



# 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

Working definition by the Office of Minority Health,  
US Dept. of Health and Human Services:

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*“Culture is the thoughts,  
communications, actions,  
customs, beliefs, values, and  
institutions of racial, ethnic,  
religious, or social groups.”*

## ▶ Cultural diversity and healthcare

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

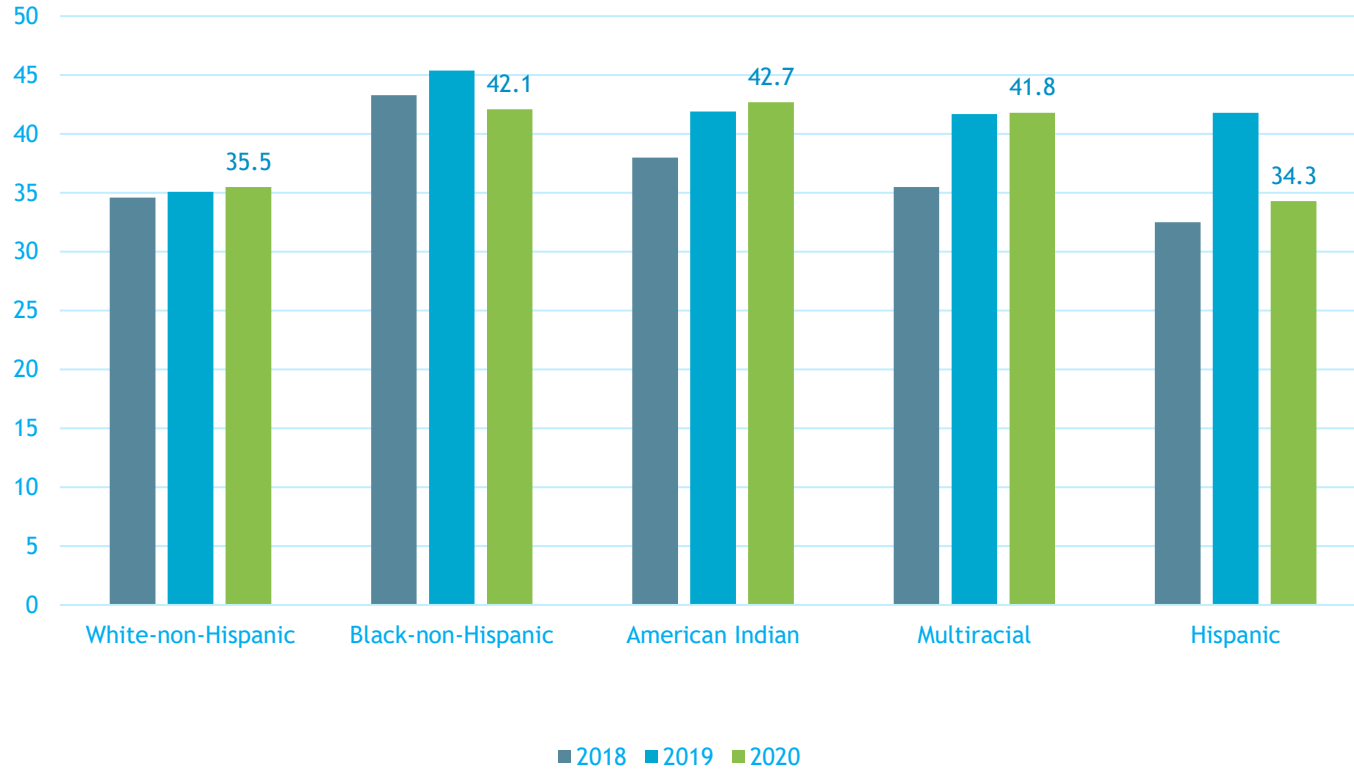
Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 1/8/2021, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

