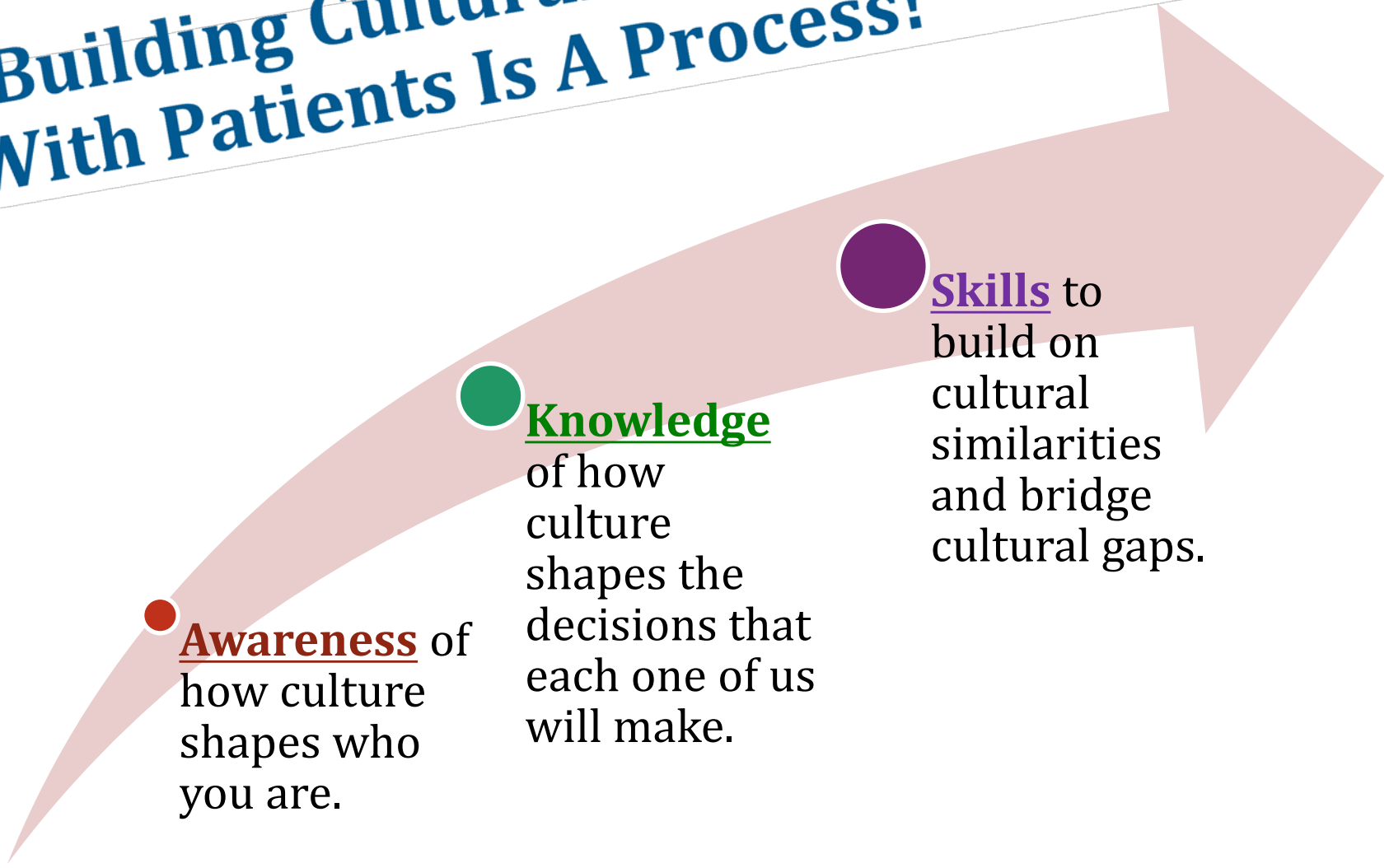
Module 3

Cultural Engagement
Seniors *and* Persons *with* Disabilities

"Building Cultural Engagement With Patients Is A Process!"



