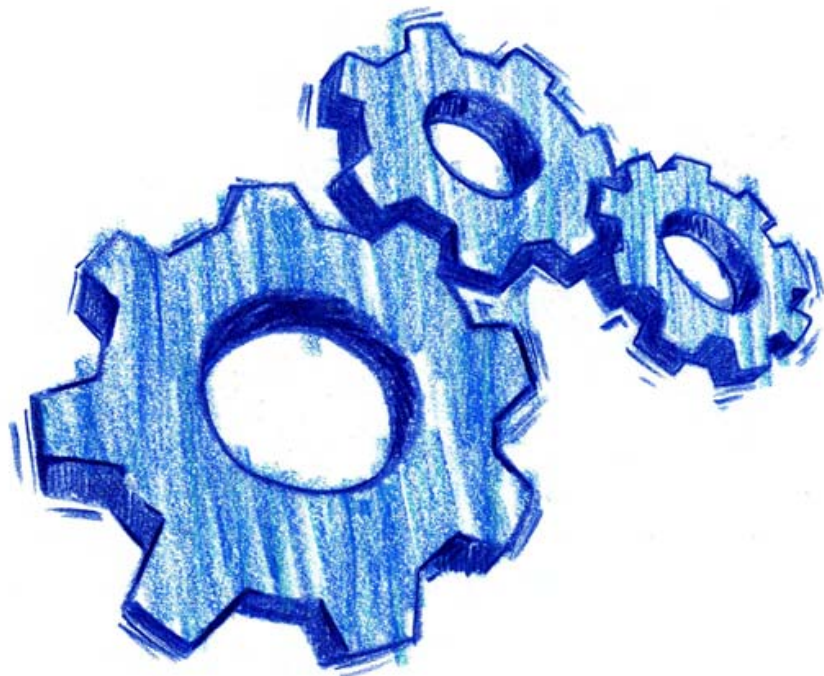


Cultural Engagement

Training for Healthcare Providers



**Connecting with
your Patients**

Training Goals

- Define culture and cultural engagement
- Address health care for homeless, seniors, persons with disabilities, refugees and immigrants
- Enhance awareness of accessibility needs



Section 1 **What is Culture *and* Cultural Competence**

What is....

Cultural Competence?

- “Set of congruent behaviors, attitudes, and policies that come together” that allow professionals to accept and accommodate cultures other than their own, and enable professionals to work effectively in situations where more than one culture is involved.¹

Cultural Competence in Health Care?

- To provide effective care to patients with diverse values, beliefs and behaviors, including tailoring treatment to meet patients social, cultural and linguistic needs.²



1. Sutton M. Improving Patient Care: Cultural Competence. American Academy of Family Physicians. Available at: <http://www.aafp.org/fpm/20001000/58cult.html>

2. Smith RE, Kerr RA, Nahata MC, Roche VF, Wells BG, Maine LL. AACP Engaging Communities: Academic Pharmacy Addressing Unmet Public Health Needs. Available at: http://www.aacp.org/Docs/AACPFunctions?governance/6822_2005

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

Culture informs:

- Concepts of health, healing
- How illness, disease, and their causes are perceived
- The choices that a patient will consider to improve health or maintain wellness
- The behaviors of patients who are seeking health care
- Attitudes toward health care providers

Adapted from: <http://minorityhealth.hhs.gov>

Culture influences how health care is perceived, sought and delivered.

Culture Impacts Every Health Care Encounter

Culture defines health care expectations:

