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Cultural Humility in Health Care

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Solo Flight

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CULTURAL HUMILITY IN HEALTH CARE:
Why it matters and recommendations for the CFHS

By Major Heath Robson

CULTURAL HUMILITY IN HEALTH CARE

To be culturally humble means that I am willing to learn.

– Joe Gallagher, CEO BC First Nations Health Authority

INTRODUCTION

Canadian Armed Forces (CAF) recruits must pass a series of medical, aptitude and other screening measures to ensure they meet minimum standards for enrollment across a range of criteria. Consequently, on average, successful CAF recruits are considered sound in mind and more physically able than their average Canadian civilian counterparts. Additionally, the health and dental benefits offered by the CAF are second to none in terms of both comprehensiveness and availability. CAF members have secure and adequately renumerated employment; ancillary health benefits such as time for physical activity and free access to fitness and sports facilities and programs; and free health promotion programs both at home and abroad. However, across a range of health trajectories and important health indicators (i.e. obesity, hypertension, smoking, anxiety, suicide and depression), CAF members, on average, experience no better health states than what is found in the comparable Canadian civilian population.[1,2,3] Why is that the case?

Access to healthcare is one important determinant of health that has evolved to mean more than the availability of medical care, but also the appropriateness and safety of its delivery. The Agency for Healthcare Research and Quality defines the elements of healthcare access, which include cultural competency in care;[4] and universally, increased and improved access to healthcare services has been directly linked to an improvement in health states.[5] Cultural

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[1] TL Taillieu, et al, *Risk Factors, Clinical Presentations, and Functional Impairments for Generalized Anxiety Disorder in Military Personnel and the General Population in Canada*. (Can J Psychiatry, 2018), 610-619.
[2] Canada. *The Canadian Forces Mental Health Survey (CFMHS).* (Statistics Canada, 2013).
[3] Canada. *The Canadian Forces Health Survey*. (Statistics Canada, 2019).
[4] The Agency for Healthcare Research and Quality. *Healthy People 2020*. (Department of Health and Human Services,.(2016) [Link]
[5] Agency for Healthcare Research and Quality. *Chartbook on Access to Health Care*. (Department of Health and Human Services, 2020) [Link]

humility in the delivery of certain healthcare services, to include health promotion and primary health care (PHC), is an ever-growing area of concern for healthcare systems, particularly as they strive to adequately design and adapt the delivery of healthcare to the unique populations they serve. The process of "becoming culturally competent requires continuous self-evaluation, skill development, and knowledge building about culturally diverse groups."[6] Fundamentally, people must trust the system and its service providers if they are expected to access the system and be open and honest partners in managing their health.

The quality of health care services and program is often measured by means of a quality framework. Two main categories or domains used to evaluate quality are appropriateness and safety.[7] In 2018, Harfield et al. investigated, via systematic review, those characteristics of effective Indigenous PHC delivery models. They identified a total of eight characteristics, with culture being identified as the most prominent characteristic underpinning all of the other seven.[8] Two similarities between Indigenous and military cultures are the strong connection between the community or team and individual health, and a strong focus on resilience due to exposure to hardship and trauma.[9] These two cultures are similar in other unique ways, such as their historical embrace of the warrior spirit.[10,11]

Traditionally, the western medical model is based on episodic care and relies on a narrow view of health often defined as the absence of disease or illness; as opposed to a holistic wellness

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[6] G. Kersey-Matusiak, *Culturally competent care* (Nursing Management, Springhouse, 2012), 34–39.
[7] Alberta Health Services. *Continuing Care Quality Management Framework* (Alberta, 2014) [Link]
[8] S.G. Harfield, C. Davy, A. McArthur, et al., *Characteristics of Indigenous primary health care service delivery models: a systematic scoping review* (Global Health, 2018), 14.
[9] Australian Institute of Health and Welfare. *Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018: in brief* (IHW, 2018), 198 [Link]
[10] L. M. R. Arndt and A.R. Davis, *Warrior Spirit: Soul Wound and Coping Among American Indians in Law Enforcement* (Counseling Psychologist, 2011), 527–569.
[11] Canadian Army, *Concepts of the Canadian Army Warrior Culture. Appendix 2 Annex A To 4500-1 (CA PD)* (Canadian Army Integrated Performance Strategy, 2015).

