



A Public Agency

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Cultural Competency

Learning Objectives

- After completing the course you will understand:
 - The variety of cultural groups in CalOptima's service area
 - Services that promote equal access to health care services and are responsive to a member's cultural and linguistic needs.
 - The meaning of cultural competent care.

Course Content

- Terms and Definitions
- Orange County Culture and Demographics
- Regional Cultural & Linguistic Needs
- Elements & Components of Culture
- Cultural Competence
- Pillars of Cultural Competency
- Solutions To Reduce Racial & Ethnic Disparities
- Trauma-Informed Approach
- Available Resources

Note: Content of this course was current at the time it was published. As Medicare policy changes frequently, check with your immediate supervisor regarding recent updates.

Cultural Competency

Objectives:

- Identify members with potential cultural or language needs where alternate communication methods are needed
- Use informational materials that are culturally sensitive
- Determine that appropriate processes and tools are available to support communication and remove barriers
- Ensure persons interacting with CalOptima members have an understanding of how culture and language may influence health

Terminology

Definitions:

- **Race:** any of the different varieties or populations of human beings distinguished by physical traits such as hair color and texture, eye color, skin color or body shape.
- **Ethnic:** a group having a common cultural heritage or nationality, as distinguished by customs, language, common history, etc.
- **Culture:** the ideas, customs, skills, arts, etc. of a people or group, that are transferred, communicated, or passed along, as in or to succeeding generations

Webster's New World College Dictionary, Fifth Edition

Total U.S. Population = 308.7 Million

United States		
White (Non-Hispanic)	196.8 million	63.7%
Latino/Hispanic	50.4 million	16.3%
African American	38.9 million	12.6%
Asian American	17.3 million	5.6%
American Indian/ Alaska Native	5.2 million	1.7%
Native Hawaiian and other Pacific Islander	1.2 million	.4%