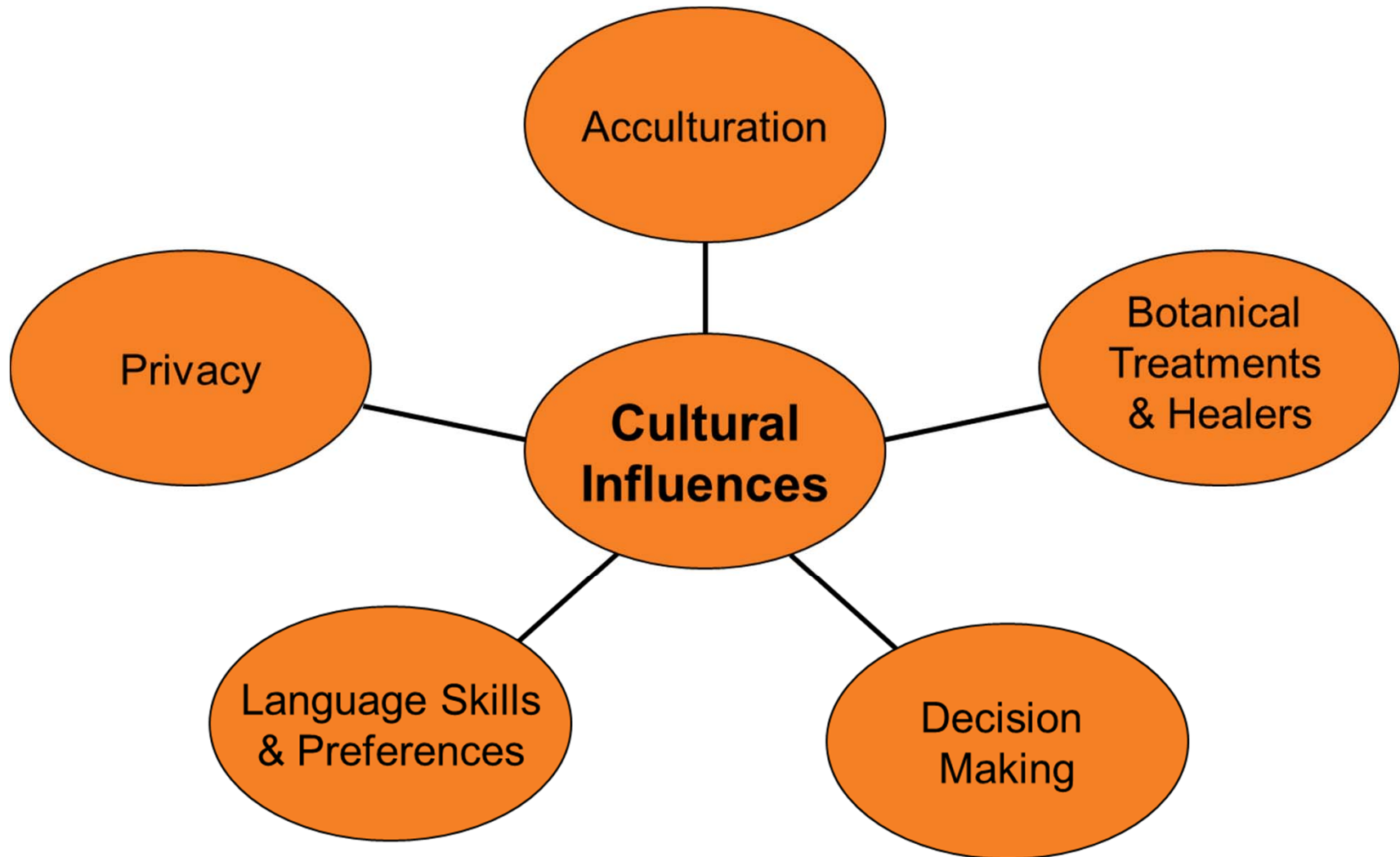
Because health care is a cultural construct based in beliefs about the nature of disease and the human body, cultural issues are actually central in the delivery of health services.

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

Adapted from: <http://minorityhealth.hhs.gov>



Cultural Influences



Bias and Stereotypes – Some Pitfalls to Consider

- Stereotypes are assumptions about a group of people
 - May be based on limited information
 - Not questioned
 - Applied to all members of the group without recognizing individual variation
- Generalizations are broad statements
 - Must be questioned and explored
 - A beginning point to determine the level of acculturation
- Generalizations lead to Stereotyping when
 - Applying generally held information about a group without confirming validity or taking into consideration in-group variation or change over time

Who Are People with Disabilities?

Visible

- Cerebral Palsy
- Quadriplegia

Less Visible

- Arthritis
- Diabetes
- Heart Disease
- Cancer
- Learning
- Mental Health problems
- Hearing

Disabilities and Activity Limitations

Include reduced or no ability to:

- Walk
- Speak
- See
- Hear
- Understand
- Manipulate or reach controls
- Respond quickly

Disability Competent Care

What can you do? When assisting people with disabilities, it's important to consider culturally competent ways of working.

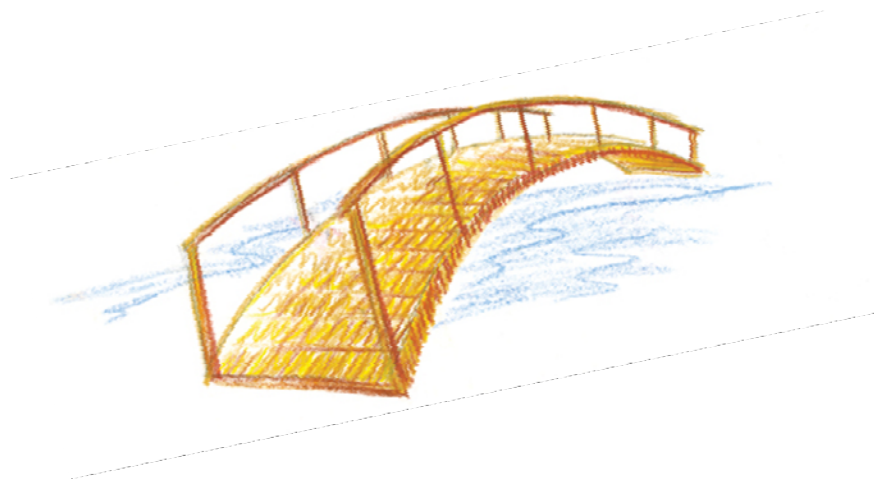
People with disabilities experience significant health disparities and barriers to health care compared with people who do not have disabilities.

- **Offering assistance** - If you offer to help, wait until your offer is accepted, then listen to, or ask for, instructions
- **Ask before acting**
- **Person first** - think of the individual first and the disability second
- **Be patient** - Listen carefully to what people say; there may be challenges in communication
- **Age appropriate** - treat people in a manner that is suitable to their age
- **Non-verbal behavior** - when appropriate, make eye contact and speak directly to the person, rather than through their companion

Homeless Enrollees

Homeless enrollees need additional support to manage their health

- May not have a stable address or phone number
 - Note next to the appointment record no phone available. Try not to change or reschedule the appointment.
- Limited transportation
 - Transportation is unpredictable and may run late. Don't cancel appointment if a homeless patient is more than 15 minutes late.
- Medications
 - Prescriptions for low pill count, once-daily if possible and medications should not require refrigeration
- Masked symptoms
 - Weight loss, dementia, skin conditions may be the result of homeless conditions, side effects from medications or symptoms



Section 2
Clear Communication:
The Foundation of Culturally Competent Care

Did you know?

