



# Ethnogeriatrics and Cultural Competence

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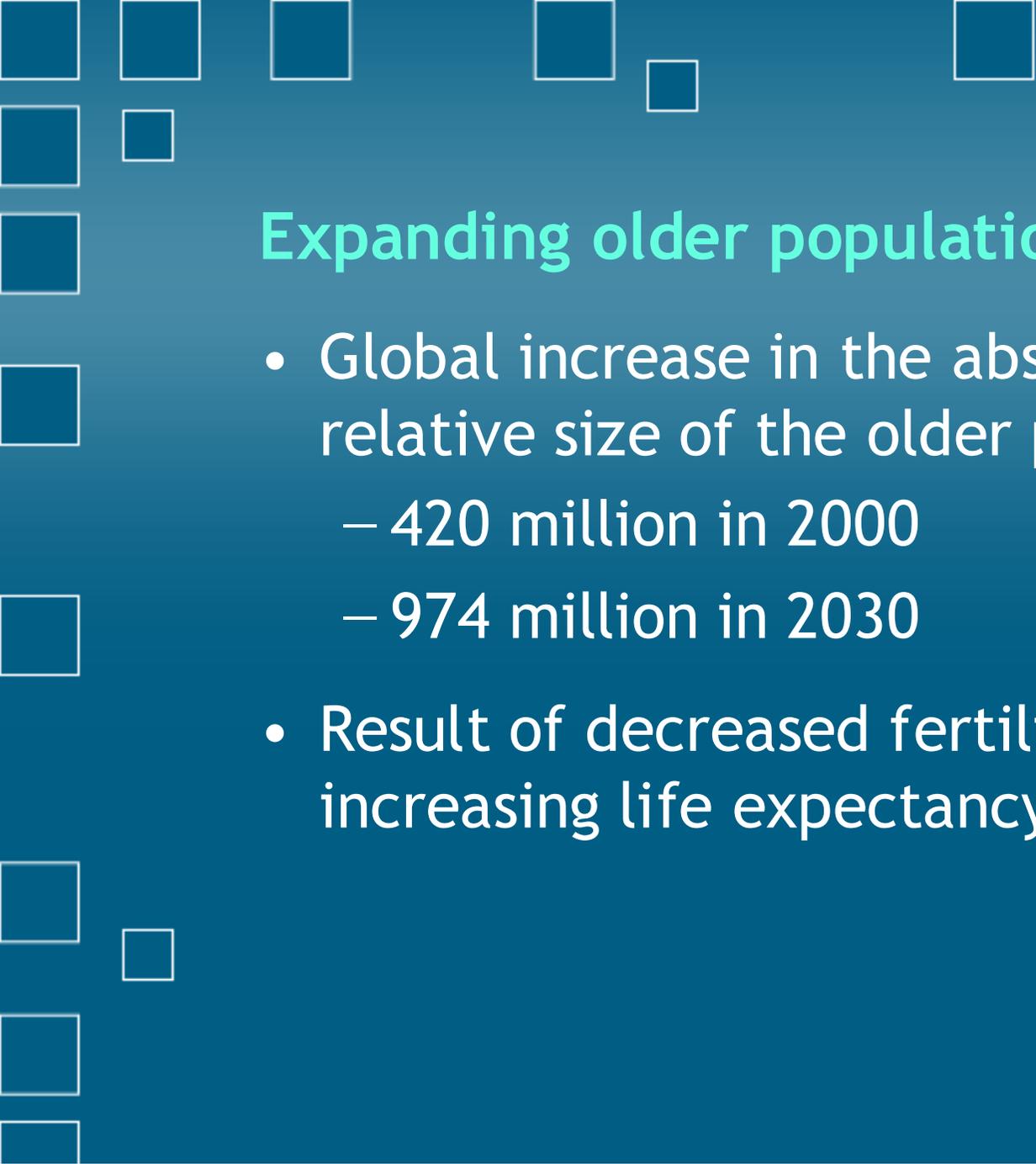
## Ethnogeriatrics defined by the American Geriatrics Society

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



## Ethnogeriatrics

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- 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

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## 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





