

Cultural Competence

A Necessary Skill

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► Objectives

- Identify social factors influencing the health of your patient population
- Understand the definition of cultural competence
- Discuss strategies for improving cultural competence
- Recognize inherent “bias” in providing care to a diverse patient population
- Discuss the impact of health literacy on patient care
- Identify risk strategies and tools to assist in low literacy communication

► Cultural diversity and healthcare

What is culture?

- The values, beliefs, standards, language, thinking patterns, behavioral norms, communication styles, etc. shared by a group of people. It guides decisions and action of a group through time.
- Healthcare providers have an obligation to be respectful and sensitive to another's belief system. Healthcare workers must be culturally competent and comfortable with those they serve. Healthcare workers should understand how their own personal biases and values influence communication with patients, families, and coworkers.

► Cultural competency

What is cultural competency?

“To be culturally competent doesn’t mean you are an authority in the values and beliefs of every culture. What it means is that you hold a deep respect for cultural differences and are eager to learn, and are willing to accept that there are many ways of viewing the world.”

Okokon O. Udo, PhD.

CULTURAL COMPETENCE



► Benefits of cultural competence

- A culturally competent health care system is one that acknowledges the importance of culture, incorporates the assessment of cross-cultural relations, recognizes the potential impact of cultural differences, expands cultural knowledge, and adapts services to meet culturally unique needs.

Social Determinants of Health

Education Access and Quality

The connection of education to health and wellbeing.

Economic Stability

The connection between the financial resources people have—income, cost of living, and socioeconomic status—and health.



Healthcare Access and Quality

The connection between people's access to and understanding of health service and their own health.

Neighborhood and Built Environment

The connection between where a person lives—housing, neighborhood and the environment—and their health and wellbeing.

Social and Community Context

The connection between characteristic of the contexts within which people live, learn, work and play, and their health and wellbeing.

Social Determinants of Health

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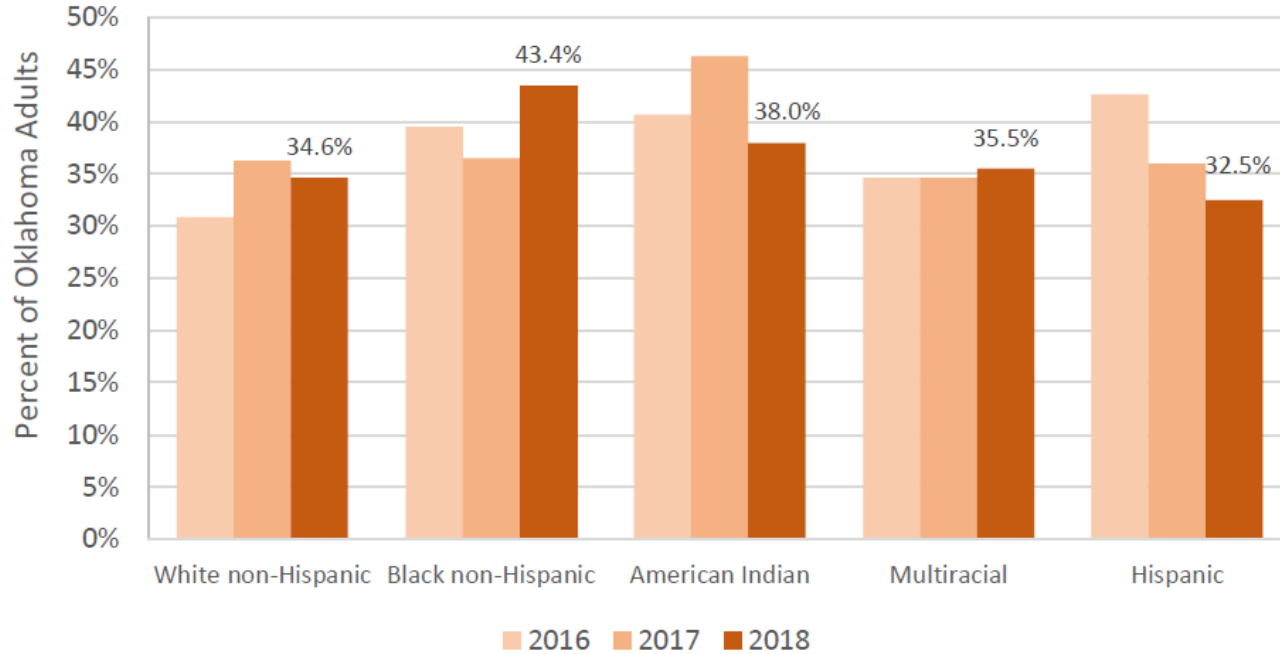
Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 1/8/2021, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

▶ Evidence of disparities in healthcare

- ▶ Disparities exist across a wide range of disease areas and clinical services.
- ▶ Disparities in care are associated with higher mortality among minorities.
- ▶ Disparities are found even when clinical factors, such as stage of disease presentation, co-morbidities, age and severity of disease are taken into account.
- ▶ Disparities are found across a range of clinical settings, including physician offices and hospitals.
- ▶ Culture is important because it gives people a sense of belonging - gives sense of safety and comfort.

