Providence

Cultural Competency and Patient Engagement

2026

CME Accreditation

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Providence SWEDISH

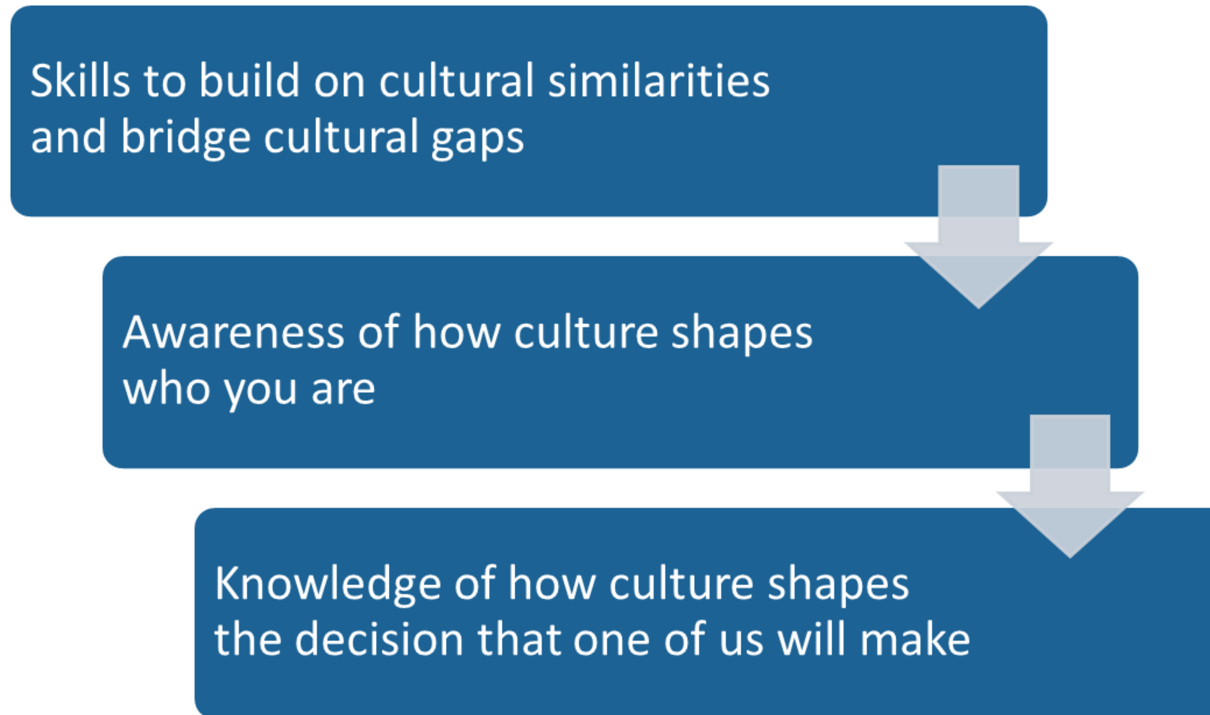
What is Culture?

- Culture refers to integrated patterns of human behavior that includes language, thoughts, actions, customs, beliefs, values, and institutions that unite a group of people.
- We use it to create standards for how we act and behave socially.

- [1]Source from http://minorityhealth.hhs.gov and The Cross Cultural Health Care Program

Building Cultural Engagement

Culture is not only learned but it is shared, adaptive, and is constantly changing.



Individual Culture

- Our view of illness and what causes it.
- Our attitudes toward doctors, dentists, and other health care providers.
- When we decide to seek our health care provider.
- Our attitudes about seniors and persons with disabilities.
- The role of caregivers in our society.
- Culture is a unique representation of the variation that exists within our society.

The Health Care Encounter

- It is important to keep in mind, everyone brings their cultural background with them.

