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Culturally Competent Care

Working with Ethnically and Culturally Diverse Resident Populations

Knowledge Objectives

- Define common terms used when discussing cultural competence.
- Understand the National CLAS Standards.
- Explain the role of self-awareness in cultural competency.
- Describe how a resident's culture impacts their perception of health and illness.
- Define and explain models used for transcultural assessment communication.
- Describe what makes a culturally competent health care organization.

Cultural Competence Overview

- National CLAS Standards
- Definitions
- Why Culturally Competent Care?

National CLAS Standards

- The National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care Standards were developed by the Department of Health and Human Services (HHS), Office of Minority Health (OMH), and are the basis for this presentation.

- The 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 care organizations to implement culturally and linguistically appropriate services.

- HHS OMH states that CLAS is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. CLAS is about respect and responsiveness: **Respect** the whole individual and **Respond** to the individual's health needs and preferences.

Definitions

Below are common terms used when discussing cultural competence in healthcare, as defined by the Department of Health and Human Services, Office of Minority Health.

Culture is the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups as well as religious, spiritual, biological, geographical, or sociological characteristics.

Cultural and linguistic competency is the capacity for individuals and organizations to work and communicate effectively in cross-cultural situations. Policies, structures, practices, procedures, and dedicated resources can support this capacity. Cultural and linguistic competency occurs through adopting and implementing strategies to ensure appropriate awareness of, attitudes toward, and actions about diverse populations' cultures and languages.

Culturally and linguistically appropriate services (CLAS) are services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs employed by all members of an organization at every point of contact.

Definitions

Persons with limited English proficiency (LEP) are unable to communicate effectively in English and may have difficulty speaking or reading English. LEP refers to a level of English proficiency that is insufficient to ensure equal access to services without language assistance. Linguistic minorities include people with (LEP), those with limited literacy skills, and those who are deaf or hard of hearing.

Health care disparities are differences in the receipt of, experiences with, and quality of health care that are not due to access-related factors or clinical needs, preferences, or appropriateness of intervention.

Health equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally, with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Why Culturally Competent Care?

The United States has quickly become a multi-cultural society, rich with individuals of different races, religions, values, languages, and beliefs.

- Recent census results suggest that the U.S. will continue to trend towards a pluralistic society, with no one ethnic group in the vast majority by the year 2043.
- Research shows that members of many cultural and linguistic groups regularly struggle with health care disparities.
- Without an understanding of cultural and linguistic competence, it can be a challenge to accurately assess a resident and develop appropriate interventions.
- Culturally and linguistically appropriate services (CLAS) have been shown to improve overall quality of services.
- Thus, healthcare professionals and organizations face an increasing need to provide safe, efficient, timely, effective, and high-quality care that is person-centered and responsive to the diverse cultural needs of their resident population.

Self-Awareness in Cultural Competency

- Factors That Affect Cultural Competency
- Becoming Culturally Aware

Factors That Affect Cultural Competency

Being aware of one's own self is a crucial component of providing culturally competent care and eliminating health care disparities. Some ways that our personal beliefs and actions can affect the care we give our residents include:

- **Power Differences** – the power imbalance between the resident and the care provider.
- **Essentialism** – believing that cultural groups have natural and unchangeable characteristics.
- **Stereotypes** – an oversimplified prejudgment, opinion or belief about an individual or group.
- **Bias** – attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner.
- **Ethnocentrism** – the belief that one's way of life and view of the world is more desirable and superior to the views of others.

Becoming Culturally Aware

Developing cultural and linguistic competency is a process. It begins with self-evaluation and learning to see each resident from a cultural perspective.

Interacting with Residents from Different Cultures

(Giger, 2017)

1. Evaluate your personal beliefs and intentionally set aside attitudes and judgments about other cultural groups that you may have.	**2.** Assess differences in communication styles between you and the resident (language, tone of voice, what kind of communication is acceptable etc.) and adjust your approach as needed.
3. Learn about the resident's culture – inquire about their expectations and what health care means to them. This is the focus of culturally competent patient-centered care.	**4.** Be attentive to the resident's body language and level of anxiety. Respond with reassurance to put the resident at ease.
5. Validate the resident's concerns and watch for non-verbal cues that he or she is not understanding. Respect is key, and should be communicated by using a kind, non-threatening approach.	**6.** Build trust and rapport with a resident by honoring their request to not discuss certain topics, such as sexual health. Offer a staff member of another gender if that makes the resident more comfortable.
7. If the resident does not speak English, or has limited English, speak slowly and use gestures and pictures. Use simple words and avoid medical terminology. Be alert to words that the resident understands and use them often.	**8.** Arrange for Language Assistance Services (LAS) and obtain an interpreter or translator, if necessary.