OBESITY

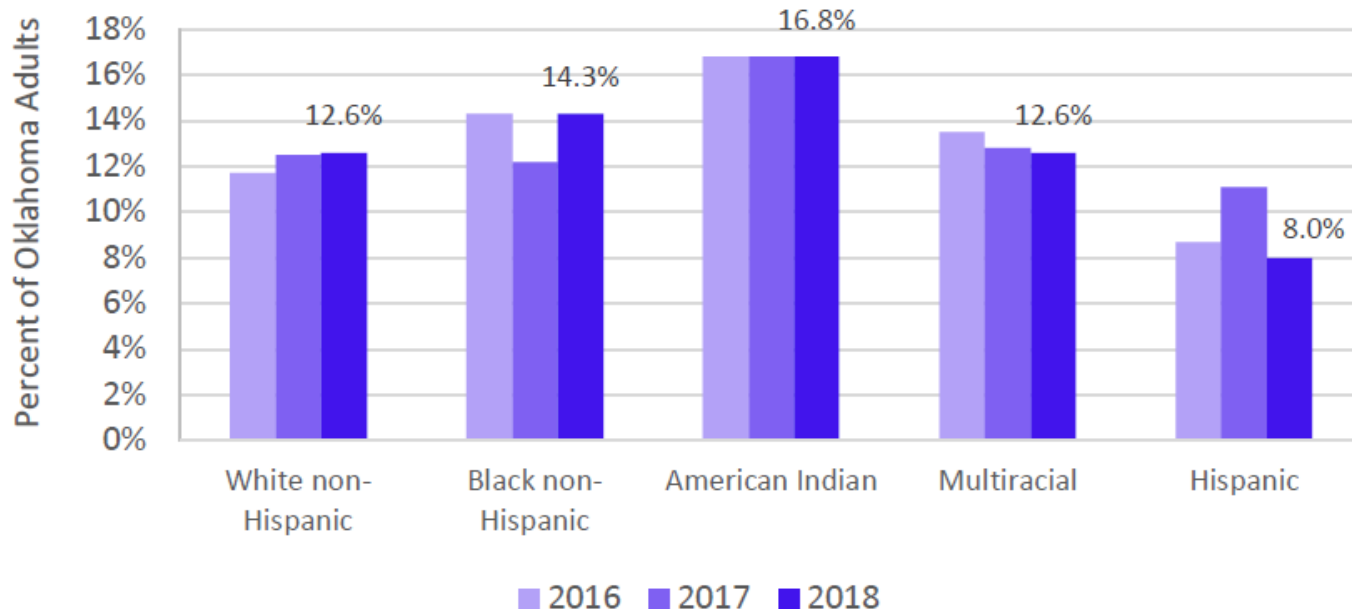
Obese Adults in OK by Race & Ethnicity in 2016-2018



DIABETES

Adults in OK Diagnosed with Diabetes by Race & Ethnicity, 2016-2018

In 2018, the prevalence of diabetes diagnoses among adults (aged 18 years or older) was **highest** for **American Indians** (16.8%, which has remained steady since 2016) and lowest for Hispanics (8.0%)



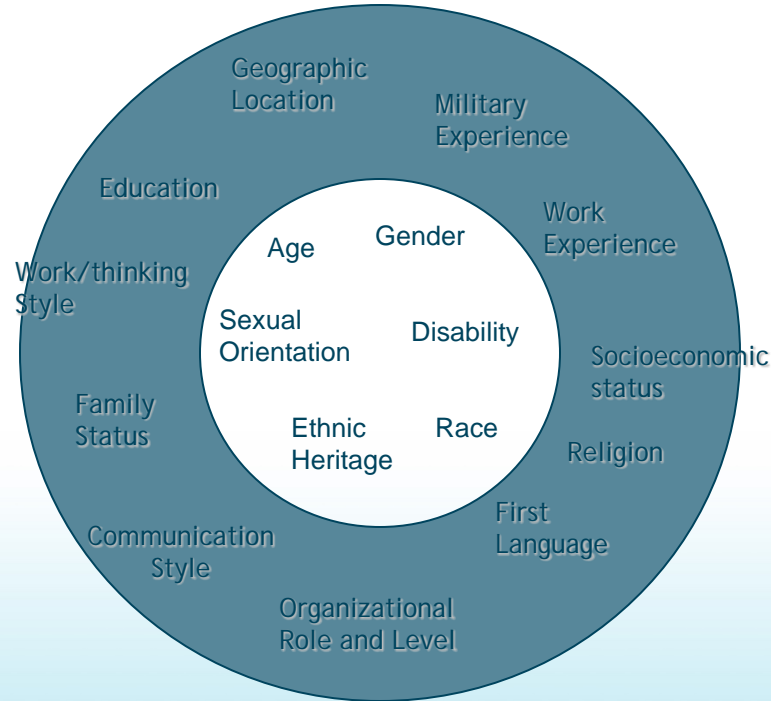
CHILD HEALTH: INFANT MORTALITY

Infant Death Rates in Oklahoma, by Mother's Race and Ethnicity,
2015-2017

In 2017, the data most recently available, non-Hispanic **Black** mothers had the **highest** infant mortality rate (13.04 deaths/1,000 live births, down from 14.42 in 2016), while non-Hispanic White mothers had the lowest



