CULTURAL SENSITIVITY & AWARENESS

2024 ANNUAL PROVIDER TRAINING

What is Cultural Diversity

Diversity is another word for variety. Cultural diversity refers to a variety of groups with different beliefs and behaviors that live together in the same place. Your job brings you in contact with many people every day, meaning you are in culturally diverse environments daily.

It's important to learn about common cultural traits and beliefs of the individuals around you without making any judgments. Keep in mind that regardless of racial, ethnic, or religious background, your clients and coworkers are *individuals* who deserve to experience teamwork and care without the influence of social prejudices.

We built our Cultural Competency Model around the National CLAS Standards.

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NATIONAL CLAS STANDARDS

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What are CLAS Standards?

VillageCare employees and providers are held to standards and expectations developed by the Office for Minority Health (OMH) at the U.S. Department of Health and Human Services (HHS) called Culturally and Linguistically Appropriate Services (CLAS) Standards.

They aim to help organizations and providers deliver effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

The National CLAS Standards are developed with **RESPECT** and **RESPONSIVENESS** at its core.

Respect the whole individual.

Respond to the individual's health needs and preferences.

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Why are CLAS Standards Important?

Using CLAS Standards is one strategy to help eliminate health inequities.

Health inequities in our nation are well documented. By tailoring services to an individual's culture and language preferences, health professionals can help bring about positive health outcomes for diverse populations.

The provision of health services that are respectful of and responsive to the health beliefs, practices, and needs of diverse patients can help close the gap in health outcomes. The pursuit of health equity must remain at the forefront of our efforts; we must always remember that dignity and quality of care are rights of all and not the privileges of a few.

One of the ways we can ensure we are meeting the needs of our diverse populations is communicating effectively.

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15 National CLAS Standards are broken up into four (4) categories

- ✓ **Principal Standard**

- ✓ **Governance, Leadership and Workforce**

- ✓ **Communication and Language Assistance**

- ✓ **Engagement, Continuous Improvement, and Accountability**

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Principal Standard 1:

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

Governance, Leadership, and Workforce: Standards 2-4:

2. Advance and sustain organizational governance and leadership that promote CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance: Standards 5-8

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement and Accountability: Standards 9-15

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS- related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

CULTURALLY COMPETENT CARE

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CULTURAL COMPETENCE DEFINED

Cultural competence refers to our ability as healthcare professionals to demonstrate cultural competence toward members and patients with diverse values, beliefs, and feelings.

It requires us all to develop an awareness of one's own thoughts, attitudes, and environment without letting it influence those from other backgrounds.

We do this by accepting and respecting cultural differences and adapting care to accommodate the client's culture.

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Types of Competence

LINGUISTIC COMPETENCE

Providing readily available, culturally appropriate oral and written language services to limited English proficiency (LEP) members through such means as bilingual/bicultural staff, trained medical interpreters, and qualified translators.

CULTURAL COMPETENCE

A set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals that enables effective interactions in a cross-cultural framework.

CULTURAL AND LINGUISTIC COMPETENCE

The ability of health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by the patient to the health care encounter.

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ASSESSING YOUR CULTURAL AND LINGUISTIC COMPETENCE

The Importance of Self-Awareness

The reflective process of self-evaluation helps facilitate the development of awareness of others: the recognition that all individuals are uniquely programmed with their own background, worldview, beliefs and values, and that while these may not match up with your own, they are equally valid and valuable.

How Do I Support My Own Self-Awareness?

- Understanding your personal background and culture

- Awareness of your assumptions, biases, and judgments

- Awareness of how others might perceive you and your role

- Knowledge of strengths and limitations

- Ability to recognize your personal biases, cultural incompetence, or exclusive behavior

- Capacity for self-reflection and intervention

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Awareness analysis...

"Me-Centered" Analysis
What are my values, beliefs, norms, customs, traditions, styles, biases, stereotypes, and behaviors?

"Other-Centered" Analysis
What are other's values, beliefs, norms, customs, traditions, styles, biases, stereotypes, and behaviors?

