History, Communication, and Cultural Empathy: The Keys to Improved Patient Engagement

Kristen F. Gradney, MHA, RDN, LDN
Pure.Nutrition@Hotmail.com
@kgradneyrd

Disclosures

• I have no actual or potential conflict of interest in relation to this program/presentation.

CAJUN PEOPLE ARE LOSING THEIR MINDS OVER THIS HEALTHY DISNEY 'GUMBO' RECIPE [VIDEO] (UPDATED)
Objectives

• Define Cultural Empathy.
• Identify how and why culture affects nutrition and healthcare outcomes.
• Discuss methods to reduce cultural and communication barriers between patient and provider to improve patient engagement.
• Provide resources available to registered dietitians and healthcare providers to support practice in an increasingly diverse population.

Food is Life.

Dietitians have the unique and exciting job of engaging patients about their food practices, behaviors, and preferences.

Food/Eating is considered to be central to almost every culture's society.

It is not enough to learn WHAT foods are central to a culture. We must explore the HOW, WHY, WHEN, and WITH WHOM if we want to truly have an impact.

Cultural and ethnicity affects views of food and the role of food in health, social, and emotional settings.

• Where food is eaten
• How food is prepared (cleaned, cooked, served)
• Who makes the food choices
• Traditional foods for celebrations, mourning, religious ceremonies, etc.
• Dietary remedies for illness and disease
• Where food is purchased (Access to food)
• Fasting

Cultural Empathy*: intercultural skill that is marked by the ability to understand and communicate another person's thoughts and feelings, given the person's cultural context.

*"But I Wouldn't Do That": Teaching Cultural Empathy. Julie A. Dodge. George Fox University, jdodge12@georgefox.edu
History of Minority Populations and Cultural Foods

Historical occurrences drove food choices: Slaves ate offal meats that were "leftovers" from the select cuts of the animals harvested; Native Americans were forced to eat commodity foods that were high in sodium, fat, and cholesterol. Foods that did not contribute to reducing chronic disease became central to culture and family. Systemic suppression and racism created less access to healthcare. Minority populations are disproportionately affected by chronic disease.
"On a typical day, the field slaves rose to eat a breakfast of buttermilk and crumbled cornbread mixed up and poured into a trough, a noontime dinner of boiled vegetables with some meat to flavor it and some red pepper for seasoning, and then a late evening supper of leftover dinner portions and cold cornbread."

– Adrian Miller, An Illustrated History of Soul Food

Chronic diseases such as heart disease and diabetes, disproportionately affect minority populations.

Nutrition is a central part of every individual’s life, relationships, and health.

Nutrition is a component of treatment for many of these diseases.
Culture Affects Patient Engagement

- Historically, some cultures have had tumultuous relationships with healthcare:
  - African Americans
  - Native Americans
  - Hispanics

Cultural Explanations

- Explanatory Models of Illness: “People develop conceptual models to make sense of illness or conditions and cultural groups share similar models.”
- Each culture has a system of beliefs to:
  - Explain cause of illness
  - How to cure and treat illness
  - Who should be the provider of care
- In Creole culture, “Traiteurs” are often turned to for healing for common ailments including constipation, colic, headaches, and many more.

Why Must We Begin to Understand?
The Why

- The U.S. Census Bureau predicts that within the next 50 years, nearly one-half (48%) of the nation’s population will be from cultures other than White, non-Hispanic.
- The burden of health disparities continues to affect racial and ethnic minority populations disproportionately.
- Culturally competent healthcare professionals providing care have the potential to:
  - Improve access to care
  - Improve quality of care
  - Reduce health and health care disparities


Cultural basis for diabetes-related beliefs among low- and high-education African American, American Indian, and white older adults. Ethnicity & disease, 22(4), 466-72.

"The structure and content of diabetes beliefs held by Whites, African Americans, and American Indian older adults in rural North Carolina are very similar. Similarity across ethnic groups is particularly evident in the Symptoms and Consequence domains of diabetes beliefs."

