



Cultural Competency Training For Providers

Purpose of Training

- Cultural competency training programs are developed to increase cultural awareness, knowledge, and skills, leading to changes in staff behavior and member-staff interactions.
- Training provides a way to redirect problems stemming from the cultural mismatches that result whenever members and staff do not share a common subculture and mutual understanding of each other's health beliefs.

Provider Network

- An Annual Population Assessment reviews Quality Improvement Referrals, Provider Satisfaction results, and Translator service request to identify any opportunities related to providing a sufficient provider network to support the linguistic, race, ethnicity, and gender needs of the patient/ beneficiary population.
- The Organization does not discriminate against employees, patients/beneficiaries, or providers, based on age, race, sex, religion, sexual preference/orientation, or any protected status.

Culture

- An integrated pattern of learned beliefs and behaviors that can be shared among groups.
- It includes thoughts, style of communication, language, ways of interacting, views on roles and relationships, values, practices, and customs.

Cultural Competence in Health Care

The ability of systems to provide care to members with diverse values, beliefs, and behaviors, including tailoring delivery to meet the members social, cultural, and linguistic needs.

Health Literacy

Health literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information needed to make appropriate health decisions.

Members health literacy may be affected if they have:

- Health care providers who use words that members don't understand
- Low educational skills
- Cultural barriers to health care
- Limited English Proficiency (LEP)

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care

- In 2000, the U.S. Department of Health and Human Services, Office of Minority Health first published the National Standards for Culturally and Linguistically Appropriate Services in Health Care.
- 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.
- A significant number of states including Florida are actively implementing the National CLAS Standards by integrating the National CLAS Standards into their strategic plans.

Beliefs

- How does culture impact the outcome of treatment?
- How is the illness perceived
- Community environment
- Behavior/ habits
- A Members attitude about Providers & Health care can have an impact on compliance with treatment

Communication

Communication is vital for the patient to receive adequate care

- Limited English Proficiency (LEP) - describes someone who has limited or inability to speak, read, write, or understand the English language.

Patients with LEP may not understand health information concerning their care.

- A translation service will be used for members unable to speak English, if the enrollee's spoken language is outside of organizations in-house capabilities, which include: Spanish, Creole, and French.
- The UM staff will notify providers and members of the availability of oral interpretation services and inform them how to access oral interpretation services, regardless of whether an Enrollee speaks a language that meets the threshold of a prevalent non-English language. There will be no charge to the member for translation services
- TTY/TDD services are available

Positive Communication

- **Patient:** If they tell you they forgot their glasses, because they are ashamed, they can't read well.
- **Response from provider:** Give clear instructions in different ways. Use “teach back” method.
- **Patient:** I am more comfortable with a female doctor
- **Response from provider:** Office staff should confirm preferences during appointment scheduling

Emotional Intelligence

- Emotional intelligence (EQ) is the ability to identify, use, understand, and manage your own emotions in positive ways to relieve stress, communicate effectively, empathize with others, overcome challenges and defuse conflict.
- By understanding your emotions and how to control them, you're better able to express how you feel and understand how others are feeling.
- This allows you to communicate more effectively and forge stronger relationships, both at work and in your personal life.

Emotional Intelligence at work

- You are a manager in an organization or practice owner that is trying to encourage respect for racial and ethnic diversity. You overhear someone telling a racist joke. What do you do?
- **Speak up on the spot, saying that such jokes are inappropriate and will not be tolerated in your organization.**
- The most effective way to create an atmosphere that welcomes diversity is to make clear in public that the social norms of your organization do not tolerate such expressions. Confronting the behavior privately lets the individual know the behavior is unacceptable, but does not communicate it to the team. Instead of trying to change prejudices (a much harder task), keep people from acting on them.

Tools

- Teach back method is a way of confirming the patient understands by asking the patient to state in their own words what they need to know or do about their health, which:
- Improves patient understanding and adherence
- Decrease call backs & cancelled appointments
- Improve outcomes and satisfaction
- Use clear plain language when talking to patients

Subculture

- A subculture is an ethnic, regional, economic, or social group
- Cross-cultural health care teaches people in the health care industry how to relate to people of different sections of society.
- Cultural differences, it is important to understand and respect the values, beliefs, and customs, norms, and traditions of different people.
- Consider the person's cultural views concerning
 - Eye contact
 - Personal space
 - Respect for authority

Seniors & People with Disabilities

Ask a person with a disability first before providing assistance like holding their arm to help them out of a chair. When dealing with seniors, consider the possible challenges and impairments:

- Hearing
- Visual
- Cognitive
- Physical
- Taking multiple medications
- Dependent on care givers

Possible Barriers to Cultural Competency

- Lack of diversity in leadership
- System not designed to meet the needs of a diverse population
- Poor communication between providers and patients of different cultural backgrounds

Benefits of Cultural Competency

Healthcare experts identified a connection between cultural competence and quality improvement, and the elimination of racial and ethnic disparities.

