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HEALTHPLAN  
of CALIFORNIA  
*A Public Agency*



# Cultural Competency Training for Providers

Adapted from Cultural Training for Healthcare  
Providers

By: Industry Collaboration Effort (ICE) Leadership

# Agenda

- **Culture and Cultural Competence**
  - ✓ Training Goals
  - ✓ Culture and Cultural Competency
  - ✓ Cultural Influences
- **Clear Communication**
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  - ✓ Cultural Influences
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  - ✓ Interpreter Tips
- **Cultural Competence: LGBTQIA+ Communities**
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  - ✓ Gender Identity
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  - ✓ Cultural Competence & LGBTQ+ Communities
- **Cultural Competence: Refugees and Immigrants**
  - ✓ Healthcare for Refugees and Immigrants
  - ✓ Common Office Expectations
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  - ✓ Working with Seniors and Persons with Disabilities (SPD)
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# Objectives

Define culture and cultural competence

Explain the benefits of clear communication

Discuss cultural competence and LGBTQIA+ communities

Discuss cultural competence for refugees and immigrants

Reflect on strategies when working with seniors and persons with disabilities (SPD)

# Culture and Cultural Competence

# Defining Culture and Cultural Competency

**Culture** refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, values, and institutions that unite a group of people.

Adapted from <https://minorityhealth.hhs.gov/>

**Cultural competence** is the capability of effectively working with people from different cultures.

Adapted from <https://minorityhealth.hhs.gov/>

# Culture Influences

How does culture impact the care that is given to my patients?

## Culture influences:

- concepts of health and healing
- how illness, disease, and their causes are perceived
- the behaviors of patients who are seeking health care
- attitudes toward health care providers

Adapted from: <https://minorityhealth.hhs.gov>

# Culture Defined

Culture impacts every health care encounter.

Culture defines health care expectations:

- who provides treatment
- what is considered a health problem
- what type of treatment
- where care is sought
- how symptoms are expressed
- how rights and protections are understood

Health care is a cultural construct based on beliefs about the nature of disease and the human body. Cultural **considerations** are central in the delivery of health services.



# Clear Communication

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# Did you know?

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**21.6%** of people **over 5** living in the U.S. speak a language other than English at home - **2019 ACS 5-Year Estimate**

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The Hispanic population in the U.S. **reached 60.6 million in 2019 up from 50.7 million in 2010 – U.S Census Bureau estimates**

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20.6% of the foreign-born population in the U.S. are considered newly arrived (arriving in 2010 or later) – 2019 ACS 5-Year Estimate

