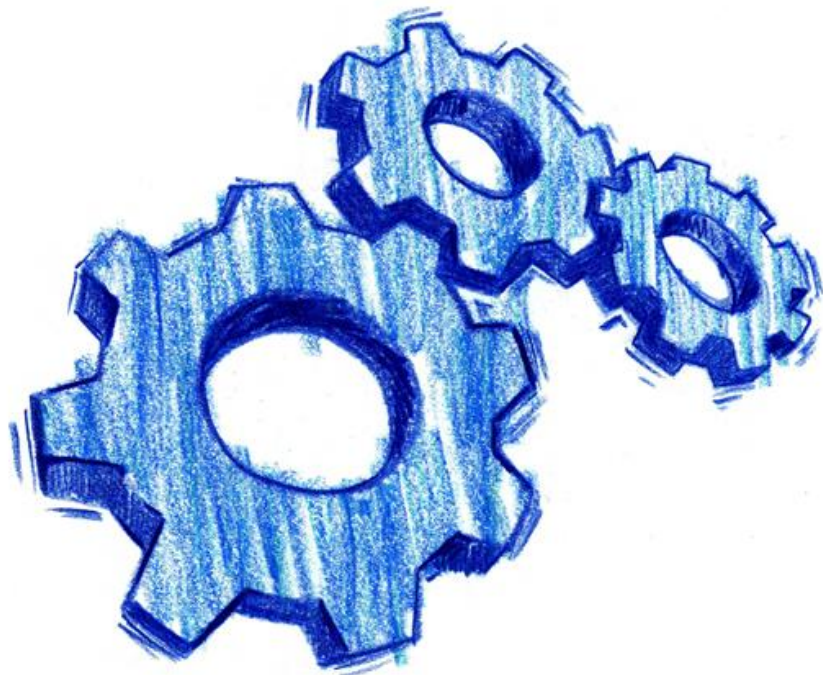


# Cultural Engagement and Accessibility *Training for* Healthcare Providers



**Connecting with  
your Patients**

**Presentation for**  
*Cal MediConnect Providers*  
**Presentation by**  
Diana M. Carr, MA  
Carol Spencer, RN, CPHQ

# Training Goals

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- Define culture and cultural engagement
- Address health care for homeless, seniors, persons with disabilities, refugees and immigrants
- Enhance awareness of accessibility needs

# Scope

*This training is applicable for, but not limited to:*

- MDs, Practitioners, discharge planners, care managers, care coordinators, MA, 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



## *Section 1*

# What is Culture *and* Cultural Competence

# What is....

## Cultural Competence?

- “Set of congruent behaviors, attitudes, and policies that come together” that allow professionals to accept and accommodate cultures other than their own, and enable professionals to work effectively in situations where more than one culture is involved.<sup>1</sup>

## Cultural Competence in Health Care?

- To provide effective care to patients with diverse values, beliefs and behaviors, including tailoring treatment to meet patients social, cultural and linguistic needs.<sup>2</sup>



1. Sutton M. Improving Patient Care: Cultural Competence. American Academy of Family Physicians. Available at: <http://www.aafp.org/fpm/20001000/58cult.html>

2. Smith RE, Kerr RA, Nahata MC, Roche VF, Wells BG, Maine LL. AACP Engaging Communities: Academic Pharmacy Addressing Unmet Public Health

# How does culture impact the care that is given to your patients?

## *Culture informs:*

- Concepts of health, healing
- How illness, disease, and their causes are perceived
- The choices that a patient will consider to improve health or maintain wellness
- The behaviors of patients who are seeking health care
- Attitudes toward health care providers

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

**Culture influences how health care is perceived, sought and delivered.**

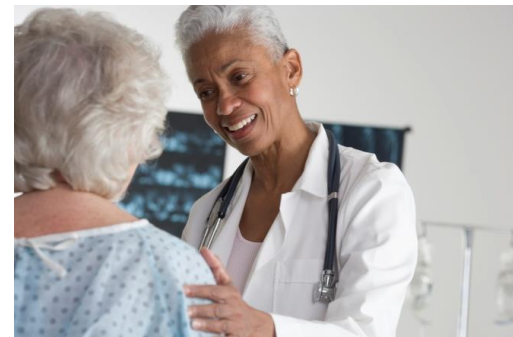
# Culture Impacts Every Health Care Encounter

## *Culture defines health care expectations:*

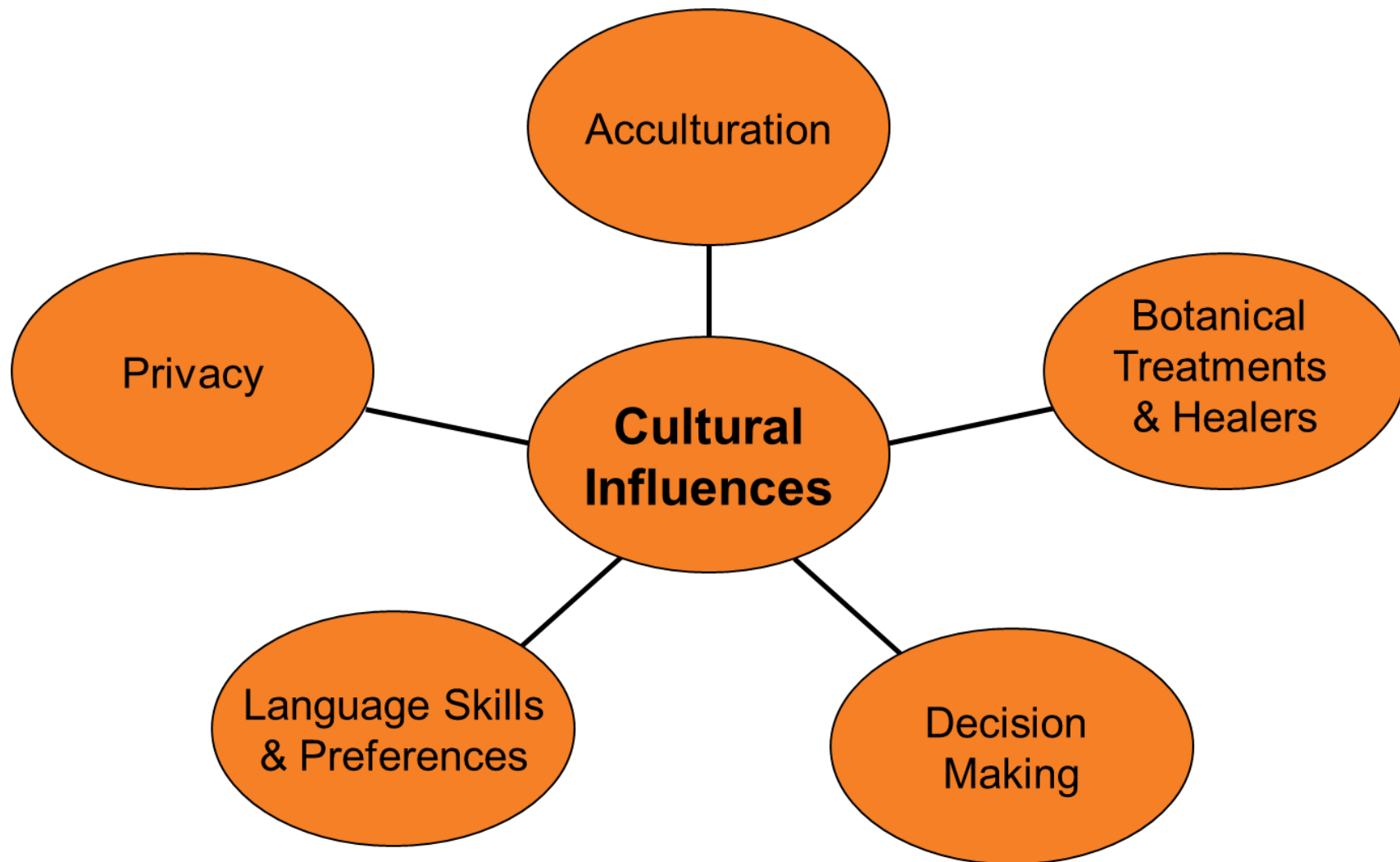
Because health care is a cultural construct based in beliefs about the nature of disease and the human body, cultural issues are actually central in the delivery of health services.

