



Cultural Competency Strategic Plan 2008

AMERIGROUP Georgia Managed Care Company, Inc.
dba AMERIGROUP Community Care

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I. Introduction

Cultural competence is a set of congruent behaviors, attitudes and policies that come together in a system or agency, or among professionals that enables them to work effectively in cross-cultural situations. A culturally competent system acknowledges and incorporates the following at all levels: valuing diversity; cultural self-assessment; vigilance toward the dynamics that result from cultural differences; expansion of cultural knowledge; and adaptation of services to meet culturally unique needs. Cultural factors may influence the way individuals:

- Define and evaluate their problems
- Seek help for their problems
- Present their problems to service practitioners
- Respond to intervention plans

AMERIGROUP Georgia Managed Care Company, Inc. (AMERIGROUP Community Care) and AMERIGROUP Corporation (AMERIGROUP) believe that they must recognize and thoroughly understand the role that culture and ethnicity play in the lives of their members to ensure everyone receives equitable and effective health care services. According to the Georgia Minority Health and Health Disparities Report (GA OMH), the Hispanic/Latino population grew by 300% from 1990 to 2000. Although this multi-ethnic group is the fastest growing in the state, Georgia is also experiencing an increase in a number of immigrant populations, particularly those from Indo-European, Asian and Pacific Island countries. Georgia's increasingly diverse population poses new cultural and linguistic challenges for its health care system.

This Strategic Plan serves as the blueprint for implementing AMERIGROUP's cultural competency program. It reflects a comprehensive, organized and methodical approach to the strategic planning, development, implementation, and evaluation of cultural competency. It serves as a guide in the ongoing development of a multicultural-competent service delivery system. The Plan is descriptive, organized around objectives and strategies, and designed to provide a measurable approach to ensuring the cultural competence of AMERIGROUP as an organization. AMERIGROUP's cultural competency plan describes how practitioners, individuals, and systems will effectively provide services to people of all cultures, races, ethnic backgrounds and religions in a manner that recognizes values, affirms and respects the worth of the individual member and protects and preserves his or her dignity.

AMERIGROUP has adopted all fourteen National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care as a guide to ensure that all members entering the health care system receive equitable and effective treatment. While only Standards four, five, six and seven are currently federally required for recipients of federal funds, AMERIGROUP has also adopted the other ten standards that are identified as guidelines and recommendations. The entire set of standards provides a more comprehensive and effective approach to eliminating health disparities.

In agreement with the U.S. Department of Health and Human Services Office of Minority Health, AMERIGROUP Community Care believes that:

1. Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in manner compatible with their cultural health beliefs and practices and preferred language.
2. Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organizations a diverse staff and leadership that are representative of the demographic characteristics of the service area.
3. Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.
4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
5. Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their rights to receive language assistance services.
6. Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).
7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.
8. Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
9. Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.
10. Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.
11. Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.
13. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-

cultural conflicts or complaints by patients/consumers.

14. Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about availability of this information.

II. Guiding Principles

The Guiding Principles for cultural competency are part of the character and nature of AMERIGROUP Community Care. They are the filters through which AMERIGROUP makes its decisions. Their meaning and, sometimes, expression are expected to evolve as staff reflect and talk about the principles, and as the principles guide decisions and actions. Everyone will follow and reinforce the principles with each other regardless of position or level. The Guiding Principles are:

- We acknowledge that a person's culture is relevant to the person's recovery and the services the person receives.
- We believe that cultural, ethnic, and linguistic diversity enhances the personal and professional experiences of all stakeholders.
- We are committed to developing culturally sensitive practices that can help reduce barriers to effective care.
- We are committed to broadening access for multi-cultural participation within AMERIGROUP and its network.
- We are committed to educating our staff, practitioner network, client organizations and their members, and communities in cultural competency as a right.
- We are committed to promoting models of communication giving voice to all cultures.
- We are committed to ensuring all organizational and individual activities are culturally competent.

