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Cultural Competency Training-

Reducing Health Disparities by Addressing Cultural Diversity

Objectives

- Define culture, cultural competence, and cultural humility and its impact and importance in healthcare

- Examine the benefits and tips for effective communication in delivering adequate and culturally sensitive healthcare

- Utilize tips and strategies when working with seniors and people with disabilities

- Understand terminology and strategies to delivery culturally appropriate healthcare to LGBTQIA+ population

Culture, Cultural Competence, and Cultural Humility

Culture and Cultural Competence

- **Culture** refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, values and institutions that unite a group of people. Culture is also shaped by geography, gender identity, family structure, and lived experiences.

- **Cultural Humility** is the personal, lifelong commitment to self-evaluation and self critique. It is also the recognition of power dynamics and imbalances, a desire to fix those power imbalances and to develop partnerships with people and groups who advocate for others.

- **Cultural Competence** is the capability of effectively interacting with people from different cultures.

- Watch this video to learn more about cultural competence & humility

Adapted from: http://minorityhealth.hhs.gov and http://ready.web.unc.edu

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How Does Culture Impact Healthcare?

As a healthcare professional your level of cultural awareness helps you modify your behaviors to respond to the needs of others while maintaining a professional level of respect, objectivity, and identity.

Adapted from: http://minorityhealth.hhs.gov

Culture informs:

- Concepts of health and healing
- How illness, disease and their causes are perceived
- Behaviors of patients who are seeking health care
- Attitudes toward health care providers

Source: Industry Collaboration Effort

Culture Impacts Every Healthcare Encounter

Healthcare is a cultural construct based on beliefs about the nature of disease and the human body. Cultural issues are central in the delivery of health services.

- Who provides treatment?
- What is considered a health problem?
- What type of treatment is needed?
- Where is care sought?
- How symptoms are expressed?
- How rights and protections are understood?

Adapted from: http://minorityhealth.hhs.gov

Cultural Influences
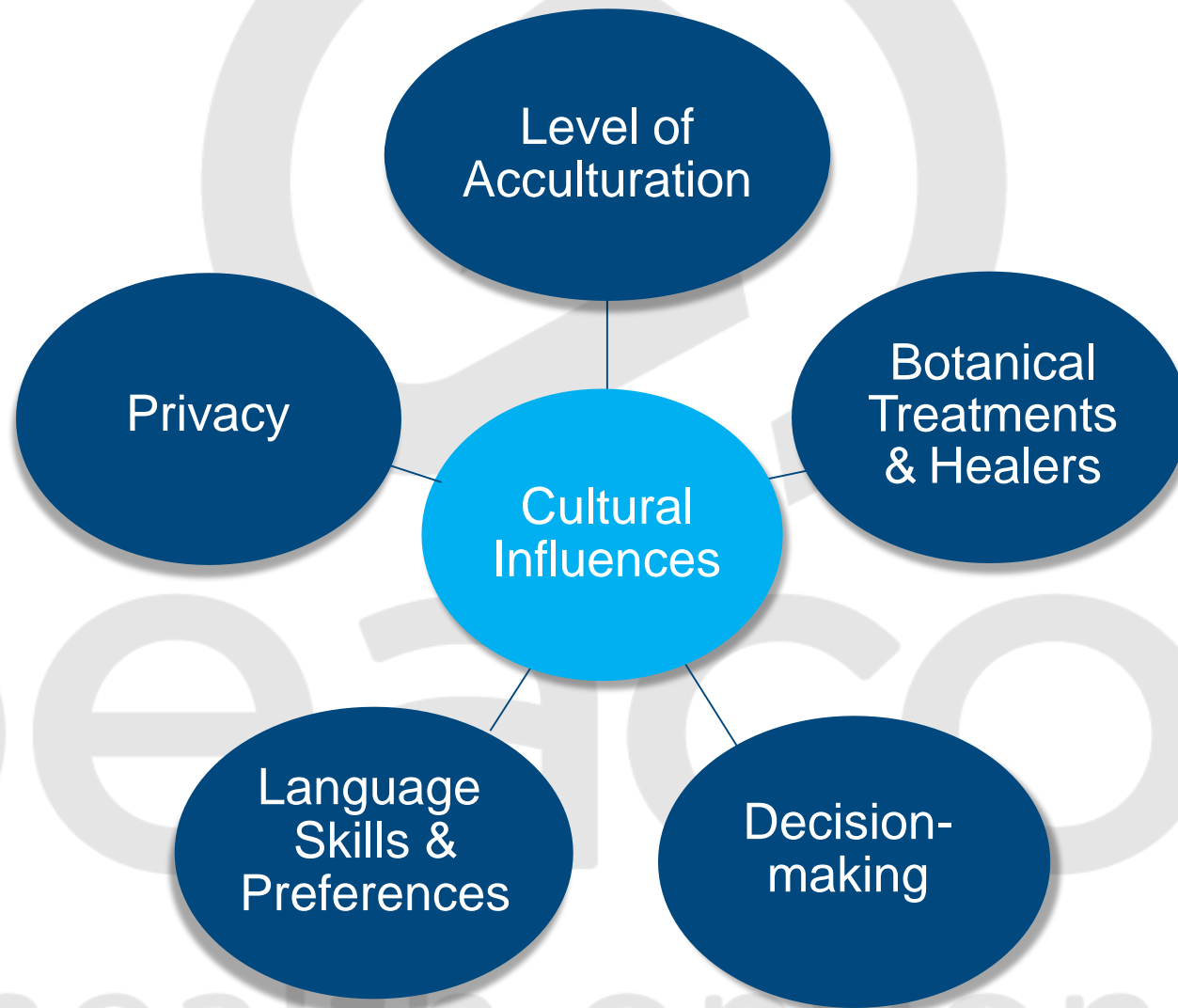
Providing Culturally Competent Care

