

Cultural competency and enrollee engagement

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Cultural competency

We are committed to cultural competency

- As a contracted healthcare provider with Amerigroup District of Columbia, Inc. we expect for you and your staff to gain and continually increase your knowledge of, and ability to support, the values, beliefs, and needs of diverse cultures.
- This results in effective care and services for all people by considering each person's values, conditions, and linguistic needs.

What is culture?

Culture refers to integrated patterns of human behavior, including language, thoughts, actions, customs, beliefs, values, and institutions that unite a group of people.

We use it to create standards for how we act and behave socially.



Adapted from: U.S. Department of Health and Human Services, Office of Minority Health, <http://minorityhealth.hhs.gov>.



**Culture is not only learned — it is shared,
adaptive and constantly changing**

Individual culture

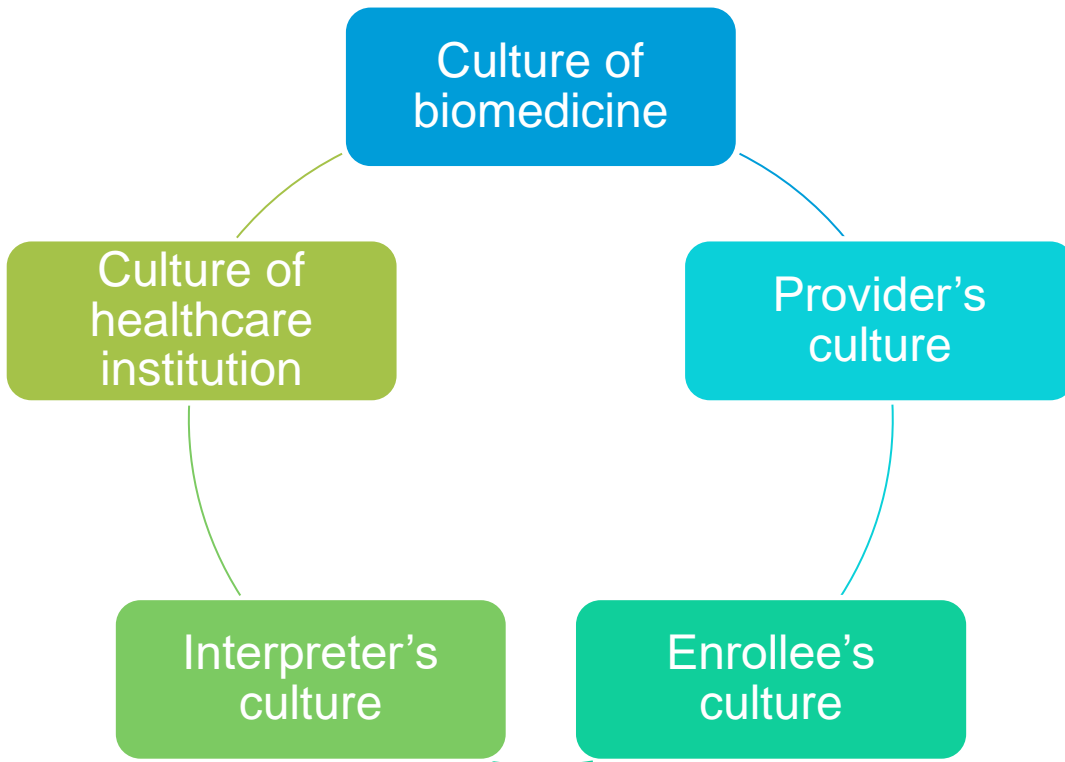
- Each individual's culture:
 - Is a unique representation of the variation that exists in larger culture.
 - Is learned as one grows up.
 - Is shaped by the power relations within one's social context.
 - Changes over the lifetime of the individual.
- Because each individual is a unique cultural package, cross-cultural encounters need strategies to open the door to discover the individual's cultural preferences and frame of reference.

Individual culture (cont.)

An individual's culture is present in every healthcare encounter:

- Our view of illness and what causes it
- Our attitudes toward doctors, dentists, and other healthcare providers
- When we decide to seek our healthcare provider
- Our attitudes about seniors and those with disabilities
- The role of caregivers in our society

The healthcare encounter



Because each individual brings their cultural background with them, there are many cultures at work in each healthcare visit.

