

# OVERVIEW OF CULTURAL COMPETENCE

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# PRESENTATION OBJECTIVES

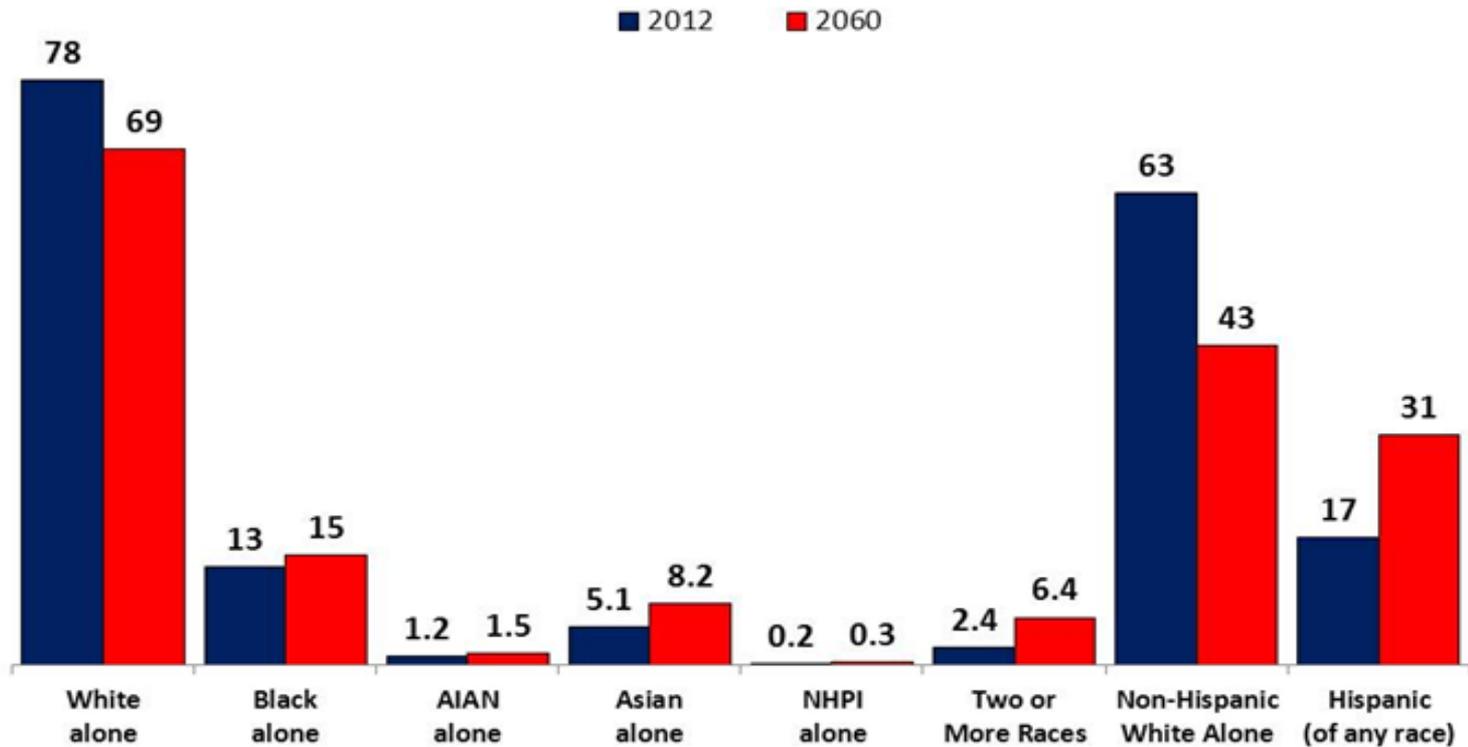
- Provide an overview of current and projected demographic changes in the US.
- Understand why cultural and linguistic competence is important in health care.
- Increase awareness of Highmark sponsored resources for participating network practitioners

