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Cultural Competency and Health-Care Literacy Training

1/31/2019

Agenda



- Health Communication
- Health Literacy
- Cultural Competency
- Limited English Proficiency (LEP)
- Auxiliary Aids & Interpreter Services
- Ensuring Compliance
- Disability Sensitivity
- Changing Attitudes



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Health Communication

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Health Communication



Health communication is the foundation of the health-care delivery system. The quality of such communication can have a significant effect on the outcomes of member-provider encounters.

- Providers must be conscious of member's:
 - Level of health literacy
 - Culture
 - Language skills
- Effective health communication contributes to:
 - Increased patient use of preventive health services
 - Positive health outcomes
 - Patients following provider instructions
 - Decreased anxiety, pain and psychological adversity in patients
 - Increased trust between patients and providers (emotional safety)
- Ineffective health communication contributes to:
 - Malpractice lawsuits
 - Limited patient participation in clinical research
 - Patient difficulty following instruction
 - Increased visits to the emergency room

Health Communication



Patient-Centered:

- Consider the characteristics of each patient such as:
 - Gender
 - Age
 - Education
 - Income level
 - Sexual orientation
 - Primary language
 - Cultural beliefs
 - Values
- Consider patient's past experiences with the health-care system, and how those has shaped their attitude towards health-care issues. Are they willing to use certain types of health-care services?

A Shared Responsibility:

- **Patient's responsibility** is to ask questions and provide full and honest answers.
- **Provider's responsibility** is to provide a welcoming environment to ensure that patients feel comfortable enough to share information that will produce better outcomes.

Health Communication



For effective health communication:

- Avoid making assumptions about a patient's culture or identity based on appearance, name or outward characteristics.
- Ask patients to explain how they identify themselves, their partners and/or family members. Use the terms they provide to help them feel comfortable.
- Treat each patient as a unique individual. Do not make assumptions about their behavior or identity based on race, ethnicity, age, sexual orientation, gender expression, disability status or other characteristics.
- Rigorously ensure confidentiality.



Health Literacy

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Health Literacy



Limited health literacy has been associated with poor adherence, self-care behaviors and understanding of health information. Studies show that patients with limited literacy skills have less control of chronic conditions such as diabetes, HIV, and asthma, compared to those with adequate or above-average literacy.

Health literacy encompasses a range of abilities such as:

- Reading
- Comprehension
- Analyzing information
- Decoding instructions, symbols, charts and diagrams
- Weighing benefits vs. risks
- Making decisions and taking action

Health Literacy



- Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.
- Patients must possess the ability to comprehend the information and services being offered to them, and use that information to make appropriate health-care related decisions.
- Patient's health literacy may be affected if they have health-care providers who use words that they don't understand, low educational skills, cultural barriers to health care or Limited English Proficiency (LEP).

Health Literacy



Low health literacy is more prevalent among:

- The elderly
- Minority populations
- Individuals with a low socioeconomic status
- Medically underserved populations

Patients with low health literacy may have difficulty:

- Locating providers and services
- Filling out complex health forms
- Sharing their medical history with providers
- Seeking preventive health care
- Knowing the connection between risky behaviors and health
- Managing chronic health conditions
- Understanding directions on medicine



Limited English Proficiency

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Limited English Proficiency (LEP)



- Defined as a limited ability to read, write, speak or understand English.
- An LEP individual is one who does not speak English as a primary language.
 - Can also include individuals with hearing, language, or other disabilities who may also require interpretive services or language assistive technology.
- LEP can result in poor health outcomes as a result of language barriers that may cause inaccurate or incomplete communication of information, or inaccurate or incomplete understanding of information communicated by providers.

Limited English Proficiency (LEP)



LEP is absent of quality language assistance services, and can have an adverse affect on a patient's health care. Effects can include:

- Reduced access to primary health care
- Decreased likelihood to attend follow-up appointments after emergency department visits
- Decreased understanding of their diagnoses, medications, and follow-up instructions
- Dissatisfaction with care received
- Reduced likelihood of receiving equivalent levels of preventive care



Auxiliary Aids & Interpreter Services

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Auxiliary Aids & Interpreter Services



Effective Communication

- Use of auxiliary aids and services such as:
 - Qualified readers and/or interpreters
 - Translated written materials
 - Graphic materials
 - Audio recordings
 - Relay service
 - Braille
 - Assistive listening devices
 - Large print
 - Captioning

Auxiliary Aids & Interpreter Services



Commonly Used Services

- **Translated written materials:** Replace text written in one language (source language) into an equivalent text written in another language (target language of patient). Translated materials should not substitute oral communication.
 - Translated written materials may include: signage in office, health-care applications, consent forms and medical/treatment instructions.
- **Interpreter and translation services:** Superior provides the assistance of a language translator that can assist during clinic visits. Sign language interpreters are also available to assist in communicating with patients who are deaf or hard-of-hearing.

