Cultural Disparities which Affect Access to Care

2008 Hawaii Perinatal Health Summit

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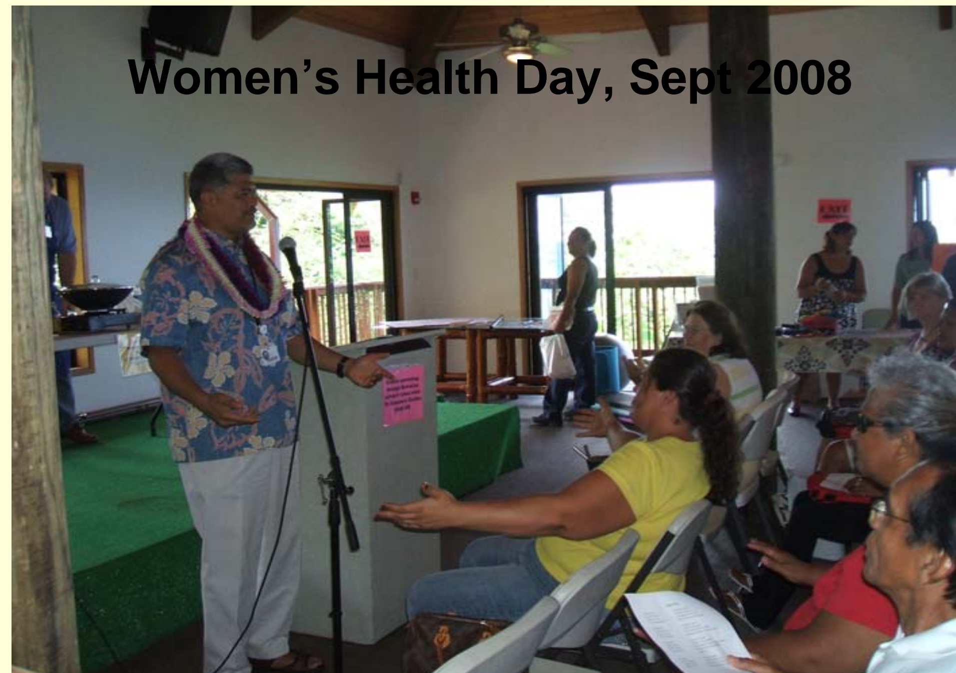
October 24, 2008

BELIEVE

“If we end up rushing to save things without learning how things work, from species to habitat to ecosystem, we are only doing ourselves a disservice.”

Julia Parrish, Aquatic and Fishery Sciences/Biology, UW Distinguished Teaching Award, *Columns*, Sept 2008: 44

Maili Beach Park, May 2006



Women’s Health Day, Sept 2008

BELIEVE

“WHAT WILL BE VITAL IN THIS CENTURY IS *CULTURE* – A WAY OF BEING UNIQUE TO PLACE AND PEOPLE.”

Meyer, M.A. (2004) *Ho`oulu Our time of becoming*. Honolulu: `Ai Pōhaku Press. P. x

Historical Experience

- Access to health care and under-utilization of health services have been linked to causes of health disparities in vulnerable populations.

Native Hawaiian Women - Traditions (Pukui, Haertig, Lee, 1972).

- The baby's first food was breast milk, *waiū*.
- The physical and mental health of mother and baby was guarded.
- Senior women in the family attended to the mother's comfort.
- Diet restrictions went into effect.
- Pule (prayer) was practiced.
- The *kahuna pale keiki* came to the mother's place of residence.
- All members of the same `ohana gathered at childbirth.

Other Pacific Islanders

Traditions:

- Elder Samoan women offered guidance to pregnant women.
- A pregnant woman’s mother played a role in teaching her about traditions.
- Samoan women are encouraged to eat certain foods to promote healthy breast milk.
- Breastfeeding is common among Marshallese women.

