

Cultural Competency Training for Providers

Reducing Health Disparities by Addressing Cultural Diversity

Learning Objectives

1. Define culture and cultural competence, and understand their impact and importance in healthcare
2. Understand the benefits of, and learn tips for effective communication and delivery of culturally sensitive healthcare
3. Learn effective strategies for working with seniors and people with disabilities
4. Understand terminology and learn strategies for delivering culturally appropriate healthcare to the LGBTQ population

Chapter

01

“We help people
live their lives
to the fullest
potential.”

Our Commitment

Culture and Cultural Competency

Defining Culture and Cultural Competence

- **Culture** refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, values, and institutions that unite a group of people.
- **Cultural Competence** is the capability of effectively interacting with people from different cultures.

Adapted from: <http://minorityhealth.hhs.gov>



How does culture impact the care that is given to my patients?

As a healthcare professional your level of cultural awareness helps you modify your behaviors to respond to the needs of others while maintaining a professional level of respect, objectivity, and identity.

Culture informs:

- concepts of health and healing
- how illness, disease, and their causes are perceived
- behaviors of patients who are seeking health care
- attitudes toward health care providers

Adapted from: <http://minorityhealth.hhs.gov>

Source: *Industry Collaboration Effort*

Culture Impacts Every Healthcare Encounter

Because healthcare is a cultural construct based on beliefs about the nature of disease and the human body, cultural issues are central in the delivery of health services.

Cultural context may inform:

- who provides treatment
- what is considered a health problem
- what type of treatment is needed
- where is care sought
- how symptoms are expressed
- how rights and protections are understood

Adapted from: <http://minorityhealth.hhs.gov>

Providing Culturally Competent Care

By providing culturally competent care, we can help mitigate the disparities for patients and provide an effective health encounter.

To improve the experience, consider the following preferences and tips:

- Patients may prefer a doctor that speaks their language.
- Patients may have a gender preference for a provider (women wanting to see a female doctor).
- Communication and body language such as eye contact, tone, and volume can all impact an encounter. Some groups prefer gestures and direct eye contact while others prefer reserved communication.
- Ask open ended questions that can identify expectations surrounding health and aging.
- Speak slowly and listen actively.
- Check for patient understanding at regular intervals during the encounter.

Cultural Competency Continuum

SAMPLE TOOL

Reflect on your current stage for each row.

Area of competency	Stage 1 Culturally Unaware	Stage 2 Culturally Resistant	Stage 3 Culturally Conscious	Stage 4 Culturally Insightful	Stage 5 Culturally Versatile
Knowledge of patients	Doesn't notice cultural differences in patients' attitudes or needs	Denigrates differences encountered in racial/ethnic patients	Difficulty understanding the meanings of attitudes/ beliefs of patients different from self	Acknowledges strengths of other cultures and legitimacy of beliefs, whether medically correct or not	Pursues understanding of patient cultures; learns from other cultures
Attitude toward diversity	Lacks interest in other cultures	Holds as superior the values, beliefs and orientations of own cultural group	Ethnocentric in acceptance of other cultures	Enjoys learning about culturally different health care beliefs of patients	Holds diversity in high esteem; perceives as valuable contributions to health care, medicine and patient well-being from many cultures
Practice-related behaviors	Speaks in a paternalistic manner to patient; doesn't elicit patient's perspectives	Doesn't recognize own inability to relate to differences; tends to blame patient for communication or cultural barriers	May overestimate own level of competent communication across linguistic or cultural boundaries	Able to shift frame of reference to other culture; can uncover culturally based resistance, obstacles to education and treatment	Flexibly adapts communication and interactions to different cultural situations; can negotiate culture-based conflicts in beliefs and perspectives
Practice perspective	Believes one approach fits all patients; no "special treatment"	Has lower expectations for compliance of patients from other cultural groups	Recognizes limitations in ability to serve cultures different from own; feels helpless to do much about it	Incorporates cultural insights into practice where appropriate	Incorporates cultural insights into practice where appropriate

Chapter

02

“We help people live their lives to the fullest potential.”

