Health.edu®
Texas Tech University Health Sciences Center

This PowerPoint file is a supplement to the video presentation. Some of the educational content of this program is not available solely through the PowerPoint file. Participants should use all materials to enhance the value of this continuing education program.

Health.edu
Texas Tech University Health Sciences Center

Cultural Competency in the Healthcare Environment

Rebecca C. Conditt, MIS
Director of Clinical Training
Community Care Health Centers
Austin, Texas

California Nursing I 39221

Facility and Personal Responsibility

- We all have biases, it is human nature
- Respect, protect, and promote patients' rights
- Respect the patient's cultural and personal values, beliefs, and preferences

Implicit Bias

- Occurs when automatic processing is influenced by stereotypes and those stereotypes affect judgement

Implicit Bias

- Stereotypes
  - belief that associates a group of people with certain traits or characteristics
  - prejudgment of a person
  - fixed and oversimplified
- Institute of Medicine (IOM) report Unequal Access (2003)

Implicit Bias

- Race
- Ethnicity
- Age
- Religion
- Culture
- Language

- Physical disability
- Mental disability
- Socioeconomic status
- Sex
- Sexual orientation
- Gender identity or expression

Implicit Bias

- White male physicians are less likely to prescribe pain medication to Black patients than to White patients
- Doctors assume their Black or low-income patients are less intelligent, more likely to engage in risky behaviors, and less likely to adhere to medical advice

Implicit Bias

- Pregnant women face discrimination from healthcare providers on the basis of their ethnicity and socioeconomic background
- Women presenting with coronary heart disease (CHD) symptoms are significantly less likely than men to receive diagnosis, referral, and treatment due to misdiagnosis of stress/anxiety

Implicit Bias

- Person-centered approach - focus on the individual as the primary source of information
  - recognize stereotypical thinking
  - replace biases and assumptions

Implicit Bias

- Person-centered approach - focus on the individual as the primary source of information
  - understand the individual
  - explore a new perspective
  - increase opportunity for positive contact

Culture

- Culture encompasses a group of people's language, religion, cuisine, social habits, music, art, dress, etc.
- Culturally and Linguistically Appropriate Services (CLAS) - especially designed to address the needs of racial, ethnic, and linguistic population groups that experience unequal access to health services

CLAS Standards

Principal Standard

- Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs
- Use community workers as a check on the effectiveness of communication and care

CLAS Standards

Governance, Leadership, and Workforce

- Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis
- Key - ensure effective communication between the entity and the Limited English Proficiency Person (LEP)

CLAS Standards

Governance, Leadership, and Workforce

- Advance and sustain organizational governance and leadership that promotes CLAS and health equity
- Culturally and linguistically diverse governance, leadership, and workforce that is responsive to the population in the service area
  - language services: forms, signage, notices
  - inquire about and document preferred language

CLAS Standards

Communication and Language Assistance

- Offer language assistance to individuals who have LEP and/or other communication needs, at no cost
- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing

CLAS Standards

Communication and Language Assistance

- Ensure the competence of individuals providing language assistance
- Use of untrained individuals and/or minors as interpreters should be avoided
- Use multimedia materials and signage in the languages commonly used by the populations in the service area

CLAS Standards

Engagement, Continuous Improvement, and Accountability

- Establish culturally and linguistically appropriate goals, policies, and management accountability and infuse them throughout the organizations' planning and operations
- Involve the community in the design and implementation

CLAS Standards

Engagement, Continuous Improvement, and Accountability

- Conduct ongoing self-assessments
- Integrate CLAS-related measures into assessment measurement and continuous quality improvement activities
- Involve the community

CLAS Standards

Engagement, Continuous Improvement, and Accountability

- Collect data
- Monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery

CLAS Standards

Engagement, Continuous Improvement, and Accountability

- Ongoing self-assessment
- Partner with the community
- Create conflict- and grievance-resolution processes

CLAS Standards

Engagement, Continuous Improvement, and Accountability

- Communicate the organization's progress in implementing and sustaining CLAS

CLAS Standards

Engagement, Continuous Improvement, and Accountability

- Emphasize data collection is confidential and will not be used for discriminatory purposes

Ageism

- Ageism is the systemic stereotyping and discrimination of people because they are old

Bias

- Provider's knowledge and attitudes about aging can affect how accurately and sensitively they distinguish normal changes associated with aging from acute illness and chronic disease

Bias - Explicit

- Attitudes and beliefs we have about a person or group on a conscious level
- Geriatrics promoted as a lesser specialty in medical training
- Hospital-based training vs. community-based training

Bias - Implicit

- Bias that we are unaware of and which happens outside of our control
- Assumptions regarding dementia - normal changes can lead to over- and under-treatment

Undertreatment

- Studies suggest that providers are prone to stereotyping older adults or applying age-based group characteristics to an individual, regardless of that individual's actual personal characteristics
- Expectations Regarding Aging Scale
- Pain is consistently undertreated in older adults
- Problems related to sexual activity

Undertreatment

- In a cross-sectional survey of providers, nurses, and physician assistants, using the Expectations Regarding Aging Scale found most providers agreed with statements such as:
  - having more aches and pains is an accepted part of aging (64%)
  - the human body is like a car, when it gets old it gets worn out (61%)

Undertreatment

- In a cross-sectional survey of providers, nurses, and physician assistants, using the Expectations Regarding Aging Scale found most providers agreed with statements such as:
  - 52% agreed one should expect to become more forgetful
  - 17% agreed mental slowness is impossible to escape

Undertreatment

- Few primary care providers believed getting older was associated with social isolation (4.8%) and loneliness (5.9%), but 14.7% of the respondents agreed with the statement "It's normal to be depressed when you are old."

