Cultural competence in health care for Aboriginal peoples

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In so many words….

• What does cultural competence mean?
• What is the difference between cultural competence & cultural safety?
• What happened to ‘cultural sensitivity’?
• Why is there so much terminology?
  ….and such gradual change?
Goals of cultural competence are equity and dignity for all

Our ideas about how to achieve these goals change over time, and depend on our understandings of:

- history
- our own social location within the historical, social and political landscape of Canada
- structural conditions affecting population groups
- needs and goals of populations groups
- the current political context.
Cultural competence increases cultural safety

*Cultural competence* can be seen as an independent variable (inputs) and *cultural safety* as the dependent variable (outcome).

Whether a patient feels culturally safe is dependent in part on whether the care provider is culturally competent.
Cultural competence is needed across all spheres within the ecology of patient care

Cultural competence is a dimension of our:

• own personal understandings
• training programs
• workplace/institutions
• social environments
• legislation (e.g., Indian Act, Jordan’s Principle)
• government / political will

Degrees of commitment to cultural competence vary across these spheres.
What are some approaches taken to date?
Obliviousness / denial

“I’m just here to provide a service. Let me get on with it.”

“Health care has nothing to do with what culture you’re from.”

But because we embody our cultural values, attitudes, and outlooks in everyday behaviour, we intentionally or unintentionally cause patients to feel accepted and safe or rejected and unsafe in terms of who they are.
Colour blindness

“I don’t see colour. We’re all equal.”

Denial of inequality.

If colour doesn’t matter, why are there so many disadvantages or entitlements that automatically go with the skin colour you’re born with/ or your family’s cultural membership?

Colour/culture of origin **does** matter:

- Different privileges
- Different assumptions about you
- Different degrees of influence over outcomes for you/your family members
Equal opportunity: The bootstrap hypothesis

“We live in a land of equality opportunity. My family worked hard to get benefits that are available to anyone who works for them.”

But Canadians face unequal degrees of systemic discrimination and structural barriers.

Eg., only Indians are subject to the Indian Act. Only Status Indians are subject to federal limitations on the kinds of health care that will be provided.
Cultural un-safety: What is it?

A subjective sense that one’s cherished values, goals, language, identity & ways of life are denigrated or threatened in an encounter, or that one is being asked to venture into a foreign culture without knowing how to function in it and without positive accompaniment.
Indicators of cultural un-safety

- ‘Denial’ of suggestions that there is a problem
- Low utilization of available services
- Low ‘compliance’ with service referrals or prescribed interventions
- Reticence in interactions with service providers
- Anger
- Low self-worth
“Cultural safety”

What do we need to understand about some peoples’ sense of risk or danger when coming into contact with health care providers?

What can we do to create culturally safe environments and encounters?
Cultural sensitivity

Learning about the histories and traditions of different cultural groups.

A lot of training curricula focused on 3 Ds:

- Dress
- Dinner
- Decorations
Cultural sensitivity

In Aboriginal cultural sensitivity training, curricula often teach about beads and feathers, pow wows and potlaches, lack of eye contact, deference to Elders, the Medicine Wheel, smudging and other features thought to be ‘generally’ characteristic.
Learning about **Them**

- Culturally sensitive
- Culturally responsive
- Culturally appropriate
- Culturally informed
- Politically correct
- Making space for the ‘Other’

So, it all about **Them** ??
Cultural sensitivity focuses outwards towards an essentialized ‘Other’

1. Patronizes:
   e.g., seeing Aboriginal people as ‘exotic’ or ‘endangered’ survivors of cultural holocaust
   e.g., making space for Aboriginal people to explain themselves to non-Aboriginal people, to heal themselves.

2. Homogenizes, over-generalizes, and often wrong
   (Aboriginal peoples and practices are extremely diverse)
People are culturally complicated!

3. Overlooks the increasing hybridity of the Canadian population.

Many Canadians are mixed heritage, in blended families, actively choosing hybrid ways of living

Avoid pigeon-holing: making assumptions based on presumed cultural characteristics.
The **Us and Them** problem with learning about ‘cultural differences’

4. Polarities of ‘Us & Them’ / ‘perpetrators & victims’ giving rise to a ‘politics of guilt & resentment’

5. Positions culturally dominant groups as the norm:
   Cultural minority groups as ‘Those Others.’
Shifting our gaze to the dominant culture and our place in relation to it

Unpacking ‘white privilege’

Understanding the construction of a ‘dominant’ or ‘normative’ culture

Recognizing investments in the idea of the dominant culture as normative
Self-reflexivity

Locating oneself in terms of culture of origin, culture of choice, gender, age, income, education, creed.

What do these mean in terms of your inherent privileges or disadvantages, your empowerment or lack of it, your social position and prospects?
More than the 3 Ds: Culture is every day

Learn how mainstream institutions (like health authorities, hospitals, colleges) are themselves cultures that reproduce themselves through the priorities, attitudes, and behaviours of people who work in them.

Understand how we embody and reproduce our culture in every social interaction, practice routine, ethical decision, and professed opinion.
Cultural competence

In addition to becoming as informed as possible the about those whom we serve and the conditions that influence their lives....
It’s about US!

*Braided histories & futures across cultural boundaries*

How were your ancestors involved when the land we call Canada was colonized?

Whose traditional territory do you live on?

What do you know about apartheid in Canada through the Indian Act and how this affects health care?

How do you want to articulate the future of your family with the Aboriginal & non-Aboriginal peoples around you?
“Well, they look pretty undocumented to me.”
Culturally competent practice is reflexive practice.

Become aware of the cultural embeddedness of our practice goals, methods, ‘norms’, frustrations, & what we construct as positive outcomes.

Become aware that those we serve are experiencing our encounters through their own cultural lens.

Envision the future, with every one and all our diverse cultures, languages, religions, in it.

Ask ourselves: What roles are we playing? What roles are we going to play to construct our future together as a culturally diverse population with equity and dignity for all?
Cultural competence increases cultural safety
Personal knowledge

Self-identification in terms of the intersections of
• Culture of origin
• Cultural of choice
• Social class
• Gender
• Family
• Profession
• Community
• Values, worldview

And relative power accruing to you (or not) as a result of your proximity to Canadian norms about who is most acceptable/credible and who is less so.
Cultural protocols

Seek cultural knowledge – ask questions
Show respect – ask permission
Demonstrate reciprocity – learning, services given & taken
Engage community accompaniment – find allies, colleagues, mentors in community of practice
Process

Respectful, collaborative
Grounded in relationships
Paced: Is this the right time to be offering this particular form of service?
Family-centred, when possible
Partnerships

Creating & negotiating relationships:
• child
• family members
• community-based program staff
• community leaders

Knowledge sharing vs. informing
Collaborative problem solving vs. expert/authority
Reciprocal learning / mutual capacity building
Co-constructing ways to move supports into place
Positive purpose

Awareness of colonial interventions that have depleted cultures, communities, & roles for families

Informed consent
Focus on strengths
Avoid negative labeling
Confidentiality
Accountability
The so-what? factor
Find out more. . . .
visit www.ecdip.org/culturalsafety/