Provider Training

CULTURAL COMPETENCY

Provider Services
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COMMUNITY HEALTH CHOICE

Community's Commitment:

To meet the linguistic needs of those served, including those with limited English proficiency and those who have disability-related communication needs.

To reduce disparities in the delivery of health services across its service areas.

To promote culturally sensitive services.

Course Description

Course Name: Cultural Competency

Description and Target Audience: This course is an informational class for providers, provider office staff, and other First Tier, Downstream and Related Entities (FDRs) serving Community's Members.

Learning Objectives: At completion of the course, you will understand cultural competency and the importance of it as you render services to our Members – your patients.

Agenda

1. Cultural Competency
2. Language Barriers
3. Vulnerable Members
4. Cultural Factors That May Affect Health Outcomes
5. Respect

Cultural Competency

Cultural Competence is an ongoing process by which individuals and systems respond respectfully and effectively to people of all:

- Cultures - the customary beliefs, social forms, and material traits of a racial, religious, or social group

- Races - human affiliation based on shared physical characteristics

- Ethnicity - human affiliation based on shared cultural characteristics, like language, religion, or other aspects of culture.

- Religions & Spirituality

- Gender & Sexual Orientations

- Abilities/Health Disparities

- Languages

- Other diversity factors

Language Barriers

- Community must make considerations for various languages in its Member communications and care coordination efforts

- In 2015, Spanish was the second most common language spoken in Harris County, second to English.

- Native Spanish speakers make up 30% of the overall county population

- The third and fourth most common languages being Vietnamese (1.64%) and Chinese (.92%) respectively

- Preferences for seeing practitioners that are fluent in their own language, creates access issues for those Members who are not comfortable with Providers who do not speak their native language

Language Barriers – Bridging the Gap

- Be aware of any bias or discrimination based on a person's language or accent.

- More than 250 languages are spoken in the United States today.

- It is likely that you will interact with someone who is not proficient in English or has an accent that is difficult to understand.

- It can be frustrating, but you can bridge the gap by:
  - Avoiding jargon, slang and idioms
  - Exercising caution when using non-verbal signals and cues, they may mean something different in another culture
  - Speaking slowly and check for understanding by paraphrasing
  - Using visual images and props
  - Using simple, easy-to-translate words
  - Being patient

Language Barriers – Other Efforts

- Community arranges for language assistance services for Members with limited English proficiency through bilingual staff, interpreters, and other translation services. For non-clinical needs, the use of family/friends at the Member's request.

- Community notifies Members of their right to receive language services through patient visits, calls to the Member Call Center, the Evidence of Coverage, and other documents provided to Members.

- Community provides patient-related materials in the languages common to the service area and provides annual Patient Satisfaction Surveys and other materials in each of the prominent languages.

- Community maintains race, ethnicity, and language information on Members to support the provision of quality health care services to a diverse population.

- Community reviews the demographics of our service area to plan services appropriately for these characteristics.

- Community accommodates hearing impaired Members with a special TTY line (711)

- Community Members may request special services and receive a Member Handbook in audio, large print, Braille or other languages, if needed

Most Vulnerable Members

- Homeless

- Serious mental illness (based on diagnostic codes)
  - Multiple hospitalizations (acute care or mental health facility) – 3 hospitalizations in 3 months or a readmission within 7 days
  - Multiple ED visits (>3 ED visits/ rolling 3 months)
  - Any encounter with law enforcement

- Living in a rural area with serious co-morbidities
  - Missing 2 out of 3 medical appointments in 3 months or know to not have a relationship with a PCP
  - Known lack of transportation
  - Has 3 or more chronic medical diseases with known morbidity and mortality like Hypertension, Diabetes, Coronary Artery Disease, Heart Failure, or severe COPD

- Super elderly (over 80 years of age) isolated, mobility issues, and/or dementia

- Significant medical issues such as late stage III-IV cancer, spinal cord and brain injuries who have limited social support

Most Vulnerable Members - Homeless

- Community has relationships with many organizations who can assist with shelter and housing for our homeless Members.

- Our partners include, but are not limited to:

  - The Houston Housing Authority
  - Star of Hope
  - Festus Homeless Shelter and Service
  - Gateway 180

- These partners may also assist with utilities and rent assistance in addition to food and clothing.

Most Vulnerable Members – Serious Mental Illness

- The Members with serious mental illness can often be the most challenging.

- We have LMSWs, Community Health Workers and a behavioral health team who are a part of our Service Coordination Pod who work together to assist these Members with their many needs.

