HEALTH INDUSTRY COLLABORATION EFFORT

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Simplifying Healthcare Administrati









Cultural Competency & Patient Engagement

Training for Providers and Health Plans

What is Culture?

“Culture is the intersection of people and life itself. It's how we deal with life, love, death, birth, disappointment... all of that is expressed in culture.”
~Wendell Pierce
Source: Culture Quotes - BrainyQuote

Culture encompasses the shared patterns of human behavior—including language, thought, actions, customs, beliefs, values, and institutions—that connect and define a group of people.

- It serves as a framework for establishing norms and expectations that guide how we interact, communicate, and coexist within society.



"Culture is not merely acquired through learning; it is a collective phenomenon that is adaptive in nature and subject to continual transformation."

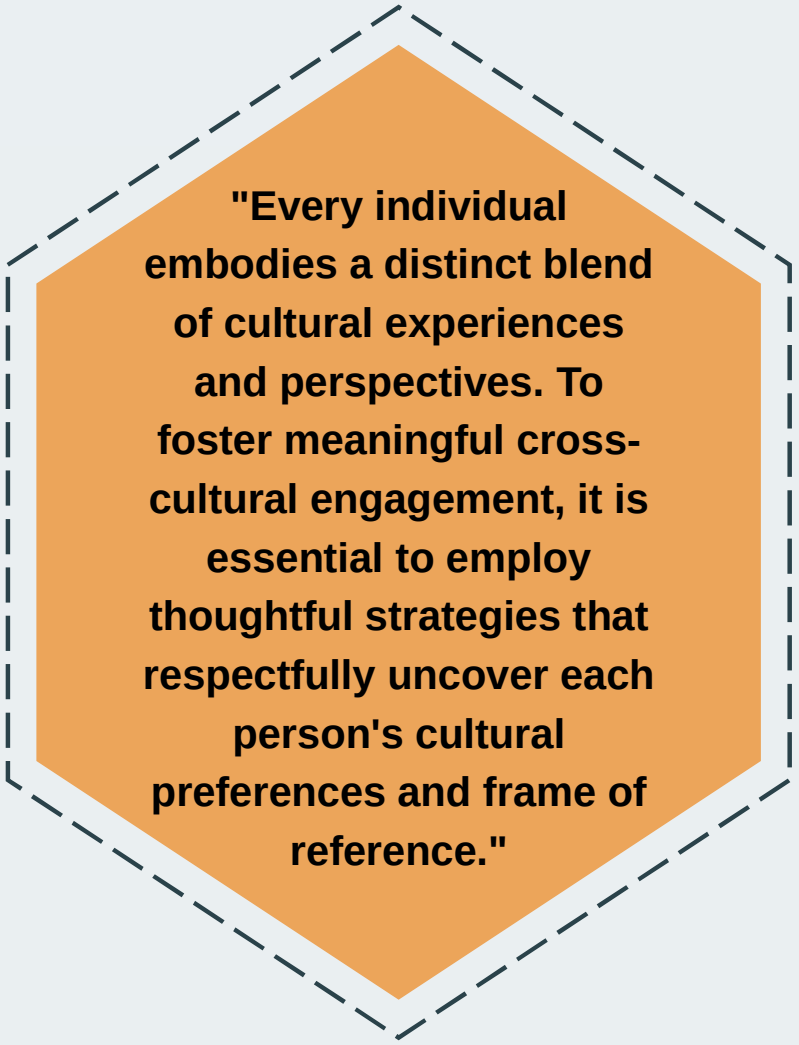
Culture is not merely acquired through learning; it is a **shared**, **adapted**, and **continuously evolving** phenomenon.



Individual Culture

Each person’s cultural identity is:

- **A unique expression** of the diversity found within broader cultural groups
- **Developed through life experiences**, including family, community, and environment
- **Influenced by social dynamics**, including systems of power and privilege
- **Continuously evolving** as individuals grow, learn, and interact with the world



