

# *Building Culturally Confirming Care*



*Yolanda Lewis-Ragland, MD, FAAP, FABOM*

*Children's National Medical Center*

*April 26, 2023*

+

•

◦

# Learning Objectives

- Define key terminology related to cultural humility, cultural responsiveness, and culturally-appropriate care
- Describe culturally-appropriate care for patients whose native language is not English
- Describe organizational culture that prioritizes the social needs of patient populations

+

•

○

# Disclosures

- I have no financial interests or relationships



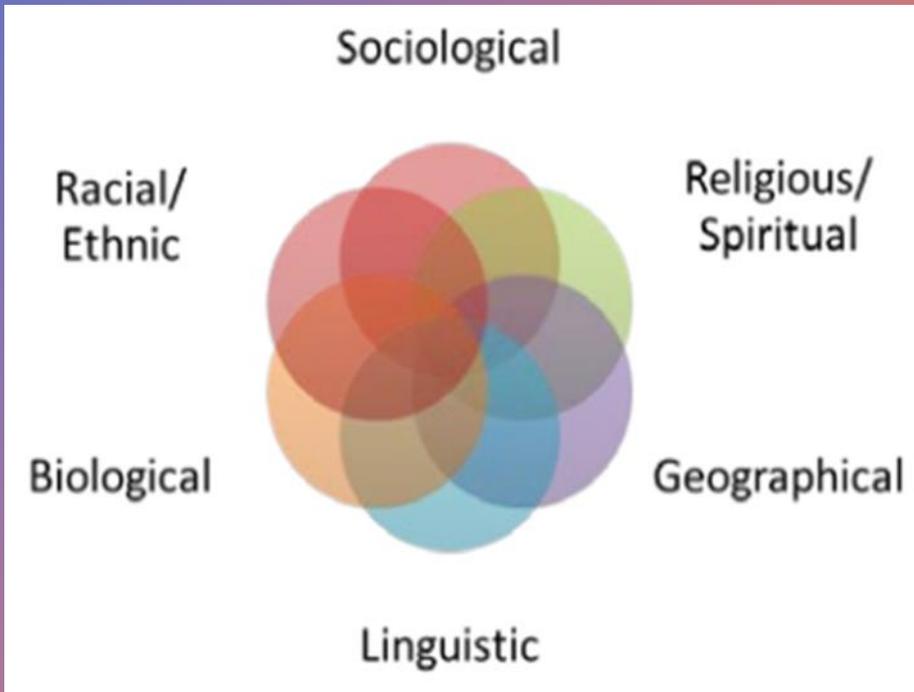
# + Self-Awareness Exercise



- We are **all culture bound** individuals
- We all **participate in multiple cultures**
- We **carry our cultures with us at all times**– and it has an impact on how we view and relate to people from our own and other cultures
- Culture **helps determine our BEHAVIOR**

**Exercise: 1) On a piece of paper, LIST one or more cultures to which you belong**  
**2) Briefly discuss any shared cultures**

