

Access and Inclusion in the Health Care System: Practical Knowledge for Healthcare Providers



MORE THAN INSURANCE.
THIS IS PERSONAL.



HEALTH PLANS
UNIVERSITY OF UTAH

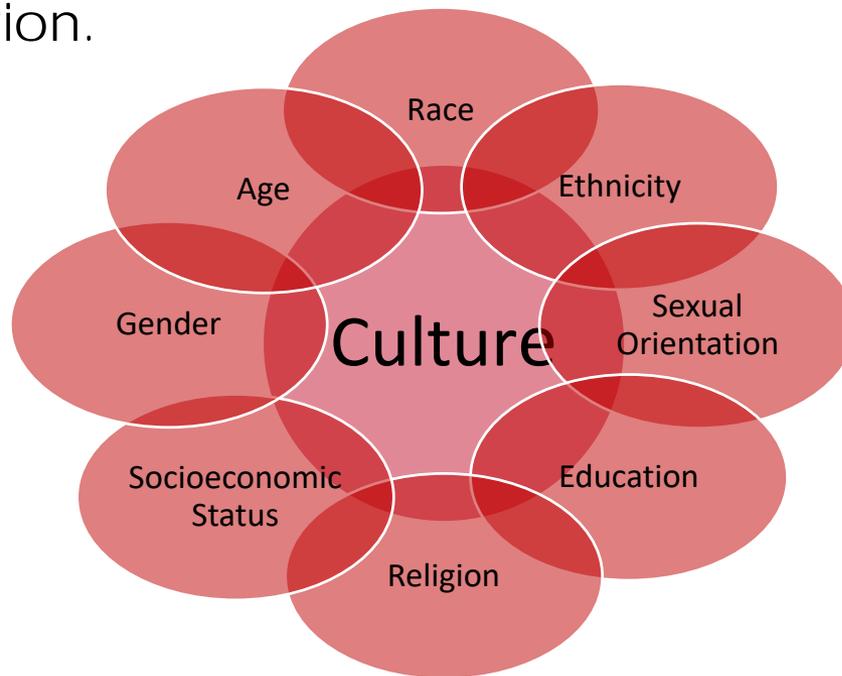
We are Committed to Providing Culturally Competent Care

- The University of Utah Health Plans values diversity, and we strive to provide access to the highest quality of care, while delivering exceptional value to our members, clients, and the community.
- As our nation diversifies, we are seeing patients and families from different backgrounds with varied experiences and it is critical we as healthcare professionals seek to understand and meet their needs.
- Providing culturally competent care results in better treatment for all people, and in many cases in better outcomes.
- As a University of Utah Health Plans provider, it is our expectation that you and your staff will provide culturally competent care to your diverse patient population.

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.

May be centered on attributes such as age, community, economic status, education, gender, race, religion, and sexual orientation.



What is Cultural Competence?

Defined in the broader context of diversity and inclusion as “the active intentional, and ongoing engagement with diversity to increase one’s awareness, content knowledge, cognitive sophistication, and empathetic understanding of the complex ways individuals interact within systems and institutions” AAMC (2020).

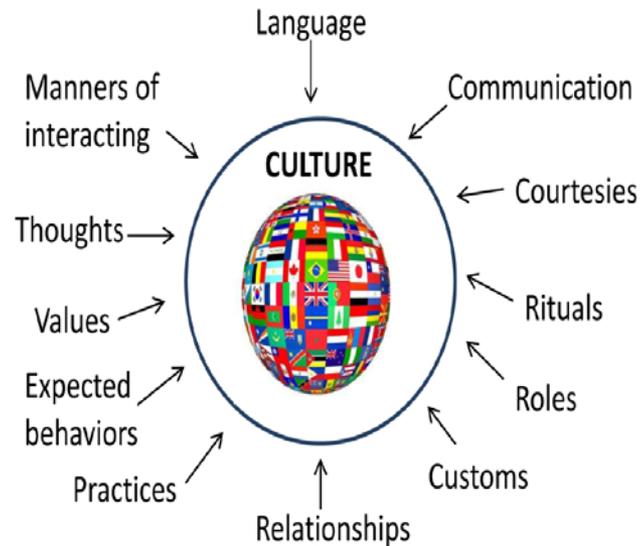
The Four Components

- Awareness of one’s own cultural views.
- Attitudes toward cultural differences.
- Knowledge of different cultural practices and worldviews.
- Cross Cultural Skills.



