HIV Health Literacy Program (HHLP)

and the

Center on HIV and Aging

@

ACRIA

(AIDS Community Research Initiative of America)

Foreword

- This presentation is intended as an introduction to cultural competence
- The goal is to reduce prejudice and improve patient care; not the opposite
- **These do not apply for every person of a certain culture; but may be seen in 1st generation immigrants and/or Older Adults patients**
- Major groups addressed here are consistent with HIV epidemiology.

Modular Objectives

By the end of the module, participants will be able to:

- Define cultural competence
- Understand how culture affects access to care
- Understand how power and privilege affect access to care and treatment management

Examining Assumptions

- Review the following three slides and see of you can identify the race, ethnicity, or religion of the older adult depicted.

What culture/religion?

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Older Adults

- Traditional remedies instead of “what the doctor ordered”
- Remedies may remind them of the “good old days” when doctors made house calls
- Medication
  - Abuse
  - Misuse
- Alcoholism
- Suicide

Older Adults

- General & Medications (2004)
  - 12% of population
  - 35% of prescription drug purchases
  - 40% of non-prescription drug purchases
- More than 80% of the Older Adults take at least 1 prescription medication
- Drug Sensitivity
  - 15% of Older Adults have reaction vs. 6% of younger population

Older Adults

- Medications
  - Sharing/Hoarding medication
  - Self-medicating
  - Improper drug storage
  - Misunderstanding drug purpose/dosage
  - Duplicate medications
- Alcohol Abuse
  - Approx. 15% of the older population have serious alcohol problems
    - May be as high as 40%
  - Problem often hidden due to retirement
  - Drug/alcohol reactions

Older Adults

- Depression
  - Highest suicide risk group is white males over 65 years old
  - 25% reported suicides (12% of pop.)
  - Loss of spouse
    - "Life's #1 most stressful event"
  - Biological, psychological, and sociocultural changes contribute
    - Loss of friends, money, boredom

Pain Related Considerations

- Groups that may not report pain
  - African American
  - Indian
  - Asian
  - Irish
  - Native American
  - Older Adults, decreased pain sensation
- Groups that may openly express pain
  - Italian
  - Jewish

Challenges

How do we as professionals work with individuals from diverse cultures and with perspectives different from our own?

CULTURE

- a health determinant

  - attitudes of the predominant culture influence the well being of other cultural groups:

    - marginalization
    - stigmatization
    - loss or devaluation of language
    - lack of access to culturally appropriate health care services

- Public Health Agency of Ca

Alzheimer Society
MANITOBA
Serving People with Dementia

HEALTH

- 'a state of complete physical, mental, and social well-being and not merely the absence of disease, or infirmity'

  - World Health Organization

- healthy aging

  - 'a lifelong process of optimizing opportunities for improving and preserving health and physical, social and mental wellness, independence, quality of life and enhancing successful life-course transitions'

  - Health Canada

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What is Culture?

The shared values, traditions, norms, customs, arts, history, folklore, and institutions of a group of people.

CULTURE IS CRITICAL TO ENHANCING THE EFFECTIVENESS OF PREVENTION EFFORTS

- **Culture is not just a word; it is a process by which ordinary activities acquire emotional and moral meaning for participants.** (unknown)
- Culture and values significantly influence our views of health and well-being. Culture and language have considerable impact on how patients access and respond to health care services. Culture gives meaning to health communication. Health literacy must be understood and addressed in the context of culture and language.

CULTURE IS CRITICAL TO ENHANCING THE EFFECTIVENESS OF PREVENTION EFFORTS

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- It is crucial to note that culture is not static for individuals or for societies. This dynamic principle of culture is referred to as "cultural processes" when groups are discussed, and "lived experiences" in the case of individuals.
  - Individuals are shaped by their life experiences and are exposed to multiple cultures. Their behavior may reflect an amalgam of this "experiential identity" (IOM, 2002).