- Can help mitigate the disparities for patients and provide an effective health encounter.

- Some tips that can help the experience include:

  - Patients may want to seek a doctor that speaks their language.

  - Gender preference for a provider (women wanting to see a female doctor).

  - Communication and body language such as eye contact, tone and volume can all impact an encounter. Some groups prefer gestures and direct eye contact while others prefer reserved communication.

  - Ask open ended questions that can identify expectations surrounding health and aging.

  - Speak slowly and listen actively.

  - Check for understanding of information by the patient at regular intervals during the encounter.

  - Incorporating culture into the clinical environment, such as diverse images of people, flags representing the community's culture, and culturally reflective brochures and waiting room literature.

Source: Industry Collaboration Effort

Tips on Cultural Competency

DOs

- Respect others' opinions.

- Acknowledge cultural, generational, other differences without becoming defensive.

- Be open to learning about other cultures and ideas.

- Give others the benefit of the doubt in a dispute. Seek to understand, ask for clarification or reasons for the behavior.

PAY ATTENTION AND…

- ❑ Don't stereotype.

- ❑ Don't judge others by your own cultural standards.

- ❑ Don't assume your culture's way is the only way.

- ❑ Don't talk down to anyone; communicate effectively.

Cultural Competency Tool

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 toward 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 health care beliefs of patients	Holds diversity in high esteem; perceives as valuable contributions to health care, medicine and 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 and treatment	Flexibly adapts communication and interactions 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: https://mediproviders.anthem.com/Documents/CACA_CAID_CulturalCompetencyTraining.pdf

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Communication: The Foundation of Culturally Competent Care

Communication: The Foundation of Culturally Competent Care

- Effective patient–provider communication has been linked to:
  - Increase in patient satisfaction
  - Better adherence to treatment recommendations
  - Improved health outcomes

- *Patient-centered care "encompasses qualities of compassion, empathy, and responsiveness to the needs, values, and expressed preferences of the individual patient."*

- Combining the elements of effective communication and patient-centeredness into care delivery has been shown to improve patients' health and healthcare.

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Communication: The Foundation of Culturally Competent Care

