

Cultural Humility For Healthcare Professionals



Discussion Topics

- Cultural Competency
- Health Communication
- Health Literacy
- Disability Awareness
- Interpreter Services
- Various Populations and Subcultures
- Ensuring Compliance

Training Goals

- Define culture and cultural competence
- Explain the benefits of clear communication
- Address healthcare for various subcultures and populations in the United States
- Reflect on strategies when working with seniors and people with disabilities
- Understand how to access interpretation services and written materials in alternative languages and formats

Cultural Competency

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 having interpersonal skills that allow individuals to increase their understanding, appreciation, acceptance and respect for cultural differences and similarities within, among and between groups, and the sensitivity to know how these differences influence relations with members.

Culture Impacts Every Healthcare Encounter

BECAUSE HEALTHCARE IS A CULTURAL CONSTRUCT BASED ON BELIEFS ABOUT THE NATURE OF DISEASE AND THE HUMAN BODY, CULTURAL ISSUES ARE ACTUALLY CENTRAL IN THE DELIVERY OF HEALTH SERVICES.

- Who provides treatment
- What is considered a health problem
- What type of treatment is needed
- Where is care sought
- How symptoms are expressed
- How rights and protections are understood.



Cultural Competency

- Religion, culture, beliefs and ethnic customs can influence how members understand health concepts, how they take care of their health and how they make decisions related to their health, such as:
 - **Talking with their providers.** Each culture has its own way of expressing health-related information. For example, depression may be expressed as lethargy, or pain may be expressed as a burning sensation
 - **Involving their families.** The family plays an important role in many cultures. Involve the family in the member's healthcare if it is important to them
 - **Making food choices.** Foods that are commonly eaten by certain cultures may need to be restricted because of members' conditions. Explain to members how they can modify their intake of these foods
 - **Advocating for their health.** Some cultures feel that speaking up is challenging the doctor and that it is disrespectful. Let members know you would like them to speak up and ask questions

Become Culturally Competent, Aware and Sensitive

- Cultural competence emphasizes the idea of effectively operating in different cultural contexts and altering practices to reach different cultural groups. Cultural knowledge, sensitivity and awareness do not include this concept. Although they imply an understanding of cultural similarities and differences, they do not include action or structural change.
- Gain knowledge of a member's culture
 - Become familiar with aspects of cultures
 - Understand the linguistic, economic and social barriers that members from different cultures face, which may prevent access to healthcare and social services
 - Make reasonable attempts to collect race and language specific member information

Become Culturally Competent, Aware and Sensitive

- **Value diversity and accept differences**
 - Ask members how they define health and family, about their beliefs and way of life, to ensure you understand how their values may impact their care
 - Avoid stereotyping
 - Understand that each person is an individual and may or may not adhere to certain cultural beliefs or practices common in their culture
- **Practice self-awareness and consciousness of the impact of culture when we interact**
 - Be aware of how our own culture influences the ways we act and think
 - Do not place everyone within a particular ethnic group in the same category
 - Respect cultural differences regarding physical distance and contact, eye contact and rate and volume of voice
 - Misinterpretations or misjudgments may occur

Become Culturally Competent, Aware and Sensitive

- **Demonstrate adaptation of skills**
 - Provide services that reflect an understanding of diversity between and within cultures
 - Understand that some cultures have a range of healing practices and treatments
 - Develop treatment plans with consideration of the member's race, country or origin, native language, social class, religion, mental or physical abilities, age, gender and/or sexual orientation
- **Raise awareness about cultural competence awareness among your staff**
 - Hire staff that reflect the demographics of your member population; they can help contribute to a comfortable environment for members and can share insights with other staff regarding the customs of their religious or ethnic groups
 - Require staff to complete cultural competence trainings and share what they learned with each other during staff meetings

Learn from Other Sources: Websites

- The **U.S. Department of Health & Human Services (HHS) Think Cultural Health** website offers articles, resources and free, continuing education e-learning programs, to help you provide culturally and linguistically appropriate services.
 - For more information, please visit [HHS's Think Cultural Health webpage](#).
- **EthnoMed** is a website containing information about cultural beliefs, medical issues and other related issues pertinent to the health care of recent immigrants.
 - For more information, please visit the [EthnoMed webpage](#).
- The **Georgetown University National Center for Cultural Competence** provides training, self-assessments, technical assistance, consultation, contributes to publications and research, creates tools and resources to promote and sustain cultural and linguistic competency. For more information, please review the following:
 - [Georgetown University National Center for Cultural Competence website](#)
 - [Cultural and Linguistic Competence Health Practitioner Assessment \(CLCHPA\)](#)

Learn from Other Sources: Community Organizations

- Invite a member of a relevant cultural group to attend a staff meeting and share observations about how cultural beliefs may impact healthcare.
- Invite an expert to conduct an in-service training to educate staff about cultural competence.
- Partner with local community-based organizations to provide support services for patients and members.

