



Special Needs and Cultural Competency

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Agenda

1. Introduction to Culture
2. Clear Communication: The Foundation of Culturally Competent Care
3. Cultural Engagement and Cultural Competency:
 - a. Seniors
 - b. Persons with Disabilities
 - c. LGBTQIA+ Communities
 - d. Migrants and Refugees
 - e. Unhoused
4. Patient-Centered Care: A Strategy for Cultural Engagement
5. Questions



Training Goals

- Define culture
- Identify models of patient care communication and engagement
- Address patient engagement and care for: Seniors, Persons with Disabilities, LGBTQIA+ Communities, Migrants and Refugees, Unhoused
- Provide strategies of person-centered care



Scope

This training is applicable for, but not limited to:

- Medical providers, practitioners, discharge planners, care managers, care coordinators, medical assistants, receptionists, and other professionals deemed appropriate
- Contracted medical group and ancillary vendor professionals
- Contracted behavioral health professionals
- Long Term Support Services (LTSS) vendors and their staff



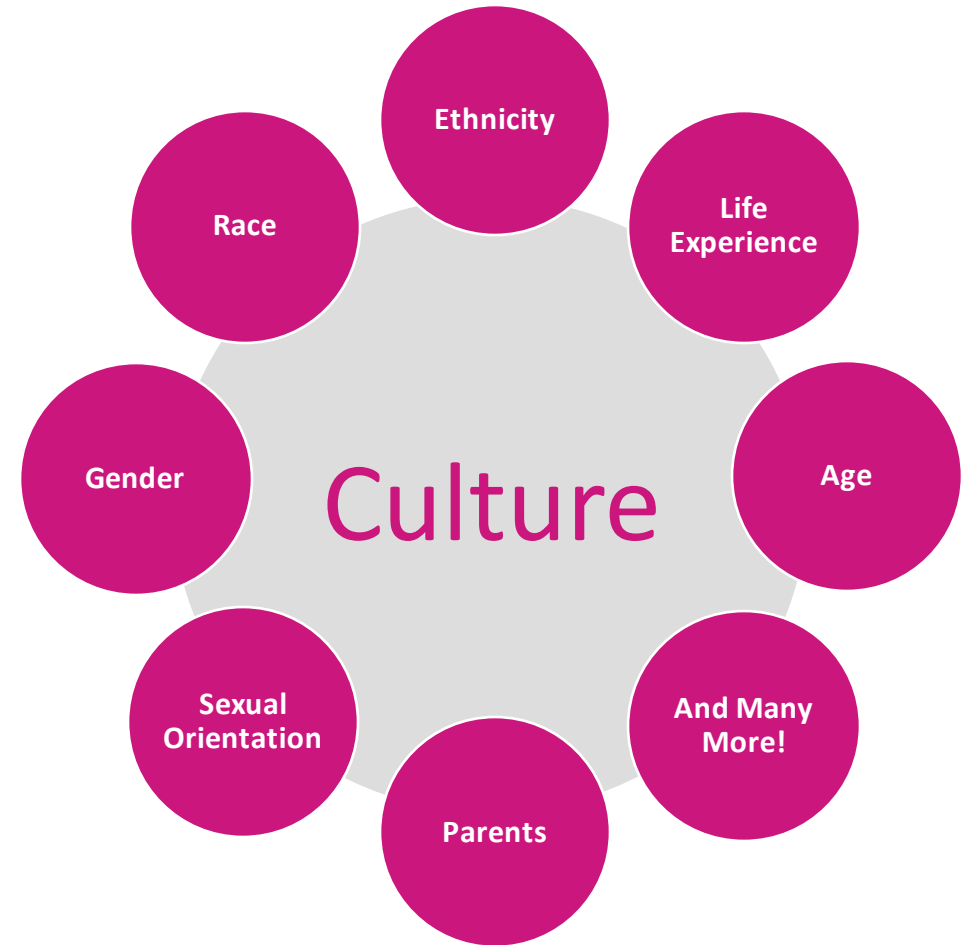
Introduction to Culture

What is Culture?

- **Culture** refers to learned and integrated patterns of human behavior to include *language, thoughts, actions, customs, beliefs, values, and institutions* that unite a group of people.*
 - We use it to create standards for how we act and behave socially.
 - And what we expect of others.

"Culture hides much more than it reveals, and strangely enough what it hides, it hides most effectively from its own participants." E.T. Hall

*Source from [Office of Minority Health Resource Center](#) and The Cross-Cultural Health Care Program



Individual Culture

Each individual's culture is

- a unique representation of the variation that exists in larger culture
- learned as you grow up
- shaped by the power relations within your social context
- changes over the lifetime of the individual

Because each individual is a unique cultural package, cross cultural encounters need strategies to open the door to discover the individual's cultural preferences and frame of reference.



