



Cultural Competency and Disability Awareness

Presented by Provider Relations



The beauty of the world lies in
the diversity of its people



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Cultural Competence

What is it?

Cultural competence means to be respectful and responsive to the health beliefs and practices—and cultural and linguistic needs—of diverse population groups. Developing cultural competence is also an evolving, dynamic process that takes time and occurs along a continuum.

Why is it important?

Studies have found that culturally and linguistically diverse groups and those with limited English proficiency experience less adequate access to care, lower quality of care, and poorer health status outcomes.

Culture

- * Is defined as behaviors, values, and beliefs shared by a group of people
- * Affects every aspect of an individual's life:
 - * i.e., how individuals experience, understand, express, and address emotional and mental distress.
- * An individual's cultural background affects how they view/perceive themselves

Cultural Components



Culture Differences

Individualistic cultures vs. collectivistic cultures

* Those from an individualistic culture may:

- * See themselves as separate from others
- * Define themselves based on their personal traits
- * See their characteristics as relatively stable and unchanging

* Those from a collectivistic culture may:

- * See themselves connected to others
- * May define themselves in terms of relationships with others
- * See their characteristics as more likely to change across different contexts

Components of Culture

- * Race
- * Ethnicity
- * Language
- * Sexual orientation
- * Gender
- * Age
- * Disability
- * Class/socioeconomic status
- * Education
- * Religious/spiritual orientation
- * Family orientation



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Race is...

- * Is a culturally constructed category of identity.
- * Divides humanity into groups based on physical traits that individuals have at birth.





Ethnicity is...

- * A culturally constructed group identity used to define people and communities.
- * May be rooted in a common history, geography, language, religion, or other shared characteristic of a group, which distinguishes that group from others.

Race depends on the biological or physical traits of your ancestry.

VS

Ethnicity depends more on the non-physical aspects of your ancestry.





Religion in Healthcare Treatment

Studies have shown that:

- * Many groups dealing with major life stressors state that religion and spirituality are helpful to people in coping.
- * Individuals would like to be able to talk about matters of faith in their treatment.

By increasing our knowledge of different religions and views regarding healthcare we can better meet the client's needs



Age is...

Another important component of culture

- * Healthcare professionals may use different approaches depending upon the age of the member. They may use different assessment tools or equipment depending on whether the member is a child, adolescent, adult, or elder.
- * There may be differences in how we communicate with our clients depending on their age (i.e. we would communicate information differently to a 6 year old versus a 16 year old versus a 60 year old).



Touch

- * While physical touch is an important form of non-verbal communication, the etiquette of touch is highly variable across and within cultures.
- * Touch can provide reassurance and kindness, or it can be a discomfort and annoyance.

Eye Contact (Nonverbal Communication)

- * In mainstream Western culture, eye contact is interpreted as attentiveness and honesty; we are taught that we should “look people in the eye” when talking.
- * However in many cultures including Hispanic, Asian, Middle Eastern, and Native American, eye contact **may** be thought of as disrespectful or rude, and lack of eye contact may not mean that a person is not paying attention.

Time

- * People use time differently in various parts of the world.
- * There are two different ways of using time:
 - * Monochronic Cultures: one thing at a time.
 - * Polychronic Cultures: many things at the same time.
- * Why is this knowledge important if you are working with people from different cultures?

Treatment Options

Many Americans — more than 30 percent of adults and about 12 percent of children — use health care approaches developed outside of mainstream Western, or conventional, medicine. When describing these approaches, people often use “alternative” and “complementary” interchangeably, but the two terms refer to different concepts:

- * If a non-mainstream practice is used **together with** *conventional medicine*, it’s considered “complementary.”
- * If a non-mainstream practice is used **in place of** conventional medicine, it’s considered “alternative.”



Complementary Health Approaches

Most complementary health approaches fall into one of two subgroups: natural products or mind and body practices.