Primary and Secondary Dimensions of Diversity



► Cultural diversity and healthcare

More definitions

- **Cultural sensitivity**
 - The ability to be open to learning about and accepting of different cultural groups.
- **Multiculturalism**
 - The recognition and acknowledgment that society is pluralistic. In addition to the dominant culture, there exist many other cultures based upon ethnicity, sexual orientation, geography, religion, gender and class.

► Cultural competence is a journey!

- You don't have to be an expert - think of how you can respectfully interact with others of different backgrounds based on your own beliefs.
- No recipe books - people are different depending on who they are!
- Culture is not static, and there is no formula for how a person of a certain background might think—be it national origin, disability, race, age, economic status, military background or sexual orientation.
- As an organization, you should strive to provide services that demonstrate respect for diversity and cultural, ethnic, spiritual, emotional and age-specific differences.

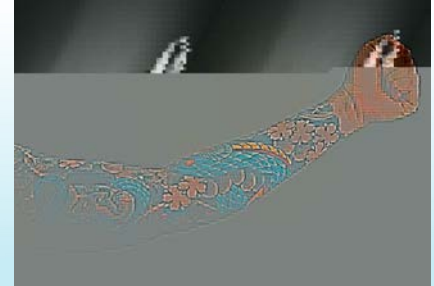
► Cultural competence

Implicit bias

- Definition: implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control.

► Cultural Competence

Implicit bias



► Cultural competence

Knowledge – Examine your implicit biases

implicit.harvard.edu/implicit
or
Search “implicit bias test”



► Cultural competence

Archetypes vs. Stereotypes

- Men are taller than women. (An archetype)
- But is every man taller than every woman? (to say yes would be to stereotype).



▶ Acquiring cultural competence

▶ Ask yourself these questions:

- ▶ Who are my patients, families, and coworkers?
- ▶ What are my beliefs about this group?
- ▶ How can I learn about them?

▶ Acquire knowledge of the cultural values, beliefs and practices of your patients:

- ▶ Ask questions
- ▶ Listen
- ▶ Account for language and literacy issues
- ▶ Be aware of communication styles

► Acquiring cultural competence

[ThinkCulturalHealth.hhs.gov](https://www.hhs.gov/cultural-competence)

National CLAS (Culturally and Linguistically Appropriate Services) standards

Principal Standard:

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

▶ Acquiring cultural competence

Be sensitive to personal health beliefs and practices:

- ▶ Special foods, drinks, objects or clothes
- ▶ Avoidance of certain foods, people or places
- ▶ Customary rituals or people used to treat the illness
- ▶ Will the patient take the medicine even when he/she doesn't feel sick?
- ▶ Is the patient taking other medicines or anything else to stay healthy?
- ▶ Who in the family makes decisions about health care?
- ▶ Are illnesses treated at home or by a community member?

▶ Acquiring cultural competence

Be sensitive to other factors

▶ Consider body language:

- ▶ Eye contact
- ▶ Touching
- ▶ Personal space
- ▶ Privacy/modesty

▶ Other cultural factors to consider:

- Gender
- Wealth or social status
- Presence of a disability
- Sexual orientation

▶ Acquiring Cultural Competence

Be sensitive to religion

▶ Consider religious/spiritual factors

- ▶ Are there sensitivities/beliefs associated with:
 - Birth, death
 - Certain treatments, blood products
 - Prayer, meditation and worship
 - Food preparation, clothing, special objects, and gender practices

▶ Acquiring cultural competence

Be sensitive to language/literacy barriers:

- ▶ Does the patient understand enough English to understand what you are explaining?
- ▶ Consider literacy level
- ▶ Use visual aids and demonstrate procedures
- ▶ Check understanding (teach back)
- ▶ Is an interpreter necessary?

► What is health literacy?