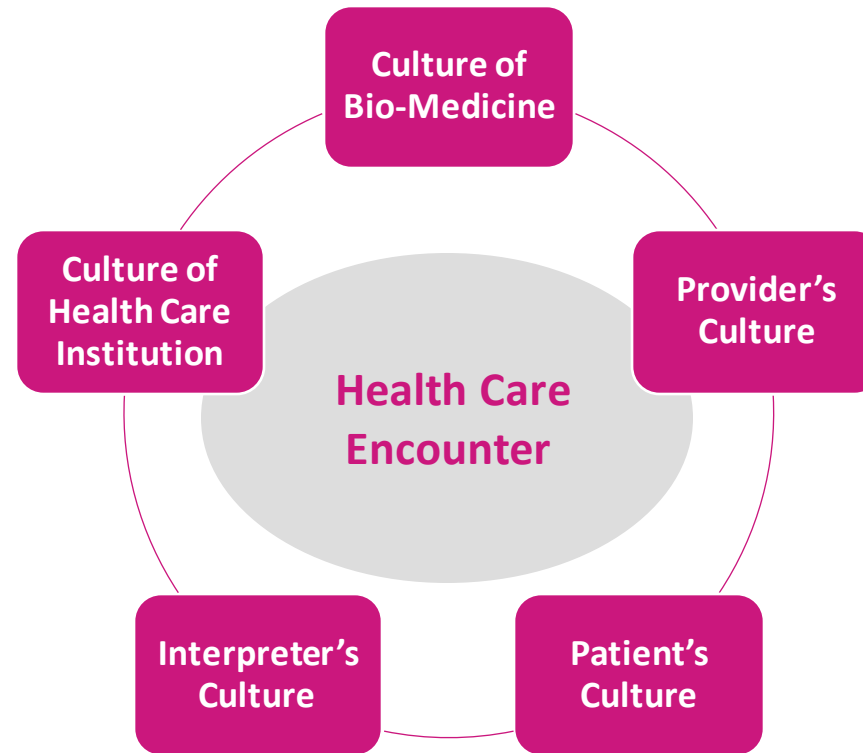
An Individual's Culture is Present in Every Health Care Encounter

- Our view of illness and what causes it
- What is the appropriate treatment for illness
- Our attitudes toward doctors, dentists, and other health care providers
- When we decide to see our health care provider
- Who is involved in our care



The Health Care Encounter

Because each individual brings their cultural background with them, there are many cultures at work in each health care visit:



Domain	Definition	Cultivated Skills/Actions
Cultural Competency	<ul style="list-style-type: none"> Ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients. 	<p>Knowledge of Patients</p> <ul style="list-style-type: none"> Pursues understanding of patient cultures Learns from other cultures
Cultural Humility	<ul style="list-style-type: none"> Commitment to developing mutually beneficial & non-paternalistic clinical and advocacy partnerships. Three tenets: <ol style="list-style-type: none"> Lifelong learning & Critical self-reflection Recognizing & challenging power imbalances for respectful engagement Institutional accountability 	<p>Attitude Towards Diversity</p> <ul style="list-style-type: none"> Holds diversity in high-esteem. Perceives as valuable contributions to healthcare, medicine, patient well-being from many cultures. <p>Practice Related Behaviors</p> <ul style="list-style-type: none"> Flexibly adapts communication, interactions to different cultural situations. Can negotiate culture-based conflicts in beliefs and perspectives.
Structural Competency	<ul style="list-style-type: none"> Capacity for health professionals to recognize & respond to health & illness in the context of broader social, economic, & political impacts. Integrated, patient-centered approach. 	<p>Practice Perspective</p> <ul style="list-style-type: none"> Incorporates cultural insights into practice where appropriate.



Communication Across Various Populations

Knowledge of Patients

- Get to know your patients on a more personal level - learn about their background, culture, beliefs, religious practices, etc.

Diversity

- No two patients are the same
- Have an open attitude to diversity

Practice Related Behaviors

- Flexibly adapts communication, inter-actions to different cultural situations
- Can negotiate culture-based conflicts in beliefs and perspectives

Practice Perspective

- Incorporates cultural insights into practice where appropriate
- Practicing cultural awareness allows you to better understand patients' perspectives on their health care needs
- Patients report increased trust and confidence in their providers when they can connect through cultural understanding.

See Appendix for more details, best practices, and available resources



Building Cultural Engagement with Patients is a Process



Cultural Competency Continuum

For each row, CIRCLE where you are now

Area of Competency	Stage 1 Culturally Unaware	Stage 2 Culturally Resistant	Stage 3 Culturally Conscious	Stage 4 Culturally Insightful	Stage 5 Culturally Versatile
Knowledge of Patients	Doesn't notice cultural differences in patients' attitudes or needs.	Denigrates differences encountered in racial/ethnic patients.	Difficulty understanding the meanings of attitudes/ beliefs of patients different from self.	Acknowledges strengths of other cultures and legitimacy of beliefs whether medically correct or not.	Pursues understanding of patient cultures. Learns from other cultures.
Attitude Towards Diversity	Lacks interest in other cultures.	Holds as superior the values, beliefs and orientations of own cultural group	Ethnocentric in acceptance of other cultures.	Enjoys learning about culturally different healthcare beliefs of patients.	Holds diversity in high-esteem. Perceives as valuable contributions to healthcare, medicine, patient well-being from many cultures.
Practice Related Behaviors	Speaks in a paternalistic manner to patient. Doesn't elicit patient's perspectives.	Doesn't recognize own inability to relate to differences. Tends to blame patient for communication or cultural barriers.	May overestimate own level of competent communication across linguistic or cultural boundaries.	Able to shift frame of reference to other culture. Can uncover culturally based resistance, obstacles to education & treatment	Flexibly adapts communication, interactions to different cultural situations. Can negotiate culture-based conflicts in beliefs and perspectives.
Practice Perspective	Believes one approach fits all patients. No "special treatment."	Has lower expectations for compliance of patients from other cultural groups.	Recognizes limitations in ability to serve cultures different from own. Feels helpless to do much about it.	Incorporates cultural insights into practice where appropriate.	Incorporates cultural insights into practice where appropriate.