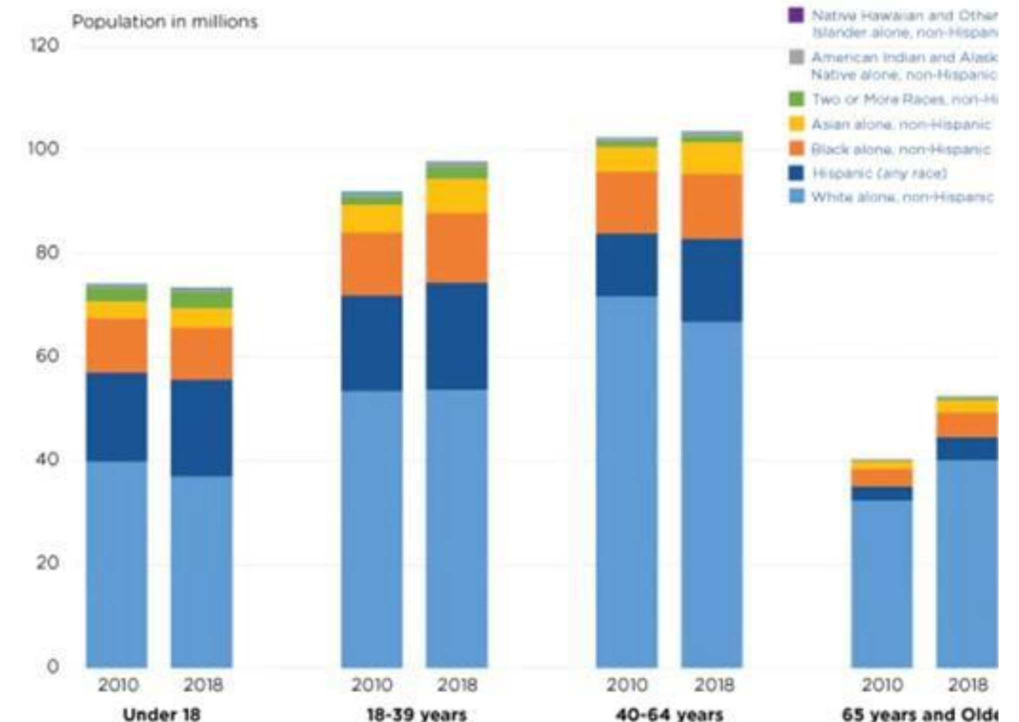
- There are many cultures at work in each health care visit.

- Our personal culture includes what we find meaningful-beliefs, values, perceptions, assumptions and explanatory framework about reality.

- These are present in every communication.

Did You Know?

- 1 in 6 people living in the US are Hispanic (almost 57 million)
- By 2035, this could be nearly 1 in 4. (CDC, 2015)
- 20% of people living in the U.S. speak a language other than English at home (CIS, 2014).
- Latino population in the U.S. has grown by 43% between 2000 and 2010 (Census, 2011)
- 17% of the foreign-born population in the U.S. are classified as newly arrived (arriving in 2005 or later). (Census, 2011)



Barriers vs. Benefits

Barriers to communication	Benefits of clear communication
Speech patterns, accents or different languages may be used (Linguistic)	Safety & Adherence
Many people are getting health care coverage for the first time (Limited Experience)	Physician & Patient
Cultural Barriers	Satisfaction
Each person brings their own cultural background and frame of reference to the conversation (Cultural)	Office Process
Health system have specialized vocabulary and jargon (systemic Barriers)	Saves Time & Money

Clear Communication

Possible patient thoughts…

- I tell you I forgot my glasses because I am ashamed to admit I don't read very well.
- I don't know what to ask and I am hesitant to ask you.
- When I leave your office, I often don't know what I should do next.
- I'm very good at concealing my limited reading skills.

Here's what your team can do…

- Use a variety of instruction methods.
- Encourage open-ended questions
- Use Teach Back Method or "Show Me" method.
- Use symbols, color on large print direction or instructional signs.
- Create a shame free environment by helping with materials.

Clear Communication

Possible patient thoughts…

- I put medication into my ear instead of my mouth to treat an ear infection because the instructions said, "*For Oral Use Only*".
- I am confused about risk and information given in numbers like % or ratios. How do I decide what I should do?

Here's what your team can do…

- Explain how to use the medications that are being prescribed.
- Use specific, clear & plain language on prescriptions.
- Use plain language to describe risks and benefits, avoid using just numbers.

Clear Communication

Possible patient thoughts…

- I am more comfortable waiting to make a health care decision until I can talk with my family.
- I am sometimes more comfortable with a doctor of my same gender.
- It's important for me to have a relationship with my doctor.

Here's what your team can do…

- Confirm decision-making preferences.
- Office staff should confirm preferences during scheduling.

