

Presentation at the Cumberland Poverty Forum. February 25, 2015

Understanding the Social & Cultural Realities of Our Clients: Better Health for All

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Who is Robert Wright?

- A Sociologist and Social Work Private Practitioner, Direct Practice and Forensics
- Clinical Member, Association for the Treatment of Sexual Abusers
- Former Executive Director Family & Children's Services of Cumberland County
- Former Correctional Mental Health Worker , Washington State Penn.
- Former Executive Director, Child & Youth Strategy of Nova Scotia
- PhD Student in Sociology – Race, Identity, Power



Today's Agenda/Outcomes

- Locate poverty within social determinants of health
- Understand poverty as a social cultural phenomenon – application of cultural competence
- Consider/Discuss the role of health care providers in treating/advocating for the poor

Context and Relevance

- CMA, 2013 report “What Makes Us Sick”
- Multi-city consultation
- Four determinants identified :
 - Income, housing, food security, early development
- 12 recommendations focused on social initiatives:

From . . . What Makes Us Sick?

1. Develop an action plan to eliminate poverty in Canada
2. Test national guaranteed annual income
3. Federal/Provincial affordable housing strategy
4. Implement Housing First approach to address homelessness
5. Institute national food security program
6. Invest in early childhood development
7. Establish a national pharma care programme
8. Make social determinants focus of health care system
9. Make health impact assessment required part of government budgeting
10. Develop community resource database for use in health care sector
11. Institute national strategy on Aboriginal health
12. Cultural competence training, especially for health care providers

Income as a Social Determinant

- Since the Lalonde report in 1974 we've recognized that medicine and health care has less to do with health than social factors
- Income and Social Status is perhaps the key determinant
- Determinants interact in complex relationships and never act on their own

Poverty Effect on Health

- 47% of lowest income Canadians rate their health as very good, vs. 73% of highest income
- Income is greatest determinant of life expectancy
- Income disparity is more important than income amount in determining health

Poverty creates
hardship,
Income disparity creates
social exclusion

Cultural Competence: Definition

- Cultural competence refers to an ability to interact effectively with people of different cultures. Cultural competence comprises five essential capacities. We must:
 - A. understand our own cultural positions and how they differ from and are similar to others
 - B. understand the social and cultural reality in which we live and work and in which our clients live and work
 - C. cultivate appropriate attitudes towards cultural difference
 - D. be able to generate and interpret a wide variety of verbal and non-verbal responses
 - E. understand structural oppression and demonstrate awareness and commitment to social justice