# DEMOGRAPHIC CHANGES IN THE U.S. POPULATION

# OUR CHANGING DIVERSITY - UNITED STATES

## Population by Race and Hispanic Origin: 2012 and 2060

(Percent of total population)



AIAN=American Indian and Alaska Native; NHPI=Native Hawaiian and Other Pacific Islander



U.S. Department of Commerce  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

[https://www.census.gov/newsroom/releases/img/racehispanic\\_graph.jpg](https://www.census.gov/newsroom/releases/img/racehispanic_graph.jpg)

# U.S. POPULATION CHANGES: FAST FACTS

- The Asian population grew faster than any other major race group between 2000 and 2010, increasing by 43 percent.
- The Black alone population exhibited the smallest percentage growth outside of the White alone population, increasing 12 percent between 2000 and 2010.
- The White population experienced a decrease in its proportion of the total U.S. population between 2000 and 2010.
- People of Hispanic origin may be any race. More than half of the growth in the total population of the United States between 2000 and 2010 was due to the increase in the Hispanic population. The Hispanic population increased by 15.2 million between 2000 and 2010, accounting for over half of the 27.3 million increase in the total population of the United States.

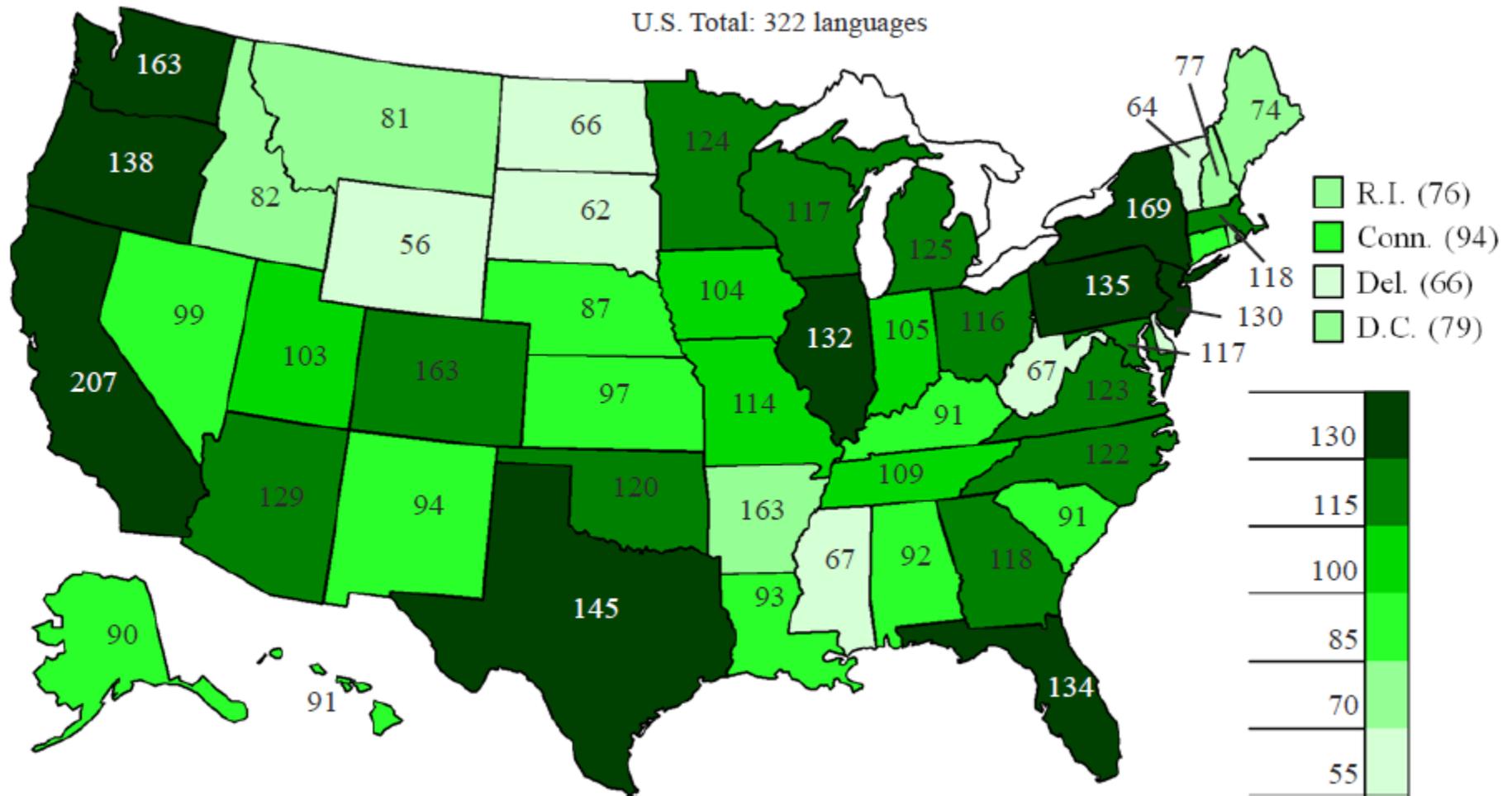
Source: <http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf>

