Cultural Competence in pediatric asthma care

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Background

• Asthma: most prevalent chronic disease among children in westernized countries (prevalence: 5-10%)

• Children from ethnic minorities: worse asthma control, e.g.
  – Higher hospitalization rates
  – More emergency dept. visits
  – More missed school days
Background

Ethnic minorities in the Netherlands

- Country of birth criterion is used
- A distinction is made between:
  - First generation: someone born abroad with at least one parent who was born abroad
  - Second generation: someone born in the Netherlands who has at least one parent born abroad
Background

- Ethnic diversity in the Netherlands (by country of birth)

<table>
<thead>
<tr>
<th>Ethnic group</th>
<th>Total number (2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Dutch population</td>
<td>16,600,000</td>
</tr>
<tr>
<td>Ethnic Dutch</td>
<td>13,200,000</td>
</tr>
<tr>
<td>Minorities from western* descent</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Minorities from non-western descent</td>
<td>1,900,000</td>
</tr>
<tr>
<td>Turkish</td>
<td>384,000</td>
</tr>
<tr>
<td>Moroccan</td>
<td>349,000</td>
</tr>
<tr>
<td>Surinamese†</td>
<td>342,000</td>
</tr>
<tr>
<td>NL Antilles / Aruban‡</td>
<td>138,000</td>
</tr>
</tbody>
</table>

*Western: mainly from Europe and North America
† Surinam: former south American colony
‡ Netherlands Antilles and Aruba: former Caribbean colony

CBS Statline, 1st January 2010

Cultural competence in pediatric asthma care
Background

- Some characteristics of minority groups in the Netherlands

  - **Educational level**
    
    Population (> school age) with only basic education or less:
    
    - Turkish and Moroccan: 50%
    - Surinamese and Antilleans: 20%
    - Native Dutch: 8%

  - **Income**
    
    Households with low incomes:
    
    - Native Dutch: 6%
    - Former refugees: 35%
    - Moroccan: 28%
    - Turkish: 24%

  - **Mastery of Dutch language**
    
    Parents of children in school age, scale 1 (very bad) – 5 (very good):
    
    - Turkish: 3.5
    - Moroccan: 3.6
    - Antilleans: 4.2
    - Surinamese: 4.5

  - **Single parent families**
    
    % of children living in single parent families:
    
    - Antillean: 50%
    - Surinamese: 41%
    - Turkish: 18%
    - Moroccan: 12%
    - Native Dutch: 11%
Asthma control is related to therapy adherence (maintenance medication, rescue medication, no smoking home environment, etc.)

Patient (and parent) adherence is related to quality of patient-provider interaction

Cultural Competence: a means to improve quality of care for migrant patients

Cultural competences specific for asthma care are not well documented
Aim:

- To develop a cultural competence training for care providers in specialist pediatric asthma care

By

- Exploring
  - problems occurring in pediatric asthma care for children from ethnic minority background, and
  - actions care providers take

To

- Determine *specific* cultural competences in pediatric asthma care
Methods

Qualitative study

- Interviews
  - Pediatricians (13)
  - Nurses (3)

- 3 hospitals (university and general)

- Interview focused on 2 main questions:
  - What are your experiences in care for ethnic minority patients?
  - What do you do in such situations, how do you react?
Methods

- Theoretic base of our study was a Cultural Competence framework we published earlier*

- The framework was used to
  - develop interview topic list
  - develop analysis framework

The CC framework* defines the following topics/competences (a.o.):

<table>
<thead>
<tr>
<th>topic</th>
<th>competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication &amp; language</td>
<td>ability to effectively overcome language and communication barriers</td>
</tr>
<tr>
<td>Social context</td>
<td>awareness of the social contexts in which ethnic minority groups live</td>
</tr>
<tr>
<td>Illness perception and expectations (‘cultural’ aspects)</td>
<td>awareness of how culture shapes individual behavior and thinking (patients as well as care providers)</td>
</tr>
<tr>
<td>Discrimination and stereotyping</td>
<td>awareness of one’s own stereotypes</td>
</tr>
<tr>
<td>Flexibility</td>
<td>ability to adapt to situations flexibly</td>
</tr>
</tbody>
</table>

Methods

Analysis: two steps

1. Framework method, topics derived from CC framework
   - Communication
   - Language
   - Social context
   - Illness perception and expectations (‘cultural’ aspects)
   - Discrimination and stereotyping
   - Flexibility

2. Results were compared to literature on cultural competence
Results

- Central problem in asthma care *in general*: non-compliance
- Topics discussed in context of ethnic minority patients mostly related to non-compliance
Results

• Results showed issues/difficulties care providers explicitly mentioned as being more difficult with patients from ethnic minority background:
  → issues they were aware of

• Additionally results showed issues likely to put patient compliance at risk, but that were not mentioned explicitly by care providers
  → issues they were unaware of
Results

• Issues care providers were aware of:
  a) Retrieving useful information on a patient’s asthma and ‘every day live’ was experienced as more difficult.
  b) Complex social contexts that negatively influence patients’ compliance.