Our Commitment

Communication: The Foundation of Culturally Competent Care

Patient–Provider Communication

Patient-centered care “encompasses qualities of compassion, empathy, and responsiveness to the needs, values, and expressed preferences of the individual patient.”

Effective patient–provider communication has been linked to:

- increase in patient and physician satisfaction
- better adherence to treatment recommendations
- improved health outcomes overall
- improved office processes
- reducing malpractice risk

Health Literacy

Health Literacy is the ability to obtain, process, and understand basic health information and services needed to make appropriate decisions.

Over one third of patients have limited health literacy, which results in a lack of understanding what they need in order to take care of their health.

- *Limited health literacy is associated with poor management of chronic diseases, poor ability to understand and adhere to medication regimens, increased hospitalizations, and poor health outcomes.*

When providing health information, member communication resources are based on health literacy and plain language standards.

- *The reading ease of written member materials is tested to ensure language is no higher than a sixth-grade reading level.*

Barriers to Communication

Linguistic	Speech patterns, accents or different languages may be used.
Limited experience (health care concepts, procedures)	Many people are getting health care coverage for the first time.
Cultural	Each person brings their own cultural background and frame of reference to the conversation.
Systematic	Health systems have specialized vocabulary and jargon.

Our personal culture includes what we find meaningful - beliefs, values, perceptions, assumptions, and explanatory framework about reality. These are present in every communication.

Limited English Proficiency (LEP)

Limited English Proficiency is a term that describes a member who has an inability or a limited ability to speak, read, write, or understand the English language on a level that permits that individual to interact effectively with health care providers or health plan employees.

- *Who are they?*
 - 20 percent of people living in the U.S. speak a language other than English in their home.
 - The Hispanic population grew by 43 percent in the U.S. between 2000 and 2010.
 - 17 percent of the foreign-born population in the U.S. are classified as newly arrived (arriving in 2005 or later).
- *What do they experience?*
 - One out of two adult patients has a hard time understanding basic health information due to lower level English fluency.
 - The average physician interrupts a patient within the first 20 seconds.

Clear Communication with LEP Members

Here's What We Wish Our Health Care Team Knew...

- Stating "I forgot my glasses" means I am embarrassed to admit I don't read very well.
- I don't know what to ask and/or I am hesitant to ask you.
- When I leave your office, I often don't know what I should do.

Here's What Your Team Can Do...

- Use a variety of instruction methods.
- Encourage questions and use of Ask Me 3* tool.
- Use Teach-Back tool*.

* Described on the slide #19.

Addressing Prescriptions with LEP Members

Here's What We Wish Our Health Care Team Knew...

- I put medication into my ear instead of my mouth to treat an ear infection.
- I am confused about risk and information given in numbers like percentages or ratios. How do I decide what I should do?

Here's What Your Team Can Do...

- Use specific, plain language on prescriptions.
- Use qualitative, plain language to describe risks and benefits. Avoid using just numbers.

Addressing the U.S. Healthcare System with LEP Members

Here's What We Wish Our Health Care Team Knew...

- My expectations do not align with U.S. managed care.
- I'm bewildered by requirements to visit multiple doctors.
- I wonder why I have diagnostic testing before a prescription is written.

Here's What Your Team Can Do...

- Inform patients that they may need follow-up care.
- Explain why a patient may need to be seen by another doctor.
- Emphasize the importance of medication adherence.

Common Office Expectations for LEP Members

Here's What We Wish Our Health Care Team Knew...

- I have different expectations about time.
- I prefer to have someone of the same gender.
- I'm going to bring friends or family who want to help make decisions.

Here's What Your Team Can Do...

- Upon arrival, inform patient about wait time.
- Accommodate patients by offering a doctor and/or interpreter of the same gender.
- Confirm who decision-makers are at each visit.

