

Aging, Culture, and Communication: The Importance of Culturally Competent Care for Elders

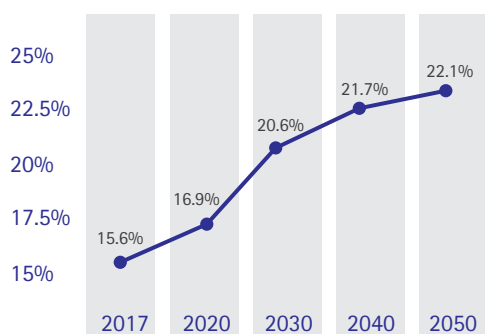


CHOSEN FAMILY Home Care

A circle of support and community

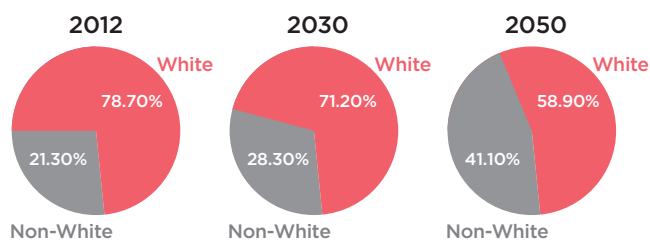
The United States is experiencing the largest increase of the older adult population in its history.

Share of elder population (65 years and older) in the total U.S. population from 2017 to 2050



The number of ethnically and culturally diverse groups is also growing, each with its own cultural traits. Some racial groups present unique health or community challenges specific to that group.¹

Population Age 65 and Older by Race



The increasing diversity of the nation brings opportunities and challenges for health care providers and caregivers to create and deliver culturally competent services.

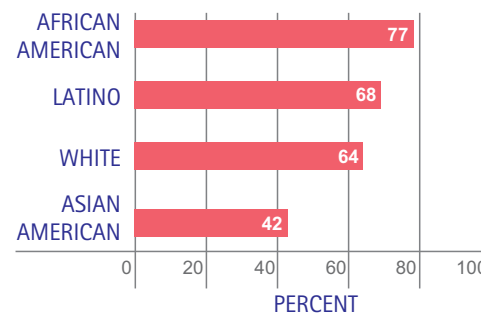
What is cultural competency in healthcare and why is it important?

Cultural competence is defined as the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients. A culturally competent health care system can help improve health outcomes and quality of care, and can contribute to the elimination of racial and ethnic health disparities.

Health Disparities and Cultural Challenges

Racial and ethnic minorities are disproportionately burdened by chronic illness. This includes higher morbidity and mortality from chronic diseases.² The consequences can range from greater financial burden to higher activity limitations.

Proportion of adults age 50 and older with chronic conditions, by race/ethnicity.



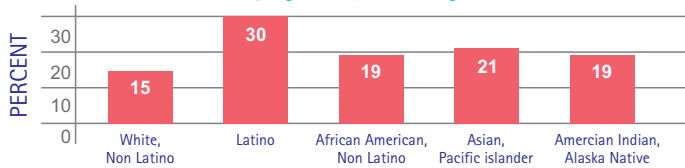
A more diverse at-risk population

Chronic conditions become more likely as one ages and the elder population is growing increasingly diverse. This creates challenges for health systems who need to consider language and cultural barriers to care along with meeting overall care needs.

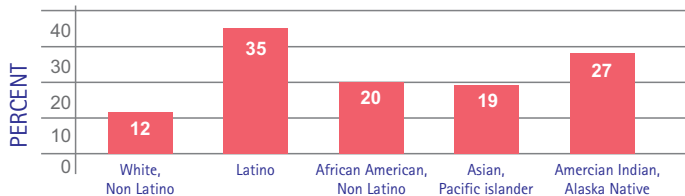
Access to care differs by race/ethnicity

Higher proportions of minorities compared to whites do not have a usual source of care and lack health insurance.³

Proportion of the nonelderly population who do not have a usual source of care, by race/ethnicity



Proportion of the nonelderly population who are uninsured, by race/ethnicity



Communication barriers are obstacles

Language and communication barriers can affect the amount and quality of health care received. For example, Spanish-speaking Latinos are less likely than Whites to visit a physician or mental health provider, or receive preventive care like mammograms or flu vaccines.⁴ Communication barriers may lead to dissatisfied patients, poor comprehension, adherence, and lower quality of care. Spanish-speaking Latinos are less satisfied with the care they receive and more likely to report overall problems with health care than English speakers.⁵

Low literacy affects access to health care

The elderly typically have lower levels of literacy, and have had less access to formal education than younger populations. Low literacy may affect patients' ability to read and understand medical instructions. Those with low literacy skills use more health services, and the resulting costs are estimated to be \$32 to \$58 billion in additional health care expenditures.⁶

Patient dissatisfaction

Without culturally competent services, patients are at higher risk of having negative health consequences, receive poor quality care, or be dissatisfied with their care. African Americans and other ethnic minorities report less partnership with physicians, less participation in medical decisions, and lower levels of satisfaction with care.⁷

7 Ways to be More Culturally Competent and Sensitive

Be Aware: A person should take stock of the culture, values, and biases she has and how they shape her view of others. Evaluating your prejudices and preconceptions is an essential first step toward cultural competency.

Avoid assumptions: One should resist the urge to make assumptions about cultures that they are not familiar with. This can lead to a breakdown in trust between the patient and provider and exacerbate the challenges we talk about here.

Knowledge: Often, patient knowledge is reduced to their medical history, list of medications, and symptoms. Healthcare can reach its full potential through education on the whole patient. This includes education on their daily lives, family, and culture while considering social determinants of health.

"It is more important to know what kind of person has a disease than what kind of a disease a person has"

-Hippocrates

Interact: The best way to learn about others is to talk to them. Ask about their culture from a place of respect and curiosity. Don't avoid others due to language or other barriers. The more you interact, the better you will become at it.

Overcome language barriers: Language barriers exacerbate all other challenges facing providers. Ensure access to translation services, but look at the patient and speak to them as if no language barrier exists. Consider body language, as beliefs about eye contact, physical distance, etc. can vary among cultures.

Understand different approaches to medicine: Western healthcare is just one approach compared to other medical philosophies practiced by people around the world. Maintain an open mind with patients and families who wish to consider alternatives to conventional medical treatment. Take the time to educate patients about practices of western medicine.

Actively Listen: Listening is perhaps the most valuable tool for cultural competence. True cultural competence requires listening with an open mind and understanding the other person's perspective. It's important that patients feel heard and validated, particularly when they are in a vulnerable position.

Broader societal patterns that disadvantage elders can make it difficult for them to enjoy a healthy old age. By practicing culturally sensitive care, providers can enhance transparency between the differences between us to reduce health disparities and improve care outcomes.

1- 2012 Population Estimates and 2012 National Projections. U.S. Census Bureau, 2012.

2- Diverse communities, common concerns. The Commonwealth Fund, 2002.

3- Key facts: Race, ethnicity, & medical care. Kaiser Family Foundation, 2002.

4- Disparities in health care by race, ethnicity and language among the insured. Medical Care, 2002.

5- Effect of Spanish interpretation method on patient satisfaction in an urban walk-in clinic. Journal of General Internal Medicine, 2002.

6- Impact of low health literacy skills on annual health care expenditures. Center for Health Care Strategies. 2003.

7- Cooper & Roter. 2003.

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