Why does this matter?

Cultural Competency training for health professionals has increased in relevance as “there is growing evidence that improving the cross-cultural communication skills of health care providers is associated with better patient care outcomes and, in some disease conditions may reduce health disparities, including outcomes of care and access to care” AAMC (2020).



Why does this matter?

Understanding the cultural differences and diversity of patients helps:

- Improve quality of care.
- Reduce health disparities.
- Increase patient satisfaction.
- Lower costs.

Unclear communication can erode the medical encounter:

- Racial and ethnic minorities are disproportionately burdened by chronic illness.
- Lack of cultural competence may lead to patient dissatisfaction.
- Stereotypes may allow for variations within groups to be ignored.

Diversity in Utah

Population Estimates, July 1, 2019

Race	2019 Estimate
Black or African American	1.4%
American Indian and Alaska Native	1.5%
Asian	2.7%
Native Hawaiian and other Pacific Islander	1.1%
Two or More Races	2.6%
Hispanic or Latino	14.2%
White alone, not Hispanic or Latino	78.0%

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Diversity in Utah

Projections

Race	2065 Estimate
Black or African American	2%
American Indian and Alaska Native	1%
Asian	4%
Native Hawaiian and other Pacific Islander	1%
Two or More Races	5%
Hispanic or Latino	22%
White alone, not Hispanic or Latino	65%

Diversity in Utah

Top 10 Languages spoken in Utah

Language	2016
Speak a language other than English	14.35%
Speak only English	73.68%
Spanish	9.63%
Chinese (includes Cantonese, Mandarin, other Chinese languages)	.45%
German	.35%
Navajo	.32%
Portuguese	.28%
French	.26%
Vietnamese	.25%
Tongan	.24%
Samoan	.19%

Communicating Across Differences

Communication is key in healthcare encounters, yet there are ways it can get stuck:

- Cultural barriers.
- Language barriers.
- Systematic barriers.
- Lack of experience for a patient or family within the health care system.

Overcoming Communication Barriers:

- Actively listen.
- Offer interpretive services.
- Use easy to understand terms, avoid medical jargon and complex terminology.
- Provide clear instructions.
- Ask patients to teach back to ensure they understand.

Limited English Proficiency (LEP) in Utah

Who is a LEP individual?

- An individual who does not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.
- Individuals that are LEP may have difficulty understanding basic health care information.
- As of 2015, approximately 5% of the state of Utah has Limited English Proficiency.

What can you do as health care professionals?

- Use simple language and explain medical terms.
- Provide easy to understand health care education materials.
- Replace medical terminology with easy to understand language and descriptions.
- Check for understanding of patients and their caregivers by having them teach back treatment, and care information.

Communication Skills

Do's

- Provide Clear Instructions
- Ask Questions
- Make direct eye-contact with patient
- Use interpreters when necessary

Don'ts

- Talk too quickly or loudly
- Assume that a silent patient has no questions
- Use non-designated staff or family members to interpret

What is the difference between interpretation and translation?

Translation	Interpretation
Written	Spoken and Sign Language
Delayed	Real Time

Communication: Medical terminology can be difficult to understand in a primary language, imagine how difficult it could be for a Limited English Proficiency Patient (LEP).

An **interpreter** is not only there to interpret “words”, the interpreter is the best resource to help understand a culture. Interpreters are also “Cultural Brokers”.

Interpretative Services

- Offer interpretive services.
- Reassure patients about confidentiality.
- Only use professionally trained interpreters.
- Don't use family members as interpreters.
 - Information can be left out.
- Speak directly to the patient and not the interpreter.
- Position yourself so you are able to look at the patient face to face:
 - Much is communicated by the use of body language.
 - The interpreter is the voice for the patient and the provider.
- Inform interpreter of specific patient needs.
- Provide clear instructions.

Interpretative Services

- Everything in the room should be interpreted.
- Speak in the first person.
- Speak in short phrases or sentences.
- Avoid using medical jargon and complex terminology.
- Phrase things in a way that a patient will understand.
- Avoid interrupting during interpretation.
- If you feel the interpreter is not providing the correct information to the patient, don't hesitate to ask the interpreter what was said to clarify.