Understanding the Health-Related Experience

- Cultural Experience of Illness
- Specific Cultural Beliefs
- Additional Influences

How does the resident's culture affect their experience of illness?

Culture impacts:

- What is considered a health problem
- How illness, disease, and their causes are perceived
- How symptoms are expressed
- Behavior patterns of both the resident and their support system (family, friends, church members, etc.)
- Attitudes and beliefs regarding health care providers
- Where and when care is sought
- Religious traditions surrounding health and wellness
- Beliefs about the supernatural world
- Food intake during illness
- What type of treatment is allowed
- Who provides the treatment

Specific Cultural Beliefs

This table provides some examples of how certain cultures may perceive healing and illness. This is not intended to be an all inclusive list, as there are numerous groups not represented below.

(Giger, 2017)

Cultural Group	Beliefs About Illness
Afghan	Most Afghans are Muslim. They may believe that illness is a result of not adhering to the principals of Islam, and is punishment from Allah (God).
Amish	Some health care decisions may be based on the *Ordnung,* which is a set of rules that guide everyday life. Modern health care is only sought after traditional home remedies have been tried.
Jewish	It is a religious requirement to care for both body and spirit. Jewish people will often question their physician and seek out second opinions when they feel as though they are not receiving the best care.
Korean	Ancient herbs and spices can be used to treat illness. Health is derived from an equilibrium system that focuses on harmony and balance.
Native Americans/ Alaskan Natives	Healing comes from sacred ceremonies that rely on visions and the use of symbolic objects.
Puerto Rican	Some believe illness is caused by destiny or spiritual forces. Santeria may be practiced, and a leader of Santeria (a Santero), is often sought out to treat symptoms of mental illness.

Additional Influences

Points to Ponder:

- Prayer and the will of a higher power are viewed by many cultures as having an influence on health and healing.
- Cultural groups that have historically been oppressed (Native Americans, African Americans, etc.) often have an ingrained sense of mistrust regarding conventional medicine.
- Some cultural groups expect their family members to be involved in decision making regarding their health matters, while other groups prefer privacy for fear of appearing weak.
- Members of some cultural groups will request a health care provider of the same gender, and will refuse care and treatment if their request is not fulfilled.
- About 1/3 of adults in the U.S. use some form of complementary and alternative medicine such as acupuncture and herbal remedies.

Ensuring Effective Communication

- Communication Styles
- Effective Interviewing
- Tools for Effective Communication
- Language Assistance Services (LAS)
- Civil Rights Law
- Health Literacy

Communication Styles

Each resident has a different educational background, language comprehension, and literacy level which should be taken into consideration when initiating communication. Effective health communication can be accomplished with a combination of styles:

