Multicultural Health Awareness & Health Equity for EMS Professionals

Washington State Department of **HEALTH**

Training Frequency:

- Training must be completed during all initial EMS education EMR, EMT, AEMT, and Paramedic courses.

- Training must be completed once every four years by all credentialed EMS providers.

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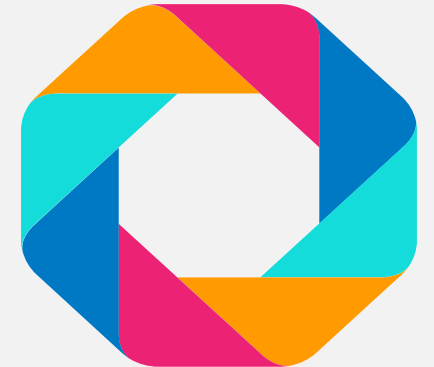
Course Objectives:

At the completion of this lesson, the student will be able to:

- Evaluate areas of personal knowledge, attitudes, and skills to help improve patient care to diverse populations.
- Formulate a plan to serve as a model for others when practicing cultural competency with patients, family, and bystanders.
- Develop awareness of one's own and others' biases and the implications in the healthcare setting.

Introduction:

Here and across the country, health disparities exist:

- Health care resources are distributed unevenly, and these inequities have permeated health care delivery, deepening adverse outcomes for marginalized communities.

- Many people do not receive health care or if they do, it is not the same quality of health care that other people receive.

- Washington State is a model in addressing health disparities.

Introduction:

Providing care for multicultural populations:

- By the year 2050, almost half the population will be from cultures other than white or non-Hispanic.
- Washington will need to address the needs of its changing population.
- We can help meet these health care needs by providing culturally and linguistically appropriate health care and by improving quality and access to care.

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Building a Foundation

Definitions:

- Explicit & implicit bias
- Race & ethnicity
- Sex & gender
- Culture - Cultural competence, cultural humility, cultural relativism, acculturation, culture shock, ethnocentrism, and racism
- Health - Determinants of health, health disparity, health equity
- Socioeconomic considerations – poverty and power

Building a Foundation

Definitions:

What is bias and how does it impact patient care?

- Explicit bias

- Implicit bias

Bias:

What is bias?

Understanding the difference between explicit and implicit bias.

Explore an Implicit Bias test such as:
[Take a Test (harvard.edu)](harvard.edu)

Bias:

Common biases during assessment and treatment

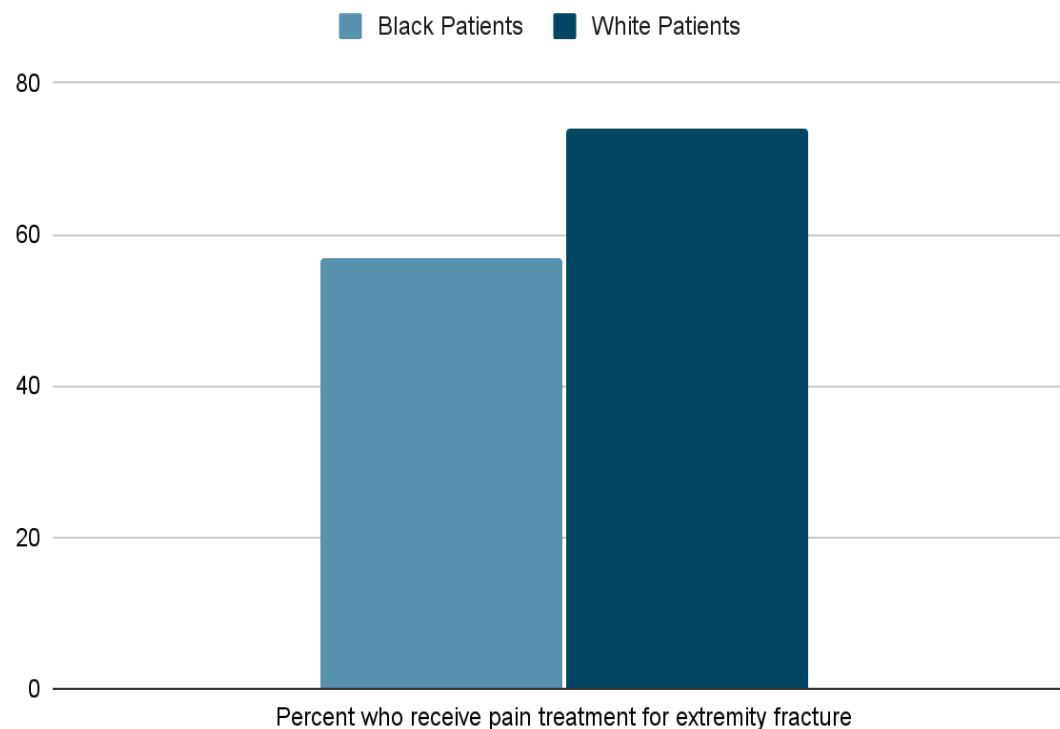Types of unconscious bias in clinical medicine:

- Anchoring bias

- Availability bias

- Confirmation bias

Bias Created Challenges:

Common biases during assessment and treatment
- Pain tolerance / Pain medication administration needs

Bias Created Challenges:

Table 1. Percentage of white participants endorsing beliefs about biological differences between blacks and whites

Item	Study 1: Online sample (*n* = 92)	Study 2 First years (*n* = 63)	Second years (*n* = 72)	Third years (*n* = 59)	Residents (*n* = 28)
Blacks age more slowly than whites	23	21	28	12	14
Blacks' nerve endings are less sensitive than whites'	20	8	14	0	4
Black people's blood coagulates more quickly than whites'	39	29	17	3	4
Whites have larger brains than blacks	12	2	1	0	0
Whites are less susceptible to heart disease than blacks*	43	63	83	66	50
Blacks are less likely to contract spinal cord diseases*	42	46	67	56	57
Whites have a better sense of hearing compared with blacks	10	3	7	0	0
Blacks' skin is thicker than whites'	58	40	42	22	25
Blacks have denser, stronger bones than whites*	39	25	78	41	29
Blacks have a more sensitive sense of smell than whites	20	10	18	3	7
Whites have a more efficient respiratory system than blacks	16	8	3	2	4
Black couples are significantly more fertile than white couples	17	10	15	2	7
Whites are less likely to have a stroke than blacks*	29	49	63	44	46
Blacks are better at detecting movement than whites	18	14	15	5	11
Blacks have stronger immune systems than whites	14	21	15	3	4
False beliefs composite (11 items), mean (SD)	22.43 (22.93)	14.86 (19.48)	15.91 (19.34)	4.78 (9.89)	7.14 (14.50)
Range	0–100	0–81.82	0–90.91	0–54.55	0–63.64
Combined mean (SD) (medical sample only)			11.55 (17.38)		

For ease of presentation, we shortened the items; see *SI Text* for full items and additional information. For ease of interpretation and ease of presentation, we collapsed the scale and coded responses marked as possibly, probably, or definitely untrue as 0 and possibly, probably, or definitely true, as 1, resulting in percentages of individuals who endorsed each item. Bold entries represent the items included in the false beliefs about biological differences between blacks and whites composite.
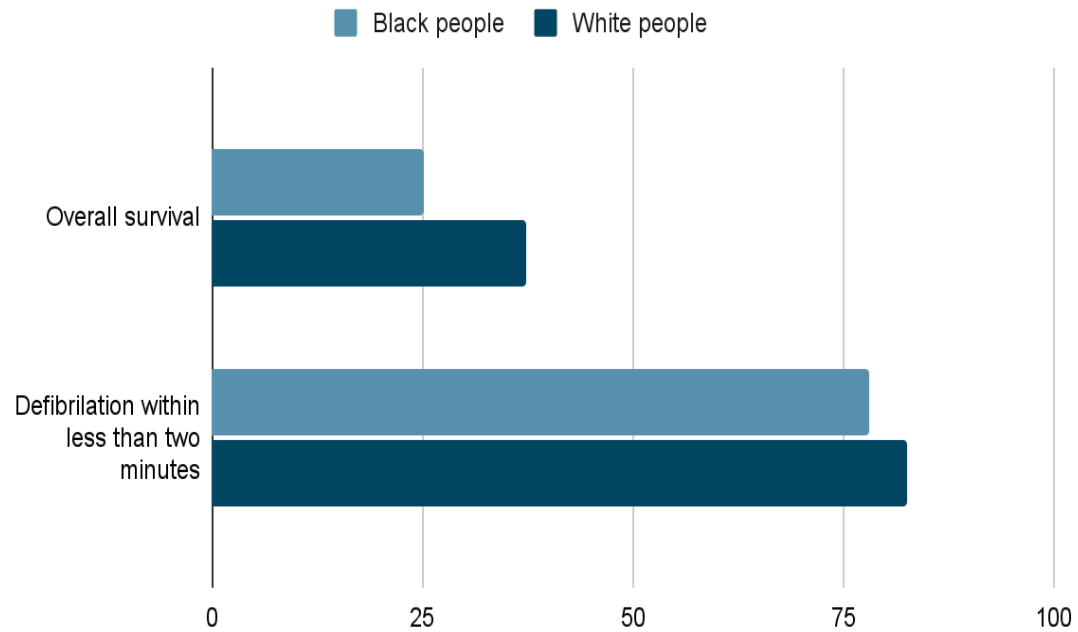*Items that are factual or true.

Bias Created Challenges:

Common biases during assessment and treatment

- Longer response times- impact cardiac arrest outcomes

Risk Ration-- Black people's chance of survival compared to white people's

■ Black people ■ White people

Slide content courtesy of King County EMS and 828 Flow ESJ Course Content 2023

Bias Created Challenges:

Race is not the cause, but it is a factor

"Our current scientific understanding of the biological basis of human genetic variation demonstrates that there are no biological features that are present in all members of one "race" group and not in others. While race is not a genetically meaningful category, it can still impact biology through the enactment of racist policies and practices - which result in inequities in areas such as healthcare."