# + ○ Cultures

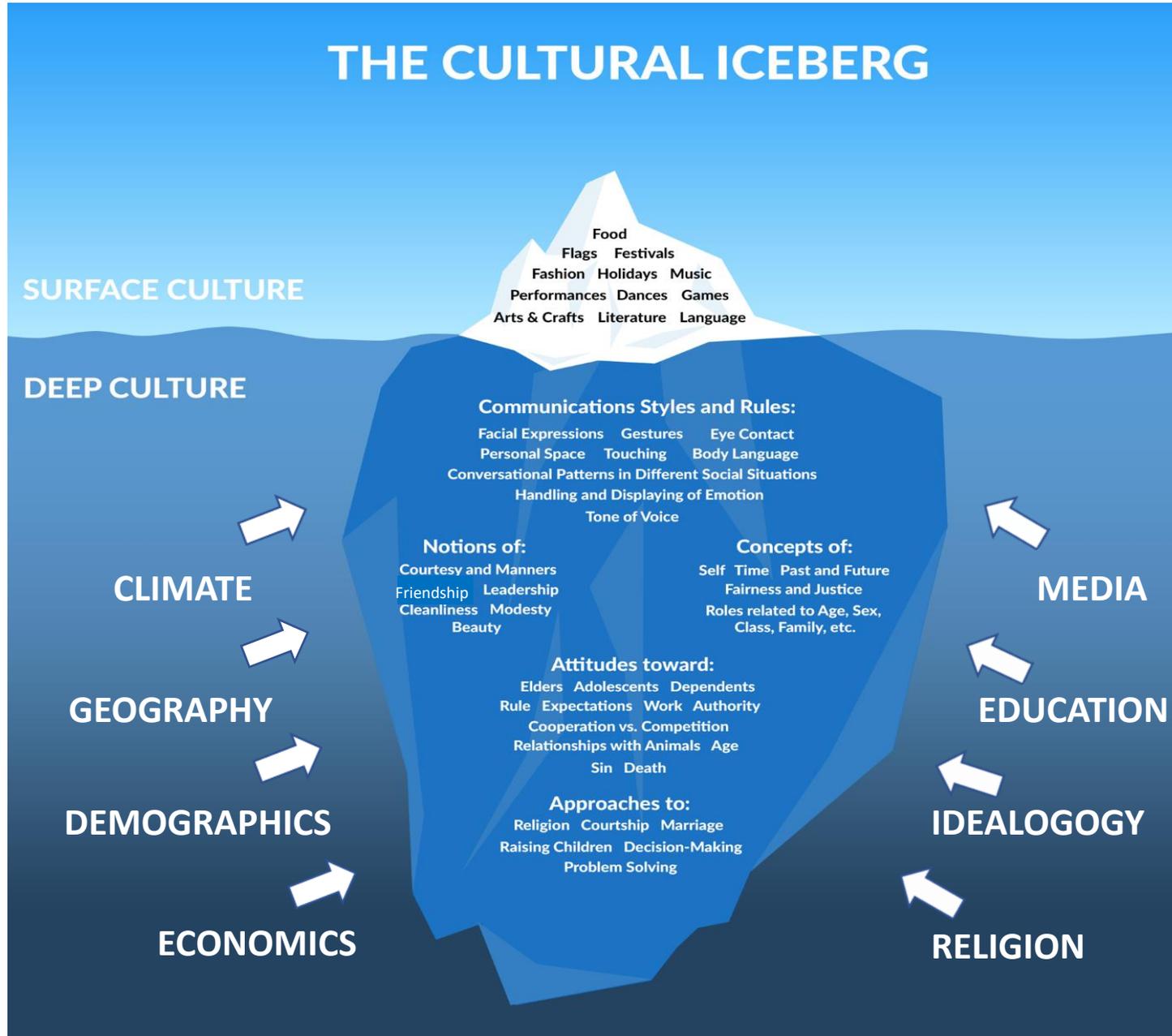


- Age and/or generation
- Cognitive ability or limitations
- Country or origin
- Degree of acculturation or assimilation
- Education (level attained/ institution types i.e. PWIs, HBCUs)
- Environment and surroundings
- Family and household composition
- Gender identity, expression, or orientation
- Health practices (yoga, Reiki, acupuncture, etc.)
- **Language** (spoken, written, signed, dialects, literacy levels, etc.)
- Occupation
- Organization affiliations (military, fraternities/sororities, etc.)
- Perceptions/beliefs regarding diet and nutrition
- Physical ability or limitations
- Political beliefs
- Racial and ethnic groups
- Religious or spiritual characteristics, beliefs, practices
- Residence
- Socioeconomic status

