

CMA FOUNDATION CULTURAL COMPETENCE & OBESITY PREVENTION

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CMA FOUNDATION BOARD
OBESITY PREVENTION PROJECT
SEPTEMBER 27, 2008
OAKLAND, CA**

OBJECTIVES

- **RECOGNIZE BARRIERS TO GOOD COMMUNICATIONS AND CHOOSE GOOD TECHNIQUES TO OVERCOME THESE BARRIERS**
- **DEVELOP INTERPERSONAL COMMUNICATION SKILLS TO BUILD TRUST WITH PATIENTS**

CULTURAL COMPETENCE

**CULTURAL COMPETENCE NOW MAINSTREAM
MEDICINE: RESPONDING TO INCREASING
DIVERSITY AND CHANGING
DEMOGRAPHICS.**

POSTGRAD MED 2004;116(6):51-3

THE WHAT AND THE WHY

CULTURE

- **THE INTEGRATED PATTERN OF HUMAN KNOWLEDGE, BELIEF, AND BEHAVIOR THAT DEPENDS UPON MAN'S CAPACITY FOR LEARNING AND TRANSMITTING KNOWLEDGE TO SUCCEEDING GENERATIONS**
- **SHARED SYSTEM OF VALUES, BELIEFS, ATTITUDES, AND LEARNED BEHAVIORS**

CULTURAL COMPETENCE

- **INSTITUTE OF MEDICINE: RACIAL AND ETHNIC MINORITY PATIENTS RECEIVE INFERIOR HEALTHCARE, EVEN WHEN INCOME AND INSURANCE STATUS ARE THE SAME AS THOSE OF WHITE PATIENTS**
- **SUBTLE, UNCONSCIOUS PREJUDICES LEAD TO SOME INEQUITABLE DECISIONS**
- **UNINTENTIONAL STEREOTYPING, BIASES, LANGUAGE ACCESS BARRIERS**

WHY FOCUS ON CULTURAL COMPETENCE?

- **POOR HEALTH STATUS: POVERTY AND ENVIRONMENTAL FACTORS**
 - EDUCATION, INCOME
 - SOCIAL, PHYSICAL, BIOLOGICAL
 - ECONOMIC, POLITICAL
 - RACIAL, ETHNIC DISPARITIES IN QUALITY OF HEALTHCARE
- **UNCONSCIOUS BIAS, STEREOTYPING, LACK OF CULTURAL COMPETENCE MAY BE THE MOST DIRECTLY REMEDIABLE**

U.S. POPULATION 2008 2050

• WHITE	66%	46%
• HISPANIC/LATINO	15%	30%
• AFRICAN AMERICAN	14%	15%
• ASIAN AMERICAN	5.1%	9.2%
• AMERICAN INDIAN	1.6%	2%
• TOTAL	300M	439M

US CENSUS BUREAU, AUG 14, 2008

MINORITY MAJORITY

- **US POPULATION IS MORE LIKE A SALAD BOWL THAN A MELTING POT**
- **THEN VS. NOW**
 - **NO LONGER FEEL COMPELLED TO EMULATE WHITE, MIDDLE CLASS CULTURE**
 - **MAINTAINING THEIR CULTURAL UNIQUENESS AND INDIVIDUALITY**

CULTURAL COMPETENCE

- **THE ABILITY TO UNDERSTAND AND RESPOND EFFECTIVELY TO THE CULTURAL AND LANGUAGE NEEDS OF PATIENTS**
- **IMPLIED IS THE ACCEPTANCE AND TOLERANCE OF DIVERSITY**
- **ABSENCE OF PREJUDICE AGAINST UNFAMILIAR CULTURES**
- ***REFLECTED IN ONE'S MULTICULTURAL COMMUNICATION AND COUNSELING SKILLS***

