Module 5 - Unit 4: Reading & Vocabulary

Guidelines for Culturally Competent Care

Think About It  How would you define culturally competent health care? How do you think new health care professionals can develop skills in cultural competency?

Read the Kaiser Permanente definition of culturally competent care and the guidelines for achieving this below. Then answer the questions that follow.

Kaiser Permanente Definition of Culturally Competent Care

Culturally competent care is the delivery of health care services that acknowledges and understands cultural diversity in the clinical setting, respects members’ health beliefs and practices, and values cross-cultural communication. Culturally competent care leads to effective communication that promotes treatment adherence and positively impacts health outcomes of our members and the community.

Ensuring that our members’ cultures and cultural needs are considered and respected at every point of contact within the organization is integral to providing a culturally competent system of care. The provision of health care services to diverse members is supported by an organized entity that facilitates the training of providers and staff, periodic assessment of member needs, development of cultural competence measurement tools, and dissemination of best practices throughout the system.

At Kaiser Permanente, incorporating culturally competent care to meet our current and potential members’ needs is an invaluable opportunity to maximize efforts in enhancing quality of care, delivering customized care to our membership, and improving health outcomes.

**Culturally Competent Care** is the delivery of health care services that acknowledges and understands cultural diversity in the clinical setting, respects members’ health beliefs and practices, and values cross-cultural communication.

### BUILD CULTURALLY COMPETENT SKILLS

How to assess your patient’s preferences for culturally competent care

Assure the patient that you need the following information to help customize and deliver the highest level of care and to facilitate mutual understanding of their care plan.

**Language**

“What language do you prefer to speak in when receiving medical care? In what language do you prefer to receive our written materials?”

**Explanation**

“What do you call the health condition? What do you think has caused the health condition? What do you think the sickness does? How does it work?”

**Expectations**

“What kind of treatment are you seeking? What results do you hope to achieve from the treatment?”

**Prior Treatment**

“What have you done already to deal with your problem? Do you seek advice from your friends, alternative healers, or other practitioners? Do you take any treatments, medicines, or home remedies when you are sick or to stay healthy?”

**Treatment Plan**

Determine a mutually acceptable intervention with your patient. It may incorporate alternative treatments, spirituality, other cultural practices, and a variety of education approaches (e.g., written materials, one-on-one, or group-based teaching).

Collaborate with the patient, family, health team members, healers, and community resources.

“Who from your family should we involve in your care plan?”

Adapted from Robert Wood Johnson Medicine, Spring/Summer 1998; Kleinman et al. Annals of Internal Medicine, 1978

### Tips for working with interpreters for patients with limited English proficiency

- Choosing the right interpreter is critical to obtaining the best health outcome.
- Use interpreters of the same gender and ethnicity as the patient.
- Avoid using friends, family, or children for medical interpretation. Using a qualified interpreter will ensure that sensitive and confidential information is conveyed in a neutral and optimal manner and also reduces the risk of medical liability.
- Avoid using jargon. Use short statements with adequate pausing. Ask one question at a time.

### DEVELOP YOUR CULTURAL KNOWLEDGE

How dimensions of cultural orientation affect health behaviors* (see footnote on back)

<table>
<thead>
<tr>
<th>Communication/nonverbal cues</th>
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<tbody>
<tr>
<td><strong>Smiles</strong></td>
<td>In different cultures, smiles may be a sign of agreement, boldness, respect, embarrassment, or sexual invitation.</td>
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<tr>
<td><strong>Touch</strong></td>
<td>Touching certain body parts may be insulting, e.g., patting the head of any adult is considered demeaning.</td>
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<tr>
<td><strong>Personal space</strong></td>
<td>Comfortable distance between people as they sit, stand, or talk varies in different cultural groups. Most Latinos require less personal space and may feel uncomfortable with distance. Asians and Pacific Islanders require more personal space and may feel uncomfortable with closeness.</td>
</tr>
<tr>
<td><strong>Eye contact</strong></td>
<td>May be interpreted as honest and steady, or as rude, insolent, intimate, and disrespectful. Women may be less comfortable with eye contact than men. Avoiding eye contact with lesbian, gay, bisexual, or transgender (LGBT) patients may be a sign of nervousness or discomfort resulting in a potential barrier to open communication.</td>
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<tr>
<td><strong>Voice tone</strong></td>
<td>It is important to monitor your tone and behaviors with limited English proficient patients who may not understand your words and must rely on tone and nonverbal signs of attitude.</td>
</tr>
<tr>
<td><strong>Addressing patients</strong></td>
<td>Use non-gender specific language. Certain gestures may be offensive to some patients.</td>
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*Adapted from Robert Wood Johnson Medicine, Spring/Summer 1998; Kleinman et al. Annals of Internal Medicine, 1978
**DEVELOP YOUR CULTURAL KNOWLEDGE (continued)**

### How dimensions of cultural orientation affect health behaviors*

#### Family issues
- Among African Americans and Latinos, family members play an important role in treatment adherence and decisions related to health care issues.
- Asians and Pacific Islanders emphasize the importance of community and family and are often expected to sacrifice personal needs for the good of the group.
- LGBT patients may struggle to choose between family and LGBT supports, particularly when the family is unsupportive of sexual orientation or gender identity.
- Questions about families should allow for parents of the same sex or partners of the same sex.