-Fred Hutch Cancer Center

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Slide content courtesy of King County EMS and 828 Flow ESJ Course Content 2023
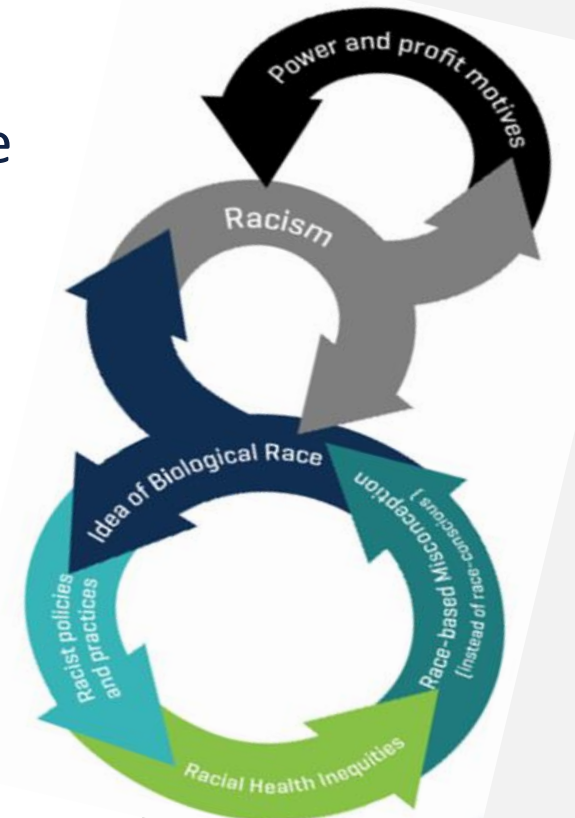
Building a Foundation:

Definitions: Race & Ethnicity

Ethnicity: Cultural factors that influence a person or community such as nationality, culture, ancestry, language, and beliefs.

Race: Socially constructed system of organizing people into groups based on characteristics such as cultural affiliation, physical appearance, language, national heritage, religion, or ancestral geographical base.

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Building a Foundation:

Definitions:

Sex/Biological Sex: distinguished as female or male especially on the basis of their reproductive organs and structures.

Gender/Gender identity: the behavioral, cultural, or psychological traits typically associated with one sex or a person's internal sense of being male, female, some combination of male and female, or neither male nor female.

Bias: Contributing Factors

- Racist policies and behaviors help create and reinforce inequities, including health inequities.

- Causes are comprehensive, diverse, and systemic.

- Knowledge of inequities must be used to help us identify areas where bias may be present so that we can work to be aware and take countermeasures.

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Overcoming Bias:

Overcoming bias to provide better patient outcomes

- Awareness of health disparities

- Awareness of provider's own biases

- Intentional Education

- Use of checklists / follow protocol

- Consideration of use of communication tools for patient (picture board, interpreter, other)

Building a Foundation

Definitions:

Culture –

- Cultural competence

- Cultural humility

- Cultural relativism

Building a Foundation

Definitions:

Culture –

- Acculturation

- Culture shock

- Ethnocentrism

- Racism

Culture:

Many things shape our personal culture including gender, race, age, sexual orientation, nationality, ethnicity, religious and political associations, physical ability, socioeconomic class, current realities, and life experiences.

Being culturally competent does not mean that you must be an expert on every culture.

Cultural Competence:

How can I provide quality care if every person has different views, different experiences, and may speak a different language than me?

Cultural Competence:
- It is the ability to function effectively in the context of cultural and social differences.
- It asks us to be aware of our own cultural worldview and respectfully engaging others with cultural dimensions and perceptions different from our own and recognizing that none is superior to another.

Steps To Cultural Competence:

Ask yourself the following questions:

- Awareness – Awareness of self includes information sharing about issues, positions, interests, and needs.
- What are my values?
- What are my personal biases and assumptions about people who are different from me?

Acknowledgement – means exploring differing values, not making assumptions, and shaping uninformed expectations of others.

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Steps To Cultural Competence:

Ask yourself the following questions:

Honest validation -

- Am I willing to learn more about a belief that is different from mine?
- Can I see the importance of a value that may be different from one I hold?

Negotiation –

- Are my values/viewpoints threatened by learning about a value/viewpoint that is different?
- Do I want to share information about my values with someone who does not share my experiences?

Acting –

- Can I challenge myself to see that different viewpoints/values contribute to my experiences and my self-awareness?
- Do I have enough information about my patient's experiences to understand my patient's health care needs?

