

# Cultural competency and patient engagement



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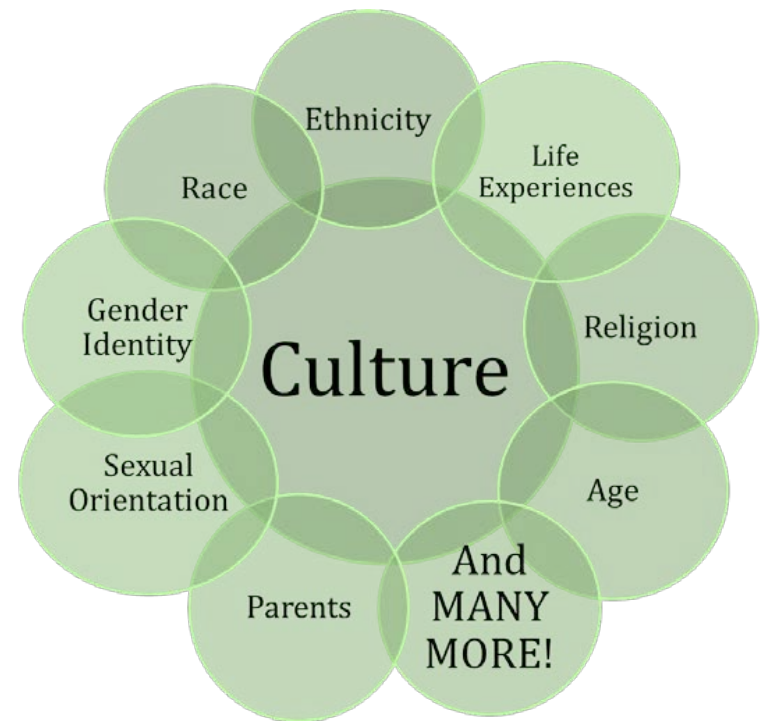
# We are committed to cultural competency

- As a contracted health care provider with Amerigroup Community Care, our expectation is 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 taking into account each person's values, reality 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.



Culture is not only learned; it is shared, adaptive and constantly changing.

# Individual culture

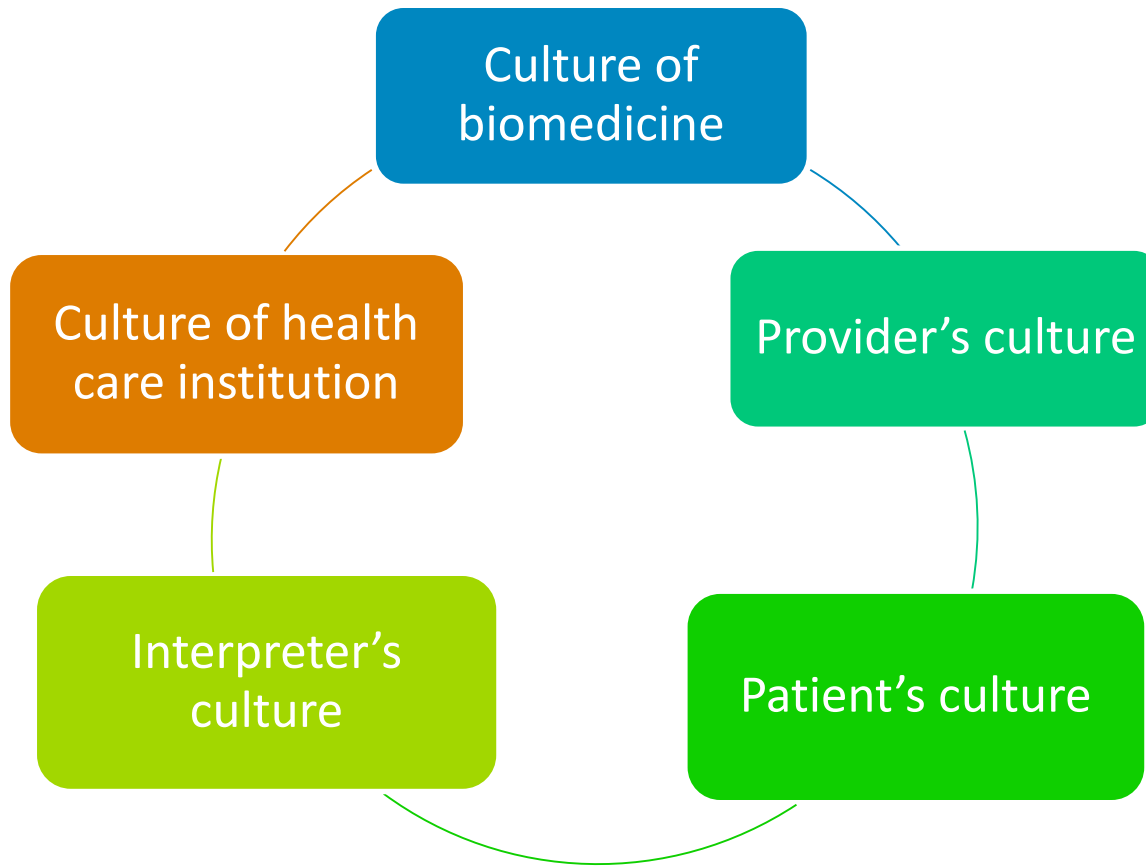
- Each individual's culture:
  - Is a unique representation of the variation that exists in larger culture.
  - Is learned as one grows up.
  - Is shaped by the power relations within one's social context.
  - Changes over the lifetime of the individual.
- Because each individual is a unique cultural 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 health care encounter.

