Translating Cultural Competence Into Patient Adherence
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Objectives
• Identify the relevance of diversity and inclusion in connection to patient adherence.
• Discuss the significance of incorporating culturally competent strategies into patient care in order to promote patient adherence.
• Describe specific assessment techniques that sustain the process of cultural competence.
• Provide time for question and answer participation.

Quick Assessment
• “What are you expecting from this session?”
• What are your aims for learning regarding cultural frameworks as connected to patient adherence.
• “What are you needing from me?”

Assessment Time

Diversity and Inclusion
• Culture is fluid and dynamic.
• Patient adherence is connected to provider and patient cultures.

Terminologies related to culture
Diversity and Inclusion...
Just Culture...
Cultural Sensitivity...
Cultural Humility...
Cultural Appropriateness...
Diversity of Terms...

- Why do these exist? Why do we keep changing language?
- Do these terms take the place of previously used terms? If so, why? If not, why not?
- Are they more acceptable to persons. Again, if so, why?
- What do you think?

“What is most important to me must be spoken, made verbal, even at the risk of having it bruised or misunderstood” (Andre Lorde)

Brown, 2011

Similarities and Differences: Promotion of Patient Adherence

Cultural Framework Variables for Everyone

Decade of birth
Generation in the U.S.
Class,
SES
Language
Education

Culture, Race & Ethnicity
How are they interrelated?

–Origins
–Beliefs,
–Biases,
–Behaviors
Race

- Previously thought of as genetic determinants within an individual's biological make-up.

- However, the Surgeon General reports changed that:
  - "Different cultures classify people into racial groups according to a set of characteristics that are socially significant. In fact, there is research that indicates there are greater genetic variations within a racial group than across racial groups."

  USDHHS, 2001, 1999

Recovery

- Implies the person, group, community or population is knowledgeable about their healthcare status, needs, and options available for them to utilize/seek appropriate care.

- A collaborative interaction and shared decision-making process with the healthcare providers who are working with them.

- Implies that the healthcare providers are in a collaborative interaction with the individual, group, or community they are working with.

- Are knowledgeable regarding the intersections of culture, recovery and cultural competence within & across education, care and research settings.

Cultural Competence: An Ongoing Process

Ongoing and continuing process of learning, appreciating, and acknowledging the importance of a person, group, population and/or community’s culture and then immersing this process into organizations & systems of care as well as individual areas of education, practice, & research. Competence: ability, aptitude, skill.

Genetics and Epigenetics: The Enculturation of the Process of Cultural Competence

- Genome Project 1980s → Now an Institute
- National Human Genome Center @ Howard University: Dr. Georgia Dunston

Genetics
**Genetics Vs. Genomics**

Genetics: The science of inheritance

Genetic Code: DNA structure and function

Genomics: The field within genetics concerned with the structure and function of the entire DNA sequence of an individual or population

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**Epigenetics**

- ‘Epi’genetics - ‘On’ or ‘over’ the genetic information encoded in the DNA

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**Epigenetics and Different Aspects of Life**

- Development of multicellular organism
- Environment-organism interaction
  - For examples: Nutrition supplements and environmental toxins
- Pathogenesis of diseases

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**Culture: Connection to Adherence**

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**Welcoming Actions: Cultural Competence**

- See the individual patient, know your perspectives.
- Include value, guidance, challenge, support, structure, commitment
- Use of caring, respect for diversity, responsibility, integrity, professionalism
- Promote positive cultural outcomes
  - Growth, competence, confidence, empowerment
- Encourage support of family, friends, significant others in order to motivate and facilitate positive coping behaviors within patients
  - Kossman, 2009; Pharris, 2009; Warren, 2011, 2009

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**Un-Welcoming Actions: Cultural Incompetence**

- Use of stereotyping & marginalization toward patients
- Do not value the cultural perspectives & needs of patients
- Being indifferent to patient requests, beliefs, restricting or rejecting dialogues
- Being rigid, cultural bias
  - Kossman, 2009; Warren, 2011, 2009
Outcomes of Cultural Incompetence

• Failure for patient adherence to occur
• Provider frustration due to lack of patient compliance
• Lack of evidence-based delivery of care \(\rightarrow\) Poor outcomes

Strategies

• Think of cultural competence as a journey, narrative
  • Use of literature, case exemplars, voices of all
  • Fluid and dynamic process, contextual (includes cultural perspectives, genetics, genomics, epigenetics)
• There is literature and research that backs the use of these techniques and the importance of teaching the process of cultural competence. It is not just a warm and fuzzy learning approach. It takes knowledge, skill, experience, expertise, commitment.

Adherence: Connections - Culture, Genomics: A Research Perspective

Culture, Recovery, Genomics, Biopsychosocial Perspectives

- Anatomy of person
- Physiology of person
- Environment (s) for person
- Cultural beliefs & practices of person, community

Also Affects Adherence

- Old Approach: Treatment “Compliance”
  - “A yielding to a wish or a demand.”
- Preferred Approach: Treatment “Adherence”
  - Implies greater patient knowledge and involvement in treatment decisions
  - Inclusion, consideration of patient’s beliefs, understanding, and expectations have all been found to be associated with greater adherence

Interplay of Culture

Genomics comprises racial components through genetic loading. Other variables also affect adherence in persons from different cultural groups.