LGBTT+ Cultural Competence training

Handling with sensibility the LGBTT+ population when requesting health care related services.

Objectives

- To know the regulatory and legal basis that supports anti-discrimination efforts based on sexual orientation and gender identity.
- To distinguish among sexual orientation and gender identity
- To know a basic guideline which provides tools to handle with sensibility the LBGTT+ population when requesting health care services.

Laws and Regulations

Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA). The law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities. This Section prohibits health insurers to design a health coverage which includes benefits that can be discriminatory for transgender persons. The OCR (Office of Civil Rights) has been enforcing this provision since it was enacted.

Puerto Rico Plans

The Governor of Puerto Rico issued an Administrative Bulletin “Orden Ejecutiva 2017-037 ”, indicating that Puerto Rico’s public policy prohibit any kind of discrimination including gender identity, gender expression or individual’s real or perceived sexual orientation.

Amended Normative Letter 19-0305

- ASES reaffirms the public policy established by the Puerto Rico Government to ensure strict compliance with the anti-discrimination efforts, when beneficiaries of the Lesbian, Gay, Bisexual, Transgender and Transsexual population seeks for health care services.

*ASES: Administración de Seguros de Salud de Puerto Rico

Sexual Orientation and Gender Identity are two different concepts

- **Sexual Orientation:** tells you how a person characterizes their sexual and emotional attraction to others.
- **Gender Identity:** is a person's internal sense of being a man, woman, both, neither, or another gender. Most people have a gender identity that is the same as the sex they were assigned at birth. However, some people have a gender identity that does not correspond to the sex they were assigned at birth. The term **transgender** is used to describe these individuals.

Common words to describe sexual orientation

- Heterosexual (straight) is a sexual orientation that describes women who are emotionally and sexually attracted to men, and men who are emotionally and sexually attracted to women.
- Gay is a sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender. It is more commonly used to describe men.
- Lesbian is a sexual orientation that describes a woman who is emotionally and sexually attracted to other women.
- Bisexual is a sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender and people of other genders.

Gender Identity describes a wide range of people, including the following:

- **Transgender:** A umbrella term describing the state of a person's gender identity which does not necessarily match the gender they were assigned at birth. Transgender people may or may not decide to alter their bodies hormonally and / or surgically.
- **Transsexuals:** They identify themselves with a gender which does not match the gender they were assigned at birth. Transsexual people decide to alter their bodies hormonally and surgically to match the gender they identify with.

Barriers when receiving health care services

- There are different reasons why LGBTT+ people may have difficulty accessing health care services, among those are: Discrimination and/or unnecessary expressions toward them.
- In some cases, health care services could be denied to them, which can cause serious and catastrophic consequences to their health.

**Basic guidelines to
handle with sensibility
to the LGBTT+
population when they
request health care
related services**

Cultural Competence and Sensibility

Cultural Competence is about being respectful and receptive towards the beliefs, practices, and needs of the diverse groups of the population being able to interact effectively with the different groups that composed our society.

Diversity is what makes us unique. Which aspects are included on diversity? Race, color, religion, age, socio-economic status, sexual orientation, gender, identity, nationality, disability among others.

Resource: U.S Department of Health and Human Services

What can you do to render a service with sensibility?

- Be inclusive, give equal services to all people without distinctions or discriminatory attitudes.
- Listen carefully to all client's needs, when they call or visit the office.
- Give the extra mile when attending the person.
- Don't promise what you can't accomplish.
- Be creative so you can be able to offer a good service, by making sure that you follow the established policies and procedures.
- Use a simple, respectful and easy to understand language.
- Use the words "Thank you", "good morning" etc. when attending people
- Avoid the use of slang.
- Recognize each individual's identity, listen how the person refers to himself/herself.

What can you do to render a service with sensibility? (continued)

- Respect diversity. Make others feels safe in a comfortable and open environment.
- Treat others with courtesy.
- Do not make assumptions about people's gender identity or sexual orientation.
- Be flexible and non judgmental
- Familiarize with LGBTTT+ concepts
- Do not make unnecessary questions, ask yourself before asking any questions if the requested information is important to provide health care services.
- Keep in mind that different gender identity or sexual orientation expressions exist.
- Do not demonstrate surprise or disapproval to an affiliate's sexual orientation or gender identity.

