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HA545 | HHW-HIPP0080 (6/11)

# Multicultural Health Care



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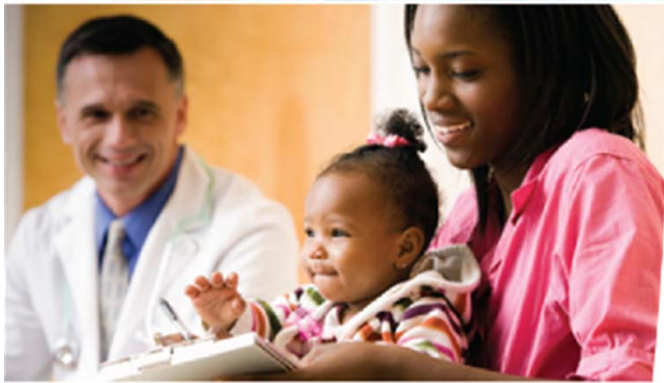
# Agenda

- Cultural Awareness
  - Diversity
  - Culture
  - Cultural Competence
- Cultural Competency in Health Care
  - Culturally and Linguistically Appropriate Services Standards (CLAS)
  - NCQA Multicultural Health Care Standards (MHC)
- Legal Landmarks
  - Civil Rights Act of 1964
  - Rehabilitation Act of 1973
  - Limited English Proficiency (LEP)
- Closing Thoughts and Questions

**“If access to health care is considered a human right, who is considered human enough to have that right?”**

Paul Farmer, M.D., PhD

Physician, Medical Anthropologist, Writer



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## Cultural Awareness



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# What is Diversity?

- The condition of having or being composed of differing elements: variety; **especially: the inclusion of different types of people** (as people of different races or cultures) in a group or organization <programs intended to promote *diversity* in schools>
- An instance of being composed of differing elements or qualities: an instance of being diverse <a *diversity* of opinion>

# What is Culture?

- The sum total of the way of living. Including:
  - Shared values
  - Beliefs
  - Standards
  - Language
  - Thinking patterns
  - Behavioral norms
  - Communications styles, etc.
- Guides decisions and actions of a group through time

# What is Cultural Competence?

- A set of congruent *behaviors, practices, attitudes and policies* that come together in a system or agency or among professionals, enabling effective work to be done in cross-cultural situations

## Examples of Cultural Differences

- **Anglo American:** Prenatal care is generally sought. The husband is usually the preferred labor partner.
- **Asian:** The patient's "birth partner" may be her mother-in-law or other female relatives.
- **East Indian:** Pregnant Hindu women are often encouraged to eat nuts, raisins, coconuts, and fruit to have a healthy beautiful baby.
- **Hispanic:** Pregnancy is seen as a normal condition, so prenatal care may not be sought. The woman's mother may be the preferred birthing partner.

## Examples of Cultural Differences *continued*

- **Middle Eastern:** These patients might not make many preparations for birth. They may be very loud and expressive during labor and delivery.
- **Native American:** A female relative may be the birth attendant. Stoicism is encouraged during labor and delivery.
- **Russian:** A female relative is often the preferred labor and delivery partner. They tend to have a high pain threshold and stoic attitude.
- **Southeast Asians:** They may not give an accurate count of pregnancies because many only count live births. Some Hmong new mothers may want to take home the placenta for burial.



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## Encouraging Cultural Competency in Health Care: CLAS Standards



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# CLAS: Culturally and Linguistically Appropriate Services

- March 2001, the office of Minority Health of the U.S. Department of Health and Human Services issued fourteen standards (primarily for health care organizations) under three themes:
  - **Standards 1-3:** Culturally Competent Care
  - **Standards 4-7:** Language Access Services
  - **Standards 8-14:** Organizational Supports for Cultural Competence

# CLAS Standards Cultural Competence

- Culturally competent care
  - **Standard 1:** Health care organizations should ensure that patients/consumers receive effective, understandable, respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
  - **Standard 2:** Health care organizations should implement strategies to recruit, retain and promote a diverse staff and leadership that are representative of the demographic characteristics of the service area.
  - **Standard 3:** Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

# CLAS Standards (Mandated)

- Language access services
  - **Standard 4:** Health care organizations must offer and provide language assistance services at no cost to the patient/consumer with Limited English Proficiency (LEP) at all points of contact, in a timely manner during all hours of operation.
  - **Standard 5:** Health care organizations must provide patients/consumers, in their preferred language, verbal offers and written notices informing them of their right to receive language assistance services.

# CLAS Standards (Mandated)

- Language access services
  - **Standard 6:** Health care organizations must assure the competence of language assistance provided to LEP patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services, except when requested by the patient/consumer.
  - **Standard 7:** Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and /or groups represented in the service area.

