Tackling Health Inequalities for Children and Adolescent Patients from Diverse Cultural Backgrounds through Communication Support

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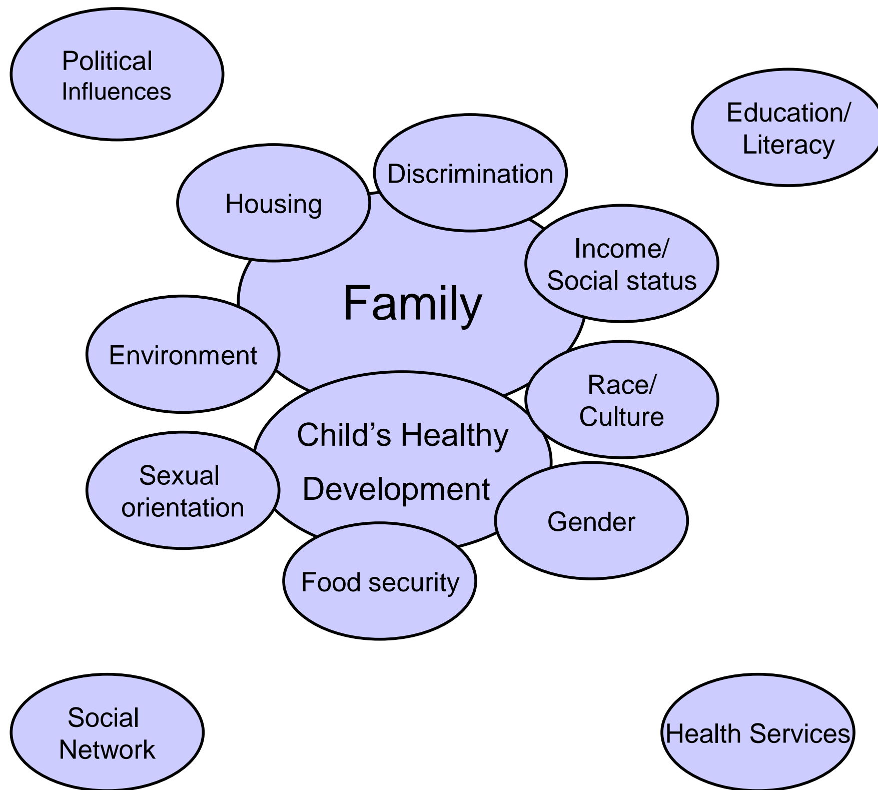
Background to Health Inequalities

- Social Determinants of health developed by WHO in 2005, elaborated on by UNA Canada and others



- In healthcare, global issues (such as poverty) tend to be seen as individual problems and social (or health) determinants tend to be seen as lifestyle issues

- Canadian focus on *population health* using multi-strategic approach (diabetes, asthma, smoking cessation, hypertension etc)

- Quebec Action plan to Combat Poverty and Social Exclusion (Employment, Food Security, Day Cares, Parental Leave, literacy, perinatal and child development)