- For example, the experiential identity of immigrants includes their experience with the health systems from their country of origin as well as their immigrant experience.
  - This experiential identity will incorporate new experiences with the American health system.

Why Consider Culture?

- Helps us to understand the values, attitudes and behaviors of others
- Helps us to avoid stereotypes and biases that can undermine our efforts
- Plays a critical role in the development and delivery of services that are responsive to the needs of the recipient

Factors that Influence Culture

- Age
- Gender
- Geography
- Socio-economic status
- Race and ethnicity
- Linguistic affinity
- Educational attainment
- Individual experiences
- Place of birth
- Length of residency in the U.S.

Cultural competence can help to better meet the needs of diverse aging populations.

Definition of Cultural Competence

Cultural competence is a set of cultural behaviors and attitudes integrated into the practice methods of a system, agency, or its professionals, that enables them to work effectively in cross cultural situations.

Two Dimensions of Cultural Competence

Surface Structure: Use people, places, language, music, food, and clothing familiar to and preferred by the target audience.

Deep Structure: Involves sociodemographic and racial/ethnic population differences and the influence of ethnic, cultural, social, environmental and historical factors on behaviors.

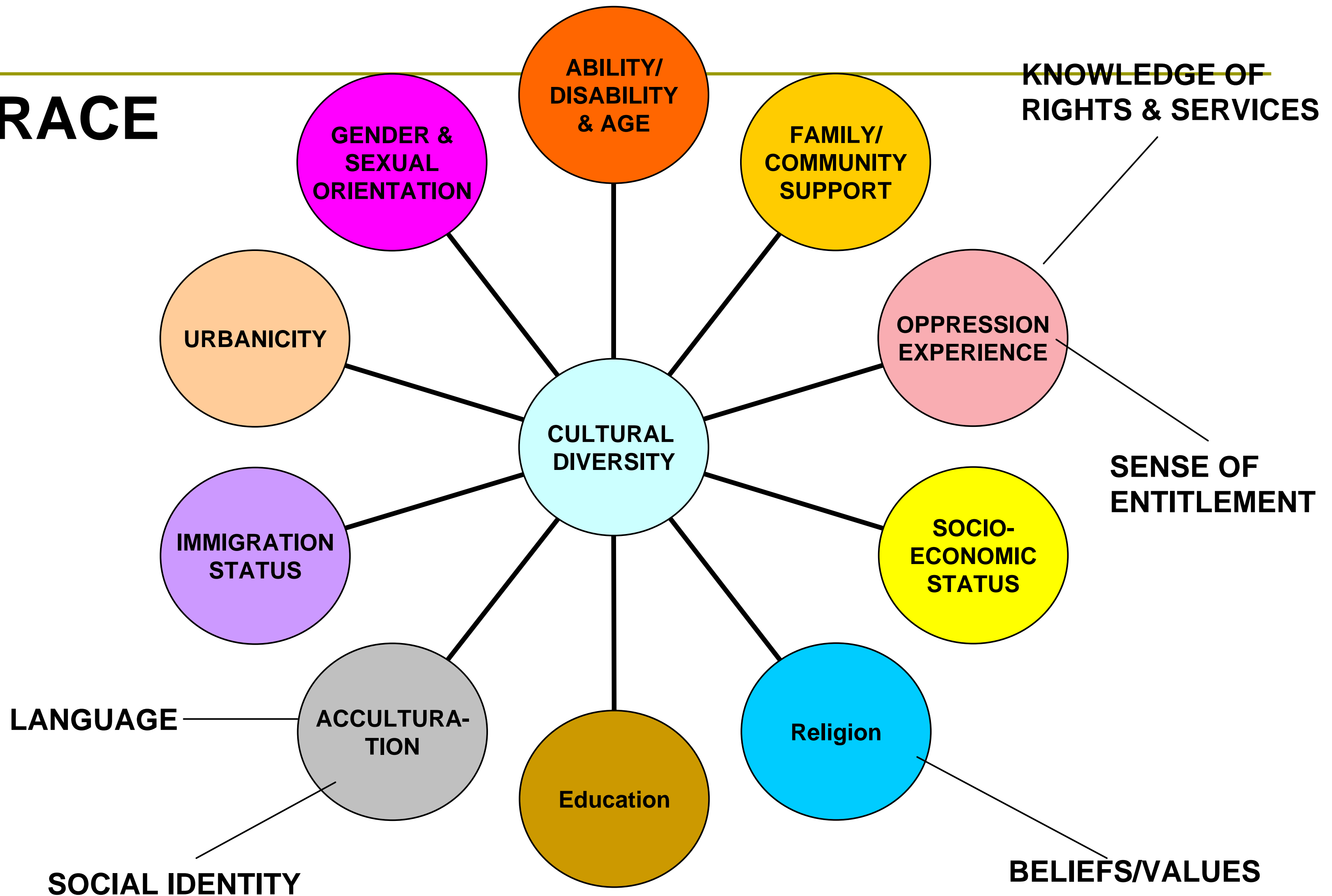
Culture is Critical To Enhancing The Effectiveness of Prevention Efforts