California is one of the most diverse states in the nation

- 1 out of 2 adult patients have a hard time understanding basic health information
- Average physician interrupts a patient within the first 20 seconds
- 20% of people living in the U.S. speak a language other than English at home
- Latino population in the U.S. has grown by 43% between 2000 and 2010
- 17% of the foreign born population in the U.S. are classified as newly arrived (arriving in 2005 or later)

Benefits of Clear Communication



Evidenced-based Clinical Practice Guidelines

Communication with providers is important part of the process

- Health Net adopts and disseminates evidenced based clinical practice guidelines that are relevant to it's membership for the provision of preventive and non-preventive health care services, acute, and chronic medical services and behavioral health services



Clear Communication

Here's What We Wish Our Health Care Team Knew...

- I tell you I forgot my glasses because I am ashamed to admit I don't read very well
- I don't know what to ask and am hesitant to ask you
- When I leave the pharmacy I often don't know what I should do next



Here's What Your Team Can Do....

- Use a variety of instruction methods
- Encourage questions and use Ask Me 3®
- Use Teach Back techniques
- Use symbols or color on large print direction or instructional signs

Clear Communication

Here's What We Wish Our Health Care Team Knew...

- I put medication into my ear instead of my mouth to treat an ear infection.
- I am confused about risk and information given in numbers like % or ratios - how do I decide what I should do.

Here's What Your Team Can Do....

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

Clear Communication

Here's What We Wish Our Health Care Team Knew...

- I am not able to make health care decisions by myself
- I am more comfortable with a female doctor or pharmacist
- Its important for me to have a relationship with my pharmacist
- I use botanicals and home remedies but don't think to tell you

Here's What Your Team Can Do....

- Confirm decision making preferences
- Office staff should accommodate cultural needs if possible
- Spend a few minutes building rapport
- Ask about the use of home remedies and healers

Clear Communication through Effective use of an Interpreter

Use the Teach Back method even during an interpreted visit. It will give you confidence that your patient understood your message.

- Speak directly to the patient, not the interpreter
- Speak in the first person
- Speak in a normal voice, try not to speak fast or too loudly
- Speak in concise sentences
- Interpreters are trained in medical terminology; however, interpretation will be more smooth if you avoid acronyms, medical jargon and technical terms
- Be aware of the cultural context of your body language



Clear Communication

Here's What We Wish Our Health Care Team Knew...

- My English is pretty good but at times I need an interpreter
- When I don't seem to understand, talking louder in English intimidates me
- If I look surprised, confused or upset I may have misinterpreted your nonverbal cues

Here's What Your Team Can Do....

- Office staff should confirm language needs at each visit
- Match the volume and speed of the patient's speech
- Mirror body language, position, eye contact
- Ask the patient if you are unsure

Language Assistance Services Provided by Health Net

Health Net will provide the following language assistance services at no cost to providers or patients:

Contact Health Net's
Provider Relations
center to request any
language service

- Interpreter support at a medical point of contact
- Sign language interpreters
- Speech to text interpretation for hearing loss in patients who do not sign

Call Health Net's provider service number to request a telephone interpreter.

Alternate formats are required

- Under Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, federally conducted and assisted programs along with programs of state and local government are required to make their programs accessible to people with disabilities as well as provide effective communication.
- Effective communication means to communicate with people with disabilities as effectively as communicating with others. Alternative communications that support a patient encounter include Sign Language interpreters, captioning and assisted listening devices.

Clear Communication through Terminology

Neutral Terms

- People with disabilities
- Person with a disability
- Accessible parking entrance
- Wheelchair user

Negative Terms

- The disabled
- The handicapped
- Disabled parking entrance
- Confined to a wheelchair
- Wheelchair bound



Section 3

Cultural Competence

Seniors *and* Persons *with* Disabilities

Seniors & Culturally Competent Care

- As a group, seniors become more culturally diverse than other age sets as a result of the aging of diverse populations in addition to newly arrived seniors
- Culturally based health differences become more pronounced as people age due to different rates of assimilation and adjustment to U.S. health care delivery
- In addition, certain cultures or ethnicities within the U.S. are more prone to chronic disease such as diabetes, arthritis or hypertension as they age



Cultural Barriers that Seniors May Face

- **Isolation:** Due to language or culture
- **Support:** Traditional expectations for support from the family may not be possible; the use of institutions to provide long term support services may not be culturally acceptable
- **Preventive Care:** Culture provides guidance on what symptoms are considered a natural part of aging and which indicate an illness that needs to be addressed
- **Activity:** the amount and type of activity that is normal for seniors or that reflects a decline in health is based on cultural views of aging, gender roles and the amount of activity needed to be in good health

