

Culturally Competent Health Care Systems for Pacific Islanders

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Definition

- **Cultural competence** in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs.

Why we need to be culturally competent?

There is a clear connection between cultural competence, quality improvement, and the elimination of racial/ethnic disparities

Ethnic Identity/History

- Polynesians
 - Hawaiians, Samoans, Tongans, Maori, Tahitians, Cook Islanders, etc.
- **Micronesians**
 - **Chamorro, Carolinians, Chuukese, Pohnpeians, Yapese, Marshallese, Palauans, Kosraeans, etc.**
- Melanesians
 - Papuans, Solomon Islanders, Fijians, Vanuatu Islanders, etc.

U.S Pacific

- **Territories** (Guam & A.S)
- **Commonwealth** (CNMI)
- **Freely Associated States**
(Republic of Belau, Republic of the Marshall Islands and the Federated States of Micronesia)

Colonization

- Spanish
- German
- Japanese
- American



The U.S. Promise

- Health
- Education
- Protection

The Reality

- Per Capita Total Expenditures in Health (2006)
 - U.S. \$5,711
 - RMI \$255
 - FSM \$147

Health Statistics

	FSM Citizens	RMI Citizens	United States
Obesity (aged 35-55)	80%	80%	38%
Hyper- tension	35%	---	20%
Diabetes	20%	30%	7%

Source: Micronesian Seminar 11/2004

As a Result...

- Health Disparity
 - Infant Mortality Rate
 - U.S 6.5
 - RMI 29.45
 - FSM 30.21
 - Migration to Hawaii & other states

Micronesians in Hawaii

- Population: 8,725 (2000 census)
14,000+ (2006 estimates)
- English Speaking at home: 6.8%
- Unemployment Rate: 12.0% (2.4% Hawaii)
- Per capita income: \$4,537 (\$30,001 Hawaii)

Health Concerns

- Non-Communicable Disease
 - Heart Disease
 - Diabetes
 - Kidney Disease
 - Cancer
- Communicable Disease
 - Tuberculosis
 - Measles
 - Sexually Transmitted Disease

Health Concerns (Continue)

- Hansen's Disease
- Suicide
- Physical/Mental Abuse
- Alcohol Related Injuries
- Hepatitis B

That was not always the case...

- 1940's U.S Navy health survey
 - Found: intestinal parasites, yaws, tuberculosis and skin diseases
 - Complete absence of malnutrition or obesity
 - No indication of diabetes
 - Almost no hypertension

Changes.....

- Political Changes
- Social Changes
 - Kinship (extended family)
 - Language
 - Land/Sea Based
- Economic Changes

Paddling to the Outer Islands

Chuuk – Lagoon Islands

Traditional Healing

- Traditional Healing Model
 - Spirit – Mind - Body
 - Health Delivery
- Western Medical Model

Spiritual and Religious Orientation

- 95%-99% Christians
 - Protestants (United Church of Christ)
 - Catholics
 - Methodists
 - Mormons
 - Seventh Day Adventist
 - Baptist

Spiritual/Religious Orientation

- Highly Conservative
- Church is the “center” of all activities
- Church great place to do “outreach”
 - Samoan
 - Chuukese
 - Marshallese
- Pastors = Community Leaders

Family Relationships

- Structure: Extended Family
 - Matrilineal
 - Clan System
- Decision Makers
 - Brother or Maternal Uncle
 - Family
- Gender Issues
 - Gender Roles
 - Marriage

- Modesty: Highly conservative

- Clothing

- Cover-up (shoulders and knees)
 - No tight/clinging clothing
 - Bright and Cheery
 - Micronesian skirts

Communication: Languages

- Polynesian Languages
 - Samoan
 - Hawaiian
 - Tongan
- Micronesian Languages
 - Chuukese
 - Marshallese
 - Pohnpeian
 - Kosraean
 - Palauan
 - Yapese

Nonverbal Communication

Cautious

- Touching/Hugging
- Eye Contact

Pay attention

- Facial Expression
- Body Language

What are the barriers?

- Lack of Pacific Islanders in health care's leadership and workforce.
- Systems of care poorly designed to meet the needs of Pacific Islanders.
- Poor communication between providers and Pacific Islanders.

Recommendations: Organizational competence

- Establish programs for Pacific Islander leadership development
- Hire and promote Pacific Islander in the health care workforce.
- Involving community representatives in the health care organization's planning and quality improvement meetings.

Recommendation: Systemic Cultural Competence

- Know your community
 - conduct community assessments
 - develop mechanisms for community and patient feedback
 - implement systems for patient racial/ethnic and language preference data collection
- Develop quality measures for Pacific Islanders
- Ensure culturally and linguistically appropriate health education materials and health promotion
- Ensure culturally and linguistically appropriate disease prevention interventions programs

Recommendation: Clinical Cultural Competence

- Health care providers must:
 - be made aware of the impact of social and cultural factors on health beliefs and behaviors;
 - be equipped with the tools and skills to manage these factors appropriately through training and education
 - empower their patients to be more of an active partner in the medical encounter.
- Organizations can do this through:
 - cross-cultural training as a required, integrated component of the training and professional development of health care providers;
 - quality improvement efforts that include culturally and linguistically appropriate patient survey methods and the development of process and outcome measures that reflect the needs of multicultural and minority populations
 - programs to educate patients on how to navigate the health care system and become an active participant in their care.

Lessons Learned

- Form partnerships with community-based organizations to help establish culturally competent, community-oriented primary care.
- Define health and well-being in the broadest possible sense
- Develop a mission statement and vision that reflect the principles of community-oriented primary care.
- Establish a governing body that helps identify unmet needs and provides feedback.
- Look for creative uses of available resources, both internally (i.e., staff) and externally (such as websites that provide demographic information).
- Cultural competence should not be a stand-alone process or outcome but should be integrated into all levels of the organization.
- Measure success by high levels of patient satisfaction, good clinical outcomes, fewer barriers community leadership and organizations.

References

- **Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches Field Report October 2002**
- **Micronesian Seminar www.micsem.org**

Mahalo – Kulo – Kinnisow-Kommol

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