- Culturally concordant (competent/literate with regards to class, race, age, gender and sexuality) intervention/prevention strategies begin with a consideration for the role of culture in promoting and maintaining the target behavior. Cultural competence also address the question of who is qualified or competent to provide/direct the intervention.
- This begins with an analysis of ones own culture and biases toward the cultures of others

The Meaning of Culture Definitions

- Herskovits (1948) culture comprises the **“man made part of the environment.”**
- Thus it entails not only the material man-made objects such as houses, methods of transportation, and implements, but also encompasses social institutions, such as marriage, employment, education, and retirement, each of them regulated by a host of laws, norms, and rules.

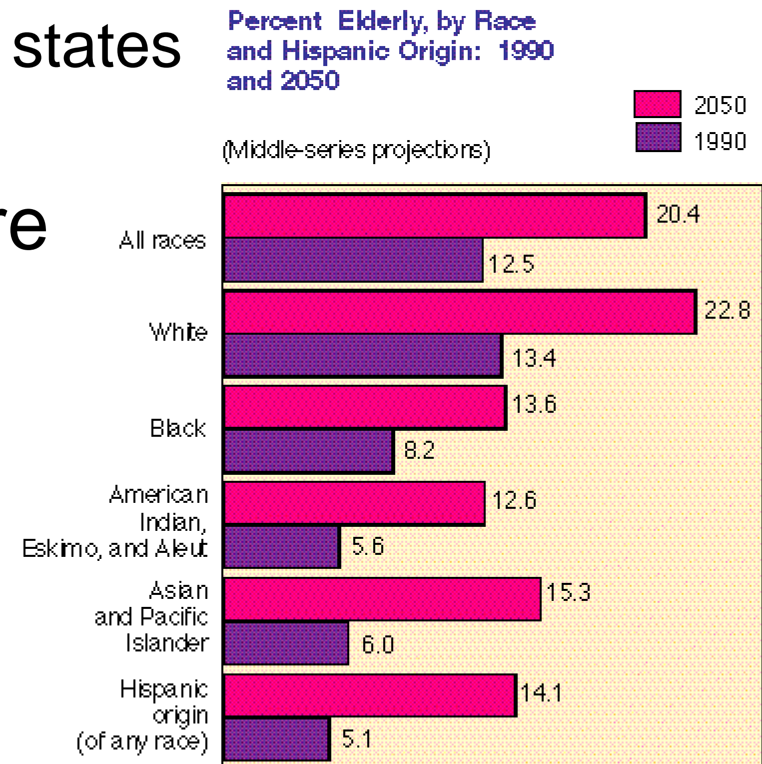
FACTORS THAT IMPACT CULTURAL DIVERSITY



Working with Hispanic/Latino Older Adults

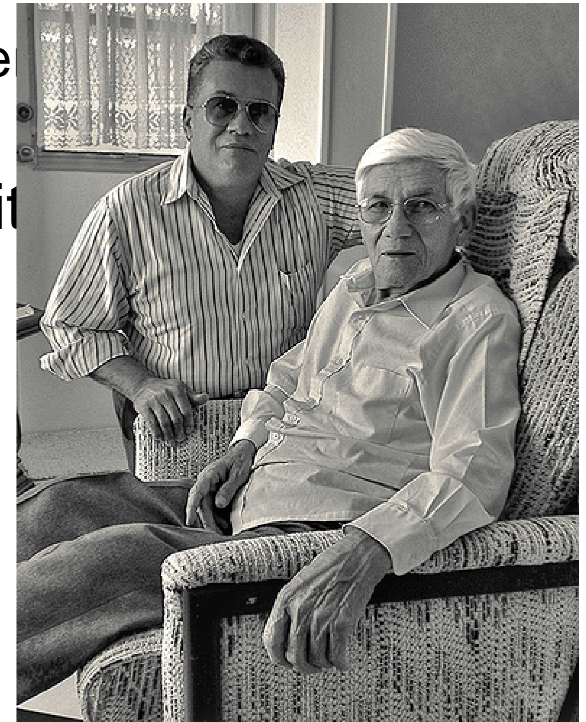
Overview

- Latinos represent largest minority population in the U.S.
  - Growth demonstrated in border states
  - Growth demonstrated in rural states
    - 700% - 1,200% increase
- Diversity within Latino culture



Language and Religion

- Primary language is Spanish
- Dialects may vary by:
  - Ethnicity, Country, Region
- Use of terms:
  - Latino – Latin America, Western hemisphe
  - Hispanic – of Spanish-speaking origin
- Religious practices primarily Christianit
  - Catholicism
  - Traditional Beliefs



Family and Social Structure

- Strong tradition of family and extended family
- Tremendous family support
- Identified roles within family by age and gender
- Emphasis on pride, self-respect, and family honor
- Great value of children

Older Adults

- Should be treated with honor and respect
- Age is valued
- Elders appreciated for their knowledge and wisdom
- Elders may be somewhat reserved upon first contact

Older Adults

