

A Cultural Competency Education Initiative:  
**Advancing Quality Health Care for a  
Culturally Diverse Female Population**

Satellite Broadcast  
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## Evaluation

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## For Additional Information

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- Log on to our website:  
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## Learning Objectives

At the conclusion of this program, the attendee should be able to:

1. Define Culture
2. Explain the importance of becoming culturally competent.

Cont.

## Learning Objectives

Cont.

3. Describe the barriers and challenges ob-gyns may encounter during an office visit with a patient from a diverse cultural background.
4. Identify strategies to overcome barriers and challenges by effectively integrating principles of cultural competency in an ob-gyn practice to reduce racial and ethnic disparities in healthcare.

## What is Culture?

- An integrated pattern of behavior that includes thoughts, communication, languages, beliefs, values, practices, customs, rituals, courtesies, relationships and expected behaviors of a particular group.

Adapted from the National Center for Cultural Competence, 2001.

## Cultural Competency Refers To:

- A set of attitudes and skills necessary to work effectively with patients from diverse cultural or linguistic backgrounds
- The ability to respect your patients' cultural beliefs
- The ability to adapt your practice style to better serve patients from diverse cultural or linguistic backgrounds

Adapted from:

- Maternal and Child Health Bureau (MCHB). (1999) Guidance for SPRANS Grant, Health Resources and Services Administration, US Department of Health and Human Services.
- Cross T., Bazron, B., Dennis, K., & Isaacs, M. (1989). Towards A Culturally Competent System of Care. Volume I. Washington, D.C. Georgetown University Child Development Center, National Center for Cultural Competence.

## Why Become Culturally Competent?



## Rationale for Cultural Competency

- Growing accreditation interest—JCAHO
- Federal and State requirements (Title VI)
- Reach a wider patient population
- Reduce liability risk
- REDUCE racial and ethnic disparities in healthcare



## Unequal Treatment Report



## Unequal Treatment Report

### Findings:

- Racial and ethnic disparities in healthcare exist.
- Health care provider bias may contribute to disparities.
- When studies control for socioeconomic related factors, racial and ethnic disparities still exist.

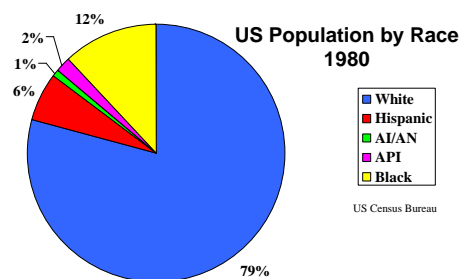
## Unequal Treatment Report

### Recommendations:

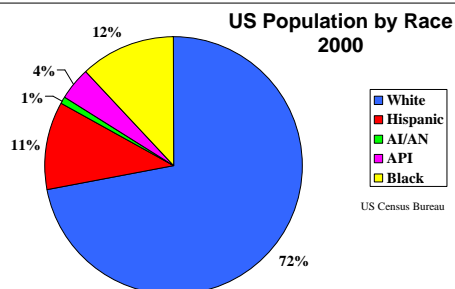
- Increase providers' awareness of healthcare disparities.
- Provide cultural competency training to providers.

Smedley, B. et. al. (2003). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*. Institute of Medicine. The National Academies Press: Washington, DC

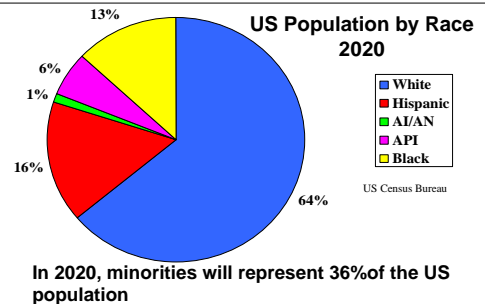
## Cultural Competency – Demographic Changes



## Cultural Competency – Demographic Changes



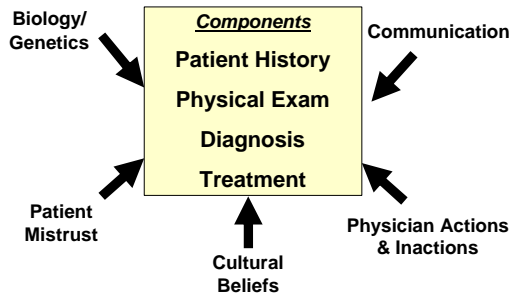
## Cultural Competency – Demographic Changes