THE FOUNDATION OF CULTURALLY COMPETENT CARE

Clear Communication

Patient Communication

HEALTH LITERACY

- Clear and simple language
- Not just about ability to read information
 - can patients use information to make “well-informed” care decisions
 - can patients act on information
- Common vocabulary



BUILD CLEAR CONNECTION

- Speak face to fact (when culturally appropriate)
- Repeat important information
- Avoid jargon and technical terms
- Be aware of body language
- Allow ample time for questions
- Listen to your patient
- Use alternate formats (images, diagrams)
- Have translated material for common languages
- Set up interpreter or sign language services

Clear Communication Strategies

HERE'S WHAT PATIENTS WISH THEIR HEALTH CARE TEAM KNEW...

- 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 tell you I forgot my glasses because I am ashamed to admit I don't read very well
- I'm very good at concealing my limited reading skills



HERE'S WHAT YOUR TEAM CAN DO...

- Use a variety of instruction methods
- Encourage open-ended questions and use Ask Me 3
- Use Teach Back Method or “Show Me” method
- Use symbols, instructional images, color for next step implementation
- Create a shame free environment by offering assistance with materials

Clear Communication, cont.

HERE'S WHAT PATIENTS 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 don't understand how often I am supposed to take my medication
- I am confused about risk and information given in numbers like % or ratios. How do I decide what I should do?

HERE'S 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



Language Services and Alternate Formats

TYPES OF INTERPRETATION

- Face-to-face (in-person)
- Video Remote Interpretation
- Sign Language
- Telephone (OPI)
- Available 24 hours a day, 7 days a week
- No cost to members or providers
- Any language
- At all **medical** points of contact
 - Covered CA application process included

ALTERNATE FORMAT

- Accessible PDF
- Remediated document
- Large Print
- Braille Grade 2
- Audio files
- All types are required.
- May take longer than 21 days.

Members should not use family or friends as interpreters. Office staff must be certified if using bilingual skills.

All interpreters meet the interpreter quality standards established by the U.S. Department of Health and Human Services 45 CFR 92 and California Senate Bill 223.



Clear Communication through Effective Use of an Interpreters

- Speak directly to the patient, not the interpreter
- Speak in the first person
- Speak in a normal voice, try not to speak too fast or too loudly
- Speak in concise sentences
- Avoid acronyms, medical jargon and technical terms
 - While interpreters are trained in medical terminology, interpretation will be smoother if you use plain language
- Be aware of the cultural context of your body language
- Use the Teach Back Method



Request Free Interpreter Services



Contact Member Services

Call the telephone number on the member's ID card



Provider Library Phone Numbers

Toll-free numbers available on the *Free Interpreter Services* reference sheet under *Forms*



Request 5 Days Before

Send the request as soon as the appointment is made, but not less than 5 business days before the appointment



Video or Telephone Interpreters

Use video or telephone interpreter services for same-day appointments or when an in-person interpreter is not available

