

# **CULTURAL COMPETENCY AND HEALTH LITERACY**

## **First Time Motherhood/New Parents Initiative**

**EDGECOMBE - GATES - HALIFAX -  
HERTFORD - NASH - NORTHAMPTON**

# Cultural Competency Overview

- FTM/NPI Priority Populations

Populations disproportionately affected by poor birth outcomes which include African Americans and American Indians in this 6 county area

- Focus for 2009 Training: African American Culture

- Focus for 2010 Training: American Indian Culture

# Cultural Competency Overview

Cultural Competency is...



...improving communication between providers and patients through awareness of culture and health literacy.

# Cultural Competency Overview

## What we need to consider

- Demographics
- Disparities in Health Status
- Health Practices and Beliefs
- Barriers to Health Care
- Culture, values, and health literacy

# Priority Population

## Project Counties

- Edgecombe
- Halifax
- Hertford
- Gates
- Nash
- Northampton
- Minority populations
- Racial disparities persist in economic and health indicators
- Rural
- Limited access

# Culture

- Set of shared ideas that guide members of a group in their interactions - the behaviors, beliefs, values, and symbols that they accept



- Passed along by communication and imitation from one generation to the next

# Culture

- Culture informs our identity
- Culture affects the roles played within a family, ethnic group and community
- Culture defines family relationships, family structure, attitudes, beliefs, practices and styles of communication

Toms, Hodge, Pullen-Smith and Henson, 1998

# Values

## What are they?

- Standards a group uses to determine which attitudes and behaviors are acceptable and which are not

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Hofstede, 1991

- Core of any culture, they shape perceptions and behavior

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Hofstede, 1991



# Values

Each ethnic, racial and/or cultural group has its own distinctive set of values, and these influence, to varying degrees, their perceptions and behaviors at work, home, and in society.



