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
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

Reduce Malpractice Risk

Improve Safety & Adherence

Improve Office Process

Saves Time & Money

Physician & Patient Satisfaction
CULTURAL INFLUENCES

- Acculturation
- Botanical Treatments & Healers
- Privacy
- Language Skills & Preferences
- Decision Making
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
- 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

- 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….
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

- Delaying Care: 17%, 29%, 18%
- Violent injury: 5%, 5%, 19%
- Suicidal Ideation: 2%, 6%
- Alcohol Abuse: 33%, 44%, 25%
- Smoke Cigarettes: 16%, 27%, 15%
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….
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

Here’s What We Wish Our Health Care Team Knew…

Here’s What Your Team Can Do….
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

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

Senior/ People with Disabilities
Patient Encounter

- Disease/ Multiple Medications
- Caregiver Burden/ Burnout
- Cognitive Impairment/ Mental Health
- Visual Impairment
- Physical Impairment
- Hearing Impairment

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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:

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

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

Diabetic retinopathy:

Cataract:

Glaucoma:
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

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REFERENCES

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REFERENCES CONTINUED

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REFERENCES CONTINUED

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Cultural Competence: Seniors and People with Disabilities
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