How does culture impact the care provided?

Culture informs us of:

- Concepts of health and healing.
- How illness, disease, and their causes are perceived.
- The behaviors of enrollees who are seeking healthcare.
- Attitudes toward healthcare providers.



Importance of cultural differences in healthcare settings

- Cultural factors may influence the way individuals:
 - Define and evaluate situations
 - Seek help for problems
 - Present their problems, situations, and information to others
 - Respond to interventions and service plans
- Cultural awareness helps you modify your behaviors to respond to the needs of others while maintaining a professional level of respect and objectivity.

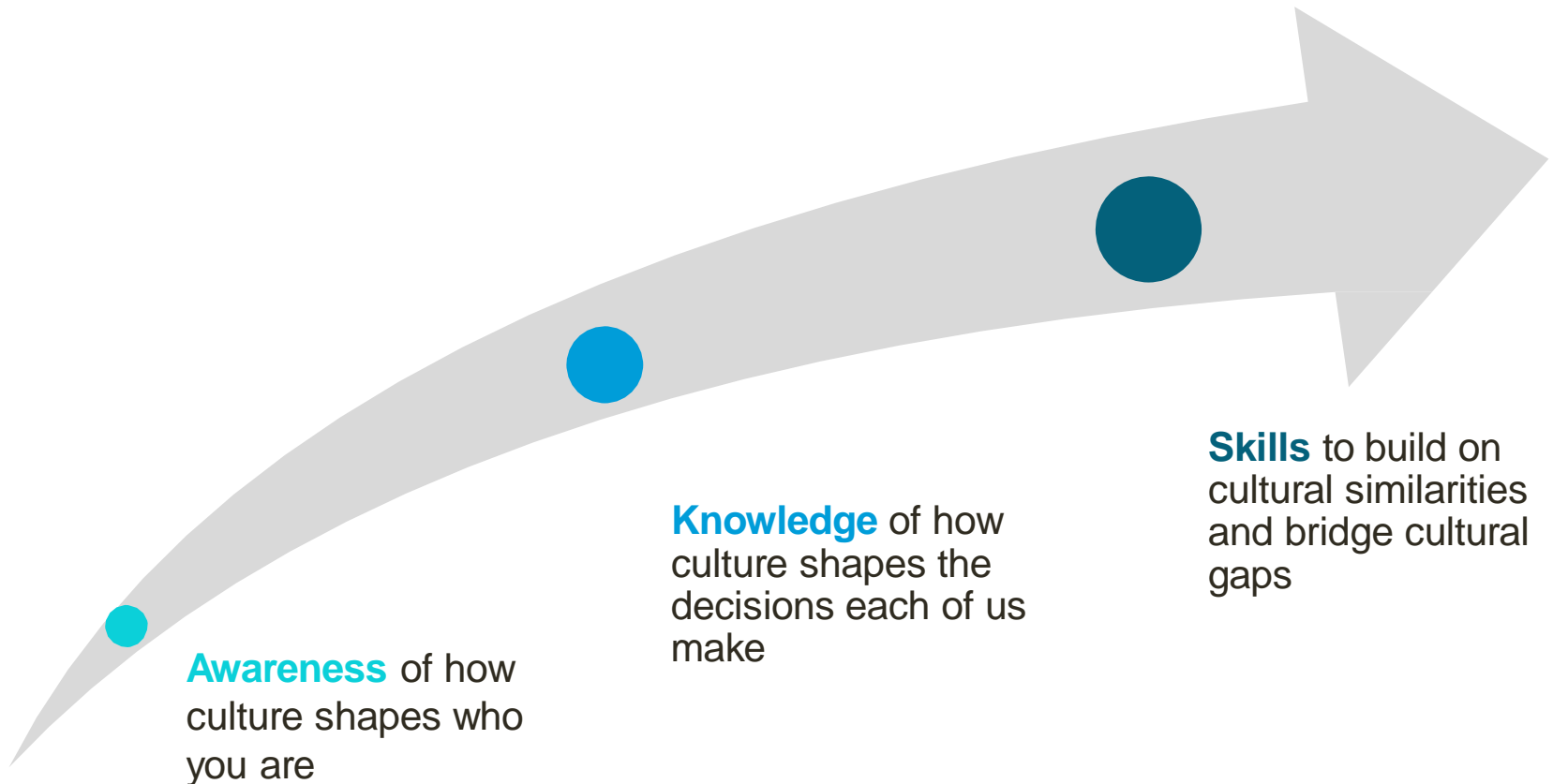
Reasons to increase your cultural competency awareness