III. Philosophy

Within the context of guiding principles is AMERIGROUP Community Care's philosophy regarding cultural competency. AMERIGROUP Community Care believes that members' compliance with treatment plans, preventive care and restorative health is more likely to occur when systems, services and practitioners are culturally competent. Attitudes, knowledge and skills should reflect a cultural competence compatible with the backgrounds of the persons served, their families and communities. Within this philosophy, AMERIGROUP has developed the following definitions:

Organizational cultural competency: The integration of congruent behaviors, skills, attitudes, policies and procedures which come together in a system to enable people to work effectively across cultures.

Individual cultural competency: The ability to use knowledge and interactive skills to work effectively with people of different cultures.

Individual cultural competence at a practitioner level also includes the acknowledgment and acceptance of various behaviors, beliefs, and values in determining a patient's physical and mental wellness/illness, and incorporating those variables into the assessment and treatment of the person.

In accordance with this philosophy, AMERIGROUP Community Care has developed a Statement of Diversity:

Managing diversity is the key to AMERIGROUP Community Care's competitive edge. On behalf of our members and associates, we create and maintain an inclusive, respectful and equitable environment through effective leadership, policies and practices.

This philosophy includes the expectation that management, staff and practitioners will develop the knowledge, attitudes and skills needed to provide effective care and services to people of different cultures and to work within that person's values and reality conditions.

IV. Critical Success Factors

Central to this undertaking is an understanding that one of the factors that make significant change difficult is conflict between competing goals and priorities. Therefore, it is important to identify which key factors, if done well, will ensure AMERIGROUP's success in reaching its mission and vision. It is natural to think that everything is all-important: excellent care, service, staff and practitioners; cost-effective and cost-efficient services; and more. All of that is true. Those factors apply to all health care businesses. Critical to AMERIGROUP Community Care's being a culturally competent managed health care organization are the following factors:

- AMERIGROUP Community Care's initiative to become a culturally competent organization must take management precedent over other activities. The Chief Executive Officer and senior management must provide unwavering support of, and adherence to, the strategic plan, devote the necessary technical and human resources, and address any resistance to change at every level.
- The Information Technology Services Department must continue to provide system resources that enhance, at a minimum, our ability to document the competencies of the practitioners, mechanisms to access listings of culturally competent practitioners and their competencies, clinical delivery screens, and an ability to secure quality improvement data to monitor the implementation and maintenance of cultural competency principles.
- Sales, Marketing and Corporate Communications must continue to collaborate on differentiation of services to allow AMERIGROUP Community Care to be a recognized leader in advancing and implementing culturally competent managed health care services.

V. Cultural Competency Strategic Plan

AMERIGROUP Community Care believes cultural competence impacts every aspect of care and service. From the broadest of operational perspectives, the Strategic Plan provides Senior Management direction for Corporate, Health Plan and network processes, policies and procedures, clinical as well as administrative, to ensure their cultural relevance.

The Plan also provides for the structured training of management, staff and practitioners in a common framework of cultural competency to integrate the knowledge, attitudes and skills reflective of a culturally competent organization. Therefore, the identified cultural competency objectives and strategies address the total organization and network.

Objective 1

Maintain current knowledge of the cultural diversity of our service area.

Key Strategies

1. Maintain a current demographic cultural and epidemiological profile of the community.
2. Conduct needs assessments of members to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
3. Analyze and aggregate data and use findings to develop improvement strategies.

Objective 2

Create a high-performance organizational culture of social awareness, values, cultural sensitivity and customer service that supports, attracts and retains a diverse staff.

Key Strategy

1. Recruit and retain a culturally diverse and culturally competent workforce that is representative of the demographic characteristics of the service area.

In Georgia, AMERIGROUP Community Care strives to hire associates from cultural backgrounds similar to those of our Georgia members. This gives our associates a greater understanding of members' cultural norms, languages and folk beliefs. This enables them to work with members on treatment options resulting in more positive health outcomes. We also strive to hire associates who speak languages similar to the languages spoken in the areas that we serve, so that we can minimize the need for outside interpretation.

In our Georgia markets, 2.52% of associates are Hispanic, 71.43% are African American, 1.68% are Asian/Pacific Islander, 23.53% are Caucasian and 0.84% are other nationalities. In addition to our Cultural Competency training, this diversity enables our associates to educate each other on cultural difference which can impact our members.

