Reducing health disparities by addressing cultural diversity

Cultural Competency
Training| 2023

iCare
INDEPENDENT CARE HEALTH PLAN
A Humana Inc. subsidiary

NOTABLE CHANGES

There are no notable changes for 2023.

Training goals

	Topic	Guidance	Pages
1.	**Culture and cultural competence**	Definitions and impacts	4 – 7
2.	**Clear communication**	• Limited English proficiency • Health literacy • Communication approaches	8 – 23
3.	**Various subcultures and populations**	Definitions and impacts to health and healthcare	24 – 30
4.	**Strategies for working with seniors and people with disabilities**	Different people require different approaches to achieve positive outcomes due to their unique health and home challenges.	31 – 40
	Additional information		41

Note: The content within this presentation is adapted from the Industry Collaboration Effort (ICE) "Cultural Competency Training for Healthcare Providers: Connecting with your patients." Jan. 18, 2013.

Culture and cultural competence

Defining culture and cultural competence

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.

Cultural competence means a person can effectively interact with people from different cultures.

Adapted from https://www.minorityhealth.hhs.gov/ and the Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

How does culture impact the care your patients receive?

Culture informs:

- Concepts of health and healing

- Perceptions of illness and disease and their causes

- Behaviors of patients seeking healthcare

- Attitudes toward healthcare providers

Adapted from http://minorityhealth.hhs.gov and the Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

During each healthcare encounter, culture can impact:

- Who provides treatment

- What is considered a health problem

- What type of treatment is needed

- Where care is sought

- How symptoms are expressed

- How rights and protections are understood

Because healthcare is a cultural construct based on beliefs about the nature of disease and the human body, cultural issues are central in the delivery of health services.

Adapted from http://minorityhealth.hhs.gov and the Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

Clear communication
The foundation of culturally competent care

Limited English proficiency (LEP)

Limited English proficiency describes how well a person's ability to speak, read, write or understand the English language enables that individual to interact effectively with healthcare providers or health plan employees.

Who can be most impacted:
- 20% of U.S. residents speak a language other than English in their homes.
- The U.S. Hispanic population grew by 43% between 2000 and 2010.
- 17% percent of the U.S. foreign-born population in arrived in 2005 or later.

The impact:
- 1 out of 2 adult patients has a hard time understanding basic health information due to lower-level English fluency.
- The average physician interrupts a patient within the first 20 seconds of a healthcare encounter.

Adapted from Health Industry Collaboration Effort, Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

Health literacy

Health literacy is the ability to obtain, process and understand basic health information and services needed to make appropriate decisions.

- More than one-third of patients have limited health literacy, resulting in a lack of understanding of what's necessary to remain consistently healthy.

