

Cultural Competency and Patient Engagement

What is Culture?

- **Culture** refers to integrated patterns of human behavior that includes language, thoughts, actions, customs, beliefs, values, and institutions that unite a group of people.¹
 - We use it to create standards for how we act and behave socially.



"Culture hides much more than it reveals, and strangely enough what it hides, it hides most effectively from its own participants." E.T. Hall

¹Source from <http://minorityhealth.hhs.gov> and The Cross Cultural Health Care Program

“Building Cultural Engagement With Patients Is A Process!”



Awareness of how culture shapes who you are.

Knowledge of how culture shapes the decisions that each one of us will make.

Skills to build on cultural similarities and bridge cultural gaps.



Culture is not only learned but it is shared, adaptive, and is constantly changing.

Individual Culture

Each individual's culture is

- a unique representation of the variation that exists in larger culture
- learned as you grow up
- shaped by the power relations within your social context
- changes over the lifetime of the individual



Because each individual is a unique cultural package, cross cultural encounters need strategies to open the door to discover the individual's cultural preferences and frame of reference.

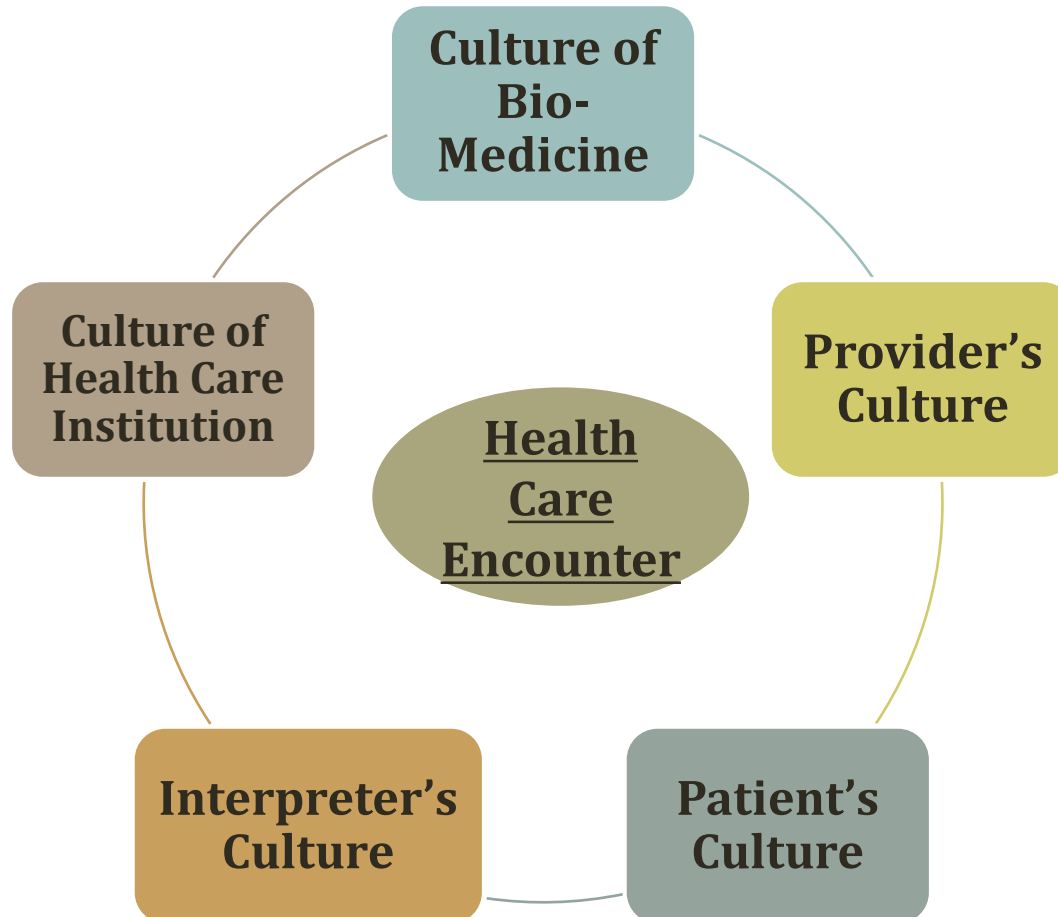


- Our view of illness and what causes it
- Our attitudes toward doctors, dentists, and other health care providers
- When we decide to seek our health care provider
- Our attitudes about seniors and persons with disabilities
- The role of caregivers in our society