- Who provides treatment?
- What is considered a health problem?
- What type of treatment is acceptable?
- Where is care sought?
- How are symptoms expressed?
- How are rights and protections understood?

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



# Cultural Influences





# Bias and Stereotypes – Some Pitfalls to Consider

- Stereotypes are assumptions about a group of people
  - May be based on limited information
  - Not questioned
  - Applied to all members of the group without recognizing individual variation
- Generalizations are broad statements
  - Must be questioned and explored
  - A beginning point to determine the level of acculturation
- Generalizations lead to Stereotyping when
  - Applying generally held information about a group without confirming validity or taking into consideration in-group variation or change over time

# Who Are People with Disabilities?

## Visible

- Cerebral Palsy
- Quadriplegia

## Less Visible

- Arthritis
- Diabetes
- Heart Disease
- Cancer
- Learning
- Mental Health problems
- Hearing

# Disabilities and Activity Limitations

*Include reduced or no ability to:*

- Walk
- Speak
- See
- Hear
- Understand
- Manipulate or reach controls
- Respond quickly

# Disability Competent Care

*What can you do? When assisting people with disabilities, it's important to consider culturally competent ways of working.*

People with disabilities experience significant health disparities and barriers to health care compared with people who do not have disabilities.

- **Offering assistance** - If you offer to help, wait until your offer is accepted, then listen to, or ask for, instructions
- **Ask before acting**
- **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

What do you  
think they  
want?!

to make  
my own  
decisions

information  
I can  
access

to be  
treated with  
respect

to be  
asked



# Homeless Enrollees

## *Homeless enrollees need additional support to manage their health*

- 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 homeless patient 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



## **Section 2**

# **Clear Communication:**

## ***The* Foundation of Culturally Competent Care**

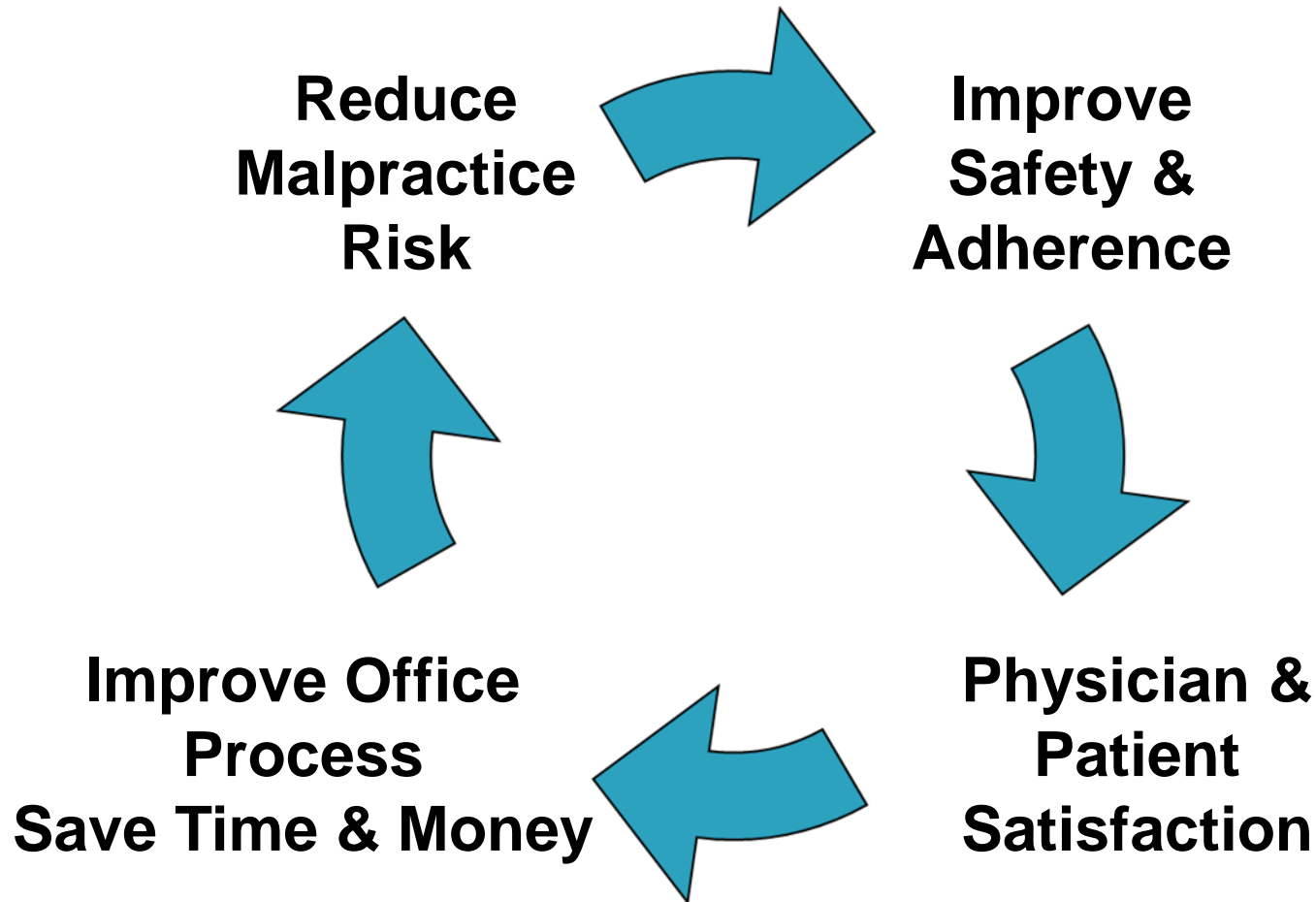
# Did you know?

