



Cultural competency and patient engagement



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Cultural competency

We are committed to cultural competency

- As a contracted healthcare provider with Anthem Blue Cross (Anthem), our expectation is for you and your staff to gain and continually increase your knowledge of, and ability to support, the values, beliefs, and needs of diverse cultures.
- This results in effective care and services for all people by taking into account each person's values, reality conditions, and linguistic needs.

What is culture?

Culture refers to integrated patterns of human behavior, including 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.



Adapted from: U.S. Department of Health and Human Services, Office of Minority Health, <http://minorityhealth.hhs.gov>.



**Culture is not only
learned — It is shared,
adaptive and
constantly changing.**

Individual culture

- Each individual's culture:
 - Is a unique representation of the variation that exists in larger culture.
 - Is learned as one grows up.
 - Is shaped by the power relations within one's 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.

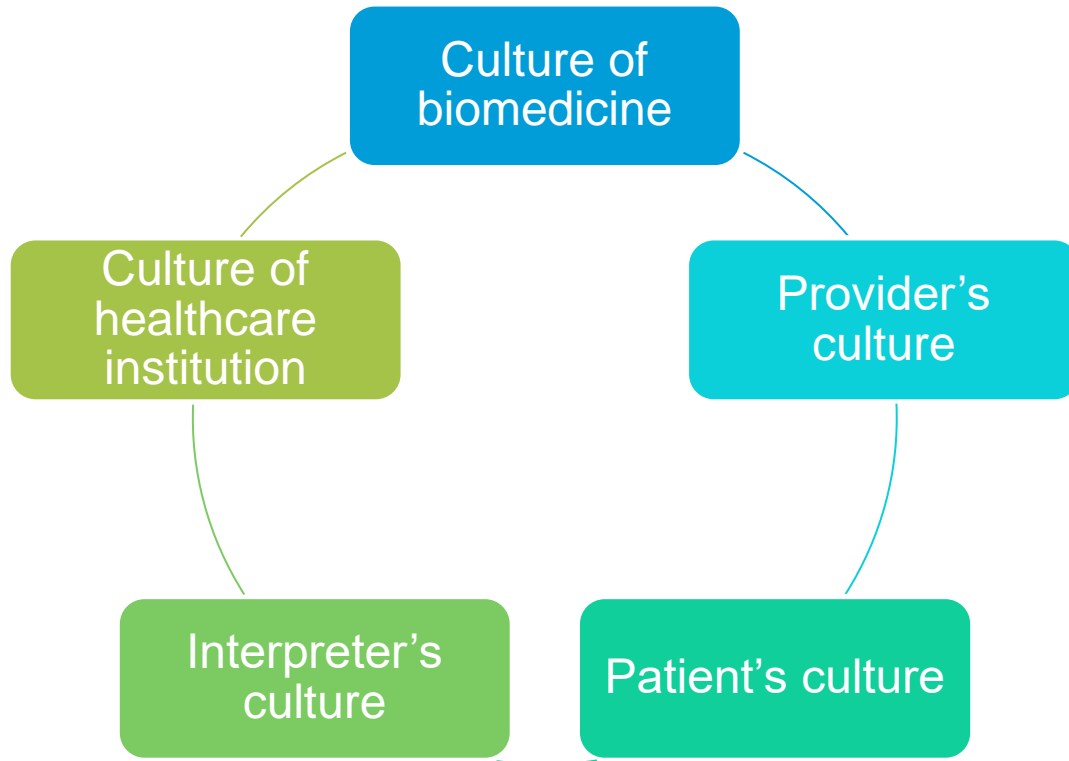
Adapted from: U.S. Department of Health and Human Services, Office of Minority Health, <http://minorityhealth.hhs.gov>.

Individual culture (cont.)

An individual's culture is present in every healthcare encounter.

