

Conceptualizing cultural weaving to decrease health disparities: What are culture characteristics of a community organization?

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Background

Cultural weaving is a phenomenon that has drawn researchers to explore the significance of beliefs and values on eliminating health disparities among diverse populations. Cultural weaving involves the organizations' impact on parents of chronically ill children having access to health services. Cultural weaving also has been defined as the integration of culturally competent organizations which provides pathways toward assessable health care. Intergenerational programs have demonstrated to be an advantage for young children as a few researchers found in the public school systems in 1988. Several researchers have successfully provided information on the success of a social network improves the health outcomes associated with cardiovascular disease and infectious diseases. While there is developing interest in health disparities, as a whole, there has been very little examining health disparities and children with chronic illness, such as asthma care for by a major organization.

Purpose

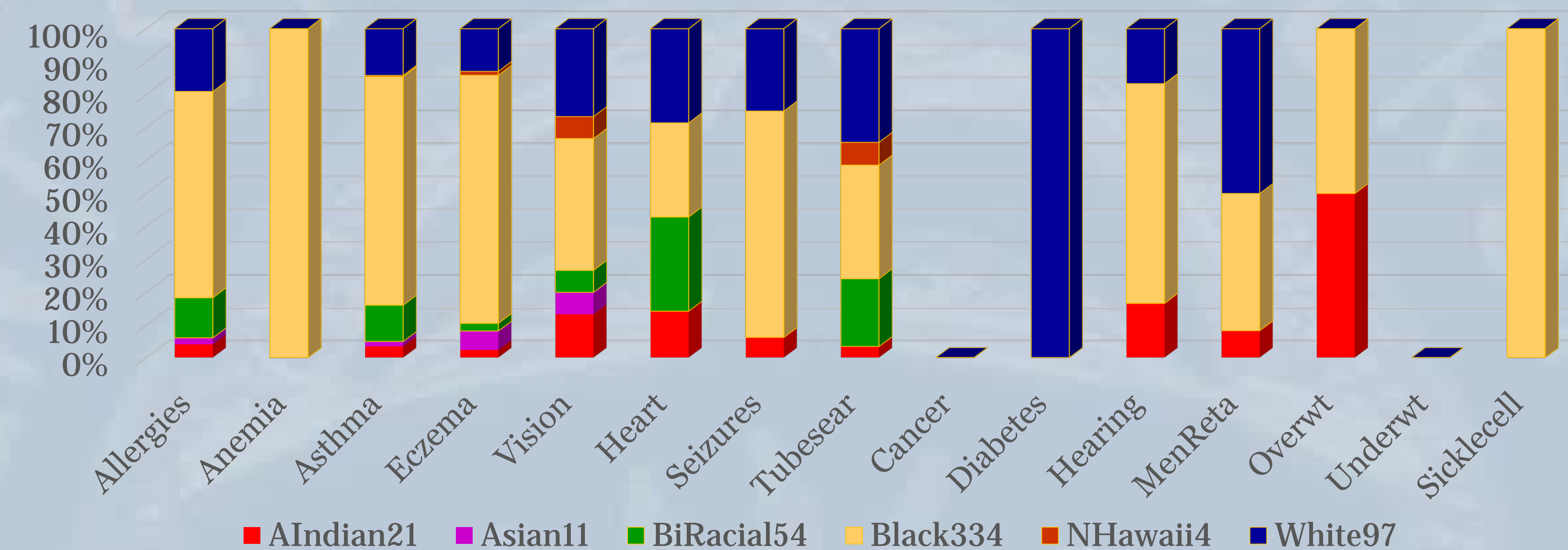
To explore the elements of cultural values and beliefs within the constraints of a community organization and its' individuals that provide services to children with chronic illnesses. The goal was to use a community lens to explore how health disparities exacerbated by the lack of training for cultural differences in providing services to minority children with a chronic illness.

