

PROVIDER CULTURAL COMPETENCY TRAINING



Parkland
Community Health Plan



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INTRODUCTION TO CULTURAL COMPETENCY

OVERVIEW

WHAT TO EXPECT FROM THIS TRAINING

As a provider, you play a key role in ensuring that all patients—regardless of their background—feel understood and respected in their care.

This training will help you:

- 1. Enhance your cultural awareness and communication skills**
- 2. Understand why cultural competency is key to delivering effective, equitable care**

Cultural Competency requires a commitment to recognizing and responding to each individual's unique verbal cues, body language, and attitudes—ensuring care is respectful and inclusive.

CULTURAL COMPETENCY IN HEALTHCARE

WHAT IT MEANS

Cultural competency is the ability—and commitment—of healthcare providers to recognize and respect the diverse values, beliefs, behaviors, and communication styles of the patients they serve.

It involves tailoring care to meet each patient's social, cultural, and linguistic needs—and demonstrating an understanding of how culture can shape a patient's healthcare experience.

Cultural factors may influence how patients:

- 1. Define, evaluate, and communicate their symptoms**
- 2. Decide when and how to seek help**
- 3. Share information with providers**
- 4. Respond to diagnoses and treatment plans**

THE ROLE OF CULTURE IN HEALTH OUTCOMES

KEY IMPACTS

Cultural competence benefits both patients and providers. It helps build trust, improve understanding, and foster stronger patient participation—which can lead to:

- **Increased patient safety**
- **Reduced inefficiencies**
- **Fewer care disparities**
- **Lower healthcare costs**

Culture and language can influence:

- **Beliefs about health, healing, and wellness**
- **Perceptions of illness and its causes**
- **Patient attitudes toward healthcare providers—and vice versa**
- **Health outcomes and decision making**

CORE COMPONENTS OF CULTURAL COMPETENCY

FIVE FOUNDATIONAL VALUES

Being culturally competent means having the ability and willingness to provide respectful, responsive care to people from all cultural backgrounds. This includes:

- **Self-Awareness** – Recognizing how your worldview shapes your decisions
- **Openness** – Acknowledging that cultural differences exist
- **Knowledge** – Learning about diverse beliefs, customs, and practices
- **Compassion** – Accepting and valuing different communication and care preferences
- **Humility** – Committing to lifelong learning and improvement

As you go through this training, consider how your patients' culture and language may shape their beliefs about health, illness, and healing—and how those beliefs, along with your own attitudes, can influence care.

PRACTICING CULTURALLY EFFECTIVE CARE

THREE GUIDING PRINCIPLES

Health care providers are challenged to think broadly and recognize differences across factors such as language, race, ethnicity, gender, sexual orientation, religious beliefs, disability, education, and socioeconomic background.

As providers, it's important to be respectful of and responsive to the health beliefs, practices, cultural needs, and communication preferences of diverse patient populations.

These three guiding principles support culturally effective care:

1. **Empathy** – Understanding a person from their own frame of reference rather than one's own. Empathy fosters connection and can support better communication and trust.
2. **Curiosity** – Demonstrating genuine interest in the patient's experiences, cultural background, and perspective, with the motivation to learn more.
3. **Respect** – Showing esteem, concern, and positive regard for the patient as a unique individual, which supports effective interpersonal communication and care.

CROSS-CULTURAL COMMUNICATIONS



EFFECTIVE COMMUNICATION IN CARE

THE ROLE OF COMMUNICATION IN PATIENT CARE

Effective communication—both verbal and non-verbal—is essential to delivering respectful, culturally responsive care. Even when using a preferred language, medical information can be difficult for patients to fully understand.

UNDERSTANDING HEALTH LITERACY

Health literacy is a person's ability to obtain, process, and understand basic health information needed to make appropriate health decisions.



Did You Know?

More than **one-third** of U.S. adults have limited health literacy (Hersh, 2015).

When literacy is limited, patients may struggle to:

- Find providers and services
- Complete complex forms
- Share their medical history
- Ask questions
- Understand how to take medications correctly
- Follow treatment or prevention guidelines
- Understand medical procedures
- Manage chronic conditions

PATIENT SATISFACTION STARTS WITH COMMUNICATION

THE IMPACT OF LANGUAGE ON HEALTH OUTCOMES

When providers and health plans do not work together to deliver culturally competent care, patients face higher risks of negative health outcomes, poor-quality care, and overall dissatisfaction with their experience.