## *California is one of the most diverse states in the nation*

- 1 out of 2 adult patients have a hard time understanding basic health information
- Average physician interrupts a patient within the first 20 seconds
- 20% of people living in the U.S. speak a language other than English at home
- Latino population in the U.S. has grown by 43% between 2000 and 2010
- 17% of the foreign born population in the U.S. are classified as newly arrived (arriving in 2005 or later)



# Benefits of Clear Communication



# Evidenced-based Clinical Practice Guidelines

*Communication with providers is important part of the process*

- Health Net adopts and disseminates evidenced based clinical practice guidelines that are relevant to it's membership for the provision of preventive and non-preventive health care services, acute, and chronic medical services and behavioral health services



## Here's What Your Team Can Do....

- 
- A 6x4 grid of 24 white icons on black squares, representing various medical and healthcare concepts. The icons are arranged in six rows and four columns:
- Row 1: A medical cross, a nurse at a desk, a person in a hospital bed with a heart rate monitor, and a person in a hospital bed with a clock.
  - Row 2: A person walking with a cane, a pill bottle with an 'Rx' symbol, a hand holding a syringe, and a doctor examining a patient.
  - Row 3: A person carrying a first aid kit, a balance scale with a leaf, a person sitting at a desk with a plant, and a microscope.
  - Row 4: A microscope with a cell, two hands holding a cell, a large eye, and a head profile with gears.
  - Row 5: A head profile with a brain, a person holding their head in pain, a person coughing into their elbow, and a person with a stethoscope.
  - Row 6: A person with a clipboard, a person with a first aid kit, a heart with an ECG line, and a person with a pregnant symbol.
  - Row 7: A person holding a baby, a teddy bear with a first aid kit, a family with a DNA helix, and a person with a flower.
  - Row 8: A tooth, a person with a flower, a person with a flower, and a person with a flower.

- Use a variety of instruction methods
- Encourage questions and use Ask Me 3®
- Use Teach Back techniques
- Use symbols or color on large print direction or instructional signs

# Clear Communication

## Here's What We Wish Our Health Care Team Knew...

- I put medication into my ear instead of my mouth to treat an ear infection.
- 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....

- Use specific, plain language on prescriptions
- Use qualitative plain language to describe risks and benefits, avoid using just numbers.

# Clear Communication

## Here's What We Wish Our Health Care Team Knew...

- I am not able to make health care decisions by myself
- I am more comfortable with a female doctor
- Its important for me to have a relationship with my doctor
- I use botanicals and home remedies but don't think to tell you

## Here's What Your Team Can Do....

- Confirm decision making preferences
- Office staff should confirm preferences during scheduling
- Spend a few minutes building rapport
- Ask about the use of home remedies and healers

# Clear Communication through Effective use of an Interpreter

Use the Teach Back method even during an interpreted visit. It will give you confidence that your patient understood your message.

- Speak directly to the patient, 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 more smooth if you avoid acronyms, medical jargon and technical terms
- Be aware of the cultural context of your body language



# Clear Communication

## Here's What We Wish Our Health Care Team Knew...

- My English is pretty good but at times I need an interpreter
- 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's What Your Team Can Do....

- Office staff should confirm preferences during scheduling
- Match the volume and speed of the patient's speech
- Mirror body language, position, eye contact
- Ask the patient if you are unsure

# Language Assistance Services Provided by Health Net

*Health Net will provide the following language assistance services at no cost to providers or patients:*

Contact Health Net's  
Provider Relations  
center to request any  
language service

- Interpreter support at a medical point of contact
- Sign language interpreters
- Speech to text interpretation for hearing loss in patients who do not sign

**Members may request from Health Net alternate formats of some documents produced by capitated provider groups such as claim documents, pre-authorizations or appeal documents.**



# Use Professionally Trained Interpreters

*When patients are stressed by illness, communication in their preferred language can improve understanding. Being prepared to use an interpreter when needed will keep the office flow moving smoothly.*

In some languages, it may take longer to explain a word or a concept.

- Hold a brief introductory discussion with the interpreter
  - Introduce yourself and give a brief nature of the call/visit
  - Reassure the patient about your confidentiality practices
- Be prepared to pace your discussion with the patient to allow time for interpretation
- Avoid interrupting during interpretation

# Alternate formats are required

- Under Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, federally conducted and assisted programs along with programs of state and local government are required to make their programs accessible to people with disabilities as well as provide effective communication.
- Effective communication means to communicate with people with disabilities as effectively as communicating with others. Alternative communications that support a patient encounter include Sign Language interpreters, captioning and assisted listening devices.

National Center on Accessibility | IU Research Park, 501 North Morton Street, Suite 109, Bloomington, IN 47404-3732

# Clear Communication through Terminology

## Neutral Terms

- People with disabilities
- Person with a disability
- Accessible parking entrance
- Wheelchair user

## Negative Terms

- The disabled
- The handicapped
- Disabled parking entrance
- Confined to a wheelchair
- Wheelchair bound



## ***Section 3***

# **Cultural Engagement Seniors *and* Persons *with* Disabilities**

# Seniors & Culturally Competent Care

- As a group, seniors become more culturally diverse than other age sets as a result of the aging of diverse populations in addition to newly arrived seniors
- Culturally based health differences become more pronounced as people age due to different rates of assimilation and adjustment to U.S. health care delivery
- In addition, certain cultures or ethnicities within the U.S. are more prone to chronic disease such as diabetes, arthritis or hypertension as they age



# Cultural Barriers that Seniors May Face

- **Isolation:** Due to language or culture
- **Support:** Traditional expectations for support from the family may not be possible; the use of institutions to provide long term support services may not be culturally acceptable
- **Preventive Care:** Culture provides guidance on what symptoms are considered a natural part of aging and which indicate an illness that needs to be addressed
- **Activity:** the amount and type of activity that is normal for seniors or that reflects a decline in health is based on cultural views of aging, gender roles and the amount of activity needed to be in good health

# Cultural Barriers that Seniors May Face

	Norms within Western Medicine practice in the US	Possible Cultural Differences
<b>Wellness</b>	Maintain wellness by adhering to treatment or doctor's advise 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
<b>Responses to Illness</b>	Seek advice from a qualified medical professional	Symptoms guide the response to illness. May begin home based treatments, seek advise from those that analyze imbalance or begin the treatment commonly associated with the symptoms.
<b>Mobility Assistance</b>	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
<b>Cognitive Decline</b>	Take medical steps to avoid or improve	A natural part of aging, no medical response needed
<b>Palliative Care</b>	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

# Abuse and Neglect

In general, abuse refers to intentional or neglectful acts by a caregiver or “trusted” individual that lead to, or may lead to, harm of a vulnerable elder.



- *Physical abuse; neglect; emotional or psychological abuse; financial abuse and exploitation; sexual abuse; and abandonment are considered forms of elder abuse.*

*Does someone you know, a senior or adult with a disability, display any warning signs of mistreatment?*



# Risk for Abuse and Neglect

It affects people across all socio-economic groups, cultures, and races.

Based on available information, women and “older” elders are more likely to be victimized.

- Abuse can occur *anywhere*:
  - in the home
  - in nursing homes
  - other institutions
- Risk factors:
  - Dementia
  - Mental health of both abusers and victims
  - Substance abuse issues of both abusers and victims
  - Isolation can also contribute

# Types of Abuse and Neglect

Abuse and Neglect can be broken down into 4 types as defined by the NCEA:

- Neglect
- Financial Abuse/Exploitation
- Psychological/Emotional Abuse
- Physical/Sexual Abuse

**The National Center on Elder Abuse (NCEA)** directed by the U.S. Administration on Aging, helps communities, agencies and organizations ensure that elders and adults with disabilities can live with dignity, and without abuse, neglect, and exploitation. Based at University of California, Irvine Center of Excellence on Elder Abuse & Neglect, Program in Geriatrics. NCEA is the place to turn to for further education, research, and promising practices in stopping abuse.