Refugees and Immigrant Backgrounds

Refugees: Someone who has been forced to flee his or her country because of persecution, war or violence. A refugee has a **well-founded** fear of persecution for reasons of **race, religion, nationality, political opinion, or membership in a particular social group.**

- It is important to keep in mind that a refugee is a term to describe a temporary position in life, it is not a term that should be used as an identifier.

Immigrants: A person who **chooses to resettle in another country.** Reasons for moving may be for job opportunities, better living condition, education opportunities to eventually become U.S. Citizens.

Health Care for Refugees and Immigrants

In 2018, approximately 320 refugees arrived in Utah. As of 2017, approximately 60,000 refugees live in Utah.

- One in 12 Utah residents is an immigrant, and another one in 12 residents is a native-born U.S. citizen with at least one immigrant parent.

Health care is an important indicator of successful integration for both populations, and will provide them with a sense of safety and stability in a new country.

Refugees and immigrants may come with health concerns, more than just ordinary illness. They may have not be able to treat their illnesses and thus may arrive in worse condition than when prior to arriving in the United States. They may also practice alternative healing methods that may not be common in the United States.

Barriers to Care for Refugees and Immigrants

Once in the United States their various health issues may be left untreated due to their fears and uncertainties about the American healthcare system.

Barriers may include:

- Financial issues.
- Fear or distrust of health care providers.
- Transportation issues.
- Communication issues.
- Lack of time.
- Not a top priority.
- Unable to obtain insurance.
- Don't know where to seek care.
- No family to support or assist them in navigating the U.S. healthcare system.

Communicating with Refugees and Immigrants

What they don't tell you:

- ❑ My expectations do not align with the U.S. health care system.
- ❑ Why do I have to see multiple doctors?
- ❑ Why do I have to have something pre-approved?
- ❑ I want to be treated by someone of the same gender.
- ❑ My family and friends want to help make decisions.
- ❑ I am afraid my health information won't be protected.

What you should know:

- ❑ Inform your patients that they may need follow-up care.
- ❑ Explain reasons why seeing more than one doctor are necessary.
- ❑ Emphasize this is needed to ensure patient receives proper care.
- ❑ When possible accommodate a health care provider or interpreter of the same gender.
- ❑ Verify who decision makers are during each visit.
- ❑ Make HIPAA forms easy to understand and provide them in preferred language.

Encourage questions:

- When scheduling confirm language/interpreter preferences.
- Use Ask Me 3: What is my problem? What do I need to do it? Why is it important for me to do this?
- Use Teach Back to check for understanding.

Seniors and People with Disabilities

At a time when older patients have the greatest need to communicate with their health care providers, life and physiological changes may make it the most difficult.

Your staff must be knowledgeable about not refusing services or providing separate or unequal access to health care services to any individual with a disability. They must not discriminate against any person.



Seniors and People with Disabilities

Providing health care services to patients with disabilities:

- Be flexible when scheduling.
- Allow extra time for older patients.
- Provide adequate parking.
- Remove physical barriers.
- Ensure that waiting rooms and exam rooms meet the needs of all patients, including those with physical and non physical disabilities.
- Provide a means for effective communication with those who have vision, hearing or speech disabilities.
- Make reasonable modifications to policies, procedures and practices.

Seniors and People with Disabilities

Tips for health care providers:

- Minimize visual and auditory distractions.
- Sit face to face with the patient.
- Provide materials in alternate formats.
- Don't underestimate the power of eye contact.
- Listen without interrupting the patient.
- Speak slowly, clearly, and at a reasonable volume.
- Use short, simple words and sentences.
- Stick to one topic at a time.
- Simplify and write down instructions.
- Use charts, models and pictures to illustrate your message.
- Frequently summarize the most important points.
- Give the patient a chance to ask questions.

