Winnipeg Regional Health Authority
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"Caring Across Cultures: Community Perspectives about how to increase the Cultural Proficiency of Health Care Providers and the Health Care System"

Community Health Advisory Councils

May 2012

Summary Version

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Preface

This is report contains the feedback and recommendations generated by the Community Health Advisory Councils over the course of 2 meetings held from January to April 2012.

The Councils were asked by the Winnipeg Regional Health Authority's Board to explore the topic of cultural proficiency as it falls under the strategic direction of enhancing patient experience as identified in the 2011-16 strategic plan. The Councils shared their insights and suggestions about how the region could increase the cultural proficiency of staff and volunteers in order to improve health outcomes and reduce health inequities of populations experiencing cultural and linguistic barriers. They explored the concepts of cultural awareness and cultural proficiency, shared examples of situations where cultural proficiency was demonstrated (or not demonstrated) in the actions/behaviour of health care staff and/or volunteers, and identified characteristics of a culturally proficiency interaction and health care system. And finally, Council members provided recommendations of how to increase the cultural proficiency of health care providers and the health care system overall.

The Report includes:

- An overview of the methodology, context for the exploration of the topic, Council perspectives on cultural awareness and cultural proficiency, characteristics of a culturally proficient health care system, and recommendations for increasing the cultural proficiency of health care providers and the health care system.

Appendix A provides a map of the Winnipeg health region's community areas
Appendix B provides lists of Council members, Board liaisons, and staff that support the work of the Councils

It is hoped that this report will be useful to the WRHA Board, Senior Management, and the Cultural Proficiency and Diversity Services Advisory Committee, in particular, as they develop an action plan and work in collaboration with staff to improve how care is provided across cultures.

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Executive Summary

The Community Health Advisory Councils (CHAC's) have been providing advice and their unique community perspectives on significant health issues to the WRHA Board for over nine years. There are six Councils that represent community areas from across the Winnipeg health region. Each Council is comprised of approximately 15 individuals from diverse backgrounds, all with the desire to ensure that the health system and health services continue to meet the needs of people in the Winnipeg Health Region.

In September 2011, the Board of the Winnipeg Regional Health Authority (WRHA) asked the Community Health Advisory Councils (CHAC's) to explore the topic of cultural proficiency as it is a priority for the region. Demographic changes in Manitoba (and Winnipeg in particular) are leading to rapid change in diversity within the Region. Racially, ethnically, and culturally diverse populations may experience health disparities without appropriate system response. For example, populations may be denied equal access to health care services as a result of socio-cultural factors or receive the same the quality of care because of socio-cultural and language barriers. In their exploration of this topic, Council members noted that cultural diversity exists on both sides of the health care provider-patient relationship and that patients and family members also have a responsibility to become more culturally proficient as they interact across cultures on the receiving end of care.

The Councils explored the concepts of cultural awareness and cultural proficiency as it relates to the health care system and identified key characteristics of a culturally proficient health care system. They also provided suggestions of how to increase the cultural proficiency of health care providers, staff, and volunteers.

"Culture", Cultural Awareness, and Cultural Proficiency

When Council members considered issues and challenges related to cultural proficiency in the health care system, they did so with the *WRHA's Cultural Proficiency Framework's* definition of culture. This definition of culture is broad and goes beyond the typical definition which focuses on the ethnic/racial background of a group of people and the belief system and values of that group. "Culture" as described in the framework, views culture as an integrated pattern of human behaviour that includes the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

The concept of cultural proficiency builds on cultural awareness, according to Council members. One of the dangers of cultural awareness is the potential to stereotype cultural groups, believing that one can know a culture, its values, traditions, and customs and therefore, one can understand the belief system and needs of people that "belong" to that culture.

> ***"Awareness of a culture could be a stereotype. Proficiency is seeking to know, to understand. There is a continuum with a culture. Not understanding this could lead to assumptions which are not good."*** (Member, River East and Transcona CHAC**)**

Key Characteristics of Cultural Proficiency

The foundation for becoming culturally proficient begins with each health care provider, staff, and volunteer developing an understanding of their own cultural paradigm. This includes self-awareness of the thought patterns and behaviours related to how they view other cultures.

In order to be culturally proficient, there needs to be openness to learning and an attitude of understanding, acceptance, and respect for all people, regardless their cultural identities. Other cultures are different, but they are equal to, not less than, our own. Council members feel that proficiency comes from within and is an attitude and an approach to interacting with people from cultures different than our own.

> ***"Cultural proficiency is a mindset and ability to be effective in cross-cultural situations."*** (Member, River Heights and Fort Garry CHAC)

Cultural proficiency is about respectful curiosity about the cultures of others and continual learning about different cultural values and ideas about health and healing. Council members shared that being culturally proficient means that you do not make assumptions based on a culture that you <u>think</u> that someone belongs to. It also includes the understanding that there is a range of practices, customs, behaviours, and beliefs within a culture, and that people often have more than one cultural identity.

Core to being culturally proficient is the development of trust between the health care provider/staff/volunteer and the patient. This is necessary in order for the patient to feel safe in sharing what their needs are related to their cultural beliefs about health and healing.

> ***"Proficiency can also be looked at in terms of how the provider engages the patient and the outcomes of this should be a connection and the development of trust between the health care provider and the patient or client."*** (Member, Seven Oaks and Inkster CHAC**)**

Overall, culturally proficient is the ability to provide care across cultures. In order to do this, providers, staff, and volunteers need to develop awareness, knowledge, and skills. One Council member described it as being a language in which you can become fluent. It involves being open to what a patient needs and how health care staff can accommodate. Council members felt that it is an empathetic approach to seeing people as individuals who may belong to one or more "cultures" and basing their care and

treatment approaches on this understanding. This would include inviting the practice of cultural customs related to health and healing wherever that can be accommodated.

In a culturally proficient system, a positive, open, patient, and caring attitude is critical and sets the tone to build trust with a patient. This would begin with how patients and family members are greeted and treated by front line reception staff, health care aides, and staff who interact with patients. Barriers to receiving care would also be acknowledged and addressed – such as getting a language interpreter to address a language barrier.

> ***"The bottom line… cultural proficiency involves building relationships, listening, interacting, and respect. It comes down to understanding the individual, sharing information, communicating, and learning. The health care provider can then provide quality care, based on trust and building a relationship with each patient."*** (Member, River Heights and Fort Garry CHAC)

How would it feel for the health care provider, staff, or volunteer to provide culturally proficient care?

In imagining what a culturally proficient health care system would look like, Council members described how providing culturally proficient care would be experienced by health care providers, staff, and/or volunteers. They would have an increased feeling of confidence as a result of knowing what to do and having the resources and support behind them. They would be providing care in a more flexible and adaptive way and overall it would be a much more rewarding process with more engaged patients. A couple of the Councils noted that some health care providers may feel added pressure with the expectation of providing culturally proficient care.

> ***"There would be respect and warmth and a good connection between the health care provider and the patient."*** (Member, St Boniface and St Vital CHAC**)**

How would it feel for the patient or family member to receive culturally proficient care?

The single most significant difference in the experience of receiving culturally proficient care highlighted by Council members was the development of trust and confidence between the patient and the health care provider. Patients would feel more confident that their needs would be met and feel valued and listened to. There would be a mutual respect and the patient would feel empowered because they were involved in their care. Having care provided in a culturally proficient way would be an invitation to having their needs known. The patient would be more willing to follow advice, be more cooperative, work to achieve goals together with their health care provider, and be willing to accept when things don't go perfectly.

Key Recommendations:

1. **Training to support skill development to provide culturally proficient care**
   It is important to provide accessible and engaging training in a variety of approaches so that health care providers, staff, and volunteers can assess their strengths and areas for growth and build proficiencies in communication techniques in order to improve how they provide care across cultures. Staff should be involved in the development of training for their programs and positions.

2. **Resources for health care providers, staff, and volunteers**
   All of the Councils suggested having simple and accessible resources available for staff and volunteers, such as *a multi-cultural resource guide that would provide examples of different medical situations and possible cultural practices. It could include possible questions you could ask to learn more about a patient's unique needs, and overall attitudes and approaches to health and healing including religious beliefs and values, ways of grieving, etc. This resource guide could include some basic cultural information and significant health-related cultural practices and beliefs."*

3. **Cultural proficiency support for staff**
   Have a staff person available to provide cultural proficiency advice and/or to consult with on challenges that health care providers and staff are experiencing -- *somewhere staff could call to get advice on cultural proficiency issues, get support to work with patients, to build capacity – a central resource that provides support.*

4. **Team support, mentoring, goal-setting, debriefing cross-cultural experiences**
   Each health care team should provide on-going support and opportunities for staff to discuss challenges and build skills and awareness as they become more culturally proficient. This needs to feel safe and supportive.

5. **Policies and processes to support cultural proficiency**
   To support health care providers, staff, and volunteers in providing compassionate care across cultures, Council members felt that policies would need to be put in place that are well articulated and understandable to all staff, especially those at the front-line. Councils identified a number of policies that they felt are a priority to consider:
   - Additional flexibility regarding the amount of time a health care provider spends with a patient
   - Allowing for culturally specific health care practices
   - More flexibility and support for requests of gender-specific care providers
   - More flexible policies about family visiting at health care sites, and
   - Allowing for more family support and engagement during appointments and throughout all aspects of treatment

6. **Review and make decisions about how to address cultural practices that are not acceptable.**

   Council members also recommend that the region review and make decisions about cultural practices related to health that are not acceptable. Health care providers and staff need to be open about this and explain why the practice is not acceptable in terms of what is legal or not legal in Canada. Cultural community groups could be engaged in this process.

7. **Organizational culture and leadership to support cultural proficiency**

   Councils recommend that the current organizational culture of the region be reviewed in order to determine if the "culture" of the organization is changing enough to meet the challenges of providing care to an increasingly diverse and aging population Visionary goals that support the move towards becoming a more culturally proficient and compassionate health care system then need to be developed and implemented as well. Strong leadership is needed along with the *expectation that all staff work towards being more sensitive in providing care to people from diverse cultures – that this is what we're working towards.*

8. **Identify and address current issues that diverse cultures face within the system**

   It is important for the region to *identify the issues and challenges that diverse cultures face within the system and start building proficiency by addressing these.* Some of these could include the cultural missteps in health that occur most often – situations that have repeatedly arisen due to misunderstanding, lack of cultural awareness and/or proficiency. One of the issues that was identified by almost all of the Councils was the challenge faced by diverse health care providers experiencing discrimination.

Section I

Report Summary

Introduction and Methodology

Priority Issues and the Community Health Advisory Councils
In September 2011, the Board of the Winnipeg Regional Health Authority (WRHA) asked the Community Health Advisory Councils (CHAC's) to explore the topic of cultural proficiency as it falls under the strategic direction of enhancing patient experience as identified in the 2011-16 strategic plan. The Councils shared their insights and suggestions about how the health region could increase the cultural proficiency of staff and volunteers in order to improve health outcomes and reduce health inequities of populations experiencing cultural and linguistic barriers.

The Community Health Advisory Councils are comprised of residents of the geographic community areas that each Council represents along with some representation from the Boards of health organizations also located in the community areas. The Councils are diverse in terms of culture, socio-economic status, professional backgrounds and work experience, age, and gender. Members of the six CHAC's participate in an orientation session prior to beginning their exploration of strategic priorities of the health region.

Population Health Framework and Perspectives from their community
The Community Health Advisory Councils use a population health framework when exploring health issues – taking into consideration the social, environmental, economic, and other factors that impact the health of a population. A population health approach helps identify factors that influence health, to analyze them, and to weigh their overall impact on our health.

The Meetings
Prior to the first meeting, Council members received a short background document that provided the context for the issue of cultural proficiency.

At the first meeting of each Council, Staff reviewed the document with Council members and answered any questions that they had related to the topic. Council members were then asked to respond to the questions:

- Cultural proficiency of staff and volunteers. What do you think this means?" They were then asked to
- Describe the difference between cultural awareness and cultural proficiency."
- Share examples of situations where cultural proficiency was demonstrated (or not demonstrated) in the actions/behaviour of health care staff and/or volunteers.
- "What are the characteristics of a culturally proficient interaction in a health care setting?"

