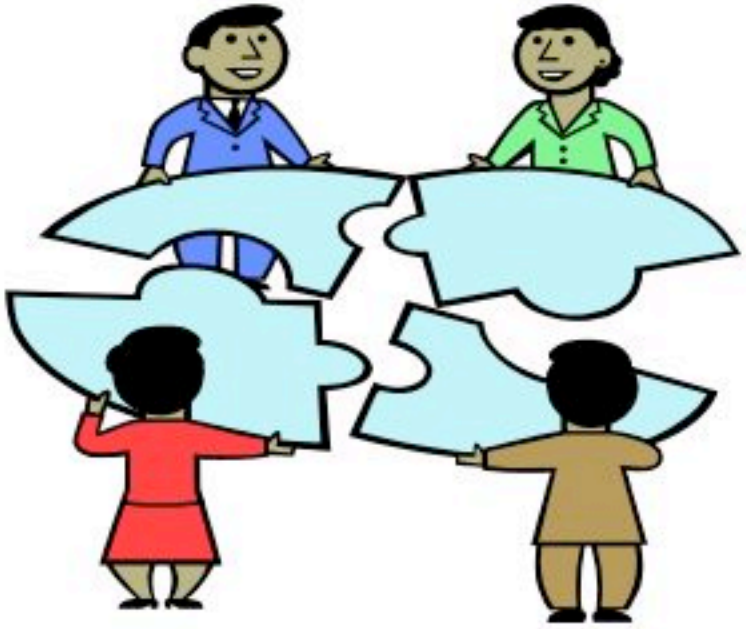
# Cultural Competency & Health Equity

## A Presentation and Annual Certification Exam

Hawaii State Department of Health
Office of Health Equity

***"Health Equity and Cultural competence is more than being politically correct, it's about people's health and quality of life"***



# Participants will…

- Recognize federal, state, and accreditation requirements for cultural and linguistic competency in health care;
- Define health equity and one way it could be measured;
- Identify what the Department of Health is doing to promote health equity;
- Broaden the definition of “culture” by using the ADDRESSING mnemonic device;
- List components of cultural competency, including the person-centered ETHNIC model of care; and
- Learn of a cultural proficiency stage model.

# Federal requirements affecting cultural & linguistic competency

Nondiscrimination:

- Title VI, §504, ADA, Age, PHS Act (Hill-Burton)
  - The **Civil Rights Act of 1964** was a landmark piece of legislation that outlawed major forms of discrimination against racial, ethnic, national and religious minorities, and women. It ended unequal application of voter registration requirements and racial segragation in schools, at the workplace and by facilities that served the general public ("public accommodations").

# Federal requirements affecting cultural & linguistic competency

## Nondiscrimination Cont…:

- **Culturally and Linguistically Appropriate Services (CLAS)**

The CLAS standards are directed at health care organizations; however, individual providers are also encouraged to use the standards to make their practices more culturally and linguistically accessible. The 14 standards are organized by themes: Culturally Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14). Within this framework, there are three types of standards of varying stringency: mandates, guidelines, and recommendations as follows:

CLAS **mandates** are current Federal requirements for all recipients of Federal funds (Standards 4, 5, 6, and 7).

CLAS guidelines are activities recommended by OMH for adoption as mandates by Federal, State, and

# Federal requirements affecting cultural & linguistic competency

Nondiscrimination Cont…:

- ACA (cultural competency / language access)
  - The Patient Protection and **Affordable Care Act (ACA)** was signed into law by President Obama on March 23, 2010 (Pub. L. No. 111-148).‡ On March 30, 2010, the ACA was amended by The Health Care and Education Reconciliation Act of 2010 (H.R. 4872).
  - The new health care reform law includes a number of general provisions—concerning health insurance reform, improved access to health care, quality improvement, cost containment, public health initiatives and social determinants of health—which are likely to benefit low income and racially and ethnically diverse communities.