# THE U.S. IS PROJECTED TO BECOME A MAJORITY-MINORITY NATION FOR THE FIRST TIME IN 2043

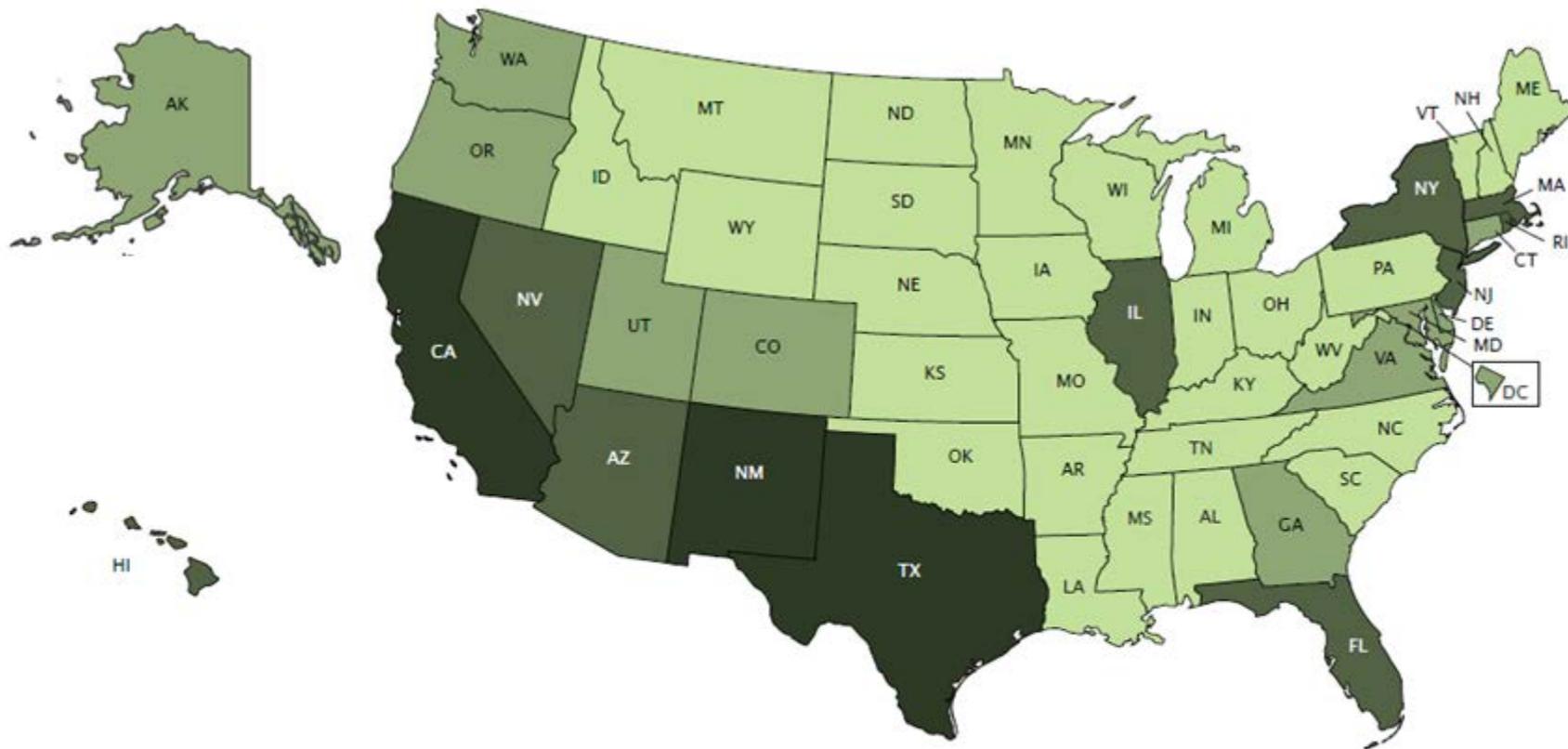
- While the non-Hispanic white population will remain the largest single group, no group will make up a majority.
- All in all, minorities, now 37 percent of the U.S. population, are projected to comprise 57 percent of the population in 2060. (Minorities consist of all but the single-race, non-Hispanic white population.) The total minority population would more than double, from 116.2 million to 241.3 million over the period.
- In 2056, for the first time, the older population, age 65 and over, is projected to outnumber the young, age under 18.
- **The working-age population (18 to 64) is expected to increase by 42 million between 2012 and 2060, from 197 million to 239 million, while its share of the total population declines from 62.7 percent to 56.9 percent.**