- The perception of illnesses, diseases, and their causes varies by culture.
- The belief systems related to health, healing, and wellness are as diverse as the populations we serve.
- Culture and socioeconomic concerns influence help-seeking behaviors and attitudes toward healthcare providers and services.
- Individual preferences affect traditional and nontraditional approaches to healthcare.
- Healthcare providers from culturally and linguistically diverse groups are under-represented in the current delivery system.

Impact of increasing your cultural competency awareness

- You have a profound, positive impact on the quality of interactions with your enrollees by:
 - Acknowledging their varied behaviors, beliefs, and values
 - Incorporating those variables into their assessments, interactions, and treatments
- Each enrollee's ability to communicate symptoms and adhere to recommended treatments improves in direct relation to your level of cultural competency and awareness.

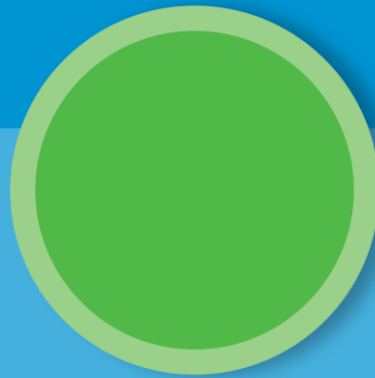
Building cultural engagement with your enrollees is a process



Cultural competency continuum

For each row, circle where you are now I

Area of competency	Stage 1: culturally unaware	Stage 2: culturally resistant	Stage 3: culturally conscious	Stage 4: culturally insightful	Stage 5: culturally versatile
Knowledge of enrollees	Doesn't notice cultural differences in enrollees' attitudes or needs	Denigrates differences encountered in racial/ethnic enrollees	Difficulty understanding the meanings of attitudes/beliefs of enrollees different from self	Acknowledges strengths of other cultures and legitimacy of beliefs, whether medically correct or not	Pursues understanding of enrollee cultures; learns from other cultures
Attitude toward diversity	Lacks interest in other cultures	Holds as superior the values, beliefs and orientations of own cultural group	Ethnocentric in acceptance of other cultures	Enjoys learning about culturally different healthcare beliefs of enrollees	Holds diversity in high esteem; perceives as valuable contributions to healthcare, medicine and enrollee well-being from many cultures
Practice-related behaviors	Speaks in a paternalistic manner to enrollee; doesn't elicit enrollee's perspectives	Doesn't recognize own inability to relate to differences; tends to blame enrollee for communication or cultural barriers	May overestimate own level of competent communication across linguistic or cultural boundaries	Able to shift frame of reference to other culture; can uncover culturally based resistance, obstacles to education and treatment	Flexibly adapts communication and interactions to different cultural situations; can negotiate culture-based conflicts in beliefs and perspectives
Practice perspective	Believes one approach fits all enrollees; no <i>special treatment</i>	Has lower expectations for compliance of enrollees from other cultural groups	Recognizes limitations in ability to serve cultures different from own; feels helpless to do much about it	Incorporates cultural insights into practice where appropriate	Incorporates cultural insights into practice where appropriate



Clear communication: The foundation of culturally competent care

Did you know?

- Asian Americans are the fastest growing racial and ethnic group, increasing [81]% from [2000 to 2019]. (Pew Research 2019)
- [22]% of people speak a language other than English at home. (Center for Immigration Studies [CIS] [2019])
- Of those who speak a foreign language at home, [45]% were born in the United States. [(CIS 2019)]
- Languages with more than one million people who speak it at home include Spanish, Chinese, Tagalog, Vietnamese, Arabic, French, and Korean. [(CIS 2019)]

As of [2019], almost half of states in United States had increase in foreign language speakers [(CIS 2019)]

Benefits of clear communication



- Safety and adherence
- Physician and enrollee satisfaction
- Office process



- Time and money
- Malpractice risk medical
- Error reduces costs

Barriers of communication

Linguistic	Speech patterns, accents, or different languages may be used.
Limited experience (healthcare concepts and procedures)	Many people are getting healthcare coverage for the first time.
Cultural	Each person brings their own cultural background and frame of reference to the conversation.
Systematic	Health systems have specialized vocabulary and jargon.

