



Cultural Competency & Disability Awareness - 2023

KDHE-Approved 1/24/2023

Our commitment.

- Providing quality health care services regardless of race, color, national origin, sex, sexual orientation, gender identity, age or disability.
- Developing, strengthening and sustaining healthy provider/member relationships.

Our plan.

- Our staff complete annual Cultural Competency and sensitivity training.
- Offer information, resources and on demand quarterly training to our providers
- For additional information and resources on Sunflower's Cultural Competency program, please go to www.sunflowerhealthplan.com/cultural-competency.html

Cultural Competence

What is it?

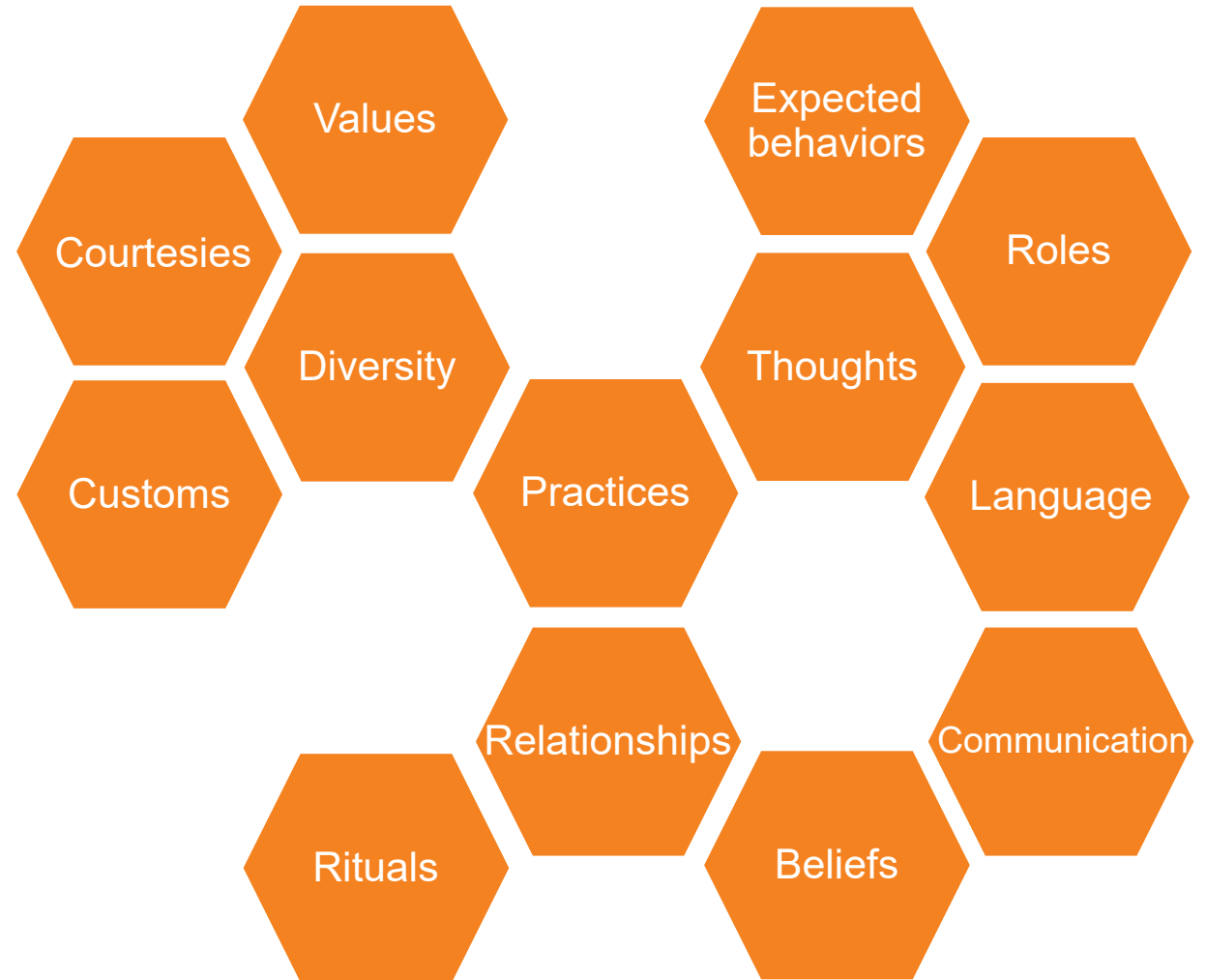
Cultural competence means to be respectful and responsive to the health beliefs and practices, including the cultural and linguistic needs, of diverse population groups. Developing cultural competence is an evolving, dynamic process that takes time and occurs along a continuum.