Flip chart notes were typed up and then distributed with each Council prior to the second meeting. At the second set of Council meetings, discussion notes from first meeting were reviewed and Council members were invited to add any additional

thoughts they had on the first questions. They were then asked to provide their thoughts to the following questions:

- "What would it look like if a health care provider/volunteer was culturally proficient? Describe how they would behave, how they would interact with people from diverse backgrounds. What would it feel like for the patient/family member?"
- "What are some of your ideas for increasing the cultural proficiency of staff and volunteers?"

A draft report of the topic of cultural proficiency was developed and shared with all Council members for their feedback and suggestions for revision.

Presentation to the Board of the Winnipeg Regional Health Authority

Discussions from the meetings of all six Community Health Advisory Councils are synthesized and compiled into this report. Co-Chairs of the Councils presented this report to the Board of the Winnipeg Regional Health Authority in May 2012.

Background on the Topic of Cultural Proficiency:

This is the background document that was shared with members of the Councils prior to their first meetings on the topic.

CHAC Meetings on topic of cultural proficiency (January to April 2012)

Background
The demographic changes in Manitoba and Winnipeg in particular are making the region increasingly diverse. A large body of evidence confirms health disparities among racial/ethnic minorities. The literature also points to socio-cultural factors that deny patients/clients from racially/ethnically and culturally diverse backgrounds equal access to health care services. Moreover, there are concerns about the quality of care that diverse patient/client populations receive because of socio-cultural and language barriers.

The WRHA embraced Cultural Proficiency as a strategy to respond in an appropriate way to the diversity in the region.

The goal of cultural proficiency is to create a health care system that can deliver the highest quality of care to every person regardless of their race/ethnicity/culture or language.

The WRHA has implemented several initiatives to respond to the increasing diversity in the region. Examples include the development of Aboriginal Health Services, Language Access Services (interpreters), and the Bridge Care Clinic for government-sponsored refugees.

In 2010, a Cultural Proficiency and Diversity Services Advisory Committee was established to oversee and guide development of a Cultural Proficiency and Diversity Framework. Community Health Advisory Council reports have helped inform the development of this framework.

The WRHA will now be developing a Cultural Proficiency & Diversity Strategic Plan that will outline organizational, structural, and clinical interventions. The Community Health Advisory Councils' report on Cultural Proficiency will be used in the development of this strategic plan.

This topic comes out of the Board's strategic direction, "enhance patient experience".

Enhance Patient Experience	Enhance patient experience and outcomes by listening more carefully to patients and considering their needs when designing and delivering services.	• Develop Patient First Focus within the region. • Ensure Patients are treated with empathy and understanding. • Improve Patient and Family Education. • Increase the involvement of Patients and Family in the care process. • Promote best use of latest advances, innovation in the delivery of clinical care & standardize clinical practice.

Terms which are important to understand: (from the WRHA's Cultural Proficiency and Diversity Framework)

Culture - the definition that frequently comes to mind is one that is associated to the ethnic/racial background of a group of people and the belief system and values of that group. A broader definition of culture recognizes that each individual has many "cultural identities" and that cultural groups can include individuals who are poor, with physical or mental illnesses or disabilities, women, people of alternate sexual orientations, and people affected by domestic violence or homelessness. **Culture**, therefore, can be defined as an integrated pattern of human behavior that includes the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

Cultural safety refers to the process of respectful engagement in the process of interaction between individuals. Cultural safety is an outcome. It is about power relationships in the health care setting where the recipient of a service feels as though they have been respected or at least not challenged or harmed.

Cultural humility is described as a lifelong process of self-reflection and self-critique. Health care providers are encouraged to develop a respectful partnership with each patient through patient-focused assessments that explore the similarities and differences between the health care provider's assumptions and beliefs and each patient's priorities, goals, and capacities.

Cultural competence is a process in which health care providers continually strive to work effectively within the cultural context of a patient. It is therefore, the routine application of culturally appropriate health care interventions and practices.

Cultural proficiency is a dynamic developmental process that evolves in stages over time. The stage of proficiency is reached when cultural competence goes beyond the routine application of culturally appropriate health care interventions and practices. The stage of cultural proficiency involves integrating cultural competence at various levels:

- Culture of the organization
- Professional practice
- Teaching/training
- Research

Cultural proficiency is "the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes".

Thus, cultural proficiency requires both individual and institutional change and is dependent on a long-term commitment being achieved over time. The WRHA wishes to support staff in becoming culturally proficient.

Councils' Exploration of Cultural Proficiency in the Health Care System

At the first set of meetings on cultural proficiency, Council members were asked for their thoughts on the concepts of cultural awareness and cultural proficiency as a starting point to the discussion of how to improve cultural proficiency in our health system.

What is "culture"?
When Council members considered issues and challenges related to cultural proficiency in the health care system, they did so with the cultural proficiency framework's definition of culture. This definition of culture is broad and goes beyond the typical definition which focuses on the ethnic/racial background of a group of people and the belief system and values of that group. "Culture" as described in the framework, views culture as an integrated pattern of human behaviour that includes the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

What is the difference between Cultural Awareness and Cultural Proficiency?
Overall, Council members feel that "cultural awareness" involves a knowledge of other cultures, differences between cultures and, an awareness of one's own culture. Inherent in cultural awareness is a tolerance and acceptance of other cultures and of the core values that cross cultures. Cultural awareness can lead to a change in how a person approaches different cultures.

> ***"Awareness is the recognition of the diversity of traditions, behaviours, attitudes, beliefs, etc. It is the starting point for cultural proficiency."*** (Member, Seven Oaks and Inkster CHAC**)**

The concept of cultural proficiency builds on cultural awareness, according to Council members. One of the dangers of cultural awareness is the potential to stereotype cultural groups, believing that one can know a culture, its values, traditions, customs, etc. and therefore, one can understand the belief system and needs of people that "belong" to that culture.

> ***"Awareness of a culture could be a stereotype. Proficiency is seeking to know, to understand. There is a continuum with a culture. Not understanding this could lead to assumptions which are not good."*** (Member, River East and Transcona CHAC**)**

Key aspects of Cultural Proficiency

The foundation for Cultural Proficiency

The foundation for becoming culturally proficient begins with each health care provider, staff, and volunteers' developing an understanding of their own cultural paradigm. This includes self-awareness of the thought patterns and behaviours related to how they view other cultures by understanding their own cultural identities. Council members felt that it is important to note that cultural diversity exists on both sides of the health care provider-patient relationship and that patients and family members also have a responsibility to become more culturally proficient as they interact across cultures on the receiving end of care.

The necessary mindset for cultural proficiency

In order to be culturally proficient, there needs to be openness to learning and an attitude of understanding, acceptance, and respect of all people, regardless their cultural identities. Other cultures are different, but they are equal to, not less than, our own. Council members feel that proficiency comes from within. That it is an attitude and an approach to interacting with people from cultures different than our own.

> ***"Cultural proficiency is a mindset and ability to be effective in cross-cultural situations."*** (Member, River Heights and Fort Garry CHAC)

Not making assumptions, being respectfully curious

We cannot have awareness of all cultures. Cultural proficiency is about respectful curiosity about the cultures of others and continual learning about different cultural values and ideas about health and healing. Council members shared that being culturally proficient means that you do not make assumptions based on a culture that you think that someone belongs to. It also includes the understanding that there is a range of practices, customs, behaviours, and beliefs within a culture, and that people often have more than one cultural identity.

Building trust and relationships

Core to being culturally proficient is the development of trust between the health care provider/staff/volunteer and the patient. This is necessary in order for the patient to feel safe in sharing what their needs are related to their cultural beliefs about health and healing.

> ***"Proficiency can also be looked at in terms of how the provider engages the patient and the outcomes of this should be a connection and the development of trust between the health care provider and the patient or client."*** (Member, Seven Oaks and Inkster CHAC**)**

"Health care providers must be open to learning from the patient. Building rapport and level of comfort so that they will be able to tell health care provider what they need – what their unique needs are related to their cultural beliefs, values, and practices about health and healing." (Member, Downtown and Point Douglas CHAC)

Providing care across cultures

Overall, culturally proficient is the ability to provide care across cultures. In order to do this, providers, staff, and volunteers need to develop awareness, knowledge, and skills. One Council member described it as being a language that you can become fluent in. Enabling and supporting patients to practice cultural customs related to health and healing will help them heal by making them feel more comfortable and reduce stress, by demonstrating through these actions that they are valuable and respected. Council members shared throughout their discussions that it should be an expectation that health care providers will be respectful and allow for cultural customs and practice.

"Proficiency means having the knowledge and skills to interact and provide care across cultures." (Member, Seven Oaks and Inkster CHAC**)**

"Cultural proficiency goes beyond tolerance and awareness and includes encouraging the practice of cultural customs as they relate to healing as they can help with healing and bring a sense of calm." (Member, River Heights and Fort Garry CHAC)

Learning about and supporting cultural practices related to health and healing

Culturally proficient involves being open to what a patient needs and how health care staff can accommodate. Council members feel that it is an empathetic approach to seeing people as individuals who may belong to one or more "cultures" and basing their care and treatment approaches on this, including inviting practice of cultural customs related to health and healing wherever that can be accommodated.

"People in a culturally proficient system want to know what the individual patient requires in handling their particular health problem. For example, in some cultures, women can't be touched by a male other than their husband. Therefore, in a culturally proficient system this patient would be provided care by a female to ensure her level of comfort and safety." (Member, Seven Oaks and Inkster CHAC**)**

"The bottom line… cultural proficiency involves building relationships, listening, interacting, and respect. It comes down to understanding the individual, sharing information, communicating, and learning. The health care provider can then

provide quality care, based on trust and building a relationship with each patient."
(Member, River Heights and Fort Garry CHAC)

Examples of situations where a health care provider demonstrated cultural proficiency or a lack of cultural proficiency

In order to help Council members identify culturally proficient behaviours and practices and to support the further exploration of some of the key concepts, they were asked to share examples of situations where they felt cultural proficiency was demonstrated or not demonstrated in the attitude and behaviour of health care staff and/or volunteers. There were significantly more examples that demonstrated a lack of cultural proficiency shared by Council members. A few examples have been pulled out of the discussion notes.

Examples of culturally proficient interactions

One of the doctors at the Aboriginal Health and Wellness Centre was recognized as being culturally proficient because of her caring approach to patients, how she asked questions that got to the heart of what the patient needed as a unique individual, and because of her honesty when she didn't know something. (Member, River East and Transcona CHAC**)**

An example was shared of how home care staff demonstrated cultural proficiency by how they handled a challenging situation with client's family. The client and family were originally from a country where the government persecuted its citizens, so there was a lack of trust in all forms of "government", home care included. It was important that the staff understood where this family was coming from, why they didn't trust them. This was discussed with staff. The team explored customs, traditions, and used a multi-cultural guide to better understand the family's unique needs and didn't take the behaviour personally. Staff members were resilient and a strong relationship with the family and client was built. (Member, Seven Oaks and Inkster CHAC**)**

Another example of cultural proficiency was shared in the story of how a male nurse, after recognizing that a new mom was not comfortable with having him help her with breastfeeding, enlisted the help of another health care provider. (Member, St James-Assiniboia and Assiniboine South CHAC)

Examples of situations where there was a lack of culturally proficient behaviour

A council member shared an example of a lack of culturally proficient behaviour in a health care interaction that involved an individual who was forced to sign a consent form when he didn't understand because of language barriers. (Member, River East and Transcona CHAC**)**

Another example that demonstrated a lack of cultural proficiency, involved a woman who was Muslim and recovering from minor operation in hospital. One of the health

care aids spoke to her about the experience of women in oppressed cultures which made her feel very uncomfortable. (Member, St Boniface and St Vital CHAC**)**

Another Council member shared a story about a young Jewish man who went to a psychiatrist to discuss coming out to his family about his sexuality. The psychiatrist wasn't comfortable and asked him to see someone else. The patient found the psychiatrist's reaction traumatic. (Member, Seven Oaks and Inkster CHAC**)**

A Council member shared an experience she had when she was in a wheelchair and was interacting with a health care staff prior to an appointment. The staff person shouted at her, presuming that because she had one disability, she must had other disabilities, such as a hearing impairment. (Member, Downtown and Point Douglas CHAC)

Characteristics of a culturally proficient health care system

Council members were asked to describe what a culturally proficient health care system would look like. They imagined what interactions between health care providers, staff, and volunteers with patients and families would look like. They also described potential policies and organizational culture that would be needed to support health care providers in providing culturally proficient care.