Working with Interpreters/ Translators



- Family and friends are not the same as a professional interpreter. They are more likely to modify what the patient/provider has said in their effort to be helpful.
- Allow enough time for appointments involving interpreters.
- Speak directly to the patient and not to the interpreter. The interpreter should not have side conversations with the medical professional.
- Avoid jargon and technical terms.

Working with Interpreters/ Translators



- Keep your sentences short, pausing to allow for interpretation. Say one longer sentence or three or four short ones. Stop in natural places to allow the interpreter to pass along your message.
- Ask only one question at a time.
- Be prepared to repeat yourself using different words if your message is not understood. If answers to questions don't seem to fit, then go back and repeat yourself using different words.
- Check to make sure that your message is understood.



Cultural Competency

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Cultural Competency



- Interpersonal skills that allow individuals to increase their understanding, appreciation, acceptance, and respect for cultural differences and similarities within, among and between groups and the sensitivity to know how these differences influence relations with patients.
- Complimentary behaviors, attitudes and policies that help professionals work effectively with diversity of cultures.

Cross-Cultural Communication



- Let the person see your lips as you speak.
- Be careful with your pronunciation.
- Project a friendly demeanor/attitude.
- Stick to the main point.
- Be aware of your assumptions.
- Emphasize or repeat key words.
- Don't rush the person.
- Control your vocabulary, avoid jargon, slang and difficult words.
- Listen carefully.
- Make your statement in a variety of ways to increase the chance of getting the thought across.
- Speak clearly but not more loudly.
- Write down key information for them to refer to later.

How to Become Culturally Competent



- Value Diversity and Acceptance of Differences
 - How does the patient define health and family? Consider each person as an individual, as well as a product of their country, religion, ethnic background, language and family system.
- Self-Awareness
 - How does our own culture influence how we act and think?
 - Do not place everyone in a particular ethnic group in the same category.
- Consciousness of the Impact of Culture When We Interact
 - Respect cultural differences regarding physical distance and contact, eye contact, and rate and volume of voice.
 - Misinterpretations or misjudgments may occur.

How to Become Culturally Competent



Knowledge of Patient's Culture:

- Become familiar with aspects of culture.
- Understand the linguistic, economic and social barriers that patients from different cultures face which may prevent access to health care and social services.
- Make reasonable attempts to collect race and language specific patient information.

How to Become Culturally Competent



Adaptation of Skills:

- Provide services that reflect an understanding of diversity between and within cultures.
- Understand that patients from different cultures consider and use alternatives to Western health care.
- Consider the patient and their family's background in determining what services are appropriate.
- Consider the patient and their family's perception of aging and caring for the elderly.
- Treatment plans are developed with consideration of the patient's race, country or origin, native language, social class, religion, mental or physical abilities, age, gender and/or sexual orientation.



Disability Sensitivity

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Disability Sensitivity



The Americans with Disabilities Act (ADA) defines a person with a disability as “a person who has a physical or mental impairment that substantially limits one or more major life activities.”

- This includes people who have a record of an impairment, even if they do not currently have a disability.
- It also includes individuals who do not have a disability, but are regarded as having a disability.
- Providers have a legal obligation to conform to ADA requirements as noted in their contract with Superior.

Disability Sensitivity



Medical care providers must provide individuals with disabilities:

- Full and equal access to their health-care services and facilities.
- Reasonable modifications to policies, practices and procedures when necessary to make health-care services fully available to individuals with disabilities, unless the modifications would fundamentally alter the nature of services (i.e. alter the essential nature of services).

Ensuring Access



Specifically, providers are encouraged to:

- Improve the physical environment throughout your office and facility by using universal symbols and signage.
- Create adequate space within waiting rooms and exam rooms to comfortably accommodate individuals with physical (e.g. individuals with wheelchairs) and non-physical disabilities.
- Have medical equipment that accommodates individuals with disabilities (e.g. height adjustable exam tables, Hoyer type lifts, wheelchair accessible weight scales, moveable exam chairs).
- Ensure your office is accessible with ramps and adequate parking with proper signage.
- Provide exam room and waiting room furniture that can accommodate individuals with physical and non-physical disabilities.



