



## Changing Perception: How to Build Cultural Competence and Humility

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### Questions and Answers

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**Moderator:**

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This document includes a summary of major questions presented by participants that were not answered during the live webinar due to time constraints.

Questions	Answers
<p>Do faculty have any suggestions regarding reimbursement/financing strategies small practices can use to account for the extra time necessary to care for culturally diverse patients during office visits?</p>	<ul style="list-style-type: none"> <li>• Twelve states and the District of Columbia currently reimburse through Medicaid and the Child Health Insurance Program for interpreter services, so anyone in those states should take advantage of this mechanism</li> <li>• Some states (Minnesota and Ohio, for example) also allow for reimbursement for community health workers, who can be of great assistance in education and addressing culture and language issues</li> <li>• Some city, county, and state health departments also can provide promotores for patient education</li> </ul>
<p>Can you discuss differences in child-rearing practices (eg, feeding, discipline, behavior problems) and how/when unconscious bias influences the interaction with families?</p>	<ul style="list-style-type: none"> <li>• Lee Pachter published an elegant study (Arch Pediatr Adolesc Med. 1997;151(11):1144-50) which found that significant differences among ethnic groups' responses were seen for 9 of 25 developmental milestones. Differences were mainly seen among personal and social milestones, and Puerto Rican mothers tended to expect children to attain these milestones at a later age than did other mothers. European-American mothers expected children to take first steps and become toilet trained at a later age.</li> </ul>

- A great study on this is: Levinson RM, Graves WL, Holcombe J. Cross-cultural variations in the definition of child abuse: nurses in the United States and the United Kingdom. *Int J Nurs Stud* 1984;21:35–44. This work found that categorization of certain behaviors as child abuse by pediatric nurses can vary by national origin and race. Significantly more United Kingdom (97%) than US (72%) nurses consider beating children with a strap or belt to be abusive. Among US nurses, significantly more whites than African-Americans consider strap or belt beatings (85% vs 36%) and confining children to their room for the day (46% vs 7%) to be abusive, but significantly more African-Americans than whites (43% vs 8%) consider slapping children’s bodies to be abusive.
- As you're aware, cultural differences in parenting norms can significantly affect clinician/parent conversations and interactions around parenting-related anticipatory guidance, especially since parenting norms/expectations are deeply rooted in our own childhood experiences and cultures, and any parent can feel defensive if their parenting practices are questioned (directly or indirectly). I think a more constructive interaction begins with this awareness of when and how we might be triggered to react with judgment (e.g., by physical punishment, co-sleeping, etc., the times we feel frustrated in conversation). I guess this calls for a certain level of prior self-reflection, mindfulness, and the humility to recognize that there's a lot that we, personally, and that western medicine, collectively, have to learn. Actively understanding our own judgments, and pediatrics' white/upper middle class parenting bias, is a start. Trying to listen before talking when there's disagreement is also helpful. When I encounter different cultural norms around parenting underlying behavior that I'm afraid may lead to harm, I try to hear the parents' reasons first, and then offer: "Thanks for sharing and helping me to understand. I'd like to offer a different point of view based in scientific research that may help you to accomplish x, y, or z for your child... (or, let you know about some American laws that may affect your parenting choices, for newly arrived immigrant parents with different expectations around physical discipline). While this may seem foreign to you, I do believe these practices will help (keep your child healthy/safe/prepare your child to succeed in school) here in the US." That last bit is for my immigrant/refugee patients, who make up the bulk of my patient panel. Thanks for raising this perceptive question, and I wish we had time to address it during the webinar.

If a care delivery team wishes to assess and improve their cultural competencies and adaptive strategies to working with families different from their own individual backgrounds (and mainstream biases)--what are the recommended standardized assessments a team could use to having a starting point to see training gaps/needs? Any pre/post tools useful to a team vs. individuals? Any key advice on such an undertaking as a n interdisciplinary team?

- The Implicit Association Test may work well as a standardized assessment.