Culturally Competent Pharmacy Practice For Pharmacy Technicians

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Objectives

- Define Cultural Competence.
- Articulate the goal of a Culturally Competent Health Care System.
- Describe methods for assessing individual and system cultural competence practices.
- Discuss regulatory practices related to culturally appropriate patient care.
- Explain a plan for implementing cultural competent practices into a pharmacy practice environment.

Culture

- *"The thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups."*

The Office of Minority Health
http://www.cdc.gov/nchhstp/newsroom/2010/cultural-competency-2010.pdf (Accessed 9/21/2013)

Components of Culture

- Values
- Beliefs
- Customs
- Communication styles
- Behaviors
- Practices
- Institutions

Does Culture Play a Role in Health Care Delivery?

1. Yes
2. No

Examples of Cultural Influences in Health Care

- Beliefs related to cause of illness
  - "He ate that food and now he *has empacho!*"
- Familial Roles
  - "My grandma checks all of our blood sugar numbers. She told me mines was high, that I'd better not miss my appointment with the pharmacist."
- Beliefs about health care system
  - "You're not injecting any virus in me like ya'll did in Tuskeegee! I'm not getting the flu shot!"
- Religious beliefs
  - "I prayed and fasted, and the diabetes was taken from me. I don't need medication."
- Home remedies
  - "Eat a finger amount of Vicks Vapor Rub for a sore throat and to prevent an asthma attack when you have a cold."

When a Patient Walks in the Pharmacy……

- That patient brings
  - Values
  - Beliefs
  - Expectations

  about health, illness and appropriate healthcare

When the You Walk into the Pharmacy…

- You bring
  - Values, beliefs and expectations about health, illness and appropriate healthcare
  - US healthcare system culture
    - Goal is to cure or mitigate disease
    - Method of care is to eliminate physical symptoms
    - Diagnose by history, lab data, and physical exam
    - Treat with medication, surgery, or radiation first
    - Secondary treatment: diet, exercise, stress management, physical therapy

Mier R. Comparing holistic and conventional medicine. http://www.ahha.org/articles.asp?26=38 accessed 9/2/2013

What Happens When These Intersections Collide?

- Possible breakdown in the provision of care
- Decrease in access to care
- Lack of trust in provision of quality care
- Poor follow up

Poor Patient Outcomes

What Does This Have to Do With Pharmacy?

- Culture influences the following:
  - Health beliefs –how got disease related to God
  - Behaviors – may not take pills b/c God is only cure
  - Activities- prayer
  - Medical treatment outcomes – may or may not resolve

Why Should we Pay Attention to Culture?

- The US is becoming more diverse
  - Languages
  - Beliefs
  - Values
  - Practices
- Presence of health disparities
  - Institute of Medicine Report: "Minority patients receive lower quality health care, even when insurance, income, age, and severity of medical conditions are similar."

IOM Report. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care

Why Should we Pay Attention to Culture?

ADDRESSING CULTURE CAN BE A KEY TO HELPING TO REDUCE HEALTH DISPARITIES

ADDRESSING CULTURE CAN BE A KEY TO HELPING IMPROVE PATIENT OUTCOMES.

ADDRESSING CULTURE IS PART OF DEVELOPING A CULTURALLY COMPETENT HEALTH CARE SYSTEM

What is Cultural Competence?

- Cross et al. 1989
  - "*A set of behaviors, attitudes, and policies that come together on a continuum to enable a system, agency, and/or individual to function effectively in transcultural interactions*"
- Betancourt et al., 2002
  - *"Cultural competence in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs."*

Betancourt, J., Green, A. & Carrillo, E. (2002). *Cultural competence in health care: Emerging frameworks and practical approaches.* The Commonwealth Fund.
Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards A Culturally Competent System of Care, Vol. No 1.*

Cultural Competence Continuum

- Continuum of development towards becoming culturally competent

Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards A Culturally Competent System of Care, Volume 1.*

A Closer Look: Cultural Competence Continuum

- Cultural Destructiveness
  - "Attitudes, policies, structures, and practices that are destructive to a cultural group"
- Cultural Incapacity
  - "The lack of capacity to respond effectively to the needs, interests and preferences of culturally and linguistically diverse groups"
- Cultural Blindness
  - "An expressed philosophy of viewing and treating all people as the same"

Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a Culturally Competent System of Care, Volume 1.*
Washington, DC: CASSP Technical Assistance Center, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center.