- Our view of illness and what causes it
- Our attitudes toward doctors, dentists and other healthcare providers
- When we decide to seek our healthcare provider
- Our attitudes about seniors and those with disabilities
- The role of caregivers in our society

The healthcare encounter



Because each individual brings their cultural background with them, there are many cultures at work in each healthcare visit.

How does culture impact the care provided?

Culture informs us of:

- Concepts of health and healing.
- How illness, disease, and their causes are perceived.
- The behaviors of patients who are seeking healthcare.
- Attitudes toward healthcare providers.



Importance of cultural differences in healthcare settings

- Cultural factors may influence the way individuals:
 - Define and evaluate situations.
 - Seek help for problems.
 - Present their problems, situations, and information to others.
 - Respond to interventions and service plans.
- Cultural awareness helps you modify your behaviors to respond to the needs of others while maintaining a professional level of respect and objectivity.

Adapted from: U.S. Department of Health and Human Services, Office of Minority Health, <http://minorityhealth.hhs.gov>.

Reasons to increase your cultural competency awareness

- The perception of illnesses, diseases, and their causes varies by culture.
- The belief systems related to health, healing, and wellness are as diverse as the populations we serve.
- Culture and socioeconomic concerns influence help-seeking behaviors and attitudes toward healthcare providers and services.
- Individual preferences affect traditional and nontraditional approaches to healthcare.
- Healthcare providers from culturally and linguistically diverse groups are under-represented in the current delivery system.

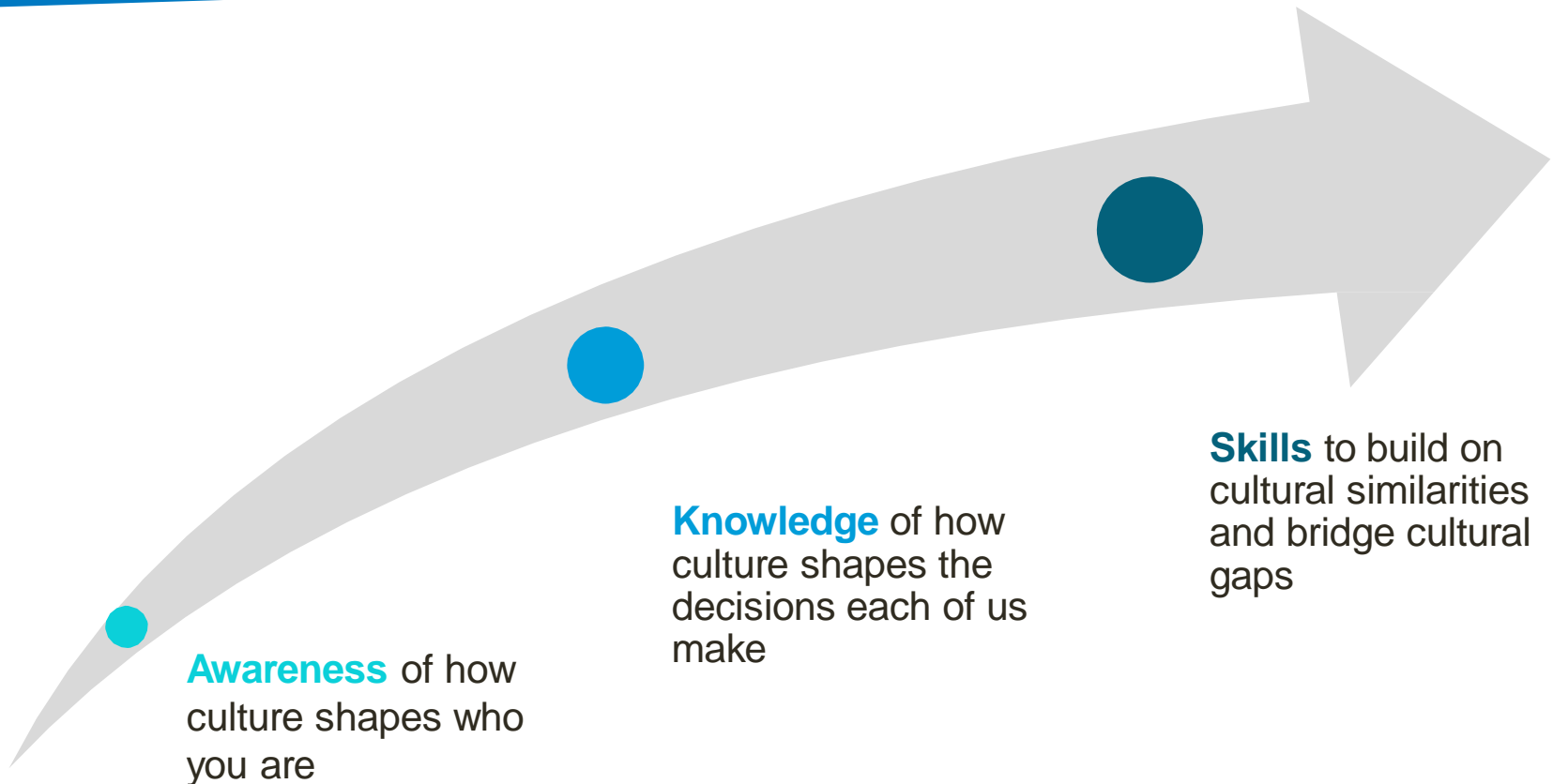
Adapted from: U.S. Department of Health and Human Services, Office of Minority Health, <http://minorityhealth.hhs.gov>.