Awareness looks like...

I know my family has strong opinions of people who live in the city.
As a professional, I am always ready to serve anyone.

Knowledge analysis...

How are my values, beliefs, norms, customs, traditions, styles, biases, stereotypes, and behaviors the same or different from others?

What additional cultural knowledge, awareness, and/understanding do I need?

Knowledge looks like...

Despite being Catholic, I am going to prayer with Mrs. Jones today because it is such a beautiful day out and it is on her plan of care.

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Sensitivity analysis…

Am I open to accepting and respecting differences? Why or why not? What are the benefits? What are the challenges for me? Can I avoid assigning judgements, be better or worse, right or wrong, to cultural differences? Why or why not?

Sensitivity looks like…

If what you are going to share will have a negative impact on others who receive service here, then do not say it at all.

Skill analysis…

What adjustments both in the way I think and behave do I need to make in order to effectively operate in a different cultural context?

Skill looks like…

I am a conservative, but I am also a professional who will not share my conservative views while in the work place.

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Emotional Awareness and Communication

Emotional awareness – the ability to manage your feelings appropriately – is the basis for effective communication and helps you to:

- Understand and empathize with what is really troubling other people.

- Stay motivated to understand and empathize with the person you're interacting with, even if you don't like their message.

- Communicate clearly and effectively, even when delivering negative messages.

- Build strong, trusting, and rewarding relationships that assist in resolving conflicts

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Effective Listening

- Make the speaker feel heard and understood, which can help build a stronger, deeper connection between you.

- Create an environment where everyone feels safe to express ideas, opinions, and feelings, or plan and solve problems in creative ways.

- Help to clarify information to avoid conflicts.

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Conflict

A conflict is more than just a disagreement.
Conflict is a situation in which someone feels threatened, whether or not the threat is real.

We respond to conflict based on our own view of the situation. Our views are influenced by our experiences, culture(s), values, and beliefs.

Conflict triggers strong emotions. If you aren't comfortable with your emotions or able to manage them in times of stress, you won't be able to resolve conflict successfully.

Conflict is also an opportunity for growth. When you're able to resolve a conflict, it builds trust and shows that you and a member can survive challenges and disagreements.