Health Communication

Limited English Proficiency (LEP)

- Limited English Proficiency is a term that describes a member who has an inability or a limited ability to speak, read, write or understand the English language on a level that permits that individual to interact effectively with healthcare providers or health plan employees. It also includes members who use non-verbal forms of communication, such as sign language.
- **Who are they?**
 - 20 percent of people living in the U.S. speak a language other than English in their home
 - Hispanic population grew by 43 percent in the U.S. between 2000 and 2010
 - 17 percent of the foreign-born population in the U.S. are classified as newly arrived (arriving in 2005 or later)
- **What do they experience?**
 - One out of two adult patients has a hard time understanding basic health information due to lower-level English fluency
 - Average physician interrupts a patient within the first 20 seconds

Limited English Proficiency (LEP) Barriers

- Language barriers may cause inaccurate or incomplete communication or understanding of information communicated by providers, leading to poor health outcomes such as:
 - Reduced access to primary healthcare
 - Decreased understanding of their diagnoses, medications and follow-up instructions
 - Dissatisfaction with care received
 - Reduced likelihood of receiving equivalent levels of preventive care

Impact of Cultural Influences



Health Literacy

- Health literacy is the ability to obtain, process and understand basic health information and services needed to make appropriate decisions.
- Over one third of patients have limited health literacy, which results in their not understanding what they need to take care of their health.
 - Limited health literacy is associated with poor management of chronic diseases, poor ability to understand and adhere to medication regimens, increased hospitalizations and poor health outcomes.
- Member communications are based on health literacy and plain language standards.
 - The reading ease of written member materials is tested to ensure no higher than a sixth-grade reading level.

Health Communication

- **Providers should be conscious of members:**
 - Level of health literacy
 - Culture
 - Language
- **Effective health communication contributes to:**
 - Increased member use of preventive health services
 - Positive health outcomes
 - Members following provider instructions
 - Decreased anxiety, pain and psychological adversity in members
 - Increased trust between members and providers (emotional safety)
- **Ineffective health communication contributes to:**
 - Malpractice lawsuits
 - Limited member participation in clinical research
 - Member difficulty following instruction
 - Increased visits to the emergency room

Health Communication

- **Member-Centered**

- Treat each member as a unique individual
- Considered the characteristics of each member such as:

- Age
- Cultural Beliefs
- Education
- Gender
- Income Level
- Primary Language
- Sexual Orientation
- Values

- Consider member's past experiences with the healthcare system, and how they have shaped their attitude towards healthcare issues

- **A Shared Responsibility**

- Member's responsibility: Ask questions and provide full and honest answers
- Provider's responsibility: Provide a welcoming environment to ensure that members feel comfortable enough to share information

Health Communication

- **Communicate clearly with members.**
 - Using clear oral communication strategies can help members feel more involved and better understand health information to increase their likelihood of closing care gaps and improve health outcomes
- **Keep it simple.**
 - Use plain, non-medical language and avoid technical terms, jargon and acronyms
 - Slow down, speak clearly, at a moderate pace and normal volume
 - Be specific and concrete; don't use vague subjective terms that can be interpreted in different ways

Health Communication

- **Reinforce**
 - Limit and repeat content
 - Use body language to support what you are saying
 - Draw pictures, use posters/models or demonstrate how it's done
 - When using written materials, circle or highlight key information and read written instructions aloud
- **Get help**
 - Invite member participation and encourage members to ask questions and be involved
 - Use video and audio media as an alternative to written information
 - Use medically trained interpreters
 - Utilize written translation services

