

# CULTURAL COMPETENCY TRAINING – DELEGATED ENTITIES



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

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# 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 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



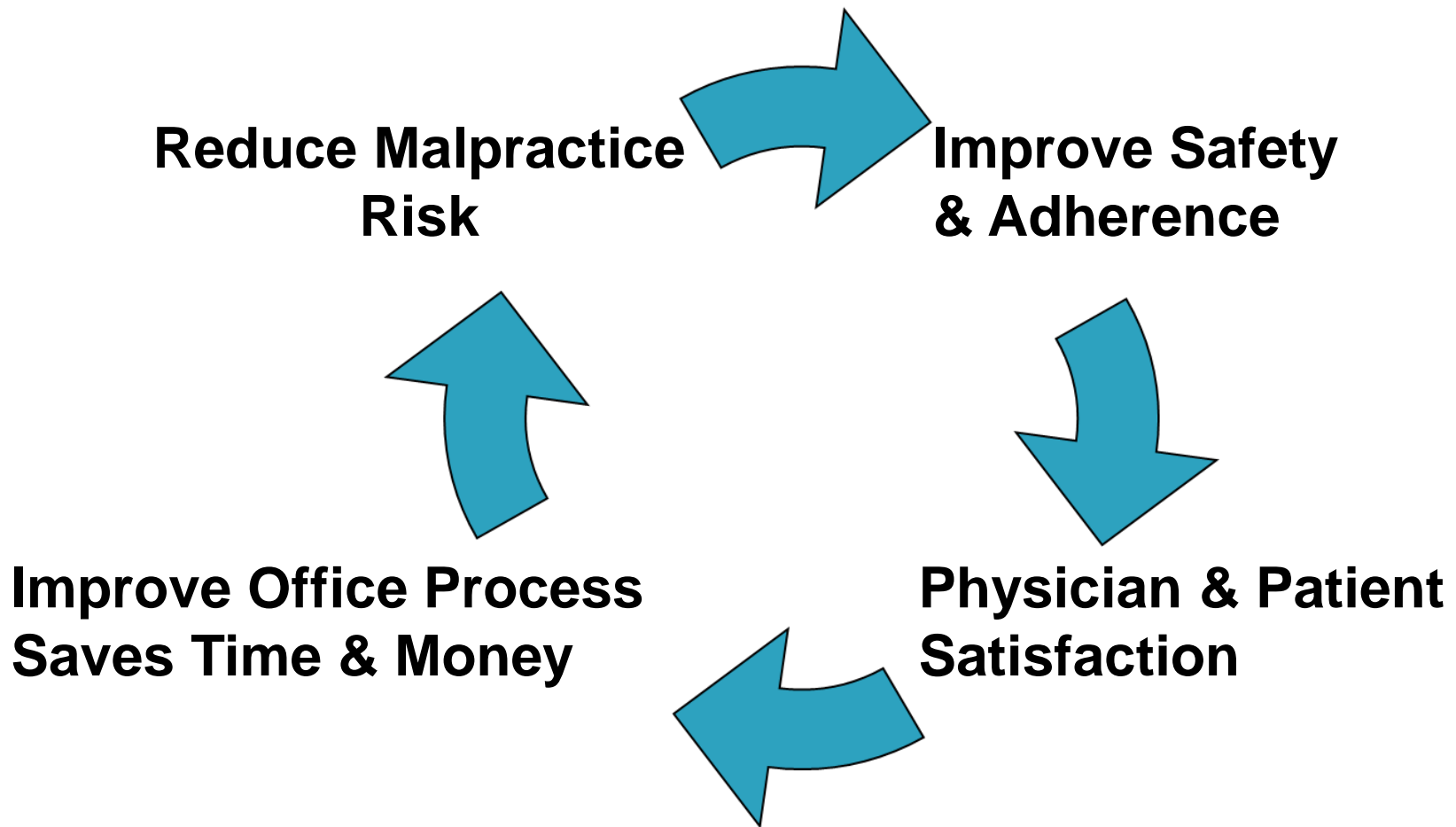
# Did you know?

