



arkansas  
total care™

# Cultural Competency Training

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# Purpose



The purpose of the training is to provide a comprehensive overview of Cultural Competency as it relates to our members and our contractual requirements as a health plan.

This is an annual training offered to every provider.

# Agenda



- Health Communication
- Health Literacy
- Limited English Proficiency
- Auxiliary Aids & Interpreter Services
- Cultural Competency
- Disability Sensitivity
- Provider Accessibility Initiative (PAI)
- Changing Attitudes
- Ensuring Compliance

# Health Communication



- Health communication is the foundation of the health-care delivery system. The quality of such communication can have a significant effect on the outcomes of member-provider encounters.
  - Providers must be conscious of member's:
    - Level of health literacy
    - Culture
    - Language skills
  - Effective health communication contributes to:
    - Increased patient use of preventive health services
    - Positive health outcomes
    - Patients following provider instructions
    - Decreased anxiety, pain and psychological adversity in patients
    - Increased trust between patients and providers (emotional safety)
  - Ineffective health communication contributes to:
    - Malpractice lawsuits
    - Limited patient participation in clinical research
    - Patient difficulty following instruction
    - Increased visits to the emergency room

# Health Communication



- Patient-Centered:
  - Consider the characteristics of each patient such as:
    - ✓ Gender
    - ✓ Age
    - ✓ Education
    - ✓ Income level
    - ✓ Sexual orientation
    - ✓ Primary language
    - ✓ Cultural beliefs
    - ✓ Values
  - Consider patient's past experiences with the health-care system, and how those have shaped their attitude towards health-care issues. Are they willing to use certain types of health-care services?
- A Shared Responsibility:
  - **Patient's responsibility** is to ask questions and provide full and honest answers.
  - **Provider's responsibility** is to provide a welcoming environment to ensure that patients feel comfortable enough to share information that will produce better outcomes.

# Health Communication



- For effective health communication:
  - Avoid making assumptions about a patient’s culture or identity based on appearance, name or outward characteristics.
  - Ask patients to explain how they identify themselves, their partners and/or family members. Use the terms they provide to help them feel comfortable.
  - Treat each patient as a unique individual. Do not make assumptions about their behavior or identity based on race, ethnicity, age, sexual orientation, gender expression, disability status or other characteristics.
  - Rigorously ensure confidentiality.



# Health Literacy

# Health Literacy



- Limited health literacy has been associated with poor adherence, self-care behaviors and understanding of health information. Studies show that patients with limited literacy skills have less control of chronic conditions such as diabetes, HIV, and asthma, compared to those with adequate or above-average literacy.
- Health literacy encompasses a range of abilities such as:
  - Reading
  - Comprehension
  - Analyzing information
  - Decoding instructions, symbols, charts and diagrams
  - Weighing benefits vs. risks
  - Making decisions and taking action

# Health Literacy



- Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.
- Patients must possess the ability to comprehend the information and services being offered to them, and use that information to make appropriate health-care related decisions.
- Patient's health literacy may be affected if they have health-care providers who use words that they don't understand, low educational skills, cultural barriers to health care or Limited English Proficiency (LEP).

# High Literacy



- **Low health literacy is more prevalent among:**
  - The elderly
  - Minority populations
  - Individuals with a low socioeconomic status
  - Medically underserved populations
- **Patients with low health literacy may have difficulty:**
  - Locating providers and services
  - Filling out complex health forms
  - Sharing their medical history with providers
  - Seeking preventive health care
  - Knowing the connection between risky behaviors and health
  - Managing chronic health conditions
  - Understanding directions on medicine



# Limited English Proficiency

# Limited English Proficiency (LEP)



- Defined as a limited ability to read, write, speak or understand English.
- An LEP individual is one who does not speak English as a primary language. LEP individuals can also include those with hearing, language, or other disabilities who may also require interpretive services or language assistive technology.
- LEP can result in poor health outcomes as a result of language barriers that may cause inaccurate or incomplete communication of information, or inaccurate or incomplete understanding of information communicated by providers.

