



Does Cultural Sensitivity Matter in Injury Prevention?

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Objectives

■ At the end of this session, you will:

1. Recognize the importance of cultural sensitivity in injury prevention programming
2. Be able to identify the relationship between injury-related disparities and cultural sensitivity
3. Be able to identify recommendations regarding cultural sensitivity and injury prevention

What is culture?

- "All the learned **behaviors, beliefs, norms, and values** that are shared by a *group of people* passed on from older members to newer members, at least, in part to preserve the group."

—Hays (1996)

Culture

What is Cultural Sensitivity?

Cultural sensitivity:

- knowledge that cultural differences AND similarities exist
- between people
- without assigning them a value – positive or negative, better or worse, right or wrong.



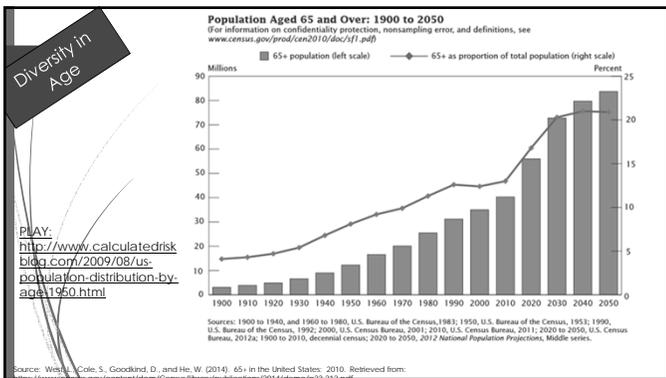
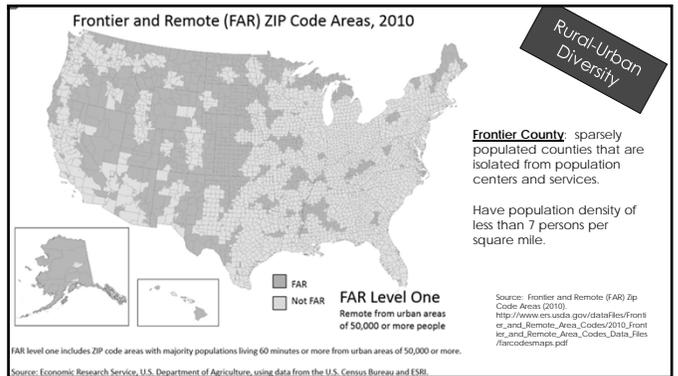
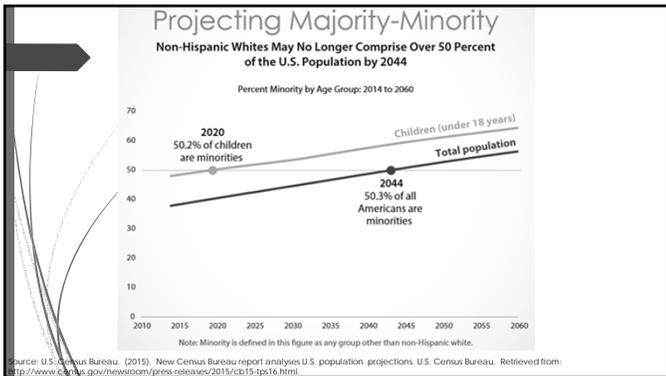
Why is it important to be culturally sensitive?

- **1. Increased diversity/diversity in general**
- 2. Culture impacts health beliefs
- 3. Reduce health disparities

What is diversity?

- Race/ethnicity
- New Americans – foreign born and immigrant
- Rural/urban distribution
- Language
- Age
- Gender
- Sexual orientation
- People with disabilities
- Other??