Using Interpreter Services

AVOID:

- asking friends or family members to support interpretation.
 - particularly minors
- speaking louder to the person.
- looking at the interpreter instead of the patient.
- speaking rapidly.

DO:

- use telephonic or in-person interpretation services as appropriate.
- articulate and speak slowly.
- look at the patient or address the patient directly.
- pause and give the interpreter time to translate fully.

Tips for Enhancing Communication

STYLES OF SPEECH: People vary greatly in length of time between comment and response, the speed of their speech, and their willingness to interrupt.

- Listen to the volume and speed of the patient's speech as well as the content. Modify your own speech to more closely match that of the patient to make them more comfortable. Impatience can be seen as a sign of disrespect.

EYE CONTACT: The way people interpret various types of eye contact is tied to cultural background and life experience.

- Many Euro-Americans expect to look people directly in the eyes and interpret failure to do so as a sign of dishonesty or disrespect.
- For many other cultures direct gazing is considered rude or disrespectful. Never force a patient to make eye contact with you.

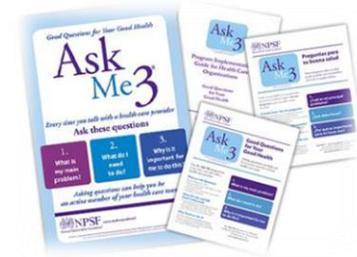
BODY LANGUAGE: Sociologists say that 80% of communication is non-verbal. The meaning of body language varies greatly by culture, class, gender, and age.

- Follow the patient's lead on physical distance and touching. Stay sensitive and aware of patient behavior and comfort, and ask for permission to touch them.
- Gestures can mean different things to different people. Be very conservative in your own use of gestures and body language. Ask patients about unknown gestures or reactions.

Tools for Communicating with Members

Ask Me 3® tool for communicating with members, is a patient education program designed to:

- improve communication between patients and health care providers.
- encourage patients to become active members of their health care team.
- promote improved health outcomes.



The Teach-Back Tool is a research-based health literacy communication intervention that promotes adherence, quality, and patient safety designed to:

- confirm with the patient that you explained information clearly; it is not a test or quiz of patients / members.
- ask a patient (or family member), in a caring way, to explain in his /her own words what he/she needs to know or do.
- checking for understanding and if needed, explain and check again.

Chapter

03

“We help people live their lives to the fullest potential.”

Our Commitment

Cultural Competence: Various Populations and Subcultures

Subcultures and Populations

- A **subculture** is an ethnic, regional, economic, or social group exhibiting characteristic patterns of behavior sufficient to distinguish it from others within an embracing culture or society.
- Understanding the many different subcultures that exist within our own culture is also an important aspect of cross-culture health care.
 - *Not just understanding Americans in general, but also understanding different issues that affect different subcultures of American society.*
- With growing concerns about health inequities and the need for health care systems to reach increasingly **diverse patient populations**, cultural competence has increasingly become a matter of national concern.

