



Cultural Competency = Patient Centered TB Care

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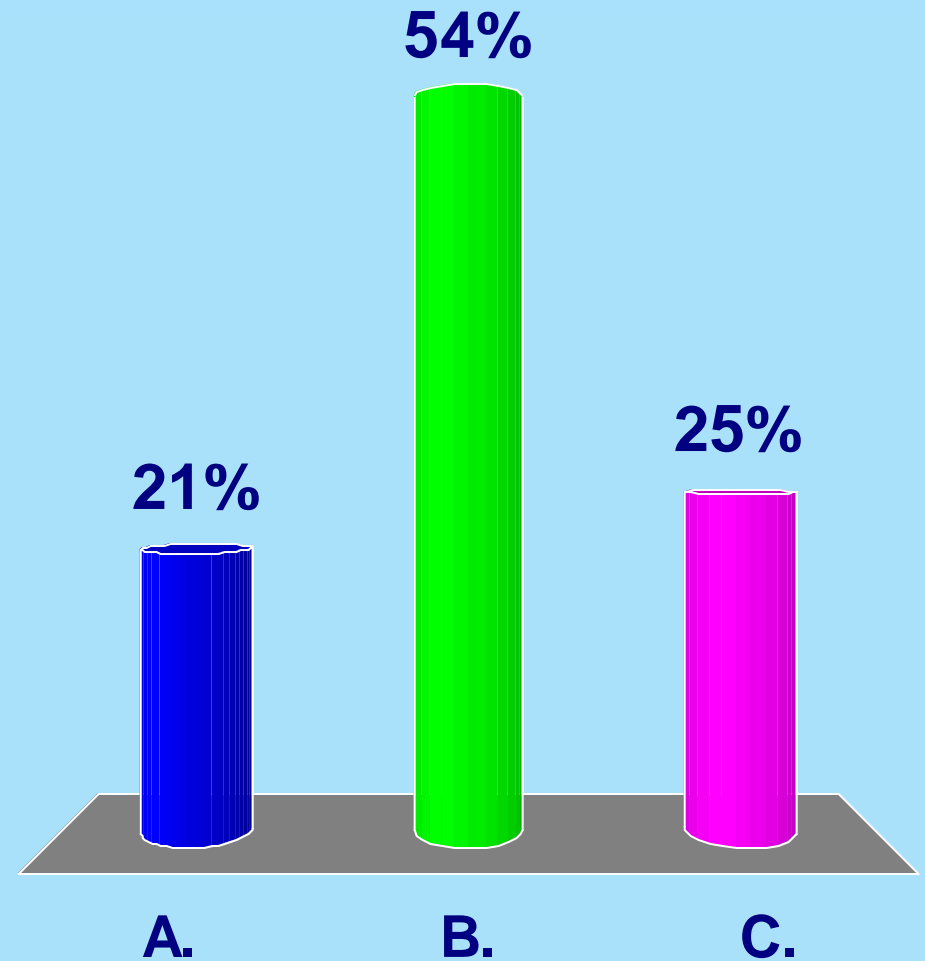
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**DO NOT
FLUSH
PAPER TOWELS,
NEWSPAPER,
WRAPPING PAPER
RAGS, DISPOSABLE
DIAPERS, SANITARY
NAPKINS,
TAMPONS
PLASTIC, STICKS,
ETC., DOWN
TOILET.**



Where were you born?