Undertreatment

- One-third of the physicians agreed that increasing age was associated with worrying more and having lower energy levels. These demonstrate how pain, fatigue, cognitive impairment, depression, and anxiety could easily go undiagnosed and untreated if healthcare providers erroneously attribute these symptoms solely to aging.

Overtreatment

- Overtreatment - universal prostate screening, antigen screening, excessive treatment with surgery, intensive care at the end of life, and overuse of tests and procedures lacking evidence of benefit
- Measure of frailty vs. chronological age - frailty index
- Overall treatment goals
- Self-reported measures of function

Communication with Older Patients

- Studies show providers communicate differently in encounters with older adults
  - less patient
  - less engaged
  - less egalitarian
  - responded less to issues raised by older patients
  - used "elder speak"
  - failed to speak directly to the patient

Ageism Among Older Adults

- Older adults often possess negative views of aging
- Older adults - risk of undertreatment
- Baby boomers - risk of overtreatment

Call to Action

- Ageist stereotypes are harmful to the physical and psychological well-being of older adults
- Office of Civil Rights (Health and Human Services) enforces the Age Discrimination Act of 1975, which prohibits discrimination on the basis of age in HHS funded programs and activities

Call to Action

- Earlier interaction with older adults in medical training
- Community-based geriatric training
- Recognize internalized prejudices

Race and Ethnicity

- Race refers to a group of people who have differences and similarities in biological traits deemed by society to be socially significant, meaning that people treat other people differently

Race and Ethnicity

- Ethnicity refers to large groups of people classed according to common racial, national, tribal, religious, linguistic, or cultural origin or background

Race and Ethnicity

- The Office of Management and Budget (OMB) standards
  - White
  - Black/African American
  - American Indian or Alaska Native
  - Asian
  - Native Hawaiian/other Pacific Islander
  - Some other race

The Role of Race and Ethnicity in Healthcare

- Groups that self-identify as a given race may share biologic characteristics that originated as a result of shared ancestry
- Presence of race-related variations in disease risk, disease progression, treatment response, and treatment-related side effects

The Role of Race and Ethnicity in Healthcare

- Some diseases occur more often among certain groups of people
- Ancestry and ethnicity alone don't determine if you will develop a disease
- Be mindful of generalizations based on race and ethnicity

Racial and Ethnic Disparities in Healthcare

- Lack of access to adequate health coverage
  - LEP
  - enrollment complexities
- Communication difficulties
- Cultural barriers
- Provider stereotyping

Racial and Ethnic Disparities in Healthcare

- Lack of access to providers
- Social determinants of health are significant
- More research and data collection related to racial and ethnic health disparities is needed to empower stakeholders
- www.cdc.gov/tuskegee

Distrust of the Healthcare System

- The Tuskegee Experiment - "revealed more about the pathology of racism than it did about the pathology of syphilis."
- Sterilization without consent in Puerto Rico and American Indian communities
- Lack of research for diseases primarily affecting people of color such as sickle cell anemia

Religion and Spirituality

- Healthcare providers are accountable for maintaining patients' rights, including accommodation for cultural, religious, and spiritual values
- Treat the individual as a whole person, mind, body, and spirit
- Historically, the healer and the spiritual leader were one in the same

Religious Considerations

The care of patients requires meeting the needs of individuals and family cultures and beliefs

Religious Considerations

- Modesty
- Not scheduling procedures during prayer time
- Be aware of food restrictions or fasting
- Beliefs regarding death and end of life
- Family values
- Ask questions and foster trust

Religion	Beliefs	Death	Diet	Health	Rituals
Baha'i	Abandonment of all prejudice. Religion and science exist in harmony.	Cannot move body more than one hour's journey from place of death. Buried not cremated.	Eating is for health. No alcohol or mind-altering drugs.	Avoid sterilization, prayer assists healing, most likely avoids birth control.	Daily prayer and annual fasting during month of Ala (March 2-20).

Religion	Beliefs	Death	Diet	Health	Rituals
Buddhism	Follow a path of enlightenment. Rebirth is based on the actions of the person.	Avoid mind-altering drugs while dying. Notify Buddhist representative for presiding. State of mind at death influences rebirth.	Can be vegetarian, avoids alcohol, coffee, and tobacco.	Health is holistic, mental cures are important, illness is the result of karma or the law of cause and effect. Medications are acceptable, if they do not affect state of mind.	Ceremony around baby blessings, marriage, and death. Monthly atonement ceremony on the full moon.

Religion	Beliefs	Death	Diet	Health	Rituals
Christian Science	Spiritual powers that operate on the body and mind can cure disease.	Burial is a family decision. Euthanasia is not allowed. Rarely donate organs.	Most avoid food or drink that contain caffeine or alcohol.	Healing occurs when one draws closer to God. Illness is the result of disharmony between mind and matter. May limit medical care.	No outward ceremonies or observations.

Religion	Beliefs	Death	Diet	Health	Rituals
Church of Jesus Christ of Latter-day Saints (Mormons)	Strict rule of chastity. Mortality on earth is a probationary period to test members' embrace of the Lord's commandments.	All individuals will be resurrected and attain a degree of glory in heaven for acts during their mortality.	Alcohol, coffee, tea, and tobacco are discouraged. If not ill, fasting is required once each month.	Blood and blood products are acceptable. Faith in Jesus Christ to heal with medicine.	Blessing and naming of children. Two elders required for the blessing of the sick.