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
- We use it to create standards for how we act and behave socially.
- Everyone belongs to multiple cultural groups, so that each individual is a blend of many influences.





Components of Culture

- Culture is shared, adaptive and constantly changing

Culture Differences

- Learned as we grow up
- Shaped by relationships
- Ways of understanding other worlds

Race vs Ethnicity

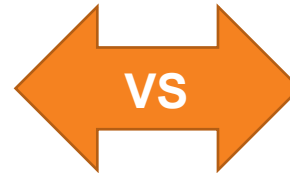
Race is...

- 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.



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

Cultural Competency in Healthcare

- Acquiring Cultural Competence
- Starts with Awareness
- Grows with Knowledge
- Enhanced with Specific Skills
- Polished through Cross-Cultural Encounters



- Ask yourself these questions:
 - Who are my patients, families and co-workers?
 - How can I learn about them?
 - What are my beliefs about this group?
- Acquire knowledge
- Ask questions; don't make assumptions
- Listen
- Account for language differences issues
- Be aware of communication styles
- What is important to the member

Cultural Competency in Healthcare

Be sensitive to personal health beliefs and practices:

- Special foods, drinks, objects or clothes
- Avoidance of certain foods, people or places
- Customary rituals or people used to treat the illness
- Will the member take medicine even when he/she doesn't feel sick?
- Is the member taking other medicines or anything else to help him feel well?
- Who in the family makes decisions about health care?
- Are illnesses treated at home or by a community member?

Be sensitive to language factors:

- Does the member understand any English?
- Consider literacy level
- Use visual aids and demonstrate procedures
- Check understanding
- Would an interpreter help the member?

Interpreters are available to our members during their appointments at no cost to them or you. To arrange for interpretation services, call Customer Service at 1-877-644-4623 (TTY: 711).

Cultural Competency in Healthcare

Consider body language:

- Eye contact
- Touching
- Personal space
- Privacy/modesty

Other cultural factors to consider

- Gender identification
- Language preference
- Wealth or social status
- Presence of a disability
- Sexual orientation

Consider religious/spiritual factors:

Are there cultural practices associated with:

- Birth, death
- Certain treatments, blood products
- Prayer, meditation and worship
- Food preparation and how it can impact health considerations, clothing, special objects and gender practices
- Vaccinations

Cultural Competency in Healthcare



Why is cultural competency important?

- Demographic shifts are causing populations to become more diverse
- Reduces adverse health consequences for diverse populations
- Help provide a better healthcare experience
- Increases the success of prevention programs



Cultural Competency in Healthcare



How can culture impact healthcare?

- 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
- Our attitudes about seniors and persons with disabilities
- The role of caregivers in our society

Did you know?

- 1 in 6 people living in the US is Hispanic (almost 57 million). By 2035, this could be nearly 1 in 4. (CDC, 2015)
- Average physician interrupts a patient within the first 12 seconds. (Family Medicine, 2001)
- 20% of people living in the US speak a language other than English at home. (Centers for Immigration Studies, 2018)
- Latino population in the US grew by 43% between 2000 and 2010. (Census, 2011)
- 17% of the foreign-born population in the US are classified as newly arrived (arriving in 2005 or later). (Census, 2011)

How Religion Can Impact Choices



- Buddhist members are typically modest and may have aversions to animal meat products, including those used to make certain medications. Nonpharmacologic pain management interventions, such as meditation and relaxation techniques, are often preferred. Buddhism emphasizes mindfulness and peaceful meditation during sickness and times of crisis.
- Christian members may want to keep a crucifix, bible or rosary beads near them during surgeries, medical procedures or hospital stays. A pastor or church elder may visit to pray with the member or read from the Bible during times of sickness; family members may also choose to pray or organize prayer groups.
- Hindu members typically have strong concerns about modesty and may prefer same-sex caregivers. Many are strict vegetarians who refuse medications containing animal byproducts, while others may just refuse pork and beef. Fasting is a common practice in times of crisis.
- Many Jehovah's Witnesses are strictly against personally receiving any type of blood in a transfusion, medication, blood byproduct or food. Jehovah's Witnesses don't believe in an afterlife immediately after death. Healthcare providers should refrain from saying things such as "He's in a better place now," in an attempt to comfort the family.
- Muslim members are typically very modest, and complete nudity is a concern for observant Muslims. Women may cover their entire body with clothing and veils. They may prefer receiving treatment from a same-sex caregiver. Muslim members may refuse medications containing gelatin, pork products or alcohol.