Impact of increasing your cultural competency awareness

- You have a profound, positive impact on the quality of interactions with your patients by:
 - Acknowledging their varied behaviors, beliefs, and values.
 - Incorporating those variables into their assessments, interactions, and treatments.
- Each patient's ability to communicate symptoms and adhere to recommended treatments improves in direct relation to your level of cultural competency and awareness.

Adapted from: U.S. Department of Health and Human Services, Office of Minority Health, <http://minorityhealth.hhs.gov>.

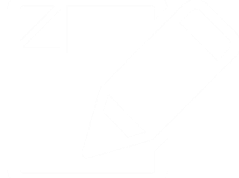
Building cultural engagement with your patients is a process



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 toward 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, and 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 and treatment | Flexibly adapts communication and interactions to different cultural situations; can negotiate culture-based conflicts in beliefs and perspectives |
| Practice perspective | Believes one approach fits all patients; no <i>special treatment</i> | 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 |



Clear communication: the foundation of culturally competent care

Did you know?

- Asian Americans are the fastest growing racial and ethnic group in the United States, increasing 81% from 2000 to 2019. (Pew Research 2019)
- 22% of people speak a language other than English at home. (Center for Immigration Studies [CIS] 2019)
- Of those who speak a foreign language at home, 45% were born in the United States. (CIS 2019)
- Languages with more than one million people who speak it at home include Spanish, Chinese, Tagalog, Vietnamese, Arabic, French, and Korean. (CIS 2019)

As of 2019, almost half of states in the United States had increase in foreign language speakers (CIS 2019)

Benefits of clear communication



- Safety and adherence
- Physician and patient satisfaction
- Office process



- Time and money
- Malpractice risk medical
- Errors reduces costs

Barriers of communication

| | |
|--|--|
| Linguistic | Speech patterns, accents, or different languages may be used. |
| Limited experience (healthcare concepts and procedures) | Many people are getting healthcare coverage for the first time. |
| Cultural | Each person brings their own cultural background and frame of reference to the conversation. |
| Systematic | Health systems have specialized vocabulary and jargon. |

Our personal culture includes what we find meaningful — beliefs, values, perceptions, assumptions, and explanatory framework about reality. These are present in every communication.

Clear communication

What patients wish their healthcare team knew:

- When I tell you I forgot my glasses, it is because I am ashamed to admit I don't read very well.
- I don't know what to ask, and I am hesitant to ask you.
- When I leave your office, I often don't know what I should do next.
- I'm very good at concealing my limited reading skills.