Methods

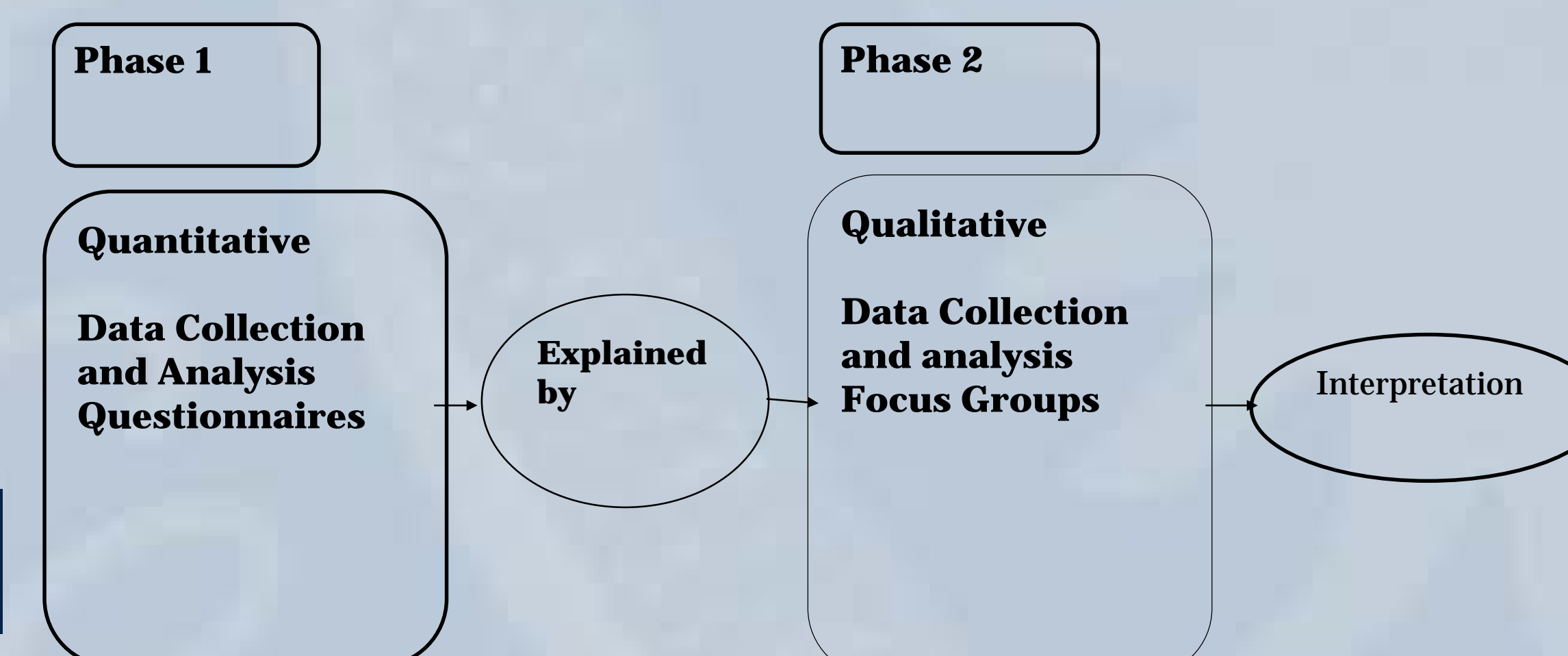
- Design** –Mixed Method study/Exploratory Sequential
- Sample:** The participants (N=20)
 - Recruited from The Child Development Council of Franklin County, in Columbus, Ohio.
 - Management level staff [teachers-Area Management]
 - Participant was assigned a number & randomly selected into two separate groups.
- Procedure:**
 - Phase 1: Completed two culture competence questionnaires
 - Phase 2: Two focus groups met 60-90 minutes each one time per week for 4 weeks, to equal a total of 8 recorded focus group meetings
 - A scripted guide was used to generate a discussion on cultural characteristics of the organization and individuals

Results

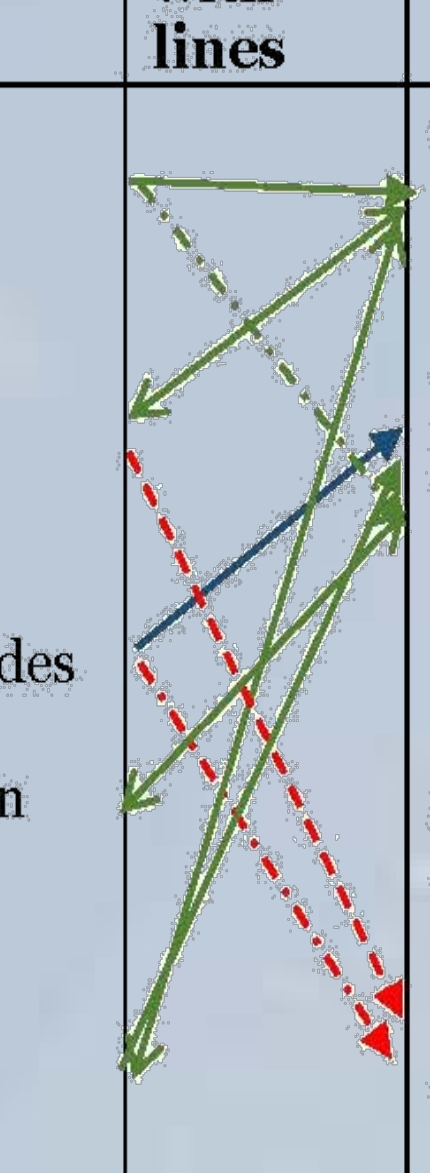
Figure 1. Franklin County Early Head Start & Head Start Demographics Related to Health problems 2014



