
Diversity and Cultural Competence

BEACON HEALTH OPTIONS

Topics

- > Overview
- > Creating a Climate for Diversity and Cultural Competence
 - > value and knowledge
 - > legal protections
 - > Assistive technology
 - > Services that support diversity
 - > Identify population diversities
 - > Health literacy
 - > Language assistance
 - > Multi-cultural/linguistic providers
 - > Written translation
 - > Allow for complaints/grievances
- > Tips for working with specific populations

Objectives of this Training

- > Review the dimensions that make us diverse and their impact
- > Review the tools that AFFINITY and BEACON use to be culturally competent and
- > Provide the ways in which you can be culturally competent to individuals that you serve

What is Diversity?

- > A reflection of the differences between people
- > Recognizing differences, accepting them, and allowing them to change our perceptions

What is Cultural Competence?

- > The ability to interact effectively with people from different cultures, which includes:
 - > the language,
 - > thoughts,
 - > actions,
 - > customs,
 - > beliefs,
 - > values and institutions that unite a group of people.

How does Diversity and Cultural Competence work together?

- > Diversity teaches us to acknowledge and value the differences of cultures
- > But that is not enough when you are a health care or human services provider
- > Awareness and sensitivity has to be followed by
 - > Being able to connect with the people in the cultures that you serve and
 - > Adjust your approach to the manner that is culturally competent to the individual

Dimensions of Diversity

- > All of the differences and similarities we encounter
- > All of the components that make us unique also make us diverse

Valuing others is something that happens in our minds as well as our actions.

Specific Dimensions of Diversity

- > Race
- > Ethnicity
- > Gender
- > Age
- > Sexual orientation
- > Physical ability
- > Mental ability
- > National origin
- > Economic status
- > Language
- > Religious affiliation
- > Marital status
- > Learning style

Examples of Diversity

- > Eye contact
 - > Many cultures view direct eye contact as a sign of defiance or disrespect.

- > Personal space
 - > Some cultures value giving people a wide berth, while in others, keeping a distance would be interpreted as an insult.

Impact of Diversity

> Affirmative action

- > The need for workforce diversity that mirrors the community diversity

> Assimilation

- > A process in which the minority culture is expected to adopt behaviors and standards of the majority culture

> Bias

- > An inclination towards a certain belief that interferes with objective judgment

Impact of Diversity

- > Discrimination
 - > The act (behavior) of giving unequal treatment
- > Equal Employment Opportunity
 - > Ensures positions for protected classes of people (e.g., veterans, the disabled)
- > Ethnocentrism
 - > The tendency to look at the world primarily from the perspective of one's own culture
- > Prejudice
 - > An opinion based upon biases, without complete information
- > Sexism
 - > A prejudice against a particular gender
- > Stereotype
 - > A conventional, usually overly simplified opinion applied to a particular group

Creating a Climate for Diversity and Cultural Competence

- > Create value and knowledge
- > Provide legal protections
- > Use assistive technology
- > Offer services supporting diversity
 - > Identify population diversities
 - > Health literacy
 - > Language assistance
 - > Multi-cultural/linguistic providers
 - > Written translation
- > Allow for complaints/grievances

Valuing Diversity

- > The first step is to take a clear look at your automatic beliefs regarding others
 - > Proactively review those beliefs to decide whether they are accurate
- > Learn historical facts about different groups so as to understand how individuals in those groups may experience their world
- > Avoid stereotyping by asking open-ended questions to understand the person better
- > Empathize by expressing appreciation for the person's perspective
- > Interact with others based upon what you know about a person, not react to old, generalized beliefs

Create Knowledge

- > To better assist our staff in understanding the health needs of our members as it is applicable to their cultural heritage, we provide the following:
- > Education and training in diversity cultural competency and disability awareness is adequately provided
 - > Cultural competency skills are developed, implemented and practiced by all staff
- > A clear understanding of respect for the member's beliefs about their:
 - > Illness and health;
 - > Interpersonal styles,
 - > Traditional home remedies,
 - > Attitudes and behaviors of the members,
 - > Families and communities served is provided and practiced throughout the delivery of culturally relevant and competent care to ensure the member's language and literacy needs are met.
- > Methods for training and interaction with providers and the health care structure are implemented.
 - > Alternative methods are developed and implemented as needed to ensure that administrative policies and practices are responsive to the culture and diversity within the member populations served are being met.

