

# MI Cultural Competency Training

# Objectives

- Define Cultural Competence
- Review Culturally and Linguistically Appropriate Services (CLAS) Standards
- Review HFS Contract Requirements
- Discuss 5 levels of Cultural Competence
- Identify Barriers to Culturally Competent Care
  - List three barriers to health care experienced by the LGBT community
  - List two ways that LGBT related stressors may impact mental and physical health
  - Identify three LGBT culturally competent practices/ strategies
  - Identify transportation barriers
- Review Impact of Healthcare Disparity
- Americans with Disabilities Act of 1990 ([42 U.S.C. § 12101](#))

# What is Culture?

Integrated patterns of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social group.



# Culturally Competent Healthcare

- We strive to maintain a health care system and workforce that is capable of delivering the highest quality of care to every patient regardless of race, ethnicity, culture, or language proficiency.
- We strive to listen and provide services to the unique needs of a member and be sensitive to the ways in which our members experience the world.
- Cultural competence must be a guiding principle that ensures services are culturally sensitive and provides appropriate prevention, outreach, assessment and intervention.

# Cultural Competence

*Definition:*

A set of consistent behaviors, attitudes, and policies that come together in an organization, agency, or among professionals that enables effective work in cross-cultural situations.

The ability to relate effectively to individuals from various groups and backgrounds.

# 5 Levels of Cultural Competence

**Level 1** – No insight about the influence of culture on health care

**Level 2** – Minimal emphasis on culture in the health setting

**Level 3** – Acceptance of the role of cultural beliefs, values, and behaviors on health / wellness and treatment

**Level 4** – Incorporation of cultural awareness into daily health practice

**Level 5** – Integration of attention to culture into all areas of professional life associated with level 3. Acceptance of the role of beliefs, values, and behaviors on illness and treatment. Our certain knowledge, attitudes and skills.

# LGBTQ+ Community

- What do the letters in LGBTQ+ stand for?

Term	Lesbian	Gay	Bisexual	Transgender	Questioning	Plus (+)
<b>Definition</b>	Female same-sex attraction, sexual behavior	Experiences physical, romantic, and/or emotional attractions to same sex	Experiences physical, romantic, and/or emotional attractions to more than one sex or gender	One whose gender identity or gender expression differ from their birth sex	One who is questioning their sexual orientation or gender identity	Remaining identities may include: <ul style="list-style-type: none"><li>• Intersex</li><li>• Asexual</li><li>• Nonbinary</li></ul>

# Gender Terminology

Term	Gender	Gender Identity	Gender Expression
Definition	<ul style="list-style-type: none"><li>• A person’s biological sex</li><li>• Culture may ascribe certain feelings, behavior and attitudes</li></ul>	<ul style="list-style-type: none"><li>• One’s sense of being a man, woman, or other gender</li></ul>	<ul style="list-style-type: none"><li>• How a person expresses their gender</li><li>• Via appearance, personality, behavior</li></ul>



# LGBT Assumptions & Barriers

- Some assumptions about a member's sexual orientation or gender identity can interfere with the trust and rapport.
- Assumptions may also lead to a lack of competent care.
- Stigma and Mistreatment may lead to:
  - Insensitivity to needs
  - Refusal of care
  - Inadequate or substandard care

# Barriers may lead to...

- Low comfort in utilizing health care services
- Low trust in providers
- Difficulty in discussing health concerns or needs
- Lack of awareness and low competency
- Due to lack of awareness the LGBT community is often overlooked in hospital and provider care education

# Impact of Stressors

- LGBT discrimination/ violence can lead to physical issues such as:
- Sleep difficulties
- Headaches
- Digestive problems
- Substance use
- Agitation/ Tension