What your team can do:

- Use a variety of instruction methods.
- Encourage open-ended questions and use Ask Me 3[®]. [Ask Me 3: Good Questions for Your Good Health | IHI - Institute for Healthcare Improvement](#)
- Use the Teach Back or Show Me method. [Teach Back | Health Literacy \(ihs.gov\)](#)
- Use symbols and color on large print direction or instructional signs.
- Create a shame-free environment by offering assistance with materials.

Clear communication (cont.)

What patients wish their healthcare 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 am confused about risk and information given in numbers like percent or ratios and don't know what I should do.

What your team can do:

- Explain how to use the medications that are being prescribed.
- Use specific, clear, and plain language on prescriptions.
- Use plain language to describe risks and benefits and avoid using just numbers.

Clear communication (cont.)

What patients wish their healthcare team knew:

- I am more comfortable waiting to make a healthcare decision until I can talk with my family.
- Sometimes, I am more comfortable with a doctor of my same gender.
- It is important for me to have a relationship with my doctor.
- I use complementary and alternative medicine and home remedies, but I don't think to tell you.

What your team can do:

- Office staff should confirm decision-making preferences during scheduling.
- Spend a few minutes building rapport at each visit.
- Ask about the use of complementary medicine and home remedies.

Clear communication (cont.)

What patients wish their healthcare team knew:

- My English is pretty good, but I need an interpreter at times.
- Some days, it's harder for me to speak English.
- 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.

What your team can do:

- Office staff should confirm language preferences during scheduling.
- Consider offering an interpreter for every visit.
- Match the volume and speed of the patient's speech.
- Mirror body language, position, and eye contact.
- Ask the patient if they're unsure.

Using professionally trained interpreters

Do...

- Inform the patient that using family members and minors as interpreters is highly discouraged.
- Choose an interpreter who meets the needs of the patient; consider age, sex, and background.
- Hold a brief introductory discussion with the interpreter to introduce yourself, and give a brief nature of the call/visit.
- Reassure the patient about your confidentiality practices.

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.

Using professionally trained interpreters (cont.)

Do:

- Be prepared to pace your discussion with the patient to allow time for interpretation.
- Be aware in some languages, it may take longer to explain a word or a concept.
- Face and speak directly to the patient, not the interpreter, using a normal, clear voice.
- Speak in the first person and in concise sentences.

Use the Teach Back method* even during an interpreted visit.

It will give you confidence that your patient understood your message.

* [Teach Back | Health Literacy \(ihs.gov\)](https://www.hhs.gov/health-literacy/teach-back/)

Using professionally trained interpreters (cont.)

Do:

- Be sensitive to appropriate communication standards.
- Be aware of the cultural context of body language for yourself and the patient.

Don't:

- Interrupt during interpretation.
- Speak too loud or too fast.
- Ask or say anything you don't want the patient to hear.

To find out what language assistance services are available for our members, please refer to your provider manual or contact Provider Services at **800-407-4627** (outside L.A. County) or **888-285-7801** (inside L.A. County).

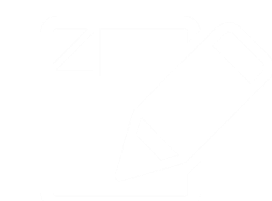
Sources

Culture and cultural competency:

- U.S. Department of Health and Human Services, Office of Minority Health, <http://minorityhealth.hhs.gov>.