Natural Products:

- * Herbs (botanicals)
- * Dietary supplements
- * Vitamins and minerals
- * Probiotics

Mind and Body Practices:

- * Yoga
- * Acupuncture
- * Chiropractic manipulation
- * Massage therapy

Steps for Becoming Culturally Competent

Steps for Becoming Culturally Competent

Value Diversity and Acceptance of Differences

- * How does the member define health and family?
- * Consider each person as an individual, as well as a product of their country, religion, ethnic background, language and family system.

Self-Awareness

- * How does our own culture influence how we act and think?
- * Do not place everyone in a particular ethnic group in the same category

Consciousness of the impact of culture when we interact

- * Respect cultural differences regarding physical distance and contact, eye contact, and rate and volume of voice
- * Misinterpretations or misjudgments may occur

Steps for Becoming Culturally Competent

Knowledge of Member's Culture

- * Become familiar with aspects of culture
- * Understand the linguistic, economic and social barriers that members from different cultures face which may prevent access to healthcare and social services
- * Understand that a member's culture impacts choices of care including ethical issues such as artificial nutrition and life support
- * Make reasonable attempts to collect race and language specific member information



Steps for Becoming Culturally Competent

Adaptation of Skills

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





Adapt Communication Across Cultures

- * Maintain formality
 - * Personal space
 - * Touch
- * Show respect
 - * Eye contact
 - * Time orientation
- * Communicate clearly
 - * Conversational style and pacing
- * Value diversity



Tips for Successful Cross-Cultural Communication


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




What Does A.W.A.R.E Stand for?




Announce
your
presence




Welcome the
member



Ask if there
is anything
the member
needs



Review what
was done
and explain
when the
next service
will be



Exit with a
kind word





Member Experiences

The experience of a member begins at the front door. Not following culturally competent practices can cause:

- * Feelings of being insulted or treated rudely
- * Reluctance and fear of making future contact with the office
- * Confusion and misunderstanding
- * Treatment non-compliance
- * Feelings of being uncared for, looked down on, or devalued
- * Parents resisting to seek help for their children
- * Unfilled prescriptions
- * Missed appointments
- * Misdiagnosis due to lack of information sharing
- * Wasted time
- * Increased grievances

Cultural Competency Program

As part of Sunflower's Cultural Competency Program, we require our employees and in-network providers to ensure the following:

- * Members understand that they have access to medical interpreters, signers, and TDD/TTY services to facilitate communication without cost to them.
- * Medical care is provided with consideration of the members' primary language, race, and/or ethnicity as it relates to the members' health or illness.
- * Providers and their office staff routinely interacting with members have been given the opportunity to participate in, and have participated in, cultural competency training and development offered by Sunflower.

Cultural Competency Program

As part of Sunflower's Cultural Competency Program, we require our employees and in-network providers to ensure the following (*cont.*):

- * Treatment plans are developed with consideration of the member's race, country of origin, native language, social class, religion, mental or physical abilities, heritage, acculturation, age, gender, sexual preference, and other characteristics that may influence the member's perspective on healthcare.
- * Provider office sites have posted and printed materials in English and Spanish, and if required by KanCare, any other required non-English language.
- * Providers establish an appropriate mechanism to fulfill obligations under the Americans with Disabilities Act including that all facilities providing services to members must be accessible to persons with disabilities. Additionally, no member with a disability may be excluded from participation in or be denied the benefits of services, programs, or activities of a public facility, or be subjected to discrimination by any such facility.

Disability Awareness

Definition of Disability

The Americans with Disabilities Act (ADA) defines a person with a disability as:

A person who has a physical or mental impairment that substantially limits one or more major life activity.

- * This includes people who have a record of such an impairment, even if they do not currently have a disability.
- * It also includes individuals who do not have a disability, but are regarded as having a disability.

It is unlawful to discriminate against persons with disabilities or to discriminate against a person based on that person's association with a person with a disability.



Know Your Members

- * Capture information about accommodations that may be required
- * Record information in charts or electronic health records
- * If making referrals to providers that the member may not have previously seen, communicate with the receiving provider regarding the necessary accommodations





Accommodations for People with Disabilities

* Physical Accessibility

- * An accessible route from site arrival points and an accessible entrance should be provided for everyone

* Effective Communication

- * Use simple language, ask open-ended questions, listen and empathize, and understand non-verbal signs.