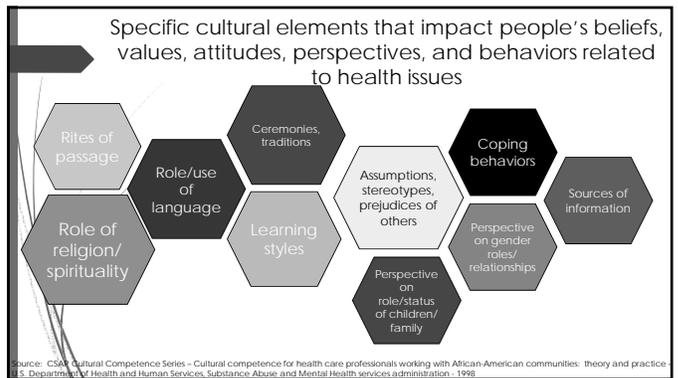
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How are health beliefs formed?

CULTURE has a DIRECT IMPACT on people's beliefs, values, attitudes, perspectives, and behaviors related to health issues.

Source: CSO Cultural Competence Series - Cultural competence for health care professionals working with African-American communities: theory and practice. U.S. Department of Health and Human Services, Substance Abuse and Mental Health services administration - 1998



Why is it important to be culturally sensitive?

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Health Disparity

... a particular type of health difference that is **closely linked with economic, social, or environmental disadvantage**. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their: (1) racial or ethnic group, (2) religion, (3) socioeconomic status, (4) gender, (5) age, or (6) mental health; (7) cognitive, sensory, or physical disability; (8) sexual orientation or gender identity; (9) geographic location; or (10) **other characteristics** historically linked to discrimination or exclusion."

-Health People 2020

Injury Disparities

10 Leading Causes of Unintentional Injury Deaths United States - 2014

Rank	Total
1	Unintentional Poisoning 42,022
2	Unintentional Motor Vehicle Traffic 33,726
3	Unintentional Fall 31,959
4	Suicide Firearms 23,334
5	Suicide Substitution 11,407
6	Homicide Firearms 10,943
7	Suicide Poisoning 6,609
8	Unintentional Suffocation 6,600
9	Unintentional Unintentional 5,843
10	Unintentional 3,408

What does this tell us?