According to the Institute of Medicine's 2004 study, *Health Literacy: A Prescription to End Confusion (National Academies Press: Washington, D.C.):*
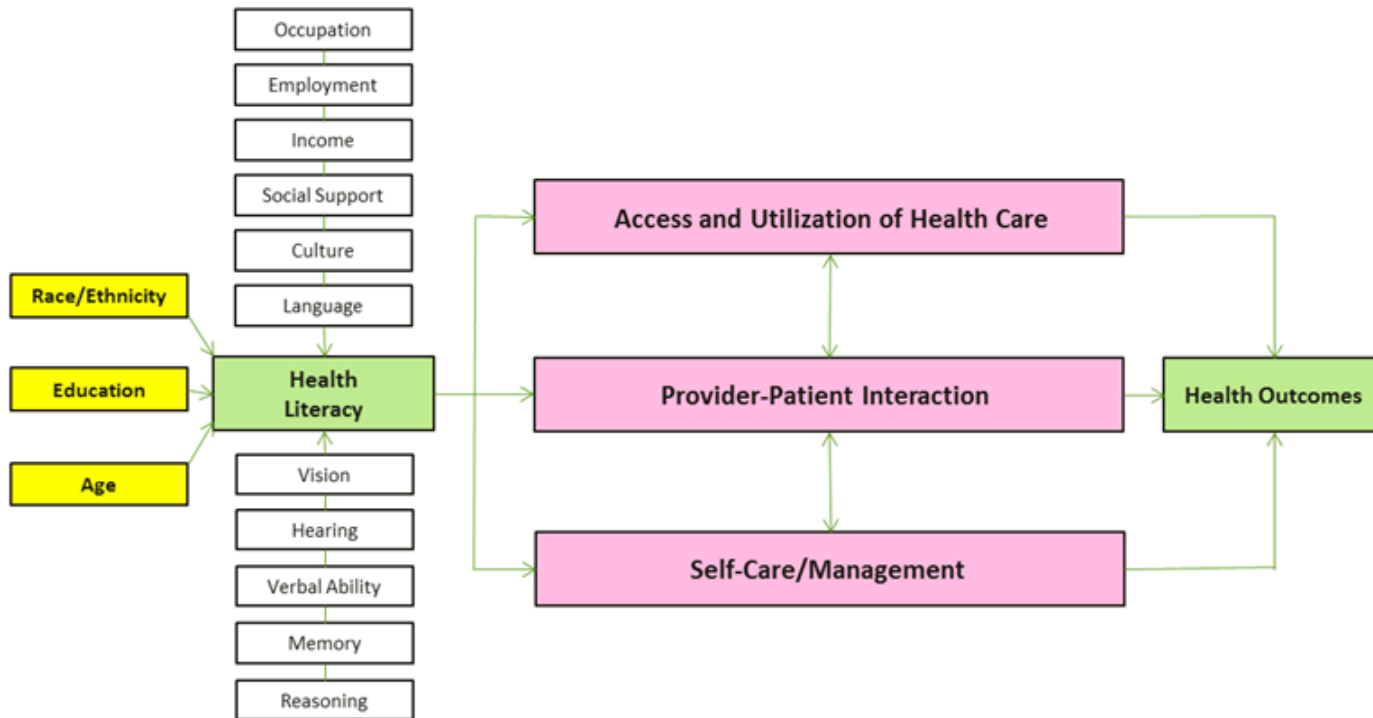
— Limited health literacy is associated with poor management of chronic diseases, poor ability to understand and adhere to medication regimens, increased hospitalizations and poor health outcomes.

Humana develops member communications based on health literacy and plain language standards. The reading ease of Humana-written member materials is tested using the widely known Flesch-Kincaid Readability tool.

According to the American Medical Association (AMA), poor health literacy is a STRONGER predictor of health than age, income, employment status, education or race.

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Health literacy outcomes connection

Health literacy is based on many factors such as education, age, race and ethnicity, as well as culture, language, reasoning and social support.

Paasche-Orlo, M. & Wolf, M. (2007). The causal pathways linking health literacy to health outcomes. American Journal of Health Behaviors. 31(suppl 1) S19-S26.