model that encompasses social, physical, mental and spiritual wellbeing. Coupled with the risk averse nature of CAF medical practitioners working within the constraints of a health system focused on occupational health, the western medical model and medical system currently adopted by the CAF perhaps lacks a culturally sensitive and culturally appropriate delivery model. These system characteristics raise concern as to whether CAF mbrs are in fact accessing care at optimal rates, perceiving barriers to being transparent with care providers, and whether they are feeling enabled to be proactive partners in their own health care.

The patient-centered medical home (PCMH) model is an evidenced-based and alternate model of PHC that puts the needs of the patient at the center of everything from the design to the delivery and evaluation of care. In fact, "research shows that PCMHs improve quality and the patient experience and increase staff satisfaction – while reducing health care costs."[12] This paper will investigate the important role culture plays in both the military and PHC delivery, and provide recommendations as to how the Canadian Forces Health Services (CFHS) can make meaningful strides towards realizing the promise of the PCMH through a focus on cultural humility in healthcare. In doing so, it is believed that the CFHS will experience improved patient engagement, improved patient access, and ultimately, improved health outcomes and overall operational effectiveness for the CAF.

CULTURE AND ACCESS TO HEALTHCARE IN THE MILITARY CONTEXT

Access to PHC is a strong predictor of overall health outcomes, as "access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death."[13] Access is believed to be made up of five components, both tangible and intangible. The five As

[12] National Committee for Quality Assurance, *Patient-Centered Medical Home (PCMH)* (USA: 2020) [Link]
[13] United States, *Healthy People 2020* (USA: Office of Disease Prevention and Health Promotion, 2016) [Link]

of access are: affordability, availability, accessibility, accommodation, and acceptability.[14] In the United States (US), and in some cases here in Canada, affordability can act as a significant barrier to access, with people unable to afford to pay for such things as prescriptions and services not covered under programs such as Medicaid and Medicare, Canada's universal healthcare program, or personal/employer insurance. Other barriers to access include a lack of availability of services, such as in remote and rural areas, and a lack of culturally competent care delivery and culturally appropriate care settings.[15] Considering the high degree of comprehensiveness and the cost-free nature (to the CAF member) of healthcare and other health and wellness related programs offered in the CAF, any barriers to access would likely be attributed to the elements of accommodation and acceptability.

Results from a recent study on barriers to accessing mental health services among US service members concluded that due to the unique culture of the military, all "efforts to ensure adequate and timely access to high quality mental healthcare will need to appropriately respond to organizational and institutional culture."[16] Within the CAF, myriad sub-cultures exist, and understanding and accounting for these diverse cultures requires a high degree of outreach and engagement. Understanding what culture means throughout the CAF is a meaningful step in designing culturally appropriate care, as sociologists have determined unequivocally "that a separate military culture exists; however, within that culture there are marked differences among the cultures of the armed forces themselves."[17]

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[14] C. G. McLaughlin and L. Wyszewianski, *Access to care: remembering old lessons* (Health services research, 2002), 1441–1443 [Link]
[15] United States, *Healthy People 2020* (USA: Office of Disease Prevention and Health Promotion, 2016) [Link]
[16] T. Tanielian et al., *Barriers to Engaging Service Members in Mental Health Care Within the U.S. Military Health System* (Psychiatric Services, 2016), 718–727
[17] A.D. English, *Understanding military culture: a Canadian perspective* (McGill-Queen's University Press, 2004).