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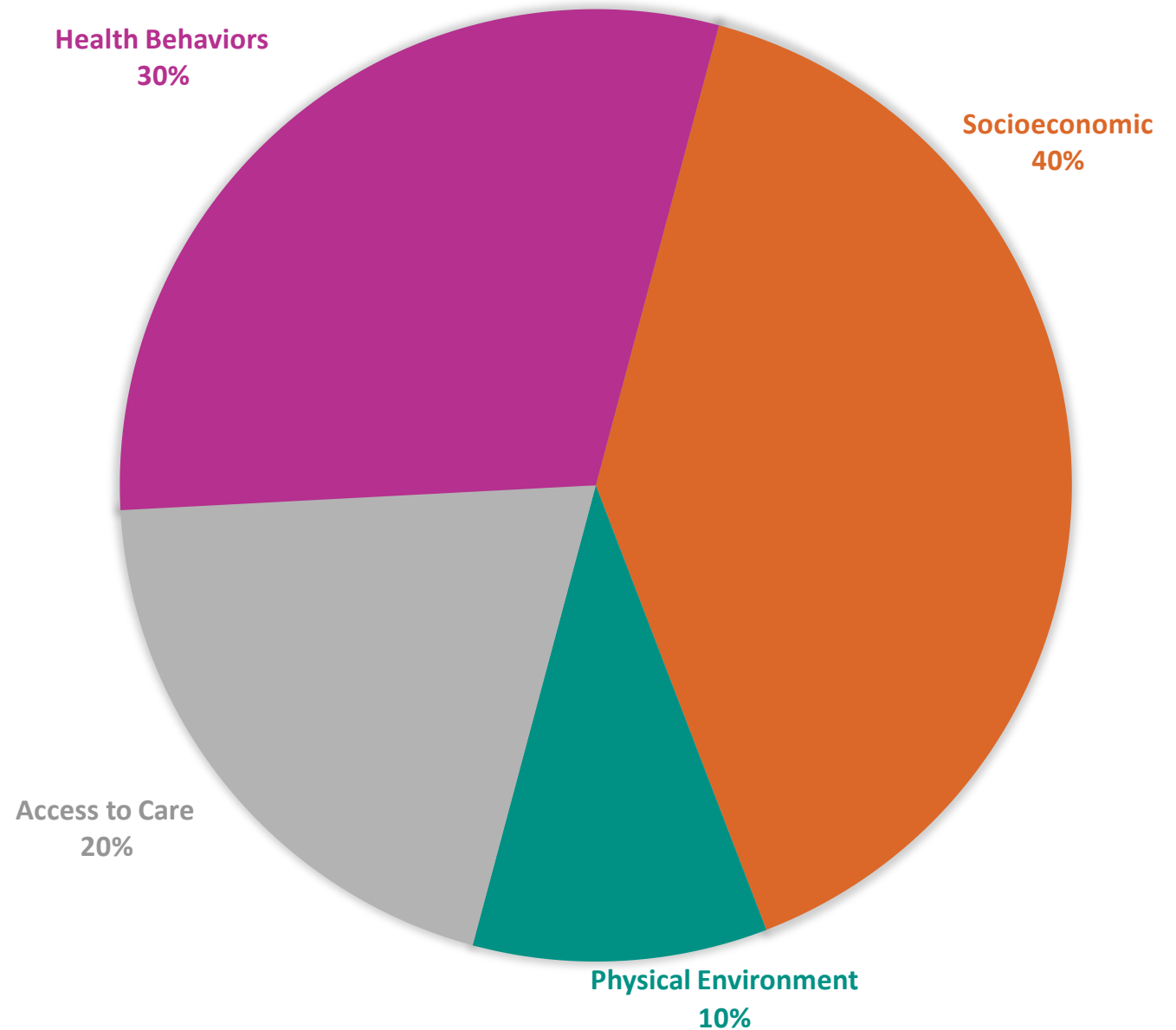
Who Is in a Circle?

Society refers to the broad factors that help create an environment in which healthy interactions are encouraged. Large societal factors include the health, economic, educational, and social policies that help to maintain economic or social differences between groups in society.

A member's involvement with their **community** and their close **relationships** may have an impact on their behavior. Their community is defined as neighborhoods, churches, and organizations in which social relationships such as marital partners, close friends, or family members occur.

Some of the **individual factors** that may affect a member's behavior are personal history, age, education, history of substance use or abuse or physical or mental disability.

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Social Determinants of Health

Education
Job Status
Family/Social Support
Income
Community Safety
Housing
Transportation
Walkability
Zip Code
Parks
Healthcare Coverage
Quality of Care
Provider Availability
Community Engagement
Community Safety
Alcohol Use
Tobacco Use
Family/Social Support
Sexual Activity
Diet and Exercise

Health Behaviors
30%

Socioeconomic
40%

Access to Care
20%

Physical Environment
10%

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Roadblocks to Cultural Competence

There are several roadblocks to achieving cultural competence. This is largely due to our own preconceived notions or assumptions about people who are different from us.

Prejudice	When we have a prejudice about people, we judge them before the facts are known. (And, sometimes, even when we know the truth, we still hang onto our false beliefs.)
Stereotype	When we stereotype others, we make up our minds about people based on a certain idea we have of them, without ever taking the time to find out about them as individuals.
Generalization	When we generalize about people, we assume that everyone in a certain group or culture behaves the same way despite knowing everyone is an individual.

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A member's family asks you to kneel down and join in prayer for the client.

Reflection: How do you set boundaries bust still deliver excellent service?

A member mentions that she can't eat for two days due to a religious holiday.

Reflection: How do you respect the member's beliefs but also ensure they remain healthy?

A member tells you that his illness was caused by his past sins.

Reflection: How do you ensure the member feels safe and heard?

