

Diversity, Cultural Competency, and Cultural Sensitivity Training for Providers

Learning Objectives

After completing this course, you will understand:

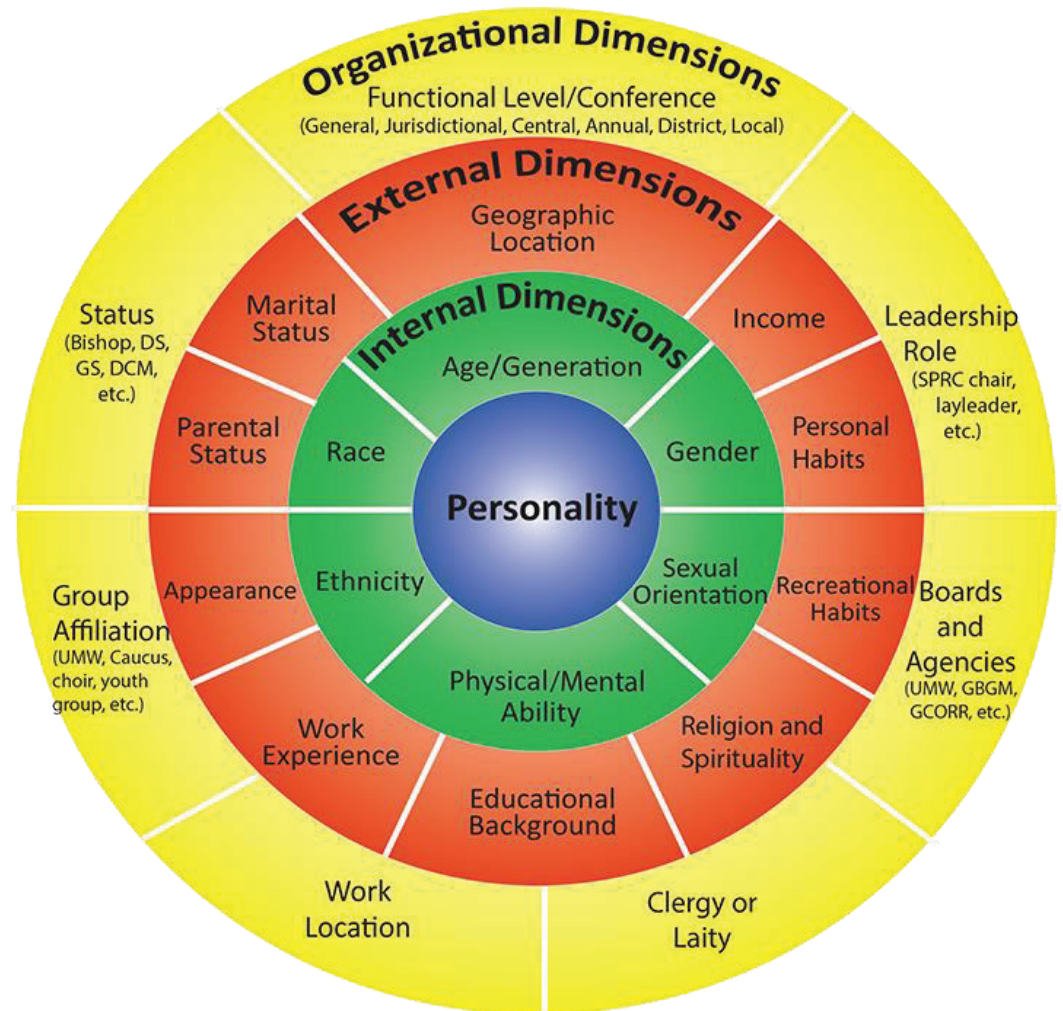
- Meaning of diversity
- Culture and cultural competency
- Equal access and nondiscrimination: laws and regulations
- Transgender care
- Language assistance services
- Interacting with people with disabilities

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- A word cloud centered around the words "DIVERSITY" and "INCLUSION". The words are arranged in a circular pattern, with "DIVERSITY" and "INCLUSION" being the largest and most prominent. Other words include "DIFFERENCES", "Background", "Orientation", "LGBTQ", "Values", "Think", "Personality", "EQUITY", "BRGs", "Unconscious-bias", "Socio-Economic", "Environment", "Communicate", "Veteran", "Ability", "Disability", "Hard-wired", "world", "Race", "Culture", "Language", "Education", "Heritage", "Religion", "Ethnicity", "Gender", and "Age".