Clear communication: the foundation of culturally competent care:

- “Better communication, better care: Provider tools to care for diverse populations,” Health Industry Collaboration Effort, Inc. (July 2010), http://www.iceforhealth.org/library/documents/ICE_C&L_Provider_Tool_Kit.10-06.pdf.
- “A physician's practical guide to culturally competent care,” U.S. Department of Health and Human Services, Office of Minority Health, <https://cccm.thinkculturalhealth.hhs.gov/>.
- Weiss, B. D. Health literacy and patient safety: Help patients understand; Manual for clinicians (2nd edition) (Chicago: American Medical Association Foundation, 2007), [Health literacy and patient safety: Help patients understand \(partnershiphp.org\)](http://partnershiphp.org).
- “Ask Me 3 Good Questions for Your Good Health,” National Patient Safety Foundation, <https://www.ihf.org/resources/Pages/Tools/Ask-Me-3-Good-Questions-for-Your-Good-Health.aspx>.



Disability competency

Laws and regulations

The *Americans with Disabilities Act (ADA)* is divided into five titles (or sections) relating to different areas of public life:

| Section: | Topic/area addressed: |
|-----------|--|
| Title I | Employment practices of private employers with 15 or more employees, state and local governments, employment agencies, labor unions, agents of the employer, and joint management labor committees |
| Title II | Programs and activities of state and local government entities |
| Title III | Private entities that are considered places of public accommodation |
| Title IV | Telecommunications |
| Title V | Miscellaneous |

Requirements for healthcare providers

Title II and Title III of the *ADA* and Section 504 of the *Rehabilitation Act of 1973* require that medical care providers offer individuals with disabilities — including visual impairment — the following:

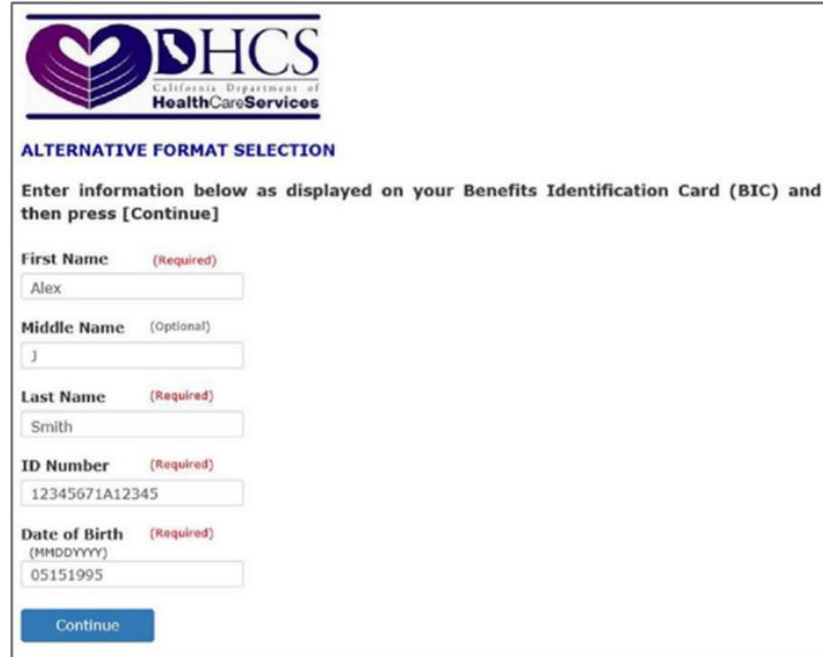
- Full and equal access to their healthcare services and facilities
- Reasonable modifications to policies, practices, and procedures when necessary to make healthcare services fully available to individuals with disabilities unless the modifications would fundamentally alter the nature of the services (in other words, alter the essential nature of the services)
- Accommodations to the communication needs of members with disabilities, including members' authorized representative (AR) and facilitation of Alternative Format (AF) requests for Braille, audio format, large print (no less than 20-point Arial font), and accessible electronic format, such as a data CD, as well as requests for other appropriate auxiliary aids and services.

Requirements for healthcare providers (cont.)