Cultural Collaboration

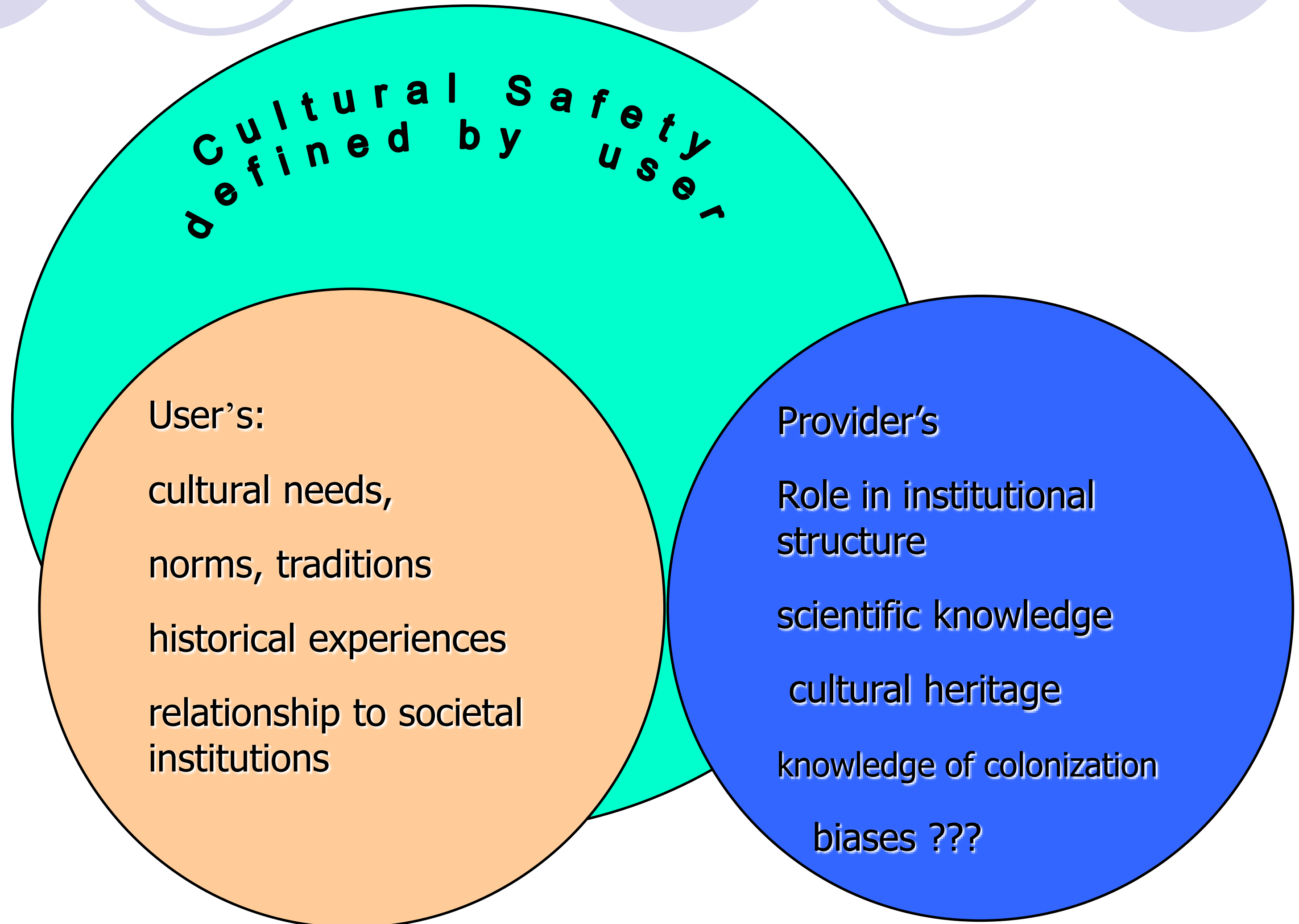
- Committing to ongoing individual and collective awareness of inherent biases and stereotypes
- Acknowledging the presence of systemic racism and discrimination
- Willingness to work through these issues to redress inequities in the patient - clinician relationships
- Arriving at mutually agreed upon goals while respecting patients' cultural needs and preferences
- Including negotiation within the healthcare system and the wider community

Mandate:

Promote awareness of sociocultural inequities and collaborate in advancing equitable health care delivery through:

- Language and cultural interpretation
- Library services
- Cultural consultation
- Training in diversity and racism awareness

Cultural Safety in Communication



Cultural Communication Styles

High Context Cultures

- Communication nuanced, brief
- Less written/structured information
- Understandings of what is communicated is based on prior knowledge and relationships
- Historical relationships strong
- Boundaries - members or non-members
- Knowledge depends on situations, relationships
- Decisions based on personal face-to-face relationships, often involve a known key person who has authority

Low Context Cultures

- Knowledge is generally defined, categorized and in public domain
- Events, meetings, relationships are structured and separate
- Interpersonal connections are many and brief
- Knowledge and terminology often transferable
- Task-centered. Decisions based on what needs to be done, division of responsibilities