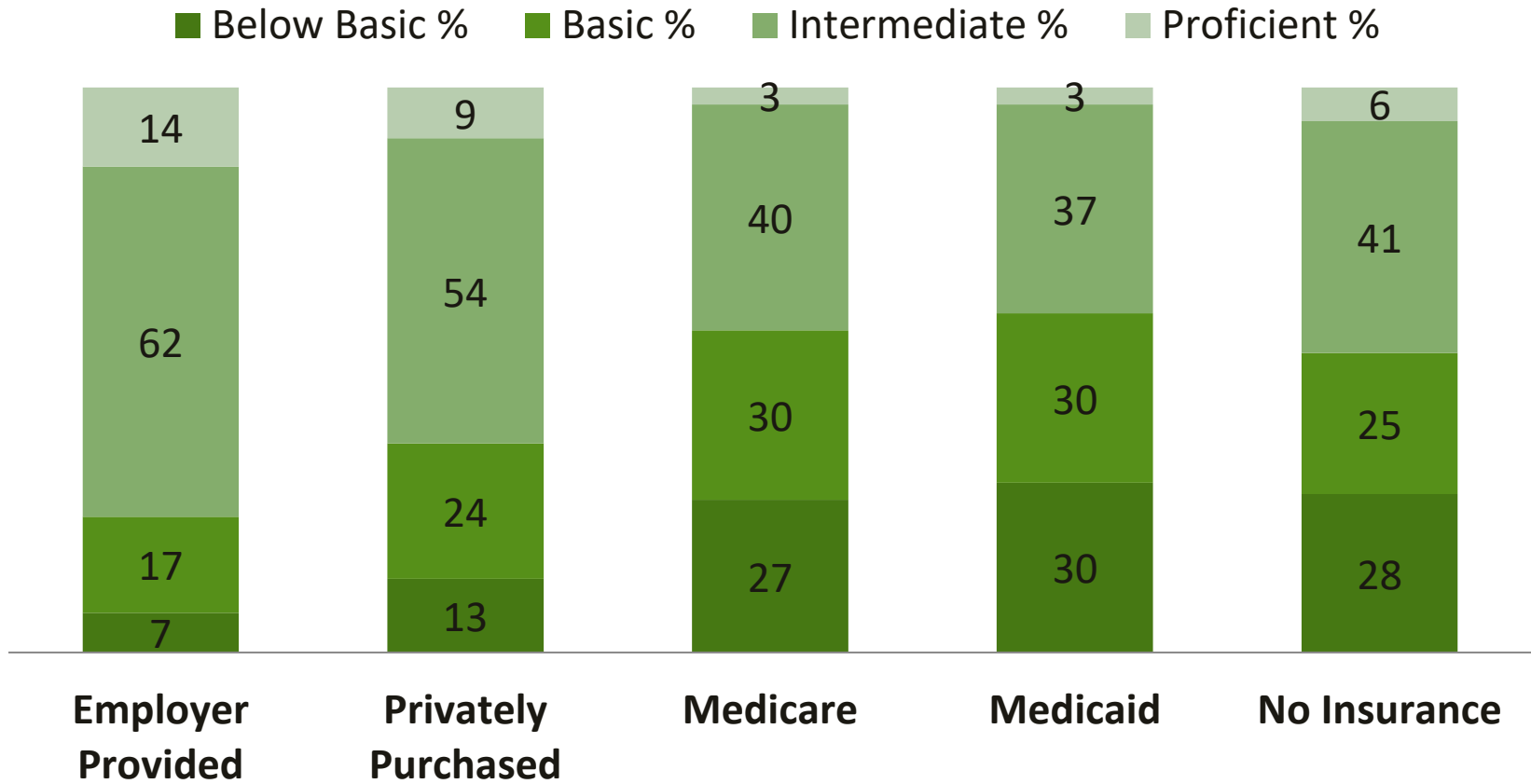Each factor plays a significant role in health outcomes and associated costs.

Health literacy outcomes connection (cont'd)

Health literacy impacts a person's ability to:

- Access and use the healthcare system

- Understand what their physician is asking of them

- Carry out self-care or self-management responsibilities

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Health literacy and insurance plans

Medicaid has the lowest literacy, followed by Medicare

Legend: Below Basic % | Basic % | Intermediate % | Proficient %

	Employer Provided	Privately Purchased	Medicare	Medicaid	No Insurance
Proficient %	14	9	3	3	6
Intermediate %	62	54	40	37	41
Basic %	17	24	30	30	25
Below Basic %	7	13	27	30	28