Improved Patient Outcomes → Improve Safety & Adherence → Physician & Patient Satisfaction → Improved Office Process Saves Time & Money → (cycle)
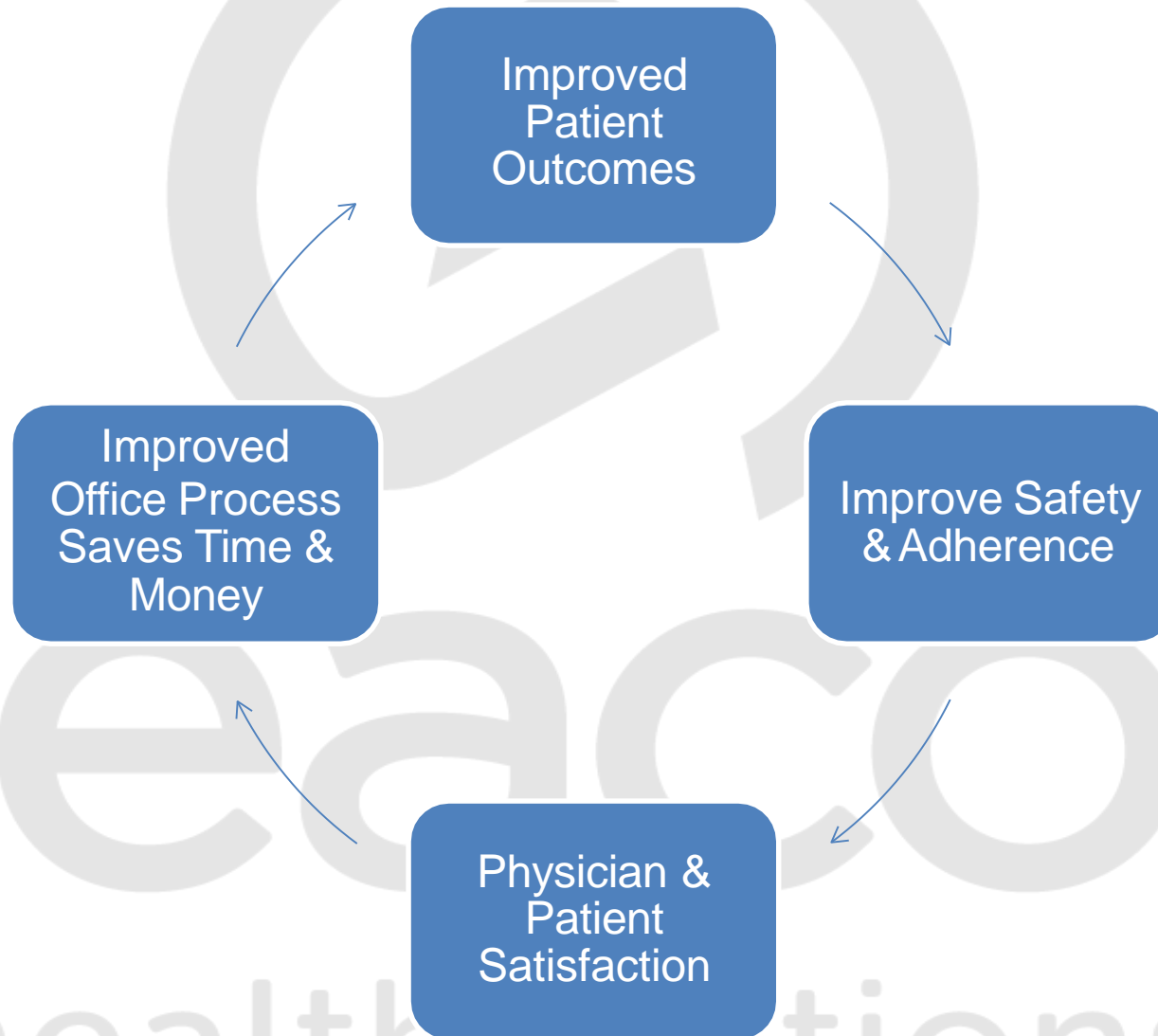
Health Literacy

- **Health Literacy** is the ability to obtain, process and understand basic health information and services needed to make appropriate decisions.

  - Over one third of patients have limited health literacy, which results in their not understanding what they need to take care of their health.

    - Limited health literacy is associated with poor management of chronic diseases, poor ability to understand and adhere to medication regimens, increased hospitalizations and poor health outcomes.

- Member communications are based on health literacy and plain language standards.

- The reading ease of written member materials is tested to ensure no higher than a sixth-grade reading level.

Barriers to Communication

Linguistic	Speech patterns, accents or different languages may be used.
Limited experience (health care concepts, procedures)	Many people are getting health care coverage for the first time.
Cultural	Each person brings their own cultural background and frame of reference to the conversation.
Systematic	Health systems have specialized vocabulary and jargon

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

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Limited English Proficiency

- Term that describes a member who has an inability or a limited ability to speak, read, write or understand the English language on a level that permits that individual to interact effectively with healthcare providers or health plan employees.

- *Who are they?*
  - Asian Americans are the fastest growing racial and ethnic group, increasing 81% from 2010 to 2019. (Pew Research 2019)
  - 22% of people speak a language other than English at home. (Center for Immigration Studies [CIS] 2019)
  - Of those who speak a foreign language at home, 45% were born in the United States. (CIS 2019)
  - Languages with more than one million people who speak it at home include Spanish, Chinese, Tagalog, Vietnamese, Arabic, French, and Korean. (CIS 2019)
  - As of 2019, almost half of states in United States had an increase in foreign language speakers (CIS 2019)

- *What do they experience?*

  - One out of two adult patients has a hard time understanding basic health information due to lower level English fluency.

