



CULTURAL COMPETENCY FOR HEALTHCARE PROVIDERS

Connecting with your Patients

TRAINING GOALS

- Define culture and cultural competence.
- Explore cultural competency to enhance your office's ability to interact with patients from different cultures.
- Understand the three benefits of clear communication and how to reduce cross-cultural communication barriers.

The goal of this training is to help providers achieve cultural competency.



Culture *and* Cultural Competence

DEFINING CULTURE AND CULTURAL COMPETENCY

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.

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

Cultural competence is the capability of effectively dealing with people from different cultures.

<http://minorityhealth.hhs.gov>



HOW DOES CULTURE IMPACT THE CARE THAT IS GIVEN TO MY PATIENTS?

Culture informs:

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

Culture influences how health care is perceived, sought and delivered.

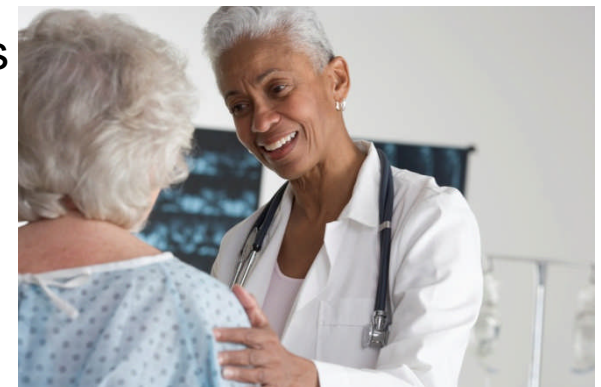
Adapted from: <http://minorityhealth.hhs.gov>

CULTURE IMPACTS EVERY HEALTH CARE ENCOUNTER

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

Culture defines health care expectations:

- Who provides treatment?
- What is considered a health problem?
- What type of treatment is acceptable?
- Where is care sought?
- How are symptoms expressed?
- How are rights and protections understood?



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

CULTURALLY COMPETENT CARE

By providing culturally competent care, we can help mitigate the disparities for patients and provide an effective health encounter. Some tips that can help the experience include:

- Patients may want to seek a doctor that speaks their language.
- 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 understanding of information by the patient at regular intervals during the encounter.

Being aware of one's own cultural values and beliefs and how they influence attitudes and behaviors can make a difference in providing a successful encounter.

VALUING DIFFERENCES – AWARENESS OF PERSONAL PREJUDICES

- Enhance your understanding of other cultural groups by learning about and participating in their holidays, festivals and other events.
 - Download a free copy of *The Medical Manual for Religio-Cultural Competency* on the secure provider [website](#).
- Acknowledge that you believe some stereotypes and have some prejudices.
- Put your own biases and assumptions aside when dealing with other people.
- Do not attempt to be culture or color blind.



**CLEAR
COMMUNICATION:
THE FOUNDATION OF
*CULTURALLY COMPETENT CARE***

DID YOU KNOW?

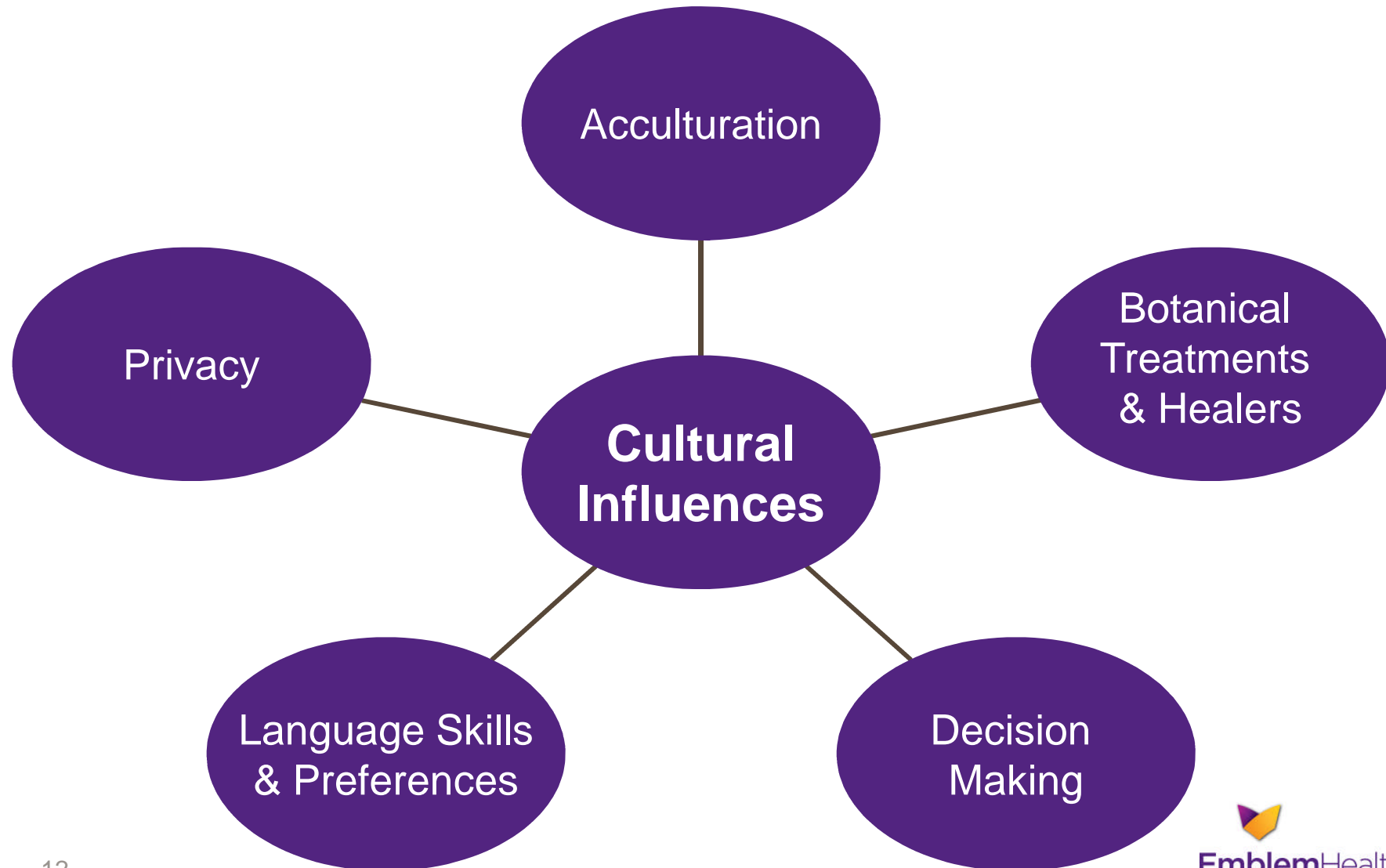
New York City is one of the most diverse cities in the nation.

