Cultural Competency and Social Determinants of Health Training for Healthcare Providers
January 2020

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The Health Plan
healthplan.org

1110 Main Street, Wheeling, WV 26003
Training Agenda

- Cultural Competence
- Language Competence
- Social Determinants of Health
- Ageism
- Learning Cultural Competence
- Resources
Cultural Competence Expectations

The West Virginia Bureau for Medical Services requires that Medicaid enrollees receive services in a culturally competent manner.

The Centers for Medicare and Medicaid Services 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 members with limited English proficiency or limited reading skills.
What is Culture?

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.
What is Competence?

Competence means that you have the ability to do something well.
What is Cultural Competency in Healthcare?

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 competence is the cornerstone of providing superior care for people of all cultures.
What is the Importance of Cultural Competency?

Cultural competency is important 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
Cultural differences can create confusion and misunderstandings:

- Innocent remarks or actions may cause stress, 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.
- Providers may observe a lack of medical compliance.
- Different cultures may be suspicious of Western medicine and may fail to follow a prescribed treatment plan.
- Individuals from certain cultures may hesitate to ask questions even when they don’t understand.
How Culture Influences Care

**Culture and language may influence:**

- Health, healing and wellness belief systems
- How illness, disease and their causes are perceived
- The behaviors of patients seeking health care and their attitudes toward healthcare providers
- How patients present their problems, situations and information to others
- How patients respond to interventions and care plans
- Providers looking at the world through their own limited set of values may create access barriers for patients from other cultures

*Your level of cultural awareness helps you modify your behaviors to respond to the needs of others while maintaining a professional level of respect, objectivity and identity.*
Language Competence
Communication Barriers
Language Competence

**Providers must be able to communicate effectively with diverse audiences.**

This includes:

- Persons with limited English proficiency
- Persons who are not literate or those with low literacy skills
- Individuals with disabilities
- Individuals who are deaf or hard of hearing
Social Determinants
Impact on Care
Social Determinants of Health (SDoH) are conditions that shape a patient’s health risks and outcomes, including where people:

- Are born
- Live
- Work
- Play
Providing the appropriate intervention is key to improving health and reducing health disparities

Social determinants can impact a member’s care.

Social determinants include:

- Social - freedom from racism and other forms of discrimination
- Economic - job opportunities and food security
- Physical Environment - access to housing, safety, transportation and health care
- Psychosocial - access to social networks and civic engagement
- Psychological - self-esteem and hopefulness
# How is SDoH Married to Cultural Competency?

## Social Determinants of Health

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*Source: The Health Plan*
Examples of how social determinants can impact care:

A member may be non-compliant with respect to obtaining regular mammograms. Upon further investigation, it is found that the member does not have reliable transportation to the hospital to obtain the service.

A member may be non-compliant with respect to a prescribed drug therapy. Upon further investigation, it is found that the member is unable to pay for his prescription drug co-payments.

A member’s recovery from knee replacement surgery is delayed. Upon further investigation, the member’s diet is lacking due to food insecurity thus hindering the healing process.
CMS’ Accountable Health Communities Model addresses the gap between clinical care and community services

The Accountable Health Communities Health-Related Social Needs Screen Tool (https://innovation.cms.gov/Files/worksheets/ahcm-screeningtool.pdf) identifies patients’ needs in five core domains that community services can assist:

- Housing instability
- Food insecurity
- Transportation problems
- Utility assistance needs
- Interpersonal safety
Incorporate questions related to SDoH into your patient assessments

Code SDoH barriers on the claim

- CPT code Z55 - Z65 are utilized to denote “persons with potential health hazards related to socioeconomics and psychosocial circumstances”
  - These codes are permitted to be reported on claims based on documentation from any clinician involved in care
- Coding SDoH assists THP in identifying barriers that stand in the way of members accessing care and allows THP to track the delivery of services to address SDoH
  - After identification of an SDoH, a THP social worker can assist members in accessing socially necessary services
- Call THP and ask for a care navigator or social worker to assist with referrals
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 often used to describe the elderly. The media perpetuates these negative images in film and on television, lumping all elderly persons together as a single category.

**Ageism can result 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
In reality, the “elderly” population is diverse. Older adults may have little or significant dependence on governmental support. Older adults may have minimal or significant health care needs.
Learning Cultural Competence
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:

- Recognize and accept that all types of cultures have a profound influence on our lives.
- Be aware that oppression is pervasive in our society and that it is part of our history and affects our relationships.
- Understand that cultural differences exist and learn to accept and respect what we may not always understand.
- Accept that we cannot know everything about other cultures, and never will.
- Commit to learn about the groups and patients that we serve and those with whom we work in every way possible.
- 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:

- **Listen** to the patient’s perception of his or her presenting problem.
- **Explain** your perception of the patient’s problem to determine if it is physiological, psychological, spiritual and/or cultural.
- **Acknowledge** the similarities and differences between the patient’s perception and your perceptions.
- **Recommend** – Recommendations are built upon the knowledge gained from the first three steps. Culture will affect the recommendations, and the patient must be involved in this process.
- **Negotiate** – 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 - like focusing on communication and conflict resolution
Impact on Providers

When patients have an increased understanding of symptoms and compliance with treatment plans and follow-up activities, providers may experience increased:

- Job satisfaction from seeing better quality of life and health for patients
- Efficiency in practice operations and appointment availability resulting from fewer repeat calls or visits from patients for the same problems or symptoms
- Potential for higher quality scores
- Potential for financial rewards from managed care organization’s quality incentive programs
Working at Cultural Competence

**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
How Do You Know if You Have Cultural Competence?

A person is said to have cultural competence when he or she demonstrates acceptance and respect for differences, continues self-assessment regarding culture, pays careful attention to the dynamics of differences and continues to expand his or her cultural knowledge and resources.
Conclusion

Cultural competence is not an isolated aspect of medical care, but an important component of overall excellence in health care delivery.

Issues of health care quality and satisfaction are of particular concern for people with chronic conditions who frequently come into contact with the health care system.

Efforts to improve cultural competence among health care professionals and organizations contribute to improving the quality of health care for all consumers.
Attest to Completing Cultural Competency Training

Cultural competency training is tracked by The Health Plan and providers completing cultural competency training are noted in The Health Plan’s Provider Directory.

Please sign and return the attestation form located at myplan.healthplan.org “Provider Resources” “Training and Education” attesting to completion of this training.

If training was conducted in a group setting, please submit a separate form for each provider attesting to this training.
Resources


- National CLAS Standards: https://thinkculturalhealth.hhs.gov/clas


- Cultural Competence: https://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Competence/