Attitude and Behaviour

In a culturally proficient system, a positive, open, patient, and caring attitude is critical and sets the tone to build trust with a patient. This would begin with how patients and family members are greeted and treated by front line reception staff, health care aides, and staff who interact with patients.

A culturally proficient interaction would also begin with the acknowledgement of potential barriers that an individual may be experiencing and addressing those barriers – such as getting access to a language interpreter to address a language barrier. Overall, Council members felt that staff and volunteers providing care across cultures would be ***"humble, open, admit to mistakes and learn from mistakes. They would approach people as individuals and ask how they need to be treated and cared for."*** (Member, St James-Assiniboia and Assiniboine South CHAC)

Providers would be mindful when communicating with diverse patients, using active and reflective listening and ensuring to use plain English. They would be compassionate, patient, and persistent. In a culturally proficient health care system in which patients feel that providers genuinely care, they would forgive them for any mistakes they may make. If that care is not genuine, they would be less forgiving.

Getting input on unique needs, the development of care plans, and communicating care plan and follow-up

In a culturally proficient system, every patient would be treated the same, as assumptions would not be made about the patient's cultural identity, the barriers they may be facing, or their values or cultural practices related to health and healing. In getting input on their unique care needs, health care providers would need to ensure privacy, make the patient feel comfortable, be courteous, not be judgemental, and go into enough depth to find out what's really going on with the patient. (Member, Downtown and Point Douglas CHAC)

> ***"(There would be an) open and honest interaction between the health care provider and the patient, with opportunities for the patient to provide input about their values, beliefs, and practices (as they relate to health and treatment)."*** (Member, River East and Transcona CHAC**)**

Another component of a culturally proficient interaction is adapting care plans to provide the best care and meet cultural and emotional needs of the patient. (Member, River Heights and Fort Garry CHAC) Patient and family would understand what the next steps are, would understand diagnostic results, treatments, prescriptions, etc. and instruction sheets would be available in a variety of languages to support patients in complying with treatment and follow-up care.

Policies to support the provision of culturally proficient care

To support health care providers, staff, and volunteers in providing compassionate care across cultures, Council members felt that policies would need to be put in place. One policy that would be absolutely critical, would be allowing providers more time for appointments with patients, ***"it takes time to be culturally proficient and to be able to ask more questions, the system has to permit the flexibility to do this."*** (Member, Downtown and Point Douglas CHAC)

While there are likely numerous other policies that would support cultural proficiency, Council members pointed to another policy that would be important to allow for the flexibility needed by providers to provide care. This policy ***"would acknowledge that need to be able to take into consideration gender differences and the need to match more male health care providers with male patients and female health care providers with female patients as this kind of flexibility may be required in some situations, with our increasingly diverse population."*** (Member, Downtown and Point Douglas CHAC) Other policies that would be in place in a culturally proficient system include – allowing more than one family member visiting at a time, overnight care/visits by family, the ability to practice some cultural customs in health care sites, and more culturally diverse food options at health care sites.

Organizational Culture and Leadership

In a culturally proficient system, ***"organizational culture would support cultural proficiency and be demonstrated through policies and procedures, hiring strategy, etc. – setting the tone for this to happen."*** (Member, St Boniface and St Vital CHAC**)** Cultural proficiency would literally be spelled out in the organization's mission, vision, and values and ***"decision-making would involve looking at different perspectives of everyone involved and the implications of decisions, in the context of cultural proficiency."*** (Member, Seven Oaks and Inkster CHAC**)**

How would it feel for the health care provider, staff, or volunteer to be culturally proficient?

In imagining what a culturally proficient health care system would look like, Council members were asked to describe how providing culturally proficient care would be experienced by health care providers, staff, and/or volunteers.

All of the Councils described an increased feeling of confidence that providers would have as a result of providing culturally proficient care, as a result of knowing what to do and having the resources and support behind them. They felt that the skills acquired would help providers deal with anyone and almost any situation. They would be delivering care in a more flexible and adaptive process. Overall, it would be a much more rewarding process with more engaged and compliant patients. A couple of the Councils noted that some health care providers may feel added pressure with the expectation of providing culturally proficient care.

> ***"There would be respect and warmth and a good connection between the health care provider and the patient."*** (Member, St Boniface and St Vital CHAC**)**

How would it feel for the patient, family member, etc. if the health care provider, staff, or volunteer was culturally proficient?

Council members also imagined how it would feel for patients and family members to receive culturally proficient care. The single most significant difference in the experience of receiving culturally proficient care highlighted by Council members was the development of trust and confidence between the patient and the health care provider. They felt more confident that their needs would be met and they felt valued and listened to. There would be a mutual respect and the patient would feel empowered because they were involved in their care.

There was also an increased feeling of safety because the patient felt that their beliefs and values were accepted. Having care provided in a culturally proficient way would be an invitation to having their needs known and would feel effortless and natural. The patient would feel that they were going to be cared for and would be more willing to follow advice, be more cooperative, work to achieve goals together with their health care provider, and be willing to accept when things aren't perfect. And finally, they would have fewer negative feelings towards the health care system, and they would share this more positive experience through word of mouth with others.

Ideas for increasing the cultural proficiency of staff and volunteers and creating a health care system that is culturally proficient

To conclude the exploration of this topic, Council members were invited to provide their suggestions for how the Winnipeg Regional Health Authority could increase the cultural proficiency of staff and volunteers and to create a health care system that is more culturally proficient. In considering ways to increase the cultural proficiency of health care providers, Council members provided ideas related to training, resources, and support for health care providers, staff, and volunteers. They also discussed the necessity for changes to policy and processes and organizational culture to support this goal. They also highlighted the importance of addressing issues and challenges that currently exist in providing care across cultures as an important first step to create a system that is more culturally proficient.

> ***"How do we enhance and improve the experience of providing care across cultures? We go to them, know that there are certain things that we need to understand, and enhance the ability of the patient to make good decisions."*** (Member, Downtown and Point Douglas CHAC)

The Councils agreed that it would be ***"challenging to promote cultural proficiency in complex and varied environments and programs across the health system."*** (Member, River Heights and Fort Garry CHAC) They also agreed that it was important to keep focused on goal, which is to address health disparities. (Member, St James-Assiniboia and Assiniboine South CHAC) Cultural proficiency should lead to better health outcomes for patients and increased patient and family satisfaction with the health care system. The WRHA also needs to keep in mind that there is diversity on both sides – those delivering care and those receiving care; cross cultural interactions happening both ways and positive and negative experiences on both sides as well. (Member, River Heights and Fort Garry CHAC)

> ***"Health care providers are diverse too and there may be misunderstandings, some communication challenges. They need to check in as well, acknowledge the need to build trust, and ask if they don't understand."*** (Member, River East and Transcona CHAC**)**

<u>Training to support skill development to provide culturally proficient care</u>

Council members stressed the importance of training opportunities in a variety of approaches to provide opportunities for health care providers, staff, and volunteers to assess their strengths and areas for growth and to build proficiencies in communication techniques in order to improve how they provide care across cultures. Training should be accessible, for example, providing options for on-line courses. It should be active, hands-on, and engaging, and utilize role plays and real life care scenarios to explore challenges and approaches. Staff should be involved in the development of training for

their programs and positions – such as, having health care aides help develop workshops to enhance their skills in providing culturally proficient care. (Member, St Boniface and St Vital CHAC**)**

Council members also felt that it was important that training include some key information about what patients from diverse cultures experience when interacting with the system and the impacts on them when care is not culturally proficient. Health care providers, staff, and volunteers need to understand and ***"recognize the vulnerable times which people from diverse cultures may find particularly difficult and when they need and would get comfort from practices and approaches that are culturally appropriate to them – like birthing and dying."*** (Member, Downtown and Point Douglas CHAC) They need to ***"be aware that when people are stressed they go back to their original language (when they are older as well)."*** (Member, St James-Assiniboia and Assiniboine South CHAC) ***"Health care staff across the region need to learn about people with disabilities, that you can speak to people with disabilities, for example. Many need support in how to work with patients with disabilities."*** (Member, River Heights and Fort Garry CHAC)

Council members also recommend that cultural proficiency training be part of inter-professional training sessions which would also support the approach of providers working more collaboratively with each other.

<u>Resource for health care providers, staff, and volunteers</u>

All of the Councils suggested having simple and accessible resources available for staff and volunteers, like ***a "multi-cultural resource guide that would provide examples of different medical situations and possible cultural practices. It could include possible questions you could ask to learn more about a patient's unique needs, and overall attitudes and approaches to health and healing including religious beliefs and values, ways of grieving, etc."*** (Member, Seven Oaks and Inkster CHAC**)** ***"This resource guide could include some basic cultural information and significant health-related cultural practices and beliefs."***(Member, River East and Transcona CHAC**)**

Having cultural resources available and known to staff and volunteers, such as the availability of space for smudges, would also be important. A cheat sheet, or check list for cultural proficiency, would also be an easy and accessible tool for staff and volunteers to use. (Member, St Boniface and St Vital CHAC**)**

<u>Cultural proficiency support for staff</u>

A number of Councils suggested having a staff person available to provide cultural proficiency advice and/or to consult with on challenges that they are experiencing --

"somewhere staff could call to get advice on cultural proficiency issues, get support to work with patients, to build capacity – a central resource that provides support." (Member, River Heights and Fort Garry CHAC)

Team support, mentoring, goal-setting, debriefing

Council members recognize and recommend the need for on-going support and opportunities for staff to discuss challenges and build skills and awareness as they become more culturally proficient. This needs to feel safe and supportive and the Councils provided a few suggestions for how this could be done:

- Use scenarios to learn – team members can share experiences they have had providing care across cultures that they debrief with team members. They can work through scenarios together to gain insights and build skills and confidence.
- Set up on a cultural proficiency blog, send out emails or texts with tips to promote cultural proficiency and where stories are shared about providing care across cultures – experiences that went well and that didn't go so well.
- Recognize staff for being culturally proficient.
- Develop "learning plans" for staff proficiencies that staff are working on – have a session that staff members can take – offer levels of competency to work towards
- Have performance appraisals include "providing care to diverse patients" as a measure
- Ensure that mentors within the system are culturally proficient.
- Staff that may be experiencing language barriers should be working to improve their English so that they can provide better care.
- WRHA should consider whether cultural proficiency should be an expectation or a best practice to providing care.

Policies and processes to support cultural proficiency

Critical to the ability of health care providers, staff, and volunteers to provide culturally proficient care is the development of well articulated policies to support the practice and that is understandable to all staff, especially those at the front-line. (Member, St James-Assiniboia and Assiniboine South CHAC) The WRHA also needs ***"to understand and confirm baseline service (policy) and figure out how flexible they can be -- how much the system can accommodate to meet unique cultural needs of each patient."*** (Member, Seven Oaks and Inkster CHAC**)**

Once the commitment is made to develop policies to support the provision of culturally proficient care and the WRHA has confirmed how much the system can accommodate to meet the needs of the diverse population it serves, Council members felt that there were a couple of policies that were a priority and should be explored first. These include:

- Additional flexibility regarding the amount of time a health care provider spends with a patient in order to accommodate the additional time it will take in appointments/care interactions to be culturally proficient

- Allowing for culturally specific health care practices
- Flexibility to allow for gender specific health care providers at the request of the patient
- More flexible policies about family visiting at health care sites
- Allowing for more family support and engagement during appointments and throughout all aspects of treatment
- More flexibility and support for requests of gender-specific care providers

The Councils also felt that it was important to review and make decisions about how to address cultural practices that aren't acceptable. Health care providers and staff need to be open about this and explain why the practice is not acceptable, in terms of what is legal or not legal in Canada. Councils suggested engaging cultural community groups in this process.

<u>Organizational culture and leadership to support cultural proficiency</u>

One of the Councils pointed to the need to examine the current organizational culture because of the importance of understanding the culture before figuring out what needs to be changed to support cultural proficiency. (Members, Seven Oaks and Inkster CHAC**)** The question then needs to be asked, "Is the "culture" within the organization changing enough to meet the challenges providing care to an increasingly diverse and aging population?" The organization then needs to develop visionary goals that support the move towards becoming culturally proficient and compassionate.