Being Aware of Prejudices

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Refuting Stereotypes in Care

People with diabetes eat a lot of sugar

Diabetes is caused when blood sugar levels start to rise, and insulin isn't working properly.

Older people are always grouchy

Seniors often struggle with loneliness and loss of independence which impacts their social interaction.

Mentally ill people are dangerous

There is a wide spectrum to people who experience mild to severe mental illness, and many are not violent.

Stereotype →

Heavy or overweight people do not care about their health

Weight gain can be attributed to several medical issues outside of someone's control.

↖ *What we should know*

Examples Cultural Difference

THE BODY	NUMBERS	DISEASE
Some religious groups, including Jehovah's Witnesses, believe that blood transfusions are forbidden by God—even if the procedure would save someone's life.	In Chinese and Japanese, the word for the number four is pronounced the same as the word for *death*. So, for example, a Chinese man may feel unlucky if he's admitted to the hospital in Room 404.	Most Americans believe that germs cause disease—because this is what scientists say is true.
In other cultures, people refuse to have their blood drawn. They're afraid of becoming weak or of losing their souls if even a small amount of blood is taken from their bodies.	Alternatively, in China, the numbers eight and nine are considered lucky. The number eight means *wealth* and the number nine means *long life*.	Other cultures feel that people get sick if their bodies are not in balance, or their souls are lost, weak or stolen, or because they deserve a disease for something they've done

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What is Culturally Competent Care?

The Plan is committed to the delivery of services in a culturally competent manner to all members, including but not limited to, those with limited English proficiency and diverse cultural and ethnic backgrounds as well as members with diverse sexual orientations, gender identities, and members of diverse faith communities. To that end, the Plan offers cultural competence training to all staff at time of initial orientation and annually. Certification of cultural competence training is also required of participating providers annually.

Assessments
Plan-wide cultural competence, self-assessment, and community needs assessments

Quality
Quality improvement projects to improve cultural competence and reduce disparities

Translation
Offers translated member materials and telephonic member services for the most-represented languages of Plan members

Language Line
Offers a language line translation service for all members.

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VILLAGECARE SUPPORTIVE INITIATIVES

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We are Dedicated...

VillageCareMAX is dedicated to supporting the National CLAS standards and providing any and all services to our members and patients in a way that improves their lives.

This lesson shares with you a few of the ways VillageCare is supporting the National CLAS Standards in addition to this training. We are continuously improving upon our plans and innovating new methods for reaching out to our culturally diverse community in a way that empowers them.

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Self Assessment

To support VillageCareMAX's achievement of the cultural competency requirements and to understand strengths and opportunities for the Plan, the VillageCareMAX Quality Department oversees an organizational self-assessment for cultural competency.

The self-assessment is based on a series of structured conversations with key corporate departments and Plan business areas central to the achievement of cultural competency including Quality, Member Services, Provider Relations, Marketing and Business Development, and Human Resources.

Assessments are organized around the CLAS Standards and MLTC Model Contract Requirements and capture current state activities related to those standards.

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Community Needs Assessment

An annual Community Needs Assessment (CNA) is required per the standards and requirements.

This assessment is used to understand the cultural and linguistic needs of the population we serve, to create a program that is responsive and supports the member's wellness.

To this end, VillageCare conducts a comprehensive CNA for all Plan products. This assessment covers geographic location, age, gender, race and primary language spoken as well as other sociodemographic characteristics of the VCMAX member population.

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VILLAGECARE MEMBERS

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Results of the Community Needs Assessment & Location

VCMAX members reside in New York City. The largest borough of residence is Brooklyn with over 38% of the membership, followed by Queens with 30%. The Bronx comprises nearly 17% of members, Manhattan is home to 14%, and the remaining 1% reside in Staten Island, Nassau and Westchester.

Areas of concentration of membership are South Brooklyn, South Central Bronx, Lower East Side of Manhattan and Flushing area of Queens.

VCMAX members reflect the multi-cultural nature of New York City. Over one-fifth identify as Hispanic, nearly one-fifth identify as Asian and 30% are almost evenly spilt between Black African American and White.