# LGBT Strategies

## Create a Welcoming Environment:

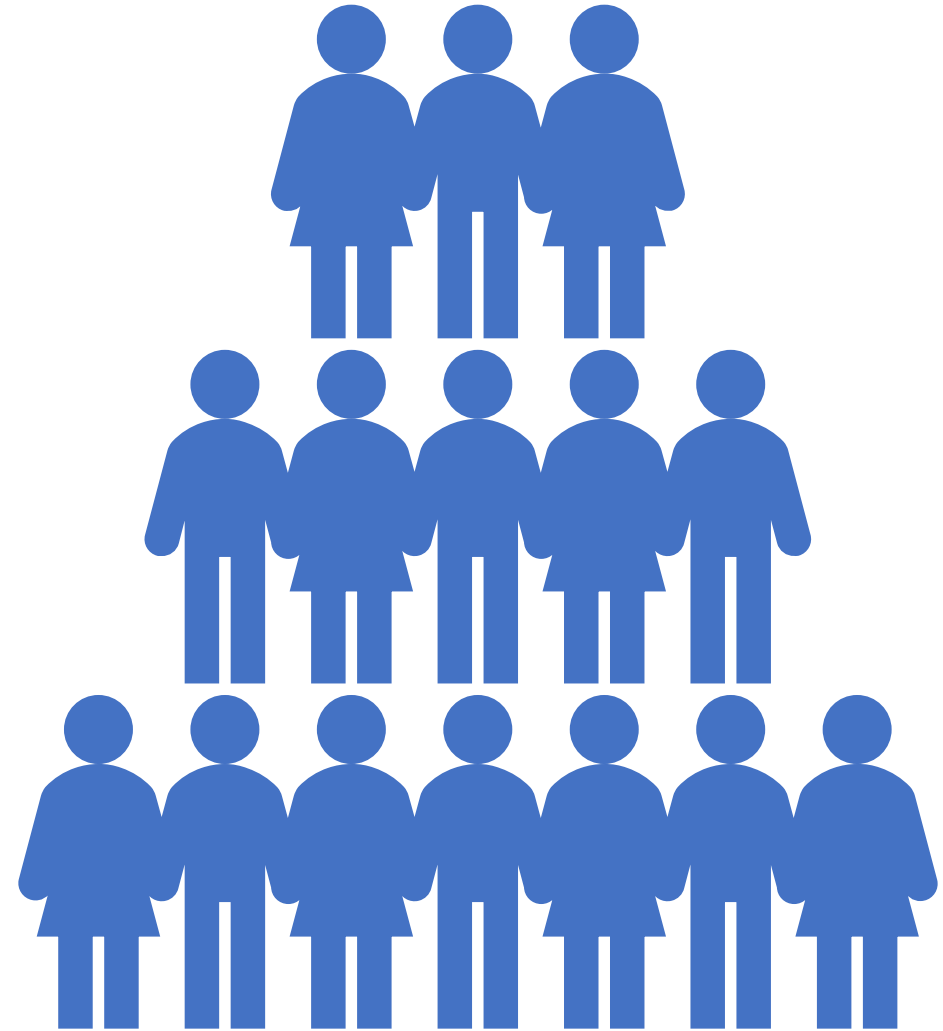
- Prominently post the facility's nondiscrimination policy or patient bill of rights
- Show common areas reflecting/being inclusive of LGBT community
- Be mindful of visitation policies/ How requirements may affect the LGBT population
- Determine mechanisms for handling patient-to-patient discrimination