  - Average physician interrupts a patient within the first 20 seconds.

Source: Industry Collaboration Effort

Clear Communication with LEP Members

Here's What We Wish Our Health Care Team Knew…

❑ If I tell you I forgot my glasses it means I am ashamed to admit that I don't read very well.

❑ I don't know what to ask and am hesitant to ask you.

❑ When I leave your office, I often don't know what I should do.

Here's What Your Team Can Do….

❑ Use a variety of instruction methods.

❑ Encourage questions and use of Ask Me 3* tool.

❑ Use Teach-Back tool*.

* Described on the slide #23.

Source: Industry Collaboration Effort

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Addressing Prescriptions with LEP Members

Here's What We Wish Our Health Care Team Knew…

- ❑ I put medication into my ear instead of my mouth to treat an ear infection.

- ❑ I am confused about risk and information given in numbers like percentages or ratios. How do I decide what I should do?

Here's What Your Team Can Do….

- ❑ Use specific, plain language on prescriptions.

- ❑ Use qualitative, plain language to describe risks and benefits. Avoid using just numbers.

Source: Industry Collaboration Effort

Addressing the U.S. Healthcare System

Here's What We Wish Our Health Care Team Knew…

❑ My expectations do not align with U.S. managed care.

❑ I'm bewildered by requirements to visit multiple doctors.

❑ I wonder why I have diagnostic testing before a prescription is written.

Here's What Your Team Can Do….

❑ Inform patients that they may need follow-up care.

❑ Explain why a patient may need to be seen by another doctor.

❑ Emphasize the importance of medication adherence.

Source: Industry Collaboration Effort

Common Office Expectations for LEP

Here's What We Wish Our Health Care Team Knew…

- ❏ I have different expectations about time.

- ❏ I prefer to have someone of the same gender.

- ❏ I'm going to bring friends or family. They want to help make decisions.

Here's What Your Team Can Do….

- ❏ Upon arrival, inform patient about wait time.

- ❏ Accommodate by offering a doctor or interpreter of same gender.

- ❏ Confirm decision-makers at each visit.

Source: Industry Collaboration Effort

Tips

DON'T:

- Ask friends or family members to support interpretation

  - *Particularly minors*

- Speak louder to the person

- Look at the interpreter instead of the patient

- Speak rapidly

DO:

- Use telephonic or in-person interpretation services as appropriate

- Articulate and speak slowly

- Look at the patient or address the patient directly

- Pause and give the interpreter time to translate fully

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Tools

Ask Me 3® Tool for communicating with members, is a patient education program designed to:

- Improve communication between patients and health care providers

- Encourage patients to become active members of their healthcare team

- Promote improved health outcomes
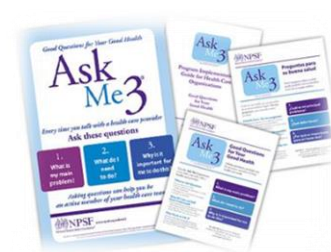
The Teach-Back Tool is a research-based health literacy communication intervention that promotes adherence, quality and patient safety.

- Confirming with the patient that you explained information clearly; it is not a test or quiz of patients or members.

- Asking a patient (or family member) in a caring way to explain, in his or her own words, what he or she needs to know or do.

- Checking for understanding and, if needed, explain and check again.

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Source: Industry Collaboration Effort

Cultural Competence: Various Populations and Subcultures

Subcultures

- A **subculture** is an ethnic, regional, economic or social group exhibiting characteristic patterns of behavior sufficient to distinguish it from others within an embracing culture or society.

- Understanding the many different subcultures that exist within our own culture is also an important aspect of cross-culture health care.
  - *Not just understanding Americans in general, but also understanding different issues that affect different subcultures of American society.*

- With growing concerns about health inequities and the need for health care systems to reach increasingly **diverse patient populations**, cultural competence has increasingly become a matter of national concern.

Health Equity, Health Equality, and Health Inequality

Health Equity **is attainment of the highest level of health for all people.**

Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Health Equality **denotes that everyone is at the same level.**

Equality aims to promote fairness, but it can only work if everyone starts from the same place and needs the same help.

Health Inequality "types of unfair health differences that is closely linked with social or economic disadvantage".