## ▶ 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.

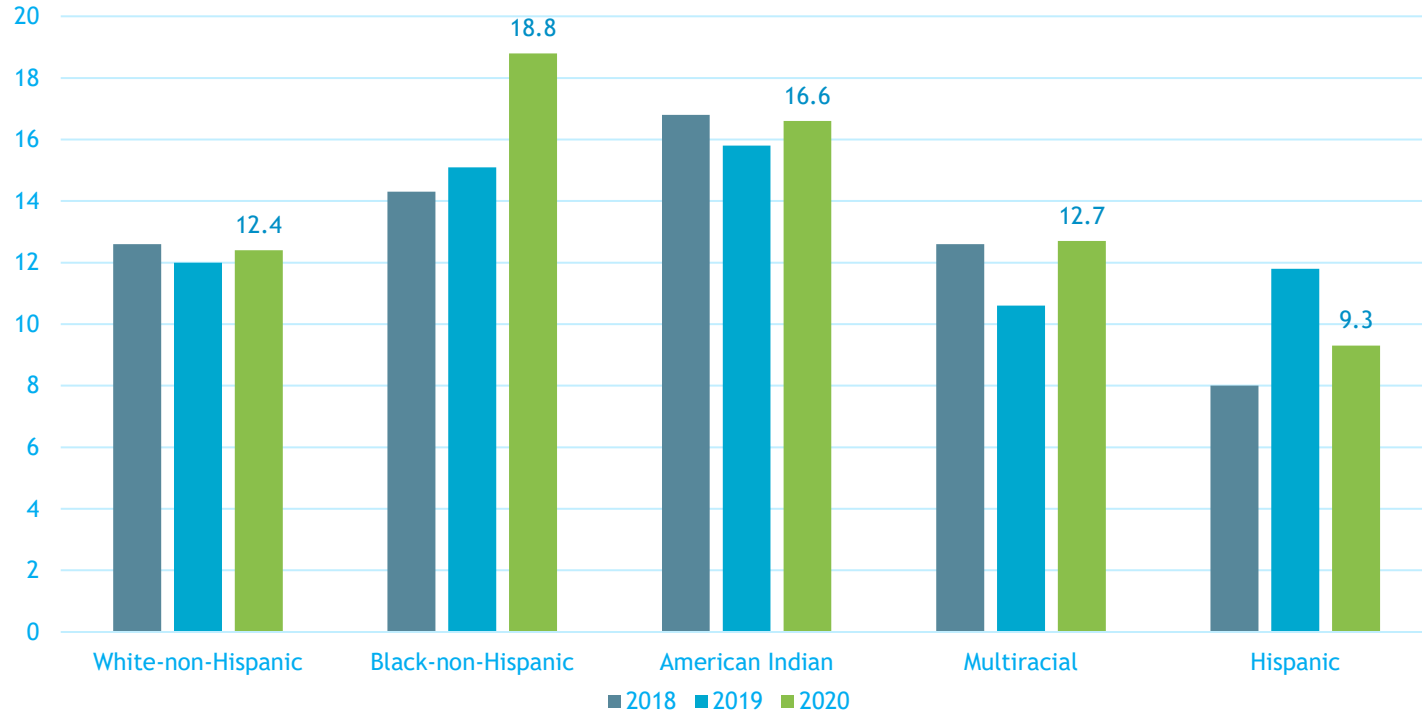
# OBESITY

## Obese Adults in OK by Race and Ethnicity



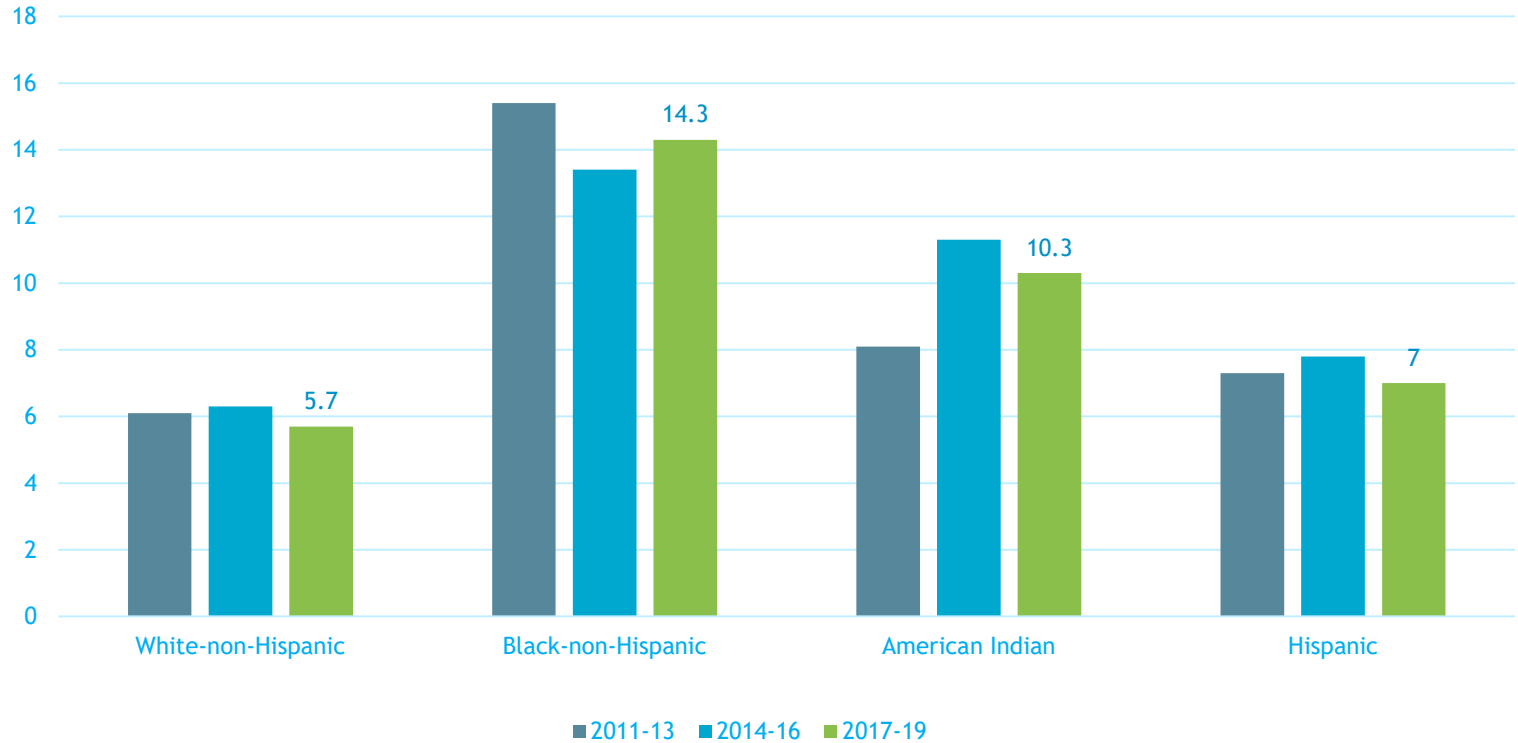
# DIABETES

Adults in OK Diagnosed with Diabetes by Race and Ethnicity



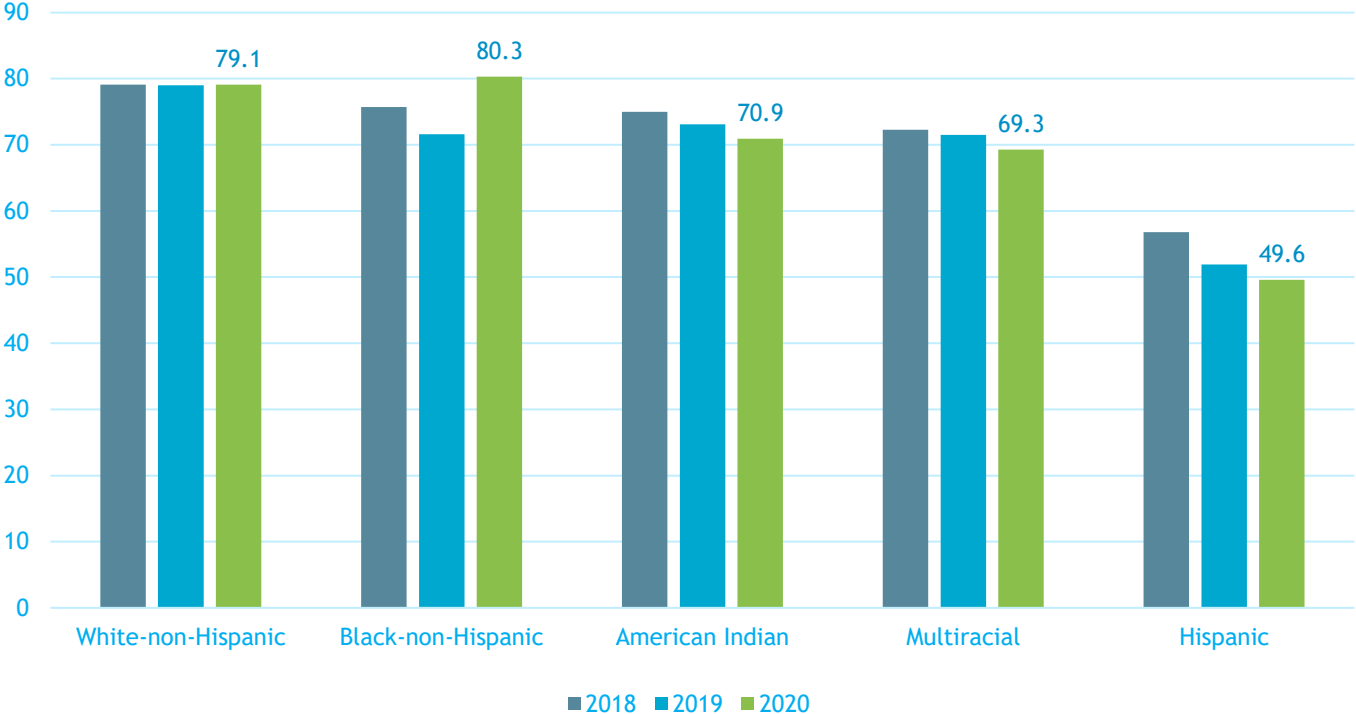
# INFANT MORTALITY

Rate per 1,000 Live Births



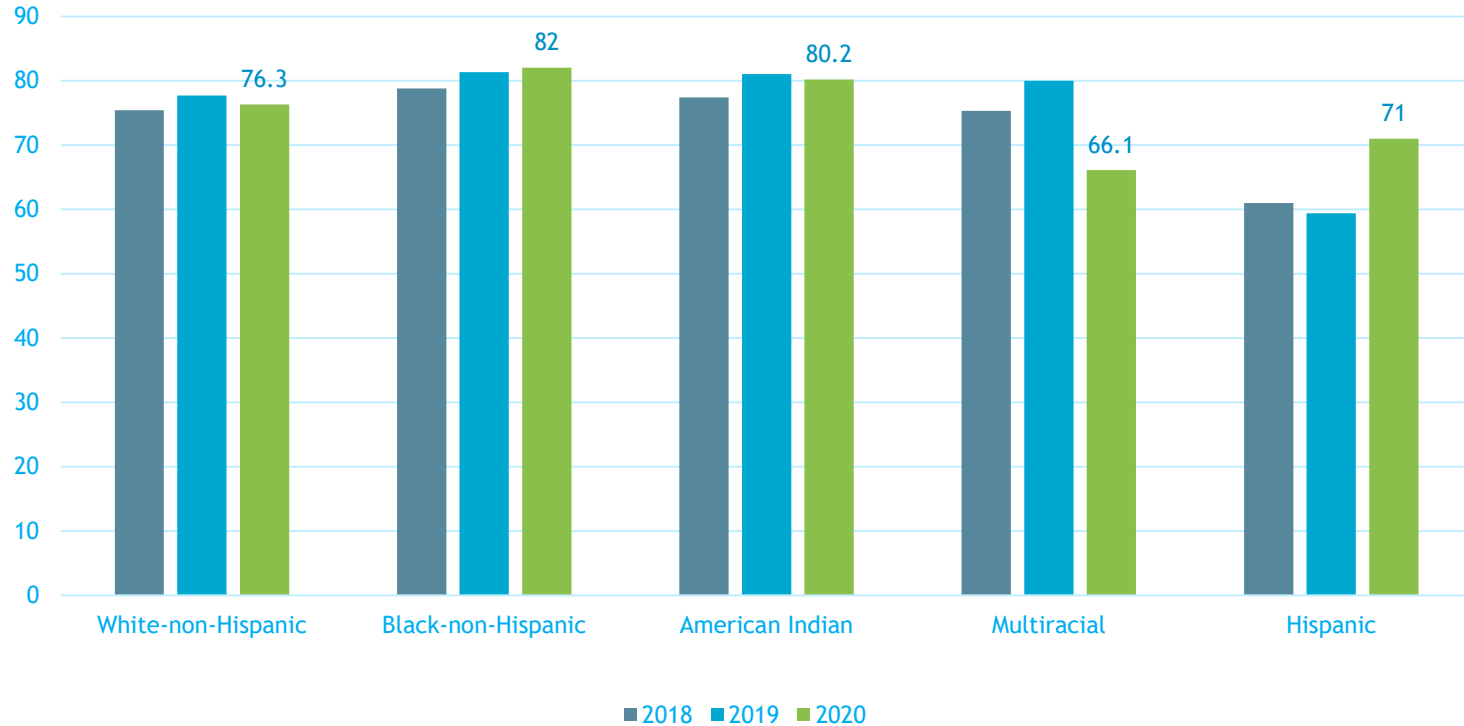
# ACCESS TO CARE

Do you have one (or more) person you think of as your personal doctor or healthcare provider?

