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Cultural Competency Training for BlueSaludSM-Contracted Providers

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A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Introduction



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This training is intended to include all cultures and not be limited to any particular population group(s). It is designed to address the needs of racial, ethnic, and linguistic populations that experience unequal access to health services.

In this training document, “Health Care Organization” refers to any organization in the health care industry.

Purpose of Cultural Competency Training



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Cultural competency training is **required** for providers and other health care personnel as part of the Medicaid contractual requirements for New Mexico.

What Is Cultural Competency?



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Cultural competency requires that services are effectively provided to people of all cultures, races, ethnic backgrounds, and religions in a manner that respects the worth of the individual and preserves his or her dignity.

Cultural competency is a developmental process that evolves over time. Both individuals and organizations are at various levels of awareness, knowledge, and skill on the cultural competence continuum.

Benefits of Providing Culturally Competent Health Care



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- Makes more effective use of time with patients
- Helps with negotiating differences
- Increases patient compliance with treatment protocols
- Positively affects clinical outcomes
- Improves communication with patients
- Decreases stress
- Builds a relationship of trust
- Increases patient and provider satisfaction
- Meets increasingly stringent government regulations and medical accreditation requirements

Why is Cultural Competency in Health Care Important?



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A patient's health beliefs and communication style play critical roles in medical care. The issues of cross-cultural communication and variations in health beliefs impact patient satisfaction and clinical outcomes.

Demographics are changing rapidly throughout the nation and New Mexico. We strive to be at the cutting edge of developments in culturally competent medicine.

Culturally Competent Care



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Regulatory requirements state that Health Care Organizations should:

- Ensure that all staff provide patients with effective, understandable, and respectful care in a manner compatible with their cultural health beliefs and practices and preferred language.
- Implement strategies to recruit, retain, and promote a diverse staff and leadership that are representative of the demographic characteristics of the service area.
- Ensure that all staff receive ongoing education and training in culturally and linguistically appropriate service delivery.

Language Access Services



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Regulatory requirements state that Health Care Organizations must:

- Offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient with limited English proficiency at all points of contact, in a timely manner, during all hours of operation.
- Provide to patients in their preferred language verbal offers and written notices informing them of their right to receive language assistance services.
- Assure the competence of language assistance provided to limited English proficient patients by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except when requested by the patient).
- Make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Organizational Support



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Regulatory requirements state that Health Care Organizations must:

- Develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability and oversight mechanisms to provide culturally and linguistically appropriate services.
- Conduct initial and ongoing organizational self-assessments of culturally and linguistically-related activities.
- Integrate cultural and linguistic competence-related measures into internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.
- Ensure that data on patients' race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.
- Maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Organizational Support



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Health Care Organizations should:

- Develop participatory, collaborative partnerships with communities and use a variety of formal and informal mechanisms to facilitate community and patient involvement for designing and implementing culturally and linguistically related activities.
- Ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients.

Working with Diverse Patients



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To enhance patient-provider communication and to avoid being unintentionally insulting or patronizing, be aware of the following:

Styles of Speech

- People vary greatly in the length of time between comment and response, the speed of their speech, and their willingness to interrupt.
- Tolerate gaps between questions and answers. Impatience can be seen as a sign of disrespect.
- Listen to the volume and speed of the patient's speech as well as the content.
- Modify your own speech to more closely match that of the patient to make them more comfortable.
- Rapid exchanges, and even interruptions, are a part of some conversational styles. Don't be offended if no offense is intended when a patient interrupts you.
- Be aware of your own pattern of interruptions, especially if the patient is older than you.

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Eye Contact

- The way people interpret various types of eye contact is related to cultural background and life experience.
- Most Euro-Americans expect to look people directly in the eyes and interpret failure to do so as a sign of dishonesty or disrespect.
- For many other cultures direct gazing is considered rude or disrespectful.
- Never force a patient to make eye contact with you.
- If a patient seems uncomfortable with direct gazes, try sitting next to him or her instead of across from him or her.

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Body Language

- The way that pain or fear is expressed is closely tied to a person's cultural and personal background.
- Sociologists say 80% of communication is nonverbal.
- The meaning of body language varies greatly by culture, class, gender, and age.
- Follow the patient's lead on physical distance and touching.
- If the patient moves closer to you or touches you, you may do the same. However, be sensitive to those who do not feel comfortable, and ask permission to touch them.
- Gestures can mean very different things to different people. Be very conservative in your own use of gestures and body language. Ask patients about unknown gestures or reactions. Do not interpret a patient's feelings or level of pain just from facial expressions.