# Limited English Proficiency (LEP)



- LEP is absent of quality language assistance services, and can have an adverse affect on a patient's health care. Effects can include:
  - Reduced access to primary health care.
  - Decreased likelihood to attend follow-up appointments after emergency department visits.
  - Decreased understanding of their diagnoses, medications, and follow-up instructions.
  - Dissatisfaction with care received.
  - Reduced likelihood of receiving equivalent levels of preventive care.



# Auxiliary Aids & Interpreter Services

# Auxiliary Aids & Interpreter Services



- Effective Communication  
Use of auxiliary aids and services such as:
  - Qualified readers and/or interpreters
  - Translated written materials
  - Graphic materials
  - Audio recordings
  - Relay service
  - Braille
  - Assistive listening devices
  - Large print
  - Captioning

# Auxiliary Aids & Interpreter Services



- Commonly Used Services
  - **Translated written materials:** Replace text written in one language (source language) into an equivalent text written in another language (target language of patient).
    - Translated materials should not substitute oral communication.
    - Translated written materials may include: signage in office, health-care applications, consent forms and medical/treatment instructions.
  - **Interpreter and translation services:** Arkansas Health & Wellness provides the assistance of a language translator that can assist during clinic visits. Sign language interpreters are also available to assist in communicating with patients who are deaf or hard-of-hearing.
  - If you need these services, contact Arkansas Total Care at 1-866-282-6280 or TTY:711.

# Working with Interpreters/Translators



- Family and friends are not the same as a professional interpreter. They are more likely to modify what the patient/provider has said in their effort to be helpful.
- Allow enough time for appointments involving interpreters.
- Speak directly to the patient and not to the interpreter. The interpreter should not have side conversations with the medical professional.
- Avoid jargon and technical terms.



# Cultural Competency

# Cultural Competency



- Interpersonal skills that allow individuals to increase their understanding, appreciation, acceptance, and respect for cultural differences and similarities within, among and between groups and the sensitivity to know how these differences influence relations with patients.
- Complimentary behaviors, attitudes and policies that help professionals work effectively with diversity of cultures.

# Cross-Cultural Communication



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

# How to Become Culturally Competent



- Value Diversity and Acceptance of Differences:
  - How does the patient define health and family? Consider each person as an individual, as well as a product of their country, religion, ethnic background, language and family system.
- Self-Awareness:
  - How does our own culture influence how we act and think?
  - Do not place everyone in a particular ethnic group in the same category.
- Consciousness of the Impact of Culture When We Interact:
  - Respect cultural differences regarding physical distance and contact, eye contact, and rate and volume of voice.
  - Misinterpretations or misjudgments may occur.

# How to Become Culturally Competent



- Knowledge of Patient's Culture:
  - Become familiar with aspects of culture.
  - Understand the linguistic, economic and social barriers that patients from different cultures face which may prevent access to health care and social services.
  - Make reasonable attempts to collect race and language specific patient information.

# How to Become Culturally Competent



- Adaptation of Skills:
  - Provide services that reflect an understanding of diversity between and within cultures.
  - Understand that patients from different cultures consider and use alternatives to Western health care.
  - Consider the patient and their family's background in determining what services are appropriate.
  - Consider the patient and their family's perception of aging and caring for the elderly.
  - Treatment plans are developed with consideration of the patient's race, country or origin, native language, social class, religion, mental or physical abilities, age, gender and/or sexual orientation.



# Disability Sensitivity

# Disability Sensitivity



- The Americans with Disabilities Act (ADA) defines a person with a disability as “a person who has a physical or mental impairment that substantially limits one or more major life activities.”
- This includes people who have a record of an impairment, even if they do not currently have a disability.
- It also includes individuals who do not have a disability, but are regarded as having a disability.
- Providers have a legal obligation to conform to ADA requirements as noted in their contract with Arkansas Health & Wellness.