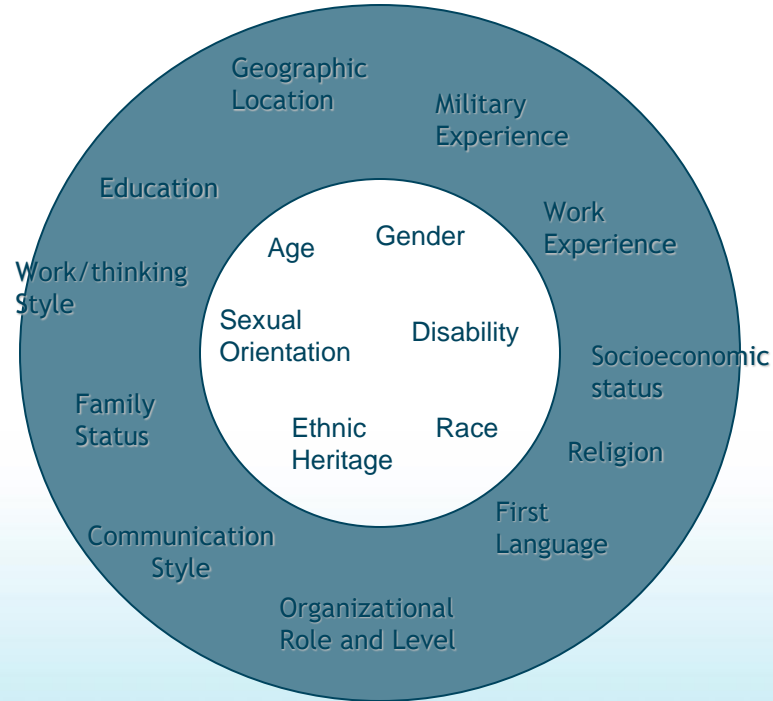


## ACCESS TO CARE

Have you had a checkup within the past year?



# Primary and Secondary Dimensions of Diversity





## ▶ Poll question

Do you consider all of these categories when you think of diversity?

- Yes
- No

# ▶ 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](https://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



## ▶ Poll question

How many different cultures do you serve in your practice?

- 1-3
- 4-6
- more than 6

## ▶ Acquiring cultural competence

**ThinkCulturalHealth.hhs.gov**

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

## ▶ Poll question

Which is the strongest predictor of an individual's health status?

- Age
- Income
- Employment status
- Literacy skills
- Education level
- Racial or ethnic group

Source: National Patient Safety Foundations (2011). Health Literacy: statistics-at-a-glance.

## ▶ 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>



## ▶ Poll question

\_\_\_\_\_ % of patients take their medications as prescribed:

- 80%
- 50%
- 25%
- 10%

## ▶ Poll question

\_\_\_\_\_ in % American adults read at a 5<sup>th</sup> grade level or below:

- 4
- 3
- 2
- 1

# ▶ 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 5<sup>th</sup> 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/AskMe3HealthLiteracyTrainin.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), "Titles 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.