# State requirements affecting cultural & linguistic competency

Nondiscrimination:

- HRS Chapter 489 public accommodations
  - The purpose of this chapter is to protect the interests, rights, and privileges of all persons within the State with regard to access and use of public accommodations by prohibiting unfair discrimination.

- HRS Chapter 371 language access
  - The purpose of chapter is to affirmatively address, on account of national origin, the language access needs of limited English proficient persons.

# Accreditation requirements affecting cultural & linguistic competency

Accreditation:

- Joint Commission accreditation/certification
  - Since its founding in 1951, The Joint Commission has been acknowledged as the leader in developing the highest standards for quality and safety in the delivery of health care, and evaluating organization performance based on these standards. Today, more than 19,000 health care organizations use Joint Commission standards to guide how they administer care and continuously improve performance.

- Commission on the Accreditation of Rehabilitation Facilities (CARF)
  - CARF International is an independent, accrediting body of health and human services. Examples of the types of services are rehabilitation for a disability, treatment for addiction and substance abuse, home and community services, and retirement living.

- Public Health Accreditation Board (PHAB)
  - The Public Health Accreditation Board (PHAB) is a nonprofit organization dedicated to improving and protecting the health of the public by advancing the quality and performance

# Health Equity in State Government

## Starting“upstream”

# *What is Health Equity?*

*1. An "upstream" **framework** for understanding differences in health outcomes & **solutions** for social and environmentally caused health disparities.*

*2. **A Pursuit** for the equal distribution of:*
***-Health Literacy***
***-Health Opportunities***
***-Health Protections**… and ultimately*
***-Health Outcomes***

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# *Why Health Equity?*

## *Because…*

*There are differences in health outcomes for different groups based on where people live, income levels, or ethnicity and these differences are more than a result of individual choices or bad genes – **these differences are often due to favorable (or unfavorable) social and environmental conditions in which people are born, live, work, and play.***

***These "unfavorable" conditions put some groups at a health disadvantage and this is UNFAIR. Health Equity is a pursuit to make***

# ***Why Else…?*** *Because…*

*1. …in the long run, it reduces health care costs.*

*2. …it's at the heart of the prevention and public health model.*

*3. …it's the first foundation area and goal of DOH's strategic plan.*

*4. …it's in the Department's Vision Statement*
***"healthy people, healthy communities, healthy islands."***

# Measuring Health Equity:
## An Example

- ***Health Equity Report Card:*** *Use DOH data to find the least desperate group (on any given health indicator) as the comparison group and then compare that group to other identified groups (by ethnicity?, by zip code?, by economic status?, by education?).*

Note: DOH Office of Health Equity is considering a health equity "report card" to serve as a baseline and an annual follow-up measuring stick.

Disparity Ratio and Grades:

- **0 – 0.5 = A**
- **0.6 – 1.0 = B**
- **1.1 – 1.9 = C**
- **2.0 – 2.9 = D**
- **3.0 or Greater = F**

# Health Equity

# DOH attempts at Closing the Gap But How? By Addressing Issues Upstream

# DOH initiatives that address the Social, Environmental, and Economical Determinants of

# EBT Cards at the Farmers Market


Language Access
& Referral for
Immigrants


Health
Homes for
AMHD
Consumers


Telebehavioral
Health for
CAMHD
Consumers


Tobacco Cessation
Prevention, Policy,
and Media Initiatives

# Health Impact Assessment as part of Big Island Agricultural Plan


Free Breast and Cervical
Cancer Screening to
Underserved Women


Smoke
Free
Public
Housing
Campaign


Proposed Legislation to Tax Sugar Drinks &
No Tax for Fruits & Vegetables

"Yet, when it comes to providing good health care, everybody is needed along the river bank…"

**Cultural and Linguistic Competency:**

# What's Cultural?

"The integrated pattern of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups.