Nationwide, 15.62% of AMERIGROUP associates are Hispanic, 39.78% are African American, 5.22% are Asian/Pacific Islander, 38.76% are Caucasian and 0.62% are other nationalities, including Native American.

Objective 3

Develop a comprehensive training curriculum for cultural competency.

Key Strategy

1. Educate and train all associates in culturally and linguistically appropriate service delivery. Training is designed to meeting the following goals:
 - a. Respond to current and projected demographic changes in the United States
 - b. Continue to improve our quality of services and health outcomes
 - c. Meet legislative, regulatory and accreditation mandates
 - d. Coincide with AMERIGROUP Community Care's diversity initiatives

AMERIGROUP Community Care requires all associates to take Cultural Competency training during their first 90 days of service. Supervisors are required to document the date the training occurred on the associates' 90 day evaluations.

Learning objectives include the ability to:

- a. Describe laws and regulations concerning cultural competence
- b. Identify the cultural groups served by AMERIGROUP Community Care
- c. Assess cultural beliefs that impact a member's world view and how these beliefs impact patient care procedures
- d. Explore innovative approaches to better serve our culturally diverse members
- e. Identify how culture influences members' approaches to patient care
- f. Define approaches that promote self-awareness
- g. Identify actions taken to accommodate our diverse members and their families
- h. Describe techniques to overcome language barriers

The training is designed to allow for regular review of items covered throughout the training course. At the end of the session, associates take a final exam which requires a passing score of 90%. Associates who do not achieve a 90% score are given the opportunity to review the course and re-take the exam until they achieve 90%.

Objective 4

Reflect relevant cultural issues in clinical assessments and plans of care.

Key Strategies

1. Clearly identify relevant cultural issues of the member in clinical assessments.
2. Include questions related to primary language preference and cultural expectations on the member assessment form.
3. Create individualized plans of care to reflect appropriate understanding of the member's culture (to include race and ethnicity as appropriate).
4. The initial assessment examines a broad range of domains to determine the member's individual situation and risk of adverse outcomes. These domains include physical and mental health; social, economic and emotional status; capability for self-care; the members' goals; and the current treatment plan. Assessments are completed via telephone interviews and/or home visits to collect and assess information from the members and/or their representatives. Care managers also obtain information from the members' PCPs and specialists from our Early Case FindingSM assessments. All of this information is used to determine appropriateness for care management services and to guide, develop and implement the care plan. Care plans are individualized using the industry-recognized Case Management Society of America approach. Working closely with the member and/or the member's representative, Care Managers develop care plans that include long- and short-term goals; scope, duration, and frequency of services; authorizations and schedules for re-evaluation of services recommendations. Members' needs for social, educational, therapeutic, and other non-medical services are also considered. By working closely with members and/or their representatives, Care Managers ensure that members' cultural needs are met in the development of their individualized care plans.

Objective 5

Provide language assistance services, at no cost, to members with limited English proficiency or impaired hearing at all points of contact.

Key Strategy

1. Ensure the availability of interpreter services through either bilingual staff or qualified interpreters.

AMERIGROUP Community Care policies are designed to ensure that members with low English proficiency or hearing impairments have access to health care services. We can help them overcome barriers and fully utilize services/benefits. Language assistance options are available at no cost to the member. Oral interpretive services are available either in-office or telephonically. Members can contact our National Contact Center to arrange for services. Members who are hearing-impaired can contact TDD/TTY for telephonic interpretation. Members can also contact the National Contact Center to arrange for in-office sign language assistance at the practitioner's office. Members receive information on how to obtain interpretation services in the Member Handbook as well as through calls to the National Contact Center. Practitioners are able to obtain interpreter services for telephonic contact and in-office visits. Information on how to obtain these services is documented in the Provider Manual and through other means such as the Provider Newsletter.

In Georgia, AMERIGROUP Community Care employs a number of associates who are fluent in Spanish, which is the second most prevalent language spoken by our members. In addition, associates receive training on how to assist members with language difficulties, and how to access our in-house bilingual staff as well as contracted interpreters and language line services. Associates also receive training on how to access local interpreters and the TDD/TTY number. Associates are trained to offer interpretation services whenever they encounter a member who may benefit from such services, and to educate members about the availability of services.