Cultural Barriers that Seniors May Face

| | Norms within Western Medicine practice in the US | Possible Cultural Differences |
|-----------------------------|--|---|
| Wellness | Maintain wellness by adhering to treatment or doctor's advise or by use of preventive measures | Culture emphasizes that wellness is the natural outcome of maintaining balance between the causes of illness and the causes of good health. Often involves a balance of mind, body and spirit |
| Responses to Illness | Seek advice from a qualified medical professional | Symptoms guide the response to illness. May begin home based treatments, seek advise from those that analyze imbalance or begin the treatment commonly associated with the symptoms. |
| Mobility Assistance | Use of devices to assist as needed | Avoidance of devices as they may be seen as a public announcement of an impairment that is the result of living out of balance or a spiritual infliction |
| Cognitive Decline | Take medical steps to avoid or improve | A natural part of aging, no medical response needed |
| Palliative Care | Multidisciplinary approach to relieving discomfort associated with disease | Multidisciplinary may include adjustments needed to restore spiritual harmony, involvement of spiritual healers, use of rituals or an avoidance of institutional care |

Mental Health and Seniors

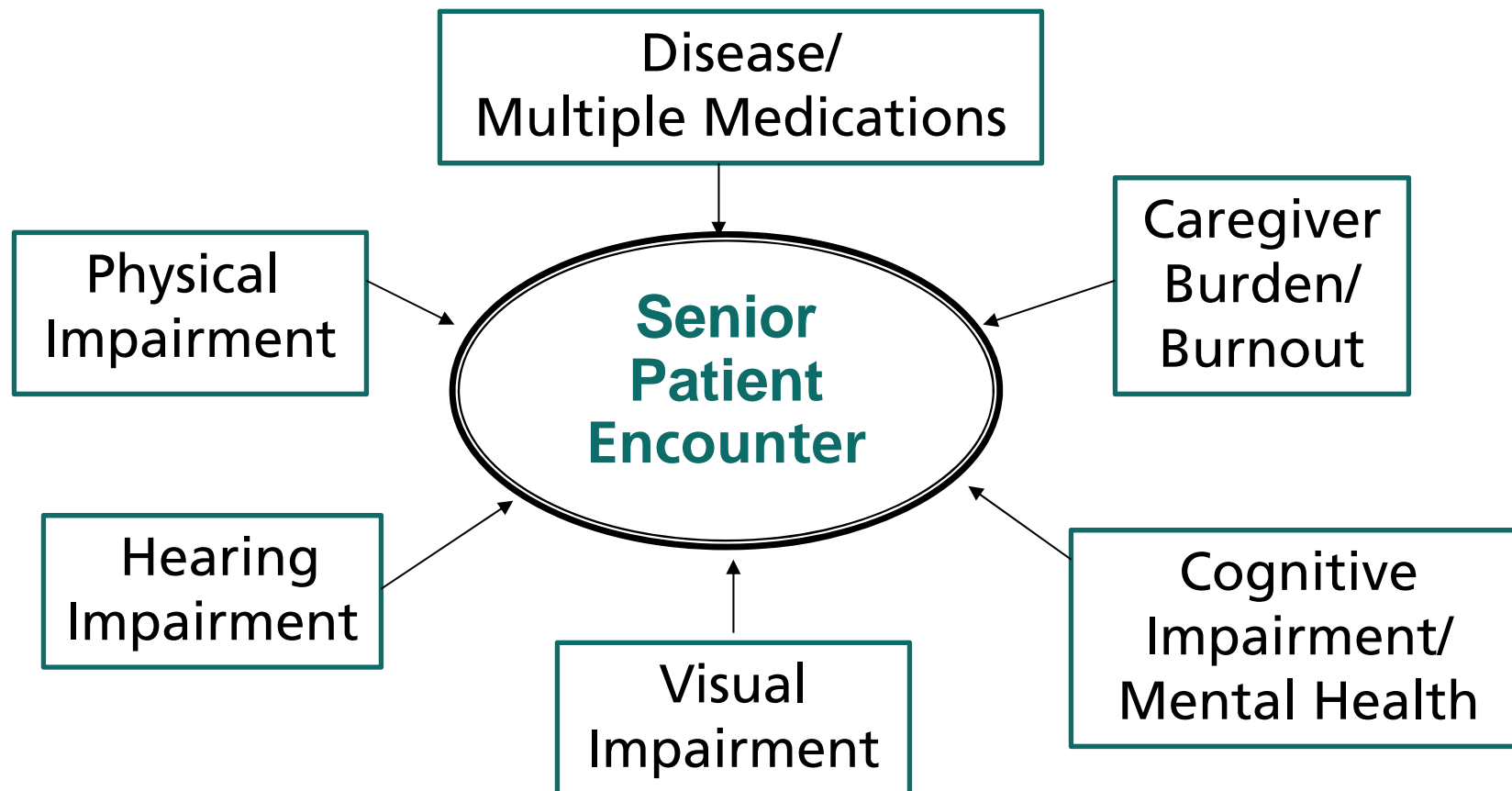
Anxiety, depression or loneliness may occur in Seniors that:

Many Seniors may be adjusting to all of these challenges at the same time!

- Are isolated due to language
- Have recently relocated to a new living environment
- Have recently migrated and are adjusting to many different cultural experiences
- Are adapting to many changes in their health status

Include open ended questions at each visit that encourage your patient to talk about their current adjustments

Working with Seniors



Cognitive Impairment & Mental Health

Here's What We Wish Our Health Care Team Knew...

- Patients with dementia may need caregiver
- Older adults suffer more losses
 - May be less willing to discuss feelings
 - May be unable to articulate the sense of disconnect from their culture
 - High suicide rates for 65+

Here's What Your Team Can Do....