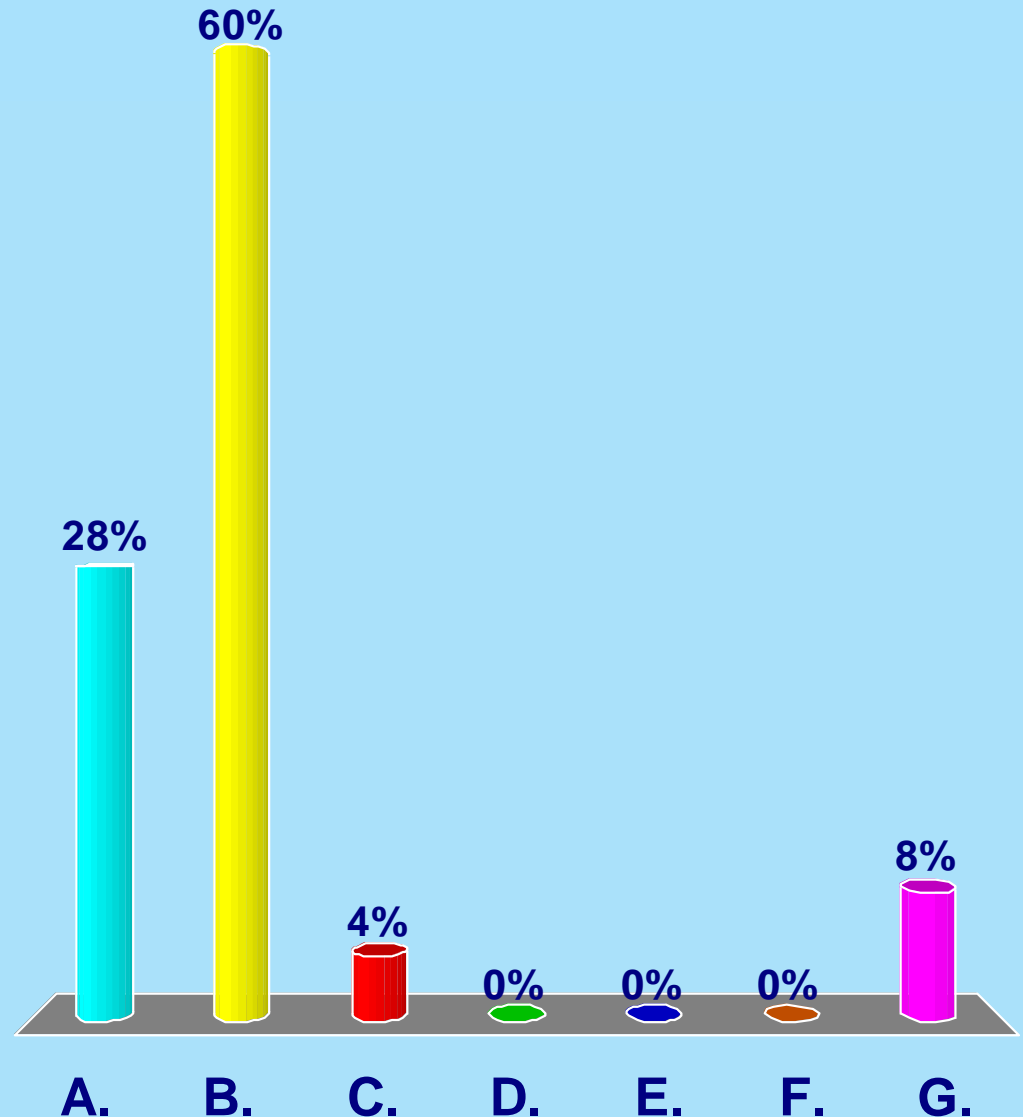
1. Born in Connecticut
2. Born in US but not CT
3. Born outside of US





What is your profession?

- A. Physician
- B. Nurse
- C. Nurse Practitioner/
Physician Assistant
- D. Outreach Worker
- E. Health Educator
- F. Public Health
Administrator
- G. Other