Diversity Wheel

To demonstrate our differences, we have here a **diversity wheel** to represent what makes up who we are.

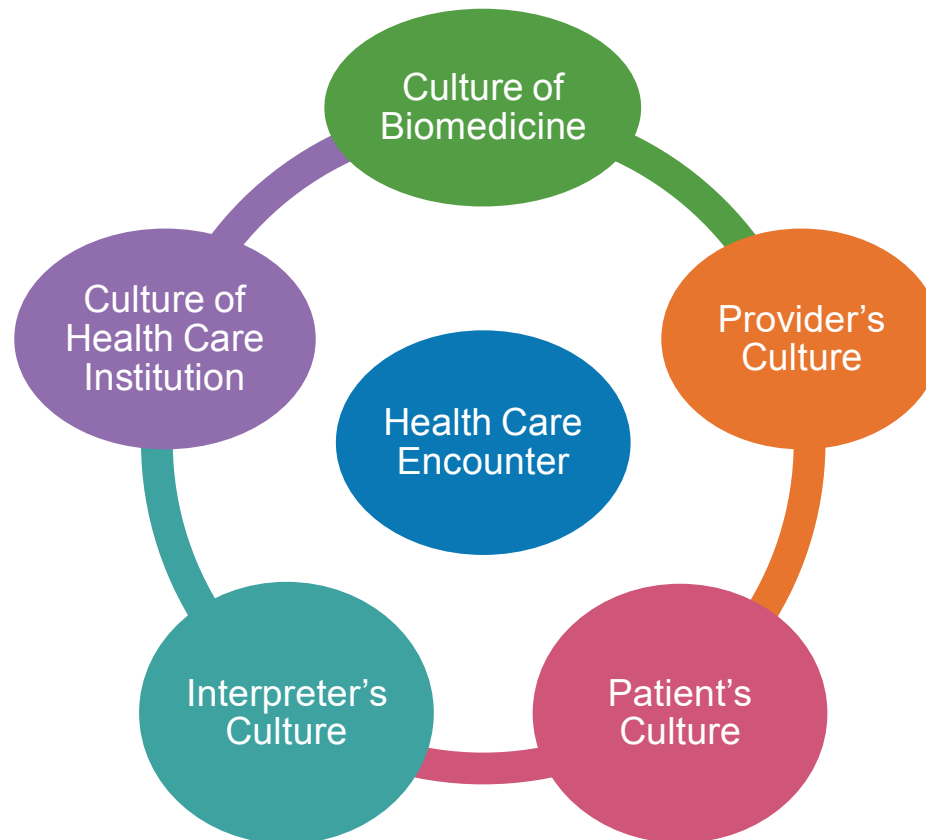
- It starts with a person's core, **their personality**.
- Then we have the **Internal Dimensions** about a person that we can't change and what makes up who they are.
- Then there are **External Dimensions** that play a part as to who we are, things like whether **we're** married or single, whether **we** have kids, the geographic location **we've** lived in or grew up in, **our** educational background, religion and spirituality, etc.
- Finally, we have the **Organizational Dimensions** that represent factors which an individual may influence; however, control of most of these factors is mainly within the organization.



Culture and Care

Culture is a learned and shared system of values, beliefs, customs, communications, and behaviors of a group of people

An individual's culture is present in every health care encounter because each individual brings their cultural background with them. There are many cultures at work in each health care visit:



Culture and Care

- Cultural views and attitudes can strongly influence how individuals understand and practice health care, including but not limited to:
 - What is considered a health problem.
 - How symptoms and concerns are addressed.
 - The type of treatment to be provided.
 - Who should provide treatment.
 - Who is involved in the decision-making process.

Individuals of certain cultures, including limited-English proficiency (LEP) patients may not approach their health care as a service in which they are decision-making participants.



What Is Culturally Competent Care?

