

## CULTURALLY APPROPRIATE HEALTH SERVICES FOR BLACK CANADIANS

Gigi Rain Ella Wickham

Cardinal Carter Catholic High School, York Catholic District School Board (Richmond Hill, ON) Summer Mentorship Program (SMP), University of Toronto

### ABSTRACT

Black Canadians are more likely to suffer health disparities compared to the majority of the population. This is an issue in regards to equity, where some people are not given the right tools needed for physical and/or mental wellness and prosperity. Black-White disparities are partially caused by socio-economic status (SES), sociocultural factors and the social determinants of health. According to public health studies, racism and perceived discrimination, income, poverty and other factors affect adherence to physician referrals or advice and overall health among Black populations. Additionally, Afro-Caribbean cultures suffer from various health issues, such as obesity and hypertension, at a higher incidence than their White counterparts. Research shows that Community Health Clinics (CHCs) like TAIBU CHC in Scarborough, Ontario are likely to be effective in addressing disparities, as they provide care to those who need it most. To coordinate effective care to a specific community, they are using linguistic, sociocultural, evidential and other strategies. With these programs, however, it is important to still view the individual as having specific needs and issues and not just as a reflection of their culture when implementing cultural competence.

Les Canadiens noirs font face à des disparités en matière de santé par rapport au reste de la population. Ceci est une question d'équité, car certaines personnes n'ont pas les outils nécessaires pour leur bien-être physique et/ou mental. Ces disparités sont partiellement causées par leur statut socioéconomique (SSE), les facteurs socioculturels et les déterminants sociaux de santé. Selon des études de santé publique, des facteurs tels que le racisme, la discrimination, le revenu et la pauvreté affectent l'adhésion des patients à des conseils médicaux ainsi que la santé globale de la population noire. En outre, la population afro-caribéenne souffre de problèmes de santé comme l'obésité et l'hypertension à une incidence plus élevée que leurs homologues blancs. La recherche montre que les cliniques de santé communautaire (CSC) comme TAIBU CHC à Scarborough, Ontario peuvent être efficaces en adressant les disparités, car elles fournissent des soins à ceux qui ont le plus besoin. Pour coordonner des soins efficaces pour une communauté spécifique, elles utilisent des stratégies linguistiques, socioculturelles, évidentielles, entre autres. Avec ces programmes, cependant, il reste important de répondre aux besoins individuels de la population tout en tenant compte de la culture lors d'une mise en œuvre de compétences culturelles.

### KEY WORDS

Health services; health disparities; visible minorities

### INTRODUCTION

Canada is commonly viewed as an egalitarian society with a commitment to accessible health care for all its citizens. Measured in terms of life expectancy and other common health indicators, Canada has been given the distinction of being among the top three developed countries in regards to quality of health.<sup>3</sup> However, Black Canadians are more likely to suffer health disparities, which are differences in the quality of health, compared to the majority population.<sup>3</sup> This thus reveals a public health crisis. When those in most dire need of support or representation are not able to

thrive with materials available, the result is an issue in equity. Health equity requires that everyone receives care appropriate to their situation or health incidence for certain diseases. Cultural and linguistic barriers between healthcare providers and patients have the potential to interfere with effective delivery of health services and programs.<sup>4</sup> When it comes to health issues that affect different cultures and races differently, diverse methods of providing health care may need to be taken. Health care clinics such as TAIBU CHC focus on the health needs of Afro-Caribbean Canadians in

---

the community, and consider the social determinants of health that directly relate to the services available to the Black population. This is an example how public health can be improved by directly addressing health disparities. Due to the existing health disparities and lack of equity in modern North American health care systems, services and programs designed specifically for Afro-Caribbean cultures are crucial in addressing the health issues that are more prominent in those cultures. Culturally appropriate clinics can improve health status and reduce disparities that exist in Canada among Black Canadians.

## **RACIAL HEALTH DISPARITIES**

To answer the question of why culturally specific and race specific health programs are needed, data that proves the existence of gaps in quality of health among different populations needs to be examined.

Minority populations in Canada, especially Blacks, are more likely to experience poorer health conditions and become susceptible to disease.<sup>3</sup> This stems from the fact that various social determinants of health such as racism, income, poverty and economic exploitation (for example unfair compensation for labour) affect health outcomes in North America. It does this by hindering access to medical care, adherence to treatments and perceptions of health care systems.<sup>2</sup> Black Canadians make less money on average, have higher rates of poverty and lower education, which often result in chronic diseases and damaging behaviours such as excessive smoking, due to the stresses of racism, income levels and exploitation.<sup>3</sup> Therefore, it can be reasoned that programs and services that bring light to the gaps in medical care would benefit these groups when the social determinants of health are considered for specific racialized groups. If programs are designed to address the populations that are affected by inequities in health care services, the overall wellness of the group can be achieved and promoted.