Care providers experienced that children from ethnic minority background relatively more often come from complex social backgrounds. E.g. multi-problem families, where at the same time different problems were present and the child’s asthma medication was not first priority.
Results

c) Parents have different perceptions of the chronic nature of asthma and the consequences of that for medication use.

“I believe, that might be the largest problem, to let understand that something takes very long and may give very often and very many symptoms and that, that the doctor cannot cure you, but can relieve the symptoms. That is, I think, maybe the cultural difference, I don’t know exactly.” (resp A9)
Results

• Issues care providers were unaware of:
  
  d) Providing information mainly from a biomedical perspective.
   • Providers explained that providing information is their strategy of choice with non-compliant patients
   • Providers’ communication mainly focused on biomedical aspects of asthma
  
  e) No adaptation to parents’ health literacy
   • Language: in asthma context, providers showed preference for using informal interpreters
   • Educational level: from the interviews it became clear that care providers did not effectively take parents’ health literacy into account when providing information
Results

f) Little attention for patients’/parents’ illness perceptions
   • Although differences in illness perceptions were recognized by care providers, care providers explained that these were not often discussed during consultations

g) Little reflection on role of providers’ sociocultural background in consultation
Results

From issues to competences

*An example of the analysis*

- **Literature:**
  - Non compliance is strongly related to illness perceptions
  - Importance of patient centred (PC) communication for compliance is much recognized
  - Medical information difficult to understand for many patients
- ‘Culturally’ competent care providers should learn:
  - Ability to use PC communication skills in providing and obtaining information in an ethnic diverse patient setting
Results

Relationship between issues in care and defined competences

<table>
<thead>
<tr>
<th>Issues in care for ethnically diverse patients</th>
<th>Aware</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a)</td>
</tr>
<tr>
<td></td>
<td>Gathering information</td>
</tr>
<tr>
<td></td>
<td>b)</td>
</tr>
<tr>
<td></td>
<td>Complex social contexts</td>
</tr>
<tr>
<td></td>
<td>c)</td>
</tr>
<tr>
<td></td>
<td>Explaining chronicity of asthma</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unaware</td>
</tr>
<tr>
<td></td>
<td>d)</td>
</tr>
<tr>
<td></td>
<td>Providing information from biomedical context</td>
</tr>
<tr>
<td></td>
<td>e)</td>
</tr>
<tr>
<td></td>
<td>No adaptation to parents’ low health literacy</td>
</tr>
<tr>
<td></td>
<td>f)</td>
</tr>
<tr>
<td></td>
<td>Hardly attention for illness perceptions</td>
</tr>
<tr>
<td></td>
<td>g)</td>
</tr>
<tr>
<td></td>
<td>Impact of providers own background on consultation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cultural competences</th>
<th>• Ability to use patient centred communication skills <em>(issues a, b, c, d, f)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Ability to effectively overcome health literacy barriers <em>(issue e)</em></td>
</tr>
<tr>
<td></td>
<td>• Awareness relation illness perception (\leftrightarrow) compliance <em>(issue f)</em></td>
</tr>
<tr>
<td></td>
<td>• Ability to reflect on own background (e.g. culture, bias) <em>(issue g)</em></td>
</tr>
</tbody>
</table>
Results

Training

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introductory workshop:</strong></td>
<td><strong>Reflective meeting:</strong></td>
<td><strong>Workshop:</strong></td>
</tr>
<tr>
<td>Care for ethnic diverse patients with asthma</td>
<td>How do I perform in taking care of migrant patients?</td>
<td>Health Literacy</td>
</tr>
<tr>
<td><strong>Training:</strong></td>
<td><strong>Training:</strong></td>
<td><strong>Training:</strong></td>
</tr>
<tr>
<td>Patient centred communication in a diverse context</td>
<td>Patient centred communication in a diverse context</td>
<td>Patient centred communication in a diverse context</td>
</tr>
</tbody>
</table>

- each session lasts 1.5 hours
- 2 sessions per day
- 2 weeks between days
- first try-out: October 2010
• Ethnic diversity issues ↔ general issues?
  – Issues in asthma care discussed in the interviews (e.g. little attention for illness perception) do not only put compliance of ethnic minority children at risk, but could also easily apply to the ‘general’ population.
  – We believe explicit attention for ethnic diversity provides a magnifying glass on issues of broader importance.
Conclusion & Discussion

• Cultural competences ↔ general competences
  – Competencies based upon these findings are not so ‘cultural’ either, but emphasize specific aspects of general competence of care providers.

• Qualitative method: also unaware incompetence
  – The combination of interviews about actual health care practice, compared to literature provided insight in the ‘unaware incompetent’ part of the care process.
Thanks for your attention

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