Examples of Equality versus Equity

Equality	Equity
A community meeting where all members of the community are invited about a local environmental health concern is held in English though English is not the primary language for 25% of the residents.	The community leaders hire translators to attend the meeting or offer an additional meeting held in another language.
All public schools in a community have computer labs with the same number of computers and hours of operation during school hours.	Computer labs in lower income neighborhoods have more computers and printers, as well as longer hours of operation, as some students do not have access to computers or the internet at home.

Source: http://minorityhealth.hhs.gov/npa/files/Plans/NSS/NSS_05_Section1.pdf
Source: http://minorityhealth.hhs.gov/npa
Source: http://www.differencebetween.net/language/difference-between-equity-and-equality

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Economically Disadvantaged Populations

Economically disadvantaged members may:

- Not be familiar with the U.S. healthcare system
- Experience illness related to life changes like job loss
- Experience difficulty getting to medical appointments due to transportation issues
- May have limited access to health care facilities near their place of residence.

Benefits to open communication:

- Builds trust
- Results in full disclosure of patient knowledge, behavior and ability to afford medications and treatment

Some Examples of Cultural Differences

❑ **Eye Contact:** Many cultures view direct eye contact as a sign of defiance or disrespect.

❑ **Personal Space:** Some cultures value giving people a wide berth, while in others, keeping a distance would be interpreted as an insult.

❑ **Treatment of Authority:** Many cultures have developed complicated and/or rigid hierarchies, and therefore individuals with this background may pay a lot of attention to rank or seniority.

Tips for Communicating with Multicultural Patients

STYLES OF SPEECH: People vary greatly in length of time between comment and response, the speed of their speech, and their willingness to interrupt.

- 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. Impatience can be seen as a sign of disrespect.

EYE CONTACT: The way people interpret various types of eye contact is tied 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.

BODY LANGUAGE: Sociologists say that 80% of communication is non-verbal. The meaning of body language varies greatly by culture, class, gender, and age.

- Follow the patient's lead on physical distance and touching. Stay sensitive and aware of patient behavior and comfort, and ask for permission to touch them.

- Gestures can mean different things to different people. Be very conservative in your own use of gestures and body language. Ask patients about unknown gestures or reactions.

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Cultural Competence: Seniors and People With Disabilities

Americans with Disabilities Act (ADA)

- People with disabilities must be consulted before an accommodation is offered or created on their behalf.

- Providers are required to comply with all Americans with Disabilities Act (ADA) requirements. These include:

  - Utilization of waiting room and exam room furniture that meets the needs of all members, including those with physical and nonphysical disabilities

  - Use of clear signage throughout provider offices

  - Provide materials in alternate formats

  - Providing adequate parking

Working with Seniors and Persons with Disabilities
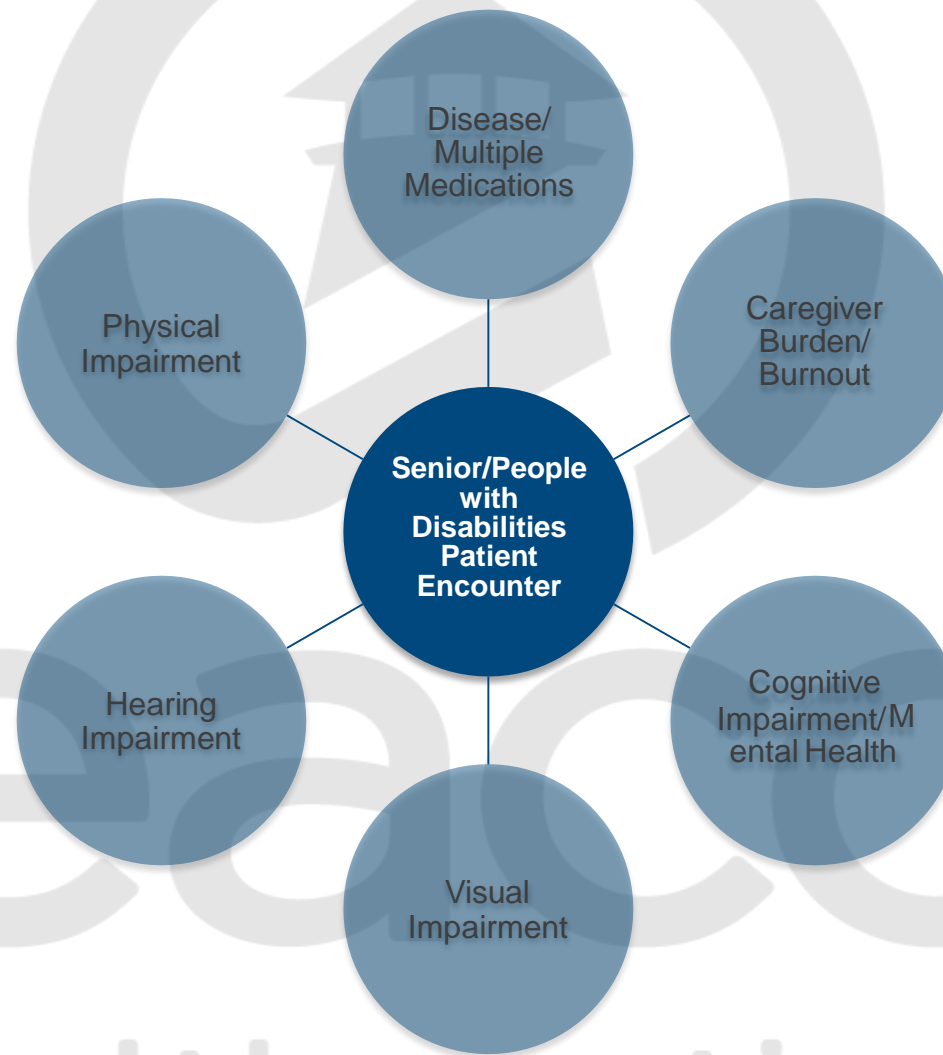
Disease and Multiple Medications