# Diversity

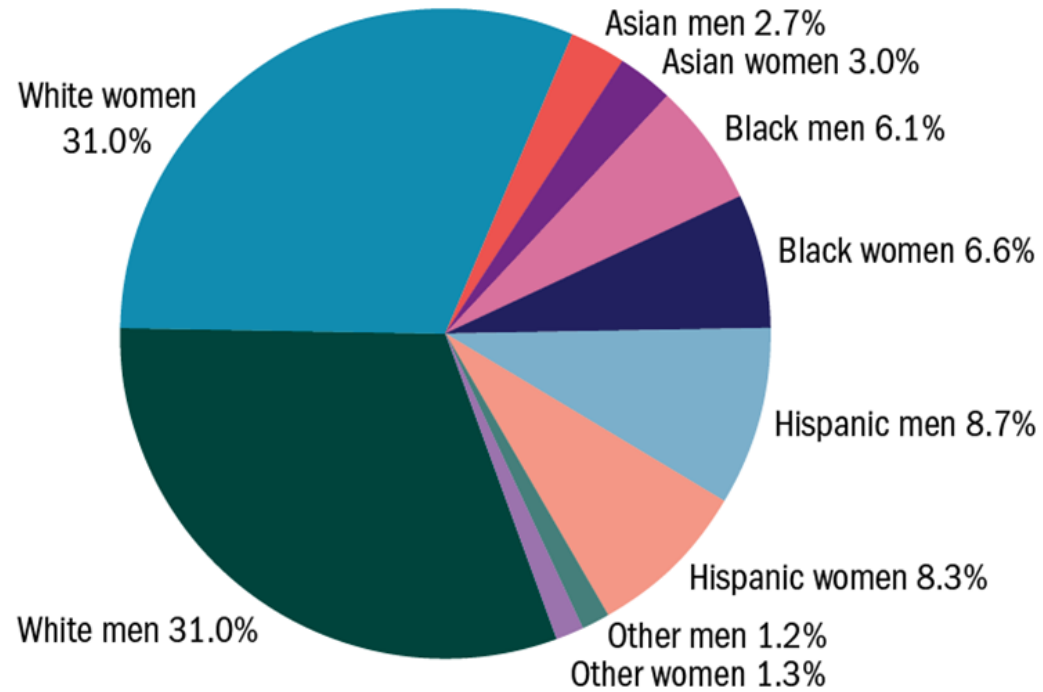
- What does it mean to serve a diverse population?
- Why does diversity matter?
- Why is diversity relevant to Cultural Competency?

# What is Diversity?

- Encompasses unique beliefs, values, and customs. Refers to people with many different cultures living and working around each other.



## Noninstitutionalized resident population of the United States ages 18–64, by race, ethnicity, and sex: 2014



NOTES: Hispanic may be any race. Other includes individuals not of Hispanic ethnicity who reported more than one race or a race not listed separately.

*Women, Minorities, and Persons with Disabilities in Science and Engineering: 2017*

Source: National Science Foundation, 2017

<https://www.nsf.gov/statistics/2017/nsf17310/digest/introduction/>

# Test Your Knowledge

1. When doing cross-cultural work, it's most important to:

- Understand Asian and Latino family dynamics
- Understand racial identity issues
- Understand the psychodynamics of racism and prejudice
- Develop a working knowledge of our own worldview including the biases we bring to our work with others



# Test Your Knowledge

2. Understanding our world view is important because:

- It allows us to be authentic in our relationship with our members and their families
- We should have an answer prepared if a member asks us about our culture
- When we work with members, we are working from our world view
- It makes us a more interesting person

# Transportation

Meridian provides two different types of medical transportation for our members. The type transportation used depends on whether the member needs emergency (EMT) or non-emergency medical transportation (NEMT) services.

## **Emergency Transportation (EMT)**

- An emergency is any event that puts the health and life of a Medicaid beneficiary at serious risk without immediate treatment. Medicaid reimburses emergency transportation providers when they furnish services to eligible beneficiaries according to the rules.
- This is used for transporting patients in an emergency and are fully equipped with life-saving equipment and other medical supplies that are equipped for a safe and speedy trip to the nearest hospital.

## **Non-emergency Medical Transportation (NEMT)**

- Non-emergency medical transportation (NEMT) is an important benefit for Medicaid member who need to get to and from medical services but have no means of transportation.
- The Code of Federal Regulations (CFR) requires States to ensure that eligible, qualified Medicaid beneficiaries have NEMT to take them to and from providers.
- This is used for trips that are non-emergency in nature, meaning there is no immediate threat to the health or life of the participant. Members may require NEMT due to lack of a valid driver's license, lack of a working vehicle, geographic isolation, or the inability to take traditional transportation for physical, mental, or developmental reasons.

# Transportation Barriers

- Currently, 3.6 million individuals do not access medical care because they experience transportation barriers.
- Transportation barriers lead to rescheduled or missed appointments, delayed access to care, and missed or delayed medications use.
- Common transportation barriers include long travel distances, lack of vehicle, transportation cost, inadequate infrastructure, and adverse policies affecting travel.
- Meridian is committed to address transportation barriers and building partnerships to improve transportation and health care access for patients and families and create more equitable, healthier communities.

