



CULTURE, A DETERMINANT OF HEALTH!

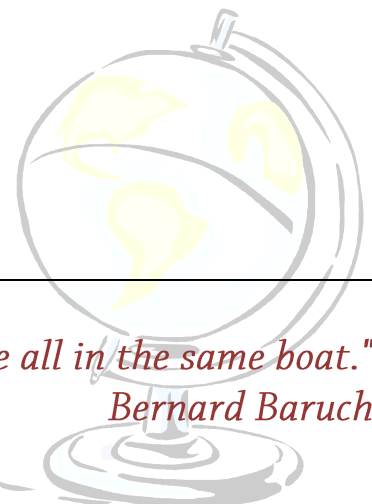
MAY 29, 2017

ARC NAVIGATORS PROGRAM

OUTLINE FOR THE SESSION

15:00-17:00

- The Case for Cultural Competence
 - Demographics
 - Health & Social Disparities
 - Legalities
 - Ethical & Moral Dilemmas
- Definitions
- Theories and Worldviews
- Misconceptions and Myths
- Reframing Health Equity
- Crossing the Cultural Gap



*"We did not all come over on the same ship, but we are all in the same boat."
Bernard Baruch*

GETTING STARTED**Personal Objectives for the session:**

Please write down what you hope to gain from this session. We will revisit this at the end.

SESSION OBJECTIVES

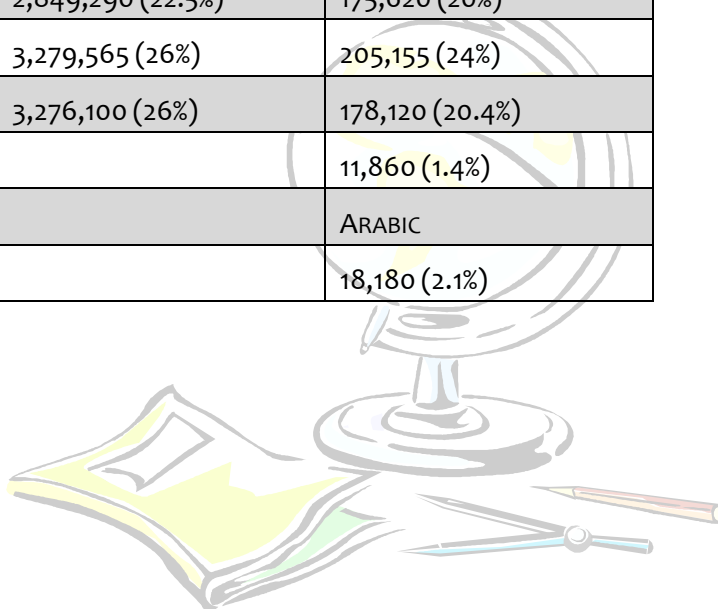
1. Define culture and cultural competency.
2. Identify personal beliefs and values and how these may influence the delivery of health care and navigation services.
3. Describe how culture influences access to primary health care.
4. Describe how cultural competency is a key component of a person-centred approach to working effectively with diverse patients.