Here's What We Wish Our Health Care Team Knew…

- ❑ Their neurocognitive processing ability may / is impaired due to:
  - Stroke
  - Pain
  - Hypertension, Diabetes
  - UTI, Pneumonia

- ❑ Their medications may / are affecting their cognition due to:
  - Pain medication
  - Antidepressants
  - Interactions

Here's What Your Team Can Do….

- ❑ Be aware and
  - Slow down
  - Speak clearly
  - Use plain language
  - Recommend assistive listening devices

- ❑ Obtain thorough health history

Source: Industry Collaboration Effort

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Caregiver Burden / Burnout

Here's What We Wish Our Health Care Team Knew…

- ❑ 12% of active caregivers may have their own limitations

- ❑ 16% of working seniors are also caregivers

- ❑ Caregivers report more stress and higher likelihood of depression

Here's What Your Team Can Do….

- ❑ Ask about caregiver responsibilities and stress levels

- ❑ Offer caregiver support services

Source: Industry Collaboration Effort

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Cognitive Impairment and Mental Health

Here's What We Wish Our Health Care Team Knew…

❏ Patients with dementia may need a caregiver

❏ Older adults suffer more losses

- May be less willing to discuss feelings

- Have high suicide rates at 65 and older

Here's What Your Team Can Do….

❏ Communicate with patient and caregiver

❏ Assess for depression, dementia, cognitive ability

Source: Industry Collaboration Effort

Visual Impairment Examples

- Macular degeneration

Age-related Macular Degeneration
National Eye Institute photo

- Diabetic retinopathy

Diabetic Retinopathy
National Eye Institute photo

- Cataract

Cataract
National Eye Institute photo

- Glaucoma

Glaucoma
National Eye Institute photo

- **Problems**
  - Reading, depth perception, contrast, glare, loss of independence

- **Solutions**
  - Decrease glare
  - Use bright, indirect lighting and contrasting colors
  - Share printed material with LARGE, non-serif fonts

Images courtesy of the National Institutes for Health/National Eye Institute

Hearing Impairment

Here's What We Wish Our Health Care Team Knew…

- ❑ **Presbycusis**: Gradual, bilateral, high frequency hearing loss
    - Consonant sounds are high frequency
    - Word distinction is difficult
    - Speaking louder *does not* help

Here's What Your Team Can Do….

- ❑ Face patient at all times
- ❑ Speak slowly and enunciate clearly
    - Do not use contractions
- ❑ Rephrase if necessary
- ❑ Do not cover your mouth*
- ❑ Reduce background noise
    - Air conditioner, TV, hallway noise, etc.
- ❑ Offer listening device

*If possible. Local mask ordinances can vary by State

Physical Impairment

Here's What We Wish Our Health Care Team Knew…

❑ **Pain and reduced mobility is common due to**:

- Osteoarthritis

- Changes in feet, ligaments and cushioning

- Osteoporosis

- Stroke

Here's What Your Team Can Do….

❑ Keep hallways clear

❑ Lower exam tables

❑ Add grab bars/railings

❑ Use exam rooms nearest waiting area

❑ Offer assistance – transfers, opening sample bottles, etc.