Source: <http://www.census.gov/newsroom/releases/archives/population/cb12-243.html>

# NUMBER OF LANGUAGES SPOKEN IN EACH STATE



# PERCENTAGE OF POPULATION WHO SPOKE A LANGUAGE OTHER THAN ENGLISH AT HOME BY STATE: 2007



United States: 19.7 percent

# WHAT IS CULTURAL AND LINGUISTIC COMPETENCE?

# WHAT IS 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.

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

# WHAT IS CULTURALLY COMPETENT HEALTH CARE & WHY IS THIS IMPORTANT?

- The concept of cultural competency has a positive effect on patient care delivery by enabling providers to deliver services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients.
- Cultural competency is critical to reducing health disparities and improving access to high-quality health care, health care that is respectful of and responsive to the needs of diverse patients.
- When developed and implemented as a framework, cultural competence enables systems, agencies, and groups of professionals to function effectively to understand the needs of groups accessing health information and health care.

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

# WHAT IS LINGUISTIC COMPETENCE?

- Linguistic competence refers to the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.

Source: <http://www.ncccurricula.info/framework/B4.html>

# LINGUISTIC COMPETENCE REQUIREMENTS

Linguistic competency requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity. This may include, but is not limited to, the use of:

- Bilingual/bicultural or multilingual/multicultural staff
- Foreign language interpretation services including distance technologies
- Sign language interpretation services
- Multilingual telecommunication systems
- TTY
- Assistive technology devices
- Print materials in easy to read, low literacy, picture and symbol formats
- Materials in alternative formats (e.g., audiotape, Braille, enlarged print )
- Materials developed and tested for specific cultural, ethnic and linguistic groups

Source: <http://www.ncccurrricula.info/framework/B4.html>

# LINGUISTIC COMPETENCE REQUIREMENTS (CONT'D)

- Translation services including those of:
  - - Legally binding documents (e.g., consent forms, confidentiality and patient rights statements, release of information, applications)
  - - Signage
  - - Health education materials
  - - Public awareness materials and campaigns
- Ethnic media in languages other than English (e.g., television, radio, Internet, newspapers, periodicals)
- Computer assisted real time translation (CART) or viable real time transcriptions (VRT)
- Varied approaches to share information with individuals who experience cognitive disabilities

