Cultural Competency Training

Sections Overview

1. Background
2. Cultural Competence
3. Diversity, Equity, and Inclusion in Healthcare
4. Linguistic Competence
5. Takeaways

CountyCare
HEALTH PLAN

Section 1: Background

Background: Why is Cultural Competence Essential?

Cultural Competency:

- **Raises awareness** of the values and behaviors of individuals from diverse cultures and religions;
- **Utilizes awareness and knowledge** to provide appropriate, safe, and effective healthcare for all;
- Allows providers to **be cognizant** of the local community's expectations regarding healthcare delivery.

CountyCare HEALTH PLAN

Background: Why do we need training?

CountyCare and its providers offer health administrative services to Government and Commercial Health Care Programs serving diverse populations across the United States.

We seek to provide services that appropriately reflect the local population's standards and expectations; and to show respect to cultural beliefs and behaviors are different than our own. **We cultivate Cultural Competence in order to fulfill our mission.**

CountyCare
HEALTH PLAN

Section 2: Cultural Competence

I. Definition
II. Considerations
III. Guiding Principles
IV. Differences

CountyCare HEALTH PLAN

Cultural Competence: Definition

Cultural Competence is an ongoing process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, races, sexes, ethnic backgrounds, religions, sexual orientations, abilities, and other diversity factors.

Cultural Competence is achieved by identifying and understanding the needs and help-seeking behaviors of individuals and families.

CountyCare
HEALTH PLAN

Cultural Competence: Considerations

Cultural competence involves understanding and respecting the patient's cultural values, beliefs, and practices including:

- Views about health and healthcare
- Family and community relationships
- Language and communication styles
- Ties to another country or part of the U.S.
- Food preferences
- Religion or Views about death
- Other factors that may affect care needs

CountyCare
HEALTH PLAN

Cultural Competence: Guiding Principles

Culturally competent providers design and deliver services that are tailored or matched to the unique needs of individuals, children, families, organization and communities served.

Principle 1: Service design based on Culturally and Linguistically Appropriate Services (CLAS)

Culturally competent provider organizations have a service delivery model that recognizes mental health as an integral and inseparable aspect of primary health care.

CountyCare HEALTH PLAN

Cultural Competence: Guiding Principles

Principle 1: Service design based on Culturally and Linguistically Appropriate Services (CLAS).

- Offers and provides language assistance services, including bilingual staff and interpreter services, to each enrollee with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
- Provides to patients in their preferred language both verbal offers and written notices.
- Ensures the competence of language assistance provided to limited English proficient patients by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the enrollee).

CountyCare HEALTH PLAN

Cultural Competence: Guiding Principles

Principle 1: Service design based on Culturally and Linguistically Appropriate Services (CLAS)

- Makes available easily understood enrollee-related materials and post signage in the languages of the groups represented in the service area.
- Recruits, retains, and promotes at all levels a diverse staff representative of the demographic characteristics of the service area.
- Ensures that staff receive ongoing education in culturally appropriate service.
- Ensures that data on the individual enrollee's race, ethnicity, and spoken/written language are collected in health records.

CountyCare
HEALTH PLAN

Cultural Competence: Guiding Principles

Principle 2: CLAS-Informed Service Delivery

Effective Care

- Restores the client to the desired health status.
- Takes steps to protect future health by incorporating health promotion, disease prevention, and wellness interventions.

In order to be effective, the clinician must accurately diagnose the illness, discern the correct treatment for that individual, and negotiate the treatment plan successfully with the enrollee.

CountyCare
HEALTH PLAN

Cultural Competence: Guiding Principles

Principle 2: CLAS-Informed Service Delivery

Understandable Care

- Focuses on the need for patients to fully comprehend questions, instructions, and explanations from clinical, administrative, and other staff.

To be understandable, the concepts must ‘make sense’ in the cultural and linguistic framework of the enrollee.

CountyCare HEALTH PLAN

Cultural Competence: Guiding Principles

Principle 2: CLAS-Informed Service Delivery

Respectful Care

- Takes into consideration the values, preferences, and expressed needs of the enrollee.
- Creates an environment whereby patients from diverse backgrounds feel comfortable discussing their specific needs with any staff member.
- Ensures that care is provided in a manner compatible with patient's cultural beliefs, practices and preferred language.