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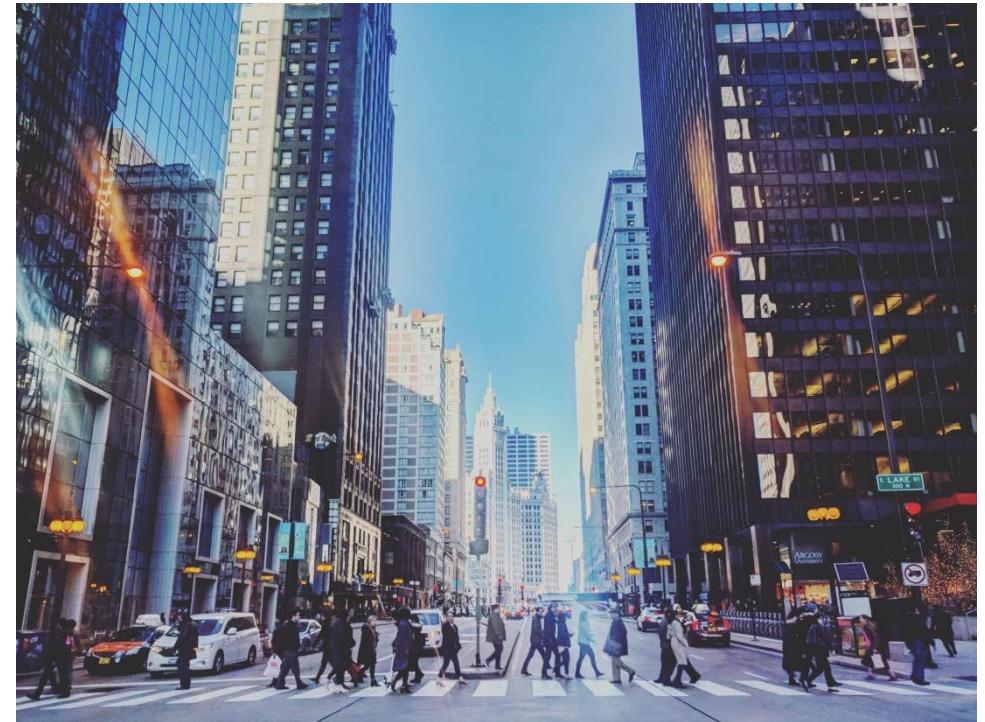
Results of the Community Needs Assessment & Language

Regarding primary language, 54% speak English with 15% speaking Spanish, 22% speaking Cantonese or Mandarin, 3% speaking Russian, and 2% speaking Bengali.

The remaining speak a variety of other languages.

While the Plan does not collect information on the English proficiency of our members, a cross-section of New York City census data on limited English-speaking household implies that between approximately 10-20% of our membership may have limited English-speaking capability in their homes.
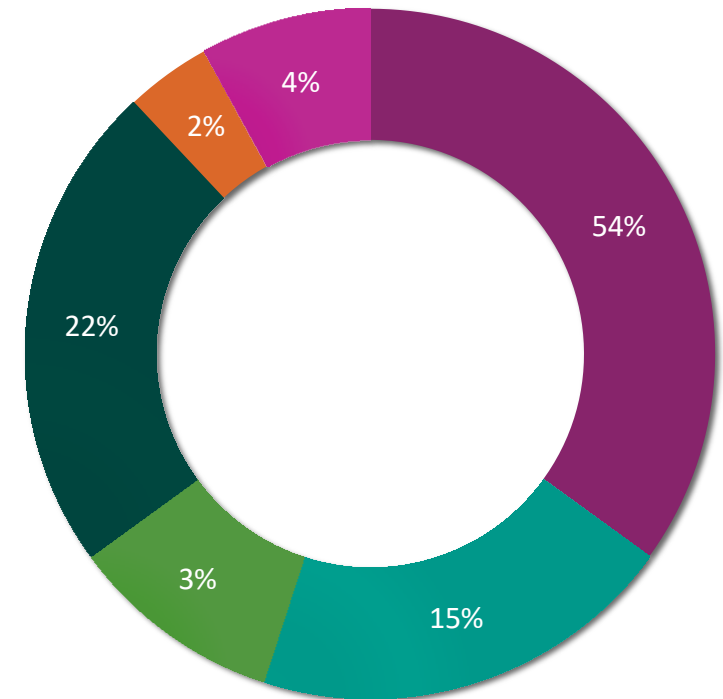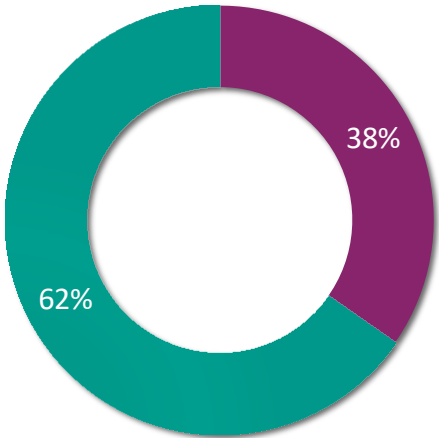