**THE CASE FOR CULTURAL
COMPETENCE**

1. Demographics
2. Health Disparities
3. Legislation
4. Ethical Dilemmas

STATISTICS CANADA CENSUS 2011 PROFILES

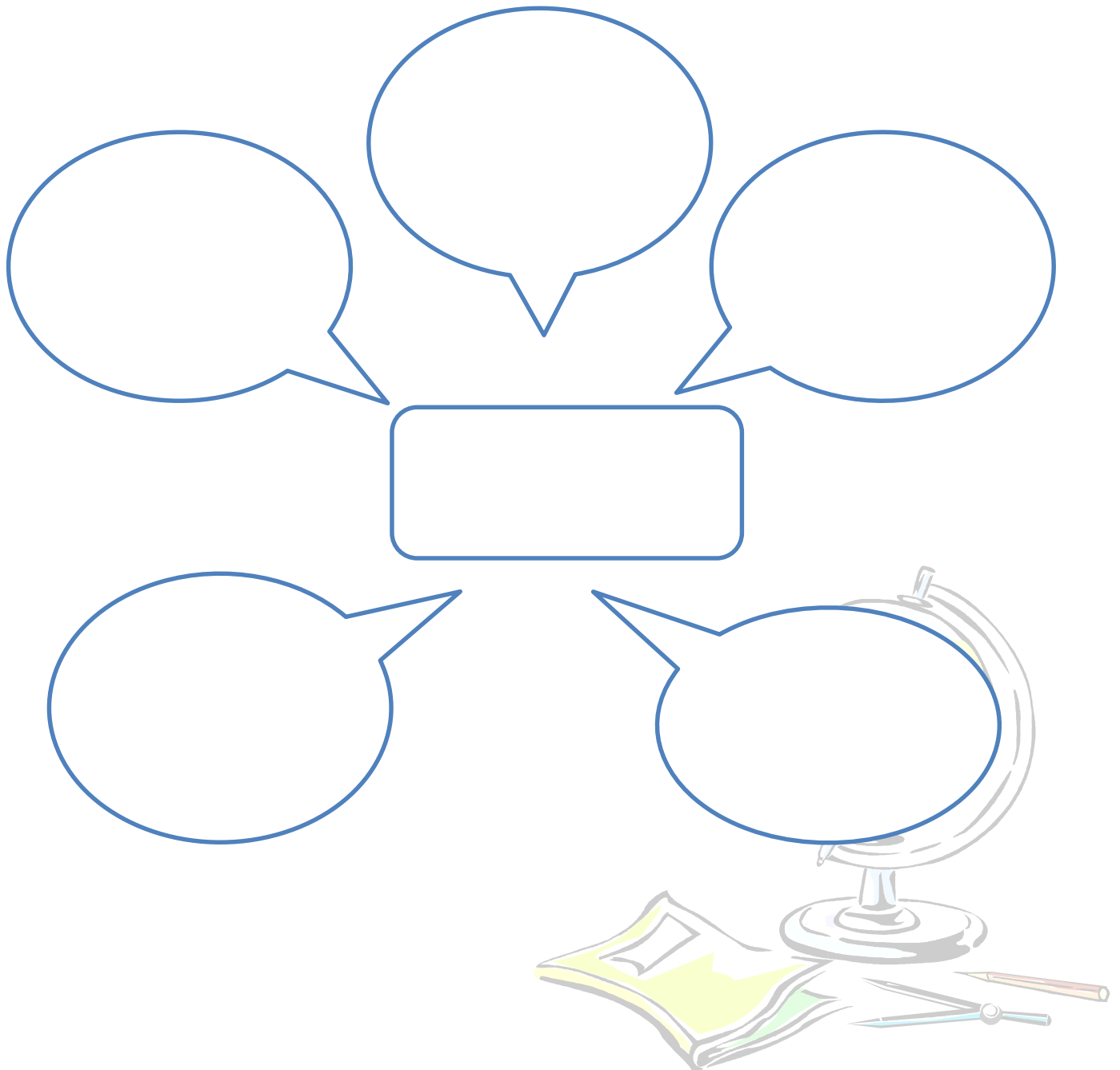
AREA	CANADA	ONTARIO	OTTAWA
POPULATION	32,852,320	12,651,790	867,090
1 ST GENERATION	7,217,300 (22%)	3,779,630 (30%)	219,980 (25%)
2 ND GENERATION	5,702,725 (17%)	2,849,290 (22.5%)	175,620 (20%)
VISIBLE MINORITY		3,279,565 (26%)	205,155 (24%)
LANGUAGE (OTHER)		3,276,100 (26%)	178,120 (20.4%)
LANGUAGE (NEITHER)			11,860 (1.4%)
FIRST LANGUAGE			ARABIC
ABORIGINAL POPULATION			18,180 (2.1%)



CULTURAL DIVERSITY IN HEALTH CARE

Personal Awareness

- Use one word in the middle to identify **your culture**.
- Use the bubbles to **describe** it.