Health literacy is “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

Source: Institute of Medicine. (2004). *Health literacy: A prescription to end confusion*. National Academies Press. Retrieved from <http://www.nap.edu/catalog/10883/health-literacy-a-prescription-to-end-confusion>

▶ The prevalence of low health literacy

Among American adults:

- ▶ Just 12% are proficient in health literacy and able to use health information effectively
- ▶ More than 66% aged 60 or older have inadequate or marginal literacy skills
- ▶ Almost 9 out of 10 have difficulty using the everyday health information that is routinely available in healthcare facilities
- ▶ About 1 in 5 reads at the 5th grade level or below
- ▶ Only 50% take medications as directed

Sources: NPSF, *Health literacy: Statistics at-a-glance*; NPSF. (2016). *Leveling the challenges of health literacy with Ask Me 3*. Retrieved from <http://c.ymcdn.com/sites/www.npsf.org/resource/resmar/AskMe3/AskMe3 HealthLiteracyTrainin.pdf>; Office of Disease Prevention and Health Promotion. (n.d.). *Fact sheet: Health literacy basics*. Retrieved from <http://health.gov/communication/literacy/quickguide/factsbasic.htm#six>



U.S. high school dropout rate is 30%

EPE Research Center (2008), "Utilities in Crisis"

▶ The impact of low health literacy

Low health literacy can impair your patients' ability to understand:

- ▶ Instructions on prescription drug bottles
- ▶ Appointment slips
- ▶ Medical education brochures
- ▶ Verbal instructions about care
- ▶ Mathematical concepts, such as probability and risk
- ▶ The informed consent process and related forms

Source: ODPHP, *Fact sheet: Health Literacy Basics*; National Network of Libraries of Medicine. (2013) Health literacy. Retrieved from <http://nnlm.gov/outreach/consumer/hlthlit.html>

► Case study

- A 29 year old woman with three days of abdominal pain and fever was brought to a Baltimore emergency department by her family. After a brief evaluation she was told that she would need an exploratory laparotomy. She subsequently became agitated and demanded to have her family take her home. When approached by staff, she yelled “I came here in pain and all you want is to do an exploratory on me! You will not make me a guinea pig!”

She refused to consent to any procedures and later died of appendicitis.

Health Literacy: A Prescription to End Confusion (2004)

▶ The impact of low health literacy

National Patient Safety Foundation

- ▶ Often experience poorer health outcomes than those with adequate health literacy
- ▶ Fail to comply with treatment plan:
 - Medications, treatments
 - Tests, vaccinations, referrals, etc.
- ▶ When patients and family have trouble understanding and following health information, negative effects can occur such as:
 - ▶ Decreased level of quality care
 - ▶ Inefficient use of resources
 - ▶ Adverse events
 - ▶ Liability risks

Patient Name: _____

☐ Cervical / Thoracic / Lumbar / Caudal Epidural Steroid Injection

☐ Left / Right _____ Cervical / Thoracic / Lumbar Transforaminal Epidural Steroid Injection

☐ Left / Right _____ Cervical / Thoracic / Lumbar Facet Joint Injection / Radiofrequency Ablation

☐ Left / Right Supratrochlear / Supraorbital / Infraorbital / Auriculotemporal Nerve Block / Radiofrequency Ablation

☐ Left / Right _____ Nerve Block / Radiofrequency Ablation

☐ Left / Right Greater Trochanteric Bursa Injection ☐ Left / Right Intra-articular Hip Injection

☐ Left / Right Stellate Ganglion Block ☐ Left / Right Lumbar Sympathetic Plexus Block

☐ Left / Right Sacroiliac Joint Injection ☐ Left / Right _____ Joint Injection

☐ Left / Right _____ Trigger Point Injection

☐ Occipital nerve stimulator trial / Occipital nerve stimulator implant

☐ _____ Kyphoplasty ☐ Left / Right _____ Disc Decompression

☐ Other: _____

I have been given the opportunity to ask questions about the procedure, and I have received answers and explanations to my questions and concerns. These explanations have satisfactorily assured my concerns.

Expectations: This procedure may be helpful in overcoming my chronic pain syndrome. However, there is no guarantee that I will be pain free following the procedure. Alternative methods of treatment discussed include but are not limited to TENS, medical management, physical therapy, surgery, and undergoing no treatment. The risks of this procedure may include but are not limited to infection, severe bleeding, abscess, hemorrhage, drug reaction, elevated blood sugar, delayed healing, no improvement, nerve damage with increased pain and sensory changes/loss, bowel/bladder dysfunction, headache, paralysis, death, worsening of condition, and, in some cases, adrenal suppression, hoarseness, collapsed lung, need for future procedures, and equipment failure.

Risks:

Post Care:

Follow-up:

Physician Discretion:

I understand that during the course of a procedure, unforeseen conditions may be revealed which necessitate an extension of the original procedure different from that authorized in this statement. I, therefore, authorize and request the physician (and/or associates and assistants) to perform such additional procedures as are necessary in the exercise of his or her professional judgment.

No Guarantees As To Results:

I also understand that no guarantees can be made regarding the results of this procedure. All of my questions have been answered, and I request that the procedure be performed.