Providers will be required to enter any new member AF selections (AFS) that they receive at the time of the request through the DHCS AFS online screens or by calling the AFS Helpline or our Customer Care Center:

- To enter the member's selection into the AFS online screens, use the following web link and follow the prompts: <https://afs.dhcs.ca.gov/>
- When entering member's full ID, to satisfy the 14-digit requirement, please enter 12345 or 11111. If needed, please refer to the sample below or refer to the instructions using the following link:
<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2022/Alternative-Format-Selection-Application-User-Guide.pdf>

Requirements for healthcare providers (cont.)

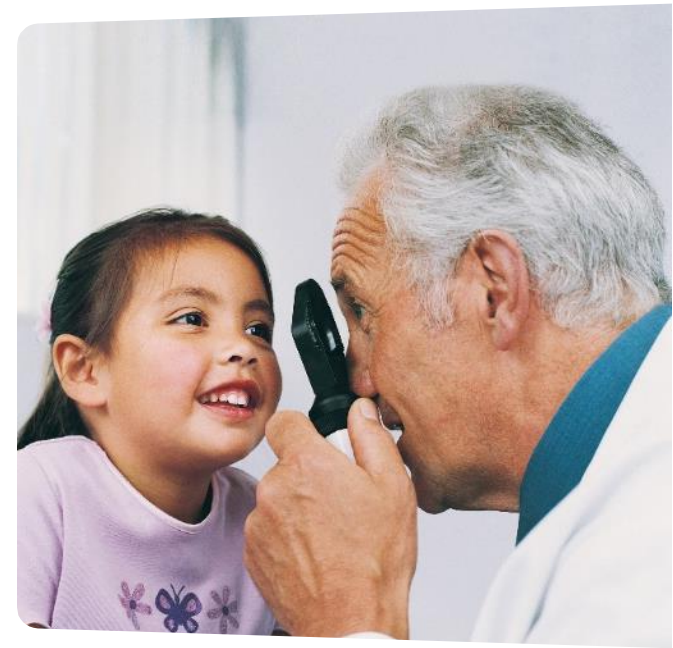


The screenshot shows a web form for the California Department of Health Care Services (DHCS). At the top left is the DHCS logo, which consists of a stylized heart shape made of three overlapping hands, followed by the text 'DHCS California Department of Health Care Services'. Below the logo is the heading 'ALTERNATIVE FORMAT SELECTION'. Underneath is the instruction: 'Enter information below as displayed on your Benefits Identification Card (BIC) and then press [Continue]'. The form contains five input fields: 'First Name (Required)' with the value 'Alex', 'Middle Name (Optional)' with the value 'J', 'Last Name (Required)' with the value 'Smith', 'ID Number (Required)' with the value '12345671A12345', and 'Date of Birth (Required) (MMDDYYYY)' with the value '05151995'. At the bottom of the form is a blue button labeled 'Continue'.

- To utilize the AFS Helpline, call **833-284-0040** and provide the member's selection.
- For our Medi-Cal Customer Care Centers, please call **800-407-4627** (Outside L.A. County) or **888-285-7801** (Inside L.A. County).
- For L.A. Care only: **888-285-7801**

ADA and healthcare providers

From the first contact a member has with your office, the staff should be knowledgeable about not refusing services, providing separate or unequal access to healthcare services to any individual with a disability, and avoiding giving the appearance of discriminating against any person.



Accessibility in healthcare settings

Providing full and equal access to those with disabilities includes:

- Removing physical barriers.
- Providing a means for effective communication with those who have vision, hearing, or speech disabilities.
- Making reasonable modifications to policies, practices, and procedures.



Accommodations for those with disabilities

You must deliver services in a manner that accommodates the needs of members by:

- Providing flexibility in scheduling.
- Providing interpreters or translators for members who are deaf or hard of hearing.
- Having an understanding of disability-competent care.
- Ensuring individuals with disabilities and their companions are provided with reasonable accommodations to ensure effective communication (including auxiliary aids and services).
- Having accessible facilities.
- Providing reasonable modifications/accommodations.