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

# The health care encounter



Because each individual brings their cultural background with them, there are many cultures at work in each health care 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 patients who are seeking health care.
- Attitudes toward health care providers.



# Importance of cultural differences in health care 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.

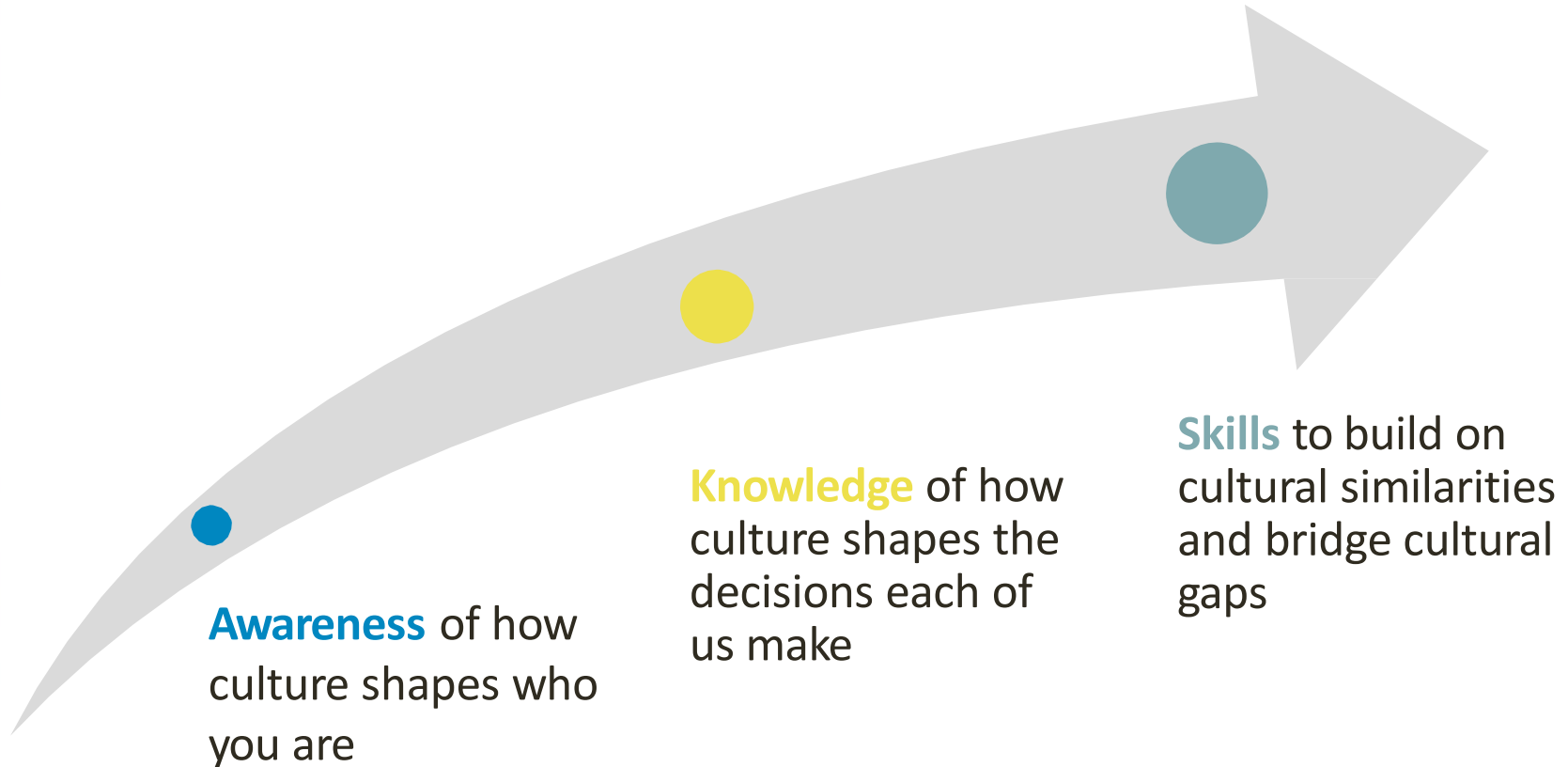
# Reasons to increase your cultural competency awareness