Date/Time: _____

Date/Time: _____

Date/Time: _____

Signed: _____
(Patient or Legally authorized representative for patient)

Signed: _____
(Physician)

Signed: _____
(Witness and/or Interpreter)

▶ The impact of low health literacy

Informed consent

- ▶ 44% do not know the exact nature of their operation
- ▶ 69% do not understand or read the information contained in the informed consent forms
- ▶ 45% unable to recall the major risks associated with their procedure

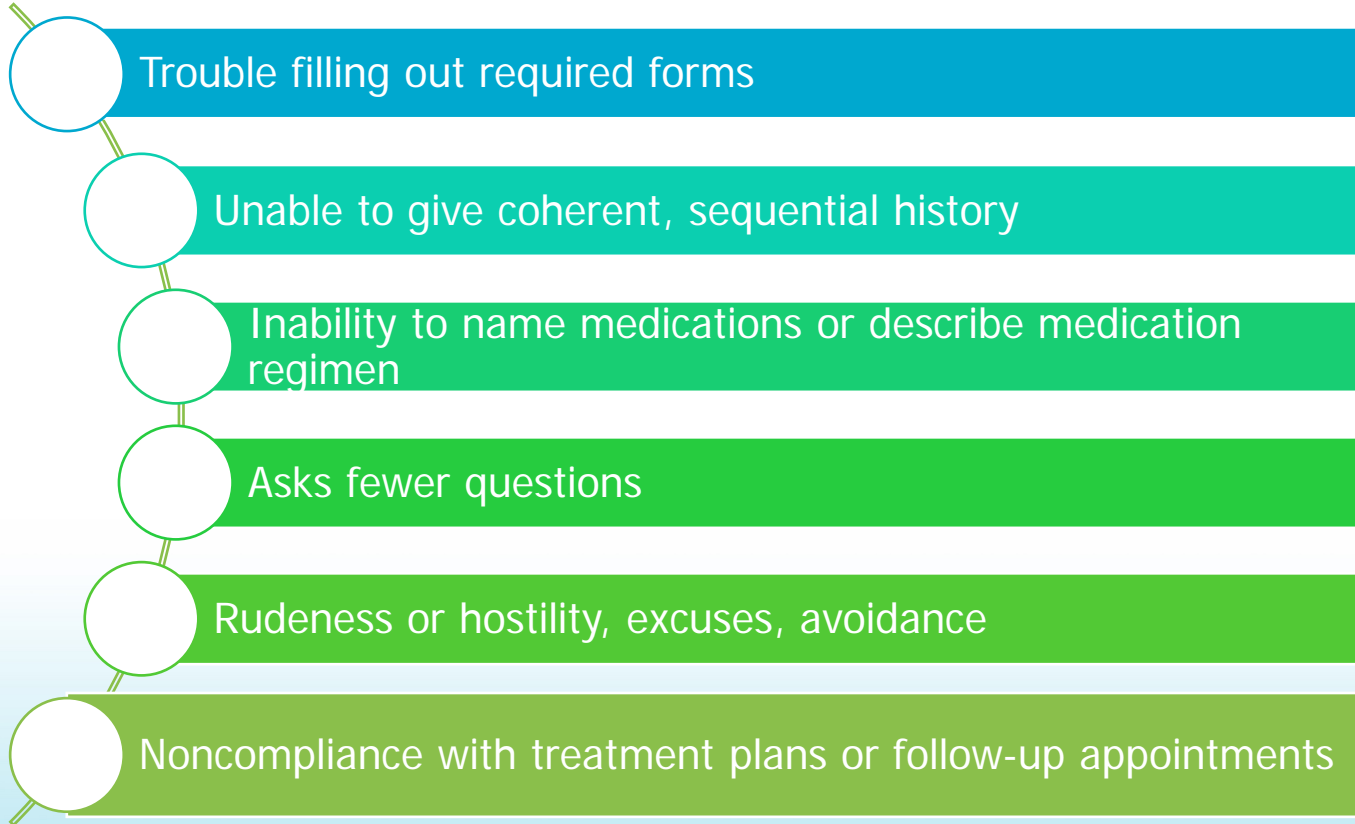
<https://www.psqh.com/mayjun06/informed.html>

▶ Our expectations of patients are increasing . . .

- ▶ Prevention/wellness (eating, exercise, sunscreen)
- ▶ Immunizations
- ▶ Self-assessment of health status
 - ▶ Peak flow meter
 - ▶ Glucose testing
- ▶ Self-treatment
 - ▶ Insulin adjustments
- ▶ Healthcare use
 - ▶ Referrals and follow-up
 - ▶ Insurance/Medicare