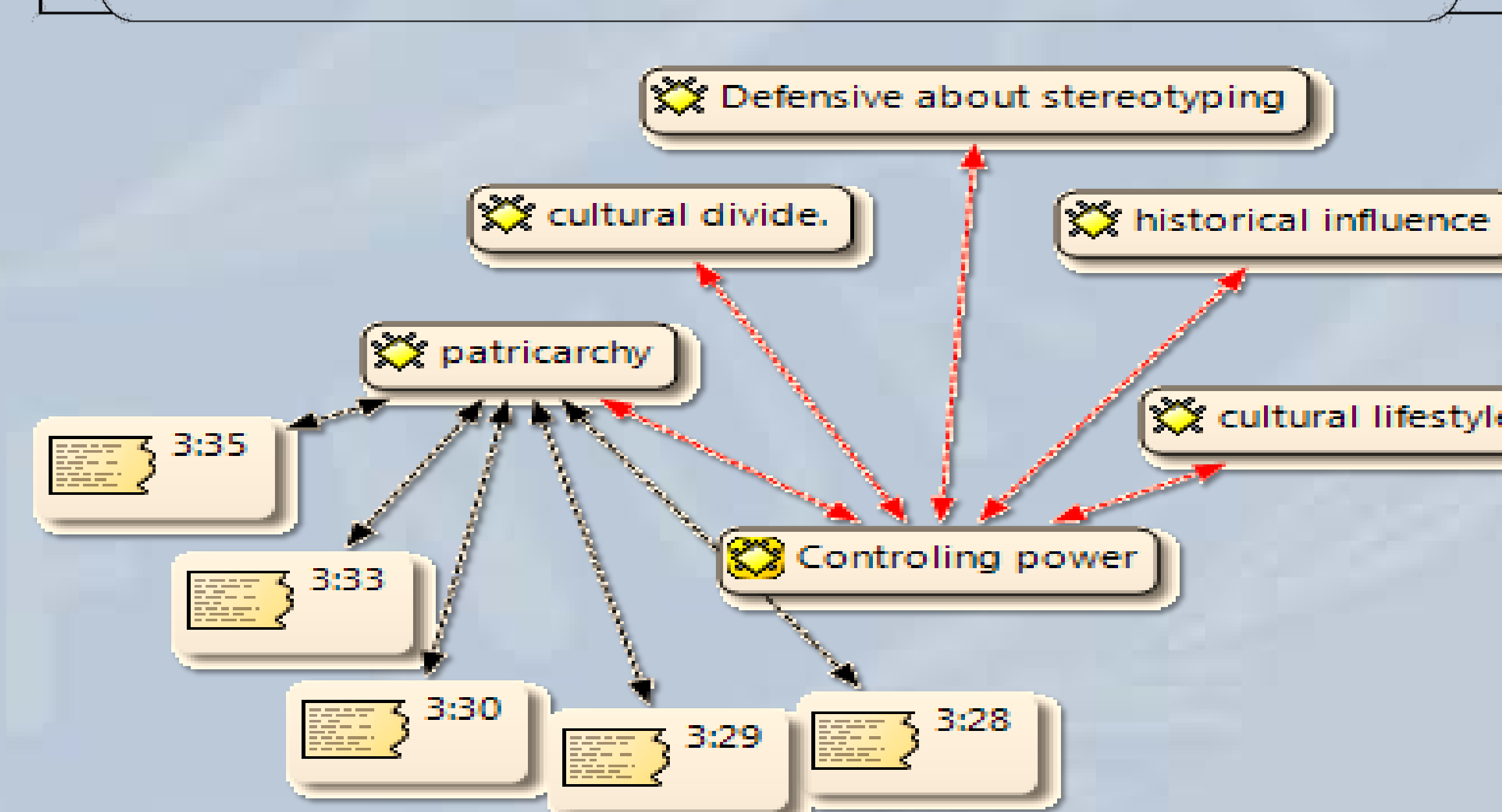
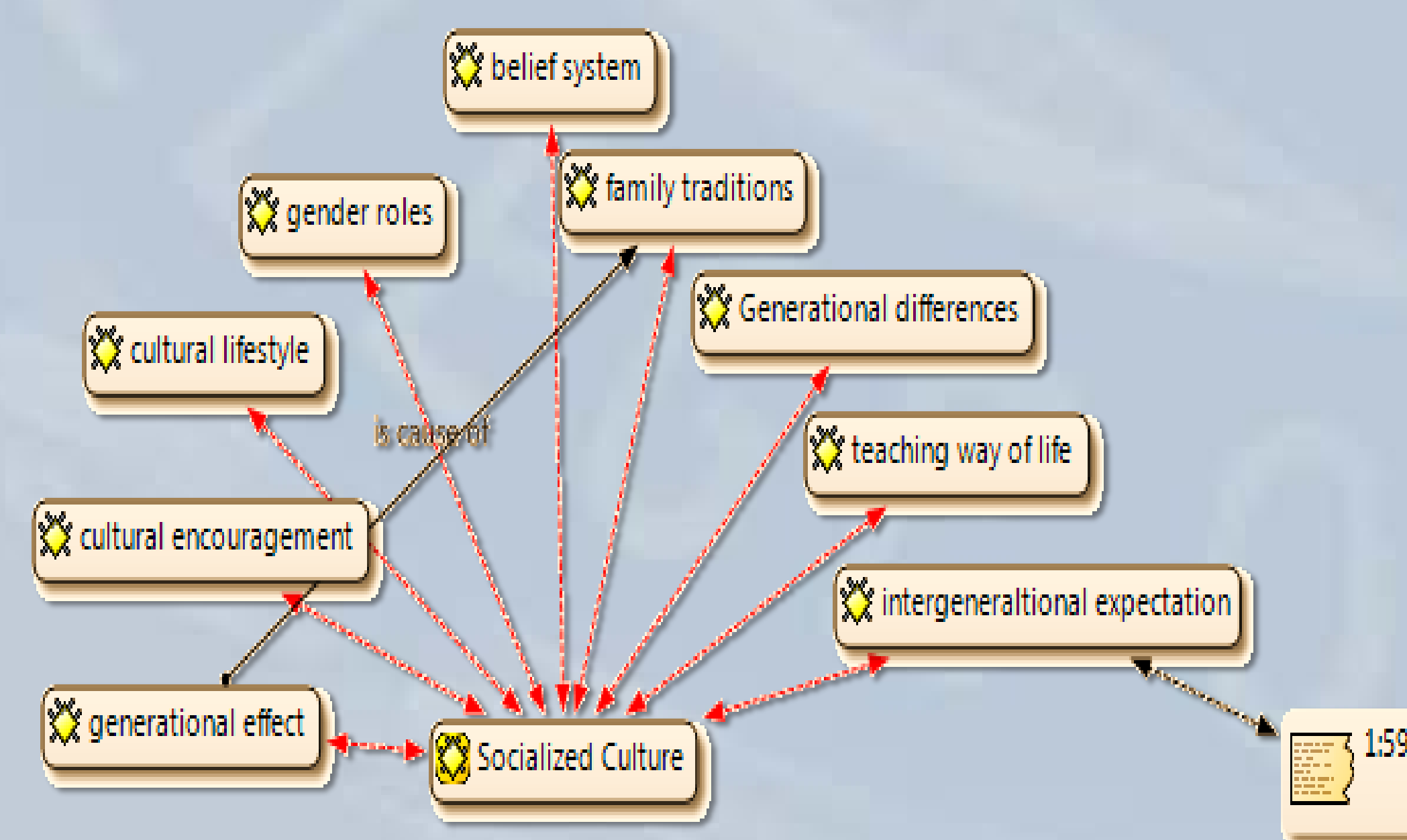
Exploratory Sequential Design