# THE CULTURAL ICEBERG

10 % - *obvious and often experienced by the 5 senses*

90%- *hidden but often foundational and immovable*



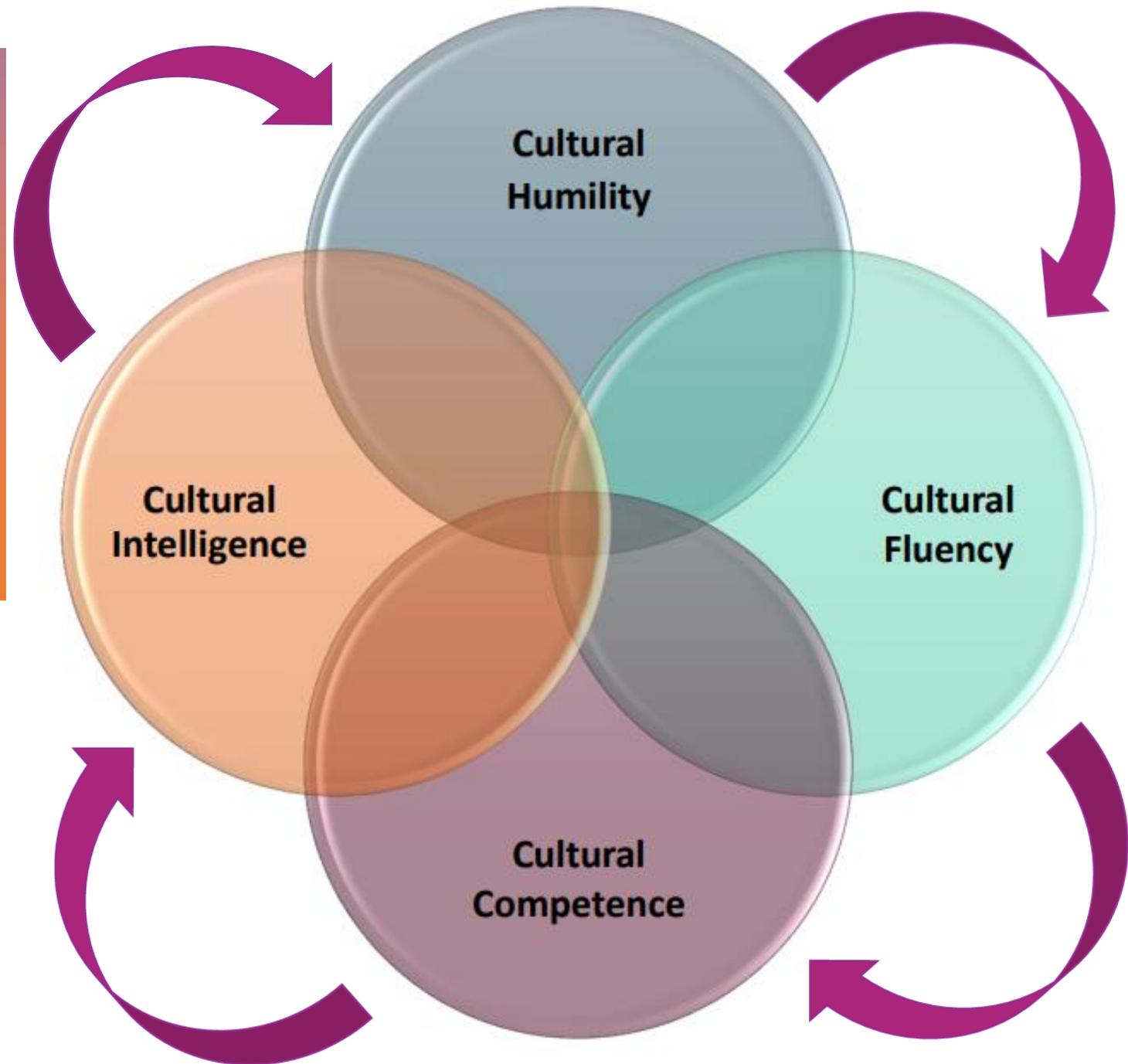
# Rapidly Changing Landscape



- By 2050 U.S. projected demographic make-up
  - 47% non-Hispanic white
  - 29% LatinX
  - 13% Black
  - 9% Asian
- Currently, approx. 20% of U.S. population (58 million people) speak a language other than English at home
  - 9% (over 24 million people) have limited proficiency in English
- Legislative, regulatory, and accreditation mandates require healthcare professionals and organizations to provide care that is responsive to the diverse cultural and linguistic needs of individuals we serve