America's Health Literacy: Why We Need Accessible Health Information. (2008). An Issue Brief From the U.S. Department of Health and Human Services.
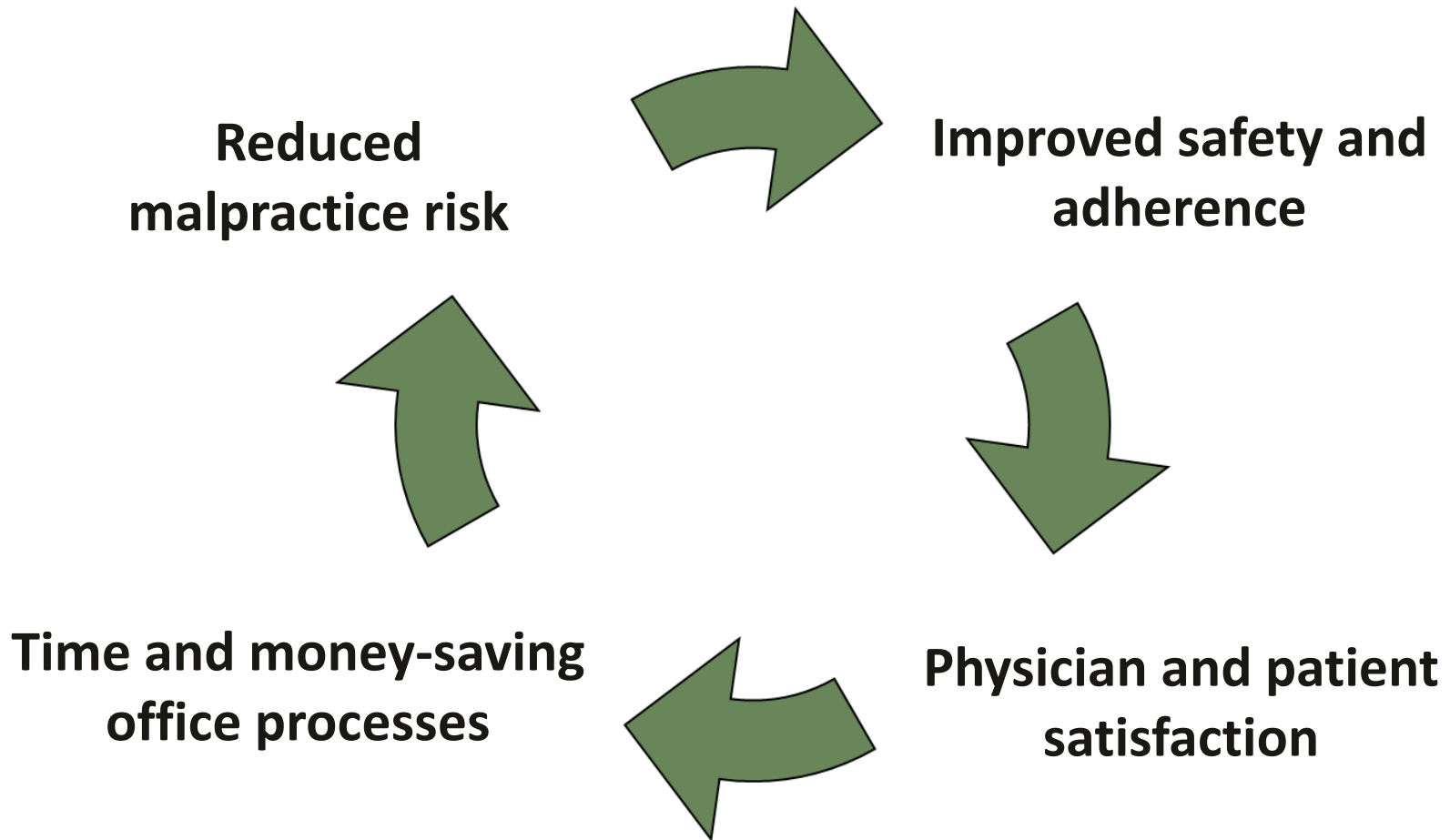
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Health literacy summary

- Health literacy is a strong predictor of health.

- It is hard to determine a patient's health literacy; level of education does not equal level of health literacy.