► Low health literacy red flags

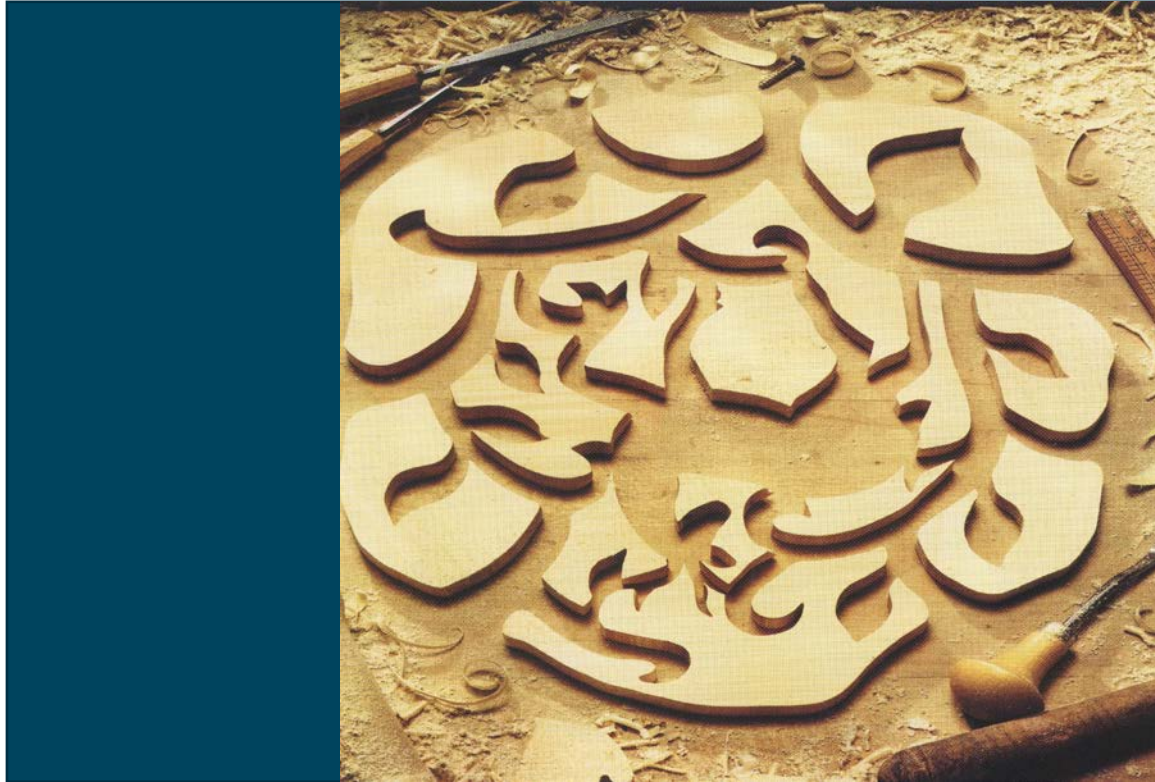


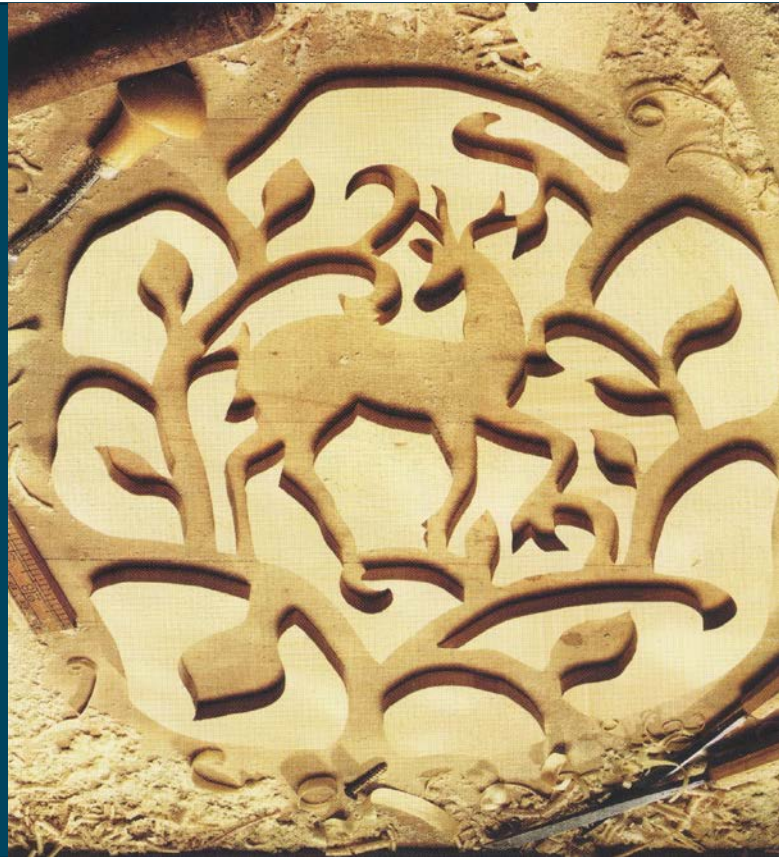
▶ Patient education tool box



▶ Use a health literacy universal precautions approach

Structure the delivery of healthcare as if everyone may have limited health literacy.





