Cultural Competency Training

November 2023

Proprietary and Confidential

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Objectives

1
Define Culture & Culture Competency

2
Discuss 5 Stages of Culture Competence

3
Identify 5 Characteristics of Cultural Competency

4
Learning About Diverse Cultures

5
Disparities Information & Data

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Define Culture & Cultural Competency

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Culture:

It is a collective set of beliefs, values, behaviors, ideas, philosophies, language and practices shared by groups of people.

What is Cultural Competence?

- The capacity for people to increase their knowledge and understanding of cultural differences

- The ability to acknowledge cultural assumptions and biases

- The willingness to make changes in thought and behavior to address those biases

National Institute of Health

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Why is Cultural Competency Important?

Increases **health equity** by delivering the highest quality of care and services to all patients regardless of their race and ethnicity, language, religion, gender, sexual orientation, or disability.

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.

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Why is Cultural Competency Important?

Provides services that responds to the unique needs of a diverse patient population that are sensitive to the ways in which they experience the world.

Ensures services are culturally sensitive and linguistically appropriate when providing preventative care, educational outreach, assessment, and services.

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Positive Impacts of Cultural Competency

Increases

- Successful patient education and intervention
- Patient's health care seeking behavior
- Appropriate testing and screening
- Adherence to medical advice
- Patient's choices and access to high-quality clinicians

Avoids or decreases

- Diagnostic errors
- Drug complications

5 Stages of Cultural Competence

Stage 1: Cultural Destructiveness

Stage 2: Cultural Incapacity

Stage 3: Cultural Blindness

Stage 4: Cultural Precompetence

Stage 5: Culture Competence and Proficiency

Source: National Institute of Health: https://www.ncbi.nlm.nih.gov/books/NBK248431/box/ch1.box3/?report=objectonly

Stage 1: Cultural Destructiveness

Organizational level

- Does not consider a patient's culture when delivering services

- Believes mainstream culture and services are superior to others

- Fails to provide basic services by creating unsafe environment that discourages the use of services

Individual level

- Project superiority

- Believes patients should be grateful to receive services

- Views interaction through biased lens without self-reflecting on the impact their prejudice has on effectively serving the patient

Source: National Institute of Health: https://www.ncbi.nlm.nih.gov/books/NBK248431/box/ch1.box3/?report=objectonly

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Stage 2: Cultural Incapacity

Organizational level

- Expects patients from diverse background to conform to services instead of adopting culturally sensitive services

- Limits patient participation in their own treatment services

- Does not seek culturally appropriate treatment services

Individual level

- Uses mainstream culture as the norm for assessing and determining treatment services.

- Staff can be aware that they need to have a different service approach but might feel powerless over organizational structure.

Source: National Institute of Health: https://www.ncbi.nlm.nih.gov/books/NBK248431/box/ch1.box3/?report=objectonly

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Stage 3: Cultural Blindness

Organizational level

- Believes cultural groups are more alike than different.

- Believes their "good" treatment services are good enough for all members regardless of their race and cultural background.

- Continue to develop and implement policies that discriminate.

Individual level

- Believes everyone experiences discrimination and is subject to other people's biases.

- Feels a good assessment that addresses individual needs is enough and there is no need to invest too much time in cultural competency training.

Source: National Institute of Health: https://www.ncbi.nlm.nih.gov/books/NBK248431/box/ch1.box3/?report=objectonly

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Stage 4: Cultural Precompetence

Organizational level

- Appreciates the importance of sociocultural factors in the delivery of care and services.

- Begins to recognize the need for culturally responsive services and starts to create services that are appropriate for culturally diverse populations.

Individual level

- Acknowledges the need for cultural competency training but may lack information or skills to fully translated into behavioral change

- Recognizes the importance of cultural competency

Source: National Institute of Health: https://www.ncbi.nlm.nih.gov/books/NBK248431/box/ch1.box3/?report=objectonly

Stage 5: Culture Competence and Proficiency

Organizational level

- Recognizes importance of integrating services that are compatible to diverse populations.