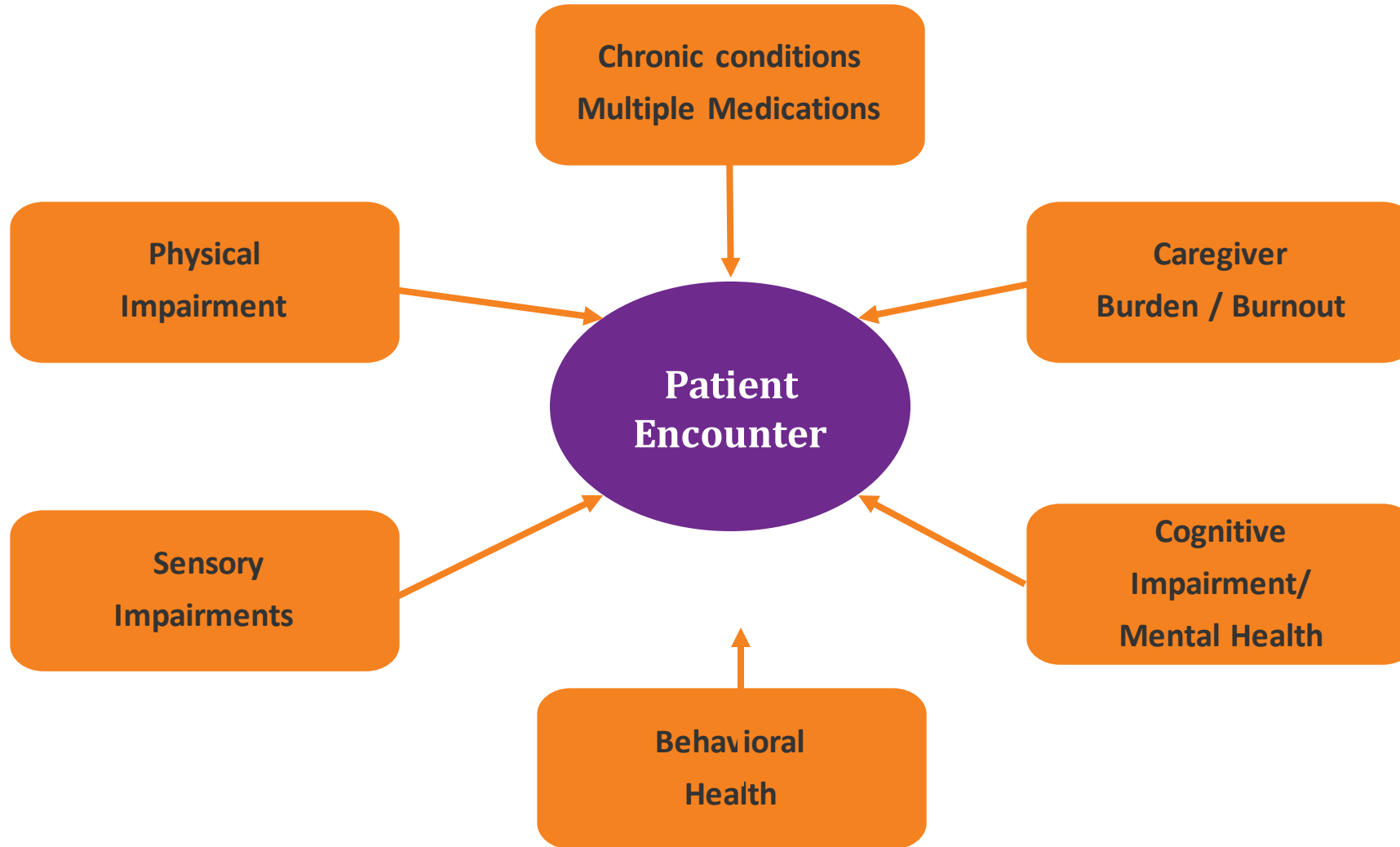


Document the member's language preference (including English) and the refusal or use of interpreter services in the member's medical record.

CULTURAL ENGAGEMENT

Seniors

Senior Patient Encounter



Seniors: Visual Impairment

WHAT TO KNOW

- Reading
- Depth perception
- Contrast
- Glare
- Loss of independence

ACTION

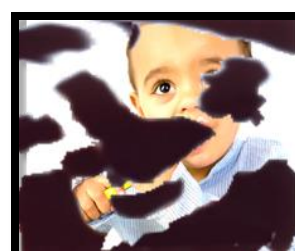
- Decrease glare
- Bright, indirect lighting
- Bright, high contrasting colors
- Large, non-serif fonts



20/20
Vision



Macular
degeneration



Diabetic
retinopathy



Cataract



Glaucoma

Seniors: Hard of Hearing or Deaf

WHAT TO KNOW

- Age-related hearing loss: Gradual, bilateral, high-frequency hearing loss
 - Consonant sounds are high frequency
 - Word distinction difficult
 - Speaking louder does NOT help

ACTION

- Face patient at all times
- Speak slowly and enunciate clearly
 - Do not use contractions
- Rephrase if necessary
- Do not cover your mouth
- Reduce background noise
 - Air conditioner, TV, hallway noise etc.
 - Audible Solutions: offer listening devices

Seniors and Culturally Competent Care

- Seniors become more culturally diverse than other age groups.
 - A result of aging of diverse populations
 - Newly arriving seniors
- Culturally based health differences become more pronounced as people age
 - Different rates of assimilation
 - Adjustment to U.S. health care delivery



Seniors and Culturally Competent Care

WHAT TO KNOW

- Anxiety, depression, or loneliness may occur in seniors who are:
 - Isolated due to language
 - Have recently relocated to a new living environment
 - Have recently migrated and are adjusting to many different cultural experiences
 - Are adapting to many changes in their health status
 - Many may be adjusting to multiple challenges simultaneously!
 - May be less willing to talk about feelings

ACTIONS

- Since individuals may be unable to articulate the disconnect from their culture, include open-ended questions at each visit
- Encourage your patient to talk about current adjustments
- Explain that feeling down is a common reaction to losses and can be treated
- There are many ways that cultures talk about mental health. Familiarize yourself with cultural cues that mental health issues are present.



Seniors and Culturally Competent Care

WHAT TO KNOW

- Patients with dementia may need caregivers as disease progresses
- May see memory loss as a natural part of aging and not seek medical care
- Some cultures define dementia as a mental aberration and may stigmatize it

ACTIONS

- Communicate with patient & caregivers
- Actively listen for a sense of loss or isolation
- Assess for depression in early stages of dementia
- Assess cognitive ability



Senior Ethnic Groups Face Many Potential Barriers

- Changing Family Support
 - Traditional expectations for family support may not be possible in US
 - Use of nursing homes/ assisted living facilities may not be culturally acceptable
- Perception of disease vs. natural aging
 - Culture provides guidance on what symptoms are considered a natural part of aging and which indicate an illness that needs to be addressed



Senior Ethnic Groups Face Many Potential Barriers, cont.

- Expectations of Activity/Involvement in Society
 - Cultures may differ in their view of what's expected in old age
 - Cultural views of aging roles– decision-maker, respected role
 - Gender roles
 - Amount and type of activity that is normal for seniors
 - Amount of activity needed to be considered healthy



Cultural Barriers that Seniors May Face

	Norms within Western Medicine in the U.S.	Possible Cultural Differences
Wellness	Maintain wellness by adhering to treatment or doctor's advice or by use of preventive measures	Culture emphasizes that wellness is the natural outcome of maintaining balance between the causes of illness and the causes of good health. Often involves a balance of mind, body and spirit
Responses to Illness	Seek advice from a qualified medical professional	Symptoms guide the response to illness. May begin home based treatments, seek advice from those that analyze imbalance or begin the treatment commonly associated with the symptoms.
Mobility Assistance	Use of devices to assist as needed	Avoidance of devices as they may be seen as a public announcement of an impairment that is the result of living out of balance or a spiritual infliction
Cognitive Decline	Take medical steps to avoid or improve	A natural part of aging, no medical response needed
Palliative Care	Multidisciplinary approach to relieving discomfort associated with disease	Multidisciplinary may include adjustments need to restore spiritual harmony, involvement of spiritual healers, use of rituals or an avoidance of institutional care