CountyCare
HEALTH PLAN

Cultural Competence: Guiding Principles

Principle 3: Community Engagement

Cultural competence involves working with culturally diverse communities and community stakeholders including:

- Neighborhood, civic and advocacy associations
- Local/neighborhood groups
- Ethnic, social, and religious organizations
- Spiritual leaders and healers

CountyCare HEALTH PLAN

Cultural Competence: Guiding Principles

Principle 3: Community Engagement

Culturally Competent Care:

- Extends the concept of self-determination to the community.
- Recognizes:
  - Communities determine their own needs.
  - Community members are full partners in decision making.
  - Community engagement should result in the reciprocal transfer of knowledge and skills among all collaborators and partners.

CountyCare HEALTH PLAN

Cultural Competence: Guiding Principles

Principle 4: Family Engagement

Culturally Competent Care:

Recognizes:

- Family is defined differently by various cultures.
- Family as defined by each culture is usually the primary system of support and preferred intervention.
- Family/consumers are the ultimate decision makers for services and supports for their children and/or themselves.

CountyCare HEALTH PLAN

Cultural Competence: Differences

The American health care system has its own beliefs, values, and practices that may not be shared by patients from different ethnic and religious backgrounds.

Examples:

- Promptness to appointment times is valued.
  - In some cultures, promptness is not as important.
- Expectations around the amount of time spent with a health care provider differs among various cultures.

CountyCare
HEALTH PLAN

Cultural Competence: Differences

- Checkups, immunizations, & screenings are valued as preventive health measures.
  - Other cultures may not place as much value on preventive measures.
  - Other cultures may use healthcare only for treating an existing illness or injury.
- Patients are expected to take medications exactly as prescribed.
- Different cultures have different ideas about how to express and respond to pain. Some cultures value bearing pain silently, while others expect expressiveness.

CountyCare
HEALTH PLAN

Cultural Competence: Differences

- Illness is generally seen as having a physical cause. Treatment emphasizes technology and physical procedures.
  - Different cultures have different views about when to seek professional medical help, treat oneself, or be treated by a family member or traditional healer. Many cultures place equal value on religious beliefs and practices to cure illnesses or injury.

By being open-minded and respectful, providers can help patients feel more comfortable and provide appropriate care.

CountyCare
HEALTH PLAN

Section 3: Diversity, Equity, and Inclusion (DEI) in Healthcare

I. Making the Case
II. Definitions
III. Types of Bias
IV. Inequity and Disparity
V. Moving Towards Health Equity

CountyCare HEALTH PLAN

DEI in Healthcare: Making the Case

Healthcare organizations have a growing responsibility to improve diversity, equity, and inclusion (DEI) for both patients and providers.

- DEI directly affects patient health outcomes and quality of life in a profound way.

CountyCare
HEALTH PLAN

DEI in Healthcare: Definitions

- **Diversity:** Understanding the background of employees and patients being served, including culture, gender, sexual orientation, religious beliefs, and socioeconomic status; hiring and retaining a workforce that is representative of the patient population served.

- **Equity:** Ensuring healthcare workers are equipped to do their jobs and patients have what they need across treatment settings to effectively benefit from best practices in treatment.

- **Inclusion:** Giving employees and patients a voice to help provide and receive high-quality care and encouraging the presence of a diverse healthcare staff in the treatment experience of patients.

CountyCare
HEALTH PLAN

DEI in Healthcare: Definitions

A **stereotype** is

- a belief that associates a group of people with certain traits or characteristics.
- a prejudgment of a person, based on a group s/he/they may be associated with.

Stereotypes tend to be fixed, oversimplified images or ideas formed at the level of a group rather than an individual.

Stereotyping and prejudice may play an important role in persisting healthcare disparities.

CountyCare HEALTH PLAN

DEI in Healthcare: Types of Bias

Unconscious bias (aka Implicit Bias) occurs when automatic situational processing is influenced by stereotypes, and therefore those stereotypes impact your actions and judgments, potentially resulting in false assumptions and negative outcomes.

