Stigma and Cultural Competency

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Objectives

- Explain how cultural factors influence the interaction between TB patients and healthcare professionals
- Describe the attributes of a culturally competent healthcare professional
- Discuss stigma and its manifestations in TB
- Identify techniques and approaches that can be used to achieve effective cross-cultural communication when interviewing TB patients and contacts

Importance of Culture to TB
EXERCISE: Put yourself in their shoes...

- Arrive in foreign country after...
- Get sick with cough, fever...
- Try to find health care but don’t know the system
- They do tests you do not understand and treat you like...
- They say you have a disease that you know kills people!
- They prescribe lots of pills, more than you can swallow. You will have to take these for months.
- Then they threaten to talk about it to people in your home, work, school... and test them too.

What have you seen?

What experiences have you had of how patients from other cultures react when faced with
- TB diagnosis?
- TB treatment?
- TB contact investigation?

Culture can affect...

- Experience of psychological distress, description of symptoms – and communication about these
- Perceived causes of illness, understanding of ‘infection’, ‘transmission’ and who ‘contacts’ are
- Health-seeking behavior, ‘gate-keepers’
- Understanding of disease process, treatment expectations and decisions
- Interaction with health care system and health care professionals, communication styles
- Attitudes towards helpers, authorities, revealing contacts
- Names and relationships of contacts
Stigma of a serious infectious disease

- Avoidance – people stop visiting you
- Culture of silence – hide illness, hide treatment
- Rejection – co-workers reject/present being tested
- Fear – of reprisals, of complicating others’ lives
- Shame – “dirty” disease of poverty, poor sanitation, malnutrition
- Disbelief – professionals may not Think TB; patient may worry Do I really have it?
- Misdiagnoses – may delay treatment
- Wearing the mask – mark of Cain
- Isolation – in hospital, from groups
- Guilt – over possibly infecting others
- Coinfection/co-morbidity – HIV, diabetes, alcoholism, mental illness
- Poverty – unable to work, depend on others

Moya and Lusk; Two Case Studies in El Paso, Texas and Ciudad Juarez, Mexico

“To learn every aspect of each culture that could influence the patient encounter is impractical, if not impossible”

130:829-834.

What is Cultural Competence?

“To be culturally competent doesn’t mean you are an authority in the values and beliefs of every culture. What it means is that you hold a deep respect for cultural differences and are eager to learn, and willing to accept that there are many ways of viewing the world.”

~ Okokon O. Udo, BD, PhD, CPCC ~

“'A set of congruent behaviors, attitudes, and policies which come together in a system, agency, or amongst professionals to work effectively in cross-cultural situations.'

“The state of being capable of functioning effectively in the context of cultural differences.”

Towards a Culturally Competent System of Care. Cross et al., 1989; Georgetown University Child Development Center
...while 'the specific features of the cultural values and practices of particular ethnic communities constitute one challenge to providing appropriate care', there nonetheless needs to be developed 'a general personal adaptability to inter-ethnic contacts' otherwise culture specific knowledge is 'unlikely to be employed sensitively and appropriately'.


**General First, then Specific**

**General Cultural Comparison**

<table>
<thead>
<tr>
<th>“Western” Culture</th>
<th>“Other” Cultures</th>
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</thead>
<tbody>
<tr>
<td>Fix it</td>
<td>Accept it</td>
</tr>
<tr>
<td>Control nature</td>
<td>Balance with nature</td>
</tr>
<tr>
<td>Do something now</td>
<td>Wait and see</td>
</tr>
<tr>
<td>Strong measures</td>
<td>Gentle approach</td>
</tr>
<tr>
<td>Plan ahead</td>
<td>Take life as it comes</td>
</tr>
<tr>
<td>Standardize (treat everyone the same)</td>
<td>Individualize</td>
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</tbody>
</table>

Office of Minority Health’s Cross Cultural Physician Toolkit.

**Communication Styles**

**High context (indirect) vs. low context (direct) cultures**

‘Context’ refers to the assumption of how much is already known (but unspoken) about the interaction. Each kind of culture has its own communication style.

Our US culture may be more low context, comprised of diverse groups of people, valuing individualistic attitudes and clear, direct verbal clues. The goal of communication is most often to exchange information, facts, or opinions.

Some other cultures may be seen as more high context, more collective, favoring indirect nuance-filled communication over the literal meaning of the spoken word. The goal of communication is often to prevent disagreement and preserve harmony.

**EXERCISE:**

**Self-reflection on other cultures**

- Think of norms/values/traditions of your culture
  - How do you feel about these?
  - How do these benefit you?
- Think of norms/values/traditions of other cultures
  - How do you feel about these?
  - How do these benefit people from those cultures?
- Does this make you more understanding and sympathetic?
4 Elements of Culturally Sensitive Interaction

- Awareness of our own cultural values
- Awareness & acceptance of cultural differences
- Development of cultural knowledge
- Ability to adapt to fit client's cultural context

What do you want to find out from each client?

