Increasing Your Cultural Literacy

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SCAN
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Disclosure

- Chair and Professor, University of North Florida Department of Nutrition & Dietetics
- Member, Second Harvest of Central Florida Nutrition Strategic Planning Committee
- Member, Florida Dairy Scientific Advisory Panel
- Member, McDonald’s Global Advisory Committee
- Member, TCCC Live Positively Campaign
- Member, Curves Science Advisory Board
- Member, United Way Health Advisory Committee, Jacksonville, FL
Goal

At the conclusion of this presentation the participant will assess how demographic and cultural trends impact his or her need to improve cultural competency skills and apply a range of cultural competency models for maximum professional performance and client service.
Objectives

Review and analyze

- Key terms
- Changing demographics
- Medical beliefs and values
- Health literacy and disparities
- The evidence
- National goals and standards
- Implications for practice
- Models/theories of cultural competence
- Research needs
- Take away points
Key Terms

- Acculturation
- Ancestry
- Assimilation
- Competence
- Culture
- Cultural and linguistic competence
- Culturally appropriate
- Culturally persistent
- Culturally sensitive
- Diversity
- Ethnocentrism
- Limited English proficiency
- Multiculturalism
- Socialization
- Xenophobia

http://minorityhealth.hhs.gov/templates/content.aspx?ID=2804
Key Terms

Ethnic
“Pertaining to or characteristic of a people, especially a group (ethnic group) sharing a common and distinctive culture, religion, language, or the like.”
http://dictionary.reference.com/browse/ethnic

Race
Guidelines provided by the OMB - self-identification (five minimum categories: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander). Reflect a social definition of race.
http://www.census.gov/population/race/
Diversity of “Cultural Groups”

We all belong to different “cultural” groups

- Ethnic
- Racial
- Professional
- Communities
- Lifestyle
- Abilities
What is Cultural and Linguistic Competence?

Cultural Literacy is

- knowledge of self
- knowledge about others
- capacity to determine linguistic barriers
- capacity to determine literacy barriers
- ability to be culturally sensitive
- ability to create culturally appropriate education and health interventions
On a level of 1 (low) – 10 (high) how would you rate your cultural persistence?
1. If you had to move to China today and had to live there the rest of your life, how long would it take you to think of yourself as “Chinese?”

2. How long would it take you to become a primarily Chinese speaker?
Why Cultural Competence?

- **Demographics and Population Trends**
  - Changing health care workforce and needs
  - Multicultural makeup
  - Population shifts: geographical, ages (increase in older population)

- **Increased Use of Non-biomedical/Traditional Therapies**
  - Combination of conventional and complementary approaches

Adapted from © 2010 Cengage-Wadsworth Community Nutrition in Action, Boyle & Holben Chapter 16
What % of the population will be non-white by the year 2050?

1. 10%
2. 30%
3. 50%
4. 70%
Changing Demographics

- Majority of the growth (tot. pop) from something other than White alone and Hispanic or Latino.
- More than half of the growth between 2000 and 2010 (tot. pop) due to the Hispanic population.
- Asian population grew faster than any other major race group between 2000 and 2010.
- Overall US minority pop: 36.3%

## Changing Demographics

### Top ten surnames

<table>
<thead>
<tr>
<th>Name</th>
<th>Number Of Occurrences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith</td>
<td>2,376,206</td>
</tr>
<tr>
<td>Johnson</td>
<td>1,857,160</td>
</tr>
<tr>
<td>Williams</td>
<td>1,534,042</td>
</tr>
<tr>
<td>Brown</td>
<td>1,380,145</td>
</tr>
<tr>
<td>Jones</td>
<td>1,362,755</td>
</tr>
<tr>
<td>Miller</td>
<td>1,127,803</td>
</tr>
<tr>
<td>Davis</td>
<td>1,072,335</td>
</tr>
<tr>
<td>Garcia</td>
<td>858,289</td>
</tr>
<tr>
<td>Rodriguez</td>
<td>804,240</td>
</tr>
<tr>
<td>Wilson</td>
<td>783,051</td>
</tr>
</tbody>
</table>

Changing Demographics

- Hispanic/Latino largest ethnic group
- Asian pop. grew fastest (2000-2010)
- Majority of pop. (97%) reported only one race
  - White & Black; White & Other Race; White & Asian; White & AI/AN
  - 6% Hispanics reported multiple races

## Changing Demographics

### Language spoken at home: 2009

<table>
<thead>
<tr>
<th>Language</th>
<th>Population</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population 5 years and over</td>
<td>285,797,349</td>
<td></td>
</tr>
<tr>
<td>Speak only English</td>
<td>228,699,523 (80%)</td>
<td></td>
</tr>
<tr>
<td>Spanish or Spanish Creole</td>
<td>35,468,501 (12%)</td>
<td></td>
</tr>
<tr>
<td>French (including Patois, Cajun)</td>
<td>1,305,503 (0.5%)</td>
<td></td>
</tr>
</tbody>
</table>