A Closer Look: Cultural Competence Continuum

- Cultural Pre-Competence
  - "A level of awareness of strengths and areas for growth to respond effectively to culturally and linguistically diverse populations"
- Cultural Competence
  - "Demonstrate an acceptance and respect for cultural differences"
- Cultural Proficiency
  - "Hold culture in high esteem, use this as a foundation to guide all of their endeavors"

Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a Culturally Competent System of Care, Volume 1.*
Washington, DC: CASSP Technical Assistance Center, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center.

Individual Assessment of Cultural Competence

- Why?
  - Implementation of system wide cultural competence practices can only be successful if individuals understand the purpose
- How?
  - Checklists
    - *Promoting Cultural and Linguistic Competency Self-Assessment Checklist for Personnel Providing Primary Health Care Services*
  - Online assessments
    - *Cultural Competence Health Practitioner Assessment*

http://nccc.georgetown.edu/resources/publicationstype.html#checklists
Accessed 9/9/13
http://nccc.georgetown.edu/cultural_competence/CCHPA.html

Promoting Cultural and Linguistic Competency Self-Assessment Checklist for Personnel Providing Primary Health Care Services

- Domains
  - Work environment, materials, and resources
    - Are publications in the reception area reflective of your patient population?
  - Communication styles
    - Do you try to learn key words of other languages as a way to better communicate with patients?
  - Values and Attitudes
    - Do you expect that all cultures share the same values? Your values?

http://nccc.georgetown.edu/resources/publicationstype.html#checklists
Accessed 9/9/13

Organizational Assessment of Cultural Competence

- Cultural and Linguistic Competence Policy Assessment
- Purpose
  - Improve health care access and utilization
  - Enhance the quality of services within culturally diverse and underserved communities
  - promote cultural and linguistic competence
- Domains
  - Values, policy, structure, and practice

http://www.clcpa.info/ accessed 9/6/2013

Case Example

- You are a pharmacy technician working in a local pharmacy. A patient comes in to pick up his medications. The patient does not speak English. You overhear another technician saying "I can't help him, he doesn't speak English, and the pharmacist that speaks his language isn't here today."

Which of the following most likely characterizes this situation on the cultural competence continuum?

A. Cultural Destructiveness
B. Cultural Incapacity
C. Cultural Blindness

What is a Culturally and Linguistically Competent Healthcare System?

- Has a defined set of values and principles
- Demonstrate behaviors, attitudes, policies and structures that enable workers to work effectively cross-culturally
  - value diversity
  - conduct self-assessment
  - manage the dynamics of difference
  - acquire and institutionalize cultural knowledge
  - adapt to diversity and the cultural contexts of the communities they serve.

National Center for Cultural Competence
http://nccc.georgetown.edu/documents/frameworks.html

GOAL:

To assure provision of appropriate services and reduce the incidence of medical errors resulting from differences in language or culture

What Should a Culturally Competent Healthcare Setting Look Like?

- Culturally diverse staff that reflects the communities served
- Providers or translators that speak languages of communities served
- Training for providers about culture and languages
- Signage and literature in the clients' languages consistent with cultural norms

Kim-Godwin, Nurs 2005;24(6):76-79

- In preparation for this year's flu season, you have been asked to work with the pharmacist at your store to develop a marketing advertisement to encourage patients to receive a flu shot.
- Your pharmacy is located in a community that is 68% Latino, 12% Polish, and 20% Caucasian. There are a large percentage of families with children under the age of 12 in the community.