- Ethnicity: cultural practices
- Stressors: internal & external
- Psychosocial variables and level of functioning
- Environmental Factors
  - Cultural variables of the clinician and patient
Ethno psychopharmacology

Racial & ethnic genomic influences on the metabolism of medications
“Polymorphisms”


U.S. Human Genome Project

- Gene sequencing will lead to improvements in Neuropsychopharmacology
- Restructure of diagnostic, treatment approaches
- Migration out of Africa (birthplace) has created genetic similarities within geographic regions.
  - 99.9% similarity, however that 0.1% difference is critical to understanding what is needed for patients. (1/1000th entire genome)
  - Geographic regions determine the f’s of alleles or differences
- Races: biological with mathematical criteria of biological divergence below the species.
- Variation is consistent around the world overlapping.
  - Nested pattern of variation
  - Hence, Africa has the most variation
  - In other Ns variations are a subset; 90% of variations are found in these Ns

U.S. Human Genome Institute: Genetic Maps: Connection to Our Patients

- Identification of genes involved in the psychiatric & physical disorders.
- Identification & characteristics of genes involved in the response to treatment approaches.
- Drug targets, objective basis for drug choice, “custom” drugs based on individuals’ genotypes, improved diagnosis, earlier detection of genetic predispositions to disease

Breast Ca: 10% hereditary
Most breast cancer genes are mutations due to ethnic differences
Family history assessment tool through the Surgeon General's Ofc: www.cdc.gov

American College of Neuropsychopharmacology, (2007) www.acnp.org
Medication & Side Effect Profiles: May Determine Adherence
- Influenced by genetic patterns (CYP2D6)
  - Polymorphisms
- Influenced by dietary practices
  - Corn intake
- Influenced by use of herbal preparations
  - Use of St. John’s Wort
- Influenced by healthcare beliefs and practices

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Herbal Therapies: Mimic Effects
- Often more acceptable to patients.

Knowledge: Drugs Today
- Biological basis for these differences or variations
  - Genomics and polymorphism in drug metabolism
  - Multiple disease states
  - Drug-drug interactions
- Environmental
  - Diet, smoking, pregnancy, stress, diurnal rhythms, etc...
- Cultural
  - Attitudes, beliefs, family influences, genomics, therapy expectations

Cultural Influences → Treatment Response
- Healthcare literacy
- Gender
- Age
- Smoking
- Herbs
- Diet

Culture & Healthcare Inequities

- Inequities versus disparities.
- Healthcare literacy.
- Genetics and social determinants.
- Cultural perspectives.
- World views.
World Views and Patient Adherence

World Views represents what a person values and how they function

Analytic (systematic): OUTCOME ORIENTED

Relational (interactions with others): RELATIONSHIP-BASED

Community (needs of the group): GROUP-MOTIVATED

Ecology (connection with the earth): ECOLOGY-BASED


Interlocking Paradigm of Cultural Competence

Cultural Interviewing Suggestions

Assess patient’s cultural perspectives regarding:

• What they need from you, not just what you think they need

• Meaning of wellness & distress.

• How s/he describe the symptoms of current distress.

• Feelings about seeking healthcare, issues of stigma.

• How others who are important to the Patient feel about s/he seeking help for illness/distress.

• Cultural practices for treating illness/distress.

Gaw, 2001; Munoz & Luckmann, 2005

Cultural Assessment of Patient Treatment Adherence

- Symptoms of their disorder
- Treatment action and side effect profiles
- Influence of herbal preparations with prescribed treatment
- Daily schedule (e.g., dietary practices, work, sleep, etc.)
- Role & use of support systems (e.g., healthcare professionals, family, significant others)
- Through individual &/or group sessions (Warren, 2011, 2009, 2008)

Kleinman’s Assessment Questions

- What do you think has caused your problem?
- Why do you think it started when it did?
- What do you think your sickness does to you? How does it work?
- How severe is your sickness?
- What kind of treatment do you think you should receive?
- What results do you hope for from the treatment?
Kleinman’s Assessment Questions (con’t)

- What are the chief problems your sickness has caused?
- What do you fear most about your sickness?

Kleinman, 1986

Adaptation & Systems

“Each (person) is a dynamic and self-reflective system in continuous interaction with the environment.”

Y. Y. Kim, (2001), Becoming Intercultural

4 Domains Model: Based on the 4 Causes of Illness

- Natural
- Social
- Supernatural
- Personal

(Culhane-Pera, 2003)

Use of the 4 Domain Model

- Get cultural information for each domain of your target population.
  - Based upon your knowledge and the cultural group, you might incorporate an example like this one:
  - What do you think has caused your problem?
  - Is your body out of balance?
  - Are there problems with your family?
  - Have you been struggling with bad spirits?
  - Did you eat unclean foods before you got sick?
  - Is there anything else that might have happened?”

Ethno-Medical Web Sources

- Culture Clues
  http://depts.washington.edu/pfes/CultureClues.htm
- Ethnomed
  http://ethnomed.org/ethnomed/index.html

Culturally Competent Care with Patients and Significant Others

The most important thing I know about teaching is that the teacher is also learning
Don’t think you have to know it all

Nikki Giovanni, Don’t Think, 2002, p.109
One Never Travels the Cultural Journey Alone

Thanks to Dr. Theresa Mason

Implications
Case Exemplars
Points of Clarification, Questions?

Thank you, please continue the dialogues and the process