

Cultural Competency Training for Healthcare Providers: Connecting with your patients

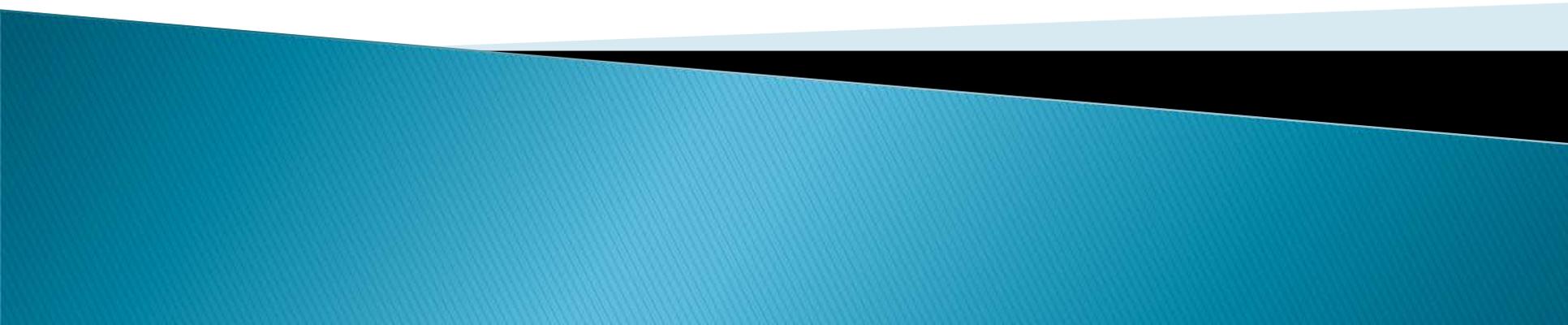


**Developed By:
Industry Collaboration Effort (ICE)
Cultural and Linguistic Services Main Team
Cultural Competency Training Workgroup
Approved on January 18, 2013 by ICE Leadership**

Training Goals

- ▶ Define culture and cultural competence
- ▶ Explain the three benefits of clear communication
- ▶ Explore and understand LGBT (lesbian, gay, bisexual, and transgender) communities
- ▶ Address health care for refugees and immigrants
- ▶ Reflect on strategies when working with seniors and people with disabilities

Culture and Cultural Competence



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.

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

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

Culture impacts every health care encounter



- ▶ Culture **defines** health care expectations:
 - who provides treatment
 - what is considered a health problem
 - what type of treatment
 - where care is sought
 - how symptoms are expressed
 - how rights and protections are understood



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.**

Clear Communication: The Foundation of Culturally Competent Care

Did you know?

- ▶ 20% of people living in the U.S. speak a language other than English at home
- ▶ The Hispanic population has grown by 43% in the U.S. has grown 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 has a hard time understanding basic health information
- ▶ Average physician interrupts a patient within the first 20 seconds

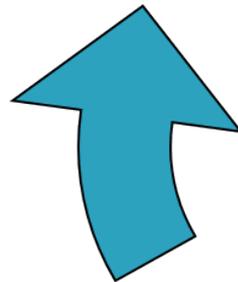
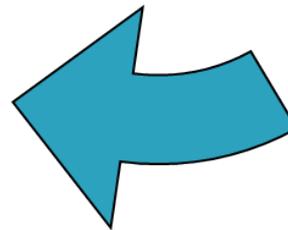
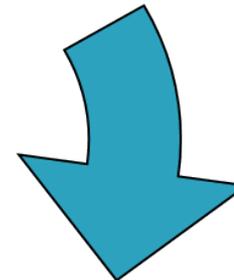
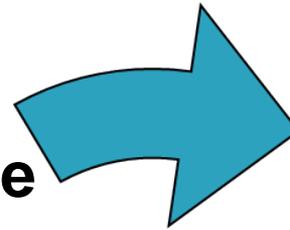
Clear Communication Benefits

