

# **Cultural Competency: Connecting With Your Patients**



Presented by Molina Healthcare



## Agenda

- Define culture and cultural competence
- Explain the 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 persons with disabilities

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



Adapted from http://minorityhealth.hhs.gov

# How does culture impact the care that is given to my patients?

- Culture influences:
  - Concepts of health and 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 types of treatments are there?
  - Where is care sought?
  - How are symptoms expressed?
  - How are rights and protections 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**

- 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. between 2000 and 2010
- 17% of the foreign born population in the U.S. are classified as newly arrived (arriving in 2005 or later)
- 50% of adult patients have a hard time understanding basic health information
- Average physician interrupts a patient within the first 20 seconds





### **Clear Communication Benefits** Improves Safety & **Adherence Reduces Increases Provider Malpractice** & Patient Risk **Satisfaction Saves Time** & Money

### **Cultural Influences**

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





### **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

- Use a variety of instruction methods
- Encourage questions & 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 percentages or ratios how do I decide what I should 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 non-verbal cues

- Office staff should confirm interpreter needs 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 is 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 and healers



### **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



### **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





### Cultural Competence: Lesbian, Gay, Bisexual, and Transgender (LGBT)

**Sexual Orientation**: A person's emotional, sexual, and/or relational **attraction** to others. Sexual orientation is usually classified as heterosexual, bisexual, and homosexual (i.e. lesbian and gay).

- Describes how people locate themselves on the spectrum of attraction and identity
- It is distinct from gender identity or gender expression
- Transgender people exhibit the full range of sexual orientations, from homosexual to bisexual and heterosexual



### **Health Disparities of LGBT Populations**



Source: Industry Collaboration Effort



### **Transgender Individuals: Disparities in Levels of Care**

Refused Care Based on Gender Identity/Expression



Source: Industry Collaboration Effort



### **Postponement of Care Due to Discrimination by Providers**



Source: Industry Collaboration Effort

### **Cultural Competence & the LGBT Communities**

#### Here's What We Wish Our Health Care Team Knew...

• A general understanding of the terms used by us for orientation/identification

- Listen to how the patient refers to themselves and loved ones (pronouns, names)
- Use the same language they use
- If you're unsure, ask questions



### **Cultural Competence & the LGBT Communities**

#### Here's What We Wish Our Health Care Team Knew...

- We come to you with an extra layer of anxiety
- Verbally or physically abused
- Rejected by families due to our sexual orientation/identity
- Discriminated against within the health care setting

- 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 orientation/identity displayed in common areas



### **Cultural Competence & the LGBT Communities**

#### Here's What We Wish Our Health Care Team Knew...

- The heteronormative assumptions and attitudes dissuade our future care-seeking
- Discrimination in health care 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



### **Cultural Competence & the LGBT Communities**

#### Here's What We Wish Our Health Care Team Knew...

- We feel our HIPAA rights to privacy are not honored
- Amazingly, some personnel...
  - Openly discuss our orientation/identity with co-workers
  - Don't realize or care that we can see or hear them making fun of us with co-workers

- Protect the patient's rights
- Sharing personal health information, including sexual orientation, is a violation of HIPAA
- Confirm that the patient's rights are protected under the HIPAA Privacy Rule

### **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 botanical healing or treatments before seeking U.S. medical advice





### **Benefits of Open Communication for Refugees and Immigrants**

- Builds trust
- Results in fuller discloser of patient knowledge and behavior



### **Addressing the U.S. Health Care 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

- 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



### **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.

- Upon arrival, inform patient about the wait time
- Accommodate requests for 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

- Explain confidentiality
- Ensure that staff adhere to your policies
- Make HIPAA forms easy to understand, in preferred languages





### **Cultural Competence: Seniors and Persons with Disabilities**





### **Disease and Multiple Medications**

#### Here's What We Wish Our Health Care Team Knew...

- Neuro-cognitive processing ability impaired
  - Pain
  - Stroke
  - Hypertension, Diabetes
  - UTI, Pneumonia
- Medications 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



### **Caregiver Burden/Burnout**

#### Here's What We Wish Our Health Care Team Knew...

- Caregivers report more stress, higher likelihood of depression
  - 12% of active caregivers may have their own limitations
  - 16% of working seniors are also caregivers

- Ask about caregiver responsibilities and stress levels
- Offer caregiver support services



### **Cognitive Impairment & Mental Health**

#### Here's What We Wish Our Health Care Team Knew...

- Patients with dementia may need a caregiver
- Older adults suffer more losses
  - May be less willing to discuss feelings
  - High suicide rates for 65+

- Communicate with patient and caregiver
- Assess for depression, dementia/cognitive ability



### **Visual Impairment**







Cataract





#### **Problems**

• Reading, depth perception, contrast, glare, loss of independence

#### **Solutions**

- Decrease glare
- Bright indirect lighting
- Bright, contrasting colors
- LARGE, non-serif fonts

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### **Hearing Impairment**

#### Here's What We Wish Our Health Care Team Knew...

- Age-related hearing loss, or presbycusis, is the slow loss of hearing that occurs as people get older
  - Consonant sounds are high frequency
  - Word distinction difficultly
  - 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.
- Offer listening devices

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### **Physical Impairment**

#### Here's What We Wish Our Health Care Team Knew...

- 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



# Thank you for participating

## **Developed by:**

Industry Collaboration Effort Cultural and Linguistic Cultural Competency Training Workgroup





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