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Comparing Cultural Norms and Values:

Aspects of Culture	U.S. Health Care Culture	Other Cultures
1. Sense of Self and Space	Informal Handshake	Formal Hugs, Bows, and Handshakes
2. Communication and Language	Explicit, direct communication Emphasis on content - meaning found in words	Implicit, indirect communication Emphasis on context - meaning found around words
3. Dress and appearance	"Dress for success" ideal Wide range in accepted dress More casual	Dress seen as a sign of position, wealth, and prestige Religious rules More formal
4. Food, and eating habits	Eating as a necessity - fast food	Dining as a social experience Religious rules
5. Time and time consciousness	Linear and exact time consciousness Value on promptness Time = money	Elastic and relative time consciousness Time spent on enjoyment of relationships
6. Relationship, Family, Friends	Focus on nuclear family Responsibility for self Value on youth, age seen as handicap	Focus on extended family. Loyalty and responsibility to family Age given status and respect
7. Values and Norms	Individual orientation Independence Preference for direct confrontation of conflict Emphasis on task	Group orientation Conformity Preference for harmony Emphasis on relationships
8. Beliefs and Attitudes	Egalitarian Challenging of authority Gender equity Behavior and action affect and determine the future	Hierarchical Respect for authority and social order Different roles for men and women Fate controls and predetermines the future
9. Mental process, and learning style	Linear, logical Problem-solving focus Internal locus of control Individuals control their destiny	Lateral, holistic, simultaneous Accepting of life's difficulties External locus of control. Individuals accept their destiny
10. Work habits, and practices	Reward based on individual achievement Work has intrinsic value	Rewards based on seniority; relationships Work is a necessity of life

Cultural Competence in the Healthcare Encounter:

How much cooperation and interaction is necessary to address barriers and provide culturally and linguistically appropriate services?

Cultural Competence in the Healthcare Encounter:

Cultural Understanding in Health Care Encounters

Understanding the issues facing patients can help the provider improve effectiveness in providing quality health care to all patients.

Cultural Competence in the Healthcare Encounter:

What to know:

- Communication about health often differs by ethnicity, age, socioeconomic status, geographic location, and sexual orientation.

- Differences in languages and non-verbal communication can lead to barriers that may impact the service being provided.

Cultural Competence in the Healthcare Encounter:

What to know:

Differences in perceptions of illness, disease, medical roles, and responsibilities.

- Western medicine has a distinct culture.
- Culturally based beliefs and traditions can affect the course and outcome of disease.
- Distrust in the medical system due to historical trauma.

Cultural Competence in the Healthcare Encounter:

What to know:

Preferences for treatment of illnesses

- People often hold to the healing traditions taught by their culture and family.

- Traditional medicine and modern medicine may coexist harmoniously.

- Health care providers may face challenges in helping patients overcome doubts about Western medicine.

Cultural Competence in the Healthcare Encounter:

What to know:

Socioeconomic status influences

- In 2021, 6.4% of Washington residents did not

  have health insurance.

- A larger number are underinsured according to US

  Census.gov.

- Access to education/literacy

- Economic stability

Cultural Competence in the Healthcare Encounter:

What to know:

- Geographical barriers to care- rural areas
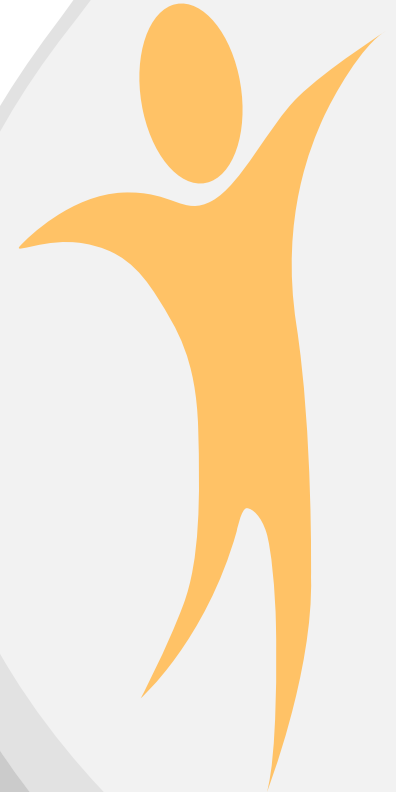
Cultural Competence in the Healthcare Encounter:

How to address barriers:

Addressing barriers needs the cooperation of the patient,

the care provider, and the organization or system where

the encounter takes place.

Cultural Competence in the Healthcare Encounter:

How to address barriers:

- Clear communication is the key to appropriate care.

- A communication approach that takes for granted a shared cultural background, gender orientation, and level of literacy may create instant barriers to care.

- Trust is important. If there is trust, the provider and patient can reach agreement about care.

Cultural Competence in the Healthcare Encounter:

How to address barriers:

- One program or service won't always work for all groups of a particular population.
- Awareness and respect
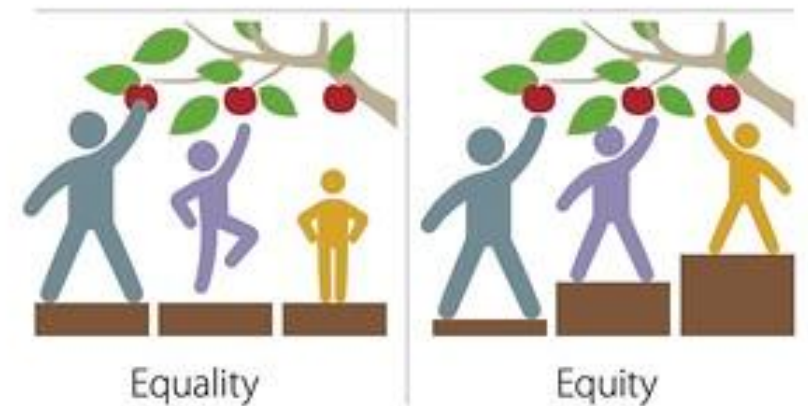- Provide culturally appropriate materials and language resources.