**Reduce Malpractice
Risk**

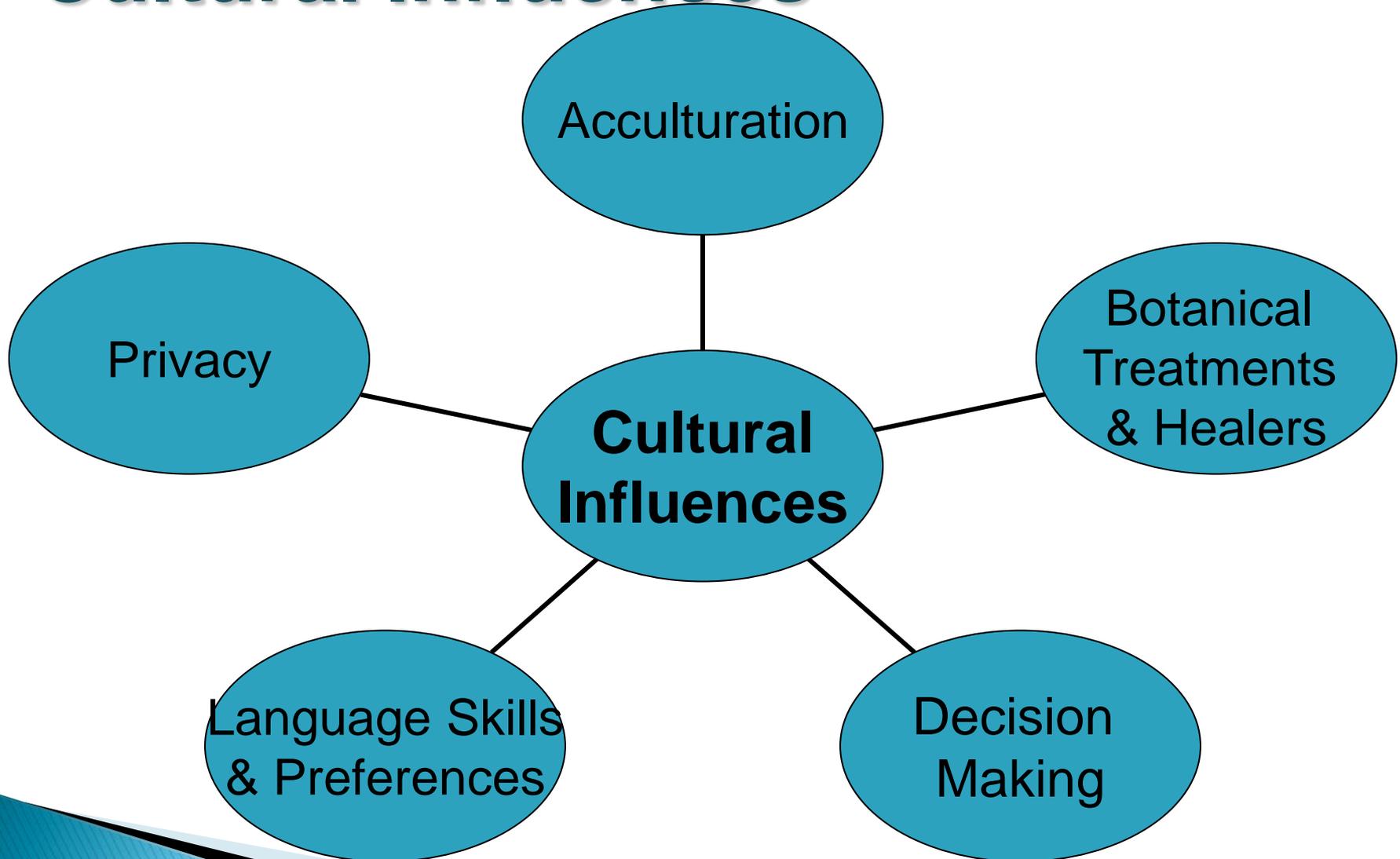
**Improve Safety
& Adherence**

**Improve Office Process
Saves Time & Money**

**Physician & Patient
Satisfaction**



Cultural Influences



Clear Communication

- ▶ 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
- ▶ Use a variety of instruction methods
- ▶ Encourage questions & use Ask Me 3™
- ▶ Use Teach Back