Cultural Competency's Mission

- When we create an environment free of discrimination, everything around us becomes more sensible and inclusive by making people feel more comfortable when asking for health care related services without any fear of being judged or rejected by others.
- Health System One, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Reporting

If a person believes that Health System One has failed to provide these services or discriminated in another way on the basis of race, color national origin, age, disability, or sex, you can file a grievance:

1. Organization Compliance Hotline: 866-321-5550 (Toll-Free)
2. File an anonymous report
3. You can mail your report to:
Marjorie Dorcely,
2001 S. Andrews Avenue,
Fort Lauderdale, Florida 33316
4. You can fax your report attention:
Marjorie Dorcely,
(866) 276-3667 (This is a dedicated Compliance line)
5. You can email your report to:
Compliance@healthsystemone.com

Reporting (continued)

Any person can also file a civil rights complaint with the US Department of Health and Human Services, Office of Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

References

- Weinick, R.M., Zuvekas, S.H., Cohen, J.W. (2000). Racial and ethnic differences in access and use of health care services, 1977-1996. *Medical Care Research and Review*, 57 (supplement 1), 36-54.
- United States Department of Health and Human Services, Agency for Healthcare Research and Quality. 2004 National Healthcare Disparities Report. Available online at <http://qualitytools.ahrq.gov/disparitiesreport/documents/nhdr2004.pdf>.
- Brach, C. & Fraserirector, I. (2000). Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model. *Medical Care Research and Review*, 57 (supplement 1), 181-217.
- Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda. (1999). Part I: Recommendations for National Standards: Office of Minority Health.
- Ross, H. (2001). Office of Minority Health publishes final standards for cultural and linguistic competence: Office of Minority Health.
- National Standards for Culturally and Linguistically Appropriate Services in Health Care. (2001, March). Retrieved May 15, 2005, from <http://www.omhrc.gov/omh/programs/2pgprograms/finalreport.pdf>
- Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a culturally competent system of care* (Vol. 1). Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.
- Saha, S., Taggart, S. H., Komarony, M., & Bindman, A. B. (2000). Do patients choose physicians of their own race? *Health Affairs*, 19(4), 76-83.
- State of New Jersey 211th Legislature. Senate No. 144 and Senate Substitute for Assembly No 492. Adopted March 29 2004. http://njleg.state.nj.us/2004/Bills/S0500/144_R2.html Accessed 11/21/2005

References

- Health Resources and Services Administration (HRSA), American Public Human Services Association (APHSA). Bridging Cultures and Enhancing Approaches to Cultural and Linguistic Competency in Managed Care. May 30 2002:1-3 <http://www.hrsa.gov/financeMC/bridgingcultures/> Accessed 11/30/2005
- Gilbert MJ, ed. Principles and Recommended Standards for Cultural Competence Education of Health Care Professionals-2003. Available online at: http://www.calendow.org/reference/publications/cultural_competence.stm. Accessed 10/13/05.
- Doutrich, Dawn and Marni Storey. "Education and Practice: Dynamic Partners for Improving Cultural Competence in Public Health." Family Community Health, Vol. 27, No. 4, 2004, pp. 298-307.
- Joseph R. Betancourt, A. R. (2002). Cultural Competence In Health Care: Emerging Frameworks And Practical Approaches. Field Report, 1-24.
- <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool5.html>
- http://www.floridahealth.gov/about-the-department-of-health/_documents/state-health-improvement-plan.pdf
- <https://www.thinkculturalhealth.hhs.gov/pdfs/enhancednationalclasstandards.pdf>
- <http://www.hrsa.gov/publichealth/healthliteracy/>
- <http://www.helpguide.org/articles/emotional-health/emotional-intelligence-eq.html>
- <http://www.teachbacktraining.com/>
- [http://www.iceforhealth.org/library/documents/ICE_C_L_Cultural_Competency_Provider_Training_Final\(1\).pdf](http://www.iceforhealth.org/library/documents/ICE_C_L_Cultural_Competency_Provider_Training_Final(1).pdf)
- <https://www.psychologytoday.com/basics/emotional-intelligence>
- <http://www.talentsmart.com/about/emotional-intelligence.php>
- Gulliford, R. (2003). CDHS Research Foundation of SUNY BSC. Retrieved July 2016, from Emotional Intelligence: How Your Emotions Influence Your Life at Work and at Home: www.bsc-cdhs.org
- <http://healthvermont.gov/family/toolkit/tools%5CF-6%20Cultural%20Differences%20in%20Nonverbal%20Communic.pdf>
- <https://www.mindtools.com/pages/article/cross-cultural-mistakes.html>
- Triple-S, Inc. LBTT+ Cultural Competence training