Objective 6

Develop easily understood member materials.

Key Strategies

1. Make vital documents available, upon request, in the member's language of preference.
2. Make documents available to members in a variety of formats, i.e. large print, audio.

Written materials, such as member handbooks and notices, are available in English, Spanish, Braille and large print, and on audiotapes. Written member materials are available in other languages upon request. All member materials are written at or below a 5th grade reading level according to the Flesch-Kincaid Grade Level scale.

To ensure that materials are culturally appropriate, AMERIGROUP Community Care holds quarterly Georgia Health Education Advisory Committee (HEAC) meetings in each service region, rotating on a quarterly basis between regions: North, Metro Atlanta, East, and Southeast. HEAC is a forum where community-based organizations and members provide feedback on the cultural appropriateness of our programs and activities to identify health education needs of the membership, and provide new insights into their cultural values and beliefs. The committee solicits advice on the effectiveness of current health promotion efforts, identifies additional member health education needs and recommends additional health education program development. Through this process we maintain awareness of cultural values and beliefs that must be considered in developing and maintaining a culturally competent health promotion program. This enables us to ensure that materials and programs meet cultural competency requirements, are understandable to members and address their health education needs.

Objective 7

Develop collaborative relationships with communities.

Key Strategies

1. Establish collegial relationships and utilize resources of Federally Qualified Health Centers, Rural Health Centers and community-based organizations.
2. Offer educational programs and other special events to communities that address health beliefs and needs of ethnic/cultural populations.

In Georgia, AMERIGROUP Community Care has developed close relationships with community-based organizations and works collaboratively with them to improve health outcomes for members and the community at large. We establish relationships with community-based organizations, advocacy groups and industry partners to provide the broad range of services that members may require outside of the scope of the managed care program. We provide AMERITIPS to community-based organizations in need of bilingual health information. We also use educational materials developed by community organizations when they are of benefit to our members. We work closely with local minority health coalitions and sponsor educational seminars on minority- and disability-related topics. Educational programs highlight areas of concern for members of different ethnic/cultural groups to raise attendees' awareness of their risk factors.

Objective 8

Ensure that culturally competent care is delivered to all members.

Key Strategy

1. Credential practitioners of ethnic and racial backgrounds similar to members in order to offer members care that is compatible with their cultural health beliefs and in their preferred language.

In Georgia, AMERIGROUP Community Care strives to credential practitioners who understand and appreciate the socio-economic and cultural challenges that our members face, in addition to their complex medical needs. Initial credentialing includes an on-site visit to determine compliance with AMERIGROUP Community Care and HHSC standards for physical accessibility. Provider Directories contain information on the languages that are spoken in practitioner offices so that members can make informed decisions when selecting practitioners. Practitioners receive information from AMERIGROUP Community Care on how to access interpreters for members during orientation, in the Provider Manual and through our National Contact Center.

AMERIGROUP Community Care makes a concerted effort to recruit practitioners who can meet the cultural and linguistic needs of our members.

Objective 9

Ensure Stakeholder participation in the service delivery process.

Key Strategies

1. Conduct HEAC meetings to identify and evaluate involvement of community resources within each service region.
2. Ensure that Health Plan and Corporate Member Advocates assist ethnic/cultural populations.
As previously addressed, the HEAC is designed to solicit feedback from members and community-based organizations regarding the cultural appropriateness of member materials and programs. Member Advocates within the Quality Management department and National Contact Center represent the interests of all members. Their responsibilities include handling complaints, ensuring that members are informed of their rights and responsibilities and helping them understand their benefits. They serve as ombudsmen and interact with members at events, during home visits and over the telephone.
3. HEAC membership consists of, but is not limited to: care practitioners, members, school officials, clinical practitioners, community leaders and community business owners. Minutes of the HEAC meetings are provided to the Quality Management Committee.