Hispanics

Traditions:

- Prayer
- Lighting religious candles
- Placing pictures of saints or a rosary in the child's room or bed (Sumner, 2005)
- Breastfeeding is the cultural norm
- Traditional pregnancy beliefs were “eating right,” “walking,” and “don’t worry.”
- Maternal grandmother assisted new mother
- Close bonds with immediate and extended family
- Breastfeeding women should consume herbal teas (Hernandez, 2006)

Understanding Cultural Disparities

Colonization of an Indigenous Population

- **1778**: Contagious diseases introduced. (Bushnell, 1993)
- **1835**: Rapid change of national habits (Rev. Titus Coan, 1835-1881 cited in Handy & Pukui, 1972)
- **1848-1850**: Land system transformed (Kame`eleihiwa, 1992)
- **Mid-1800's**: Conversion to Christianity and a displacement of the Hawaiian language (Buck, 1993).
- **1985**: E Ola Mau Report emphasized the gravity of Hawaiian ill health.
- **1991**: State Department of Health Office of Hawaiian Health declared a serious health crisis for the indigenous people of this state.
- **1992**: Native Hawaiian Health Care Improvement Act – recognized that the health needs of Native Hawaiians were severe and unmet.
- **2005**: "there are few statistical gains in Native Hawaiian well-being" (Kana`iaupuni, Malone, & Ishibashi, 2005)

Understanding Cultural Disparities

Westernization of an Immigrant Population

1965: The Immigration and Nationality Act shifted the immigrant stream to Asia and Latin America.

1986: Compact of Free Association – increased migration from Micronesia.

- Move from a subsistence economy to a capitalist system
- Move from a communal, kinship-based culture to a modern "Westernized" setting.
- Collectivism to individualism
- Villages to houses and apartment buildings with limited space and minimum opportunity to grow food in a garden.
- Native language proficiency to limited English proficiency
- Supernatural or spiritual beliefs in the origin of "illness" and what it means to allopathic medicine

(Choi, 2008; McDermott, et al. 1980)

We are NOT Assimilating well

- Lazy
- Poor diet
- High unemployment
- High incarceration
- High infant mortality
- Less educational attainment
- Lack of prenatal care, high teen pregnancy
- High substance use, chronic disease
- Inappropriate use of health care services, and on…

(Pew Hispanic Center, 2008; Fernandez, 2006)

Defining "Access to Health Care"

BEHAVE

Defining Attributes to "Access":

- Availability
- Eligibility
- Amenability
- Compatibility

(Norris TL, Aiken M. 2006. Personal access to health care: A concept analysis. *Public Health Nursing*, 23(1), 59-66).

"Access" to Health Care

- **Availability**
  - Geographic proximity – within a reasonable and reachable distance from home or work.
  - Personal convenience – office hours, house calls, telephone consultation, waiting times.
- **Eligibility**
  - Income
  - Insurance
- **Amenability**
  - Recognize a personal need for care
  - Willing to utilize available **health care services**
- **Compatibility**
  - Cultural competence and culturally sensitive care
    - » Significance of place and time
    - » Length of residency
    - » Health traditions, beliefs, practices

“Access” to Health Care

- **Predictors of access to quality health care**:
  - Health insurance,
  - Higher income level,
  - Regular primary care provider or usual source of care

(Healthy People 2010).

Access to Health Care

Other activities:

- Referrals, hospitalizations, Emergency Room visits
- Symptom distress/management
- Medication management
- Pain management
- Socialization
- Health providers as support system

"Access" to Health Care

- Preventive services (pap smears, mammograms, eye exams, dental exams, etc…)
- Provision of supportive or enabling services:
  - Transportation
  - Interpreter/translation services
  - Health education
  - Case management
  - Supportive counseling
  - Outreach, etc.

