CULTURAL COMPETENCY

APPLYING CULTURAL DIVERSITY AT *i*CARE

Objectives

After taking this course, you should be able to:

- Identify implications of increased cultural competence, cultural humility, and multicultural care towards promoting wellness and combatting health disparities.
- Identify possible organizational applications of the National Culturally and Linguistically Appropriate Service (CLAS) Standards for increasing culturally and linguistically responsive care.
- Apply available resources in your work setting in order to implement a plan to improve culturally responsive care with the individuals *i*Care serves

Defining Cultural Competence

Cultural competence is defined as a set of values, behaviors, attitudes, and practices within a system, organization, program or among individuals and which enables them to work effectively cross culturally. Further, it refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of individuals and families receiving services, as well as staff who are providing such services. Striving to achieve cultural competence is a dynamic, ongoing, developmental process that requires a long-term commitment.

(Denboba, MCHB, 1993)

Culture and Diversity

Culture:

- The integrated pattern of Thoughts, communications, actions, customs, beliefs, values and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religions, spiritual, biological, geographical, or sociological characteristics.
- Culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetime.

Diversity:

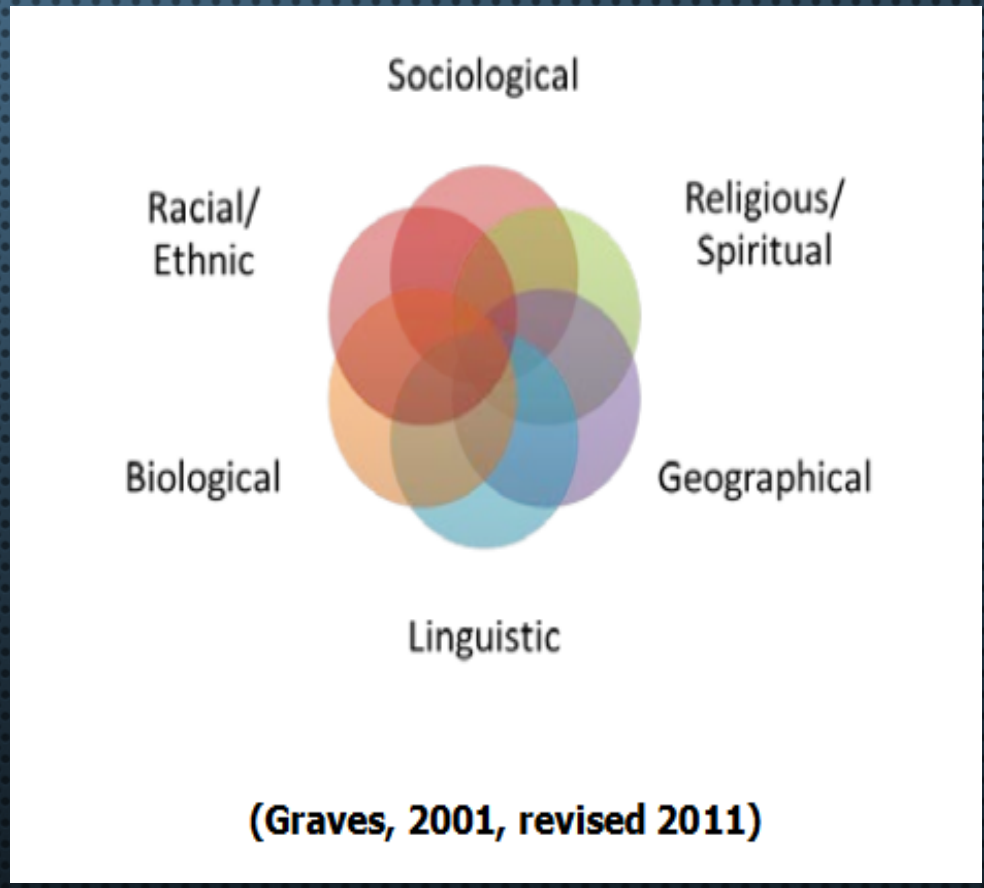
- The cultural variety and cultural differences that exist in the world, a society, or an institution.
- Diversity often refers to the co-existence of a difference in behavior, traditions and custom.

