



# Cultural Competency Training For Health Providers In Toronto

*Training Gaps and Recommendations - 2014*





Canadian Centre for Victims of Torture  
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The Toronto South Local Immigration Partnership consists of a number of working groups and committees that discuss emerging issues newcomers in Toronto face. In 2014, the Health and Mental Health working group set a priority to identify existing cultural competency and anti-oppression/anti-racism trainings available to health service providers in order to identify the gaps, with the goal of creating recommendations for improvements for potential future trainings or modifications to existing trainings. Research was conducted through a combination of an environmental scan and through the dissemination of a survey to counsellors at various offices associated with the Toronto Local Immigration Partnership. Existing research, including published reports, interviews, and newspaper and journal articles were utilized during a comprehensive literature review. The purpose of the survey, which consisted of eight questions, was to determine which trainings counsellors had received to date and to determine the barriers to access faced by their clients within the healthcare sector.

This research project has identified a number of gaps in existing trainings and has set forward a series recommendations, as outlined below, as areas of focus going forward:

### 1) Population-Specific Modules

Many existing cultural competence trainings homogenize the newcomer population and present information in a generalized way. Healthcare providers could benefit from the incorporation of population-specific modules into cultural competency trainings; for example, a health care service that sees predominately South Asian populations would benefit from targeted information on the challenges often faced by South Asian populations within the Canadian healthcare system. Appropriate care is a major access barrier, and research has found that the religious and cultural needs are seldom

respected within the healthcare system (Reitmanova & Gustafson, 2008). Immigrant women face significant challenges in accessing maternal health, given culturally inappropriate information and insensitivity of healthcare providers to religious and culture differences. Providing population-specific training, such as providing training on the general birth practices of different cultural groups, could ameliorate barriers to accessing appropriate healthcare. Population-specific cultural competence trainings would also offer the opportunity for healthcare training institutions to strengthen partnerships with local ethno-specific agencies to support training development.

It is important to note, however, that while population-specific modules can help inform healthcare professionals on the possible needs of patients, an individualized assessment will ensure that each patient receives the unique care they need.

### 2) Focus on LGBTQ Newcomers

It is important to note that few research studies have investigated health issues specific to LGBTQ newcomers (City of Toronto, 2011). The survey provided to the Toronto South LIP membership indicates that there is a need for improved access to care for LGBTQ newcomers. Cultural competence trainings may focus on LGBTQ issues or newcomer care, but trainings rarely account for both; an intersectoral approach to the issues is recommended. While cultural competence has been an emerging field for many different population groups of focus, LGBTQ newcomers have been generally overlooked (O'Neill, 2010). While all newcomers face barriers to services due to language, culture, race, or disability, LGBTQ newcomers are especially burdened by barriers related to sexual orientation and gender identity, and thus are an important target population for trainings going forward (O'Neill, 2010). Transgender care is a specific area of concern. Recent research on

transgender populations in Ontario found that 21 percent of transgender individuals reported avoiding seeking care at hospitals and that there is a significant lack of trans-specific medical education among physicians (Bauer, Scheim, Deutsch & Massarella, 2014); for transgender newcomers, these issues and barriers may be compounded.

Many LGBTQ newcomers may be from countries where they faced discrimination or harassment due to their sexual orientation or gender identity, which could have impacts on their current health status or on attitudes towards accessing services (City of Toronto, 2011; O'Neill, 2010). It is thus important for trainings to provide international context on the human rights violations that affect LGBTQ populations. Trainings could incorporate information on providing care utilizing gender-neutral language to avoid accidental stigmatization (O'Neill, 2010). Cultural competence trainings should incorporate information on the impacts of heterosexism faced by LGBTQ newcomers in order to generate awareness among healthcare providers of their own approaches to sexuality and how they may influence their practices (O'Neill, 2010). Medical centres and healthcare facilities are encouraged to place Positive Spaces signs in their offices and participate in other campaigns and training in order to promote a welcoming environment.

### **3) Awareness of Geography, International Politics and International Affairs**

Cultural competence trainings would benefit from incorporating basic information on geography, international politics and international affairs, which has been a recommendation of the Newcomer Advisory Committee of the Toronto South Local Immigration Partnership. Moreover, healthcare providers would benefit from an increased understanding of where newcomers are coming from and the implications of the geographic location of origin on their health situation, given any political, economic, or social

issues or conflicts. Understanding why a newcomer, especially for refugees, left their country of origin could assist healthcare professionals in gaining a better holistic understanding of their patients' health. Trainings should include basic information on the Canadian immigration and refugee determination system, focusing on any recent policy changes that may affect both the demographics and health issues predominately seen by healthcare providers.

Especially in regards to mental health, the pre-migration, migration, and post-migration factors experienced by newcomers must be recognized; moreover, these factors can include the trajectory of migration, the disruption of social support, exposure to harsh living conditions, uncertainty about immigration or refugee status, the loss of family and community networks, and concerns about family reunification are all factors that can impact newcomer health and mental health (Kirmayer et al., 2011).