- Communicate with patient & caregiver
- Actively listen for a sense of loss or isolation
- Assess for depression, dementia/ cognitive ability

Behavioral Health

Health Net beneficiaries with Managed Health Network (MHN) behavioral health benefits do not need a referral to obtain behavioral health care or substance abuse services.

The MHN Service Team number can be found on the back of the beneficiaries' insurance identification card.

- They may obtain these services directly through MHN's extensive behavioral health and substance abuse network
- Participating providers may refer beneficiaries with routine behavioral health needs directly to the MHN Service Team, who will offer a referral to a behavioral health provider.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Misuse of Alcohol

The new
Medi-Cal
SBIRT
benefit only
targets
misuse of
alcohol

- The USPSTF recommends that clinicians screen adults ages 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse and/or referral to mental health and/or alcohol use disorder services, as medically necessary. Coverage of SBIRT services by the Medi-Cal program takes effect January 1, 2014.
- 21% of the U.S. Adults report engaging in risky or hazardous drinking and the prevalence of current alcohol dependency is about 4%. Alcohol misuse plays a contributing role in wide range of health conditions.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Misuse of Alcohol

- For additional SBIRT services :
<http://www.dhcs.ca.gov/services/medical/Pages/SBIRT.aspx>
- On the DHCS SBIRT webpage, the header Referral to Treatment links to a list of California county contacts for local substance use disorder treatment information and referrals

Staying Healthy Assessment (SHA) Tool Questions

- The new SHA (also known as Individual Health Education Assessment Tool) now includes questions to assess misuse of alcohol)
- The SHA assists in identification of patients with potential alcohol use disorders who need referral for further evaluation and treatment
- The tool can be obtained on the DHCS web site:
<http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx>

**Make sure to document your screening and counseling
in the patient's medical record.**

Caregiver Burden

Here's What We Wish Our Health Care Team Knew...

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

Here's What Your Team Can Do....

- Ask about caregiver responsibilities and stress levels

Disease & Multiple Medications

Here's What We Wish Our Health Care Team Knew...

- Neuro-cognitive processing ability impaired
 - Pain
 - Stroke
 - Hypertension, Diabetes
 - UTI, Pneumonia
- Meds can affect cognition
 - Pain medication
 - Anti-depressants
 - Interactions

Here's What Your Team Can Do....

- **Be aware**
 - Slow down
 - Speak clearly
 - Use plain language
 - Recommend assistive listening devices
- **Obtain thorough health history** including the patient's cultural perspectives on their condition

Visual Impairment

Problems

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



Macular degeneration



Cataract



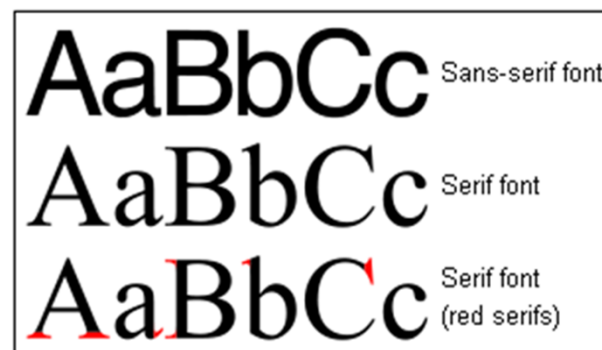
Diabetic retinopathy



Glaucoma

Solutions

- Decrease glare
- Bright, indirect lighting
- Bright, **contrasting** colors
- LARGE, non-serif fonts



Hearing Impairment

Here's What We Wish Our Health Care Team Knew...

- Age-related hearing loss: 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.
 - Audible Solutions- offer listening devices

Physical Impairment

Here's What We Wish Our Health Care Team Knew...

- Pain & reduced mobility is common due to:
 - Osteoarthritis
 - Changes in feet, ligaments and cushioning
 - Osteoporosis
 - Stroke

Here's What Your Team Can Do....

- Keep hallways clear
- Add grab bars/railings
- Counter height is accessible by someone in a wheel chair
- Offer assistance – transfers, opening sample bottles, etc.

Suggestions to Foster Cultural Engagement

Some tips that can help the experience include:

Being aware of one's own cultural values and beliefs and how they influence attitudes and behaviors can make a difference in providing a successful encounter.

- Seniors may want to seek a pharmacist that speaks their language
- Gender preference for a provider (women wanting to see a female pharmacist)
- Communication and body language such as eye contact, tone, and volume can all impact an encounter; some groups prefer gestures, direct eye contact while others prefer reserved communication
- Ask open ended questions that can identify expectations surrounding health and aging
- Speak slowly and listen actively
- Conduct check for understanding of information by the senior patient at regular intervals during the encounter



Section 4
Cultural Competence *and the* LGBT
Communities (*lesbian, gay, bisexual, & transgender*)

Some LGBT Terminology

Sexual Orientation

LGBT are four distinct communities with different cultural identifications and health priorities.

- A person's emotional, sexual, and/or relational attraction to others
- Usually classified as heterosexual, bisexual, and homosexual (i.e. lesbian and gay)
 - Describes how people locate themselves on the spectrum of attraction and identity
 - It is distinct from gender identity or gender expression
 - Transgender people exhibit the full range of sexual orientations, from homosexual to bisexual and heterosexual

Sexual orientation is a very fluid concept which may change over time. Sexual orientation is not the same thing as sexual behavior.