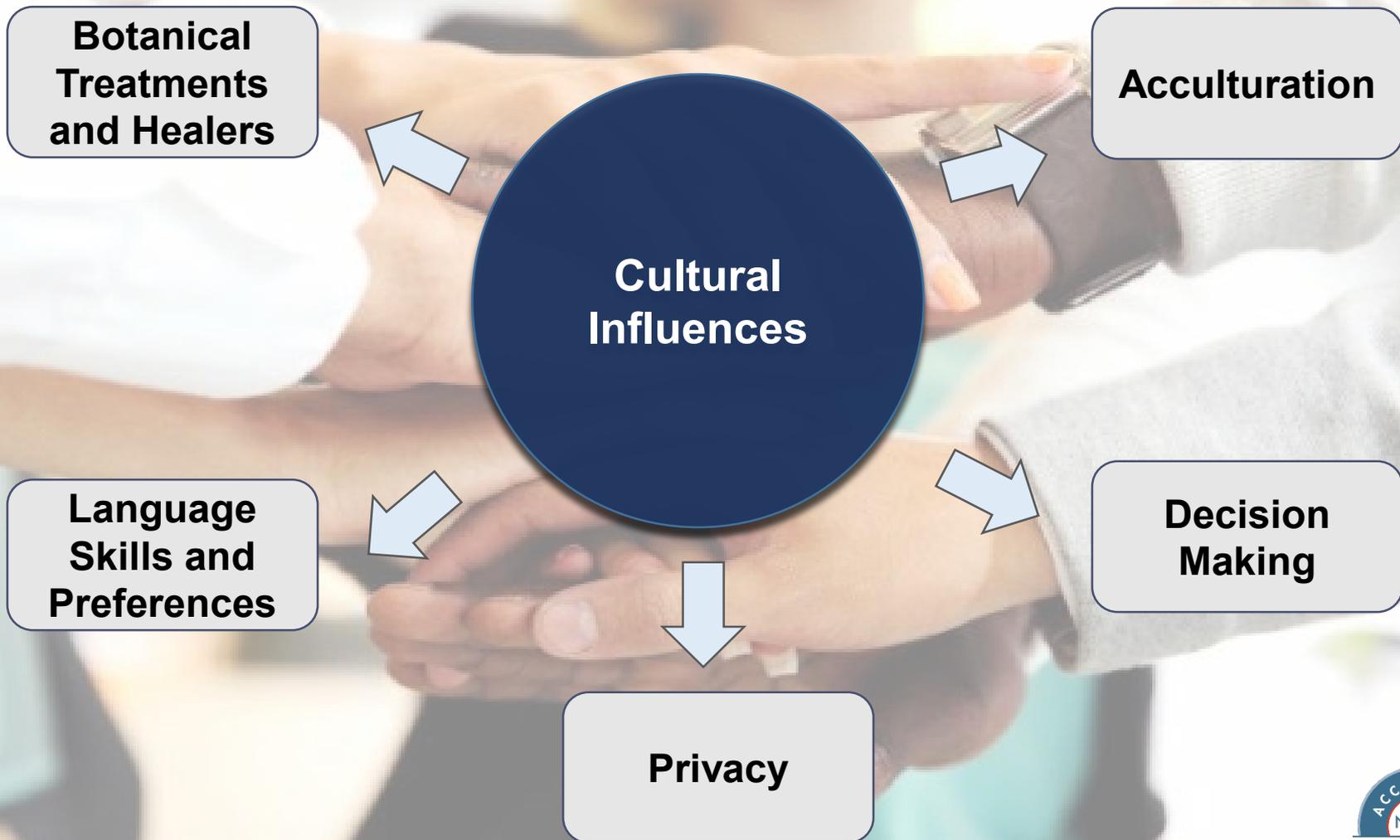
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An alternative - 9 out of 10 adults may lack the skills needed to manage their health and prevent disease - AHQR National Healthcare Disparities Report, 2007

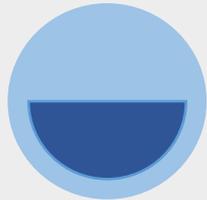
# Clear Communication Benefits



# Cultural Influences



# Clear Communication

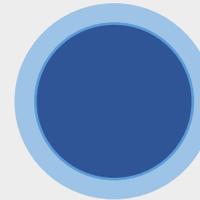


## Here's What We Wish Our Health Care Team Knew

I tell you I forgot my glasses because I am ashamed to admit I don't read very well.

When I leave your office I often don't know what I should do.

I don't know what to ask and I'm hesitant to ask you.



## Here's What Your Team Can Do

Use a variety of instructional methods.

Use Teach Back.

Encourage questions and use Ask Me 3®.

- Ask Me 3 is a registered trademark licensed to the National Patient Safety Foundation.

# Clear Communication

- I put medication into my ear instead of my mouth to treat an ear infection.
- I am confused about risk and information given in numbers like % or ratios. How do I decide what I should do?

**Here's What We  
Wish Our Health  
Care Team Knew**



- Use specific, clear instructions on prescriptions.
- Use descriptive language, in layperson's terms, to describe risks and benefits. Avoid using just numbers.

**Here's What Your  
Team Can Do**



# Clear Communication

## Here's What We Wish Our Health Care Team Knew

- I am not able to make important decisions by myself.
- I am more comfortable with a female doctor.
- It's important for me to have a relationship with my doctor.
- I use botanicals and home remedies, but don't think to tell you.

## Here's What Your Team Can Do

- ✓ Confirm decision making preferences.
- ✓ Identify preferences during scheduling.
- ✓ Spend a few minutes building rapport.
- ✓ Ask about the use of home remedies and healers.

# Clear Communication

## Here's What We Wish Our Health Care Team Knew

- My English is pretty good but at times I need an interpreter.
- When I don't seem to understand, talking louder in English intimidates me.
- If I look surprised, confused or upset I may have misinterpreted your nonverbal cues.

## Here's What Your Team Can Do

- Confirm interpreter needs during scheduling.
- Match the volume and speed of the patient's speech.
- Mirror body language, position, eye contact.

