Cultural Competency in Health Care

Welcome and Course Objectives

Welcome to the cultural competency in health care annual compliance training. At the end of this course, you will leave with an understanding and appreciation for:

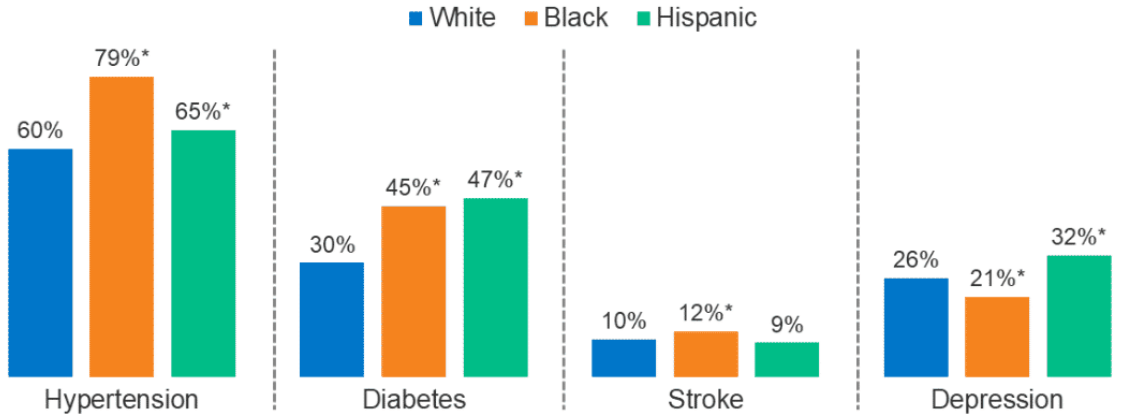
- The definition of “culture” in health care
- What health care disparities are and describe examples
- The term “cultural competency”
- A general knowledge of the history and development of the National CLAS standards
- Information and tips to guide successful gender inclusive communication with a variety of demographic populations

Health disparities most often refer to the differences in care/services that occur between different populations. Some examples of health care disparities are:

- Racial and ethnic minorities have an increased risk for chronic illness. This is most prevalent in age 50+ African Americans and Latinos compared to Whites.
- Access to health care is greatly determined on whether an individual has access to a regular health care provider and/or health insurance.
- Minority groups are shown to have lower instances of a regular source of health care and insurance.

Figure 12

Black and Hispanic Medicare Beneficiaries Have Higher Prevalence Rates of Certain Chronic Conditions Than White Beneficiaries



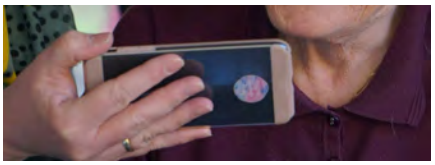
NOTE: *denotes statistically significant difference at the 95% confidence level from Whites. Data on other racial/ethnic groups not shown and is not available for other specific groups beyond those shown due to small sample size. Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic.

SOURCE: KFF analysis of the Centers for Medicare & Medicaid Services Medicare Current Beneficiary Survey, 2018 Survey File.

KFF

Culture can encompass not just one but a variety of **attitudes** and **behaviors** that are characteristic of many groups or communities. **Understanding** that an individual may associate with several different **cultural groups** is important as an individual's reaction to **experiences** in a healthcare environment may be **different** than your own **beliefs** or **assumptions** about **culture**.





What is cultural competence?

Cultural competence is broadly defined as the ability to **understand** and **integrate** strategies to **enhance** the delivery and structure of the health care system by recognizing a patient's **social**, **cultural** and **linguistic needs**.

The goal of a culturally competent health care organization is to provide the **highest quality of care** to every patient, **regardless of race, ethnicity, cultural background, English proficiency or literacy.**

Language barriers can create misunderstandings regarding treatment and increase patient dissatisfaction. Limited English Proficiency (LEP) minorities have reported that among non-English speakers who needed an interpreter during a health care visit, less than half –48 percent—report that they always or usually had one.

Low literacy, which occurs more often within racial, ethnic and elderly populations, can affect how individuals understand basic health care and health care decisions.

As you can see, there is a need to address disparities and to continually work on strategies to reduce the amount of inequality of services and care across all populations.

The Health and Human Services (HHS) Office of Minority Health (OMH) developed the **National Culturally and Linguistically Appropriate Services (CLAS)** standards to provide guidance to ensure successful cultural and linguistic competency for the health care community. The goal of the project was to reduce racial and ethnic health care disparities.