VI. Authority, Structure and Responsibility for the Oversight of the Implementation of the Cultural Competency Strategic Plan

The success of AMERIGROUP' s cultural competency program begins with the commitment and support of Senior Management and the Health Plans. In Georgia, an internal Cultural Competency Committee is led by the Associate Services Director and includes department leads from Marketing, Health Promotion, Health Care Management Services, Provider Relations, Quality Management and other departments as necessary. This committee is responsible for integrating cultural competency throughout the health plan. The committee will monitor the implementation of the strategic plan to ensure that health education and outreach services to members and potential members meet the community's cultural, linguistic and social needs.

The Cultural Competency Committee will meet as necessary, but no less than annually, to address cultural competency needs of the health plan and ensure that the cultural competency plan objectives are being met. Evidentiary documentation will be available to support the activities of the team.

The Cultural Competency Committee will report their activities to the Quality Management Committee on an annual basis.

VII. Practitioner Cultural Competency Strategic Plan

See Attachment A for the Practitioner Cultural Competency Plan Reference Guide.

The quality of the patient-practitioner interaction has a profound impact on the ability of patients to communicate symptoms to their practitioner and adhere to recommended treatment. Cultural competence is necessary at the practitioner level because:

- There are perceptions that illness and disease, and their causes, vary by culture.
- Belief systems related to health, healing and wellness are very diverse.
- Culture influences help-seeking behaviors and attitudes toward health care practitioners.
- Individual preferences affect traditional and non-traditional approaches to health care.
- Patients must overcome personal experiences of biases within health care systems.
- Health care practitioners from culturally and linguistically diverse groups are under-represented in the current service delivery system.

Practitioner Competencies

To be culturally competent, AMERIGROUP Community Care expects Georgia practitioners to demonstrate the following competencies:

Cultural Awareness: Appreciating and accepting cultural differences.

- The ability to recognize the cultural factors (norms, values, communication patterns, and world views) that shape personal and professional behavior
- The ability to modify one's behavioral style to respond to the needs of others, while at the same time maintaining objectivity and identity

Cultural Knowledge: Deliberately seeking out various world views and explanatory models of disease. Knowledge can lead to understanding of and between cultures.

- The crucial role of culture in the formation of health or illness beliefs
- The driving force of culture behind a person's rejection or acceptance of medical advice
- The varying attitudes about seeking help that different cultures have
- The unique feelings about disclosure a culture may have
- The differences in the acceptability and effectiveness of treatment modalities in various cultural and ethnic groups
- The variation in verbal and nonverbal language, speech patterns, and communication among cultural and ethnic groups

- The need for resources, such as formally trained interpreters, to be offered and utilized for working with and on behalf of various cultural and ethnic groups
- The historical factors that affect various cultural and ethnic groups
- The healing practices and belief systems that play a crucial part in how cultures and ethnic groups view treatment

Cultural Skills: Having the ability to culturally assess a patient to avoid relying only on written "facts;" explaining an issue from another's perspective; reducing resistance and defensiveness; and acknowledging interactive mistakes that may hinder the desire to communicate.

- Knowing the basic similarities and differences between and among the cultures of the persons served
- Recognizing the value and strengths of all cultures
- Interpreting diverse cultural and nonverbal behavior
- Understanding another's needs, values and preferred means of meeting needs
- Identifying and integrating the critical cultural elements of a situation to make culturally consistent inferences and be consistent with actions
- Recognizing the importance of time and the use of group process to develop and enhance cross-cultural knowledge and understanding
- Withholding judgment, action, or speech in the absence of information about a person's culture
- Listening with respect
- Formulating culturally competent treatment plans
- Using culturally appropriate community resources
- Identifying when and how to use interpreters and understanding the limitations of using interpreters
- Treating each person uniquely
- Recognizing racial and ethnic differences and knowing when to respond to culturally based cues
- Seeking out information when you do not know
- Using agency resources
- Responding flexibly to a range of possible solutions
- Accepting ethnic differences between people, and understanding how these differences affect the treatment process
- Being willing to work with clients of various ethnic minority groups

Cultural Encounters: Meeting and working with people of a different culture will help dispel stereotypes and may contradict academic knowledge. Although it is crucial to gather cultural knowledge, it is an equally important, but sometimes neglected culturally competent skill, to let go of stereotypes and remain open to the individuality of each patient.