- Commits to self-assessment and develops strategic plans that focus on cultural competency

- Evaluates current services and develops policies that meet the needs of diverse populations

- Commits to ongoing workforce development, training, and evaluation of services

Individual level

- Recognizes the need for culturally responsive practices (integrated to assessment, treatment, and services)

- Commits to an ongoing process of becoming culturally competent

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5 Characteristics of Cultural Competence

- Open Attitude

- Self-Awareness

- Awareness of Others

- Cultural Knowledge

- Cultural Skills

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Open Attitude

- Be open to different ideas and viewpoints

- Consider different views and contrary arguments

- Consider pros and cons to a viewpoint or issue

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Self-Awareness

- Know your background and culture

- Be aware of own assumptions, biases, and judgements you have about others

- Be able to recognize self-reflect and intervene when judging others

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Awareness of Others

- Recognize everyone is different

  - Don't generalize based on individual's race, ethnicity, gender, sexual orientation, disability, or language

- Respect individual's background, worldviews, beliefs and values as equally valid and valuable as yours

- Be aware that our perspectives is just our perspective

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Cultural Knowledge

- Acquirement understanding of other's values, norms, and beliefs through research and interactions

- Practice what you learn to develop cultural skill

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Cultural Humility / Skills

- Adapt the way you communicate
    - Language and sign language
    - Eye contact
    - Body gestures
- Continue to engage in new cultural experiences that will provide additional knowledge
    - Be humble and don't assume you know everything about a person's culture
    - Ask questions

Diversity

The practice or quality of **including** or **involving** people from a range of different social and ethnic backgrounds and of different genders, sexual orientation, etc.

Why Diversity is relevant to Cultural Competency

Maintains a workforce capable of respecting one another and delivering the highest quality of care to all patients

- Regardless of their differences

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Why does diversity matter?

- Creates a value-based framework

    - Meridian Employee Inclusion Groups (EIG)

- Increases innovation

    - Different perspectives can create a more rounded solution and innovative approaches

- Increases cost saving

    - Patients/Members are more likely to seek preventative care when they feel comfortable with providers

- Improves patient/member experience

    - Feel respected, valued, and heard

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What does it mean to Serve a Diverse Population?

- Diversity Is Not Limited To Race & Ethnicity
- And includes:

  - Culture
  - Sex
  - Sexual Orientation
  - Gender Identity
  - Religion
  - Disability

  - Geography
  - Social Economic Status
  - Language
  - Age
  - Political Affiliations

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Diverse Populations

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LGBTQIA+ Community

What do the letters in LGBTQIA+ mean?

Lesbian	Gay	Bisexual	Transgender & Transexual	Queer & Questioning	Intersex	Asexual	+
Woman sexually attracted to other women	Any person attracted to the same gender	Any person sexually attracted to men and women	**Transgender** – their gender is different from their assigned sex at birth. **Transexual** – Person that changes their birth sex	**Queer** – not molding to social norms **Questioning** – Exploring their sexuality, gender identity and gender expression	People that don't fit into a specific gender norm of women or man	Don't feel sexual attraction to either sex or don't feel romantic attraction	•Agender •Demisexual •Genderfluid •Graysexual •Non-binary/ genderqueer •Pansexual/ omnisexual •Polyamorous •Sapiosexual •Two-Spirit

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LGBTQIA+ Proper Use of Pronouns

- Introduce yourself and identify your pronouns
  - Provides members a safe space to share/express their preferred pronouns

- Identify and use a person's preferred pronouns
  - She/her/hers

  - He/Him/his

  - They/Them

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Individuals with Disabilities

- According to the US Census Bureau, approximately 12.7% people have a disability

- Disabilities come in many different forms

  - Some are more visible than others

- Do NOT assume what patients with a disability can or cannot do

- How to be more accessible and inclusive

  - Widen doorways

  - Add Ramps

  - Ensure fire alarms are accessible and visible for those with audio problems

  - Have accessible bathroom facilities

  - Interpretation & translated visuals

Types of Disabilities

- Intellectual
- Mental health
- Developmental
- Physical
- Vision
- Hearing
- Blind
- Deaf
- Language or speech
- Learning

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Americans with Disabilities Act (ADA)

The Americans with Disabilities Act (ADA) became law in 1990. The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public.

For more information visit adata.org/factsheet/ADA-overview

Racial Ethnic Minorities

- Difference between Race & Ethnicity

- Race conforms to a person's physical traits

- Ethnicity encompasses language, nationality, culture and religion.