## Culturally Responsive Care Involves ...

- Cultural Humility
- Cultural Intelligence
- Cultural Fluency
- Cultural Competence



# + ◦ Cultural Humility



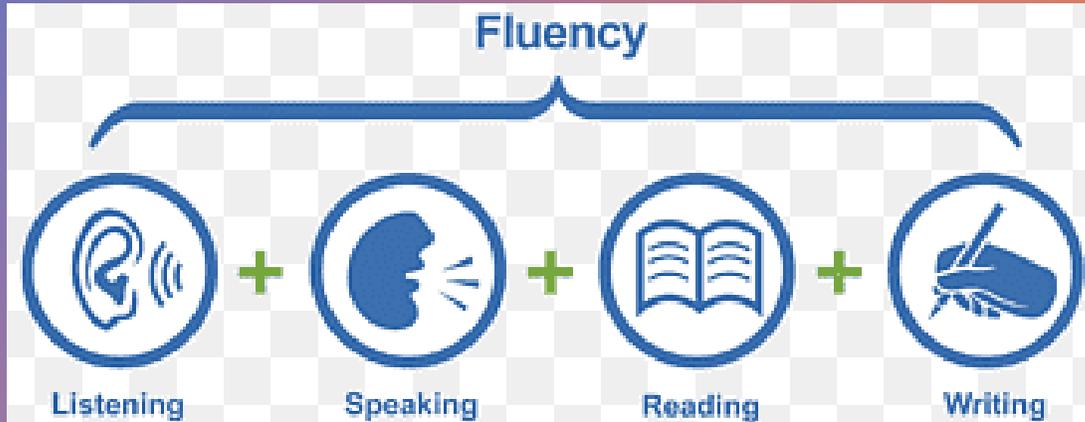
- An attitude of modesty that comes from understanding our place in the larger order of things.
- Cultural Humility
  - A process of learning that respects that meaningful exchange is bi-directional
  - Requires continual engagement in self-reflection and self-critique
  - Designed to address and repair power imbalances
  - Encourages practitioners to develop partnerships with people and groups who advocate for others

# + ◦ Cultural Intelligence



- The ability to learn information and correctly apply lessons in situations.
- Cultural intelligence, sometimes referred to as CQ or “cultural quotient,” refers to the skill to relate and work effectively in culturally diverse situations.
  - empathizing and actively working to understand customs and norms of cultures outside of your own.

# + ○ Cultural Fluency



- The ability to communicate effectively
- Cultural fluency is the ability to
  - recognize and develop sensitivity to all forms of communication of a culture
  - understand the context of different behavioral norms
  - engage appropriately
- Cultural fluency involves being aware of what's considered “sanctioned” etiquette within various cultures— from body language to physical contact to eye contact.