# Neglect

Warning signs to look out for potential neglect:

- Lack of basic hygiene, adequate food, or clean and appropriate clothing
- Lack of medical aids (glasses, walker, teeth, hearing aid, medications)
- Person with dementia left unsupervised
- Person confined to bed is left without care
- Home cluttered, filthy, in disrepair, or having fire and safety hazards
- Home without adequate facilities (stove, refrigerator, heat, cooling working plumbing, and electricity)
- Untreated pressure “bed” sores (pressure ulcers)

# Financial Abuse/Exploitation

If an enrollee has any of these sign their may be reason to suspect financial abuse or exploitation:

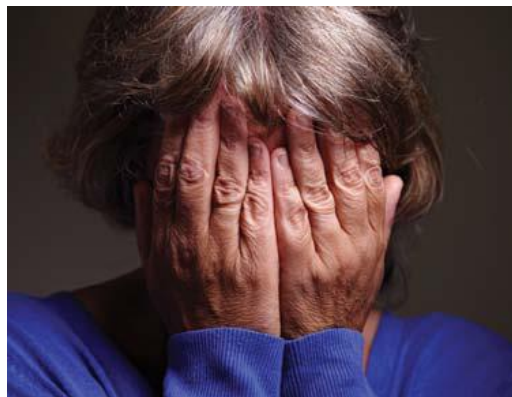
- Lack of amenities victim could afford
- Vulnerable elder/adult “voluntarily” giving uncharacteristically excessive financial reimbursement/gifts for needed care and companionship
- Caregiver has control of elder’s money but is failing to provide for elder’s needs
- Vulnerable elder/adult has signed property transfers (Power of Attorney, new will, etc.) but is unable to comprehend the transaction or what it means



# Psychological/Emotional Abuse

Another form of abuse is psychological or emotional. Here are some red flags to look out for with and enrollee:

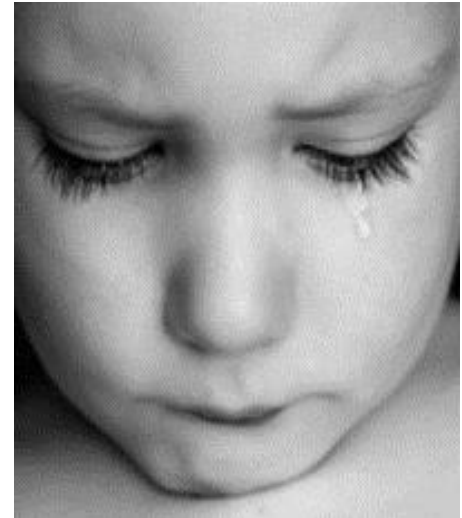
- Unexplained or uncharacteristic changes in behavior, such as withdrawal from normal activities, unexplained changes in alertness, other
- Caregiver isolates elder (doesn't let anyone into the home or speak to the elder)
- Caregiver is verbally aggressive or demeaning, controlling, overly concerned about spending money, or uncaring



# Physical/Sexual Abuse

Unfortunately physical and sexual abuse can occur at any age. Signs to look out for are listed below:

- Inadequately explained fractures, bruises, welts, cuts, sores or burns
- Unexplained sexually transmitted diseases



# Reporting Suspected Incidents

What should I do if I suspect abuse or neglect?

If you or someone you know is in a **life threatening** situation or **immediate danger**, call 911 or the local police or sheriff.

- Report your concerns. Most cases of abuse go undetected.
- Don't assume that someone has already reported a suspicious situation.
- The agency receiving the report will ask what you observed, who was involved, and who they can contact to learn more.

# Disease & Multiple Medications

## Here's What We Wish Our Health Care Team Knew...

- Neuro-cognitive processing ability impaired
  - Pain
  - Stroke
  - Hypertension, Diabetes
  - UTI, Pneumonia
- Meds can affect cognition
  - Pain medication
  - Anti-depressants
  - Interactions

## Here's What Your Team Can Do....

- **Be aware**
  - Slow down
  - Speak clearly
  - Use plain language
  - Recommend assistive listening devices
- **Obtain thorough health history** including the patient's cultural perspectives on their condition



# Mental Health and Seniors

*Anxiety, depression or loneliness may occur in Seniors that:*

Many Seniors may be adjusting to all of these challenges at the same time!

- 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

**Include open ended questions at each visit that encourage your patient to talk about their current adjustments**

## Here's What We Wish Our Health Care Team Knew...

- Patients with dementia may need caregiver
- Older adults suffer more losses
  - May be less willing to discuss feelings
  - May be unable to articulate the sense of disconnect from their culture
  - High suicide rates for 65+

## Here's What Your Team Can Do....

- Communicate with patient & caregiver
- Actively listen for a sense of loss or isolation
- Assess for depression, dementia/ cognitive ability

# Behavioral Health

***Health Net beneficiaries with Managed Health Network (MHN) behavioral health benefits do not need a referral to obtain behavioral health care or substance abuse services.***

The MHN Service Team number can be found on the back of the beneficiaries' insurance identification card.

- They may obtain these services directly through MHN's extensive behavioral health and substance abuse network
- Participating providers may refer beneficiaries with routine behavioral health needs directly to the MHN Service Team, who will offer a referral to a behavioral health provider.

# Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Misuse of Alcohol

The new  
Medi-Cal  
SBIRT  
benefit only  
targets  
misuse of  
alcohol

- The USPSTF recommends that clinicians screen adults ages 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse and/or referral to mental health and/or alcohol use disorder services, as medically necessary. Coverage of SBIRT services by the Medi-Cal program takes effect January 1, 2014.
- 21% of the U.S. Adults report engaging in risky or hazardous drinking and the prevalence of current alcohol dependency is about 4%. Alcohol misuse plays a contributing role in wide range of health conditions.

# Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Misuse of Alcohol

- For additional SBIRT services :  
<http://www.dhcs.ca.gov/services/medical/Pages/SBIRT.aspx>
- On the DHCS SBIRT webpage, the header Referral to Treatment links to a list of California county contacts for local substance use disorder treatment information and referrals

# Staying Healthy Assessment (SHA) Tool Questions

- The new SHA (also known as Individual Health Education Assessment Tool) now includes questions to assess misuse of alcohol)
- The SHA assists in identification of patients with potential alcohol use disorders who need referral for further evaluation and treatment
- The tool can be obtained on the DHCS web site:  
<http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx>