❑ Recommend in home accessibility assessment

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Cultural Competence: Sexual Orientation, Gender Expression and Gender Identity

Understanding the LGBTQIA+ Population

- **The LGBTQIA+ community is as diverse as the nation and includes members of every race, ethnicity, religion, mental capacity, physical ability/disability, age, and socioeconomic group.**
  - LGBTQIA+ people and their families reside in every county in the United States
  - 5 in 100 Americans identify as LGBTIA+
  - 1 in 250 Adults identify as Transgender

- Although estimates vary, **approximately 3.5% of American adults are lesbian, gay, or bisexual, while 0.3% are transgender**. Not only do the members of this community share the health concerns of the rest of the population, they also face a number of significant additional health risks.
  - 1 in 4 LGBTQIA+ individuals have avoided care due to disrespect or discrimination

- Like many other populations identified as at-risk or disadvantaged, research has demonstrated that **LGBTQIA+ individuals experience disparities** not only in the prevalence of certain physical and mental health concerns, but also in care due to a variety of factors, including experiences of stigma, lack of awareness, and insensitivity to their unique needs.
  - More likely to have a behavioral health condition such as anxiety, depression or PTSD
  - More likely to have a Substance Use Disorder, Eating Disorder, or engage in risky behaviors.

Sources: https://www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf, (www.americanprogress.org/issues/lgbtq-rights/news/2018/01/18/445130/discrimination-prevents-lgbtq-people-accessing-health-care), Healthcare Study 2021, Williams Institute UCLA School of Law

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Terminology and Key Definitions

- The number of words people use to describe themselves can be overwhelming, but it's important to recognize that these words are often part of a closely held identity.

  - Use mirroring - using the same words people use to describe themselves

- Respect language choices

  - There are variations and preferences including regionally and within the LGBTQIA+ community

- LGBTQIA+ – not just an acronym; for every letter, there are people for whom the word is an important identity

https://www.diversity.va.gov › lgbt-awareness

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Sexual Orientation and Gender Identity

Sexual Orientation

- Describes how people locate themselves on the spectrum of attraction.
- Split Attraction Model (SAM)- Recognizes the attraction can be romantic and/or sexual
- Someone who feels a significant attraction to both sexes is said to be bisexual. A man entirely or primarily attracted to men is said to be gay, and a woman entirely or primarily attracted to women is said to be lesbian.
- It is important to note that sexual orientation, which describes attraction, is distinct from gender identity or gender expression.

Gender Identity

- One's basic sense of being woman, man, gender queer, nonbinary, or transgender.
- Gender identity can be congruent or incongruent with one's sex assigned at birth based on the appearance of external genitalia.

Gender Expression

- Characteristics in appearance, personality, and behavior, culturally defined as masculine or feminine.

LGBTQIA+

- The acronym LGBTQIA+ stands for lesbian, gay, bisexual, and transgender, queer (or questioning), intersex, asexual..
- It is an umbrella term that generally refers to a group of people who are diverse with regard to their gender identity and sexual orientation.

LGBTQIA+ Terminology

- **Lesbian:** A woman who is emotionally, romantically or sexually attracted to other women.

- **Gay:** A person who is emotionally, romantically or sexually attracted to the same gender.

- **Bi-sexual:** A person emotionally, romantically, or sexually attracted to people like them and not like them.

- **Transgender:** An Umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. There, transgender people may identify as straight, gay, lesbian, bisexual, etc.

- **Queer:** A term people often use to express identities and orientations.

- **Intersex:** A term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male.

- **Asexual:** Little to no sexual attraction to others.

Note: The **(+)** notes additional experiences that may not be represented by the terms in the acronym but are gender and sexuality experiences outside of the cultural default.

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Culturally Responsive Care

Here's What We Wish Our Health Care Team Knew…

- ❑ Your assumptions and attitudes can dissuade our future care-seeking
  - Discrimination in healthcare may delay or defer treatment

- ❑ We feel our HIPAA rights to privacy are not honored.
  - Employees openly discussing our sexual orientation or gender identity with coworkers

- ❑ We come to you with an extra layer of anxiety
  - Verbally or physically abused
  - Rejected by families due to our sexual and gender identity

Here's What Your Team Can Do….