Merging of Qualitative Themes and Quantitative Constructs by building this joint display

Quantitative Sources	Quantitative Constructs	Connect with lines	Qualitative Themes	Qualitative Sources
Questionnaires	Cultural Awareness & sensitivity Cultural competence (behavioral) Values & attitudes Communication styles Physical environments, materials, and resources		Socialize Culture • Generational effect Desire to communicate • Check personal assumptions Self-filling achievement • acceptance Controlling power • patriarchy	Focus groups

Color lines grid:
 Blue lines=indicate a negative or positive relationship
 Green broken lines=possible correlation bidirectional relationship
 Red= indicate a possible relationship negative



Discussion

QUAN:

- AA students have multiple chronic illnesses vs Caucasians have diabetes in a U.S. Head Start
- Individuals that are culturally aware was related to socialized culture
- Physical environment was related to the socialized culture
- Health care delivery less likely to be influence by individual culture.
- Ethnic background as a whole may or may not have an influence on the individual cultural competence

QUAL:

Follow up focus group, some of the participants reported how cultural may or may not influence cultural competence

- Socialized Culture
- Self-filling achievement
- Desire to communicate
- Controlling power

Implication to practice

The implication for nursing includes the need to consider the community organization in the long term care of children with chronic health problems. The next step would be to conduct another project that includes minority children with asthma perception, illness representation, self-management and SDM with their PCP. The PI has submitted R21 grant that includes: 1) interviewing Hispanic/Latino and African American children with chronic illness. The result will provide support in developing a cultural competence scale that will be included in a Mixed Method Longitudinal intervention study, "The Basket Project".

Acknowledgement

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