Understand how Culture Impacts the Care Given to Members

- > Culture informs:
 - > Concepts of health and healing
 - > How illness, disease and their causes are perceived
 - > Behaviors of patients who are seeking health care
 - > Attitudes toward health care providers
- > Who provides treatment
- > What is considered a health problem
- > What type of treatment is needed
- > Where care is sought
- > How symptoms are expressed
- > How rights and protections are understood

Adapted from: <http://minorityhealth.hhs.gov>

Cultural Differences

- > To take care of health issues within different ethnicities in the United States, you need to understand the values, beliefs and customs of different people.
- > Example of a cultural difference that impacts health care
- > Consider people from the Middle East and Central Asia: Understand that women from that part of the world might not be comfortable undressing.
- > When working with a wide array of different people from different cultures, take into account the following:
 - > Have respect for everyone.
 - > Have respect for everyone's traditions, norms and other traits

Subcultures and Populations

- > Understanding the many different subcultures that exist within our own culture is also an important aspect of cross-culture health care
 - > Not just understanding Americans in general, but also understanding different issues that affect different subcultures of American society.
- > A subculture is an ethnic, regional, economic or social group exhibiting characteristic patterns of behavior sufficient to distinguish it from others within an embracing culture or society.
- > With growing concerns about health inequities and the need for health care systems to reach increasingly diverse patient populations, cultural competence has increasingly become a matter of national concern

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Legal Protections

- > Americans with Disabilities Act
 - > People with disabilities must be consulted before an accommodation is offered or created on their behalf.

- > Equal Opportunity Employment Act
 - > Creates a more inclusive environment

Assistive Technology

- > Assistive technology products are designed to provide additional accessibility to individuals who have physical or cognitive difficulties, impairments, and disabilities.

Examples

- > Screen readers: Speak everything on the screen
- > Speech recognition or voice recognition program: Allows people to give commands and enter data using their voices rather than a mouse or keyboard
- > Screen enlargers, or screen magnifiers
- > Alternative keyboards: Feature larger (or smaller) than standard keys or keyboards
- > Electronic pointing devices: Used to control the cursor without use of hands
- > Touch screens: Allow direct selection or activation by touching the screen
- > Braille embossers: Transfer computer-generated text into embossed Braille output
- > TTY/TDD conversion modems

Services that support diversity

- > Identify population diversities
- > Health literacy
- > Language assistance
- > Multi-cultural/linguistic providers
- > Written translation
- > Allow for complaints/grievances

Identification of Population Diversities

- > AFFINITY and BEACON uses national census data and membership geographic data to identify the percentage of cultural/linguistic groups within each county/state where members reside.
- > Whenever a cultural/linguistic groups exceeds the established percentage, processes are implemented to ensure diversity of services for the identified cultural/linguistic groups.

Health Literacy

- > All written and electronic behavioral health, clinical, utilization management, and preventative health materials distributed to members are developed based on federal and state health literacy standards.
- > All documentation can be made available in the threshold languages.
 - > Some are already in existence, such as, all documentation is available in Spanish
 - > Members can access documentation in other languages through the member portion of BeaconHealthStrategies.com
- > The reading ease of all written materials distributed to members is tested using the Flesch-Kinkaid Grade Level Readability Statistics Test.
- > Health literacy references are:
 - > “National Standards for Culturally and Linguistically Appropriate Services in Health Care” – minorityhealth.hhs.gov
 - > “Federal Plain Language Guidelines” – plainlanguage.gov
 - > “Measuring Knowledge and Health Literacy Among Medicare Beneficiaries” – cms.gov

Multi-cultural/linguistic providers

- > During the credentialing/contracting process, practitioners are asked to identify their cultural/ethnic, linguistic and racial information.
- > The provider's information is recorded in the management system and used to identify providers who match a member's cultural or linguistic need.
- > If a provider match cannot be identified, Network Management will assist in a broader provider search per health plan guidelines

Dementia/Alzheimer's

WHAT YOU SHOULD KNOW

- > Patients with dementia may need a caregiver
- > Older adults suffer more losses
 - > May be less willing to discuss feelings
 - > Have high suicide rates at 65 and older

WHAT YOU CAN DO

- > Communicate with patient and caregiver
- > Assess for
 - > Depression
 - > Dementia / cognitive ability

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Disease and Multiple Medications