- 20% of people living in the U.S. speak a language other than English at home
- Latino population in the U.S. has grown by 43% between 2000 and 2010
- 17% of the foreign born population in the U.S. are classified as newly arrived (arriving in 2005 or later)
- 1 out of 2 adult patients have a hard time understanding basic health information
- Average physician interrupts a patient within the first 20 seconds

BENEFITS OF CLEAR COMMUNICATION



CULTURAL INFLUENCES



CLEAR COMMUNICATION

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

- I tell you I forgot my glasses because I am ashamed to admit I don't read very well.
- I don't know what to ask and am hesitant to ask you.
- When I leave your office I often don't know what I should do next.

Here's What Your Team Can Do....

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

CLEAR COMMUNICATION

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 % 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.

CLEAR COMMUNICATION

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

- My English is pretty good but at times I need an interpreter.
- When I don't seem to understand, talking louder in English intimidates me.
- If I look surprised, confused or upset I may have misinterpreted your nonverbal cues.

Here's What Your Team Can Do....

- Office staff should confirm preferences during scheduling.
- Match the volume and speed of the patient's speech.
- Mirror body language, position, eye contact.
- Ask the patient if you are unsure.

CLEAR COMMUNICATION

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

- I am not able to make important decisions by myself.
- I am more comfortable with a female doctor.
- It's important for me to have a relationship with my doctor.
- I use botanicals and home remedies but don't think to tell you.

Here's What Your Team Can Do....

- Confirm decision making preferences.
- Office staff should confirm preferences during scheduling.
- Spend a few minutes building rapport.
- Ask about the use of home remedies and healers.

WORKING WITH PEOPLE WITH DIFFERENT RELIGIONS

- Assumptions and personal views around religion can influence patient management and create unintended negative outcomes.
- Cultural practices and religious beliefs often impact patients' decision-making and compliance, on issues ranging from diet to informed consent and end-of-life.
- Spiritual assessments and effective communication skills help practitioners to identify their patients' religious needs and to respectfully address them.
- Properly addressing religion during patient care improves health outcomes as well as patient and family satisfaction.

SPIRITUAL ASSESSMENTS: DO' S AND DON' TS

DO ask open-ended questions...

- Who or what gives you hope, strength?
- Do you have any beliefs or practices that I need to know about so I can treat you effectively?

AVOID conversation stoppers...

- What is your religion?
- What is the name of your clergyperson?

WORKING WITH PEOPLE WITH LIMITED ENGLISH PROFICIENCIES

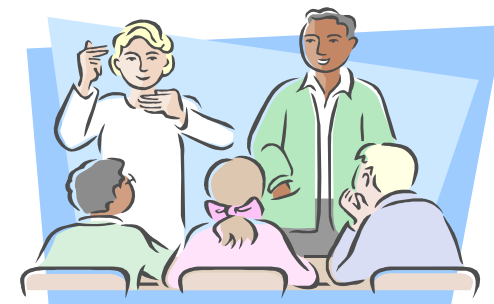
Communicating with a patient in the language they are most comfortable using can alleviate stress, prevent hostility, reduce misunderstanding and improve the overall patient experience.