Utilization of Health Care Services

- There is one condition or event that must occur for utilization of health care services to take place: **Perceived Need for Health Care Services.**
  - Derived from symptoms or illness or desire for preventive interventions.
  - Potential Outcome:
    - » Appropriate utilization
    - » Decreased disparity
    - » Improved quality of life
    - » Relief from symptoms or illness
    - » Prevention of illness

Reducing Health Disparities by Measuring Access Outcomes

- National Healthcare Disparities Report (2004):
  - Getting into the health care system
  - Getting care within the health care system
  - Finding providers who meet individual patient needs

- Multiple studies have been conducted to measure "access" to health care:
  - Structural measures – having health insurance, usual source of care, or availability of provider
  - Patient assessments – patient perception of provider interaction
  - Health care utilization – receipt of needed services

(National Healthcare Disparities Report, 2004)

Measuring Access Outcomes

- Individuals with a regular doctor were more likely to have received the recommended services than those without a regular source of care. (Lambrew, et al., 1996; Ettner, 1999)
- Persons who experience a change in usual source of care more closely resemble persons who have no usual source with respect to measures of perceived access and quality. (Smith & Bartell, 2004)
- No significant associations were found between the existence of a usual physician and the respondent's tendency to agree that they could affect their own health. (Ettner, 1999)
- Health insurance helps people get into the health care system. (National Healthcare Disparities Report, 2004)
- Nonelderly AA & NHPI are more likely to be without a usual source of care compared to non-Hispanic Whites. (Kaiser Family Foundation & APIAHF, 2008)

ACCESS TO HEALTH CARE VS. ACCESS TO HEALTH

BECOME

Or is "Access" more than "Access to Health Care?"

- *"The source of my grief and loneliness is deep in my breast. This is a disease no doctor can cure. Only union with the Friend can cure it."* (Rabi'a)
- *"You got to have spaces and places where people feel they belong – they have a sense of connection to people and they realize their potential and they make their connection spiritually as well as physically…"* (Ho`oipo DeCambra)
- *"Breastfeeding is the cultural norm for most Hispanic immigrants, but it is possible that newly immigrated Hispanic women may erroneously see their native country's tradition of breastfeeding as inferior to what they perceive as the U.S. norm of formula feeding."* (Hernandez, 2006:320)

Access to Health Care vs. Access to Health

Characteristics	Access to Health Care	Access to Health
Place where intervention occurs	Health care organization	Community, home, place you come from
Provider of care	Health care professional	Self, family, elders
Focus of care	Symptom or illness focused; preventive	Life focused
Communication	English; time-limited	Language specific to people and place; diff. sense of time
Type of intervention	Medical tests, procedures, medications, hospitalizations, etc.	Natural elements, diet, exercise, attitude, relationships (spiritual, familial, place, time, etc.)
Context	Past medical hx; Present focused on the issues of self	Historical accumulation of experiences; generational

“Access” to Health

- Relationship to self - Self-care
    - Healthy food choices/drinking water
    - Exercise
    - Relaxation
    - Prayer/meditation
    - Seeking enjoyment (reading, sleeping, dancing, etc…)
- Relationship to others – Other centered processes
    - Establishing and maintaining meaningful relationships – developing support systems (family, community, etc…)
    - Participating in community activities, knowing your neighbor, caring about your community, your block or street, etc…
    - Giving voice to issues that are important which may affect the next generation
    - Teaching the next generation

“Access” to Health

- **Relationship to Akua/higher power**
  - What gives you life?
  - What gives you meaning? What keeps you going?
  - Faith
  - Hope

- **Relationship to the Natural Elements** (land, ocean, rain, sun, wind, plants, etc…)
  - Do you use the natural elements to restore your energy or to restore health?
  - Do you take care of the natural elements so they can be used appropriately?

- **Relationship to Place**
  - Meaning of events (birthdays, graduations, anniversaries, deaths, parades, block parties, seasons, etc…)
  - What energy do you draw from the place you come from?

