



WHAT IS CULTURAL COMPETENCY

“Cultural competency is the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds and religions in a manner that recognizes, affirms, and values the cultural differences and similarities and the worth of individuals, families, and communities and protects and preserves the dignity of each.”

(Seattle King County Dept of Public Health, 1994)

QUICK FACTS

General [1]

- Of 70,000 refugees admitted annually to the United States, 66% are from Somalia
- 75% of Somali refugees are women and children
- Fewer than 15% of Somali women and children in the United States receive routine preventive care [2]

Health Concerns Indicating Gaps in Cultural Competency [3]

- Primary causes of maternal mortality in Somalia are: parity, increasing maternal age, the major causes of which are tetanus, diarrhea, and respiratory diseases
- Among Somali women in the U.S., primary risks for maternal mortality are associated with caesarian sections & obstetric complications related to female circumcision

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The Need for Culturally Competent Health Care for Somali Refugees

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CULTURAL DIFFERENCE & HEALTH CARE EXPECTATIONS

Somali Cultural Health Care Norms [4-5]

- Patients always are seen by provider of own gender
- Physical contact does not occur between sexes outside of marriage
- 99% of women in Somalia undergo female circumcision most by the age of 12, many by age 7 or 8, and in some circumstances in their early twenties [6].
- Patients never undress for physical exams; providers 'pick up' one item of clothing at a time, and replace, even for prenatal care; Modesty is an important cultural value for women
- Health care decision-making is a collective process involving the entire family, often taking several days or even weeks

Western Cultural Health Care Norms [7]

- Patient does not always have a choice of provider's gender
- Physical contact with patient (e.g. shaking hands) is part of routine provider-patient interaction
- Prominent disapproval among health care professionals of female genital cutting [8]
- Patient's typically required to remove clothing and put on gown for physical exams
- Health care decision-making usually not collective process; HIPPA prevents this

STRATEGIES FOR PROVIDERS

Guidelines for Providing Culturally-Competent Care to Patients in a Health Care Setting [9]

1. Ask about the patient's ethnic identity, whether it is an important part of the patient's sense of self.
2. Evaluate what is "at stake" as patients and their loved ones face an episode of illness or simply by being in a health care setting.
2. Take into account the question of efficacy- namely, "Does this intervention actually work in particular cases?"
4. Consider the ongoing stresses and social supports that characterize people's lives, by asking patient's to describe their daily lives.
5. Examine culture in terms of its influence on the clinical relationship
5. Reconstruct the patient's *illness narrative*. This involves asking a series of questions aimed at acquiring an understanding of the meaning of illness [10].

SAMPLE QUESTIONS TO CONSTRUCT A PATIENT'S ILLNESS NARRATIVE

Explanatory Models Approach [9-10]

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

PUBLIC HEALTH IMPLICATIONS

Increasing cultural diversity in United States has led to a recognition among providers of a need for a broader application of health services, outside generic 'Western' framework [11]

Somali patients serve as an important 'indicator' group, as the differences between Somali and Western cultural practices, beliefs, and health models have anecdotally resulted in misunderstandings between health professional assumptions and patient expectations of care [12]

Providers are often the first contact individuals have with the US health care system, thus it is crucial that they harbor the skills necessary to properly care for these individuals [13-14]

Medical schools and other institutions training future health care professionals need to continue tailoring curricula to be inclusive of work in diverse cultural settings and allowing for attainment of a broader repertoire of skills for working in such settings [15-17]

Given that the number of refugees entering the US is only increasing, health service delivery needs to be considered in a truly global context in order to adequately address the population's needs

Obtaining a better understanding of where providers currently are with respect to cross-cultural care will enable us to improve training, provider competence, and ultimately patient experience