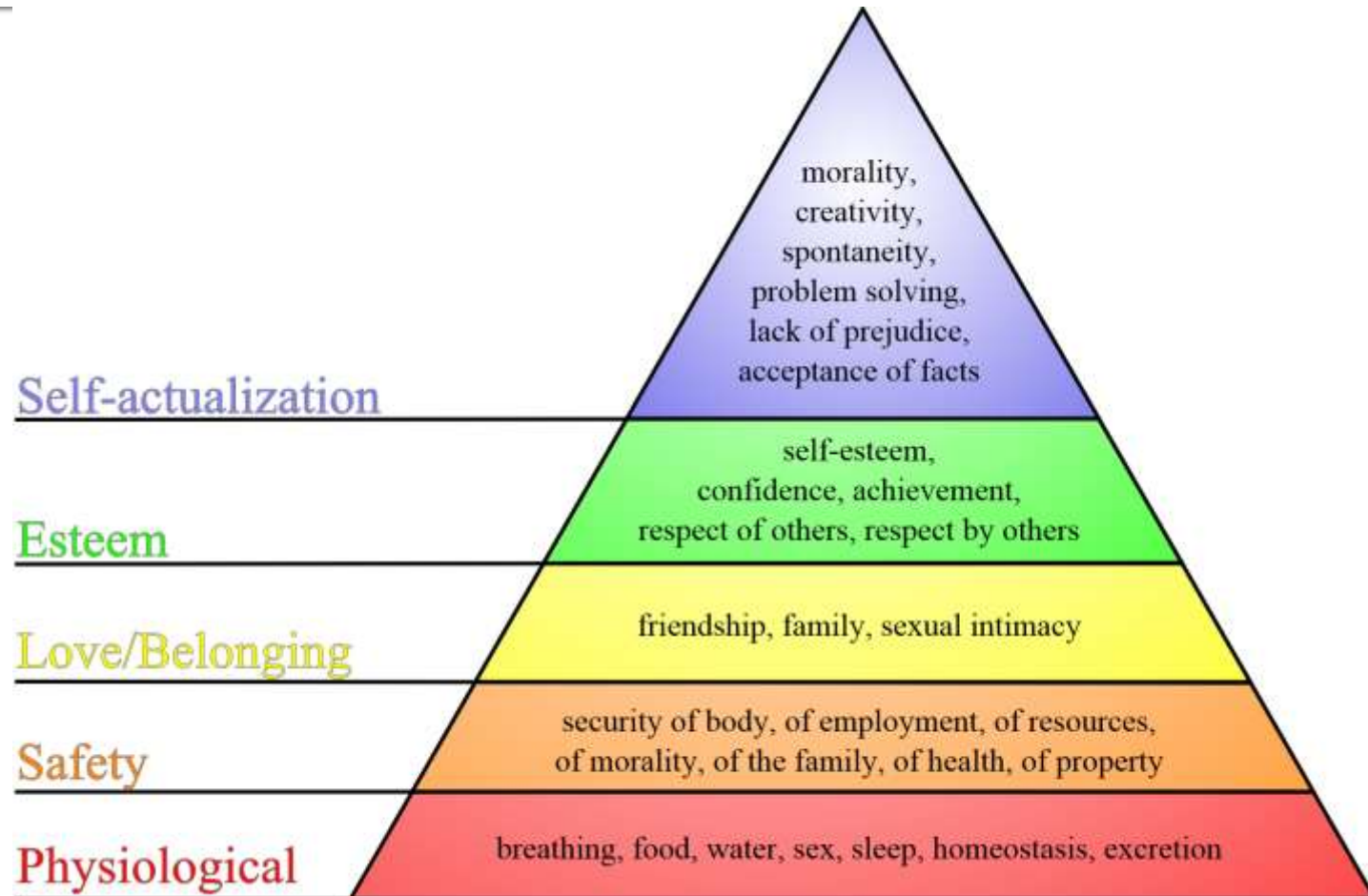
Understanding Difference

- Understanding self requires reflection
- Understanding others requires conversation, better yet, relationship
- Understanding that others are different yet valued requires an enlightened view of difference

THE PHILOSOPHICAL ASPECTS OF CULTURAL DIFFERENCE DEVELOPED BY EDWIN J. NICHOLS, PH.D.

ETHNIC GROUPS ETHNIC WORLDVIEW	AXIOLOGY	EPISTEMOLOGY			LOGIC	PROCESS
		APPLIED	PEDAGOGY	METHODOLOGY		
EUROPEAN EURO-AMERICAN	Member-Object The highest value lies in the object or the acquisition of the object	One knows through Counting and Measuring	Parts to Whole	Linear and Sequential <i>-Assembly line-</i>	Dichotomous <i>Either/Or</i> <i>-Newtonian theory-</i>	All sets are repeatable and reproducible <i>-Technology-</i>
AFRICAN AFRICAN AMERICAN LATINO/A ARAB	Member-Member The highest value lies in the relationships between persons	One knows through Symbolic Imagery and Rhythm (function) <i>-Gladwell <u>Blink</u>-</i>	Whole Holistic Thinking <i>-The BIG picture-</i>	Critical Path analysis <i>-Cut to the chase-</i>	Diunital <i>Union of opposites</i> Difrasismo <i>-Aztec thought-</i> The In Between <i>Ibn 'Arabi</i> <i>-Quantum theory-</i>	All sets are interrelated through human and spiritual networks <i>-Black church-</i>
ASIAN ASIAN AMERICAN POLYNESIAN	Member-Group The highest value lies in the cohesiveness of the group	One knows through Transcendental Striving <i>-Tree the forest-</i>	Whole and parts are seen simultaneously <i>-To read a Chinese word-</i>	Cyclical and Repetitive <i>-Stroke order in writing a Chinese word-</i>	Nyaya <i>-The objective world is conceived independent of thought and mind-</i> <i>-Chaos theory-</i>	All sets are independently interrelated in the harmony of the universe <i>-Keiretsu-</i>
NATIVE AMERICAN	Member-Great Spirit The highest value lies in oneness with the Great Spirit	One knows through Reflection and Spiritual Receptivity <i>-Purification rites-</i>	Whole is seen in cyclic movement <i>-Seasons-</i> <i>-Medicine Wheel-</i>	Environmentally experiential reflection <i>-Rites of Passage-</i>	Great Mystery <i>-A set of 4 and a set of 3 form the whole-</i> <i>-Super string theory-</i>	All sets are interrelated through the elements, plant, animal, and spiritual networks <i>-White Buffalo-</i>