Objective 1

Develop and maintain a culturally competent network of practitioners who are sensitive to ethnicity, language, culture and age

Key Strategies

Identify all member and user populations (cultures) comprising 5-10% of the member population.

1. Complete geo-access practitioner reports related to linguistic capability and compare results to population profile.
2. Recruit and retain practitioners within the current network to meet the identified cultural needs.
3. Develop an ongoing cultural competency education program and resource guide for practitioners and their support staff.
4. Develop and revise network practitioner relations processes to ensure culturally relevant policies.
5. Develop regional plans that ensure the network is responsive to the needs of linguistic and cultural minorities.
6. Design and implement an online practitioner database that includes each practitioner's linguistic capability.

Objective 2

Incorporate cultural competency practices into the managed health care service delivery process

Key Strategies

1. Review and revise clinical care guidelines to address and include culture and ethnicity.
2. Identify and develop an integrated network of health services that effectively meet the linguistic and cultural needs of cultural minorities served. For example, we will collaborate with FQHCs, Clinica de la Mama and Clinica Union to support the health needs of the Hispanic communities in Georgia.

Objective 3

Provide oral linguistic services and interpretation

Key Strategies

1. Capture linguistic capabilities on practitioner applications and enter the information into information systems for practical use.

2. Provide a reference resource outlining how to use interpreters.

Objective 4

Promote and support the involvement of cultural practitioners in the planning, development and implementation of AMERIGROUP Community Care's system of care

Key Strategies

1. Solicit practitioner feedback in the development of culturally competent level of care criteria and clinical practice guidelines.
2. Ensure culturally diverse practitioner participation on committees, workgroups, and quality improvement teams.

Objective 5

Ensure that services and programs are provided in culturally inviting environments

Key Strategy

1. Conduct assessment of practitioner practice locations to evaluate physical atmosphere.



Attachment A
Georgia Practitioner Cultural Competency
Reference Guide

Practitioner Cultural Competency Reference Guide

Philosophy

Most health care professionals are committed to providing culturally competent care but lack the awareness, knowledge, skills or role models to do so.

Cultural competence work encompasses more than race and gender. It includes all the differences that make each of us unique.

Prejudices, fears and stereotypes about people who are different from us are learned behaviors that often interfere with healthy communication and trust between individuals and groups of different racial, ethnic and cultural backgrounds.

Just as these unhealthy behaviors are learned, they can also be unlearned. It is a process that takes time and involves both an intellectual and an emotional commitment.

Learning Point: We can only see 10% of a person's cultural attributes. We cannot see the most important dimensions of a person's culture, such as values, attitudes, and beliefs. If we want to get to know someone, we need to look below the surface. This will lead to better communication and stronger relationships.

What is Cultural Competency?

For the individual, cultural competency is the ability to use knowledge and interactive skills to work effectively with people of different cultures. It means:

- Being an agent of change
- Being empowered through knowledge and understanding
- Using personal and social influence
- Being accountable

For the organization, cultural competency is the integration of congruent behaviors, attitudes, structures, policies and procedures, which come together in a system or agency, or among professionals, to enable them to work effectively in cross-cultural situations. In organizations, cultural competency helps an individual to do the following:

- Acknowledge the importance of culture and language
- Embrace cultural strengths with people and communities
- Assess cross-cultural relations
- Understand cultural and linguistic differences
- Strive to expand cultural knowledge

Why Do We Need Cultural Competency?

Demographic Changes

The U.S. Census Bureau predicts that by 2020 the demographics of the United States will be as follows:

- Caucasians: 60.1%
- Latinos: 19.4%
- African Americans: 12.2%
- Asian Americans: 5.4%
- Other, including Native Americans: 2.9%

Reasons for the shift (Healthy 2000):

- Birthrates are disproportionate among different ethnic groups.
- Immigration laws have changed, which has led to an increase in immigrants from developing countries.