DEFINITION

- **CULTURE** has been characterized as a way of life, a way of viewing things and how one communicates. It provides an individual with a way of viewing the world, as a starting point for interacting with others. It is all encompassing and reflects the assumptions individuals make in everyday life.
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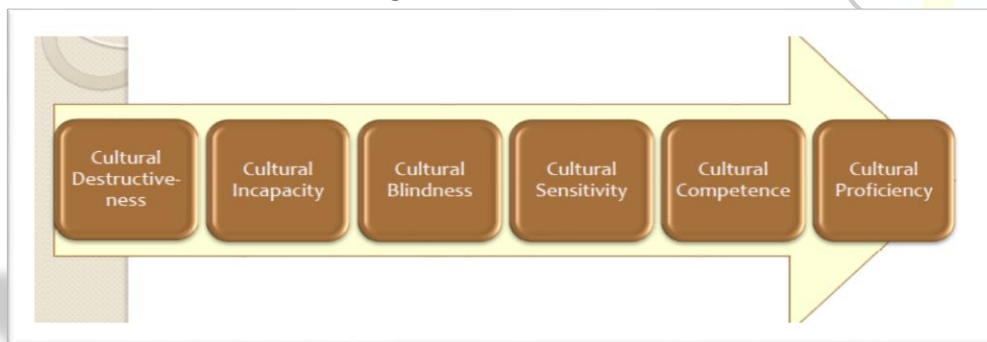
THEORIES AND WORLDVIEWS

Cultural Phenomena (Giger & Davidhizar, 1999)

- Communication
- Space
- Social Organization
- Time
- Environmental Control
- Biological Variations

Cultural Competence Continuum (Cross, 2001)

- Cultural destructiveness acknowledges only one way of being and purposefully denies or outlaws any other cultural approaches.
- Cultural incapacity supports the concept of separate but equal; marked by an inability to deal personally with multiple approaches but a willingness to accept their existence elsewhere.
- Cultural blindness fosters an assumption that people are all basically alike, so what works with members of one culture should work within all other cultures.
- Cultural pre-competence encourages learning and understanding of new ideas and solutions to improve performance or services.
- Cultural competence involves actively seeking advice and consultation and a commitment to incorporating new knowledge and experiences into a wider range of practice.
- Cultural proficiency involves holding cultural differences and diversity in the highest esteem, pro-activity regarding cultural differences, and promotion of improved cultural relations among diverse groups.



CULTURAL COMPETENCE

- **CULTURAL COMPETENCY** is a set of skills, knowledge and attitudes, which enhance a clinician's:



- **awareness of one's own** assumptions and value system in addition to those of the Canadian medical system.
- **understanding of and respect** for patients' values, beliefs, attitudes and expectations.
- **ability to adapt care** to be congruent with the patient's expectations and preference.

WORLDVIEWS

Individual Cultures:

- Self is separate, unique individual; should be independent, self-sufficient
- Individual should take care of him/herself and immediate family
- Many flexible group memberships; friends based on shared interests and activities
- Reward for individual achievement and initiative; individual decisions encouraged; individual credit and blame assigned
- High value on autonomy, change, youth, individual security, equality

Collectivistic Cultures:

- People belong to extended families or in-groups; "we" or group orientation
- Person should take care of extended family before self
- Emphasis on belonging to a very few permanent in-groups which have a strong influence over the person
- Reward for contribution to group goals and well-being; cooperation with in-group members; group decisions valued; credit and blame shared
- High value on duty, order, tradition, age, group security, status, and hierarchy.

MISCONCEPTIONS & MYTHS

1. The myth of Equality
2. The Myth of Sameness
3. Cultural Differences are a problem
4. Everything must be acceptable
5. Generalizations are unacceptable
6. Familiarity equals competence

CULTURE!!

“Some persons or groups may face additional health risks due to a socio-economic environment, which is largely determined by dominant cultural values that contribute to the perpetuation of conditions such as marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services.”

(PHAC, 2013)

HEALTH INEQUITY

Health Inequities are differences in health which are **Systematic** and, not only unnecessary and **avoidable**, but are also considered **unfair and unjust**.

STRATEGIES – CULTURAL CARE


CROSSING THE CULTURAL GAP

Start with:

- Cultural Desire
- Cultural Humility

Cultural Care Competence

- Acceptance / Preservation
- Accommodation / Negotiation
- Reframing / Re-patterning



The **Platinum** Rule:
Treat others the way **THEY**
want to be treated.

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