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Building a Foundation:

Definitions:

Health –

- Determinants of health

- Health disparity

- Health equity

Equality   Equity

Building a Foundation:

Definitions:

Socioeconomic considerations –

- Poverty & Power

An Overview of Health Disparities:

**The Washington State Board of Health (SBOH) provides the following definition of health disparity:**

- Health disparities describe the disproportionate burden of disease, disability, and death among a particular population or group when compared to the general population.

Enhancing Your Communication:

Improving Your Interpersonal Communication

- Slow down

- Use plain, non-medical language

- Show or draw pictures or use Medical Visual Language Translator cards

- Limit the amount of information provided and repeat it

- Use the teach-back or show-me technique

- Create a shame-free environment
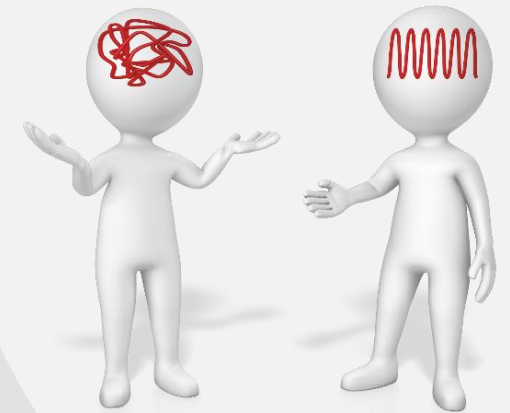
Enhancing Your Communication:

Obtaining information to help with patients and families from culturally diverse backgrounds:

- How do we get the information we need?
- Do we know if it is proper to ask questions of our patients?

We can start by asking permission

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Enhancing Your Communication:

Questions to help in the process of getting information you need:

So that I might be aware of and respect your cultural beliefs:

- Can you tell me what languages are spoken in your home and the languages that you understand and speak?

- Can you tell me about your beliefs?
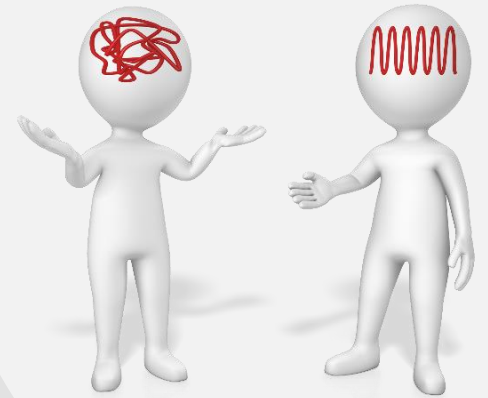
Enhancing Your Communication:

Obtaining information to help with patients and families from culturally diverse backgrounds:

- Do you use any traditional health remedies to improve your health?

- Is there someone with whom you want us to discuss your medical condition?

- Are there certain health care procedures and tests that your culture prohibits?

Enhancing Your Communication:

Questions to help in the process of getting information you need:

- Are there any other cultural considerations I should know about to serve your health needs?

- Is there anything else you would like me to know?

- Do you have any questions for me?
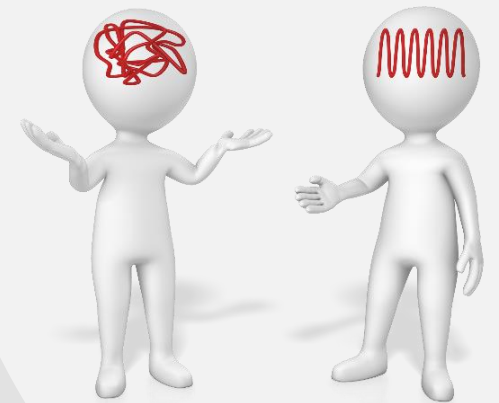
Enhancing Your Communication:

Obtaining information:

- The first statement is letting the patient know that you need them to help you. It is a thoughtful way of asking permission.
- The purpose of each question is to make communication respectful while establishing trust.

Addressing Language Barriers in Health Care:

System Challenges:

- Health care has its own terminology and even if the provider and the patient speak the same language, there are still challenges to effective communication.

- The quality of medical care is closely linked to how well providers meet the language needs of the patient.

Addressing Language Barriers in Health Care:

System Challenges:

- When providers and patients don't speak the same language, it takes more time and additional resources to ensure they receive the same level of care.

- Language barriers are often complicated by cultural differences between the provider and the patient.

Addressing Language Barriers in Health Care:

System Challenges:

It is vital to ensure you use effective communication and you have supports in place that can overcome these challenges related to language barriers.

Addressing Language Barriers in Health Care:

Patient Challenges:

- Lack of awareness of existing services and how to access them.
- Inability to communicate adequately with providers within the health care delivery system.
- Low patient satisfaction with cross-language encounters may lead to reluctance to return to the health care setting.

