



Cultural Proficiency of Health Care Providers: Addressing Health and Healthcare Disparities

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EDI Support & Our Heritage

LAND RECOGNITION STATEMENT:

We acknowledge that the University of Wisconsin-Eau Claire occupies the sacred and ancestral lands of Indigenous Peoples. We honor the land of the Ojibwe and Dakota Nations.

Presenter Conflict

No Conflict

- The views expressed in these slides and today's discussion are mine.
- My views may not be the same as the views of my company's clients or my colleagues
- Participants must use discretion when using the information contained in this presentation

Learning Objectives

1. Understand cultural awareness and cultural proficiency mechanisms in education and clinical practice.
2. Analyze the efficacy of current strategies used in education and clinical practice regarding health disparities and social determinants of health.
3. Discuss the incorporation of an inter-professional, multi-faceted plan needed for enhancing patient centered care and clinical outcomes.
4. Propose mechanisms for participants to engage in efforts to become an ally for patients who are underserved, have a health disparity, or have experienced health care disparities.
5. Explore situations that encourage clinicians to evaluate, reflect, and build cultural proficiency in their own educational curricula and/or clinical practice.

Safe-space educational environment

- **Tips for creating a safe space educational environment.**
- Free from bias and bigotry.
- Understanding and reflective
- Self-awareness
- Able to make mistakes and learn
- In order to engage in a culturally diverse world, AT curriculum needs to move beyond the lecture and traditional clinical settings

Goals / Objectives of IPE

- Inter-Professional Education Collaborative (IPEC) – Core Competencies:

- *Connecting Health Providers for better care.*

1. Values and Ethics
2. Roles and Responsibilities
3. Inter-professional communication
4. Teams and Teamwork

** Ultimate goal is to learn **from, with, and about** other health care providers in educational and clinical practice environments.

NEED FOR IPE in Healthcare education

- Interprofessional Education Reflected in Accreditation
“After reviewing each participating agency’s accreditation standards regarding IPE, HPAC members agreed that the definition of IPE and competencies for health profession students identified in the 2011 Interprofessional Education Collaborative (IPEC) report are fundamental to educational programs in the health professions accredited by the HPAC members.” HPAC Press Release, December 2014

Who can participate in IPE / EDI initiatives?

- Faculty, staff, students, administrators, Preceptors, community members
- Y'all means ALL!!
- Academic / organizations who could benefit:
- EXS, RS, AT, PE, NRS, PH, SW, HCA, Pre-HCP, business, religious studies, Psych, Pharmacy, RD, RT, MD, DMD, Chiro, Ed/Special Ed, EMT/paramedic
- ↑ teaching IPEC CC's, but more importantly create intentional, interprofessional, clinical education experiences focused on cultural immersion and social determinants.

Social Determinants of Health (SDH)

The World Health Organization (WHO) defines "the social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems.

What are the social determinants?



Healthcare access and quality

Education access and quality

Social and community context

Economic stability

Neighborhood and built environment

SDH and Health Outcomes

- Research shows that the social determinants can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that SDH account for between 30-55% of health outcomes (Cooper, et. al)
- In addition, estimates show that the contribution of sectors outside health to population health outcomes exceeds the contribution from the health sector. (WHO; 2023).
- Addressing SDH appropriately is fundamental for improving health and reducing long-standing inequities in health, which requires action by all sectors and civil society.