#### Religious beliefs & customs
- Spiritual or religious experiences may shape beliefs about the causes of illness, as well as treatment decisions.
  - African Americans and Latinos may see prayer as having substantial potential for healing and may serve as an alternative to medical care for serious illnesses.
  - Asians and Pacific Islanders represent many religions including Buddhism, Taoism, Ayurveda, and many others. Buddhists often view sickness as inevitable and may endure great pain before seeking treatment.
  - LGBT patients may feel uncomfortable accessing services sponsored by religious organizations for fear of discrimination or condemnation.

#### Folk medicine practices
- African Americans and Latinos may seek medical attention only after exhausting traditional remedies, e.g., curative herbs and plants.
- Asians and Pacific Islanders often use traditional and biomedical practices at the same time, e.g., herbs, acupuncture, or dermabrasive techniques.
- Folk healers are important in new immigrant segments of Latino populations.

#### Dietary practices
- African Americans' diets frequently include leafy green vegetables, citrus fruits, as well as extensive use of frying and low calcium intake.
- Asians' and Pacific Islanders' diets are often low in saturated and unsaturated fats, with a wide range of fruits and vegetables, low calcium and protein intake, and high sodium foods.
- Many Latinos' diets include consumption of vegetables and fruits high in Vitamin A and C, vegetable protein sources, and food preparation with lard, cheeses, and creams.

#### Pain
- Expression of pain varies between cultures and between women and men. In some cultures, open expression of pain and requests for medication are expected. In others, stoicism is expected. Women are more likely to express pain than men.

#### Fatalism
- A feeling that the outcome cannot be changed can be a barrier to adopting "future-oriented" preventive health behaviors and may deter utilization of health services.

#### End-of-life decision making
- Spiritual beliefs and cultural values can have an impact on patients’ and families’ openness to end-of-life care. Planning for end-of-life care, including advance directives, varies by individual for different cultures and should consider partners' wishes regardless of legal marital status.
- In some cultures, full disclosure of a patient’s illness can be considered harmful to the patient and an infringement on the proper role of the family.

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*There is a high variability within groups as a result of geographic region, urban or rural, socioeconomic status, recent immigrant status, and country of origin.

Adapted from KP National Diversity Council and the National Diversity Department Provider Handbooks, kpnet.kp.org/national/diversity

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Questions About Reading

1. Without looking back at the reading, what questions can you ask patients about their preferences for culturally competent care in the following categories:

   ➢ Language

   ➢ Explanation of Illness

   ➢ Expectations

   ➢ Prior Treatment

   ➢ Treatment Plan

2. What problems might arise if family members or friends act as interpreters?

3. Why do you think same gender interpreters are recommended? In what situations would this be most important?
4. Read the following statements and fill in the blanks with one or more of the following cultural groups, based on the information in the reading.

- African Americans
- Asians and Pacific Islanders
- Latinos
- Lesbian Gay Bisexual and Transgender (LBGT) patients

a. ___________________________ diets are often low in calcium.

b. Family members among ___________________________ participate in decision-making.

c. Many ___________________________ would feel uncomfortable if they were touched a lot.

d. Most ___________________________ need less personal space boundaries than other cultural groups.

e. Many ___________________________ often fry their food and eat leafy green vegetables.

f. ___________________________ may have a hard time choosing their support groups, especially if their family is unsupportive of them.

g. ___________________________ follow many different religions and often view illness as unavoidable.

h. ___________________________ may use traditional healing practices such as herbs before going to a physician.

i. ___________________________ will react positively to non-gender-specific language when asked about their families.

5. Write two pieces of information about cultural orientation that you didn’t know before you read the Kaiser guidelines.

________________________________________________________________
________________________________________________________________
Vocabulary Practice

The following terms are all connected to diversity and cross-cultural issues. Write a brief definition for each term. Use a dictionary or information in this module to check the meaning of words that you are not familiar with.

acculturation

cultural sensitivity

discrimination

diversity

ethnicity

ethnocentrism

health care disparities

intercultural communication

multicultural

prejudice

transcultural communication