Ethnogeriatrics and Cultural Competence

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Ethnogeriatrics defined by the American Geriatrics Society

Component of geriatrics that considers the "influence of ethnicity, and culture on the health and well-being of older adults."

Ethnogeriatrics

- Intersection of the studies of aging, ethnicity, and health
- Address the growing diversity of older adults and of health care providers
- Focused on the importance of cultural issues in health
- Aid providers in meeting the complex needs of a more diverse older patient population

Expanding older population globally

- Global increase in the absolute and relative size of the older population
  - 420 million in 2000
  - 974 million in 2030
- Result of decreased fertility and increasing life expectancy

Worldwide, the number of older persons has tripled over the last 50 years

It will more than triple again in the next 50 years

- 1950: 205 million persons aged 60
- 2000: increased approx 3 x to 606 million
- 2050: projected to reach nearly 2 billion

Source: United Nations, *World Population Ageing, 1950-2050;* http://www.un.org/esa/population/publications/worldageing19502050/

Globally, Europe has the highest proportions of older adults

- Projected to remain so for at least the next 50 years.
- 2000: 20% of European population was 60 yrs +
- 2050: 37% of Europe's population will be 60 yrs +

Source: United Nations, *World Population Ageing, 1950-2050;* http://www.un.org/esa/population/publications/worldageing19502050/

- **People aged 60 and over currently constitute from 20% to almost 25% of the population in seven countries:**
  - Austria
  - **Czech Republic**
  - Greece
  - Italy
  - Japan
  - Slovenia
  - Spain
- **By 2050**, more than 2 in every 5 persons in these countries are projected to be at least 60 years old

Source: United Nations, *World Population Ageing, 1950-2050;* http://www.un.org/esa/population/publications/worldageing19502050/

What is culture?

System of norms, values, beliefs and attitudes that shapes and influences perception and behavior

The sum total of the way of living; includes values, beliefs, standards, language, thinking patterns, behavioral norms, communications styles, etc. Guides decisions and actions of a group through time.

What is culture?

- **Learned**: culture is learned through the process of *enculturation*
- **Shared**: shared by the members of a society
- **Patterned**: we live, think in patterned behaviors, systems, etc.
- **Mutually constructed**: through a constant process of social interaction
- **Symbolic**: based on symbols and symbolic meaning
- **Arbitrary**: culture not based on natural laws; created by humans on the "whims" of society. Examples: alphabets, definitions of beauty
- **Internalized**: habitual, taken for granted, seems "natural"

Why Consider Culture?

- **Cultural groups differ in their explanations of disease and treatment, including:**
  - The nature and causes of illness
  - What is proper, preferred, and effective treatment
  - The likely health outcomes

Why Consider Culture?

- Older patients may have traditional health beliefs and behaviors
- Better understanding of the behaviors, beliefs, values and attitudes of our patients and clients
- Avoid stereotypes, prejudices and biases
- Development and delivery of services that meet the needs of our patients and clients

Cultural Norms

- Individual v. family/community
- Gender roles and norms
- Family and household structure
- Folk wisdom vs. formal education/science
- Measures of wealth
- Age-based roles and norms
- Tradition vs. experimentation/change
- Religion/spirituality
- Food, dress, customs
- Media choices

Acculturation

- Degree to which individuals have incorporated the cultural attributes (e.g., values, beliefs, language, skills) of the mainstream culture.

Cultural Diversity: The Roma

- Roma represent the largest ethnic minority in most EU countries
- Approx 7 million people in central and eastern Europe

Source: KA Sepkowitx, "Health of the World's Roma Population", *The Lancet*, Vol 367, Issue 9524, 2006

Health Disparities

- **Research has found higher rates of disease among the Roma, including:**
  - Diabetes mellitus
  - Hyperlipidemia
  - Coronary artery disease
  - Obesity

Source: KA Sepkowitx, "Health of the World's Roma Population", *The Lancet*, Vol 367, Issue 9524, 2006

Health Disparities: Life Expectancy

	Non-Roma	*Roma*
Bulgaria	72.3	66.6
Ireland		
Males	71.6	61.7
Females	77.2	65.3
Czech Republic		
Males	66.8	55.3
Females	73.9	59.5

In general, Roma men and women live 10-15 fewer years than non-Romas from the same areas

Source: KA Sepkowitx, "Health of the World's Roma Population", *The Lancet*, Vol 367, Issue 9524, 2006

Roma Health Beliefs

- Roma cultural health beliefs and treatment preferences are not well known
- Roma consider themselves healthy unless a disease or condition becomes a handicap to daily activities
- Evil eye or evil spirits can affect their health or luck.
- Strong linkages between health and hygiene/cleanliness
  - May fear health providers are not clean enough
  - Body is divided in two parts
    - Upper part = “clean part” (head to navel)
    - Lower part “dirty part” (below the navel)

Source: N Marssid, “Cultural Beliefs and Health Behaviors of Roma Patients in Finland”, 2009.