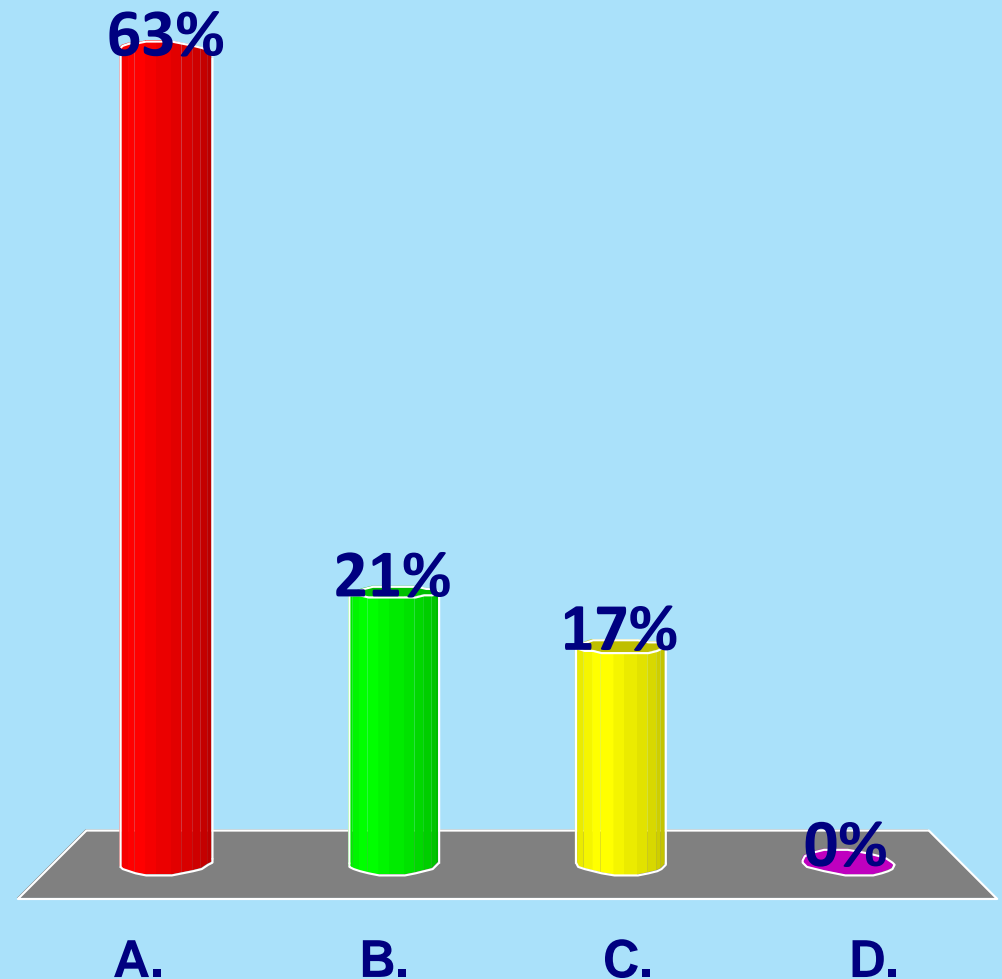
How many languages do you speak?

A. Speak only 1 language

B. Speak 2 languages

C. Speak 3 languages

D. Speak 4 languages



Culture

A specific set of social, educational, religious, and professional behaviors, practices, and values that individuals learn and adhere to while participating in or out of groups they usually interact with.

Durham et al, 1997



Photo: Ed Zuroweste MD

Cultural Competency

The knowledge and interpersonal skills that allow providers to understand, appreciate, and work with individuals from cultures other than their own. It involves an awareness and acceptance of cultural differences; self-awareness; knowledge of the patient's culture; and adaptation of skills.

Culturally Competent Healthcare for
Adolescents
AMA, 1994



Photo: Ed Zuroweste MD

Three Components of Cultural Competence

- **Self-Awareness**
 - Recognition of our own biases
- **Knowledge**
 - Recognition and appreciation of cultural differences
- **Skills**
 - Ability to ask the right questions and engage the person in communicating his or her cultural values



Photo: Ed Zuroweste MD



Recognizing our own biases

- **42 year old Hispanic male, arrived in the United States “undocumented” at age 19 as a migrant farmworker**
- **24 year old white female graduated from Yale at age 21 daughter of physician mother and lawyer father**
- **17 year old African American female with one child age 6 months**



Surprise

“Roberto” studied to become MD

Assistant Professor at a well-known School of Medicine

Director of a Research Program

What would you think about if you were preparing to deal with the culture of the health profession?

What if it were a foreign medical graduate?



Surprise

“Mary” has had substance abuse problems since her early teenage years. Presents to you for treatment of active TB following her recent discharge from her third Drug/Alcohol Rehab for chronic meth-amphetamine addiction. She is HIV and HepC positive.



Surprise

“Nakisha” will be graduating from an inner-city high school in NYC this May as the Valedictorian of her class. She has scored 1540 on her SATs and has a full scholarship to Harvard in the fall.

Her pregnancy was the result of a rape when she was 15.

She is scheduled to see you today because she had a positive TST when she had her college PE, she remembers being told that her grandmother died of TB when she was a young child.



Definitions

- **Cultural Knowledge**

- Familiarization with selected cultural characteristics, history, values, belief systems and behaviors of the members of another ethnic group.

- **Cultural Awareness**

- Developing sensitivity and understanding of another ethnic group. Usually involves internal changes in terms of attitudes and values.

