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The Role of Culture on Behavioral Health Services: Using a Cultural Humility Approach to Improve Access to Services for Immigrants and Refugees

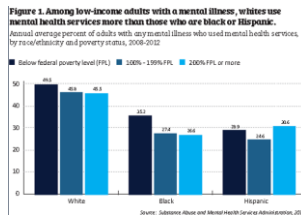


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Health and Behavioral Health Disparities

» "The 2013 and 2017 National Healthcare Disparities Reports showed that White patients received better quality of care than Black Americans, Hispanic, indigenous communities, and Asian patients" (Hall et al., 2015 and 2017 National Healthcare Quality and Disparities Report).

» According to the [National Institute of Mental Health](#), "members of racial and ethnic minority groups in the U.S. are less likely to have access to mental health services, less likely to use community mental health services, more likely to use inpatient hospitalization and emergency rooms, and more likely to receive lower quality care."



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Biases

1. Medical practices are universal.
2. Assigning poor-health outcomes to cultural factors.



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Bias 1: Medical practices are universal

- » We use our own culture to standardize human behavior ignoring the reality that these perceptions are ethnocentric.
- » Our society has defined mental health and mental illness in a way that corresponds to our underlying Western-majority culture. But this does not necessarily correspond to the majority of the World's population. What is seen as "normal" is shaped by views, assumptions, and orientations that are, at their core, cultural judgments (Alegria et al., 2011).

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Bias 1: Medical practices are universal

Who are the people studied in behavioral science research?

- » A recent analysis of the top journals in six sub-disciplines of psychology from 2003 to 2007 revealed that 68% of subjects came from the United States, and a full 96% of subjects were from Western industrialized countries, specifically those in North America and Europe, as well as Australia and Israel (Arnett 2008). The make-up of these samples appears to largely reflect the country of residence of the authors, as 73% of first authors were at American universities, and 99% were at universities in Western countries. This means that 96% of psychological samples come from countries with only 12% of the world's population."

Henrich et al, 2010

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Bias 2: Assigning poor-health outcomes to cultural factors

- » In 2009, Hruschka found 95 Public Health articles published in 2008 that reference culture being related to health outcomes. In 40% of the articles, researchers state that culture influences health behavior and 18% of articles describe culture as a source of measurement problems. These articles use culture as a way to explain group differences or contradictory findings that could not be accounted for by other factors. (Kawaga Singer et al, 2016).

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Two Challenging Ideas

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- Health practitioners and our health system are holders of culture

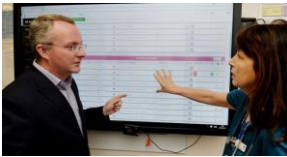
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- We reproduce stereotypes and over-generalized representations of immigrants and refugees

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1. Culture of health professionals and the health system



» "The effect of culture might therefore seem overt when a clinician attempts to care for someone from another society, but when we think of how culture affects behavior in a hospital, we might not view such activities as cultural in nature" (The Lancet Commissions, 2014)

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2: Defining culture to avoid stereotypes

- » Most of the definitions of culture do not reflect its dynamic nature.
- » Generalizations should be accepted cautiously because each individual respond differently to social and cultural norms.
- » Reduction to a checklist of the health professional-patient relationship.
 - When patients do not follow treatments, doctors put the responsibilities on the patients and their cultures and they are labeled as non-compliant.

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2: Defining culture to avoid stereotypes: Biases health providers have towards certain groups

Approaching patients with a dominant and condescending tone.

Failing to provide interpreters when needed

Doing more or less diagnostic work

Recommending different treatment options for patients based on assumptions about their treatment adherence capabilities

Grant special privileges to some patients

(Hall et al., 2015)

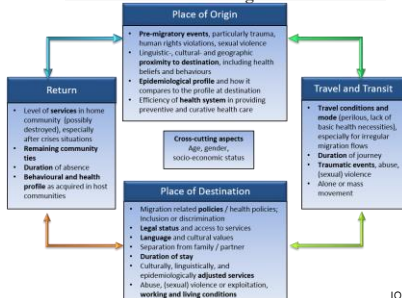
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2: Defining culture to avoid stereotypes



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Social Determinants of Migrant Health



IOMUN Migration

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Cultural Humility Approach

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Cultural Humility

- » Cultural Humility incorporates a lifelong commitment to self-evaluation and critique, to redressing the power imbalances in the physician-patient dynamic, and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations (Kimbib-Lamouche, 2012).

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Cultural Humility

- » From a cultural humility approach, health can be defined as a life lived in balance with all the other systems of which an individual is a part of. This includes systems such as environment, community, and family. In this definition, a health care system and health services developed to provide or promote health would need to be holistic, flexible, and responsive not just to the disease or condition but to the individual and restoring the balance necessary for health (Kimbib-Lamouche, 2012).

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Cultural Humility

- » 1. Start with yourself:
- » What do we prioritize on a health visit?
- » What are the goals that are pursued by your hospital/organization?
- » Is your organization business driven?
- » Are your goals to optimize your time over the patients' needs?

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Cultural Humility

- » 2. Avoid single narratives:
- » The strategy to improve access to health services should not be to learn and understand general facts about each culture.
- » We should emphasize getting to know each individual and provide a safe space for each patient to openly share their stories of wellbeing, health, and illnesses.
- How can health professionals understand patients' capacities for participating in patient-driven health improvement if caregivers are prohibited from, or not interested in, gaining a full understanding of patients' needs? (The Lancet Commissions, 2014)

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Cultural Humility

- » 3. Develop relationships based on trust and respect:
- » If we think of patients as having knowledge we can improve how educational resources are given to patients to adjust their own behaviors and improve their health.
- » Health professionals should share information based on the premise of "finding common ground" with a patient's idea of health and their culture.
- If most accurate diagnoses are made by careful intake case stories, how can health professionals be allotted more time to develop trusting relationships with the patients they serve? (The Lancet Commissions, 2014)
- <https://www.facebook.com/ajplusenglish/videos/1035702169904623/>

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Cultural Humility

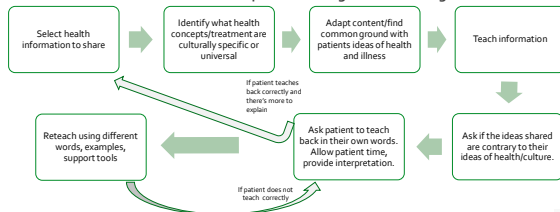
4. Cultivate intercultural health communication:
- » Clinical systems and health professionals should cultivate social engagement between themselves and patients.
 - » Be open to listen and learn about people's beliefs about what constitutes effective health care and their personal capacity to prevent illness outcomes.
 - » The Agency for Healthcare Research and Quality (2019): *"many patients leave their healthcare visit unsure of what their provider asked them to do or what was discussed. Nationwide, only 12% of adults have proficient health literacy. That means almost 9 out of 10 Americans find it challenging "to obtain, process, and understand basic health information and services needed to make appropriate health decisions."*

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Cultural Humility

4. Cultivate intercultural health communication:

Teach-Back Method Adapted for Immigrants and Refugees



Adapted from Agency for Healthcare Research and Quality

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Questions?

Thank You

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