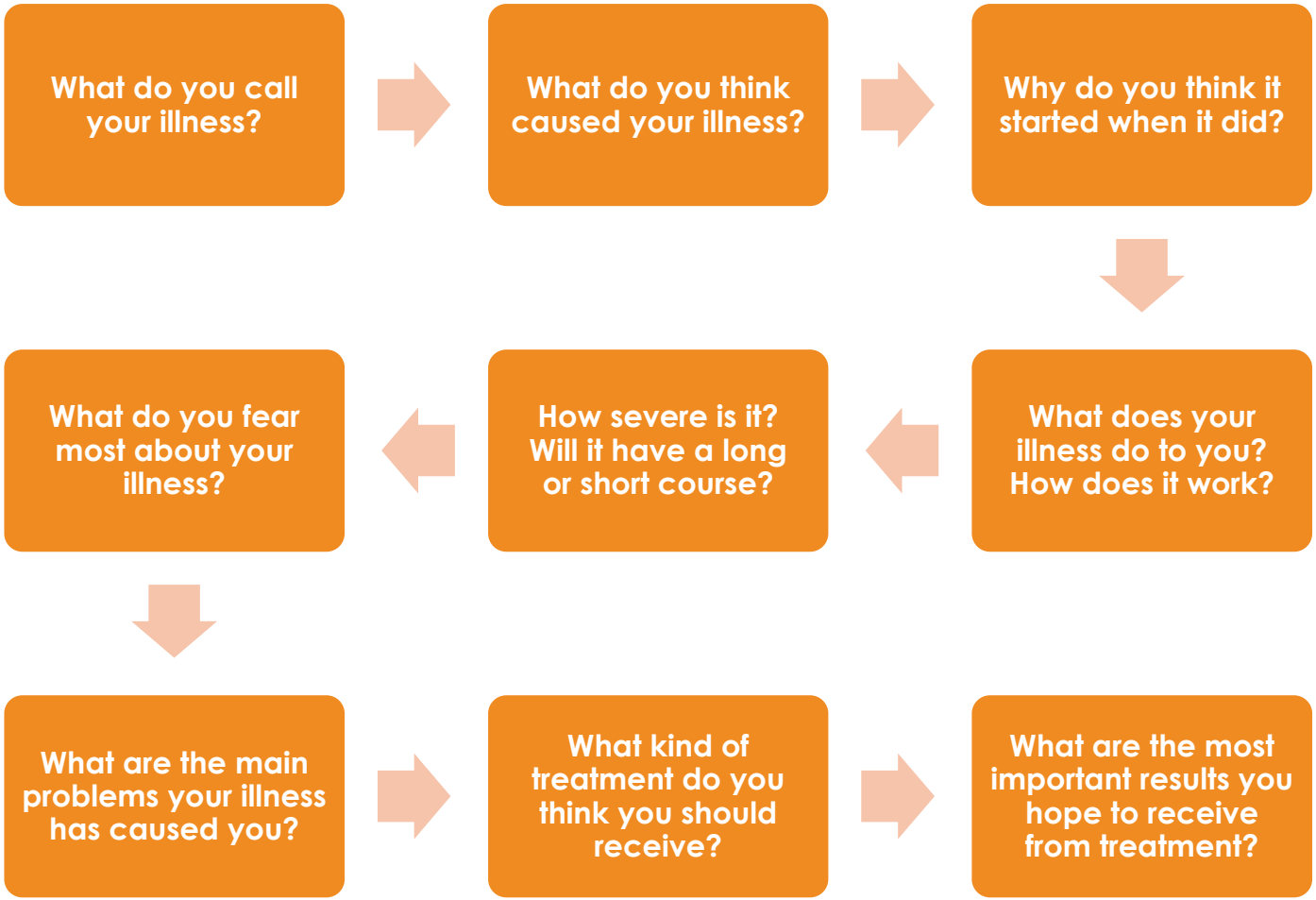
- **Verbal** – information is shared orally, to reach a mutual understanding of the subject matter.
- **Nonverbal** – information and meaning is conveyed with a series of gestures, facial expressions, and body language.
- **Written** – symbols, letters, numbers, pictures and/or graphics are used to convey information.

Research has shown that residents who are encouraged to discuss their perceptions of illness, as well as their treatment expectations:

- Are less fearful and suffer from less anxiety.
- Feel in control of their care routine.
- Are more accepting of the facility's treatment schedule (i.e. participating in physical therapy).
- Are more satisfied with their care.

Effective Interviewing

Kleinman (1980) created the **patient explanatory model,** which is an interviewing approach that focuses on eliciting a resident's culturally shaped beliefs about their medical condition. You may consider starting the interview by saying, *"I know different people have different ways of understanding illness - please help me understand how you see things"*, and then continue with the following questions as appropriate:



Tools for Effective Communication

Culturally competent interactions are imperative to establishing person-centered care, and should be something all staff members strive to master. Numerous models of transcultural communication have been developed to assist staff in honing their skills. The three models that follow are commonly used, and easy to remember when interacting with residents.

The **LEARN Model** was developed by Berlin & Fowkes (1983) and creates a framework for listening, explaining, acknowledging, recommending, and negotiating health information and instructions:

L	Listen with understanding to the resident's perception of the problem
E	Explain your perception of the problem
A	Acknowledge and discuss differences and similarities
R	Recommend treatment
N	Negotiate agreement

Tools for Effective Communication

The **BATHE Model** was developed by Stuart & Lieberman (1993) and helps staff to understand the psycho-social context of the patient's experience with illness by asking questions about background, affect, trouble, handling, and expressing empathy.