HEALTHCARE CULTURE

- **THE CULTURE OF HEALTHCARE IN THE US REFLECTS ANGLO-AMERICAN VALUES**
- **2004 ESTIMATES, US PHYSICIANS (AAMC)**

– WHITE	64.2%	604,000
– ASIAN	5.7%	54,000
– LATINO	2.8%	26,000
– AFRICAN AM.	3.3%	30,000*
– NATIVE AM.	0.3%	2,500
– IMG	23.6%	221,000

“APPLICATION ERROR”

- **INAPPROPRIATE APPLICATION OF EPIDEMIOLOGICAL DATA TO EVERY INDIVIDUAL IN A GROUP**
- **CULTURE OF MEDICINE: DEFINITION OF DISEASE, TECHNOLOGY, SURGERY, PREVENTION, COMPLIANCE, SYSTEMS, SCIENTIFIC METHOD, DATA**
- ***OUTCOME? CULTURAL DIVIDE***

REMEDY?

- **STRATEGY: BEING SENSITIVE TO PATIENT'S CULTURE CAN MEAN THE DIFFERENCE BETWEEN PROVIDING BEST CARE POSSIBLE AND SUBSTANDARD CARE**
- **"I ASPIRE TO RESPECTFULLY INQUIRE ABOUT MY PATIENTS' PERSPECTIVES, BUT MY CULTURAL LENS SHAPES MY OWN."**
- **IT CAN BE A REAL CHALLENGE**

LEARN

- **L - LISTEN WITH SYMPATHY & UNDERSTANDING TO PATIENT'S PERCEPTION OF THE PROBLEM**
- **E – EXPLAIN YOUR PERCEPTIONS AND YOUR STRATEGY FOR TREATMENT**
- **A – ACKNOWLEDGE AND DISCUSS DIFFERENCES AND SIMILARITIES BETWEEN THESE PERCEPTIONS**
- **R – RECOMMEND TREATMENT, REMEMBERING PATIENT'S CULTURAL PARAMETERS**
- **N – NEGOTIATE AGREEMENT**

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HEALTHCARE COMMUNICATION

- **CULTURE IS DEEP-SEATED, GOAL:
TO BRIDGE THE CULTURAL DIVIDE**
- **STEVEN COVEY: FIRST SEEK TO
UNDERSTAND, THEN TO BE UNDERSTOOD**
- **“KNIGHT’S FOLLY”**

EFFECTIVE COMMUNICATION - 1


- **BARRIERS ARE GROWING**
 - **SHORTER OFFICE VISITS**
 - **LINGUISTIC AND CULTURAL DIFFERENCES**
 - **INTERNET, COMPETING INFORMATION SOURCES**
 - **ACCESS TO PATIENT, FAMILY**
- **MEDICAL SCHOOLS: > 65% TEACH COMMUNICATION SKILLS**

EFFECTIVE COMMUNICATION - 2

VERBAL VS. NONVERBAL CUES

- **NONVERBAL CUES = 4X VERBAL WEIGHT**
- **100,000 WORDS IN ENGLISH LANGUAGE**
30-60,000 SPOKEN BY AVERAGE PERSON
- **750,000 NONVERBAL SIGNALS – SENT**
WITH LOW LEVEL OF AWARENESS
- **10% ARE THE WORDS, 90% ARE BODY**
LANGUAGE (55%) AND TONE (45%)

EFFECTIVE COMMUNICATION - 3

- **THERAPEUTIC RELATIONSHIP – BASED ON CONNECTING WITH THE PATIENT**
- **STUDIES: EFFECTIVE COMMUNICATION** 
IMPROVED OUTCOMES
 - **REDUCED ANXIETY**
 - **BETTER UNDERSTANDING OF DISEASE AND TREATMENT PLAN**
 - **IMPROVED COMPLIANCE**
 - **BETTER RELATIONSHIP, FOLLOW-UP**
 - **CHRONIC DISEASES**