Source: Industry Collaboration Effort

Health Equity, Health Equality, and Health Inequality

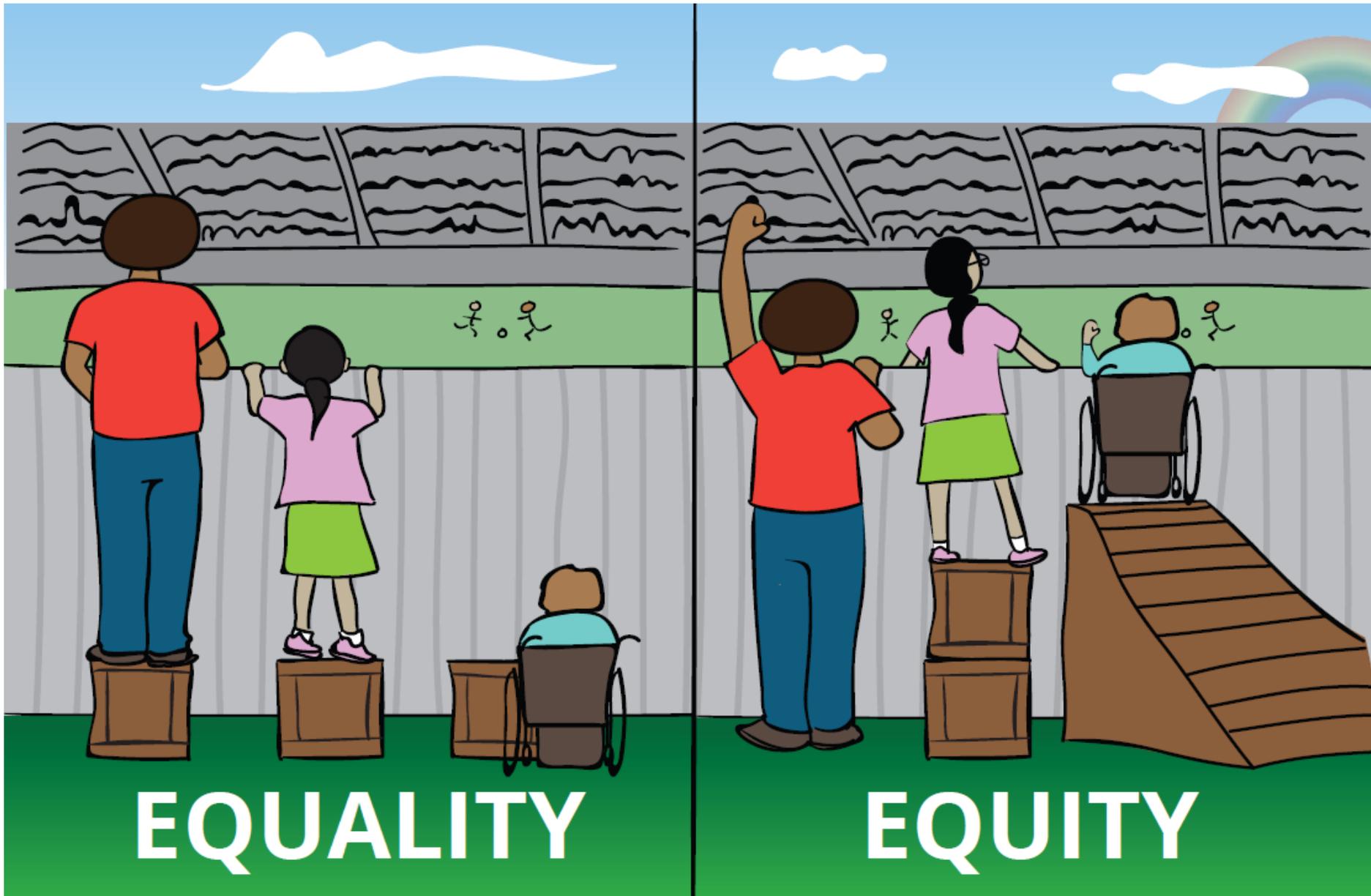
***Health Equity* is attainment of the highest level of health for all people.**

Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

***Health Equality* denotes that everyone is at the same level.**

Equality aims to promote fairness, but it can only work if everyone starts from the same place and needs the same help.

***Health Inequality* “types of unfair health differences that are closely linked with social or economic disadvantage”.**



Examples of Equality and Equity

Equality

A community meeting where all members of the community are invited about a local environmental health concern is held in English though English is not the primary language for 25% of the residents.

All public schools in a community have computer labs with the same number of computers and hours of operation during school hours.

Equity

The community leaders hire translators to attend the meeting or offer an additional meeting held in another language.

Computer labs in lower income neighborhoods have more computers and printers, as well as longer hours of operation, as some students do not have access to computers or the internet at home.