For more information on CLAS, you can go to: https://thinkculturalhealth.hhs.gov/

Following are the **15 CLAS standards** that we currently use today to ensure a high-level of cultural competency across our organization:

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

- Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
- Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
- Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
- Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

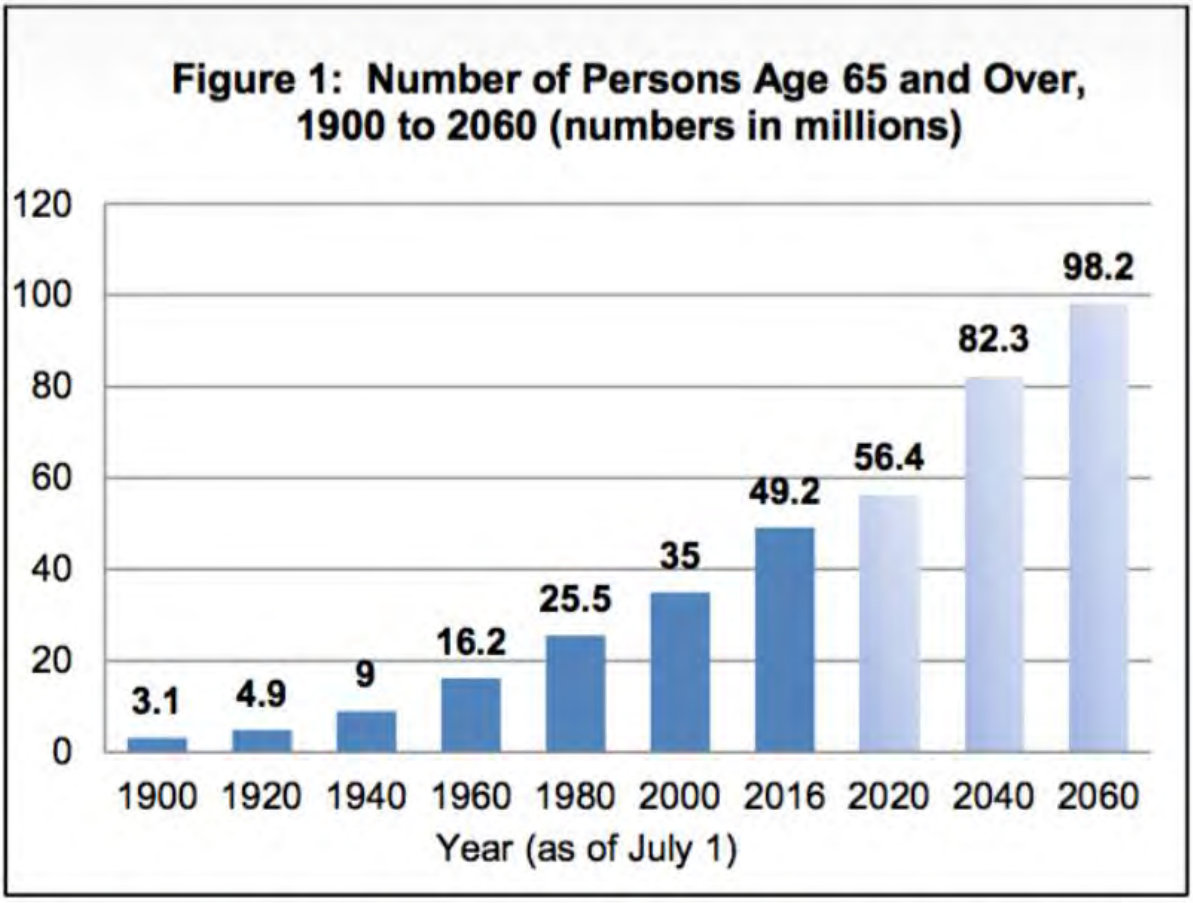
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
- Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
- Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
- Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and

outcomes and to inform service delivery.

- Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
- Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
- Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
- Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

- Older persons generally need more time to adjust to changes
- The spine shortens and bones lose calcium putting a person at higher risk for fractures. Muscles get smaller and joints become stiffer
- Some short-term memory is lost

- Vision is affected in terms of acuity, depth perception, and color
- Decreased ability to hear high frequencies may interfere with communication
- Decreased sensitivity to temperature, pressure and pain increases danger of burns or injury



Note: Increments in years are uneven. Lighter bars indicate projections.
Source: U.S. Census Bureau, Population Estimates and Projections.

Cultural Competency in Communities – The Elderly

Misconception and Myth	Fact and Reality
Dementia is an inevitable part of aging	Most older adults are cognitively intact
Most older adults are frail and ill	Most older adults have good functional health
Older adults are inflexible and stubborn	Most older adults have the same personality traits as at a younger age
Aging adults will have increased healthcare costs.	Most older adults tend to use health services less often than younger adults.
Aging leads to loneliness	Though social isolation can be problems for seniors, most are able to stay socially engaged
Elders shy away from new technologies	Over 41 percent of those >65 use the internet




Cultural Competency in Communities – HIV/AIDS

Federal health care programs include the Medicare Special Needs Plan (SNP). Medicare SNP's are a type of Medicare Advantage Plan (like an HMO), which limits membership to people with specific diseases or characteristics, and tailors their benefits, provider choices, and drug formularies to best meet the specific needs of the groups they serve.

