Developing Cultural Proficiency
A Primer on Cultural Issues Related to Health Care
Stated Objectives

The Goal of this training is to provide an overview of several cultures with an application-to-practice viewpoint. Throughout the course you will be guided through the following:

- Basics of culture and why it matters
- How to develop cultural competency
- Information about specific cultural groups
- Communication and working with interpreters

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Basics Of Cultural Competency
Cultural Diversity: Why Teach?

To establish a mindset to help us function more effectively in cross cultural situations.
## Culture
Shared values, norms, traditions, customs, arts, history, folklore and institutions of a group of people

## Cross-Cultural
When one culture interacts with another

## Cultural Competency
The communication bridge that enables organizations and health care practitioners to respond to and directly serve the unique needs of populations whose cultures may be different than the prevailing one

## Linguistics
The study of human speech, not only do we need to consider our cultural competence, we must also be linguistically competent

## LEP
Limited English Proficiency. This is a way to describe those individuals who may have some English speaking ability or none at all.
Cultural Competency

Culture is made up of many parts: personal identification, language, thoughts, communications, actions, customs, beliefs, values and institutions that are often specific to ethnic, racial, religious, geographic, or social groups. All of these factors influence patients’ beliefs surrounding health, healing, wellness, illness, disease and delivery of health services. Being respectful and responsive to these beliefs enables health care providers to deliver better services.
Origination of Standards

• DHHS – Department of Health and Human Services
• OMH – The Office of Minority Health (OMH) was mandated by Congress in 1994 to:
  − Develop the capacity of health care professionals to address the cultural and linguistic barriers to health care delivery
  − Increase limited English-speaking individuals’ access to health care
• CLCCHC – Center for Linguistic and Cultural Competency Health Care
• National recommendations for CLAS (Cultural and Linguistically Appropriate Services)
Facts

- Census projections estimate by 2020 more than half of the nation’s children are expected to be part of a minority race or ethnic group.
- The minority population is expected to grow to 56 percent of the total in 2060.
- The nation’s foreign born population will reach nearly 19 percent of the total population by 2060.

How to Develop Cultural Competency
Be Culturally Open—Don’t Stereotype Individuals

• As we interact with diverse cultures, we must first examine our own beliefs and prejudices. We must become culturally open.
• The competent professional cultivates a non-judgmental attitude of respect, interest and inquiry
• Superficial knowledge of cultures other than our own can sometimes lead to stereotyping, which can lead to inaccurate perceptions
Assess yourself and your beliefs and feelings

As front and back office staff, managers and providers we need to be aware of personal attitudes, beliefs, biases and behaviors that may influence our interactions with patients.

These may be conscious or unconscious attitudes, beliefs, biases or behaviors.

Cultural sensitivity and cultural competence requires an honest assessment of our positive and negative assumptions about others.
How you view someone is important

• Membership in a particular culture does not mean that any individual member will necessarily reflect the customs, traditions and beliefs generally associated with their culture

• In this education we present a summary of some of the possible cultural traits passed through generations, based on professional studies and documentation

• Perhaps some of these traits are accurate—and some are not
Inquisitiveness helps us learn about others

Questions that may help you understand your patient better:

• What do you think caused your illness?
  – Punishment
  – Will of God
  – Unrelated to what they have or have not done

• What remedies have you tried?
  – Folklore medicine: cultural rituals or beliefs

• Are you able to understand your medicine bottle?
  – LEP, medication adherence
4 Cs of Culture

1. What do you call your problem?
2. What do you think caused your problem?
3. What have you done to cope with your problem?
4. What concerns do you have about your problem? About my recommendations?
Additional Considerations

When you are interacting with people from other cultures, consider the following:

- **Is the family a focal point?**
  - Certain cultures may have appointed decision makers and caregivers

- **Food and diet**
  - May believe it to be the cause; or the cure
  - Dietary restrictions may be difficult

- **Mental illness as stigma**
  - They may have unexplainable physical symptoms which are actually part of a mental illness

- **Concept of Time**
  - Some cultures have loose concept of time and may be late to appointments
Cultural Groups
Hispanic Cultures

Understanding the Hispanic culture

- The term Hispanic denotes neither race nor color
- Some prefer the term “Latino,” even if they are not from Latin American countries. Others prefer terms referring to their country of origin.
- Region of origin is important
- Mexico, Cuba, Puerto Rico, Spain, Central America, Colombia
- Unifying thread same or similar language: Spanish

Health Disparities

- Diabetes
- Hypertension
- Hispanic women receive less breast cancer screening than other cultures
African-Americans

- Second largest minority group in the U.S.
- From Africa, Jamaica, West Indies, Caribbean, Haiti
- Area of origin affects their beliefs
- Variations based on regional, urban or rural differences, as well as age, socioeconomic status, education

Health care disparities and information:
- Hypertension, diabetes, kidney failure
- Coronary artery disease
- Lactose intolerance
- AIDS
- Sickle cell anemia
- Less likely to have mammograms

General beliefs include thinking that causes of illnesses are forces of nature and out of their personal control.