Adapted from Edward Hall (1976, 1990)

Crossover between High and Low Context Cultures

High context

Practiced in Asian, Middle Eastern, Mediterranean cultures etc

In general, seen in small groups, families etc

Homogenous communities

A form of texting

Low Context

Practiced in North American, Nordic cultures etc

In general, Seen in large organizations

Where there is great diversity

Low and High

High and Low contexts can be evident in varying degrees in the same setting

Organizations may appear low context upon entry but become high context when key decisions have to be made

High/Low Context Cultural Encounters

- High contexts hard to enter. An outsider lacks context, cannot refer to commonalities or use familiar gestures. Instant relationships not possible
- A low context person will have difficulty extracting clear information, may sense reticence and a reluctance to engage
- Low contexts easier to enter as an outsider. Instructions and information readily available
- One can participate sooner, form relationships by completing a task. Depth of relationship less important
- However, high context persons not ready to engage at this level so soon in the encounter

Examples of confusion between high/low contexts in Emergency

- Reticence to speak (high context) due to historical oppression, lack of context. Direct questions intrusive (time needed for reflection and to build rapport)
- Poverty not always visible
- Religious beliefs not discussed
- Authoritarian or permissive parenting styles may or may not be cause for concern
- Gender or sexual preference issues may be concealed

Incorporating Cultural Safety into Patient Safety Checklist

- Patient's name and chart number (verified twice)
- Language of origin
- Proficiency in English or French
- Cultural, religious background
- Socioeconomic status: Mode of transport
- Familiarity with hospital (earlier and/or repeat visits)
- Literacy levels (How does patient prefer to receive information)
- Family's interpersonal communication style (high or low cultural context will effect disclosure, trust and decision making)
- Clinician's cultural context (high or low)
- Parent's/Patient's perception of the illness
- Medications or cultural health practices
- Clinician's explanation of the illness
- Discuss and negotiate treatment
- Examine self and others for biases
- Engage in social interaction before proceeding
- Encourage reflection on previous experiences
- Become familiar with family members present
- Remain alert to patient inequities (address issues of power, discrimination, poverty)
- Address perceived reluctance to engage
- Define goals consistent with patient or client's social/cultural framework

Communication Improvement Evaluation

- A communication improvement evaluation process is conducted annually. Results show that patient satisfaction and involvement in therapeutic alliance, and collaboration among MCH services to better address communication issues, have increased over the years.
- Patient satisfaction rate over 80% in 2008

Red Flags for Limited English/French proficiency

An interpreter or sociocultural consultation is recommended :

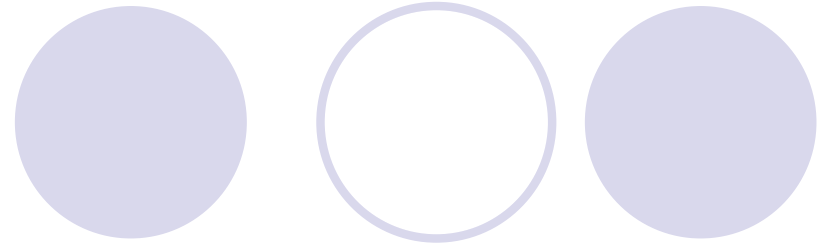
- When parents demonstrate signs that they do not understand
  (lack of focus, agreeing or disagreeing out of context, frustration, impatience, etc.)

- When health care provider is unable to obtain data from one of two parents because of language, cultural or literacy barriers

- When health care provider attempts to get confirmation of what s/he has just explained but parents are unable to repeat or demonstrate understanding.

- When health care provider perceives that any or all parts of the communication (regarding the illness) are unclear

Before the end of the assessment, parents should be asked if there is any missing information that the health care provider should know



Upcoming Projects:

- Interpreter Survey designed to identify and concerns of patients and families using Emergency (cultural health practices, food security, housing etc.)
- Initiation of a Black Health Education research project
- Multilingual materials on chromosomes, information dispelling myths around genetic testing

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