Cultural Competency Continuum

For each row, CIRCLE where you are now

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

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

Seniors & Culturally Competent Care

- Seniors become more culturally diverse than other age groups
  - a result of the aging of diverse populations
  - newly arriving seniors

Seniors & Culturally Competent Care Cont.

- Culturally based health differences become more pronounced as people age
  - different rates of assimilation
  - adjustment to U.S. health care delivery

- Certain cultures or ethnicities are more prone to chronic disease such as:

Person-Centered Care

- **Patient-Centered Care** focuses on the patient rather than the provider
  - Example: Care is available to fit the patient's schedule
- Care is tailored to meet the cultural needs and preferences of the patient and family
  - Motivational interviewing is a good technique to foster patient-centeredness

Providing care that is **respectful** of and **responsive** to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions

- Source: Institute of Medicine (IOM)

Older Ethnic Groups Face Many Potential Barriers

- **Isolation**: Due to language or culture different from their homeland
- **Changing Family Support**:
  - Traditional expectations for family support may not be possible in US
  - Use of nursing homes/ assisted living facilities may not be culturally acceptable
- **Perception of disease vs. natural aging:** Culture provides guidance on what symptoms are considered a natural part of aging and which indicate an illness that needs to be addressed

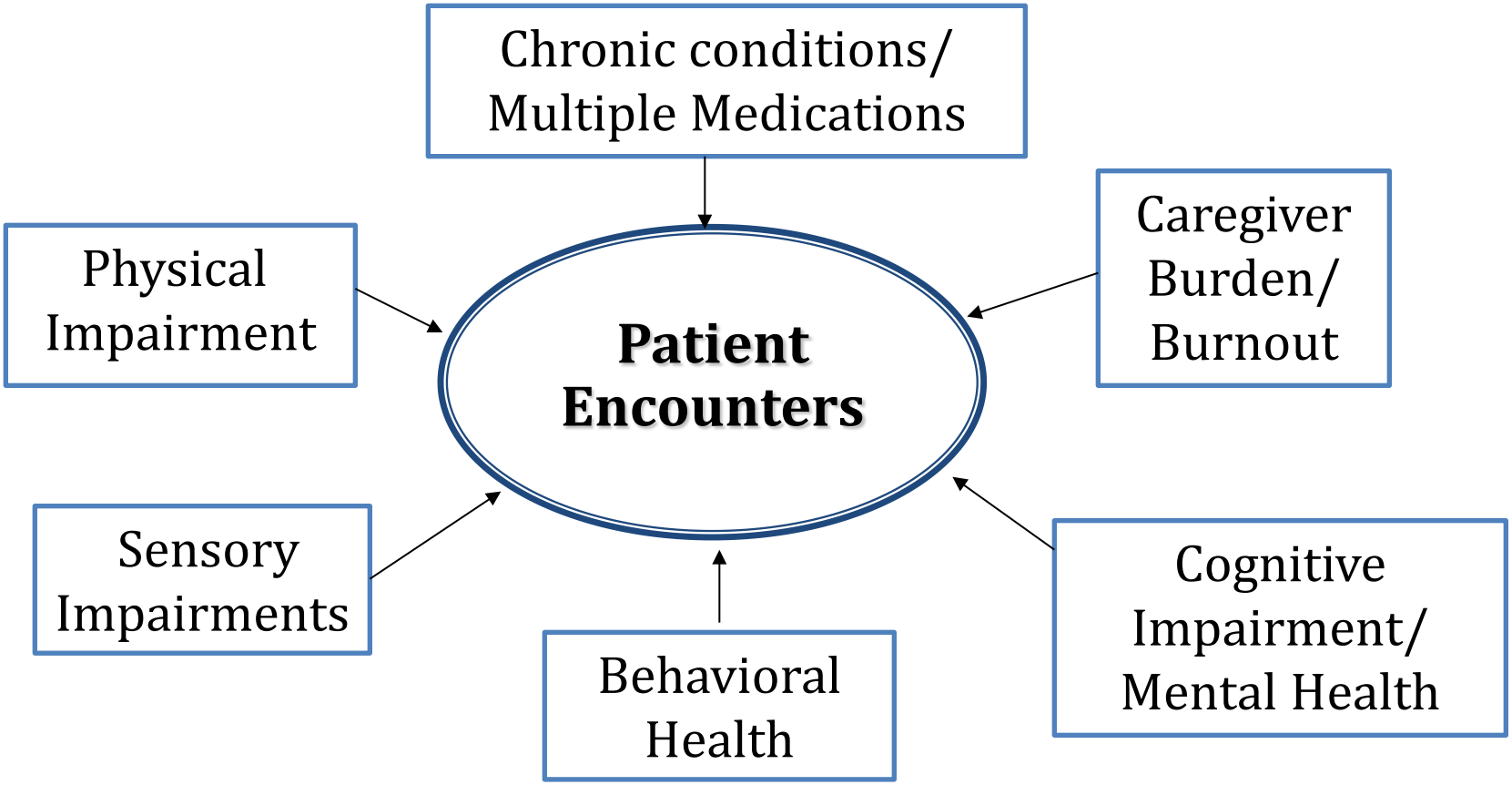
Older Ethnic Groups Face Many Potential Barriers Cont.