POSITIVE & OTHER NONVERBAL COMMUNICATION

- **1ST IMPRESSION – DRESS CODE VARIES**
 - **1970-90: ANTIESTABLISHMENT**
 - **UCSF DRESS CODE**
 - **HAIGHT STREET**
- **EYE CONTACT, HANDSHAKE**
 1. **HOWEVER, PATIENT WITH LOOKING DOWN**
 2. **PATIENT WITH LIMP HANDSHAKE**
- **CHINATOWN, SF**
 1. **SLIGHT BOW**
 2. **HANDING RX, BUSINESS CARD**

CHINESE HEALTH CULTURE

- **FAMILY-BASED DECISION MAKING, ELDEST SON**
- **“YES” AS A SIGN OF RESPECT, NOT AGREEMENT**
- **ALTERNATE MEDICINE: ACUPUNCTURE, ACUPRESSURE, HERBAL MEDICINE**
- **YIT HAY – YING & YANG**
- **FUNG SUP – “COLD WIND”, Rx ginger, heat**
- **CHUBBY BABIES**
- **OVERWEIGHT, OBESE AS PROSPERITY**

CHINESE FOOD CULTURE & HEALTH

- **SALTY FOODS: SOY SAUCE, OYSTER SAUCE, MSG, SALTED FISH, BEAN CURD & BLACK BEAN SAUCE**
- **GREETINGS**
- **8 COURSE DINNERS, PLUS WHITE RICE**
- **2ND HELPINGS OR 2ND SERVINGS**
- **SIU YEH – MIDNIGHT SNACK**
 - RICE GRUEL, CHINESE DONUTS
- **FRIED VS. SAUTEED, WOK, BOILED**
- **2ND & 3RD GENERATIONS – DIFFERENT ISSUE**

GENERAL REMINDERS

1. SLOW DOWN

- **ELL – ENGLISH LANGUAGE LEARNER, OR ENGLISH AS A 2ND LANGUAGE**
- **ALLOW PATIENT TO ABSORB INFO, ASK QUESTIONS**
- **WITH INTERPRETER, FACE PATIENT AND ALLOW COMPLETE INTERPRETATION**
MANDARIN V. CANTONESE
- **STUDY: PHYSICIANS, 23 SECONDS**

GENERAL REMINDERS

2. KEEP IT SIMPLE

- 20-40% OF ELDERLY (AND NOW, YOUNG) DID NOT FINISH HIGH SCHOOL

3. NONVERBAL COMMUNICATION

- 2 – WAY
- 80-90% OF COMMUNICATION IS NONVERBAL

4. NEGOTIATION IS AN ART

COMMUNICATION TRAPS TO AVOID

- **MEDICAL JARGON, HIGHLY TECHNICAL TERMS**
- **NOT SHOWING APPROPRIATE CONCERN**
- **NOT PAUSING TO LISTEN**
- **NOT VERIFYING PATIENT UNDERSTANDING**
- **NOT SHOWING EMPATHY, UNDERSTANDING**
- **NOT BEING ACCESSIBLE – BODY LANGUAGE**

IN CLOSING

- **U.S. IS INCREASING DIVERSE AND MULTICULTURAL**
- **HEALTHCARE DISPARITIES IS AN ISSUE, FOR MANY REASONS**
- **HEALTHCARE CULTURE, CULTURAL DIVIDE**
- **APPLICATION ERROR**
- **CULTURAL COMPETENCE AS MAINSTREAM MEDICINE**
- **ONE IMPORTANT TOOL: COMMUNICATION SKILLS**

PRACTICING GOOD MEDICINE

- **STEVEN COVEY: FIRST SEEK TO UNDERSTAND, THEN TO BE UNDERSTOOD**
- **CULTURAL COMPETENCE CAN BE THE DIFFERENCE BETWEEN PROVIDING THE BEST CARE POSSIBLE AND SUBSTANDARD CARE**
- **POSITIVE, EFFECTIVE, MULTICULTURAL COMMUNICATION SKILLS**