Along side a strong organizational culture that supports cultural proficiency, there needs to be strong leadership and ***"an expectation that all staff work towards being more sensitive in providing care to people from diverse cultures – that this is what we're working towards."*** (Member, River East and Transcona CHAC**)** All health care providers and staff then need to see themselves as leaders in cultural proficiency, engaged in continuous training and learning. (Member, St Boniface and St Vital CHAC**)**

At the same time, management will need to recognize that the cultural proficiency approach will not be consistent everyday and by every staff as people learn and develop skills. (Member, St James-Assiniboia and Assiniboine South CHAC)

<u>Identify and address current issues that diverse cultures face within the system</u>

All of the Councils stressed the importance of ***"identifying issues and challenges that diverse cultures face within the system and start building proficiency by addressing these."*** (Member, St Boniface and St Vital CHAC**)** Some of these would include the cultural missteps in health that occur most often – situations that have repeatedly arisen due to misunderstanding, lack of cultural awareness/proficiency. It is important that as a system, the WRHA identifies the themes and challenges are coming out of the system related to culture and begin to working on these with staff.

One of the issues that was identified by almost all of the Councils was the challenge faced by diverse health care providers experiencing discrimination. Most noted was the experience that many home care workers (from diverse cultural backgrounds) have had with family members and home care clients who refuse to allow diverse staff into their home. Council members felt that this was an important issue to address and that there was a need for and an expectation that patients, clients, and family members be culturally proficient as well.

<u>Other ideas to support increasing cultural proficiency</u>
Council members provided other ideas to support cultural proficiency. These include:

- Providing information in multiple languages
  - Information about health services, treatment, follow-up care, instruction sheets, etc.
  - ***"Having information in different languages – shows that you respect patients with different linguistic backgrounds and that the system is tolerant and welcoming."*** (Member, St Boniface and St Vital CHAC**)**

- Share information with organizations within the city that support newcomers in settlement on how the health system works. (Member, Seven Oaks and Inkster CHAC**)**

- The range of foods provided at health care sites could be more culturally diverse. This provides comfort when people are in stressful situations. (Member, St Boniface and St Vital CHAC**)**

- Work with cultural organizations to enhance cultural awareness and proficiency, address issues and practices that are not legal in Canada – build partnerships with cultural communities, involve and engage them in decision-making, policy-making, etc. (Member, River East and Transcona CHAC**)**

- When programs are developed staff should ensure that they are appropriate for different cultural groups. (Member, St James-Assiniboia and Assiniboine South CHAC)

- Recommend that Manitoba Health add a piece about cultural preferences re: treatment, care, language, etc. to the Manitoba Health client registration form (Member, River Heights and Fort Garry CHAC)

- Include section on "care sheets" that provides information about the patient – ethnicity, language, faith, practices related to health, treatment, food preferences – preface with – "we'd like to be able to provide you with culturally proficient care…"(Member, River Heights and Fort Garry CHAC)

Unique issue raised by Council – is this achievable? Should we change the terminology?
This issue was raised by the Seven Oaks and Inkster Council. This Council, at times, struggled with the topic of building a more culturally proficient health care system, wondering if it was achievable (or perhaps some of this work was already happening) and having some difficulty with the terminology as well.

"The terminology is tricky, "proficiency". If you're proficient, what does that mean?"

Many felt that the terminology could be a barrier to exploring this topic and working with staff. They recommended that the term, "cultural proficiency" be changed because it is confusing, especially considering the "culture" is so much broader than just ethnicities and linguistic groups.

Discussion Notes from Council Meetings

Downtown and Point Douglas
Community Health Advisory Council

Cultural Proficiency Topic: Notes from first meeting

Question #1: "How would you describe the difference between cultural awareness (CA) and cultural proficiency (CP)?"

- CA – we're not all the same – different languages, etc.
- CP – open to learning from the patient – build a rapport, comfort with the patient – so that they will be able to tell the health care provider what they need, want re: their care
- CP – being aware of resources available – you don't have to have all the answers
- Utilize another member of the family to bridge with the patient
- Use interpreters when you can
- CA – knowing the difference between HIGH and LOW context cultures – visual versus verbal, body language – this is part of cultural awareness
- CP – how to react to those differences – connecting to resources
- Understanding "status" issues and what resources are available
- Health care providers should go on the "patient" side to understand what it is like
- CA – culture specific – diverse groups, cultures
- Health services – what kind of themes connected to culture are coming out
- How health care providers interact with Aboriginal patients is still an issue – misunderstandings based on body language, not looking directly at providers, etc.
- CP – requires a higher level of communication
- Acknowledgement of world view, values
- CP – don't go in with any preconceived ideas
- CP – understanding of the ways that people learn
- Personal space
- Will point to the need to explain things in different ways – visual, verbal, body language, etc.
- Learning in the moment
- CA – differences affect the way that people communicate, etc.
- Respect and value diversity?
- Curious, interested, mindfulness
- CP – how do we enhance and improve the experience (providing care across cultures) -- we go to them, know that there are certain things that we need to understand, enhance the ability of the patient to make good decisions
- More active, being deliberate, thoughtful, serious
- Sound practice – get increased training in communication, a lot to be learned from body language – acknowledge that everyone processes information differently – verbally, kinaesthetically (body language), visually, etc.

- Respectful, mindful of simple language
- Don't make assumptions based on the culture that you think they are – there is a range of values/behaviours, etc within every culture and people may have more than one cultural identity
- Meet people where they are
- Stop presuming, assuming
- To be culturally proficient – need to discuss, share examples
- Workshops
- Be open, ask questions, clarify

Question #2: "Do you have any examples of situations where a health care provider demonstrated cultural proficiency or did not?"

- Culturally proficient
  - Doctor responded calmly to a child who was acting out – asked him what was bothering him – it turned out to be a fan

- Not culturally proficient
  - Impatience escalates -- working with deaf person, no sign language, lack of understanding frustration, not knowing what's going on
  - Experience when she was in a wheelchair – people would shout at her – presume one disability must mean she has others
  - Getting louder when someone doesn't understand
  - Mis-reading when someone takes time to answer

Question #3: "What are the characteristics of a culturally proficient interaction in a health care setting?" (behaviours, attitude, processes, policies, communication styles, etc.)

- Settings – hospitals, primary care, home care, personal care homes, health promotion, etc.
- Confidentiality
- Patience, courage, empathy
- Takes character-building to be culturally proficient
- Asking about someone's culture
- Workshops, etc. to remind health care providers of the patient's experience, perspective – use many different methods – visual, etc.
- Ask questions – allow them to add extra information that they want
- It takes time – so the system has to permit flexibility for this
- People need to be flexible, adaptable, be willing to back up and do something different
- Take into consideration gender differences – acknowledge different communication styles – do we need to match more male health care providers

with male patients and female health care providers with female patients? – this kind of flexibility may be required in some situations

- Willingness to think of who the caregiver should be in order to create a safe environment where you can work across those cultural differences effectively
- Health care provider should be more adaptive to how they provide care
- Performance appraisals of staff – personal goal setting – like working on treating diverse patients better
- Acknowledge the need some people have for the same provider – not comfortable with the change of providers
- Need to be patient with staff to learn, internalize this
- Work from strength rather than punishing weaknesses
- Expand the vision of the health care system to just include everyone
- "reflection of content" – reflective/active listening – very good skill for culturally proficiency
- Live in the moment, humility, don't make assumptions
- Fundamental and core to CP – we all have the right to protection, freedom, identity – how this is satisfied depends on your cultural context
- Patience, be a calming influence, make people feel comfortable
- If people feel that you genuinely care – they will forgive you – if you act like a jerk, they won't
- Continuum of normal human experience – we each occupy a different spot – all have an equal right to occupy that space
- Organizational culture – need to work on improving staff behaviour
- Need to educate and re-educate and re-educate…
- On-going program, new culture of excellence
- Front line – share suggestions about how they have successfully worked with patients from different "cultures"
- Will senior management listen to that? Adopt as new policy or practice?
- The leadership needs to be willing
- It should be okay to make a mistake and share it – use it as a learning moment – this would be challenging for the existing organizational culture
- Informed consent – this is a priority – when there is a language barrier, you are not really getting informed consent – involve interpreters
- When people are in stress – this exacerbates the effect of the differences between health care provider and patient – they will go back to their language of origin
- Consider patient's rights, privileges, obligations
- Consider health care environments – hospital environments are strange, difficult to navigate
- When you're ill, it's confusing, the pace in the hospital is very different
- Facilities – use patients from different cultural backgrounds to find out what would work for them
- It is important to know the difference between interpretation and translation – having the resources available in different languages gives a sense of welcome

- Should recognize the vulnerable times which people from diverse cultures may find particularly difficult and when they need and would get comfort from practices and approaches that are culturally appropriate to them – like birthing, dying
- Important to understand cultural practices related to health – like not showering after a birth (for some cultures)
- Being particularly sensitive to these vulnerable times
- Using doula training program – to engage patients who are diverse – having a doula from your own culture
- Have skills and tools – like a manual that describes health practices related to different cultures
- Have consultants that health care providers can connect with about health practices related to different cultures
- Posters/pamphlets in different languages – will increase the accessibility to services
- Migrant workers – don't come to health care sites for services – we would need to go to them
- Elderly newcomers who haven't integrated into society – need providers to go to them
- Ask patient after service – how did it go? Get feedback, exit interviews, etc.
- Physicians from other countries who can't practice here – can they be utilized in other ways to help us build a culturally proficient health care system?
- Issue of doctors not taking new patients because they have too many issues – still a concern
- Being proficient
- Identify staff who speak different languages
- Make sure cultural resources/information is shared with providers (like honour violence)
- Health care provider would feel like they're doing a good job
- Diverse staff going into clients' homes and not feeling welcome – whole issue needs to be explored and addressed
- Give recognition for providers doing a good job, being culturally proficient
- Accessibility – needs to be there
- "Even Walmart has greeters" – importance of greeting, welcoming patients, families
- Recognize family as support

Downtown and Point Douglas
Community Health Advisory Council

Cultural Proficiency Topic: Notes from second meeting

Their definition and description of CP

- How do we enhance and improve the experience – providing care across cultures – we go to them, know that there are certain things that we need to understand, enhance the ability of the patient to make good decisions
- Open to learning from the patient
- Building rapport, comfort – so that they will be able to tell health care provider what they need – unique needs related to cultural beliefs, values, practices – health and healing
- Respect
- Be open
- Meeting people where they are
- Don't make assumptions based on the culture that you think they are – range within, people have many "cultural" identities

Question #1: "What would it look like if a health care provider/volunteer was culturally proficient? Describe how they would behave, how they would interact with people from diverse backgrounds. What would it feel like for the patient/family member? What would the outcomes be?"

- Trust would be developed
- Patient would feel listened to, would feel that the health care provider is knowledgeable, helping you
- Patient would feel confident that their issues would be well met
- Patient would feel that there was someone who understood them, that they weren't going around in circles anymore, that the health care provider really cared about them because they were willing to spend more time with them
- Health care provider would feel more confident, know what to do, be aware of resources and have the tools and skills to deliver care across cultures
- The patient wouldn't feel so along – would feel that someone understood them
- Patient would feel valued as a human-being and feel respected

Question #2: "What are some of your ideas for increasing the cultural proficiency of staff and volunteers?"

