## Further investigations into health literacy and culture Aseel Bazrouk



#### Abstract

Intercultural communication is key to addressing healthcare inequities. This study unpacks two conceptual tools describing multicultural communication in healthcare: Stumbling blocks (Barna, 1976) and culturally and linguistically appropriate care (CLAS). I'm interested in health disparities and the effect of language barriers, especially for Arabic speakers. Applying these frameworks to family experience, I consider ways of providing support for multilingual and make recommendations to improve healthcare delivery.

#### Introduction

According to the American Hospital Association (2018), health disparities can lead to medical errors, longer hospital stays, and hospital readmission. Cultural competence is required for communicating with diverse patients who speak a language other than English and have cultural differences compared to the dominant, English speaking culture (American Hospital Association, 2013). The question is, what preexisting frameworks classify the types of problems that arise for intercultural communication? My research identified web-based materials offering taxonomies for intercultural communication problems, as well as specifications for what would constitute culturally competent care. The two that are the focus of this poster are the "stumbling blocks" identified by LaRay Barna, and culturally and linguistically appropriate care, or CLAS, which, according to the U.S. Department of Health and Human Services Office of Minority Health, refer to "services that are respectful of and responsive to each person's culture and communication needs" (thinkculturalhealth.hhs.gov)

#### Methods

Search terms such as "intercultural communication in health," "cultural competence," "cultural humility," "cultural and linguistically competent care" were used based on my previous research on the topic. While numerous sources were identified, we focus on these:

- "Think Cultural Health" U.S. Department of Health and Human Services (HHS)
- "Becoming a Culturally Competent Health Care Organization" American Hospital Association (AHA)
- "Culture & Health Literacy" U.S. Centers for Disease Control and Prevention (CDC)
- "Stumbling Blocks in Intercultural Communication" by LaRay M. Barna.

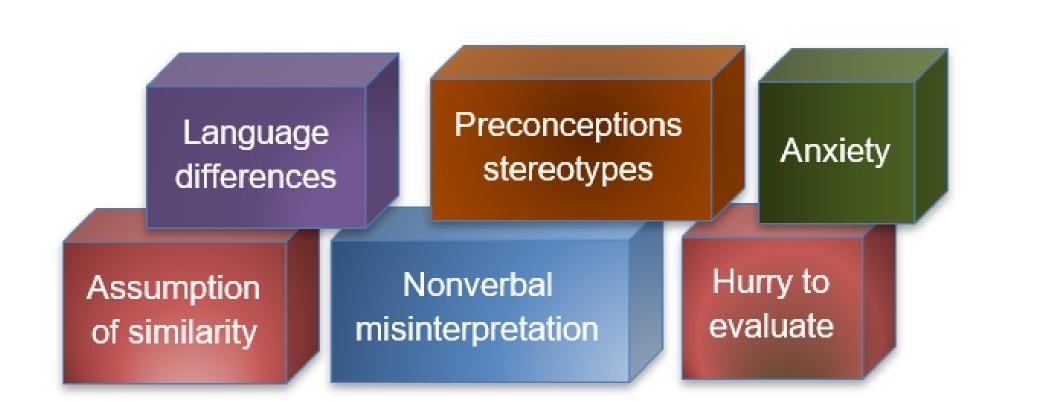
I also did informal interviews with family and friends about their experiences communicating with health professionals, asking openended questions.

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Results

LaRay M. Barna (1976) identifies six types of "stumbling blocks" that arise during intercultural encounters:





"Assumption of similarity" means that just because we are all human does not mean we are all similar or the same. "Language differences" is selfexplanatory, and unless speakers agree to speak in the same language or learn to speak the other's, communication is problematic. "Nonverbal misinterpretation" refers to body language with different meanings depending on the culture. For example, hand shaking is not universal in across cultures. "Preconceptions and stereotypes" describes the human tendency towards bias and making assumptions about an individual based on their perceived racial, ethnic, or cultural background. "Hurry to evaluate" in a healthcare context suggests that providers should take the time needed to properly evaluate patients. Finally, "anxiety" results from lacking experience or knowledge in a novel situation. In healthcare, a patient may hear jargon coming from the provider, that even someone from the "native" culture may be unfamiliar with. Being from a "non-native" culture makes it even harder.

To illustrate, my grandmother, a Palestinian national who migrated 23 years ago, has intermediate English ability. When she goes to the doctor, the interpreter provided speaks a different dialect of Arabic. Medical terms used may have no Arabic equivalent. While these are clear examples of language differences, they also represent "assumption of similarities" because the interpreter is assumed to communicate in the same language, even though differences in dialect remain. As a result of these and other language differences, my grandmother has become nervous and disoriented during and after the medical encounter, illustrating the "anxiety" stumbling block. What are some ways that these stumbling blocks can be addressed?

Culturally and linguistically appropriate services (CLAS) were developed to help provide more equitable care and decrease disparities. There are fifteen standards in total, related to governance and workforce, continuous improvement and accountability, and most relevant to this study, communication and language assistance (#5-8):

5. Offer language assistance to individuals with limited English. 6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. 7. Ensure the competence of individuals providing language assistance.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

#### Recommendations

Intercultural communication is a chief contributor to differential outcomes in healthcare according to language, dialect, and cultural background. Although acknowledged in the literature, and addressed in concepts of stumbling blocks (Barna, 1976) and CLAS, contingencies in healthcare such as dialect may impede the implementation of culturally and linguistically appropriate care. Additionally, managed care mandates short visits, risking a hurried diagnosis. This cursory overview is intended to approach the problem by categorizing types of challenges and institutional solutions.

