

Cultural Competency Training

Effective January 2022

The right choice
for **you**
Plan On It.



1110 Main Street, Wheeling, WV 26003

Training Agenda

- 
- Cultural Competence
 - Language Competence
 - Sexual & Gender-Based
 - Social Determinants of Health
 - Ageism
 - Learning Cultural Competence
 - Resources

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Cultural Competence

The Basics

Cultural Competence Expectations



The **West Virginia Bureau for Medical Services (BMS)** and **West Virginia Children's Health Insurance Program (WVCHIP)** requires that services provided to Medicaid/WVCHIP enrollees be provided in a culturally competent manner.

The **Centers for Medicare and Medicaid Services (CMS)** states that Medicare Part C and Part D plans may not discriminate based on race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of health care, claims experience, medical history, genetic information, evidence of insurability or geographic location.

Non-discrimination requirements include providing equal access to patients with limited English proficiency or limited reading skills.

Section 1557 of the Affordable Care Act (ACA) requires providers to provide free communication assistance to meet the special needs of their patients.

Culture and Health Care



Culture refers to the behaviors, language, customs, arts, morals, knowledge and beliefs of a particular group of people. This group could be of a national, racial, ethnic, religious, geographic, age-related, or other social nature.

Culture and language may influence:

- Health, healing and wellness belief systems
- How illness, disease and their causes are perceived
- The behaviors and attitudes of patients seeking health care
- How patients present their problems, situations and information to others
- How patients respond to interventions and care plans

Cultural Differences



Cultural differences can create confusion and misunderstandings:

- Innocent remarks or actions may unintentionally insult or anger a person from a different culture
- Failure to understand cultural differences can cause misunderstandings and create barriers to obtaining appropriate care
- Different cultures may be suspicious of medical techniques and/or approaches from other cultures and may fail to follow a prescribed treatment plan
- Individuals from certain cultures may hesitate to ask questions even when they don't understand

Cultural competence is the cornerstone of providing superior care for people of all cultures.

Cultural Competency



Cultural competency in healthcare is the ability of providers and organizations to effectively deliver healthcare services that meet the social, cultural and linguistic needs of patients.

Cultural competency is needed to:

- Respond to demographic changes in the United States
- Eliminate disparities in the health status of people based on racial, ethnic and cultural backgrounds
- Improve the quality of services and health outcomes
- Meet legislative, regulatory and accreditation mandates
- Create a competitive edge in the marketplace and decrease the likelihood of liability claims

Implicit Bias



Implicit bias is the unconscious application of attitudes, preferences, or stereotypes toward a group of people that impact our actions and decisions.

- Without realizing it, we all have hidden biases that influence our behavior.
- These biases are formed over time and are influenced by our background, our past experiences, and the things we see in the media.
- Implicit bias can be harmful. The actions and decisions that result from implicit biases can create real-world barriers to equity and disparities in health status and outcomes.

Imposing **your** understanding of a group's culture on an individual **you** believe falls within that group is the hallmark of implicit or unconscious bias.

Minimizing the Effects of Implicit Bias



How to minimize the impact of your implicit biases:

Become aware of your own biases. This will enable you to practice mindfulness and increase your empathy.

Have meaningful interactions with people who are different than you. Limited exposure to people who are different increases the likelihood that we will rely on stereotypes. Do not assume entire groups of people are the same. Take the perspective of the other person.

Limit factors that can cause us to rely more heavily on our unconscious biases. These factors include mental fatigue, distractions, time pressures, lack of sleep, and hunger.

Your level of cultural awareness and mindfulness of your own implicit biases helps you modify your behaviors to respond to the needs of others while maintaining a professional level of respect, objectivity and identity.

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Language Competence

Communication Barriers

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You must be able to communicate effectively with diverse audiences. This includes:

- Persons with limited English proficiency
- Persons with low health literacy skills
- Individuals with disabilities
- Individuals who are deaf or hard of hearing

For example, communication must be written in a manner that is understandable to the patient. For Medicaid patients, the information should be written at a sixth grade or lower reading level.