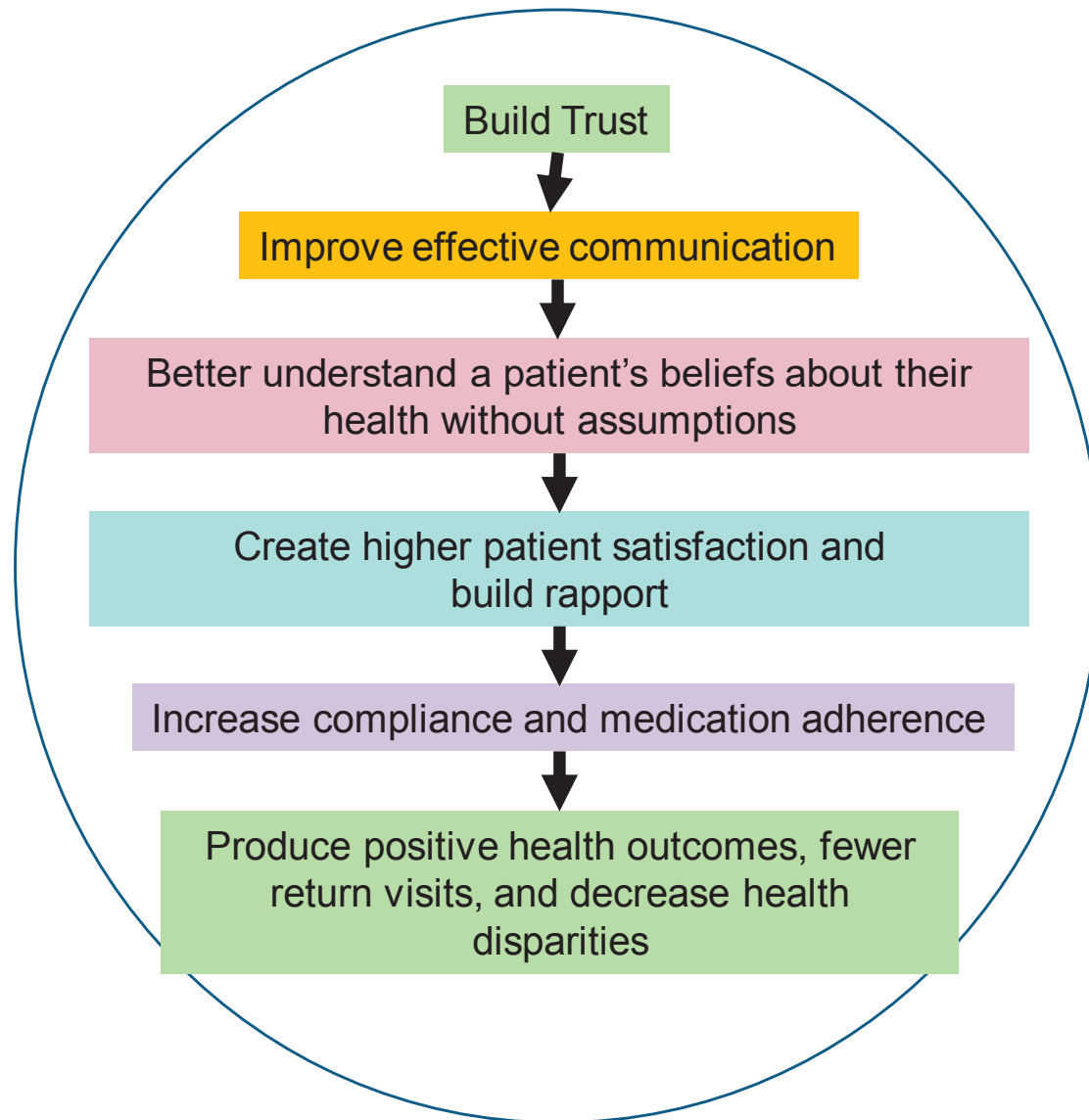
Culturally competent care means:

- **Understanding that we are all unique, recognizing our individual differences, and tailoring health care delivery to meet patients' social, cultural, and linguistic needs.**

To promote culturally competent care, medical service providers should recognize the communication barriers that can occur with a patient:

- **Linguistic – Speech patterns, accents, or different languages may be used**
- **Limited experience (health care concepts, procedures, and systematic) – Many people are getting health care coverage for the first time, and health systems have specialized vocabulary and jargon**
- **Cultural – Each person brings their own cultural background and frame of reference to the conversation**

Cultural Competency Helps Us:



Helpful Questions to Ask for Cultural Competency

Be sure to ask open-ended questions to avoid yes/no responses and ensure understanding.

The following questions can help you develop cultural competency about your patient.

1. Ask yourself, is there a language barrier? Ensure the patient's language preferences are being met. Check the system of record and ask the patient, "Would you like an [interpreter](#)?"
 - It's important not to assume based on appearance, accent, body language, or the language being used that they would or wouldn't need an interpreter. Always check the system of record, ask, and document their response. This may need to be re-evaluated if the patient is showing signs of misunderstanding.
2. What [do you think](#) is the problem?
3. What do you think [caused](#) the problem?
4. How [do you treat](#) the problem?
 - Check for drug interactions to any identified traditional/herbal remedies.
5. What are your [concerns or fears](#) with the problem or treatment provided?

