

Cultural competency in providing healthcare to people with different cultures

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CSO Capacity Building Training, Bangkok, 30th July 2019

Source: Becoming a Culturally Competent Health Care Organization
by Health Research & Educational Trust. (2011, June). *Building a culturally competent organization: The quest for equity in health care*. Chicago: IL. Health Research & Educational Trust .

Funny Culture ads by HSBC – Video link



Watch until 2:00 mins

Your experience on cultural shock??

- Work in pairs to talk about your experiences in cultural differences.
(5mins)
- Three volunteers to talk about their experiences to the audience

Definition - Cultural competency

Cultural competence in health care describes the ability to provide care to patients with diverse values, beliefs and behaviors, including tailoring health care delivery to meet patients' social, cultural and linguistic needs.

Challenges to engage diverse populations

- Health literacy gap
- Sociocultural barriers
- Poor cross-cultural communication
- Language barriers
- Attitudes toward healthcare
- Beliefs in diagnosis and treatment
- Lack of cultural competence in the design of the system

Benefits of Cultural Competence

- improved health outcomes,
- increased respect and mutual understanding from patients,
- increased participation from the local community
- lower costs and fewer care disparities

Group Work in own tables

Please brainstorm in your group and write down
“the Benefits of Becoming a Culturally Competent Health Care Organization”

Categorize the benefits into the following categories:

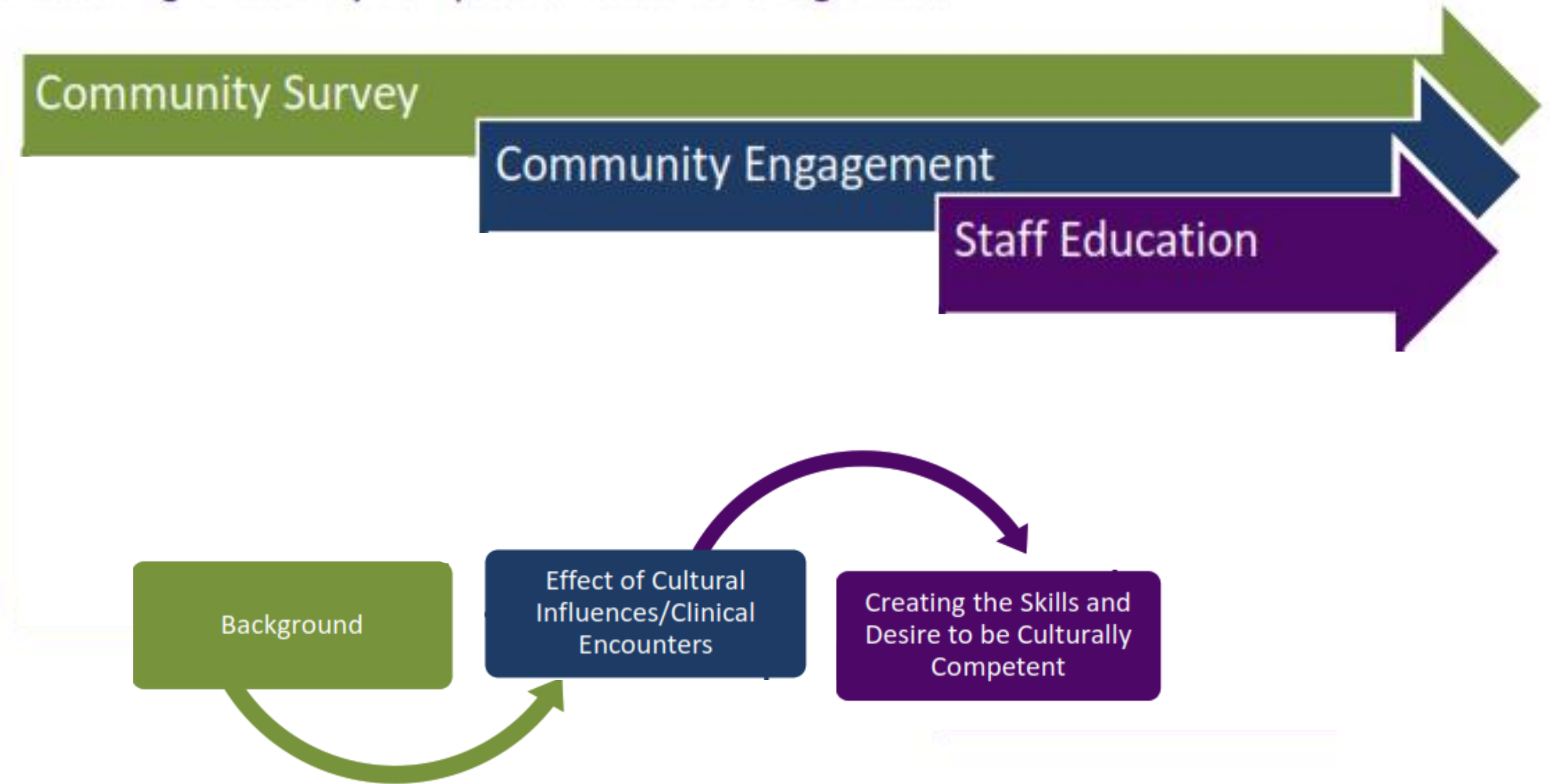
- Social Benefits
- Health Benefits
- Business Benefits
- Other (general) Benefits