Some LGBT Terminology (cont'd)

Gender Identity

- **Transgender:** Describes people whose gender identity and/or expression is different from that typically associated with their assigned sex at birth
- **Genderqueer:** Describes people who see themselves as outside the usual binary man/woman definitions
 - Having elements of many genders, being androgynous or having no gender
 - Also Gender Non-Conforming (GNC)
- **Bigender:** Describes people whose gender identity encompasses both male and female genders; some may feel that one identity is stronger, but both are present

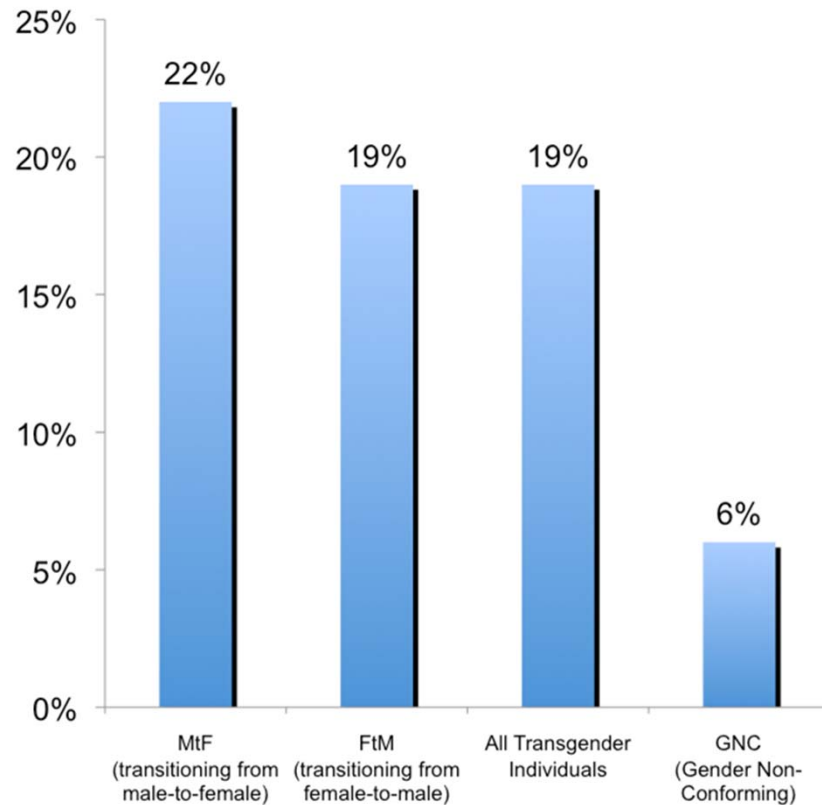
Some LGBT Terminology (cont'd)

Gender Identity (cont'd)

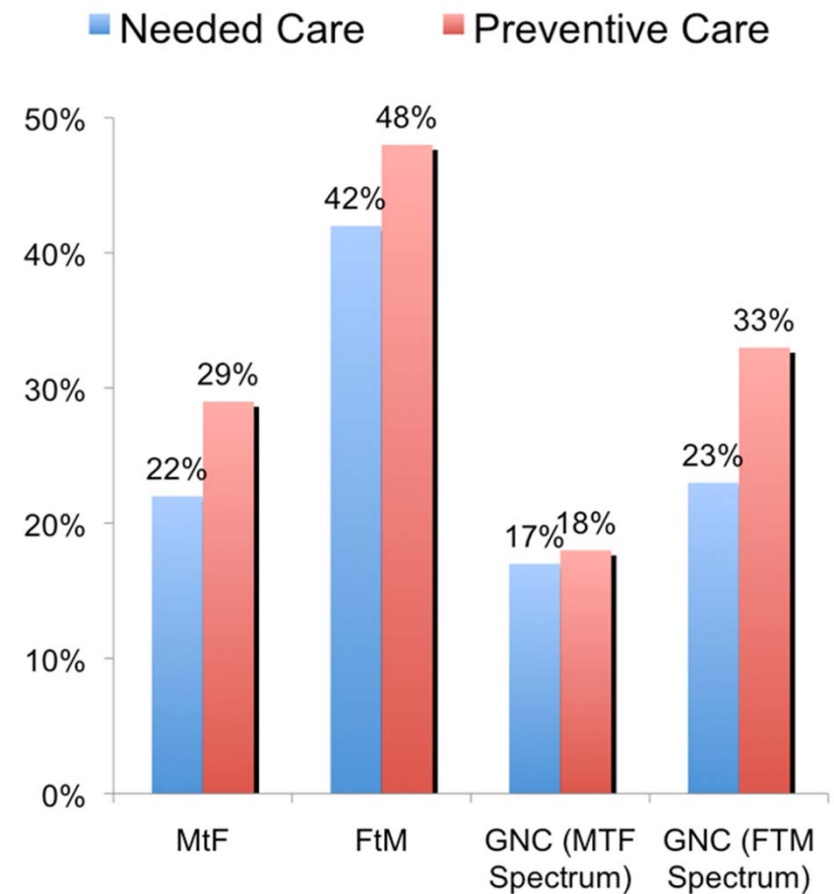
- **MtF:** Male-to-female; a person who was assigned the male sex at birth but identifies and lives as a female; also trans woman
 - MtF persons will still need to have prostate exams according to standard guidelines
- **FtM:** Female-to-male; a person who was assigned the female sex at birth but identifies and lives as a male; also trans man or trans male
 - FtM persons will need to have breast exams and Pap tests according to standard guidelines
- **Transsexual:** Medical term for people who have used surgery or hormones to modify their bodies; some trans people find this term offensive.