Cultural Diversity

- Between and within.
- Primary diversity: nationality, race, color, gender, age, religion.
- Secondary diversity: education, occupation, marital status, parental status, geographic locale, etc.



Photo: Ed Zuroweste MD



Cultural Sensitivity

Knowing that cultural differences as well as similarities exist, without assigning values to those differences.

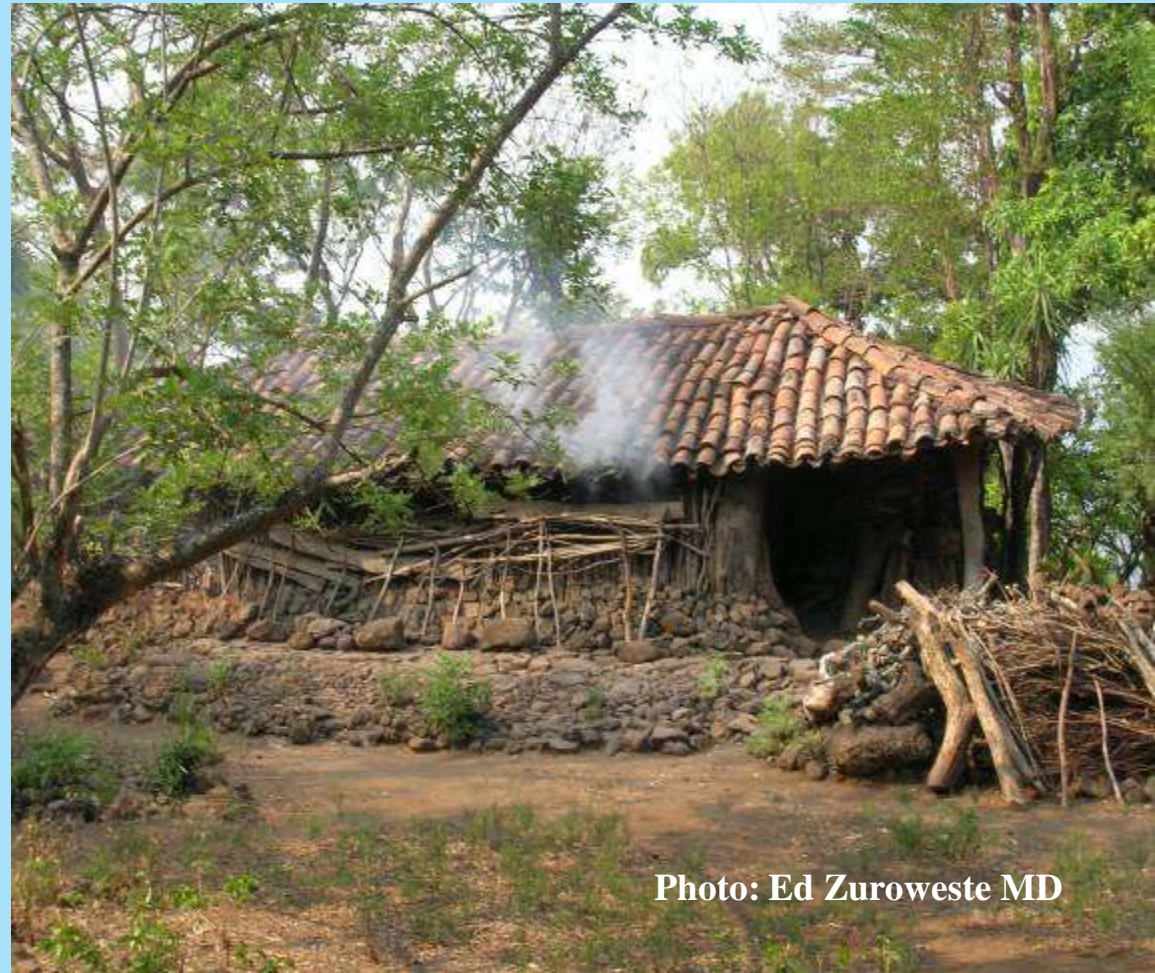


Photo: Ed Zuroweste MD



CONFHER

- **Communication Style**
- **Orientation**
- **Nutrition**
- **Family relationships**
- **Health Beliefs**
- **Education**
- **Religion**



Photo: Ed Zuroweste MD

Skills

- **Explanatory model**
- **Working with interpreters**



Explanatory Model

- Patient/Client centered
- Doesn't require exhaustive knowledge
- Recognizes individuality
- Allows cultural humility
- Allows collaboration and negotiation



Photo: Ed Zuroweste MD



Sample Questions for Explanatory Model

- What do you think is causing your illness?
- What have you done to treat this?
- Have you asked anyone else to help you?
- Do you have an explanation for why it started when it did?
- What does your sickness do to you? How does it work?
- What kind of treatment do you think you should receive?