# Mainstream Culture

| | | |
|---|---|---|
| Individualism – "*Be Independent*" | Capitalism – *"Make Money"* | English is the primary language |
| *"Make eye contact when talking"* | *"Speak your mind"* | Meetings are runned by *"Roberts Rules"* |
| Credentials have value | Holidays and history are European based | American Disease Model dominant theory of illness |
| Single God concept. | The scientific method is valued. | Firm handshake. |
| Little physical contact. | Adherence to rigid time. | Hot Dog, Appie Pie, etc. |

***Culture is not just ethnicity….***

***"Attributing everything to ethnicity is as dangerous as attributing nothing."***

**ADDRESSING: An Inclusive Model of Diversity that Includes other Forms of Marginalization.**

**A-age:** developmental, age appropriate activities
**D-disability:** differently abled, deaf culture
**D-district:** where from? city? country?
**R-religion:** religious beliefs?
**E-ethnicity:** ethnic values, traditions, etc.
**S-ses:** shelter, clothing, money issues?

# Why Culture?

**...because more often, culture bears upon whether people *even seek help in the first place*, and if they do seek help, culture influences...**

- *what types of help they seek,*
- *who they prefer to treat them, and*
- *how they want to improve.*

## And also….

- **The Changing Demographics**
  - By the year 2050, Euro-Americans will constitute no more than 50% of the US population. In Hawaii, 70% are Asian/Pacific Islander.
- **Eliminate Disparities**
  - Did you know that of all the races in Hawaii, Native Hawaiians are the fastest dying?. This is a health disparity.
- **Improves Quality of Services and Outcomes**
  - When people understood, respected, and validated, it increases the likelihood that they will participate in their own treatment and respond to the suggestions made by their doctor.
- **Patients Say So!!**
  - This is probably the only evidence we need to justify training in this area. Patient satisfaction surveys nationwide tell us that culturally competent services matter regardless of race or ethnicity.

# Cultural Competency Starts Here

## The Personal Level

# 5 Steps

- **Awareness**
  - What are my values and assumptions about people?
- **Acknowledgement**
  - Am I willing to learn more about a belief that is different from mine? Can I see the importance values that may be different from those I hold?
- **Honest Validation**
  - Can I honestly say that different perspectives are of value?
- **Negotiation**
  - Can I challenge myself to see different viewpoints/values? Do I have enough information about my patient's experience to understand his/her health care needs?
- **Action**
  - Am I willing to make behavioral changes that will improve the engagement and health of my patients?

# Hawaii Has its Own Way of Expressing Prejudice….

1. Awareness

"That boy work's hard for a _____ "

"Eh, you're smart for a _____ "

Prejudice

"That's a nice _____ boy"

"That girl is no good – that's how the family"

"She probably don't know cause she don't speak English"

2. Acknowledgement

# A local boy's observation living in the Midwest…

| Midwest | Hawaii |
|---|---|
| They say "hello". | We say "how you"?. |
| They are assertive.. If you want it, go get it! | We are passive. If you want it, be respectful, and it might be given to you |
| They try to change the world. | We let nature change the world. |
| They believe in the freedom of speech. | We believe in the freedom of silence. |
| They shake hands and might hug or kiss. | We shake hands, and will more than likely hug, and/or kiss. |
| They give the firm handshake as a sign of respect and strength. | We give the soft handshake as a sign of respect and humility. |
| They say sorry when it's their fault. | We say sorry when its our fault and the other person's fault. |
| We get to the point, then we talk story. | We talk story first, then we get to the point.. |

**"It is difficult to be truly understanding and sensitive to someone else's culture until one has gained some knowledge and appreciation for one's own culture"**

(Lynch & Hanson, 1998)