Health Care for Economically Disadvantaged Populations

Economically disadvantaged members may:

- not be familiar with the U.S. health care system.
- experience illness related to life changes like job loss.
- experience difficulty getting to medical appointments due to transportation issues.

Benefits to open communication:

- builds trust
- results in full disclosure of patient knowledge, behavior, and ability to afford medications and treatment

Chapter

04

“We help people live their lives to the fullest potential.”

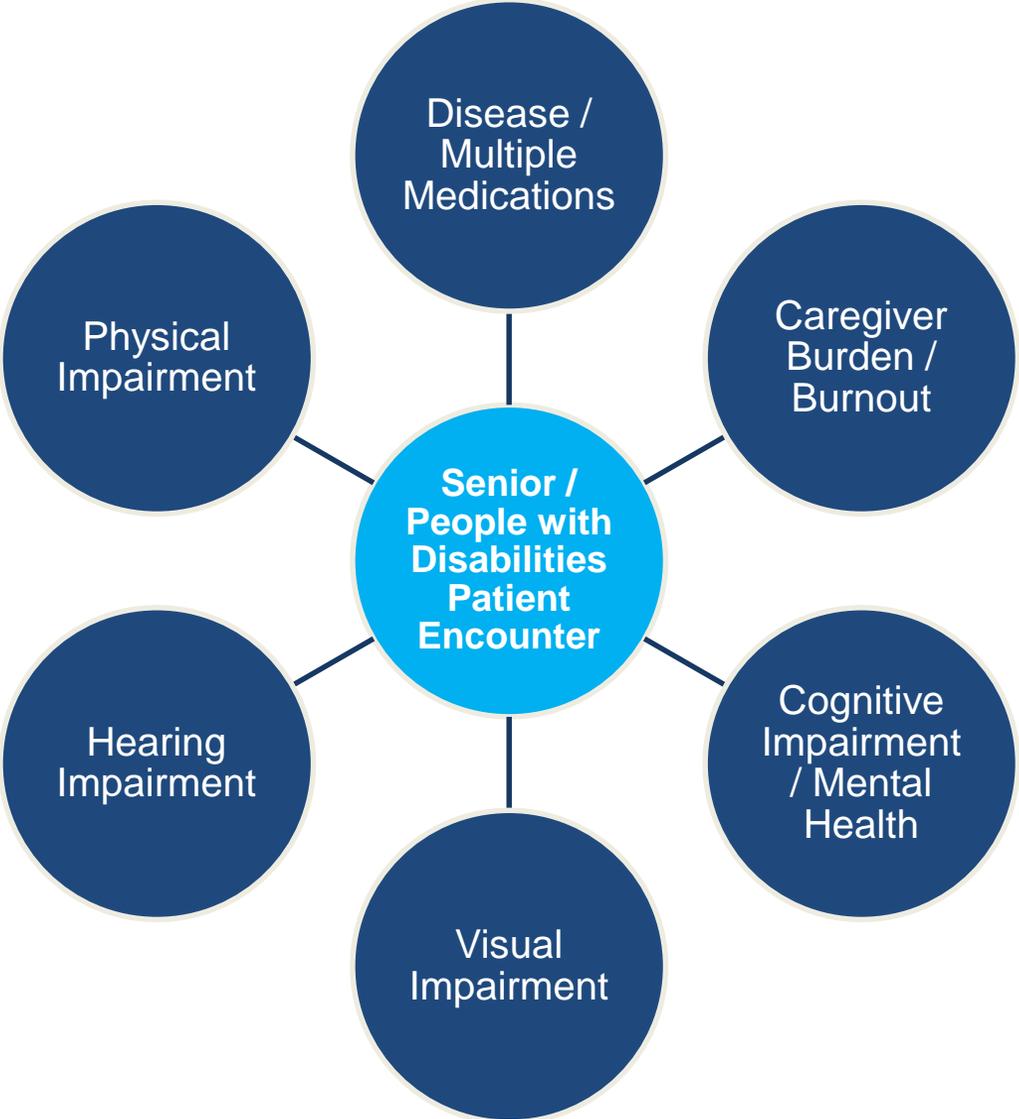
Our Commitment

Cultural Competence: Seniors and People With Disabilities

Americans with Disabilities Act (ADA)