Source: <http://www.ncccurrricula.info/framework/B4.html>

# LACK OF CULTURALLY COMPETENT HEALTH CARE MAY LEAD TO LOWER SATISFACTION

- African Americans and other ethnic minorities report less partnership with physicians, less participation in medical decisions, and lower levels of satisfaction with care.
- The quality of patient-physician interactions is lower among non-White patients, particularly Latinos and Asian Americans. Lower quality patient-physician interactions are associated with lower overall satisfaction with health care.
- African Americans are more likely than other minority groups to feel that they were treated disrespectfully during a health care visit (e.g., they were spoken to rudely, talked down to, or ignored).
- Compared to other minority groups, Asian Americans are least likely to feel that their doctor understood their background and values and are most likely to report that their doctor looked down on them.

Source: <http://hpi.georgetown.edu/agingsociety/pubhtml/cultural/cultural.html>

# HOW CAN HIGHMARK HELP?

# PROVIDER TRAINING: RESOURCES TO HELP OUR NETWORK PRACTITIONERS

LEARN MORE ABOUT HEALTH LITERACY



HIGHMARK. HIGHMARK.COI

## HIGHMARK OFFERS THE TRAINING AND RESOURCES YOU NEED



**Health literacy is defined as the ability to obtain, process and understand health information and services that are needed to make appropriate health decisions and follow instructions for treatment.<sup>1</sup>**

Healthcare professionals do not always know which patients have limited health literacy. Some patients with limited health literacy:

- Have completed high school or college.
- Are well spoken.
- Look over written materials and say they understand.
- Hold white collar or healthcare jobs.
- Function well when not under stress.

Individuals with limited health literacy have less knowledge about their health problems, more hospitalizations, higher healthcare costs, and poorer health statuses than those with adequate literacy.<sup>2</sup>

Low health literacy has become so prevalent that it has attracted national attention. The U.S. Department of Health and Human Services has released a National Action Plan to Improve Health Literacy,<sup>3</sup> which identifies seven goals for which healthcare providers, insurers, policymakers and educators can strive.

**HEALTH LITERACY TIPS FOR PHYSICIANS AND CLINICAL PROFESSIONALS**

It is difficult to tell which patients have low health literacy. Since some patients with low health literacy are well-spoken or say they understand, health literacy experts suggest taking universal precautions when communicating with all patients.

Specific tips to improve communication include:

- Assume everyone may have difficulty understanding.
- Use plain, non-medical language.
- Encourage patients to ask questions and promote a shame-free environment.
- Limit the amount of information given to patients at one time.
- Repeat important points.
- Utilize the AHRQ Health Literacy Universal Precautions Toolkit<sup>4</sup> and the Ask Me 3™ questions, which are accessible through Highmark's Provider Resource Center.
- Use the teach-back method<sup>5,6</sup>
  - Explain the concept and ask patients to explain it in their own words.
  - Repeat, rephrase or try alternative methods until patients can explain it correctly in their own words.

**WHEN TO IMPLEMENT HEALTH LITERACY BEST PRACTICES**

These health literacy tips can be implemented any time you or your office staff interacts with a patient. Specific opportunities to do so include:

- During treatment instructions
- On consent forms
  - Use health literacy tips to explain the form if you cannot change the form's content.
- On patient history forms

**BENEFITS TO PHYSICIANS AND PATIENTS**

- Improved health outcomes
- Lower healthcare costs
- Improved patient adherence
- Fewer repeat visits
- Reduced confusion and error in taking medication

# FOR MORE INFORMATION, PLEASE CONTACT HIGHMARK'S HEALTH EQUITY & QUALITY SERVICES:

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- Phone: 1-866-260-1709