WHAT YOU SHOULD KNOW

- > Their neurocognitive processing ability is impaired due to:
 - > Stroke
 - > Pain
 - > Hypertension, Diabetes
 - > UTI, Pneumonia
- > Their medications are affecting their cognition
 - > Pain medication
 - > Antidepressants
 - > Interactions

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Disease and Multiple Medications

WHAT YOU CAN DO

- > Be aware
 - > Slow down
 - > Speak clearly
 - > Use plain language
 - > Recommend assistive listening devices
- > Obtain thorough health history

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Visual Impairment Examples

> Macular degeneration



> Diabetic retinopathy



> Cataract



> Glaucoma



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> Problems

> Reading, depth perception, contrast, glare, loss of independence

> Solutions

> Decrease glare

> Use bright, indirect lighting and contrasting colors

> Share printed material with LARGE, non-serif fonts

Hearing Impairment

WHAT YOU SHOULD KNOW

- > Presbycusis: Gradual, bilateral, high frequency hearing loss
 - > Consonant sounds are high frequency
 - > Word distinction difficult
 - > Speaking louder does not help

WHAT YOU CAN DO

- > Speak slowly and enunciate clearly
 - > Do not use contractions
- > Rephrase if necessary

- > Do not cover your mouth

- > Reduce background noise

- > Offer listening devices and services

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Serious Mental Illness (SMI)

WHAT YOU SHOULD KNOW

- > A Serious Mental Illness is a medical condition that disrupts a person's:
 - > Thinking
 - > Feeling
 - > Mood
 - > Ability to relate to others
 - > Daily functioning

- > SMI Includes:
 - > Major depression
 - > Schizophrenia
 - > Bipolar disorder
 - > Obsessive compulsive disorder (OCD)
 - > Panic disorder
 - > Post traumatic stress disorder (PTSD)
 - > Borderline personality disorder

Serious Mental Illness (SMI)

WHAT YOU CAN DO

- > Treat the member with respect
- > Provide enrollee-centered services
- > Create recovery-focused goals
- > Educate the member
- > Help the member be as independent as possible

Substance Abuse Disorders (SAD)

WHAT YOU SHOULD KNOW

- > In 2011, about 20.6 million people 12 and older were classified with substance dependence or abuse
- > In 2011, 3.8 million people 12 and older received treatment for a substance use disorder (SUD)
- > In 2010, of those needing treatment, 95% of people 12 and older did not feel they needed treatment, 3.3% felt they needed treatment and did not make an effort, and 1.7% felt they needed treatment and did make an effort

www.ansauk.org

Substance Abuse Disorders (SAD)

WHAT YOU CAN DO

- > Express empathy as a means of effecting change
- > Explain confidentiality
- > Set boundaries
- > Respect the member's decision to seek or reject treatment
- > Respond precisely and calmly
- > Enable the member to identify their own needs and problems

Mental Health and Substance Abuse

WHAT YOU SHOULD KNOW

- > 41-65% people with a substance use disorder (SUD) also have a serious mental illness
- > Of the 2.8 million adults with both substance use and SMI, only 62% received some sort of treatment
- > Drugs and alcohol can be a form of self-medication.
 - > People with mental illnesses may have untreated conditions that feel better when the person is on drugs or alcohol
- > Drugs and alcohol can cause people without mental illnesses to experience symptoms of an illness for the first time
- > Drugs and alcohol can worsen mental illnesses

National Alliance on Mental Health

Mental Health and Substance Abuse

WHAT YOU CAN DO

- > Integrate treatment consisting of the same health professionals, working in one setting, providing treatment for both SMI and substance abuse
- > Take a gradual approach
- > Remember that individuals with dual diagnosis must proceed at their own pace in treatment

National Alliance on Mental Health

Mental Health and Intellectual Disabilities

WHAT YOU SHOULD KNOW

- > People with intellectual disability have a disproportionately high rate of mental illness when compared with the general population and a much lower rate of treatment and care
- > Mental illness and mental disorders are poorly recognized and treated in people with intellectual disability

Intellectual Disability Rights Service

Mental Health and Intellectual Disabilities

WHAT YOU CAN DO

- > Minimize distractions
- > Build rapport
- > Use short sentences, and avoid jargon and abstract concepts
- > Raise only one topic at a time. Ask only one question at a time
- > Clearly signpost changes in the topic to avoid confusion
- > Allow more time than usual for a response
- > Use the recount technique (ask enrollee to repeat back in their own words) to check that they understood the key points
- > Take breaks
- > Don't rely on written correspondence

Intellectual Disability Rights Service

Disabled and Homeless

WHAT YOU SHOULD KNOW

- > The greatest risk of homelessness occurs immediately following hospital discharge
- > Heterogeneity and diversity of the SMI population requires a range of housing and service options
- > Unpredictability of illness episodes requires continuity of care
- > Housing and services must be linked as neither alone is sufficient.