**Risks:** 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. *The above stated risks summarize a number of reasonably expected complications of this procedure and do not include all conceivable consequences of the procedure.*

**Post Care:** I will do this on at least 3 occasion, not to exceed 30 minutes at a time. Following the procedure, I will not drive for 12 hours or make any major decisions for 24 hours. I will take medication prescribed by the physician as needed for pain. I will notify my physician if redness or swelling persists, if fever develops, if the wound has drainage, or if numbness or weakness develops.

**Follow-up:** If I have not been contacted in 2 business days with a follow-up appointment, I will call the office.

**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: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Patient or Legally authorized representative for patient)

Date/Time: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Physician)

Date/Time: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Witness and/or Interpreter)



# ▶ The impact of low health literacy

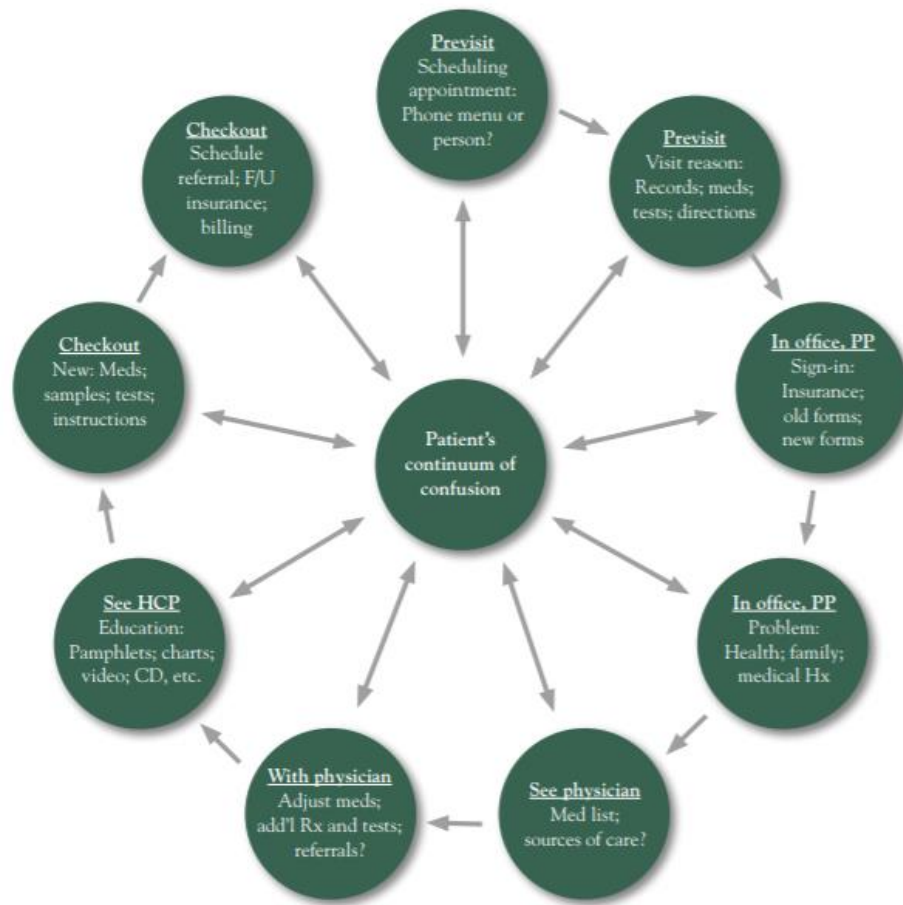
## Informed consent

- ▶ 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

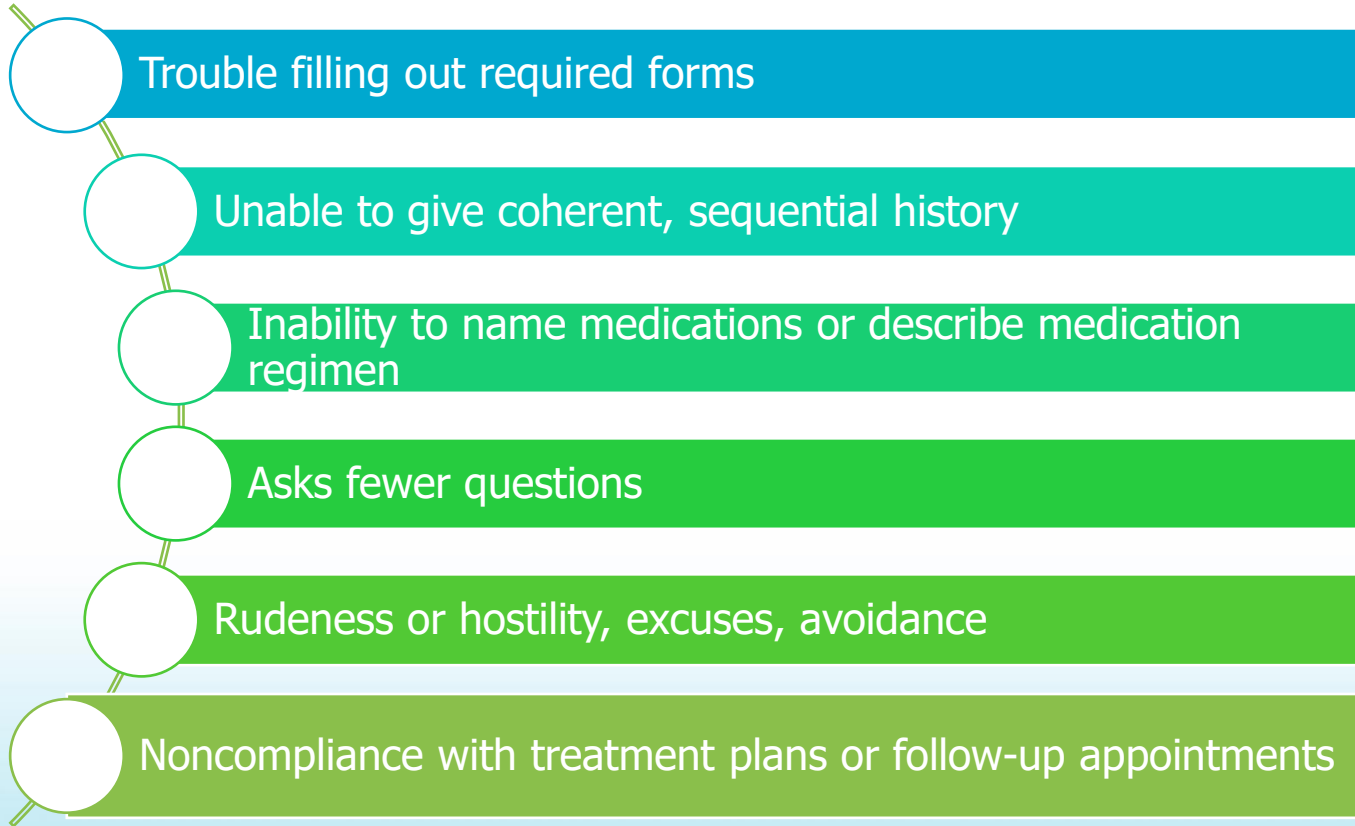
<https://www.psqh.com/mayjun06/informed.html>

# ▶ 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

- 
- Trouble filling out required forms
  - Unable to give coherent, sequential history
  - Inability to name medications or describe medication regimen
  - Asks fewer questions
  - Rudeness or hostility, excuses, avoidance
  - Noncompliance with treatment plans or follow-up appointments

## ▶ 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

# ▶ Risk management strategies

## 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.orau.gov/hsc/HealthCommWorks/MessageMappingGuide/resources/CDC%20Plain%20Language%20Thesaurus%20for%20Health%20Communication.pdf>

# ▶ Risk management strategies

## SMOG Readability Formula

“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.”