What suggestions could you provide to help make your marketing plan culturally appropriate?

Regulatory Practices

Culturally and Linguistically Appropriate Services (CLAS)

- Department of Health and Human Services Office of Minority Health
- Developed to support a more consistent and comprehensive approach to cultural and linguistic competence in healthcare
- Goal: to eliminate racial and ethnic disparities and improve health outcomes for all Americans

Culturally and Linguistically Appropriate Services (CLAS)

- Inclusive of all cultures, however specifically designed to target:
  - Racial, ethnic, linguistic populations
- Directed at healthcare organizations
  - Policy makers
  - Accreditation bodies
  - Purchasers
  - Patients and advocates
  - Educators
  - Community at large

Culturally and Linguistically Appropriate Services (CLAS)

- Consists of 15 Standards divided into 4 areas themes
  - Principal Standard
    - *"Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs"*
  - Governance, Leadership and Workforce
  - Communication and Language Assistance
  - Engagement, Continuous Improvement, and Accountability

CLAS Standards

- 5) “Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.”
- 6) “Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.”

CLAS Standards

- 7) “Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.”
- 8) “Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.”

Your pharmacy corporate office offers a phone service to assist in language translation for patients who come to the pharmacy. A poster that advertises this service is hanging in the waiting area. Which of the CLAS standards is addressed by this service? Choose all that apply.

A. Standard 5
B. Standard 6
C. Standard 7
D. Standard 8

Joint Commission Standards on Cultural Competence

- Addresses cultural competency in standards related to
  - Human resources
  - Medical staff
  - Leadership
  - Provision of care
  - Record of care
  - Rights and responsibilities of the patient

Joint Commission standards and comprehensive accreditation manual for hospitals (CAMH). (2012). The Joint Commission. www.jointcommission.org/standards_information/standards.aspx. Accessed 9/8/2013

Putting it All Together…….

- Culture has a definite influence in healthcare views and delivery
- Failure to recognize can lead to poor patient outcomes
- Standards and assessment tools have been developed to assist health care organizations create culturally and linguistically competent facilities
- Outcome of culturally and linguistically competent care……..

Discussion

- Take a few moments to reflect on your practice setting. What can be done to implement culturally competent practices in your setting?

Which of the following is true regarding cultural competence?

a. Cultural competence is related to behaviors, policies, and attitudes that enable facilities to function in cross cultural interactions.
b. Cultural competence is a linear pathway with the ultimate goal of achieving cultural proficiency.
c. Cultural competence is solely related to incorporation of a patient's linguistic needs into the health care setting.
d. Cultural competence involves training providers to treat all patients the same, in order to ensure positive patient outcomes.

The goal of the culturally and linguistically competent health care system includes which of the following?

a. Self assessment
b. Hiring of diverse staff
c. Learning opportunities to improve cultural knowledge
d. All of the above

Which of the following is a component of a culturally competent health care setting?

a. Absence of signage and literature written in the language of the clients that frequent the healthcare facility.
b. Staff members and health care providers that reflect the diversity of the patient population served
c. Access to translators for only 2 of the 5 different languages spoken by the communities served by the healthcare facility.
d. Absence of cultural training sessions for staff and providers of the facility.

Ann is a pharmacy technician at your store. Her primary language is English; however, she took one year of Spanish 15 years ago while in high school. She has minimal knowledge on how to explain medical terms and concepts in Spanish. According to the CLAS standards, would Ann be an appropriate interpreter for Spanish speaking patients?

a. Yes
b. No

serves a large population of patients who keep Kosher. Recently, a few patients have come to the pharmacy asking if certain over the counter medications are Kosher. Which of the following would be an appropriate measure your pharmacy do to address this cultural need?

a. Offer an updated list of Kosher over the counter medications at your pharmacy
b. Stock OTC shelves only with medications that are Kosher
c. Hire a staff member in the pharmacy that is aware of Kosher medications
d. Keep Kosher medication products behind the counter of the pharmacy