### Evidence-Based Practice vs Culture

It is insensitive to set evidence-based medical practice over other cultural, medical beliefs because the outcome of such an approach can result in adverse outcomes to affected cultures. For instance, the reason that Lia's brain impairment deteriorates is because of the practitioners insisting on Western medicine without considering the cultures of the Hmong population (Ref-EF34GH). The Hmong culture was challenging for the Americans, and as a result, Lia was a victim of the collision between the American doctors and the Hmong. Thus, being culturally competent is important when handling individuals from diverse cultures. According to Jongen, McCalman and Bainbridge (2018), linguistic and cultural differences between health service users and healthcare providers can lead to significant distrust, miscommunication, disempowerment and decreased satisfaction. Thus, the evidence-based practice should integrate the cultural aspect of the healthcare users.

### Cultural Misunderstanding

It is true that Lia's life was ruined by cross-cultural misunderstandings. Fadiman (1999) acknowledges that Lia's life was not ruined by non-compliant parents or septic shock but by cross-cultural Misunderstanding. There were several instances that the cross-cultural misunderstandings are observed in the story of Lia in the book. An example of the collision of cultures is demonstrated when the author writes about Martin Kilgore, who told Lia's parents that they could use prune juice of Metamucil instead of laxatives, which came as a surprise because the parents were advised to use medicine that they did not prefer while there was a medicine that was favorable to their culture (Ref-D4E5F6). The section demonstrates how the different cultures of Western medicine and the Hmong beliefs had similar interventions that were not identified because of the different perceptions that existed in the two cultures. Fadiman (1999) also questions the effectiveness of biomedicine on individuals of other cultures considering that Western medicine has its own set of biases, emotions and interests. There were many differences that existed in the way healthcare is approached by the Hmong community and the American community. As a result, the Lee's had negative perspectives on the way their child was treated, and the Western medicine practitioners believed that it was the non-compliance of medical instructions by Lia's family. There are several practices that could have assisted Lia's condition and are based on the elimination of cultural differences that existed. The practices are demonstrated by Francesca Farr, who made house calls together with a cultural broker, using the family' belief system, not involving her own belief system during negotiations, not threatening, patronizing or criticizing and avoiding statements involving Western medicine (Ref-J0K1L2). Such practices are identified as useful in addressing the cross-cultural misunderstandings that affected the healthcare provided to Lia. Cross-cultural misunderstandings occur when each party is not flexible enough to accommodate beneficial information that is leading to poor communication and reduced compliance to medical information by the Lees'.

## Assignment Part 1: Policy Proposal

### Policy Change and Improvements in the Rehabilitation Services

The policy change targets the rehabilitation area of healthcare by addressing the barriers associated with cultural competence in rehabilitation services for minority groups. The key concern for a policy change in the rehabilitation services is the projected increase in diverse minorities in the United States, which calls for a change in policy to accommodate these minorities and their different cultures. The targeted populations are Asian Americans. According to Smith (2021), the White population will decrease by half in the coming 25 years, with the ten years leading to 2020 being the first decade to show a decrease in the population. The authors point out that in the same period, there has been an increase in Asian Americans by 29 percent and African Americans by 8.5 percent, while persons that identify themselves as two or more races increased by 30 percent. Therefore, there is a critical need for policies that can bring cultural inclusion in terms of the provision of rehabilitation services. Grandpierre et al. (2018) identify that the major barriers that are observed in rehabilitation services associated with cultural competence are cultural barriers, limited resources and language barriers, while the key facilitators that emerge from cultural awareness among healthcare personnel are cultural awareness in services and healthcare systems explanations. Therefore, there are several benefits that are associated with the policy change that pushes for more cultural competence in the rehabilitation services in the United States. Among the key areas of concern is the way that rehabilitation services are being operated presently. Mpofu et al. (2012) identify that in the United States, the rehabilitation practice is centered in an individualistic approach that rewards self-sufficiency, professional achievement and self-determination. The researchers claim that the practice is centered on an economic model created to allow veterans with war-related disabilities to get employment. As a result, the individualistic approach can conflict with those of family observed in other cultures that perceive to subsist for a living can result in shame or loss of face for the collective. Thus, the policy change intends to change the current individualistic approach and include other approaches that accommodate other cultures that are on the rise in the United States.

### Changes to be Implemented for the Policy Change

For cultural competency policy to be effective in the hospitals' rehabilitation services, there are several changes that need to take place in the hospital. Nair and Adetayo (2019) identify key areas that experience changes when an organization intends to have cultural competency healthcare services. The first change shall be observed in the staffing area where there is a need for programs to hire and retain diverse staff members. The employees in the organizations would be required to mirror or embody the communities that they serve based on the diverse minority populations. There is also the need to have training of the healthcare providers on cultural competency. Therefore, the organization will need to ensure that staff can access materials and resources that would empower them with enough knowledge to be culturally competent to address the rehabilitation issues that are faced by the diverse minority groups they serve. The other changes that the organization will face and one that is associated with staffing is the inclusion of interpreter services to ensure that persons from diverse backgrounds can communicate effectively. According to the Agency for Healthcare Research and Quality (2019), cultural competence can be achieved with the use of a cultural broker who mediates between traditional health practices and beliefs of the healthcare system and the patient's culture. The Agency adds that patient navigators, community health workers and interpreters can be used as cultural brokers by offering context and being partners for both the provider and patient. They also assist in communication. Communication is a key aspect when it comes to the relationship between healthcare providers and patients. Therefore, there should be individuals that facilitate communication so that individuals from different cultural backgrounds can adequately communicate their issues. The mentioned changes are mandatory if the policy is to be integrated and become successful. The changes are not only to be observed at the subordinate level but are also required at the leadership level.

