

Cultural Competence For Quality Healthcare Outcomes Webinar October 7, 2014

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Cultural Competence For Healthcare

- Introductions
- Objectives of Webinar
 - Review summary of Cultural Competence Assessment
 - Introduction to Cultural Competence in Healthcare
 - Understanding the role of culture in providing quality healthcare services
 - Identifying competencies/skills to be effective in cross cultural situations
 - Strategies, tools and resources to increase effectiveness in delivering healthcare
- Q & A and evaluations

Cultural Competence Assessment Summary

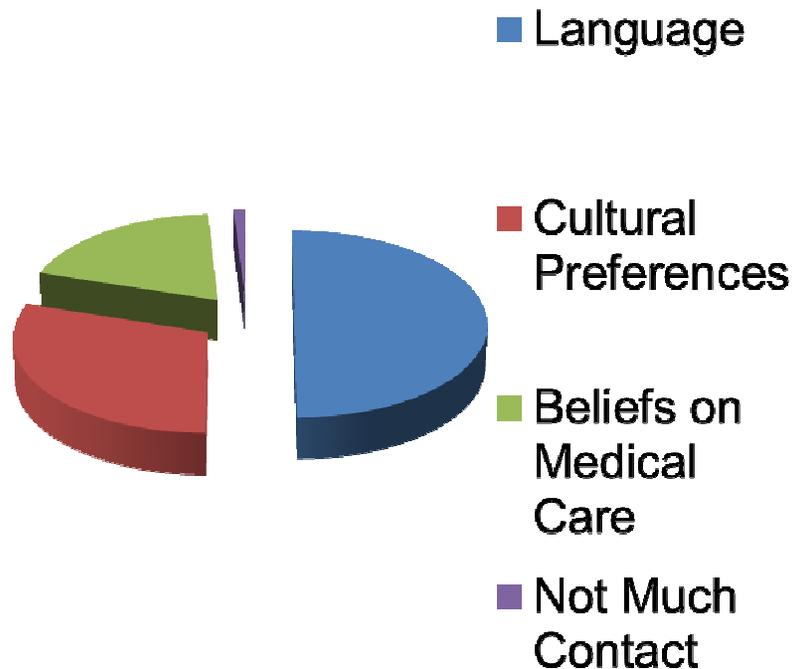
Cultural Competence Assessment

– 9/12/2014, 25 total responses

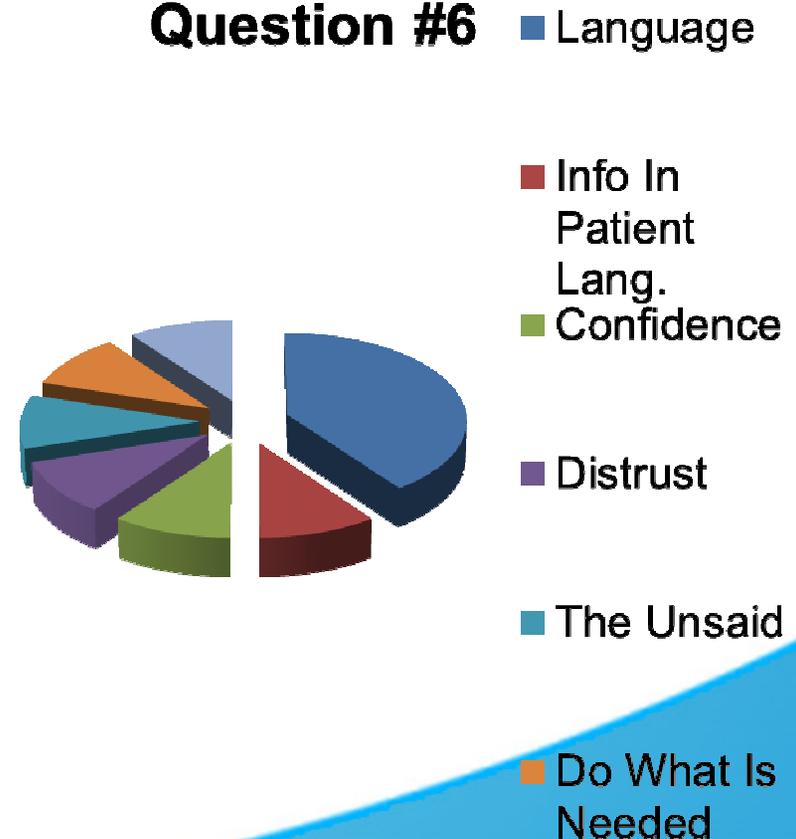
- Question 1: Care Managers 15, RNs 8, Other 2
- Question 2: Yes (15) No (10)
- Question 3: VF (1) SWF (16) NAAF (2)
- Question 4: VF (1) SWF (13) NAAF (5)

