

Standardized Cultural Competency Training - 2023

Humana_®

Training goals

	Topic	Guidance	Pages
1.	Culture and cultural competence	Definitions and impacts	3 – 6
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3.	Various subcultures and populations	Definitions and impacts to health and healthcare	23 – 29
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Note: The content within this presentation is adapted from Sections A, B and D from the Industry Collaboration Effort (ICE) "Cultural Competency Training for Healthcare Providers: Connecting with your patients." Jan. 18, 2013.

Culture and cultural competence



Defining culture and cultural competence

Culture refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, values and institutions that unite a group of people.

Cultural competence is the capability of effectively interacting with people from different cultures.

Adapted from http://minorityhealth.hhs.gov and the Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

How does culture impact the care that is given to my patients?

Culture informs:

- Concepts of health and healing
- Perception of illness and disease and their causes
- Behaviors of patients seeking healthcare
- Attitudes toward healthcare providers

Adapted from http://minorityhealth.hhs.gov and the Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

During each healthcare encounter, culture can impact:

- Who provides treatment
- What is considered a health problem
- What type of treatment is needed
- Where care is sought
- How symptoms are expressed
- How rights and protections are understood



Because healthcare is a cultural construct based on beliefs about the nature of disease and the human body, cultural issues are actually central in the delivery of health services.

Adapted from http://minorityhealth.hhs.gov and the Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

Clear communication

The foundation of culturally competent care

Limited English proficiency (LEP)

Limited English proficiency describes how well a person's ability to speak, read, write or understand the English language enables that individual to interact effectively with healthcare providers or health plan employees.

Who can be most impacted:

- 20 percent of U.S residents speak a language other than English in their homes.
- The U.S. Hispanic population grew by 43 percent between 2000 and 2010.
- 17 percent of the U.S. foreign-born population in arrived in 2005 or later.

The impact:

- One out of two adult patients has a hard time understanding basic health information due to lower-level English fluency.
- The average physician interrupts a patient within the first 20 seconds of a healthcare encounter.

Health literacy

Health literacy is the ability to obtain, process and understand basic health information and services needed to make appropriate decisions.

 More than a third of patients have limited health literacy, which results in a lack of understanding of what's necessary to remain consistently healthy.

According to the Institute of Medicine's 2004 study, *Health Literacy: A Prescription to End Confusion (National Academies Press: Washington, D.C.):*

 Limited health literacy is associated with poor management of chronic diseases, poor ability to understand and adhere to medication regimens, increased hospitalizations and poor health outcomes.

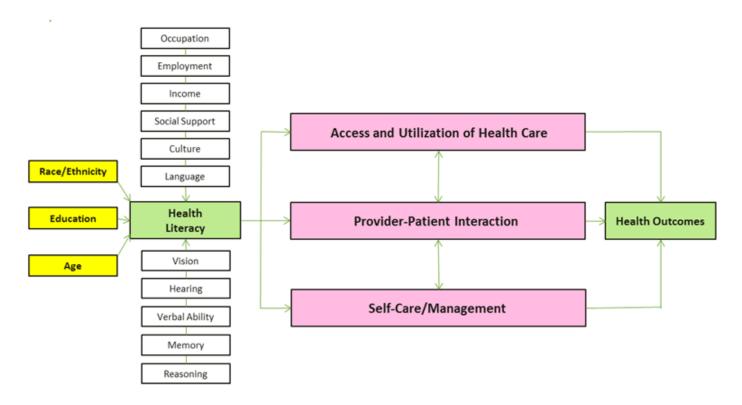
Humana develops member communications based on health literacy and plain language standards. The reading ease of Humana written member materials is tested using the widely known Dale-Chall Readability tool

According to the AMA, poor health literacy is a STRONGER predictor of health than age, income, employment status, education or race.



Health literacy outcomes connection

Health literacy is based on many factors such as education, age, race and ethnicity, as well as culture, language, reasoning and social support



Paasche-Orlo, M. & Wolf, M. (2007). The causal pathways linking health literacy to health outcomes. American Journal of Health Behaviors. 31(suppl 1) S19-S26.

Each factor plays a significant role in health outcomes and associated costs.