U.S. Census Bureau, 2010

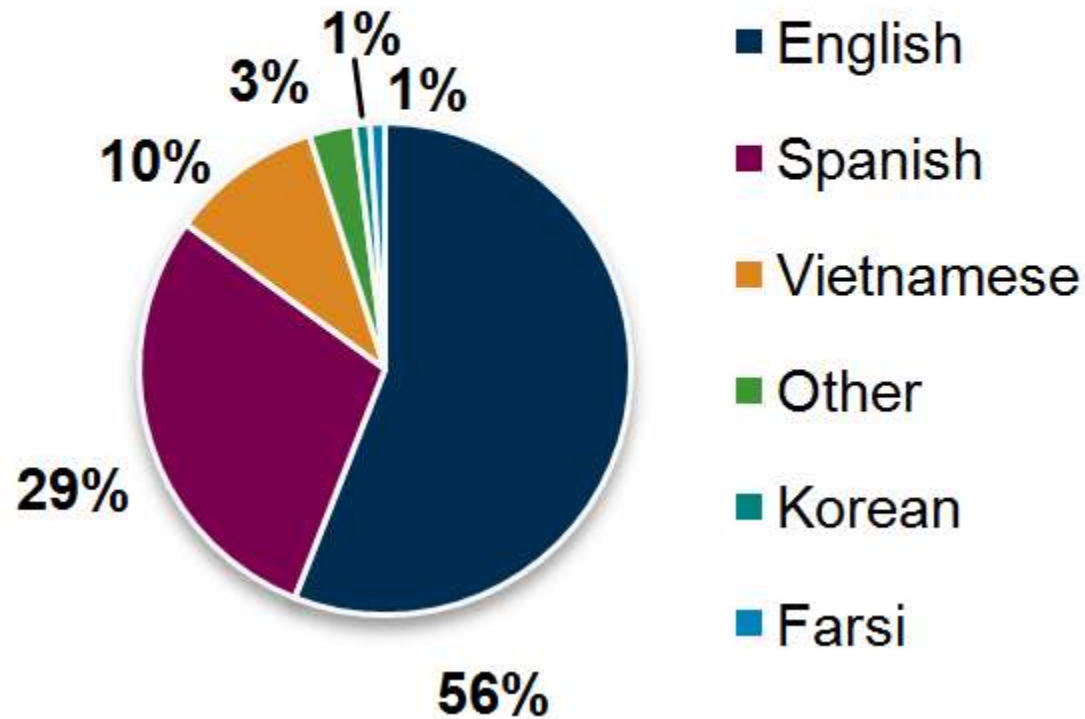
Orange County Population = 3 Million

	Orange County		California
White (Non-Hispanic)	1.3 million	44.1%	40.1%
Latino/Hispanic	1.0 million	33.7%	37.6%
Asian American	0.54 million	17.9%	13.0%
African American	0.05 million	1.7%	6.2%
American Indian/ Alaska Native	0.02 million	0.6%	1.0%
Native Hawaiian and other Pacific Islander	0.003 million	0.3%	0.4%

U.S. Census Bureau, 2010

Languages of CalOptima Members

Languages Spoken (All Programs)



Based on CalOptima membership data as of October 31, 2017

Regional Cultural & Linguistic Needs

Orange County has unique cultural needs in each of the four regions.

- North county serves a large Hispanic and Vietnamese population.
- Central county serves a primarily Hispanic population.
- West county serves a large Vietnamese community.
- South county has an emerging Middle Eastern community.
- CalOptima's threshold languages are English, Spanish, Vietnamese, Farsi, Korean, Chinese and Arabic.

CalOptima Cultural & Linguistics department, 2015

Other Populations

- Veterans
- Lesbian, gay, bisexual, transgender
- Homeless

Homeless

- The National Center on Family Homelessness report in November 2014 estimated that one in every 30 American children were homeless between 2012 to 2013. Roughly 2.5 million children.
 - About 34% of homeless children are elementary to middle school age, and 51% are under age six.
- California ranked third highest state in the number of homeless children in the study period - 526,708 children

National Center on Family Homelessness, November 2014

Homeless (cont.)

- Orange County estimated count of homeless in 2015
 - 15,291
 - 5% increase since 2013
- Details:
 - Families with children: 37%
 - Adult only households: 63%
- Common contributors to homelessness include:
 - Poverty
 - Lack of affordable housing and employment opportunities
 - Domestic violence
 - Health and mental health issues, including the effects of trauma

Orange County's 2015 Point in Time Count and Survey, January 2015

Implications

- Changing U.S. ethnic and racial demographics
- Definition and manifestations of health and mental health disparities
- Disparities in mental health status, care delivery, and treatment response
- Measures of cultural competence used as a guide in efforts to decrease or eliminate health disparities

National Quality Forum, Endorsement Summary: Healthcare Disparities and Cultural Competency Measures, 2012

Knowledge Check

1. Race is:
 - a) Common Language
 - b) Shape of eyes
 - c) Physical traits such as hair color and texture, eye color, skin color or body shape
 - d) Place of birth

2. Ethnic is a group having:
 - a) Common cultural heritage
 - b) Common nationality
 - c) Common language
 - d) Common history
 - e) All of the above

Knowledge Check (cont.)

3. Culture is:
 - a) Ideas, customs, skills, arts, etc. of a people or group
 - b) Civilization of a particular people or group
 - c) Place of birth of a particular people or group
 - d) All of the above

4. The third largest ethnic group in Orange County is:
 - a) Latino/Hispanic
 - b) Asian American
 - c) African American
 - d) Native Hawaiian and other Pacific Islander

Knowledge Check Answers

1. c) Physical traits such as hair color and texture, eye color, skin color or body shape
2. e) All of the above
3. a) Ideas, customs, skills, arts, etc. of a people or group
4. b) Asian American

Culture

An integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships and expected behaviors of a racial, ethnic, religious, social or political group; the ability to transmit the above to succeeding generations; is dynamic in nature.