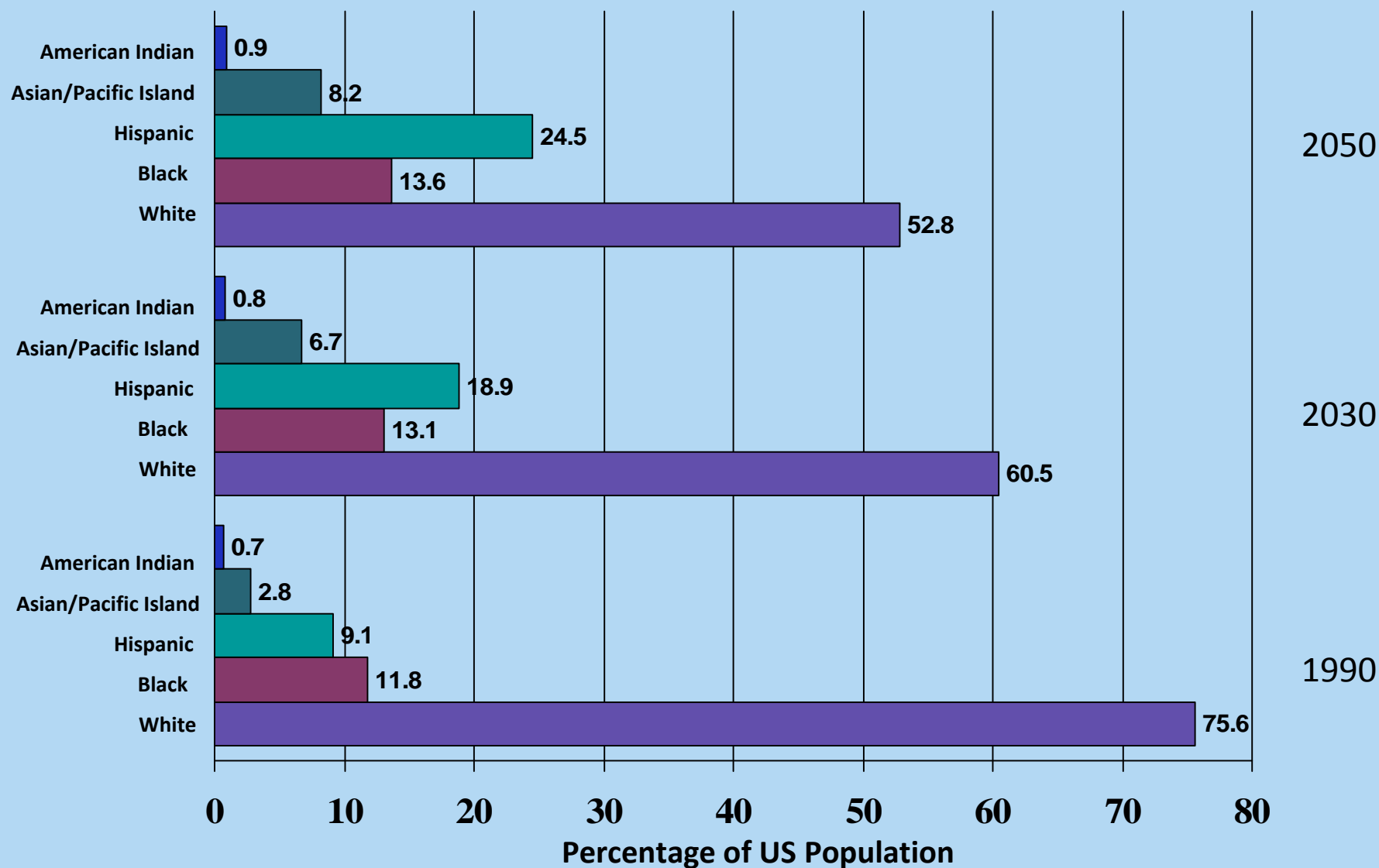
# Cultural Competence

It reflects the ability to acquire and use knowledge of health care related beliefs, attitudes, practices and communication patterns of clients and their families to improve services, strengthen programs, increase community participation and close the gaps in health status among diverse population groups.

# The Role of Culture in Health Care

- Demographics
- Disparities in Health Status
- Access to Health Care
- Quality of Care