CULTURAL ENGAGEMENT

Persons with Disabilities

Disability

- ❖ A disability is any condition of the **body or mind** (impairment) that makes it more **difficult** for the person with the condition to do **certain activities** (activity limitation) and **interact** with the world around them (participation restrictions). Centers for Disease Control
- ❖ Disability refers to the **interaction between individuals** with a health condition (e.g., cerebral palsy, Down syndrome and depression) and **personal and environmental factors** (e.g., negative attitudes, inaccessible transportation and public buildings, and limited social supports).
World Health Organization

Persons with Disabilities

Includes reduced or no ability relating to:

- Vision
- Movement
- Thinking
- Remembering
- Learning
- Communicating
- Hearing
- Mental health
- Social relationships



Some Examples of Disability Types

LESS VISIBLE

- Learning Disabilities
- Autism
- Mental Disabilities
 - Anxiety
 - Bipolar
 - OCD
- Chronic Illnesses
 - HIV/AIDS
 - Asthma
 - Diabetes
 - Intestinal
- Heart Disease; Cancer

VISIBLE

- Cerebral Palsy
- Autism
- Quadriplegia
- Down Syndrome
- Amputations
- Multiple Sclerosis (MS)
- Muscular Dystrophy (MD)



Six Disability Questions (Centers for Disease Control)

Questions to ask patients about difficulties they may have doing certain activities (to include in relation to a health condition)

1. Do you have difficulty seeing, even if wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?
5. Do you have difficulty (with self-care such as) washing all over or dressing?
6. Using your usual (customary) language, do you have difficulty communicating, for example?

--Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- https://www.cdc.gov/nchs/data/washington_group/WG_Short_Measure_on_Disability.pdf
- <https://www.cdc.gov/ncbddd/disabilityandhealth/datasets.html>



Clear Communication: Terminology

Neutral Terms

- People with disabilities
- Person with a disability
- Person with an intellectual or cognitive disability
- Person who is deaf, persons with a hearing disability
- Deafblind person
- Accessible parking entrance
- Wheelchair user

Negative Terms

- The disabled
- The handicapped
- Slow, simple, or afflicted
- The deaf, hearing impaired
- Deaf and dumb, deaf and mute
- Disabled parking entrance
- Confined to a wheelchair or wheelchair bound

Clear Communication: Understanding Disability

- There are many different types of disabilities: **Physical, Sensory, Mental, & Cognitive**
 - Everyone is on a continuum of varying abilities!
 - Disability is viewed through a cultural lens – may have varying understanding of what constitutes a disability
- Younger persons with disabilities may have stronger preferences for self-determination
 - May be more advocative as a group than older people
 - May have more mental health issues as a diagnosis or as a result of disability
- Ensure you are meeting the needs of all persons with disabilities
 - Example: Prenatal care is accessible to all levels of ability



Clear Communication: Understanding Disability

Disability is regarded differently across societies and cultures.

- **Stigma** and Discrimination
 - May be considered shameful
 - Mother did something wrong during pregnancy/rearing that caused disability
 - May be thought to be a consequence of a behavior
 - Considered something to be outgrown
 - Persons are “othered”, marginalized from mainstream
 - Perceptions about person with disability being in public

Competent Care for Persons with Disabilities

Persons with disabilities experience significantly greater health disparities and barriers to care.

- **Practicing culturally competent patient communication and care.**
 - Ask before acting!
 - Offering assistance - If you offer to help, wait until your offer is accepted, then listen to, or ask for, instructions
 - Person-first - Think of the individual first and the disability second
 - Be patient - Listen carefully to what people say; there may be challenges in communication
 - Age appropriate - Treat people in a manner that is suitable to their age
 - Non-verbal behavior - When appropriate, make eye contact and speak directly to the person, rather than through their companion

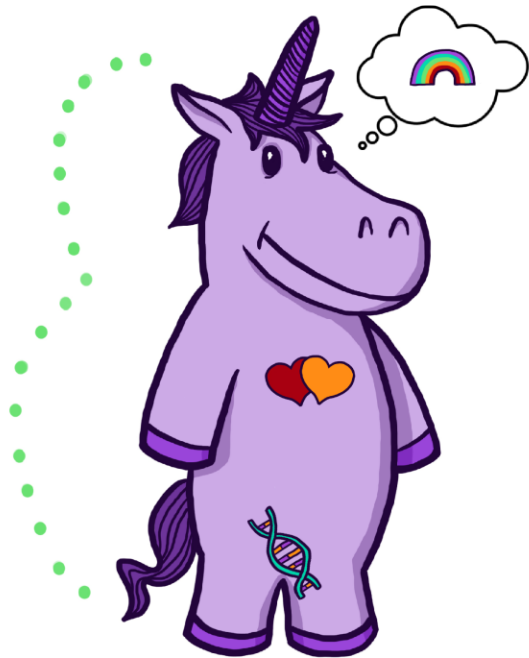


CULTURAL ENGAGEMENT

LGBTQIA+ Communities

(Lesbian, Gay, Bisexual, Transgender, Queer,
Questioning, Intersex, Asexual)

The Gender Unicorn



 Gender Identity

 Gender Expression

 Sex Assigned at Birth

 Physically Attracted to

 Emotionally Attracted to

Gender Identity: How you, in your head, define your gender, based on how much you align (or don't align) with what you understand to be the options for gender.

Gender Expression: The ways you present your gender, through your actions, dress, and demeanor. Those presentations are generally interpreted by society based on gender norms.

Sex Assigned at Birth: Assignment and classification based on a combination of anatomy, hormones, and chromosomes. This does not always determine genitalia, sex, or gender.