Religion	Beliefs	Death	Diet	Health	Rituals
Eastern Orthodox	Christ is the son of God, both fully divine and fully human. The Trinity is three persons, one in essence and undivided.	The departed soul is affected by intercessory prayers.	Fast from meat and oil on Wednesdays and Fridays. Fasting is flexible if pregnant or sick.	While God is the divine physician, traditional medical interventions are accepted.	Worship is liturgical and structured, with chanted hymnody, iconography, and incense.

Religion	Beliefs	Death	Diet	Health	Rituals
Hinduism	An attitude of tolerance and belief that all approaches to God are valid. Pain and suffering are the result of karma. Believe in reincarnation.	Atmosphere around a dying person must be peaceful. Cremation is common on the death date and body not left alone.	The right hand is for eating, the left for toileting and hygiene. Vegetarianism is common or may avoid pork and beef.	Hot water can be added to cold, but cold water may not be added to hot. Daily bathing is required. Prayer for health is not favorable, prefer stoicism.	Must be barefoot during religious worship. Not a church-based religion, special respect for elders.

Religion	Beliefs	Death	Diet	Health	Rituals
Islam	Complete submission to God. Muhammad is God's messenger. Required to pray five times a day. The Quran is the final revelation of humanity.	Autopsy only for legal or medical reasons. Death is God's plan. Confession of sins and begging forgiveness may occur before death. Male will pray for dead within 72 hours.	Food should be clean, pure, and nourishing. Eat with right hand, use vegetable oil only. Pork, shellfish, and alcohol are prohibited.	Custom prohibits handshakes or any contact between genders. Female patient must see a female provider. Providers are seen as helpers of God's will.	Fridays are the holiest days. Prayer five times a day facing Mecca. Wash hands and feet before prayer. Observe Ramadan during ninth month of Islamic lunar calendar, lasting 29-30 days.

Religion	Beliefs	Death	Diet	Health	Rituals
Jehovah's Witness	The world will be restored to a state of paradise and believers will be resurrected with healthy physical bodies. No gifts. Rejects the doctrine of the Holy Trinity.	Autopsy is acceptable, if legally required. Death is a state of unconsciousness. Body organ donation is a personal choice.	Avoid any food that contains blood. Meat products must be properly drained of blood.	Refuse blood transfusions and blood products. Whether to prolong life or right to die is a personal choice.	Adult baptism. Shunning of those who fail to live by the group's standards and doctrines.

Religion	Beliefs	Death	Diet	Health	Rituals
Judaism	One all powerful God that created the universe. Commandments, commitments, duties, and obligations have priority over individual pleasures and rights. Orthodox Jews have a strict interpretation of the Torah, while for conservative Jews more modern and traditional observances are accepted. Reform Jews claim freedom to interpret the Torah.	Believe in life after death. Burial as soon as possible, cremation discouraged or prohibited. Family may stay with the body until the funeral home arrives. Prayers for the sick are an important part of faith.	May request kosher-certified food.	Amputated limbs are buried in consecrated ground. May consult a Rabbi regarding life support and tube feeding. Sick are exempt from fasting.	Light candles before holidays and Sabbath. Attend Synagogue.

Religion	Beliefs	Death	Diet	Health	Rituals
Protestant	Community worship is important. Emphasis on the Holy Bible and Scriptures. Jesus of Nazareth is the son of God. Two sacraments Baptism and Communion.	Autopsy and organ donation acceptable. Euthanasia.	No restrictions.	Blood and blood products are an individual choice.	Anointing, prayer, Eucharist, and other rituals. Prayer for healing. Individual prayer and the sacraments.

Religion	Beliefs	Death	Diet	Health	Rituals
Rastafarian Movement	African civilization and culture are superior. Be as close to nature as possible. Follow the Old Testament. Love and respect for all living things. Spiritual use of marijuana. Jah is the Messiah promised in the Bible.		Limited or no meat, may be vegan. Avoid alcohol. Lots of fruits and vegetables, may want to only eat natural foods.	The body is seen as a church and may be hesitant to put anything unnatural into it.	Dancing, singing, and marijuana use. Old Testament readings.

Religion	Beliefs	Death	Diet	Health	Rituals
Roman Catholic	Belief in Apostolic leaders that are male successors of the original apostles of Jesus. Dedication to creeds, emphasis on sacraments. Strong tradition of liturgy.	Life after death. Persons approaching death are encouraged to compare their suffering to that of Christ. Anointing the sick and last rites.	Avoid meat on Fridays, especially during Lent. May eat fish, fast. Sacramental confession prior to receiving the Eucharist. No general restrictions.	Suffering is punishment from God. May request an amputated limb be buried in consecrated ground. Sacrament of the sick by priest.	Attending Mass on Sunday and holy days, optional daily. Lighting candles, observing sacraments, praying the rosary beads to aid in prayers.

Religion	Beliefs	Death	Diet	Health	Rituals
Scientology	Aims to create a society without insanity, criminals, and war; where the world prospers, and honest beings can have rights. Man is free to rise to greater heights.	Believe in rebirth.	No restrictions on diet.	Rely on the advice and treatment of medical doctors. Do not take mind-altering, psychotropic drugs. Use prescribed medications when physically ill.	Sunday service is open to the public. Consists of recitation of the Creed of Scientology. Sermons, congregational auditing, and prayer.