Additional thoughts include:
- Folk medicine can be a curse or a cure
- Healers, herb doctors
- Silence may indicate lack of trust for caregiver
Asian and Asian Americans

Health care disparities and information:
• Represent approximately 4% of our population
• Fastest growing ethnic group in U.S.
• Filipinos, Japanese, Koreans, Vietnamese, and those from Thailand
• Broad geographic area, common thread of Confucian, Buddhist, Taoist beliefs
• Various Asian medicine concerns and beliefs

Overall disproportionately affected by cardiovascular disease, cancer, hepatitis B, tuberculosis
• Vietnamese: cervical cancer
• Chinese: cancers of esophagus, stomach, liver
Asians

Building an understanding

• Yin (Ying) and Yang: unified forces that must be in balance. The symbol to the right represents the ancient Chinese Taoist philosophy of the interdependence of all things. The ying and the yang interact and complement each other.

• Qi: harmonious balance and flow. Essence of diagnosis is to attempt to understand how the ying-yang balance has been disrupted, and where the flow of qi has become disturbed.

• Treatments: based on re-establishing this balance, seek help of healers
Asian Traditions

Understanding traditions:
• Physicians: held in high regard
• Blood: their essence, not usually drawn in traditional medicine, reassure that it is not going to someone else
• Bodies: no organ removal, whole bodies
• Expression of feelings: suppression of negative thoughts/emotions cause you to potentially not know if they are in pain

Traditional medicine mixed with western care may produce positive results including:
• Acupuncture
• Herbal and nutritional medicine
• Therapeutic exercise
• Healers
Middle Easterners

There is great diversity within the groups often referred to as Middle Eastern
- There is traditionally great pride attached to their region of origin
- Be sensitive to the diversity within these groups
- This group includes Arab-Americans, Egyptians, and Iranians
- There are about 3 million Arab-Americans living in the U.S.

Be aware of these thoughts and practices
- Pain: May show pain in front of family, but may not with their health care providers
- Intrusive methods: May feel these are most effective
- Spokesperson: Oldest male or father
- Bad news: In stages, some told about fatal illness will give up hope
- Modesty: Strong resistance to disclosing personal information
Middle Eastern People and Cultures

Depending on the region of origin, and the time spent living in the U.S., you may find the following health care disparities:

- Lack of preventive care
- Diseases such as obesity, hypertension, low back pain and cardiovascular diseases
- Health problems related to underdevelopment, such as protein and vitamin deficiency, hepatitis A & B, as well as rising rates of tuberculosis and syphilis
- Depression, sometimes brought on by cultural and social losses due to war and immigration
Middle Eastern Beliefs

The Middle East is a religiously diverse area. The three main religions found in this region are Judaism, Christianity and Islam, with Islam being the most widely followed religion in the Middle East.

- Planning: For Islamics this is against Allah’s will
- Prayer: Devout Muslims pray 5 times per day and may want to be washed before praying to make it acceptable
- Loud speech: Sign of importance, not anger
- Death: To speak of it means to bring it about
- Dying: Bed turned east to Mecca, traditional rituals after death
- Mental illness: Social stigma
Eastern Europeans

Understanding Cultural Backgrounds
• Diverse Group: Russia, Poland, Bosnia, Czechoslovakia, Romania, Hungary, Bulgaria, East Germany
• Late 1800’s and early 1900’s: Immigrated to America to escape poverty and persecution
• Immigrants now come to improve economic status

Health Care Issues and Disparities
• Obesity: Meats, potatoes, foods high in fat. Food is part of both hospitality and religion.
• Lung disease and cancer: Smoking and pollution
• Mental health issues
South Asians

What countries make up South Asia?

- South Asia includes the Indian subcontinent and is home to a host of cultures, ethnicities and languages
- Countries include: Bangladesh, India, Nepal, Pakistan and Sri Lanka
- May have left countries of origin for reasons such as: civil strife, war, natural disasters, political repression and come to America for work and educational opportunities
- Also referred to as Asian Indians or Indians, they should not be confused with the Native American Indians
- Religion is important: majority practice Hinduism, followed by the second largest population of Muslims in the world after Indonesia
South Asians

Health problems prevalent among South Asians include:
• Cardiovascular disease
• Hypertension
• Diabetes
• Cancer
• Nutritional deficits
• Tuberculosis
• Malaria
• Dental caries and periodontal disease
• Sickle cell anemia, in selected populations

Additional important beliefs:
• Modesty is valued, and patients usually feel more comfortable with same-sex care providers
• Direct eye contact from women to men may be limited. Men also may play a major role in health care decisions.
• Most Indians do not readily agree to autopsies or organ donation
South Asians

Common diseases and concerns
• Coronary Artery Disease: three times more prevalent in Asian Indian women than in women in the U.S. as a whole
• Dietary concerns: can be a factor when addressing the health care needs of this culture. For example, practicing Hindus and some practicing Buddhists are often vegetarians.