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

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

Clear Communication

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

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

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

Clear Communication

- ▶ 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
- ▶ Office staff should confirm interpreter needs 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

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

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

Clear Communication

- ▶ I am not able to make important decisions by myself
- ▶ I am more comfortable with a female doctor
- ▶ Its important for me to have a relationship with my doctor
- ▶ I use botanicals and home remedies but don't think to tell you
- ▶ Confirm decision making preferences
- ▶ Office staff should confirm preferences during scheduling
- ▶ Spend a few minutes building rapport
- ▶ Ask about the use of home remedies & healers

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

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

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

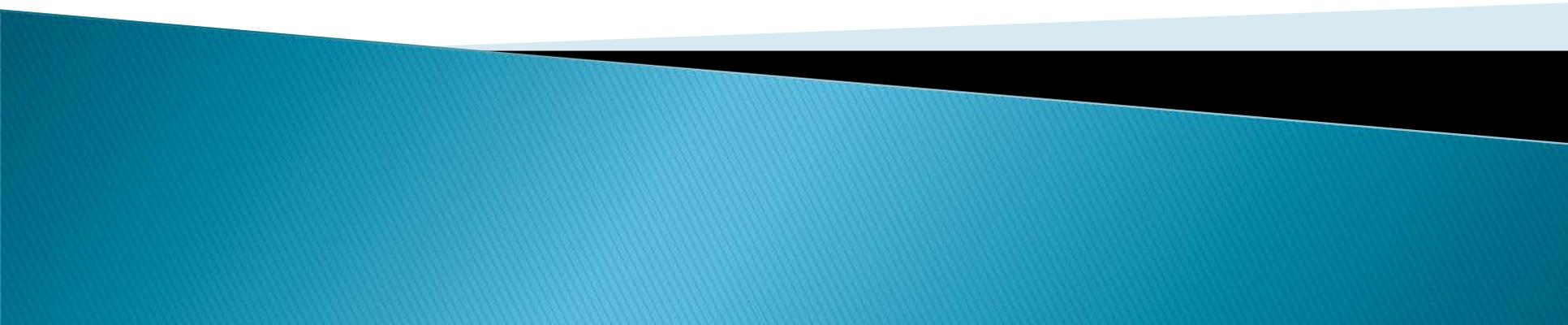


Interpreter Tips Continued

- ▶ 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

Cultural Competence & the LGBT* Communities

* (lesbian, gay, bisexual, and transgender)



Some LGBT Terminology

Orientation

- ▶ **Sexual Orientation:** A person's emotional, sexual, and/or relational **attraction** to others. Usually classified as heterosexual, bisexual, and homosexual (i.e. lesbian and gay).
 - Describes how people locate themselves on the spectrum of attraction and identity
 - It is distinct from gender identity or gender expression
 - Transgender people exhibit the full range of sexual orientations, from homosexual to bisexual and heterosexual

Some LGBT Terminology (cont'd)

Orientation (cont'd)

- ▶ **Bisexual:** One whose sexual or romantic attractions and behaviors are directed at both sexes to a significant degree. Bisexuality is a distinct sexual orientation
- ▶ **MSM:** Men who have sex with men. Usually identify as gay.
- ▶ **WSW:** Women who have sex with women. Usually identify as lesbian.

Some LGBT Terminology (cont'd)