Cross-Cultural Communication Tips

- Let the person see your lips as you speak, if possible
- Be careful with your pronunciation
- Project a friendly demeanor/attitude
- Stick to the main point
- Be aware of your assumptions
- Emphasize or repeat key words
- Don't rush the person
- Control your vocabulary: Avoid jargon, slang and difficult words
- Listen carefully
- Make your statement in a variety of ways to increase the chance of getting the thought across
- Speak clearly but not more loudly
- Write down key information for them to refer to later

Ask Me 3: Tool for Communicating with Members

- Ask Me 3 is a patient education program designed to:
 - Improve communication between patients and healthcare providers
 - Encourage patients to become active members of their healthcare team
 - Promote improved health outcomes
- The program encourages patients to ask their healthcare providers three questions:
 - What is my main problem?
 - What do I need to do?
 - Why is it important for me to do this?
- Patients and providers can use this tool in their patient clinical encounters

Teach Back: Tool for Communicating with Members

- The Teach-back tool is a research-based health literacy communication intervention that promotes adherence, quality and patient safety.
- You can use it by:
 - Confirming with the patient that you explained information clearly; it is not a test or quiz of patients or members
 - Asking a patient (or family member) in a caring way to explain, in his or her own words, what he or she needs to know or do
 - Checking for understanding and, if needed, explain and check again
 - Sample teach-back questions:
 - “Can you please describe the 3 things you agreed to do to help you control your blood pressure?”
 - “Can you show me how you will check your blood sugar levels?”

Clear Communication

Here's what we wish our healthcare team knew about some of our members:

- 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 percentages 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

Addressing Differences Healthcare Systems

Here's what we wish our healthcare team knew about some of our members:

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

Common Office Expectations

Here's what we wish our healthcare team knew about some of our members:

- 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 wait time
- Accommodate by offering a doctor or interpreter of same gender
- Confirm decision-makers at each visit

Clear Communication with LEP Members

Here's what we wish our healthcare team knew about some of our members:

- I tell you I forgot my glasses means 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

Here's what your team can do:

- Use a variety of instruction methods
- Encourage questions & use of Ask Me 3*
- Use Teach-back tool*

Positive Outcomes of Clear Communication



Health Literacy

Health Literacy

- Health literacy is the capacity to obtain, process and understand basic health information and services needed to make appropriate decisions.
- Only 12% of adults in the United States have proficient health literacy skills, and 1 in 3 U.S. adults have basic or below basic health literacy skills.
- To successfully manage their health, people must be able “to obtain, process and understand basic health information and services needed to make appropriate health decisions.”²

Health Literacy

- Know the members you serve.
 - Up to 80% of members forget what their doctor tells them as soon as they leave the doctor's office, and nearly 50% of what members do remember is recalled incorrectly
 - Members may not ask questions because they are ashamed to admit they don't understand. Individuals with limited health literacy experience negative outcomes
 - Health literacy encompasses a range of abilities such as:
 - Analyzing information
 - Comprehension
 - Decoding instructions, symbols, charts and diagrams
 - Making decisions and taking action
 - Reading
 - Weighing benefits vs. risks

Health Literacy

- **Low health literacy is more prevalent among:**
 - Older adults
 - Racial and ethnic minorities
 - Non-native English speakers
 - Individuals with a low socioeconomic status
 - Medically underserved populations
- **Members with low health literacy may have difficulty:**
 - Locating providers and services
 - Filling out complex health forms
 - Sharing their medical history with providers
 - Knowing the connection between risky behaviors and health
 - Managing chronic health conditions

Health Literacy

- **Signs the member may have limited health literacy:**
 - Not getting their prescriptions filled or not taking medications as prescribed
 - Consistently arriving late to appointments
 - Returning forms without completing them
 - Requiring several calls between appointments
- **Members with limited health literacy may make statements like:**
 - *“I’ll take this home for my family to read.”*
 - *“What does this say? I don’t understand this.”*

Learn from Other Sources: Websites

- The Center for Health Care Strategies is devoted to improving outcomes for people enrolled in Medicaid and offers information, fact sheet, and resources related to health literacy.
- For more information, please review the [Health Literacy Fact Sheet](#) webpage.
- The Agency for Healthcare Research and Quality offers a Health Literacy Universal Precautions Toolkit that offers evidence-based guidance to help healthcare providers make health information easier to understand for patients of all health literacy levels.
- For more information, please review the [AHRQ Health Literacy Universal Precautions Toolkit](#).