# Interpreter Tips



**Inform the interpreter of specific patient needs**



**Hold a brief introduction:  
Your name, organization and nature of the call/visit**



**Reassure the patient about confidentiality**



**Allow enough time for the interpreter session**



**Avoid interrupting during interpretation**



**Speak in the first person**



**Speak in a normal voice, not too fast or loud**



**Speak in short sentences**



**Avoid acronyms, medical jargon, and technical terms**



**Face and speak to the patient directly**



**Be aware of body language in the cultural context**



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# Cultural Competence: LGBTQIA+



Lesbian, Gay, Bisexual, and  
Transgender



# LGBTQIA+ Terminology: Sexual Orientation

A person's emotional, sexual, and/or relational attraction to others. It describes how people locate themselves on the spectrum of attraction and identity. It is distinct from gender identity or gender expression.

- **Heterosexual:** One who is attracted to others of the opposite sex, often identified as straight.
- **Homosexual:** One who is attracted to others of the same sex, often identified as gay or lesbian.
- **Bisexual:** One who is attracted to both sexes to a significant degree, is considered a distinct sexual orientation.

# LGBTQIA+ Terminology: Gender Identity

A person's private sense and subjective experience of their own gender.

- **Transgender:** Describes people whose gender identity is different from that typically associated with their physical anatomy. Routine exams and tests are conducted according to their anatomic condition.
- **Transsexual:** Medical term for people who have used surgery or hormones to modify their bodies. This term may be considered offensive by some.
- **Bi-gender:** Individuals whose identity encompasses both male and female genders. Some may experience a dominant identity, but both are present.
- **Genderqueer:** Describes people who see themselves as outside the usual binary male/female definitions. They may have elements of many genders, being androgynous or having no gender.

# LGBTQIA+ Terminology: Gender Expression

**Gender identity and expression is how a person feels and who they know themselves to be when it comes to their gender.**



- **Transgender:** One who has gender identities or expressions that do not match the sex they were assigned at birth.
- **Gender Non-Conforming:** One who has gender expressions that do not conform to gender norms.



# Best Practices When Using Pronouns

Best Practice	Example
When addressing new patients, avoid pronouns or gendered terms like “sir” or “ma’am.”	“How may I help you today?”
When talking to coworkers about new patients, also avoid pronouns and gender terms. Or use gender-neutral words such as “they.”	“Your patient is in the waiting room.” “They are here for their 3 o’clock appointment.”
If you are unsure about a patient’s pronouns, ask politely and privately.	“What pronouns would you like us to use?” “I want to be respectful—how would you like to be addressed?”
Did you make a mistake? Apologize.	“I apologize for using the wrong pronoun. I did not mean to disrespect you.”

Adapted from [CDC, “Patient-Centered Care for Transgender People: Recommended Practices for Health Care Settings”](#)



# Cultural Competence & LGBTQIA+ Communities

## Here's What We Wish Our Health Care Team Knew

- Your assumptions and attitudes can dissuade our future care-seeking:
  - Discrimination in health care may delay or defer treatment.
  - We feel our HIPAA rights to privacy are not honored.
- We have experienced:
  - Employees openly discussing our sexual orientation or gender identity with coworkers.
- We come to you with an extra layer of anxiety:
  - Verbally or physically abused.
  - Rejected by families due to our sexual and gender identity.

## Here's What Your Team Can Do

- Anticipate that not all patients are heterosexual:
  - Post non-discrimination policies in common areas.
  - Use judgment-free signage and forms.
- Protect the patient's rights:
  - Sharing PHI, including sexual orientation or gender identity is a violation of HIPAA.
- A little warmth can make all the difference!
  - Mirror how patients refer to themselves and loved ones.
  - Use "partner" instead of "spouse" or "boy/girlfriend."

# Cultural Competence & LGBTQIA+ Communities

## Here's What We Wish Our Health Care Team Knew

- Many do not disclose sexual orientation or gender identity for fear of receiving substandard care.
- Your “gaydar” might be off. Most of us don’t fit a stereotype.
- Recognize that “coming out” to you does not mean we are “coming on” to you.

## Here's What Your Team Can Do

- Identify your own LGBTQIA+ perceptions and biases as a first step in providing the best quality care.
- Check your surprise, embarrassment, or confusion.
- Practice neutral language:
  - Replace marital status with relationship status on forms.
  - “How would you like me to address and/or refer to you?”
  - “I’m glad you shared that with me; it might have been difficult. Is there anything else regarding your health care that I should know?”