Clear Communication: Limited English Proficiency

Possible patient thoughts…

- My English is pretty good but at times I need an Interpreter.
- Some days it's harder for me to speak English.
- When I don’t seem to understand, talking louder in English intimidates me.
- If I look surprised, confused or upset I may have misinterpreted your nonverbal cues.

Things the provider team can do :

- Office staff should confirm language preferences during scheduling.
- Consider offering an Interpreter for every visit.
- Consider the volume and speed of the patient’s speech
- Mirror body language, position and eye contact.
- Ask the patient if they're unsure.

Language Assistance Services

Language assistance is available at no cost

- Interpreter support available.
- Sign language Interpreters.
- Speech to text interpretation for hearing loss in patients who do not sign.
- Member informing materials in alternative formats (i.e., large print, audio, and Braille).

Contact the health plan for assistance with language services

Use Professionally Trained Interpreters

Hold a brief introductory discussion with the Interpreter to …

- Introduce yourself and give a brief nature of the call/visit.
- Reassure the patient about your confidentiality practices.
- Be prepared to pace your discussion with the patient to allow time for interpretation and avoid interrupting during interpretation.

Alternate Formats Are Required

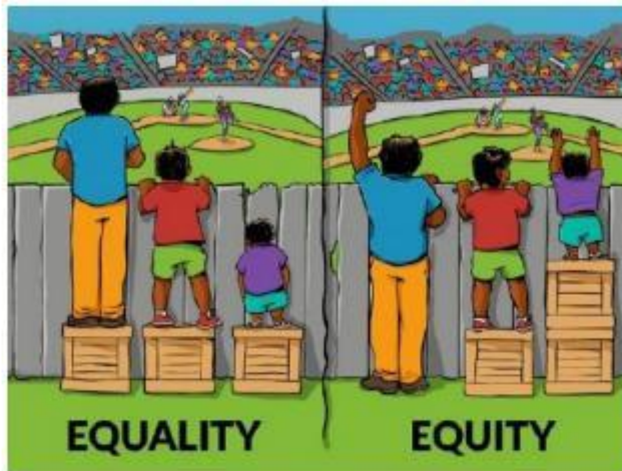
- Under Title II of the Americans with Disabilities Act and Section504 of the Rehabilitation Act of 1973, federally conducted and assisted programs along with programs of state and local government are required to make their programs accessible to people with disabilities as well as provide effective communication.

- Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under the act, a physician and surgeon is required to demonstrate satisfaction of continuing education requirements, including cultural and linguistic competency in the practice of medicine, as specified.