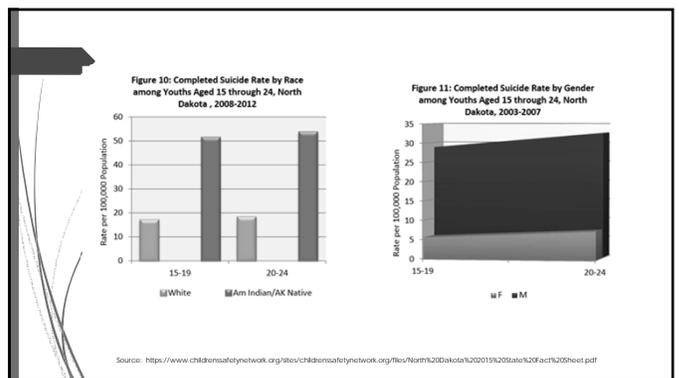
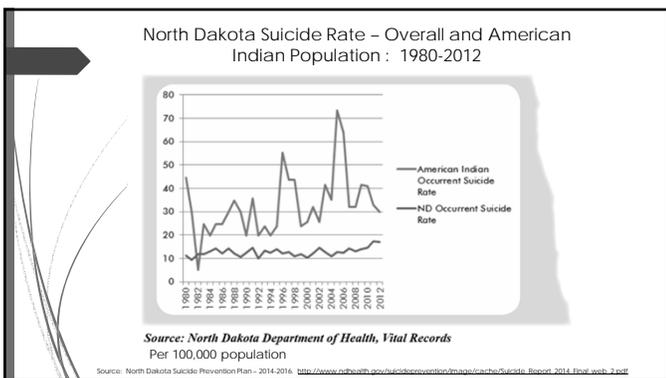
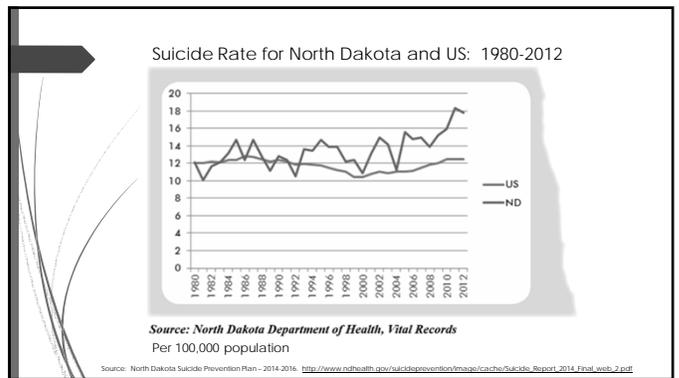
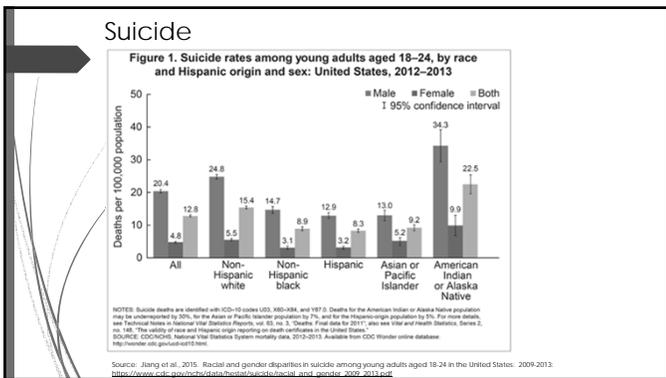
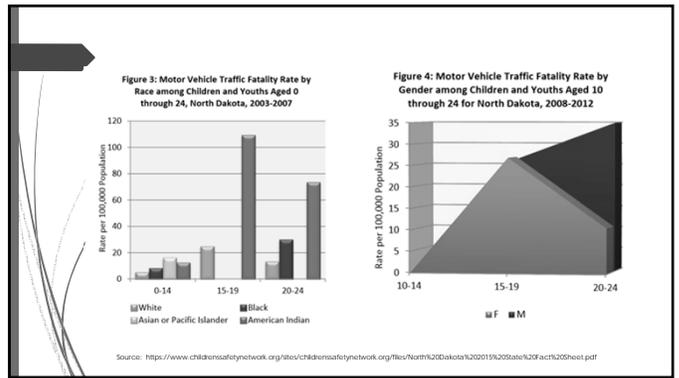
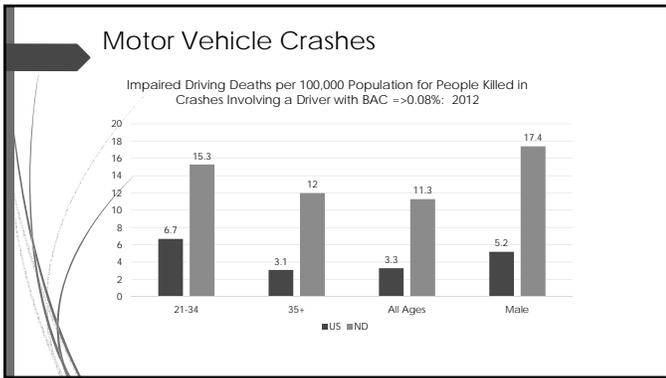
Source: <http://www.cdc.gov/nchs/nipeds/pubs/leading-causes-of-death-age-group-2014-1009/2009.pdf>

