Cultural Competency in Health Care

Transforming the Health of the Community, One Person at a Time

10/6/2021

Learning Objectives

Upon completing this module, you will be able to:

- Describe how Cultural Competency can improve health outcomes
- Define Cultural Competency in health care
- Assess Language Communication barriers, and review Limited English Proficiency
- Summarize the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care
- Review the Law and Regulations
- Identify Family Centered and Culturally Competent Care

Cultural Competence in Health Care

- The increasing diversity of the nation brings opportunities and challenges for health care providers, health care systems, and policy makers to create and deliver culturally competent services.
- Cultural competence is defined as the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients.

Betancourt, J. R., Green, A. R., & Carrillo, J. E. 2002. Cultural competence in health care: Emerging frameworks and practical approaches. New York: The Commonwealth Fund.

Cultural Competence in Health Care

- A culturally competent health care system can help improve health outcomes and quality of care, and can contribute to the elimination of racial and ethnic health disparities.
- Examples of strategies to move the health care system towards these goals include providing relevant training on cultural competence and cross-cultural issues to health professionals and creating policies that reduce administrative and linguistic barriers to patient care.

https://hpi.georgetown.edu/cultural/

What is Cultural Competence in Health Care?

Individual values, beliefs, and behaviors about health and well-being are shaped by various factors such as

- race,
- ethnicity,
- nationality,
- language,
- gender,
- socioeconomic status,
- physical and mental ability,
- sexual orientation,
- gender identity, and
- occupation.

Brach, C. & Fraser, I. 2000. Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model. Medical Care Research and Review, 57 (Supplement 1), 181-217.

What is Cultural Competence in Health Care?

Cultural competence in health care is broadly defined as the ability of providers and organizations to understand and integrate these factors into the delivery and structure of the health care system.

Brach, C. & Fraser, I. 2000. Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model. Medical Care Research and Review, 57 (Supplement 1), 181-217.

What is Cultural Competence in Health Care?

The goal of culturally competent health care services is to provide the highest quality of care to every patient, regardless of

- race,
- ethnicity,
- cultural background,
- English proficiency or
- literacy.

Brach, C. & Fraser, I. 2000. Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model. Medical Care Research and Review, 57 (Supplement 1), 181-217.

What is Cultural Competence in Health Care?

Common strategies for improving the patient-provider interaction and institutionalizing changes in the health care system include:

1. Provide interpreter services
2. Recruit and retain diverse talent
3. Provide training to increase cultural awareness, knowledge, and skills
4. Coordinate with traditional healers
5. Use community health workers

Brach, C. & Fraser, I. 2000. Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model. Medical Care Research and Review, 57 (Supplement 1), 181-217.

What is Cultural Competence in Health Care?

Common strategies for improving the patient-provider interaction and institutionalizing changes in the health care system include:

6. Incorporate culture-specific attitudes and values into health promotion tools
7. Include family and community members in health care decision making
8. Locate clinics in geographic areas that are easily accessible for certain populations
9. Expand hours of operation
10. Provide linguistic competency that extends beyond the clinical encounter to the appointment desk, advice lines, medical billing, and other written materials

Brach, C. & Fraser, I. 2000. Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model. Medical Care Research and Review, 57 (Supplement 1), 181-217.

Access to Health Care

- Having a regular doctor or a usual source of care facilitates the process of obtaining health care when it is needed.
- People who do not have a regular doctor or health care provider are less likely to obtain preventive services, or diagnosis, treatment, and management of chronic conditions.
- Health insurance coverage is also an important determinant of access to health care.
- Higher proportions of minorities do not have a usual source of care and do not have health insurance.

https://hpi.georgetown.edu/cultural/

Language and Communication Barriers

- Of the more than 37 million adults in the U.S. who speak a language other than English, 48 % report that they speak English less than “very well.”
- Language and communication barriers can affect the amount and quality of health care received.
    - For example, there are ethnic groups that are less likely to visit a physician or mental health provider, or receive preventive care, such as a mammography exam or influenza vaccination.

Center on an Aging Society analysis of data from the 2000 Census, QT-P17, Ability to speak English. Washington, DC: U.S. Bureau of the Census, Census Summary File 3 ? Sample Data.
Fiscella, K., Franks, P., Doescher, M. P., & Saver, B. G. 2002. Disparities in health care by race, ethnicity and language among the insured: Findings from a national sample. Medical Care, 40(1), 52-59.

Language and Communication Barriers

- Health service use may also be affected by the availability of interpreters.
- Among non-English speakers who needed an interpreter during a health care visit, less than half 48% report that they had an interpreter.

Collins et al. 2002.

Language and Communication Barriers

The type of interpretation service provided to patients is an important factor in the level of satisfaction.