Our personal culture includes what we find meaningful — beliefs, values, perceptions, assumptions, and explanatory framework about reality. These are present in every communication.

Clear communication

What enrollees wish their healthcare team knew:

- When I tell you I forgot my glasses, it is because I am ashamed to admit I don't read very well.
- I don't know what to ask, and I am hesitant to ask you.
- When I leave your office, I often don't know what I should do next.
- I'm very good at concealing my limited reading skills.

What your team can do:

- Use a variety of instruction methods.
- Encourage open-ended questions and use Ask Me 3[®]. [[Ask Me 3: Good Questions for Your Good Health | IHI - Institute for Healthcare Improvement](#)]
- Use the Teach Back or Show Me method. [[Teach Back | Health Literacy \(ihs.gov\)](#)]
- Use the Teach Back or Show Me method.
- Use symbols and color on large print direction or instructional signs.
- Create a shame-free environment by offering assistance with materials.

Clear communication (cont.)

What enrollees wish their healthcare team knew:

- I put medication into my ear instead of my mouth to treat an ear infection because the instructions said *for oral use only*.
- I am confused about risk and information given in numbers like percent or ratios and don't know what I should do.

What your team can do:

- Explain how to use the medications that are being prescribed.
- Use specific, clear, and plain language on prescriptions.
- Use plain language to describe risks and benefits and avoid using just numbers.

Clear communication (cont.)

What enrollees wish their healthcare team knew:

- I am more comfortable waiting to make a healthcare decision until I can talk with my family.
- Sometimes, I am more comfortable with a doctor of my same gender.
- It is important for me to have a relationship with my doctor.
- I use complementary and alternative medicine and home remedies, but I don't think to tell you.

What your team can do:

- Office staff should confirm decision-making preferences during scheduling.
- Spend a few minutes building rapport at each visit.
- Ask about the use of complementary medicine and home remedies.

Clear communication (cont.)

What enrollees wish their healthcare team knew:

- My English is pretty good, but I need an interpreter at times.
- Some days, it's harder for me to speak English.
- When I don't seem to understand, talking louder in English intimidates me.
- If I look surprised, confused, or upset, I may have misinterpreted your nonverbal cues.

What your team can do:

- Office staff should confirm language preferences during scheduling.
- Consider offering an interpreter for every visit.
- Match the volume and speed of the enrollee's speech.
- Mirror body language, position, and eye contact.
- Ask the enrollee if they're unsure.

Using professionally trained interpreters

Do...

- Inform the enrollee that using family enrollees and minors as interpreters is highly discouraged.
- Choose an interpreter who meets the enrollee's needs; consider age, sex, and background.
- Hold a brief introductory discussion with the interpreter to introduce yourself, and give a brief nature of the call/visit.
- Reassure the enrollee about your confidentiality practices.

When enrollees are stressed by illness, communication in their preferred language can improve understanding.

Being prepared to use an interpreter when needed will keep the office flow moving smoothly.

Using professionally trained interpreters (cont.)

Do...

- Be prepared to pace your discussion with the enrollee to allow time for interpretation.
- Be aware in some languages, it may take longer to explain a word or a concept.
- Face and speak directly to the enrollee, not the interpreter, using a normal, clear voice.
- Speak in the first person and in concise sentences.

Use the Teach Back method* even during an interpreted visit.

It will give you confidence that your enrollee understood your message.

* [Teach Back | Health Literacy \(ihs.gov\)](https://www.hhs.gov/health-literacy/teach-back)

Using professionally trained interpreters (cont.)

Do...

- Be sensitive to appropriate communication standards
- Be aware of the cultural context of body language for yourself and the enrollee

Don't...

- Interrupt during interpretation
- Speak too loud or too fast
- Ask or say anything you don't want the enrollee to hear

To find out what language assistance services are available for our enrollees, please refer to your provider manual or contact Provider Services at **[855-627-4685]**.

Sources

Culture and Cultural Competency:

- U.S. Department of Health and Human Services, Office of Minority Health, minorityhealth.hhs.gov.