Language barriers often create uncertainty for both patients and providers, leading to discomfort, reduced trust, and doubts about whether communication is clear—ultimately making it harder to engage patients or motivate them to participate in their care.

Studies show that **African American, Latino, and Asian American patients** often experience:

1. **Less partnership** with physicians
2. **Lower involvement** in their care decisions
3. **Reduced** satisfaction

These disparities highlight **the importance of effective, culturally responsive communication** in improving the patient experience.

COMMUNICATION AND LANGUAGE ASSISTANCE

INTERPRETER SERVICES FOR PCHP MEMBERS

PCHP offers language assistance services, including professional interpreters, **to help members who need support during their healthcare experience.**

- Both members and providers can request interpreter services by calling **1-888-672-2277**.
- Members who are deaf or hearing impaired can call the TTY line at **7-1-1**.

USE OF PROFESSIONAL INTERPRETERS

- **Increases patient satisfaction**
- **Improves patient safety & health outcomes**
- **Complies with language access requirements**



QUESTION: How can a member get an in-person interpreter for a doctor visit?

ANSWER: PCHP can arrange for an interpreter to accompany a member to their appointment with 72 hours advance notice.

PROVIDER RESPONSIBILITIES FOR LANGUAGE ACCESS

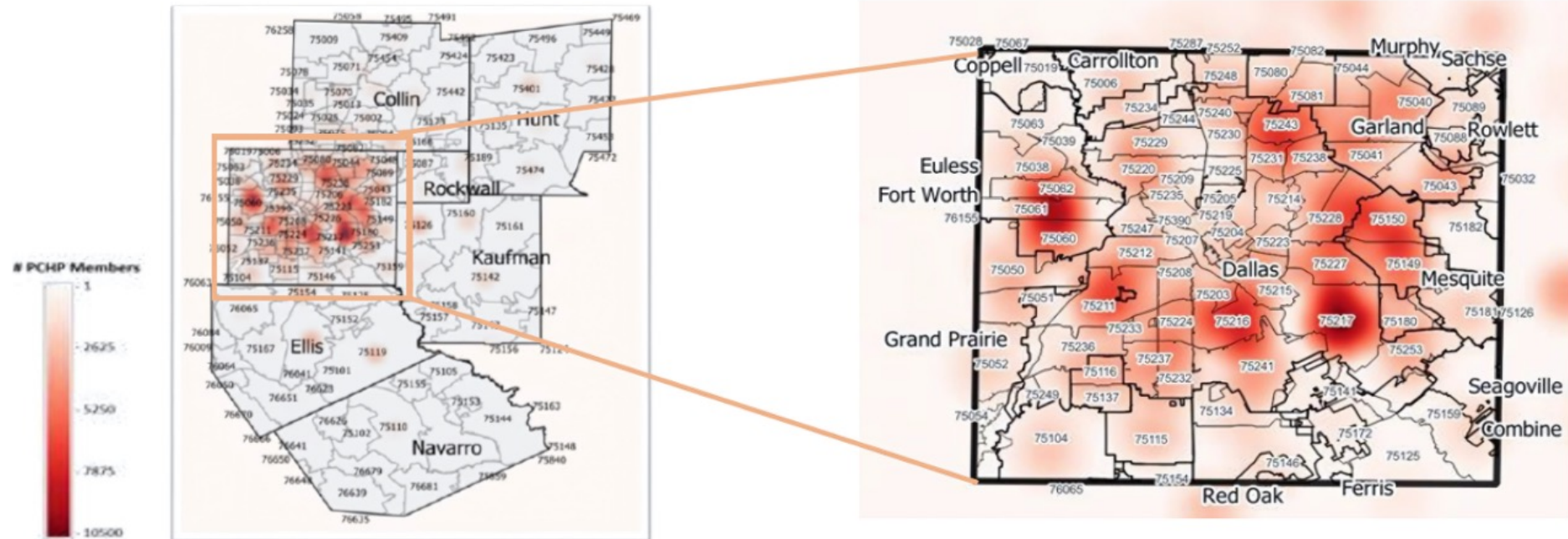
PROVIDERS ARE EXPECTED TO SUPPORT LANGUAGE ACCESS BY:

- **Offering language assistance at no cost** to individuals with limited English proficiency or other communication needs.
- **Clearly informing patients of these services**, verbally and in writing, **in their preferred language**.
- **Avoiding** the use of **untrained individuals** or minors as interpreters.
- Ensuring all **patient-facing materials** and signage are easy to understand and **available in the most commonly spoken languages** in your service area.