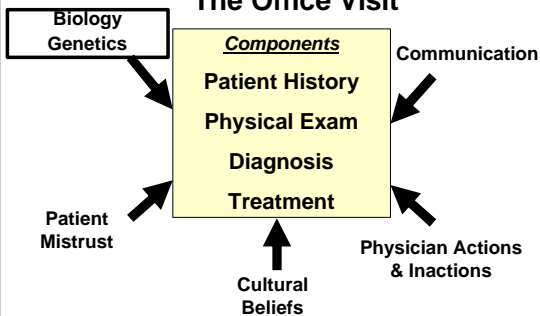
# Barriers and Challenges



## Barriers and Challenges: The Office Visit



## Barriers and Challenges: The Office Visit

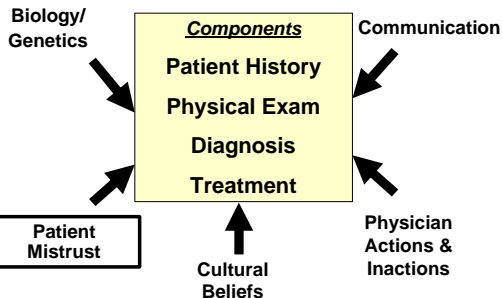


## Barriers: Biology/Genetics

- Disease prevalence and drug receptivity may be influenced by racial/ethnic heritage.
- Predisposition for Tay-Sachs among people of Jewish descent

Andrulis, D.P. (2003) "Reducing Racial and Ethnic Disparities in Disease Management to Improve Health Outcomes." *Journal of Disease Management and Health Outcomes*.1-31.

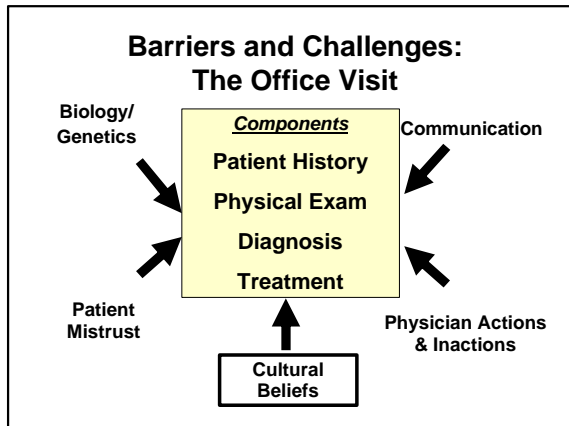
## Barriers and Challenges: The Office Visit



## Barriers: Patient Mistrust

- Legacy of distrust (Tuskegee experiment) may discourage minorities from seeking care.
- 30% of Hispanics and 35% of African Americans believe that racism is a major problem in health care compared to 16% of whites.

Smedley, B. et. al. (2003). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*. Institute of Medicine. The National Academies Press: Washington, DC



### Barriers: Cultural Beliefs

- Pregnancy, childbirth and even routine gynecological care are often entangled in complex cultural beliefs and traditions.


### Cultural Beliefs Case Study 1

- A 18 yr old Muslim woman presents to L&D in labor. There are only male residents and attendings working on this particular day. The husband refuses further treatment of his wife because he does not want a man to examine her. There are no female ob-gyns available and the patient requires a cesarean section.

### Cultural Beliefs Case Study 2

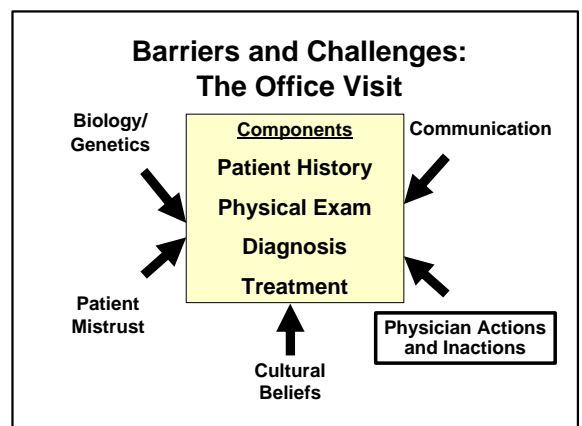
- 55 yr old Chinese woman is complaining of hot flashes and is taking herbal medicine for treatment, although MD doesn't know what is in the medicine.