Disabled and Homeless

WHAT YOU CAN DO

- > Make the environment welcoming
- > Avoid stereotyping
- > Develop a trusting relationship
- > Be available to offer help, but not overly intrusive
- > Strive to be patient, persistent, consistent, and reliable
- > Pay close attention to an individual's perception of his or her own needs

Traumatic Brain Injury (TBI)

WHAT YOU SHOULD KNOW

- > Differences in rate of recovery can include:
 - > Specifics of the injury
 - > Other impairments or physical injuries
 - > Co-morbid conditions
- > An important factor in recovery is the enrollee's response to the injury and their interpretation of how fully they will recover

Traumatic Brain Injury (TBI)

WHAT YOU CAN DO

- > Communicate appropriately about risks
- > Educate the member and their family to reduce fears, set positive expectations, and prevent future injury
- > Use simple terminology (example: use the term “concussion” instead of “mild traumatic brain injury”)
- > Take a multidisciplinary team intervention approach

End Stage Renal Disease (ESRD)

WHAT YOU SHOULD KNOW

- > Members are more at risk for ESRD if they have:
- > Chronic kidney disease (CKD)
- > Injury or trauma to the kidneys
- > Major blood loss
- > Health prevention habits:
- > Regular check-ups
- > Low-fat, low-salt diet
- > Exercise most days of the week
- > Avoid tobacco
- > Drink alcohol only in moderation

<http://www.kidneyfund.org/kidney-health/kidney-failure/end-stage-renal-disease.html>

End Stage Renal Disease (ESRD)

WHAT YOU CAN DO

- > Create a support networks
- > Provide crisis intervention
- > Provide education, emotional support, and self-help strategies to member and their families
- > Facilitate community agency referrals
- > Advocate for the member

HIV/AIDS

WHAT YOU SHOULD KNOW

- > HIV damages the immune system by attacking the body's natural infection-fighting cells
- > Possible reactions to a positive HIV test result:
 - > Fear
 - > Sense of loss
 - > Grief
 - > Denial
 - > Depression
 - > Anger
 - > Anxiety
 - > Stress
 - > Shock

HIV/AIDS

WHAT YOU CAN DO

- > Provide unconditional positive regard for the client
- > Establish trust and confidentiality
- > Show empathy
- > Assess the enrollee's needs and state of mind quickly

Developmental Disabilities (I/DD)

WHAT YOU SHOULD KNOW

- > I/DD is generally determined by:
- > Significantly below average intellectual capacity evidenced by intellectual assessment
- > Onset before age 18
- > Limitations on adaptive skills
- > The following factors increase the risk of developing depression and other mental health issues and are very common among people with DD
- > Social Loneliness
- > Emotional Loneliness
- > Negative Experiences

Developmental Disabilities (I/DD)

WHAT YOU CAN DO

- > Treat enrollees and family members with dignity and respect
- > Empower to set and reach personal goals
- > Recognize the right of the enrollee to make informed choices and take responsibility for those choices and related risks
- > Build on the strengths, gifts, talents, skills, and contributions of the enrollee
- > Foster community connections

Teach-Back

- > The Teach-back tool is a research-based health literacy communication intervention that promotes adherence, quality and patient safety.
- > You can use it by:
 - > Confirming that the health care provider explained information clearly; it is not a test or quiz of patients or members.
 - > Asking a patient (or family member) in a caring way to explain, in his or her own words, what he or she needs to know or do.
 - > Checking for understanding and, if needed, explain and check again.

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Summary

- > “Valuing others is something that happens in our minds as well as our actions.”
- > This should be evident in our everyday actions
 - > Decisions
 - > Tasks
 - > Written communications
- > This should be evident in our everyday conversations
 - > Be aware of who you are speaking to
 - > Be aware of the words that you use
 - > Be aware of the tone of your voice