- A gap exists between what a physician says and what the patient understands and remembers.

Beneficial approaches:

- The <u>Agency for Healthcare Research and Quality (AHRQ) Health Literacy Universal Precautions Toolkit</u> provides solutions to improve health literacy.

- Research has shown using the teach-back method is an effective way to determine patient understanding.

- Using plain language with patients is the preferred way to communicate.

- Basic print materials, technology and trusted websites are helpful for reinforcing learning.

Positive outcomes of clear communication

Reduced malpractice risk

Improved safety and adherence

Time and money-saving office processes

Physician and patient satisfaction

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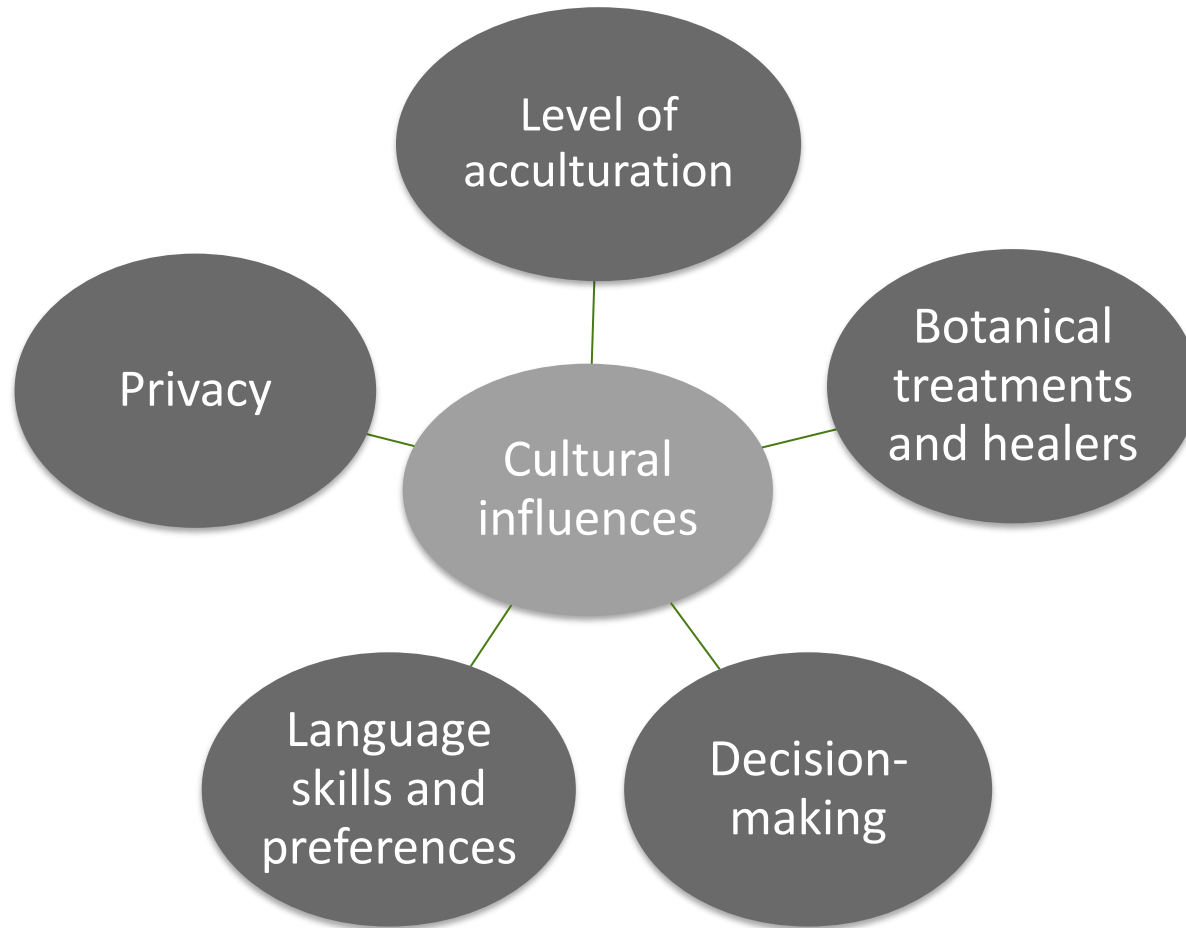# Language Assistance Program (LAP) for LEP members