# Cultural Competence & LGBTQIA+ Communities

## Here's What We Wish Our Health Care Team Knew

- Transgender patients have specific health concerns.
- May experience more trauma during removal of clothing or physical examination.
- Not all transgender people want to use hormones or surgery to align with their affirmed gender.

## Here's What Your Team Can Do

- Learn about the unique health care needs of LGBTQIA+ individuals.
- Perform physical exam only when medically appropriate.
- Approach the topic of body modification with care and sensitivity.

# Cultural Competence & LGBTQIA+ Communities

**The California Department of Public Health maintains a list of helpful LGBTQIA+-related resources**

Affordable Care Act

Census and LGBTQIA+ Demographic Studies

Drug and Alcohol Abuse

Gender Identity

Health Disparities

HIV/AIDS

Homelessness

Legal

LGBTQIA+ Health Resources

LGBTQIA+ Health Organizations

LGBTQIA+ Curriculum in Schools

Mental Health

Teen Health

[https://www.cdph.ca.gov/Programs/CID/DOA/Pages/LGBT\\_Health.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/LGBT_Health.aspx)

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# Cultural Competence: Refugees and Immigrants



# Healthcare for Refugees and Immigrants

## Refugees and Immigrants:

- May not be familiar with the U.S. health care system.
- May experience illness related to life changes.
- May practice spiritual and botanic healing or treatments before seeking conventional medical advice.

**Open communication with patients who have recently arrived to the U.S.** builds trust and results in fuller disclosure of patient's understanding and behavior.

# Common Office Expectations

## Here's What We Wish Our Health Care Team Knew

My expectations do not align with U.S. managed care.

I'm bewildered because I have to visit multiple doctors.

I wonder why I have diagnostic testing before a prescription is written.

## Here's What Your Team Can Do

Assist patient in connecting with the health plan.

Explain why a patient may need to be seen by another doctor.

Emphasize the importance of determining the correct medication.

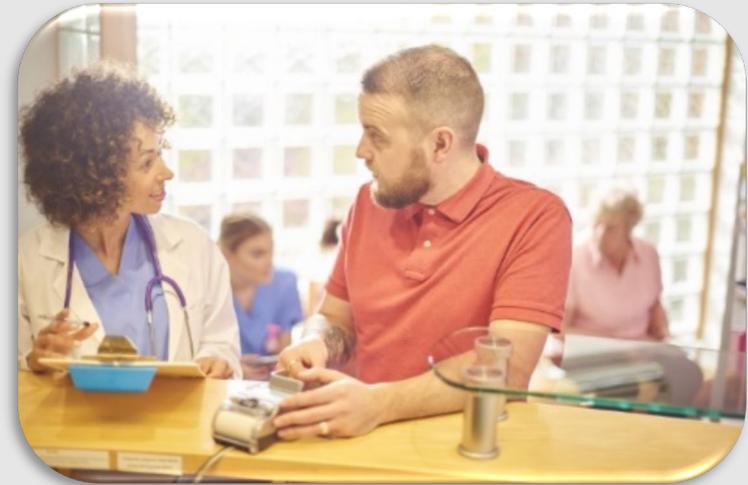
# Common Office Expectations

## Here's What We Wish Our HealthCare Team Knew

- I have different expectations about time.
- I prefer to have a practitioner of the same gender.
- I'm going to bring friends or family. They want to help make my decisions.

## Here's What your Team Can Do

- Upon arrival, inform patient about the time.
- Schedule with a practitioner or interpreter of same gender.
- Confirm decision makers at each visit.



# Addressing Confidentiality

## Here's What We Wish Our Health Care Team Knew

- I've had different experiences in refugee camps.
- My experiences have caused me to be suspicious.
- I fear my health information will be released to the community.

## Here's What Your Team Can Do

- Explain confidentiality
- Ensure that staff adhere to your policies.
- Make HIPPA forms easy to understand and in preferred languages.