## 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 +





• **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





## 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:

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- The nature and causes of illness
  - What is proper, preferred, and effective treatment
  - The likely health outcomes
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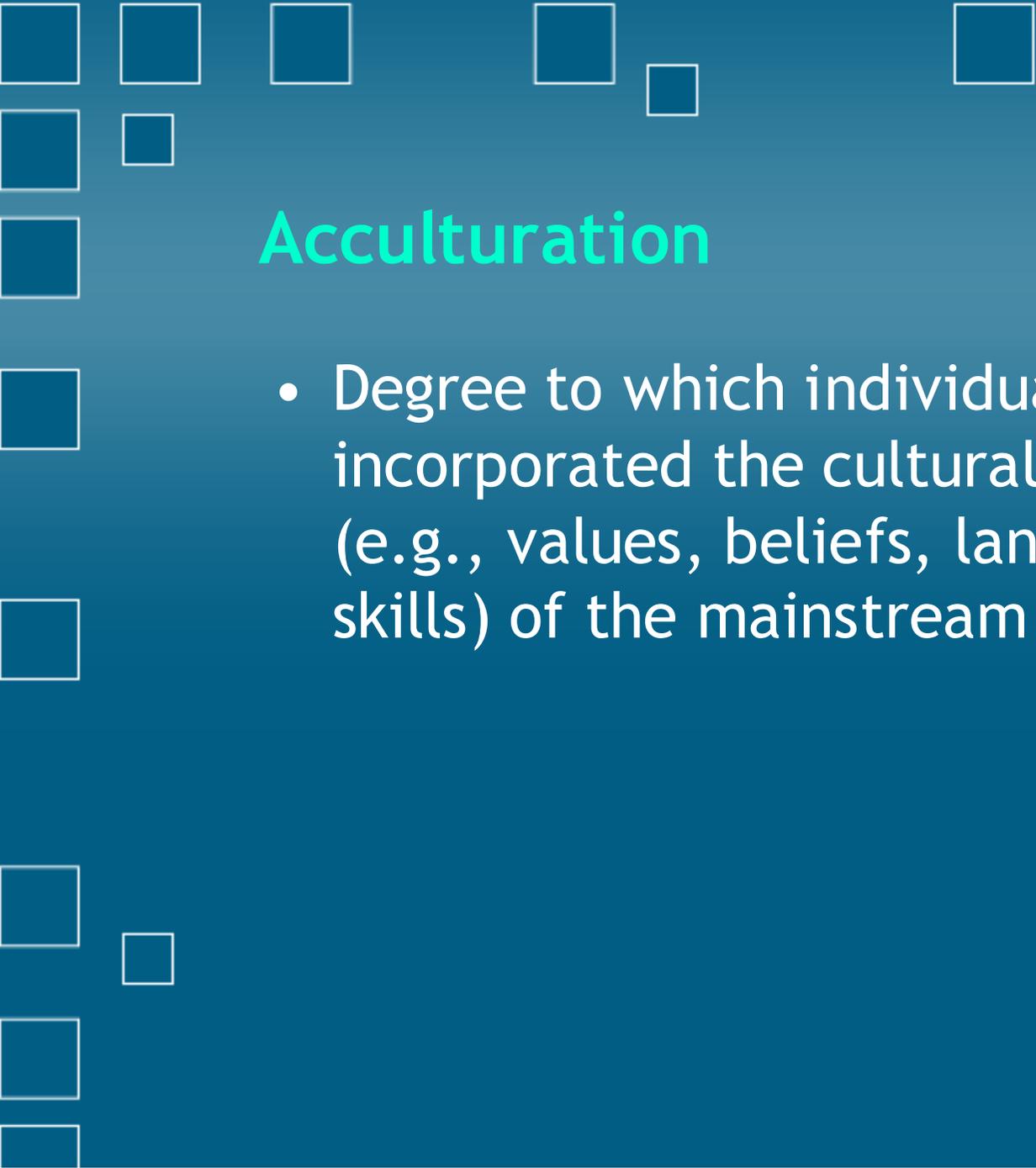
## Why Consider Culture?