Equal Access and Nondiscrimination: Laws and Regulations

Regulatory Requirements – Kaiser Permanente Health Plan, hospitals, and medical groups are subject to a myriad of regulatory and accreditation requirements in the areas of nondiscrimination and language assistance.

Equal Access – Kaiser Permanente provides equal access to health care services to all members and patients, including limited-English proficiency individuals and individuals with disabilities.

Nondiscrimination in the Provision of Healthcare – Kaiser Permanente does not exclude people or treat them differently because of their membership in any protected class.

Equal Access to Facilities and Services – Kaiser Permanente complies with requirements for equal access to its facilities, services, and programs.

Service Animals – Kaiser Permanente allows service animals to accompany individuals with disabilities in all areas of the facilities where the public is normally allowed to go.



Providing Culturally Responsive Care to Transgender and Gender-Nonconforming Members

The following information regarding transgender care is intended to raise awareness of key terms and concepts, and what we can do to provide culturally appropriate care.

Key Terms and Concepts:

Gender Identity

A person's innate perception (or sense) of their own gender.

Transgender

An individual whose gender identity differs in some way from the sex they were assigned at birth.

Gender Dysphoria

The discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth that can, in large part, be alleviated by treatment.

Transition

The process an individual may take to improve congruence between their outward appearance and their gender identity, which may include changing their gender expression, taking hormone therapy, and/or having surgery.

Trans Man

Assigned female at birth, has a male gender identity; may seek treatment to masculinize.

Trans Woman

Assigned male at birth, has a female gender identity; may seek treatment to feminize.

Gender Nonbinary

Identity does not conform to a binary understanding of gender as limited to male and female.

Sexual Orientation

Describes a person's physical and/or romantic attraction and is distinct from gender identity.

Providing Transgender Care – Keys to Affirming Service

How do we create a comfortable and culturally competent care experience?

Avoid Assumptions

- You can't always know a person's gender identity by looking at them.
- Not everyone wants transition-related medical care or surgery.

Respect Members

- Use the name and pronouns the member asks us to use.
- If you're not sure, it's okay to ask: "What are your pronouns?"
- Develop workflows to inform staff about discrepancies in legal and chosen name.

Be Mindful of Your Communication

- Avoid commenting on appearance (e.g., whether they look like a man/woman).
- Stick to questions relevant to the clinical encounter (don't ask out of curiosity).
- Respect privacy; do not disclose someone is transgender unless it is necessary.

Recover Gracefully From a Mistake

- Apologize and correct yourself promptly.
- Refrain from giving reasons or excuses for the mistake.
- Do not over-apologize and put your patient in the position of needing to comfort you.
- Move forward by using the correct name and pronoun.

Promoting Effective Communication: Language Assistance Services

- California and federal laws require that qualified language assistance services are available 24/7 at no cost to members.
- Providers and staff should be aware of resources available for provision of qualified language assistance services. This includes *qualified bilingual staff*;^{*} *professional spoken and sign language interpreters (staff and contracted)*; *professional telephone and video interpreters (contracted)*.
- Providers and staff are required to document the offer of interpreter services for all points of contact and whether the member/patient/caregiver accepted or refused the service.
- Members/patients are not to be asked to bring their own interpreters.
- If friends or family are used to interpret, the medical service provider can still use an interpreter to ensure accuracy and effective communication during the encounter. Minors may not interpret, except in a medical emergency.

^{*}*Qualified bilingual staff: Qualified bilingual/multilingual staff means a member of the workforce who is designated by you to provide oral language assistance as part of the individual's current, assigned job responsibilities and who has demonstrated that he or she: Is proficient in speaking and understanding both spoken English and at least one other spoken language, including any necessary specialized vocabulary, terminology and phraseology, and is able to effectively, accurately, and impartially communicate directly with individuals with limited English proficiency in their primary languages. Self-identification as bilingual is not sufficient to demonstrate required competency for staff to act as interpreters.*

Language Assistance Practices: Interpreters

Only individuals who are competent in health care terminology in both English and the patient's language are used to provide language assistance services during a clinical encounter.

The determination about which kind of language interpreter services is used is based on:

- The type of encounter (whether medical terminology is needed)
- The language needed (including sign language)
- The availability of staff and/or contract interpreters

If the appropriate level of in-person language assistance is not available, the patient should be offered either a telephone or video interpreter.