- Helpful to offer a word or phrase in the native language
- Important to clearly explain the purpose of the visit, presentation, or program
- Good to review discussion information often, to ensure clear communication

Communication Style

- Generally warm, hospitable, and expressive
- Use humor, expression, touching, and emotion in communication
- Tend to have closer body spacing and make eye contact with others
- Face-to-face interactions and family connections valued
- Marketing and referrals are made most effectively by word-of-mouth

Barriers to Care and Common Health Conditions

- Barriers:
  - Money
  - Language
  - Transportation
  - Un- & Under-insured
  - Difficulty accessing health facilities
- Health Conditions:
  - Diabetes
  - Occupational Injuries
  - Dental Care
  - Acculturation Stress
  - Maternal-Child Health

Bereavement

- Practices vary by custom and culture
- Catholic practices
  - Priest is notified if a patient has died or is very ill
  - Priest offers prayers for healing and performs "last rights" on the dying patient
  - Many parishes have Spanish speaking priests

Bereavement

- Funerals are held for the deceased
- Large gatherings of family and friends are common at funerals
- Grief is openly displayed
- Many Latino cultures remember and honor the souls of the dead (i.e. dia de los muertos)

Traditional Health Practices

- Many individuals, including Older Adultss practice traditional medicine methods
  - Herbal healing, energy balancing rituals, harmonizing illness through hot and cold foods
- Curanderos - traditional healers in Mexican culture
- Many Latinos, especially Older Adultss, may want to combine traditional health practices with Western medicine

Working with
African American Older Adults

Overview

- African Americans experienced a unique history, which has profoundly affected their socio-economic and health status
- African Americans were the only major ethnic group that came to the Western Hemisphere against their will