Disability Awareness

Definition of Disability

The Americans with Disabilities Act (ADA) defines a person with a disability as:

A person who has a physical or mental impairment that substantially limits one or more major life activity.

- This includes people who have a record of such an impairment, even if they do not currently have a disability.
- It also includes individuals who do not have a disability but are regarded as having a disability.

It is unlawful to discriminate against persons with disabilities or to discriminate against a person based on that person's association with a person with a disability.

Disability Awareness

- Providers have a legal obligation to conform to ADA requirements as noted in their contract with Magnolia, and to maintain reasonable accommodations for members with disabilities, including seniors and persons with disabilities.
- Reasonable accommodations ensure that:
 - Services are provided in the most integrated setting appropriate for a person's needs.
 - Members have full and equal access to health-care services and facilities.
 - Reasonable modifications to policies, practices and procedures are made, when necessary, to ensure health-care services are fully available to individuals with disabilities, unless the modifications would fundamentally alter the nature of services (i.e. alter the essential nature of services).

Disability Awareness

- Examples of reasonable accommodations can include, but are not limited to:
 - Improving the physical environment throughout an office or facility by using universal symbols and signage.
 - Creating adequate space within waiting rooms and exam rooms to comfortably accommodate individuals with physical disabilities (e.g. individuals who use wheelchairs) and non-physical disabilities.
 - Having medical equipment that accommodates individuals with disabilities (e.g. height adjustable exam tables, Hoyer type lifts, wheelchair accessible weight scales, moveable exam chairs).
 - Ensuring the office is accessible with ramps, and adequate parking with proper signage.
 - Providing exam room and waiting room furniture that can accommodate individuals with physical and non-physical disabilities.

Interpreter Services

Requesting Interpreter Services

- Magnolia Health Plan makes available free interpreting services 24-hours a day, 7 days a week, including American Sign Language (ASL).
- Magnolia language services include:
 - Telephone interpreters
 - In-person interpreters
 - Written translations

Using Interpreter Services

- To request an interpreter, please call 1-866-912-6285 and provide your patient's Member ID number.
- Using the speakerphone function is recommended for communication efficiency between you, your patient and the interpreter.
- Providers need to include the member's language in the member's medical record.
- Providers are strongly encouraged to document member request/refusal of interpreter services and the request to use a friend or family member in the medical record.

Provider Interpreter Services Compliance

- All participating Magnolia Health Plan providers are required to comply with certain interpreter requirements.
 - Providers must ensure that bilingual staff who act as interpreters are qualified and meet the quality standards, which includes documentation that the staff member's proficiency was assessed
 - Patients can never be required to bring their own interpreters
 - Minors may not interpret, even if their parent or other relative consents, unless there is an emergency and there is not a qualified interpreter immediately available.
 - An accompanying adult may interpret if the patient agrees and if it is appropriate to the situation

Auxiliary Aids and Written Translations Tips

- Use auxiliary aids and services such as:
 - Assistive listening devices
 - Audio recordings
 - Braille
 - Captioning
 - Graphic materials
 - Large print
 - Qualified readers and/or interpreters
 - Relay service
 - Translated written materials
- Provide written materials in members' preferred languages and formats.
- Do not assume that non-English speakers, including speakers of American Sign Language, will understand notes or other materials written in English.
- Ensure that members are receiving materials in their preferred alternate format.
- For translated materials, replace text written in one language (source language) into an equivalent text written in another language (target language of member).
- Translated materials should not substitute oral communication.

Working with Professional Interpreters & Translators

- **Use acceptable language assistance services, such as:**
 - Certified bilingual clinicians or staff members whose proficiency has been confirmed; can communicate directly with members in their preferred language
 - On-site trained medical interpreters
 - Telephone or video medical interpreter services
- **Unacceptable language assistance services include:**
 - Clinicians or staff who are not certified as bilingual certified staff
 - Minor children
 - Member's family or friends