# Ensuring Access



- Specifically, providers are encouraged to:
  - Improve the physical environment throughout your office and facility by using universal symbols and signage.
  - Create adequate space within waiting rooms and exam rooms to comfortably accommodate individuals with physical (e.g. individuals with wheelchairs) and non-physical disabilities.
  - Have medical equipment that accommodates individuals with disabilities (e.g. height adjustable exam tables, Hoyer type lifts, wheelchair accessible weight scales, moveable exam chairs).
  - Ensure your office is accessible with ramps and adequate parking with proper signage.
  - Provide exam room and waiting room furniture that can accommodate individuals with physical and non-physical disabilities.



# Provider Accessibility Initiative (PAI)

# PAI Survey



Centene's goal is to provide equal access to quality health care and services that are physically and programmatically accessible for our members with disabilities and their companions by increasing the percentage of Centene providers that meet minimum federal and state disability access standards.

The objective for the Provider Accessibility Initiative:

1. Improve the accuracy and transparency of provider disability access data in directories by:
  - a. Asking providers to self-report *standardized* disability access data; and
  - b. Verifying the *accuracy* of that self-reported data through on-site Accessibility Site Reviews (ASRs) conducted by health plan provider relations staff.

# Centene's Provider Accessibility Initiative (PAI)



Old Display:

Provider Details with Accessibility info and icon

sunshine health

Map Satellite

Network: Healthy Kids Plan

Return to Results

Public Transportation Driving Directions Add / Remove Favorite

**Dr Smith and Associates**  
Provider  
(305) 255-2616

**Dr Smith And Associates**  
Dr Smith And Associates  
13550 SW 120th Street Suite 410A  
Miami, FL 33186

**Practice Details**  
Hours: Sun, Sat (Closed)  
Mon, Tue, Wed, Thu, Fri (8:00 AM - 8:00 PM)  
Open Weekends: No  
Fax: (727) 344-7962  
County: Miami-Dade

**Provider Details**  
Network: Healthy Kids Plan  
Specialties  
Optometry  
Board Status: None

**Hospital Quality Data**  
View Hospital Quality Data Resources  
National Provider Identifier: 1932147091  
Rate a Provider

Accessible to People with Disabilities: Yes

New Display:

Accessibility For This Location

Accessibility Details: Parking

- The right number of accessible parking spaces are given.
- Curbs between off street parking and site have curb ramps.
- Curbs between off street drop off locations and site have curb ramps.
- Has van accessible parking.

Please note: you can [Learn more about these areas on your health plan website.](#)

**Legend:**

- Yes (criteria met)
- No (criteria not met)
- Not applicable
- Details pending. Please contact provider for status.

Return to Provider Accessibility Overview

# What is the PAI Self-Reporting Form?



- An electronic survey which consists of 65 questions asking providers to self-attest in 4 main areas of disability access:
  - Parking
  - Exterior Building
  - Interior Building
  - Programmatic Access.
- Notifications directing providers to complete the electronic survey were sent on 11/16/2020. Providers received an email blast which will be followed with phone calls
- It is very important that providers complete the PAI self-reporting form, as your responses will determine what members initially see in the Provider Directory
- Access the survey at:
  - [https://centene.az1.qualtrics.com/jfe/form/SV\\_aaeBK4Xz7xfLHI9](https://centene.az1.qualtrics.com/jfe/form/SV_aaeBK4Xz7xfLHI9)

# 4 Main Areas



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**Parking (P):** Parking spaces and van-accessible space(s), are accessible. Curbs to on-site parking, public transportation, and the side walk at the site entrance have curb ramps.

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**Exterior Building (EB):** There is an accessible ramp to the building. Curb ramps and other ramps to the building are wide enough for a wheelchair/scooter. There are handrails on both sides of the ramp. Doors are wide enough for wheelchair/scooter to enter and the doors have handles that are easily opened.

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**Interior Building (IB):** Doors are wide enough for a wheelchair/scooter and have handles that are easily opened. There are interior ramps that have handrails. If an elevator is present, it must be free for public use. The elevator has easy-to-hear sounds and Braille buttons within reach. The elevator is large enough for a wheelchair/scooter to turn around. The restroom is accessible, has doors wide enough for wheelchair/scooter and are easy to open. Offices have accessible equipment and clear for space where the equipment is for side transfers by wheelchair or scooter users. Lift equipment exists when needed. If office has a chair lift, it can be used without help.