- Unconscious bias is a natural, universal method of cognitive processing.
  - Nobody is exempt.
- Implicit biases are developed over time as we accumulate life experiences and get exposed to different stereotypes.
- Unconscious bias can have a life-or-death impact in a healthcare setting.

CountyCare
HEALTH PLAN

DEI in Healthcare: Types of Bias

Other common types of bias include:

- **Affinity bias** is favoring someone over others based on similarities to yourself.
- **Ageism** refers to stereotyping or discriminating against others based on their age, often to older team members.
- **Anchor bias** occurs when we overly rely on the first piece of information we receive as an anchor to base our decision-making upon. This causes us to see things from a narrow perspective.

CountyCare
HEALTH PLAN

DEI in Healthcare: Types of Bias

- **Beauty bias** refers to the favorable treatment and positive stereotyping of individuals who are considered more attractive.
- **Confirmation bias** is the tendency to seek out and use information that confirms one's views and expectations.
- **Conformity bias** is like groupthink, which occurs when we change our opinions or behaviors to match that of the bigger group, even if it doesn't reflect our own opinions.
- **Gender bias** refers to the favoring of one gender over another; is also referred to as sexism.

CountyCare
HEALTH PLAN

DEI in Healthcare: Types of Bias

- **Overconfidence bias** is the tendency for people to think they are better at certain abilities and skills than they are.
- **Perception bias** is treating someone poorly based on stereotypes about a group they belong to or other personal characteristics.
- **The "halo effect"** putting specific people on a pedestal based on personal characteristics.

Learning how to identify and overcome bias is essential to improving the delivery of healthcare to diverse populations.

CountyCare
HEALTH PLAN

DEI in Healthcare: Inequity and Disparity

According to the American Hospital Association (AHA), **health disparities** (disadvantaged populations having obstacles to receiving optimal healthcare) contribute to **health inequities** (differences in health based on socio-economic status).

- **Inequity** refers to unfair and avoidable inequalities that are not inevitable or natural but the product of human behavior.
- A **disparity** simply means a difference. It does not specifically refer to differences that are the result of unfairness or injustice.
- **Health inequity** refers to avoidable differences in health between different groups of people.

CountyCare
HEALTH PLAN

DEI in Healthcare: Inequity and Disparity

The World Health Organization (WHO) defines **health inequity** as “systematic differences in the health status of different population groups.”

- Minorities and disadvantaged groups struggle to access and receive quality healthcare.
- Health outcomes among minorities and disadvantaged groups suffer as a result (**disparate impact**).

CountyCare
HEALTH PLAN

DEI in Healthcare: Inequity and Disparity

Health disparities are often considered to be determined by individual choices, behaviors, and lifestyles. But people may experience unequal health outcomes based on many factors including:

- Sex
- Sexual identity
- Socioeconomic status
- Education level
- Age
- Disability

CountyCare HEALTH PLAN

DEI in Healthcare: Inequity and Disparity

Health inequities are avoidable differences in the health status of different social groups. They are not the product of biological or inevitable disparities but of human-made systems and structures.

Some examples include:

- Lower life expectancy: Average life expectancy can vary dramatically depending on the region a person is born in. Socioeconomic background has a huge influence on this.

CountyCare HEALTH PLAN

DEI in Healthcare: Inequity and Disparity

- Higher rates of mental illness: The Youth Risk Behavior Study 2009–2019 found that young people in the United States who are gay, lesbian, or bisexual experience higher levels of bullying and sexual violence than heterosexual people. This has led to an increase in rates of mental ill-health and suicide.
- Preventable death: There are many examples of this, but one of the clearest examples is the difference between infant health and mortality among Black and white babies born in the U.S.

CountyCare
HEALTH PLAN

DEI in Healthcare: Inequity and Disparity

Unconscious bias can contribute to health disparities.

- Doctors assume their black or low-income patients are less intelligent, more likely to engage in risky behaviors, and less likely to adhere to medical advice.
- Pregnant women face discrimination from healthcare providers based on their ethnicity and socioeconomic background.
- Women presenting with cardiac heart disease (CHD) symptoms are significantly less likely than men to receive diagnosis, referral and treatment, due to misdiagnosis of stress/anxiety.