Language Competence



Providers must provide free communication assistance to meet the special needs of their patients. This includes:

- The use of an interpreter when communicating with a patient who speaks a non-English language
- The translation of important documents upon request
- The provision of large print materials for patients with limited eyesight
- The provision of materials written in simple language that is easy to understand
- The ability for a patient to talk to a representative to review materials and answer questions over the phone
- The ability of a deaf patient to use TTY services (711)

Providers are required to take reasonable steps to provide access to patients with disabilities or limited English proficiency.



Protections for Individuals with Limited English Proficiency

You are not permitted to:

- Use low quality video to provide interpretation services
- Rely on unqualified staff for translation services
- Rely on family members to translate except in urgent or emergency situations

For example, it is not appropriate to use an employee who completed two years of Spanish in high school to translate the request of a Spanish speaking patient.



Health literacy refers to the skills individuals need to find, understand, and use health-related information and services to actively participate in the health system and maintain good health. These skills can include the ability to read, write, communicate verbally, calculate numbers, and use health technology (such as a diabetes monitor or telehealth device).

Adults with low health literacy may experience:

- Higher health care costs
- More hospital admissions and longer stays in the hospital
- More medication errors
- Poor compliance to treatment plans
- Reduced use of preventive services
- More use of emergency services
- Higher mortality

It is important that providers help patients improve their health literacy to make informed decisions about their health care and improve their outcomes.

Recognizing Low Health Literacy



Those most at risk of low health literacy are:

- The elderly
- Those with low education or socioeconomic status (SES)
- patients with low English proficiency or non-native speakers of English
- Those receiving publicly financed health coverage or other SES assistance (Mountain Health Trust or dual-eligible members)

The following may be warning signs of low health literacy:

- Missed appointments or failure to complete forms
- Inability to name medications or explain why they are taking them
- Identifying pills by describing their shape and color instead of using the drug name
- Giving poor or incoherent medical histories
- Lack of follow through on tests or interventions
- Shifting blame to excuses like “I forgot my glasses” or “I am too tired to read this now” when asked to discuss written materials

Don't assume these actions indicate a lack of interest – they may instead indicate someone who would benefit from additional support.

As many as 90 million Americans are estimated to have low health literacy.

Improving Health Literacy



What can you do to support health literacy?

Communication is key to improving health literacy.

- Create a safe and respectful environment during patient encounters.
- Use speech that is easy to understand. Speak slowly and limit your content to key points.
- Use words that are simple and familiar. Avoid the use of medical jargon.
- Use pictures, tools or interactive media when possible.
- Use open ended questions to facilitate discussion. Encourage patients to ask questions.
- Try to confirm patient understanding by asking the patient to repeat what they heard about the information you shared.

You should assume every patient may have difficulty understanding health care information and you should offer support and encouragement in a safe and respectful manner.

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Sexual & Gender-Based

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Gender Identity Terminology



Basic Terminology

Sexual Orientation	How people locate themselves on the spectrum of attraction. It is important to note that sexual orientation describes attraction and is not the same as gender identity or gender expression.
Gender Identity	One's basic sense of themselves as being male, female, or non-binary, identifying as a combination of both male and female, neither male nor female, or outside these categories altogether. Gender identity can be congruent or incongruent with one's sex assigned at birth based on the appearance of external genitalia.
Gender Expression	Characteristics in appearance, personality, and behavior, culturally defined as masculine or feminine.
Gender-Expansive	Individuals who do not conform to their culture's expectations for males or females. Being transgender is one way of being gender-expansive, but not all gender-expansive people are transgender.
Non-Binary	Individuals who don't identify as male or female. Often use they/them/their pronouns.

Terminology for Sex Assigned at Birth

Assigned Male at Birth (AMAB)	Individuals believed to be male when born and initially raised as male.
Assigned Female at Birth (AFAB)	Individuals believed to be female when born and initially raised as female.
Intersex	Individuals whose anatomy develops differently than typical for either males or females.