About 37 other languages spoken at home

http://www.census.gov/compendia/statab/2012/tables/12s0052.pdf
Changing Demographics

Census 2011: Disabilities

- 119.3% - Total pop. with a disability
- 3.6% - sensory disability involving sight or hearing
- 8.2% - limiting basic physical activities
- 4.8% - physical, mental, or emotional condition
- 2.6% - physical, mental, or emotional condition causing difficulty in ADL

Medical Beliefs and Values

Modern Western Medicine

- Biomedical and germ theory
- Separated physical, mental, social categories (changing)
- Uses scientific method/evidence based
- Historically exclusionary and reductionist (changing)
Medical Beliefs and Values

Some traditional explanatory models

- Reward/punishment
- Create balance - hot/cold, yin/yang, etc.
- Dislocation of body parts
- Emotional state/worry, fright
- Fatalism/luck
- Magic/supernatural/evil eye/hex
Medical Beliefs and Values

Prevention and treatment

- Diet, exercise, sleep, mental health
- Formal/biomedical healers
- Foods/medicinal teas
- Cleansing rituals/ herbals and potions for baths
- Holy water, candles, prayers
- Religious rituals, spiritualistic healers, promises, etc.
Medical Beliefs and Values

Polarization of Belief Systems

- Traditionalism vs. Modernism
- Minimalism vs. Excessivism
- Self-Denial vs. Materialism
- Fatalism vs. Determinism
- Allopathy vs. Homeopathy
- Future, Past, Present Orientation
Disparities

“African Americans, Hispanics/Latinos, American Indians and Alaska Natives, Asian Americans, Native Hawaiians and Pacific Islanders, have higher rates of infant mortality, cardiovascular disease, diabetes, HIV infection/AIDS, cancer and lower rates of immunizations and cancer screening.”

Health Literacy

- Health Literacy: obtain, process & understand basic health information
- A convergence of factors
- Linked to poorer health outcomes
- Can be improved

IOM Health Literacy: A Px to End Confusion, April 2004
Health Literacy

1. 12% US Pop. proficient
2. 14% (30 million) below basic health literacy
3. At risk groups:
   a) older,
   b) racial and ethnic minorities,
   c) non native speakers,
   d) ≤HS or GED, low income

Hispanic
White
Non-Hispanic
Black
Non-Hispanic


http://www.cdc.gov/obesity/data/trends.html

(*BMI ≥30)

White Non-Hispanic
Hispanic

20—24
30—34
35+

No sufficient sample**
<20
25—29
Disparities: Physical Activity

- Least active states in the nation
  - Tennessee (51.8%),
  - Louisiana (56.0%),
  - Mississippi (57.2%)
  - Kentucky (57.9%)

The national average is only 64.5%.

- 25.6% of persons with a disability physically inactive/week vs. 12.8% of those without a disability.

Disparities: Physical Activity

Percentage Inactive physical activity among adults 18 & over: 2010
(Did not meet federal physical activity guidelines)

<table>
<thead>
<tr>
<th></th>
<th>Hispanic</th>
<th>Non-Hispanic White</th>
<th>Hispanic/ NH White Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inactive activity</td>
<td>60.1</td>
<td>45.1</td>
<td>1.3</td>
</tr>
</tbody>
</table>

## Disparities: Physical Activity

### Percentage Regular Leisure Physical Activity Among Adults 18 & over: 2010 (Met federal physical activity guidelines)

<table>
<thead>
<tr>
<th></th>
<th>Hispanic</th>
<th>Non-Hispanic White</th>
<th>Hispanic/ Non-Hispanic White Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>14.4</td>
<td>22.8</td>
<td>0.6</td>
</tr>
</tbody>
</table>

### Percentage Regular Leisure Physical Activity Among Adults 18 & over: 2010 (Met federal physical activity guidelines)

<table>
<thead>
<tr>
<th></th>
<th>African American</th>
<th>Non-Hispanic White</th>
<th>AA/ NH White Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>17.3</td>
<td>22.8</td>
<td>0.8</td>
</tr>
</tbody>
</table>

The Evidence

Culturally appropriate designs*

- Reviewed 20 interventions with > 35% Hispanic participants
- Social cognitive and Transtheoretical models most common
- Community based interventions most prevalent
- Social support component
- Individually tailored programs
- Culturally appropriate messages
- Staff from same ethnic group - help recruitment

The Evidence

The Measurement Instruments

- Compared validity of two physical activity questionnaires
- One questionnaire - listed activities (Checklist format)
- One questionnaire - assessed overall activities by domain (Global format)
- “Overall, the Checklist format had slightly better measurement properties than the Global format.