B	**Background** – ask "What is going on in your life right now?" This invites the resident to talk about the context of their stay at the facility.
A	**Affect** – ask "How do you feel about what's going on?" This gives a safe space for the resident to discuss their current mood state.
T	**Trouble** – ask "What about the situation troubles you most?" This allows staff to gather any symbolic significance surrounding the illness.
H	**Handling** – ask "How are you handling that?" This will give staff an assessment of functioning and provide a basis for appropriate interventions.
E	**Empathy** – stating "That must be very difficult for you" acknowledges the resident's feelings, builds rapport, and provides support.

Tools for Effective Communication

The **ETHNIC Model,** created by Levine, Like, & Gottlieb (2000) is a framework for culturally competent care and draws on a resident's explanation of illness and treatment.

E	**Explanation:** ❖ Why do you think you have these symptoms? ❖ What do friends and family say about these symptoms? ❖ Do you know anyone else with this illness or problem? ❖ Have you heard about, read about, or seen this problem on TV?
T	**Treatment:** ❖ What kind of medicines, home remedies or treatments have you tried? ❖ Is there anything you eat, drink, or avoid to stay healthy? Tell me about it. ❖ What kind of treatment are you seeking here at this facility?
H	**Healers:** ❖ Have you sought any advice or treatment from alternative/folk healers or non-doctors for your illness? Tell me about it.
N	**Negotiation:** ❖ What treatment options are acceptable to both of us (staff and resident)? Make sure these options incorporate the resident's beliefs.
I	**Intervention:** ❖ What is the best intervention for you?
C	**Collaboration:** ❖ How can the resident, family, staff members/the resident's physician, healers, and community members collaborate?

Language Assistance Services (LAS)

Language Assistance Services (LAS) can include interpretation of verbal communication and/or translation of written documents for residents with Limited English Proficiency (LEP). Language assistance can help residents:

- Understand their health conditions and care/treatment plan.
- Successfully follow the recommendations of the interdisciplinary team.
- Feel satisfied with their care.

Without language assistance services:

- Residents may not understand their diagnosis, care/treatment plan, or necessary follow-up care.
- The quality of care received may be poor, resulting in complications and adverse clinical outcomes.
- Health care costs can increase due to inefficient care, such as the ordering of unnecessary tests and procedures.

Civil Rights Law

Section 1557 of the Affordable Care Act, which is the nondiscrimination provision, builds upon Title VI of the Civil Rights Act of 1964 by eliminating barriers and reducing gaps in healthcare.

It states that a covered entity, which includes nursing homes that receive Federal funding from the Department of Health and Human Services, must:

- Take steps to provide meaningful access to language assistance services, such as oral interpretation or written language translation, at no cost to the resident. This may entail determining which languages are most common in the facility's resident population prior.

- Provide a *qualified* interpreter when oral interpretation is needed. A qualified interpreter is someone who is trained to communicate fluently with both the patient and staff, and who is not the resident's friend, family member, or a minor.

All 50 States also have individual laws concerning access to language assistance in health care settings.

Health Literacy

Health Literacy is the degree to which a resident is able to understand basic health information and use that information to follow instructions or to make health care decisions. Residents with Limited English Proficiency are at higher risk for having limited health literacy.

- This includes the ability to understand instructions on prescription bottles, Medicaid applications, appointment reminder cards, educational brochures, consent forms, etc.
- When a resident is unable to understand health information, negative outcomes can result. This is especially true for residents being discharged home.
- It is recommended that health care providers use a "universal approach" to health literacy and assume that most residents struggle to understand health information.
- It is important to note that impaired health literacy can impact people from all races, ages, cultures, income levels, and educational levels.

Health Literacy

Signs that a resident has limited health literacy may include, but are not limited to:

- Admission forms are incomplete or contain mistakes.
- The resident was not taking his or her medication as prescribed when living at home.
- The resident cannot name their medication, or doesn't know why it was prescribed.
- When receiving written information, the resident states "I'll read this later" or "I forgot my glasses" to avoid having to read it in front of a staff member.

Strategies to help residents with limited health literacy may include, but are not limited to:

- Understand that a resident may rely on listening skills to compensate for reading skills.
- Speak slowly, clearly, and simply.
- Have the resident repeat back any instructions.
- Encourage the resident to ask questions if they are confused.
- When using written materials, they should be written in simple language, at about a 5th grade reading level.