Cultural Competence Assessment Summary

Question #5

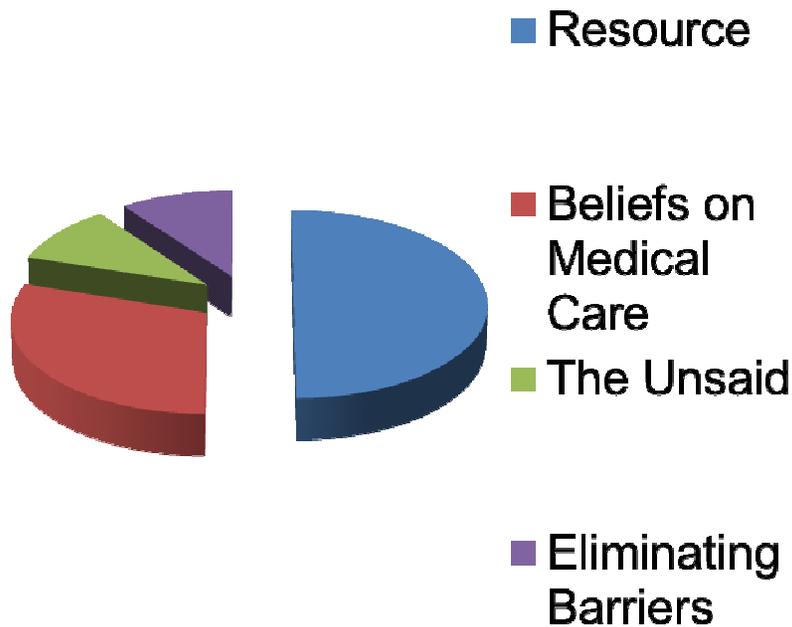


Question #6



Cultural Competence Assessment Summary

Question #7

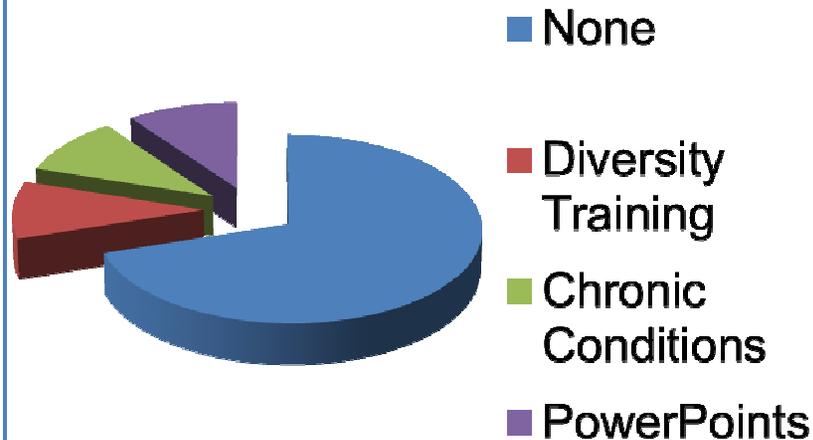


Question #8



Cultural Competence Assessment Summary

Question #9



Question #10



Cultural Competence

Why it's Important

- Changing demographics
- Shifting from compliance to quality care
 - CLAS Standards, JCAHO, ACA, PGIP and NCQA
- National focus on racial and ethnic disparities in healthcare
- Access & Cost

Promoting Cultural Competence In Healthcare Organizations

Raise
Awareness

Set Standards
for Practice

Develop
Measures Of
processes and
Outcomes

Integrate into
CIP &
Measure
Outcomes

What is Cultural Competence?