General Beliefs
• Ayurvedic Medicine: many elders believe in this traditional Indian system of medicine, relating to the balance of body, mind, senses and soul
• Each individual is made up of thee Doshas, representing bodily activity. Accumulating Doshas will need specific lifestyle and nutritional guidelines to keep them in check.
• Karma: law of behavior and consequences is used as a belief of the cause of illness, despite complete understanding of the biological causes of illness
LGBTQ Community

People who are lesbian, gay, bisexual, transgender or questioning are diverse, but have a common need for culturally competent health care that recognizes and responds to medical risks specific to this population.

LGBTQ people face greater health threats than their heterosexual peers, partly because of differences in sexual behavior and partly because of social and structural inequities, such as stigma and discrimination.

Ask the appropriate questions and be open and nonjudgmental about the answers. Try to understand support systems, take into account family and other important relationships to make the patient feel welcome.

For more information and for specific health risks for each group, please see http://www.hrsa.gov/LGBT/
Communication and Working with Interpreters
Realistic Communication Process
General Guidelines and Principles

For successful interactions with many cultures:
1. Do not “do unto others” as you would have done to you. This does not work across all cultures.
2. Be more formal: Use last names to show respect
3. Make no assumptions about a patient’s concepts of health, illness or means to prevent or cure
4. No laughing or joking about beliefs. Be non-judgmental.
5. Never discount beliefs of folk healers, faith healers, alternative medicine/treatments and the effect on your patient’s health and well-being
6. Question indirectly about beliefs in non-traditional forms of cure
7. Family: Evaluate the value of involving the entire family
8. Bad news: the need to know is a uniquely American trait
9. Incorporate elements of the patient’s alternative or folk medicine when not contraindicated
Limited English Proficiency (LEP)

LEP Challenges

• Important component of “CLAS”: being “linguistically appropriate” to those who have LEP
• Language barriers negatively impact utilization, decrease satisfaction and adherence to medical treatment and advice
• Many who have LEP may prefer to speak their native language when faced with complex or stressful encounters, such as in a health care setting
• Interpretation challenges also exist for those who are limited in English proficiency
Right to Interpreters

It is important to know that our consumers have a right to an interpreter, per Title VI of the Civil Rights Act of 1964.

• Title VI and its supporting regulations guarantee individuals with LEP any language assistance they need to guarantee “meaningful access” to health and social services that receive any form of federal funding
• Medicare products are federally funded: bound by the rules of the Civil Rights Act, another federal rule
• In-person and by phone interpreters
Interpreter Guidance

Professional Language Services

- The use of family members and friends as interpreters is not considered an adequate means of guaranteeing meaningful access.
- Professional interpretation requires a minimum level of proficiency in two languages, and the demonstrated ability to convey a complex message using words and grammar that are appropriate to both the provider and the patient.

Professional interpreters are trained to convey messages without the distortion that can result from interjecting their own opinions, beliefs or prejudices.
Tips – Working with Interpreters

• Pre-interview meeting: Hold a brief meeting with the interpreter before your discussion with the patient, to explain the situation and any background needed for understanding what you plan to discuss
• Be careful what you say or ask: don’t say or ask anything that you don’t want the patient to hear
• Speak in normal tones – not loudly or slowly, unless the interpreter asks you to slow down
• Avoid: phrases, technical words, cultural references, slang words or clichés that may be difficult to translate
• One at a time: Asking more than one question or explaining multiple issues at once may cause confusion
• Interruptions: Expect the interpreter to interrupt when clarification is needed
• By phone: When using a phone interpreter, you may have to tell the customer to wait, in their native language, while you dial in a helper
Using non-professional interpreters

If you absolutely must communicate through someone who is not a professional interpreter, you may need to do the following:

Emergency situations:
• Establish roles to make sure the family member or friend understands their role before you begin. Instruct them not to add or delete anything, or to coach the patient.
• Use the simplest vocabulary possible to express your meaning
• Sentences should be short and simple
• Check to be sure the message was understood
Thank you!

Health Plan of Nevada and your patients thank you for spending some time to learn about various cultures and ethnic groups. Our understanding and attention to the diversity of our Nevada population encourages equal healthcare for all.

For more information about Culturally and Linguistically Appropriate Services, please see the following websites:

https://cccm.thinkculturalhealth.hhs.gov/
http://www.minorityhealth.hhs.gov/