# United States Population 1990 - 2050



# States Ranked by African American Population

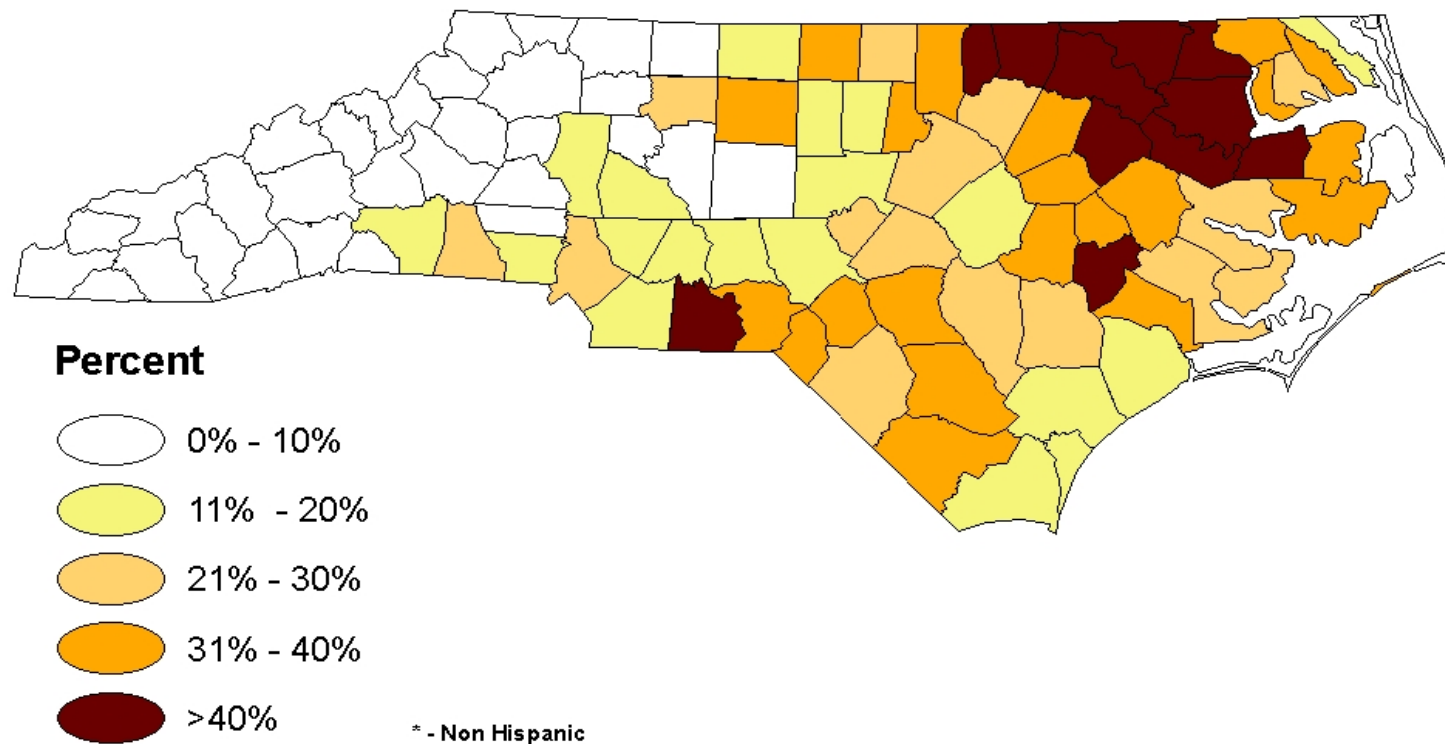
Rank	State	Estimated African American Population	4/1/90 Population Estimates Base	4/1/90 to 7/1 99	
				4/1/90 Numeric Change	Percent Change
1	New York	3222461	3065158	157303	5.1
2	California	2487006	2309935	177071	7.7
3	Texas	2470194	2048099	422095	20.6
4	Florida	2333424	1772424	561000	31.7
5	Georgia	2235897	1751180	484717	27.7
6	Illinois	1854173	1707405	146768	8.6
7	North Carolina	1686143	1461563	224580	15.4
8	Maryland	1454381	1196221	258160	21.6
9	Michigan	1415201	1298365	116836	9
10	Louisiana	1415195	1303323	111872	8.6
11	Virginia	1384651	1168283	216368	18.5
12	Ohio	1304126	1159796	144330	12.4
13	New Jersey	1197430	1077119	120311	11.2
14	Pennsylvania	1170095	1105025	65070	5.9
15	South Carolina	1156946	1041514	115432	11.1
16	Alabama	1138726	1021418	117308	11.5
17	Mississippi	1010216	917454	92762	10.1
18	Tennessee	912577	779205	133372	17.1
19	Missouri	617148	549719	67429	12.3
20	Indiana	497976	434307	63669	14.7

# North Carolina's African American Population

N.C. Epidemiologic Profile for HIV/STD Prevention and Care Planning (10/08) (Revised 02/09)

Appendix A

**Map 3. North Carolina African American or Black\* Population, 2006**



N.C. DHHS

A-5

Communicable Disease

# Disparities in Health Status

## North Carolina - Health Disparities

Cause of Death	Black/White Mortality Ratio
Stroke	1.4
Prostate Cancer	2.9
Breast Cancer	1.4
Infant Mortality	2.5
Heart Disease	1.2
Diabetes	2.1
Homicide	3.6
HIV	13.7

# African American Culture

- Emphasizes spiritualism and harmony with nature
- Orientation towards expressive movement, orally-based culture plays an important role
- Language tends to be affective, employing the use of metaphor, alliteration and repetition in order to elicit a response, verify understanding or emphasize an idea



# African American Culture

- Relationship between individualism and communalism exists, so that possessions belong to the community.
- Meaning of time has a social perspective, with events being viewed over a period of time. Life issues may take priority over appointments.