**Make sure to document your screening and counseling  
in the patient's medical record.**

# Caregiver Burden

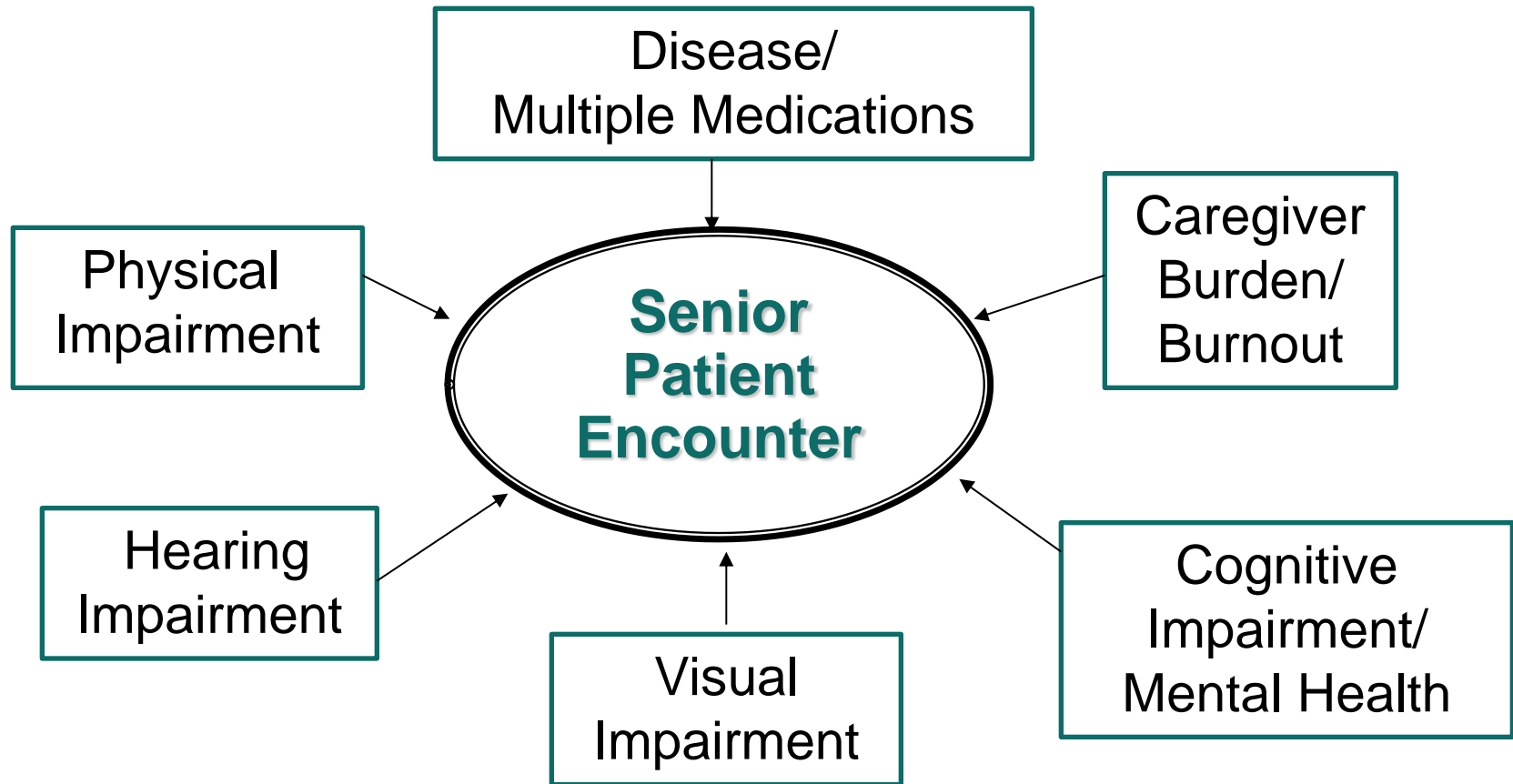
## Here's What We Wish Our Health Care Team Knew...

- 12% of active caregivers may have their own limitations
- 16% of working seniors are also caregivers
- Caregivers report more stress, higher likelihood of depression

## Here's What Your Team Can Do....

- Ask about caregiver responsibilities and stress levels
- Offer caregiver support services

# Working with Seniors





# Visual Impairment

## Problems

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



Macular  
degeneration



Cataract



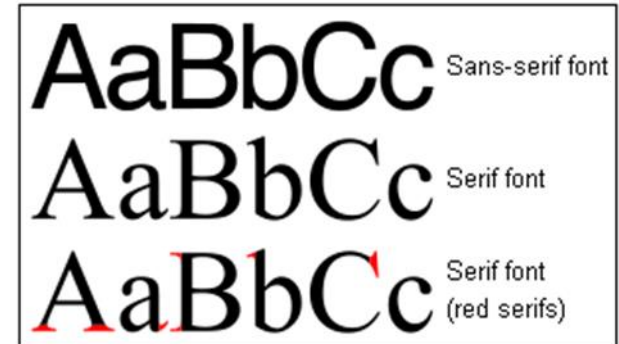
Diabetic  
retinopathy



Glaucoma

## Solutions

- Decrease glare
- Bright, indirect lighting
- Bright, **contrasting** colors
- LARGE, non-serif fonts



# Hearing Impairment

## Here's What We Wish Our Health Care Team Knew...

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

## Here's What Your Team Can Do....

- 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

# Physical Impairment

## Here's What We Wish Our Health Care Team Knew...

- Pain & reduced mobility is common due to:
  - Osteoarthritis
  - Changes in feet, ligaments and cushioning
  - Osteoporosis
  - Stroke

## Here's What Your Team Can Do....

- Keep hallways clear
- Lower exam tables
- Add grab bars/railings
- Use exam rooms nearest waiting area
- Offer assistance – transfers, opening sample bottles, etc.
- Recommend in home accessibility assessment









# Suggestions to Foster Cultural Engagement

*Some tips that can help the experience include:*

**Being aware of one's own cultural values and beliefs and how they influence attitudes and behaviors can make a difference in providing a successful encounter.**

- Seniors may want to seek a doctor that speaks their language
- Gender preference for a provider (women wanting to see a female doctor)
- Communication and body language such as eye contact, tone, and volume can all impact an encounter; some groups prefer gestures, direct eye contact while others prefer reserved communication
- Ask open ended questions that can identify expectations surrounding health and aging
- Speak slowly and listen actively
- Conduct check for understanding of information by the senior patient at regular intervals during the encounter



## ***Section 4***

# **Cultural Competence *and the* LGBT Communities** *(lesbian, gay, bisexual, & transgender)*

# Some LGBT Terminology

## *Sexual Orientation*

**LGBT are four distinct communities with different cultural identifications and health priorities.**

- A person's emotional, sexual, and/or relational attraction to others
- Usually classified as heterosexual, bisexual, and homosexual (i.e. lesbian and gay)
  - Describes how people locate themselves on the spectrum of attraction and identity
  - It is distinct from gender identity or gender expression
  - Transgender people exhibit the full range of sexual orientations, from homosexual to bisexual and heterosexual



# Some LGBT Terminology (cont'd)

## *Gender Identity*

- **Transgender:** Describes people whose gender identity and/or expression is different from that typically associated with their assigned sex at birth
- **Genderqueer:** Describes people who see themselves as outside the usual binary man/woman definitions
  - Having elements of many genders, being androgynous or having no gender
  - Also Gender Non-Conforming (GNC)
- **Bigender:** Describes people whose gender identity encompasses both male and female genders; some may feel that one identity is stronger, but both are present