- In a study comparing various methods of interpretation, patients who use professional interpreters are equally as satisfied with the overall health care visit as patients who use bilingual providers.
- Patients who use family interpreters or non-professional interpreters, such as nurses, clerks, and technicians are less satisfied with their visit.

Lee, L. J, Batal, H. A., Maselli, J. H. Kutner, J. S. 2002. Effect of Spanish interpretation method on patient satisfaction in an urban walk-in clinic. Journal of General Internal Medicine, 17, 641-646..

Limited English Proficiency (LEP)

- Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or “LEP”.
- These members are entitled language assistance with respect to a particular type or service, benefit or encounter.

Culturally Competent Services and Translation/Interpretation Services

- The availability and accessibility of translation/interpretation services should not be predicated upon the non-availability of a friend or family member who is bilingual.
- Members may elect to use a friend or relative for this purpose, but they should not be encouraged to substitute a friend or relative for a translation/interpretation service.

Culturally Competent Services and Translation/Interpretation Services

- Providers, at any point of contact, shall make members aware that translation/ interpretation services are available and provide written notice informing members of the right to translation/interpretation services in their preferred language.
- Additionally, Providers shall ensure access to oral interpretation, translation, sign language, disability-related services, and provide auxiliary aids and alternative formats upon request.

Culturally Competent Services and Translation/Interpretation Services

- Best practice to provide interpretation is with your own qualified/certified bilingual staff.
- The services offered shall be provided by an individual who is proficient and skilled in translation/interpretation.
- Translation/interpretation services shall be provided at no cost to members.

Culturally Competent Services and Translation/Interpretation Services

Translations shall be provided in the following manner:

- Written materials that are critical to obtaining services (also known as vital materials) shall be made available in the prevalent non-English language spoken for each LEP population in a Health Plan’s service area.
- Oral interpretation services shall not substitute for written translation of vital materials,

Culturally Competent Services and Translation/Interpretation Services

Translations shall be provided in the following manner:

- All written materials for members shall be translated into Spanish regardless whether or not they are vital.
- The Provider shall make oral interpretation services available at no cost to the member.
    - This applies to sign language and all non-English languages, not just those identified as prevalent.
- Providers that speak languages other than English should be identified to the Health Plans.

Culturally Competent Services and Translation/Interpretation Services

Health Plans and its network providers shall:

a. Utilize licensed interpreters for the Deaf and the Hard of Hearing,

b. Provide auxiliary aids or licensed sign language interpreters that meet the needs of the individual upon request.

Culturally Competent Services and Translation/Interpretation Services

Auxiliary aids include:

- computer-aided transcriptions,
- written materials,
- assistive listening devices or systems,
- closed and open captioning, and
- other effective methods of making aurally delivered materials available to persons with hearing loss.

Culturally Competent Services and Translation/Interpretation Services

The Arizona Commission for the Deaf and the Hard of Hearing provides a listing of licensed interpreters, information on auxiliary aids and the complete rules and regulations regarding the profession of interpreters in the State of Arizona.

National Culturally and Linguistically Appropriate Services (CLAS) Standards

The National CLAS Standards are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services.

National Culturally and Linguistically Appropriate Services (CLAS) Standards

The provision of health services that are respectful of and responsive to the health beliefs, practices, and needs of diverse patients can help close the gap in health outcomes.

https://thinkculturalhealth.hhs.gov › clas

National Culturally and Linguistically Appropriate Services (CLAS) Standards

The pursuit of health equity must remain at the forefront of our efforts; we must always remember that dignity and quality of care are rights of all and not the privileges of a few.

https://thinkculturalhealth.hhs.gov › clas

National Culturally and Linguistically Appropriate Services (CLAS) Standards

Principal Standard

1. 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.

https://thinkculturalhealth.hhs.gov › clas

National Culturally and Linguistically Appropriate Services (CLAS) Standards

Governance, Leadership and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

https://thinkculturalhealth.hhs.gov › clas

National Culturally and Linguistically Appropriate Services (CLAS) Standards

Communication and Language Assistance

5. 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.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

https://thinkculturalhealth.hhs.gov › clas

National Culturally and Linguistically Appropriate Services (CLAS) Standards

Engagement, Continuous Improvement, and Accountability

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. 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.

https://thinkculturalhealth.hhs.gov › clas

National Culturally and Linguistically Appropriate Services (CLAS) Standards

Engagement, Continuous Improvement, and Accountability

12. 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.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

https://thinkculturalhealth.hhs.gov › clas

Know the Law/Regulations

Nondiscrimination Notice

- The Centers for Medicare & Medicaid Services (CMS) is the federal agency that runs the Medicare, Medicaid, and Children's Health Insurance Programs, and the federally facilitated Marketplace. CMS doesn’t exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by CMS directly or through a contractor or any other entity with which CMS arranges to carry out its programs and activities.

https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice

Know the Law/Regulations

Laws and Regulations Enforced by Office of Civil Rights (OCR)

- OCR enforces nondiscrimination regulations that apply to programs, services, and activities receiving Health & Human Services (HHS) Federal financial assistance.