Overview

- Implications of historical events on the health status and use of services among African Americans

Language and Religion

- Majority of African Americans speak English as their native language
- Subtle dialects are common
  - Urban, inner city, or rural Southern communities
- Majority practice Christianity
- Increasing number of Black Muslims

Family and Social Structure

- Family is the foundation of African American society
- Family revolves around the mother, her elders, her siblings, and children
- In general, families are large and caring
- Black women are recognized for their strength and nurturing
- Increasing number of Black women in the workforce
- Expanding middle class

Family and Social Structure

- Often Black communities are organized around neighborhood associations or local churches
- Effective outreach programming should be coordinated with the leaders of these groups

Older Adults

- Highly respected members of the family
- Often heavily influence decisions made within the extended family
- May serve as primary caretaker for grandchildren
- Most likely family will take care of ill relatives and friends at home

Communication Style

- Openly expressive
- Display:
  - Direct eye contact
  - Close body spacing
  - Higher levels of physical touch
  - Often open expression of emotion
- Ask questions and share opinions more openly
- During programming, provide ample opportunity for discussion, problem solving, and hands-on learning

Barriers to Care and Common Health Conditions

- Barriers:
  - Cost of services
  - Mistrust within the traditional health care system
- Health Conditions:
  - As a group, health status is among the worst in the nation
  - Forms of discrimination likely contribute to higher levels of stress, which can negatively effect health status

Barriers to Care and Common Health Conditions

- Poor health status is due to:
  - Genetics
  - High poverty and unemployment levels
  - Low levels of education and literacy
  - Institutional racism
  - Single parent families
  - Limited financial and cultural access to health care
  - Lifestyle factors

Barriers to Care and Common Health Conditions

- African Americans are disproportionately represented on federal and state assistance programs
- Slower to access health care services
- Much higher morbidity and mortality rates
- Common health concerns:
  - Hypertension
  - Diabetes
  - Breast cancer
  - Unintentional and intentional injuries

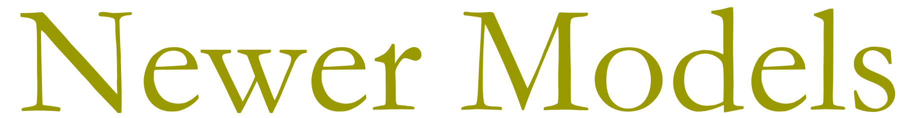
Bereavement

- In general, Christian rituals are followed
- Large numbers of family and friends, particularly women, will likely visit the ill or deceased

Traditional Health Practices

- Differing health beliefs and attitudes about various medical conditions
- External locus of control
- Belief in a higher sense of fate and destiny
- Faith and spirituality are sources of strength
- Respect for the traditional health practices and knowledge

Rohner (1984) defined culture as **"an organized system of meanings which members of that culture attribute to the persons and objects which make up the culture."** This definition implies that the concept of culture should be restricted to what things mean to a group of people.



Innovative approaches to reaching older adults – racial/ethnic and sexual minorities

Working Definition of Culture - Saafir *(2000)*

- Culture represents the sum of all behaviors that are effective in adapting to ones environment.
- **Culture is a reciprocal dynamic process that influences behavior through the reinforcement of normative behaviors (i.e. those that are valued by the cultural group in the process of adaptation). It both guides the process of adaptation and evolves from the process.**

Three Dimensional Process Model of Cultural Competence

Three Dimensional Process Model of Cultural Competence

Dimension I-Awareness

- Information about the environment
- Knowledge of the people who inhabit the environment
- Historical Knowledge regarding issues affecting the group
- Knowledge of the unique beliefs, behaviors, and Attitudes of the group

- Personal awareness (i.e. own biases)
- Awareness of own culture
- Awareness of cross-cultural issues

Dimension II-Sensitivity

- Caring about the people and the issues that affect their ability to adapt
- Being non-judgmental