Photo: Ed Zuroweste MD

Sample Questions for Explanatory Model

- What do you call your problem?
- How long do you think it will last?
- Do any foods, drinks or medicines from home help you?
- What advice or help to you get from family, friends, or other healers?
- How are you raising your children? Like you were raised? How are you doing it differently?
- Does your faith or religion affect your health?



Photo: Ed Zuroweste MD



Translation and Interpretation

- Translation—written
- Interpretation—oral
- Plan ahead
- Avoid jargon or technical terms
- Ask one question at a time
- Think of several ways to restate



Photo: Ed Zuroweste MD



Encounters in Context

- Impatience and annoyance may be your signal of an intercultural misunderstanding
- Personal questions asked of you by a patient may reflect a cultural need for trust and reassurance
- If patients repeat your instructions in exact form, there is a likelihood they do not understand. Rephrase and ask for recapitulation
- Hesitation may indicate you've hit a cultural wall
- Try to treat the way the patient likes to be treated rather than the way you like to be treated – be flexible

Language

- **Must communicate in patient's native language**
- **Use professional medical interpreters whenever possible or:**
 - Bilingual trained staff
 - Language line
 - A former patient from community
 - Other unrelated bilingual individual (only in emergencies)



Photo: Ed Zuroweste MD

Interpretation

Interpretation Dos:

- Have interpreter sit beside and slightly behind patient
- Establish “ground rules” with interpreter before patient interview
- Speak directly to the patient not to the interpreter
- LISTEN to patient
- Pay close attention to “body language”



Photo: Ed Zuroweste MD

Interpretation

Interpretation Don'ts

- Do not use family, especially children!
- Make sure interpreter is “qualified”
- Do not speak directly to the interpreter or phone
- Be sensitive to possible cultural differences (some cultures do not appreciate “looking you in the eye”)



Photo: Ed Zuroweste MD

Communication Skills

- Do not rely on brochures
- Don't shout
- Avoid slang or jargon
- Encourage questions
- Pay attention to nonverbal cues
- Respect privacy, modesty



Photo: Candace Kugel CNM



First Encounter Importance

- Spend as much time as possible during first nursing, outreach, physician encounter
- Establish caring/open relationship
- Explain TB in simple terms to make sure patient understands
- What does Dx TB mean to you?
- Have you known anyone with TB?
- What treatment have you already tried/from whom?
- How is TB treated in your home country?
- What is your greatest concern?



Follow-up encounters

- How do you feel about someone coming to your home or work for DOT?
- Do you plan to move before treatment completion?
- What problems or issues might prevent you from completing your treatment?