Gender Identity

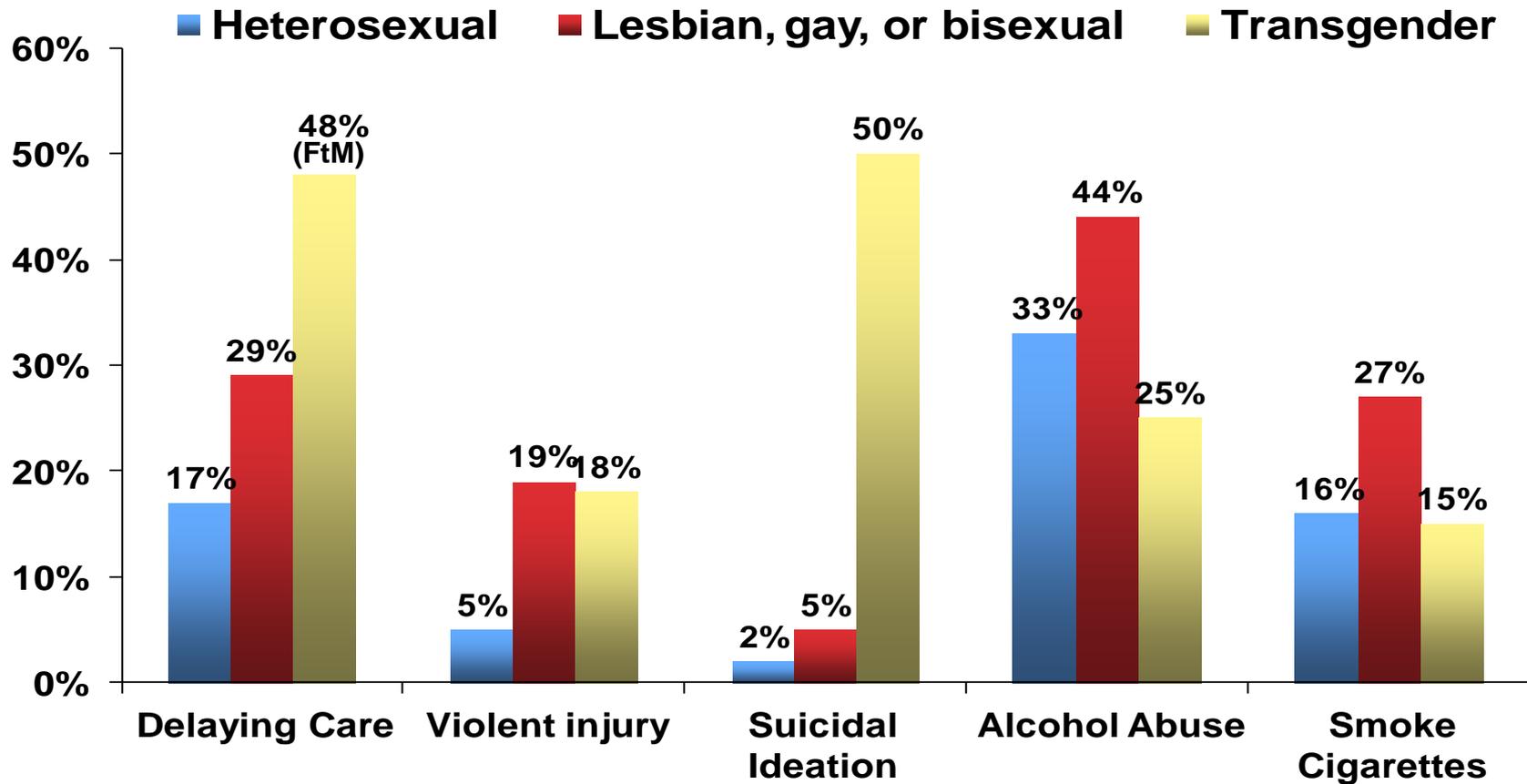
- ▶ **Transgender:** Describes people whose gender identity and/or expression is different from that typically associated with their assigned sex at birth.
- ▶ **Genderqueer:** Describes people who sees themselves as outside the usual binary man/woman definitions.
 - Having elements of many genders, being androgynous or having no gender.
 - Also **Gender Non-Conforming (GNC)**
- ▶ **Bigender:** Describes people whose gender identity encompasses both male and female genders. Some may feel that one identity is stronger, but both are present.