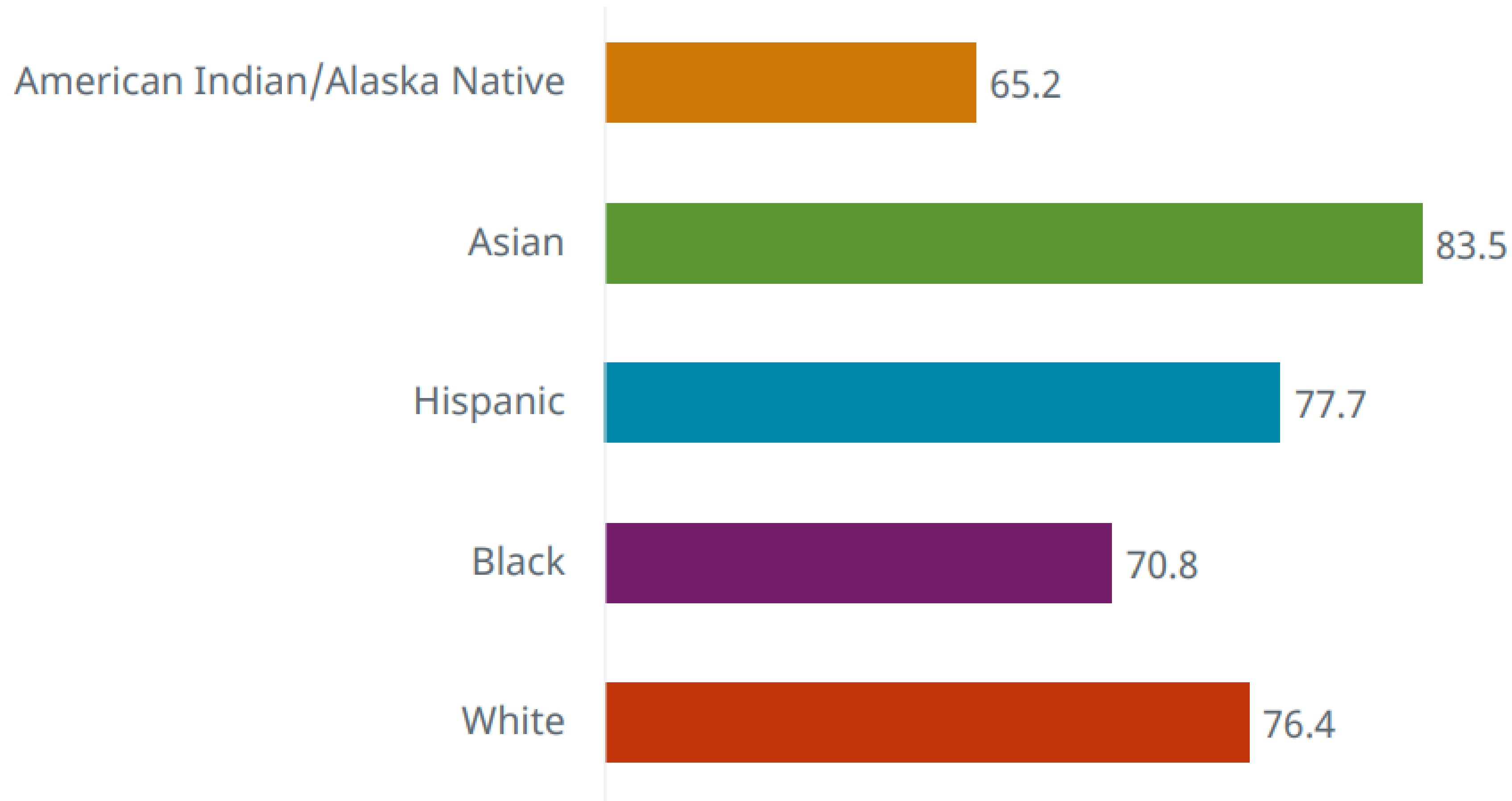
- Effective communication means to communicate with people with disabilities as effectively as communicating with others. Alternative communications that support a patient encounter include Sign Language Interpreters, Tactile Interpreters, captioning and assisted listening devices.

Health Equity vs. Equality

- Health Equity is “the attainment of the highest level of health for all people.” Inequities exist when groups are unable to attain this level of health.
- Equality means everyone gets the same resources while equity means everyone has the same outcome.
- Newer models of health justice focus on self-determination, recognizing that individuals have a right to determine their own destiny, and this may mean choosing different outcomes based on their values.



Inequities in National Life Expectancy by Race/Ethnicity



https://www.kff.org/key-data-on-health-and-health-care-by-race-and-ethnicity/:~:text=Provisional%20data%20from%202021%20show,77.7%20years%20for%20Hispanic%20people

Inequities in Late-Stage Cancer Diagnosis

- Successful treatment of cancer increases with early-stage diagnosis, and late-stage diagnosis means cancer is harder to overcome.
- Data showed that across 4 cancer types (breast, cervical, colorectal and lung), in comparison to the size of their member population:
  - Asian members were overrepresented in late-stage diagnosis
  - Black members were overrepresented for cervical cancer
  - White members were overrepresented for breast, colorectal and cervical cancers