- People with disabilities must be consulted before an accommodation is offered or created on their behalf.
- Providers are required to comply with all Americans with Disabilities Act (ADA) requirements. These include:
 - utilization of waiting room and exam room furniture that meets the needs of all members, including those with physical and nonphysical disabilities.
 - use of clear signage throughout provider offices.
 - providing materials in alternate formats.
 - providing adequate parking.

Working with Seniors and People with Disabilities



Disease and Multiple Medications

Here's What We Wish Our Health Care Team Knew...

- My neurocognitive processing ability might be / is impaired due to:
 - stroke
 - pain
 - hypertension, Diabetes
 - UTI, Pneumonia

- My medications might be / is affecting my cognition due to:
 - pain medication
 - antidepressants
 - interactions

Here's What Your Team Can Do...

- Be aware and:
 - slow down
 - speak clearly
 - use plain language
 - recommend assistive listening devices

- Obtain thorough health history

Caregiver Burden / Burnout

Here's What We Wish Our Health Care Team Knew...

- 12 percent of active caregivers may have their own limitations
- 16 percent of working seniors are also caregivers
- Caregivers report more stress and higher likelihood of depression

Here's What Your Team Can Do...

- Ask about caregiver responsibilities and stress levels
- Offer caregiver support services

Cognitive Impairment and Mental Health

Here's What We Wish Our Health Care Team Knew...

- Patients with dementia may need a caregiver

- Older adults suffer more losses
 - May be less willing to discuss feelings
 - Have high suicide rates at 65 years of age and older

Here's What Your Team Can Do...

- Communicate with patient and caregiver

- Assess for depression, dementia, and cognitive ability

Visual Impairment Examples

- ❑ Macular degeneration



- ❑ Diabetic retinopathy



- ❑ Cataract



- ❑ Glaucoma



❑ Problems

- Reading, depth perception, contrast, glare, loss of independence

❑ Solutions

- Decrease glare
- Use bright, indirect lighting and contrasting colors
- Share printed material with LARGE, non-serif fonts

Hearing Impairment

Here's What We Wish Our Health Care Team Knew...

- ❑ **Presbycusis:** gradual, bilateral, high frequency hearing loss
 - Consonant sounds are high frequency
 - Word distinction is difficult
 - Speaking louder *does not* help

Here's What Your Team Can Do...

- ❑ Face patient at all times
- ❑ Speak slowly and enunciate clearly
 - Do not use contractions
- ❑ Rephrase if necessary
- ❑ Do not cover your mouth
- ❑ Reduce background noise
 - Air conditioner, TV, hallway noise, etc.
- ❑ Offer listening device

Physical Impairment

Here's What We Wish Our Health Care Team Knew...

- Pain and reduced mobility is commonly due to:**
 - Osteoarthritis
 - changes in feet, ligaments, and cushioning
 - Osteoporosis
 - Stroke

Here's What Your Team Can Do...

- Keep hallways clear
- Lower exam tables
- Add grab bars / railings
- Use exam rooms nearest waiting area
- Offer assistance – transfers, opening sample bottles, etc.
- Recommend in-home accessibility assessment

Chapter

05

“We help people live their lives to the fullest potential.”

Our Commitment

Cultural Competence: Sexual Orientation, Gender Expression, and Gender Identity

Understanding the LGBTQ People

- LGBTQ people and their families reside in every county in the United States. **The LGBTQ community is as diverse as the nation and includes members of every race, ethnicity, religion, mental capacity, physical ability/disability, age, and socioeconomic group.**
- Members of this community share the health concerns of the rest of the population, they also face a number of significant additional health risks.
- Like many other populations identified as at-risk or disadvantaged, research has demonstrated that **LGBTQ individuals experience disparities** not only in the prevalence of certain physical and mental health concerns, but also in care due to a variety of factors, including experiences of stigma, lack of awareness, and insensitivity to their unique needs.