- Provision of interpreters for patients with Limited English Proficiency (LEP).
- Do not use friends or family as interpreters, except as requested by the patient. **NOTE: It is not appropriate for children and adolescents to serve as interpreters.**
- Access to telephonic interpreting services or TTY/TDD lines
- Use of interpreter services for the hearing impaired (sign language)
- Printed materials in non-English languages with quality translation
- Availability of materials in Braille for the visually impaired
- In-person assistance in completion of forms
- Flexibility in scheduling, extending appointment times for patients with LEP

INTERPRETER TIPS

- Inform the interpreter of specific patient needs.
- Hold a brief introductory discussion:
 - Your name, organization and nature of the call/visit
 - Reassure the patient about confidentiality
- Allow enough time for the interpreted sessions.
- Avoid interrupting during interpretation.

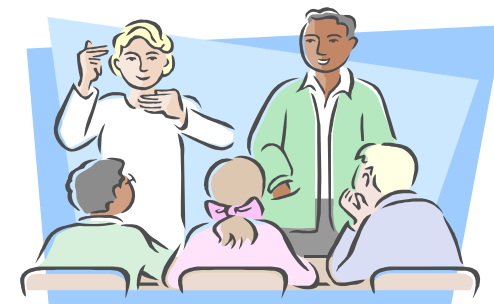
In some languages, it may take longer to explain a word or a concept.



MORE INTERPRETER TIPS

- Speak in the first person.
- Speak in a normal voice, try not to speak fast or too loudly.
- Speak in short sentences.
- Avoid acronyms, medical jargon and technical terms.
- Face and talk to the patient directly.
- Be aware of body language in the cultural context.

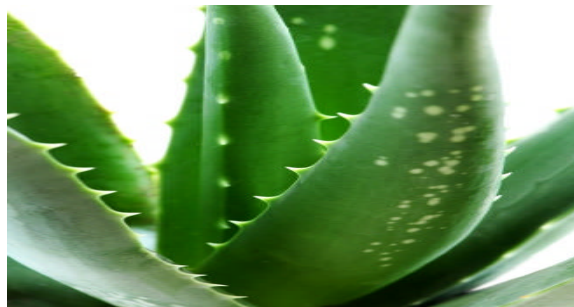
Use the Teach Back method even during an interpreted visit. It will give you confidence that your patient understood your message.



HEALTH CARE FOR REFUGEES AND IMMIGRANTS

Refugees and Immigrants may:

- not be familiar with the U.S. health care system.
- experience illness related to life changes.
- practice spiritual and botanic healing or treatments before seeking U.S. medical advice.



ADDRESSING THE U.S. HEALTHCARE SYSTEM

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

COMMON OFFICE EXPECTATIONS

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. They want to help make decisions.

Here's What Your Team Can Do....

- Upon arrival, inform patient about the wait time.
- Accommodate a doctor or interpreter of same gender.
- Confirm decision makers at each visit.

HOW TO ADDRESS CONFIDENTIALITY

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

- I've had different experiences in refugee camps.
- My experiences have caused me to be suspicious.
- I fear my health information will be released to the community.

Here's What Your Team Can Do....

- Explain confidentiality.
- Ensure that staff adhere to your policies.
- Make HIPAA forms easy to understand, in preferred languages.

REFERENCES

Culture and Cultural Competency

U.S. Department of Health and Human Services (n.d.). *The Office of Minority Health*. Retrieved from <http://minorityhealth.hhs.gov/>

Clear Communication: The Foundation of Culturally Competent Care

Health Industry Collaboration Effort, Inc. (2010, July). *Better communication, better care: Provider tools to care for diverse populations*. Retrieved from http://www.iceforhealth.org/library/documents/ICE_C&L_Provider_Tool_Kit.10-06.pdf

Molina HealthCare, & California Academy of Family Physicians (2004, April). *Medical jargon & clear communication*. Retrieved from www.familydocs.org/assets/Multicultural_Health/MedicalJargon.pdf

U.S. Department of Health and Human Services, Office of Minority Health (n.d.). Handouts: Theme 1: BATHE Model (1.3). In *The facilitator's guide: Companion to: A physician's practical guide to culturally competent care* (pp. 145-145). Retrieved from https://www.thinkculturalhealth.hhs.gov/includes/downloadpdf.asp?pdf=Physicians_QIO_Facilitator_GuideMEDQIC.pdf

Weiss, B. D. (2007). *Health literacy and patient safety: Help patients understand; Manual for clinicians* (2nd ed.). Chicago, IL: American Medical Association Foundation. Retrieved from <http://www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf>

Cultural Competence: Refugees and Immigrants

Administration for Children and Families, Department of Health and Human Services (2012). *Office of Refugee Resettlement*. Retrieved from <http://www.acf.hhs.gov/programs/orr/>



THANK YOU