- 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
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## 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

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## 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
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## Health Disparities

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

## Health Disparities: Life Expectancy

	<i>Non-Roma</i>	<i>Roma</i>
<b>Bulgaria</b>	72.3	66.6
<b>Ireland</b>		
Males	71.6	61.7
Females	77.2	65.3
<b>Czech Republic</b>		
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

## 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)



## Roma Health Beliefs: Hospitals

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- 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



## Roma Health Beliefs: Gender, Age and Sexuality

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- 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



## 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



## Roma Health Beliefs: Death

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- 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



- **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
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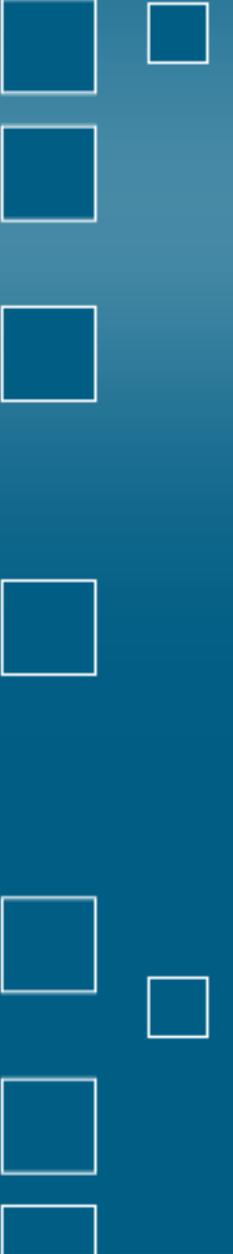


## The Culture of Western Medicine

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- **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
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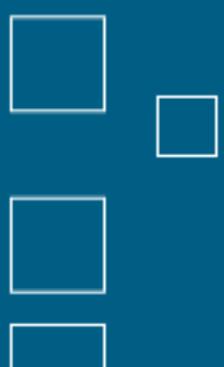
# Cultural Competence



## 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>



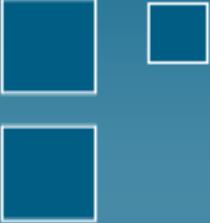
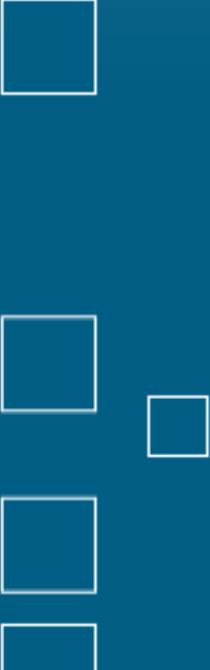


**Cultural competence can help to better meet the needs of diverse aging populations.**





## Provider Cultural Competency

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- 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
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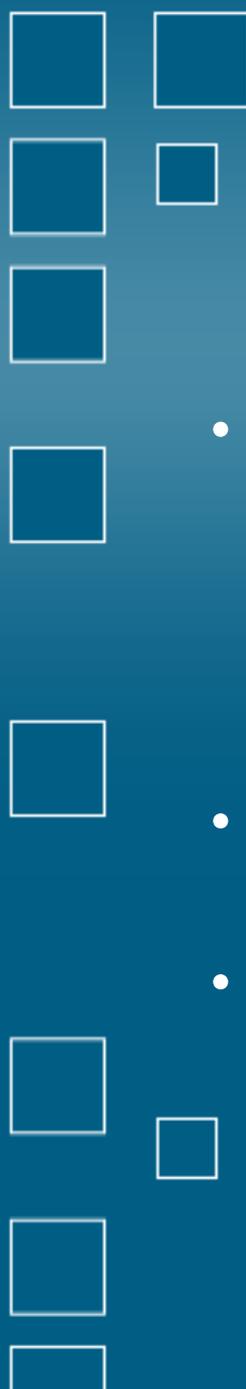
## Assessing Provider Cultural Competency