Clear Communication: The Foundation of Culturally Competent Care:

- “Better communication, better care: Provider tools to care for diverse populations,” Health Industry Collaboration Effort, Inc. (July 2010), iceforhealth.org/library/documents/ICE_C&L_Provider_Tool_Kit.10-06.pdf.
- “A physician's practical guide to culturally competent care,” U.S. Department of Health and Human Services, Office of Minority Health, <https://cccm.thinkculturalhealth.hhs.gov>.
- Weiss, B. D. Health literacy and patient safety: Help patients understand; Manual for clinicians (2nd edition) (Chicago: American Medical Association Foundation, 2007), psnet.ahrq.gov/resources/resource/5839/health-literacy-and-patient-safety-help-patients-understand-manual-for-clinicians-2nd-ed#.

Sources (cont.)

- “Ask Me 3 materials for providers,” National Patient Safety Foundation, [npsf.org/?page=askme3](https://www.npsf.org/?page=askme3).



Disability competency

Laws and regulations

The *Americans with Disabilities Act (ADA)* is divided into [five] titles (or sections) relating to different areas of public life:

Section:	Topic/area addressed:
Title I	Employment practices of private employers with [15] or more employees, state and local governments, employment agencies, labor unions, agents of the employer, and joint management labor committees
Title II	Programs and activities of state and local government entities
Title III	Private entities that are considered places of public accommodation
Title IV	Telecommunications
Title V	Miscellaneous

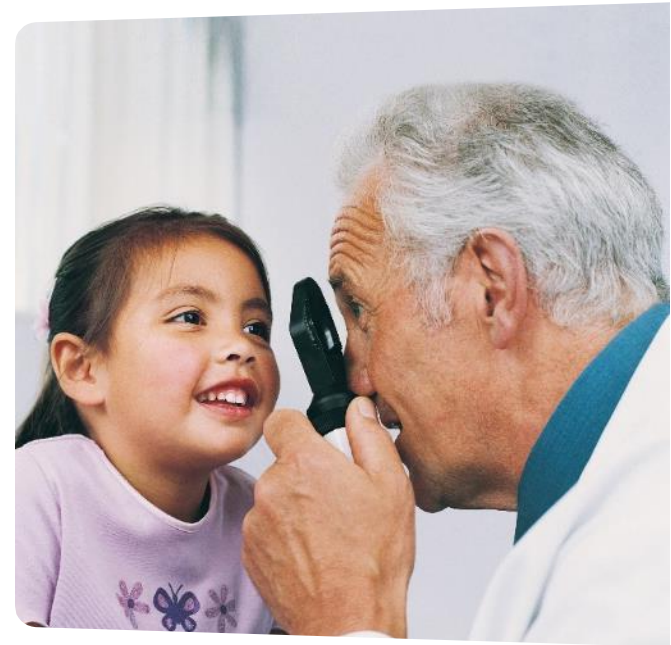
Requirements for healthcare providers

Title II and Title III of the *ADA* and Section 504 of the *Rehabilitation Act of 1973* require that medical care providers offer individuals with disabilities the following:

- Full and equal access to their healthcare services and facilities
- Reasonable modifications to policies, practices, and procedures when necessary to make healthcare services fully available to individuals with disabilities unless the modifications would fundamentally alter the nature of the services (in other words, alter the essential nature of the services)

ADA and healthcare providers

From the first contact an enrollee has with your office, the staff should be knowledgeable about not refusing services, providing separate or unequal access to healthcare services to any individual with a disability, and avoiding giving the appearance of discriminating against any person.



Accessibility in healthcare settings

Providing full and equal access to those with disabilities includes:

- Removing physical barriers.
- Providing a means for effective communication with those who have vision, hearing, or speech disabilities.
- Making reasonable modifications to policies, practices, and procedures.



Accommodations for those with disabilities

You must deliver services in a manner that accommodates the needs of enrollee by:

- Providing flexibility in scheduling.
- Providing interpreters or translators for enrollees who are deaf or hard of hearing.
- Having an understanding of disability-competent care.
- Ensuring individuals with disabilities and their companions are provided with reasonable accommodations to ensure effective communication (including auxiliary aids and services).
- Having accessible facilities.
- Providing reasonable modifications/accommodations.