Terminology and Key Definitions

- The number of words people use to describe themselves can be overwhelming, but it's important to recognize that these words are often part of a closely held identity.

Be respectful and listen to the words your patients use to describe themselves.

- *It is important to respect language choices* – there are regional variations and preferences in addition to variations and preferences within the LGBTQ community.
- *LGBTQ – is not just initialism.* For every letter, there are people for whom the word is an important identity.

Sexual Orientation and Gender Identity Terminology

Sexual Orientation

Sexual orientation describes how people locate themselves on the spectrum of attraction. Someone who feels a significant attraction to both sexes is said to be bisexual. A man entirely or primarily attracted to men is said to be gay, and a woman entirely or primarily attracted to women is said to be lesbian. It is important to note that sexual orientation, which describes attraction, is distinct from gender identity or gender expression.

Gender Identity

One's basic sense of being male, female, or other gender (for example, transgender or gender queer). Gender identity can be congruent or incongruent with one's sex assigned at birth based on the appearance of external genitalia.

Gender Expression

Characteristics in appearance, personality, and behavior, culturally defined as masculine or feminine.

LGBTQAI+

Lesbian, gay, bisexual, transgender, queer, asexual, and intersexed. It is an umbrella term that generally refers to a group of people who are diverse with regard to their gender identity and sexual orientation.

LGBTQA + Terminology

- **Lesbian:** A woman who is emotionally, romantically or sexually attracted to other women.
- **Gay:** A person who is emotionally, romantically or sexually attracted to the same gender.
- **Bi-sexual:** A person emotionally, romantically, or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or degree.
- **Transgender:** An Umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Transgender people may identify as straight, gay, lesbian, bisexual, etc.
- **Queer:** A term people often use to express fluid identities and orientations.
- **Asexual:** The lack of a sexual attraction or desire for other people.

Note: The (+) stands for all of the other sexualities, sexes, and genders that aren't included in these few letters.

Culturally Responsive Care for LGBTQ People

Here's What We Wish Our Health Care Team Knew...

- Your assumptions and attitudes can dissuade our future care-seeking
 - discrimination in healthcare may delay or defer treatment

- We feel our HIPAA rights to privacy are not honored. We have experienced:
 - employees openly discussing our sexual orientation or gender identity with coworkers

- We come to you with an extra layer of anxiety
 - verbally or physically abused
 - rejected by families due to our sexual and gender identity



Source: <https://www.medpro.com/lgbt-patient-care>

Source: https://www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf

Here's What Your Team Can Do...

- Anticipate that not all patients are heterosexual
 - post non-discrimination policies in common areas
 - use judgment-free signage and forms

- Protect the patient's rights
 - sharing personal health information, including sexual orientation or gender identity is a violation of HIPAA

- A little warmth can make all the difference!
 - mirror how patients refer to themselves and loved ones
 - use "partner" instead of "spouse" or "boy/girlfriend"

Culturally Responsive Care for LGBTQ People cont.

Here's What We Wish Our Health Care Team Knew...

- Many do not disclose sexual orientation or gender identity for fear of receiving substandard care
- Your “gaydar” might be off. Most of us don't fit a stereotype.
- Recognize that “coming out” to you does not mean we are “coming on” to you

Source: <https://www.medpro.com/lgbt-patient-care>

Source: https://www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf

Here's What Your Team Can Do...

- Identify your own LGBTQ perceptions and biases as a first step in providing the best quality care
- Check your surprise, embarrassment, or confusion
- Practice neutral language
 - replace marital status with relationship status on forms
 - “How would you like me to address and/or refer to you?”
 - “I'm glad you shared that with me; it might have been difficult. Is there anything else regarding your health care that I should know?”

Culturally Responsive Care for LGBTQ People cont.