The Evidence

Theoretical constructs

- Theory of Planned Behavior (measure intention, subjective norm, attitude, perceived behavioral control)

- Attitude towards physical activity and perceived behavior control significant predictors of physical activity among the middle-aged AA women in study

What are some cultural or demographic trend change data you have noticed in your state or area over the past 20 years?
What is the key minority group in your community?

What will it be in 10 years? 20 years?
What are some things your community needs to do to be prepared for the changes?
What are three formal things you can do to learn more about that group?

What are some local and informal resources you can use?
Healthy People 2020
Overarching Goal: Achieve health equity, eliminate disparities, and improve the health of all groups.
Objectives should address population disparities.

HP2010 PA-1 through PA-15
Cultural Competency Standards (OMH) - *Why?*

“Quite simply, health care services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients can help bring about positive health outcomes.”

http://minorityhealth.hhs.gov/templates/content.aspx?ID=2804
National Goals and Standards

Cultural Competency Standards (CLAS)

* 14 Standards – Includes:

- Standard 1, respectful and compatible care
- Standard 3, education and training of personnel
- Standards 4, 5, 6, 7, ensure LEP patients have access

National Standards on Culturally and Linguistically Appropriate Services (CLAS)
National Goals and Standards


- Effective Communication, cultural competence, and patient- and family-centered care

Joint Commission surveyors will evaluate compliance with the patient-centered communication standards

http://www.jointcommission.org/Advancing_Effective_Communication
http://www.jointcommission.org/assets/1/18/Advancing_Effective_Comm.pdf
National Goals and Standards

National Quality Forum (NQF) Set of 34 Safe Practices

(2) Culture Measurement, Feedback and Intervention

(5) Informed Consent – Includes the “Teach back” method

National Goals and Standards

National Patient Safety Foundation

1. Ask Me Three Campaign
   a) What is my problem?
   b) What do I need to do?
   c) Why is it important for me to do this?

http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/
IOM Health Literacy: A Px to End Confusion, April 2004
Implications for Practice

Need to

- Work with diverse populations
- Be sensitive to values, behaviors, attitudes
- Facilitate goals and change within different contexts
- Self-reflect, self-assess, and adjust
Implications for Practice

Need

- a plan that facilitates valuing diversity
- conscious dynamics of interaction

Cultural competency/proficiency is essential for individual and organizational cultural literacy
Models of Cultural Competence

Stages of Cultural Competence

- Destructiveness
- Incapacity
- Blindness
- Precompetence
- Competence
- Proficiency

Models of Cultural Competence

Bennett Model

- Denial
- Defense
- Minimization
- Acceptance
- Adaptation
- Integration


http://www.albany.edu/ssw/ecf/pdf/Module%201_Bennett%20Model%20Poster.pdf
Models of Cultural Competence

Campinha-Bacote Model

- Awareness
- Knowledge
- Skill
- Encounter
- Desire

http://www.transculturalcare.net/Cultural_Competence_Model.htm
The Purnell Model for Cultural Competence

12 domains comprising the organizing framework
Models of Cultural Competence

ETHNIC
- Explanation
- Treatment
- Healers
- Negotiation
- Intervention
- Collaboration

LEARN
- Listen
- Explain
- Acknowledge
- Recommend
- Negotiate


Models of Cultural Competence

Core Elements of Models

- **Awareness** – emic/etic views
- **Knowledge** – SES, modal, individual,
- **Skill** – probing, negotiating,
- **Inductive learning**
Models of Cultural Competence

Guidelines/models deal with

1. How to interact/work with population *and/or*
2. Practitioner development/learning

Issues About Models

- “Best models” may vary for circumstance, etc.
- Testing/research needed
Research Needs

- Education and training needs of different (practitioner) groups
- Relationship of beliefs, values, and inter and intragroup diversity to outcomes
Research Needs

- Effectiveness of specific models and linguistic interventions
- Effectiveness of individual vs. institutional cultural competency to health outcomes
- Best health care delivery methods for different models

Setting the Agenda for research on Cultural Competence in Health Care, Aug 2004 AHRQ
What are barriers that impede you from becoming more culturally proficient?

- Personal
- Policy
- Institution
- Environment
- System
Take Away Points

Ways to Enhance Your Cultural Competence

- Books, cookbooks
- Collaborations
- Community leaders, informers
- Consultation
- Local resources
- Study abroad
Take Away Points

1. Cultural competency is a must
2. There are many ways to become culturally competent
3. It can be FUN
“There are too many legal and ethical risks to doing it wrong – and much satisfaction to doing it right.”

Rodriguez/Stein, K. 2010. JADA
Any Questions?

Thank you!

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