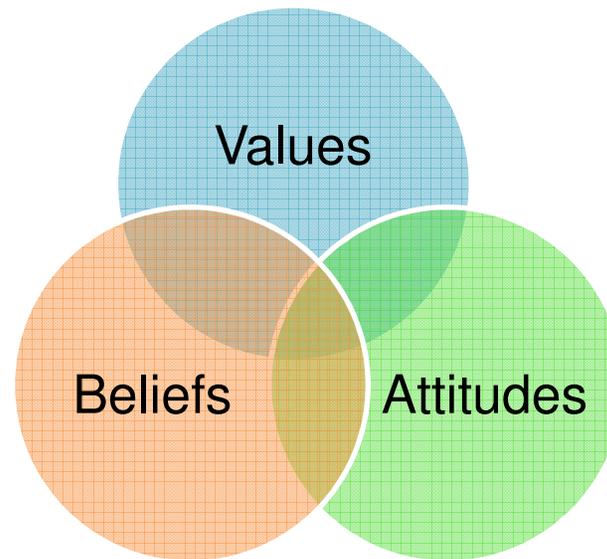
$$\begin{array}{c} \text{Culture} \\ + \text{Competencies} \\ \hline = \\ \text{Effective Communication} \\ \text{Positive Relationships} \\ \text{Improves Health Outcomes} \end{array}$$

Culture - Definitions

- A shared set of beliefs that a common group of people have that may influence relationships and how we interact with others
- An integrated system of learned behavior patterns that are characteristic of the members of any given society
- Refers to the way of life for a particular group of people
- Includes what a group of people thinks, says, does, and makes, and its customs, language, material artifacts, and shared systems of attitudes and feelings
- **Is dynamic and can change over time**

Culture - Definitions

Culture is shaped by our:



and interaction with the world around us.

Cultural Competence Definitions

- “Health care services that are respectful of and responsive to cultural and linguistic needs.”¹
- “Cultural competence in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural and linguistic needs.”²
- “A framework for understanding that a set of attitudes, skills, behaviors, and policies enable organizations and staff to work effectively in cross-cultural situations. Cultural competence also focuses its attention on population-specific issues including health-related beliefs and cultural values, disease prevalence, and treatment efficacy.”³

¹Federal Government (CLAS), ²Joseph R. Betancourt, M.D., senior scientist with the Institute for Health Policy, and director for multicultural education in the Multicultural Affairs Office of Massachusetts General Hospital/Harvard Medical School, Boston; ³Source: Health Resources and Services Administration Bureau of Primary Health Care

Role of Culture In Healthcare

Culture may directly influence health and health outcomes by patients attitudes, beliefs and values towards:

- Illness and diseases – cause & effect
- Natural healing vs. prescription medications
- Life and death
- East/West practices

Role of Culture In Healthcare

Culture may directly influence health and health outcomes by patients attitudes, beliefs and values towards:

- Individual vs. family
- Healthcare provider gender & preference
- Language
- Communicating cross-culturally

Hispanic Beliefs*

- Preventative care may not be practiced
- Illness is God's will and recovery is in His hands
- Expressiveness of pain is culturally acceptable
- Family may not want terminally ill told as it prevents enjoyment of life left (do not share bad news)
- Overweight may be seen as healthy/good well-being (in some regions sign of family wealth)
- Diet is high in salt, sugar, starches and fat
- High respect for authority and the elderly
- Disrespectful to question authority
- Provide same sex caregivers if at all possible