Implementing Empathy
Pedersen, Crethar and Carlin describe “Inclusive Cultural Empathy” as having two defining features:

- Culture is defined broadly to include “culture teachers” from the client’s ethnographic (ethnicity and nationality), demographic (age, gender, lifestyle, residence), status (social, educational, economic) and affiliation (formal or informal) backgrounds, and

- ...The empathic counseling relationship values the full range of differences and similarities or positive and negative features as contributing to the quality of that relationship in a dynamic balance (2008, p. 42).

Improving Cross-Cultural Nutrition Assessment

- Bilingual nurses and dietitians
- Persons from the community as community health workers
- Focus groups for the development of programs and materials
- Telephonic technology
- Culturally appropriate language of instruction

Barriers to Cultural Empathy

- Unawareness of culture; lack of interaction and contact with people of a certain culture
- Overstressing the universals of cultures and neglecting the differences between them
- Indiscriminate application of one’s own cultural customs to the target culture
Putting Cultural Empathy Into Action

Instead of treating others like you'd like to be treated — treat others like they would like to be treated. It's insensitive to interact with others purely based on your own beliefs and assumptions about others (Watkins and Braun).

Meet people where they are and acknowledge cultural differences. View behaviors within a cultural context.

Developing Cultural Empathy

<table>
<thead>
<tr>
<th>Set aside your own biases and judgments.</th>
<th>Acknowledge your own biases. Learn about the patient and his background.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The newly diagnosed, age 35, African-American male CKD Stage 4 patient's EMR states that the patient is &quot;non-compliant.&quot;</td>
<td>The patient may be saying that this is good for YOUR family, but not mine. Did you ask the patient about food preferences? Did you allow her to make suggestions?</td>
</tr>
<tr>
<td>Listener to the core message in what the client is saying.</td>
<td>You provide education to the patient and they have just nodded their head in agreement. Did you continue to educate with the goal of &quot;completing the education&quot;? Could you have asked open-ended questions? Ask if they'd like someone else to attend with them? There could be a language barrier, a cultural norm that says do not question the provider, or many others.</td>
</tr>
<tr>
<td>&quot;Listen&quot; for both verbal and non-verbal messages.</td>
<td>You have to provide a patient newly diagnosed with diabetes with education. In the hour scheduled, you review physiology of diabetes, signs and symptoms, meal planning, blood sugar and meal record keeping. Do you know if the patient has any beliefs about food that may affect his treatment? Did you spend time developing rapport with the patient?</td>
</tr>
<tr>
<td>Be flexible — this gives patients room to share their thoughts and experiences.</td>
<td></td>
</tr>
</tbody>
</table>
Cultural Empathy is essential for effective and adequate communication and engagement.

- Be purposeful and maintain open communication with patient. Always seek ways to communicate without bias and encourage patient's communication.
- Acknowledge that there are basic differences in diet, communication (verbal and non-verbal), and many other areas.
- Examine your own bias and seek to learn more about other cultures.
- Be flexible in your communication, education plan, and purpose of counseling.
- Always refrain from judgment.
- Take time to learn about other culture – not just the food and nutrition, but the cultural practices, celebrations, and norms.
Resources

U.S. Department of Health and Human Services Think Cultural Health
https://www.thinkculturalhealth.hhs.gov/resources/library

Massachusetts General Hospital Empathy and Relational Science Program
https://www.massgeneral.org/psychiatry/research/empathy_resources.aspx

AND EAL Systematic Review on Cross-Cultural Communication
https://www.andeal.org/topic.cfm?cat=4312&evidence_summary_id=251138&highlight=culture&home=1

Common Sense Models of Diabetes

Counseling Across Cultures edited by Paul B. Pedersen, Walter J. Lonner, Juris G. Draguns, Joseph E. Trimble, Maria R. Scharron del Río