

*FIDA Provider Training:*

# Cultural Competence

# Learning Objectives

- What is cultural competency?
- Why is it important?

# Culture

“Culture is often described as the combination of a body of knowledge, a body of belief and a body of behavior. It involves a number of elements, including personal identification, language, thoughts, communications, actions, customs, beliefs, values, and institutions that are often specific to ethnic, racial, religious, geographic, or social groups.”

<http://www.nih.gov/clearcommunication/culturalcompetency.htm>

# Culture is like an iceberg

*Above the waterline is  
all that you can see!*

- Age • Gender • Language
- Race or Ethnicity • Religion
- Physical Characteristics

- Notions of modesty • Concept of cleanliness
  - Rules for social interactions
- Perceptions of mental health, health, disability, & illness
- Patterns of superior and subordinate role in relation to status by age, gender, class, sexual identity & orientation
  - *and much more!*

Modified from Source: Beyond Culture (1976) by Edward T. Hall

# Cultural Competence

Understanding those values, beliefs, and needs that are associated with a person's age, gender, sexual orientation, cultural, linguistic, racial, ethnic, and religious backgrounds, and congenital or acquired disabilities.



# Cultural Competence

*It is important to acknowledge that...*

- cultural competence is an on-going process that also requires provider agility/balance between understanding general value systems without over-simplifying and also respecting unique individual needs.
- there is a continuum of competence, and that this definition must permeate at every level of service, including administrators, practitioners, and larger institutions for an agency or clinic to work towards “cultural competence.”

# Working towards cultural competence for providers

Cultural Competence includes:

- A set of skills to ensure appropriate, culturally sensitive health care
- An ability to interact effectively with people of different cultures and socio-economic backgrounds
- Obtaining cultural information and then applying that knowledge (cultural awareness)
- Adapting to different cultural beliefs by listening and learning about the person's beliefs about health and illness
- Recognizing the intersection of race, income, cultural beliefs, language proficiency, physical and cognitive disabilities, and/or sexual orientation should be considered and taken into account when providing patient-centered care and respecting the individual's wishes as they relate to how they identify themselves.

Are you able to check your  
personal biases and assumptions?



# Are you able to check your personal biases and assumptions?

- ❑ All people can be influenced by personal biases which can take the form of conscious or unconscious prejudice and discrimination. Most people recognize its negative effect on human behavior, but few people are willing to acknowledge their own personal biases.
- ❑ There are various ways to address your personal biases:
  - Awareness - be aware of your reactions (positive and negative) towards different situations and individuals. These reactions can alert you to the possibility that subjective values may be at play and that alternate interpretations may be possible.
  - Education – seek new information about people of other races and cultures., especially those in the local community you serve. Many times this knowledge can help to disprove stereotypes you consciously or subconsciously have about others.
  - Attend a workshop or seminar on diversity issues or health equity, or work on a shared objective led by other people of different races or cultures. These activities can provide opportunities to perceive and control biases you may hold about other groups.
  - Relationships – working across cultures has its challenges. It is critical to foster trust and credibility, seeking ways to find common goals and empowering individuals from underserved communities to make their health decisions.

Culture influences how people seek health care and how they behave toward providers

# Variations in patients' beliefs, values, preferences and behaviors impact:

- Patient recognition of symptoms
- Patient thresholds for seeking care
- Ability to communicate symptoms to a provider
- Ability of the provider to understand the meaning of what is presented by the patient
- Ability of the patient to understand the prescribed management strategy
- Patient expectations of care
- Patient adherence to preventive measures and medications
- Patient's perception of the value of prevention

# Some populations may require modifications in service delivery...

Target populations	Consideration
Serious Mental Illness and Substance Abuse Disorders	Clarity in language and non-judgmental approach. Referrals to Mental Health providers.
Intellectual disabilities	Assistance with understanding. Materials written at a basic level.
Homeless	Non-judgmental approach and assistance/referrals for basic needs.
Complex Medical Needs , ex. Chronic diseases, HIV/AIDS, ESRD	Break down information in smaller pieces and prioritize. Determine priorities and needs from the patient perspective.
Physical disabilities	Ensure instructions can be followed or arrange for accommodations. Physical office and examination rooms should be accessible.
TBI/Dementia/Alzheimer's	Assess understanding and accommodate.
Elderly	Allow for more time with the patient. Speak clearly and face the patient.