*Patient Care Guide. Prepared by the Office of Diversity ©2012 The Cleveland Clinic Diversity Toolkit

African American Beliefs*

- Faith is very important, church plays critical role in everyday life
- Religious figures play important role in health care
- Family structure is usually tightly-knit, extended, matriarchal
- Distrust of the healthcare system (historical)
- May avoid seeking care until deemed serious enough to seek treatment
- May be suspicious of treatment if immediate result aren't realized
- Family members care for loved ones

*Patient Care Guide. Prepared by the Office of Diversity ©2012 The Cleveland Clinic Diversity Toolkit

Asian American Beliefs*

Chinese, Filipino, Vietnamese, Korean, Japanese, Indian Asian

- Traditional Asian definition of causes of illness is based on harmony expressed as a balance of hot and cold states or elements
- Practices:
 - ✓ Coining – coin dipped in mentholated oil is rubbed across skin – release excess force from the body
 - ✓ Cupping – heated glasses placed on skin to draw out bad force
 - ✓ Steaming, Herbs, Chinese Medical Practices – acupuncture
- Norms about touch... head is highest part of body and should not be touched
- Modesty highly valued
- Communication based on respect, familiarity is unacceptable

*Traditional Asian Health Beliefs and Healing Practices™ was written by Marcia Carteret. Copyright © 2011. All rights reserved

Asian Indian Beliefs*

Health encompasses three governing principles in the body:

- ✓ Vata – energy and creativity
 - ✓ Pitta – optimal digestion
 - ✓ Kapha – strength, stamina and immunity
-
- Herbal Medicines and treatments may be used
 - Modesty and personal hygiene are *highly* valued.
 - Right hand is believed to be clean (religious books and eating utensils): left hand dirty (handling genitals)
 - Stoic/value self-control; observe nonverbal behavior for pain
 - Husband primary decision maker and spokesman for family

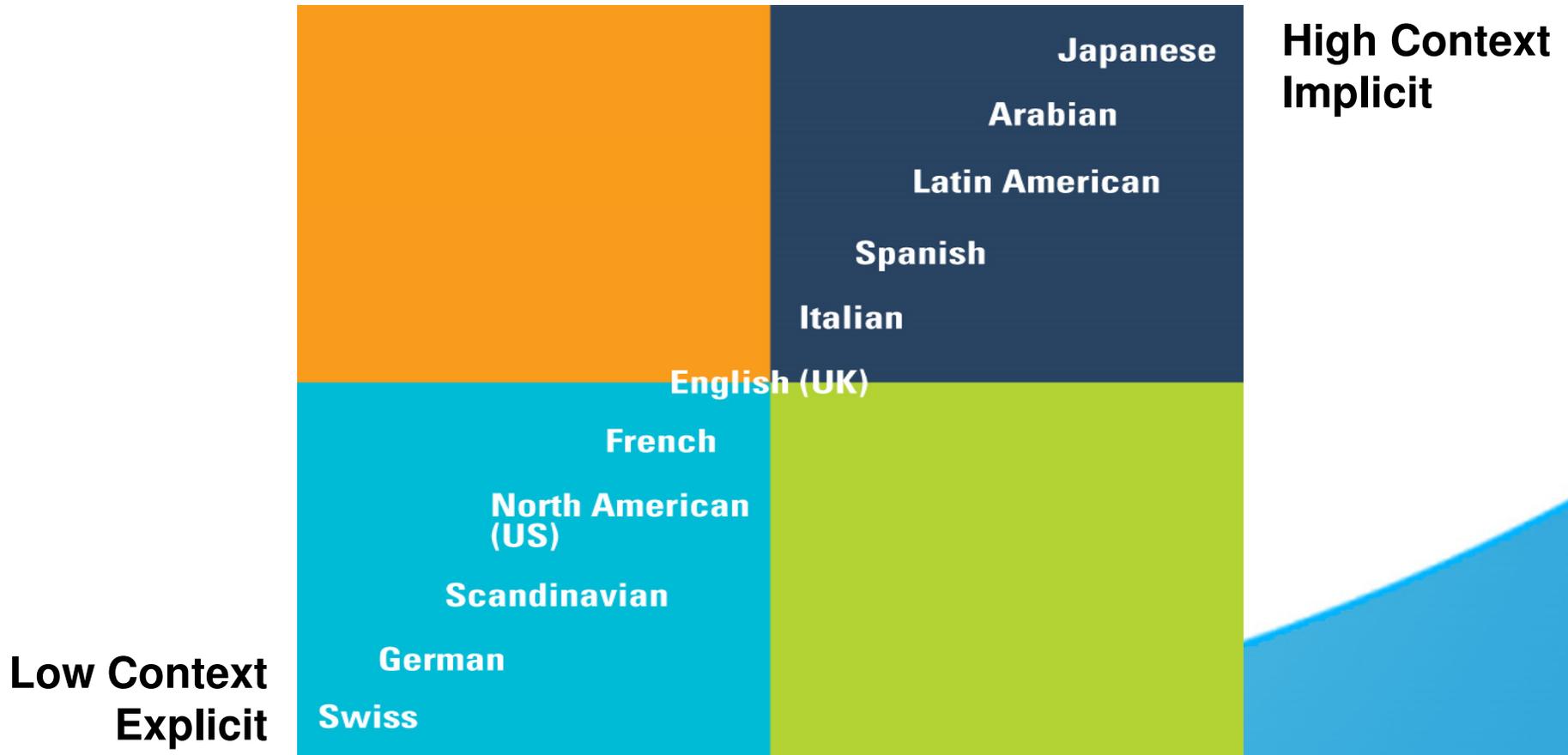
*Traditional Asian Health Beliefs and Healing Practices™ was written by Marcia Carteret. Copyright © 2011. All rights reserved