Physical Attraction: Who you are sexually attracted to (nobody, women, females, femininity, men, males, masculinity, or a combination). Also known as "sexual orientation".

Emotional Attraction: Romantic or emotional orientation. Physical and Emotional attraction are just 2 common forms of attraction; others exist as well.

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Graphic by:
TSER
Trans Student Educational Resources



LGBTQIA+ California Civil Rights Protection

CA protections for LGBTQIA+

Pursuant to state law, **no person may—on the basis of sex**, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, **gender, gender identity, or sexual orientation**—be unlawfully **denied full and equal access** to the benefits of, or be **unlawfully subjected to discrimination** under, any program or activity that is conducted, operated, administered or funded by the state.

In addition, Senate Bill (SB) 223 (Chapter 771, Statutes of 2017) and SB 1423 (Chapter 568, Statutes of 2018) codified into state law certain federal nondiscrimination protections and language assistance requirements specific to DHCS and MCPs and incorporated additional characteristics protected under state nondiscrimination law, including gender, gender identity, marital status, ancestry, religion and sexual orientation.

Reference: SB 223 and SB 1423 can be found at the following link: <http://leginfo.legislature.ca.gov/faces/codes.xhtml>



Gender Pronouns

Subjective	Objective	Possessive	Reflexive	Examples
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/Zirself	Ze is speaking. I listened to hir. The backpack is zirs.

Adapted from **TSER** *Trans Student Educational Resources* <https://transstudent.org/graphics/pronouns101/>



Cultural Competence and the LGBTQIA+ Community

HERE'S WHAT LGBTQIA+ PATIENTS WISH THEIR HEALTH CARE TEAM KNEW...

We come to you with an extra layer of anxiety

- Have been discriminated against within the health care setting
- Emotionally exhausting to educate providers about gender identity/sexual orientation during health care visits
- Avoid seeking care due to discrimination



LGBTQIA+ Culturally Competent Care

WHAT TO KNOW

- Experience overt discrimination from office staff and providers
- Do not feel comfortable disclosing their sexual orientation to providers: fear discrimination or substandard care; disrespect; shaming
- Small social support networks
- May have encountered trauma in social and/or family networks
- Homelessness resulting from being disowned or leaving abusive households
- Victims of violence
- Unemployment due to discrimination

ACTIONS

- Alleviate anxiety by creating a welcoming environment
- Include LGBTQIA+ relevant brochures
- Post non-discriminatory policies
- Modifying new patient forms to include options in addition to male and female
- Practice gender neutral pronouns
- Include gender pronouns on signatures
- LISTEN to the language patients use in reference to themselves and loved ones (pronouns, names)
- Ask questions respectfully if you are unsure



What is Gender Affirming Care?

- A range of social, psychological, behavioral, and medical care approaches “designed to support and affirm an individual’s gender identity” (WHO)
- An array of services that may include medical, surgical, mental health, and non-medical services for transgender and nonbinary people
- Care that recognizes and supports an individual’s unique gender identity and expression

The infographic is split into two columns. The left column, titled 'Gender is...', has a black background and features four white icons with text below them: 1) A combined male and female symbol with the text 'a spectrum'. 2) Two theatrical masks with the text 'a range of expression'. 3) A person looking into a mirror with the text 'how you relate to yourself'. 4) A name tag that says 'HELLO my name is' with 'Me!' written on it and the text 'a personal identity' below. The right column, titled 'Gender is not..', has a white background and features four black icons with text below them: 1) Male and female symbols with the text 'just male or female'. 2) A square icon with male and female figures and the text 'defined by body parts'. 3) Male and female symbols with the text 'sexual orientation'. 4) A DNA double helix with the text 'determined by chromosomes'.

LGBTQIA+ Ally Provider & LGBTQIA+ Experienced Practice

Being an LGBTQIA+ ally provider means:

- Providing non-judgmental patient-centered care
- Respectful affirmation of patients' gender identity
- Recognizes that gender is not a deviation from “normal”
- Understand that gender is not a diagnosis to be “addressed”
- Provides authentic support
- Promoting LGBTQIA+ inclusion across your practice
 - that is recognized by patients as LGBTQIA+ experienced quality care

An LGBTQIA+ allied and experienced practice:

- Allows patients the safety to share gender identity and sexual orientation
- Allows patients to feel valued and accepted
- Encourages patient engagement through use of documented names and pronouns
- Helps decrease LGBTQIA+ health care disparities through the highest quality of care.



CULTURAL ENGAGEMENT

Migrants & Refugees

Migrants and Refugees: Office Visit & Expectations

HERE'S WHAT PATIENTS WISH THEIR HEALTH CARE TEAM KNEW...

- I prefer spiritual and botanic healing or treatments before seeking U.S. medical advice
- I do not understand how U.S. health care system works
- I have different expectations about time
- I'm going to bring friends or family. They want to help make decisions

HERE'S WHAT YOUR TEAM CAN DO...

- Discuss options that would be culturally acceptable
- Upon arrival, inform patient about the wait time
- During the first patient visit, ask culturally relevant questions
 - Is there anyone else that you would like to be included in your health care?



Migrants and Refugees: Confidentiality

HERE'S WHAT PATIENTS WISH THEIR HEALTH CARE TEAM KNEW...

- I've had different experiences in refugee camps
- My experiences have caused me to be suspicious
- I fear my health information will be released to the community

HERE'S WHAT YOUR TEAM CAN DO...