- 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 health care providers and services.
- Individual preferences affect traditional and nontraditional approaches to health care.
- Health care 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 patients by:
  - Acknowledging their varied behaviors, beliefs and values.
  - Incorporating those variables into their assessments, interactions and treatments.
- Each patient'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 patients is a process



# Cultural competency continuum

For each row, circle where you are now:

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 patients	Doesn't notice cultural differences in patients' attitudes or needs	Denigrates differences encountered in racial/ethnic patients	Difficulty understanding the meanings of attitudes/beliefs of patients different from self	Acknowledges strengths of other cultures and legitimacy of beliefs, whether medically correct or not	Pursues understanding of patient 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 health care beliefs of patients	Holds diversity in high esteem; perceives as valuable contributions to health care, medicine and patient well-being from many cultures
Practice-related behaviors	Speaks in a paternalistic manner to patient; doesn't elicit patient's perspectives	Doesn't recognize own inability to relate to differences; tends to blame patient 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 patients; no special treatment	Has lower expectations for compliance of patients 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

Content in this section provided by the Health Industry Collaboration Effort.

# Did you know?

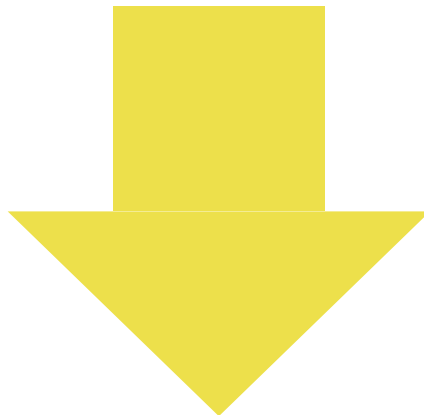
- One in six people living in the United States are Hispanic (almost 57 million). By 2035, this could be nearly one in four. (CDC 2015)
- Doctors interrupt patients within 11 seconds on average. (General Internal Medicine 2018)
- In the United States, 21 percent of people speak a language other than English at home. (Census 2013)
- The Latino population in the United States has grown by 43 percent between 2000 and 2010. (Census 2011)
- Of the foreign born population in the United States, 17 percent are classified as newly arrived (arriving in 2005 or later). (Census 2011)



# Benefits of clear communication



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



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

# Barriers to communication

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

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

# Clear communication

## What patients wish their health care 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.
- 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 patients wish their health care 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.)

<b>What patients wish their health care team knew:</b>	<b>What your team can do:</b>
<ul style="list-style-type: none"><li>• I am more comfortable waiting to make a health care decision until I can talk with my family.</li><li>• Sometimes I am more comfortable with a doctor of my same gender.</li><li>• It is important for me to have a relationship with my doctor.</li><li>• I use complementary and alternative medicine and home remedies, but I don't think to tell you.</li></ul>	<ul style="list-style-type: none"><li>• Confirm decision-making preferences.</li><li>• Office staff should confirm preferences during scheduling.</li><li>• Spend a few minutes building rapport at each visit.</li><li>• Ask about the use of complementary medicine and home remedies.</li></ul>

# Clear communication: limited English proficiency

## What patients wish their health care 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 patient's speech.
- Mirror body language, position and eye contact.
- Ask the patient if they're unsure.

# Using professionally trained interpreters

- Inform the patient that using family members and minors as interpreters is highly discouraged.
- Choose an interpreter who meets the needs of the patient; 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 patient about your confidentiality practices.

When patients 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 patient 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 patient, 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 patient understood your message.