Some LGBT Terminology (cont'd)

Gender Identity (cont'd)

- ▶ **MtF:** Male-to-female; a person who was assigned the male sex at birth but identifies and lives as a female. Also trans woman.
 - MtF persons will still need to have prostate exams according to standard guidelines
- ▶ **FtM:** Female-to-male; a person who was assigned the female sex at birth but identifies and lives as a male. Also trans man or trans male.
 - FtM persons will need to have breast exams and Pap tests according to standard guidelines
- ▶ **Transsexual:** Medical term for people who have used surgery or hormones to modify their bodies. Some trans people find this term offensive.

Health Disparities of LGBT Populations



Cultural Competence & LGBT Communities



- ▶ We come to you with an extra layer of anxiety
 - Verbally or physically abused
 - Rejected by families due to our sexual and gender identity
 - Discriminated against within the health care setting
- ▶ We've experienced harshness such as with rough blood draws, rude "orders," or ridicule
- ▶ A little warmth can make all the difference!
 - Signage or intake form verbiage that is safe, judgment-free, and non-discriminatory
 - Policies indicating non-discrimination for sexual and gender identity displayed in common areas
- ▶ Listen to how patients refer to themselves and loved ones (pronouns, names)
 - Use the same language they use
 - If you're unsure, ask questions

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

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

Cultural Competence & LGBT Communities



- ▶ That heteronormative assumptions and attitudes dissuade our future care-seeking
- ▶ Discrimination in healthcare may delay or defer treatment
- ▶ Anticipate that all patients are not heterosexual
 - Use “partner” instead of “spouse” or “boy/girlfriend”
 - Replace marital status with relationship status on forms



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

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

Cultural Competence & LGBT Communities



- ▶ We feel our HIPAA rights to privacy are not honored
 - Amazingly, some personnel...
 - Openly discuss our sexual orientation or gender identity with coworkers
 - Don't realize or care that we can see or hear them making fun of us with coworkers
- ▶ Protect the patient's rights
 - Sharing personal health information, including sexual orientation or gender identity, is a violation of HIPAA
 - Confirm that the patient's rights are protected under the HIPAA Privacy Rule

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

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

Cultural Competence & LGBT Communities



- ▶ Check your surprise, embarrassment, or confusion
 - Many do not disclose our sexual orientation or gender identity because we don't feel comfortable or we fear receiving substandard care
 - Your "gaydar" might be off when determining whether we might be LGBT – most of us don't fit the stereotypes
- ▶ Recognize that "coming **out**" to you does not mean we are "coming **on**" to you
- ▶ Identify your own LGBT perceptions and biases as a first step in providing the best quality care
- ▶ Practice some helpful phrases:
 - "Do you have sex with men, women, or both?"
 - "What pronoun do you prefer I use when referring to you?"
 - "I'm glad you shared that with me. I know that might have been difficult to tell me. Is there anything else in connection with your health care that I should know about?"

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

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

Cultural Competence & LGBT Communities



- ▶ Transgender patients have specific health concerns
 - 19% have been refused treatment
 - May experience more trauma during removal of clothing or pelvic examinations
 - Not all transgender people want to use hormones or surgery to align with their confirmed gender
- ▶ Always use preferred name and pronouns, even when we are not in the room
- ▶ The topic of body modification activities should be approached with care
 - Do not let curiosity lead you to examine body parts that are not involved with the medical issue at hand



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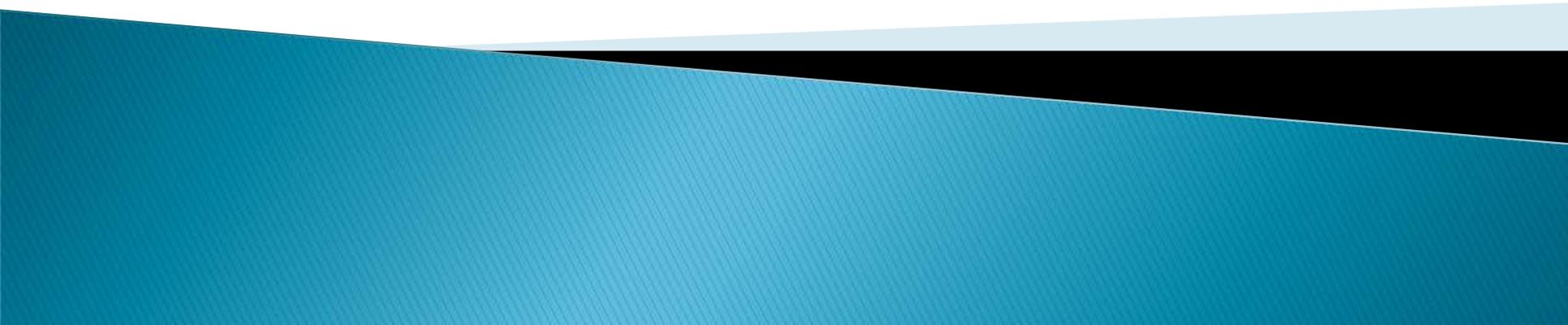
Cultural Competence & LGBT Communities