20 complicated but commonly used words

SCREENING	MENTAL HEALTH
IMMUNIZATION	DEPRESSION
CONTRACEPTION	RESPIRATORY PROBLEMS
COMMUNITY RESOURCES	MODERATE
MONITOR	DIET
REFERRAL	HYGIENE
ELIGIBLE	PREVENTION
HYPERTENSION	ORAL
ARTHRITIS	ENDOCRINOLOGIST

► Examples of plain language

Medical Terminology	Plain Language
Annually	Yearly or every year
Arthritis	Pain in joints
Cardiovascular	Having to do with the heart
Dermatologist	Skin doctor
Diabetes	Elevated sugar in the blood
Hypertension	High blood pressure
Lesion	Sore; infected patch of skin
Oral	By mouth

The Plain Language Thesaurus for Health Communications

<https://www.ora.u.gov/hsc/HealthCommWorks/MessageMappingGuide/resources/CDC%20Plain%20Language%20Thesaurus%20for%20Health%20Communication.pdf>

► SMOG Readability Formula

<http://www.readabilityformulas.com/free-readability-formula-tests.php>

"If any unforeseen condition arises in the course of the surgery or procedure, requiring in the estimation of the surgeon additional or different surgery or procedure from those now intended, I further request and authorize the surgeon to do what he/she deems advisable."

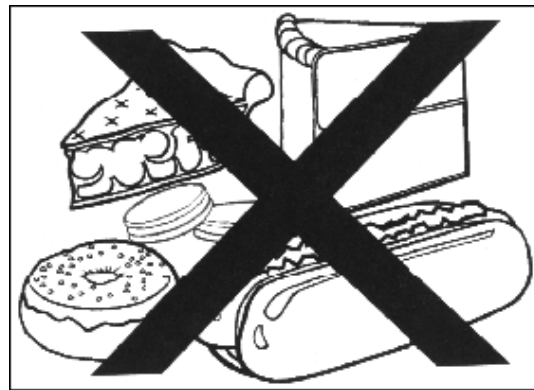
SMOG: 23.9

A score of 19 would require a post-graduate degree.

▶ Printed material-visuals



Good



Not so good



▶ Visual models: Signs of Diabetes

1. Very thirsty



2. Very tired



3. Losing weight



4. Urinating more than usual



5. Sores that do not get well.



6. Blurred vision



6. Eating a lot of food.



► Teach-back

I want to be sure that I did a good job explaining your problem. Can you tell me:

- What your problem is?
- What you need to do?
- Why you need to do it?

► Risk strategies

- A welcoming, calm environment
- An attitude of helpfulness by all staff
- Recognize and confirm causes of patients' issues
- Increase empathy
- Ensure patient understanding:
 - Use the teach-back method
 - Put instructions in writing
 - Plain language (4th-6th grade level)
 - Emphasize risks of failing to follow advice
 - Utilize pictures and visual examples
- Increase organizational commitment to create an environment where health literacy is not assumed

► Further actions to consider

- Do you have a “language resource” for those who aren’t proficient in English?
- Do you have written communications in languages that reflect the makeup of your community?

► Cultural competence

A definition of health literacy that does not recognize the potential effect of cultural differences on the communication and understanding of health information would miss much of the deeper meaning and purpose of literacy for people.

► Cultural competence

Other things to consider

- Ask your patients what they need and how they would like you to refer to them.
- Outline your commitment to being culturally competent and ask patients to let you know if you ever do something that is offensive in their culture.
- Ask patients to repeat directions back to you. (teach-back).
- For some cultures, personal relationship with the doctor is part of what healthcare means- acknowledge that US is not like this, but strive to create a trusting professional relationship.
- Advocate for hiring cultural specialists and patient navigators who can help patients understand the system and help you understand the patient.

► Cultural competence

Other things to consider

- When your identity or background -race, age, gender, etc. -doesn't match the patient's, look for extra support from your staff or others.
- Develop accountability systems to check your conclusions and assumptions before, during and after treatment.
- Provide a patient-centered environment. Upon scheduling, ask if the patient requires any reasonable accommodation for a better patient-centered experience.

► Ways to communicate across cultural boundaries

- Recognize differences
- Build your self-awareness
- Describe and identify, then interpret
- Don't assume your interpretation is correct
- Verbalize your own non-verbal signs
- Share your experience honestly
- Acknowledge any discomfort, hesitation or concern
- Practice politically correct communication
- Give your time and attention when communicating
- Don't evaluate or judge

► Cultural Competence

In summary:

- Assess your own feelings about working with different cultural groups.
- Identify cultural groups in your community.
- Compare your community analysis with your patient population.
- Review common cultural barriers often encountered in working with various cultural groups.
- Review any challenges you personally have had working with patients and families from diverse cultures.
- Develop culturally competent approaches to these challenges.
- Review organizational policies and procedures regarding cultural diversity.
- Attend community and organizational educational offerings (or research via internet or library) to improve your knowledge.

► Cultural diversity and healthcare

It is because we are
different that each of us is
special.