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Changing Attitudes

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Changing Attitudes



- Hypertension and diabetes are the most prevalent chronic conditions that affect Superior members.
- Some members may face mental health issues that require crisis prevention and treatment.
- Superior is committed to care coordination to support member's medical and behavioral health needs, we also focus on promoting independence in the community.

Changing Attitudes



- Superior is committed to changing attitudes and promoting cultural competency and disability sensitivity through evidence-based practices that ensure each member's progress is measured by improvements in specific levels of quality-based outcomes.
- Providers are reminded that there are successful models that work to improve the quality and outcomes for their patients and promote independence within the community.

Changing Attitudes: Recovery Model



Recovery is best defined as:

"A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by the illness.

Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness."

(William Anthony, Director of the Boston Center for Psychiatric Rehabilitation)

Changing Attitudes: Recovery Model



Recovery is a unique experience for each individual with intellectual or developmental disabilities.

There are certain concepts and factors common to recovery:

- Hope
- Medication/treatment
- Empowerment
- Support
- Education/knowledge
- Self-help
- Spirituality
- Employment/meaningful activity

Changing Attitudes



Medical vs. Independent Living Model

Medical Model	Independent Living Model
Decisions made by rehabilitation professional	Decisions made by the individual
Focus is on problems or deficiencies/disability	Focus is on social and attitudinal barriers
Having a disability is perceived as being unnatural and a tragedy	Having a disability is a natural, common experience in life

Changing Attitudes



Medical vs. Social Model of Disability

- An **impairment** is defined as long-term limitation of a person's physical, mental or sensory function.
- **Barriers are not always physical.** Prejudice and stereotypes often shape attitudes that prevent individuals from having equal opportunity in society.

Medical Model of Disability	Social Model of Disability
States: People are disabled by their impairments or differences	States: Disability is caused by the way society is organized
Focus is on fixing or changing impairments or differences with medical or other treatments – even when there is no pain or illness associated with them	Focus is on removing/reducing barriers that restrict life choices (e.g. ramps for access, supported employment and employment assistance, audio books)
Focus is on what is “wrong” with the person	Focus is on what does the individual “need”
Outcome: Individuals with disabilities are given low expectations and loss of independence, choice and control over their new life	Outcome: individuals with disabilities are independent and equal in society with increased choice and control over their lives.

Changing Attitudes



Person First Language

A person is not defined by their disability. Be conscious of how you address or refer to patients under your care.

Avoid	Use
Handicap/handicapped	Accessible parking/accessible seating
Handicapped parking/seating	Accessible parking/accessible seating
Stricken/victim/suffering from	Had or has a disability
Retard/mongoloid	Cognitive or intellectual impairment
Wheelchair bound/confined	Uses a wheelchair
Dumb/deaf/mute	Person with a communication disorder
The deaf	A person who is deaf
The blind	A person who is blind

Disability Etiquette



Tips to Remember

Type of Disability	Tips
Mobility Impairments	<ul style="list-style-type: none">• Don't push or touch someone's wheelchair.• Don't lean on the chair.• When possible, bring yourself down to their level to speak to them.
Visually Impaired	<ul style="list-style-type: none">• Identify yourself.• Do not speak or touch a guide dog who is working.
Deaf or Hard of Hearing	<ul style="list-style-type: none">• Speak directly to that person and not to the interpreter.• Do not assume that they can read your lips.• Do not chew gum, wear sunglasses or otherwise obscure your face.

Disability Etiquette



Tips to Remember

Type of Disability	Tips
Speech Disorders	<ul style="list-style-type: none">• Don't finish the person's sentences• Ask the person to repeat or you can repeat to make sure you understand
Seizure Disorders	<ul style="list-style-type: none">• Do not interfere with the seizure, but protect their head during the event• Do not assume they need you to call 911
(MCS) Respiratory Disorders	<ul style="list-style-type: none">• Do not wear perfumes, or use sprays or chemicals• Maintain good ventilation
Developmental Disabilities	<ul style="list-style-type: none">• Speak clearly using simple words• Do not use baby talk or talk down to the person• Do not assume they cannot make their own decisions unless you have been told otherwise



Ensuring Compliance

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Ensuring Compliance



- Maintain written policies and procedures on ensuring nondiscrimination and responding to complaints.
- Make programs accessible to all patients.
- Make reasonable modifications to your practice unless it would result in a fundamental alteration.
- Provide services in the most integrated setting.
- Provide auxiliary aids and services to patients with disabilities.
- Develop and post a nondiscrimination policy.
- Identify individuals who need technical assistance.
- Ensure effective communication with persons who are LEP or have disabilities.
- Notify LEP persons in the service area of the right to language assistance free of charge.
- Use gender-neutral language in eligibility criteria.
- Include a nondiscrimination policy in program materials.
- Conduct outreach and recruitments in a manner that is accessible to all persons regardless of gender.