- ▶ The California Department of Public Health maintains a list of very helpful LGBT-related resources for:
 - Affordable Care Act
 - Census and LGBT Demographic Studies
 - Drug and Alcohol Abuse
 - Gender Identity
 - Health Disparities
 - HIV/AIDS
 - Homelessness
 - LGBT Health Resources
 - LGBT Health Organizations
 - LGBT Curriculum in Schools
 - Mental Health
 - Legal
 - Teen Health

<http://www.cdph.ca.gov/programs/OMH/Pages/LGBTResources.aspx>

Cultural Competence: Refugees and Immigrants



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.



Benefits of Open Communication for Recent Arrivals =



- ▶ Builds trust
- ▶ Results in fuller disclosure of patient knowledge and behavior



Addressing the U.S. Healthcare System

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

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

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

Common Office Expectations

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

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

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



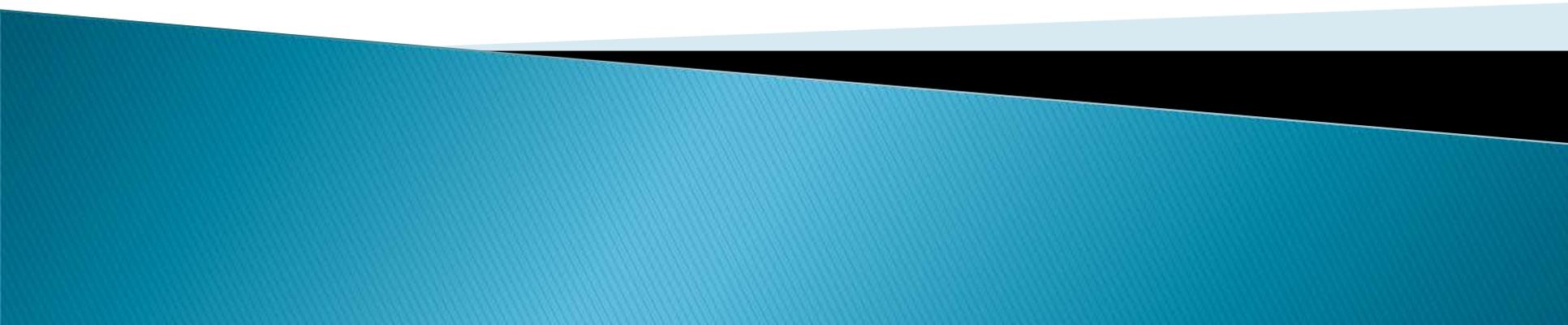
How to Address Confidentiality

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

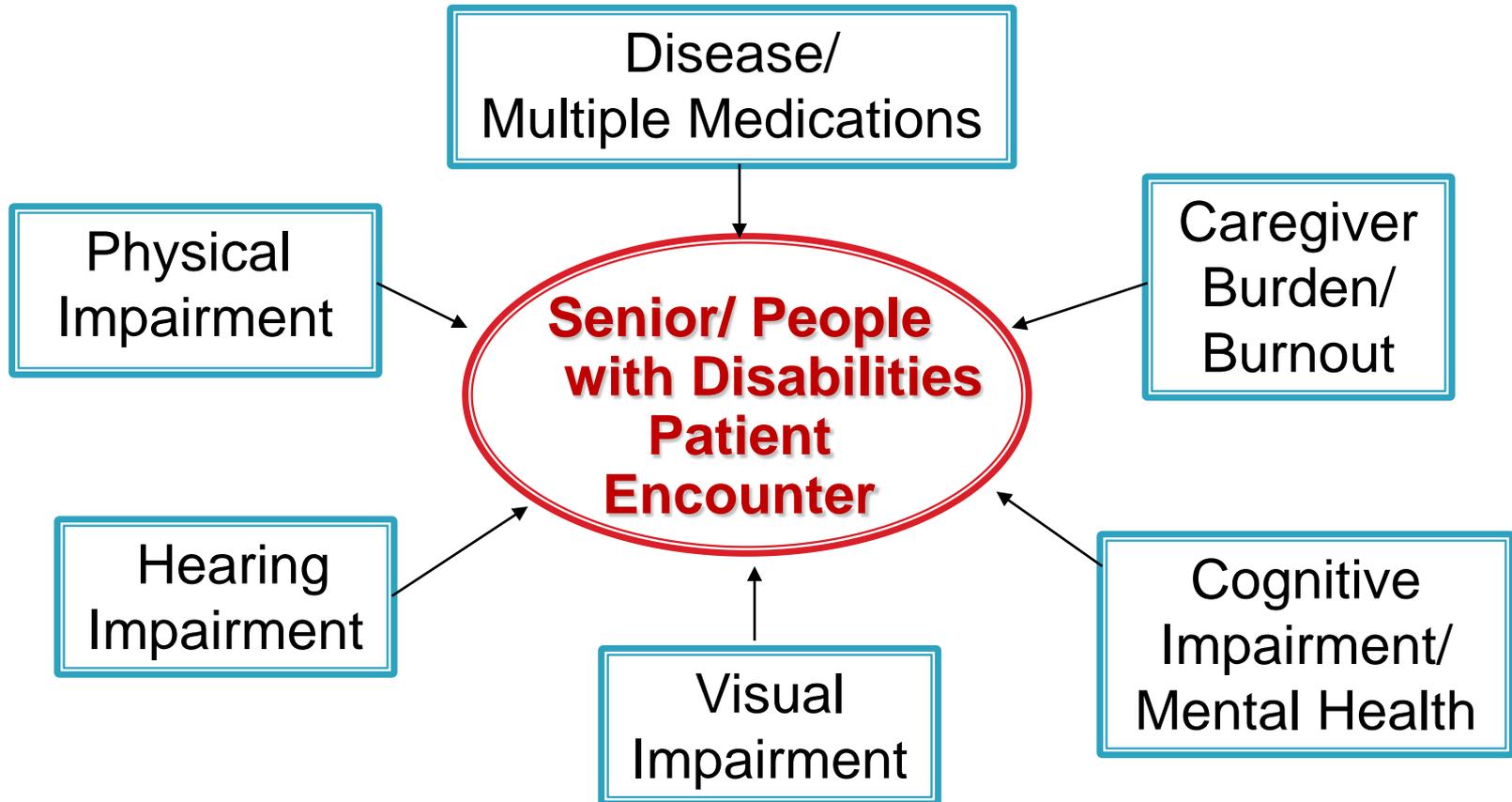
Here's What We Wish Our Health Care Team Knew...

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

Cultural Competence: Seniors and People with Disabilities



Working with Seniors and Persons with Disabilities



Disease & Multiple Medications

- ▶ Neuro-cognitive processing ability impaired
 - Pain
 - Stroke
 - Hypertension, Diabetes
 - UTI, Pneumonia
- ▶ Meds: can affect cognition
 - Pain medication
 - Anti-depressants
 - Interactions
- ▶ Be aware
 - Slow down
 - Speak clearly
 - Use plain language
 - Recommend assistive listening devices
- ▶ Obtain thorough health history