The concept of military culture is important as it enables us to examine and understand differences between elements and even between units in the same branch due to geographical differences. Cultural insight can help explain the dissimilar approaches that different elements and units may take towards vital domains such as war fighting, leadership, health and wellness, and technology; and why various units may perform differently in roughly the same circumstances.[18]

While the subcultures of the land, air, and maritime forces contribute to a more general military culture, the primary purpose of military forces, national defence, is central to all; at the same time, "small unit cohesion is essential to combat effectiveness."[19] Highlighting its significance, and knowing that strong culture is central to the effectiveness of any military, some propose that "how armed forces fight may be more a function of their culture than their doctrine – or their technology for that matter."[20]

As a means to ensure cultural humility in the design of PHC services, it's recommended that health systems "explicitly adopt a patient-centered view and conceptualize access to care as the fit between an individual and the healthcare system."[21] In other words, PHC services must be uniquely built for the unique populations they are meant to serve, and co-designed with the interests and needs of their patients and communities at the forefront. The PCMH, originally developed by the American Academy of Pediatrics in 1967, has grown to "include a partnership approach with families to provide PHC that is accessible, family-centered, coordinated, comprehensive, continuous, compassionate, and culturally effective."[22]

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[18] *Ibid.*
[19] *Ibid.*
[20] *Ibid.*
[21] R. Penchansky and J.W. Thomas, *The concept of access: Definition and relationship to consumer satisfaction* (Med Care, 1981), 127–40.
[22] Robert Graham Center. *The Patient Centered Medical Home History, Seven Core Features, Evidence and Transformational Change* (Centre for Policy Studies in Family Medicine and Primary Care, 2007) [Link]

Largely in practice throughout the US, Canada, Australia, and the United Kingdom, the PCMH is an effective model of PHC that is deliberately designed around, and for, the patients they're meant to serve. Often regarded as models for integrated health system design, organizations such as "Kaiser Permanente, the Geisinger Health System, and other integrated healthcare systems have embodied this approach for decades [and all] score well in terms of patient health outcomes and satisfaction."[23]

Another element of culture rarely discussed in the military context is the concept of acculturation, which many CAF members experience to varying degrees following such moments as enrollment and postings to remote parts of Canada or vastly different parts of the world. These areas are often far from home, making adjusting to the new environment challenging, particularly when coupled with the stressors of their work and simultaneously adjusting to the unique culture of the military. Acculturation can also include loss of one's culture, which may occur to some degree with all members who join the CAF, and which can significantly impact overall health and wellness.[24] Cultural considerations in healthcare delivery are thus simultaneously multi-factorial, omnipresent and nuanced.

As mentioned, the PCMH puts the patient at the center of everything it does; and it does so by amplifying the patient perspective in the decision-making process, valuing and considering the patient voice, the community and family context, and the environment in which patients live. This model also serves to dilute the power imbalance often found in traditional patient/provider encounters. The PCMH has been adopted successfully in several civilian PHC networks due to

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[23] Bob Roehr, *Creating the patient centered medical home* (BMJ, 2014), 349 [Link]
[24] M. Fox, Z. Thayer, and P.D. Wadhwa, *Acculturation and health: the moderating role of socio-cultural* context (American anthropologist, 2017), 405–421.

its focus on culture and team-based care in particular, representing itself in many ways as "the antithesis of episodic care."[25]

In 2010, the Veterans Health Administration (VHA) in the US "launched one of the largest PCMH initiatives to date, with the ambitious goal of transforming primary care clinics across more than 850 hospital-based Medical Centers and Community Based Outpatient Clinics (CBOCs) by the end of 2014 to what was dubbed the Patient-Aligned Care Team (PACT) model."[26] The VHA's PCMH initiative offers valuable lessons for the CFHS when it comes to adapting this model to a military context. A 2012 evaluation of the PACT initiative found that the most successful CBOCs were those that focused on addressing access by focusing on "decreasing demand for face-to-face care, increasing supply of different types of primary care encounters, and improving clinic efficiencies."[27]

The best PCMH models draw on the strengths of their communities. In fact, as per the Alma Alta Declaration from 1978, PHC "requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of PHC, making fullest use of [all] available resources; and to this end develops through appropriate education the ability of communities to participate."[28] For the CFHS, the CAF values system is a strong pillar from which to build a PCMH model; particularly the values of integrity, courage, stewardship and excellence.[29]