Religion	Beliefs	Death	Diet	Health	Rituals
Seventh Day Adventist (Church of God)	Bible is interpreted literally. The body is the temple of God. There is a duty to warn others to prepare for the second coming of Christ.	Death is a state of unconsciousness with a return to consciousness with the second advent or coming of Christ.	Consuming coffee, tea or alcohol is a matter of choice, but most refrain. Vegetarian diet. May practice fasting.	Healing is accomplished through medical intervention and divine healing. Physicians and chaplains are inseparable.	Saturday is the Sabbath. Ill persons anointed with oil. Elders and pastors may pray.

Religion	Beliefs	Death	Diet	Health	Rituals
Sikhism	All people are equal. God is eternal and formless. The ideal life is charity work and worship. Salvation is liberation from the cycle of rebirth.	The body is bathed, dressed, and cremated. The floor is washed and covered with white sheets; shoes are not worn.	No restrictions on diet.	May not cut the hair on any part of the body.	Meet as a congregation for prayer on six holidays. Morning and night private worship. Follow the 10 Sikh gurus and the Holy Scriptures.

Religion	Beliefs	Death	Diet	Health	Rituals
Spirituality (Hawaiian)	Aumakua are family guardians and are respected. A basic sense of community. Inter-connectedness of all natural things.	Body treated with respect. Burial is a family decision. Funerals are not attended by pregnant women.	Food made by family consumed after prayer ceremony. Fasting is a regular practice. No dietary restrictions.	Bad health comes from not living in harmony with nature. Health is the connection between the body, mind, and spirit.	Closely related to the moon and seasonal changes. Daily prayers.

Religion	Beliefs	Death	Diet	Health	Rituals
Spirituality (Native American)	Vary widely and are based on the differing histories of individual tribes. Theology may be animistic, monotheistic, henotheistic, polytheistic, or some combination thereof.				Traditional beliefs are passed down in the form of oral histories.

Religion

https://www.gmmh.nhs.uk/download.cfm?doc=docm93jijm4n901

Respecting the Religious and Cultural Needs of Patients.

The link will take you to a more detailed summary of world religions.

Religion

- Be aware of the uniqueness of a patient's religion and their special needs
- Be respectful
- Observe body and facial language
- Recognize how values, behaviors, and beliefs may affect others

Language

- Worldwide migration
- Central to the provision of successful care

Language

- Limited English Proficiency (LEP) patients are at higher risk for complications
  - medication errors
  - inaccurate assessment
  - treatment and follow-up
  - longer hospital stays

Some Statistics About Languages in the U.S.

- 322 languages are spoken in the U.S., ranging alphabetically from Abnaki to Zuni, and in number of speakers from English (215,423,555) to Kalispell (4)
- Top 10 most common languages spoken in the U.S. (in order): English, Spanish, French, Chinese, German, Tagalog, Vietnamese, Korean, Italian, and Russian

Some Statistics About Languages in the U.S.

- 24 languages were reported in all 50 states and the District of Columbia, 69 languages were reported in at least 40 states (including D.C.), and 105 languages were reported in at least 20 states (including D.C.)

Some Statistics About Languages in the U.S.

- Largest number of languages by state: California (207), New York (169), Washington (163), Texas (145), Oregon (138), Pennsylvania (135), Florida (134), Illinois (132), New Jersey (130), Arizona (129)

Some Statistics About Languages in the U.S.

- Fewest number of languages by state: Wyoming (56), South Dakota (62), Vermont (64), North Dakota (66)
- 26 states reported more than 100 languages spoken within their borders, including 22 that exceeded 110 languages and 15 that exceeded 120

Tips to Improve Care for LEP Patients

- Hire bilingual staff
- Use a professional interpreter service
- Use universal healthcare symbols
- Standardize language assessment tests

Tips to Improve Care for LEP Patients

- Offer interpreter skills training to volunteers
- Create a hospital language bank
- Make sure written language materials are effective

Americans with Disabilities Act

- Prohibits discrimination against people with disabilities in several areas including access to programs and services in healthcare
- 26 percent (one in four) of adults in the U.S. have some type of disability

Americans with Disabilities Act

- The U.S. Department of Health and Human Services enforces Title II of the ADA, relating to access to programs, services, and activities receiving HHS funding.
- Training materials for providers can be found at https://www.hhs.gov/civil-rights/for-providers/index.html

Physical Disabilities

- Condition that affects a person's mobility, physical capacity, stamina, or dexterity
  - brain or spinal cord injuries
  - multiple sclerosis
  - cerebral palsy

Physical Disabilities

- Condition that affects a person's mobility, physical capacity, stamina, or dexterity
  - respiratory disorders
  - epilepsy
  - Hearing loss and impairments
  - and more - people with significant disabilities account for more than 12% of the U.S. population

Physical Disabilities

- The World Health Organization (WHO) published the International Classification of Functioning, Disability, and Health in 2001

Physical Disabilities

- According to the WHO, disability has three dimensions
  - impairment - a person's body structure or function
  - activity limitation - difficulty seeing, hearing, walking, or problem solving

Physical Disabilities

- According to the WHO, disability has three dimensions
  - participation restrictions - not able to participate in normal daily activities such as working, engaging in social activities, or obtaining healthcare and preventive services

Barriers

- The physical configuration of the office: stairs, elevators, narrow hallways/doors, accessible bathrooms, desk/table heights, etc.
- Attitudes of providers
- Expertise about the natural course and typical complications associated with disability
- Systemic factors that act as disincentives or obstacles to access or equity

Mental Disabilities

- Mental health and physical health are fundamentally linked
- Mental disorders are among the most common causes of disability
- Approximately 13%-20% of youth and 19% of adults in the United States have a mental disorder