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**Programmatic Access (PA):** Programmatic access includes, but is not limited to: accessible communication and materials in other formats given in a timely manner, staff help with follow-up visit planning, and other disability-related support (people with disabilities who cannot wait in waiting room are seen right away).

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# Provider Accessibility Initiative (PAI) Survey Reminders



- All providers will need to complete the PAI Survey
- Questions concerning the Provider Accessibility Initiative (PAI) Survey can be submitted to:
  - ARKCREENTIALING@CENTENE.COM
- Providers may complete the survey by accessing [https://centene.az1.qualtrics.com/jfe/form/SV\\_aaeBK4Xz7xfLHI9](https://centene.az1.qualtrics.com/jfe/form/SV_aaeBK4Xz7xfLHI9)



# Changing Attitudes

# Changing Attitudes



- Some members may face mental health issues that require crisis prevention and treatment.
- Arkansas Total Care is committed to care coordination to support member's medical and behavioral health needs and we also focus on promoting independence in the community.

# Changing Attitudes



- Arkansas Health & Wellness is committed to changing attitudes and promoting cultural competency and disability sensitivity through evidence-based practices that ensure each member's progress is measured by improvements in specific levels of quality-based outcomes.
- Providers are reminded that there are successful models that work to improve the quality and outcomes for their patients and promote independence within the community.

# Changing Attitudes: Recovery Model



- Recovery is a unique experience for each individual with intellectual or developmental disabilities.
- There are certain concepts and factors common to recovery:
  - Hope
  - Medication/treatment
  - Empowerment
  - Support
  - Education/knowledge
  - Self-help
  - Spirituality
  - Employment/meaningful activity

# Changing Attitudes



- Medical vs. Independent Living Model

Medical Model	Independent Living Model
Decisions made by rehabilitation professional	Decisions made by the individual
Focus is on problems or deficiencies/disability	Focus is on social and attitudinal barriers
Having a disability is perceived as being unnatural and a tragedy	Having a disability is a natural, common experience in life

# Changing Attitudes



- Medical vs. Social Model of Disability
  - An **impairment** is defined as long-term limitation of a person's physical, mental or sensory function
  - **Barriers are not always physical.** Prejudice and stereotypes often shape attitudes that prevent individuals from having equal opportunity in society.

Medical Model of Disability	Social Model of Disability
States: People are disabled by their impairments or differences	States: Disability is caused by the way society is organized
Focus is on fixing or changing impairments or differences with medical or other treatments –even when there is no pain or illness associated with them	Focus is on removing/reducing barriers that restrict life choices (e.g. ramps for access, supported employment and employment assistance, audio books)
Focus is on what is “wrong” with the person	Focus is on what does the individual “need”
Outcome: Individuals with disabilities are given low expectations and loss of independence, choice and control over their new life	Outcome: individuals with disabilities are independent and equal in society with increased choice and control over their lives.

# Changing Attitudes



- Person First Language:
  - A person is not defined by their disability. Be conscious of how you address or refer to patients under your care.

Avoid	Use
Handicap/handicapped	Accessible parking/accessible seating
Handicapped parking/seating	Accessible parking/accessible seating
Stricken/victim/suffering from	Had or has a disability
Retard/mongoloid	Cognitive or intellectual impairment
Wheelchair bound/confined	Uses a wheelchair
Dumb/deaf/mute	Person with a communication disorder
The deaf	A person who is deaf
The blind	A person who is blind