Ensuring Compliance



- **Title VI of the Civil Rights Act of 1964-** Take reasonable steps to provide meaningful access for LEP patients.
- **Title II of the American with Disability Act (ADA)** - Prohibits excluding or denying benefits based on an individual's disability (the definition of disability is broad and includes HIV status).
- **The Age Discrimination Act of 1975** – Prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance.
- **Title IX of the Education Amendments of 1972** – Prohibits discrimination on the basis of sex in education programs and activities.
- **Federal Health Care Provider Conscience Protection Statutes** – Prohibits discrimination on the basis of religious or moral objections.
- **Section 1553 of the Affordable Care Act** – Prohibits discrimination against individuals or institutional health care entities that do not provide assisted suicides services.
- **Section 1557 of the Affordable Care Act** - Prohibits discrimination in federally assisted and some federally conducted health programs and activities and program and activities administered by entities created under Title I of the ACA.

How Can Providers Help?



- Know your patients by capturing information about accommodations that might be required.
- Identify patients with limited health literacy.
- Use simple language, short sentences and define technical terms for patients.
- Supplement instruction with appropriate materials (videos, models, graphic materials, translated written materials, interpreting, etc.).
- Ask patients to explain your instructions (teach back method), or demonstrate the procedure.
- Ask questions that begin with “how” and “what,” rather than closed-ended yes/no questions.
- Organize information so that the most important points stand out and repeat this information.
- Reflect the age, cultural, ethnic and racial diversity of patients.
- For LEP patients, provide information in their primary language.
- Improve the physical environment in your office by using lots of universal symbols.
- Offer assistance with completing health-care forms.

Contact Information



For additional information and resources regarding health-care communication, health literacy, cultural competency, etc., please visit the Health Resources and Services Administration (HRSA) at <https://www.hrsa.gov/cultural-competence/index.html>

For help coordinating care for members with disabilities, or securing an interpreter for members, please contact Superior's Member Services:

STAR/CHIP: 1-800-783-5386

STAR+PLUS: 1-877-277-9772

STAR+PLUS MMP: 1-866-896-1844

STAR Kids: 1-844-590-4883

STAR Health: 1-866-912-6283

Allwell from Superior HealthPlan (HMO): 1-844-796-6811

Allwell from Superior HealthPlan (HMO SNP): 1-877-935-8023

Ambetter from Superior HealthPlan: 1-877-687-1196

For questions or additional provider information, please contact Superior's Provider Services:

STAR/STAR Kids: 1-877-391-5921

CHIP: 1-877-391-5921

STAR+PLUS/STAR+PLUS MMP: 1-877-391-5921

STAR Health: 1-866-439-2042

STAR Kids: 1-877-391-5921

Allwell from Superior HealthPlan: 1-877-391-5921

Ambetter from Superior HealthPlan: 1-877-687-1196

Resources



- *Health Resources and Services Administration (HRSA):* <https://www.hrsa.gov/cultural-competence/index.html>
- *Health Literacy Universal Precautions Toolkit:* <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthliteracytoolkit.pdf>
- *Health Literacy Universal Precautions Toolkit, 2nd Edition:* <https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2.html>
- HRSA- About Health Literacy: <http://www.hrsa.gov/about/organization/bureaus/ohe/healthliteracy/>
- *U.S. Department of Health and Human Services- HRSA: Addressing Health Disparities Through Civil Rights Enforcements:* <http://services.choruscall.com/links/hrsa120919.html>
- “*Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*,” the Institute of Medicine, 2002”: <https://www.ncbi.nlm.nih.gov/pubmed/25032386>
- National Center for Cultural competence, Georgetown University: <http://nccc.georgetown.edu/>
- Cultural Competence Health Practitioner Assessment (CCHPA): <http://nccc.georgetown.edu/assessments>