An Individual's Culture is Present in Every Health Care Encounter

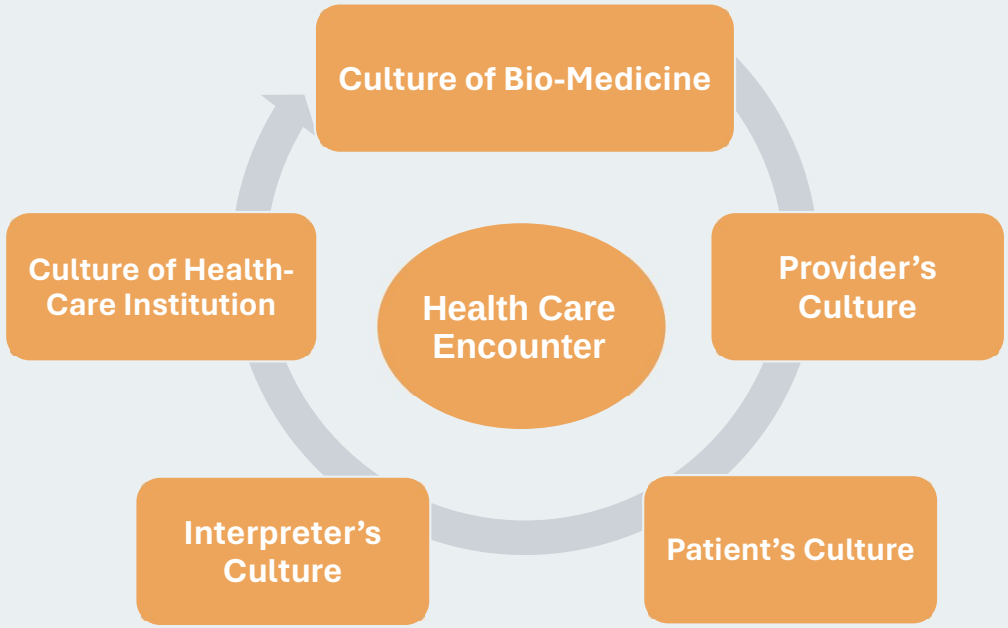


Factors Influencing Health Beliefs and Behaviors:

- Perceptions of illness and its underlying causes
- Attitudes toward health professionals
- Decision-making processes regarding when to seek medical care
- Attitudes toward what treatments are appropriate
- Family-centered versus-individual decision-making
- Perspectives on aging, ability, and diverse life experiences
- The societal role and value of caregivers

The Health Care Encounter

Every individual brings their unique cultural background to a health care encounter. Each visit involves multiple cultural perspectives — those of the patient, the provider, and the broader health care system — all interacting in ways that shape the experience and outcomes.



Cultural Competency

Cultural Competency refers to the ability of healthcare professionals to understand, respect, and effectively respond to the diverse and cultural and linguistic needs of patients.

Culturally competent care can look different for everyone as it focuses on an individualized approach. However, some examples can include to use **clear communication**, incorporating the **Teach Back Method**, and understanding patients' **health literacy**.

A systematic review found that 100% of studies (3 out of 3) showed **improved patient satisfaction** after cultural competence training[1]

The **Principal Standard** of CLAS is to "*provide effective, understandable, and respectful quality care and services that respond to cultural health beliefs and practices, languages, health literacy, and other communication needs.*"

Review the **Cultural Competency Continuum** on the next slide for a quick at-a-glance resource. (J. L. Mason, M. P. Benjamin, & S. A. Lewis (1993). The cultural competence model: Implications for child and family mental health services)

[1] Beach, Mary Catherine et al. "Cultural competence: a systematic review of health care provider educational interventions." *Medical care* vol. 43,4 (2005): 356-73. doi:10.1097/01.mlr.0000156861.58905.96

Cultural Competency Continuum

For each row, CIRCLE where you are now

Area of Competency	Stage 1 - Culturally Unaware	Stage 2 - Culturally Resistant	Stage 3 - Culturally Conscious	Stage 4 - Culturally Insightful	Stage 5 - Culturally Versatile
Knowledge of Patients	Doesn't notice cultural differences in patients' attitudes or needs.	Denigrates differences encountered in racial/ethnic patients.	Difficulty understanding the meanings of attitudes/ beliefs of patients different from self.	Acknowledges strengths of other cultures and legitimacy of beliefs whether medically correct or not.	Pursues understanding of patient cultures. Learns from other cultures.
Attitude Towards Diversity	Lacks interest in other cultures.	Holds as superior the values, beliefs and orientations of own cultural group.	Ethnocentric in acceptance of other cultures.	Enjoys learning about culturally different healthcare beliefs of patients.	Holds diversity in high-esteem. Perceives as valuable contributions to healthcare, medicine, patient well-being from many cultures.
Practice Related Behaviors	Speaks in a paternalistic manner to patient. Doesn't elicit patient's perspectives.	Doesn't recognize own inability to relate to differences. Tends to blame patient for communication or cultural barriers.	May overestimate own level of competent communication across linguistic or cultural boundaries.	Able to shift frame of reference to other culture. Can uncover culturally based resistance, obstacles to education & treatment.	Flexibly adapts communication, inter-actions to different cultural situations. Can negotiate culture-based conflicts in beliefs and perspectives.
Practice Perspective	Believes one approach fits all patients. No "special treatment."	Has lower expectations for compliance of patients from other cultural groups.	Recognizes limitations in ability to serve cultures different from own. Feels helpless to do much about it.	Incorporates cultural insights into practice where appropriate.	Incorporates cultural insights into practice where appropriate.

