



With an increasingly multicultural society, the need to provide culturally safe care is more important than ever. Being culturally competent means considering culture, diversity, inclusion, and our own biases when providing care.

You will see patients from many backgrounds. Providing culturally sensitive care builds trust and increases safety.

Webster Dictionary defines culture, diversity, inclusion, and bias as:

- **Culture:** the customary beliefs, social forms, and material traits of a racial, religious, or social group.
- **Diversity:** the condition of having or being composed of differing elements: variety, especially the inclusion of people of different races, cultures, etc. in a group or organization.
- **Inclusion:** the act or practice of including and accommodating people who have historically been excluded (because of their race, gender, sexuality, or ability).
- **Bias:** an inclination of temperament or outlook; a personal and sometimes unreasoned judgment.

Clinicians must be able to understand how each patient's sociocultural background affects health beliefs and behavior. By understanding the patient's social determinants of health, practitioners are better able to care for multicultural populations. Several tools are available to help practitioners screen for social determinants of health.

In its Family Practice Management, the American Academy of Family Physicians, provides "[A Practical Approach to Screening for Social Determinants of Health.](#)"

Being aware of one's own culture, and biases allows us to be more inclusive of diverse populations. When cultures and languages create barriers, clinicians are unable to deliver the care they have been trained to provide. Culturally competent care depends on resolving systemic and individual cultural differences that can create conflicts and misunderstandings. If the provider is unable to elicit patient information and negotiate appropriate care, negative health consequences may occur.

Biases affect how we view and care for individuals. They are the attitudes or internalized stereotypes that can affect healthcare professionals' perceptions, actions, and decisions in an unconscious manner that often contribute to unequal treatment of people based on race, ethnicity, gender identity, sexual orientation, age, disability, and other characteristics. All of us come from different backgrounds and tend to see the world from our own perspective.

Failing to recognize or respect the views of others can manifest itself in a form of bias known as ethnocentricity. Ethnocentricity may take the form of explicit bias such as xenophobia, overt racism, or religious bias. Explicit bias occurs at a conscious level, but when the individual is not aware of the bias, it is implicit bias. Bias can result in a lack of cultural competence evidenced by failure to consider the terminology, comfort care, and remedies implemented by persons from a culture other than that of the healthcare provider.

WHAT YOU CAN DO

Consider the following strategies to address cultural diversity challenges in your practice:

- Follow AHRQ's [Cultural Competence and Patient Safety](#) recommendations on the use of language assistance, cultural brokers, training, and their guide [Improving Patient Safety Systems for Patients with Limited English Proficiency](#).
- Conduct a self-assessment: [Cultural and Linguistic Competence Health Practitioner Assessment](#), available from the Georgetown University National Center for Cultural Competence.
- Use a communication model such as LEARN:
 - Listen to the patient's perception of the problem.
 - Explain your perception of the problem.
 - Acknowledge and discuss differences and similarities.
 - Recommend treatment.
 - Negotiate treatment.

- Ask the patient or interpreter to repeat back what you said during the informed consent process, during the discussion of the treatment plan, or after any patient educational session with you or your staff. The repeat-back process is effective for determining the extent of the patient's understanding.
- Plan ahead when caring for patients with limited or no English proficiency by identifying the main languages spoken in your area, adding primary language to intake forms, and translating important patient information material and consents. See the CDC Gateway to Health Communication, "[Health Equity Guiding Principles for Inclusive Communication](#)."
- Use "Ask Me 3," a tool that identifies three simple questions all clinicians should be ready to answer — regardless of whether the patient asks. More information is available in our article "[Rx for Patient Safety: Use Ask Me 3 to Improve Patient Engagement and Communication](#)" and "[Ask Me 3: Good Questions for Your Good Health](#)" on the Institute for Healthcare Improvement's website.

Obtain more information from these useful websites:

- U.S. Department of Health and Human Services, Office of Minority Health, [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\)](#).
- U.S. Department of Health and Human Services, Think Cultural Health, [A Physician's Practical Guide to Culturally Competent Care](#).

- Agency for Healthcare Research and Quality, [What Is Cultural and Linguistic Competence?](#)
- Health Resources and Services Administration, [Culture, Language, and Health Literacy Resources.](#)

RESOURCES

- ADA National Network. Effective Communication. 2017. <https://adata.org/factsheet/communication>
- Agency for Healthcare Quality and Research. SDOH & Practice Improvement. June 2021. <https://www.ahrq.gov/sdoh/practice-improvement.html>
- American Foundation for the Blind. ADA Checklist: Health Care Facilities and Service Providers. May 2006. <https://www.afb.org/blindness-and-low-vision/your-rights/advocacy-resources/ada-checklist-health-care-facilities-and>
- National Association of the Deaf. Minimum Standards for Video Remote Interpreting Services in Medical Settings. February 13, 2018. <https://www.nad.org/about-us/position-statements/minimum-standards-for-video-remote-interpreting-services-in-medical-settings/>

The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.



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