Transgender Individuals Burden Disparities in Levels of Care

Refused Care Based on Gender Identity/Expression



Postponement of Care Due to Discrimination by Providers



Cultural Competence & the LGBT Communities

Here's What We Wish Our Health Care Team Knew...

- A general understanding of the terms used by us for orientation/identification



Here's What Your Team Can Do....

- Listen to how the patient refers to themselves and loved ones (pronouns, names)
 - Use the same language they use
- If you're unsure, ask questions

Cultural Competence & the LGBT Communities

Here's What We Wish Our Health Care Team Knew...

- We come to you with an extra layer of anxiety
 - Verbally or physically abused
 - Rejected by families due to our sexual orientation/identity
 - Discriminated against within the health care setting

Here's What Your Team Can Do....

- A little warmth can make all the difference!
- Signage or intake form verbiage that is safe, judgment-free, and non-discriminatory
- Policies indicating non-discrimination for sexual orientation/identity displayed in common areas

Cultural Competence & the LGBT Communities

The California Department of Public Health maintains a list of very helpful LGBT-related resources for:

- Affordable Care Act
- Census and LGBT Demographic Studies
- Drug and Alcohol Abuse
- Gender Identity
- Health Disparities
- HIV/AIDS
- Homelessness
- LGBT Health Resources
- LGBT Health Organizations
- LGBT Curriculum in Schools
- Mental Health
- Legal
- Teen Health

<http://www.cdph.ca.gov/programs/OMH/Pages/LGBTResources.aspx>



Section 5

Cultural Competence: Refugees *and* Immigrants

Health Care for Refugees and Immigrants

Refugees and Immigrants may:

- Not be familiar with the U.S. health care system
- Experience illness related to life changes
- Practice spiritual and botanic healing or treatments before seeking U.S. medical advice



Benefits of Open Communication for Recent Arrivals

- Builds trust
- Results in fuller disclosure of patient knowledge and behavior



Cupping

Coining



Addressing the U.S. Healthcare System

Here's What We Wish Our Health Care Team Knew...

- My expectations do not align with U.S. managed care
- I'm bewildered by requirements to visit multiple doctors
- I wonder why I have diagnostic testing before a prescription is written

Here's What Your Team Can Do....

- Inform patients they may need follow up care
- Explain why a provider coordinates care including providing prescriptions for medications
- Emphasize the importance medication adherence

How to Address Confidentiality

Here's What We Wish Our Health Care Team Knew...

- I've had different experiences in refugee camps
- My experiences have caused me to be suspicious
- I fear my health information will be released to the community

Here's What Your Team Can Do....

- Explain confidentiality
- Ensure that staff adhere to your policies
- Make HIPAA forms easy to understand, in preferred languages



Section 6 **Strategies *for* Cultural Engagement**

Person Centered Care

- The IOM (Institute of Medicine) defines patient-centered care as:
 - "Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions."
- Patient-centered care promotes safer medical systems, and greater patient involvement in healthcare delivery and design

Person Centered Care

Patient centered care attributes include:

- Considering patients' cultural traditions, personal preferences and values, family situations, social circumstances and lifestyles
- Rebalancing work priorities from a focusing on accomplishing tasks to a focusing on the person needing assistance
- Taking the view that the disability is an opportunity for growth as well as a source of impairment
- Assuming that talents, capacities knowledge and resources exist in all individual and communities

Person Centered Care Coordination

- Look for culturally acceptable solutions for your patients
- Provides support for people to assert control over their own lives
- Places emphasis on helping people identify their strengths, assets, and abilities
- Encourages the use of community resources and informal support networks to improve quality of life
- Is individualized (i.e.: durable medical equipment)
- Acknowledges civil rights (physical and programmatic access to care and provides reasonable accommodations)
- Respects free choice

Community Services

Definition of Services in Community

- **Department of Aging:** The County and City Departments of Aging have a rich infrastructure of community-based agencies, organizations, and programs that provide a range of supportive services to older adults, family caregivers, and people with disabilities. Information and Assistance Specialists are available to provide information on the various programs and make referrals accordingly.
- **Independent Living Centers (ILCs):** provide services such as housing assistance, advocacy, assistive technology, benefits assistance, vocational training, independent living skills, transportation, and horticulture classes to name a few.
- **Other Services:** California has numerous additional agencies and programs that support people living independently in the community. Some of these include the Housing Authority, Senior Food and Nutrition Services, Transportation services, and Meals on Wheels.

What Services Are Available for My Patients?

- Department of Aging: Multiple services are offered / specific criteria must be met:
 - Family Caregiver Support Program
 - Support Services Program
 - Elderly Nutrition Programs - Congregate and Home Deliver Meals
 - Senior Community Service Employment Program
 - Health Insurance Counseling and Advocacy Program
 - Long Term Care Ombudsman Program
- Independent Living Centers (ILCs) provide services for individuals who have a disability, regardless of age
 - NOTE: an orientation/intake is required for anyone wishing to access services)

Community Services

Other Agencies that support Independent Living include:

- Meals on Wheels
 - a home delivered meal program for seniors and people with disabilities
- Housing Authority of the county of Los Angeles
 - Manages the Public Housing Program (which owns/operates housing units and leases those units to families)
 - Manages the Section 8 Program (which provides tenant-based assistance for housing costs)
- Access Services: a local public entity that administers the Los Angeles County Coordinated Paratransit Plan
 - Paratransit travel is an alternative mode of flexible passenger transportation that follows fixed routes or schedules and is available to eligible persons with disabilities that cannot use public transportation

Community Services (cont'd)

How Does my Patient Access Services in the Community?