Cont.



### Cultural Beliefs Case Study 2 Cont.

- Her history is significant for hypertension and a possible bleeding disorder.
- She insists on continuing to take her herbal medicine.
- MD gives up and notes in chart that patient does will not adhere to recommended treatment.



## Barriers: Physicians' Actions or Inactions

- When faced with uncertainty, clinical decisions may be influenced by physicians' conscious or unconscious perceptions of the patient based on his or her race, rather than on objective data.



Smedley, B. et. al. (2003). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*. Institute of Medicine. The National Academies Press: Washington, DC

## Physician Actions or Inactions: Case Study 3

- If a physician believes a patient is unlikely to adhere to a recommended treatment – the physician is less likely to spend time explaining why he's recommending the treatment.
- The patient, in turn, will likely not trust the physician and will respond by questioning him.

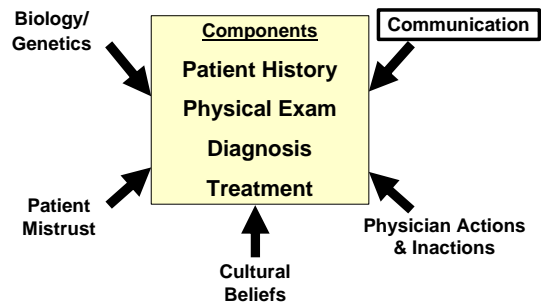
Cont.

## Physician Actions or Inactions: Case Study 3 Cont.

- The physician may believe the patient is acting in a non-compliant way, which reinforces his stereotype.
- However, it was really the physician's actions that caused the patient to respond in a non-complying way.

Smedley, B. et. al. (2003). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*. Institute of Medicine. The National Academies Press: Washington, DC

## Barriers and Challenges: The Office Visit



## Barriers: Communication

Communication barriers can affect physicians' ability to learn patients' cultural beliefs!

- **Health Literacy Barriers:**
  - 48% of Americans struggle with low health literacy<sup>1</sup>
- **Language Barriers:**
  - Increases medical errors, misdiagnosis, over-testing and poor compliance

1. AMA Foundation, American Medical Association. (June 7, 2003). [www.ama-assn.org/pub/category/print/9541.html](http://www.ama-assn.org/pub/category/print/9541.html)

## Barriers: Communication



Treating a patient without being able to communicate with them can be characterized as the practice of veterinary medicine.

"In the Right Words: Addressing Language and Culture in Providing Health Care." (August 2003). Grantmakers In Health. San Francisco, CA.

## Communication

### Case Study 4

- 35 yr old Spanish speaking woman presents complaining of vaginal discharge and is accompanied by her 9 yr old daughter.
- No sexual history obtained because of child's role as interpreter.
- Physician examines patient despite no history and diagnoses Chlamydia.

Cont.

## Communication

### Case Study 4 Cont.

- Using the child to interpret, physician tries to explain the problem, how to take medication and the need for patient's husband to take medication too.
- Woman returns with her daughter several months later presenting with the same symptoms.

## How to Overcome Barriers and Challenges



## Overcoming Barriers and Challenges

1. Evaluate yourself and the culture of medicine
2. Provide a safe environment
3. Don't stereotype
4. Elicit patients' perspective of illness

## Overcoming Barriers and Challenges

5. Learn patients' cultural beliefs
6. Learn to negotiate treatment
7. Be aware of non-verbal communication
8. Bridge language barriers
9. Engage communities

## Evaluate Your Culture of Medicine

### Assumptions:

- Patients will adhere to physician instructions
- Patients will share a common language with physician

Cont.



## Evaluate Your Culture of Medicine

### Assumptions:

Cont.

- No time to foster communication (15-20 minute visits)
- Patients will adapt to the system

DelVecchio, M. et al. "Culture of Medicine and Racial, Ethnic, and Class Disparities in Healthcare." included in Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, Institute of Medicine: Washington D.C. pgs 594-625.

