



CalOptima
Better. Together.

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
- HIV Disease Stigma
- Cultural Competence
- Pillars of Cultural Competency
- Solutions To Reduce Racial & Ethnic Disparities
- Available Resources

Note: Content of this course was current at the time it was published. As Medi-Cal and 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.
- **Ethnicity:** 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 = 328.2 Million

Totals and Percentages of U.S. Population by Ethnic Group

White (Non-Hispanic)	254.1 million	76.3%
Latino/Hispanic	59.7 million	18.5%
African American	44.7 million	13.4%
Asian American	22.2 million	37.5%
American Indian/ Alaska Native	4.4 million	1.3%
Native Hawaiian and other Pacific Islander	0.8 million	0.2%

U.S. Census Bureau, 2019

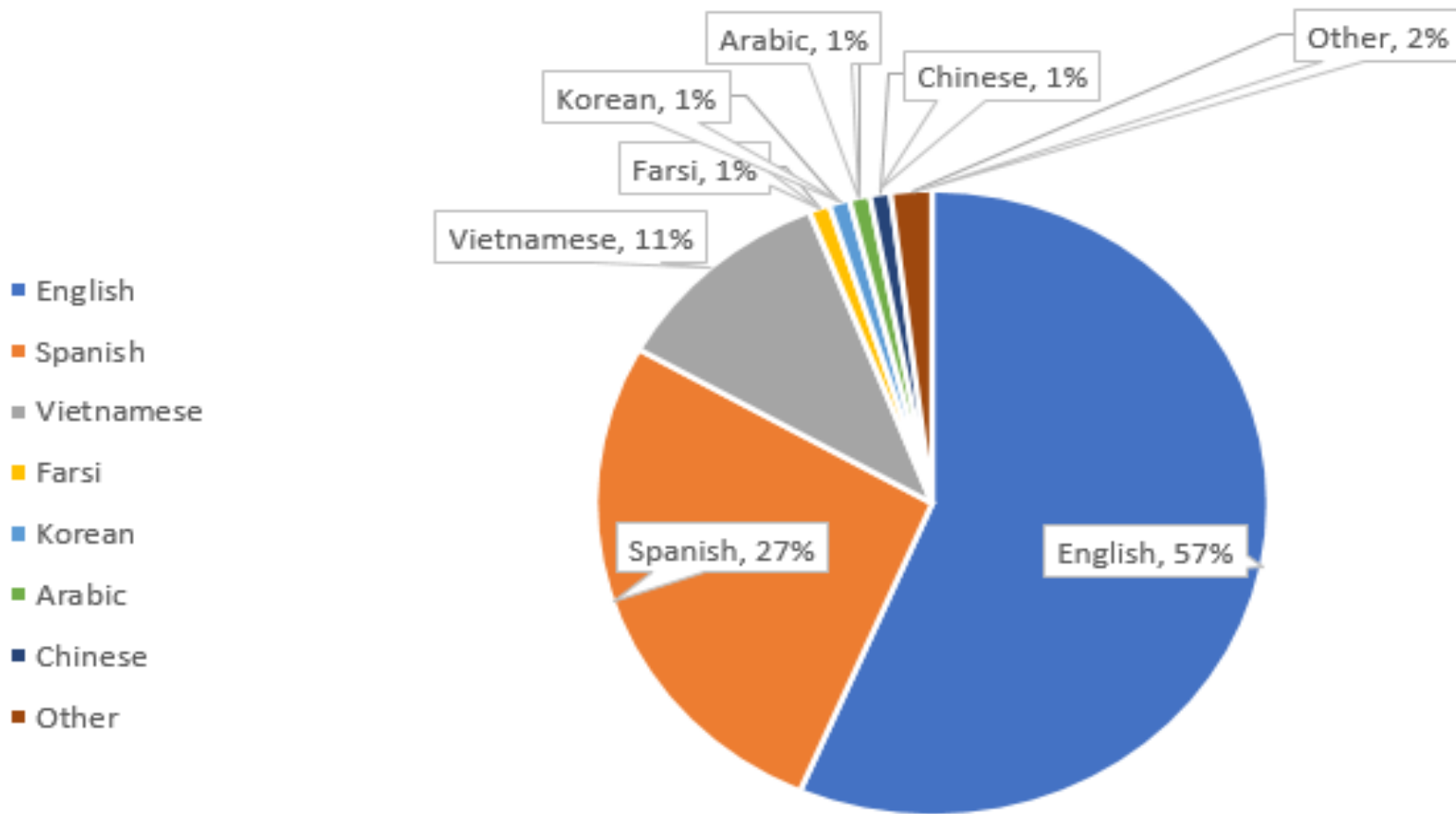
Orange County Population = 3.1 Million

Totals and Percentages of Orange County Population by Ethnicity

White (Non-Hispanic)	1.31 million	42.0%
Latino/Hispanic	1.06 million	33.9%
Asian American	602 Thousand	19.2%
Native Hawaiian and other Pacific Islander	80.8 Thousand	2.6%
African American	51.5 Thousand	1.6%
American Indian/ Alaska Native	21.2 Thousand	0.7%

U.S. Census Bureau, 2019

Languages of CalOptima Members



Languages Spoken (All Programs)

Based on CalOptima membership data as of September 2020

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.