– Source: J. L. Mason, M. P. Benjamin, & S. A. Lewis (1993). The cultural competence model: Implications for child and family mental health services.





Section 2

Clear Communication:
The Foundation of Culturally Competent Care

Training Goals

- Define, assess, and utilize “Clear Communication” (e.g., plain language, no jargon, open questions, etc.) with one patient/provider encounter this week.
- Learn and practice “Teach Back” with one patient/provider encounter this week to gauge patient understanding.
- Define “Health Literacy” and understand its benefits in a health care setting.

Did You Know?

California is one of the most diverse states in the nation.

- Hispanics of any race make up almost one-fifth (19.5%) of the U.S. population in 2023(Census.gov, 2024)
- Studies have found that physicians interrupted patients after a median of only 11 seconds, and that patients who were not interrupted only spoke for a median of six seconds (Ospina, Journal of General Internal Medicine, 2018)
- More than 1 in 5 people (22%) age 5 and older in the United States spoke a language other than English at home during the five-year period from 2017 to 2021 (Census.gov, 2025)
- Los Angeles-Long Beach-Anaheim, CA, had the largest Hispanic population (5,768,957) among all U.S. metro areas in 2023 (Census.gov, 2024)
- Asian Americans were classified as the fastest growing racial group with 4.2% annual growth rate from 2023-2024 (Census.gov, 2024)



"Our personal culture includes what we find meaningful--beliefs, values, perceptions, assumptions and explanatory framework about reality. These are present in every communication."

Barriers to Communication

- **Linguistic Barriers**
  - Speech patterns, accents, or different languages and dialects may be used
- **Limited Experience (Health Care Concepts & Procedures)**
  - Many people are getting health care coverage for the first time
- **Cultural Barriers**
  - Each person brings their own cultural background and frame of reference to the conversation
- **Systematic Barriers**
  - Health system have specialized vocabulary and jargon
- **Hesitation Barriers**
  - Patients may be hesitant to share info on some topics due to stigma
  - Out of respect for authority, patients may be unwilling to push back on treatment plans or asking questions as this may be interpreted as disrespectful

Health Literacy

Health literacy is the ability of individuals and communities to access, understand, appraise, and use health information and services to make informed decisions that promote and maintain health and well-being.

Only **12%** of adults in the United States have proficient health literacy, as reported by the National Assessment of Adult Literacy (NAAL). In other words, nearly nine out of ten adults in the United States may lack the skills needed to effectively manage their health and healthcare.

Key Strategies for Providers

1. Use **clear communication** and avoid jargon/acronyms.
2. Limit information by focusing on **2-3 key points (chunking)**. Pause and check for understanding.
3. Utilize **visual aids** such as diagrams, pictures, and demonstrations.
4. Apply **Universal Precaution**: assume all patients have difficulty understanding health information.

Sample Scripting

1. Plain Language
    a. Instead of “You have hypertension,” say “Your blood pressure is high.”
    b. Instead of “Take twice per day,” say “Take one tablet by mouth in the morning and one in the evening.”
2. Chunking
    a. “Before we move on, what questions do you have about this part?”
3. Encourage Questions
    a. Instead of “Do you have questions?” ask “What questions do you have?”

Teach Back

The **Teach-Back Method** is a communication technique used to confirm patient understanding by asking patients to explain information in their own words. It is **not a test of the patient**—it is a way to check how well you explained the information.

