

Objectives



- Identify patients with potential cultural or language needs where alternate communication methods are needed.
- Use informational materials that are culturally sensitive.
- Determine that appropriate processes and tools are available to support communication and remove barriers
- Ensure that persons interacting with patients have an understanding of how culture and language may influence health

Terminology



Definitions:

- **Race:** any of the different varieties or populations of human beings distinguished by physical traits such as hair color and texture, eye color, skin color or body shape.
- **Ethnic:** a group having a common cultural heritage or nationality, as distinguished by customs, language, common history, etc.
- **Culture:** the ideas, customs, skills, arts, etc. of a people or group, that are transferred, communicated, or passed along to succeeding generations.

Elements and Components of Culture



- Collective values, experience, beliefs — beliefs about health & health care, as well as behavioral styles
- Non-verbal communication
- Perspectives, world views, frames of reference
- Community motivation and social identification
- Cultural awareness
- Languages and dialect

Factors Influencing Culture

- Age
- Gender
- Socioeconomic status
- Ethnicity
- National origin
- Religion
- Geographical location
- Migration
- Sexual orientation



USA HEALTH DISPARITIES



- Cervical cancer among Vietnamese women
- Asthma among minority children
- Diabetes Type 2 among African American adults, especially women and Latinos
- Hepatitis B among Asian children
- Mortality among African Americans, infants, and mothers
- Domestic violence among Latinas and Asian immigrant women
- Tuberculosis among foreign-born

Three Pillars of Cultural Competence

Language
Access Services



Culturally
Competent Care



Organizational
Support



All are designed to:

Develop attitudes that value and respect diversity

Enhance knowledge and awareness of beliefs, behaviors, and preventive health practices

Develop communication skills for members with diverse language needs, including sign language interpreter services

Develop the ability to address the health needs of a diverse patient population

Language Access



A patient with a language preference other than English may need:

- A health care provider, physician assistant, nurse practitioner, social worker who speaks the language
- A professional interpreter
- A family member
- Appropriate in-language signage communicating the different services that are available

Language Services



- Patients have the right to certain language services (most insurance plans offer) :
- 24-hour access to interpreter (including American Sign Language, Telecommunications Device for the Deaf [TDD/TTY] or California Relay Services) (Text (800) 285-1121 (Voice) **California** (800) 735-2929 (TTY) **California** (800)
- Customer Service call center
- Members may request materials in alternative formats: Braille, digital, audio or large print

Reasons to Increase Cultural Competency

1. Perception of illnesses, diseases and their causes varies by culture, as do the belief systems regarding healing and wellness.
2. Culture and socioeconomic concerns influence help-seeking behaviors and attitudes toward health care providers and services.
3. Individual preferences affect traditional and nontraditional approaches to health care.
4. Patients benefit from overcoming personal biases about health care systems and services.
5. Health care providers from culturally and linguistically diverse groups are underrepresented in the current delivery system.

Culturally Competent Care



Staff due diligence on member's background:

- Race, religion, preferred language, support network, major pre-and post immigration trauma, etc.
- Inquire about alternative / folk treatments
- Use a culturally appropriate course of inquiry
“What have you done so far to treat your ailment (e.g., acupuncture, herbs, acupressure, etc)?”

Culturally Competent Care, cont.



- Be aware of body language yours and theirs (e.g., verbal/nonverbal cues) while meeting with patients.
 - *Helps to reduce the members' bias/apprehension towards the doctor*
- Embrace the significant role played by family members in the health of the individual.
- Do not discount culturally specific treatments if they do no harm.
- Provide simple questionnaires for patients to fill in at the time of visiting the doctor.
 - *Include questions describing physical symptoms vs. actual ailments to elicit more open communications*
 - *Fosters dialogue and encourages members to ask more questions*

8 Questions for Patients



Explanatory Model (EM) of their illness:

1. What do you call your problem?
2. What has caused it?
3. Why do you think it started when it did?
4. What does it do to you?
5. How severe is it?
6. What do you fear most about it?
7. What are the chief problems it has caused you?
8. What kind of treatment do you think you should receive?

Factors Influencing Culture



A. Age and gender

B. Ethnicity and national origin

C. Religion and sexual orientation

D. All of the above, and more including socioeconomic status, geographical location, and migration