- ▶ 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

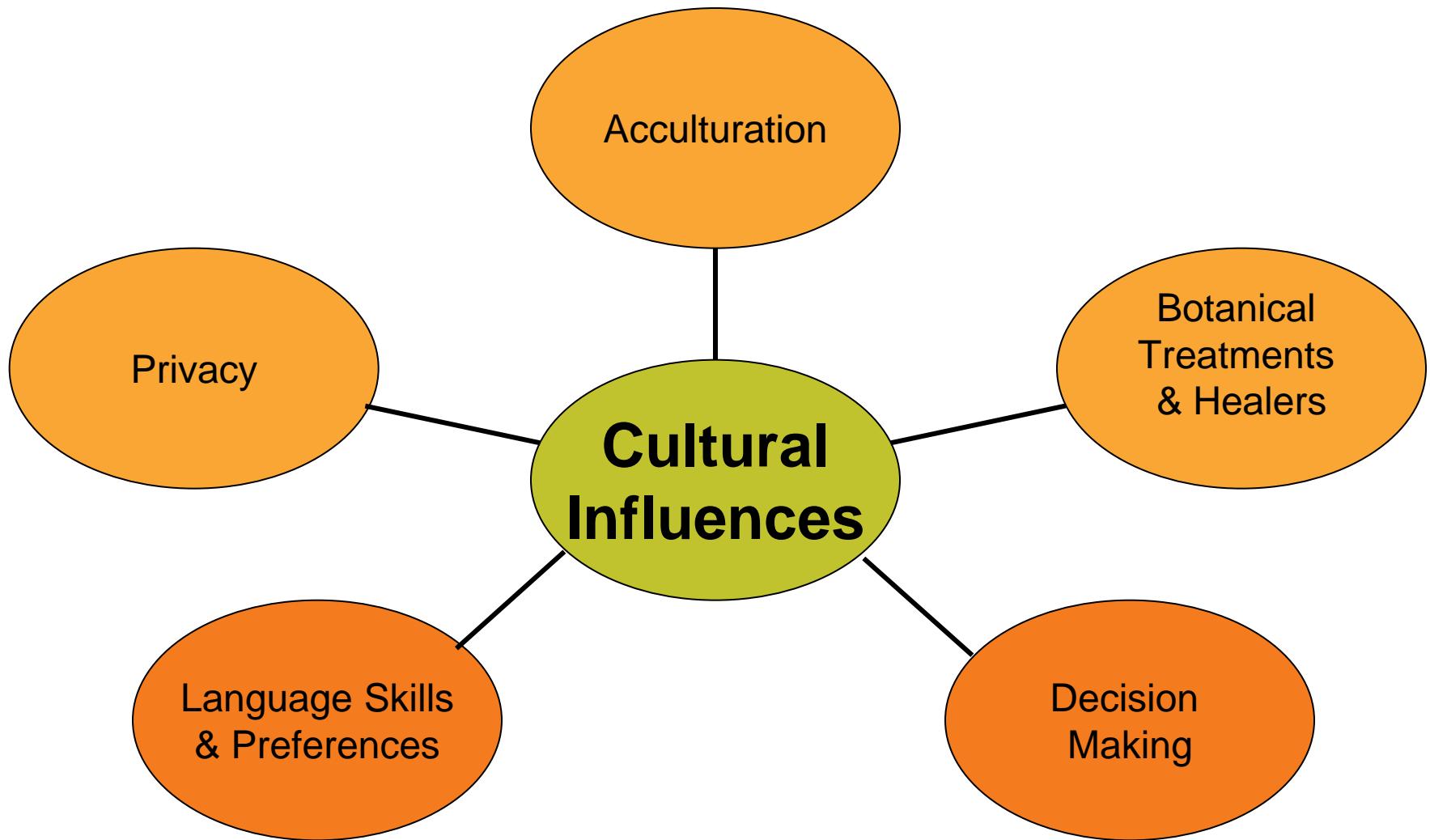




# CLEAR COMMUNICATION BENEFITS



# 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 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

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# INTERPRETOR 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