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

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

Caregiver Burden/Burnout

- **12% of active caregivers may have their own limitations**
- **16% of working seniors are also caregivers**
- ▶ Caregivers report more stress, higher likelihood of depression
- ▶ Ask about caregiver responsibilities and stress levels
- ▶ Offer caregiver support services

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

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

Cognitive Impairment & Mental Health



- ▶ Patients with dementia may need caregiver
- ▶ Older adults suffer more losses
 - May be less willing to discuss feelings
 - High suicide rates for 65+
- ▶ Communicate with patient & caregiver
- ▶ Assess for depression, dementia/ cognitive ability

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

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

Visual Impairment



Macular degeneration:



Diabetic retinopathy:



Cataract:



Glaucoma:

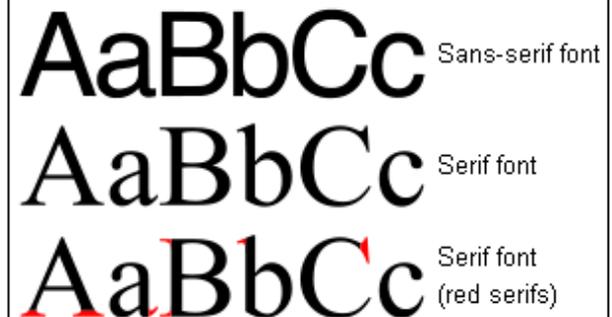


Problems

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

Solutions

- decrease glare
- bright indirect lighting
- bright, contrasting colors
- LARGE, non-serif fonts



Hearing Impairment

Presbycusis: Gradual, bilateral, high-frequency hearing loss

- Consonant sounds are high frequency
- Word distinction difficult
- Speaking louder does NOT help

- ▶ 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.
 - Audible Solutions- offer listening devices

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

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

Physical Impairment

Pain & reduced mobility is common due to:

- Osteoarthritis
- Changes in feet, ligaments and cushioning
- Osteoporosis
- Stroke

- ▶ 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

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

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



Thank you for participating



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>



References Continued

Cultural Competence & the LGBT (Lesbian, Gay, Bisexual, and Transgender) Communities

Agency for Healthcare Research and Quality (AHRQ) (2012). *National healthcare disparities report, 2011*. Rockville, MD: Retrieved from <http://www.ahrq.gov/qual/nhdr11/nhdr11.pdf>

California Department of Public Health (2012). *Lesbian, gay, bisexual and transgender (LGBT) resources*. Retrieved from <http://www.cdph.ca.gov/programs/OMH/Pages/LGBTResources.aspx>

Krehely, J. (2009, December). *How to close the LGBT health disparities gap*. Retrieved from http://www.americanprogress.org/issues/2009/12/pdf/lgbt_health_disparities.pdf

National Coalition of Anti-Violence Programs (NCAVP) (2011). *Hate violence against the lesbian, gay, bisexual, transgender, queer, and HIV-Affected communities in the United States in 2010*. Retrieved from <http://avp.org/documents/NCAVPHateViolenceReport2011Finaldjlfinal edits.pdf>

Substance Abuse and Mental Health Services Administration (SAMHSA) (2012). *Top health issues for LGBT populations information & resource kit*. Retrieved from <http://store.samhsa.gov/shin/content//SMA12-4684/SMA12-4684.pdf>

YouTube. *Re-examining LGBT Healthcare*. Retrieved from <http://www.youtube.com/watch?v=XqH6GU6Trzl>



References Continued

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/>

Cultural Competence: Seniors and People with Disabilities

California Caregiver Resource Centers (2005). *California Caregiver Resource Centers*. Retrieved from <http://www.cacrc.org/californiacrc/jsp/home.jsp>

Family Caregiver Alliance (FCA) (n.d.). Retrieved from <http://www.caregiver.org/caregiver/jsp/home.jsp>



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Option for CMEs

- ▶ This training module will be made available on the SCAN Health Plan website with the opportunity for healthcare providers to obtain CME credits.
- ▶ Please check back during 2nd Quarter 2013 when additional information will be available on how to access the training through SCAN Health Plan's website.