# African American Culture

- Mother plays a strong leadership role, with nuclear and extended family relationships being important and at times including close friends as kin
- Children are expected to help at home, be well-behaved, complete schooling, and pursue a career that will promote socioeconomic progress
- Elders are often involved in raising grandchildren

# African American Culture

- The cause of physical illness may be attributed to natural causes, improper diet and eating habits, exposure to cold, stress or unnatural or supernatural causes
- Home and folk remedies and the use of respected folk healers
- Traditional medicine is highly respected and used for serious illness

# African American Health Beliefs

- Teas, herbs
- Home and folk remedies may be used first
- Organ donation seen as taboo
- Open and accepting of new health information
- Expression of pain generally open and public but may vary
- May avoid pain medication for fear of addiction
- Necessary medical procedures are accepted when given with clear explanations by a trusted provider

# Barriers to Health Care

- Mistrust of the Medical Community
- Access to Care
  - Cost is a major barrier, many low income uninsured families are not eligible for public programs or lack the knowledge and literacy for enrollment
- Stigma around certain illness
  - Slavery
  - Tuskegee Syphilis Study
- Lack of support, social network
- Health literacy

# Putting Knowledge into Practice

- Health Care providers need to be aware of cultural differences and health literacy issues and able to adapt their communication styles to improve patient trust, understanding, respect and ultimately health outcomes.
- Cultural/language literacy is an important part of health literacy.
- Providers working with minority populations, immigrant populations and the elderly need to pay attention to health literacy

# Health Literacy

## Definition:

The ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions

# Types of Illiteracy

- Functional illiteracy
- Sensory/physical illiteracy
- Cultural/language illiteracy
- Psychological illiteracy
- Computational illiteracy





# Functional Illiteracy

- 21% of adult Americans are functionally illiterate, read at 5<sup>th</sup> grade level or lower and have difficulty with oral instructions
- Additional 25% are marginally illiterate

# Sensory/Psychological/Physical Illiteracy

- Sensory
  - Visual
  - Hearing
  - Neurological
- Psychological
- Other physical
  - Metabolic
  - Endocrine

# Cultural/Language Illiteracy

- Non-English speaking
- Immigrant status
- Ethnic interpretation of illness
- Spiritual and religious beliefs
- Default answers
- Lack of insurance/transportation

# Computational Illiteracy

- Inability to count, quantify, compute or otherwise use simple manipulations of numbers, quantities, items of visual elements in a health context so as to function in every day situations

(Example: ability to read and understand nutritional labels)

# Health Literacy



Which is the strongest predictor of an individual's health status?

- 1) Age
- 2) Income
- 3) **Literacy Skills**
- 4) Education level
- 5) Race or ethnic group

# How does this affect communication?

- Limited general knowledge
- Do not ask for clarification
- Focus on details, hard to prioritize
- Don't understand Likert scales, math
- Understand concrete concepts, not abstract

# Tips for Improving Communication

- Be aware and sensitive to patient's culture
- Take time for greeting patient, asking about family or friends or about recent event
- Address patient by Mr., Mrs., Miss
- Avoid first names unless patient preference is to be addressed by first name

# Tips for Improving Communication

- Speak clearly and slowly without raising your voice, avoiding slang and medical jargon
- Be concrete, use active voice
- Use repetition
- Use models, sketches, pictures
- Have the patient repeat back or demonstrate back the information





# Tips for Improving Communication

- Give instructions to several family members
- If you do not have much time, ask another staff person to continue the conversation with the patient
- Recognize who may be patient's preferred provider
- Recognize when you may need to remove yourself from the conversation, have someone else who has more rapport and trust with patient take your place.

# Tips for Improving Communication

- Use bilingual providers or professional interpreters, not family members
- The interpreter should sit behind and to the side of the patient
- Look at the patient, not the interpreter
- Go slowly, use simple language
- Don't confuse limited English proficiency with hearing impairment

# Tips for Improving Communication

- Be aware of what languages and cultures you will encounter in your community so you can have appropriate resources available and provide staff training in cultural competency
- Have linguistically and culturally appropriate health education and information materials available
- Check the reading level of materials you give to patients

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