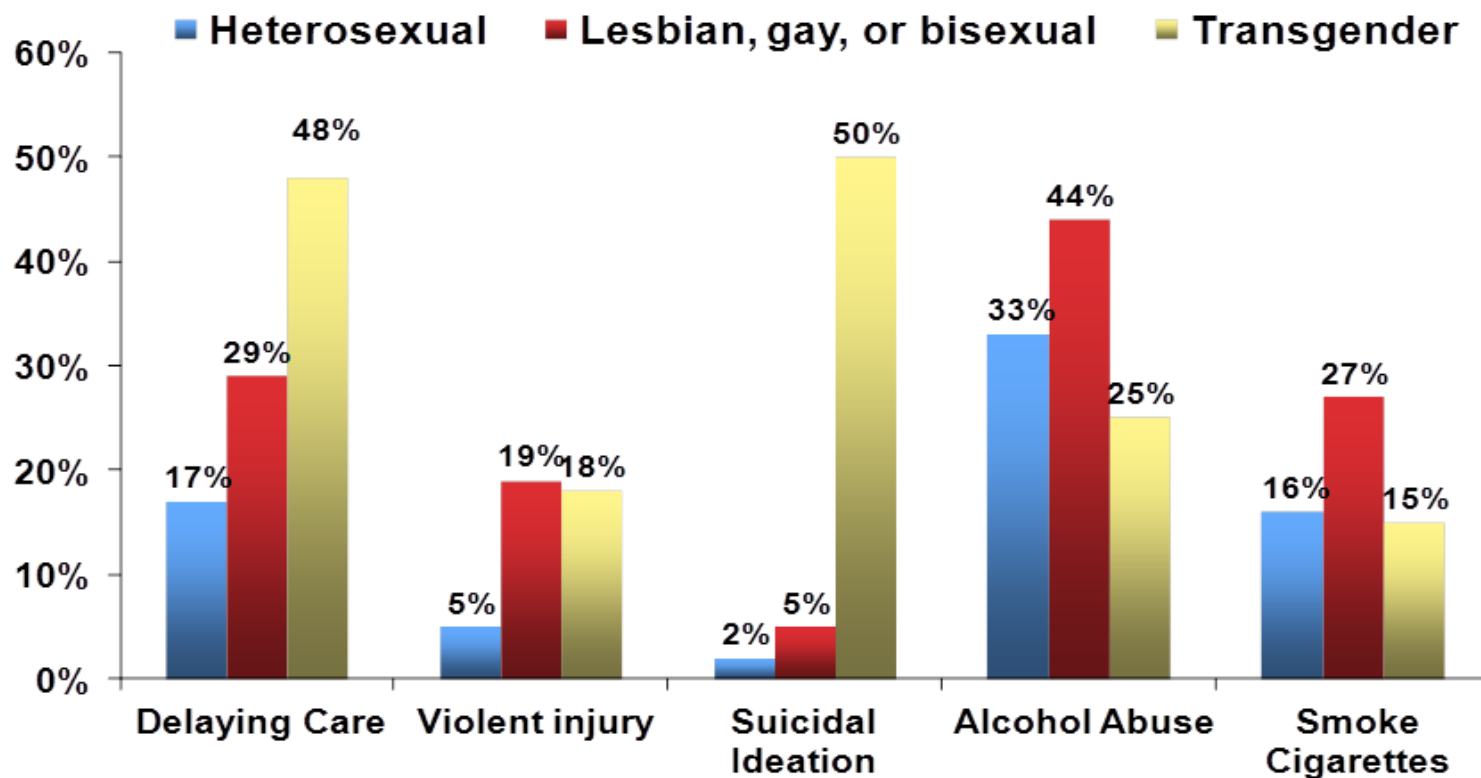
# INTERPRETER TIPS CONTINUED

- ▶ 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)

# 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

- ▶ 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: 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.