Mental Disabilities

- Mental health is often overlooked in primary care visits
- Cultural aspect to mental disorders
- The Diagnostic and Statistical Manual (DSM) of Mental Disorders is based on predominantly American research studies and has been said to have a decidedly American outlook

Advice from People with Disabilities

- People with disabilities should be treated as people. They should be afforded all the respect and dignity that is given to any other person. They are not defined by their disabilities, but have needs and preferences that are unique to each of them.
- Treat adults as adults
- Speak directly to the patient

Advice from People with Disabilities

- Have communication boards available and accessible for patients with speech disabilities
- Speak directly to people
- Pointing is acceptable in the deaf culture
- Know how to reach an interpreter

Hidden Disabilities

- Don't assume the person does not have a disability
- Include the individual in the decision-making process
- Honor requests for support
- Do not hurry or rush the patient

Hidden Disabilities

- Pay attention to non-verbal cues
- Do not use a patronizing tone of voice
- Break down complex information
- Be courteous, respectful, patient, and professional

Socioeconomic Status

- Social determinants of health
  - economic stability
  - neighborhood and physical environment
  - education

Socioeconomic Status

- Social determinants of health
  - food
  - community and social context
  - healthcare system

Socioeconomic Status

- Where you live can influence how long you live
  - access to care
  - healthy food
  - good schools
  - affordable housing
    www.cdc.gov/nchs/data-visualization/life-expectancy/
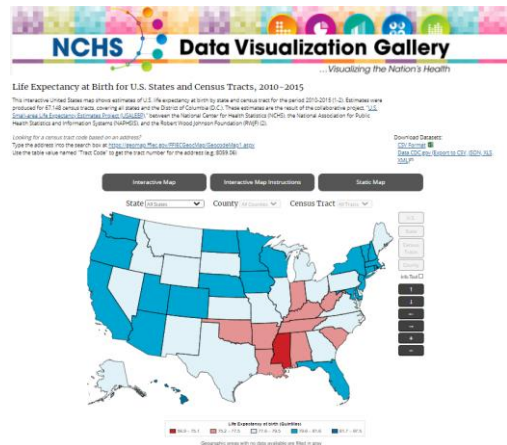
Gender and Sex

- The WHO defines gender as: "the socially constructed characteristics of women and men, such as norms, roles, and relationships of and between groups of women and men. It varies from society to society and can be changed."

- "Sex" refers to the biological differences between males and females, such as the genitalia and genetic differences

To Treat Me, You Have to Know Who I Am

- Link - www.youtube.com/watch?v=NUhvJgxgAac
- The Trump administration reversed a rule that included sexual orientation and gender identity within protections against sex discrimination in healthcare and insurance companies
- The Supreme Court ruled that sex discrimination protections do apply towards sexual orientation and gender identity

Tips for Caring for LGBTQ Patients

- Expand your knowledge by doing continuing education specifically in the area of treating this population
- Below is a link to some online resources

    www.lgbthealtheducation.org/what-we-offer/cme-ceu/

Tips for Caring for LGBTQ Patients

- Be familiar with terminology but be aware that not everyone fits neatly into a box
  - transgendered individuals
  - individuals who identify as gender fluid and/or have gender expansive identities

Tips for Caring for LGBTQ Patients

Keep up-to-date: relevant websites
Centers for Disease Control and Prevention
GLBT Health Access Project (Community Standards of Practice Section)

Trans-Health.com

Womenshealth.gov

Tips for Caring for LGBTQ Patients

- Use inclusive language
  - spoken
  - forms
- Use gender-neutral language
  - preferred name/pronoun
  - ask

Tips for Caring for LGBTQ Patients

- Create a welcoming environment
  - Is your organization's nondiscrimination policy in a visible location?
  - a rainbow flag, pink triangle, or other symbols of inclusiveness
  - availability of unisex restrooms

Tips for Caring for LGBTQ Patients

- Create a welcoming environment
  - health education literature with diverse images and inclusive language, including information about LGBTQ health
  - posters announcing days of observance such as World AIDS Day, Pride Month, and National Transgender Day of Remembrance

Tips for Caring for LGBTQ Patients

- Ask open-ended questions
- Avoid applying labels
- Reflect the patient's language

Tips for Caring for LGBTQ Patients

- Be aware of physical and mental health risks
  - higher risk of substance abuse
  - higher risk of sexually transmitted diseases
  - higher risk of cancers

Tips for Caring for LGBTQ Patients

- Be aware of physical and mental health risks
  - higher risk of cardiovascular diseases
  - higher risk of bullying
  - higher risk of mental health issues, such as anxiety, depression, and suicide
- Convey respect

Cultural Awareness

- Culture affects outcome
- It is our job
- It is our responsibility

References

https://www.asaging.org/blog/not-doctors-only-ageism-healthcare#: Not for Doctors Only: Ageism in Healthcare

https://www.todaysgeriatricmedicine.com/archive/winter08p16.shtml Ageism in Healthcare: Time for a Change

https://www.hhs.gov/civil-rights/for-individuals/age-discrimination/index.html Age Discrimination

www.ncbi.nlm.nih.gov

https://www.the-scientist.com/critic-at-large/on-race-and-medicine-38033 On Race and Medicine

References

https://health.clevelandclinic.org/how-your-ancestry-and-ethnicity-affect-your-health/ How Your Ancestry and Ethnicity Affect Your Health

https://www.acponline.org/acp_policy/policies/racial_ethnic_disparities_2010.pdf Racial and Ethnic Disparities in Healthcare, Updated 2010

https://www.ncbi.nlm.nih.gov/books/NBK493216/ Cultural Religious Competence in Clinical Practice

https://minorityhealth.hhs.gov/assets/pdf/checked/executive.pdf National Standards for Culturally and Linguistically Appropriate Services in Health Care

http://rn-journal.com/journal-of-nursing/impact-of-language-barriers-on-patient-safety Impact of Language Barriers on Patient Safety

https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html Disability and Healthcare Overview

