

Being Culturally Competent in Primary Care: Alcohol Use Conversations

Cultural Competence

"Cultural competence in healthcare refers to the "ability of systems to provide care to patients with diverse values, beliefs and behaviors, including the tailoring of healthcare delivery to meet patients' social, cultural and linguistic needs." *

Considerations for Organizations

Reassess through Continuous Quality Improvement

Consider completing an Organizational Cultural Competency Assessment

Provide Language Assistance

Diversity staffing and create equitable hiring practices

Consider how the intersection of trauma & culture impact coping skills, such as alcohol use

Seek out educational opportunities

Understand and recognize your biases

Continually check in on your cultural blindspots

Provide continuing education to staff on cultural awareness and skills

Incorporate culture-specific attitudes and values into health promotion tools

Be curious about different cultures in your community via exposure

Reflect on your own cultural narrative

Engage in Courageous Conversations around race and culture

Avoid assumptions, especially regarding alcohol use

Create relationships with traditional healers and places of worship

Learn about allyship

Promote respect of all cultures

Commit resources to this work

Considerations for Individuals

Work with community health workers and peer navigators

Identify champions or a committee to develop a Cultural Competency work plan

Best Practices

1. Create a safe space to discuss alcohol use for everyone

- Determine what safety means to the individual you are working with (i.e. space, the characteristics of the interviewer)
- Appreciate that some may be worried about safety when sharing their personal alcohol use with you
- Normalize the conversation: we talk to everyone about alcohol

2. Stigma

- Appreciate that there is an increased risk for AUD/SUDs in populations impacted by trauma (i.e. LGBTQ, immigrants, BIPOC).
- Recognize that alcohol might be used as a coping skill
- Be aware that admitting alcohol consumption may be difficult when it may violate their religious beliefs and/or be experienced as shameful to them

3. Address the Limits of Confidentiality

- Acknowledge confidentiality concerns and be transparent about the situations in which information will be shared
- Provide options based on concerns which may include interpreters disclosing and/or community finding out (i.e. phone interpretation versus in-person interpreter)

4. Language Comprehension

- Recognize that language comprehension is more than reading (i.e. is the client regulated enough to understand the material that is being signed, are options provided, such as video instructions, that include more than written language)
- Provide information in the preferred language
- Establish client pronouns
- Use patient-centered language and avoid stigmatizing language, i.e. alcohol use instead of alcohol abuse
- Use Time to Ask poster and visuals to teach

References

*AHRQ <https://psnet.ahrq.gov/perspective/cultural-competence-and-patient-safety>



www.lunderdineen.org/alcohol-use-time-ask



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TIME TO ASK

*Education that transforms
conversations about alcohol use*

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