How SDH can manifest

Figure 1

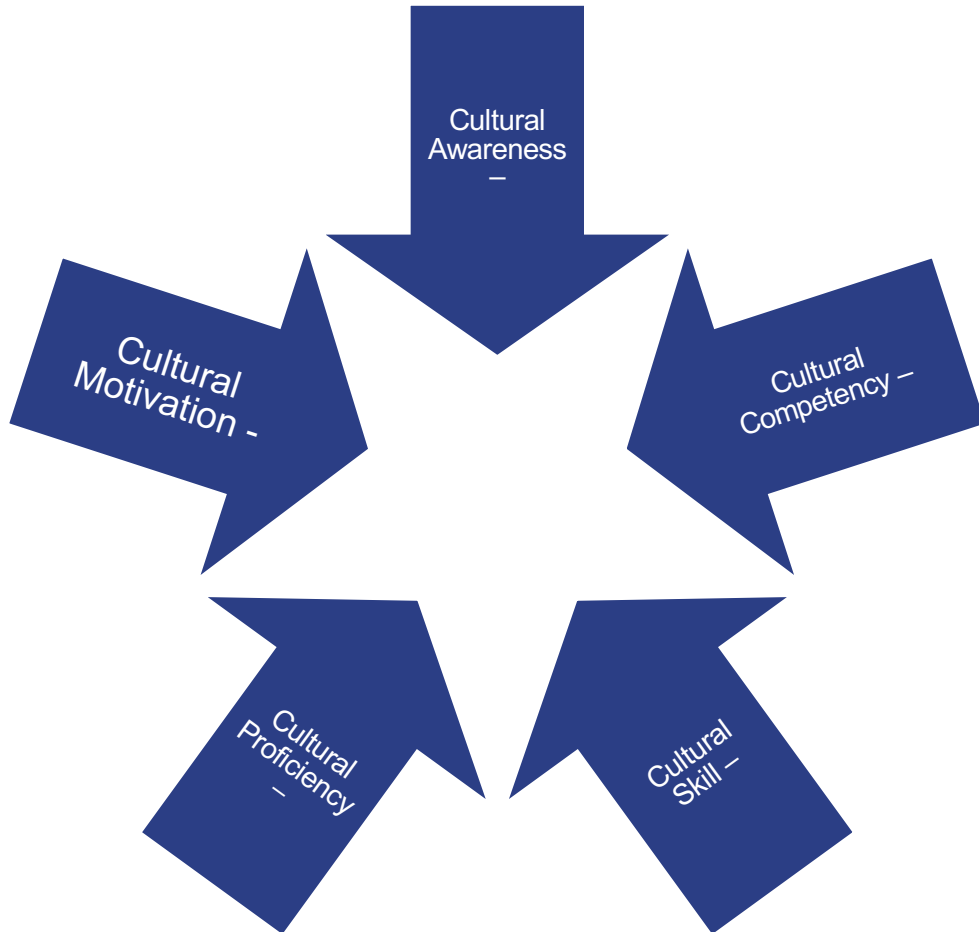
Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Cultural Diversity Terminology for the HCP



- ↑ Health-Related Outcomes
- ↑ Patient-Rated Outcome Measures (PROM's)
- Patient-Centered Care (PCC)

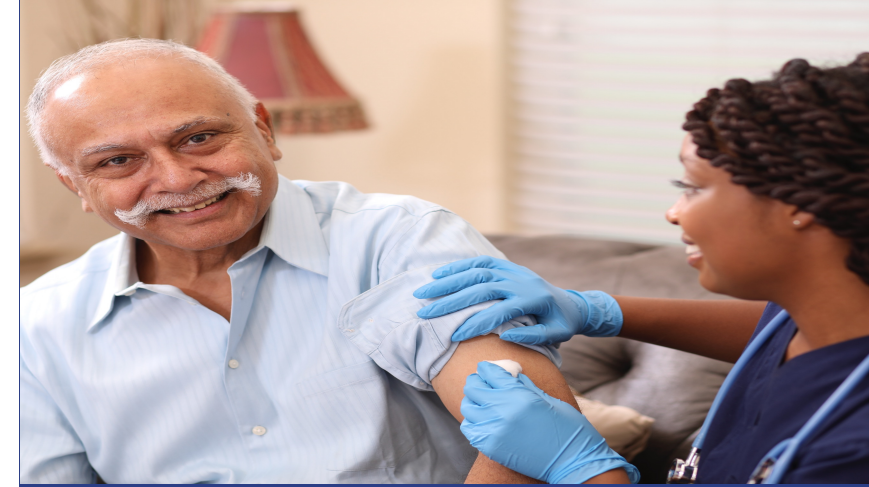
What does diversity in HC mean to you?

In groups of 3, discuss your current definition of health care diversity....

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Be ready to share your ideas with the group after 5 minutes in break-out session!!



Health Disparities

- CDC definition:
- **Health disparities** are preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal **health** experienced by socially disadvantaged racial, ethnic, and other population groups, and communities.
- Examples?

Health “Care” Disparities

- Race / ethnicity
- Religious
- Access to Healthcare
- Language Barriers
- Socio-economic status
- Gender identity
- Sexual orientation
- Patients with disabilities
- Privilege in health care systems

Healthcare Discrimination

- LGBTQ+ Center for American Progress (CAP) survey data 2017 (Mirza, S & Rooney, C.)
- Pronoun usage
- Heteronormativity and homonegativity
- Verbal and non-verbal micro-aggressions in patient interactions.
- Person-first vs. identity-first language
- Offensive, outdated or not recommended language.

Healthcare Discrimination (cont.)

- Patient education or lack thereof
- Mental health awareness, recognition, services etc. for patients and health-care providers.
- Social stigmas entering the health-care setting.
- Preferential treatment
- Utilizing assumption over fact!
- Biases over patients with preventable disease – examples?