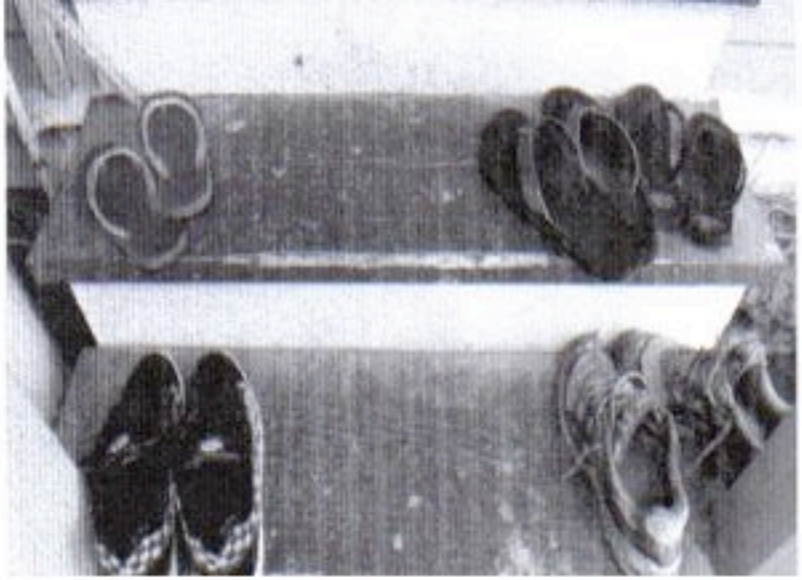
## 4. Negotiation

The ability to see two or more perspectives at the same time and then negotiate the perspective that works for both or multiple parties.

Teach
Learn

## 5. Action

The ability to change your behavior based upon the context or person(s) you are interacting with.



Victorino injured in Phillies' win over Cubs

t. Anthony's alum trains right calf in ourth, will have MRI

CHICAGO — The Philadelphia Phillies made a deal, got another win and were left wondering why they can't seem to stay healthy.

Cole Hamels pinched eight impressive innings, Tadahito Iguchi hit his first homer with Philadelphia and the Phillies beat Ted Lilly and the Chicago Cubs, 4-1, last night for their fourth straight win.

But Maul's Shane Victorino and Michael Bourn also departed with injuries for Philadelphia, which already has All-Star Chase Utley and five others on the disabled list.

"You ask yourself, 'When is it going to

JERRY LAI | Associated Press

Philadelphia's Brett Myers is congratulated by catcher Carlos Ruiz after closing out the Phillies' 4-1 victory over the Chicago Cubs.

Note: Sometimes both parties may try to accommodate the other which makes for an awkward but funny interaction.

# Cultural Competency Continues

## The Professional Level

# The Clinical Encounter of Primary Care Providers… questions we ask..

***Study tracked 1000 primary care patients… up to 85% of the most common complaints could not be traced to any organic etiology… such as, irritable bowel syndrome, tension headaches, insomnia, chronic nonspecific pain, depression, etc.***

- **How can we be expected to meet all of a patients needs with a 15 minute visit?**
- **How can we get patients with chronic conditions like diabetes to change the behaviors so crucial to managing their disease?**

## Answer: The clinical encounter starts before you see the patient….

# Pre-Encounter - Questions

- Did the patient call to make an appointment or was a reminder sent out?
- Was their an attempt to assess the patient's language ability prior to the patient coming in?
- How long did the patient wait before being seen by the doctor?
- Does the waiting room décor represent the culture of the community being served?
- Is there at least one staff person that is of the same cultural/racial/ethnic background as the patient?
- Have the patient been briefed about what to ask for and how to get the most out of their visit?

# Pre-Encounter Competence

- How much does the health care provider's know of the "culture" being served? This information can also be gathered in the pre-encounter interview.
  - Language differences and nonverbal communication patterns,
  - Cultural differences in perception of illness, disease, medical roles and responsibilities, and
  - Cultural preferences for treatment of illnesses.

# The Encounter: TIP 1

## Sometimes, the "Hello" – "Goodbye" is the most important part of the encounter

Olny srmat poelpe can raed tihs. I cdnuolt blveiee taht I cluod aulaclty uesdnatnrd waht I was rdanieg. The phaonmneal pweor of the hmuan mnid, it deosn't mttaer in waht oredr the ltteers in a wrod are, the olny iprmoatnt tihng is taht the frist and lsat ltteer be in the rghit pclae. The rset can be a taotl mses and you can sitll raed it wouthit a porbelm. Tihs is bcuseae the huamn mnid deos not raed ervey lteter by istlef, but the wrod as a wlohe. Amzanig huh? The smae is ture for msot cnosrevatnois. The "hlleo-gdooybe" is the msot ipmorantt!