* Policy Modification

- * Cultural Competence is an ongoing learning process – review your company policies regularly to promote continuous improvement with member interactions





Invisible Disabilities

Remember, not all disabilities are apparent....

Anxiety Disorders

Brain Injuries

Crohn's Disease

Diabetes

Epilepsy

Fibromyalgia

Lupus

Major Depression

Multiple Sclerosis

Rheumatoid Arthritis

Schizophrenia

Ulcerative Colitis



Effective Communication

- * Sunflower members and providers have access to medical interpreters, signers, Video Relay Service (VRS) and TTY to facilitate communication without cost. See your provider manual for more information.
- * Examples of auxiliary aids and services include:

Qualified Readers	Qualified Interpreters
Audio recordings	Relay service
Braille	Assistive listening device
Large Print	Text message
Email	Captioning

Interpreter Services

For members who do not speak English or do not feel comfortable speaking it, Sunflower Health Plan has a free service to help. This service is very important because providers and members must be able to talk about medical or behavioral health concerns in a way both can understand.

Our interpreter services are provided at no cost and can help with many different languages. This includes sign language. We also have Spanish-speaking representatives available who can help as needed. Sunflower Health Plan members who are blind or visually impaired can call Customer Service for an oral interpretation.

To arrange for interpretation services, call Customer Service.



Tips for Working with Interpreters

Family and friends are not the same as a professional interpreter. They are more likely to modify what the member/provider has said in their effort to be helpful.

- * Speak directly to the member and not to the interpreter.
- * Keep your sentences short, pausing to allow for interpretation.
- * Avoid jargon and technical terms.
- * Ask only one question at a time.
- * Allow enough time for appointments involving interpreters.



People First Language

Instead of saying:

Say/use this:

Handicap/Handicapped

Person(s) with disability

Handicapped Parking/seating

Accessible parking/accessible seating

Patient

Use only if the person is under a doctor's care

Stricken/Victim/Suffering From

Had or has a disability

Retard/Mongoloid

Intellectual Impairment / Development Disability

Wheelchair bound/confined

Uses a wheelchair

Dumb/Deaf/Mute

Person with a communication disorder

The Deaf

A person who is deaf

The Blind

A person/people who are blind





Disability Etiquette – Interaction Tips

Mobility Impairments Don't push or touch someone's wheelchair. Don't lean on the chair, when possible bring yourself down to their level to speak to them.

Visually Impaired Identify yourself, do not speak to or touch a service animal that is working.

Deaf or Hard of Hearing Speak directly to the person not the interpreter, do not assume they can read your lips, do not chew gum or wear sunglasses or otherwise obscure your face.

Speech Disorders Don't finish the person's sentences, ask the person to repeat or you can repeat to make sure you understood.

Seizure Disorders Do not interfere with the seizure, protect their head during the event, do not assume they need you to call 911.

(MCS) Respiratory Disorders Do not wear perfumes, do not use sprays or chemicals, maintain good ventilation.

Developmental Disabilities Speak clearly using simple words, do not use baby talk or talk down to the person, do not assume they cannot make their own decisions unless you have been told otherwise.





What is *Your Role*?

Think about your role in the healthcare field

- * How can you apply what you learned/discussed in this training to your daily operations?
- * What is the culture of your office/work environment?



Empathy vs. Sympathy

Empathy	Sympathy
“I understand how frustrated you must feel”	“I am sure that is frustrating....”
“I’m sorry you’re going through this”	“At least you....” (trying to put on a silver lining)
“I know what it’s like and I’m here for you”	“That sure is bad.”



A Parting Thought...



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Resources

- * www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence
- * www.adachecklist.org/doc/fullchecklist/ada-checklist.pdf
- * blog.hhs1.com/the-importance-of-communication-in-healthcare
- * hpi.georgetown.edu/agingsociety/pubhtml/cultural/cultural.html
- * nccih.nih.gov/health/integrative-health#cvsa

