



sunflower
health plan™

Cultural Competency, Disability Literacy, and Person-Centered Planning

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What is Cultural Competency?

Cultural Competency:

- A set of interpersonal skills that allow individuals to increase their understanding, appreciation, acceptance, and respect for cultural differences and similarities within, among and between groups and the sensitivity to know how these differences influence relations with members.
- It is a set of complimentary behaviors, attitudes, and policies that help professionals work effectively with people of different cultures.

Sources of Diversity

- Immigrants and Refugees
- Race/ethnicity
- Socioeconomic status and social class
- Sexual orientation
- Disability

Impact of Cultural Competency



- 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.



Steps for Becoming Culturally Competent

1. 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.

2. 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

3. 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

4. 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

5. 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
- Project a friendly demeanor/attitude
- Be aware of your assumptions
- Don't rush the person
- Listen carefully
- 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



Tips for Working with Interpreters



Sunflower Health Plan members understand that they have access to medical interpreters, signers, **Video Relay Service (VRS)** and TTY to facilitate communication without cost to them.

Sunflower Customer Service Department:
1-877-644-4623; (TDD/TTY 1-888-282-6428)



Signer vs. Interpreter

Signer	Interpreter
<ul style="list-style-type: none"> • Knows Sign Language but is not fluent 	<ul style="list-style-type: none"> • Is fluent in English and Sign Language
<ul style="list-style-type: none"> • Can communicate his/her thoughts effectively 	<ul style="list-style-type: none"> • Can interpret someone else's thoughts effectively
<ul style="list-style-type: none"> • Not familiar with Code of Ethics 	<ul style="list-style-type: none"> • Is knowledgeable and promises to follow the Code of Ethics
<ul style="list-style-type: none"> • Will not be certified or State screened 	<ul style="list-style-type: none"> • Will be certified or hold a State screening level
<ul style="list-style-type: none"> • May only know 1-2 Hearing Impaired people 	<ul style="list-style-type: none"> • Very involved in the Hearing Impaired Community
<ul style="list-style-type: none"> • Is not a Professional 	<ul style="list-style-type: none"> • Is a Professional

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.
- Allow enough time for appointments involving interpreters.
- Speak directly to the member and not to the interpreter. The interpreter should not have side conversations with the medical professional.



Tips for Working with Interpreters

- Avoid jargon and technical terms.
- Keep your sentences short, pausing to allow for interpretation. Instead of one long sentence, use three or four short ones. Stop in natural places to allow the interpreter to pass along your message.
- Ask only one question at a time.

Tips for Working with Interpreters



- Be prepared to repeat yourself in different words if your message is not understood. If answers to questions don't seem to fit, then go back and repeat yourself using different words.
- Check to make sure that your message is understood.





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.

Americans with Disabilities Act



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.



Invisible Disabilities



NOT ALL DISABILITIES ARE APPARENT

Diabetes

Brain Injuries

Epilepsy

Bipolar Disorder

Lupus

Chronic Fatigue

Ulcerative Colitis

Schizophrenia

Asperger's Syndrome

Anxiety Disorders

Major Depression

ADHD



Accommodations for People with Disabilities

- Physical Accessibility
- Effective Communication
- Policy Modification
- Accessible Medical Equipment

Priorities for Accessibility

Parking

Adequate, marked accessible parking

Route

Access into the facility is stable, firm, and slip resistant

Entry

Zero steps into the building/office, entry doors at least 34" wide, entry door with easy assist system, elevators located on the accessible route with Braille symbols and also audible signals for up and down directions

Priorities for Accessibility (continued)

Restrooms

Large enough to accommodate a person with a wheelchair/scooter, entry doors at least 36” wide and easy to open, grab bars behind and to the wall side of the toilet, soap and towel dispensers 48” or less from the floor

Exam Room

On the accessible route with an entry door at least a 32” clear opening

Auxiliary Aids and Services

Qualified Readers

Qualified Interpreters

Audio recordings

Relay service

Braille

Assistive listening device

Large Print

Text message

E-mail

Captioning

Accessible Equipment

- Height adjustable exam tables
- Hoyer-type lift available to transfer a patient onto an exam table
- Wheelchair accessible weight scales
- Moveable exam chairs

Flexible Policies

- Flexible appointment times
- Longer appointment times
- Providing assistance filling out forms
- Providing print materials in accessible formats
- Allowing service animals

Know Your Patients

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

People First Language



INSTEAD OF THIS:

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 Dr.'s care

Stricken/Victim/Suffering From

Had or has a Disability

Retard/Mongoloid

Cognitive or Intellectual Impairment

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 or touch a service animal who 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





Person Centered Planning and Self-determination



Principles of Self-Determination

Freedom to choose a meaningful life in the community.

Authority to control the resources needed to build the life desired.

Support from those who care and those who encourage a person's right to select services and supports suited best for the individual.

Responsibility to take greater control and authority over their lives.

Confirmation that individuals play an important leadership role in re-designing the system.



Person Centered Planning and Self-Determination

Person Centered Planning

- Plan is based on the person's strengths and capacities
- Services and supports are provided to promote independence, community supports and quality of life
- Honoring one's choices and preferences and allowing the person to make the decision to take risk

Self-Determination

- The person's life is based on their strengths and capacities
- The person determines the life they want. Self-determination promotes independence, community supports and quality of life
- Individuals have the power to make decisions and truly control their lives including taking risk and accepting responsibility.

Recovery and Person Centered Planning



10 Components of Recovery

Self-Direction	Individuals determine their own path
Individualized and Person-Centered	The road to recovery is based on the individuals strengths, needs, preferences and experiences
Empowerment	The individual participates in all decisions and has a range of options to choose from
Holistic	Embraces all aspects of life (housing, employment, education, mental/physical health, recreation, etc.)
Non-linear	Based on continual growth, occasional setbacks, and learning from experience



Recovery and Person Centered Planning



10 Components of Recovery (continued)

Strengths-Based	Builds on multiple capacities, talents, coping skills and inherent worth of individuals
Peer Support	Mutual support including the sharing of knowledge, skill and social learnings
Respect	Ensures the inclusion and full participation of individuals in all aspects of their lives
Responsibility	Individuals have full responsibilities for themselves
Hope	People can and do overcome the barriers and obstacles that confront them



Independent Living



<u>Medical Model</u>	<u>Independent Living Model</u>
<ul style="list-style-type: none">• Decisions made by rehabilitation professional	<ul style="list-style-type: none">• Decisions made by the individual
<ul style="list-style-type: none">• Focus is on problems or deficiencies/disability	<ul style="list-style-type: none">• Focus is on social and attitudinal barriers
<ul style="list-style-type: none">• Having a disability is perceived as being unnatural and a tragedy	<ul style="list-style-type: none">• Having a disability is a natural, common experience in life



Attestation for Completion of Training



This signed and dated Attestation may be faxed to: 877-285-8469 or e-mailed to providerrelations@sunflowerhealthplan.com

Date Training Completed:	
Provider Name:	
Provider Address:	
Provider Phone:	
Provider Tax ID:	
Person Completing Form including Title: (Please Print)	
Authorized Signature:	