PCHP MEMBERSHIP

OVERVIEW

- Currently, **more than 75% of PCHP members live in Dallas County.**
- Membership is most concentrated in the **southeast and northwest regions** of Dallas County, with ZIP codes 75216, 75217, and 75228 in the southeast reflecting some of **the highest levels of social need.**

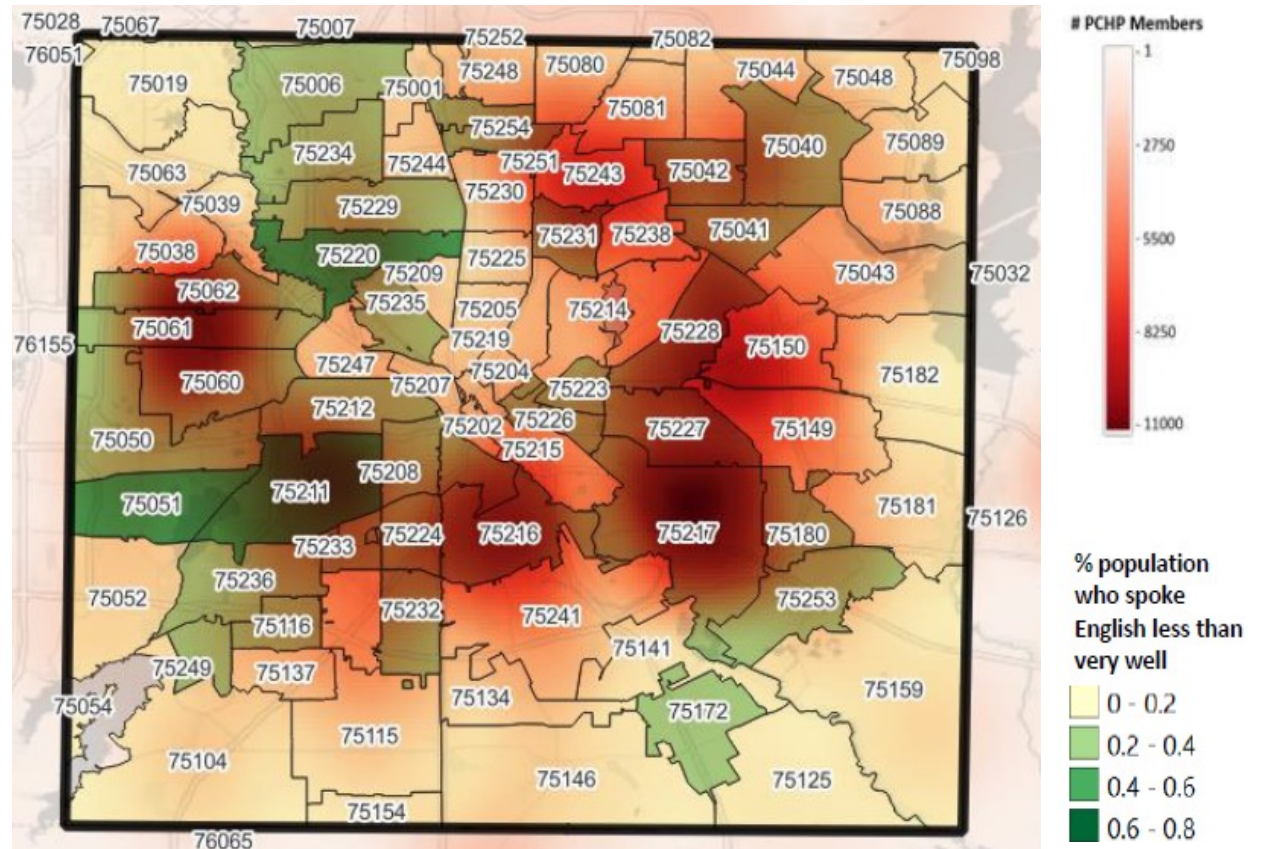


PCHP MEMBERSHIP

LANGUAGE NEEDS IN HIGH-MEMBERSHIP ZIP CODES

- Several high-membership ZIP codes—75211, 75216, 75217, 75227, and 75228—also have a large number of residents with limited English proficiency.
- In these areas, English is often not the preferred language spoken at home.
- **This overlap reinforces the importance of providing language access and culturally responsive care.**

Individuals w/Limited English Proficiency/Have a Different Preferred Language



HEALTH DISPARITIES

IMPLICIT BIAS & HEALTH DISPARITIES

IMPLICIT BIAS

Implicit bias refers to **unconscious attitudes or stereotypes that influence understanding, behavior, and decision-making**—without deliberate intent. These biases, whether positive or negative, are shaped by experience and activated automatically.