### **4) Acknowledgement of Authority-Related Barriers**

It is important for cultural competency trainings to account for issues related to power relationships and authority issues. Often, models of cultural competency fail to account for issues of power differences and discrimination, which are direct factors in the exclusion of newcomers (O'Neill, 2010). There needs to be a recognition that unequal power relations between groups in society affects how individuals both receive and access care, and how they cope with their health issues (O'Mahoney & Donnelly, 2010). Power relations between newcomers and healthcare professionals should be connected to wider social inequalities; moreover, cultural competence trainings should recognize the predominate social norms, structures, and power dynamics present in Canadian society and how they can affect the position and circumstances of newcomers (Pollock et al., 2011). Such a recognition is important so that health care providers can

“actively reflect and question how they are positioned in relation to the client and in relation to how they practice health care delivery” (O’Mahoney & Donnelly, 2010, 446). Acknowledging power relations in trainings is also important to avoid the assumption that a culture can be known and understood fully by someone of another culture, which is a common criticism of the idea of cultural competence (Browne et al., 2002).

In addition to a general recognition of power dynamics, there needs to be an increase in the practical recognition that many newcomers come from places where they were persecuted by authority figures and that this may impact their interactions with healthcare service providers. As mentioned in the recommendations surrounding LGBTQ newcomers, there needs to be recognition within trainings that newcomers who have faced discrimination or persecution at the hands of officials in their home countries may find it difficult trusting health care officials in Canada.

### 5) Language as an Access Barrier

Language barriers are one of the most significant issues faced by newcomers, and can result in a lack of informed consent and misunderstandings between patients and healthcare providers. Cultural competence trainings should stress language as a major barrier for newcomers, especially for refugee claimants or those forced to leave their country with little English language preparation. Trainings should encourage all healthcare providers to have a policy in place to support newcomers with little or no English language skills, such as having interpreters or translation services available at all times. The concept of health literacy should be incorporated into trainings, as language barriers extend beyond simply the issue of language itself. Health literacy is the “ability to access, understand, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings across the

life course” (CCL, 2008, 9). A high level of health literacy allows individuals to take control and manage their own health (Rootman & Gordon-El-Bihbety, 2008). While approximately 40 percent of the Canadian population has the necessary health literacy level to maintain good health, only approximately 25 percent of the immigrant population maintains this level (Ng & Omariba, 2010). However, despite these levels, there is a low awareness of the issues of health literacy within the healthcare system. awareness of the issues of health literacy within the healthcare system.

Due to the stigma attached to low literacy levels, immigrants may feel embarrassed at having to ask their doctors to explain medical language used if they do not understand the medical advice they have received; due to this embarrassment, they may not ask for clarification and thus may not follow the medical advice provided (Rootman & Gordon El-Bihbety, 2008). Cultural competence trainings should encourage healthcare providers to use plain, jargon-free language, simple reading materials with the use of pictures and videos, and use the “teach-back method” of having their patients repeat the information given to them to ensure clarity (Andrulis & Brach, 2007; Rootman & Gordon-El-Bihbety, 2008; Simich, 2009). Moreover, trainings should encourage healthcare professionals to ensure that the materials provided to newcomers in regards to health should be written in accessible language, at a fifth to sixth grade level (Hawkins, Kantayya & Sharkey, 2010). It is important that trainings stress that strategies to improve health literacy must address systemic barriers by increasing culturally appropriate communications, providing cultural and language interpreters, and ensuring healthcare professionals spend the necessary amount of time with immigrants to ensure they comprehend the information provided (Rootman & Gordon-El-Bihbety, 2008).

## 6) Culturally Sensitive Language

Cultural competence trainings should incorporate understandings of culturally sensitive language, such as the stigma associated with “mental health” terminology. The terms used in the Canadian mental healthcare system are not used globally; moreover, many of the terms and diagnoses utilized do not exist in other countries and cultures. The mental healthcare system in Canada is based on Western ideas and values and as such “mental health services that attempt to fit migrants into categories of Western clinical knowledge do not capture the cultural and spiritual or religious factors that may be involved in migrant mental health” (Khanlou, 2010, 11). Post-Traumatic Stress Disorder (PTSD), for example, is a Western concept, a disorder which has a high rate of diagnosis especially for refugees (Kirmayer et al., 2011). Incorporating recognition of the need for culturally sensitive language within trainings could aid healthcare professionals in providing both an appropriate diagnosis and an appointment treatment plan for newcomer patients.

## 7) Diversifying Perspectives on Treatment

The Canadian healthcare system has been built on principles of Western scientific medicine and is characterized by a Euro-centric approach to treatment. Our healthcare system has not adjusted to the increasingly diverse nature of Canadian society and remains relatively homogenous in its values and priorities (Edge & Newbold, 2013). This Eurocentric focus has a direct impact on newcomers as it results in social exclusion and marginalization (Access Alliance, 2007). Newcomers may struggle to trust or understand the Canadian healthcare system due to its Western approach (O’Mahoney & Donnelly, 2010). It is important for healthcare professionals to recognize diverse approaches to health given that “culture will affect from whom health care is sought, how symptoms are described, how treatment options are considered, and whether

medical treatment will be chosen or adhered to” (Andrulis & Brach, 2007, 123).

Cultural competence trainings should acknowledge cross-cultural understandings and diagnoses and alternative forms of treatment. Training should incorporate the need to understand and respect traditions that may be counter to the conventional Western model which dominates the Canadian healthcare system. Healthcare professionals must be trained on the importance of recognizing cultural diversity and encouraged to incorporate their patient’s cultural views into their diagnoses. By recognizing the cultural implications of patient health, healthcare providers will be able to address issues of communication, trust, and treatment compliance (Bennett Kimbrough, 2007).

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