Race and Ethnic minorities include:

- Hispanic (including Puerto Ricans)

- African Americans

- Asian Americans

- Arab and other Middle Eastern Americans

- Native Americans

- Alaskan Natives

- Native Hawaiians

- Pacific Islanders

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Common Characteristics

Hispanic

- Value Family
- Religious (mostly Catholic)
- Respect elders (immigrants & first-generation immigrants)
  - Involved in the care of elders
- Very private about health issues
- Cultural values vary significantly from one Latin country/region to another

African American/Black

- Religious
- Family closeness
- Value honesty, integrity, and treating their fellow humans with compassion
- History of distrust in the healthcare industry due to generations of oppression and mistreatment
- Enjoy lively music and colors

Common Characteristics

Asian American

- Strong preservation of family traditions
  - Elders are highly respected (values, views, and approval)
- Value personal relationships
- Reserved and don't commonly share thoughts
- Value expert input

Arab and Middle Eastern

- Religious (mostly Muslim)
- Strong extended family values: respect, honor, and loyalty
  - Non-male relatives touch or handshake other females
- Long eye contact with women is considered rude
- Respect elders

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Common Characteristics

Native Americans

- Harmony with nature
- Non-interference towards others
- Belief that man is good and should be respected for decision
  - Very reluctant to seek help

Native Hawaiians

- Aloha – love, caring, and compassion
- Feel respected and cared for if they are considered partners in the health care journey

Alaskan Natives

- Value respect
- Share what they have
- Accepts what life brings them and can't control things
- Patient

Pacific Islanders

- Follow customs and traditions
- Family is central

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Other Groups

People from diverse social groups may have different world views based on when and where they were raised.

Geography

- Rural, Suburban, and Urban

Social Economic Status

- Poor, Middle Class, and Rich

Age

- Baby Boomers, Generation X, Millennials, Generation Z

Political Affiliation

- Democrats, Independent, Republicans

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Be Mindful

- We provided a **VERY** general race/ethnicity characteristic overview

- Don't assume all people from a specific cultural, race, or ethnic group are the same

- Be inquisitive

  - **Continue** to learn about different cultures and the <u>individual for whom you are rendering services or treatment</u>

    - Be Eager to learn

  - **Adjust** to the information you receive

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Barriers may lead to

- Low comfort in utilizing health care services

- Low trust in providers

- Difficulty in discussing health concerns or needs

- Lack of awareness and low competency

- Due to lack of awareness, the LGBTQIA+ community is often overlooked in hospital and provider care education

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Continuation

- Some assumptions about a member's sexual orientation or gender identity can interfere with the trust and rapport.

- Assumptions may also lead to a lack of competent care.

- Stigma and Mistreatment may lead to:

  - Insensitivity to needs

  - Refusal of care

  - Inadequate or substandard care

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Health Disparities, Barriers & Data

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Contributing Factors to Health Disparities

- Fear of being misunderstood or disrespected

- Providers are not familiar with the prevalence of conditions among certain minority groups

- Providers may fail to consider differing responses to medication

- Providers may lack knowledge about traditional remedies, leading to harmful drug interactions

- Patients may not adhere to medical advice because they do not understand or do not trust the provider

- Providers may order more or fewer diagnostic tests for patients of different cultural backgrounds

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Ethnic Disparities in Health Care

- Black and AIAN men have an 18% higher cancer mortality rate than their White counterparts.

- Despite lower breast cancer incident rates, Black women have a 40% higher mortality rate than White women.

- Infant mortality rates are 2.4 times greater among black infants and 1.7 times greater for AIAN infants compared to White infants.

- Influenza death rates are higher for Black and AIAN.

- Black and Hispanic adults experience higher diabetes- related complications compared to their White counterparts.

Source: American Cancer Society, Cancer Facts & Figures 2023. Atlanta: American Cancer Society; 2023.
Source: Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them. KFF 2022. URL: https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/
Source: Haw JS, Shah M, Turbow S, Egeolu M, Umpierrez G. Diabetes Complications in Racial and Ethnic Minority Populations in the USA. Curr Diab Rep. 2021 Jan 9;21(1):2. doi: 10.1007/s11892-020-01369-x. PMID: 33420878; PMCID: PMC7935471.

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The Surgeon General's Report on Mental Health: Culture, Race and Ethnicity

Members of racial and ethnic minority populations:

- Are less likely to receive necessary mental health care

- Often receive a poorer quality of treatment

- Are significantly underrepresented in mental health research

- Are less likely to have access to available mental health services

- Underuse mental health services and are more likely to delay seeking treatment

- Unfortunately, when they seek treatment, they are at an acute stage of illness

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Barriers Contributing to Disparities

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Transportation Barriers

- Each year, about 3.6 million individuals do not access medical care because they experience transportation barriers.