Sexual Orientation & Gender Identity Terminology

Basic Terminology

- LGBTQAI+ An umbrella term that generally refers to a group who are diverse regarding their gender identity, gender expression and/or sexual orientation.
- **Lesbian:** A woman who is emotionally, romantically or sexually attracted to other women.
 - **Gay:** A person who is emotionally, romantically or sexually attracted to the same gender.
 - **Bi-sexual:** A person emotionally, romantically, or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or degree.
 - **Transgender:** Adults and children whose gender identity or gender expression doesn't match their sex assigned at birth. Includes transgender women/girls, transgender men/boys and non-binary people.
 - **Transgender Men/Boys:** Individuals assigned female at birth who identify and express themselves as male.
 - **Transgender Women/Girls:** Individuals assigned male at birth who identify and express themselves as female.
 - **Queer:** A term people often use to express fluid identities and orientations.
 - **Asexual:** The lack of a sexual attraction or desire for other people.
 - **+**: All other sexualities, sexes, and genders that aren't included in these few letters.

A person's gender identity or gender expression is separate and distinct from their sexual orientation.
A transgender person can identify as straight, gay, lesbian, bisexual, or other sexual orientation.

Don't Know? Ask!



The term “misgendering” refers to the intentional or unintentional use of language in reference to any person that is inconsistent with their gender identity. Even unintentional misgendering can cause a feeling of stigma that negatively impacts the person’s sense of self and their confidence. It is appropriate to respectfully ask questions to avoid misgendering:

What pronouns do you use?

They/Them/Their – or – He/Him/His – or – She/Her/Hers

Is there another name you would like me to use?

With what gender do you identify?

- Pay attention to and mirror the patient’s language when they refer to themselves and loved ones.
- Refer to “relationship status” in place of “marital status.”
- Don’t impose your perceptions. Many LGBTQAI+ people don’t fit stereotypes.
- These patients have a unique set of challenges in society and may or may not want medical interventions.
- Understand that being open about their sexuality is not the same as expressing attraction to you.

Gender Nonconformity ≠ Gender Dysphoria



Gender nonconformity:

The extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex.

Gender dysphoria:

A clinical diagnosis of psychological distress or discomfort that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth.

Gender Nonconformity Is Not the Same as Gender Dysphoria

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Social Determinants of Health

Impact on Care

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Social determinants can impact a patient's care. Social determinants include:

- **Social factors** that may impact freedom from racism and other forms of discrimination
- **Economic challenges**, such as job opportunities and food security
- **Physical environment**, including access to housing, safety, transportation and health care
- **Psychosocial concerns** that may lead to social isolation due to lack of social networks and civic engagement
- **Psychological well-being** that leads to self-esteem and hopefulness

Social Determinants of Health



Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social Integration	Health Coverage
Income	Transportation	Language	Access to Healthy Options	Support Systems	Provider Availability
Expenses	Safety	Early Childhood Education		Community Engagement	Provider Linguistic and Cultural Competency
Debt	Parks	Vocational Training		Discrimination	Quality of Care
Medical Bills	Playgrounds	Higher Education			
Support	Walkability				

Social Determinants of Health



Examples of how social determinants can impact care:

A patient may not be obtaining preventive care like regular mammograms. When asked why the services are not complete, it is found that the patient does not have reliable transportation to the hospital.

A patient may be non-adherent to a prescribed drug therapy. When questioned, it is found that the patient is unable to pay for his prescription drug co-payments.

A patient's recovery from knee replacement surgery is not progressing well as the wound is not healing. When asked about his diet, it is discovered that his income is limited and no one is available to do the shopping. These concerns have resulted in food insecurity thus hindering the healing process.

Social Determinants of Health



How to address social determinant challenges of patients:

- Complete an assessment which evaluates concerns surrounding disparities, including employment, social activities, transportation availability, food insecurity, etc.
- Incorporate a social determinants of health assessment as part of the patient intake process.
- Utilize publicly available data from the U.S. Census Bureau and other resources to develop risk scores related to the social determinants of health for each patient to provide guidance on high-risk concerns.
- Work with resources in the community, including Findhelp.org, to provide support and services to those identified as having, or at risk for, health disparities.

Findhelp.org is a non-profit public benefit corporation that provides human services information solutions. It provides an open access on-line search engine for a network of verified community providers using referral and collaboration tools specific to a patient's zip code.