National Center for Cultural Competence, 2006

Elements and Components of Culture

- Collective values, experience, beliefs — beliefs about health and health care, as well as behavioral styles
- Non-verbal communication
- Perspectives, world views, frames of reference
- Community motivation and social identification
- Cultural awareness
- Languages and dialect

Factors Influencing Culture

- Age
- Gender
- Socioeconomic status
- Ethnicity
- National origin
- Religion
- Geographical location
- Migration
- Sexual orientation
- Gender identity

Cultural Divide

- High likelihood of ethnic and cultural differences between health care providers and their members
- Disproportionate number of health care system and health care professionals to serve the increasing number of CalOptima members with diverse ethnic and racial backgrounds
- Lack of understanding about the importance of cultural and ethnic factors in health care

Ethnic and Racial Health Disparities

- Difference and inequalities among racial, ethnic, linguistic and cultural groups effect:
 - Risk and predisposition to disease
 - Disease prevalence, health status and diagnosis
 - Differences in quality of health care delivery
 - Health outcomes and mortality

Higher Death Rates

- African-Americans
 - Heart disease, stroke, breast cancer, lung cancer, prostate cancer, diabetes, infant mortality and HIV/AIDS
- Asian-Americans and Pacific Islanders
 - Tuberculosis, stroke and cervical cancer
- Hispanics
 - Diabetes, uncontrolled hypertension and HIV/AIDS
- American Indians and Alaskan Natives
 - Diabetes and infant mortality

Centers for Disease Control and Prevention 2013

Cultural Competence

What is cultural competence?

- The state of being capable of functioning effectively in the context of cultural differences
- A set of congruent skills, attitudes, policies and structures, which come together to enable a system or agency to work effectively in the context of cultural differences
- Attention to the dynamics of difference
- Continuing self-assessment regarding culture
- Acceptance and respect for differences
- Ongoing development of cultural knowledge and resources
- Dynamic and flexible application of service models to meet the needs of minority populations

Three Pillars of Cultural Competence

Language
Access Services

Culturally
Competent Care

Organizational
Support

All are designed to:

Develop attitudes that value and respect diversity

Enhance knowledge and awareness of beliefs, behaviors, and preventive health practices

Develop communication skills for members with diverse language needs, including sign language interpreter services

Develop the ability to address the health needs of CalOptima's diverse population

Language Access

A CalOptima member with a language preference other than English may need:

- A health care provider, physician assistant, nurse practitioner, social worker who speaks the language
- A professional interpreter
- A family member
- Appropriate in-language signage communicating the different services that are available

Language Services

- CalOptima members have the right to certain language services:
 - 24-hour access to no-cost interpreter (including American Sign Language, Telecommunications Device for the Deaf [TDD/TTY] or California Relay Services) at key points of contact
 - Customer Service call center
 - Provider settings (network capable of meeting diverse cultural needs, including many pharmacies that offer services in several languages)
 - Health Risk Assessment (HRA) and Interdisciplinary Care Team (ICT) meetings
- Notice of interpreter services is required
 - Provided via Member Handbook and other mechanisms
 - Posters and flyers at care sites and member orientation setting

Language Services (cont.)

- CalOptima has the responsibility to ensure effective communication
 - Member information and health education materials translated in the following languages:
 - Spanish
 - Vietnamese
 - Korean
 - Farsi
 - Chinese
 - Arabic
 - Members may request materials in alternative formats: braille, digital, audio or large print

Translated Materials

Multi-lingual settings and materials translated in the threshold languages are made available to members

- New member orientation group meetings
- Annual newsletter, with list of community resources
- CalOptima Member Handbook
- Explanations of Benefits (EOBs)
- Disclosure forms
- Provider listings or directories
- Marketing materials
- Form letters
- Preventive health reminders
- Member surveys

Written materials are translated at a sixth grade reading level or appropriate level determined by field testing

Ongoing Language Analysis

CalOptima monitors non-English speaking members ability to obtain health care services

Language Study Analysis and Areas of Improvement

- Language data from CalOptima providers and members are used to determine provider adequacy by language for non-English speaking members.
- Language standards for each threshold language are determined.
- A plan of action for health network or medical group with member to provider ratio at 500:1 and above is developed.