- What makes us feel valued? Being welcomed, offered beverage, the environment feels comfortable, they are given time and not rushed --- if provider makes people feel like this, they will feel good too
- The environment needs to be private – not sharing information over a counter

- Create an environment in which the patient can be as honest as they can – with enough physical and emotional space and time
- Honour and respect are key
- Important to consider how the health care provider asks questions
  - Private, listen, make patient feel comfortable, courteous, no judgement, go into enough depth to find out what's going on – ask further questions
- Having the time to spend with the patient
- Provider needs to be honest – explain why they might need to have something done in a certain way
- Ask patient how we can accommodate them (the patient)
- Health care provider needs to be patient and persistent – patient might be embarrassed, ashamed – then can work from there
- Having diversity in the work place – "diversity is welcomed here"
- Move more care to the home – where there is a network of support, care in the home
- Gender appropriate care if needed
- Having someone who's only job is to listen – to process trauma and stress
- Receptionist/first point of contact – needs to be welcoming – perhaps they can have scripts that they follow to ask questions about cultural needs of patients
- There need to be expectations for how health care providers will provide culturally proficient care
- Needs to be accountability of providers to the patients
- Generally, health care providers don't seem to be accountable to their patients
- Need for better "bedside manner" – how to sensitively communicate test results, diagnoses, etc.
- Need to recognize that health care providers are building up trauma (becoming desensitized) over the years and may end up with a decreased ability to communicate respectfully and compassionately
- Principle of prevention needs to be present
- Need for mechanism for complaints
- Health care providers – communication training and evaluation – surveys that can be filled out by patients
- Need training for communication

River East and Transcona
Community Health Advisory Council

Cultural Proficiency Topic: Notes from first meeting

Question #1: "How would you describe the difference between cultural awareness and cultural proficiency?"

- Awareness is knowing that there are differences between cultures
- Proficiency is knowing what they are
- CP is having the appropriate tools to address differences
  - Certain cultures see care-giving in a different way
  - Actively finding out how things are perceived by a particular culture
- Other cultures are different and equal to not less than
- Inter-related – awareness of culture – lifestyle, practices – can then be accepting and approach care based on this understanding
- Respect – multi-cultural/diversity – see commonalities
- Understanding can lead to compassion
- Understand/acceptance of beliefs
- Aware of changes in culture/religion – there is a continuum within a culture – not understanding this can lead to assumptions which is not good
- Awareness of a culture could be a stereotype – proficiency is seeking to know, to understand
- Accept that our own versions of a culture may be limited
- Some awareness training can bet too general, stereotypes of a culture
- Should be comfortable to ask about someone's culture
- Proficiency – in a respectful way, ask how do you do this…without judgement
- Is there a way for the WRHA to encourage people to embrace their culture?
- Proficiency also starts with a clear idea of your own cultural paradigm
- For front line care provider – learn about different cultural world views, cultural ideas about healing
- How to approach culture/diversity – respectfully asking different views related to health and health care
- How do we address the negative cultural behaviours/views/practices? – look at it terms of what is legal or not legal here – could go through cultural community groups – educate about what is acceptable, legal or not
- WRHA can work with cultural organizations to enhance cultural awareness and proficiency, address issues and practices that are not legal in Canada
  - Partnerships with communities – involve them with decision-making, policy-making – engage them
- Targeted info-sharing about some significant health-related cultural practices/beliefs
- Cultural proficiency – empathetic approach to individuals – base services on needs of each person (understanding unique needs in order to meet them)

- Some perceptions of health care providers is that they put up barriers – because of their own issues – not cultural awareness – building up health care providers – training sessions, lunches – help them to relate to others more effectively
- Different ways to achieve the same end/goal – doesn't mean that one person is more right

Question #2: "Do you have any examples of situations where a health care provider demonstrated cultural proficiency or did not?"

- Culturally proficient
  - Doctor at Aboriginal Health and Wellness Centre – great approach, asked great questions, was honest when she didn't know something

- Not culturally proficient
  - An individual was forced to sign a consent form when he didn't understand because of language barriers
  - Older patient didn't understand her physician (strong accent)
  - Physician insisted that Aboriginal woman have c-section. She shared info she had received from her medicine man – doctor didn't take it seriously. He called down a cultural practice and was disrespectful.
  - Person gets medication but doesn't take it because they were not comfortable to ask questions about it to their health care provider.
  - Situation where patient was going to have an eye removed because of cancer but they didn't know because the family member who was translating didn't tell her because he didn't want to worry her.

Question #3: "What are the characteristics of a culturally proficient interaction in a health care setting?"

- Open, honest interaction between the health care provider and the patient – opportunities to provide input about their values, beliefs, and practices (as they relate to health and treatment)
- Effective verbal and non-verbal communication
- Open and respectful
- Aware of system as a whole and then understanding of component parts
- 2-way street – and also, both of them understand the system
- Knowing the right questions and not being uncomfortable to ask them
- Awareness of resources to assist – INAC, for example
- Accepting what you don't know and then actively finding out
- Some providers will have expertise with a certain population – like Aboriginal patients
- First awareness, then proficiency
- Interaction/communication in the language that the patient is most comfortable to communicate in – use interpreters

- Have information about how to get an interpreter – have this in many different languages
- Share information about interpreters with cultural associations/groups
- Provide an introduction about our services – we need to know more about you so that we can provide care and meet your needs – is there anything you can tell me that will help me do this?
- This will mean that health care providers need to take more time
- What about when people will say "yes" when they don't understand?
- How do you overcome the issue of trust – too little or too much?
    - New patient, different culture
    - Training in cultural proficiency should address this
- Acknowledge that there might not be trust, that it takes time to develop
- Health care providers are diverse too – there may be misunderstandings, some communication challenges, they need to check in as well, acknowledge the need to build trust, and ask if they don't understand (both the provider and the patient)
- Check in about the level of understanding
- Use plain language

River East and Transcona
Community Health Advisory Council

Cultural Proficiency Topic: Notes from second meeting

Question #1: "What would it look like if a health care provider/volunteer was culturally proficient? Describe how they would behave, how they would interact with people from diverse backgrounds. What would it feel like for the patient/family member? What would the outcomes be?"

- Health care providers – would be more educated
- Would have learned small but important details that help patients improve their care
- As patients, we would have the understanding that no one is perfect, we need to take some responsibility as well – there will be mistakes, let's hope that there are fewer
- Will have an appropriate sense of humour
- Hope that providers won't be paralyzed by a fear that they won't be culturally proficient

Highlights – when an interaction in the health care system is culturally proficient

- Our world view is often impacted and influenced by the world around us – media, etc. -- ike the impact of baby boomers on the health care system
  - This could create negative feelings about an aging population and how younger population will be "paying" supporting them
  - Will need to address how these attitudes could impact health care providers' treatment of baby boomers
  - Should recognize what our attitudes and beliefs are before you deal with and treat a patient
- No one is an expert on anyone other than themselves – they will be able to explain themselves the best
- Communication needs to happen not just with the patient – but with the family or friends that the patient has asked to be there with them – for support and to improve communication – advocacy as well – as population ages, this will happen more and more
- Trust – the doctor trusting the patient and the fact that the patient will know what is best for them – they need to bridge that gap
- Many practitioners struggle with the holistic approach and the involvement of family
  - Many people can communicate that they want that other person with them – some aren't able to
  - Better continuity of care – if friends/family/social agencies "in the loop"
- Patient and health care provider – need to have patience with each other – need to be able to ask for what could help improve communication – speak more slowly, listen carefully

- If someone has an advocate with them – they should see this as something positive – if this is challenged by the health care provider, they risk the patient putting ump more barriers and care will be impacted
- Role of advocate – ok for them to be there
- Behave like a cultural practitioner – constantly sending out vibes of our own culture and interpreting the cultural vibes of others – especially important in health – effects peoples' lives in a instant for short term and longer term
- Big impact when people are dealing with their own complex health issues or a family member's
- Provider approaching patient from scientific point of view – treatment approach will be Western/medical
- Where are you getting your cultural information?
  - Media? There will be a bias
  - Need to use a variety of sources to gain "cultural" information – in order to be culturally proficient
- Publicly – we are careful not to offend others, but privately, some people hold stereotypical attitudes that are not culturally proficient
- We need to think about where you get your information about cultures from – consider your level of "understanding" – question that you might not know the whole story about a culture
- Practitioner focusing only on "science" of treatment/patient care
  - They should find an approach that is not culturally specific to find out what they are comfortable with – treating every patient respectfully as an individual

Question #2: "What are some of your ideas for increasing the cultural proficiency of staff and volunteers?"

- Every couple of months, have a cultural awareness dinner for health care team – have fun finding out about a culture – pick out of a hat – could be lunch or dinner
- You can't force people to be culturally proficient – if they have a strong belief it will be a challenge – but still need to work on learning more about other cultures
- Offer courses in cultural proficiency
- The people who need it the most are often the ones who will avoid taking courses, or won't attend
- From upper management – it is an expectation – to be more sensitive to work with people from diverse cultures – this is what we're working towards
- WRHA could hold a regional professional event/activity about cultural proficiency
- feature articles in the Wave/Inspire, cultural proficiency experts – feature different cultures, faiths, etc. – to provide insight
- Facility newsletters – have features on cultural proficiency as well – keep awareness/profile up

- “learning plans” for staff proficiencies that you as a staff person are working on – have a session that staff take – have levels of competency to work towards – people can work at reaching higher levels 3 to 5, for example
- Provide incentives for people to become more culturally proficient
- Sit and talk with people of diverse cultures – with goal of finding commonalities and to understand uniqueness as well – will help to do this – prior to working with patients from that cultural group
- There are programs where this is handled well – birth/labour wards and in palliative care
- Leaders must create an environment for this to occur – the culture of the organization
- Get the dialogue started within the organization
- Use simulation game to diver home the point of how people are sometimes treated differently based on culture, etc. – “brown eyes/blue eyes” – is the name of the simulation – it is interactive – will impact people very powerfully
- As boomer leave, the younger generation moves in – need to adjust the way we communicate to fit this – texting, prizes, etc.
- Need an orientation to the health system for newcomers – maybe even before they get here
- We as patients are accountable as well – gives us some power and ownership --- accountable to become culturally proficient as well, we need to be patient
- Older generation – with expectations of cultural proficiency
- For new staff – expectation that they become culturally proficient – greater chance that they will be able to do this
- City of Winnipeg – only has Aboriginal awareness – should have cultural proficiency – risk about how this will be experienced by Aboriginal patients
    - Support the inclusion of diversity in educational treacing

River Heights and Fort Garry
Community Health Advisory Council

Cultural Proficiency Topic: Notes from first meeting

Question #1: "How would you describe the difference between cultural awareness and cultural proficiency?"

- Cultural proficiency (CP) will come from increased awareness
- Expectation that health care providers will be respectful and allow for cultural customs/practice
- CP is a mind set – being effective in cross –cultural situations – would need some education about cultural differences in order to do this
- CP – interacting efficiently with people of different cultures – 4 components – awareness of one's own cultural world view, attitude towards cultural differences, knowledge of different cultural practices, and cross cultural skills
- Able to understand, communicate with and effectively interact with people across cultures
- Not forming opinions; accepting
- Learning about others and how to meet their needs considering their cultural values and customs
- Valuing diversity – need to listen to find out and understand unique needs – then you can assist
- CP requires patience, openness, calm
- Have a list of countries – provide more education so that health care providers will know more about different cultures – like differences in communication styles
- Interacting efficiently – no opinions, no assumptions about behaviour
- CP is beyond tolerance and awareness – encourage practice of cultural customs related to healing – this can help with healing and bring sense of calm
- Starting to work at some point with diverse backgrounds
- Cultural beliefs – important to health and well-being – important in terms of overall health plan
- Work with cultural associations – to find out what is helpful (in specific cultures) to aid healing and give comfort to people
- Allowing people to do things – as long as they are not harmful
- Some cultures have very few people in Winnipeg – ask people what they need, in terms of culture/faith to support their healing
- Challenges in some of the community hospitals – lack of diversity, not as used to respond to diverse cultures
- Cultural proficiency – the bottom line – building relationships, listening, interacting, respect – comes down to understanding the individual, sharing information, communicating and learning

- Health care provider can provide quality care, based on trust and building a relationship with each patient
- Experience of health care providers who come from diverse cultures face challenges as well – some clients are not accepting, may be problems with communication
- Proficiency comes through practice and perseverance – develop the relationship
- Dangers of stereotyping people from a culture – making assumptions – like a patient won't be able to speak English
- CP – accepting and respecting people as they are with their beliefs and values – see everyone as an individual
- Look at care plans – make them individual and flexible – adapt plan so they get the best care – cultural and emotional well-being goes hand in hand with physical well-being
- Ageism – big thing – discrimination
- Assumptions about people being new to Canada if they are from diverse cultural backgrounds
- How do we get staff to put personal biases aside?
- Working within and with different cultures
- To be proficient – engage and be involved –ask questions when you don't know
- Groups of people who come together with similar life experiences and issues – for goals of advocacy, social acceptance, etc.
- Health care providers have pressure of time and work – needs to be addressed to allow for flexibility/time to learn about the individual needs of the patient
- Rules and regulations sometimes interfere with cultural proficiency
- What about practices that are not acceptable? May understand but wont' accept the behaviour – will be important to clarify this
- Offering choice in meals – policy in diversity
- Breaking down barriers – that my beliefs are correct – we need to value other opinions, religions – not just tolerate
- There will be staff who won't be open, respectful
- Silent patient – extra effort to be culturally proficient

Question #2: "Do you have any examples of situations where a health care provider demonstrated cultural proficiency or did not?"