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[25] Lee Green, *The Patients' Medical Home Model: Brief Overview*. (University of Alberta: Presentation delivered as part of the Indigenous Primary Health Care Research Network's Research Symposium, 2021).
[26] Gala True, et al., *Open Access in the Patient-Centered Medical Home: Lessons from the Veterans Health Administration* (J Gen Intern Med, 2012), 539–45.
[27] *Ibid.*
[28] International Conference on Primary Health Care, *Declaration of Alma-Ata* (WHO Chron, 1978), 428-30
[29] Canada, *Department of National Defence and Canadian Forces Code of Values and Ethics* (Department of National Defence, 2020) [Link]

The value placed on courage is a strength to be leveraged and is embodied by the Canadian Army, for example, in their adoption of the warrior spirit.[30] In order for the PCMH model to enable and empower the citizen-soldier of today, slight deviation from the traditional western medical model is necessary. In particular, understanding and supporting the Social Determinants of Health in a military context requires moving the responsibility for health beyond the physician/patient encounter, and moving towards a team-based and community-based approach to health and wellness; representing a shift in mindset from 'them' taking care of 'us,' to 'us' taking care of 'us.'

From Winslow's perspective, the CAF has "a long tradition of an organizational culture oriented toward combat effectiveness, [which] in turn shapes the values and goals of the organization."[31] To ensure alignment with the larger values and goals of the organization, the PHC system designed for the CAF must identifiably value and enable operational effectiveness throughout the system to include during patient encounters and community outreach. Further, respecting the unique cultures and sub-cultures of those elements and/or units that make up the population at risk, while keeping the larger CAF values in mind, will help to successfully inform culturally appropriate care delivery.

As a counter argument to prioritizing cultural humility in military PHC delivery; there is a belief, on behalf of some, that the CFHS should serve the system first, as opposed to the patient. Clinicians in the CAF experience a unique dynamic, in that they are asked to be a dual advocate for both the patient and the organization. Due to the nature of CAF employment, they often lean to the side of the organization out of an abundance of caution. That said, if our latest

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[30] Canadian Army, *Concepts of the Canadian Army Warrior Culture. Appendix 2 Annex A To 4500-1* (Canadian Army Integrated Performance Strategy, 2015).
[31] English, *Understanding military culture…*

Defence Policy, Strong, Secure, Engaged (SSE) is to be believed, then 'people are our priority,'[32] and we are required to take action to ensure that we are taking care of our people first. In doing so, we would recognize the direct relationship between our people and the mission, and it is believed that the organization itself would become stronger. This shift in mindset offered by SSE would lead to a sea change in the way that PHC is offered in the CAF and is considered a necessary prerequisite for enabling the following recommendations meant to improve the cultural humility of its PHC system.

RECOMMENDATIONS FOR THE CFHS

Understanding the benefits of aligning PHC delivery with evidenced-based best practice, and in an effort to improve the cultural competency of care that the CFHS delivers, it is recommended that the PCMH be adopted in principle and redesigned for a 'right fit' in the context of the CAF. Prior to embarking on any change initiative, one must first develop a profound knowledge[33] of the current system, including how the interdependent and interrelated components of both people and processes interact within such a complex system as the CFHS. With the numerous challenges facing the CFHS, an excellent first step would be to sponsor an ethnographic qualitative research study designed to understand the culture and sub-cultures of the CAF in order to inform the future design of a CAF-built PCMH model; or models.

In considering not just the patient's culture, but also the culture and environment in which the military asks them to live and operate, providers are often led to different treatment plans and approaches to care. However, disparate patient management offers a rare challenge to a federal bureaucratic healthcare organization that is extremely risk-averse and heavily reliant on

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[32] Canada, *Strong Secure Engaged: Canada's Defence Policy* (Department of National Defence, 2017).
[33] R.P. Anjard, *Understanding and applying Deming's primary concept of "profound knowledge"* (Training for Quality, 1995), 8-12.

standardization, financial prudency and process mirroring. As a means to support a wide variety of treatment plans, it is recommended that, following careful review, certain restrictions placed on clinicians be lifted or amended to allow care providers more flexibility in caring for their patients, while potentially eliminating unnecessary steps in the approval process for certain treatment plans.