Culturally Competent Care

- Due diligence on member's background
 - Race, religion, preferred language support network, major pre- and post immigration trauma, etc.
 - Inquire about alternative / folk treatments
- Use a culturally appropriate course of inquiry
 - "Do you believe that it's your destiny to have this condition, or do you believe it's your destiny not to have this condition?"
 - "What have you done so far to treat your ailment (e.g., acupuncture, herbs, acupressure, etc.)?"

Culturally Competent Care (cont.)

- Be aware of body language (eg, verbal / nonverbal cues) while meeting with members.
 - Helps to reduce the members' bias / apprehension towards the doctor
- Embrace the significant role played by family members in the health of the individual.
- Do not discount culturally specific treatments if they do no harm.
- Provide simple questionnaires for members to fill in at the time of visiting the doctor.
 - Include questions describing physical symptoms vs actual ailments to elicit more open communications
 - Fosters dialogue and encourages members to ask more questions

8 Q's for Members

Explanatory Model (EM) of their illness

(by Arthur Kleinman):

1. What do you call your problem?
2. What has caused it?
3. Why do you think it started when it did?
4. What does it do to you?
5. How severe is it?
6. What do you fear most about it?
7. What are the chief problems it has caused you?
8. What kind of treatment do you think you should receive?

Organizational Support

CalOptima

Partners with community based physician and/or specialist clinics

Collaborates with community centers, community leaders, religious center within ethnic neighborhoods

Encourages offices to create bilingual maps showing the practice and its proximity to public transportation, major clinics, pharmacies, etc.

Organizational Support (cont.)

- CalOptima monitors and adheres to the Culturally and Linguistically Appropriate Services (CLAS).
 - Recommendations and standards disseminated by the Office of Minority Health of the U.S. Department of Health and Human Services (HHS)
- Encourage health care organizations to implement standards like CLAS
- Aid health care providers and health care organizations to deliver culturally competent care
 - Defined by the Office of Minority Health as the ability of health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by members to the health care encounter.

Potential Solutions to Reduce Racial and Ethnic Disparities

- Support capacity development
- Increase representation in research
- Promote outreach to and collaboration with communities
- Provide training in culturally appropriate care
- Establish cultural competence initiatives

Knowledge Check

1. CalOptima's threshold languages include:
 - a) English, Spanish, Vietnamese, Farsi and Korean
 - b) English, French and Spanish
 - c) English, Spanish
 - d) English, Spanish, Vietnamese, Farsi, Arabic, Korean and Chinese

2. CalOptima members have the right to certain language services.
 - a) True
 - b) False

Knowledge Check (cont.)

3. Factors influencing culture include:
 - a) Age and gender
 - b) Ethnicity and national origin
 - c) Religion and sexual orientation
 - d) All of the above, and more including socioeconomic status, geographical location, and migration

4. Ethnic and racial health disparities include:
 - a) Risk and predisposition
 - b) Disease prevalence, health status, and diagnosis
 - c) Health care difference in quality and health outcomes and mortality
 - d) All of the above

Knowledge Check (cont.)

5. Cultural competence is:
 - a) Being capable of functioning in the context of cultural differences
 - b) Speaking the same language
 - c) A set of congruent skills, attitudes, policies and structures that enable effectiveness
 - d) All of the above
 - e) a and c

6. The 3 main pillars of cultural competence are:
 - a) Compassion, being bi-lingual and open to diversity
 - b) Language access services, culturally competent care and organization support
 - c) Language access services, cultural awareness and a diverse provider network

Knowledge Check Answers

1. d) English, Spanish, Vietnamese, Farsi, Arabic, Korean and Chinese
2. a) True
3. d) All of the above, and more including socioeconomic status, geographical location, and migration
4. d) All of the above
5. e) a and c
6. b) Language access services, culturally competent care and organization support



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Introducing Trauma-Informed Approach

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

Trauma

- Due to medical, mental health conditions, disability, age and frailty, social isolation and/or poverty, CalOptima members may be vulnerable to trauma, abuse or neglect.
- Trauma defined:
 - Extreme stress brought on by shocking or unexpected circumstances or events that overwhelm a person's ability to cope
- Framework:
 - Trauma is caused by events and circumstances.
 - A person's experience or perception of an event determines if the event is traumatic.
 - The effects of trauma include adverse physical, social, emotional or spiritual consequences.