An Individual's Culture is Present in Every Health Care Encounter

The Health Care Encounter

Because each individual brings their cultural background with them. There are many cultures at work in each health care visit:



Cultural Competency Continuum

For each row, CIRCLE where you are now

Area of Competency	Stage 1 Culturally Unaware	Stage 2 Culturally Resistant	Stage 3 Culturally Conscious	Stage 4 Culturally Insightful	Stage 5 Culturally Versatile
Knowledge of Patients	Doesn't notice cultural differences in patients' attitudes or needs.	Denigrates differences encountered in racial/ethnic patients.	Difficulty understanding the meanings of attitudes/beliefs of patients different from self.	Acknowledges strengths of other cultures and legitimacy of beliefs whether medically correct or not.	Pursues understanding of patient cultures. Learns from other cultures.
Attitude Towards Diversity	Lacks interest in other cultures.	Holds as superior the values, beliefs and orientations of own cultural group	Ethnocentric in acceptance of other cultures.	Enjoys learning about culturally different healthcare beliefs of patients.	Holds diversity in high-esteem. Perceives as valuable contributions to healthcare, medicine, patient well-being from many cultures.
Practice Related Behaviors	Speaks in a paternalistic manner to patient. Doesn't elicit patient's perspectives.	Doesn't recognize own inability to relate to differences. Tends to blame patient for communication or cultural barriers.	May overestimate own level of competent communication across linguistic or cultural boundaries.	Able to shift frame of reference to other culture. Can uncover culturally based resistance, obstacles to education & treatment	Flexibly adapts communication, interactions to different cultural situations. Can negotiate culture-based conflicts in beliefs and perspectives.
Practice Perspective	Believes one approach fits all patients. No "special treatment."	Has lower expectations for compliance of patients from other cultural groups.	Recognizes limitations in ability to serve cultures different from own. Feels helpless to do much about it.	Incorporates cultural insights into practice where appropriate.	Incorporates cultural insights into practice where appropriate.



Section 2

Clear Communication:

The Foundation of Culturally Competent Care

Training Goals

- Define “Clear Communication” in patient/provider encounter.
- Describe actions to improve communication in health care setting.
- Define “Health Literacy” in a health care setting.

Did you know?

California is one of the most diverse states in the nation

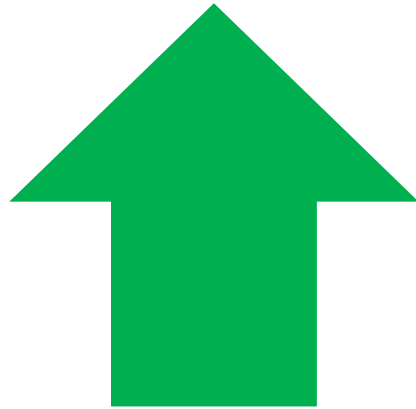
- 1 in 6 people living in the US are Hispanic (almost 57 million). By 2035, this could be nearly 1 in 4. (CDC, 2015)
- Average physician interrupts a patient within the first 12 seconds. (Family Medicine, 2001)
- 20% of people living in the U.S. speak a language other than English at home. (CIS, 2014)
- Latino population in the U.S. has grown by 43% between 2000 and 2010. (Census, 2011)
- 17% of the foreign born population in the U.S. are classified as newly arrived (arriving in 2005 or later). (Census, 2011)

