

CULTURAL COMPETENCY TRAINING

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- Cultural competency can be defined as promoting respect and understanding of diverse cultures and social groups, and recognizing each person's unique abilities and attributes. VIM's patient base represents a variety of backgrounds and includes people who are Thai, Chinese, Russian, Caucasian, and many who have emigrated from different Latin countries.
- Eighty percent of VIM's patients are of Latino descent and Spanish-speaking. This training will focus on the cultural awareness of this population, although this information can be translated to any group that is different than how we perceive ourselves.
- Keep in mind that there are factors such as socio-economics, education, degree of acculturation (cultural modification of an individual, group or people by adapting to or borrowing traits from another culture) and English proficiency that have an enormous impact on an individual's health beliefs and behaviors. All of these factors challenge one's ability to understand and treat patients in a cross-cultural setting, but part of the mission at VIM is to meet those challenges and become more culturally competent and aware.

RESPECT - RESPETO

- Respect is highly valued amongst the Latino population when it comes to interacting with others. Each person is expected to defer to those who are in a position of authority as defined by age, gender social position, title, economic status, etc. Health care providers, especially doctors, are viewed as authority figures and this may make a patient hesitant to ask questions or raise concerns about the doctors' recommendations because they fear that in doing so it might be perceived as being disrespectful.
- Respeto is also expected on a reciprocal basis by Latinos. This is especially true when a young doctor is treating an older Latino patient. It is important to approach Latino patients in a more formal manner by using "Señor" (Mr.) and "Señora" (Mrs.), accompanied by the appropriate greeting "Buenos dias" (Good morning) or "Buenas tardes" (Good afternoon). This is especially true with older Latinos that are addressed informally by their first name. This can make them feel uncomfortable and could be perceived as rude behavior.

KINDNESS AND FORMAL FRIENDLINESS - SIMPATIA Y PERSONALISMO

- In the United States, Americans are perceived as being time and task-oriented, where Latinos tend to be more focused on their relationships. Latinos expect their health care provider to demonstrate formal friendliness, which can be shown by a provider's attentiveness, display of respect and a physical gesture such as a handshake or the placing of a hand on one's shoulder which communicates warmth. If the provider is hurried, businesslike and neutral, the patient may feel resentment and dissatisfaction with care. This in turn may reduce the likelihood of compliance with the doctor's recommendations for treatment and follow-up.

FATE (“If it is God’s will”) - FATALISMO (“Sera lo que Dios Quiera”)

- Latinos have a strong belief that uncertainty is inherent in life and each day is taken as it comes. It is a belief that one can do little to alter their fate. This mindset affects healthcare beliefs and behaviors in significant ways. Latinos are more likely than Caucasians to believe that having a chronic disease, such as cancer or diabetes, is a death sentence. They are less likely to seek preventative screenings and may delay seeing a doctor until symptoms become severe. They also see as the American model of medicine as regimented with a focus on data gathering and tracking and a strict adherence to appointment procedures.

FAMILY - FAMILISMO

- Latinos tend to be group-oriented and a strong family emphasis is a source of their identity and protection against the hardships of life. The family model includes an extended family of grandparents, aunts and uncles, cousins, and even people who are not biologically related, are all considered to be part of their immediate family. The decisions and behavior of these family members are based largely on pleasing the rest of the family, and decisions are reached after consulting with family members, which can delay important medical decisions.
- To gain the trust and confidence of the Latino patient and his/her family, it is important to solicit opinions from other family members who may be present at the time of the appointment and to allow them ample time for the extended family to discuss important medical decisions. Additionally, family and work concerns trump almost anything else that might arise. Failure of the provider to recognize *familismo* can potentially lead to conflicts, non-compliance, dissatisfaction with care and poor continuity of care.

CULTURE, HEALTH AND LOW HEALTH LITERACY

- Health literacy is the ability to obtain, process and understand health information and being able to use the information to make appropriate decisions about one's health and medical care. In a report published by the Joint Commission in 2007, the “triple threat to health communication” was identified as a leading cause of poor health outcomes in Americans. Cultural barriers to understanding western medicine, limited English proficiency, and low health literacy, make up the “triple threat”. Providers routinely overestimate the ability of individuals to participate in health care conversations and to follow care instructions.