We Can Enhance Our Ability to Work Effectively in Cross Cultural Environments

Cultural competency enhances a person's ability to work more effectively in multicultural and cross-cultural environments. Cultural competency requires the following:

- An awareness and acceptance of differences
- An awareness of one's own cultural values
- Effective communication skills, including active listening and attention to nonverbal language
- The ability to ask what you do not know

We Can Provide Appropriate and Necessary Services

Providing culturally competent health care services encourages an understanding of the following:

- Beliefs, values, traditions and practices of a culture

- Culturally defined health-related needs that patients, families and communities face
- Cultural conceptions about the etiology of illness and disease as well as health and healing
- Attitudes toward seeking help from health care practitioners
- A culture's impact on the quality and outcome of one's health

We Can Meet Legislative, Regulatory and Accreditation Mandates

State and Federal agencies increasingly rely on private accreditation entities to set standards and monitor compliance with these standards. Both the Joint Commission on the Accreditation of Health Care Organizations, which accredits hospitals and other health care institutions, and the National Committee for Quality Assurance, which accredits managed care organizations, support standards that require cultural and linguistic competence in health care.

We Can Gain a Competitive Edge

The health care industry relies on organizations that are culturally competent to increase access to care for a diverse group of people and increase satisfaction for people from diverse ethnic, racial, cultural and linguistic backgrounds. This impacts the bottom line.

We Can Decrease Liability/Malpractice Claims

Health care organizations face potential claims that their failure to understand health beliefs, practices and behavior on the part of practitioners or consumers breaches professional standards of care.

Skills to Help Individuals Become Culturally Competent

Self-Awareness:

- The ability to recognize the cultural factors (norms, values, communication patterns and worldviews) which shape your own personal and professional behavior
- The ability to modify your own behavioral style to respond to the needs of others, while at the same time maintaining your objectivity and identity
- The ability to influence the actions and attitudes of others toward cultural competence
- The ability to maintain a mature problem-solving attitude while dealing with cross-cultural conflict or historic distrust

Cultural Knowledge:

- The ability to know the basic similarities and differences between and among the cultures of the persons with whom you work
- The ability to recognize the value and strengths of all cultures
- The ability to interpret diverse cultural and nonverbal behavior to understand another's needs, values and preferred means of meeting needs
- The ability to identify and integrate the critical cultural elements of a situation to make culturally consistent inferences and to specify consistent action
- The ability to recognize the importance of time and the use of group process to develop and enhance cross-cultural knowledge and understanding
- The ability to withhold judgment, action or speech in the absence of information about a person's culture

The Importance of Cultural Competence Work for Health Care Practitioners

Prejudice can have a profound impact on the delivery of health care. If a practitioner is ethnocentric, his or her interactions, diagnosis and treatment will be skewed by his or her biases. Ethnocentrism is the assumption that one's cultural beliefs are the only correct ones and are superior to others. This usually involves a tendency to judge others based on similarity or difference from one's own cultural view.

Medical ethnocentrism in the United States refers to the belief that health care practitioners, educated and socialized within a biomedical context, have a superior value system and an accurate approach to health care. Medical ethnocentrism is a barrier to a patient's full access to health care because it inhibits a practitioner's understanding of the patient's beliefs/behaviors. This is especially true when a patient's beliefs/behaviors conflict with a practitioner's diagnosis or treatment plan.

Possible Results of Medical Ethnocentrism:

1. Patients refuse to communicate beliefs/behaviors that they feel will cause a negative reaction.
2. Lacking information of/familiarity with cross-cultural situations, practitioners interpret the situation using their own beliefs as a barometer and may be incorrect.
3. If practitioners do not have much experience with members of a particular cultural group, they are likely to prejudge based on their stereotypes of the group.

The Nature of Stereotyping

No human being is born with racist, sexist or other oppressive attitudes. We learn about the world as we are fed information and misinformation about people. Some of the misinformation is in the form of stereotypes. Some of us receive these messages from our parents, friends, teachers and others who may not intend to misinform us. They are simply passing on whatever messages have been handed down to them. We receive these messages from society at large through the media and our everyday surroundings. Those early-learned "mental tapes" affect how we respond to people who are different from us. Those responses become automatic for us.