- Culturally proficient:
  - Health Sciences Centre – health care provider was patient – followed up with after discharge – this was very positive, experienced caring and patient nurses
- Not culturally proficient:
  - Elderly patient being directed by nurse to not use a walker even though she would have benefitted from it
  - Need for greater diversity in the food that is available for patients, and home care – cooking for patients

- Trying to make appointment (HSC) over the phone – receptionist kept calling patient, "dear, sweetie". Patient told her not to address her like that, but receptionist didn't. The patient did not feel respected.
- Home care client misinterpreted how the home care worker positioned the chairs around her dining table – client became frustrated and finally asked the worker about this – found out that the positioning of the chairs meant "welcome to the table"
- Patient from African country – went to doctor, didn't look the doctor in the eye (this meant that she was showing respect) this was interpreted as "lying" – health care provider need to be more aware of some basic cultural norms/communication styles that may be misinterpreted

Question #3: "What are the characteristics of a culturally proficient interaction in a health care setting?" (behaviours, processes, policies, etc.)

- Commonsense, politeness, respect – can override cultural differences
- Demonstrating understanding and acceptance, and expecting a range of behaviour/response to illness or a health care issue
- Begins with 2 human beings coming together with kindness and respect – build a relationship, come to understand the needs of the patient
- Greetings, smile, welcoming – very important
- Treat the person, not the illness
- Do not be condescending
- Put yourself in their shoes, position – this needs to go both ways
- Communicate – health care provider – if you don't have the time
- Recognize when you're getting frustrated, take a break, walk away if you need to
- Don't give up, be persistent and try different approaches
- Recognize language barriers – if you cannot communicate fully, you can't provide good care – get interpreter if needed
- When you introduce yourself, as the patient what they like to be called? What are their cultural practices related to health and healing? Open up the conversation – what is important to you about your care?
- Building a relationship takes time – may need to allow for more time – this requires policy change and flexibility win the system
- This is patient-centred care being more culturally proficient
- If staff have language barriers they should be working on this so that they can provide better care, improve communication skills
- Have cultural diversity/proficiency sessions
- Communication is very important – caring, engaging approach
- Information on resources that staff can use to help them demonstrate cultural proficiency
- Networking/referral to help address patients' unmet needs
- Challenging to promote cultural proficiency with in complex/varied environment and programs across the health system

- Cultural proficiency should lead to better health outcomes for patients and increased patient and family satisfaction
- Could be expensive to train, provide workshops, etc on cultural proficiency

River Heights and Fort Garry
Community Health Advisory Council

Cultural Proficiency Topic: Notes from second meeting

Question #1: "What would it look like if a health care provider/volunteer was culturally proficient? Describe how they would behave, how they would interact with people from diverse backgrounds. What would it feel like for the patient/family member? What would the outcomes be?"

- Should feel like there is mutual respect – for the patient – that they are involved in their care, empowered, feeling that they are understood by the health care provider
- More of a partnership – instead of someone telling you what your care is going to be
- Health care provider would demonstrate strong interest in caring, be a good listener
- Pleasant attitude – everyone will feel welcome, no matter who they are
- Patient – would have a feeling of safety because of the knowledge that your beliefs and values are accepted
- Feel that you can trust the system
- Be more open to express yourself
- Less alienation, better outreach to the groups slipping through the cracks now
- Sense of empowerment because they won't feel of less value than others
- Less negative feelings towards the health care system – patients will share experience through word of mouth with others – family, etc.
- Would be willing to accept when things aren't perfect
- More patient
- Health care provider would be more flexible – adjust to the situation
- Much higher satisfaction, people complying with what has been recommended
- More confidence – experienced by health care provider in how they're providing care and experienced by the patient feeling more confident in the care that they're getting
- Will not take the self-esteem of the patient away – they will feel that they can speak their mind
- Health care providers will be recognized when they do a good job
- Patients will feel that they have an ally or advocate in the system – this will increase their confidence in the greater system
- More confident, will feel more calm
- Will be onus on patient to be respectful of the caregiver – that it is a 2-way relationship
- Patients need to have realistic expectations of how much time health care providers have for them

- See health care provider as confident because you trust them – patient will tell them more about their history
- Much more rewarding for the health care provider
- Health care provider – have an even keel personality – not be shocked or show surprise during an interaction

Question #2: "What are some of your ideas for increasing the cultural proficiency of staff and volunteers?"

- Workshops - -hands on, meaningful that evoke discussion
  - Brainstorming exercises – like Council meetings
  - Use of role plays to learn skills
  - Watch movies and pull out cultural themes/issues
  - Sharing cultural food, traditions, etc. – creates openness, builds respect
- Resources available for support – interpreters, tools, etc.
- Health care staff should take a cultural proficiency oath – there should be a policy that requires staff to take this approach
- Should be part of curriculum at medical school, nursing program, etc.
- Should be taught in schools, integrated into society
- Provide opportunities for staff to share experiences – cross cultural – debrief with team members, work through scenarios together
- Policy – integrate this with the respectful work place policy
- Manitoba Health client registration – add piece about cultural preferences re: treatment, care, etc. – language, etc.
  - Adding piece onto "care sheets" that provides information about the patient – ethnicity, language, faith, practices related to health, treatment, food preferences – preface with – we'd like to be able to provide you with culturally proficient care…
- If health care assessment includes a social assessment, can this be shared between providers on the electronic health record?
- Getting basic information about different cultural groups – may get some idea of what some triggers could be – what would make some one uncomfortable and then health care provider would be able to adjust their actions accordingly
- Communication pointers, behaviour tips to provide culturally proficient care – starting with the importance of patience
- Staff should be supported in working through a challenging interaction – others shouldn't jump in to "save them"
- People with disabilities – different reaction from health care staff – health care staff across the region need to learn about people with disabilities – you can speak to people with disabilities, for example – need support in how to work with patients with disabilities
- Use scenarios to learn – discuss with team
- How do you get doctors to comply, to be culturally proficient when providing care?

- Accreditation – should be piece related to cultural proficiency and the need to comply to standards of care/treatment
- Could be CME – Continuing Medical Education – sessions on this
- Could set up a blog where providers could share experiences with others and look for ideas/support
- Set up a process to get advice and support about cultural proficiency (like the regional ethics program provides ethical support to teams)
- Talk within teams about experiences – can be casual, maintain confidentiality
- Somewhere to call to get advice on cultural proficiency issues, get support to work with patients – build capacity, central resource that provides support
- Put responsibility on leadership to discuss cross-cultural situations – "lessons learned", daily meetings, how do we share what we've learned?

Seven Oaks and Inkster
Community Health Advisory Council

Cultural Proficiency Topic: Notes from first meeting

Question #1: "How would you describe the difference between cultural awareness and cultural proficiency?"

- Awareness involves being sensitive to cultural differences between people
- Proficiency means having the knowledge and skills to interact and provide care across cultures
- Awareness is the recognition of the diversity of traditions, behaviours, attitudes, beliefs, etc. – it is a starting point for cultural proficiency
- Proficiency is the ability to integrate the knowledge and to apply it in how you deal with people around you who are diverse – the best possible approach to dealing with all cultures in a community
- People in a culturally proficient system want to know what the individual patient requires in handling their particular health problem – i.e. in some cultures, women can't be touched by males other than their husband, therefore in a cp system, this patient would have care provided by a female to ensure her level of comfort and safety
- Proficiency can also be looked at in terms of how the provider engages the patient – the outcome of this should be a connection and the development of trust between the health care provider and the patient/client
- These concepts can be tricky because they are somewhat abstract
- How do you change the culture of the organization? Change how people interact with one another?
- People may think that they are behaving correctly/proficiently – but they first need to be reflective, see the situation from someone else's perspective – an on-going self-assessment about how they work across cultures
- This is a hard thing to do – not a lot of people can do this
- Proficiency is a big leap from awareness
- In health care system, everyone will cross our path – how do you become aware enough to start moving towards proficiency?
- Proficiency is a continuum and a process – very complex!
- Getting to know what the differences are and learning how to deal with unique needs in a caring and an efficient way – partly teaching, partly understanding – what's being communicated, not being communicated
- What does this look like at the organizational level? Values. Decision-making would involve looking at different perspectives of everyone involved and the implications of decisions
- Would be helpful to have a list of physicians who are able to deal with diverse cultures

Question #2: "Do you have any examples of situations where a health care provider demonstrated cultural proficiency or did not?"

- Culturally proficient
  - Home care staff dealing with the family of a client originally from a country where the government persecuted its citizens, so there was a lack of trust in "government" – home care program
    - It was important that the staff understood where this family was coming from, why they didn't trust them
    - It was discussed with staff, they explored customs, traditions, used multi-cultural guide
    - They didn't take the behaviour personally, were resilient, and a strong relationship with the family and client was built
- Not Culturally proficient
  - A young Jewish man went to a psychiatrist about coming out to his family about his sexuality – the psychiatrist wasn't comfortable and asked him to see someone else
  - "You people" health care providers commented on Aboriginal people.
  - A son with special needs (physical and developmental) had an appointment with an eye surgeon about cataract surgery -- the staff there felt that the surgeon would not do the surgery because of the patient was severely physically/developmentally handicapped
    - This encounter lacked compassion and was built on assumptions that the staff and surgeon made about the young man's quality of life – it seemed to be valued less – care was deferred – the attitude was "we'll wait and see"

Question #3: "What are the characteristics of a culturally proficient interaction in a health care setting?"

- Connection, building trust with the patient
- Questions to find out unique needs and approach that should be taken
- Reflective thinking – seeing a situation from a patient's perspective
  - Acknowledge where you're coming from and consider how might my action have been perceived
- Respecting diversity of patients – would need awareness of some cultural norms and practices
- Ask sensitive questions of every patient – especially those new to Canada – ask what they need, if they have any taboos, etc. that may relate to their health, care, treatment
- Use interpreters, when needed
- Use plain language – not medical terminology
- What does the patient need to know, how do they want to be treated? What is important to them in this particular situation?

- Be aware and mindful of the emotional and psychological state of the patient – how they need to be treated with compassion, etc. – this can be the culture of the organization – be mindful and treat with compassion
- Don't take things personally
- Have a lot of compassion
- Cultural diversity is not just about ethnic diversity – it includes people with physical and mental disabilities as well
- Would hope that the health care providers are willing to learn from their own mistakes and to handle things with more compassion and sensitivity
- Options – service matching for gender and ethnicity – having that choice
- Would be helpful to know the "expertise" of doctors regarding tolerance, acceptance of diverse cultures – includes sexual orientation
- Share with medical students, nursing students, health care aide students, etc.

Seven Oaks and Inkster
Community Health Advisory Council

Cultural Proficiency Topic: Notes from second meeting

Question #1: "What would it look like if a health care provider/volunteer was culturally proficient? Describe how they would behave, how they would interact with people from diverse backgrounds. What would it feel like for the patient/family member? What would the outcomes be?"