  Including, but not limited to:

  - Title VI of the Civil Rights Act of 1964
  - Sections 504 and 508 of the Rehabilitation Act of 1973
  - Section 1557 of the Patient Protection and Affordable Care Act
  - Title II of the Americans with Disabilities Act

https://www.hhs.gov/civil-rights/for-providers/laws-regulations-guidance/laws/index.html

Know the Law/Regulations

More Examples:

- State and local nondiscrimination laws prohibit health care discrimination against transgender people in many circumstances. Find out more about your state's policies.
- Medicare and Medicaid regulations protect the right of hospital patients to choose their own visitors and medical decision-makers regardless of their legal relationship to the patient. This means that hospitals cannot discriminate against LGBTQIA+ people or their families in visitation and in recognizing a patient's designated decision-maker.
- Joint Commission hospital accreditation standards require hospitals to have internal policies prohibiting discrimination based on gender identity and sexual orientation.

Family Centered and Culturally Competent Care

Providing family-centered care in all aspects of the delivery system for members with special health care needs is vital to culturally competent care.

Family Centered and Culturally Competent Care

Family-centered care includes but is not limited to:

1. Recognizing the family as the primary source of support for the member’s health care decision-making process.

    Service systems and personnel should be made available to support the family’s role as decision makers.

Family Centered and Culturally Competent Care

Family-centered care includes but is not limited to:

2. Facilitating collaboration among recipients, families, health care providers, and policymakers at all levels for the:
    a. Care of the member,
    b. Development, implementation, evaluation of programs, and
    c. Policy development.

Family Centered and Culturally Competent Care

Family-centered care includes but is not limited to:

3. Promoting a complete exchange of unbiased information between members, families, and health care professionals in a supportive manner at all times.

Family Centered and Culturally Competent Care

Family-centered care includes but is not limited to:

4. Recognizing cultural, racial, ethnic, geographic, social, spiritual, and economic diversity and individuality within and across all families.

Family Centered and Culturally Competent Care

Family-centered care includes but is not limited to:

5. Implementing practices and policies that support the needs of members and families, including

- members and families,
- medical,
- developmental,
- educational,
- emotional,
- cultural,
- environmental, and
- financial needs.

Family Centered and Culturally Competent Care

Family-centered care includes but is not limited to:

6. Participating in family-centered cultural competence trainings.

Family Centered and Culturally Competent Care

Family-centered care includes but is not limited to:

7. Facilitating family-to-family support and networking.

Family Centered and Culturally Competent Care

Family-centered care includes but is not limited to:

8. Promoting available, accessible, and comprehensive community, home, and hospital support systems to meet diverse, unique needs of the family.

Family Centered and Culturally Competent Care

Family-centered care includes but is not limited to:

9. Acknowledging that families are essential to the members' health and well-being and are crucial allies for quality within the service delivery system.

Family Centered and Culturally Competent Care

Family-centered care includes but is not limited to:

10. Appreciating and recognizing the unique nature of each member and their family.

Benefits of Cultural Competence

Cultural competence in a hospital or care system produces numerous benefits for the organization, patients and community.

Social Benefits

- Increases mutual respect and understanding between patient and organization
- Increases trust
- Promotes inclusion of all community members
- Increases community participation and involvement in health issues
- Assists patients and families in their care
- Promotes patient and family responsibilities for health

Health Benefits

- Improves patient data collection
- Increases preventive care by patients
- Reduces care disparities in the patient population
- Increases cost savings from a reduction in medical errors, number of treatments and legal costs
- Reduces the number of missed medical visits

Business Benefits

- Incorporates different perspectives, ideas and strategies into the decision-making process
- Decreases barriers that slow progress
- Moves toward meeting legal and regulatory guidelines
- Improves efficiency of care services
- Increases the market share of the organization

Source: American Hospital Association, 2013.

Wilson-Stronks, A. and Mutha, S. (2010, October). From theperspective of CEOs: What motivates hospitals to embrace cultural competence. Journal of Healthcare Management 55(2010) 339-352. 4 Ibid

Benefits of Cultural Competence

- Organizations that are culturally competent have improved health outcomes, increased respect and mutual understanding from patients, and increased participation from the local community.

Social Benefits	Health Benefits	Business Benefits
• Increases mutual respect and understanding between patient and organization • Increases trust • Promotes inclusion of all community members • Increases community participation and involvement in health issues • Assists patients and families in their care • Promotes patient and family responsibilities for health	• Improves patient data collection • Increases preventive care by patients • Reduces care disparities in the patient population • Increases cost savings from a reduction in medical errors, number of treatments and legal costs • Reduces the number of missed medical visits	• Incorporates different perspectives, ideas and strategies into the decision-making process • Decreases barriers that slow progress • Moves toward meeting legal and regulatory guidelines • Improves efficiency of care services • Increases the market share of the organization

Source: American Hospital Association, 2013.