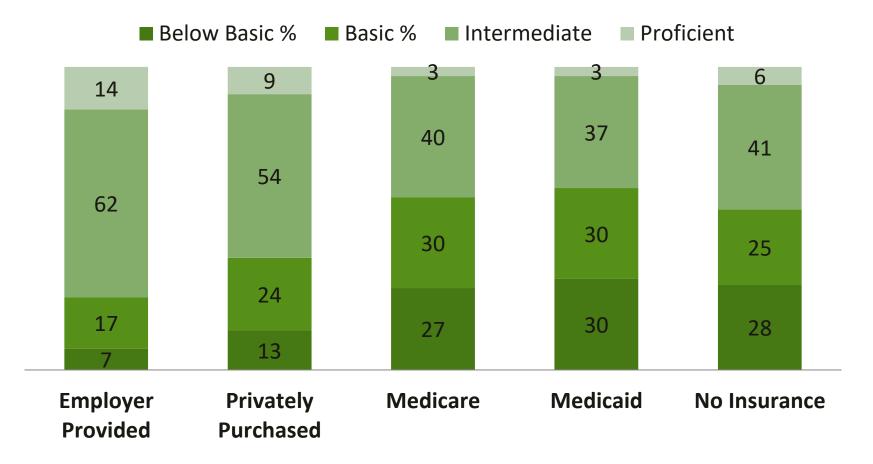
Health literacy outcomes connection (cont'd)

Health literacy impacts:

- One's ability to access and use the healthcare system
- Ones ability to understand what their physician is asking of them
- One's ability to carry out self-care or self-management responsibilities

Health literacy and insurance plans

Medicaid has the lowest literacy, followed by Medicare



America's Health Literacy: Why We Need Accessible Health Information. (2008). An Issue Brief From the U.S. Department of Health and Human Services.



Health literacy summary

- Health literacy is a strong predictor of health.
- It is hard to determine a patient's health literacy; level of education does not equal level of health literacy.
- A gap exists between what a physician says and what the patient understands and remembers.

Beneficial approaches:

- The Agency for Healthcare Research and Quality (AHRQ) Health Literacy Universal Precautions Toolkit provides solutions to improve health literacy.
- Research has shown that using the teach-back method is an effective way to determine patient understanding.
- Using plain language with patients is the preferred way to communicate
- Basic print materials, technology and trusted websites are helpful for reinforcing learning



Positive outcomes of clear communication

Reduced malpractice risk

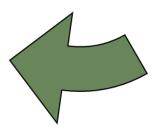


Improved safety and adherence





Time and money-saving office process



Physician and patient satisfaction

Language Assistance Program (LAP) for LEP and ADA members

In accordance with federal and state regulations regarding accessibility and effective communication, providers are responsible for providing in-office interpretive services available to LEP members.

Humana is committed to providing free language assistance services for its LEP and Americans with Disabilities Act (ADA) members. Services include:

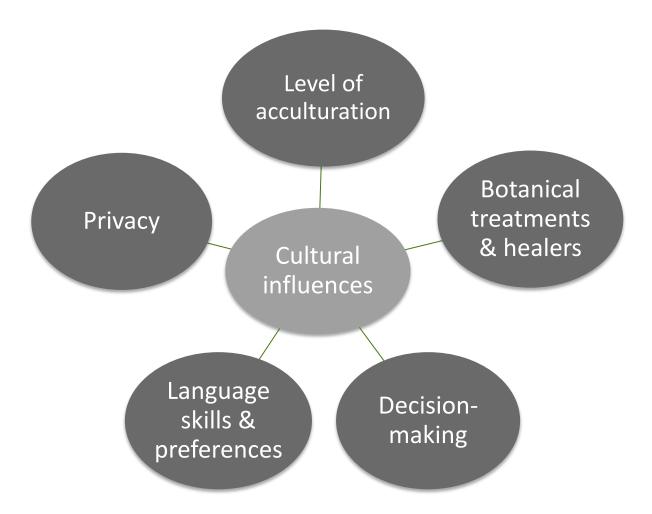
- Over-the-phone interpretation services in a minimum of 150 languages
- Sign language interpreters via in-person or Video Remote Interpretation (VRI) through your provider
- Spanish versions of Humana's public website and member materials
- Text telephone (TTY)/telecommunication device for the deaf (TDD) services and videophone capabilities
- Alternative formats in braille, audio, accessible PDFs, large print or Read Over the Phone

Members should call the Humana Customer Care phone number on the back of their Humana ID card to access/request over-the-phone Interpretation or alternative formats.

Members who are deaf and require assistance with sign language interpretation (in-person or VRI) should call 877-320-2233.



Impacts of cultural influences





Clear communication with LEP members

What we wish our healthcare team knew about some of our members:

- I tell you "I forgot my glasses," it often means I am ashamed to admit I don't read very well.
- I don't know what to ask, and am hesitant to ask
- When I leave your office, I often don't know what I should do.