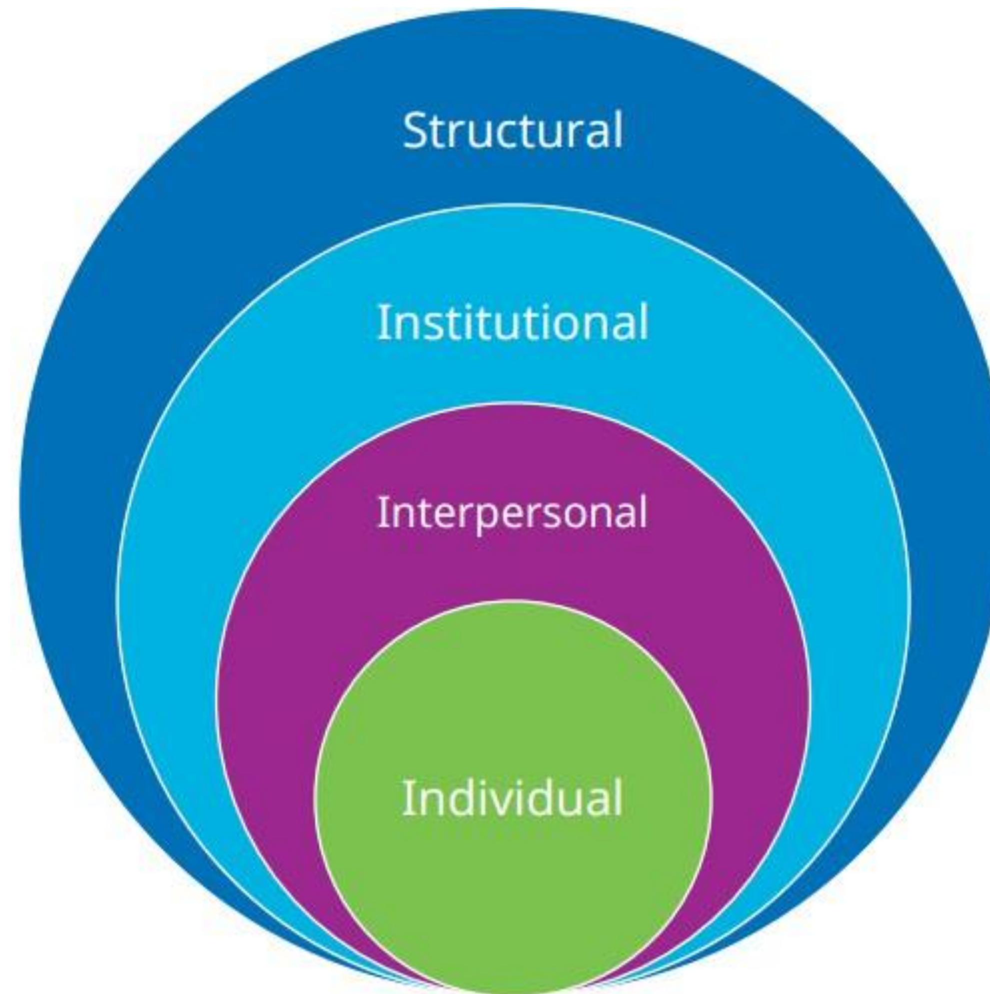
Addressing Inequities

- The 2023 PNA report found that two cancer screening measures showed meaningful inequities:
  - Breast cancer screening rate among Chinese members was the lowest group at 46.71%
  - Cervical cancer screening rate among Korean members was the lowest at 42.24%
- Comprehensive Community Cancer Screening and Support Program partners with external stakeholders to fight against cancer. Together, we aim to decrease late-stage breast, cervical, colorectal and lung cancer diagnoses
  - Breast Cancer Screening pilot with City of Hope
  - Joined Orange County Cancer Coalition
  - Sharing information about local mobile mammography community events
  - Digital and print advertisement; social media campaigns

Levels of Racism

Individual Racism:
Pre-judgement, bias or discrimination based on race by an individual

Interpersonal Racism:
Occurs between individuals. Once we bring our private beliefs into interaction with others, racism becomes interpersonal



Institutional Racism:
Policies, practices and procedures that work better for white people than for people of color, often unintentionally

Structural Racism:
A history and current reality of institutional racism across all institutions, combining to create systems that negatively impact communities of color

Institutional Racism and Implicit Bias in Health Care

- Various research studies have highlighted how institutional racism and bias can lead to reduced quality of care for Black patients
- Three research articles showed how clinician misperception led to Black patients receiving lower quality care for pain compared to White counterparts
- These findings highlight the importance of acknowledging and overcoming bias

Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

Kelly M. Hoffman[a,1], Sophie Trawalter[a], Jordan R. Axt[a], and M. Norman Oliver[b,c]

[a]Department of Psychology, University of Virginia, Charlottesville, VA 22904; [b]Department of Family Medicine, University of Virginia, Charlottesville, VA 22908; and [c]Department of Public Health Sciences, University of Virginia, Charlottesville, VA 22908