Poverty's Effect on Values/Culture



The Solutions – Cultural/Poverty Competence

- Improving health practitioner cultural/poverty competence
 - Will significantly improve client engagement
 - Will improve health care delivery and patient compliance and cooperation with treatment

Engaging With the Poor

- Grandma lives in a shack with oldest grandchild
- Developmentally delayed daughter and 2 other grandchildren live next door
- Grandmother's diabetes is now disabling
- School reports, lice, poor hygiene
- Children suffer chronic chest infections
- What are the questions/conversations?

Engaging with the Poor

- Ask questions about the social determinants
 - Do you have trouble making ends meet?
 - Who helps you manage your home and children?
 - Tell me what your home is like?
- Educate about structural oppression
- Refer to/ partner with community social service and anti-poverty agencies
- Be present as an ally and activist in the community

Advocacy and Activism

- From the Cultural Competence definition:
 - understand structural oppression and demonstrate awareness and commitment to social justice

With the knowledge of social determinants affect on health, health care interventions must look like activism

Social Justice Health Interventions

- Focusing on social determinants of health – interventions which change the social context for poor Canadians will create greatest health improvements
- Requires reframing the focus of intervention
- Requires skills of social justice and social policy advocacy
- Will require greater engagement with other professionals and sectors
- Advocate for greater power and independence for Public Health Officers (Ombudsman, legislative officer role)

Final Questions

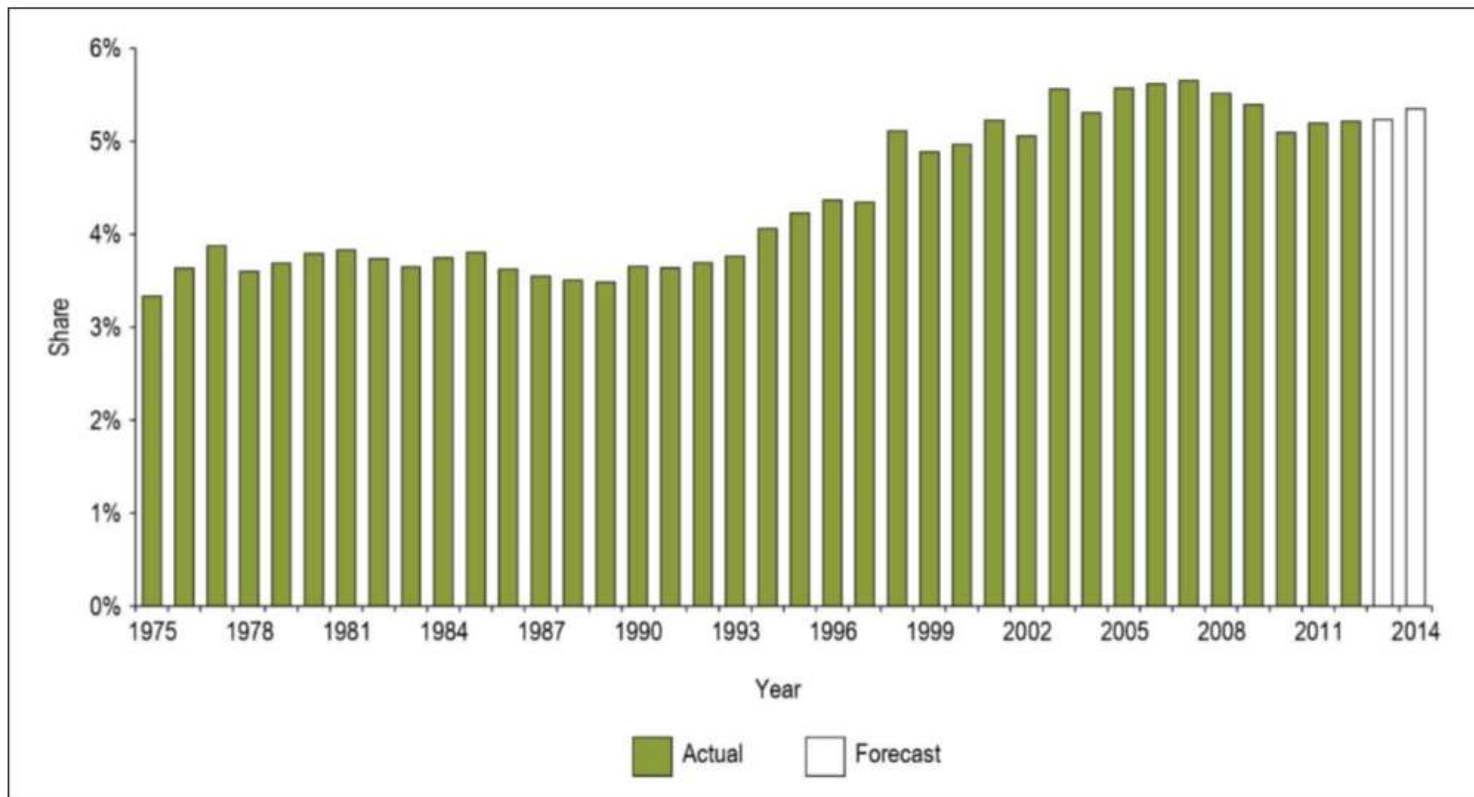
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Growth in Public Health Spending