Addressing Language Barriers in Health Care:

Patient Challenges:

Research shows that even when patients who primarily speak a language other than English access health care, health care quality may be diminished, and health outcomes may be poorer for them than for other patients.

Addressing Language Barriers in Health Care:

Language barriers often cause health care providers challenges in the following tasks:

- In making an accurate diagnosis
- In meeting informed consent responsibilities
- While explaining care options (*This may lead to more limited options for the patient*)
- In encouraging patients to allow care they may not understand

Addressing Language Barriers in Health Care:

Linguistic Competency:

- Patients who primarily speak a language other than English experience language barriers during every health care encounter.

- Gaining access to care, reading forms, and understanding questions and directions present barriers from the outset.

Addressing Language Barriers in Health Care:

Resources to support this capacity may include:

- Trained medical interpreters

- Use of family members

- Bilingual/bicultural or multilingual/multicultural staff

- Print materials in easy to read, low literacy, picture and symbol formats

Addressing Language Barriers in Health Care:
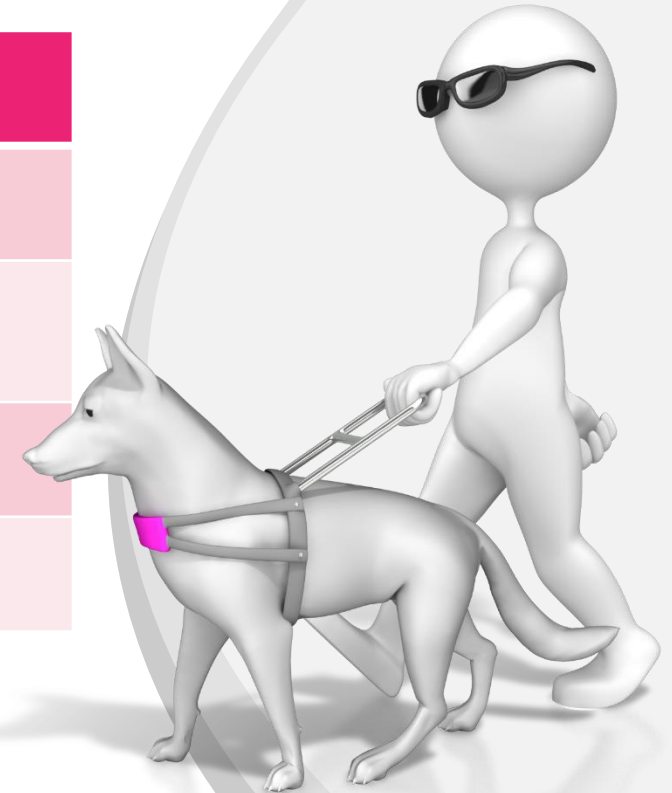
People First Language:

- People with disabilities are people first.
- People with disabilities are no more easily defined by their disability than they are by their gender, age, race, or national origin.
- Lack of awareness about disabilities can lead to unintended stereotypes and discrimination.
- The way we view and communicate with and about people with disabilities shapes our relationships.

Addressing Language Barriers in Health Care:

People first language puts the emphasis on the person before the disability:

Preferred	Avoid
A person who uses a wheelchair	Wheelchair bound/confined
A person who has a developmental disability	Mentally impaired
A person who is deaf	Hearing impaired
A person with a disability	Handicap, special needs

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Addressing Language Barriers in Health Care:

People First Language

- Refer to a person's disability only if it is relevant.

- Avoid terms that lead to exclusion ("special" is associated with "separate" and "segregated" plans and services).

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Using Interpreters:

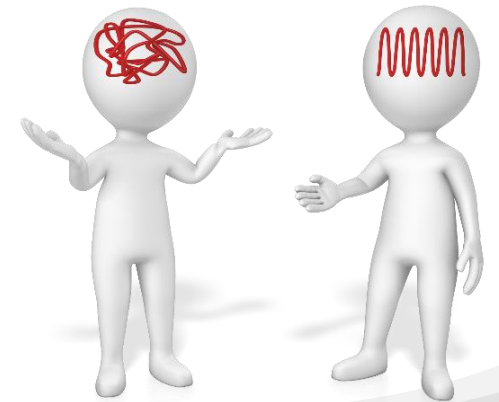**Good care means having good communication:**

Options-

- Onsite or Teleservice professional interpreter

- Family Members

- Engaging with local community for positive

outcomes

Tips on Working Effectively with Interpreters:

12 Tips on Working Effectively with An Interpreter

1. Brief the interpreter

2. Speak directly to the patient

3. Segments

4. Clarifications

Tips on Working Effectively with Interpreters:

5. Ask if the limited English proficient (LEP) person understands

6. Do not ask for the interpreter's opinion

7. Everything you say will be interpreted

8. Avoid jargon or technical terms

Tips on Working Effectively with Interpreters:

9. Length of interpretation session

10. Reading scripts

11. Culture

12. Closing of the call
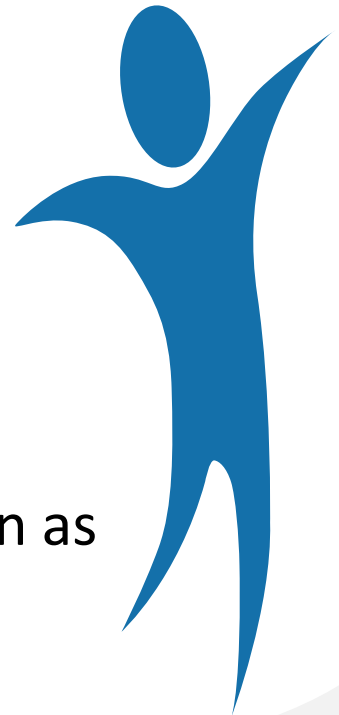
System & Organization Improvement:

- Institutions are designed to give a consistent level of service for the greatest number of people in the most cost-efficient manner.