What your team can do to help:

- Use a variety of instruction methods
- Encourage questions and use of Ask Me 3*
- Use teach-back tool*



^{*} Described on the following pages

Ask Me 3 tool for communicating with members

Ask Me 3 is a patient education program designed to:

- Improve communication between patients and healthcare providers
- Encourage patients to become active members of the healthcare team responsible for their care
- Promote improved health outcomes

The program encourages patients to ask their healthcare providers three questions:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

Patients and providers can use this tool in their patient clinical encounters.

What is the teach-back tool?

The **teach-back tool** is a research-based health literacy communication intervention that promotes adherence, quality and patient safety.

You can use it by:

- Confirming that the healthcare provider explained information clearly; it is not a test or quiz of patients or members.
- Asking a patient (or family member) in a caring way to explain, in his or her own words, what he or she needs to know or do.
- Checking for understanding and, if needed, explain and check again.



Clear communication

What we wish our healthcare team knew about some of our members:

- They sometimes misunderstand how to use prescribed medicine (e.g., putting medication into their ears instead of their mouths to treat an ear infection.)
- They are sometimes confused about information presented as percentages or ratios related to risk and wonder how to decide and proceed.

What your team can do:

- Use specific, plain language on prescriptions.
- Use qualitative, plain language to describe risks and benefits. Avoid using just numbers.



Addressing the U.S. healthcare system

What we wish our healthcare team knew about some of our members:

- Their expectations do not align with U.S. managed care.
- They're bewildered by requirements to sometimes visit multiple doctors.
- They wonder why they must sometimes have diagnostic testing before a prescription is written.

What your team can do:

- Inform patients that they may need follow-up care.
- Explain why a patient may need to be seen by another doctor.
- Emphasize the importance of medication adherence.



Common office expectations

What we wish our healthcare team knew about some of our members:

- They have different expectations about time.
- They prefer to be seen and treated by someone of the same gender.
- They're going to bring friends or family to help make decisions.

What your team can do:

- On arrival, inform patient about wait time.
- Accommodate by offering a doctor or interpreter of same gender.
- Confirm decision-makers at each visit.



Various subcultures and populations

Subcultures and populations

- A subculture is an ethnic, regional, economic or social group exhibiting characteristic patterns of behavior sufficient to distinguish it from others within an embracing culture or society.
- With growing concerns about health inequities and the need for healthcare systems to reach increasingly diverse patient populations, cultural competence has increasingly become a matter of national concern.
- There are also growing concerns over different health issues that affect
 American society, which can differ among ethnic groups. Each population has
 its health issues: Anglo-, Asian-, African- and Latino-Americans, and American
 Indian/Alaskan Native. There can be differences within those ethnic groups
 among genders.



Healthcare for economically disadvantaged populations

Economically disadvantaged members may:

- Not be familiar with the U.S. healthcare system
- Experience illness related to life changes such as job loss
- Experience difficulty getting to medical appointments due to transportation issues

Benefits to open communication:

- Builds trust
- Result in full disclosure of patient knowledge, behavior and ability to afford medications and treatment

Cultural differences

When considering care options for different ethnicities in the United States, it is important to understand the various cultural differences in values, beliefs and customs.

For example:

- Women from Middle Eastern and Central Asian countries might be uncomfortable undressing for an examination.
- When working with a wide array of people from different cultures, a staff's expression of respect for everyone's traditions and norms is essential to helping patients improve healthcare literacy.

Cultural aspects that may impact health behavior

- Eye contact: Many cultures use deferred eye contact to show respect.
 Deferred eye contact does not mean that the patient is not listening to you.
- Personal space: Different cultures have varying approaches to personal space and touching. Some cultures expect more warmth and hugging in greeting people.
- Respect for authority: Many cultures are very hierarchical and view doctors with a lot of respect. Therefore, these patients may feel uncomfortable questioning doctors' decisions or asking questions.



Cross-cultural healthcare

Understanding the many different subcultures that exist within our own culture is also an important aspect of cross-cultural healthcare.

 Not just understanding Americans in general, but also understanding different issues that affect different subcultures of American society



Example of healthcare behavior for a section of the population

Prostate cancer is an easily treatable disease, and yet, many men die from it.

Why?

Oftentimes, men don't talk about their health believing it isn't "macho" to verbalize when they notice symptoms of declining health or feel sick.

Cross-cultural healthcare teaches people in the healthcare industry how to relate to people of different cultures and sections of our own society.