Let's dive in

10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States - 2014

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Unintentional Poisoning 961	Unintentional Poisoning 380	Unintentional Poisoning 343	Unintentional Poisoning 304	Unintentional Poisoning 4,511	Unintentional Poisoning 6,324	Unintentional Poisoning 6,119	Unintentional Poisoning 11,099	Unintentional Poisoning 7,927	Unintentional Poisoning 27,044	Unintentional Poisoning 42,022
2	Homicide Other Soc. Classification 119	Homicide Other Soc. Classification 201	Homicide Other Soc. Classification 175	Suicide Firearms 229	Homicide Firearms 3,887	Unintentional Motor Vehicle Traffic 6,205	Unintentional Motor Vehicle Traffic 6,205	Unintentional Motor Vehicle Traffic 9,204	Unintentional Motor Vehicle Traffic 9,204	Unintentional Motor Vehicle Traffic 33,726	Unintentional Motor Vehicle Traffic 33,726
3	Homicide Other Soc. Classification 65	Homicide Other Soc. Classification 107	Homicide Other Soc. Classification 107	Suicide Firearms 174	Homicide Firearms 1,773	Homicide Firearms 1,290	Suicide Firearms 1,829	Suicide Firearms 1,862	Suicide Firearms 1,862	Suicide Firearms 18,189	Unintentional Fall 31,959
4	Unintentional Suffocation 11	Unintentional Suffocation 103	Unintentional Suffocation 103	Homicide Firearms 69	Suicide Firearms 2,219	Suicide Firearms 2,219	Suicide Substitution 2,067	Suicide Substitution 2,067	Unintentional Suffocation 2,067	Unintentional Suffocation 6,600	Suicide Firearms 23,334
5	Unintentional Poisoning 60	Unintentional Poisoning 117	Unintentional Poisoning 117	Unintentional Poisoning 46	Unintentional Poisoning 2,810	Suicide Substitution 2,810	Suicide Substitution 1,835	Suicide Poisoning 1,799	Suicide Poisoning 1,529	Unintentional Poisoning 3,408	Unintentional Suffocation 11,407
6	Unintentional Poisoning 29	Unintentional Poisoning 107	Unintentional Poisoning 107	Unintentional Poisoning 49	Unintentional Poisoning 397	Suicide Firearms 1,274	Unintentional Poisoning 800	Suicide Firearms 1,341	Suicide Firearms 1,341	Unintentional Poisoning 10,943	Homicide Firearms 10,943
7	Homicide Other Soc. Classification 26	Homicide Other Soc. Classification 45	Homicide Other Soc. Classification 45	Unintentional Poisoning 34	Unintentional Poisoning 117	Unintentional Poisoning 117	Unintentional Poisoning 637	Unintentional Poisoning 637	Unintentional Poisoning 637	Unintentional Poisoning 6,609	Suicide Firearms 6,609
8	Unintentional Poisoning 32	Unintentional Poisoning 117	Unintentional Poisoning 117	Unintentional Poisoning 53	Homicide Firearms 314	Homicide Firearms 314	Unintentional Poisoning 504	Unintentional Poisoning 504	Unintentional Poisoning 504	Unintentional Poisoning 5,843	Unintentional Suffocation 5,843
9	Unintentional Poisoning 16	Unintentional Poisoning 117	Unintentional Poisoning 117	Unintentional Poisoning 22	Unintentional Poisoning 229	Unintentional Poisoning 229	Unintentional Poisoning 393	Unintentional Poisoning 393	Unintentional Poisoning 393	Unintentional Poisoning 3,408	Suicide Firearms 3,408
10	Unintentional Poisoning 10	Unintentional Poisoning 117	Unintentional Poisoning 117	Unintentional Poisoning 14	Unintentional Poisoning 117	Unintentional Poisoning 117	Unintentional Poisoning 250	Unintentional Poisoning 250	Unintentional Poisoning 250	Unintentional Poisoning 2,067	Unintentional Poisoning 2,067

Source: National Center for Health Statistics (NCHS), National Use Statistics System. Produced by: National Center for Injury Prevention and Control, CDC using MSQRDS™.



Barriers to Providing Culturally Sensitive Injury Prevention Programming

- Stereotypes**
 - Cultural sensitivity can lead to stereotyping
 - E.g.) Men can't be victims of domestic violence
 - E.g.) All older adults are bad drivers
 - "List" of details to memorize about a culture - "Cultural checklist"
 - Comparisons to "Euro-centric" (white) norm

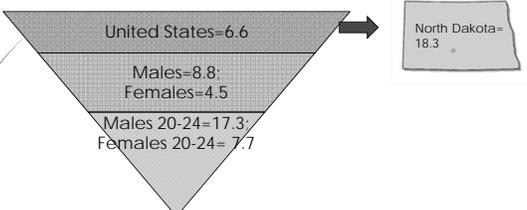


Source: Giles, A. R., Hogstad, S., & Brooks, L. A. (2015). The need for cultural safety in injury prevention. *Public Health Nursing*, 32(5), 543-549.