Cross-Cultural Communication

E.T. Hall Model for Understanding Cross Cultural-Communication

- High-context cultures depend heavily on the contextual (who says it, when it is said, how it is said) or **nonverbal** aspects of communication
- Low-context culture depends more on explicit, **verbally** expressed communications

Cross-Cultural Communication Model



Source: Hall, E.T.; *The Hidden Dimension*. (Garden City, N.Y.: Doubleday, 1966).

Cross-Cultural Communication

Low Context Cultures

- Individualism
- Linguistic directness
- Monochromatic time
- Competitive
- Touch NOT intrinsic part of communication
- Prefer far away distances when speaking to one another

High Context Cultures

- Collectivism
- Linguistic indirectness
- Polychromatic time
- Face-to-face
- Touch is an intrinsic part of communication
- Prefer close distances when speaking to one another

Essentials for Cultural Competence

- **Knowledge**
- **Skills**
- **Abilities**

Cultural Competence

Knowledge of Patient's:

- Cultural Context
- Language
- Communication Preferences
- Culture – traditions and customs

Cultural Competence – Skills

Skills

- Relationship Building
- Language & Communication
- Negotiation – Win/Win
- Effectively working with interpreters

Cultural Competence – Abilities

Ability to:

- Reflect genuineness, empathy, warmth, and a capacity to respond flexibly to a range of possible cross cultural situations
- Acceptance of cultural differences between people
- Discuss cultural differences and issues openly, and to respond to culturally-based cues.
- Assess and understand the meaning culture has for individual cultures.
- Communicate accurate information on behalf of culturally diverse patients and communities
- Work with patient's family members

Cultural Competence – Enhancing Skills

Where to start:

Informally assess your own level of competence by using **ASKED**¹.

Awareness: Are you aware of your biases, stereotypes and the presence of disparities in healthcare and underlying factors?

Skill: Do you know how to conduct a cultural assessment in a sensitive manner?

Knowledge: Do you know about different cultures' worldview?