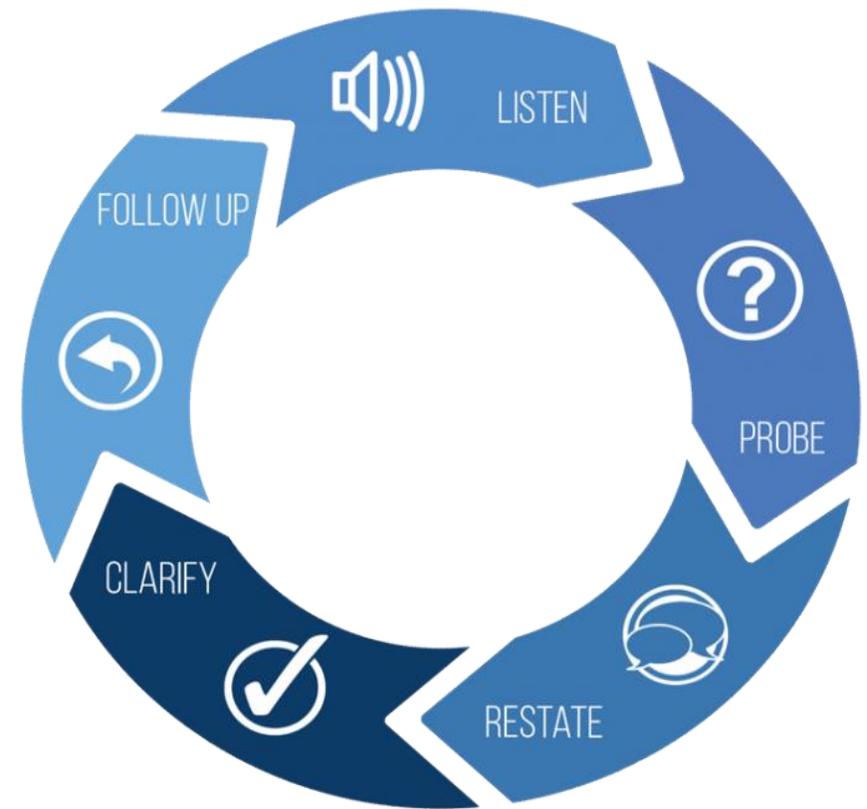
# + • ◦ Cultural Competence



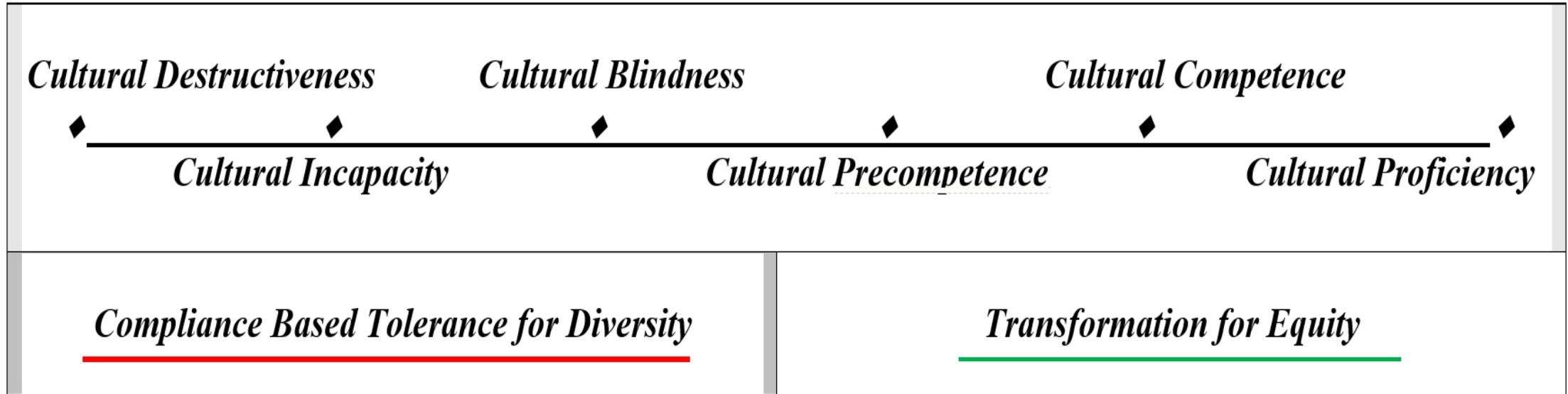
- **Attitude-**
  - Willingness to value the importance of culture in the delivery of services to all segments of a population.
- **Knowledge-**
  - Learning that allows healthcare providers the ability to understand, appreciate and work with individuals of cultures other than their own.
- **Skills-**
  - Training that enables individuals to increase their understanding and appreciation of cultural differences and similarities and improve their delivery of services between cultures.