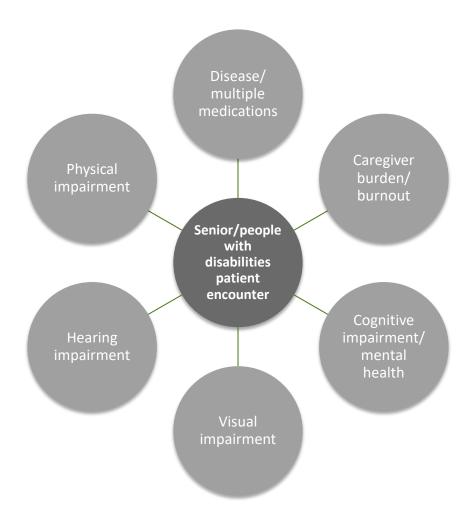


Strategies for working with seniors and people with disabilities

Americans with Disabilities Act (ADA)

- People with disabilities must be consulted before an accommodation is offered or created on their behalf.
- Humana develops individualized care plans that take into account members' special and unique needs.
- If a member is disabled and needs help communicating, please call
 877-320-2233 to schedule an interpreter or to request an alternate format.
 This number may be given to the disabled member to contact us directly.

Working with seniors and persons with disabilities





Disease and multiple medications

What we wish our healthcare team knew about some of our members:

Their neurocognitive processing ability is impaired due to:

- Stroke
- Pain
- Hypertension, diabetes
- UTI, pneumonia

Certain types of medications affect cognition:

- Pain medication
- Antidepressants
- Interactions between medications

What your team can do:

- Be aware
- Slow down
- Speak clearly
- Use plain language
- Recommend assistive listening devices
- Obtain thorough health history



Caregiver burden/burnout

What we wish our healthcare team knew about some member caregivers:

- 12% of active caregivers may have their own limitations
- 16% of working seniors are also caregivers
- Caregivers report more stress and higher likelihood of depression

What your team can do:

- Ask about caregiver responsibilities and stress levels
- Offer caregiver support services



Cognitive impairment and mental health

What we wish our healthcare team knew about some of our members:

- Patients with dementia may need a caregiver
- Older adults suffer more losses
 - May be less willing to discuss feelings
 - Have high suicide rates at 65 and older

Here's what your team can do:

- Communicate with patient and caregiver
- Assess for depression, dementia or cognitive ability



Visual impairment



Macular degeneration



Diabetic retinopathy



Cataract



Glaucoma



Problems

 Reading, depth perception, contrast, glare, loss of independence

Solutions

- Decrease glare
- Use bright, indirect lighting and contrasting colors
- Share printed material with large, sans-serif fonts



Hearing impairment

Here's what we wish our healthcare team knew about some of our members:

- Presbycusis: Gradual, bilateral, high frequency hearing loss
 - Consonant sounds are high frequency
 - Word distinction difficult
 - Speaking louder does not help

Here's what your team can do:

- Face patient at all times
- Speak slowly and enunciate clearly
 - Do not use contractions
- Rephrase if necessary
- Do not cover your mouth
- Reduce background noise
 - Air conditioner, TV, hallway noise, etc.
- Offer listening devices



Physical impairment

What we wish our healthcare team knew about some of our members:

Pain and reduced mobility is common due to:

- Osteoarthritis
- Changes in feet, ligaments and cushioning
- Osteoporosis
- Stroke

What your team can do:

- Keep hallways clear
- Lower exam tables
- Add grab bars/railings
- Use exam rooms nearest waiting area
- Offer assistance transfers, opening sample bottles, etc.
- Recommend in-home accessibility assessment



References

Humana used the following references to develop this training. Feel free to access these links for more information

- Cultural Competency and Patient Engagement, Industry Collaboration Effort (ICE), last accessed Sept. 7, 2022, www.iceforhealth.org/library/documents/ICE Cultural Competency and Patient Engagement Module 1.pdf.
- The Office of Minority Health, U.S. Department of Health and Human Services, last accessed Sept. 7, 2022, https://minorityhealth.hhs.gov/.
- Think Cultural Health, U.S. Department of Health and Human Services, last accessed Sept. 7, 2022, https://thinkculturalhealth.hhs.gov.
- Ask Me 3[™], last accessed Sept. 7, 2022, <u>www.partnershiphp.org/Providers/HealthServices/Documents/Health%20Education/CandLToolKit/13%20Ask%20Me%203.pdf</u>.
- Teach-back training toolkit, last accessed Sept. 7, 2022, www.teachbacktraining.com/home.

Additional information

Humana's Cultural Competency Plan

Questions about Humana's cultural competency plan, Humana's expectations of providers or requests for copies of the plan may be directed to:

Compliance Director/Coordinator

Steve Amshoff

877-320-2233

Select "1" for English, then choose option 9 Select "2" for Spanish, then choose option 9

E-mail:

<u>accessibility@humana.com</u> (best way to email – do not include personal information)

By Mail: Humana 500 W. Main St. Louisville, KY 40202