Room for growth for HCP's

Changing stereotypes in HC delivery

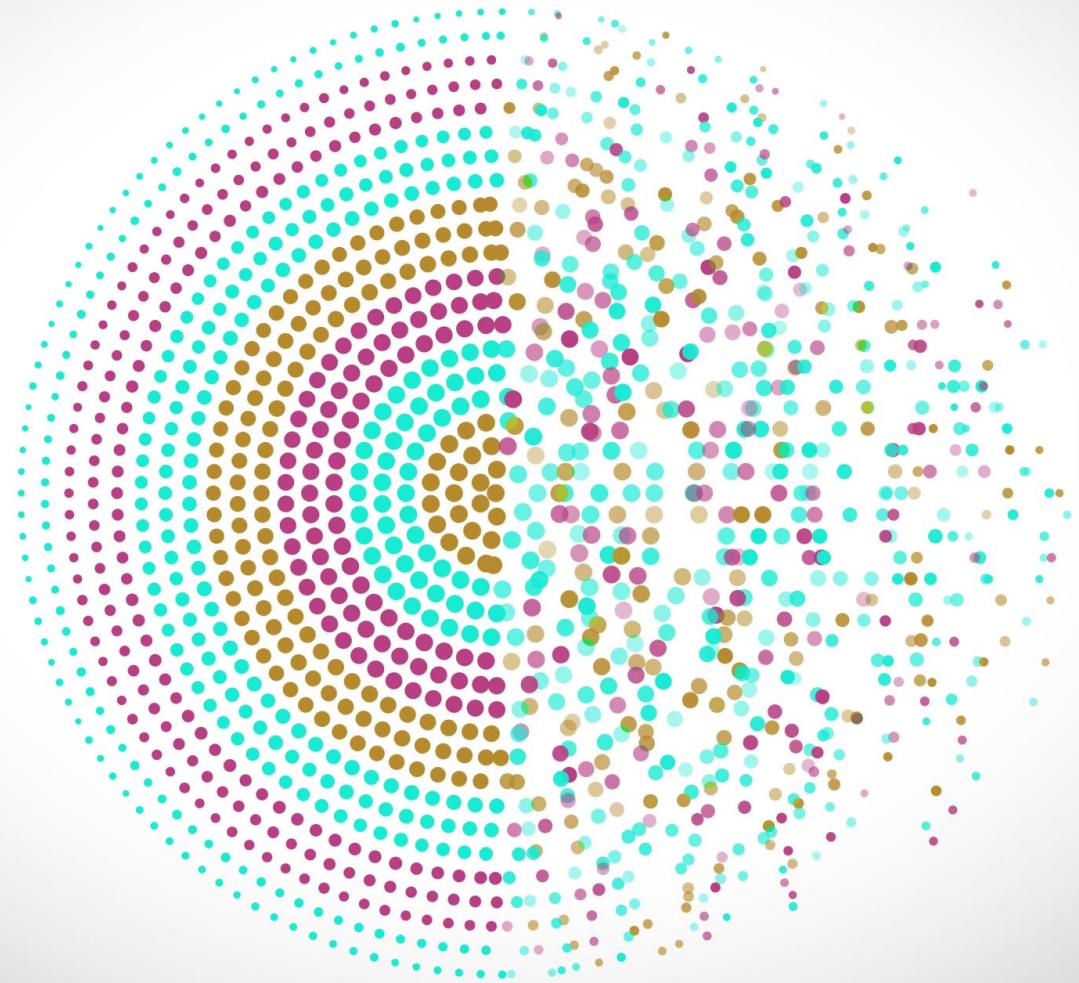
Changing stigmas about worker's compensation claim patients

Changing feelings about Medicare and Medicaid patients

Working to eliminate prejudicial and biased care.

Scenario to discuss

- <https://www.youtube.com/watch?v=8QSqXKtx3zg>



What can we do now?

- Practitioner diversity initiatives.
- Join local, state, national, committees with initiatives on cultural competence that emphasize equity, diversity, and inclusion.
- Know your local resources and providers that are welcoming and affirming.
- Be an Advocate!

How to be an Advocate / Ally

- **DO's**

- Actively listen
- Respect confidentiality
- Be consciously aware
- Seek out new knowledge
- Be a resource – include this in your curriculum
- Empathize and treat person as an individual

- **Don'ts**


- Think you know all the answers.
- Make unrealistic promises
- Pressure someone to “come out”
- Make assumptions of identity

To Be an Advocate / Ally, one should:

- Be willing to educate yourself
 - Engage in conversations with those who are different than yourself.
 - Use your voice and actions to support others.
 - Learn from your mistakes.
 - Understand that it is a process. You don't become an ally in one day. Continue to be open to learning and growing.
 - Engage in a culturally diverse world, the AT curriculum needs to move beyond the lecture and traditional clinical settings to incorporate EDI into authentic clinical education experiences, immersions, etc.
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- NATA News; November, 2020

AT curricular / clinical implementation

- Embed EDI, cultural competency, and IPE throughout curriculum.
- Document where and how this occurs.
- Participate in professional development opportunities.
- Simulations, IPE and IPP exposure, assignments related to SDH and CC.
- Intentional clinical education experiences focused on SDH.
- Provide students real-life experiences while enrolled in ATP.
- Immersions in non-traditional settings.



**“We don’t
know what we
don’t know if
we don’t try to
understand”**



Thank you for attending today's presentation.

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