The Unequal Burden of Pain: Confronting Racial and Ethnic Disparities in Pain

Carmen R. Green, MD,[a] Karen O. Anderson, PhD,[b] Tamara A. Baker, PhD,[c]
Lisa C. Campbell, PhD,[d] Sheila Decker, PhD,[e] Roger B. Fillingim, PhD,[f]
Donna A. Kaloukalani, MD, MPH,[g] Kathyrn E. Lasch, PhD,[h] Cynthia Myers, PhD,[i]
Raymond C. Tait, PhD

Are Pain Beliefs, Cognitions, and Behaviors Influenced by Race, Ethnicity, and Culture in Patients with Chronic Musculoskeletal Pain: A Systematic Review

Ceren Orhan, PhD[1,2], Eveline Van Looveren, MSc[2,3], Barbara Cagnie, PhD[2],
Naziru Bashir Mukhtar, MSc[2], Dorine Lenoir, MSc[2,3], and Mira Meeus, PhD[2-4]

Consider the Impact of Institutional Racism and Implicit Bias on the Health Care System

Providence Staff

- How does Providence mitigate the impacts of institutional racism and biases through equitable hiring practices and promotional opportunities?
- What mentorship opportunities develop staff that aspire to lead?
- How are diverse voices at the table invited to guide program development that benefits the communities that they are from and serve?

Network Providers

- How do providers' implicit biases impact clinical decision-making and care?
- How are provider offices welcoming to people from different backgrounds?
- Are providers and their staff reflective of the community they serve?

Contractors, Subcontractors and Downstream Subcontractors

- Do services unintentionally exclude or disadvantage certain groups?
- Are contractors thoughtful about designing products in an inclusive manner?

Workforce Diversity

- Having a diverse workforce means having health care professionals, trainees, educators and researchers of varied race, ethnicity, gender, disability, social class, socioeconomic status, sexual orientation, gender identity, primary spoken language and geographic region
- While the U.S. patient population has grown in diversity, physician workforce diversification is occurring at a much slower rate. This is especially true among Black, Latin, and Native American physicians.
- Institutional racism is experiences in places of higher education, where Black, Latin and Native American aspiring clinicians face discrimination that makes achieving advance education harder

Togioka BM, Duvivier D, Young E. Diversity and Discrimination in Healthcare. [Updated 2023 Aug 14]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK568721/

Salsberg E, Richwine C, Westergaard S, et al. Estimation and Comparison of Current and Future Racial/Ethnic Representation in the US Health Care Workforce. JAMA Netw Open. 2021;4(3):e213789. doi:10.1001/jamanetworkopen.2021.3789

Intersectionality

Intersectionality refers to the overlap of various identity factors, such as race, ethnicity, social class, nationality, gender, sexuality and ability

Examples:

- Indigenous women who are missing
- Persian transgender men
- Disabled lesbians in rural communities
- Black veteran entrepreneurs
- Older adults with ADHD on Medi-Cal
- White people living in poverty

Honoring Differences and Similarities

- All people, regardless of differences or similarities, should be served with excellence and dignity, respecting the value and needs of each person.

- Providence staff have similarities and differences within our organization, just like we have with our members—this is an asset.

- Ensure that programs, policies and practices recognize and reflect the diversity of our membership.

- Workforce diversity is an important factor to improving patient outcomes because having a provider who understands you and your experience increases patient experience.
  - Literature has shown that especially with Black patients, satisfaction and communication are improve with patient-provider race concordance

Diversity Within Groups

- Middle Eastern and North African (MENA) people have historically been identified as “white” by the US Census. However, this group is diverse:
  - **Nationality:** Israeli, Palestinian, Egyptian, Iranian
  - **Ethnicity:** Hebrew, Arab, Persian
  - **Language:** Farsi, Hebrew, Arabic
  - **Religion:** Jewish, Muslim, Christian, Areligious

- When understanding characteristics of other cultures, it is important to treat each person as an individual and use “person-centered care” principles that focus on centering the member’s/patient’s needs in their own care.

Perceptions of Health and Death

- Cultural health beliefs affect the way members view health, illness and death.
- Dignity should be given to members' beliefs, experiences and values as it relates to their health.
- Some cultures consider discussion of impending death to be inappropriate and insensitive.
- At end-of-life, some patients may rely heavily on medical care, some rely on faith and spirituality, and others rely on both.

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