- Many find that providing culturally and linguistically appropriate services not only improves patient care but can also improve efficiency.

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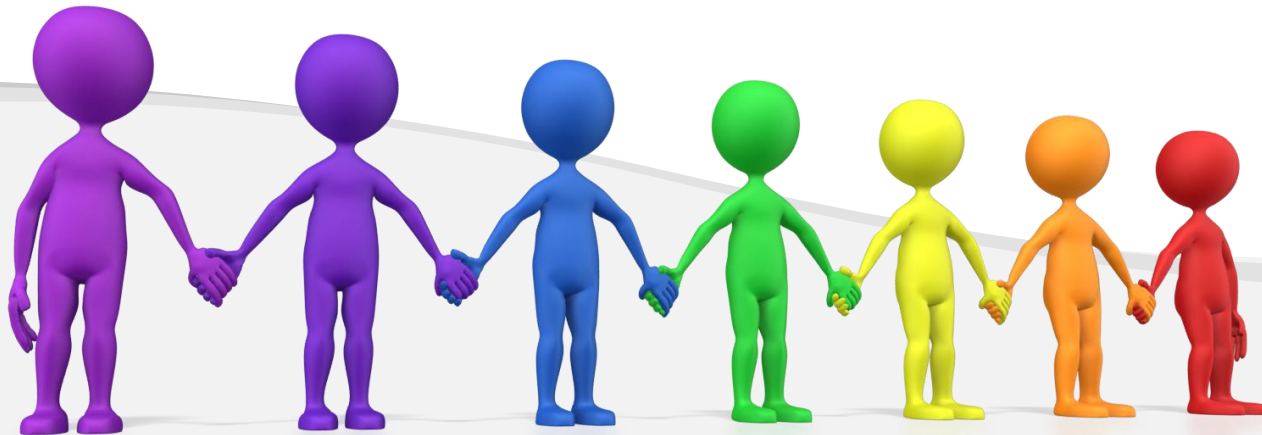
System & Organization Improvement:

Systems that successfully provide culturally, and linguistically competent services tend to:

- Define culture broadly
- Value clients' cultural beliefs
- Recognize complexity in language interpretation
- Facilitate learning between providers and communities
- Involve the community in defining and addressing service needs
- Collaborate with other agencies
- Recognize training in cultural competence and medical interpretation as equally important as training in other essential clinical skills
- Institutionalize cultural and linguistic competence

System & Organization Improvement:

Engaging the community in their health care will help us create solutions to meet the challenges we face in providing culturally and linguistically appropriate care.

Tools to Help Provide Culturally & Linguistically Appropriate Services:

Six Steps to Community Engagement

1. Go into the community and establish relationships, build trust, work with formal and informal leadership, and seek commitment from community organizations and leaders to create processes for mobilizing the community.
2. Remember and accept that community self-determination is the responsibility and right of all people who comprise a community.
3. All aspects of community engagement must recognize and respect community diversity. Awareness of the various cultures of a community and other factors of diversity must be paramount in designing and implementing community engagement approaches.

Tools to Help Provide Culturally & Linguistically Appropriate Services:

Six Steps to Community Engagement

4. Community engagement can only be sustained by identifying and mobilizing community assets, and by developing capacities and resources for community health decisions and action.

5. An engaging organization or individual change agent must be prepared to release control of actions or interventions to the community and be flexible enough to meet the changing needs of the community.

6. Community collaboration requires long-term commitment by the engaging organization and its partners.

System & Organization Improvement:

Culturally and Linguistically Appropriate Services (CLAS):

The CLAS standards present an approach that includes:

- Promoting culturally and linguistically appropriate services in policy and practices, recruitment and leadership, and workforce development.
- Offering language assistance and providing easy to understand materials in languages commonly used in the area.
- Assessing the organization's culturally and linguistically appropriate services through data collection and evaluation.