In accordance with federal and state regulations regarding accessibility and effective communication, healthcare providers are responsible for making in-office interpretive services available to LEP members.

iCare is committed to providing free language assistance services for its LEP members. Services include:

- Over-the-phone or in-person interpretation services in a minimum of 150 languages
- Sign language interpreters via in-person interpretation (VRI)
- Text telephone (TTY) services
- Alternative formats available in Braille, audio, accessible PDFs, large print or read-over-the-phone

Providers and Members should call the customer service phone number to request translated materials or access interpretation services at 1-800-777-4376 (TTY:711)

Impacts of cultural influences

Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

Clear communication with LEP patients

What we want our healthcare team to know about some of our members:

- If a patient tells you "I forgot my glasses," it often means, "I am ashamed to admit I don't read very well.""

- Patients often don't know what to ask and may be hesitant to ask.

- When patients leave your office, they often don't know what they should do.

What your team can do to help:

- Use a variety of instruction methods.
- Encourage questions and use of Ask Me 3*.
- Use teach-back tool*.

* Described on the following pages

Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

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Ask Me 3 tool for communicating with patients

Ask Me 3 is a patient education program designed to:

- Improve communication between patients and healthcare providers

- Encourage patients to become active members of the healthcare team responsible for their care

- Promote improved health outcomes

The program encourages patients to ask healthcare providers three questions:

— *What is my main problem?*

— *What do I need to do?*

— *Why is it important for me to do this?*

Patients and providers can use this tool in their patient clinical encounters.

What is the teach-back tool?

The **teach-back tool** is a research-based health literacy communication intervention that promotes adherence, quality and patient safety.

You can use it by:

- Confirming the healthcare provider explained information clearly; it is not a test or quiz of patients or members.

- Asking a patient (or family member) in a caring way to explain, in his or her own words, what he or she needs to know or do.

- Checking for understanding and, if needed, explaining and checking again.

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Clear communication

What we want our healthcare team to know about some of our members:

- They sometimes misunderstand how to use prescribed medicine (e.g., putting medicine into their ears instead of their mouths to treat an ear infection).
- They are sometimes confused about information presented as percentages or ratios related to risk and wonder how to decide and proceed.

What your team can do:

- Use specific, plain language on prescriptions.
- Use qualitative, plain language to describe risks and benefits. Avoid using only numbers.

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Addressing the U.S. healthcare system

What we want our healthcare team to know about some of our members:

- Their expectations may not align with U.S. managed care.

- They may be bewildered by requirements to sometimes visit multiple doctors.

- They may wonder why they must sometimes have diagnostic testing before a prescription is written.

What your team can do:

- Inform patients they may need follow-up care.

- Explain to patients why they may need to be seen by another doctor.

- Emphasize the importance of medication adherence.

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Common office expectations

What we want our healthcare team to know about some of our members:

- They may have different expectations about time.
- They may prefer to be seen and treated by someone of the same gender.
- They may bring friends or family to help make decisions.

What your team can do:

- On arrival, inform patient about wait time.
- Accommodate by offering a doctor or interpreter of same gender.
- Confirm decision-makers at each visit.

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Various subcultures and populations

Subcultures and populations

- A **subculture** is an ethnic, regional, economic or social group exhibiting characteristic patterns of behavior sufficient to distinguish it from others within an embracing culture or society.

- With growing concerns about health inequities and the need for healthcare systems to reach more and more diverse patient populations, cultural competence has increasingly become a matter of national priority.