- Community also collaborates with the local mental health authorities like:
  - Burke Center
  - Gulf Coast Center
  - Spindletop
  - The Harris Center
  - Texana
  - Tri-County MHMRA

- They have a crisis team that provides crisis management for these Members and will visit the Members in the hospital, home or wherever the incident is occurring.

Most Vulnerable Members – Living in Rural Areas

- We have a partnership with PopHealth, which is a private company that employs Physicians and Nurse Practitioners who will examine and provide health care services in the Member's home.

- This will assist Members with difficulty accessing health care service in rural areas.

- They have partnerships with mobile radiology and laboratory services, which will improve access for these services.

- When transportation is an issue, we have partnerships with non-medical transportation vendors.

- Private ambulance companies can transport members who have ventilators, morbid obesity or cumbersome medical devices.

Most Vulnerable Members – Super Elderly

- The super elderly often find themselves isolated with a lack of the social supports to sustain independence and often have comorbidities like dementia and multiple medical problems that make living alone or with minimal supervision unsafe.

- Civic centers and religious institutions also have programs to engage seniors in the community to address isolation and socialization.

- Members may need medication management, which includes addressing polypharmacy and medication safety.

  – Community has Pharmacists that will review the medications and communicate with prescribers to assure medications are not duplicative, no drug interactions, appropriately dosed for the elderly and with the most simplistic administration schedule.

Most Vulnerable Members – Significant Medical Issues

- Our most critically ill Members, like end stage cancer, spinal cord and brain injury have similar needs to the vulnerable super elderly population.

- In addition to being assigned an individual Service Coordinator, these Members will also be assigned a complex care manager.

- Given their intense needs for medical services, community support, and socioeconomic factors, these Members will benefit from individualized supervision of their medicals care which includes but is not limited to facilitating authorizations to providers for services and more frequent assessments and monitoring for changes in their health conditions including behavioral health. This will afford these Members intense coordination of care and access to community resources.

Cultural Factors that may affect Health Outcomes - Race

- The Houston metropolitan area is comprised of adults aged 65 and over who are 59% white, 15% Black, 8% Asian, and 18% Hispanic.

- The demographics are gradually shifting to a minority-majority population in Harris County, which reflects the population growth in not only Houston but the surrounding counties as well.

- Increasing the minority population also increases those Members who speak a language other than English. This results in barriers to care because of not understanding the medical instructions or complexities of their health issues and how to navigate in our complex healthcare system.

- Members experience social isolation and differing cultural issues, which are incongruent with the mainstream culture.

Cultural Factors that may affect Health Outcomes – Health Conditions

In general the population has:

- 18% rate of hypertension;

- 41% rate of diabetes;

- 33% rate of arthritis,

- depression and

- congestive heart failure.

Cultural Factors that may affect Health Outcomes - Gender

- If the Houston metropolitan area follows the national census trend: 45% of the population is male.

- When comparing genders, although men are smaller percentage of vulnerable population, they are less likely to seek regular medical care and often engage in behaviors that lead to higher rates of injury and disease.

- Among men age 65 and over, more than 39 percent have heart disease, compared to about 27 percent of women in the same age group.

- Men over the age of 65 are more likely than women over the age of 65 to have a higher risk of mortality when admitted to a hospital.

- Community's approach will be to encourage vulnerable male Members to develop a relationship with a primary care physician early to assure good preventative healthcare.

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Cultural Factors that may affect Health Outcomes – Unique Characteristics

- End-of-life care will be an especially important clinical aspect.

- Cultural considerations about the end-of-life require specialized expertise and sensitivity to the emotional aspects that the Member, family, and caregivers are experiencing.

  – Minority families involved with their relative's care may see placement of a relative in Skilled Nursing Facilities as disrespectful to the elderly, despite the lack of ability to adequately care for their relative at home.

- Adequate pain management is also of paramount importance for these members.

Respect

- Treating individuals with respect is the first step toward cultural competency

- The ability to respect another begins by examining our own biases, stereotypes and prejudices

- Communicate respect to others by:
  - Being accommodating

  - Making eye contact

  - Speaking someone's language, if possible, or finding someone who can

  - Using and pronouncing someone's last name correctly

  - Using the person's preferred pronoun

  - Treating someone with a disability the same way you would an able person

Questions?

If you have any questions, please call
Provider Services at:

713.295.5007
Toll-free: 833.276.8606

Thank you!

- We hope you found this *Cultural Competency* training helpful.

- Please download this presentation and share it with others at your practice as appropriate.