Seniors and People with Disabilities

Tips for health care staff:

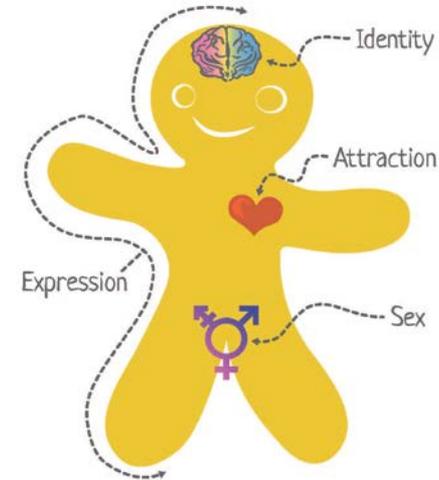
- Schedule older patients earlier in the day if necessary.
- Be flexible when scheduling appointments.
- Greet them as they arrive at the practice.
- Make signs, forms, and brochures easy to read.
- Document any accommodations that may be needed.
- Offer interpreters for members who are deaf or hard of hearing.

The LGBTQ Community

Common Terminology:

- Sexual Orientation: A person's emotional, sexual, and/or relational attraction to others.
- Describes how people orient themselves on the spectrum of attraction and identity.
 - Is distinct from gender identity or gender expression.
- Cisgender, Transgender, Gender Variant refers to gender identity.
- Transgender people exhibit the full range of sexual orientations, from homosexual to bisexual and heterosexual.

The Genderbread Person v4 by its pronounced METROsexual



⊖ means a lack of what's on the right side

Gender Identity

⊖ → Woman-ness
⊖ → Man-ness

Gender Expression

⊖ → Femininity
⊖ → Masculinity

Anatomical Sex

⊖ → Female-ness
⊖ → Male-ness

Identity ≠ Expression ≠ Sex
Gender ≠ Sexual Orientation

Sex Assigned At Birth
□ Female □ Intersex □ Male

Sexually Attracted to... and/or (a/o)

⊖ → Women a/o Feminine a/o Female People
⊖ → Men a/o Masculine a/o Male People

Romantically Attracted to...

⊖ → Women a/o Feminine a/o Female People
⊖ → Men a/o Masculine a/o Male People

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The LGBTQ Community

Common Terminology:

- **Cisgender:** An individual whose gender identity aligns with the one typically associated with the sex assigned to them at birth.
- **Transgender:** People whose gender identity and/or expression is different from that typically associated with their assigned sex at birth.
- **Bisexual:** One whose sexual or romantic attractions and behaviors are directed at both sexes to a significant degree.
- **Gender Nonconforming:** An outdated term used to describe those whose view their gender identity as one of many possible genders beyond strictly man or woman. More current terms include *gender expansive, differently gendered, nonbinary, agender, gender fluid, gender neutral, androgynous*, or gender diverse.
- **Genderqueer:** An individual who identifies as a combination of man and woman, neither man or woman, or both man and woman, or someone who rejects commonly held ideas of static gender identities and, occasionally, sexual orientation.

The LGBTQ Community

Access and inclusion concerns in health care:

- Lower rates of insurance coverage.
- Lack of provider knowledge about LGBTQ health.
- Previous discrimination in health care.
- Lack of identifying information on intake forms.
- Higher rates of anxiety.
- May have suffered some form of trauma.
- Feelings of rejection by families and friends.
- Feelings of otherness or discrimination.

The LGBTQ Community

What can you do as a health care provider?

- Identify your own LGBTQ perceptions and biases as a first step in providing quality care.
- Do not assume that all patients are heterosexual.
- Protect patient's rights. Sharing personal health information (PHI), including sexual orientation or gender identity is a violation of HIPAA.
- Signage and intake forms that are non-discriminatory and use verbiage that is safe and judgement-free.
- Replace marital status with relationship status on forms.
- Listen to how patients refer to themselves, what pronouns and names do they use?
- Always use preferred name and pronouns, even when patient is not in the room.
- Don't be afraid to ask questions.

Remember the Platinum Rule

Treat others how they expect to be treated

Best Practices:

- Convey authentic empathy.
- Promote person-centered goal setting.
- Emphasize participant motivations to engage/change.
- Demonstrate unconditional positive regard.
- Practice cultural humility – Never stop learning about people’s cultures and beliefs.
- Promote collaboration and partnership.
- Be willing to have others teach us about themselves so we may learn how best to improve the health of our communities.



Many Thanks!

We appreciate our partnership, and thank you for being part of our team and for your commitment to providing access to the highest quality of care, while delivering exceptional value to our members, clients, and the community.