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Ageism

Why it matters



Ageism is the specific use of negative and/or derogatory images to discriminate against a certain population group:

“Grumpy,” “frail” and “sick” are words sometimes used to describe the elderly. These stereotypes may be perpetuated by negative images in film and on television that lump all elderly persons together as a single category.

Ageism can result, for example, in the following:

- The perception that older adults are a burden to family members
- Difficulty for an older adult to gain or maintain employment
- Limitations in access to health care as a result of physicians reluctant to treat complex health conditions and the complexity of the Medicare system
- The perception that older adults are a social burden

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Learning Cultural Competence

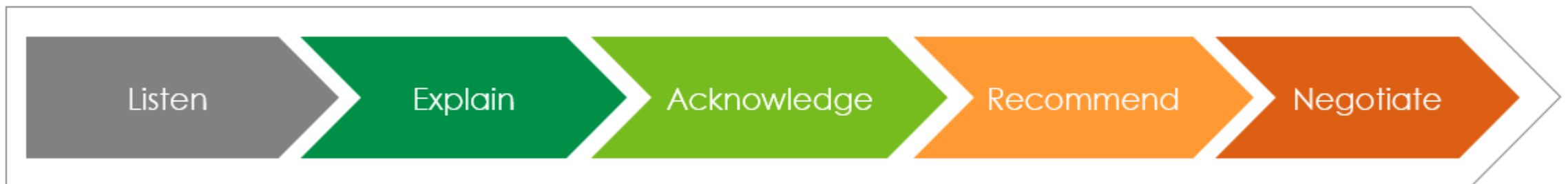
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CLAS was developed by the U.S. Department of Health and Human Services to guide providers of health care. These standards include six basic steps:

- 1) Recognize and accept that all types of cultures have a profound influence on our lives.
- 2) Be aware that oppression is pervasive in our society and that it is part of our history and affects our relationships.
- 3) Understand that cultural differences exist and learn to accept and respect what we may not always understand.
- 4) Accept that we cannot know everything about other cultures, and never will.
- 5) Commit to learn about the groups and patients that we serve and those with whom we work in every way possible.
- 6) Identify and confront personal resistance, anger and fear as we seek to gain insight and knowledge about a particular culture or group.

Berlin and Fowkes designed the LEARN system for conducting a cultural assessment:

- **L**isten to the patient's perception of his or her presenting problem.
- **E**xplain your perception of the patient's problem to determine if it is physiological, psychological, spiritual and/or cultural.
- **A**cknowledge the similarities and differences between the patient's perceptions and your perceptions.
- **R**ecommend – Recommendations are built upon the knowledge gained from the first three steps. Culture may affect the recommendations, and the patient must be involved in this process.
- **N**egotiate – In some instances, the patient may require negotiating a treatment plan. Healthcare workers must be sensitive to the cultural practices of each patient.



Pillars to Build Cultural Competency

Knowledge

Seek information on shared traditions and values of each cultural group

Attitude

Develop a level of awareness in yourself and your patients with respect to stereotypes, rules of interaction and communication customs

Skills

Develop a skill set to increase your cultural competency, such as focusing on communication and conflict resolution

Cultural competence requires consistency and practice:

- Ask questions and learn what answers mean in different cultures
- Use clear, descriptive communication
- Keep an open mind
- Be aware of situations in which you may portray a lack of sensitivity
- Seek out colleagues and peers of different cultures to learn more about interacting and respecting differences

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Resources

Resources



- How to Strengthen Cultural Competence in Nursing Practice:
<https://www.masmedicalstaffing.com/2018/02/13/cultural-competence-in-nursing-practice/>
- National CLAS Standards:
<https://thinkculturalhealth.hhs.gov/clas>
- Enhancing Cultural Competence in Social Service Agencies: A Promising Approach to Serving Diverse Children and Families:
https://www.acf.hhs.gov/sites/default/files/opre/brief_enhancing_cultural_competence_final_022114.pdf
- Cultural Competence:
<https://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Competence/>
- THP's [Language Access and Non-Discrimination Plan](#)
- Findhelp.org: https://www.findhelp.org/?ref=company_subdomain

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