Elements of Culture include:

- Age
- Cognitive ability or limitations
- Country of origin
- Degree of acculturation
- Educational level achieved
- Environment and surroundings
- Family and Household composition
- Gender identity
- Generation
- Health Practices (including traditional healer techniques e.g. reiki, acupuncture)
- Linguistic characteristics, including languages spoke, written or signed; dialects or regional variants; literacy levels; and other related communication needs
- Military affiliation
- Occupational groups
- Perceptions of family and community
- Perceptions of health and well-being and related practices
- Perceptions/Beliefs re: diet and nutrition
- Physical ability or limitations
- Political beliefs
- Racial and ethnic groups
- Religious and spiritual characteristics
- Residence
- Sex
- Sexual Orientation
- Socioeconomic status

INTERRELATIONSHIP OF ASPECTS OF CULTURE

"Individuals do not experience their lives or their health through a single lens of identity, (e.g., solely race, gender or religious); rather, many elements inform their perceptions, beliefs, customs, and reactions".



(Source: National Standards for CLAS in Health and Health Care: *A Blueprint for Advancing and Sustaining CLAS Policy and Practice.*https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf, 2/26/18)

HEALTH LITERACY

- "The capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (IOM, 2014)

- **"In recent decades, health literacy has gained increasing importance in public health and healthcare."** (Paasche-Orlow, Wilson & McCormack, 2010)

- **"Low health literacy has been correlated with adverse health outcomes and low utilization of healthcare services."** (Berkman, Sheridan, Donahue, Halpern & Crotty, 2011)

- Individuals can encounter health literacy challenges when:
  - they are unfamiliar with medical terminology
  - do not understand how their own bodies work
  - have a serious or acute illness which adds to confusion/apprehension
  - their health condition requires complicated self-care, or activities with which they are unfamiliar

- (U.S Health and Human Services (HHS), 2008)

Social Determinants of Health

According to the World Health Organization, Social determinants of health are "The conditions in which people are born, grow, live, work, and age, including the health system" and the role that social, economic, and environmental factors, such as socio-economic status and housing, play in health outcomes between different populations.

-(WHO, 2012)

National CLAS Standards

- *i*Care has adopted all National Standards for Culturally and Linguistically Appropriate Services (CLAS) in an ongoing effort to carry out its mission, "to secure the wellness of persons with complex medical and behavioral conditions, respecting their dignity and the values of caring stakeholders."
- The National CLAS Standards are a set of standards intended to advance health equity, improve quality and help eliminate health care disparities by establishing a blueprint for individuals and health care organizations to follow.

PRINCIPLE CLAS STANDARD

CLAS STANDARD 1

1. Provide effective, equitable, understandable, respectful, and quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

This standard frames the essential goal of all 15 CLAS standards: when the other 14 Standards are all adopted, implemented and maintained, the Principal Standard will have been achieved.

Theme 1: Governance, Leadership, and Workforce

CLAS Standards 2-4

2. Advance and sustain governance and leadership that promotes CLAS and health equity
3. Recruit, promote and support a diverse governance, leadership, and workforce in CLAS
4. Educate and train governance, leadership and workforce in CLAS

CLAS standards 2-4 focus on the importance of healthcare organizations taking an active role in cultivating a culturally competent workforce across all organizational levels, encouraging organizations to educate and train every staff member (not just front-line staff) on how to work effectively with a diverse population.

*i*CARE HAS BOTH FRONT LINE STAFF WHO ROUTINELY INTERACT WITH MEMBERS, AND STAFF WHO DO NOT. STAFF MAY ALSO HAVE A LIMITED UNDERSTANDING OF CULTURAL COMPETENCE, EQUATING CULTURAL COMPETENCE WITH TREATING ALL PEOPLE "THE SAME". THIS, HOWEVER, IS NOT WHAT CULTURAL COMPETENCE TRULY MEANS.

The most important element towards maximizing *i*Care's cultural and linguistic competence is staff education and training. All staff have some impact on the varied members we serve from differing countries of origin; levels of acculturation; and social, educational and economic resources. At *i*Care, it is imperative that all staff have an awareness of cultural and linguistic sensitivity to effectively promote and secure the health of our diverse member population.

Developing an understanding of the cultural values, attitudes and health beliefs common to *i*Care's member population is the first step towards providing culturally competent care. *i*Care can then incorporate this information into designing and providing services that effectively meet the general and culturally specific healthcare needs of the diverse individuals we serve.