CountyCare
HEALTH PLAN

DEI in Healthcare: Moving Towards Equity

Diversity, Equity, and Inclusion training can ensure that healthcare organizations work towards providing a level playing field for everyone.

To combat unconscious bias, learn about different types of biases, how they might surface at work, and how to avoid them so you can build a more inclusive and diverse workplace.

CountyCare
HEALTH PLAN

DEI in Healthcare: Moving Towards Equity

Ways to combat bias in Healthcare:

- **Don’t make assumptions** based on age or appearance.
- **Challenge first impressions**. Take the time to get to know someone so you can develop a more concrete impression of the individual.
- **Make judgments based on evidence**: Look for evidence to support or refute first impressions based on additional interactions.

CountyCare
HEALTH PLAN

DEI in Healthcare: Moving Towards Equity

Health Equity describes a healthcare system that supports a high standard of health and healthcare for all people.

To achieve this, healthcare professionals and organizations must work to eliminate sources of health inequity and provide people with individualized care based on their needs.

CountyCare
HEALTH PLAN

DEI in Healthcare: Moving Towards Equity

This means giving more power and resources to groups that have less.

Examples of this include:

- Affordable prices for medications and vaccines.
- Flexible appointment times for people who work long or unusual hours.
- Mobile health services for those in remote areas and people who cannot travel.

CountyCare HEALTH PLAN

DEI in Healthcare: Moving Towards Equity

- Easy access to translators, care workers, and others who can help people understand and access medical care.
- Education for healthcare professionals on how inequity affects the care they provide to their patients.
- Financial and social support for trainee medical staff who come from diverse backgrounds.

Section 3: Linguistic Competence

I. Definition
II. Views and Biases
III. Verbal Communication
IV. Non-Verbal Communication
V. Suggestions for Providers

Linguistic Competence: Definition

Linguistic competence requires providers to respond effectively to the health and mental health literacy of the populations served by:

- Communicating effectively.
- Conveying information in a manner that is easily understood by diverse groups, including persons of:
  - Limited English Proficiency (LEP);
  - Limited literacy skills;
  - Other-abled communication (disabled, blind, deaf or hard of hearing).

CountyCare HEALTH PLAN

Linguistic Competence: Biases

The degree to which a patient or staff member is fluent in English, or any other language spoken, will have a bearing on patient interactions.

- A prime factor affecting this communication is an individual's personal attitude toward people who speak limited English.
  - *How do you feel when people speak with family members or co-workers in their native language while you are working with them?*
    - If you are irritated in these situations, consider what it feels like for others.

CountyCare HEALTH PLAN

Linguistic Competence: Verbal Communication

Providers can help overcome the language barrier by paying attention to the sound of the accents they deal with most frequently, and by learning the most common substitutions people make. For example:

- The interchanging of “sh” and “ch” by native Spanish speakers and the use of P and F and S for “sh” sounds by Filipinos.
- Even when someone has an extensive vocabulary in an acquired language, word order and the use of articles (the, a, an), pronouns, & prepositions may be confusing and difficult.

CountyCare HEALTH PLAN

Linguistic Competence: Verbal Communication

- In some Slavic languages, for example, there are no articles (A, An, The); hence is may be difficult for a native Slavic speaker to use them properly.
  - They may say, for example, “I don’t want shot.”
- Another frequent confusion occurs when native speakers of Tagalong, which does not have separate masculine and feminine pronouns, use he for she and vice versa.

CountyCare
HEALTH PLAN

Linguistic Competence: Non- Verbal Communication

Non-verbal communication involves aspects of interacting and sharing information beyond the use of spoken language and is significantly influenced by culture.

Non-verbal communication includes:

- Directness
- Gestures & facial expressions
- Concepts of “Personal Space”
- Touch
- Topics appropriate for discussion

CountyCare HEALTH PLAN

Linguistic Competence: Non- Verbal Communication

1. **Directness**

Facial expressions, body language, and tone of voice play a much greater role in cultures where people prefer indirect communication or talking ‘around’ an issue. Differences regarding directness can be particularly frustrating, especially when specific information and clear answers (i.e., consent for treatment) are needed.