Benefits of Cultural Competence

- Additionally, organizations that are culturally competent may have lower costs and fewer care disparities.

Social Benefits	Health Benefits	Business Benefits
• Increases mutual respect and understanding between patient and organization • Increases trust • Promotes inclusion of all community members • Increases community participation and involvement in health issues • Assists patients and families in their care • Promotes patient and family responsibilities for health	• Improves patient data collection • Increases preventive care by patients • Reduces care disparities in the patient population • Increases cost savings from a reduction in medical errors, number of treatments and legal costs • Reduces the number of missed medical visits	• Incorporates different perspectives, ideas and strategies into the decision-making process • Decreases barriers that slow progress • Moves toward meeting legal and regulatory guidelines • Improves efficiency of care services • Increases the market share of the organization

Source: American Hospital Association, 2013.

Steps to Becoming a Culturally Competent Organization

Before a health care organization becomes culturally competent, leaders must understand the local community and the role the organization plays within the community.

Wilson-Stronks, A. and Mutha, S. (2010, October). From theperspective of CEOs: What motivates hospitals to embrace cultural competence. Journal of Healthcare Management 55(2010) 339-352. 4 Ibid

Steps to Becoming a Culturally Competent Organization

Steps to becoming culturally competent include:

1. Creating and developing a Cultural Competency Program Plan,
2. Analyzing data and micro-targeting surveys to improve service for the local community,
3. Communicating survey findings to determine priorities and
4. Educating staff and aligning programming and resources to meet community needs.

Wilson-Stronks, A. and Mutha, S. (2010, October). From theperspective of CEOs: What motivates hospitals to embrace cultural competence. Journal of Healthcare Management 55(2010) 339-352. 4 Ibid

Cultural Competence is an Ongoing Learning Process

- Cultural competence is a process rather than an ultimate goal, and is often developed in stages by building upon previous knowledge and experience.
- Staff needs to understand the factors that are pushing care systems to become culturally competent.
- Staff also needs to recognize and understand the cultural and clinical dynamics in interactions with patients.

American Institutes for Research. 2002. Teaching cultural competence in health care: A review of current concepts, policies, and practices. Report prepared for the Office of Minority Health. Washington, DC: Author.

Cultural Competence is an Ongoing Learning Process

- Becoming culturally competent involves developing and acquiring the skills needed to identify and assist patients from diverse cultures.
- With the necessary skills and mindset, staff can quickly identify the services required by a patient, thereby increasing positive health outcomes.

American Institutes for Research. 2002. Teaching cultural competence in health care: A review of current concepts, policies, and practices. Report prepared for the Office of Minority Health. Washington, DC: Author.

Cultural Competence is an Ongoing Learning Process

Approaches that focus on increasing knowledge about various groups, typically through a list of common health beliefs, behaviors, and key “dos” and “don’ts,” may provide a starting point for health professionals to learn more about the health practices of a particular group but may lead to stereotyping and may ignore variations within a group.

American Institutes for Research. 2002. Teaching cultural competence in health care: A review of current concepts, policies, and practices. Report prepared for the Office of Minority Health. Washington, DC: Author.

Cultural Competence is an Ongoing Learning Process

- It is almost impossible to know everything about every culture.
- Therefore, training approaches that focus only on facts are limited, and are best combined with approaches that provide skills that are more universal.
  - For example, skills such as communication and medical history-taking techniques can be applied to a wide diversity of clientele.

American Institutes for Research. 2002. Teaching cultural competence in health care: A review of current concepts, policies, and practices. Report prepared for the Office of Minority Health. Washington, DC: Author.

Cultural Competence is an Ongoing Learning Process

- Curiosity, empathy, respect, and humility are some basic attitudes that have the potential to help the clinical relationship and to yield useful information about the patient's individual beliefs and preferences.
- An approach that focuses on inquiry, reflection, and analysis throughout the care process is most useful for acknowledging that culture is just one of many factors that influence an individual's health beliefs and practices.

American Institutes for Research. 2002. Teaching cultural competence in health care: A review of current concepts, policies, and practices. Report prepared for the Office of Minority Health. Washington, DC: Author.

Conclusion

- Cultural competence is not an isolated aspect of health care, but an important component of overall excellence in health care delivery.
- Issues of health care quality and satisfaction are of particular concern for people with chronic conditions who frequently come into contact with the health care system.
- Efforts to improve cultural competence among health care professionals and organizations would contribute to improving the quality of health care for all consumers.

The End

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