Using Teach-Back helps:

- Improve patient understanding
- Reduce medication errors
- Increase adherence to treatment
- Prevent avoidable hospital visits
- Improve patient satisfaction and safety

How to Use Teach Back:

Step 1: Explain – Use plain language and focus on 2-3 key points
Step 2: Ask – Ask the patient to explain in their own words
Step 3: Clarify – Re-explain, if needed and check again until understanding is clear

Sample Phrasing:

"I want to make sure I explained this clearly. Can you tell me how you will take this medication?"
"Can you explain to me how you will use this inhaler?"
"What will you do if your symptoms get worse?"

Key Takeaway: Teach-Back ensures patients understand what to do when they leave. Clear understanding = safer care, better outcomes, and fewer errors.

Clear Communication

Patients Wish Your Team Knew…	What Your Team Can Do…
• I am hesitant to ask you questions because I don't know what to ask and may appear as disrespectful. • 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, my discomfort with any recommendations, and lack of understanding.	• Use a variety of instruction methods • Encourage open-ended questions and use Ask Me 3 • Use Teach Back Method or "Show Me" method • Use symbols, color on large print direction or instructional signs • Create a shame free environment by offering assistance with materials

- Image Source: Robert Wood Johnson

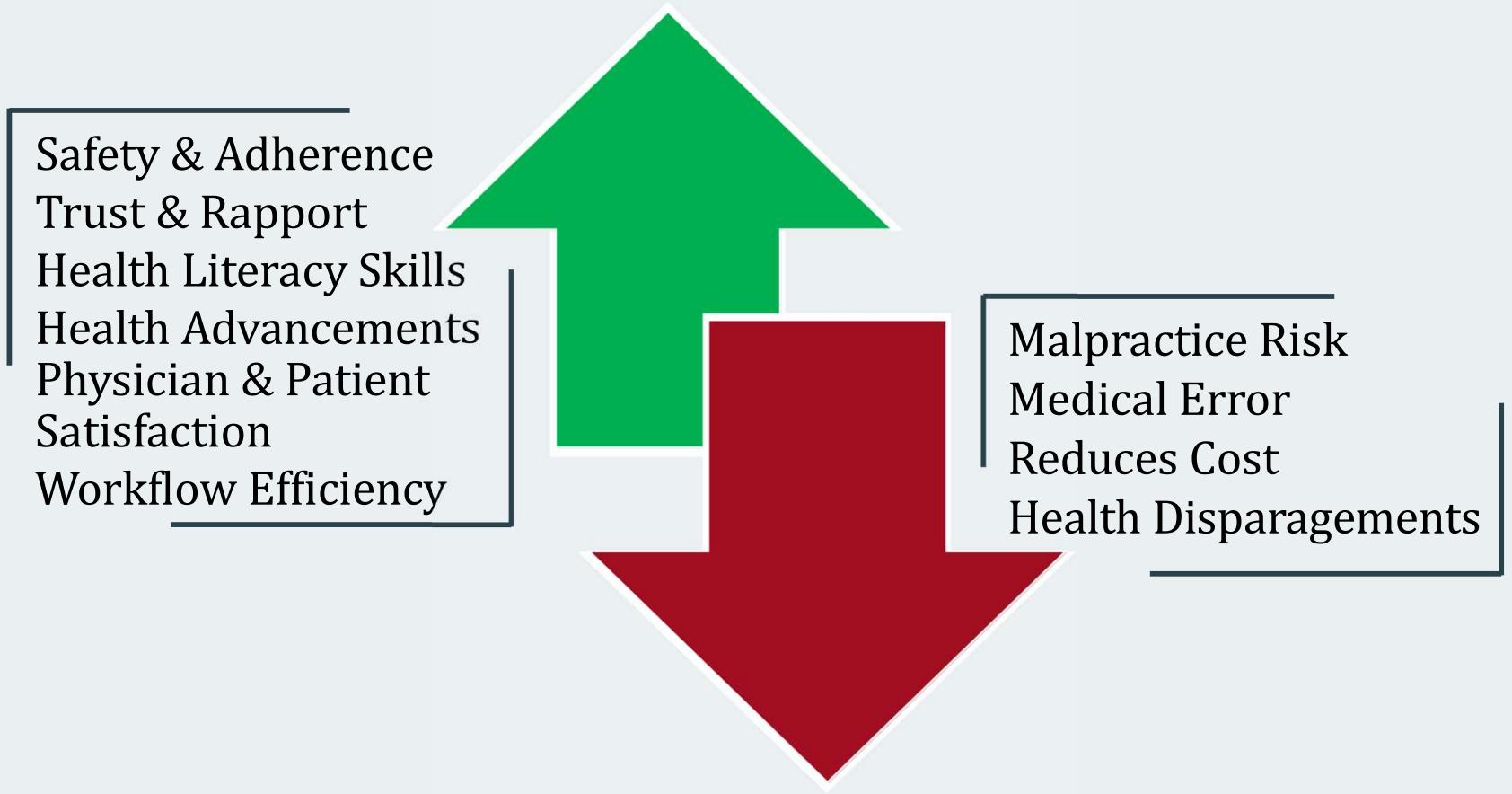
Clear Communication

Patients Wish Your Team Knew…	What Your Team Can Do…
• I accidentally put the medication into my ear instead of taking it by mouth to treat my ear infection, because I misunderstood the instructions that said, “For oral use only.”	• Explain how to use the medications that are being prescribed.
• I am confused about risk and information given in numbers like % or ratios. How do I decide what I should do?	• Use specific, clear & plain language on prescriptions. • Use plain language to describe risks and benefits, avoid using just numbers. • Repeat important information. • Be aware of body language. • Allow ample time for questions. • Offer Alternative Formats.

Clear Communication

Patients Wish Your Team Knew…	What Your Team Can Do…
• 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. • Its important for me to have a relationship with my doctor. • I use alternative and complementary medicine and home remedies but don't think to tell you.	• Confirm decision-making preferences. • Office staff should confirm preferences during scheduling. • Spend a few minutes building rapport at each visit. • Ask about the use of complementary medicine and home remedies.

Benefits of Clear Communication



Clear Communication: Effective Use of An Interpreter

Using the Teach Back Method

- "I want to make sure I explained things clearly. Can you explain to me…"
- "Can you show me how you'd use your inhaler at home?"



- Speak directly to the patient, not the interpreter.
- Speak in the first person.
- Speak in a normal voice, try not to speak fast or too loudly.
- Speak in concise sentences.