Reasonable modifications and accommodations

Reasonable modifications and accommodations depend on the particular needs of the individual and include:

- Ensuring safe and appropriate access to buildings, services, and equipment.
- Allowing extra time for enrollees to:
 - Dress and undress.
 - Transfer to exam tables.
 - Speak with the practitioner to ensure the individual is fully participating and understands the information.

Linguistic services

You must be responsive to the linguistic, cultural, and other unique needs of enrollees with disabilities and special populations, including the capacity to communicate with enrollees in languages other than English and with those who are deaf, hard of hearing, or blind.

Guidelines around communicating with an enrollee with a disability:

- You cannot rely on a minor to facilitate communication.
- You cannot require enrollees to bring another person to interpret.
- An accompanying adult can be relied on to facilitate communication if it is an emergency, or the enrollee requests it, and the accompanying adult agrees. This arrangement must also be appropriate for the circumstances (*28 CFR, Section 36.303*).

Alternate formats are required

- Under *Title II* of the *ADA* and *Section 504*, federally conducted and assisted programs along with programs of state and local government are required to make their programs accessible to those with disabilities as well as provide effective communication.
- Effective communication means to communicate with those with disabilities as effectively as communicating with others.
- Alternative communications that support an enrollee encounter include sign language interpreters, tactile interpreters, and captioning and assisted-listening devices.

Resources to support disability-competent care

- Disability-Competent Care Self-Paced Training Assessment Review Tool (DCC-START) — a free resource to assist health plans, systems, and provider organizations in strengthening their efforts to provide more integrated, coordinated care to enrollees with disabilities by:
 - Assessing the disability competence of training materials
 - Identifying opportunities for training augmentation and enhancement informed by the DCC-START model
 - Offering a tailored selection of additional resources to enhance the effectiveness and completeness of the organization’s disability training materials
- Visit [resourcesforintegratedcare.com] to access the DCC-START and accompanying user, technical, and resource guides.
- Visit [[the Disability Etiquette publication](#)] for tips on interacting with people with disabilities from the United Spinal Association.



Additional resources to support the delivery of culturally and linguistically appropriate services

Culturally and Linguistically Appropriate Services (CLAS) standards

- Amerigroup is committed to cultural competency. We have adopted all [15] CLAS standards in healthcare to ensure all enrollees who enter the healthcare system receive equal, quality, and effective treatment:
 - You can review the CLAS standards at [thinkculturalhealth.hhs.gov/clas].
- We actively recognize and understand the roles age, culture, ability, socioeconomic status, and ethnicity play in the lives of our enrollees to ensure equal and effective access to healthcare, support systems, and community services.

Caring for Diverse Populations Toolkit

- Amerigroup offers an additional resource to help you and your office staff enhance care for your diverse enrollee panel
- The *Caring for Diverse Populations Toolkit* is a comprehensive resource designed by and for healthcare professionals
- Please go to [CCHAcare.com/providertools] > General Resources for All Providers > Cultural Competency Resources to access these resources.



Caring for Diverse Populations Toolkit (cont.)

The following topics are covered in the toolkit:

- Improving communications with a diverse enrollee-base
- Tools and training for your office in caring for a diverse enrollee-base
- Resources to communicate across language barriers
- How cultural background impacts healthcare delivery
- Regulations and standards for cultural and linguistic services
- Resources for cultural and linguistic services

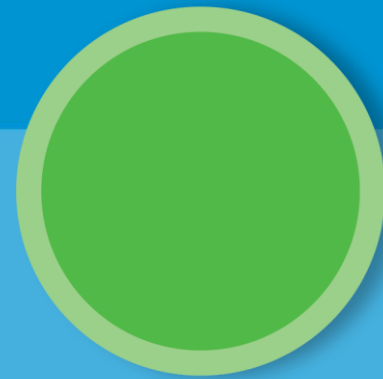
Cultural competency training course evaluation

Your feedback is important. Please complete a brief evaluation so Amerigroup can:

- Identify who has completed the training - be sure to include your name and NPI number in the evaluation.
- Learn more about your experience with the training.
- Identify ways to improve our offering.

The survey will take two to five minutes to complete. Thank you in advance for your time!

[\[Cultural competency training course evaluation\]](#)



Thank you!



<https://provider.amerigroup.com/DC>