Tips for Working with Interpreters

- Tips for working with interpreters:
 - Keep your sentences short, pausing to allow for interpretation
 - Stop in natural places to allow the interpreter to pass along your message
 - Speak directly to the member and not to the interpreter
 - Ask only one question at a time
 - Be prepared to repeat yourself using different words if your message is not understood
 - Check to make sure that your message is understood
- Complimentary Interpretation Services
 - Magnolia offers interpretation services to providers at no cost
 - To access telephonic interpreters for your members or to schedule an in- person interpreter, please contact Magnolia's Member Services department or complete the Interpreter Request Form on the Magnolia's Website. <https://www.magnoliahealthplan.com/providers/resources/forms-and-resources.html>

Various Populations and Subcultures

Subcultures and Populations

- With growing concerns about health inequities and the need for healthcare systems to reach increasingly diverse patient populations, cultural competence has increasingly become a matter of national concern.
- There are also growing concerns over different health issues that affect American society, which can differ amongst ethnic groups. Each population has its health issues; Anglo, Asian, African and Latino Americans, as well as genders.
- A **subculture** is an ethnic, regional, economic or social group exhibiting characteristic patterns of behavior sufficient to distinguish it from others within an embracing culture or society.

Healthcare for Economically Disadvantaged Populations

- **Economically disadvantaged members may:**
 - Not be familiar with the U.S. healthcare system
 - Experience illness related to life changes like job loss
 - Experience difficulty getting to medical appointments due to transportation issues
- **Benefits to open communication:**
 - Builds trust
 - Results in full disclosure of patient knowledge, behavior and ability to afford medications and treatment

Culture Differences

- To take care of health issues within different ethnicities in the United States, you need to understand the values, beliefs and customs of different people.
- Example of a cultural difference that impacts healthcare:
 - Consider people from the Middle East and Central Asia. Understand that women from that part of the world might not be comfortable undressing
- When working with a wide array of different people from different cultures, take into account the following:
 - Have respect for everyone
 - Have respect for everyone's traditions, norms and other traits

Cultural Aspects That May Impact Health Behavior

- **Eye Contact:** Many cultures use deferred eye contact to show respect. Deferred eye contact does not mean that the patient is not listening to you.
- **Personal Space:** Different cultures have varying approaches to personal space and touching. Some cultures expect more warmth and hugging in greeting people.
- **Respect for Authority:** Many cultures are very hierarchical and view doctors with a lot of respect; therefore, these patients may feel uncomfortable questioning doctors' decisions or asking questions.

Cross-Cultural Healthcare

- Understanding the many different subcultures that exist within our own culture is also an important aspect of cross-culture healthcare.
- Not only understanding Americans in general, but also recognizing and addressing the unique issues that affect diverse subcultures within American society.

Ensuring Compliance

Ensuring Compliance

- **Title VI of the Civil Rights Act of 1964**
 - Take reasonable steps to provide meaningful access for LEP members
- **Title II of the ADA**
 - Prohibits excluding or denying benefits based on an individual's disability (the definition of disability is broad and includes HIV status)
- **The Age Discrimination Act of 1975**
 - Prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance
- **Title IX of the Education Amendments of 1972**
 - Prohibits discrimination on the basis of sex in education programs and activities

Ensuring Compliance

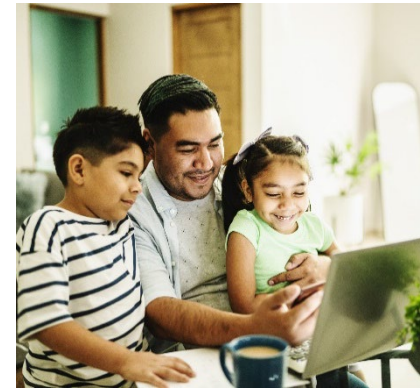
- **Federal Healthcare Provider Conscience Protection Statutes**
 - Prohibits discrimination on the basis of religious or moral objections
- **Section 1553 of the Affordable Care Act (ACA)**
 - Prohibits discrimination against individuals or institutional healthcare entities that do not provide assisted suicides services
- **Section 1557 of the ACA**
 - Prohibits discrimination in federally assisted and some federally conducted health programs and activities, and programs and activities administered by entities created under Title I of the ACA

References

- <http://www.iceforhealth.org/library.asp?sf=&scid=2899#scid2899>
- <http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/>
- <http://www.teachbacktraining.com/>
- <http://www.thinkculturalhealth.org/>
- <https://thinkculturalhealth.hhs.gov/about>
- <http://minorityhealth.hhs.gov>

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