Interpreter Use by Encounter Type:

- Use a professional phone interpreter for shorter routine conversations that need immediate access to a spoken language interpreter and visual cues are not necessary.
- Use a video interpreter for dedicated, intermediate, and advanced clinical situations with visual clues and gestures.
- When the communication required is lengthy, complex, critical (advanced clinical situations), sensitive in nature, involves visual cues and/or requires specialty medical interpreting, use a professional on-site interpreter.

Clear Communication: Effective Use of an Interpreter

Below are some tips on how to communicate with the patient while using an interpreter:

- **Brief the interpreter:** Identify your name to the interpreter and provide specific instructions on what needs to be accomplished.
- **Speak directly to the patient:** Address yourself to the member or patient, not to the person providing language assistance or companion.
 - Speak in a normal voice (not louder), clearly, and not too fast or slow.
 - Keep statements short, pausing to permit the interpretation. Speak in one sentence or two short ones at a time.
 - Avoid slang, acronyms, and technical terms that the member may not understand.
- **Ask the patient if they understand:** Please don't automatically assume that the patient understands. Watch the member or patient during the interpretation to observe the patient's body language for signs of misunderstanding.
- **Check for understanding:** Be prepared to repeat yourself in different words if your message is not understood.
 - Check to see if the message is understood by having the patient repeat important instructions or directions. Use the **Teach Back** method.
 - **Do not ask** for the interpreter's opinion: Avoid asking the interpreter for opinions or comments.



Interacting With People With Disabilities

The Americans with Disabilities Act of 1990 (ADA)

- The ADA requires that medical care providers make their services available in an accessible manner.

The ADA defines disability as:

- A physical or mental impairment that substantially limits one or more of the major life activities (mobility, emotional, cognitive, vision, speech, or hearing)
- A record of such impairment or being regarded as having such an impairment

People with disabilities can have a number of disabling conditions. Most disabilities, however, can be grouped in one of the following 3 categories:

- 1) Mobility impairments
- 2) Visual impairments
- 3) Communication impairments

Mobility Impairments

- Mobility impairments can substantially limit one or more basic physical activities as a result of a congenital condition, injury, or amputation.
- People with mobility impairments often use assistive devices or mobility aids, such as canes, crutches, prosthesis, wheelchairs, or other power-driven mobility devices.
- **When interacting with a person that uses a wheelchair:**
 - Always ask the person if they would like assistance before you help.
 - Talk directly to the person in the wheelchair.
 - When possible, sit down so you are on eye level with the person in the wheelchair.
 - Don't hang or lean on a person's wheelchair, which the person often considers part of their body space.



Visual Impairments

- Visual impairment is the consequence of a functional loss of vision, rather than the eye disorder itself. The terms “partially sighted,” “low vision,” and “legally blind” are used to describe individuals with visual impairments.
- Many people with serious visual impairments can travel independently by using a wide range of adaptive tools and techniques. A small number of people use service animals to assist in mobility.
- Communication with people who are visually impaired may require written material to be converted into alternative formats (such as large print, Braille, audio CD, or screen-readable documents).

Considerations when interacting with an individual with a visual impairment:

- Offering assistance:
 - Tell the person your name and role.
 - If a person needs guidance, verbally communicate your intention to offer assistance and offer your arm or shoulder.
 - Make contact with the person’s hand with the back of your hand. The person will take hold of your arm, elbow, or shoulder.
 - Describe the surroundings.
 - If you are giving directions, be very specific.

Communication Impairments

Types

- **Hearing:** Person has relative insensitivity to sound in the speech frequencies.
- **Speech:** Person is unable to produce speech sounds clearly or fluently or has problems with their voice.
- **Language:** Person has trouble understanding others or sharing thoughts, ideas, and feelings.

Services Available for People With Disabilities

Providers and staff should be aware of services available in their facility for people with disabilities, including:

1. Alternative format for written documents (Braille, large print, audio CD, electronic PDF documents, qualified readers, taped text, audible prescription bottles)

2. Auxiliary aides are available to individuals who are hard-of-hearing, deaf, and/or have cognitive and speech impairments.

3. Services

- Sign language interpreters, such as in-person American Sign Language, Spanish sign, and communication access real-time translation (CART)
- California Relay Service (711) offers sign-to-speech for deaf, and speech-to-speech for speech difficulties
- Assistive listening devices (such as pocket talkers) and UbiDuo™ texting devices (where available)