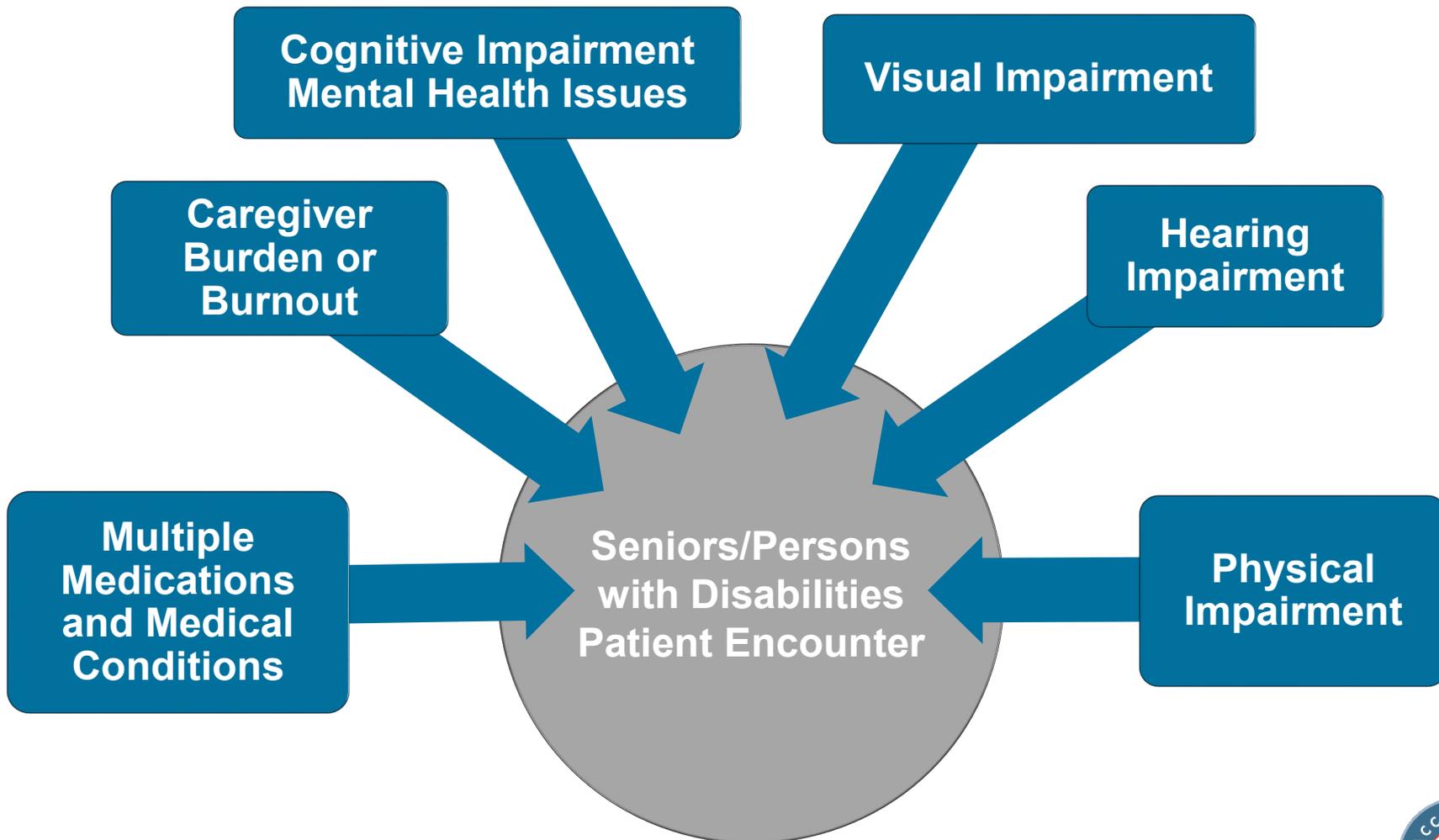
# Cultural Competence:

## Seniors and Persons with Disabilities (SPD)

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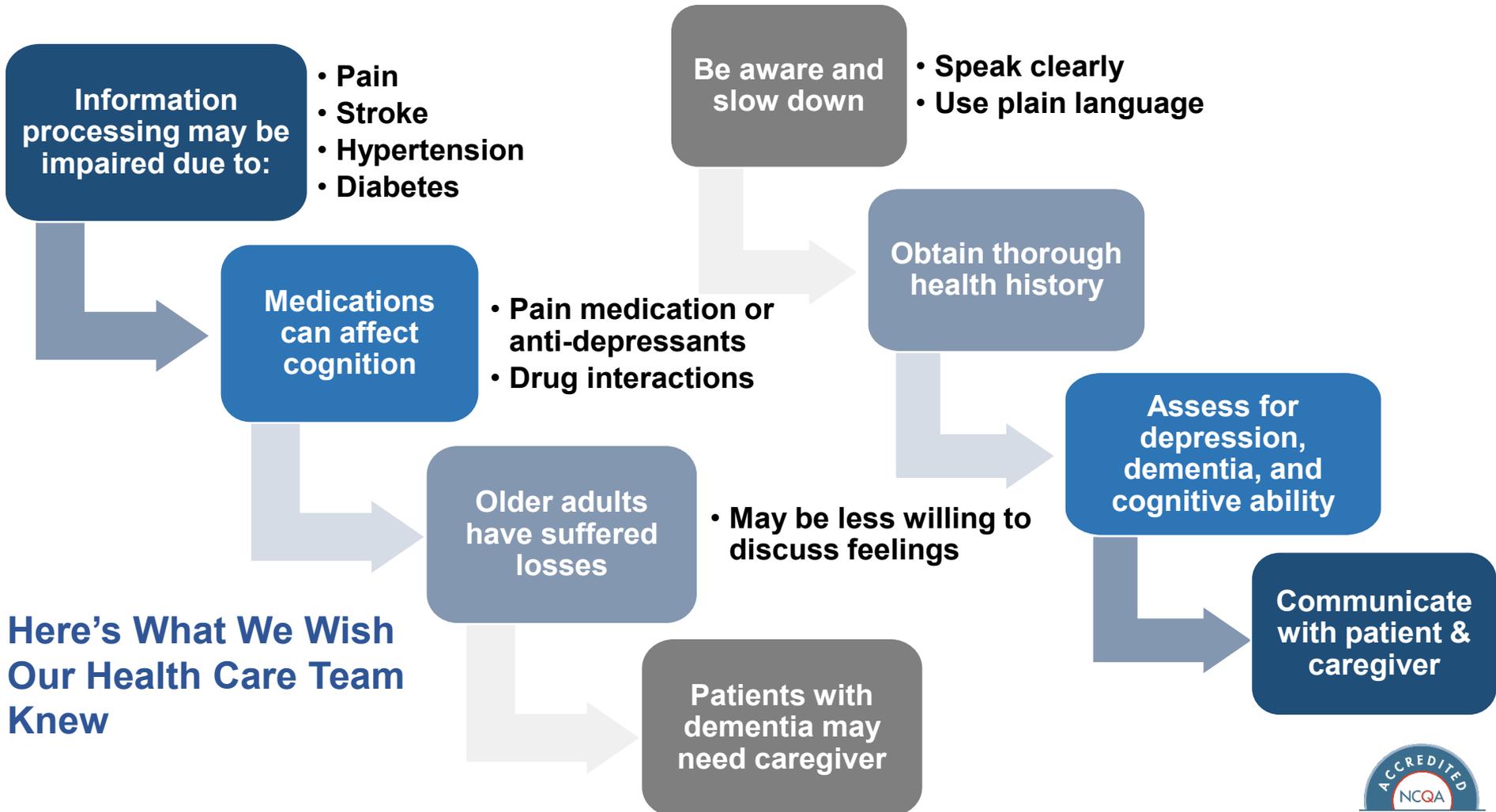


# Working with Seniors and Persons with Disabilities



# Information Processing

## Here's What Your Team Can Do



**Here's What We Wish Our Health Care Team Knew**

# Visual Impairment



## Here's What We Wish Our Health Care Team Knew

Macular degeneration, Diabetic Retinopathy, Cataract, Glaucoma, and other issues can cause problems with:

- Reading
- Depth perception
- Glare
- Loss of Independence

## Here's What Your Team Can Do

- Decrease glare
- Use bright, indirect lighting and contrasting colors
- Large, non-serif fonts on forms and documents