# 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 patient.

## Don't...

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

# Language assistance services

- Language assistance is available at no cost to members and providers including:
  - Interpreter support at a medical point of contact.
  - Sign language interpreters.
  - Speech-to-text interpretation for hearing loss in patients who do not sign.
  - Member materials in alternative formats (i.e., large print, audio and Braille).
- For more information, call Member Services at 1-800-600-4441 (TTY 711).

# Sources

- “Culture and Cultural Competency,” U.S. Department of Health and Human Services, Office of Minority Health, <http://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), [http://www.iceforhealth.org/library/documents/ICE\\_C&L\\_Provider\\_Tool\\_Kit.10-06.pdf](http://www.iceforhealth.org/library/documents/ICE_C&L_Provider_Tool_Kit.10-06.pdf).

# Sources (cont.)

- “A physician's practical guide to culturally competent care,” U.S. Department of Health and Human Services, Office of Minority Health (45-145), [https://cccm.thinkculturalhealth.hhs.gov/PDF\\_Docs/Physicians\\_QIO\\_Facilitator\\_GuideMEDQIC.pdf](https://cccm.thinkculturalhealth.hhs.gov/PDF_Docs/Physicians_QIO_Facilitator_GuideMEDQIC.pdf).
- Weiss, B. D. *Health literacy and patient safety: Help patients understand; Manual for clinicians (2nd edition)* (Chicago: American Medical Association Foundation, 2007), [http://med.fsu.edu/userFiles/file/ahec\\_health\\_clinicians\\_manual.pdf](http://med.fsu.edu/userFiles/file/ahec_health_clinicians_manual.pdf)
- “Ask Me 3 materials for providers,” National Patient Safety Foundation, <http://www.npsf.org/?page=askme3>

# Disability sensitivity and awareness

# 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 health care providers

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

- 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 essential nature of the services

# ADA and health care providers (cont.)

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





# Accessibility in health care 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 members by:

- Providing flexibility in scheduling.
- Providing interpreters or translators for members 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 members 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 members with disabilities and special populations including the capacity to communicate with members in languages other than English and with those who are deaf, hard of hearing or blind.

## Guidelines around communicating with a member with a disability:

- You cannot rely on a minor to facilitate communication.
- You cannot require patients to bring another person to interpret.
- An accompanying adult can be relied on to facilitate communication if it is an emergency or the patient 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 Americans with Disabilities Act (ADA)* and *Section 504 of the Rehabilitation Act of 1973*, 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 a patient 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)** is a free resource to assist health plans, systems and provider organizations in strengthening their efforts to provide more integrated, coordinated care to members 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 **<https://resourcesforintegratedcare.com>** to access the DCC-START and accompanying user, technical and resource guides.

# Resources to support disability-competent care (cont.)

The *Disability Etiquette* publication from the United Spinal Association offers tips on interacting with people with disabilities.

For more information, visit

<https://www.unitedspinal.org/pdf/DisabilityEtiquette.pdf>.

# Sources

“Resources for Integrated Care,”

<https://resourcesforintegratedcare.com/>

[DisabilityCompetentCare/2017 DCC Webinar/DCCSTART.](https://resourcesforintegratedcare.com/DisabilityCompetentCare/2017_DCC_Webinar/DCCSTART)



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

# Culturally and Linguistically Appropriate Services standards

- Amerigroup is committed to cultural competency. We have adopted all 15 National Culturally and Linguistically Appropriate Services (CLAS) standards in health care to ensure all members who enter the health care system receive equal, quality and effective treatment.
  - You can review the CLAS standards at <https://www.thinkculturalhealth.hhs.gov/clas/standards>.
- We actively recognize and understand the roles age, culture, ability, socioeconomic status and ethnicity play in the lives of our members to ensure equal and effective access to health care, support systems and community services.

# Interpreter services

- No-cost interpreter services are available to our members enrolled in publicly funded programs.
- For more information, call 1-800-600-4441 or go to <https://www.myamerigroup.com/md/home.html> > Get help in another language.



# *Cultural Competency and Disability Sensitivity Training Attestation*

I, \_\_\_\_\_,

Print provider name

have completed the Cultural Competency and Disability Sensitivity training.

Group name: \_\_\_\_\_ Group TIN: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email your signed *Cultural Competency and Disability Sensitivity Training Attestation* to [mdproviderdata@amerigroup.com](mailto:mdproviderdata@amerigroup.com) or fax to 1-855-875-3629.

Thank you!