When we stereotype, we place the person in a particular mental file, not based on facts about or personal experience with the particular person, but based upon what we believe about a general group to which the person belongs.

Cultural Competency awareness begins to minimize automatic negative responses by helping us to:

- Become aware of our mental filters
- Decide not to act on our stereotypes
- Seek out information by reading, talking and observing as objectively as possible

Learning Point: We often approach people with our set of stereotypes, and people have certain stereotypes of us, based on the media, previous experiences, etc. This is a major barrier to effective service delivery.

Understanding the Patient's Frame of Reference

To meet the patient's expectations and increase the chances of successful treatment, the practitioner must understand the patient's frame of reference.

Different value systems may impact the degree to which the family is involved in the patient's treatment. The sex of the practitioner might become an issue in the success of treatment. Patients from some cultures may value male opinions above those of a female practitioner, while women from some cultures may feel uncomfortable with male practitioners.

Personal history-sharing may be a strange concept to patients from some cultures, therefore practitioners may not get the information they need for successful treatment. Many patients feel that certain health problems, particularly mental health concerns, should be dealt with within the family or community. It might be necessary for practitioners to work within the family hierarchy or through nontraditional customs in order to ensure success of the treatment plan.

Attitudes toward seeking help from the health care system may vary, and as a result, practitioners may see a higher representation of chronically ill patients from some cultural groups. Some groups may mistrust the health care system, while others may rely on cultural and ethnic customs.

The Impact of Culture on Practitioner-Patient Relationships

Cultural barriers between the practitioner and patient can impact:

- The patient's level of comfort with the practitioner and fear of what he or she might find upon examination
- A patient's different understanding of or experience with the U.S. health care system
- A fear of rejection of personal health beliefs
- The patient's expectations of the health care practitioner and of the treatment

Steps practitioners can take to learn about various cultures:

1. Obtain background information:

- Study written sources of information.
- Make a series of visits to the community to find the heart of the community. Talk to residents about their community.
- Explore the records of the cultural and social resources of the community. This includes identifying and locating all ethnic groups in the area; reviewing the economic, political and social history and organization of the community; studying the beliefs and ideological characteristics of the community members; learning the patterns of geographic and social mobility; and obtaining information on the accessibility and utilization of human/social services.

2. Develop relationships with key community members:

- Official community leaders
- People who are identified by local residents as informal/unofficial community leaders
- Those in the community who are considered to be "wise," e.g., natural healers and fortune tellers

3. Observe community members:

- Attend meetings.
- Visit clinics, religious services and events.
- Shop in local supermarkets.
- Eat in local food establishments.
- Visit local bars.

Use of Interpreters

- Make sure the interpreter is culturally appropriate in terms of sex, age, class, etc.
- Ensure that the selection of the interpreter maintains the patient's privacy.
- Do not use family members as interpreters (unless requested by the patient).
- Spend time with interpreters first. Ask prospective interpreters several screening questions that are relevant to the case (e.g., do you have any relationship to the patient?). If possible, use two interpreters to offset bias.
- Review interpreter roles and procedures and provide in-service training.
- Speak in short, simple, jargon-free sentences, so interpretation is easier. Ask the same questions in different ways.
- Avoid colloquialism, idioms, slang and similes.
- Encourage the interpreter to translate literally rather than paraphrase, although sometimes paraphrasing is necessary for cultural understanding.
- Look and speak directly to the patient, not the interpreter, even though the patient does not understand.
- Listen, even though you may not understand the language.

To access AMERIGROUP interpreters, please call 1-800-822-5552, access code 450.

Cultural Competency/Diversity Activities

- Reach out to someone of a different culture and advocate for that person.
- Participate in a cultural awareness and appreciation activity.
- Dare to decide that your way may not always be the "right" or "only" way.
- Examine your own stereotypes and perceptions.
- Ask what you do not know.
- Exercise thoughtful communication. Be sensitive to verbal and non-verbal communication.
- Avoid being judgmental.

Additional office training is available upon request. Please call your local Provider Relations Representative at (678) 587-4840 or 1-800-249-0442.