## Advocating for the Policy Change

A direct communication approach will be used to advocate for the policy change conducted through direct and private communications with decision-makers in the facility. For approval to be granted, the communication should follow the hierarchy of the organization structure so that there is no party that feels excluded. One key method for direct communication is lobbying, where there are personal meetings with decision-makers so that the policy is adopted. The concerns identified regarding the policy change are associated with language barriers and a lack of resources. Therefore, before the information is shared about the policy change, there is a need to conduct some groundwork to gather enough information to convince the decision-makers in the facility. There is also the gathering of intelligence about the system and areas where power is centered and the main influences in the policy network as part of the advocating (Ref-SG29DH). Thus, identifying the persons that make the decisions regarding policy change is crucial as well as the basis of the decisions and the ones that influence them. It is important to ensure that the information has been simplified and is direct to the key concerns when meeting or sharing with the decision-makers. Cullerto et al. point out bounded rationality that affects the understanding of complex issues by policymakers. The authors claim that bounded rationality occurs because individuals have limited resources to process stimuli which results in shortcuts while making decisions instead of a comprehensive approach. As a result, when advocating for the policy change, the information that is provided needs to be simplified by capturing the main areas that can convince the relevant party to have the policy enacted. However, most policy issues are not simple and have complex connections to the entire hospital. In such situations, it is important to have small incremental actions that can lead to full policy change in the future. If anything, the policy change that is intended to establish cultural competency is a drastic one, and it would require prioritizing certain areas and using phases to have the intended outcome. The organization also needs to weigh the benefits that are associated with the policy change and whether they are worth the time and resources.

### Assignment Part 2:

The healthcare facility is a mental health function of a hospital. The ethnicity that is part of the case is Asian American population facing mental health issues. From the information provided, the identified group has increased in the hospital, and there is a need for the hospital employees to be trained so that they can provide adequate care to Asian Americans. Data from the National Alliance on Mental Illness (2021) states that more than 13 million Americans are of Asian origin, which represents more than 30 percent of the foreign-born population. The same data shows that about 32 percent of the Asian Americans and Pacific Islanders (AAPI) are not fluent English speakers, with rates varying where 18.7 percent of Asian Indians, 20.9 percent of Filipinos and 44.8 percent of Chinese lack English fluency. Thus, the Asian American population faces a significant amount of language barriers when accessing care that can affect their compliance to treatment. There is also the disparity between poor availability and high demand on culturally and linguistically appropriate mental health service providers creating a gap in accessing treatment. Mental illness has some cultural aspects that affect the way the AAPI seek care. For instance, mental illness is perceived to be a sign of poor parenting or weakness as well as a source of shame to the family and the individual, which discourages AAPI from seeking help (Ref-D4E5F6).

### Policies that Inform the Population

The 2010 Affordable Care Act (ACA) is one of the policies that have a significant impact on the AAPI and how they have accessed care in the United States. Gunja et al. (2020) state that the ACA has assisted in the elimination of the uninsured gap between white adults and the AAPI, with data showing that by 2017-2018 Asian Americans had the lowest uninsured rate amongst other ethnic and racial groups in the country. Therefore, the policy has been beneficial in addressing the issue of the uninsured amongst AAPI. However, there is no policy that directly impacts that access to culturally acceptable care for the group, but there is the 21st Century Cures Act that created the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) for better coordination across the Federal government on addressing the needs of persons and their families with emotional disorders or mental illnesses (Ref-B2Z9L4).

### Internal Resources

There are several resources that are internally available in the hospital that can facilitate the training of the staff. Among the resources is the use of the internet. The internet has led to online training modules that can be used by employees to improve their skills. According to Talati et al. (2018), online training is cost-effective and can reach remote work settings. In addition, the authors state that there are no significant differences in the effectiveness of face-to-face training and online training in terms of influencing the staff ability to identify risks and perceive confidence to establish strategic changes in their workplace. Therefore, the facility can leverage the internet and the presence of credible knowledge to train the employees. The flexibility of online training allows the employees to access their courses or modules whenever they can.

Another resource that the facility can use is employees that are from the AAPI population to train other employees on some of the fundamentals regarding their culture. Human capital is also another excellent source of knowledge that is crucial in developing culturally competent staff. Some approaches already exist, such as mentoring or shadowing, that can be adopted when the employee from the target population is interacting with the AAPI individuals. The approaches that are crucial during cross-cultural interactions can be learned and implemented when dealing with AAPI patients.

## Organizations

Several organizations that are knowledgeable about the concerns on mental illnesses and cultural factors involved in AAPI patients are crucial when training the employees. The National Alliance on Mental Illness (2021) identifies the Asian American Health Initiative (AAHI), Asian Mental Health Collective (AMHC), Asian Pride Project (APP), Asian American Psychological Association (AAPA) and Asian &amp; Pacific Islander American Health Forum (APIAHF) as some of the organizations that are involved in mental health issues among the AAPI during the provision of culturally competent care. AAHI offers assistance in their website that is in four languages: Vietnamese, Korean, Hindi and Chinese. AMHC is a nonprofit that is involved in de-stigmatizing and normalizing mental health in the AAPI communities through meet-up groups, video web series, resource library, and Facebook group. APP uses arts (written word, photography, video and film) to celebrate the journeys of AAPI communities and families as a way of advocacy and social justice. AAPA aims at improving the well-being and mental health of Asian American groups through policy, education, professional practice and research. Lastly, there is APIAHF that influences policy strengthens organizations and programs as well as mobilizes communities to enhance the health of Asian Americans.