# Changing Attitudes



- Tips to Remember

Type of Disability	Tips
Mobility Impairments	<ul style="list-style-type: none"><li>• Don't push or touch someone's wheelchair.</li><li>• Don't lean on the chair.</li><li>• When possible, bring yourself down to their level to speak to them.</li></ul>
Visually Impaired	<ul style="list-style-type: none"><li>• Identify yourself.</li><li>• Do not speak or touch a guide dog who is working.</li></ul>
Deaf or Hard of Hearing	<ul style="list-style-type: none"><li>• Speak directly to that person and not to the interpreter.</li><li>• Do not assume that they can read your lips.</li><li>• Do not chew gum, wear sunglasses or otherwise obscure your face.</li></ul>

# Changing Attitudes



- Tips to Remember

Type of Disability	Tips
Speech Disorders	<ul style="list-style-type: none"><li>• Don't finish the person's sentences</li><li>• Ask the person to repeat or you can repeat to make sure you understand</li></ul>
Seizure Disorders	<ul style="list-style-type: none"><li>• Do not interfere with the seizure but protect their head during the event</li><li>• Do not assume they need you to call 911</li></ul>
(MCS) Respiratory Disorders	<ul style="list-style-type: none"><li>• Do not wear perfumes, or use sprays or chemicals</li><li>• Maintain good ventilation</li></ul>
Developmental Disabilities	<ul style="list-style-type: none"><li>• Speak clearly using simple words</li><li>• Do not use baby talk or talk down to the person</li><li>• Do not assume they cannot make their own decisions unless you have been told otherwise</li></ul>



# Ensuring Compliance

# Ensuring Compliance



- Maintain written policies and procedures on ensuring nondiscrimination and responding to complaints.
- Make programs accessible to all patients.
- Make reasonable modifications to your practice unless it would result in a fundamental alteration.
- Provide services in the most integrated setting.
- Provide auxiliary aids and services to patients with disabilities.
- Develop and post a nondiscrimination policy.
- Identify individuals who need technical assistance.
- Ensure effective communication with persons who are LEP or have disabilities.
- Notify LEP persons in the service area of the right to language assistance free of charge.
- Use gender-neutral language in eligibility criteria.
- Include a nondiscrimination policy in program materials.
- Conduct outreach and recruitments in a manner that is accessible to all persons regardless of gender.

# Ensuring Compliance



- **Title VI of the Civil Rights Act of 1964**-Take reasonable steps to provide meaningful access for LEP patients.
- **Title II of the American with Disability Act (ADA)** -Prohibits excluding or denying benefits based on an individual's disability (the definition of disability is broad and includes HIV status).
- **The Age Discrimination Act of 1975** –Prohibits discrimination on the basis of FFA recipients cannot discriminate on the basis of age in their programs and activities.
- **Title IX of the Education Amendments of 1972** –Prohibits discrimination on the basis of sex in education programs and activities.
- **Federal Health Care Provider Conscience Protection Statutes** –Prohibits discrimination on the basis of religious or moral objections.
- **Section 1553 of the Affordable Care Act** –Prohibits discrimination against individuals or institutional health care entities that do not provide assisted suicides services.
- **Section 1557 of the Affordable Care Act** -Prohibits discrimination in federally assisted and some federally conducted health programs and activities and program and activities administered by entities created under Title I of the ACA.

# How Can Providers Help?



- Know your patients by capturing information about accommodations that might be required.
- Identify patients with limited health literacy.
- Use simple language, short sentences and define technical terms for patients.
- Supplement instruction with appropriate materials (videos, models, graphic materials, translated written materials, interpreting, etc.).
- Ask patients to explain your instructions (teach back method), or demonstrate the procedure.
- Ask questions that begin with “how” and “what,” rather than closed-ended yes/no questions.
- Organize information so that the most important points stand out and repeat this information.
- Reflect the age, cultural, ethnic and racial diversity of patients.
- For LEP patients, provide information in their primary language.
- Improve the physical environment in your office by using lots of universal symbols.
- Offer assistance with completing health-care forms.



If you have questions concerning today's session, please submit to [providers@arkansastotalcare.com](mailto:providers@arkansastotalcare.com).

In the subject, line enter **Cultural Competency Training.**



Thank you for joining today's  
session.

You will receive a survey via email which will  
include a Knowledge Check.

It is important that each attendee completes a  
survey and submit their responses.