- 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
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## 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
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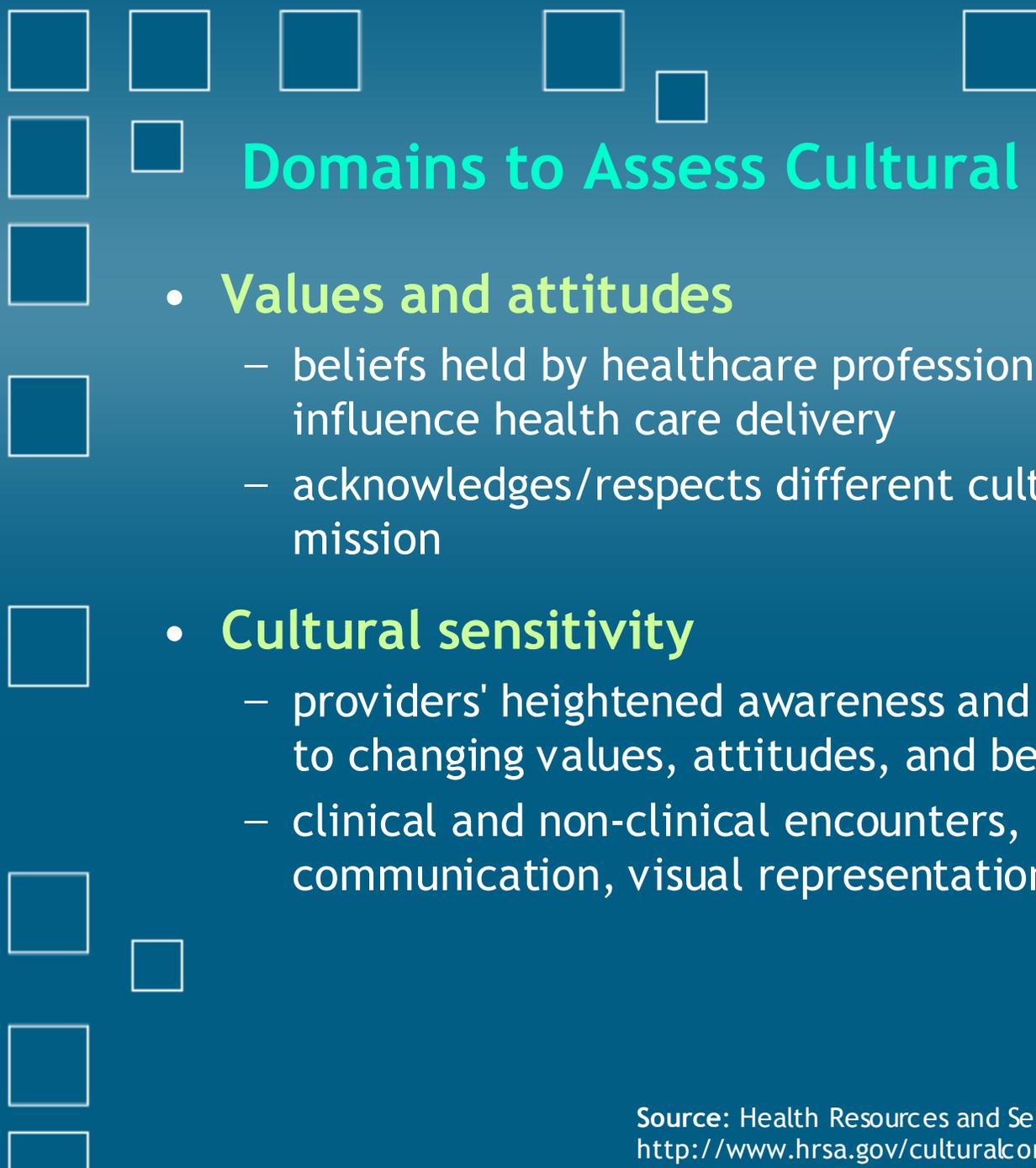
## Characteristics of Culturally Competent Practices (HRSA)

- **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



- **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



## 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



- **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



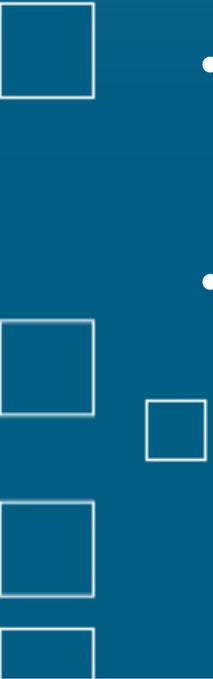
- **Monitoring, evaluation and research**

- 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





## 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
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## 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://nml.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](http://www.commonwealthfund.org/usr_doc/betancourt_culturalcompetence_576.pdf)



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