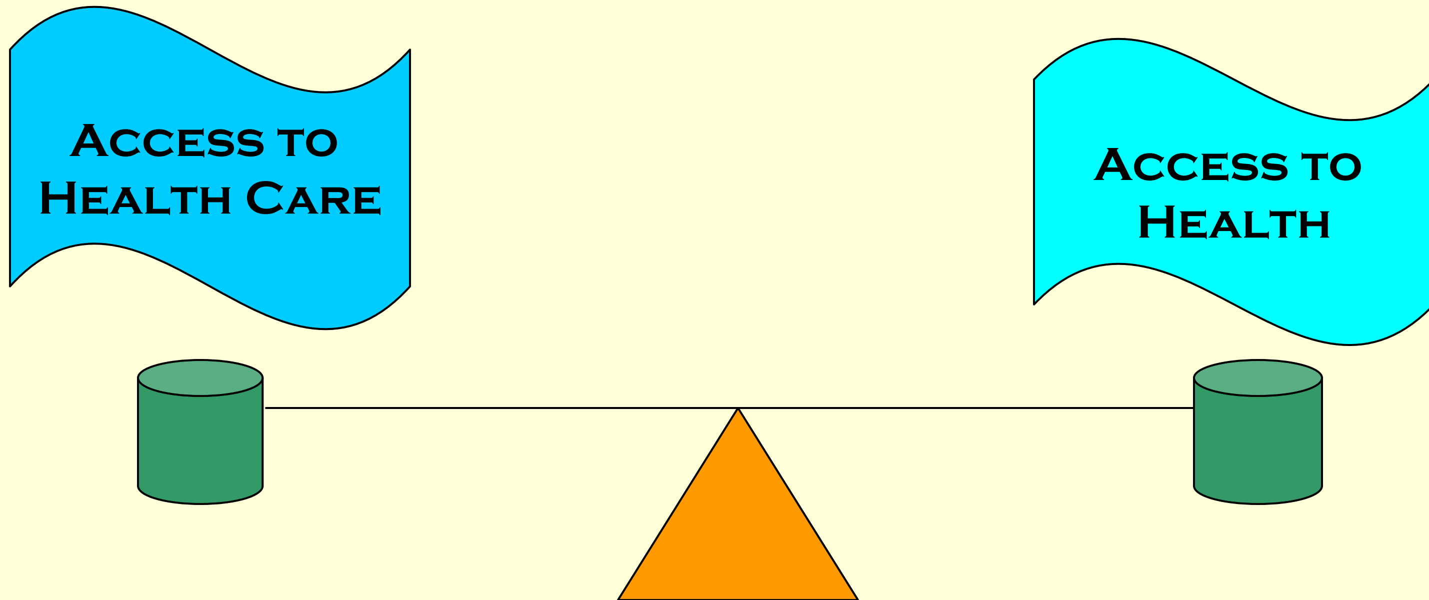
(Oneha MFM. 2001. Ka mauli o ka `āina a he mauli kanaka: An ethnographic study from a Hawaiian sense of place. *Pacific Health Dialog*, 8(2), 299-311)

Health vs. Health Care

“Is health care a privilege, a right, or a responsibility?”

(Presidential Candidate Debate, 10/7/08)

Appropriate Utilization of Health Care



Over-Utilization of Health Care

Under-Utilization of Health Care

Access to Health Care

Access to Health

Making a Difference: Health Care Providers

- Reducing health disparities does not solely rests with health care providers.
- Understand how “health” and “access” are defined within cultures.
- Understand the individual in the context of their environment (the place they come from).
- Support “access to health”
- Find the cultural strengths amidst the overwhelming problems.

Making a Difference: Consumers

- Access health!
- Reducing health disparities is all of our kuleana.
- Know who and what are your sources of knowledge and healing.
- What is the legacy you will leave your family or community?
- How does your energy affect others?
- How are you useful in your community, and how do you know that you are?
- Establish a health care home or usual source of care.
- Assume personal responsibility

The Challenge . . .

- Historical recognition
- Different understanding of “health”
- Philosophical and cultural disparity
- Insufficient evidence for sustainability
- Critical mass
- Lack of a conscious cultural connection

The Question…

BELONG

"Do we have the courage to say, there is truth in all knowledge and ways of being?"

Conclusion

Believe, Behave, Become, Belong

- **Believe…**
  - That what you do makes a difference
  - That people's experiences are understood differently
  - That it is your kuleana (responsibility) to ensure appropriate services
- **Behave …**
  - In a way that celebrates diversity and is open to different ways of knowing
  - In a way that reflects praxis: Do what you say, and say what you do
- **Become …**
  - The person from whom you would want your family to receive health care
- **Belong …**
  - To a place of unselfconscious commitment