WAYS THAT *i*CARE STAFF CAN CULTIVATE CULTURAL COMPETENCY WITH OUR MEMBERS:

- Incorporate cultural sensitivity into everyday exchanges with those we serve
- Create culturally appropriate health education materials and make them available to and accessible by all individuals
- Mandate continuing education and training in the provision of culturally and linguistically appropriate services for staff at all levels of the organization
- Recruit culturally and linguistically diverse staff

WAYS THAT *i*CARE STAFF CAN CULTIVATE CULTURAL COMPETENCY WITH OUR MEMBERS, CONT'D:

- Partner with community-based organizations that serve culturally diverse groups
- Establish incentive programs to bilingual staff members or those who attain certifications in cultural competencies or interpretation
- Minimize turnover of staff with bilingual or bicultural skills
- management takes ownership for assessing the cultural and linguistic competencies and proficiencies of all employees

Theme 2: Communication and Language Assistance

CLAS Standards 5-8

5. Offer communication and language assistance
6. Inform individuals of the availability of language assistance
7. Ensure the competence of individuals providing language assistance
8. Provide easy-to-understand materials and signage

CLAS Standards 5-8 focus on reducing barriers to access through increased communication and language assistance.

- *i*Care must inform those with limited English proficiency (LEP) of their right to free language services and of the availability of such services.
- *i*Care must deliver written notices and post signs to this effect in the most prevalent languages served.
- *i*Care members should be asked what their preferred language is at each encounter; this information should be included in their health record.
- *i*Care should establish requirements regarding training and how language competencies will be assessed.
- *i*Care should also offer training to all staff on the appropriate use of interpreter services.

LEP SERVICES

- Members have a right to have access to translation/interpretation services and to receive information provided by *i*Care in another language or format upon request.
- *i*Care has an obligation to get information to members in a way that works for them with consideration as to literacy levels, physical/cognitive abilities, preferences, etc.
- An individual qualifies as a LEP individual, if they have special communication needs that include:
  - Hearing disabilities or deaf
  - Sight or vision disabilities
  - Low literacy or reading level
  - Developmental or learning disabilities
  - Non English speaking
  - Diverse cultural and ethnic backgrounds

LEP Services, Con't:

- *i*Care ensures members always have access to interpretation and translation services at no cost to them
- Interpretation and translation service information can be found in the Member Handbooks and other member materials, and members should also be verbally informed during their initial assessment/visit and as needed by their care team.
- Types of LEP services:
  - Appointment coordination – Interpreters for health appointments can be requested, which are in turn arranged by *i*Care's Customer Service Department.
  - Telephonic interpretation – Staff have access to a phone service that connects with an interpreter on a three-way call to speak with LEP members.
  - Translation of documents – Members can request that documents sent by *i*Care be translated into a different language or format.

THEME 3: ENGAGEMENT, CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY

CLAS STANDARDS 9-15

9. Infuse CLAS goals, policies, and management accountability throughout the organization's planning and operations
10. Conduct organizational assessments
11. Collect and maintain demographic data
12. Conduct assessments of community health assets and needs
13. Partner with the community
14. Create conflict and grievance resolution processes
15. Communicate the organization's progress in implementing and sustaining CLAS

Establishing feedback mechanisms to identify improvements and assess progress towards providing culturally and linguistically responsive care is a critical component of the CLAS standards.

Following are some steps that *i*CARE can take to assess our progress with CLAS:

- Conduct a cultural audit to review policies, procedures and practices, internal documents, policies and other media.
- Identify organizational weaknesses, such as lack of translated signage or lack of routine professional training focused on working with culturally diverse individuals.
- Identify opportunities for improvement like recruiting culturally diverse people into management positions.

Keep in Mind:

Members of diverse groups may have concerns about negative outcomes if they choose to disclose racial, ethnic, or other related information, including concerns about receiving poor health care as a result of answering such questions. It is important to remind members that the information being collected is to increase access to enhanced healthcare services and that they are not required to provide race, ethnicity or language information.

iCare
Member Demographics

Member Race Breakdown by Business Lines [as of 2/16/2018]

Race	BC+ Std	BC+ Std CLA	FCP SNP	FCP SSI	MA SNP	MA SNP Aurora	MA SNP Lakeland	SSI	Grand Total	% of Total
Other	240	78	8	2	37	2		32	399	1.5%
Not Provided	1,283	253	24	19	1,292	98	13	695	3,677	13.4%
Hispanic	1,367	575	65	29	434	12		335	2,817	10.3%
Caucasian	2,661	2,782	204	60	2,149	72	1	1,206	9,135	33.3%
Black	2,149	2,601	301	192	2,858	88		2,380	10,569	38.5%
Asian or Pacific Islander	314	130	3	3	82	3		130	665	2.4%
American Indian or Alaskan Native	37	59	1	3	63	1		28	192	0.7%
Grand Total	**8,051**	**6,478**	**606**	**308**	**6,915**	**276**	**14**	**4,806**	**27,454**	**100.0%**