Other Populations

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

Homeless

- The 2018 annual point-in-time report from the Department of Housing and Urban Development (HUD) estimated on a single night in January:
 - 552,830 people experienced homelessness in the United States.
 - 65% were staying in sheltered locations, while 35% were in unsheltered locations.
 - 67% of the people experiencing homelessness were adults in households without children.
 - 33% of those homeless were a part of a family.
 - 20% were children.
 - California accounted for:
 - 30% of all people experiencing homelessness as individuals.
 - 49% of all unsheltered individuals.
 - 54% of all unsheltered homeless unaccompanied youth

2018 Annual Homeless Assessment Report to Congress

Homeless (cont.)

The number of people living on the streets in Orange County is rising each year.

	Total Population	Homeless Population	Percentages
2013 Count	3,090,132	4,251	0.14%
2015 Count	3,145,515	4,452	0.14%
2017 Count	3,194,024	4,792	0.15%
2018 Count	3,185,968	6,860	0.22%
2019 Count	3,198,000	6,860	0.21%

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

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, and kidney disease
- Asian-Americans and Pacific Islanders
 - Cancer, heart disease, stroke and diabetes
- Hispanics
 - Cancer, heart disease, stroke and diabetes
- American Indians and Alaskan Natives
 - Heart disease, diabetes and chronic liver disease

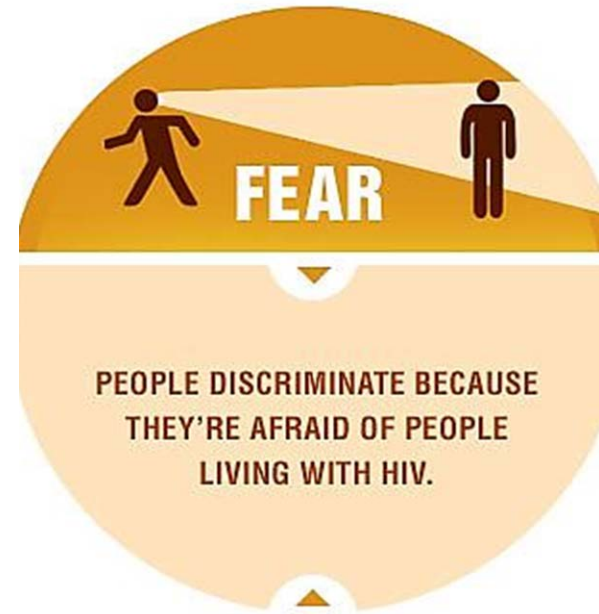
Centers for Disease Control and Prevention 2018

Disease Stigma

- Stigma
 - An association of disgrace or public disapproval with something, such as an action or condition.
- Disease Stigma
 - Negative attitudes and beliefs about people with a specific medical condition.
 - Prejudice that comes with labeling an individual as part of group that is believed to be socially unacceptable.
- Discrimination
 - The behaviors that result from negative attitudes or beliefs.
 - The act of treating people living with a specific medical condition differently than those without.

HIV Disease Stigma

- Stigma is intensified if someone has a disease or condition which is:
 - Life-threatening
 - Contagious
 - Associated with behavior
 - Associated with moral fault
 - Visible



Source: Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention, September 27, 2019

Effects of HIV Stigma

- The emotional well-being and mental health of people living with HIV are often affected.
 - May fear they will be discriminated against or judged negatively if their HIV status is revealed.
 - Often internalize the stigma they experience and begin to develop a negative self-image.
 - May start to apply stereotypes about people living with HIV to themselves.
 - May have feelings of shame, fear of disclosure, isolation, and despair.
 - Feelings may keep them from getting tested and treated for HIV.

Caring for Members

- To help diminish the stigma:
 - Learn more about the disease.
 - Be mindful of how you talk about HIV and people living with HIV.
 - Talk openly about HIV to help normalize the subject.
 - Correct misconceptions and help others learn more about HIV.
 - Lead others with your supportive behaviors.
 - Provide reasonable accommodations, when appropriate or feasible and do not deny services to any individual because of a medical condition, including HIV/AIDS.

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

Integrate Health Equity strategies 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] 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 in Member Handbook
 - 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

Partner with community-based physician and/or specialist clinics to improve health and equity

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

Encourage offices to deploy specific strategies to address the multiple determinants of health in addition to language assistance

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
- Promote voluntary Unconscious Bias training across the health care delivery system, including provider Continuing Medical Education (CME)
- 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

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

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
 - 24 hours a day, 7 days a week.
 - Toll-Free: **855-705-8823**
 - TTY: **711** or **800-735-2929**
- To request printed member or health education materials in alternate formats, contact CalOptima's Customer Service.

Authorities

- 2018 Annual Homeless Assessment Report to Congress (HUD)
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services (CMS)
- Medicare Managed Care Manual, Chapter 4
- National Center for Cultural Competence
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- National Quality Forum, Endorsement Summary: Healthcare Disparities and Cultural Competency Measures
- Office of Minority Health, National Standards on Culturally and Linguistically Appropriate Services (CLAS)
- Orange County CoC Homeless Count & Survey Report
- Title 42, Code of Federal Regulations, Section 422.112
- Title 45, Code of Federal Regulations, Section 84.52
- Title 9, Code of Federal Regulation, Section 1810.410 (f) (3)
- U.S. Census Bureau, 2019
- Webster's New World College Dictionary, Fifth Edition

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
- 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 Process
- CalOptima Policy EE.1103: Provider Education and Training
- CalOptima Policy GG.1517:Transgender Services
- CalOptima Model of Care

CalOptima's Mission

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



A Public Agency

CalOptima

Better. Together.



A Public Agency

Medi-Cal

CalOptima

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A Public Agency

OneCare (HMO SNP)

CalOptima

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A Public Agency

OneCare Connect

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A Public Agency

PACE

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