Barriers to Providing Culturally Sensitive Injury Prevention Programming

- Lack of understanding of the "layers of data"**

Passenger Vehicle Occupant Deaths per 100,000 Population: 2014



United States	= 6.6
Males	= 8.8
Females	= 4.5
Males 20-24	= 17.3
Females 20-24	= 7.7

North Dakota = 18.3

Source: Insurance Institute for Highway Safety, General Statistics. <http://www.iihs.org/iihs/general-statistics/fatalities-by-gender>

Recommendations/Best Practices

- Peripheral approaches:**
 - give programs/materials an appearance of cultural appropriateness
 - Includes certain culturally appropriate colors, images, fonts, pictures of group members



Source: Source: Parks, S. E., & Kreuter, M. W. (2008). Cultural appropriateness in interventions for racial and ethnic minorities. In *Handbook of injury and violence prevention* (pp. 449-462). Springer US. CDC.gov. Safe driving in tribal communities. What can tribal governments and health professionals do? https://www.cdc.gov/motorvehiclesafety/pdf/native/tribal_mvs_health_professionals.pdf

Recommendations/Best Practices

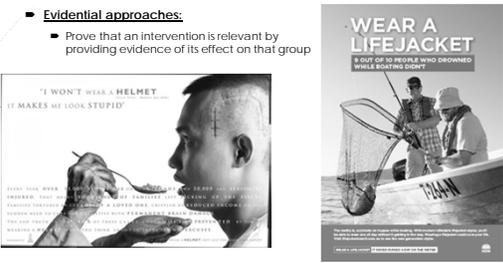
- Linguistic approaches:**
 - Delivering materials in the dominant language of the target group



Source: Parks, S. E., & Kreuter, M. W. (2008). Cultural appropriateness in interventions for racial and ethnic minorities. In *Handbook of injury and violence prevention* (pp. 449-462). Springer US.

Recommendations/Best Practices

- Evidential approaches:**
 - Prove that an intervention is relevant by providing evidence of its effect on that group



Source: Parks, S. E., & Kreuter, M. W. (2008). Cultural appropriateness in interventions for racial and ethnic minorities. In *Handbook of injury and violence prevention* (pp. 449-462). Springer US.

Recommendations/Best Practices

- Constituent-involving approaches (Community based):**
 - Use the experience and knowledge of a group's members in program planning and delivery
- Example: Navajo infant safety seat program**
 - Infant seat giveaway program - initially focusing prenatal versus new mother - not much effect
 - Discussed with tribal members
 - Bad luck to get items for a baby before it is born - switched focus to new moms - infant seat usage increased



Source: Zakoshnja, E., Miller, T. R., Galbreath, M. S., Lawrence, B. A., Delbrun, L. M., Bill, N., & Peters, R. (2003). Reducing injuries among Native Americans: five cost-outcome analyses. *Accident Analysis & Prevention*, 39(5), 631-639.

Parks, S. E., & Kreuter, M. W. (2008). Cultural appropriateness in interventions for racial and ethnic minorities. In *Handbook of injury and violence prevention* (pp. 449-462). Springer US.

Recommendations/Best Practices

- **Sociocultural approaches:**
 - Integrating cultural norms, values, beliefs, and behaviors of the group into program activities and/or materials
- E.g.) Honoring and respecting Native culture in programs targeting AI/AN youth and young adults (US Department of Health and Human Services, 2010)
- Examples of cultural practices in many American Indian prevention programs: Learning sacred dances, fasting, learning native languages, participating in sweatlodge ceremonies



Sources: Parks, S. E., & Kreuter, M. W. (2008). Cultural appropriateness in interventions for racial and ethnic minorities. In *Handbook of injury and violence prevention* (pp. 449-462). Springer US.
 US Department of Health and Human Services. (2010). To live to see the great day that dawns: preventing suicide by American Indian and Alaska Native youth and young adults.

Takeaways

- Our communities are becoming more diverse
- It is important to be culturally sensitive in regards to injury prevention activities
- Understand the populations at risk for injury, at more than just a superficial level (e.g. race, age, gender, ethnicity)
- Target activities toward these populations, being conscious of best practices
- Do not assume all best practice interventions are appropriate for all populations

Thank you!