Cultural Competency in Healthcare

Learn from your patients, respectfully ask patients about their health beliefs and customs:

- Is there anything I should know about your culture, beliefs or religious practices that would help me take better care of you?
- Do you have any dietary restrictions that we should consider as we develop a food plan to help you lose weight?
- Your condition is very serious. Some people like to know everything that is going on with their illness, whereas others may want to know what is most important but not necessarily all the details. How much do you want to know? Is there anyone else you would like me to talk to about your condition?
- What do you call your illness, and what do you think caused it?
- Do any traditional healers advise you about your health?

Clear Communication

Here is what members wish their health care team knew...

- I forgot my glasses
- I don't know what to ask and 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.

Here is what your team can do...

- Use a variety of instruction methods
- Encourage open ended questions
- Use the teach back method or “show me” method
- Use symbols, color on large print direction or instructional signs
- Create shame-free environment by offering assistance with materials

Clear Communication

Here is what members 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 % or ratios. How do I decide what I should do?
- My niece is with me to help with my mobility and help me remember things after the appointment.

Here is what your team can do...

- Explain how to use the medications that are being prescribed.
- Use specific, clear & plain language on prescriptions.
- Use plain language to describe risks and benefits, avoid using just numbers.
- Talk to the person receiving treatment – not only the family member with them.

Clear Communication

Here is what members wish their health care team knew...

- I am more comfortable waiting to make health care decision until I can talk with my family.
- I am sometimes more comfortable with a doctor of my same gender.
- It is important for me to have a relationship with my doctor.
- I use alternative and complementary medicine and home remedies, but don't think to tell you.

Here is what your team can do...

- Confirm decision-making preferences.
- Office staff should confirm preferences during scheduling.
- Spend a few minutes building rapport at each visit.
- Ask about the use of complementary medicine and home remedies.

Clear Communication

Here is what members wish their health care team knew...

- My English is pretty good, but at times I need an interpreter
- 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

Here is 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 members' speech
- Mirror body language, position, eye contact
- Ask the member if they're unsure

Age



- Do you use a different approach depending upon the age of the member?



Touch

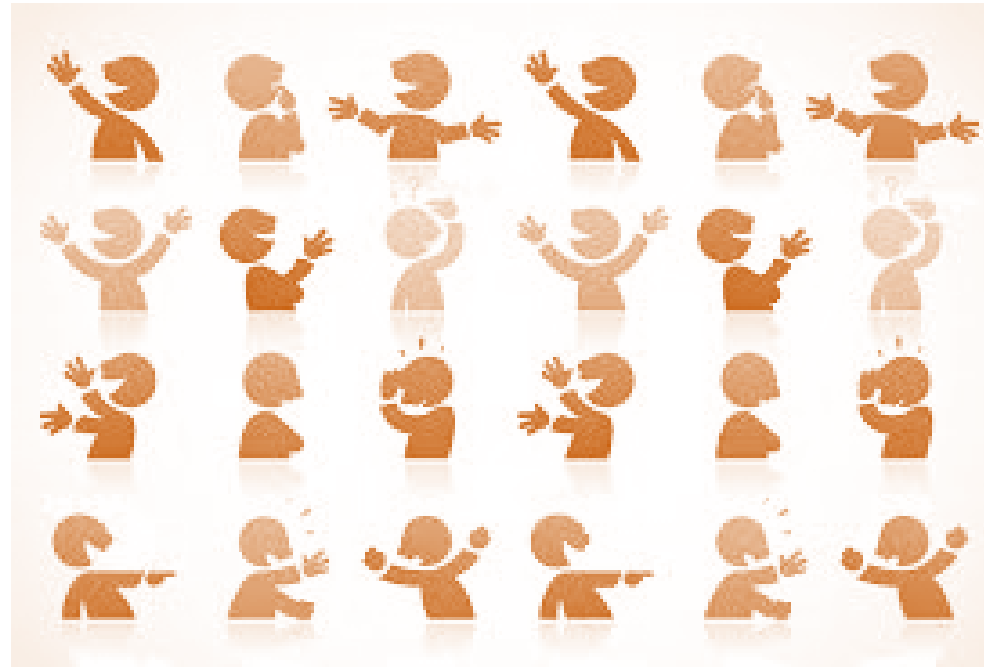
- Is touch viewed differently in culture, family or workplace?