# + What is Culturally Responsive Medical Care?

- Leads to Cultural Proficiency: medically competent care that is adapted to meet cultural-specific needs of individual patients



## The Cultural Proficiency Continuum

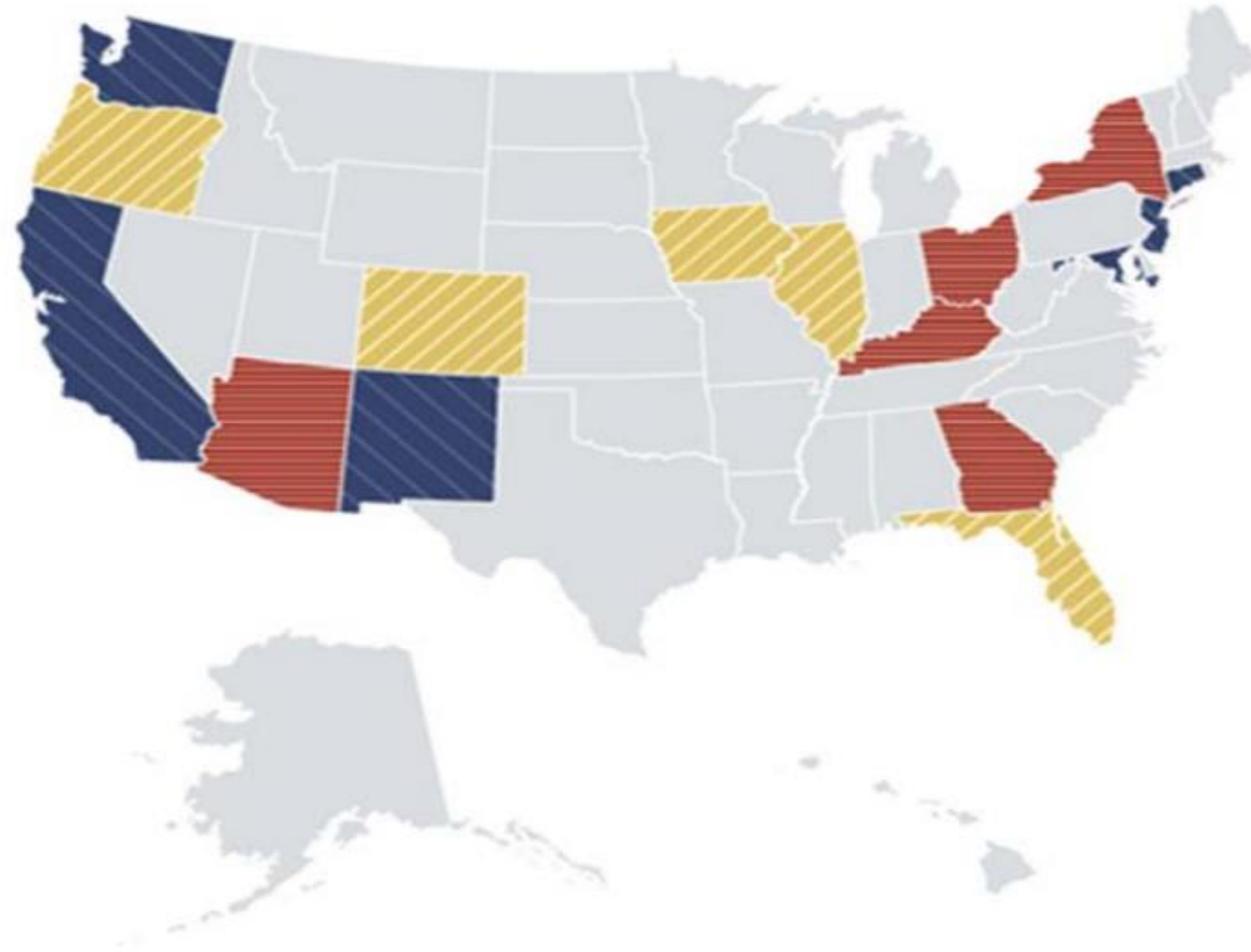


# Importance of Culturally Responsive Care

- **HEALTH EQUITY** which **centers** and **values** the provision of quality, comprehensive care, prevention, diagnoses, and treatment of health conditions prevalent in **vulnerable/underserved communities**
- Helps identify, address and eradicate **HEALTH DISPARITIES** which includes populations that experience the increased burden of
  - Differences in **rates of disease**
  - Differences in **health outcomes**
  - Differences in **healthcare access**
  - Differences in **treatment**



- Denotes legislation requiring or strongly recommending cultural competence training that was signed into law
- Denotes legislation that has been referred to committee and is currently under consideration
- Denotes that died in committee or was vetoed