Figure 1. Benefits of Becoming a Culturally Competent Health Care Organization

Social Benefits	Health Benefits	Business Benefits
<ul style="list-style-type: none">• Increases mutual respect and understanding between patient and organization• Increases trust• Promotes inclusion of all community members• Increases community participation and involvement in health issues• Assists patients and families in their care• Promotes patient and family responsibilities for health	<ul style="list-style-type: none">• Improves patient data collection• Increases preventive care by patients• Reduces care disparities in the patient population• Increases cost savings from a reduction in medical errors, number of treatments and legal costs• Reduces the number of missed medical visits	<ul style="list-style-type: none">• Incorporates different perspectives, ideas and strategies into the decision-making process• Decreases barriers that slow progress• Moves toward meeting legal and regulatory guidelines• Improves efficiency of care services• Increases the market share of the organization

Source: American Hospital Association, 2013.

Figure 2. *Becoming a Culturally Competent Health Care Organization*



Staff Education for Cultural Competence

Cultural Assessment

Multiple Training Methods

Ongoing Education

Measurement and Tracking

Staff Education for Cultural Competence

Cultural Assessment

- Conduct an assessment to understand staff's knowledge on cultural competence before any educational program begins.
- Using the assessment data, examine the working relationship with diverse cultures and the impact on clinical encounters.

Multiple Training Methods

- Conduct a case study review.
- Have live interactions with patients.
- Use online education and orientation.

Ongoing Education

- Schedule continuous staff education and include periodic assessments.

Measurement and Tracking

- Track data from patient satisfaction scores.
- Track data from health care disparities data.
- Track data from market share.

Group Work

- Facilitating a culturally different community with diverse belief in mode of Malaria transmission and treatment
- In six groups (Myanmar team divided into 2 groups and other 4 countries sit with own country fellows)
- Each Group consists of at least 4 members
 - One facilitator to organize this dialogue, discover the hidden beliefs and tradition of local people
 - Two local people with belief of wrong modes of transmission
 - one forest goer believes it is infected by drinking stream water in forest; also says that they are not allowed to bring the bed-nets into the forests by the security guards;
 - the other one believes infection by going into the forests with sickening air and environment and also by eating banana from forest; also does not want to sleep in nets because cannot breathe openly to fullest
 - if there are more members, the other one will talk about not willing to get tested by RDT because malaria is usual in the region and pay not much attention, also heard that many turns to be negative test results and no difference; Non-compliance in taking treatment assuming 'relieved'
 - One healthcare provider to try to provide customized health education after finding out the above beliefs and behaviours together with the facilitator
- The overall task is to find out the belief and knowledge about the modes of transmission of malaria infection, and to facilitate a dialogue with empathy and respect
- Debrief with reflections from the group participants

Video link – What is Cultural Competency in Healthcare?



Watch until 2:30 mins

Thank You