- English
- Spanish
- Russian
- Cantonese/Mandarin
- Bengali
- Other

54%
4%
2%
22%
3%
15%

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Results of the Community Needs Assessment & Demographics

Member age is primarily 65 or older (81%) and many are in the older cohorts, with 45% over the age of 75.

VCMAX membership is predominately female (65.3%).

38%

62%

■ Male ■ Female

While we do not collect information on sexual identity, we are aware many of our members may identify as LGBTQIA+.

Results of the Community Needs Assessment & Demographics

The majority of the Plan's members are dually eligible for Medicare and Medicaid. While we do not collect specific socioeconomic data on our members, the characteristics of those who are dually eligible are well-research by public policy organizations as well as governmental bodies.

Nationally, as compared to non-dually eligible Medicare beneficiaries, dually eligible beneficiaries are:

- More likely to experience poverty or near poverty
- More likely to live alone or with a non-spouse
- Have lower educational attainment
- Have limitations in some or many ADLs

These characteristics have implications for health disparities due to access limitations, poor health literacy, lack of advocacy, and physical and functional limitations.

Overall, mortality and morbidity vary by race and have implications for disease state and presence of chronic conditions. In addition, prevalence of mental health issues, the impact of social determinants of health and the burden of COVID-19 on these hard-hit communities of color, all have bearing on the Plan's ability to support the members in optimizing their health and wellness.

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VILLAGECARE MEMBERS

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Letter Translation Services

VillageCare is dedicated to ensuring our members receive the information they need and want in a way they can understand and relate to.

VillageCare offers written information in a variety of languages upon request. We ensure the information is translated for the appropriate age level and in the member's primary language when requested.

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Language Line

VillageCare Member Services offers the opportunity to connect with a translator when needed.

A member can call Member Services and request an interpreter for conversations with VillageCare, a Primary Care Doctor, or other medical professionals servicing the member via VillageCare.

Language Line offers translation services in Spanish, Mandarin, Cantonese, French, Vietnamese, Tagalog, and others.

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THANK YOU

YOU HAVE REACHED THE END OF THIS TRAINING

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VillageCareMAX is a health plan that is part of VillageCare, a community-based, not-for-profit organization delivering quality health care in New York City's communities for more than 45 years. With over 20,000 members, VillageCareMAX is one of the fastest growing plans in New York State, with members living within the boroughs of Brooklyn, Manhattan, Bronx, Queens, Staten Island, as well as Nassau and Westchester counties. Our Plan fully supports the Patient-Centered Medical Home initiative by collaborating with local community services and the patient's providers to effectively coordinate medical, behavioral, pharmaceutical, as well as social and community-based services. The result is a comprehensive, team-based care plan that anticipates and adapts to the changing needs of each member, striving to keep them secure, independent and living in the comfort of their own home. As a provider, you want to spend your time taking care of your patients and we'll take care of the rest.