HEALTH DISPARITIES

Health disparities are **differences in health outcomes** among groups of people that are closely linked to social, economic, and environmental disadvantages.

Contributing factors include:

- Race or ethnicity
- Gender
- Sexual identity
- Age
- Disability
- Socioeconomic status
- Mental health
- Geographic location

EXAMPLES

BY CONDITION

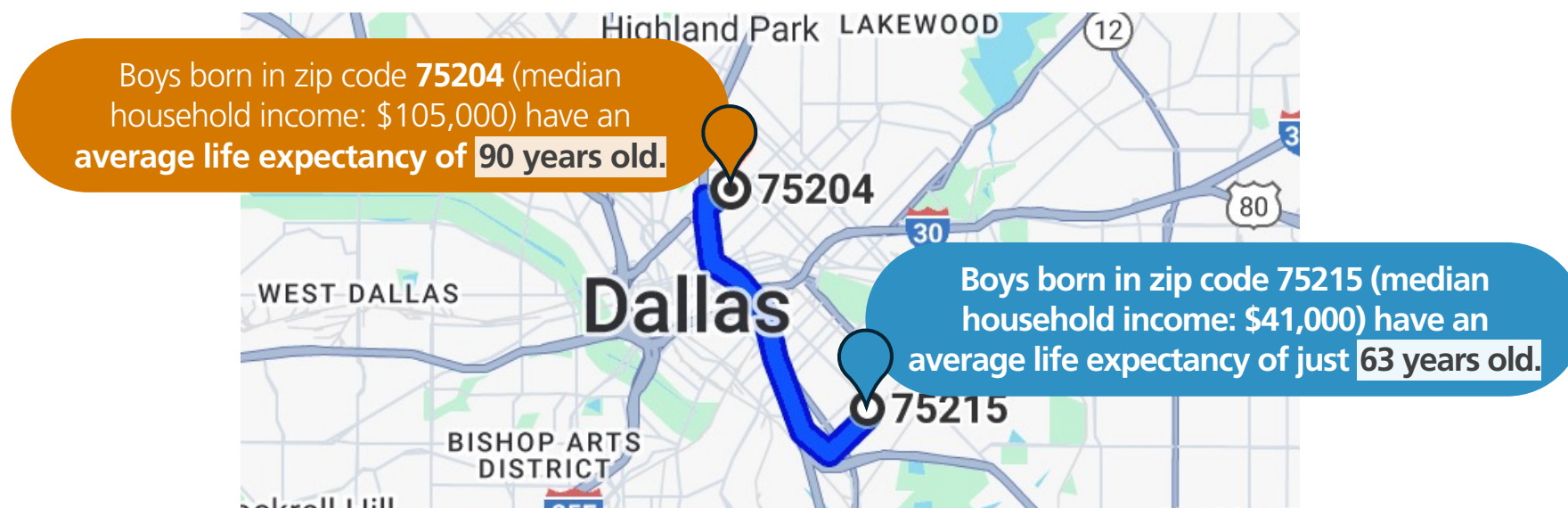
In Texas, **Black/African American individuals have higher death rates from diabetes, cancer, and cardiovascular disease** than any other reported racial or ethnic group.

CONDITION	BLACK/AFRICAN AMERICAN	WHITE	HISPANIC
Diabetes	35.1	20.1	—
Cancer	217.0	180.5	142.4
Cardiovascular Disease	352.0	264.1	214.7

HEALTH DISPARITIES IMPACT LIFE EXPECTANCY

LOCAL HEALTH DISPARITIES

In Dallas County, children born less than 4 miles apart from each other can have up to a **27-year difference in life expectancy**.



This stark difference highlights the real impact of health disparities—right here in our own community and patient population.