# Ethnic Disparities in Health Care

- African American women are more likely than European American women to die from breast cancer, despite having a lower incidence of the disease.
- Infant mortality rates are 2.5 times greater for African Americans and 1.5 times greater for Native Americans than for European Americans.
- Influenza death rates are higher for African Americans and American Indian/Alaska Natives/Native Alaskans than they are for European Americans.
- Mortality for colorectal cancer is highest for African Americans, followed by Native Alaskans, and then Hawaiians.

# The Surgeon General's Report Mental Health: Culture, Race and Ethnicity

Members of racial and ethnic minority populations:

- Are less likely to receive necessary mental health care;
- Often receive a poorer quality of treatment;
- Are significantly underrepresented in mental health research.
- Are less likely to have access to available mental health services;
- Underuse mental health services and are more likely to delay seeking treatment.

Consequently, in most cases, when such individuals seek mental health services they are at an acute stage of illness. This delay can result in a worsening of untreated illness and an increase in involuntary services.

# Contributing Factors to Health Disparities

- Fear of being misunderstood or disrespected
- Providers are not familiar with the prevalence of conditions among certain minority groups
- Providers may fail to take into account differing responses to medication
- Providers may lack knowledge about traditional remedies, leading to harmful drug interactions
- Patients may not adhere to medical advice because they do not understand or do not trust the provider
- Providers may order more or fewer diagnostic tests for patients of different cultural backgrounds

# What Is Your Role?

- Think about your role at Meridian:
  - How do you apply what you learned / discussed in this training to your everyday operations?
  - What is the culture of your office/working environment?

# Positive Impacts of Cultural Competency

- More successful patient education
- Increases in patient's health care seeking behavior
- More appropriate testing and screening
- Fewer diagnostic errors
- Avoidance of drug complications
- Greater adherence to medical advice
- Expanded choices and access to high-quality clinicians



# What is the Americans with Disabilities Act (ADA)?

- **The Americans with Disabilities Act (ADA)** became law in 1990. The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else. The ADA gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, state and local government services, and telecommunications. The ADA is divided into five titles (or sections) that relate to different areas of public life.

# Conditions That May Qualify as Disparities

- Autism
- AIDS/HIV, and its symptoms
- Alcoholism
- Asthma
- Blindness or other visual impairments
- Cancer
- Cerebral palsy
- Depression
- Deafness or hearing loss
- Diabetes
- Epilepsy
- Hearing or speech impairments
- Heart Disease
- Intellectual disabilities
- Loss of body parts
- Major Depressive Disorder
- Migraine Headaches
- Mobility disabilities (requires use of wheelchair, walker, or cane)
- Multiple sclerosis
- Muscular dystrophy
- Orthopedic impairments
- Paralysis
- Complications from Pregnancy
- Post-Traumatic Stress Disorder
- Traumatic Brain Injury
- Thyroid gland disorders
- Tuberculosis

Certain temporary, non-chronic impairments of short duration with little or no residual effects usually are not disabilities. Likewise, environmental conditions and alternative lifestyles are not protected. A person currently engaging in the illegal use of drugs is not considered an individual with a disability. This refers both to the illegal use of unlawful drugs such as cocaine as well as prescription drugs.

# References/Resources

- Americans with Disabilities Act of 1990 ([42 U.S.C. § 12101](#))
- <https://www.ada.gov/topics/intro-to-ada/>
- Adapted from Relias Learning “A Culture-Centered Approach to recovery”
- <https://gaycenter.org/community/lgbtq/>
- <https://www.census.gov/library/stories/2021/11/census-bureau-survey-explores-sexual-orientation-and-gender-identity.html>
- <https://www.ada.gov/topics/intro-to-ada/>
- Adapted from Centene’s Cultural Awareness in Health Care, 2010
- <https://www.ncqa.org/hedis/reports-and-research>

# Questions?



Please contact your Health Plan network representative for any additional questions relating to Cultural Competency.

**Thank you  
For  
your participation**