The Four “R’S:

- **Key Assumptions in an Informed Approach**

1. Realization

- Realize the widespread impact of trauma and understands the possible paths to recovery

2. Recognize

- Recognize the signs and symptoms of trauma in people

3. Respond

- Respond by integrating knowledge about trauma into policies, procedures and practices and work to actively...

4. Resist Re-traumatization

Trauma-Informed Approach

- Defined:
 - A flexible approach to building healing relationships among equals, based on a core set of values & principles
- Key principles:
 1. Safety
 2. Trustworthiness and transparency
 3. Peer support
 4. Collaboration and mutuality
 5. Empowerment, voice and choice
 6. Cultural, historical and gender issues

Trauma-Informed Approach (cont.)

- Applying the principles:
 - Strive to be culturally responsive
 - Give support that is non-judgmental
 - Be aware of own biases and prejudices
 - Communicate in a manner that is honest, direct, but respectful; open to other views

*We don't see things as they
are,
we see things as we are.
-Anais Nin*

Trauma-Informed Approach (cont.)

- Applying the principles: (cont.)
 - Focus on building resilience, self-healing, mutual support, and empowerment of the member
 - Needs are identified by member
 - Safety is defined by each member
 - “Safety“ generally means maximizing control over their own life
 - Members choose the help they want
 - Relationships are based on autonomy and connection
 - Help is collaborative and responsive
 - Ensure member voice, safety, autonomy, choice, trustworthiness, and the elimination of coercion in all interactions
- Incorporate knowledge about trauma-informed care in all aspects of service delivery

Source: Trauma-Informed Approach

Substance Abuse and Mental Health Services Administration
(SAMSHA)

SAMSHA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Knowledge Check

1. Which of the following is not a key principle of working with members using a trauma-informed approach?
 - a) Safety
 - b) Trustworthiness and transparency
 - c) Peer support
 - d) Collaboration and mutuality
 - e) Judgmental attitude
 - f) Empowerment, voice and choice
 - g) Cultural, historical and gender issues

Knowledge Check Answers

1. e) Judgmental attitude

Available Resources

- Schedule a language interpreter or American Sign Language interpreter:
 - Contact the member's assigned health network, if the member is in a health network
 - Call CalOptima's CalOptima Customer Service department
 - **1-1714-246-8500** or toll-free at **1-888-587-8088**
 - Or TDDTD/TTY users can call **1-800-735-2929**
- To request printed member or health education materials in alternate formats, contact CalOptima's Customer Service.

Authorities

- Title 9, Code of Federal Regulation, Section 1810.410 (f) (3)
- Title 45, Code of Federal Regulations, Section 84.52
- Title 42, Code of Federal Regulations, Section 422.112
- Centers for Medicare & Medicaid Services (CMS)
- Office of Minority Health, National Standards on Culturally and Linguistically Appropriate Services (CLAS)
- Medicare Managed Care Manual, Chapter 4

References

- OneCare Physician Medical group (PMG) Service Agreement
- CalOptima Three-Way Contract with Centers for Medicare & Medicaid Services (CMS) and the Department of Health Care Services (DHCS) for Cal MediConnect
- CalOptima Policy AA.1250: Disability Awareness and Sensitivity, and Cultural Competency Staff Training [MC, OC, OCC, PACE]
- CalOptima Policy CMC.1001:Glossary of Terms
- CalOptima Policy CMC.1003: OneCare Connect Staff Education and Training
- CalOptima Policy CMC.4002: Cultural and Linguistic Services
- CalOptima Policy CMC.9001: CalOptima Member Complaint
- CalOptima Policy EE.1103: Provider Education and Training
- CalOptima Model of Care
- Office of Minority Health
- National Center on Family Homelessness
- US Census

CalOptima's Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner