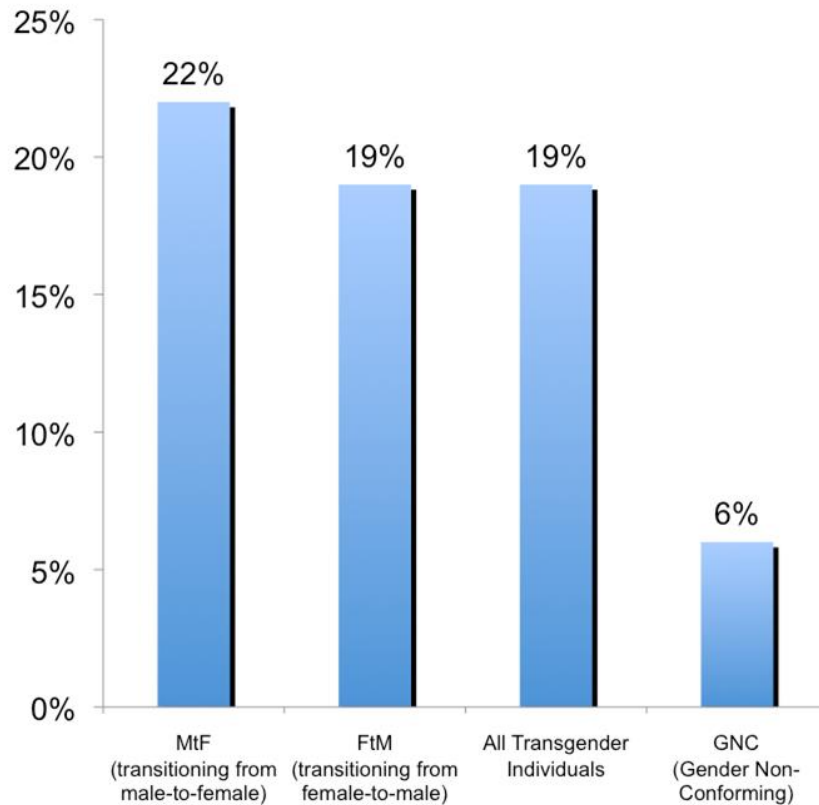
# Some LGBT Terminology (cont'd)

## Gender Identity (cont'd)

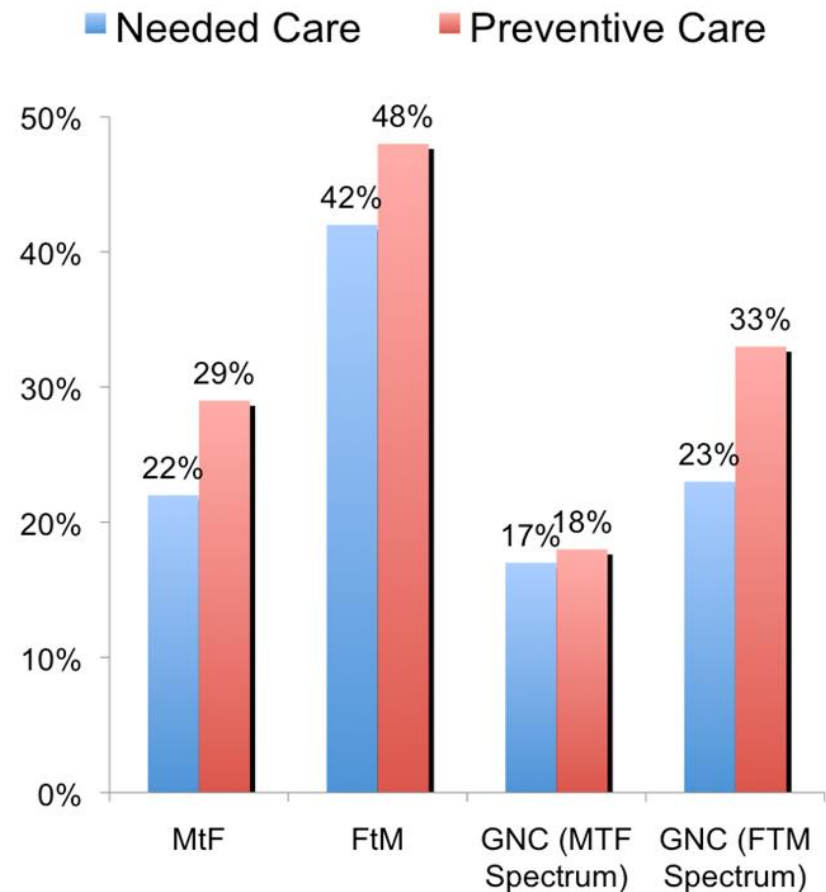
- **MtF:** Male-to-female; a person who was assigned the male sex at birth but identifies and lives as a female; also trans woman
  - MtF persons will still need to have prostate exams according to standard guidelines
- **FtM:** Female-to-male; a person who was assigned the female sex at birth but identifies and lives as a male; also trans man or trans male
  - FtM persons will need to have breast exams and Pap tests according to standard guidelines
- **Transsexual:** Medical term for people who have used surgery or hormones to modify their bodies; some trans people find this term offensive.

# Transgender Individuals Burden Disparities in Levels of Care

## Refused Care Based on Gender Identity/Expression



## Postponement of Care Due to Discrimination by Providers



# Cultural Competence & the LGBT Communities

## Here's What We Wish Our Health Care Team Knew...

- A general understanding of the terms used by us for orientation/identification



## Here's What Your Team Can Do....

- Listen to how the patient refers to themselves and loved ones (pronouns, names)
  - Use the same language they use
- If you're unsure, ask questions

# Cultural Competence & the LGBT Communities

## Here's What We Wish Our Health Care Team Knew...

- We come to you with an extra layer of anxiety
  - Verbally or physically abused
  - Rejected by families due to our sexual orientation/identity
  - Discriminated against within the health care setting

## Here's What Your Team Can Do....

- A little warmth can make all the difference!
- Signage or intake form verbiage that is safe, judgment-free, and non-discriminatory
- Policies indicating non-discrimination for sexual orientation/identity displayed in common areas

# Cultural Competence & the LGBT Communities

*The California Department of Public Health maintains a list of very helpful LGBT-related resources for:*

- Affordable Care Act
- Census and LGBT Demographic Studies
- Drug and Alcohol Abuse
- Gender Identity
- Health Disparities
- HIV/AIDS
- Homelessness
- LGBT Health Resources
- LGBT Health Organizations
- LGBT Curriculum in Schools
- Mental Health
- Legal
- Teen Health

<http://www.cdph.ca.gov/programs/OMH/Pages/LGBTResources.aspx>



## ***Section 5***

# **Cultural Competence: Refugees *and* Immigrants**

# Health Care for Refugees and Immigrants

*Refugees and Immigrants may:*

- Not be familiar with the U.S. health care system
- Experience illness related to life changes
- Practice spiritual and botanic healing or treatments before seeking U.S. medical advice





# Benefits of Open Communication for Recent Arrivals

- Builds trust
- Results in fuller disclosure of patient knowledge and behavior



Cupping

Coining



# Addressing the U.S. Healthcare System

## Here's What We Wish Our Health Care Team Knew...

- My expectations do not align with U.S. managed care
- I'm bewildered by requirements to visit multiple doctors
- I wonder why I have diagnostic testing before a prescription is written

## Here's What Your Team Can Do....

- Inform patients they may need follow up care
- Explain why a patient may need to be seen by another doctor
- Emphasize the importance medication adherence

# Common Office Expectations

## Here's What We Wish Our Health Care Team Knew...

- I have different expectations about time
- I prefer to have someone of the same gender
- I'm going to bring friends or family. They want to help make decisions

## Here's What Your Team Can Do....

- Upon arrival, inform patient about the wait time
- Accommodate a doctor or interpreter of same gender
- Confirm decision makers at each visit

# How to Address Confidentiality

## Here's What We Wish Our 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



## ***Section 6***

# **Strategies *for* Cultural Engagement**

# Person Centered Care

- 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."
- Patient-centered care promotes safer medical systems, and greater patient involvement in healthcare delivery and design

# Person Centered Care

## *Patient centered care attributes include:*

- Considering patients' cultural traditions, personal preferences and values, family situations, social circumstances and lifestyles
- Rebalancing work priorities from a focusing on accomplishing tasks to a focusing on the person needing assistance
- Taking the view that the disability is an opportunity for growth as well as a source of impairment
- Assuming that talents, capacities knowledge and resources exist in all individual and communities

# Person Centered Care Coordination

- Look 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 (i.e.: durable medical equipment)
- Acknowledges civil rights (physical and programmatic access to care and provides reasonable accommodations)
- Respects free choice



# Olmstead Decision

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A 1999 U.S. Supreme Court decision that services persons with disabilities must be provided “in the most integrated setting possible” when:

- Treatment professionals have determined community placement is appropriate
- Less restrictive setting is not opposed by the affected individual
- Placement can be reasonably accommodated

# Community Services

## *Definition of Services in Community*

- **Department of Aging:** The County and City Departments of Aging have a rich infrastructure of community-based agencies, organizations, and programs that provide a range of supportive services to older adults, family caregivers, and people with disabilities. Information and Assistance Specialists are available to provide information on the various programs and make referrals accordingly.
- **Independent Living Centers (ILCs):** provide services such as housing assistance, advocacy, assistive technology, benefits assistance, vocational training, independent living skills, transportation, and horticulture classes to name a few.
- **Other Services:** California has numerous additional agencies and programs that support people living independently in the community. Some of these include the Housing Authority, Senior Food and Nutrition Services, Transportation services, and Meals on Wheels.

# What Services Are Available for My Patients?

- Department of Aging: Multiple services are offered / specific criteria must be met:
  - Family Caregiver Support Program
  - Support Services Program
  - Elderly Nutrition Programs - Congregate and Home Deliver Meals
  - Senior Community Service Employment Program
  - Health Insurance Counseling and Advocacy Program
  - Long Term Care Ombudsman Program
- Independent Living Centers (ILCs) provide services for individuals who have a disability, regardless of age
  - NOTE: an orientation/intake is required for anyone wishing to access services)

# Community Services

## *Other Agencies that support Independent Living include:*

- Meals on Wheels
  - a home delivered meal program for seniors and people with disabilities
- Housing Authority of the county of Los Angeles
  - Manages the Public Housing Program (which owns/operates housing units and leases those units to families)
  - Manages the Section 8 Program (which provides tenant-based assistance for housing costs)
- Access Services: a local public entity that administers the Los Angeles County Coordinated Paratransit Plan
  - Paratransit travel is an alternative mode of flexible passenger transportation follows fixed routes or schedules and is available to eligible persons with disabilities that cannot use public transportation

# Community Services (cont'd)

## *How Does my Patient Access Services in the Community?*

- AAA - Contact the Information and Referral Call Center
  - (800) 510-2020
- ILC - Contact the California Foundation for Independent Living Centers to find the ILC in your area:
  - (916) 325-1690 (Voice)
  - (916) 325-1699 (TTY)
- [www.cfilc.org](http://www.cfilc.org)
- Other Agencies - For additional information or referral assistance about other Los Angeles county programs, contact the program directly or just call 211 in LA County
- For assistance with any of the above services, you can contact the managed care health plan Member Services Department

# Disability and Independent Living

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*“As we get older, we realized that disabilities just part of life. Anyone can join our group at any point in life. In this way the disability rights movement doesn’t discriminate...”*

*Ed Roberts  
Co-Founder, Center for Independent Living  
and the World Institute on Disability*

# Patient Self Determination Act

*The Patient Self Determination Act (PSDA) requires providers and organizations to ensure patients are given the opportunity to participate in direct health care decisions that effect them.*

- For Members 18 years and older providers are required to document whether a member has executed an Advance Directive in the medical record in a prominent location
- An Advance Directive outlines a patient's preferred types of health care services and treatments and designates who is to speak on the patient's behalf if he or she becomes incapable of making health care decisions
- According to PSDA, patients with decision making capabilities have the right to make decisions to accept or refuse medical treatment or life sustaining procedures

# Patient Self Determination Act

*Providers should consider discussing advance directives with the patients at well visits instead of waiting until they may be acutely ill.*

- This can ensure the patients wishes for care and services are carried out
- The designated person can make the decisions requested on the patients behalf
- The patients family and friends can abide by the patients decisions for care and treatment according to the advance directive

**Health Net makes the Advance Directive information available in English and Spanish. It can be found in the Provider Operations Manual Provider Library in the Member Rights and Responsibilities section.**  
**[www.healthnet.com/provider](http://www.healthnet.com/provider)**



# POLST

*Physician Orders for Life Sustaining Treatment (POLST) programs provide the process for completing Advance Directives.*

- Websites for more information:
  - [www.ohsu.edu/polst](http://www.ohsu.edu/polst)
  - [www.chcf.org/topics/end-of-life-and-palliative](http://www.chcf.org/topics/end-of-life-and-palliative)
- Health Net Medicare members can contact our Medicare Member Contact Center as listed on the back of their member ID cards.



## *Section* **Access *and* Seniors *and* Persons *with*** **Disabilities**

# The 1990 Americans with Disabilities Act (ADA)



# ADA 1990 (cont'd)

*ADA is the landmark of the civil rights law. It prohibits discrimination against people with disabilities:*

- Employment
- Public accommodations
- Activities of state & local government
- Transportation
- Telecommunications



# What does ADA Require?

*Delivery of service in a way that ensures that all people have an equal opportunity to achieve the full benefit of those services and programs.*



# Environmental Elements

*Elements of care for all people include:*

Contemporary understanding of disability: the interaction of impairment with environmental factors.

- Prohibits disability discrimination
- Calls for equal opportunity to participate
- Applies to states, and through contract, to health plans and all network providers
- Requires physical access
- Requires accommodation

# Accessibility and Accommodations

*Reasonable accommodations include providing:*

- Flexible scheduling
- Interpreters and/or translators
- Accessible communications
- Safe and appropriate physical access

# ADA Compliance

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## *ADA applies to:*

- All health care providers, regardless of size of office or number of employees
- Hospitals and nursing homes
- Offices of private physicians, dentists, managed care organizations
- Health clinics
- Screening centers



# Access and Availability of Providers

## *Health Net has established access to care standards for health care services:*

- Access to care appointment must meet standards (See Provider Operations Manual)
- Medi-Cal and Cal MediConnect participating providers must offer hours of operation to Medi-Cal and Cal MediConnect members that are no less than hours of operation offered to patients from other lines of business
- Access Standards ensure Health Net's practitioner network has sufficient numbers and diversity to provide to all members
- Health Net monitors effectiveness of this network to meet the needs and preferences of its membership and meet regulatory guidelines
- Cal MediConnect/Dual Demonstration Project: Quality Improvement department will engage an Independent Quality Assurance entity to conduct enrollee interviews for emergency department utilization and Health Access to identify gaps, develop improvement initiatives, and report to DHCS and CMS as defined in the three-way contract

# Physical Accessibility

*Physical accessibility allows all people to:*

- Get to the medical office
- Enter the building/exam room
- Use facilities
- Communicate health care with providers

# Physical Accessibility Assessment of the Provider Office

*Physical Accessibility Review Survey (PARS) is conducted for:*

- All PCP offices
- High Volume Specialists and Ancillary Providers
- Hospitals

The Accessibility Indicators for offices are available for members to see in the **Health Plan Web Portal** and in the **Provider Directory**

# Physical Accessibility Review Survey (PARS)

*Level of access: Assessment and accessibility designations and symbols for “Levels of Accessibility”:*

- Basic Access



- Demonstrates facility site access for the members with disabilities to park, get into the building, navigate the building to obtain health care independently
- To meet Basic Access requirements within the tool, there are (29) Critical Elements (CEs) in the assessment must be met (Note there are 86 overall elements).