Encounters: How many face-to-face interactions and other encounters have you had with people from cultures different from yours?

Desire: Do you “want to” become culturally competent?

¹ *Camphina-Bacote 1998.*

Cultural Competence – Enhancing Skills

Where to start:

- Dare to see the individual first
- Respect culture and value differences
- Build bridges with commonalities
- Express genuine sympathy and empathy
- Show your commitment by learning of patients culture, customs, words or phrases

Cultural Competence – Enhancing Skills

Balance fact-centered and attitude/skill-centered approaches.

- The fact-centered approach teaches cultural information about specific ethnic groups.
- The attitude/skill-centered approach enhances communication skills and emphasizes the sociocultural context of individuals.

Tools & Resources

Recommended Scripts for Patient's Preferred Language

Spoken language: “What language do you feel most comfortable speaking with your doctor or nurse?”

Written language: “What language do you feel most comfortable reading medical or health care instructions?”

If your practice or system is going to use a different question, you can use that text on this slide.

Addressing Patient Concerns: Response Matrix

Patient Response	Suggested Response
"I'm American."	Would you like to use an additional term, or would you like me to just put American?
"Can't you tell by looking at me?"	Well, usually I can. But sometimes I'm wrong, so we think it is better to let people tell us. I don't want to put in the wrong answer. I'm trained not to make any assumptions.
"Who looks at this?"	The only people who see this information are registration staff, administrators for the hospital, and the people involved in quality improvement.
"I'm human."	Is that your way of saying that you don't want to answer the question? If so, I can just say that you didn't want to answer.
"I was born in Nigeria, but I've really lived here all my life. What should I say?"	That is really up to you. You can use any term you like. It is fine to say that you are Nigerian.

Source: HRET Toolkit, <http://www.hret disparities.org/> accessed on Sept 16, 2009

“I Speak” Card



*To contact Telephonic Interpreters
call (XXX-XXX-XXXX)
Access Code: XXXXXX*

I Speak _____

Name: _____

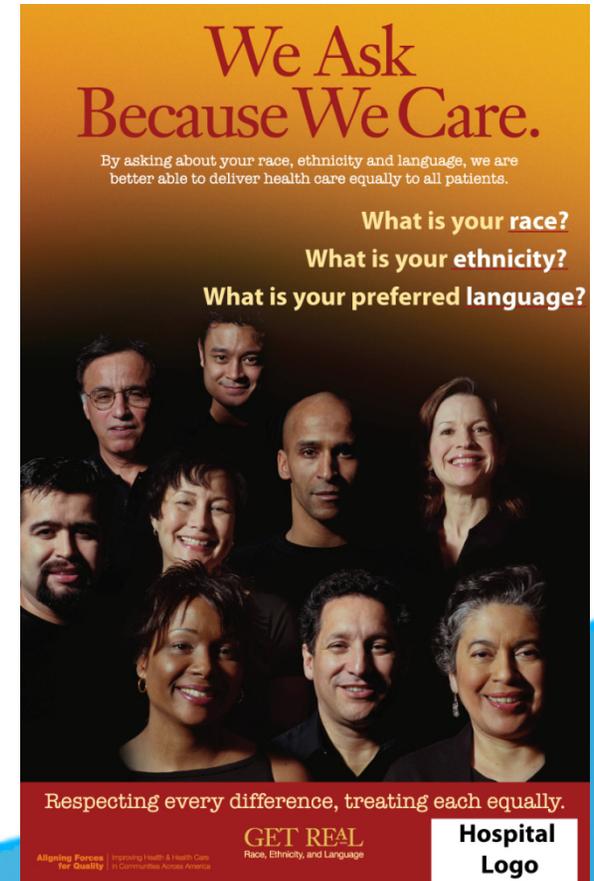
MRN: _____

We Ask Because We Care



Wall Posters
Can be displayed in:

- Registration areas
- Waiting rooms





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Q & A