**Figure 1: State Legislation**

# *Enhanced Definition of Culture:*

- +                    The integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or*
- linguistic groups, as well as with religious, spiritual,*
- biological, geographical, or sociological characteristics.*

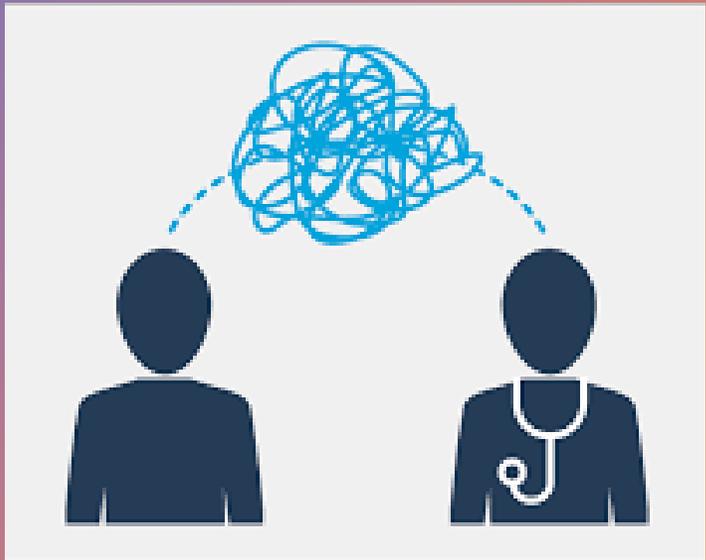
*(CLAS) Culturally and Linguistically Appropriate Services Standards;  
HHS, Healthy People 2020*



+

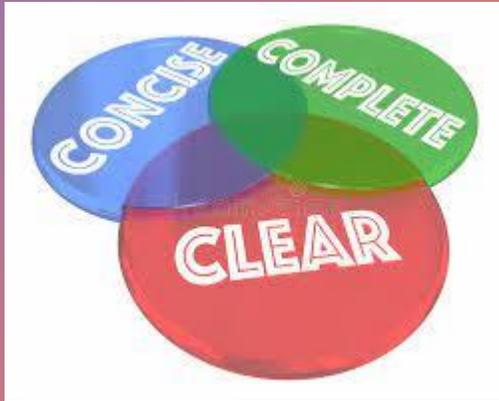
•

# ◦ National CLAS Standards



- Perpetuation of health disparities are often the result of miscommunication and incongruence between patients' cultural or linguistic needs and the services provided in healthcare facilities.  
(Zambrana et al, 2004)
- CLAS increasingly recognized as a key strategy to eliminating disparities in health and healthcare.  
(Betancourt, 2004, 2006)
- The Joint Commission and the National Committee for Quality Assurance created accreditation standards
  - improve communication
  - cultural competency
  - patient-centered care
  - provision of language assistance services.  
(Briefer French et al, 2008; Wilson-Stronks, 2007)

# + • Culturally Appropriate Care with CLAS Standards



- Keep sentences short and simple
- Maintain appropriate eye contact
- Speak slowly
- Do not use slang
- Be mindful of body language
- Apply cultural contextual
- Engage with an interpreter
- Be patient and repeat words and sentences whenever needed

***“If you talk to a man in a language he understands,  
that goes to his head. If you talk to him in his  
language, that goes to his heart .”***

*- Nelson Mandela, Humanitarian, Activist, and Former President of South Africa*

# + • Culturally ◦ Responsive Organizations



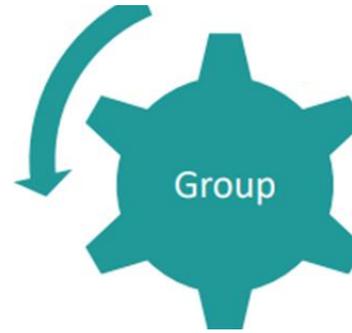
- Organizations that value and center culture appropriately promote and invest in the following for individuals, teams, and the company
  - open attitude
  - self-awareness
  - awareness of others
  - cultural knowledge
  - cultural skills