# CLAS: Standards

- Organizational supports for cultural competence
  - **Standard 8:** Implement and promote a written strategic plan
  - **Standard 9:** Conduct initial and ongoing organizational self-assessments
  - **Standard 10:** Document member's race, ethnicity and spoken and written language preferences
  - **Standard 11:** Maintain a current demographic, cultural and epidemiological profile of the community and service area needs assessment
  - **Standard 12:** Collaborate with community partners
  - **Standard 13:** Provide culturally and linguistically sensitive complaint and grievance resolution
  - **Standard 14:** Inform the public about the implementation of CLAS Standards

## CLAS: Fast Facts

- A qualified interpreter is fluent in his/her native language, in the English language, and about the services or benefits they are discussing
- A child should never be asked or forced to act as an interpreter
- Providers may not “cherry pick” by refusing to treat LEP members, or by requiring them to come on certain days or times
- Individuals who have been denied interpreter or translation services may file a complaint with the Office of Civil Rights
- MDHA staff are available to provide on-site training to providers (free of charge!)



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## National Committee for Quality Assurance Multicultural Health Care Standards (NCQA MHC)



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# NCQA: MHC Standards

- MHC 1: Race/Ethnicity & Language Data
- MHC 2: Access & Availability of Language Services
- MHC 3: Practitioner Network Cultural Responsiveness
- MHC 4: Culturally & Linguistically Appropriate Services Programs
- MHC 5: Reducing Health Care Disparities



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## Culturally Competent Care: *How It Can Help Your Patients and Your Practice*



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# Benefits of Culturally Competent Care

- Patient's comfort level increases
- Better understanding of physician's orders improves health outcomes
- Reduction of misdiagnosis and unnecessary testing translates into fewer health risks due to improper treatment and lower costs
- Reduces patient no shows
- Improves overall practice management effectiveness by reducing unproductive and redundant staff-to-patient interactions
- Allows provider to focus on the whole individual and reduce potential liability

# What Can We Do?

- Make every contact patient friendly
- Communicate in an easy-to-understand language
- Create and use member-friendly written materials
- Repeat important instructions
- Utilize the teach-back method

# Communicate in Easy-to-Understand Language

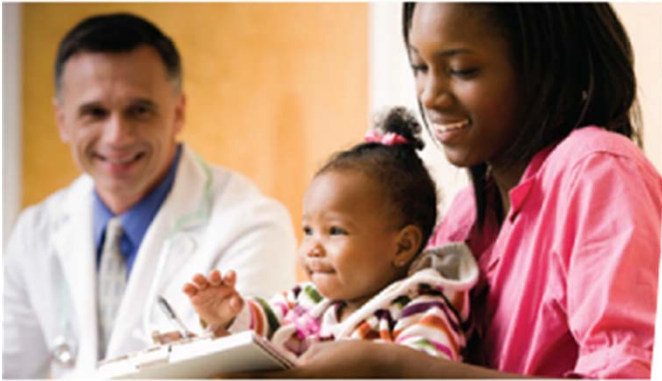
- 5 steps to improve communication with patients
  1. Slow down
  2. Use plain, non-medical language
  3. Limit the amount of information provided, and repeat it
  4. Use teach-back or show-me technique
  5. Create a shame-free environment

# Use Plain, Non-Medical “Living Room” Language

Table 13. Medical terms that patients may not understand

Medical term	Translation into plain language
• Analgesic	Pain killer
• Anti-inflammatory	Lessens swelling and irritation
• Benign	Not cancer
• Carcinoma	Cancer
• Cardiac problem	Heart problem
• Cellulitis	Skin infection
• Contraception	Birth control
• Enlarge	Get bigger
• Heart failure	Heart isn't pumping hard enough

How culturally competent do you think  
your office is today?



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## Legal Landmarks



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# Regulations

- Civil Rights Act of 1964
- Rehabilitation Act of 1973
- Limited English Proficiency (LEP)



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## Civil Rights Act of 1964



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# Civil Rights Act of 1964

- **Title VI: Non-Discrimination in Federally Assisted Programs**

A national law that protects persons from discrimination based on race, color, or national origin in programs and activities that receive federal financial assistance

- **Section 601**

Prohibits intentional discrimination by recipients of federal financial assistance

- **Section 602**

Protects recipients of federal assistance from discriminatory acts that disproportionately impact individuals because of their race, color or national origin. It also empowers federal agencies to terminate federal funding to a program, or otherwise sanction such a program, that is found to have violated Title VI



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## Rehabilitation Act of 1973



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# Rehabilitation Act of 1973

- **Title V:** A national law that prohibits federal agencies and institutions receiving federal funding from discriminating against people with disabilities
- **Section 504**  
Protects qualified individuals from discrimination based solely on disability
- **Section 508**  
Ensures that the electronic information technology developed, procured, maintained and utilized by every government agency is as accessible to people who have disabilities as it is to people who do not have disabilities.



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## Limited English Proficiency (LEP)



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# LEP: The Presidential Order

- **Executive Order 13166**

- Issued August 11, 2000, by President Clinton
- Directs federal agencies to ensure their programs and activities are accessible to person with Limited English Proficiency (LEP), regardless of country of origin
- Order is titled “Improving Access to Services for Persons with Limited English Proficiency,” 65 FR 50121 (August 16, 2000)

# Closing Thought

- In becoming culturally aware, people realize:
  - We are not all the same, yet our humanity gives us a foundation of commonality
  - Similarities and differences are both valuable and important
  - There are multiple ways to reach the same goal and to live life
  - Each situation is different and may require a different solution
  - Cultural inclusion creates a warm environment where everyone can feel welcome

# Questions?