# The Encounter: TIP 2

Use a Patient-Centered Approach

ETHNIC

## ETHNIC

- **EXPLANATION:**
  - **What do you think caused this problem?**
  - **What do friends, family, others say about this problem?**
  - **Do you know anyone else who had this kind of problem?**

## ETHNIC

- **TREATMENT**
  - **What kinds of medicines, home remedies, or other treatments have you tried for this problem?**
  - **Is there anything you eat, drink, or do (or avoid) on a regular basis to stay healthy?**
  - **Tell me about it.**
  - **What kind of treatment do you want from us (me)?**

## ETHNIC

- **HEALERS**
  - **Have you sought any advice from alternative/folk healers, friends, or other people (non-doctors) for help with this problem(s)?**
  - **Tell me about it.**

## ETHNIC

- **NEGOTIATE**

  ****Negotiate options that will be mutually acceptable to you and the patient and that do not contradict, but rather incorporate their beliefs.**

  ****Ask what are the most important results the patient hopes to achieve from this intervention.**

## ETHNIC

- **INTERVENTION**
  - **Determine an intervention with the child / family.**
  - **May include incorporation of other family members, alternative treatments, spirituality, and healers as well as unique cultural or religious practices (e.g., prayer, avoiding certain foods).**

ETHNIC

- **COLLABORATION**
  - **Collaborate with the patient, family members, other health care team members, healers, and community resources.**

# Post Encounter: The Follow-up

- Are there follow-up procedures or is it up to the patient to set-up another appointment?
- Are “wellness” check-ups allowed or reimbursed?
- Are patients able to communicate with the care team electronically? If so, can they communicate for rx refills, appointment scheduling, lab results, or request electronic copies of health records?

## *How implementation of these "tips" can lead to better health outcomes and a reduction of health costs for all.*

- …quality time spent with patient, etc…leads to better communication.
- Better communication (ETHNIC) leads to better adherence to medications and lifestyle changes.
- Better adherence to medication and lifestyle changes leads to improved health status.
- Improved health status leads to lower undesirable health care use (ER visits, re-admissions)… *which saves costs.*

# Cultural competency is a process…

(Cross, et. al, 1989: Towards a culturally competent system of care.)

## *CULTURAL……..*

### 1) **Destructiveness**:

Culture is a problem and the diverse client should learn how to be more like the mainstream.

### 2) **Incapacity**:

Not aware of their own discriminatory practices and/or subtle messages. Unintentionally culturally destructive (e.g., subtle messages that some people are not welcomed, agency décor does not reflect the cultures being served);

## 3) **Blindness:**

Believe that "all people are the same," and that methods used by the dominant culture is universally applicable (e.g,. Health providers who blame the client for their health problems, the agency refuses to confront disparities in care, Providers refuse to accept "cultural explanations" of illnesses as another way of understanding the problem)

## 4) **Pre–competence:**

The administration and top level staff recognize that there are cultural differences and start to educate themselves about those differences (e.g., experiment with hiring diverse staff; considers culture as important, provides cultural competency training to staff);

## 5) Competency:

Expresses a commitment to diversity, continually evaluates staff regarding culture competency and the dynamics of the differences (e.g., willing to make adaptations to services and treatments, conducts organizational assessments on cultural competency, considers the value of having both bicultural and bilingual staff); and

## 6) Proficiency:

Conducts research with diverse clients, integrates specific cultural approaches into treatment or teaching (land-based, ho'oponopono); collects data to assess disparities; collects satisfaction surveys or clients, families, and staff; continuously looks at hiring practices, contractual arrangements, and diversity in leadership and staffing.

# End: Please Click Here to take Test

Questions? Feel free to contact Dr. Kimo Alameda, Office of Health Equity at adrkimo@cs.com or 1-808-630-1700.