"Managing Cultural Diversity: An Exploration of

Connection and Understanding between Provider and Patient"

Western Occupational Health Conference 2009

Balancing the integration of the business, science and art of medicine in an increasingly demanding and competitive healthcare environment causes unique challenges to any clinic. Add a diverse and aging population to the mix and the challenges increase for meeting expectations and communication needs of our patients. Our varied panel discusses culture, age, gender and orientation themes in order to optimize provider self-awareness, therapeutic alliances, efficacy, and patient retention.

Goal: At the conclusion of this panel discussion, attendees will have an enhanced understanding and appreciation for Cultural Diversity and its impact in the clinical setting. Further, attendees will have an expanded capability to incorporate Cultural Competency (understanding other cultures) and Cultural Literacy (communicating with other cultures) into their practices.

Upon return to their practice locations, attendees should identify Practice Gaps (shortcomings) regarding Cultural Competency and Literacy and move to close those gaps through knowledge gained in this panel discussion and be able to demonstrate closure of those gaps.

Panel Participants:
1. Cedrick Smith MD, Center Medical Director, Concentra, Houston, TX, moderator;
2. Jennie Ellen MD, Center Medical Director, Tucson, AZ,Concentra
3. Ramon Terrazas MD MPH, Medical Director, San Francisco Fire Department, San Francisco, CA

Consideration of Culture

Culture may be defined broadly and can refer to group characteristics that distinguish group members in some manner.

Characteristics may include, but are not limited to, the following:
1. Ethnicity
2. Religion
3. Body habitus (obesity) or other physical characteristics
4. Sexual orientation
5. Disease (HIV)
6. Language (may or may not be related to ethnicity)
7. Economic status (poor/rich)
8. Geography
9. Education

A cultural group is a minority when it is a smaller sub-set of the population at large, and a majority when it is a predominant group.

The challenge of Cultural Diversity, Cultural and Linguistic Competence is overcoming prejudicial attitudes and behavior.

The challenge may manifest in a variety of combinations, particularly when the culture groups bring their own prejudicial attitudes:

1. Physician as a majority and patient as a minority
2. Physician as a minority and patient as a majority
3. Both physician and patient are minority

Prejudice may reside within the physician toward the patient, the patient toward the physician, or both directions. Such prejudice may adversely affect diagnosis and delivery of effective medical care.

Additional challenge occurs when there may be no prejudice but there is lack of understanding of cultural attitudes, customs and/or characteristics.

Lesbian/Gay/Bisexual/Transgender Cultural Sensitivity

"Being nonjudgmental doesn't mean not having opinions or beliefs, rather it means recognizing your personal opinions and beliefs including any potential negative beliefs about sexual behavior and ensuring these beliefs do not interfere with providing the best possible care to your patients."

--AMA video "Patient Sexual Health History: What You Need to Know to Help"

1. Maintain open body language
2. Normalize the sexual history process. Questions on the intake form: Add "partner" wherever the word "spouse" is used. Use the term "relationship status" instead of "marital status." Add a "transgender" option to the male/female check boxes on your intake form. I ask all my patients is about their sexual history.
3. Validate the patients concerns. This is sometimes uncomfortable to discuss.
4. Avoid assumptions about patient behavior, i.e., elderly patients are not sexually active
5. Manage your reactions (and the patients reactions)
6. Use gender neutral terms such as "partner" or "significant other"
7. Use objective specific questions instead of labels. Instead of asking, "Are you gay? --- ask, "Are your current sexual partners men, women, or both?"
8. Model the language of your patients as appropriate. If you discover that a female patient is sexually active with both men and women but doesn't not label herself as bisexual, neither should you. If a patient identifies as a "gay man", that is how you should identify him.
9. Don't use label "homosexual." According to American Psychological Association (APA), the label "homosexual" is inappropriate to describe same sex behaviors as it perpetuates old stereotypes of mental illness, deviants, and criminal behaviors. Although some gay/lesbians have reclaimed derogatory terms to describe themselves, (i.e., queer), it is inappropriate for healthcare providers to use these terms. If you are unsure how to describe a patients sexual orientation, ask what he/she prefers
10. Respect transgender patients by making sure all office staff is trained to use their preferred pronoun and name.

Questions and Discussion Points

1. What are some of the difficulties you face in connecting with patients?
2. What is the demographic make-up of your patient population and what are some of the challenges you face in navigating

3. Do you have any interesting stories of dealing with a particular patient and finding yourself not connecting and why do you feel you did not connect?
4. Do you have any tips to connecting and managing a diverse patient population?
5. Have you had incidences where you felt your assistants/ancillary staff/colleague may have been out of line with a patient – what did you learn from that situation?
6. The choleric patient – what do you do?
7. The business of connection – the bottom-line effect.
8. A climate of change in how we execute medical practice – the 'retooling' and 'retailing' of medicine.
9. Lions and Tigers and Bears oh my! Dealing with stark differences. Oh My!

Tips to connection

1. Take the Race and Workforce IAT. Get an understanding of your own biases/implicit associations – we all have them.
2. Almanac or Google as a quick reference to learn facts regarding the patient's background
3. Learn the language of your clientele – "You had me at hello…"
4. Prime the patient prior to the 'patient/doctor' visit – be nomadic
5. Identify the connectors of your clinic and allow them to "infect others"
6. Showtime! – develop a prelude to ensure mindset for a successful encounter
7. It is okay to laugh and smile–make it a "one act play" (setting, characters plot, dialogue, theme)
8. Understand " the quality of your intent…" – your intent always shows through
9. Exceed the expectation – 24 hour access, 5 minute wait instead of 30
10. Customer Service, Customer Service, Customer Service your way to connection

---

Resources

Gay Lesbian Medical Association http://glma.org/
"Guidelines for the Care of Lesbian, Gay, Bisexual, and Transgender Patients"

AMA video "Patient Sexual Health History: What You Need to Know to Help"
https://extapps.ama-assn.org/viral/Physician.jsp

AMA Policy Regarding Sexual Orientation http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/glbt-advisory-committee/ama-policy-regarding-sexual-orientation.shtml

AMA: GLBT Advisory Committee http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/glbt-advisory-committee.shtml

"Answers to Your Questions for a Better Understanding of Sexual Orientation & Homosexuality" American Psychological Association http://www.apa.org/topics/sorientation.pdf

National Standards on Culturally and Linguistically Appropriate Services (CLAS) – These 14 CLAS standards are primarily directed at health care organizations; however, individual providers are also encouraged to use the standards to make their practices more culturally and linguistically accessible. The principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with the communities being served.

The 14 standards are organized by themes: Culturally Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14). Within this framework, there are three types of standards of varying stringency: mandates, guidelines, and recommendations as follows.
http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15

Office of Minority Health Cultural Competence This web page has links to basic information on cultural competence; guides and resources; a list of the national CLAS standards; policies, initiatives and laws; reports; and training tools.
http://www.omhrc.gov/templates/browse.aspx?lvl=1&lvlID=3

The National Center for Cultural Competence (NCCC) maintains a database of a wide range of resources on cultural and linguistic competence, e.g. demographic information, policies, practices, articles, books, research initiatives and findings, curricula, multimedia materials and web sites, etc. The NCCC uses specific review criteria for the inclusion of these resources. As part of the NCCC's web-based technical assistance, a selected searchable bibliography of these resources is made available online.
http://www11.georgetown.edu/research/gucchd/nccc/

The California Endowment has a section of their website dedicated to information on Culturally Competent Health Systems. This section includes a long list of excellent publications on the topic.
http://www.calendow.org/Category.aspx?id=328&ItemID=328