- **Expectations of Activity/Involvement in Society**:
  - Cultures may differ in their view of what's expected in old age
  - Cultural views of aging roles– decision-maker, respected role
  - Gender roles
  - Amount and type of activity that is normal for seniors
  - Amount of activity needed to be considered healthy

Cultural Barriers Seniors May Face

	Norms within Western Medicine practice in the US	Possible Cultural Differences
Wellness	Maintain wellness by adhering to treatment or doctor's advice or by use of preventive measures	Culture emphasizes that wellness is the natural outcome of maintaining balance between the causes of illness and the causes of good health. Often involves a balance of mind, body and spirit
Responses to Illness	Seek advice from a qualified medical professional	Symptoms guide the response to illness. May use home based treatments, seek advice from those that analyze imbalance or begin the treatment commonly associated with the symptoms.
Mobility Assistance	Use of devices to assist as needed	Avoidance of devices as they may be seen as a public announcement of an impairment that is the result of living out of balance or a spiritual affliction
Cognitive Decline	Take medical steps to avoid or improve	May be seen as a natural part of aging, no medical response needed
Palliative Care	Multidisciplinary approach to relieving discomfort associated with disease	Multidisciplinary, may include adjustments needed to restore spiritual harmony, involvement of spiritual healers, use of rituals or an avoidance of institutional care

Working with Seniors and Persons with Disabilities



- Source: Adapted from the Department of Health and Human Services 2007

Culture and Disability

- Ethnic minorities with disabilities face higher unemployment and poverty rates, as well as less access to services, than their non-minority counterparts.
- Traditionally, the disability community has focused general issues such as access to health insurance, personal assistance services, assistive technology
  - Little emphasis on varied racial, ethnic, and cultural differences within the disability community

Culture and Disability Cont.

- In some cultures, disability may have additional meaning
  - May be seen as evidence of living out of balance or a spiritual affliction
  - May lead families to keep their family member out of public view
  - May result in unwillingness to use assistive or medical devices

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Conditions and Medication Effects for Seniors

Conditions

Neuro-cognitive processing ability may be impaired, due to:

- Pain
- Stroke
- Hypertension
- Diabetes
- Urinary Tract Infection
- Pneumonia

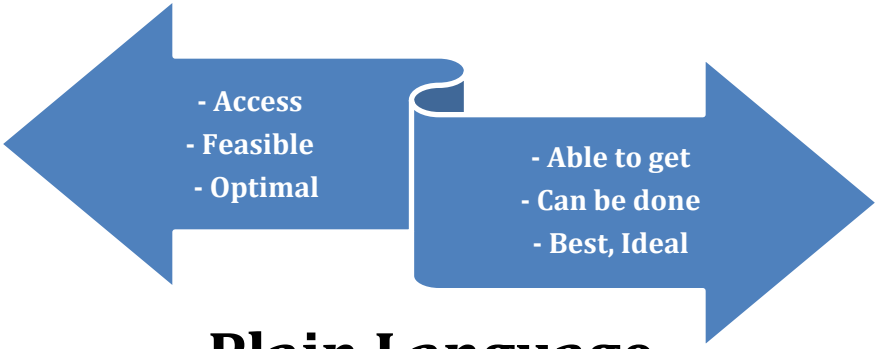
Medication

Can affect cognition:

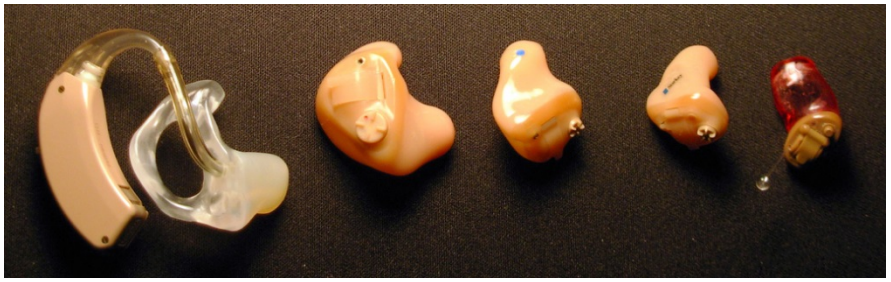
- Pain medication
- Anti-depressants
- Drug interactions

Actions to Consider for Seniors

- **Obtain thorough health history** including the patient's cultural perspectives on their condition
- **Be aware of condition(s)**
  - Slow down
  - Speak clearly
  - Use plain language
  - Assistive listening devices



Plain Language



Culture Impacts Cognitive Impairment

Conditions

- Patients with dementia may need caregivers as disease progresses
- May see memory loss as a natural part of aging and not seek medical care
- Some cultures define dementia as a mental aberration and may stigmatize it
- Caregivers may be prone to fatigue, burnout, and potential of abuse

Actions

- Communicate with patient & caregivers
- Actively listen for a sense of loss or isolation
- Assess for depression in early stages of dementia
- Assess cognitive ability

Culture Impacts Mental Health

Conditions

- Anxiety, depression, or loneliness may occur in Seniors who are:
  - Isolated due to language
  - Have recently relocated to a new living environment
  - Have recently migrated and are adjusting to many different cultural experiences
  - Are adapting to many changes in their health status
  - Many may be adjusting to multiple challenges simultaneously!
  - May be less willing to talk about feelings

Actions

- Since individuals may be unable to articulate the disconnect from their culture, include open ended questions at each visit
- Encourage your patient to talk about current adjustments
- Explain that feeling down is a common reaction to losses and can be treated

There are **many ways** that cultures talk about mental health. Familiarize yourself with cultural cues that mental health issues are present.

Behavioral Health and Culture

Behavioral healthcare is a benefit for all seniors, however not all seniors will seek care!

Behavioral Health and Culture Cont.

- Consider behavioral health in cultural context
  - E.g. substance use/abuse may be conceptualized differently across cultures
- Referral process **varies** by plan/medical group:
  - Check ICE Website for list of Behavioral Health Provider
  - Check with Medical Group/Health Plan for coverage/services
  - Typically contact info is on back of insurance card

Hearing Impairment

Age-Related Hearing Loss:

- Gradual loss may mean patient doesn't realize extent of loss/ resistance to action
  - May rely more on lip reading than the patient realizes
- Causes isolation, loss of social interaction and social status
- Voices & consonant sounds is especially challenging at higher frequencies

Actions:

- Face patient at all times
  - Ensure patient can see your mouth clearly
- Speak slowly and enunciate clearly
  - Do not use contractions
- Rephrase if necessary
- Reduce background noise
  - Air conditioner, TV, noise etc.
- Audible Solutions- offer listening devices such as Pocket Talker

Visual Impairment

Vision loss can have profound <u>social & emotional impacts</u>:

- Loss of independence
  - Also connected to potential loss of social status, ability to keep friendships
- Social effects of visual impairment more profound for immigrants and vulnerable populations
  - Newer arrivals to the US, or those with other physical disabilities may have already had to adapt to new ways of navigating the world—vision loss compounds this by adding additional adaptations

Actions:

- Change lifelong habits and learn new skills and practices
  - How one cooks
  - How to consume information
  - Moves around the world are deeply dependent on visual acuity for humans
- Assistive Technology
  - Screen Readers
  - Braille Printers

Physical Impairment/Pain

Physical impairment is regarded differently across cultures:

- May be considered shameful
- May be thought of as a consequence of behavior

Depending on cultural context, pain may or may not be appropriate to express

Actions:

- Create a welcoming and shame-free environment
- Keep hallways clear
- Lower exam tables
- Add grab bars/railings
- Use nearest exam rooms

Younger Individuals with Disabilities

- There are many different disabling conditions; **Physical, Sensory, Mental, & Cognitive**
  - Everyone is on a continuum of varying abilities!
  - Disability is viewed through a cultural lens – may have varying understanding of what constitutes a disability
  - Not all dual eligible individuals are seniors

- Younger disabled people may have stronger preferences for self-determination
  - May be more advocative as a group than older people
  - May have more mental health issues as a diagnosis or as a result of being disabled

- Ensure you are meeting the needs of younger people with disabilities
  - E.g. Ensure that prenatal care is accessible to all levels of ability

Cultural Caregiving Beliefs

Beliefs about responsibilities for older and disabled people from other cultures may differ:

- Who is responsible? Does that person act as a barrier to patient care?
  - E.g. If the eldest son is culturally expected to be the caregiver, and he is unavailable, who takes responsibility?

Caregivers and care receivers may often be from different cultural backgrounds (expectations & understandings)

Familial Caregivers and Risk to Patients

- Impaired older people or persons with disabilities often have a caregiver to help them with daily functioning
  - Care may include managing finances, help around the house, personal care, or increasingly more complicated medical in-home care
- Caregivers need a support system and back-up for when they are unavailable
- Caregiver burnout may leave patient without adequate care
  - May result in diminished ability to continue caregiving/or abuse

How to Help Patients with Caregivers

- Ask about caregiver responsibilities and stress levels
- Ask about the plan for caring for the patient when primary caregiver is unavailable
- Offer caregiver education, support services and resources such as:
  - Caregiver Resource Centers
  - Alzheimer's Association
  - American Cancer Society

References

- California Caregiver Resource Centers (2005). *California Caregiver Resource Centers.* Retrieved from *http://www.cacrc.org/calfiforniacrc/jsp/hom.jsp*
- Family Caregiver Alliance (FCA) (n.d.). Retrieved from *http://www.caregiver.org/caregiver/jsp/home.jsp*
- Department of Health Care Services Policy Letter 12-006, Retrieved from www.dhcs.ca.gov/formsandpubs/Pages/PolicyLetters.aspx
- Disability-Competent Care Webinar Series - Resources for Integrated Care
  - The CMS Medicare-Medicaid Coordination Office is facilitating a webinar series for interested providers and health care professionals, front-line staff with health plans and practices, and stakeholders to support providers in their many uses of the Disability-Competent Care (DCC) Model.
  - The DCC model is a resource for providers, health plans, and healthcare organizations to enhance capacity to integrate care for adults with disabilities.
  - Webinars and other resources are available at: https://fida.resourcesforintegratedcare.com/

Developed in collaboration with Health Industry Collaboration Effort