Furthermore, a study with 156 Black patients of low socioeconomic status at a primary care clinic focuses on how discrimination contributes to racial disparities in health. Patients completed questionnaires before their visit with a doctor on their health and adherence to treatments, and 4 and 16 weeks after the visit patients reported their adherence to physician recommendations and overall health.<sup>2</sup> The results revealed that perceived

discrimination within doctor-patient relationships was significantly and negatively associated with patient wellbeing, reactions to the physician and adherence.<sup>2</sup> Additionally, 63% of Blacks in a study with Bird and Bogart in 2001 perceived discrimination in their interactions with their health care provider.<sup>2</sup> The mistrust that Black populations have with physicians lead to later screenings for medical conditions, less frequent checkups, and overall poor health such as obesity and diabetes, and the development of behaviours such as smoking. Although the scope of this paper does not discuss specifically how marginalization of racial groups affects health, it is important to be aware of possible socioeconomic factors and social justice issues behind health disparities. Developing programs where minority groups feel welcomed and understood can be more effective in eliminating Black-White disparities.

In addition, the specific health issues that Afro-Caribbean populations face call for a development of particular programs that specialize in treatments and health maintenance. TAIBU CHC informs on their website that Black people are 2 to 3 times at greater risk of developing Type 2 Diabetes.<sup>5</sup> Other conditions such as sickle cell disease, obesity and hypertension also show prominence among Afro-Caribbean cultures, and therefore, need to be addressed by professionals who can create solutions that address risk factors for such cultures. With social and cultural factors affecting minority health, the question then becomes, how do we create methods to provide equitable health care?

## **METHODS TO CREATING CULTURALLY APPROPRIATE HEALTH CARE**

The methods suggested to help implement cultural competency that Black health services use include the following: 1. Peripheral strategies, which are packaging information and advertising in ways likely to appeal to the targeted group. This can include for Afro-Caribbean cultures, using a Black person as the spokesperson or face of the health center. When the presentation of health education materials can reflect, describe, or express the social and cultural dynamic of the audience, it makes the materials seem familiar and comfortable.<sup>1</sup> This can also include diversity among healthcare providers. Proper representation of an issue within a specific culture and within the medical field as a whole is important in expressing concern and offering

---

support to that particular population.<sup>4</sup> TAIBU CHC does this by constantly advertising their services with Black citizens and of course employing Black healthcare professionals. 2. Evidential strategies are used to enhance the perceived relevance of a health issue for a given cultural population by providing statistical information. Often times the perception that a problem affects others like you can stimulate deep consideration about the problem, deciding to take preventative action, and making plans to seek preventative methods to a given disease or condition.<sup>1</sup> As there is a lack to public exposure and research regarding the health issues among minorities, special programs must provide this evidence to targeted groups themselves, such as TAIBU CHC does with their website and ads. Finally 3. Sociocultural strategies: This strategy discusses health-related issues in the context of broader cultural and social views of the targeted audience.<sup>1</sup> Using this approach, a group's cultural values, and beliefs are recognized, reinforced, and built upon, to provide context to information and messages about a given health program or behaviour.<sup>1</sup>

## ANALYSIS

### *Analyzing TAIBU CHC's Effectiveness on Minority Health*

TAIBU CHC's approach to targeting the particular health issues of Afro-Caribbean Canadians has proven to be effective in creating an equitable health facility for the community it serves, as it focuses on the issues that are more prominent to Afro-Caribbean populations using the methods described above. If we look closely at how TAIBU CHC manages and runs their services, there are five programs that are unique from other health clinics that are not as culturally specific. Firstly, programs that address specific health risks that Black Canadians face are incorporated at the health clinic such as a diabetes education program (DEP). As mentioned, Blacks are more likely to develop this disease, and similar numbers are shown for hypertension among Afro-Caribbean populations. The mission of the DEP is to improve the quality of life for people affected by Type 2 Diabetes by providing a culturally and linguistically appropriate care.<sup>5</sup> Secondly, counselling services are offered as anxiety, depression, low self-esteem and other stressors can arise from the effects of the social determinants of

health such as racism. Other programs developed for youth educate about race and how it determines quality of health in minorities. Also, dietetic services are offered to focus on the management of a Caribbean diet and gives information on how it affects your health. Such programs are designed with understandings of Afro-Caribbean cultural traditions and foods (sociocultural strategies).<sup>5</sup> There are also specialized primary care services for adults with sickle cell disease. The disease is most common among people whose ancestors come from Africa, and parts of the Caribbean. It is estimated to occur in 1 in 500 African Americans, and data for Black Canadians is still being researched.<sup>5</sup> With focused research on management and care for people living with this disease, TAIBU CHC's services target effective solutions for the community it serves, keeps patients out of emergency rooms more than regular clinics, and screens for diseases earlier.<sup>5</sup>

Given the multicultural nature of Canada, implementation of these programs are likely to be well supported by the majority of the country, or at least among prominent cultural groups such as immigrants or refugees. Organizing these programs would be beneficial to the wellness of these cultural groups and therefore to the wellness and health status of many Canadians.