Roma Health Beliefs: Hospitals

- Viewed as full of germs and viruses
- A place to be avoided
- Poor understanding of treatment guidelines, medications, etc.
- Cultural barriers
  - Language barriers
  - Clothing: uncomfortable being in front of visitors in pajamas or hospital gowns
    - Allow street clothes or cover patients
  - Food: Roma, particularly elderly, may not eat hospital food
    - If appropriate, allow food to be brought in by relatives

Source: N Marssid, "Cultural Beliefs and Health Behaviors of Roma Patients in Finland", 2009.

Roma Health Beliefs: Gender, Age and Sexuality

- Female Roma may not speak to or may refuse treatment from a male provider
- Forbidden to speak about anything related to sexuality or body function in the presence of an elderly Roma
- Require physical distancing between young and old
  - e.g., young Roma could not share a hospital room with an elderly patient

Source: N Marssid, "Cultural Beliefs and Health Behaviors of Roma Patients in Finland", 2009.

Roma Health Beliefs: Elderly

- Elders are respected; seen as wise with valuable life experience
- Elders are in charge of family units
  - Older relatives are healthcare decision makers
- Families take care of elderly at home until death
  - Seen as shameful for older relatives to be in nursing homes
  - Kin will avoid the person who makes this decision
- Elders go to healthcare institutions for long term care only in emergencies
- Use folk medicines and home remedies

Source: N Marssid, "Cultural Beliefs and Health Behaviors of Roma Patients in Finland", 2009.

Roma Health Beliefs: Death

- Sprit must be exorcised by opening the windows of the room in which the person died
- Relatives ask for forgiveness for any past bad acts that they have committed against the deceased
  - Must settle grievances to avoid deceased returning as an evil spirit that will cause them trouble

Source: N Marssid, "Cultural Beliefs and Health Behaviors of Roma Patients in Finland", 2009.

- **Healthcare system has its own culture**
  - "Western" biomedical allopathic health care has its own culture (e.g., knowledge, beliefs, skills, values) based on scientific assumptions and processes, producing definitions and explanations of disease.
    - Primary healing system in mainstream medicine in the United States
    - Mechanistic model of the human body
    - Separation of mind and body
    - Discounting of spirit or soul

The Culture of Western Medicine

- **Meliorism**: make it better
- **Dominance over nature** – take control
- **Activism**: do something
- **Timeliness**: sooner than later
- **Therapeutic aggressiveness**
- **Future orientation**
- **Standardization**: treat similar the same

Variations on Allopathic Medical View

- **Osteopathy**
  - deals with the "whole person" and emphasizes the interrelationship of the muscles and bones to all other body systems;
- **Homeopathy**
  - emphasizes the healing power of the body, and relies on the "law of similars" for pharmaceutical treatment

Cultural Competence

Definition of Cultural Competence

A set of cultural behaviors and attitudes integrated into the practice methods of a system, agency, or its professionals, that enables them to work effectively in cross cultural situations.

Department of Health and Human Services, Office of Minority Health
http://raceandhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=11

Cultural competence can help to better meet the needs of diverse aging populations.

Provider Cultural Competency

- Increase your awareness of your personal biases and their impact on healthcare provided

- Increase your knowledge base
  - Risk factors for disease by ethnic population among older adults
  - Major systems of culturally based health values, beliefs, and behaviors
  - Variations in response to treatment by ethnic population

Assessing Provider Cultural Competency

- The Cultural Competence Health Practitioner Assessment (CCHPA)
  https://www4.georgetown.edu/uis/keybridge/keyform/form.cfm?formID=277
- **Assessment tool includes six subscales:**
  - Values and Belief Systems
  - Cultural Aspects of Epidemiology
  - Clinical Decision-Making
  - Life Cycle Events
  - Cross-Cultural Communication
  - Empowerment/Health Management

Characteristics of Culturally Competent Practices (HRSA)

- **Define culture broadly.**
  - Not just racial/ethnic groups
  - Also can include, e.g., socioeconomic status, living status or conditions (e.g., homelessness), mental status (e.g., alcohol or drug dependent), age group, sexual orientation, etc.
- **Value cultural beliefs of patients and clients**
  - Express willingness to work collaboratively
  - Builds trusting relationships
    - Can take time
    - Show respect for cultural beliefs