# Laws and Regulations pertaining to Limited English-Speaking Communities

## **Providers are legally obligated to communicate with FIDA participants who have Limited English Proficient (LEP).**

- ❑ Title VI of the Civil Rights Act of 1964 - Prohibits recipients of federal funding from discriminating on the basis of race, color, national origin, gender, age, sexual orientation and disability
- ❑ 14 NYCRR section 633.1 and 633.4 - All persons shall be given the respect and dignity that is extended to others regardless of race; religion; national origin; creed; age; gender; sexual orientation; developmental disability; or health condition. An individual/family member cannot be discriminated based on their ability to speak English and this includes individuals who may be deaf and/or hard-of-hearing.
- ❑ Please visit the following website to review Governor Cuomo's Statewide Language Access Policy which mandates the provision of language access services  
<http://www.governor.ny.gov/news/no-26-statewide-language-access-policy>

# Accommodations to improve communication

- Direct provision of interpreters for participants with LEP. Please visit the Community Resource page to find an interpreter service provider near you.
- Access to telephonic interpreting services or TTY lines available through participating FIDA health plans.
- Do not use friends or family as interpreters, except as requested by the client
- Printed materials in non-English languages with quality translation
- Availability of materials in Braille for the visually impaired or sign language services for the hearing impaired
- In-person assistance in completion of forms
- Flexibility in scheduling, extending appointment times for participants with LEP

# Something else to consider about effective communication....

Despite the fact that a patient is capable of speaking English, it is important that health care providers are sensitive to the patient's preferred language. Communicating with a patient in the language they are most comfortable using can alleviate stress, prevent hostility, reduce misunderstanding and improve the overall patient experience.

If a patient with a cultural background different from yours has instances of missed appointments and/or unreturned calls, incomplete forms or misinformation regarding their health status or history, reach out to provide assistance in the patient's preferred language to help bridge the cultural barrier.

# Benefits of Cultural Competence

- Expand your patient base by providing more culturally and linguistically appropriate care to a wider diversity of patients
- Deliver a higher quality of care to help your patients meet their health care goals, while honoring and respecting their cultural beliefs and practices
- Decrease clinical errors that may arise due to cultural and linguistic differences in communication and differences in health literacy
- Gain essential tools to help recognize and lessen the racial and ethnic health care disparities that persist in health



# Be a culturally competent provider

Being culturally competent facilitates better outcomes for you and your patients!





Test your  
Cultural Competency

# Cultural Competence Test

## Question #1 of 5

True or False:

- Culture is limited to one's race, religion, or ethnic background.

# Cultural Competence Test

## Question #2 of 5

True or False:

- Individual cultural beliefs influence how patients interact with health care providers.

# Cultural Competence Test

## Question #3 of 5

True or False:

- Provider's body language can influence how a patient perceives information given to him/her.

# Cultural Competence Test

## Question #4 of 5

True or False:

- Providers may use telephonic interpreting services to assist in interpreting during encounters.

# Cultural Competence Test

## Question #5 of 5

### True or False:

- Cultural competence is an on-going learning and behavioral process which can positively contribute to provider/patient interactions.

# Test Answer Key

Question	Answer
<i>Culture is limited to one's race, religion, or ethnic background.</i>	<i>False</i>
<i>Individual cultural beliefs influence how patients interact with health care providers.</i>	<i>True</i>
<i>Provider's body language can influence how a patient perceives information given to him/her.</i>	<i>True</i>
<i>Providers may use telephonic interpreting services to assist in interpreting during encounters.</i>	<i>True</i>
<i>Cultural competence is an on-going learning and behavioral process which can positively contribute to provider/patient interactions.</i>	<i>True</i>