comes in through cortices or brainstem and goes to the thalamus where a decision is made of where to send the data.
• Data then goes to amygdala (which is scanning 12-100 times per second to see if there is a threat) as well as the cortex.
• Hippocampus stores and retrieves constant memories and creates "context" for data. (remember last time this happened...)
• Amygdala assess the fear for threat level and emotional significance and sends messages to hypothalamus to trigger hormonal release to take action (increase HR etc.)
• If threat not too high hippocampus releases Oxytocin which decreases intensity of amygdala activity and feeling of fright.
Microaggressions

Are the language of the left hemisphere in its reductiveness that comes out as denigrating remarks. Ridicule, “jokes”, everyday slights, put-downs, invalidations, or even intended compliments (your “English is really good!) are all examples. They are a form of prejudice.

Impact of MicroAgressions

Impact is cumulative

- Recipients become less invested, contributory and productive in the workplace.
- Physical health: migraines, heart attacks, autoimmune disease
- Mental Health: Lowered self-esteem/confidence, anxiety, depression and body image dissatisfaction and eating disorders.
- If trauma history, PTSD can get stimulated by the aggressions.

Prejudice creates sense of powerlessness.

- Daily message that you're not important, not valuable... just powerless.
- Health disparities highest in groups defined by power imbalances; less power = shorter life spans.
- Black men are 3-4X more likely then white men to have strokes and 30% more likely to die of cancer then white counterparts.
- Latino immigrants’ health declines in USA whether their income goes up or not.
- Black women, even with higher SE status are at highest risk of delivering low-birthweight babies.

Being a minority in a prejudiced society erodes one’s health over time as discrimination and feelings of powerlessness accumulates.
Prejudice
- What is it? Preconceived judgment/opinion formed without justification or sufficient knowledge or first-hand experience.
  - Can be positive or negative
  - Can stem from implicit or explicit bias, from cultural, religious or familial “givens”.
- Racial Prejudice: acted out causes chronic autonomic arousal
  - Increased cortisol spike, high HR = high amount of HD in AA pop.
  - Depression
  - Hypertension
  - Diabetes 2
  - Self-medication behaviors

African Americans have higher early mortality compared to whites.

COLOR BLINDNESS

What happens...
When you’re not regulated as you would be if you felt safe, that you belonged and that other’s “got you” (resonance and attunement), all your resources become depleted more quickly and you’re no longer able to
  - Problem solve as well
  - Have less interest in being social (affiliation)
  - Cognition and planning are compromised
  - Emotions are less regulated – more apt to be triggered.

And how you are impacts those around you...

Health Disparities
- Even when members of a minority group have the same incomes, insurance coverage and medical conditions as whites, they receive notably poorer care.
- Providers were more likely to provide highly active antiretroviral therapy to patients perceived as “likely to adhere to treatment.”
- Providers more likely to recommend re-vascularization to patients having adequate social support so more likely to engage in cardiac rehab.
Based on how our brains operate, evolution appears to have been far more interested in keeping us alive than making us happy...negative emotions trump positive ones and weigh more heavily in our evaluations of people and situations.

...The amygdala is quick to learn and slow to forget. Learned fears are tenacious and tend to return under stress. Fear is not easily forgotten, whereas learning not to fear is fragile and often dissipates over time.

Small Changes that invite Inclusiveness

- Language: Learning how to say a few words in their language is always appreciated. Salutations are easiest or exclamations.
- Eye contact: They may not look you in the eye, whether it is their not being direct, or out of respect for your position, or possibly their spouse or parent is in the room and it is not customary to look at you.
- Touch: Let them initiate handshake or how close or far they sit. Many are not comfortable with touch of any kind. May be culture and age dependent.
- Styles: Directness is often seen as rude or harsh and they may answer in circular ways depending on their style. Lo context cultures tend to be more blunt and high – more circular.

Significance of Greetings

- Formality – Many cultures, whether minority in number or in status, feel disrespected when addressed informally. African Americans, especially older generations, respond well to Mr. or Mrs., or their professional title. They may also be more comfortable addressing you formally.
- Age: showing respect for people older then yourself is also important in many cultures.
- Position: Often dictates how you address someone.
- Greetings – in collectivistic cultures the greeting is paramount and is the sign that you are interested in them not just the task at hand. Nothing will occur until that greeting has been made.
Medical/Social Hx: Get to know your Patient . . .each visit learn a bit more.

- Looking at their medical hx, life stressors and mental health; Frequency of visits for adults and their children
- Migration hx. Circumstance of their leaving their country, who they left behind; Number of moves/transitions experienced.
- Medical/Surgical Hx. High no. of surgeries = increased ACE’s
- Physical restrictions/abilities
- Spiritual/Faith practice – where; how does it impact how they live their lives
- Interpersonal Situation: where they live; community, contact w/family of origin
- Work/Education status and aspirations
- Cultural and Social issues of their children (dev & age appro)
- Traditional medicine, rituals used to foster health/wellbeing

Culturally Responsive Care

- . . .will support effective communication with your patients and their families;
- . . .will show respect for their beliefs and practices creating trust,
- . . .will support partnership with your patients ensuring self-care, empowerment and compliance;
- . . .will support health and well-being;
- . . .increase provider satisfaction.

Key Concepts to Culturally Competent Care

- Know yourself - your “comfort zones”, biases...
- PAUSE when you feel yourself jump to assumptions/conclusions
- Be curious about “other” possible explanations
- ASK questions – be willing to NOT KNOW
GROW NEW EYES