SOCIAL DETERMINANTS OF HEALTH (SDOH)

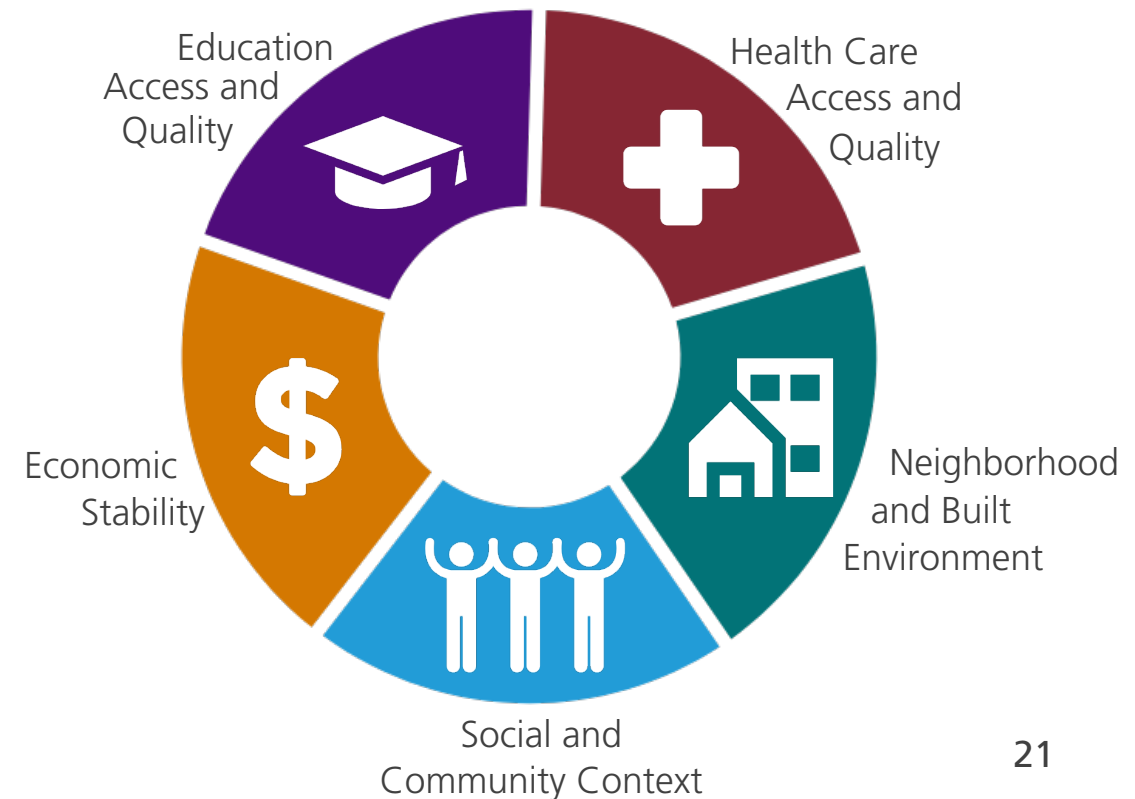
SOCIAL DETERMINANTS OF HEALTH (SDOH)

DEFINING SDOH: THE FIVE DOMAINS

Social determinants of health (SDOH) are the **conditions in the environments** where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

SDOH can be grouped into **5 domains**:

- **Economic Stability**
- **Education Access and Quality**
- **Health Care Access and Quality**
- **Neighborhood and Built Environment**
- **Social and Community Context**



EXAMPLES

ECONOMIC STABILITY

In the U.S., **1 in 10 people live in poverty**. While many have steady work, their income may not be enough to afford basic needs like food, housing, and health care.

Poverty is linked to:

- **Limited access to health services, nutritious food, and stable housing**
- **Fewer opportunities for physical activity**
- **Higher rates of preventable illness and death**

Programs that make health care, housing, food, and education more affordable can help reduce these disparities.

EXAMPLES

EDUCATION ACCESS & QUALITY

Education is closely tied to health. People with **higher levels of education are more likely to live longer, healthier lives.**