- Less frustrating
- Health care provider/patient -- approach with a positive attitude
- Health care provider would feel more confident – gives the patient a feeling of confidence too
- Would help you interact effectively with anyone
- Health care provider should be sensitive to patient – not imposing their views – be open -- will develop trust and make patient feel comfortable
- Health care provider should be respectful of patient's culture – patient and family will be more cooperative and be able to achieve goals together
- Would demonstrate high skills in listening
- It's about knowing them as individuals and can therefore meet their unique needs
- Would be about showing genuine interest – asking patient about their culture, in order to learn more
- Reciprocal relationship between patient and provider
- Gives the provider and patient a voice
    - Being open to listening and responding to the needs of patients – for example, co-ed room – did not feel safe for female patient
- It's all about the relationship – lots of short term and long term relationships that get established
- Need to be more empathetic/compassionate – why do we have to keep repeating our "story" – could be painful and frustrating
- Confirmation of a person's worth – health care provider should make the patient feel valuable, of worth
- Integrity – important to people – don't make people feel ashamed
- Dealing with people as individuals – emotional, physical, spiritual, mental – whole person
- Provider should be compassionate – don't judge the book by the cover
- Perfection doesn't exist – as patients we need to remember that
- Not dealing equally with everyone, but dealing uniquely with each person
- If you communicate and/or treat anyone, you have to know what they expect, how they expect to be treated
- Need to get the heart of who the person is

- To be able to explain to each patient – policies, how they will be treated, help them understand – patient should adjust their cultural practice to the policy
- Patient is one of thousands of people receiving care in the system
- Need to understand/confirm baseline service (policy) and figure out how flexible we can be, how much the system can accommodate to meet unique cultural needs of each patient
- There are organizations within the city that help newcomers settle – medical care is very significant – should share information with them about how the medical system works here – get information to newcomers
- In Filipino culture, family stays overnight with patient – some wards allow for this, others don't
- Client is responsible to express their needs – fill out questionnaire – more responsibility on the health care provider – patient doesn't have a lot of power in the relationship

Question #2: "What are some of your ideas for increasing the cultural proficiency of staff and volunteers?"

- Change the terminology – "cultural proficiency" is very confusing, especially if this concept includes so much more than just ethnicities
- Training
- Organizational culture – we need to understand the culture before we can change it
  - What are our assumptions about what is currently happening?
  - And what needs to be improved? (This could be seen as a judgemental statement)
  - Change in Manitoba mosaic – very different than a couple of decades ago – and aging population
  - Is the "culture" within the organization changing enough to meet the challenges of increasing diversity, aging population, etc.?
- We have multiple interactions with the health care system throughout our lives
- Could use technology to help address language barriers
- Have standard questions that health care providers ask patients – perhaps these could be provided ahead of time
- Can use technology to learn more about cultural health practices
- Would be good to provide accessible information about some cultural norms relative to different groups (related to health care practices)
- Multi-cultural resource guide – provide examples of different medical situations and possible cultural practices
  - Include—questions you could ask
  - This is information to start – not so that health care providers make assumptions about the patient's needs are
  - Overall attitude/approaches to health and healing –including religious beliefs and values, ways of grieving, etc.

    - Remember, every patient is unique
- We interact with the system – not just individual providers – first point of contact – this person can make us feel unique or invisible – do they see themselves as part of the team of health care providers?
- How staff are treated impacts how the point of contact staff treat patients
- Importance of positive attitude and positive energy in the interaction across cultures

Council noted some challenges that they had discussing this topic:

- Is cultural proficiency achievable?
- Staff are being respectful
- It is already being done
- Terminology is tricky – "proficiency" – if you're proficient, what does that mean?
- What are the bumps in the road that interfere with providing the best possible care? Shouldn't that be the way that we look at this issue?
- Terminology can be a barrier to exploring this topic and working with staff

St Boniface and St Vital
Community Health Advisory Council

Cultural Proficiency Topic: Notes from first meeting

Question #1: "How would you describe the difference between cultural awareness and cultural proficiency?"

- CA – knowing about a culture, but no insight into their own (health care provider) behaviour
  - No capacity to put it into action
- How the awareness is used – proficiency is putting it into action
- Value systems – understanding 0 this is a starting place to build cultural proficiency
- Cultural proficiency involves "self-awareness" – of your own thought patterns and behaviour
- Need to be aware of policies/procedures and adapting them – some approaches may not be flexible to meet cultural needs
- Each person/patient should be dealt with as a unique individual
- There are challenges for providers to meet the cultural needs of patients
- Going by policies – someone passing away – different experience for cultural groups and what they need from the health care system
- Intuition – cultural proficiency involves using this.
- Some policies can be flexible
- My experience – understanding "policies" but don't want to be treated as a second class citizen/talked down to
- Health care provider should be more welcoming
- Could be your own culture
- Can't be proficient in all cultures – it's about asking questions
- Its' about hiring practices, mission/vision, etc.
- It does come down to the behaviour of each health care provider and employee in the health care system
- Staff are stressed, focused on the job, not treating people with compassion
- Should be training people how to treat patients with compassion
- Health care staff – experience of wanting to take French language training and not being allowed to – this doesn't support a vision of cultural proficiency within the region
- If training is being done and behaviour is not changed – something is wrong – training – should use role plays and simulation games
- Awareness of the concentration of cultures in different areas of the city – for health care sites
- Low context/high context cultures – this is an important base of cultural proficiency

- There is a back and forth – dominant culture and other cultures – trust needs to be developed
- Basic greetings (in a few different key languages) – to begin a conversation
- If organization doesn't have a framework to develop actions, employees won't follow new policies, etc.
- Hire from different communities
- Organizational culture (to support cultural proficiency) – demonstrated through policies and procedures, hiring strategy, etc. – setting a certain tone for this to happen
- Behaviour flexible – applying rules blindly
- Policies are now too rigid to address unique cultural practices/needs
- Need organizational culture to support culturally proficient behaviour
- Patients should be able to advocate for themselves to have their needs met
- Health care sites can be intimidating
- Identify issues, challenges that diverse cultures face within the system and start building proficiency by addressing these
- It comes down to an organization having a well-defined mission and strong leadership
- Don't make assumptions about a culture or a person's cultural practices
- Start with showing respect and compassion – consider patient safety
- It's okay to ask questions, to be curious
- 2-way communication – we get nervous, unsure – nervous to ask questions

Question #2: "Do you have any examples of situations where a health care provider demonstrated cultural proficiency or did not?"

- **Culturally-proficient**
  - Staff in health care are from diverse cultures – clients with strong preconceived notions of cultures and some with dementia – can handle these situations very well
  - Asking what a patient's cultural background was
  - Reminding health care providers and front-line staff that people are not well – therefore more vulnerable – when using the health care system

- **Not Culturally-proficient**
  - Elderly patient in hospital – received more prescriptions and took all of the prescriptions home as well – health care providers should have checked in with her about all of her medications to ensure her safety
  - Paternalism – imposing our culture on others – African woman with HIV was pregnant and needed to be informed that breast feeding can pass along HIV to her new born – but instead, she was told that she couldn't breast feed
  - Aboriginal parents of baby in intensive care – pretended that they couldn't speak English because there was no trust between them and the health care providers

- Female, Muslim patient was recovering from minor operation in hospital – health care aid talked to her about the experience of women in oppressed cultures

Question #3: "What are the characteristics of a culturally proficient interaction in a health care setting?"

- Need to consider ethics in terms of this
- Begin with making a patient feel welcome – like having a volunteer in ER's – to meet patients, get a sense of what their needs are, make them feel comfortable – could also have volunteers in hospital and other health care sites to help people find their way, etc.
- Don't ask, "Where are you from?"
- When you enter a site, you want to feel welcome and know where to go
  - Should have information about what to expect at that site – could be on a tv in the waiting area, in multiple languages
- Needs to come from a real and genuine place – needs to be transformational
- Questions to ask – information for patients and health care providers
- The environment is important
- Initial greeting – smile, connect, potentially greet in their language
- Sensitivity and respect
- Approach all patients, clients, etc. with the same greeting, approach, questions
- Keep it authentic, caring
- Use interpreters
- Have no assumptions
- Good listening skills, perception
- respect
- Having information in different languages – shows that you respect me – tolerance, welcoming
- Need to give people time, not rushing them
- What about cultural proficiency in terms of engaging people to become responsible for their own health? Ideas? Nutrition, exercise
- Range of foods provided at health care sites – should be more culturally diverse – provides comfort when people are in stressful situations
- Respectful, compassionate – need to create an environment of compassion
- We haven't created an environment necessary to support staff to be compassionate – double shifts, etc.
- Should be hiring diverse staff
- Stress overload – not conducive to providing compassionate and culturally proficient care
- Important for staff to remember – this might be the millionth time that they've performed a certain test, etc. but for the patient it could be their first time
- Ask for feedback
- Training not necessarily showing in actions of health care providers

- Not a lot of discussion about front-line staff (health care aides, etc.) – they should be engaged in developing training, etc. to be culturally proficient
- Children's Hospital – does a good job of providing family-centred care – this doesn't happen in adult care

St Boniface and St Vital
Community Health Advisory Council

Cultural Proficiency Topic: Notes from second meeting

Their definition and description of CP

- Begins with awareness of cultures, including insight into our own – CP is about building capacity to put this understanding into action, how to communicate and work with people across cultures
- Starts with showing respect and compassion
- 2-way communication – it's okay to be curious, ask questions – trust needs to be developed
- Don't make assumptions about a person's culture or cultural practices
- Each person should be treated as a unique individual
- Policies and procedures in the health system are adapted to met the cultural needs of patients and their families
- Important to identify issues, challenges that diverse cultures face within the system and start building proficiency by addressing these

Question #1: "What would it look like if a health care provider/volunteer was culturally proficient? Describe how they would behave, how they would interact with people from diverse backgrounds. What would it feel like for the patient/family member? What would the outcomes be?"

- Patient would feel safe
- Would be an invitation to have your needs known
- Would feel effortless, natural, normal
- Feel welcome, in own language
- You're going to be cared for
- Health care provider would have a feeling of humility, respect – patient would be able to open up more (this is difficult to do if you are stressed)
- Respect, warmth
- Good connection
- Patient – would be more willing to follow advice
- Know what's happening – needs to be more work to make sure a patient understands what's going on
- Going through a process – what it will be together – address and reduce stress, explain process, what to expect, timing, etc.
- Use waiting rooms, tv, etc. to explain processes – in many different languages
- Extra pressure on health care provider – expectation of providing culturally proficient care
- Health car providers who are diverse – home care – experiencing discrimination – how does that person feel – some clients/family refuse to allow diverse staff

into their homes – need for patients, clients, family members to be culturally proficient as well

Question #2: "What are some of your ideas for increasing the cultural proficiency of staff and volunteers?"

- Environment needs to feel comforting, relaxing
- Address discrimination of health care staff – anti-discrimination campaign for both staff and patients
- Having cultural resources available and known to staff and volunteers – like having space for a smudge
- Encourage patients to ask for culturally appropriate services – provide options, choices – provide examples – in waiting room, like information about spiritual care
- Health care providers getting the time that they need to listen – needs to allow for more flexibility – to learn about culturally appropriate care, etc. as part of patients' treatment and care plan
- Consider delivering culturally proficient care as part of "reward" – monetary, billing, etc.
- Use of student nurses - -who have more time
- Spiritual care providers should be utilized more
- Administration should regularly assess staffing needs to ensure that health care providers do have the time to spend with patients to provide culturally proficient care
- Ensure appropriate break times for staff – and, space to relax, have coffee, etc.
- Having information on cultural resources that staff are aware of
- Regular training on the job – following someone who is culturally proficient – use as mentors
- Should develop an awareness campaign similar to "Safe to Ask" to get the word out
- On-line training in cultural proficiency – begin with assessing own level of cultural proficiency (self evaluation) and then use power points and other formats to provide on-line training
- Need to remember that health care staff that spend the most face to face time with patients have the least formal education – they need to be involved in developing policy, training, etc.
- Once policies are developed, the challenge will be the implementation of the policies – to keep on top of them
- Should be expanded beyond the health care system – to other government services – more generally – need a movement of cultural proficiency across the board
- Training – give newcomers a change, increase the number of languages so you can provide services in a range of languages

- Train the public too – sometimes people come with a lot of demands, not knowing the issues/challenges – need for greater understanding on both sides
- Promote additional competencies that diverse staff can bring – enriching the organization and fostering greater understanding and tolerance
- A culturally proficient health care system – there would be open communication – patients will be able to communicate their needs as much as staff have a responsibility to respond to the patient's needs
- Develop a check list for cultural proficiency
- Change the culture of the organization – providers need to see themselves as leaders engaged in continuous training/learning
- Send out emails – tip of the week, text messaging, etc. to promote cultural proficiency and to share info and tips
- Importance of inter-professional sharing of healing approaches – including alternative medicine
- Look at human rights issues in justice – there are issues in our health care system we could open up to increased understanding – WRHA should be open to accepting responsibility, apologizing so that we can move on

St James-Assiniboia and Assiniboine South
Community Health Advisory Council

Cultural Proficiency Topic: Notes from first meeting

Question #1: "How would you describe the difference between cultural awareness and cultural proficiency?"