Like the Federal Programs, various states also offer programs such as an HIV Special Needs Plan (SNP), which is a special health plan for people with Medicaid who are living with HIV/AIDS, and their eligible children, regardless of whether the children have HIV or AIDS. Homeless individuals who qualify can also choose a SNP even if they do not have HIV. The doctors, nurses, and other care providers who participate in HIV SNPs understand the special needs facing people living with HIV/AIDS.

Cultural Competency in Communities – LGBTQ

The LGBTQ (lesbian, gay, bisexual, transgender, or queer/questioning) community comprises a broad cross-cultural range of community members. It includes all races, ethnic and religious backgrounds, and a range of socioeconomic statuses. The healthcare needs of the LGBTQ community should be considered to provide the best care and avoid inequalities of care.

Culturally competent care of a member of this community includes:

- Care that targets a specific population
- Social and structural equality of care
- Avoidance of discrimination and stigmatization

Source: https://www.ncbi.nlm.nih.gov/books/NBK563176/

Gender Inclusive Communication

Gender-inclusive language avoids references to gender whenever possible.

It is increasingly becoming standard practice in correspondence.

It may be useful or even essential to apply gender-inclusive guidelines when communicating to the following audiences:

- Individuals whose gender is unknown;
- Non-binary individuals (that is, individuals who do not identify with either the masculine or the feminine gender);
- A diverse group of people (so that no member of the group feels excluded).

Use gender-neutral terms and avoid using pronouns when possible.

Instead of: "How may I help you, sir?"
Say: "How may I help you?"

Instead of: "She is trying to make an appointment."
Say: "The member is calling to make an appointment."

Instead of: "What are your mother

Use These Suggestions for Written Correspondence.

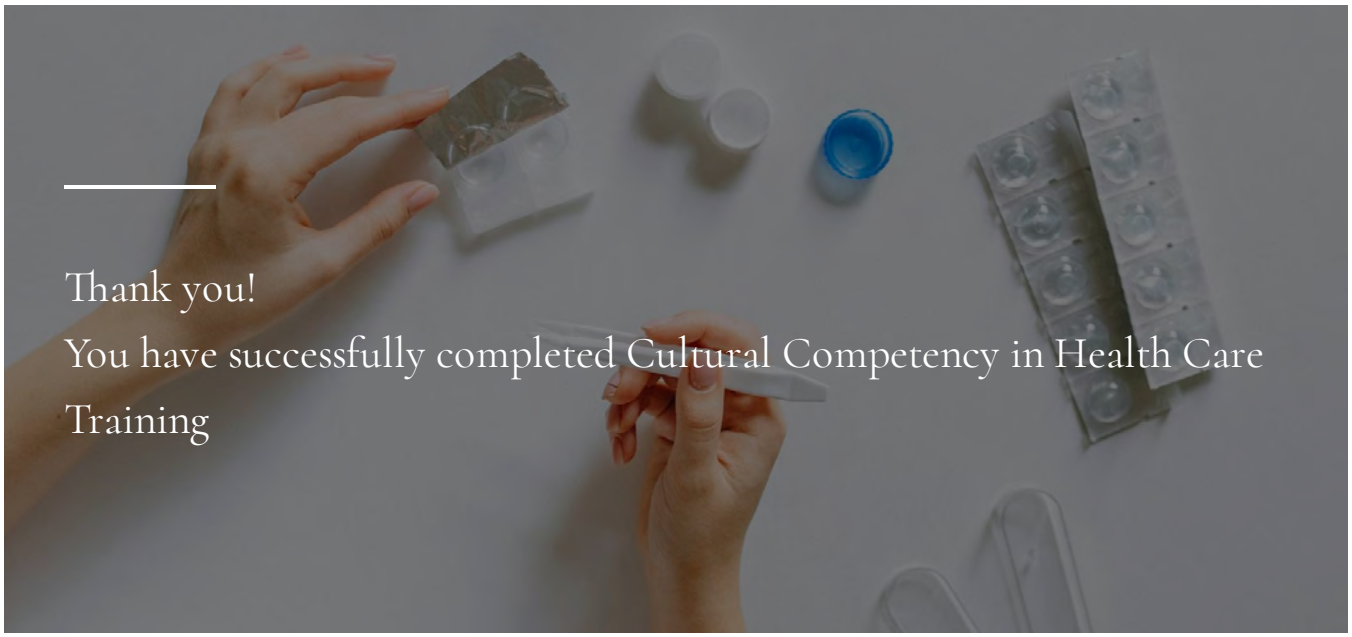
Avoid using the courtesy title (Mr., Mrs., Ms.)
Instead, consider using the member's first and last name we have on file.

Use the member's preferred name and pronoun if given.

Transgender people often change their name to affirm their gender identity.

If you are unsure about a member's preferred name or pronouns, you can say:
"I would like to be respectful—what name and pronouns would you like me to use?"

If a member's name doesn't match insurance records:
"Could your insurance be under a



Thank you!

You have successfully completed Cultural Competency in Health Care Training