Examples:

- Rather than pointing out that part of a form has missing or incorrect information, indirect communicators might praise the sections that were correctly completed, implying that the incomplete section is a problem.

CountyCare HEALTH PLAN

Linguistic Competence: Non- Verbal Communication

2. Gestures and Facial Expressions

Another culturally-influenced aspect of communication is the demonstration of emotion, such as joy, affection, anger, or upset.

Examples:

- Most Koreans, for instance, are taught that laughter and frequent smiling make a person appear unintelligent, so they prefer to wear a serious expression.
- While Americans widen their eyes to show anger, Chinese people narrow theirs.
- Vietnamese, conversely, consider anger a personal thing and not to be demonstrated publicly.

CountyCare HEALTH PLAN

Linguistic Competence: Non- Verbal Communication

2. Gestures and Facial Expressions

Use gestures with care, as they can have negative meanings in other cultures.

Examples:

- Thumbs-up and the ‘OK’ sign are obscene gestures in parts of South America and the Mediterranean.
- Pointing with the index finger or beckoning with the hand as a ‘come here’ sign are seen as rude in some cultures as snapping one’s fingers at someone would be viewed in the United States.

CountyCare HEALTH PLAN

Linguistic Competence: Non- Verbal Communication

3. Concepts of "Personal Space"

American culture generally expects people to stand about an arm's length apart in a business situation. Standing any closer is reserved for more intimate contact or can be seen as aggression.

- In the Middle East it is normal for people to stand close enough to feel each other's breath on their faces.
- Hispanics typically favor closer proximity than non-Hispanic whites. Keeping greater distance might be perceived as aloofness or coldness.
- In much of Asia, jostling or bumping in public places isn't seen as intrusive or inconsiderate and do not require an "excuse me."

CountyCare HEALTH PLAN

Linguistic Competence: Non- Verbal Communication

4. Physical Touch

Cultures also have different rules about who can be touched, where and by who.

Examples include:

- A handshake is generally accepted as a standard greeting in business, yet the kind of handshake differs.
  - In North America, it is a hearty grasp; in Mexico it is often a softer hold, and in Asia a soft handshake with the second hand brought up under the first is a sign of friendship and warmth.

CountyCare HEALTH PLAN

Linguistic Competence: Non- Verbal Communication

4. Physical Touch

- Religious rules may also apply:
  - For devout Muslims & Orthodox Jews, touching between men and women in public is not permitted, so a handshake would not be appropriate.
- Touching the head, even tousling a child's hair as an affectionate gesture, would be considered offensive by many Asians.

<u>If you need to touch someone for purposes of an examination, explain the purpose and procedure before you begin.</u>

CountyCare HEALTH PLAN

Linguistic Competence: Non- Verbal Communication

5. Topics Appropriate for Discussion

Another difference between cultures is apparent in the subjects that are considered appropriate for discussion.

Examples:

- Many Asian groups regard feelings as too private to be shared.
- Latinos generally appreciate inquiries about family members, while Arabs & Asians regard feelings as too personal to discuss in business situations.

CountyCare HEALTH PLAN

Linguistic Competence: Non- Verbal Communication

5. Topics Appropriate for Discussion

Additional examples:

- In social conversations, Filipinos, Arabs, & Vietnamese might find it completely acceptable to ask the price you have paid for something or how much you earn, while most Americans would consider that behavior rude.
- Even a seemingly innocuous comment on the weather is off limits in the Muslim world, where natural phenomena are viewed as Allah's will, not to be judged by humans.
- To many newcomers, Americans seem naively open.

CountyCare HEALTH PLAN

Linguistic Competence: Non- Verbal Communication

5. Topics Appropriate for Discussion

Additional examples:

- Discussing personal matters outside the family is seen as embarrassing by many cultures and opening to someone outside of one's own cultural group is rare.
  - Thoughts, feelings, and problems are kept to oneself in most groups outside the dominant American culture.
  - This difference may have implications when medical problems are stress related exacerbated by personal or family problems.
  - Keeping all family matters private is a strong code of conduct.