- Explain confidentiality
- Ensure that staff adhere to your policies
- Make HIPAA forms easy to understand, in preferred languages



Migrants & Refugees: Kleinman's Explanatory Model of Health

- What do you call your problem? What name do you give it?
- **What do you think has caused it?**
- Why did it start when it did?
- What does your sickness do to your body? How does it work inside you?
- How severe is it? Will it get better soon or take longer?
- **What do you fear most about your sickness?**
- What are the chief problems your sickness has caused for you (personally, family, work, etc.)?
- **What kind of treatment do you think you should receive?** What are the most important results you hope to receive from the treatment?



Open Communication with Migrants & Refugees



Builds trust



Contributes to full disclosure of patient knowledge and behavior



Increased adherence to treatment

Cupping



Coining



CULTURAL ENGAGEMENT

People Experiencing Homelessness

People Experiencing Homelessness (Unhoused)

Medical incapacity establishes a cycle that necessitates that health and homelessness be simultaneously addressed.



There are many causes of homelessness:

- Financial trauma
- Medical incapacity to work
- Substance or alcohol abuse
- Mental health
- Many others!

People Experiencing Homelessness, cont.

Patients experiencing homelessness may need additional support to manage their health.

- Members living with disabilities that are unhoused may not have basic mobility devices.
- May not have a stable address or phone number.
 - Note next to the appointment record no phone available.
 - Try not to change or reschedule the appointment.
- Limited transportation
 - Transportation is unpredictable and may run late.
 - Don't cancel appointment if a patient experiencing homelessness is more than 15 minutes late.
- Medications
 - Prescriptions for low pill count, once-daily if possible and medications should not require refrigeration
- Masked symptoms
 - Weight loss, dementia, skin conditions may be the result of homeless conditions, side effects from medications or symptoms



Community Referrals: HN Community Connect and 211

Health plans are required to provide member referrals to culturally and linguistically appropriate community services and programs

- Plans must ensure that network providers are aware of services.

- Health Net offers a social service search engine called Health Net Community Connect
 - Accessed through the Health Net website
 - › Health Net:
<https://healthnet.findhelp.com/>
 - › CA Health & Wellness:
<https://cahealthwellness.findhelp.com/>
- 211 allows for fast search of available social services by county and language need.
 - Access by dialing 211 or the website
 - www.211.org



Patient-Centered Care A Strategies for Cultural Engagement

Patient-Centered Care

“The International Alliance of Patients' Organizations (IAPO) states that the essence of patient-centered healthcare is that the healthcare system is designed and delivered to address the healthcare needs and preferences of patients so that healthcare is appropriate and cost-effective.”

The Declaration sets out five principles of patient-centered healthcare:

- Respect
- Choice and empowerment
- Patient involvement in health policy
- Access and support and information.

*International Alliance of Patients' Organizations (IAPO, 2006). "Declaration on Patient-Centered Healthcare".



Patient-Centered Care, IOM

- The IOM (Institute of Medicine) defines patient-centered care as:
 - "Providing care that is **respectful** of and **responsive** to individual patient *preferences, needs, and values*, and ensuring that patient values **guide all clinical decisions.**"
- Care is tailored to meet the cultural needs and preferences of the patient and family
- Motivational interviewing technique to foster patient-centeredness
- Patient-centered care promotes:
 - safer medical systems
 - greater patient involvement
 - healthcare delivery and design



Patient-Centered Care Attributes

Patient-centered care attributes include:

- Considering patients' cultural traditions, personal preferences and values, family situations, social circumstances and lifestyles
- Inquire, listen, and learn about your patients' health care needs
- Rebalancing work priorities from a focusing on accomplishing tasks to a focusing on the person needing assistance
- Seeing the patient-person before disability
- Assuming that talents, capacities knowledge and resources exist in all individual and communities



Patient-Centered Care Coordination

- Looks for culturally acceptable solutions for your patients
- Provides support for people to assert control over their own lives
- Places emphasis on helping people identify their strengths, assets, and abilities
- Encourages the use of community resources and informal support networks to improve quality of life
- Is individualized
- Acknowledges civil rights (physical and programmatic access to care and provides reasonable accommodations)
- Respects free choice



Closing Remarks

Developed in Collaboration with the Health Industry Collaborative Effort



Q&A

Questions?

Appendix

References (1)

Culture and Cultural Competency

- U.S. Department of Health and Human Services (n.d.). [The Office of Minority Health](#).
- Betancourt, J. R., Green, A. R., & Carrillo, J. E. 2002. Cultural competence in health care: Emerging frameworks and practical approaches. New York: The Commonwealth Fund.
- Tervalon and Garcia. 1998. Cultural Humility vs Cultural Competency: A critical distinction in defining physician training outcomes in multicultural education.
- Metzl and Hansen. 2013 Structural Competency: Theorizing a new medical engagement with stigma and inequality.
-

Clear Communication: The Foundation of Culturally Competent Care

- [Health Industry Collaboration Effort, Inc. \(2010, July\). Better communication, better care: Provider tools to care for diverse populations.](#)
- Physician Toolkit, Office of Minority Health <https://minorityhealth.hhs.gov/assets/pdf/checked/toolkit.pdf>
- [Helping Patient Understand, Health Literacy https://www.ufjf.br/getmedicina/files/2015/11/BARRY-WEISS.pdf](https://www.ufjf.br/getmedicina/files/2015/11/BARRY-WEISS.pdf)
- [National Patient Safety Foundation: Ask Me 3 materials for providers. Retrieved from](#)



References (2)

Cultural Competence & the LGBT (Lesbian, Gay, Bisexual, and Transgender) Communities