- Language and literacy level
- Health knowledge, health beliefs
- Health seeking behaviors
- Daily routine activities (work, leisure)
- Relevant relationships (contacts)
- Visitors, travel
- Decision making preferences
- Perception of "western" medicine or our health care system
- Relevant incentives

Get to know the individual

- How do you prefer to be addressed?
- What country did you grow up in?
- Are you more comfortable reading information in [your native language] or in English?
- Tell me about how important healthcare decisions are made in your family...
- Are there certain health care procedures and tests which your culture prohibits?

Explanatory Models Approach

- What do you call this problem?
- What do you believe is the cause?
- What course do you expect it to take? How serious is it?
- What do you think TB does inside your body?
- How does TB affect your body and your mind?
- What do you most fear about this TB?
- What do you most fear about TB treatment?

Open-Ended vs. Closed-Ended Questions

**Open-Ended**
- Usually require more than a one-word answer
- Give us a window into what the patient is thinking and feeling
- Give the patient an opportunity to tell his or her story

**Closed-Ended**
- Best used to obtain specific pieces of information. Avoid at the start of treatment (except when seeking identifying information).
- Easy to answer, code or document. Good for regaining or maintaining control of an interaction, obtaining clarification, or getting discussion back on track

Open-ended Questions (Examples)
- What do you think would happen if you took your TB medicine everyday?
- Tell me about how important healthcare decisions are made in your family...
- Tell me about how privacy is maintained in your family, particularly for health related issues...(individual level or family level?)
- How do you feel about knowing that you have TB?

Knowledge - 1
- **Attitude**
- **Knowledge**
- **Skills**
- Self awareness
- Knowledge of patient population
  - (Some knowledge of) acceptable social behaviors
  - (Some knowledge of) cultural health beliefs
- Stereotyping vs. Generalizing
- Cultural Competency Continuum
- Working with interpreters
Knowledge - 2
(Acceptable?) Social Behaviors

In SOME cultures, the following behaviors can be considered offensive or may not be reciprocated:

- Strong handshake
- Staring, direct questioning, or direct eye contact
- Getting “down to business” immediately – asking “how are you?” in passing without truly listening for response
- Speaking to younger family members before addressing or speaking with the eldest
- Addressing or speaking to a woman directly rather than her husband or another male family member
- Winking
- Pointing with hands
- Smiling

Knowledge - 3
Cultural Health Beliefs

What are some examples of TB related health beliefs that you have encountered?

- “Folk” illnesses
- “Folk” medicines
- Common health beliefs: diet, hot and cold foods, bathing, cause and effect, spirituality

Skills - 1
Demonstrating Respect

The patient’s idea of respectful behavior may not be the same as yours.

Suggestions:

- Explain why you must ask personal or sensitive questions (suspicion of TB, HIV status)
- Watch for patient’s verbal and non-verbal cues; allow time for patient to ask questions at frequent intervals
- Acknowledge non-traditional living situations (e.g., joint or extended families, homeless shelters, same-sex partners)
- Acknowledge the possible stigma of a TB diagnosis
- Do not ask about immigration status
- Provide appropriate health education
- Ask questions - you don’t have to know everything!

Skills - 2
Working with Interpreters

- Pre-interview planning
- Give priority to the primary relationship
- Positioning
- Speak in first person
- Ask for clarifications
Humble Suggestions -1

- Attempt to learn a few words or phrases in the patient’s language
- Treat all “facts” you learn about cultural variables as possibilities; turn facts into questions
- Try not to rush; take your time and allow time for questions
- Use open-ended questions and a conversational questioning style

Humble Suggestions -2

- Avoid complicated explanations and medical jargon
- Always ask if you are unsure about cultural norms
- Remember, there is a tremendous amount of within group diversity – become a skilled observer!
- Take the time to find out what the patient’s preferences are and act accordingly

Humble Suggestions -3

- Remember, the absence of questions does not always indicate understanding
- There is no “cookbook approach” for treating or interacting with TB patients
- You don’t have to know everything
- Every encounter is a cross-cultural encounter!

Cultural Competency and TB Care

- A guide for self-study and self-assessment
- Collaborative effort between NE RTMCC, SE National TB Center, Heartland National TB Center, and U. of Alabama Lung Center
- For the public health workforce and other healthcare providers
- Covers knowledge, skills, and attitudes necessary for the ongoing development cultural competency in TB control activities
- Includes self-assessment exercise and teaching cases
Culturally appropriate patient education materials

Series of 6 materials

- English
- Spanish
- Tagalog
- Vietnamese (coming soon)

Self Assessment Exercise

- OBJECTIVES:
  - Recognize personal areas of strength in cultural sensitivity and those areas in need of improvement
  - Compare the identified areas of strength and those in need of improvement with others in the class
  - Identify ways of improving identified areas of cultural sensitivity