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#### Abstract

A main factor for Brooklyn Brooklyn's economic decline was the collapse of its maritime economy. One cause of the collapse was the closing of the Brooklyn Navy Yard in 1966; another was containerization, which streamlined the shipping process but required new port designs to accommodate them. However, New York City did not fully adapt its ports to container ships, as Elizabeth, NJ, did and it reaped the benefits. New York City's economic crisis in the 1970s, sealed the waterfront's fate, leaving it littered with industrial skeletons and polluted waterways like the Gowanus Canal for decades. As with the creation of the canal in 1849, today Brooklyn's geography is again being altered and disrupted; this time by real estate development.

Qualitative analysis was the research method used. Specifically, thematic and content analyses were the main research method used to develop the virtual tour and provide information to develop the course. Observation was also a research method used to understand the transformation of the Brooklyn waterfront from native settlement to contemporary times.



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## Learning Places: The Evolution and Future of the Brooklyn Waterfront, an Interdisciplinary Course

## Omar Alonso & Susan Phillip CSTEP

#### Method

The historical analysis in this research highlights the challenges facing the Brooklyn waterfront. After decades of industrial and commercial productivity it faced neglect and stagnation. Today the Brooklyn waterfront is undergoing yet another transformation, this time fueled by real estate development, including housing, businesses and parks. Continuing research will unearth the economic, socio-cultural challenges and environmental challenges of the current transformation.



### Results

#### Discussion

A main factor for Brooklyn Brooklyn's economic decline was the collapse of its maritime economy. One cause of the collapse was the closing of the Brooklyn Navy Yard in 1966; another was containerization, which streamlined the shipping process but required new port designs to accommodate them. However, New York City did not fully adapt its ports to container ships, as Elizabeth, NJ, did and it reaped the benefits. New York City's economic crisis in the 1970s, sealed the waterfront's fate, leaving it littered with industrial skeletons and polluted waterways like the Gowanus Canal for decades. As with the creation of the canal in 1849, today Brooklyn's geography is again being altered and disrupted; this time by real estate development.

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# A UX/UI Assessment of a College Website: A Student Perspective A Poster Created By Edwin Bishop and George Merkerson

#### Abstract

The New York City College of Technology was founded in 1946 the name "The New York State Institute of Applied Arts and Sciences." It's mission is to provide broad access to high qual technological and professional education for a diverse urbar population. According to The Association of Registered Graph Designers of Ontario's Accessibility Design Handbook, the for principles of online accessibility are perceivability, operabilit understandability, and robustness. Perceivability is ensuring that the content and interfaces of a website can be perceived by an regardless of any disabilities the user may have. Operability ensuring that all users can manipulate and navigate throughout website, regardless of how they operate their computers. Understandability refers to using the simplest language possible robustness means ensuring that the website can be accessed interpreted, and navigated from a variety of different web brow devices, and assistive technologies.

Student design researchers George Merkerson and Edwin Bish under the guidance of Prof. Dan Wong sought out to assess t current state of the college's website. They were investigating areas of the website may be improved upon to ensure that user able to easily navigate through the website and complete what need to do.

#### **Method**

The student researchers developed student persona profiles t would represent potential individuals who would use the webs Each persona would have an underlying question that would n to be answered or a task that needed to be completed via the school's website. The work was distributed between the resear each with areas of responsibility. George was in charge of navig through and assessing the desktop version of the website wh Edwin was incharge of navigating through and assessing the mo version of the website. As they created the personas, they al created complementary empathy maps that would convey the potential thoughts, emotions, and responsibilities of a giver persona. Once the personas were established, journey maps w would visually show each step a persona would have to go thro inorder to get the answer to their question or complete their tas the website, were made.

### **Example of Questions Formed from Personas**

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#### Outcome

The current state of the website is adequate, however areas of improvement have been found. In both the desktop and mobile versions of the website, navigating through the available academic departments is seamless and the information is presented legibly and using the simplest language possible. For the mobile version, a few minor issues arose when testing the hamburger menu. Since the website contains a lot of information, the hamburger menu contains multiple submenus. This clusters the screens and makes it hard to view the information on your screen. Also, when you click on one of the subcategories to open a submenu, it does not close.when you click on it for a second time, unlike the submenus of other websites. Unfortunately, it was discovered that researching and applying for scholarships had some of the longest journey maps, requiring changing between 3 or more links to complete the task.

#### **Conclusion**

To conclude, although the current state of the website is sufficient for accessibility, there is still room for improvement. The process of researching and applying for scholarships should be shortened .Also, the proper archiving of old information when changes and updates are made and the ability for users to subscribe to different parts of the website, so when changes are being made, the users receive automated notifications of the changes and new information are needed. This is particularly important for each department, as students get confused when program requirements change.



#### <u>Acknowlegdements</u>

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