► Resources



Risk Resources

PATIENT SAFETY & RISK SOLUTIONS

Health Literacy and Cultural Competence

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

- AHRQ Health Literacy Universal Precautions Toolkit
- Cultural Competence
- Health Literacy
- The Patient Education Materials Assessment Tool (PEMAT) and User's Guide

AMERICAN HOSPITAL ASSOCIATION

- Becoming a Culturally Competent Health Care Organization

CENTERS FOR DISEASE CONTROL AND PREVENTION

- Cultural Competence
- Health Literacy
- Simply Put: A Guide for Creating Easy-to-Understand Materials
- The CDC Clear Communication Index
- Understand Your Audience

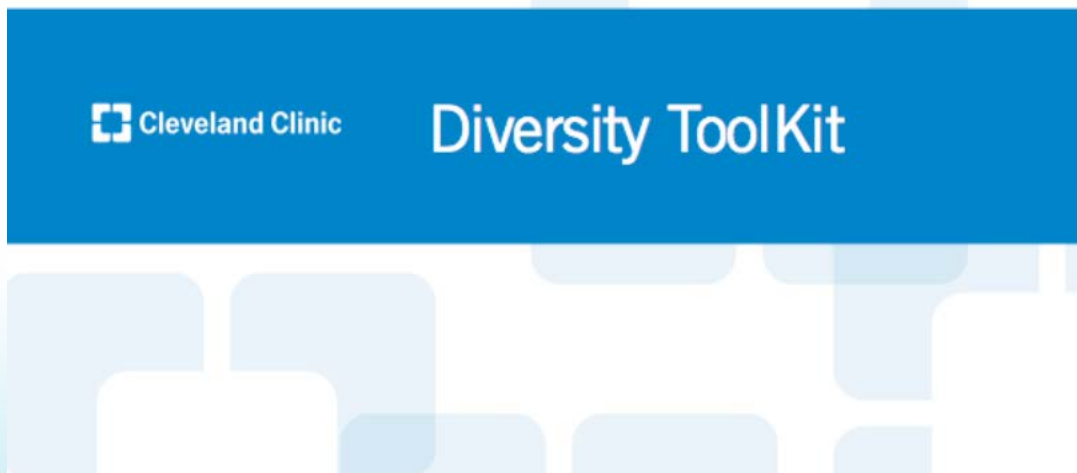
CENTERS FOR MEDICARE & MEDICAID SERVICES

- A Practical Guide to Implementing the National CLAS Standards: For Racial, Ethnic and Linguistic Minorities, People with Disabilities and Sexual and Gender Minorities
- Toolkit for Making Written Material Clear and Effective

https://www.medpro.com/documents/10502/2824311/Risk+Resources_Health+Literacy+and+Cultural+Competency_MedPro+Group.pdf

► Resources

Knowledge - Learn about other cultures



<https://my.clevelandclinic.org/-/scassets/files/org/about/diversity/2016-diversity-toolkit.ashx>

COVID-19 Impact ▾



PSNet
PATIENT SAFETY NETWORK



PSNet ▾



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 WEB RESOURCE ▸ GOVERNMENT RESOURCE

Published January 31, 2018

Health Literacy Toolkit.

Health Education England, Public Health England, National Health Service England; NHS England and Community Health and Learning Foundation.



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Related Resources

 WEB RESOURCE ▸

GOVERNMENT RESOURCE

[Health Literacy Tools for Providers of Medication Therapy Management.](#)

Agency for Healthcare Research and Quality; AHRQ.

<https://psnet.ahrq.gov/issue/health-literacy-toolkit>

http://www.nlm.nih.gov/medlineplus/easytoread/easytoread_a.html



Easy-to-Read beginning with "A"

Abdominal Pain

- [Laparoscopy](#) *Interactive Tutorial* (Patient Education Institute) - Requires Flash Player
Also available in: [Spanish](#)

Acne

- [Acne](#) *Interactive Tutorial* (Patient Education Institute) - Requires Flash Player
Also available in: [Spanish](#)
- [What Is Acne?](#) (National Institute of Arthritis and Musculoskeletal and Skin Diseases)
Also available in: [Spanish](#)

Resources

1. "Improving Patient Safety Through Informed Consent for Patients with Limited Health Literacy. (September 2005)" <http://www.qualityforum.org/publications.html>
2. Institute of Medicine's "Health Literacy." <http://www.aed.org/ToolsandPublications/iom/>
3. Ask Me 3: <http://www.askme3.org/>
4. Medline: easy to read materials http://www.nlm.nih.gov/medlineplus/easytoread/easytoread_a.html
5. Harvard: <http://www.hsph.harvard.edu/healthliteracy/>
6. SMOG Readability Calculator: <http://webpages.charter.net/ghal/SMOG.html>
7. Simply Put CDC: www.cdc.gov/od/oc/simpput.pdf
8. AMA: <http://www.ama-assn.org/ama/pub/category/9913.html>

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Thank you!

Shari Moore, RN, BSN
Vice-President, Risk Management