Another meaningful driver the CFHS can use to improve the cultural appropriateness of its care is the use of a quality framework. At present, the CFHS lacks a quality framework, making it difficult to evaluate the quality of health services being delivered throughout the system.

As a health system, the CFHS strives to provide high-quality and timely access to healthcare services, though there is often ambiguity as to what it means to be considered high-quality care. The development of a quality framework, which clearly articulates what it means to provide patient-centered and culturally appropriate care, would help reduce confusion and provide clear expectations around cultural humility in PHC delivery.

The National Committee for Quality Assurance (NCQA) has a PCMH certification and evaluation program, which the CFHS can use as a guide in the development of its own PCMH for the CAF. NCQA's PCMH recognition program lays out the model expectations, some of which are nonapplicable for the CFHS. Designing certain elements of the CAF PCMH around the NCQA's criteria would be beneficial, as "practices that earn recognition have made a commitment to continuous quality improvement and a patient-centered approach to care."[34]

Lastly, and to support civilian care providers working within the CAF PHC system, it is recommended that the CFHS improve patient engagement around culture and health, and

[34] National Committee for Quality Assurance, *Patient-Centered Medical Home…*

develop a cultural competency training package, something similar to what already exists within the BCFNHA for British Columbia First Nations.[35] Listening and understanding are key ingredients to empathy and relationship building, and "both patient health literacy and provider cultural competency are critical factors impacting understandability."[36] Therefore, the more education and engagement between patient and provider the better, particularly when moving towards a true PCMH.

CONCLUSION

This paper has served to detail the important role that culture plays in the design and delivery of PHC. High-quality and high-performing health systems are not only concerned about the patients they see, they're equally concerned with those that they do not. Engaging patients in their health who mistrust or misunderstand the system is a challenging task, yet it must be done if we are to improve the *Total Health* of the force. That said, "if leaders in organizations expect employees to be culturally competent, then those organizations must support those competencies in their stated strategies, policies, procedures, and implementations."[37] In order to support flexibility and agility in the PHC being delivered to CAF members, and in order to ensure our care delivery model is culturally appropriate and adaptable, changes to CFHS system structures and policies are required.

> Health practitioners, healthcare organizations and health systems need to be engaged in working towards cultural safety and critical consciousness. To do this, they must be prepared to critique the 'taken for granted' power structures and be prepared to challenge their own culture and cultural systems rather than prioritize becoming 'competent' in the cultures of others. Healthcare

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[35] Cultural Safety Attribute Working Group, *Indigenous Engagement and Cultural Safety Guidebook: A Resource for Primary Care Network* (BC Ministry of Health and BC First Nations Health Authority, 2019) [Link]
[36] B.J. Ayotte, J.C. Allaire, and H. Bosworth, *The associations of patient demographic characteristics and health information recall: The mediating role of health literacy* (Neuropsychology, Development, and Cognition. Section B, Aging, Neuropsychology and Cognition, 2021), 419–432.
[37] D. W. Sue, *Multicultural Counseling Competencies: Individual and Organizational Development* (Sage Pubns, 1998).

> organizations and authorities need to be held accountable for providing culturally safe care, as defined by patients and their communities.[38]

Asides from the adoption and adaptation of the PCMH for the CAF, this author believes that a soft departure away from the rigid western medical model, and an effort to better empower our multi-disciplinary care teams and communities through education and engagement is the most effective way to enable culturally appropriate care in the CAF. In addition, improved cultural humility in PHC is believed to be the most cost-effective and timely method by which the CFHS can significantly improve the health of the CAF.

Robert Near claims that the CAF cannot expect political leaders or taxpayers to support them unless the forces are perceived as relevant to the country's needs and subscribe "to values that ordinary Canadians support and admire."[39] Certainly, if the CFHS aligned its PHC model with the values and principles found in the PCMH and the Alma Alta declaration on PHC, taxpayers would be proud to fund such a healthcare system – one that would see improved health outcomes on the aggregate, leading to improved operational readiness and effectiveness for the CAF.

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[38] E. Curtis, R. Jones, D. Tipene-Leach, et al., *Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition* (Int J Equity Health, 2019).
[39] English, *Understanding military culture…*

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