References

12) https://www.healthcareconsumers.org/advice-from-people-with-disabilities-on-providing-quality-health-care-what-health-care-providers-really-need-to-know/ Advice from People With Disabilities

13) https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders Mental Health and Mental Disorders

14) https://www.aacap.org/AACAP/Policy_Statements/2019/Mental-Health-Screening-Primary-Care.aspx Policy Statement on Mental Health Screening in Primary Care, American Academy of Child and Adolescent Psychiatry

15) https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html Life Expectancy: Could Where You Live Influence How Long You Live?

16) https://www.apa.org/monitor/2019/03/ce-corner How does implicit bias by physicians affect patients' healthcare.

17) https://www.qualityinteractions.com/blog/unconscious-bias-in-healthcare Unconscious Bias in Healthcare

References

18)https://www.medicalnewstoday.com/articles/232363 Sex and Gender: What is the difference?

19) https://nurse.org/articles/culturally-competent-healthcare-for-LGBTQ-patients/ Ten Tips for caring for LGBTQ Patients

20) https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53#:~:text=The%20National%20Standards%20for%20Culturally,the%20nation's%20increasingly%20diverse%20communities.

21) http://www.usefoundation.org/view/29 U.S. English Foundation

www.cdc.gov/tuskegee

Tuskegee Study, 1932–1972

Implicit Bias | How does it affect healthcare?

What is implicit bias?

Implicit attitudes are thoughts and feelings that often exist outside of conscious awareness, and thus are difficult to consciously acknowledge and control. (Hall et al., 2015).

Implicit (subconscious) bias refers to the attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. (The Joint Commission, 2016).

What is implicit bias?

Implicit biases affect behavior through a two-phase process: biases are activated in the presence of a member of a social group and then are applied so that they affect the individual's behavior related to that group member. In the healthcare context, for instance, implicit biases may be activated when a provider is interacting with an African American patient, particularly under conditions that tax her cognitive capacity (e.g., stress, time-pressure, fatigue, competing demands), and can then influence how she communicates with and makes decisions about her patient. (Burgess et al, 2017).

Why does implicit bias matter?

Implicit (unconscious) biases can create gaps between good intentions and good outcomes in the healthcare field. (The Ohio State University, 2020.)

Based on the available evidence, physicians and nurses manifest implicit biases to a similar degree as the general population. The following characteristics are at issue: race/ethnicity, gender, socio-economic status (SES), age, mental illness, weight, having AIDS, brain injured patients perceived to have contributed to their injury, intravenous drug users, disability, and social circumstances. (FitzGerald & Hurst, 2017).

Why does implicit bias matter?

The implicit biases of concern to healthcare professionals are those that operate to the disadvantage of those who are already vulnerable. Examples include minority ethnic populations, immigrants, the poor, low health-literacy individuals, sexual minorities, children, women, the elderly, the mentally ill, the overweight and the disabled; but anyone may be rendered vulnerable given a certain context. (FitzGerald & Hurst, 2017).

Why does implicit bias matter?

Implicit biases among healthcare providers are associated with the following negative effects on patient care:
- inadequate patient assessments
- inappropriate diagnoses and treatment decisions
- less time involved in patient care
- patient discharges with insufficient follow-up

Why does implicit bias matter?

The terms "healthcare disparities" and "healthcare inequities" refer to the poorer health outcomes observed in minority and other vulnerable patient groups compared with those observed in majority or dominant patient populations. Disparate patient outcomes are associated with age, sex, religion, socioeconomic status, sexual orientation, gender identification, disability, and stigmatized diagnoses (for example, HIV, obesity, mental illness, and substance abuse). (Narayan, 2019).

Why does implicit bias matter?

Implicit bias isn't limited to race. The Implicit Association Test (IAT) measures attitudes and beliefs that people may be unwilling or unable to report.

For example, when the IAT was administered at an obesity conference, participants implicitly associated obese people with negative cultural stereotypes, such as "bad, stupid, lazy and worthless."

Implicit gender bias among physicians also may unknowingly sway treatment decisions.

Why does implicit bias matter?

Women are three times less likely than men to receive knee arthroplasty when clinically appropriate. One of the stereotypical reasons for this inequity and underuse problem is that men are viewed as being more stoic and more inclined to participate in strenuous or rigorous activity.

(The Joint Commission, 2016).

Why does implicit bias matter?

People of color face disparities in terms of morbidity, mortality, and health status. Black, Hispanic, and Indigenous Americans have higher infant mortality rates than White and Asian Americans. The premature death rate from heart disease and stroke is highest among Black Americans. Race and ethnicity are not the only demographic factors associated with disparity in health outcomes. Women are more likely to experience delayed diagnosis of heart disease compared to men, as well as inferior heart attack treatment. Sometimes these disparities intersect, as in the case of childbirth, where the United States is one of the few countries experiencing a rise in the maternal mortality rate, and Black women are nearly four times as likely to die during childbirth as are White women. (Whitmer, 2020).

Why does implicit bias matter?

Healthcare providers in a certain geographic area may equate certain races and ethnicities with specific health beliefs and behaviors (e.g., "these patients" engage in risky behaviors, or "those patients" tend to be noncompliant) that are more associated with the social environment (like poverty) than a patient's racial/ethnic background or cultural traditions. (Stanford University, 2020).