## Provide a Safe Environment

- Focus on building trust
- Patient should know:
  - You will LISTEN to her
  - You will respect her views



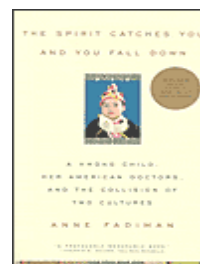
## DON'T STEREOTYPE!



## Elicit Patients' Perspective of Illness

- "What do you think is going on?"
- "What do you call your sickness and what caused it?"

Kleinman, A. (1980). Patients and Healers in Context of Culture. Berkeley, CA: University of California Press.



## Learn Patients' Cultural Beliefs

- "Who makes medical decisions in your family?"
- "What type of medicine do you use to care for your illnesses and keep you healthy?"
- "Do you have any special rituals or blessings when someone is sick, or when someone gives birth?"

Andrulis, D.P. (2003) "Reducing Racial and Ethnic Disparities in Disease Management to Improve Health Outcomes." *Journal of Disease Management and Health Outcomes*, 1:31.

## Learn Patients' Cultural Beliefs Case Study 5

- Somali woman, second pregnancy, first was c-section. She decided to try VBAC.
- During labor fetus was in distress, doctors wanted to do a c-section, but parents refused.

Cont.

## Learn Patients' Cultural Beliefs Case Study 5 Cont.

- Upon further conversations, doctors learned that the "chief" of the couple's village in Africa was the only person who could consent to surgery.
- Doctors were able to reach the chief through the use of interpreters and the baby was delivered by c-section.

Beckmann, C, and Dysart, D. (December 2000). "The Challenge of Multicultural Medical Care." Contemporary OB/GYN, 12-33.

## Learn to Negotiate Treatment

- Behavior change is understood as a process of identifiable stages through which patients pass
  - Precontemplation Stage
  - Contemplation Stage
  - Preparation Stage
  - Action Stage



## Learn to Negotiate Treatment

- Spend time with your patient to learn her individual cultural beliefs and the barriers and challenges she faces to making a change.
- Integrate the cultural information you received from the patient to recommend interventions that are appropriate, and realistic for the patient.

## Learn to Negotiate Treatment

- Involve the patient in medical decisions to the extent that she desires
  - Ask the patient to identify the problems with your recommended treatment
  - Work together to find practical solutions.

## Be Aware of Non-Verbal Communication

- Follow patient's lead
- Do not use hand and arm gestures
- Be careful in interpreting facial expressions
- Don't force patient to make eye contact with you

Adapted from the Provider's Guide to Quality & Culture. Non-verbal Communication. <http://erc.msh.org/quality&culture>

## Bridge Language Barriers



## Bridge Language Barriers

- **Trained Medical Interpreters**
- Use phone-based services
  - Language Line visit  
[www.language.com](http://www.language.com)
- Translate patient forms and signs
- Provide bilingual phrase sheets

## Bridge Language Barriers

### **Working Effectively with Trained Interpreters**

- Clarify roles with interpreter
- Introduce interpreter to patient and explain role
- Make eye contact with patient NOT interpreter

## Bridge Language Barriers

### **Working Effectively with Trained Interpreters**

- Use short, precise questions
- Avoid medical jargon
- Review information to be sure nothing was missed

## Bridge Language Barriers

### Try NOT to:

- Use family members as interpreters, especially children
- Use “ad hoc” untrained interpreters
- Overburden bilingual staff members

## Engage Communities

- Establish partnerships and relationships with leaders in the community.
- Community leaders can provide you with ideas about how to achieve cultural competence in the community.

## Engage Communities

- To identify these leaders, look to the following organizations for assistance:
  - Local government
  - Church leaders
  - Local business owners
  - Local Department of Health or Social Services
  - Disease specific organizations that focus on minority health

## Engage Communities

- Find ways to provide important health information in a patient's own community
- For example, put health care information in local hair salons, faith institutions, or grocery stores



## It May Seem Like Climbing Mt. Everest



## Your Journey Toward Cultural Competency

- Assess needs of the patient population
  - Contact community leaders to learn about the problems facing patients
- Assess your organizational capabilities
  - What can you do now and in the future to improve quality health care?
- Work with the community and your staff to identify solutions
  - Think creatively

**Thank you!**

Contact ACOG District II/NY at  
**info@ny.acog.org**



## Evaluation

<http://www.albany.edu/sph/coned/acog.htm>