- There are also growing concerns over different health issues affecting different ethnic groups of American society. Each population has unique health issues: Anglo-, Asian-, African- and Latino-Americans, American Indian/Alaskan Native, as well as differences among genders and gender identities.

Healthcare for economically disadvantaged populations

Economically disadvantaged members may:

- Not be familiar with the U.S. healthcare system

- Experience illness related to life changes such as job loss

- Experience difficulty getting to medical appointments due to transportation issues

Benefits to open communication:

- Builds trust

- Results in full disclosure of patient knowledge, behavior and ability to afford medications and treatment

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Cultural differences

When considering care options for different ethnicities in the United States, it is important to understand the various cultural differences in values, beliefs and customs.

For example:

- Women from Middle Eastern and Central Asian cultures might be uncomfortable undressing for an examination.

• When working with a wide array of people from different cultures, a staff's expression of respect for everyone's traditions and norms is essential to helping patients improve healthcare literacy.

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Cultural aspects that may impact health behavior

- **Eye contact:** Many cultures use deferred eye contact to show respect. Deferred eye contact does not necessarily mean the patient is not listening to you.

- **Personal space:** Different cultures have varying approaches to personal space and touching. Some cultures expect more warmth and hugging in greeting people.

- **Respect for authority:** Many cultures are very hierarchical and view doctors with a lot of respect. Therefore, patients from these cultures may feel uncomfortable questioning doctors' decisions or asking questions.

Cross-cultural healthcare

Understanding the many different subcultures that exist within our own culture is also an important aspect of cross-cultural healthcare.

- Not just understanding Americans in general, but also understanding different issues that affect the various subcultures of American society

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Example of healthcare behavior for a section of the population

Prostate cancer is an easily treatable disease, yet many men die from it.

Why?

Oftentimes, men don't talk about their health, believing it isn't "macho" to verbalize when they notice symptoms of declining health or feel sick.
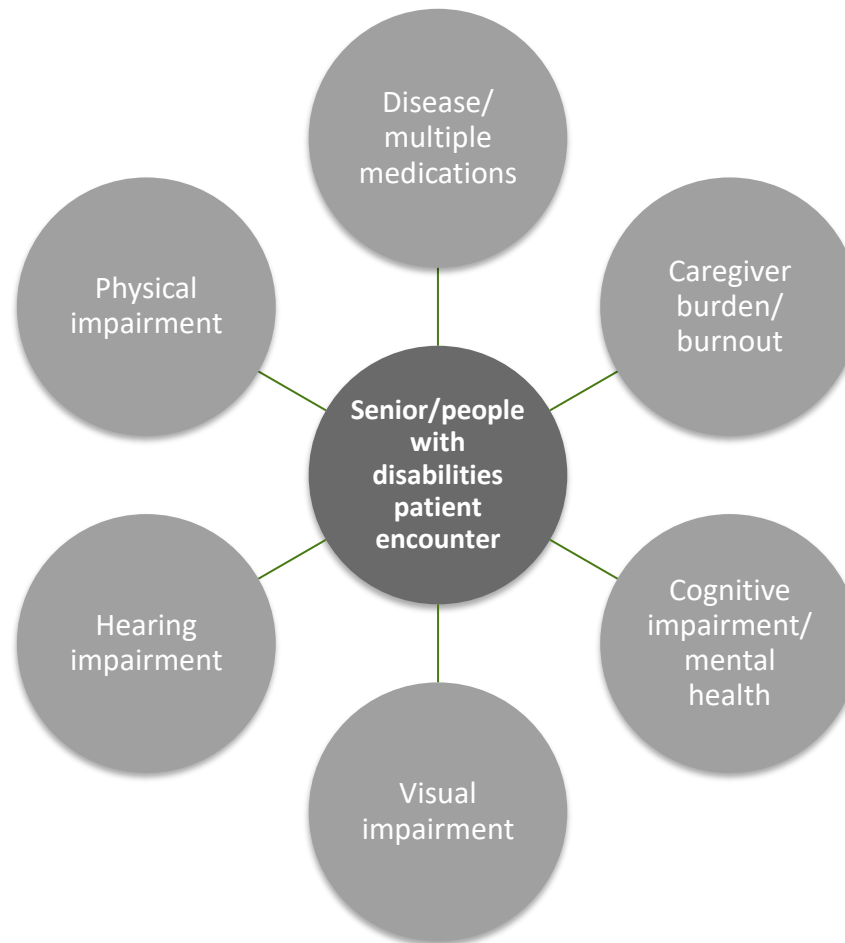
Cross-cultural healthcare teaches people in the healthcare industry how to relate to people of different cultures and sections of our own society.