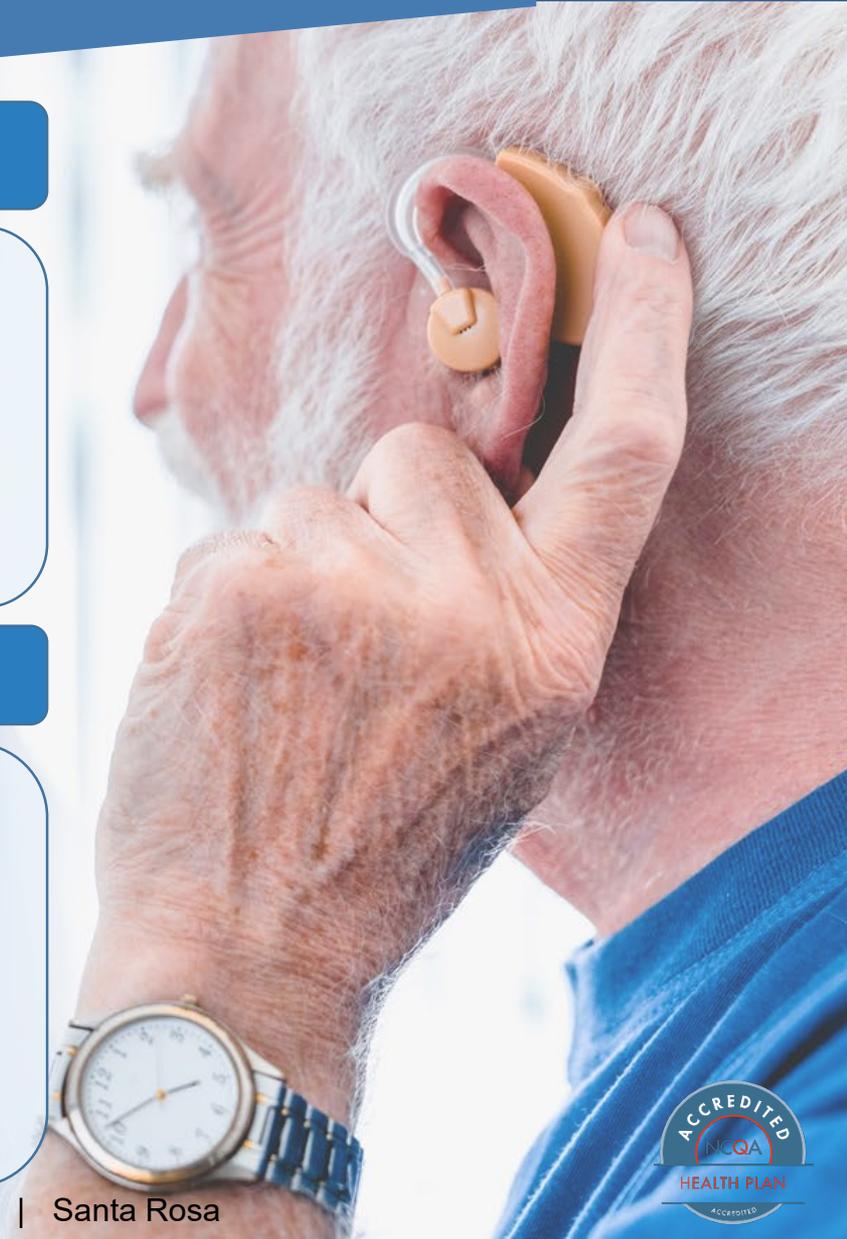
# Hearing Impairment

## Here's What We Wish Our Health Care Team Knew

- Presbycusis:
  - Gradual, bilateral, high-frequency hearing loss
- Consonant sounds are high frequency
- Word Distinction is difficult
- Speaking louder does not help

## Here's What Your Team Can Do

- Face patient at all times
- Speak slowly and enunciate clearly
- Do not use contractions
- Rephrase if necessary
- Do not cover your mouth
- Reduce background noise
- Recommend listening devices if appropriate



# Physical Impairment



## Here's What We Wish Our Health Care Team Knew

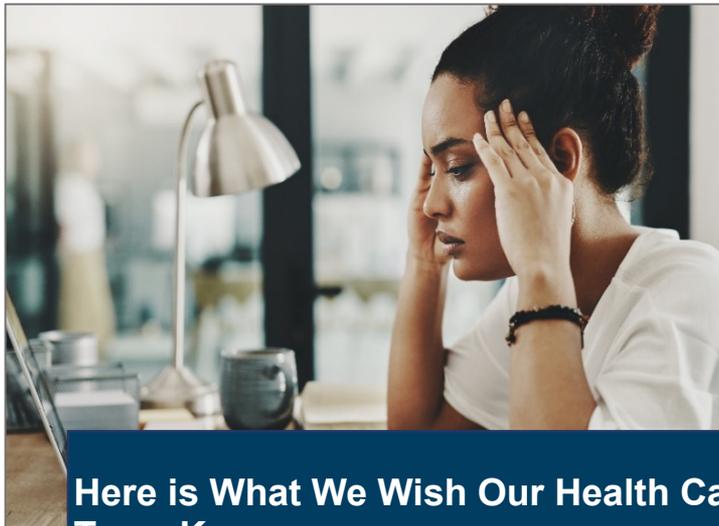
- Pain and reduced mobility is common due to:
  - Osteoarthritis, Osteoporosis
  - Changes in feet, ligaments and cushioning
  - Stroke