Eye Contact (Nonverbal Communication)



- Do different cultural groups have different nonverbal communication styles?



Time

- Do different cultural groups view time differently?



Treatment Options



- The following describes approaches to treatment outside of mainstream Western or conventional, medicine:

Complementary = Used together with conventional medicine.

Alternative = Used in place of conventional medicine.



Cultural Competency

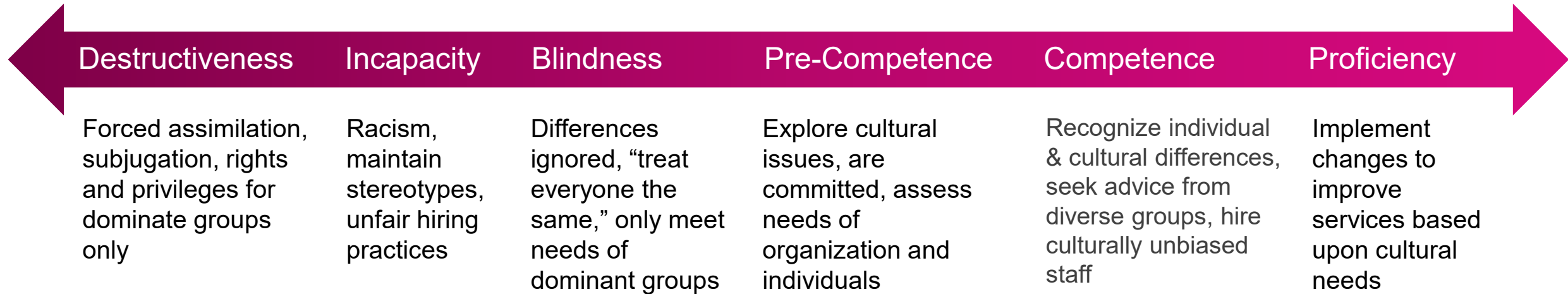
Cultural Sensitivity

- The ability to be open to learning about and accepting of different cultural groups.

Multiculturalism

- The recognition and acknowledgement that society is pluralistic. In addition to the dominant cultural, there exists many other cultures based around, ethnicity, sexual orientation, geography, religion, gender and class.

Continuum of Cultural Competency



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

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

Member Experience

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



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 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:

- 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.



Provider Responsibilities



Know Your Patients

- 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 |

Language



Interpreter Services

- We offer access to interpreters for members who do not speak English or do not feel comfortable speaking it. It is important that our providers and members can talk about medical and behavioral health concerns in a way both can understand.
- Our interpreter services are provided at no cost and is available for many different languages including sign language. For members that are blind or visually impaired we will provide an oral interpretation.
- **To arrange interpreter services, call Customer Service at 1-877-644-4623 TTY 711.**

Effective Use of An Interpreter

- Speak directly to the member, not the interpreter
- Speak in the first person
- Speak in a normal voice, try not to speak fast or too loudly
- Speak in concise sentences
- Interpreters are trained in medical terminology; however, interpretation will be smoother if you avoid acronyms, medical jargon and technical terms
- Be aware of the cultural context of your body language



Effective Communication



Sunflower members and providers have access to medical interpreters, signers, Video Relay Service (VRS) and TTY to facilitate communication without cost. See our Sunflower 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 |
| E-mail | Captioning |

People First Language

- Remember to only refer to someone with a label if they first acknowledge it is ok.
- There are groups of people that identify with their disability and want to be labeled, for example, as deaf or autistic.

| 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. |

Empathy vs. Sympathy

Empathy

“I understand how frustrated you must feel”

“I’m sorry you’re going through this”

“I hear that you are (mad, sad, fearful, etc.), and I am here to support you.”

Sympathy

“I am sure that is frustrating....”

“At least you....” (trying to put on a silver lining)

“That sure is bad.”

What is Your Role?

Think about your role in the healthcare field

- How can you apply what you learned in this training to your daily life?
- How can you apply what you learned in this training to your work/office environment?



A Parting Thought...



**“Cultural
Competency is more
than just being nice to
someone.”**

Resources

Provider Support

- Website www.SunflowerHealthPlan.com
- Customer Service 1-877-644-4623 TTY 711

Training Support

- www.samhsa.gov/section-223/cultural-competency/resources
- 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