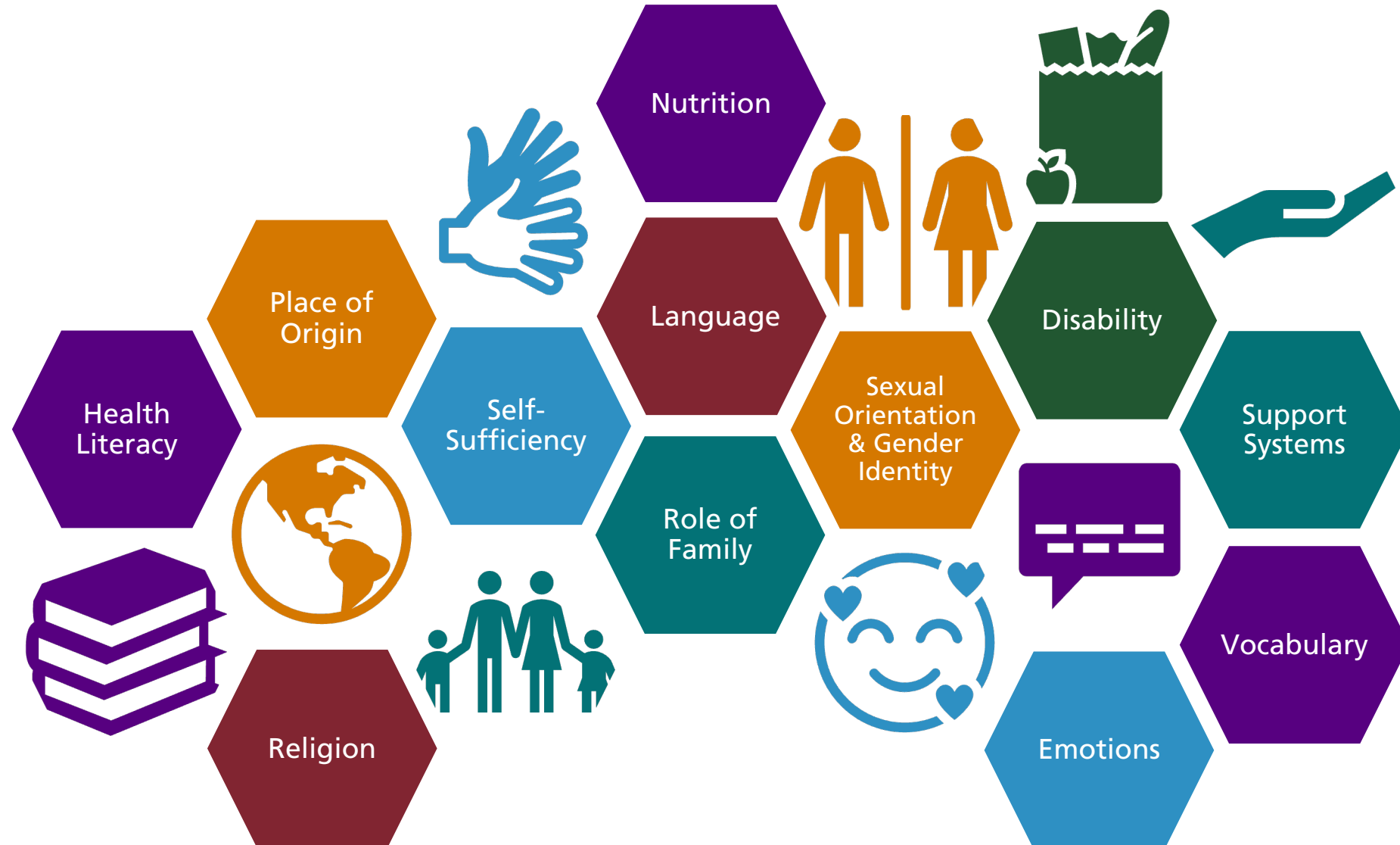
Barriers to education—such as poverty, disability, and discrimination—can affect children’s development and academic success.

These are linked to:

- **Lower graduation rates**
- **Reduced access to well-paying jobs**
- **Higher risk for chronic conditions like heart disease, diabetes, and depression**

Interventions that support academic success and increase access to college or job training can improve long-term health outcomes.

CULTURALLY RESPONSIVE CARE IN PRACTICE



CULTURALLY RESPONSIVE CARE IN PRACTICE

IMPORTANT CONSIDERATIONS

When providing culturally responsive care, it's important to consider a wide range of factors that may influence your patient's experience, understanding, and decision making. These touchpoints can often be gathered early on, such as during an initial interview or intake process.

1. **Place of Origin** – Ask where the patient was born and consider how this may impact health beliefs, behaviors, or access to care.
2. **Language** – Confirm what language(s) the patient and family use at home. Don't assume proficiency; always offer interpreter support as needed.
3. **Health Literacy** – Check for understanding of health concepts and instructions. Use plain language, visuals, or teach-back techniques.
4. **Nutrition** – Be aware of cultural dietary preferences, restrictions, or the use of traditional remedies.
5. **Religion** – Ask if faith impacts treatment choices or care preferences.