Member Primary Language Breakdown by Business Lines [as of 2/16/2018]

Primary Language	BC+ Std	BC+ Std CLA	FCP SNP	FCP SSI	MA SNP	MA SNP Aurora	MA SNP Lakeland	SSI	Grand Total	% of Total
American Sign Language					10			2	12	0.0%
Arabic	16	4		1	14	1		13	49	0.2%
Burmese	36	3							39	0.1%
Chinese	2		1		7			4	14	0.1%
English	1,774	1,691	477	229	4,574	134		2,370	11,249	41.0%
Farsi					1			1	2	0.0%
French	1								1	0.0%
Greek					2				2	0.0%
Gujarati					2			1	3	0.0%
Hindi		1			2				3	0.0%
Hmong	22	5	1	2	11			8	49	0.2%
Italian					1				1	0.0%
Korean					3				3	0.0%
Laotian	5			1	9			2	17	0.1%
Mandarin								1	1	0.0%
Other	4		1	1	13	1		13	33	0.1%
Persian					1				1	0.0%
Polish					2				2	0.0%
Russian	1	1			1			5	8	0.0%
Serbian					4			1	5	0.0%
Somali	45	2						1	48	0.2%
Spanish	210	50	32	16	244	8		126	686	2.5%
Tagalog					1				1	0.0%
Unknown	5,930	4,720	93	58	2,008	130	14	2,251	15,204	55.4%
Urdu		1	1		1				3	0.0%
Vietnamese	5				4	2		7	18	0.1%
Grand Total	**8,051**	**6,478**	**606**	**308**	**6,915**	**276**	**14**	**4,806**	**27,454**	**100.0%**

*i*CARE MEMBER DEMOGRAPHICS

Kleinman's Explanatory Model of Illness

- One challenge physicians face when providing care to a diverse population while spending less and less time with the patients, is how to expand their clinical gaze to include the patient's health beliefs and perspectives.
- Psychiatrist and anthropologist Arthur Kleinman's theory of explanatory models (EMs) proposes that individuals and groups can have vastly different notions of health and disease. He believes that it is critical to discover how patients perceive their health issues in the broader context of their lives, given their background, experiences, and other concerns.
- Kleinman proposed that instead of simply asking the patients, "Where does it hurt," the physician should focus on eliciting the patient's answer to "Why," "How," and "What Next."

Kleinman's Explanatory Model of Illness, Cont'd:

Kleinman suggests the following questions to learn how a patient sees his or her illness:

1. What do you think caused your problem?
2. Why do you think it started when it did?
3. What do you think your sickness does to you? How does it work?
4. How severe is your sickness? Do you think it will last a long time, or will it be better soon in your opinion?
5. What are the chief problems your sickness has caused for you?
6. What do you fear most about your sickness?
7. What kind of treatment do you think you should receive?
8. What are the most important results you hope to get from treatment?

Healthcare organizations can obtain significant benefit from establishing collaborative partnerships with and appreciating the complexities of the health beliefs and practices of the culturally diverse populations served. By actively engaging community members and delegates, *i*Care can learn about the community and modify health promotion, intervention and prevention efforts according to members' specific healthcare needs. For healthcare organizations that demonstrate and promote cultural competencies, effective service delivery is the result of an ongoing collaborative process that is informed by interests, expertise, and needs of the communities served.

Additional Resources

- Minority Mental Health Information from Mental Health America (MHA): http://www.mentalhealthamerica.net/conditions/infographic-minority-mental-health
- Milwaukee LGBT Community Center Resources: http://www.mkelgbt.org/resource-center/directory/
- Ethnic Minority and LGBTQ Resources from Wisconsin Education Association Council: http://weac.org/professional-resources/ethnic-minority-and-lgbtq-resources/
- Minority Health Resources from DHS: https://www.dhs.wisconsin.gov/minority-health/resources/index.htm
- US Department of Health and Human Services Think Cultural Health: https://www.thinkculturalhealth.hhs.gov/about
- US Department of Health and Human Service Office of Minority Health: https://minorityhealth.hhs.gov/
- Health Resources for Cultural Profiles: https://www.healthpartners.com/provider-public/cultural-care-resources/health-resources-for-cultural-profiles/
- Diverse Elders Coalition: https://www.diverseelders.org/