How does implicit bias develop?

The ability to distinguish friend from foe helped early humans survive, and the ability to quickly and automatically categorize people is a fundamental quality of the human mind. Categories give order to life, and every day we group other people into categories based on social and other characteristics.

This is the foundation of stereotypes, prejudice and, ultimately, discrimination.

Social scientists believe children begin to acquire prejudices and stereotypes as toddlers.

How does implicit bias develop?

Once learned, stereotypes and prejudices resist change, even when evidence fails to support them or points to the contrary.

People will embrace anecdotes that reinforce their biases, but disregard experience that contradicts them. The statement "Some of my best friends are ____" captures this tendency to allow some exceptions without changing our bias. (Teaching Tolerance, 2020).

How does implicit bias develop?

Scientific research has demonstrated that biases thought to be absent or extinguished remain as "mental residue" in most of us. Studies show people can be consciously committed to egalitarianism, and deliberately work to behave without prejudice, yet still possess hidden negative prejudices or stereotypes.

A growing number of studies show a link between hidden biases and actual behavior. In other words, hidden biases can reveal themselves in action, especially when a person's efforts to control behavior consciously flags under stress, distraction, relaxation or competition. (Teaching Tolerance, 2020).

How does implicit bias develop?

Research has frequently focused on the amygdala, a structure in the medial temporal lobes. The amygdala receives direct input from all sensory organs, enabling it to respond rapidly to immediate threats in advance of more elaborative cognitive processing. It plays a central role in arousal, attentiveness and triggering the flight-or-fight response, reacting to social threats in exactly the same way it reacts to physical ones. Unconscious bias, then, is the immediate, reflexive, defensive reaction to the "other." (Korn Ferry Institute, 2015).

How do I recognize implicit biases?

One way to discover implicit biases is to pay attention to gut feelings.

Nurses can ask themselves if they anticipate unpleasant experiences when caring for any particular group of patients, or if any particular group of patients makes them feel uncomfortable, anxious, or fearful.

Such feelings may indicate implicit bias and prompt self-reflection. Thoughtfully reflecting on the meaning and origin of such feelings and whether they influence the quality of relationships with patients can help nurses acknowledge and control previously unrecognized biases. (Narayan, 2019).

How do I recognize implicit biases?

Take one or more of the free Implicit Association Tests (IATs) available at Project Implicit (https://implicit.harvard.edu/implicit/education.html). Developed by Harvard, there are 14 instruments for measuring some of the most prevalent biases—those related to race, ethnicity, skin color, religion, age, gender, overweight or obesity, sexual orientation, or disability.

Learning about potential biases can enable people to employ strategies to reduce them or mitigate their effects on future interactions. The IATs are reliable and valid research instruments, and should not be used to diagnose bias but rather as educational tools.

How do I recognize implicit biases?

Implicit bias is different from prejudice. Implicit bias means we have the instinctive tendency to evaluate other groups against the norms of our own groups. Prejudice, on the other hand, means that one feels consciously and overtly that some groups are inferior, an attitude that can be used to justify discriminatory actions. (Narayan, 2019).

But I really don't think I'm biased

There's a reason it's called unconscious bias.

It's because hard-wired biases operate at a level that is beneath our conscious awareness. Even if we sincerely believe we're being fair and objective, stereotypes may still be influencing our opinions -without us being aware of it. (Stanford University, 2020).

We may consciously reject negative images and ideas associated with disadvantaged groups (and may belong to these groups ourselves), but we have all been immersed in cultures where these groups are constantly depicted in stereotyped and pejorative [derogatory] ways. (FitzGerald & Hurst, 2017).

Challenges in reducing implicit biases

Some types of interventions focus more on declarative knowledge – what you know – than on procedural knowledge – knowing how to do something.

Understanding implicit bias as a score on the IAT also may engender the view of implicit bias as a fixed trait that one can do little about.

Issues of race and racism are emotionally fraught and politically charged. The idea that healthcare providers may contribute to racial disparities may contradict their core beliefs and values, including beliefs that they treat everyone equally and that racial inequality is a thing of the past. (Burgess, 2017).

How to reduce implicit bias

1. **Stereotype replacement** — Recognizing that a response is based on stereotype and consciously adjusting the response

2. **Counter-stereotypic imaging** — Imagining the individual as the opposite of the stereotype.

3. **Individuation** — Seeing the person as an individual rather than a stereotype (e.g., learning about their personal history and the context that brought them to the doctor's office or health center)

4. **Perspective taking** — "Putting yourself in the other person's shoes"

How to reduce implicit bias

5. **Increasing opportunities for contact with individuals from different groups** — Expanding your network of friends and colleagues or attending events where people of other racial and ethnic groups, gender identities, sexual orientation, and other groups may be present

6. **Partnership building** — Reframing the interaction with the patient as one between collaborating equals, rather than between a high-status person and a low-status person

How to reduce implicit bias

7. Emotional regulation — People who have good emotional regulation skills and who experience positive emotion during clinical encounters may be less likely to view patients in terms of their individual attributes, and to use more inclusive social categories. It's easier to empathize with others when people view themselves as being part of a larger group. (The Joint Commission, 2016).

8. Mindfulness — A "mode of awareness" that can be enacted in different situations, including those which are emotionally challenging (Burgess, 2017).

How to reduce implicit bias

9. Habit replacement — Implicit bias is like a habit that can be broken through a combination of awareness of implicit bias, concern about the effects of that bias, and the application of strategies to reduce bias. (Devine et al, 2012).