CULTURALLY RESPONSIVE CARE IN PRACTICE

6. **Sexual Orientation / Gender Identity** – Provide inclusive, confidential space for adolescents to discuss identity and sexual health.
7. **Self-Sufficiency** – Learn how independence is viewed in the patient's culture, especially for older children or youth.
8. **Support Systems** – Ask about family, community, and cultural supports that may influence care or decision making.
9. **Disability** – Understand how disability is perceived within the patient's culture and what support services are in place.
10. **Role of Family** – Ask how decisions are made at home and who typically participates in health-related conversations.
11. **Emotions** – Explore how emotional health is expressed and supported within the patient's cultural context.
12. **Vocabulary** – Invite patients or caregivers to share terms or phrases they use to describe illness, symptoms, or health experiences.

IN SUMMARY

KEY TAKEAWAYS

- **Strong communication** between providers and members directly **supports patient satisfaction** and better **health outcomes**.
- Culturally competent providers **listen, understand patient concerns**, and ensure members can follow their care plans.
- Providers must **address the cultural, linguistic, and health literacy needs** of diverse populations in order to improve individual and community health.
- The Cultural Competency Program focuses on:
 - **Improving healthcare access and utilization**
 - **Enhancing service quality** in culturally diverse and underserved communities
 - Promoting **cultural and linguistic competence** to help **reduce health disparities**
- For more resources, visit [HRSA – U.S. Department of Health and Human Services](#).
- Culture significantly shapes how individuals respond to health care, including how they cope with illness, access care, and navigate recovery.

IN SUMMARY

KEY TAKEAWAYS

- Provider education covers key topics, including:
 - **Cultural stigma** around mental health and the importance of encouraging treatment-seeking.
 - The impact of **religious or cultural beliefs on health behaviors** (e.g., use of non-traditional healing practices).
 - Addressing **health literacy** by using clear, accessible communication (e.g., plain language, visuals, and culturally appropriate examples).
 - The history and impact of the **disability rights movement**.
 - **Physical and systemic barriers** affecting people with disabilities.
- As part of our program, we encourage providers to explore the Office of Minority Health's free web-based training, [A Physician's Guide to Culturally Competent Care](#). The American Medical Association, American Academy of Family Physicians, and the American College of Physicians endorse this program, which provides up to 9.0 hours of category 1 AMA credits at no cost.

THANK YOU!



Provider Services: 1-888-672-2277



Providers.ParklandHealthPlan.com



Parkland
Community Health Plan

RESOURCES

- Becoming a Culturally Competent Health Care Organization. American Hospital Association. <https://www.aha.org/ahahret-guides/2013-06-18-becoming-culturally-competent-health-care-organization>, Slide 4, 5
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2719963/>, Slide 8
- <https://wallethub.com/edu/most-diverse-cities/12690>, Slide 9
- <https://spectrumlocalnews.com/tx/south-texas-el-paso/news/2021/09/22/u-s--2020-census-study-ranks-texas-2nd-most-diverse-state-in-country>, Slide 9
- <https://spectrumlocalnews.com/tx/south-texas-el-paso/news/2021/09/22/u-s--2020-census-study-ranks-texas-2nd-most-diverse-state-in-country>, Slide 10
- <https://wallethub.com/edu/most-diverse-cities/12690>, Slide 10
- Training on Culturally Effective Health Care provided by the Texas Health and Human Services Commission (HHSC) and the Texas Department of State Health Services (DSHS). <https://www.txhealthsteps.com/500-culturally-effective-health-care>, Slide 8, 13, 14, 16, 26, 27
- <https://hpi.georgetown.edu/cultural/>, Slide 15
- <https://patientengagementhit.com/news/what-does-cultural-competence-mean-for-healthcare-providers>, Slide 15
- <https://patientengagementhit.com/news/how-cultural-language-barriers-impact-positive-patient-experience>, Slide 15
- Institute of Medicine, Committee on Quality of Health Care in America. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academy Press. 2001, Slide 20
- Economic Impacts of Health Disparities in Texas 2020. <https://altarum.org/sites/default/files/uploaded-publication-files/Econ-Impacts-of-Health-Disparities-Texas-2020-FINAL-002.pdf>, Slide 21