Characteristics of Culturally Competent Practices (HRSA)

- **Recognize the complexity in language interpretation or translation.**
  - Differences in language use within cultural groups
  - Cultural variations, dialects within a language group
  - Literacy levels
- **Facilitate learning between providers and communities served.**
- **Involve the community in defining and addressing service needs.**

Characteristics of Culturally Competent Practices (HRSA)

- **Collaborate with other agencies.**
  - Pool and share resources, data, information
  - e.g., demographic data collection and epidemiology, development of outcome-based criteria, creation of language-appropriate materials, ongoing ethnocultural training.
- **Professionalize staff hiring and training.**
  - Recruitment and retention of staff that represents the local demographics.
  - Training for all staff
    - consistent, ongoing and an institutional priority
- **Institutionalize cultural competency.**
  - Integrated into mission, strategic planning, evaluation, continuous quality improvement,

Domains to Assess Cultural Competence

- **Values and attitudes**
  - beliefs held by healthcare professions, organizations that influence health care delivery
  - acknowledges/respects different cultures, diversity, mission
- **Cultural sensitivity**
  - providers' heightened awareness and can be a precursor to changing values, attitudes, and behaviors
  - clinical and non-clinical encounters, non-verbal communication, visual representation

Source: Health Resources and Services Administration
http://www.hrsa.gov/culturalcompetence/measures/sectionii.htm#_ftn4

- **Communication**
  - how the exchange of information among those involved in care delivery occurs
  - communication styles, interpreter, translated materials, linguistically competent organization, linguistic capacity of the provider, language ability of consumer, provide information, cultural brokering
- **Policies and Procedures**
  - programmatic and planning vehicles through which organizations can facilitate the provision of culturally competent care.
  - choice of health plan network and providers, grievance and conflict resolution, planning and governance, adequate financing, staff hiring/recruitment, incentive systems, policy development

Source: Health Resources and Services Administration
http://www.hrsa.gov/culturalcompetence/measures/sectionii.htm#_ftn4

Domains to Assess Cultural Competence

- **Training and Staff Development**
  - providing professionals with the requisite knowledge and skills to supply culturally competent care
  - new staff orientation, structured opportunities for ongoing learning, bilingual training, assessment of the knowledge and skills/attitudes of the provider, cultural knowledge, knowledge of community needs, provider preparation
- **Facility characteristics, capacity, and infrastructure**
  - access and availability of care and the environment in which it is provided, including location, physical resources, and information systems.
  - accessible services, physical environment, information system

Source: Health Resources and Services Administration
http://www.hrsa.gov/culturalcompetence/measures/sectionii.htm#_ftn4

- **Intervention and treatment model features**
  - evaluation, diagnosis, treatment, and referral and how culture-specific knowledge and sensitivity can enhance them.
  - diagnosis, care planning, referral, and treatment, quality of care, health benefit design, input into treatment decisions, ethno pharmacology, traditional healers, interdisciplinary teams
- **Family and community participation**
  - role of the family and community in achieving quality health care
  - family-centered care, community and consumer participation, community outreach
- **Monitoring, evaluation and research**
  - Assess progress in cultural competence efforts as well as to create and disseminate new knowledge.
  - consumer satisfaction, community needs assessment, organizational assessment evaluation of health plans and providers

Source: Health Resources and Services Administration
http://www.hrsa.gov/culturalcompetence/measures/sectionii.htm#_ftn4

Conclusions

- Many interrelated factors affect the dynamics of aging
- Cultural diversity in health care has a tremendous impact on issues of satisfaction with health care and health outcomes
- There will be exponential growth expected among the minority elderly
- A better understanding of our minority elders will help to identify challenges experienced by those aging individuals and their families.
- Policy makers, practitioners, researchers and organizations should address those challenges to improve access, quality and the costs of health care for the minority elder

Cultural Competency Resources

- HRSA Cultural Competency and Health Literacy Resources for Health Care Providers
  http://www.hrsa.gov/culturalcompetence/
- US Dept. of Health and Human Services, Office of Minority Health
  http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=3
- National Center for Cultural Competence
  http://nccc.georgetown.edu/index.html
- Agency for Healthcare Research and Quality, Health Literacy and Cultural Competency
  http://www.ahrq.gov/browse/hlitix.htm
- National Network of Libraries of Medicine
  http://nnlm.gov/mcr/resources/community/competency.html
- Cultural Competence in Healthcare: Emerging Frameworks and Practical Approaches
  http://www.commonwealthfund.org/usr_doc/betancourt_culturalcompetence_576.pdf

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