10. Take care of yourself — Protect your mental resources. Do things to protect your mental energy, such as getting sufficient sleep, finding ways to reduce stress and taking mental breaks throughout the day to refocus on being present with your patients. (van Ryn, 2016).

The Institute for Healthcare Improvement (2017)

How to reduce implicit bias

The Institute for Healthcare Improvement (2017) also offers practical tips to combat implicit bias in healthcare, drawn from the book Seeing Patients: Unconscious Bias in healthcare, by Dr. Augustus White.

- Have a basic understanding of the cultures your patients come from.

- Don't stereotype your patients; individuate them.

- Understand and respect the tremendous power of unconscious bias.

- Recognize situations that magnify stereotyping and bias.

How to reduce implicit bias

The Institute for Healthcare Improvement (2017) also offers practical tips to combat implicit bias in healthcare, drawn from the book Seeing Patients: Unconscious Bias in healthcare, by Dr. Augustus White.

- Know the National Culturally and Linguistically Appropriate Services (CLAS) Standards. (Available at https://thinkculturalhealth.hhs.gov/clas/standards)

- Do a "Teach Back." Teach Back is a method to confirm patient understanding of healthcare instructions that is associated with improved adherence, quality, and patient safety.

- Assiduously practice evidence-based medicine.

Recommended viewing

Institute for Healthcare Improvement. (2020).

How Does Implicit Bias Affect healthcare?
http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Anurag-Gupta-How-Does-Implicit-Bias-Affect-Health-Care.aspx

What Are the Harms of Not Addressing Bias in healthcare?
http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Anurag-Gupta-What-Are-the-Harms-of-Not-Addressing-Bias-in-Health-Care.aspx

Recommended viewing

Institute for Healthcare Improvement. (2020).

What Is Bias, and What Can Medical Professionals Do to Address It?
http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Anurag-Gupta-What-Is-Bias,-and-What-Can-Medical-Professionals-Do-to-Address-It.aspx

Why Shouldn't Providers Judge Patients' Choices?
http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Nia-Zalamea-Why-Shouldnt-Providers-Judge-Patients-Choices.aspx

References

Burgess, D. J., Beach, M. C., & Saha, S. (2017). Mindfulness practice: A promising approach to reducing the effects of clinician implicit bias on patients. Patient education and counseling, 100(2), 372-376. https://doi.org/10.1016/j.pec.2016.09.005

Devine, P. G., Forscher, P. S., Austin, A. J., & Cox, W. T. (2012). Long-term reduction in implicit race bias: A prejudice habit-breaking intervention. Journal of experimental social psychology, 48(6), 1267-1278. https://doi.org/10.1016/j.jesp.2012.06.003

References

FitzGerald, C., & Hurst, S. (2017). Implicit bias in healthcare professionals: a systematic review. BMC medical ethics, 18(1), 19. https://doi.org/10.1186/s12910-017-0179-8

Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T. W., Payne, B. K., ... & Coyne-Beasley, T. (2015). Implicit racial/ethnic bias among healthcare professionals and its influence on healthcare outcomes: a systematic review. American journal of public health, 105(12), e60-e76. https://doi.org/10.2105/AJPH.2015.302903

Institute for Healthcare Improvement. (2017). How to Reduce Implicit Bias. http://www.ihi.org/communities/blogs/how-to-reduce-implicit-bias

References

Korn Ferry Institute. (2015). Understanding Bias and the Brain.
https://www.kornferry.com/insights/articles/understanding-bias-and-brain

Narayan, M. C. (2019). Addressing implicit bias in nursing: a review. AJN The American Journal of Nursing, 119(7), 36-43. doi: 10.1097/01.NAJ.0000569340.27659.5a

Stanford University. (2020). Unconscious Bias in Medicine. https://online.stanford.edu/courses/som-ycme0027-unconscious-bias-medicine-cme

References

Teaching Tolerance. (2020). Test Yourself for Hidden Bias. https://www.tolerance.org/professional-development/test-yourself-for-hidden-bias

The Ohio State University. (2020). Mitigating Implicit Bias In healthcare: Aligning Outcomes With Intentions. https://u.osu.edu/breakingbias/

Whitmer, G. (2020). Executive Directive No. 2020-7: Improving equity in the delivery of healthcare. https://content.govdelivery.com/attachments/MIEOG/2020/07/09/file_attachments/1491769/ED%202020-07.pdf

References

The Joint Commission. (2016, April). Implicit bias in healthcare. https://www.jointcommission.org/-/media/deprecated-unorganized/imported-assets/tjc/system-folders/joint-commission-online/quick_safety_issue_23_apr_2016pdf.pdf?db=web&hash=A5852411BCA02D1A918284EBAA775988

Van Ryn M. (2016). Avoiding Unintended Bias: Strategies for Providing More Equitable healthcare. Minnesota medicine, 99(2), 40–46. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5476527/

Cultural Competency in the Healthcare Environment

If you have any questions about the program you have just watched, you may call us at: (800) 424-4888 or fax (806) 743-2233. Direct your inquiries to Customer Service. Be sure to include the program number, title, and speaker.

Health.edu
Texas Tech University Health Sciences Center

California Nursing I 39221

Cultural Competency in the Healthcare Environment

If you have any questions about the program
you have just watched, you may call us at:
(800) 424-4888 or fax (806) 743-2233.
Direct your inquiries to Customer Service.
Be sure to include the program number, title and speaker.

Health.edu
Texas Tech University Health Sciences Center®

California Nursing I 39221

Health.edu®
Texas Tech University Health Sciences Center