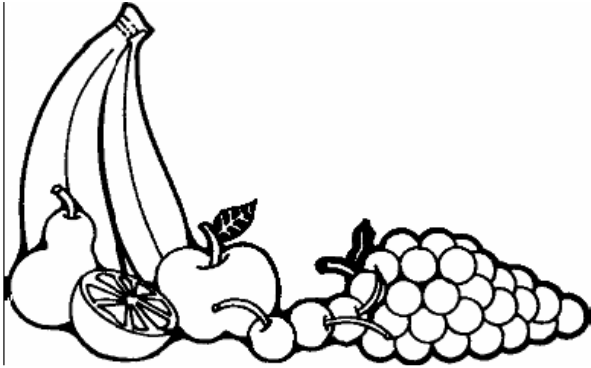
**SMOG: 23.9**

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

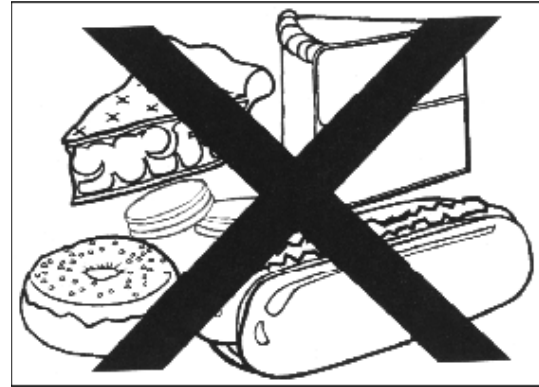
<http://www.readabilityformulas.com/free-readability-formula-tests.php>

## ▶ Risk management strategies

### Printed material-visuals



Good



Not so good



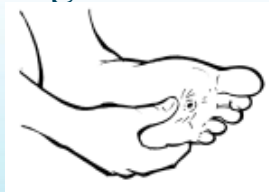
# ▶ Risk management strategies

## Visual models-Signs of Diabetes

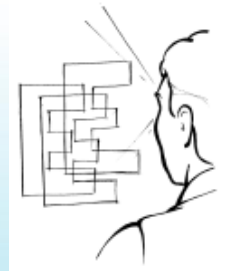
1. Very thirsty
2. Very tired
3. Losing weight
4. Urinating more than usual



5. Sores that do not get well.



6. Blurred vision



7. Eating a lot of food.



<http://www.ncfh.org/uploads/3/8/6/8/38685499/e9.pdf>

## ▶ Risk management strategies

### 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?

<http://www.patienteducationupdate.com/2012-03-01/article4.asp>

## ▶ Risk management 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 (4<sup>th</sup>-6<sup>th</sup> 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.

# ▶ Cultural competence

## 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.



## 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

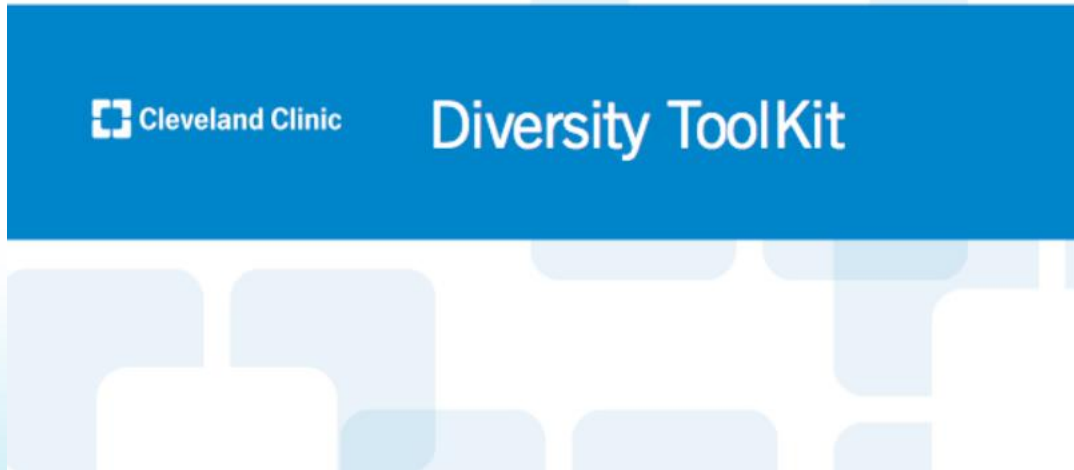
#### CENTERS FOR MEDICARE & MEDICAID SERVICES

- 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](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 ▾



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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.

Topics ▾

Cite ▾

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



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## 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](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](http://www.cdc.gov/od/oc/simpput.pdf)
8. AMA: <http://www.ama-assn.org/ama/pub/category/9913.html>

# EXPLORE

HEALTHCARE SUMMIT 2022  
AUGUST 25-27

 **PLICO**  
*a MedPro Group/Berkshire Hathaway company*



OKLAHOMA ACADEMY OF  
FAMILY PHYSICIANS

**STRONG MEDICINE FOR OKLAHOMA**

# Thank you!

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