Reasonable modifications and accommodations

Reasonable modifications and accommodations depend on the particular needs of the individual and include:

- Ensuring safe and appropriate access to buildings, services, and equipment.
- Allowing extra time for members to:
 - Dress and undress.
 - Transfer to exam tables.
 - Speak with the practitioner to ensure the individual is fully participating and understands the information.

Linguistic services

You must be responsive to the linguistic, cultural, and other unique needs of members with disabilities and special populations, including the capacity to communicate with members in languages other than English and with those who are deaf, hard of hearing, or blind.

Guidelines around communicating with a member with a disability:

- You cannot rely on a minor to facilitate communication.
- You cannot require patients to bring another person to interpret.
- An accompanying adult can be relied on to facilitate communication if it is an emergency, or the patient requests it and the accompanying adult agrees. This arrangement must also be appropriate for the circumstances (*28 CFR, Section 36.303*).

Alternate formats are required

- Under *Title II* of the *ADA* and *Section 504*, federally conducted and assisted programs along with programs of state and local government are required to make their programs accessible to those with disabilities as well as provide effective communication.
- Effective communication means to communicate with those with disabilities as effectively as communicating with others.
- Alternative communications that support a patient encounter include sign language interpreters, tactile interpreters, and captioning and assisted-listening devices.

Resources to support disability-competent care

- Disability-Competent Care Self-Paced Training Assessment Review Tool (DCC-START) — a free resource to assist health plans, systems, and provider organizations in strengthening their efforts to provide more integrated, coordinated care to members with disabilities by:
 - Assessing the disability competence of training materials.
 - Identifying opportunities for training augmentation and enhancement informed by the DCC-START model.
 - Offering a tailored selection of additional resources to enhance the effectiveness and completeness of the organization’s disability training materials.
- Visit <https://resourcesforintegratedcare.com> to access the DCC-START and accompanying user, technical and resource guides.
- Visit [the Disability Etiquette publication](#) for tips on interacting with people with disabilities from the United Spinal Association.



**Additional resources
to support the delivery
of culturally and
linguistically
appropriate services**

Culturally and Linguistically Appropriate Services (CLAS) standards

- Anthem is committed to cultural competency. We have adopted all 15 CLAS standards in healthcare to ensure all members who enter the healthcare system receive equal, quality, and effective treatment:
 - You can review the CLAS standards at <https://www.thinkculturalhealth.hhs.gov/clas>.
- We actively recognize and understand the roles age, culture, ability, socioeconomic status, and ethnicity play in the lives of our members to ensure equal and effective access to healthcare, support systems, and community services.

Caring for Diverse Populations Toolkit

- Anthem offers an additional resource to help you and your office staff enhance care for your diverse patient panel.
- The *Caring for Diverse Populations Toolkit* is a comprehensive resource designed by and for healthcare professionals.
- Please go to <https://providers.anthem.com/ca> your plan's provider website to access this resource.



Caring for Diverse Populations Toolkit (cont.)

The following topics are covered in the toolkit:

- Improving communications with a diverse patient-base.
- Tools and training for your office in caring for a diverse patient-base.
- Resources to communicate across language barriers.
- How cultural background impacts healthcare delivery.
- Regulations and standards for cultural and linguistic services.
- Resources for cultural and linguistic services.



Cultural competency training course evaluation

Your feedback is important. Please complete a brief evaluation so Anthem can:

- Identify who has completed the training. Be sure to include your name and NPI number in the evaluation.
- Learn more about your experience with the training.
- Identify ways to improve our offering.

The survey will take two to five minutes to complete. Thank you in advance for your time!

[Cultural competency training course evaluation](#)



<https://providers.anthem.com/ca>

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Cultural Competency and Disability Sensitivity Training Attestation

I, _____, have completed the
Print name

Cultural Competency and Disability Sensitivity training.

Signature: _____

Date: _____

*Please email your signed Cultural Competency and Disability Sensitivity Training Attestation to
CACulturalLinguisticServicesInbox@elevancehealth.com.*