CountyCare HEALTH PLAN

Linguistic Competence: Non- Verbal Communication

5. Topics Appropriate for Discussion

Additional examples:

- For the health care professional who needs personal information (e.g., completing forms or doing work-ups) particularly in sensitive areas involving intimate behavior or bodily functions, it is less intrusive to spend time building trust and getting to know the individual.
  - If you know that privacy is a value and that getting documentation may be uncomfortable, you can conduct the discussion in a soft unobtrusive tone.

CountyCare HEALTH PLAN

Linguistic Competence: Non- Verbal Communication

5. Topics Appropriate for Discussion

Additional examples:

- An aspect related to self disclosure is loss of face, it is important in some manner in all cultures.
  - In Asia, the Middle East, and to some extent Latin America, one's dignity must be preserved at all costs.
  - In fact, death is preferred to loss of face in traditional Japanese culture, hence the suicide ritual, hara-kiri, as a final way to restore honor.
  - Any embarrassment can lead to loss of face, even in the dominant American culture.

Linguistic Competence: Non- Verbal Communication

5. Topics Appropriate for Discussion

Additional examples:

- To be criticized in front of others, publicly snubbed, or fired would be humiliating in most any culture.

It is important to remember that behaviors we may see as harmless can be demeaning to others. Inadvertent slights or unconscious faux pas can cause serious repercussions in intercultural relationships.

CountyCare HEALTH PLAN

Linguistic Competence: Suggestions for Providers

Strategies for Navigating Cross-Cultural Communication

- Pay attention to body language, facial expressions and other behavioral cues; much information may be found in what is not said.
- Avoid yes/no questions; ask open ended questions or ones that give multiple choices; remember that a nod or yes may mean: “Yes, I heard” rather than “Yes, I understand” or “Yes, I agree.”
- Consider that smiles and laughter may indicate discomfort or embarrassment; investigate to identify what is causing the difficulty or confusion.
- Use formal titles (Mr., Mrs., Ms., Dr.) and surnames; let the individual take the lead in getting more familiar.

CountyCare HEALTH PLAN

Linguistic Competence: Suggestions for Providers

Strategies for Navigating Cross-Cultural Communication

- Greet patients with “Good Morning” or “Good Afternoon” and when possible, in their language.
- If there is a language barrier, assume confusion; watch for tangible signs of understanding, such as taking out a driver’s license or social security card to get a required number.
- Take your cue from the other person regarding formality, distance, and touch.
- Question your assumptions about the other person’s behavior; expressions and gestures may not mean what you think; consider what a particular behavior may mean from the other person’s point of view.

CountyCare
HEALTH PLAN

Linguistic Competence: Suggestions for Providers

Strategies for Navigating Cross-Cultural Communication

- Explain the reasons for all information you request or directions you give; also acknowledge any cultural differences that may present challenges or difficulties.
- Use a soft, gentle tone and maintain an even temperament.
- Spend time cultivating relationships by getting to know patients and coworkers and by establishing comfort before jumping into the task at hand.
- Be open to including patients' family members in discussions and meetings with patients.

CountyCare
HEALTH PLAN

Linguistic Competence: Suggestions for Providers

Strategies for Navigating Cross-Cultural Communication

- Consider the best way to show respect, perhaps by addressing the ”head’ of the family or group first.
- Use pictures and diagrams where appropriate.
- Pay attention to subtle cues that may tell you an individual’s dignity has been wounded.
- Recognize that differences in time consciousness may be cultural and not a sign of laziness or resistance.

CountyCare
HEALTH PLAN

Section 5: Takeaways

Cultural Competence: Key Takeaways

Culturally-competent communication reminders:

- Seek first to understand others' point of views, then to be understood;
- Don't judge others by your own cultural standards;
- Don't assume your culture's way is the only way;
- Don't talk down to anyone communicate effectively;
- Acknowledge & accept differences;
- Don't stereotype;
- Respect others' opinions;
- Be open to learning about other cultures and ideas;
- Give others the benefit of the doubt in dispute.

CountyCare
HEALTH PLAN