# Access Levels

**Basic Access** demonstrates facility site access for the members with disabilities to:

- Parking
- Exterior Building
- Interior Building eg: elevators
- Exam room
- Restroom
- In addition, availability of accessible medical equipment (height adjustable exam tables, accessible weight scale)

# Access Levels (cont'd)

**Limited Access** demonstrates facility site access for the member with a disability are missing or incomplete in one or more features for:

- Parking
- Exterior Building
- Interior Building eg: elevators
- Exam room
- Restroom

# Physical Accessibility Indicators

*The following are the Accessibility Indicators:*

The Physical Accessibility Indicators for provider sites are made available for members to view via the “Member Web Portal” and the “Provider Directory”

- P = Parking
- EB = Exterior Building
- IB = Interior Building eg: elevators
- E = Exam room
- R = Restroom
- T = Medical Equipment

# Web Portal Accessibility Indicators

## *Definitions:*

- P = PARKING
  - Parking spaces, including van accessible spaces(s) are accessible. Pathways have curb ramps between the parking lot, office, and at drop off locations.
- EB = EXTERIOR BUILDING
  - Curb ramps and other ramps to the building are wide enough for a wheelchair or scooter user. Handrails are provided on both sides of the ramp. There is an “accessible” entrance to the building. Doors open wide enough to let a wheelchair or scooter user enter, and have handles that are easy to use.



# Web Portal Accessibility Indicators

## *Definitions (cont'd):*

- IB = INTERIOR BUILDING
  - Doors open wide enough to let a wheelchair or scooter user enter, and have handles that are easy to use. Interior ramps are wide enough and have handrails. Stairs, if present, have handrails. If there is an elevator, it is available for public/patient use at all times the building is open. The elevator has easy to hear sounds and Braille buttons within reach. The elevator has enough room for a wheelchair or scooter user to turn around. If there is a platform lift, it can be used without help.
- R = RESTROOM
  - The restroom is accessible and the doors are wide enough to accommodate a wheelchair or scooter and are easy to open. The restroom has enough room for a wheelchair or scooter to turn around and close the door. There are grab bars which allow easy transfer from wheelchair to toilet. The sink is easy to get to and the faucets, soap, and toilet paper are easy to reach and use.

# Web Portal Accessibility Indicators

## *Definitions (cont'd):*

- E = EXAM ROOM
  - The entrance to the exam room is accessible, with a clear path. The doors open wide enough to accommodate a wheelchair or scooter and are easy to open. The exam room has enough room for a wheelchair or scooter to turn around.
- T = EXAM TABLE/SCALE
  - The exam table moves up and down and the scale is accessible with handrails to assist people with wheelchairs and scooters. The weight scale is able to accommodate a wheelchair.

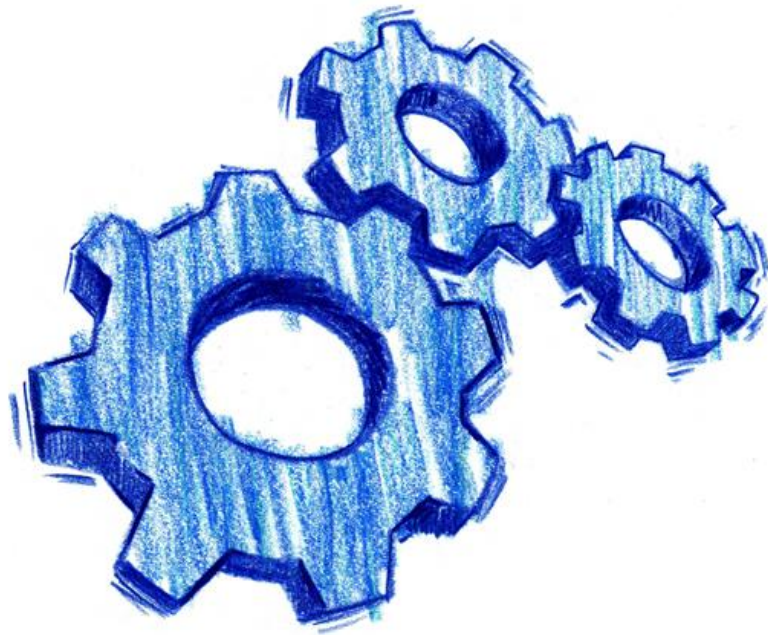
# Patient Centered Care

*“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". Retrieved 13 December 2011.*

# Q&A





# Thank you for Participating

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- **Americans with Disabilities Act 1990:**
  - <http://www.ada.gov/pubs/adastatute08.htm>



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- **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: [www.ResourcesForIntegratedCare.com](http://www.ResourcesForIntegratedCare.com)

# Resources

## *Cultural competency resources for providers:*

The Office of Minority Health's website Think Cultural Health offers many resources for providers.

- To find advance directives in many languages:
  - <http://www.nlm.nih.gov/medlineplus/languages/advancedirectives.html>
- Cultural competency training for providers:
  - <https://cccm.thinkculturalhealth.hhs.gov/>
- International medical symbols for use on signs:
  - <https://www.ultimatesymbol.com/articleuhc.php>
  - [http://www.hablamosjuntos.org/signage/symbols/default.using\\_symbols.asp#wsa](http://www.hablamosjuntos.org/signage/symbols/default.using_symbols.asp#wsa)

# Reporting Resources for Abuse or Neglect

To report suspected abuse the following resources are available and forms and local numbers are listed:

- **Desktop: WR 57** Adult Protective Services/Child Protective Services Referrals
- Visit the NCEA website at [www.ncea.aoa.gov](http://www.ncea.aoa.gov) OR
- Call the *Eldercare Locator* at 1-800-677-1116

## •California Abuse/Neglect Reporting

•Contact your local Adult Protective Services agency. For state reporting agencies, visit [www.dss.cahwnet.gov/cdssweb/pg20.htm](http://www.dss.cahwnet.gov/cdssweb/pg20.htm)

## •Long Term Care (LTC) Reporting

•Contact your local Long-Term Care Ombudsman. For reporting numbers, visit [www.ltcombudsman.org](http://www.ltcombudsman.org)

# Abuse and Neglect References

- Resources used in the creation of this training:

- <http://www.ncea.aoa.gov/>

- <http://www.napsa-now.org/>

- *Eldercare Locator* - 1-800-677-1116

- *California Long-Term Care Ombudsman*

- **Report Institutional Abuse:**

- 1-800-231-4024



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*Does someone you know—a senior or adult with a disability—display any warning signs of mistreatment?*

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*You do not need to prove that abuse is occurring; it is up to the professionals to investigate the suspicions. It is up to you to report it!*

# **Developed in collaboration with Health Industry Collaborative Effort**



**Health Net Cal MediConnect contributors:  
Carol Spencer, Manager Quality Improvement  
Diana M. Carr, Senior Cultural and Linguistic Specialist**