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Gently Guide Patient Conversation

- English predisposes us to a direct communication style; however, other languages and cultures differ. Initial greetings can set the tone for the visit.
- Many older people from traditional societies expect to be addressed more formally, no matter how long they have known their physicians.
- If the patient's preference is not clear, ask how he or she would like to be addressed.

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Gently Guide Patient Conversation (continued)

- Patients from other language or cultural backgrounds may be less likely to ask questions and more likely to answer questions through narrative than with direct responses.
- Facilitate patient-centered communication by asking open-ended questions whenever possible. Avoid questions that can be answered with “yes” or “no.” Research indicates that when patients, regardless of cultural background, are asked, “Do you understand?” many will answer “yes” even when they really do not understand. This tends to be more common in teens and older patients.
- Steer the patient back to the topic by asking a question that clearly demonstrates that you are listening. Some patients can tell you more about their health through storytelling than by answering direct questions.

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Nonverbal Communication and Patient Care

- Nonverbal communication is a subtle form of communication that takes place in the initial three seconds after meeting someone for the first time and can continue through the entire interaction. It can impact the success of communication more acutely than the spoken word.
- Based on our cultural background, we unconsciously evaluate gestures, appearance, body language, the face, and how space is used.
- We are rarely aware of how persons from other cultures perceive our nonverbal communication or the subtle cues we have used to assess another person.



Nonverbal Communication and Patient Care (continued)

- Broad cultural generalizations are used for illustrative purposes. They should not be mistaken for stereotypes.
- A **stereotype** is an ending point; no attempt is made to learn whether the individual in question fits the statement.
- A **generalization** is a beginning point; it indicates common trends, but further information is needed to ascertain whether the statement is appropriate to a particular individual. *Generalizations can serve as a guide to be accompanied by individualized, in-person assessments.*
- *As a rule, ask the patient, rather than assume you know the patient's needs and wants.* If asked, patients will usually share their personal beliefs, practices, and preferences related to prevention, diagnosis, and treatment.



Nonverbal Communication and Patient Care (continued)

Eye Contact

- It is rude to meet and hold eye contact with an elder or someone in a position of authority such as health professionals in most Latino, Asian, American Indian, and many Arab cultures.
- It may also be considered a form of social aggression if a male insists on meeting and holding eye contact with a female.

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Nonverbal Communication and Patient Care (continued)

Touch and Use of Space

- Talk the patient through each exam so that the need for the physical contact is understood prior to the initiation of the examination.
- Ease into the patient's personal space. If there are any concerns, ask before entering the three-foot zone. This will help ease the patient's level of discomfort and avoid any misinterpretation of physical contact.
- Physical contact between a male and female is strictly regulated in many cultures. An older female companion may be necessary during the visit.

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Nonverbal Communication and Patient Care (continued)

Gestures

- Gestures have dramatically different meanings across cultures.
- Think of gestures as a local dialect familiar only to insiders of the culture.
- Be conservative with hand or body gestures to avoid misunderstanding.

Body Posture and Presentation

- Many cultures prioritize and demonstrate family respect in their manner of dress and presentation in public.
- A person's physical presentation is *not* an indicator of his or her economic situation.

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Nonverbal Communication and Patient Care (continued)

Use of Voice

- The voice is perhaps one of the most difficult forms of nonverbal communication to change.
- Fast speech may be interpreted as not being interested in the patient.
- Too-loud or too-soft speech may be interpreted as domineering or lacking confidence.
- Expectations for use of voice vary greatly among and within cultures, gender, and age.
- *Search for nonverbal cues to determine how your voice is affecting your patient.*

Tools



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You may wish to mark special areas in your office to help your Limited English Proficient (LEP) patients. Laminate each sign and post it.

English – Welcome

Español – *Spanish* Bienvenido/a

Tiếng Việt – *Vietnamese* Haân hănh tiáp ñhòn quyù vò

中文 – *Chinese* 歡迎

English – Registration

Español – *Spanish* Oficina de Registro

Tiếng Việt – *Vietnamese* QuaẦy tiáp khaách

中文 – *Chinese* 登記處

Tools (continued)



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English – Cashier

Español – *Spanish* Cajera

Tiếng Việt – *Vietnamese* Quaày
traû tieàn

中文 – *Chinese* 收銀部

English – Restroom

Español – *Spanish* Baños

Tiếng Việt – *Vietnamese*
Phoøng veä sinh

中文 – *Chinese* 洗手間

English – Enter

Español – *Spanish* Entrada

Tiếng Việt – *Vietnamese* Loái
vaøo

中文 – *Chinese* 入口

Tools (continued)