- ❑ Anticipate that not all patients are cisgender
  - Post non-discrimination policies in common areas
  - Use judgment-free signage and forms

- ❑ Protect the patient's rights
  - Sharing personal health information, including sexual orientation or gender identity is a violation of HIPAA

- ❑ A little warmth can make all the difference!
  - Mirror how patients refer to themselves and loved ones
  - Listen and ask questions
  - Use preferred pronouns
  - Use "partner" instead of "spouse" or "boy/girlfriend"

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Culturally Responsive Care for LGBTQIA+

Here's What We Wish Our Health Care Team Knew…

❑ Many do not disclose sexual orientation or gender identity for fear of receiving substandard care.

  • Coming out to physician doesn't mean they are out to everyone

❑ Your "gaydar" might be off. Most of us don't fit a stereotype.

❑ Recognize that "coming out" to you does not mean we are "coming on" to you.

Here's What Your Team Can Do….

❑ Identify your own LGBTQIA+ perceptions and biases as a first step in providing the best quality care.

❑ Check your surprise, embarrassment, or confusion.

❑ Practice neutral language

  • Replace marital status with relationship status on forms

  • Introduce yourselves with pronouns

  • "How would you like me to address and/or refer to you?"

  • "I'm glad you shared that with me; it might have been difficult. Is there anything else regarding your health care that I should know?"

Source: https://www.medpro.com/lgbt-patient-care

Source: https://www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf

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Culturally Responsive Care for LGBTQIA+

Here's What We Wish Our Health Care Team Knew…

❑ Transgender patients have specific health concerns.

❑ May experience more trauma during removal of clothing or physical examination.

❑ Not all transgender people want to affirm their gender though hormones and/or surgery.

Here's What Your Team Can Do….

❑ Learn about the unique health care needs of LGBTQIA+ individuals.

❑ Perform physical exam only when medically appropriate.

❑ Approach the topic of body modification with care and sensitivity.

Source: https://www.medpro.com/lgbt-patient-care

Source: https://www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf

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Disparities and Barriers to Healthcare for LGBTQIA+

Some disparities include the following:

- Less access to insurance and health care services, including preventive care (such as cancer screenings)

- Lower overall health status

- Higher rates of smoking, alcohol, and substance abuse

- Higher risk for mental health illnesses, such as anxiety and depression

- Higher rates of sexually transmitted diseases, including HIV infection

- Increased incidence of some cancers including: anal, breast, cervical, colorectal, endometrial, lung and prostate

Disparities and Barriers to Healthcare for LGBTQIA+

In addition, LGBTQIA+ patients face other barriers to equitable care such as:

- Refusals of care

- Delayed or substandard care

- Mistreatment

- Inequitable policies and practices

- Little or no inclusion in health outreach or education

- Inappropriate restrictions or limits on visitation.

These inequalities may be even more pronounced for LGBTQIA+ people from racial/ethnic minorities or due to other characteristics such as education level, income, geographic location, language, immigration status, and cultural beliefs.

Experiences of discrimination and mistreatment have, in many cases, contributed to a long-standing distrust of the health care system by many in the LGBTQIA+ community and have affected their health in profound ways.

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Recommendations for Healthcare Providers

❑ Build awareness within your organization about the LGBTQIA+ community and considerations for care. For example, discuss with healthcare providers and staff the difference between sexual orientation (e.g. lesbian, gay, and bisexual) and gender identity (e.g. transgender), which might be confusing to people who are not familiar with these concepts.

❑ Make patients, providers, and staff aware of your nondiscrimination and anti-harassment policies. Post these policies in visible locations.

❑ Consider revising your patient forms to include (a) an option for chosen name in addition to legal name, (b) an extra, blank box for gender, which will give patients the flexibility to identify in the way that makes them most comfortable, (c) a partnership option under relationships, and (d) general wording such as "parents/guardians" rather than "mother" and "father" to accommodate same-sex parents.

❑ Include language on your facility's website and in its marketing materials that describes the organization's commitment to high-quality, culturally competent, patient-centered care. Make sure that marketing, advertising, and informational materials reflect diverse populations.

❑ Understand that sexual orientation and gender identity are just two factors that contribute to an individual's overall identity. Other factors — such as race, ethnicity, religion, socioeconomic status, education level, income, etc. — also contribute to a person's overall experience, his/her perceptions of healthcare, and potential barriers to care.

❑ Evaluate environmental factors that might present issues for LGBT patients, such as bathroom designations, rooming policies, etc. Discuss ways to adopt approaches that will create the greatest level of comfort for all patients.

❑ **Visit the links provided below and on the following reference pages to access additional resources and information.**

Source: https://www.medpro.com/lgbt-patient-care

Source: https://www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf

References

References

- Industry Collaboration Effort

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- http://www.teachbacktraining.com/

- http://www.thinkculturalhealth.org/

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