Barriers to Communication

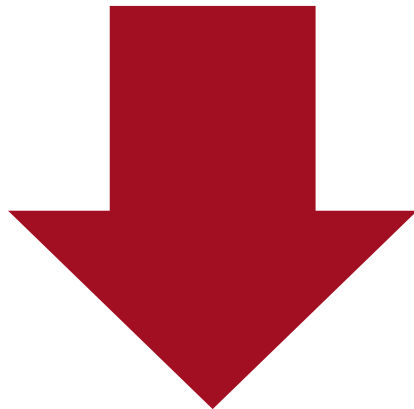
- Linguistic Barriers
 - Speech patterns, accents or different languages may be used
- Limited Experience (Health Care Concepts & Procedures)
 - Many people are getting health care coverage for the first time
- Cultural Barriers
 - Each person brings their own cultural background and frame of reference to the conversation
- Systematic Barriers
 - Health system have specialized vocabulary and jargon

Our personal culture includes what we find meaningful--beliefs, values, perceptions, assumptions and explanatory framework about reality. These are present in every communication.

Benefits of Clear Communication



Safety & Adherence
Physician & Patient
Satisfaction
Office Process
Saves Time & Money



Malpractice Risk
Medical Error
Reduces Cost

Clear Communication

Here's What Patients Wish Their Health Care Team Knew...

- I put medication into my ear instead of my mouth to treat an ear infection because the instructions said "For Oral Use Only".
- 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...

- Explain how to use the medications that are being prescribed.
- Use specific, clear & plain language on prescriptions
- Use plain language to describe risks and benefits, avoid using just numbers.

Clear Communication

Here's What Patients Wish Their Health Care Team Knew...

- I am more comfortable waiting to make a health care decision until I can talk with my family.
- I am some times more comfortable with a doctor of my same gender.
- Its important for me to have a relationship with my doctor.
- I use alternative and complementary medicine 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 at each visit
- Ask about the use of complementary medicine and home remedies

Clear Communication: Effective Use of An Interpreter

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

- Speak directly to the patient, not the interpreter
- Speak in the first person
- Speak in a normal voice, try not to speak fast or too loudly
- Speak in concise sentences
- Interpreters are trained in medical terminology; however, interpretation will be more smooth if you avoid acronyms, medical jargon and technical terms
- Be aware of the cultural context of your body language



Clear Communication: Limited English Proficiency

Here's What Patients Wish Their Health Care Team Knew...

- My English is pretty good but at times I need an interpreter
- Some days it's harder for me to speak English
- 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 language preferences during scheduling
- Consider offering an interpreter for every visit.
- Match the volume and speed of the patient's speech
- Mirror body language, position, eye contact
- Ask the patient if they're unsure

Language Assistance Services

Language assistance is available at no cost to Members & Providers:

- Interpreter support at a medical point of contact
- Sign language interpreters
- Speech to text interpretation for hearing loss in patients who do not sign
- Member informing materials in alternative formats (i.e., large print, audio, and Braille)

Contact the health plan for assistance with language services.

Use Professionally Trained Interpreters

When patients are stressed by illness, communication in their preferred language can improve understanding. Being prepared to use an interpreter when needed will keep the office flow moving smoothly.

- Hold a brief introductory discussion with the interpreter
 - Introduce yourself and give a brief nature of the call/visit
 - Reassure the patient about your confidentiality practices
- Be prepared to pace your discussion with the patient to allow time for interpretation
- Avoid interrupting during interpretation

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

Alternate Formats Are Required!

- Under Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, federally conducted and assisted programs along with programs of state and local government are required to make their programs accessible to people with disabilities as well as provide effective communication.
- Effective communication means to communicate with people with disabilities as effectively as communicating with others. Alternative communications that support a patient encounter include Sign Language interpreters, Tactile interpreters, captioning and assisted listening devices.

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
- 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://cccm.thinkculturalhealth.hhs.gov/PDF_Docs/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://med.fsu.edu/userFiles/file/ahec_health_clinicians_manual.pdf
- National Patient Safety Foundation: Ask Me 3 materials for providers. Retrieved from <http://www.npsf.org/?page=askme3>

Developed in collaboration with Health Industry
Collaboration Effort