Figure 30: Public Health Spending as a Percentage of Total Health Expenditure, Canada, 1975 to 2014



Note

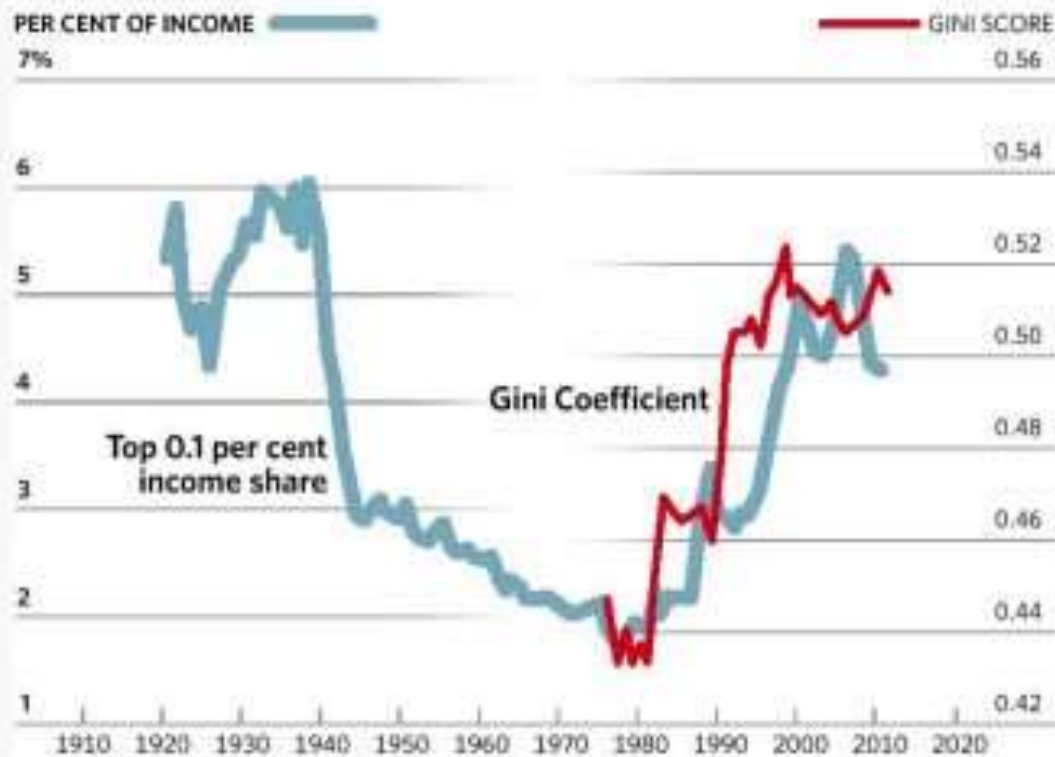
See Table A.3.1.2.

Source

National Health Expenditure Database, Canadian Institute for Health Information.

Income inequality in Canada: 1920-2011

The thick gray line below is the per cent of the total national income going to the richest 0.1 per cent of the population. The thin red line is the Gini Coefficient, a measure of income inequality that ranges from a low of zero (perfect equality) to a high of one (total inequality).



SOURCE: Top income share generated by Emmanuel Saez and Michael Veall (updated to 2010 by Michael Veall), retrieved from The World Top Incomes Database; Gini coefficient (all family units to 2011) from Cansim Table 2020706

TORONTO STAR GRAPHIC