- Transportation barriers lead to rescheduled or missed appointments, delayed access to care, and missed or delayed medications use.

- Common transportation barriers include long travel distances, lack of vehicle, transportation cost, inadequate infrastructure, and adverse policies affecting travel

Meridian commits to address and provide transportation to improve access to health care for its members and families.

Source: American Hospital Association. Social Determinants of Health Series: Transportation and the Role of Hospitals. https://www.aha.org/ahahret-guides/2017-11-15-social-determinants-health-series-transportation-and-role-hospitals#:~:text=Each%20year%2C%203.6%20million%20people,adverse%20policies%20that%20affect%20travel.

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MTM Meridian Illinois

Transportation is available to

- Members 18 and older
- Members' parent, legal guardian, or authorized representative
- Meridian Case Manager or Meridian Representative
- Healthcare Professional

Transportation Requirements

- Non-emergency medical appointments
- Appointments scheduled 3 calendar days prior to appointment

  Some exceptions. Please call MTM or Meridian Customer Service

MTM – Scheduling Transportation

- MTM App

- MTM Link Portals

  - Participants & medical facilities have dedicated portals that allow them to schedule, cancel, modify, and review trips

- Toll Free Number available 24/7/365 days

- IVA Prompts available

  - Schedule transportation without speaking to customer representative
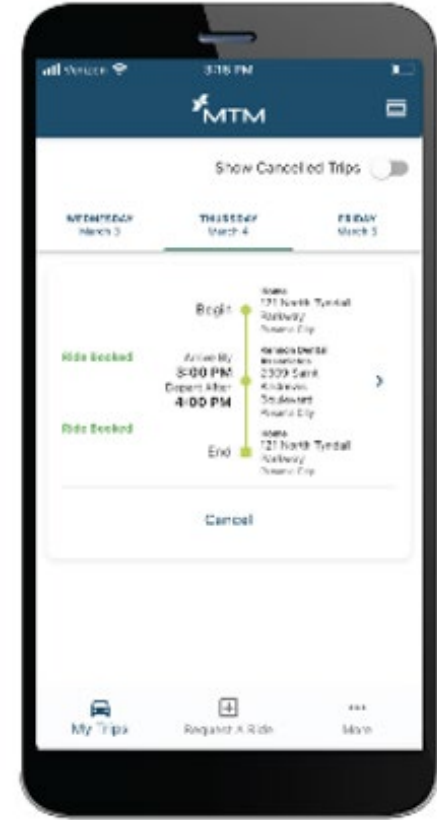
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MTM Toll Free Numbers

- Meridian Dual MLTSS, Medicaid FHP/ACA, Medicaid ICP: **866-796-1165**

- Meridian Dual Medicare-Medicaid Alignment Initiative (MMAI): **855-580-1689**

- YouthCare: **844-289-2264**

- Where's My Ride? **1-844-299-6238**

- Reservation Line for Deaf and Hearing Impaired (TTY): **711**

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Language Barriers

- Impacts the cost and quality of care

- Contributes to Unequal access to healthcare and health outcomes due to treatment related to language barriers

- Reduces patient and provider satisfaction

- Increases the chances of adverse events

Al Shamsi H, Almutairi AG, AL Mashrafi S, Al Kalbani T. Implications of Language Barriers for Healthcare: A systematic Review. Oman Med J. 2020 Apr 30;35(2):3122.

doi: 10.5001/omj.2020.40. PMID: 32411417; PMCID: PMC7201401.

Interpreter Providers

PALS Interpretation Services: Language and American Sign Language interpretation

Call: 313-351-9388

Use the customer code below

- Medicaid: 7119
- MMP: 8215
- YouthCare: 7411

Click here to access the PALS Interpretation Service Job Aid.

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Wrap Up

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Test Your Knowledge

Understanding our world view is important because

- It allows us to be authentic in our relationship with our members and their families

- We should have an answer prepared if a member asks us about our culture

- When we work with members, we are working from our world view

- It makes us a more interesting person

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What Is Your Role?

- Think about your role at Meridian

- How do you apply what you learned discussed in this training to your everyday operations?

- What is the culture of your office and working environment?

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Cultural Competency YouTube Videos

Cultural Competence

What Is Cultural Competence?

Culturally Competent Healthcare

Cultural Competence in the Workplace

PBS KIDS Talk About: Race & Racism

Race & Ethnicity: Crash Course Sociology

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Thank you for your time!

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Questions