Dimension III-Competence

- Possess the ability to implement interventions that are responsive to the unique cultural norms and expectations of the group
- Knowledge, skills, and abilities include:
  - Language and the ability to communicate effectively
  - Skills in formulating interventions in ways that are specific to the culture
  - An understanding of how the culture defines maladaptive behavior

CULTURAL IDENTITY THEORY AS A FRAMEWORK FOR STRUCTURING INTERVENTIONS

Five Stages of Cultural Identity Theory (Ivy & Payton, 1994)

- Naivete'
  - The nature of the problem is unknown or may not be as it appears
- Acceptance
  - Openness to alternative conceptualizations of the problem. Explore reasons for the current behavior
- Naming and Resistance
  - Identify and label the behaviors, situations, and circumstances related to the problem

- Redefinition and Reflection
  - View self and problem within the broader sociocultural context
- Multi-perspective Integration
  - Expanded view of self and involvement in social, cultural, and political activities. Integration of earlier stages into action

MULTICULTURAL COUNSELING THEORY

- Relationship between the provider and client (individual, group, community) is collaborative
- The development of self knowledge within sociocultural context is imperative
- The development of critical consciousness is crucial
- Personal and sociocultural transformation is required in order to sustain behavior change

MCT VS. BEHAVIORAL SCIENCE IN PLANNING INTRVENBTIONS

Behavioral Science checklist for planning

- Who is being targeted?
- What is your proposed intervention?
- Where is the intervention being delivred?
- How is the intervention being delivered?

Multicultural Theory Questions for planning

- What cultural factors might be functional in promoting and/or maintaining the problem behavior?
- What is the cultural identity of the target population

- What types of culturally specific interventions are available to address the identified problem(s)?
- Were current interventions validated with the target population?

- Are there cultural beliefs and attitudes that might weaken or undermine the effectiveness of proposed interventions?
- Are there sociopolitical issues that need to be addressed in order to effectively deliver the proposed intervention

How to Practice/Apply Cultural Competence

- Be Willing to examine institutional biases of services.
- Being open and accept consumers from other culture(s).
- Willing to use non-traditional interventions or change procedures to fit individual needs.
- Being an active participant in other cultural events
- Willing to challenge racist practices, discrimination and oppression

Cultural Blind-Spots of the Mental Health System

- Ideologies that perpetuate power imbalances.
- Explanations of outcomes grounded in institutional racism.
- Accommodation that fit culturally diverse consumers.
- Insufficient research to determine best practice (EBPs) for specific cultural groups.
- Institutional barriers to diversifying the workforce.

Conclusions

- Do not assume that people can be categorized, by virtue of race, culture, and ethnicity.
- Do not place people into culturally specific boxes nor label them by virtue of culture and race.

Conclusions (continued)

- You must have a critical awareness of your own culture and how it affects your interactions with others.
- Cultural competence can be realized through lived experience.

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WORKING DEFINITION OF CULTURE SAAFIR (2000)

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- It both guides the process of adaptation and evolves from the process.

Resources

- Center for Capacity Building on Minorities with Disabilities Research Website: www.uic.edu/orgs/empower
- Sankofa Organization of Illinois Website: www.sankofaillinois.org

Conclusion

- Information in this presentation is a general overview; Recognize individuality
- Important to learn more in-depth information about specific groups within each cultural community
- Cultural mistakes are inevitable and are a part of learning
- Cultural competency skills require time, patience, and genuine interest to learn

Tips

- Begin by being formal
  - Use last names
- Do not be insulted if the patient does not look you in the eye or ask questions about the treatment
- Do not make assumptions about how they practice medicine
- Allow the patient to be open and honest
  - They might not want to say they visited a folk-healer

Tips

- Involve their family if they want
- Restrain yourself from telling bad news
  - “The need to know” is a unique American trait
- If possible and if not specifically contraindicated, try to involve their folk medical belief

References

- James Lamberg, University of Minnesota EMS

Thank You!

For more information on this presentation, please contact:

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