## Here's What Your Team Can Do

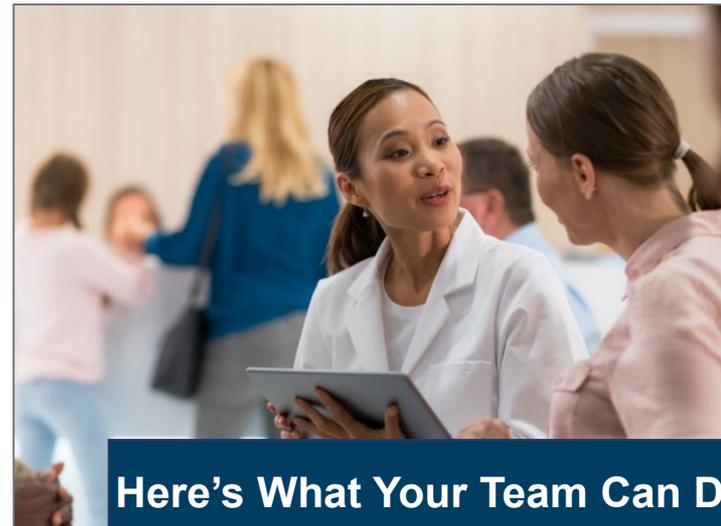
- Keep hallways clear
- Lower exam tables
- Add grab bars/railings
- Use exam rooms nearest waiting area
- Offer assistance – transfers, opening sample bottles, etc.
- Recommend in home accessibility assessment

# Caregiver Burden/Burnout



## Here is What We Wish Our Health Care Team Knew

- 27% of caregivers of adults reported a moderate to high degree of financial hardship as a result of caregiving.
- Caregivers report elevated levels of depression and anxiety, worse self-reported physical health
- [CDC, 2019](#)



## Here's What Your Team Can Do

- Ask about caregiver responsibilities and stress levels.
- Offer caregiver support services.

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## Option for CMEs

- The original version of this presentation was developed by the Industry Collaboration Effort (ICE) leadership. It is available with the opportunity for healthcare providers to obtain CME credits.

# Acknowledgements

The ICE Cultural and Linguistic Cultural Competency Training Work Group would like to acknowledge the individuals listed below for the knowledge they shared in the creation of the materials for this training. Each member contributed their time, experience and skills to the process of developing and testing the resources contained in this training.

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# Attestation

- Providers are expected to ensure employees receive training to increase their cultural competency and improve communications with patients.
- Documentation of participation should be retained in a designated location at the practice site.
  - Use one of your own choosing or the one on the PHC website:
- <http://www.partnershiphp.org/Providers/HealthServices/Documents/Health%20Education/CulturalCompetencyforProvidersAttestation.pdf>
- It is to be shared upon request of PHC or DHCS employees during Facility Site Review.



**Cultural Competency for Healthcare Providers Training Attestation**

Providers are expected to ensure employees receive training to increase their cultural competency and improve communications with patients.

The goal is to increase awareness and understanding of issues affecting patients from different walks of life. This includes the LGBT community; immigrants to the US; and seniors and persons with disabilities.

Cultural competence in health care describes the ability of systems and health care professionals to provide high quality care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet each individual's social, cultural, and linguistic needs.

In order to maintain an accurate provider directory, and stay compliant with SB137, Partnership HealthPlan of California (PHC) is requesting all contracted medical groups/providers that provide Cultural Competency training to their medical staff complete and return this attestation. Once the attestation is on file with PHC, all practitioners associated with the provider group will appear in the PHC provider directory with the Cultural Competency icon to denote those practitioners who have completed training.

\*If you do not currently offer Cultural Competency training to your staff, you can access PHC's webinar and training attestation on our website at <http://www.partnershiphp.org/Providers/Media/Pages/ProviderEducationTrainingMaterials.aspx>

**Attestation Statement**

By signing this document, I am attesting to the fact that all medical practitioners providing care to Partnership HealthPlan of California members have completed Cultural Competency Training offered by our company/corporation.

Practice/ Medical Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

Billing NPI(s): \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Title: \_\_\_\_\_

Signature: \_\_\_\_\_