Health issues vary among different races and cultural groups. Current health research is inadequate and fails to distinguish between visible minorities, and therefore as a Black health clinic, TAIBU aims to care for those who face inequities in receiving medical care, proving the effectiveness of targeted health programs.<sup>5</sup>

## **POSSIBLE BARRIERS, OBSTACLES OR DRAWBACKS TO IMPLEMENTING CULTURAL/RACIAL SPECIFIC PROGRAMS**

When considering the many methods used to implement cultural appropriateness within the healthcare field, it is crucial to note that these methods require careful use and implementation within physician practice and within a clinical setting. Although awareness and respect for various cultures and their beliefs and traditions is desirable, care must be taken to still view the patient as an individual with unique situations and perspectives.<sup>4</sup> Implementing these CHCs and other culturally focused programs leaves the risk of healthcare providers tending to view a patient as only a race or culture, and lead to inappropriate and/or incorrect assumptions

---

about their behaviours or current health status.<sup>4</sup> This is where patient-centered care is needed, which is a method of healthcare where the patient is viewed on an individual basis and includes getting to know their history, behaviours and perspectives independently of their racial/cultural group.<sup>4</sup> Culturally appropriate healthcare is linked to patient-centred care, but provides more division of individuals into groups, which is why both methods are needed to be effectively balanced in order to achieve equitable health care.

Other possible obstacles to incorporating these services could be things such as creating and funding educational programs within medical schools, internships, orientations etc. on cultural competence. Advocacy for attention to health disparities have led to the rise of programs and curricula of cross-cultural medicine, cultural sensitivity and multicultural education programs.<sup>4</sup> Employing educated professionals and funding such programs may be a difficult and lengthy process requiring policies to be made within government and educational institutions as well as requiring organization of these educational sessions across all healthcare fields. Careful planning is needed to keep these programs running well after they even are initiated in medical institutions.

An obvious limitation to the creation of culturally specific health clinics and programs would be the question as to what extent cultural or racial groups should be classified. With Afro-Caribbean cultures, there are many countries in Africa each with their own incidence for certain diseases and many different cultures and backgrounds within the Caribbean. Looking at a different perspective, Asian cultured people have many sub groups and cultures (Japanese, Korean, Filipino, Indonesian, Indian, etc.) that most likely experience varied health concerns from one another. Clearly, in-depth research would be needed to ascertain the lines between cultures and racial groups and the various sub-groups or classifications under these broad descriptors. However a possible solution could be to create large clinics that are under umbrella terms such as “Asian/East or West Asian cultures” or “Indian cultures” and within those clinics have services that specialize their care for specific cultures, religions and belief systems. This could provide a starting point rather than creating hundreds of different clinics for every culture known to man. In all, these possible setbacks or barriers are solvable with enough research and organization

involved.

## DISCUSSION AND CONCLUSIONS

Methods to create culturally appropriate services for Afro-Caribbean Canadians are different than methods used to provide standard health care services. Research has shown that targeted health care services and interventions that are culturally appropriate are instrumental to addressing the specific health issues and barriers that Afro-Caribbean/Black Canadians face. Programs, services and interventions will be more effective when they are culturally appropriate for the populations they serve,<sup>1</sup> and therefore they will be able to solve the health issues that are faced by certain groups. Care is needed to ensure that this type of healthcare is well funded for with educated healthcare professionals, as well as making sure there is respect for the patient on an individual level. In all, the methods to creating ideal health services for Black Canadians must vary from the services that the majority of Canadians receive. I concluded that applying methods of achieving equitable health care services to Afro-Caribbean Canadians by acknowledging socioeconomic and sociocultural factors of health, and the disparities that arise from inequitable service will improve wellness for a targeted population. Addressing issues such as lack of research on diseases that affect different groups and effective care for such illnesses could be a long term goal of community health centers. If seen as an investment on improving public health, CHCs could become national. Black Health Services like TAIBU CHC apply tailored methods and inevitably prove that culturally appropriate service is a path to effective health care, and hopefully in the future more clinics can be incorporated to address disparities among all races and cultures.

## REFERENCES

1. Kreuter, M., Lukwago, S., Bucholtz, D., Clark, E., & Sanders-Thompson, V. (2003). Achieving cultural appropriateness in health promotion programs: Targeted and tailored approaches. *Health Education & Behavior*, 30(2), 133-146. doi:10.1177/1090198102251021
2. Penner, L., Dovidio, J., Edmondson, D., Dailey, R., Markova, T., Albrecht, T., & Gaertner, S. (2009). The experience of discrimination and black-white health disparities in medical care. *Journal of Black Psychology*, 35(2), 180-203. doi:10.1177/0095798409333585

- 
3. Rodney, P., & Copeland, E. (2009). The Health Status of Black Canadians: Do Aggregated Racial and Ethnic Variables Hide Health Disparities? *Journal of Health Care for the Poor and Underserved*, 20(3), 817-823. doi:10.1353/hpu.0.0179
  4. Saha, S., Beach, M. C., & Cooper, L. A. (2008). Patient Centeredness, Cultural Competence and Healthcare Quality. *Journal of the National Medical Association*, 100(11), 1275–1285.
  5. TAIBU Community Health Centre. (n.d.). Retrieved July 25, 2016, from <http://www.taibuchc.ca/>