



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg
Caring for Health À l'écoute de notre santé

“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 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 proficient 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 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.

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.	<ul style="list-style-type: none">• 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.
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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 have 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)

Training to support skill development to provide culturally proficient care

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.

Resource for health care providers, staff, and volunteers

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)

Cultural proficiency support for staff

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.

Organizational culture and leadership to support cultural proficiency

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)

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

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.

Other ideas to support increasing cultural proficiency

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.

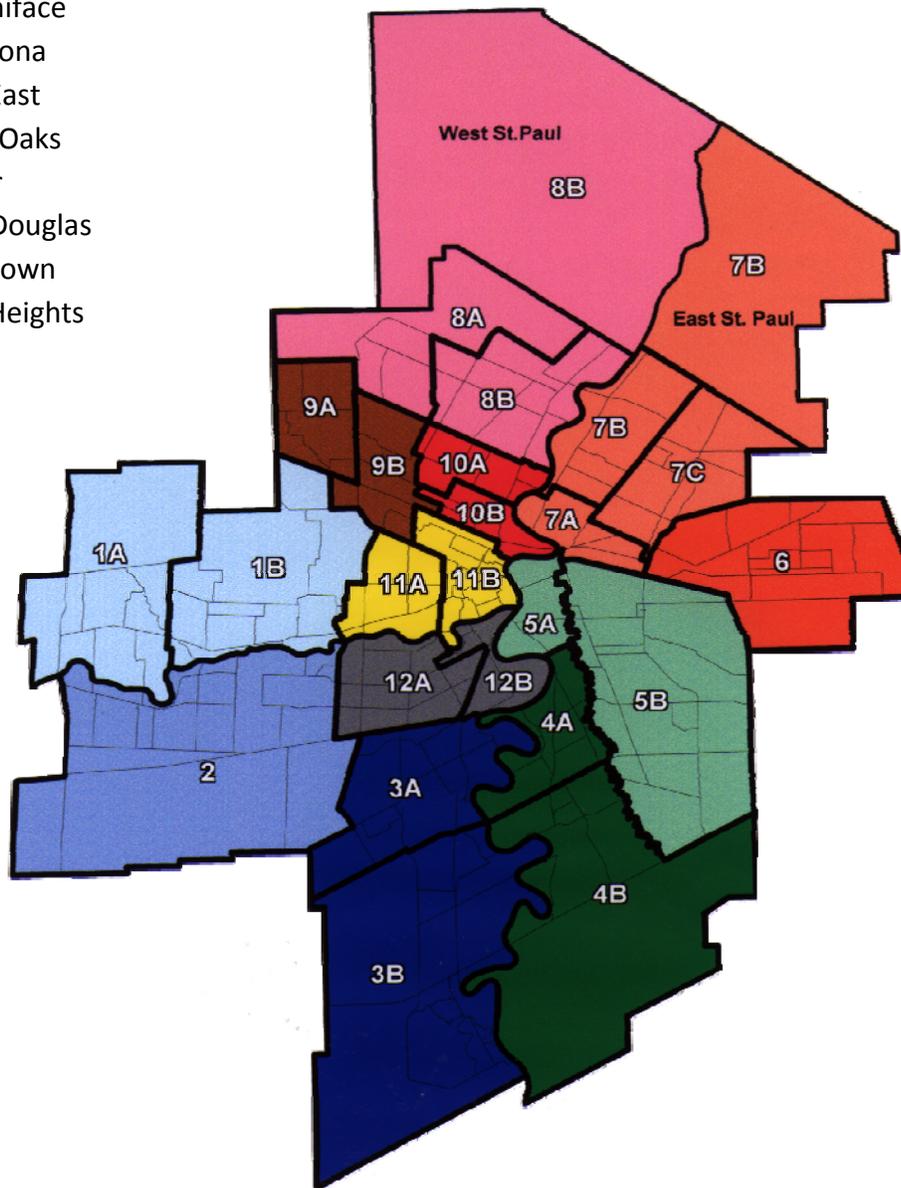
“The terminology is tricky, “proficiency”. If you’re proficient, what does that mean?”

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.

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

Members of the Community Health Advisory Councils

Board Liaisons to the Councils

Support Staff for Councils

Members of Community Health Advisory Councils 2011-2012

Downtown/Point Douglas Council

Elaine Bishop

Don De Meo

Patience Efafefolo

Sandi Gendreau

Janice Greene

Jodie Jephcote

Diane Leontowich

Brad McKay

Jan Miller

Almera Oduca

Randy Ranville

Stephanie Strugar

Mari Udarbe

Chris Vogel

Shannon Zywina

River East/Transcona Council

Desiree Boitson

Frendell Cano

Jessica Clark

Roy Dixon

Johanne Drabchuk

Pauline Dussault

Eileen Easter

Merle Fletcher

Serena Hickes

Henry Kraft

Jim Lawson

Joe Lesko

Darryl Livingstone

Jonathon Lloyd

Lori Nelson

Nafisa Pameri

Nicole Williamson

Brenda Zahara

River Heights/Fort Garry Council

Loshame Arficho

Kuldip Bhatia

Ashley Butenshon

Tara Carnochan

Heather Charles

Pierre Chevrier

Derek Debrecen

Terri Kushner

Amy Li

Joyleen Rotich

Catherine Olowolfe

Lynn Pierre

Betty Schwartz

Bryce Singbeil

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Gerri Hamilton
Fatma Juma
Kyla Magnusson

Mark Mungal
Darlene Ocharuk
Rainero Racones
Alda Ruiz
Lilias Scarrott
Darshan Brar Singh

St. Boniface/St. Vital Council

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Shana Clark
Laura Enns
Robert-Falcon Ouellette
René Fontaine
Mian Hameed
Christine Kun

Paula Leach
Ken Martin
Gary McPherson
Shirley Murray
Alioune Ndiaye
Alesa Sutherland
Kim Wilton

St. James-Assiniboia/Assiniboine South Council

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Jennifer Dunsford
Shawn Feely
Heidi Fingas
Lionel Guerard
Janice Hebb
Matthew Katz

Ruth Luff
Beverly Ryner
Bobbi Sturby
Angela Tessier
Patricia Winton

Volunteer Assistants to Councils

Rachelle Mousseau

Downtown/Point Douglas

WRHA Board Liaisons (non-voting members of Councils)

Joan Dawkins and Richard Frost
Herta Janzen
Bruce Thompson
Bob Minaker and Suzanne Hrynyk
Marc Labossiere and Josée Lemoine
Kris Frederickson and Joanne Biggs

Downtown/Point Douglas
River East/Transcona
River Heights/Fort Garry
Seven Oaks/Inkster
St. Boniface/St. Vital
St. James-Assiniboia/Assiniboine South

Community Area Directors (non-voting members of Councils)

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Louis Sorin	Point Douglas
Debra Vanance	River East/Transcona
Dana Rudy	River Heights/Fort Garry
Carmen Hemmersbach	Seven Oaks/Inkster
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