BEHAVIORAL CUES TO IDENTIFY LOW HEALTH LITERACY

- Making excuses – “forgotten” glasses, too tired, “I will read it later”
- Bringing someone along who does most of the talking and filling out forms
- Watching others (mimicking behaviors)
- Missed appointments
- Inability to list/describe the purpose of prescribed medications
- Limited questioning of healthcare provider
- Apparent lack of follow through on self-care instructions

HINDERANCES FOR LIMITED HEALTH LITERACY

- In some cultures it is **NOT OKAY** to ask authority figures questions
- People who are not proficient in English may feel ashamed of language barriers
- Health education information, written and oral, is too complex to understand
- Patients are less likely to ask a healthcare provider questions

HELPFUL PROMPTS FOR UNDERSTANDING CULTURAL OR LIMITED HEALTH LITERACY

- I really like it when my patients ask me questions.
- All questions are good questions!
- Talking about medicine is difficult. Medical words are difficult.
- A lot of people have trouble reading and remembering medical information because it is difficult. Has this ever been a problem for you?
- When you have to learn something new, how do you prefer to learn? By watching TV, listening to the radio, talking with people, or reading?
- How do you feel about taking medication?
- What do you expect from the medication?
- Do you (did you) get the medication in the U.S.?
- Did you get your medication from a doctor like me? (versus a family member, friend or healer)
- Do you share your medication with others?
- Do you use any herbs or other remedies?

FACTS ABOUT LATINOS AND HEALTHCARE

- Within 50 years, nearly half of the nation's population will be from cultures other than white, non-Hispanic. (source: Office of Minority health: A physicians guide to culturally competent care)
- Nearly 1 in 3 uninsured people in the U.S. is Latino (Source: National Council of La Raza)
- Compared to Non-Hispanic white adults, Latino adults are:
 - 2x more likely to have asthma
 - 6x more likely to have tuberculosis
 - 15% more likely to have liver disease
 - 15% more likely to be obese
 - 65% more likely to be diabetic
 - 2.5% as likely to be diagnosed with HIV and 2.5 times more likely to die from HIV
 - 45% more likely to be diagnosed with cervical cancer and 40% more likely to die of cervical cancer

CULTURAL BOUND SYNDROMES

It is important to recognize the most common cultural bound syndromes in the Latino population because these may impact the diagnosis, treatment and follow-up compliance of a Latino patient.

- **Ataque de Nervios** – Episodic, dramatic outbursts of negative emotion, usually in response to a current stressor (but often related to a significant childhood stressor).
- **Billis and Colera** – Thought to be bile flowing into the blood stream after a traumatic event, with “nervousness” as the end result.
- **Locura** – May be associated with psychosis. Is usually attributed to people’s extreme vulnerability or hard difficulties in their lives. Symptoms may include hallucinations, unpredicted behavior, violence, incoherence, and the inability to follow social rules.
- **Mal de Ojo** – “Evil eye,” caused by a person looking at another person with envy. Children and women are more susceptible to this. Some physical symptoms could include crying, vomiting, diarrhea, fever and lack of sleep or restlessness.
- **Nervios** – Can be associated with anxiety, depression or fear. Symptoms can be physical and include emotional distress such as an upset stomach, headache, nervousness, crying, trembling, and vertigo-like experiences.
- **Susto** – Related to soul loss or post-traumatic stress. Many Latinos hold the belief that a traumatic experience may trigger health problems, including chronic ones.
- **Empaacho** – Intestinal obstruction that is characterized by abdominal pain, vomiting, constipation, a feeling of fullness, anorexia, or gas and bloating.

LEGISLATION

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards)

- The National CLAS Standards aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities. The Office of Minority Health developed these standards in an effort to give clear guidance regarding culture and linguistics to entities and providers within the U.S. health care system.
- CLAS mandates are required for all entities receiving any federal funding (grants, Medicare, Medicaid, etc.) The CLAS standards that apply directly to linguistic services are as follows:
- Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Source: Office of Minority Health <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>

CIVIL RIGHTS ACT OF 1964

- Title IV of the Civil Rights Act of 1964 prohibits discrimination based on race, color, and national origin in programs and activities receiving federal financial assistance. One's language is considered one's national origin. In health care, this means that any clinic that accepts Medicare or Medicaid (federal assistance programs) must provide access to health care in one's native language at no charge to the patient.

Source: *The United States Department of Justice*

<http://www.justice.gov/crt/about/cor/coord/titlevi.php>

OREGON LAW

- Oregon follows the federal laws enacted by Title IV of the Civil Rights Act of 1964. Additionally, Oregon required the Department of Health and Human Services to establish a program to certify health care interpreters so that those with limited English proficiency are not excluded from health care.

Oregon Revised Statutes ORS 413.550

<http://www.oregon.gov/oha/oei/Pages/HCI-Laws.aspx>

Cultural Competency Quiz

Please complete the following questionnaire *AND SUBMIT IT
OR WHAT?Q!**

<https://www.surveymonkey.com/s/9WD3KFB>