System & Organization Improvement:

Provider Actions – Reducing disparities in health care and outcomes is a national and state priority:

- Cultural competency awareness through training in medical education programs

- Data collection and research methodologies among underserved communities

- The number and availability of culturally diverse health care providers and administrators

System & Organization Improvement:

Individuals involved at all levels of health care can take steps to improve the quality of care provided to culturally diverse patients:

- Patient-centered, individualized care is crucial to effective treatment

- Asking the right questions can help facilitate the process
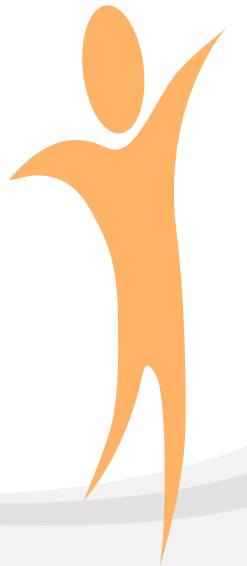
System & Organization Improvement:

Patients who see positive characteristics in their providers are more likely to seek treatment and follow medical advice:

- Patients with higher levels of trust are more satisfied with the patient- provider relationship.
- This higher level of trust fosters:
    - Increased patient participation in their care
    - Improved health outcomes
    - Improved patient safety

Data Sources:

Washington State data reveal that there are differences in health outcomes for racial, ethnic, and cultural groups.
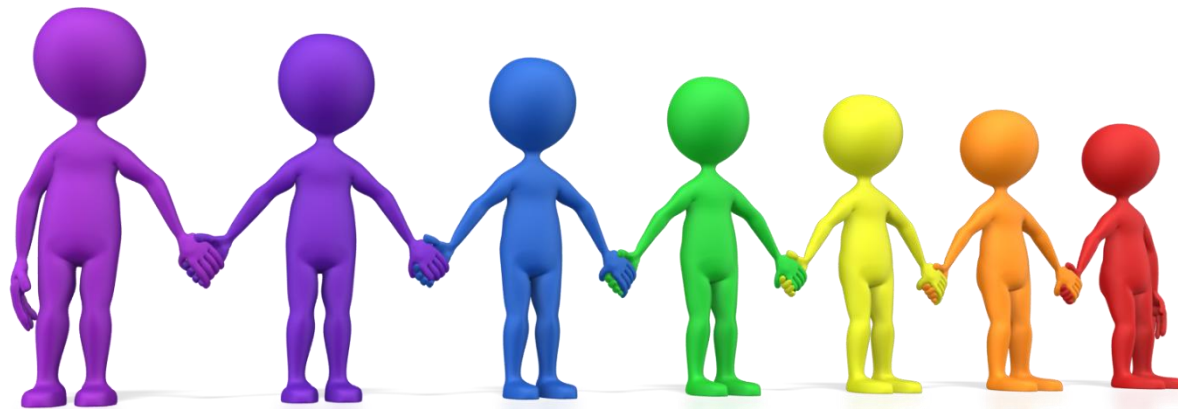
Data Sources to Explore Health Disparities in Washington:

The Washington State Department of Health (DOH) collects and uses health-related data to measure the quality and accessibility of healthcare in the state. Current data can be found in several locations. Reviewing these sites provides an opportunity to access current and relevant data specific to your local area.

Data Sources to Explore Health Disparities in Washington:

Washington Tracking Network (WTN) | Washington State Department of Health
WTN is a public facing data and dashboard portal intended to aid a variety of audiences in program planning, evaluation, surveillance, and many other public health efforts. Tools are supported by the Environmental Health Division and managed by individual programs overseeing the data topic areas specific to each dashboard.

Data Sources to Explore Health Disparities in Washington:

[Washington Tracking Network (WTN) | Washington State Department of Health Dashboards](#): Data dashboards provide an interactive way to explore public health and environmental data. Most dashboards have filters for easily selecting the measure, geography, and timeframe of interest. Data can be viewed as a map or as trends over time and are available for download.

Data Sources to Explore Health Disparities in Washington:

Washington Tracking Network (WTN) | Washington State Department of Health The IBL mapping tool - lets you explore and compare your community with those around you. It displays information for a variety of topics by presenting a community's rank between 1 (lowest) and 10 (highest).

Community Report

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Data Sources to Explore Health Disparities in Washington:

The Washington Tracking Network's (WTN) Community Report tool allows you to see a variety of health measures for a given geography. You can select which county(s) you would like data for, and which data you would like to see. Data can be viewed as a map or as trends over time and are available for download.

Washington Tracking Network (WTN) | Washington State Department of Health
mobile app: WTN On The Go

Summary & Review:

- Personal culture is active and ever changing.

- Cultural competence begins with the individual. It includes respect, awareness, and acceptance of differences in worldviews.

- Don't make assumptions about people and situations; look for accurate information from the patient or family or community member.

Summary & Review:

- Language and culture influence how we approach health and provide care.

- The CLAS Standards are an excellent road map to providing culturally & linguistically appropriate services.

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Summary & Review:

- Providers, patients, and community members bring their unique cultural backgrounds and expectations to the medical encounter.

- Cultural competence becomes a part of the process when information is successfully shared.

Summary & Review:

- Using trained medical interpreters reduces risk.

- Providers also need to know how to work effectively with interpreters.

Summary & Review:

- Effective communication between patients and providers is necessary for delivery of quality care.

- Providers and organizations must have systems, policy, and processes in place to meet the challenges of patients who primarily speak a language other than English or who have low literacy.

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Next Steps:

- Reflect on and review the needs of your community.

- How do you improve patient outcomes for every community member?

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