- [Agency for Healthcare Research and Quality \(AHRQ\) \(2012\). National healthcare disparities report, 2011. Rockville, MD](#)
- [California Department of Public Health \(2012\). Lesbian, gay, bisexual and transgender \(LGBT\) resources.](#)
- National Coalition of Anti-Violence Programs (NCAVP) (2011). Hate violence against the lesbian, gay, bisexual, transgender, queer, and HIV-Affected communities in the United States in 2010. Retrieved from
- [Top Health Issues for LGBTQ+, <https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4684.pdf>](#)

References (3)

Cultural Competence: Refugees and Immigrants

- Administration for Children and Families, Department of Health and Human Services (2012). Office of Refugee Resettlement. Retrieved from <https://www.acf.hhs.gov/orr>

Cultural Competence: Homeless

- [General Recommendations for the Care of Homeless Patients: Summary of Recommended Practice Adaptations](#)

Cultural Competence: Seniors

- [California Caregiver Resource Centers \(2005\). https://www.caregiver.org/resource/californias-caregiver-resource-centers/](https://www.caregiver.org/resource/californias-caregiver-resource-centers/)

Physical Accessibility Review:

- [Department of Health Care Services Policy Letter 12-006](#)

- [Americans with Disabilities Act 1990](#)



References (4)

Disability-Competent Care Webinar Series - Resources for Integrated Care

- The CMS Medicare-Medicaid Coordination Office is facilitating a webinar series for interested providers and health care professionals, front-line staff with health plans and practices, and stakeholders to support providers in their many uses of the Disability-Competent Care (DCC) Model.
- The DCC model is a resource for providers, health plans, and healthcare organizations to enhance capacity to integrate care for adults with disabilities.
- Webinars and other resources are available at: [URL](#)

Cultural Competency Continuum

Source: J. L. Mason, M. P. Benjamin, & S. A. Lewis (1993). The cultural competence model: Implications for child and family mental health services

Provider Reference Information

Resources & Support

Material Resources

- Articles and Support Tips
 - See appendix for resources links by LOB

Related Trainings

- Healthcare Barriers for Gender Diverse Populations
- Implicit Bias
- Special Needs and Cultural Competency
- Provider Cultural Competency

Language Services

- Face-to-face (in-person)
- Video Remote Interpretation
- Sign Language
- Telephone (OPI)
- Available 24 hours a day, 7 days a week
- No cost to members or providers
- Member informing materials in alternative formats (i.e., large print, accessible PDF, audio CD, and Braille)



Interpreter Access Phone Numbers



FOR PROVIDERS

Line of Business	Telephone Number (for providers only)	Hours of Availability
Large Employer Group	1-800-641-7761	Monday through Friday, 8:00 a.m. to 5:00 p.m. (see below for after hours)
Small Employer Group (off exchange)	1-800-361-3366	Monday through Friday, 8:00 a.m. to 5:00 p.m. (see below for after hours)
Small Employer Group (on exchange)	1-888-926-5133	Monday through Friday, 8:00 a.m. to 5:00 p.m. (see below for after hours)
Individual Family Plan (off exchange)	1-877-857-0701	Monday through Friday, 8:00 a.m. to 5:00 p.m. (see below for after hours)
Individual Family Plan (on exchange)	1-888-926-2164	Monday through Friday, 8:00 a.m. to 5:00 p.m. (see below for after hours)
Medicare Advantage	1-800-929-9224	Monday through Friday, 8:00 a.m. to 5:00 p.m. (not available after hours)
After-hours language assistance Commercial and Cal MediConnect	1-800-546-4570	Monday through Friday, 5:00 p.m. to 8:00 a.m. Weekends and holidays



Interpreter Access Phone Numbers

FOR PROVIDERS



Line of Business	Telephone Number (for providers only)	Hours of Availability
Medi-Cal	1-800-675-6110	Monday through Friday, 8:00 a.m. to 6:00 p.m. For after hours, select member option.
CalViva Health - Medi-Cal (Fresno, Kings and Madera counties)	1-888-893-1569	24 hours a day, seven days a week
California Health and Wellness	1-877-658-0305	Monday through Friday, 8:00 a.m. to 5:00 p.m.
Cal MediConnect – Los Angeles County	1-855-464-3571	Monday through Friday, 8:00 a.m. to 5:00 p.m. (see below for after hours)
Cal MediConnect – San Diego County	1-855-464-3572	Monday through Friday, 8:00 a.m. to 5:00 p.m. (see below for after hours)
After-hours language assistance line for Commercial and Cal MediConnect	1-800-546-4570	Monday through Friday, 5:00 p.m. to 8:00 a.m. Weekends and holidays



Health Equity, Cultural & Linguistic Resources

Line of Business	Resource Link
Medi-Cal	https://providerlibrary.healthnetcalifornia.com/medi-cal/health-equity--cultural-and-linguistic-resources-.html
Medicare Advantage	https://providerlibrary.healthnetcalifornia.com/medicare/health-equity--cultural-and-linguistic-resources-.html
EPO	https://providerlibrary.healthnetcalifornia.com/epo/health-equity--cultural-and-linguistic-resources-.html
HMO	https://providerlibrary.healthnetcalifornia.com/hmo/health-equity--cultural-and-linguistic-resources-.html
HSP	https://providerlibrary.healthnetcalifornia.com/hsp/health-equity--cultural-and-linguistic-resources-.html
Cal MediConnect	https://providerlibrary.healthnetcalifornia.com/cal-mediconnect/health-equity--cultural-and-linguistic-resources-.html
PPO	https://providerlibrary.healthnetcalifornia.com/ppo/health-equity--cultural-and-linguistic-resources-.html