# Organization/Systems level



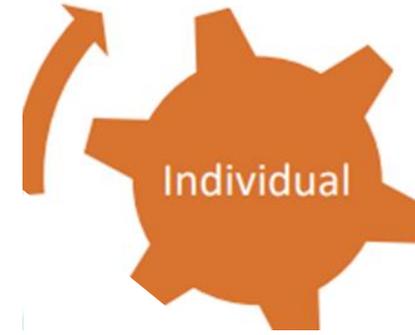
- Review policies, procedures and practices—identify where bias might exist
- Infra-structure building – conduct an accessibility audit
- Think about the delivery of services and supports relative to diverse customers. Leverage your ERGs
- Examine mission statements and values statements—are they ethnocentric?
- Review recruitment processes and practices—are they inclusive?
- Understand where there may be links in the pipeline of talent, e.g., higher rates of attrition for Women.
- Be proactive by offering professional development—with follow-through and promotion opportunities
- Consider languages, provide translation where necessary
- Build community and professional partnerships
- Identify potential disparities across dimensions of diversity
- Look at communications, websites, advertising for inclusion

# Groups/Teams



- Team build—with cultural content
- Start meetings with Ice-breakers – that raise awareness of differences and similarities
- Host Lunch & Learns – Create dialogue during Heritage Months, or other cultural holidays and events
- Incentivize volunteer opportunities – Get staff into communities different from their own
- Training and Education – promote continuous learning, provide and incentivize training opportunities for staff
- Create or provide some “guidelines” for working together respectfully and inclusively
- Ensure teams have the tools they need to work effectively, e.g., Thomas-Killman Conflict Model
- Clearly define expectations of behaviors
- Create goals and plans together—don’t dictate

# Individuals



- At the individual level:
  - Examine one's own attitude and values, and the acquisition of the values—take self assessment trainings, e.g., Implicit Bias, etc.
  - Learn to value diversity, differences and similarities among all peoples—get to know people different from you
  - Read, study how to effectively respond to cultural differences
  - Travel—locally and beyond
  - Attend cultural events
  - Join an Employee Resources Group (ERG) different from your own
  - Observe
  - LISTEN

# The Chinese character for 'Listening'



# + • Closing the ◦ Gap on Health Disparities



- Focus on **Patient-Centered Care**
  - Learn what makes your community unique.
  - Get to know your community's experiences.
  - Find out what community needs you can meet.
- Promote **Patient Dignity & Personal Responsibility**
  - Create partnerships with patients; provide details about diagnoses and include patients in treatment plans
- Improve **Communication**
  - Meet patients where they are (determine literacy, consider smart phones and apps for teens, use pictures when necessary, engage interpreters)
- Develop **Cultural Competency & Cultural Humility** (Tervalon & Murray-Garcia, 1988)

# THANK YOU!



- **Yolanda Lewis-Ragland, MD, FAAP, FABOM**
- Community Pediatrician, Children's Health Center at THEARC
- Director of Health Equity and Community Impact, Harlem Festival of Culture Foundation
- Inaugural Fellow, National Collaborative of Health Equity
- Best-Selling Author-
  - Navigating a Triple Pandemic: Healthcare Workers of Color Confront Racism in America, Health Disparities in Medicine & the Trauma of COVID-19 (Volumes 1, 2, 3, and Educator's Edition) <https://amzn.to/3N8iBXe>
- Contact: [info@dryolandamd.com](mailto:info@dryolandamd.com) or [yragland@childrensnational.org](mailto:yragland@childrensnational.org)

# Resources

- [https://www.iowatotalcare.com/content/dam/centene/iowa-total-care/PDF/HealthLiteracy\\_CulturalCompetencyFlyer\\_508.pdf](https://www.iowatotalcare.com/content/dam/centene/iowa-total-care/PDF/HealthLiteracy_CulturalCompetencyFlyer_508.pdf)
- <https://thinkculturalhealth.hhs.gov/clas>
- <https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>
- <https://www.nationalcollaborative.org/racial-healing/>