- Cultural Awareness – knowledge of other cultures and differences between cultures
  - Respect from the start
  - Learning more so you can appreciate unique aspects of each culture
  - Can lead to a change in how you approach different cultures
  - Core values that cross cultures – connecting/seeing the commonalities at the value level
  - If you don't know the culture, you can find out – need to figure out where they're coming from
  - First you know the customs and how they relate to how people want/need to be cared for within the health care system – for example, in Saudi Arabia – people leave their clothes on for x-rays, in Sweden, they don't
- Cultural proficiency
  - The ability to interact and utilize resources to hep you – it's a different "language" that you can become fluent in
  - Ability to understand different approaches to medicine/health/wellness that different cultures may have and to be respectful of these
  - Not right, not wrong, just different
  - Capacity for empathy – appreciation even if you don't understand
  - Be curious, ask questions
  - Respect – the action – systems are in place so that you can do something
  - Sense of being open-minded
  - Ask, be open and find out about what a patient needs and how we can accommodate
  - To be proficient, comes from within, it not just what you see (like behaviours)
  - Can not get trapped with assumptions about cultures
  - The goal is to address health disparities
  - Apply this approach to everyone
  - Some cultural groups form advocacy groups to bring issues to the forefront
  - Be humble, open, admit to mistakes, learn from mistakes
  - Approach people as individuals and ask how they need to be treated, cared for

Question #2: "Do you have any examples of situations where a health care provider demonstrated cultural proficiency or did not?"

- Culturally proficient
  - Finding out about sensitivities re: being clothed for x-rays - -how can this be more comfortable (if they need to remove clothes so that x-ray results will be better) – with spouse/friend? Have some clothes on? – but important that the area being x-rayed is not covered - - this requires spending a little more time
  - Doctor interviewed patient from the north - -spoke to the patient, interpreter assisted
  - Male nurse gets someone else to help new mom with breast feeding when she was not comfortable having him help her

- Not Culturally proficient
  - Surgeon sewed beads into the stitches of an Aboriginal female patient during surgery – his intention was to be culturally appropriate, he made assumptions – she was devastated
  - Policy of only 2 visitors at a time – does not work for some patients with family-based decision-making model
  - Inappropriate reaction to patient from country where female circumcision was practiced – health care provider looked shocked, this was offensive to patient
  - Programs developed by heart and stroke foundation that are developed by and for middle class white people – then delivered to Aboriginal clients who did not see themselves reflected in this program

Question #3: "What are the characteristics of a culturally proficient interaction in a health care setting?"

- Attitude, approach, behaviour, actions, communication
- Health care providers need the right tools, space
- Training should be mandatory
- Programs should be developed so that they are appropriate for different cultural groups
- Process to use materials from other organizations in the WRHA – need a process to review and vet these materials
- Should be communication standards for health care providers
- Need policy to be more responsive
- Would have to accommodate the additional time it will take in appointments/care interactions to be culturally proficient
- Humble, open, non-judgemental, empathetic, patience, respectful, curious, not making assumptions, openness to understanding – be aware of own culture
- Behaviour – be aware that you will be tired, less patient, etc. at the end of a long shift

- Make patient feel comfortable, introductions, take a little time
- Body language – open, friendly, look professional
- Face to face – don't look at the computer
- Taking time to explain – uyour record is on the computer, for example
- Issues about health care providers going into peoples' homes – exploring, discussing these issues and how they can be addressed
- Open-ended questions – how to provide care
- Need to be able to communicate with patient and family – onus is on the system to do this
- Be sensitive to cues, body language
- Involving the family when appropriate
- Identify need for interpreter when the appointment is booked
- Need for time – do you always have it – getting interpreter
- Pick up on body language
- Be aware of your own culture and how your are behaving with a patient – be mindful of how a patient would feel
- Be aware that when people are stressed they go back to their original language – and when you are older as well
- Sense of being non-judgemental
- Health care providers are diverse too – and face challenges, barriers to communicating and providing care
- There is more to being culturally proficient than addressing language barriers – need to consider other aspects of their culture other than merely language

<u>Other Comments</u>:

- One council member noted that children from newcomer families are sometimes away from school for long periods acting as interpreters for sick family members
- In the school division – 2 week notice is required to book an interpreter – this is a huge challenge for being able to communicate with parents
- How practical is it to implement some of these changes, utilizing interpreters all of the time?

St James-Assiniboia and Assiniboine South
Community Health Advisory Council

Cultural Proficiency Topic: Notes from second meeting

Question #1: "What would it look like if a health care provider/volunteer was culturally proficient? Describe how they would behave, how they would interact with people from diverse backgrounds. What would it feel like for the patient/family member? What would the outcomes be?"

- Very first person (point of contact at health care site, etc.) needs to know a lot – to determine what the patient's potential needs are – when a patient comes into an office – in person/over the phone – do they have any language barriers?
- No matter what culture you're form, everyone needs to be treated with respect, and treated warmly – should mandate expectations of behaviours that respectful – basic customer service
- Built environment – currently meets staff needs not patients' needs – set up of computer, safety, etc.
    - Interaction begins – with an unequal, unbalanced playing field – if patient is not dressed well/right – they will be judged
- It would be good to do an assessment of how patients are addressed by front-line staff
- There are judgements being made about a person's ability based on assumptions – physical abilities or disabilities, for example
- Meeting people where they want to be – if you approach each person as an individual, it will take more time
    - Will need to ask more questions if you want to find out how someone wants to be treated
    - We need to find ways to build a system where this is embedded
- Should look at "efficiencies" of not having a culturally proficient system – providing cultural safety – there aren't any – instead, risks and additional costs
- Informed consent must always be practiced
- Women coming back from doctors appointments not sure about what their doctor told them (Newcomers) – they were pushed out of the office too quickly
- Patient and family need to understand what the next steps are, diagnostic results, treatments, prescriptions, etc. – many are overwhelmed at appointments and do not remember very much
    - What about creating an instruction sheet that patients can take away – with all of the above info on it? – this could be provided for any service that someone receives with the health care system
- Cultural proficiency is just as important as being able to work with people with physical disabilities or mental health issues
- It is critical to be able to work with people experiencing cultural barriers

- We need to recognize that the cultural proficiency approach will not be consistent everyday and by every staff as people learn and develop skills
- All staff will need to leave their personal lives behind and approach their jobs professionally
- They will need to understand the consequences if they are not culturally proficient – especially in terms of the experience of the patient/family
- Are there some behaviours that would be universally understood as polite, respectful -- these should be used
- Health care staff could be made aware of some behaviours from different cultures that would be important to know – for example, in some Middle Eastern countries, women don't shake hands with men
- Introduction and getting to know patient – could include – can you tell me a little bit about your culture to help me provide care for you?
- Need to consider how religious icons can impact a patient's comfort level.
- We all need to be "teachable" – open to learning about the other person

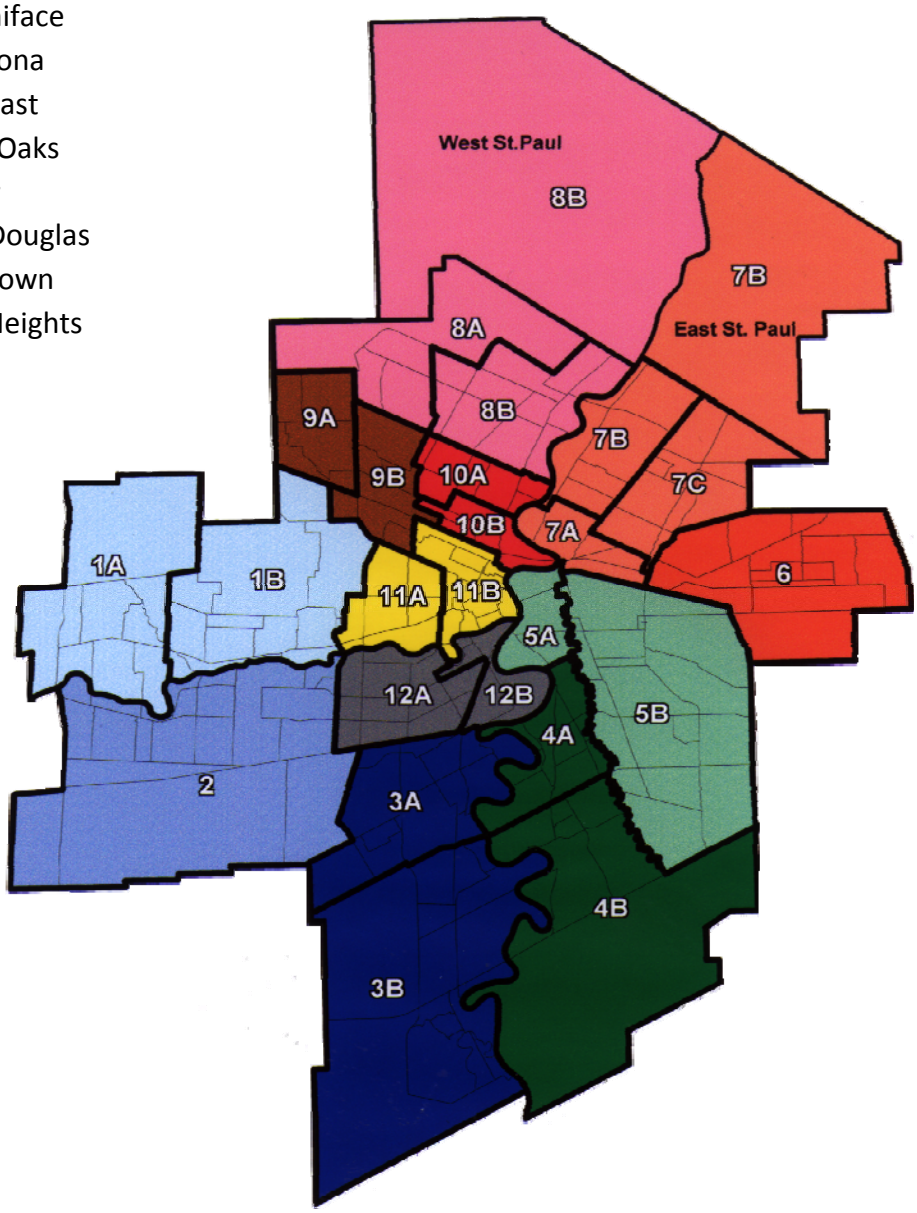
Question #2: "What are some of your ideas for increasing the cultural proficiency of staff and volunteers?" (training, policies, processes, etc.)

- Needs to be well articulated through policy so that it is understandable at the front line
- Providing instruction sheets in different languages
- Understanding consequences of not being culturally proficient
- Learning, getting the experience of approaching people as individuals 0 0they might not all respond the same to the questions you ask
- Need to be aware of your own culture
- Shift to a more collaborative process – less of "I know best" – health care is a collaborative process where the patient and the provide work together – branch out to other aspects of the system too – like home care
- Build the cultural proficiency training into professional/health care training – this will support the approach of providers working more collaboratively with each other
- Ensure that mentors within the system are culturally proficient
- Establish good patterns of behaviour
- Have a positive and proactive approach to cultural proficiency
- Use the spiritual care approach and competencies – these could be helpful to look at and relevant to cultural proficiency
- St Boniface Hospital – good model for cultural proficiency – they worked hard to develop this approach to providing care to people from diverse cultures
- Are we providing the right incentives for more culturally proficient behaviour from staff? Could this be a quality measure?
- Should cultural proficiency be an expectation? Best practice/approach to treatment?
- Approach – be accepting; open to understanding unique behaviours, etc.

Appendix A

Map of the Community Areas in the Winnipeg Health Region

1 St. James – Assiniboia
2 Assiniboine South
3 Fort Garry
4 St. Vital
5 St. Boniface
6 Transcona
7 River East
8 Seven Oaks
9 Inkster
10 Point Douglas
11 Downtown
12 River Heights



Appendix B

Acknowledgements
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Board Liaisons to the Councils
Support Staff for Councils

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Bruce Thompson — River Heights/Fort Garry
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