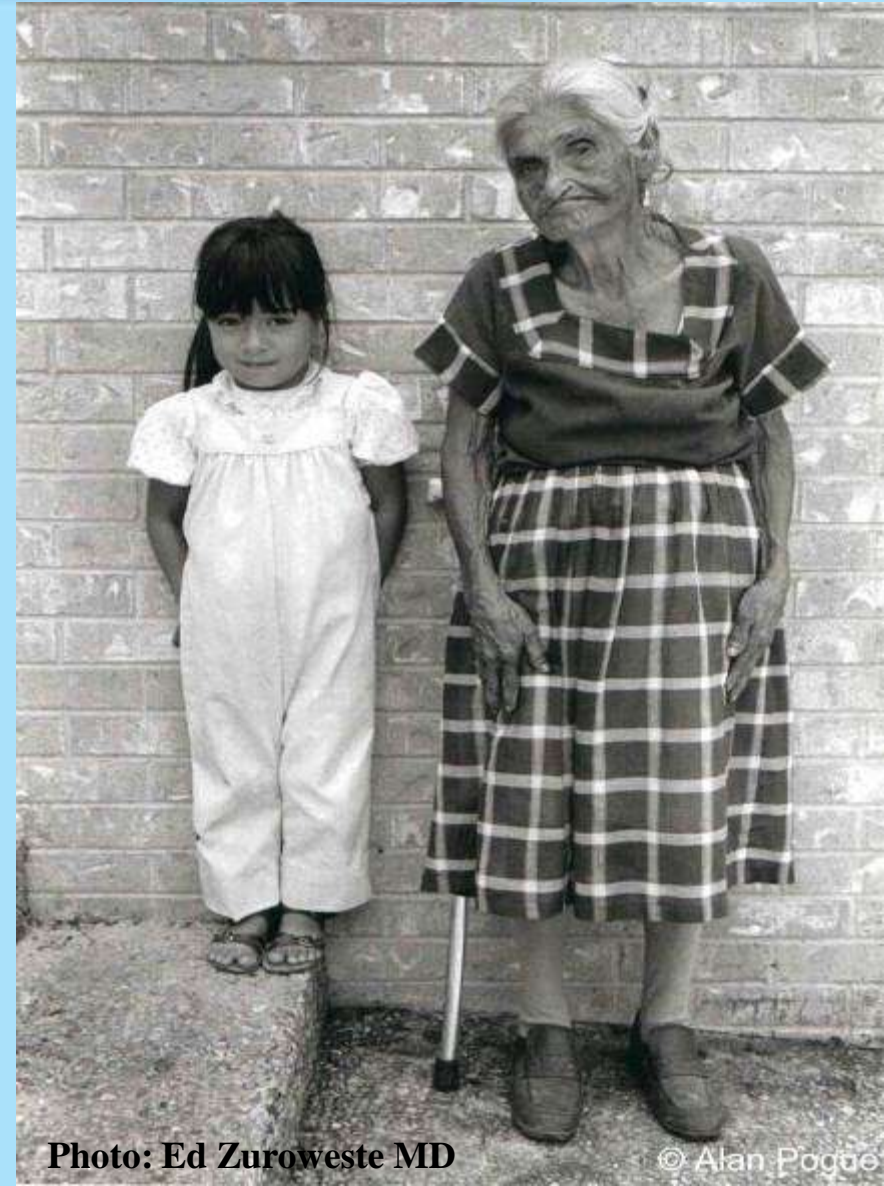


Photo: Ed Zuroweste MD



Alternate Techniques

- Providers not able to understand all cultural aspects of TB patients from very large global pool
- Be “open-minded”, non-judgmental
- Ask questions and respond with empathy and adjustments to protocols when necessary without compromising treatment outcomes



Photo © Alan Pogue

Photos ©
Alan Pogue



Team Approach Important

- Very important when working with FB patients
- Team may need to be enlarged to include:
 - Interpreters
 - Community health workers (*promotores*)
 - Spiritual leaders
 - Non-traditional healers



Photos © Ed Zuroweste



Educational Materials

- ***Cultural Competency and Tuberculosis Care: A Guide for Self-Study and Self-Assessment***
- ***TB & Cultural Competency: Notes from the Field (newsletters)***
 - <http://www.umdny.edu/globaltb/products/newsletter.htm>
- **CDC ethnographic guides – Mexican, Vietnamese, Hmong & Chinese**
 - <http://www.cdc.gov/tb/publications/guidestoolkits/EthnographicGuides/default.htm>
- **Southeastern National TB Center – cultural snapshots**
 - 31 country guides (<http://sntc.medicine.ufl.edu/Products.aspx>)



Multimedia Resources

- **Virginia Dept of Health Division of TB Control**
 - Web video and mobile video on 7 different topics
 - <http://www.healthyroadsmedia.org/topics/tuberculosis.htm>
- **Minnesota Department of Health – Refugee Health & TB Program**
 - 20 min clip (video/DVD) TB awareness message, available in 7 different languages
 - <http://www.health.state.mn.us/divs/idepc/diseases/tb/echo.html>
 - *TB & One Man's Story* (26 min DVD in Somali)
<http://www.health.state.mn.us/divs/idepc/diseases/tb/videos.html>



Interpretation Resources

- ***Making the Connection: An Introduction to Interpretation Skills for TB Control, 2nd Ed***
 - http://www.currytbcenter.ucsf.edu/products/product_details.cfm?productID=EDP-09W
- **International Medical Interpreters Association**
 - <http://www.imiaweb.org/>
- **Translation Plus**
 - <http://www.translationplus.com/>



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Acknowledgements



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