- Interpreters are trained in medical terminology; however, interpretation will be more effective if you avoid acronyms, medical jargon, and technical terms.
- Be aware of the cultural context of your body language.
- Utilize the Teach Back Method to ensure understanding.

Clear Communication: Limited English Proficiency

Patients Wish Your Team Knew...	What Your Team Can Do...
• 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.	• Office staff should confirm language preferences during scheduling. • Consider offering an interpreter for every visit. • Match the volume and speed of the patient's speech. • Mirror body language, position, eye contact. • Ask the patient if they're unsure.

Language Assistance Services

Language assistance is available at no cost to Members & Providers:

- Interpreter support at a medical point of contact.
- Sign language interpreters.
- Speech to text interpretation for hearing loss in patients who do not sign.
- Written translations including accessible formats such as Braille, large print, alternative fonts, and audio.

Contact the health plan for assistance with language services.

Use Professionally Trained Interpreters

When patients are stressed by illness, communication in their preferred language can improve understanding. Being prepared to use an interpreter when needed will keep the office flow moving smoothly.

- Hold a brief introductory discussion with the interpreter
  - 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
- Avoid interrupting during interpretation
  - Use first person
  - Use simple language
  - Speak slowly

In some languages, it may take longer to explain a word or a concept.

Alternate Formats Are Required!

- Under Title II of the Americans with Disabilities Act and Section 504 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 to ensure effective communication with members with visual impairments or other disabilities requiring the provision of written materials in alternative formats, by tracking members' alternative format selections.

- Providers must accommodate the communication needs of all qualified members with disabilities, including Authorized Representative (AR), and be prepared to facilitate alternative format requests for Braille, audio format, large print (no less than 20-point Arial font), and accessible electronic format, such as a data CD, as well as requests for other auxiliary aids and services that may be appropriate.

- Source National Center on Accessibility | IU Research Park, 501 North Morton Street, Suite 109, Bloomington, IN 47404-3732 (APL 22-002 (ca.gov))

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  - National Patient Safety Foundation Institute for Healthcare Improvement: Ask Me 3: Good Questions for Your Good Health | Institute for Healthcare Improvement (https://www.ihi.org/library/tools/ask-me-3-good-questions-your-good-health)

Developed in collaboration with Health Industry Collaboration Effort



Health plans, Providers, Associations

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