# 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

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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

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

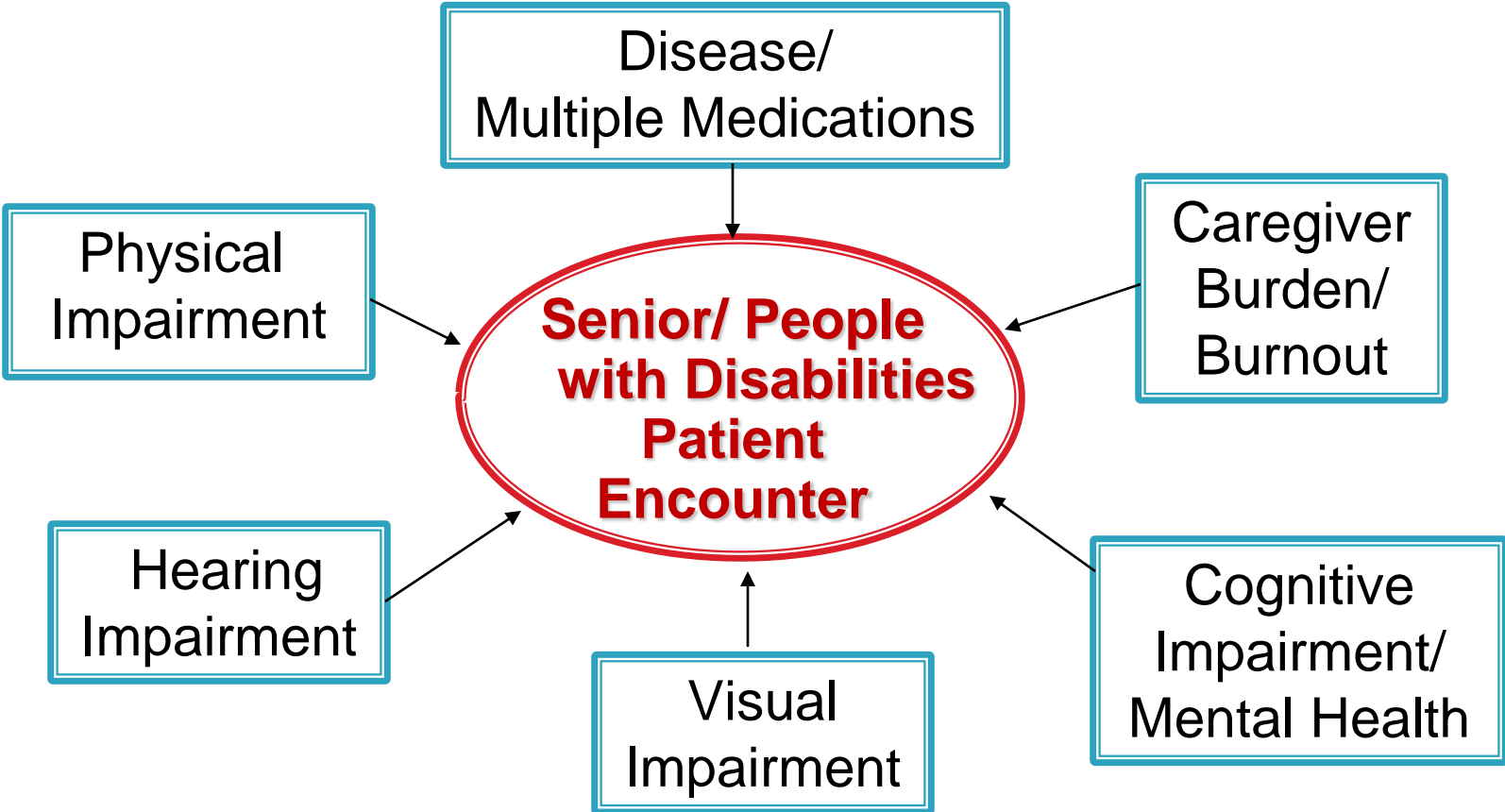




# Cultural Competence: Seniors and People with Disabilities



# 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

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# VISUAL IMPAIRMENT

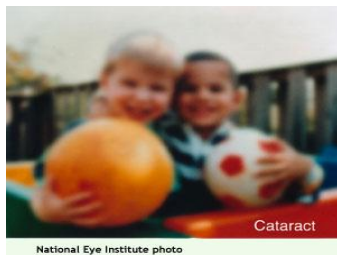
Macular degeneration:



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

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# 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

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# Thank you for participating

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