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Strategies for working with seniors and people with disabilities

Americans with Disabilities Act (ADA)

- People with disabilities must be consulted before an accommodation is offered or created on their behalf.

- iCare develops individualized care plans taking into account members' special and unique needs.

- If a member needs help communicating, please call 1-800-777-4376 to schedule an interpreter or request materials in alternative formats. Members can use this number to contact iCare directly.

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Working with seniors and persons with disabilities

Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

Disease and multiple medications

What we want our healthcare team to know about some of our members:

Their neurocognitive processing ability is impaired due to:

- Stroke
- Pain
- Hypertension, diabetes
- UTI, pneumonia

Certain types of medications affect cognition:

- Pain medication
- Antidepressants
- Interactions between medications

What your team can do:

- Be aware
- Slow down
- Speak clearly
- Use plain language
- Recommend assistive listening devices
- Obtain thorough health history

Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

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Caregiver burden/burnout

What we want our healthcare team to know about some of our members' caregivers:

- 12% of active caregivers may have their own limitations.

- 16% of working seniors are also caregivers.

- Caregivers report more stress and higher likelihood of depression.

What your team can do:

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

Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

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Cognitive impairment and mental health

What we want our healthcare team to know about some of our members:

- Patients with dementia may need a caregiver.

- Older adults suffer more losses.
  - May be less willing to discuss feelings
  - Have high suicide rates at 65 and older

What your team can do:

- Communicate with patient and caregiver.
- Assess for depression, dementia or cognitive ability.

Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

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Visual impairment

Macular degeneration

Age-related Macular Degeneration
National Eye Institute photo

Diabetic retinopathy

Diabetic Retinopathy
National Eye Institute photo

Cataract

Cataract
National Eye Institute photo

Glaucoma

Glaucoma
National Eye Institute photo

Problems

- Reading, depth perception, contrast, glare, loss of independence

Solutions

- Decrease glare
- Use bright, indirect lighting and contrasting colors
- Share printed material with large, sans-serif fonts

Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

Images courtesy of the National Institutes for Health/National Eye Institute

Hearing impairment

What we want our healthcare team to know about some of our members:

- **Presbycusis:** Gradual, bilateral, high frequency hearing loss
  - Consonant sounds are high frequency
  - Word distinction may be difficult
  - Speaking louder does NOT help

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
  - Air conditioner, TV, hallway noise, etc.
- Offer listening devices

Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

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Physical impairment

What we want our healthcare team to know about some of our members:

Pain and reduced mobility are common due to:

- Osteoarthritis
- Changes in feet, ligaments and cushioning
- Osteoporosis
- Stroke

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

Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

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References

iCare used the following references to develop this training. Feel free to access these links for more information

Industry Collaboration Effort (ICE) (January 2013). *Cultural Competency Training for Health Care Providers: Connecting With Your Patients. Cultural and Linguistic Services Main Team. Retrieved from:*

- http://www.iceforhealth.org/library.asp?sf=&scid=2899#scid2899

- http://www.partnershiphp.org/Providers/HealthServices/Documents/Health%20Education/CandLToolKit/13%20Ask%20Me%203.pdf

- http://www.teachbacktraining.com/

- https://www.thinkculturalhealth.hhs.gov