Here's What We Wish Our Health Care Team Knew...

- Transgender patients have specific health concerns
- May experience more trauma during removal of clothing or physical examination
- Not all transgender people want to use hormones or surgery to align with their affirmed gender

Source: <https://www.medpro.com/lgbt-patient-care>

Source: https://www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf

Here's What Your Team Can Do...

- Learn about the unique health care needs of LGBTQ individuals
- Perform physical exam only when medically appropriate
- Approach the topic of body modification with care and sensitivity

Disparities and Barriers to Healthcare for LGBTQ People

Some disparities include the following:

- Less access to insurance and health care services, including preventive care (such as cancer screenings)
- Lower overall health status
- Higher rates of smoking, alcohol, and substance abuse
- Higher risk for mental health illnesses such as anxiety and depression
- Higher rates of sexually transmitted diseases, including HIV infection
- Increased incidence of some cancers

In addition, LGBTQ patients face **other barriers to equitable care, such as refusals of care, delayed or substandard care, mistreatment, inequitable policies and practices**, little or no inclusion in health outreach or education, and inappropriate restrictions or limits on visitation.

These inequalities may be even more pronounced for **LGBTQ people from racial/ethnic minorities** or due to other characteristics such as education level, income, geographic location, language, immigration status, and cultural beliefs.

Experiences of discrimination and mistreatment have, in many cases, **contributed to a long-standing distrust** of the health care system by many in the LGBTQ community and have affected their health in profound ways.

Recommendations for Healthcare Providers and Staff to Consider

- ❑ Build awareness within your organization about the LGBTQ community and considerations for care. For example, discuss with healthcare providers and staff the difference between sexual orientation (lesbian, gay, and bisexual) and gender identity (transgender), which might be confusing to people who are not familiar with these concepts.
- ❑ Consider revising your patient forms to include (a) an option for chosen name in addition to legal name, (b) an extra, blank box for gender, which will give patients the flexibility to identify in the way that makes them most comfortable, (c) a partnership option under relationships, and (d) general wording such as “parents/guardians” rather than “mother” and “father” to accommodate same-sex parents.
- ❑ Include language on your facility’s website and in its marketing materials that describes the organization’s commitment to high-quality, culturally competent, patient-centered care. Make sure that marketing, advertising, and informational materials reflect diverse populations.
- ❑ Understand that sexual orientation and gender identity are just two factors that contribute to an individual’s overall identity. Other factors — such as race, ethnicity, religion, socioeconomic status, education level, income, etc. — also contribute to a person’s overall experience, his/her perceptions of healthcare, and potential barriers to care.
- ❑ Make patients, providers, and staff aware of your nondiscrimination and anti-harassment policies. Post these policies in visible locations.
- ❑ Evaluate environmental factors that might present issues for LGBTQ patients, such as bathroom designations, rooming policies, etc. Discuss ways to adopt approaches that will create the greatest level of comfort for all patients.
- ❑ **PLEASE READ MORE and visit below provided source links to access resources and information.**



References

References

- Industry Collaboration Effort
- <http://minorityhealth.hhs.gov>
- <http://www.iceforhealth.org/library.asp?sf=&scid=2899#scid2899>
- <http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/>
- <http://www.teachbacktraining.com/>
- <http://www.thinkculturalhealth.org/>
- https://www.thinkculturalhealth.hhs.gov/Content/about_tch.asp
- https://www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf
- <https://www.medpro.com/lgbt-patient-care>
- https://www.iceforhealth.org/library/documents/Better_Communication,_Better_Care_-_Provider_Tools_to_Care_for_Diverse_Populations.pdf
- <https://www.diversity.va.gov > lgbt-awareness>

Next Steps

- Complete the Attestation and then print the Certificate to show proof of completion

This will likely need to be customized – as attestations need to be created / submitted in a certain way, to certain person / email.

Likely will need to consider something state specific here. CA might have few requirements that we may need to include.

Thank You