Becoming a Culturally and Linguistically Competent Health Care Organization

- What Makes a Culturally Competent Health Care Organization?
- At the Facility Level
- At the Individual Level
- Acting as an Advocate
- Organizational Assessment
- Building Community Partnerships

What makes a Culturally Competent Health Care Organization?

Anderson et al. (2003) states culturally and linguistically competent health care organization should have:

- A staff that is culturally diverse, and that reflects population of the local community.
- Qualified interpreters and translators to provide language assistance services.
- Training for all staff members that:
  - Helps them better understand the culture of the residents they serve
  - How to communicate effectively with residents
- Signs and written instructions in the residents' language(s) that are consistent with their cultural norms.

At the Facility Level

Developing cultural and linguistic competency at the facility level is an ongoing and dynamic process. No individual staff member can create a competent facility alone, it requires a team effort. Some steps to create a culturally competent facility include but are not limited to:

- Regular in-servicing of staff on cultural competence.
- Consider the cultural and language needs of residents served when hiring new staff members.
- Create a cultural and linguistic competency committee, work group, or task force within the facility.
- Make sure the facility's mission statement includes a commitment to cultural and linguistic competency.
- Research which cultural and linguistic groups exist within the facility, and ensure that the services they are receiving are culturally appropriate.
- Conduct an organizational cultural and linguistic assessment.

At the Individual Level

Individual staff members can work towards becoming culturally and logistically competent, and support the facility in doing so. Some ways that staff members can practice cultural competence include but are not limited to:

- Utilize the patients' explanatory model when interviewing a resident to focus on gaining a better understanding of the resident's culturally shaped beliefs about their medical condition.
- Use the LEARN model to help effectively listen, acknowledge, recommend and negotiate health information and instructions.
- Use the BATHE model to help understand the psychological and social context of the resident's health experience.
- Use the ETHNIC model to help in identifying the resident's explanation of illness and treatment.

Acting as an Advocate

All staff members can act as an advocate on behalf of their residents when an opportunity for improvement is identified.

Simple ways to advocate for cultural competence at the facility:

- Guide residents through the complicated healthcare system.
- Ensure referrals are in place for care and services that can help the resident understand, acclimate, and adjust to life at the facility.
- Encourage continual communication between staff and residents.

Broader ways to advocate for cultural competence in health care:

- Encourage changes in policy, procedures, and infrastructure support that affect the provision of the National CLAS Standards.
- Advance policy changes in the larger community, in professional organizations, or at the state and federal levels.
- Be active members of decision-making bodies and committees that are making organizational and community changes to ensure culturally and linguistically competent services.

Organizational Assessment

An organizational assessment should focus on analyzing the facility's ability to successfully deliver culturally and linguistically competent care. The data gathered during this process should be used for strategic planning and continuous process improvement. An assessment may:

- Focus on capacities, strengths, and weaknesses of the organization in implementing the National CLAS Standards.
- Identify areas that help or hinder the delivery of culturally and linguistically competent care for all residents.
- Focus on some of the categories previously discussed such as resources, interactions, materials, environment, and organizational strategies.

Building Community Partnerships

The National CLAS Standards recommends that organizations partner with one another and the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

Meaningful community partnerships, and engagement with community members, allow health care organizations to:

- Understand the needs of the population served, and ensure that services are guided by community interests and expertise.
- Appropriately allocate resources.
- Develop and implement solutions to problems.
- Improve quality and level of service.
- Empower community members to become active participants in their own health care.
- Engage in outreach activities and networking.
- Enhance public relations with the community and build trust.
- Identify and track demographic and epidemiological information and patterns.

Building Community Partnerships

When considering a partnership, ensure the other organization has a shared vision and establish mutual trust, respect and commitment. Everyone engaging in a partnership should be willing to engage in open and clear communication, and agree to use feedback as a way to improve and evolve. Examples of organizations to partner with may include, but are not limited to:

Other skilled nursing facilities	Community health organizations such as hospitals and clinics	Local, State, and Federal health agencies
Volunteer health organizations	Community interest groups or cultural centers	Professional organizations
Academic institutions	Private organizations or foundations	Networks such as interagency councils
Local businesses	Civic organizations	News media

Questions?

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