

# 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.





POST  
NO  
BILLS



# 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.

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

Adapted from [minorityhealth.hhs.gov](https://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 [minorityhealth.hhs.gov](https://minorityhealth.hhs.gov)

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



# CULTURE IMPACTS EVERY HEALTH CARE ENCOUNTER

## 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 [minorityhealth.hhs.gov](https://minorityhealth.hhs.gov)

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



# 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.
- 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?

- 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

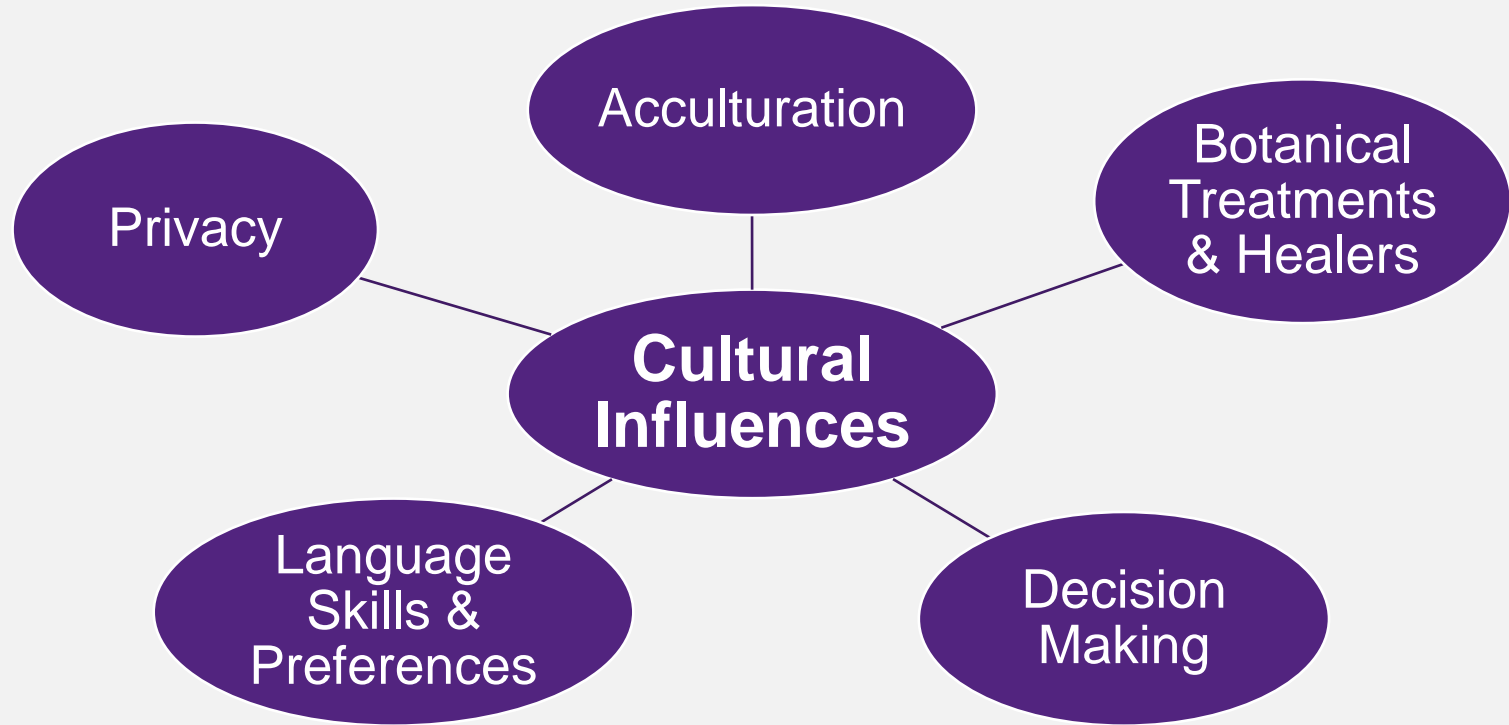
New York City is one of the most diverse cities in the nation.



# 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 [minorityhealth.hhs.gov/](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 [iceforhealth.org/library/documents/ICE\\_C&L\\_Provider\\_Tool\\_Kit.10-06.pdf](http://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 [familydocs.org/](http://familydocs.org/)

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 [thinkculturalhealth.hhs.gov/](http://thinkculturalhealth.hhs.gov/)

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 [ama-assn.org/](http://ama-assn.org/)

## **Cultural Competence: Refugees and Immigrants**

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



**Thank you**