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	Assessment	Sample Questions
D	Demographics – <i>Explore regional background, level of acculturation, age and sex as they influence health care behaviors.</i>	Where were you born? Where was “home” before coming to the U.S.? How long have you lived in the U.S.? What is the patient’s age and sex?
I	Ideas – <i>Ask the patient to explain his/her ideas or concepts of health and illness.</i>	What do you think keeps you healthy/ sick? What do you think is the cause of your illness? Why do you think the problem started?
V	Views of health care treatments – <i>Ask about treatment preference, use of home remedies, and treatment avoidance practices.</i>	Are there any health care procedures that might not be acceptable? Do you use any traditional or home health remedies to improve your health? What have you used before? Have you used alternative healers? Which? What kind of treatment do you think will work?
E	Expectations – <i>Ask about what your patient expects from his/her doctor?</i>	What do you hope to achieve from today’s visit? What do you hope to achieve from treatment? Do you find it easier to talk with a male/female? Someone younger/older?
R	Religion – <i>Ask about your patient’s religious and spiritual traditions.</i>	Will religious or spiritual observances affect your ability to follow treatment? How? Do you avoid any particular foods? During the year, do you change your diet in celebration of religious and other holidays?
S	Speech – <i>Identify your patient’s language needs including health literacy levels. Avoid using a family member as an interpreter.</i>	What language do you prefer to speak? Do you need an interpreter? What language do you prefer to read? Are you satisfied with how well you read? Would you prefer printed or spoken instructions?
E	Environment – <i>Identify patient’s home environment and the cultural/diversity aspects that are part of the environment. Home environment includes the patient’s daily schedule, support system, and level of independence.</i>	Do you live alone? How many other people live in your house? Do you have transportation? Who gives you emotional support? Who helps you when you are ill or need help? Can you shop/cook for yourself? When do you usually eat? What is your largest meal of the day?

Cultural Competence Web Resources



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General

- Health care resources for multicultural populations – <http://diversityrx.org>
- Office of Minority Health – <http://minorityhealth.hhs.gov>
Includes an online, nine-hour, nine-credit Continuing Medical Educational cultural competence course for providers and office staff
- The Cross Cultural Health Care Program – <http://xculture.org>
- Provider's Guide to Quality and Culture – <http://erc.msh.org>
- DHHS Office of Civil Rights – <http://www.hhs.gov/ocr>
- Kaiser Family Foundation Minority Health –
<http://www.kff.org/minorityhealth/index.cfm>
- Providing care to diverse populations –
<http://archive.ahrq.gov/news/ulp/ulpcultr.htm>
- AMSA Diversity in Medicine –
<http://www.amsa.org/AMSA/Homepage/About/Priorities/Diversity/CulturalCompetency.aspx>

Cultural Competence

Web Resources (continued)



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Aging

- Administration on Aging – <http://www.aoa.gov>
- Center on an Aging Society – <http://ihcrp.georgetown.edu/agingsociety>

African American

- National Black Church Initiative – <http://www.naltblackchurch.com>
- NAACP Health Division – <http://www.naacp.org/advocacy/health/index.htm>
- National Association of Black Cardiologists – <http://www.abccardio.org>
- National Black Nurses Association – <http://www.nbna.org>
- National Caucus and Center on Black Aged, Inc. – <http://www.ncba-aged.org>
- National Medical Association – <http://www.nmanet.org>

Cultural Competence

Web Resources (continued)



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American Indian/Alaskan Native

- Association of American Indian Physicians – <http://www.aaip.org>
- Native American Cancer Research – <http://www.natamcancer.org>
- National Indian Council on Aging – <http://www.nicoa.org>
- National Indian Health Board – <http://www.nihb.org>

Asian American/ Pacific Islander American

- Asian & Pacific Islander American Health Forum – <http://www.apiahf.org>
- Chinese American Medical Society – <http://www.camsociety.org>
- National Asian Pacific Center on Aging – <http://www.napca.org>
- National Asian Women's Health Organization – <http://www.nawho.org>
- National Resource Center on Native American Aging (Native Hawaiian) – <http://ruralhealth.und.edu/projects/nrcnaa>

Cultural Competence

Web Resources (continued)



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Hispanic/Latino American

- Hispanic Center of Excellence in Medicine – <http://hcoe.medicine.uic.edu>
- Inter-American College of Physicians and Surgeons – <http://www.icps.org>
- National Alliance for Hispanic Health – <http://www.hispanichealth.org>
- National Association of Hispanic Nurses – <http://www.thehispanicnurses.org>
- National Council of La Raza – <http://www.nclr.org>
- National Hispanic Council on Aging – <http://www.nhcoa.org>
- National Hispanic Medical Association – <http://www.nhmamd.org>