- AAA - Contact the Information and Referral Call Center
 - (800) 510-2020
- ILC - Contact the California Foundation for Independent Living Centers to find the ILC in your area:
 - (916) 325-1690 (Voice)
 - (916) 325-1699 (TTY)
- www.cfilc.org
- Other Agencies - For additional information or referral assistance about other Los Angeles county programs, contact the program directly or just call 211 in LA County
- For assistance with any of the above services, you can contact the managed care health plan Member Services Department

Disability and Independent Living

“As we get older, we realize that disability is just part of life. Anyone can join our group at any point in life. In this way the disability rights movement doesn’t discriminate...”

***Ed Roberts
Co-Founder, Center for Independent Living
and the World Institute on Disability***

Patient Self Determination Act

The Patient Self Determination Act (PSDA) requires providers and organizations to ensure patients are given the opportunity to participate in direct health care decisions that effect them.

- For Members 18 years and older providers are required to document whether a member has executed an Advance Directive in the medical record in a prominent location
- An Advance Directive outlines a patient's preferred types of health care services and treatments and designates who is to speak on the patient's behalf if he or she becomes incapable of making health care decisions
- According to PSDA, patients with decision making capabilities have the right to make decisions to accept or refuse medical treatment or life sustaining procedures

Patient Self Determination Act

Providers should consider discussing advance directives with the patients at well visits instead of waiting until they may be acutely ill.

- This can ensure the patient's wishes for care and services are carried out
- The designated person can make the decisions requested on the patients behalf
- The patient's family and friends can abide by the patient's decisions for care and treatment according to the advance directive

**Health Net makes the Advance Directive information available in English and Spanish. It can be found in the Provider Operations Manual Provider Library in the Member Rights and Responsibilities section.
www.healthnet.com/provider**



Thank you for Participating

References

- **Culture and Cultural Competency**
 - U.S. Department of Health and Human Services (n.d.). The Office of Minority Health. Retrieved from <http://minorityhealth.hhs.gov/>
- **Clear Communication: The Foundation of Culturally Competent Care**
 - Health Industry Collaboration Effort , Inc. (2010, July). Better communication, better care: Provider tools to care for diverse populations. Retrieved from http://www.iceforhealth.org/library/documents/ICE_C&L_Provider_Tool_Kit.10-06.pdf
 - Molina HealthCare, & California Academy of Family Physicians (2004, April). Medical jargon & clear communication. Retrieved from www.familydocs.org/assets/Multicultural_Health/MedicalJargon.pdf
 - U.S. Department of Health and Human Services, Office of Minority Health (n.d.). Handouts: Theme 1: BATHE Model (1.3). In The facilitator's guide: Companion to: A physician's practical guide to culturally competent care (pp. 145-145). Retrieved from https://www.thinkculturalhealth.hhs.gov/includes/downloadpdf.asp?pdf=Physicians_QIO_Facilitator_GuideMEDQIC.pdf
 - Weiss, B. D. (2007). Health literacy and patient safety: Help patients understand; Manual for clinicians (2nd ed.). Chicago, IL: American Medical Association Foundation. Retrieved from <http://www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf>

References (cont'd)

- **Cultural Competence & the LGBT (Lesbian, Gay, Bisexual, and Transgender) Communities**
 - Agency for Healthcare Research and Quality (AHRQ) (2012). National healthcare disparities report, 2011. Rockville, MD: Retrieved from <http://www.ahrq.gov/qual/nhdr11/nhdr11.pdf>
 - California Department of Public Health (2012). Lesbian, gay, bisexual and transgender (LGBT) resources. Retrieved from <http://www.cdph.ca.gov/programs/OMH/Pages/LGBTResources.aspx>
 - Krehely, J. (2009, December). How to close the LGBT health disparities gap. Retrieved from http://www.americanprogress.org/issues/2009/12/pdf/lgbt_health_disparities.pdf
 - National Coalition of Anti-Violence Programs (NCAVP) (2011). Hate violence against the lesbian, gay, bisexual, transgender, queer, and HIV-Affected communities in the United States in 2010. Retrieved from <http://avp.org/documents/NCAVPHateViolenceReport2011Finaledjlfinaledits.pdf>
 - Substance Abuse and Mental Health Services Administration (SAMHSA) (2012). Top health issues for LGBT populations information & resource kit. Retrieved from <http://store.samhsa.gov/shin/content//SMA12-4684/SMA12-4684.pdf>

References (cont'd)

- **Cultural Competence: Refugees and Immigrants**
 - Administration for Children and Families, Department of Health and Human Services (2012). Office of Refugee Resettlement. Retrieved from <http://www.acf.hhs.gov/programs/orr/>
- **Cultural Competence: Homeless**
 - General Recommendations for the Care of Homeless Patients: Summary of Recommended Practice Adaptations, www.nhchc.org/practiceadaptations.html
- **Cultural Competence: Seniors**
 - California Caregiver Resource Centers (2005). California Caregiver Resource Centers. Retrieved from <http://www.cacrc.org/californiacrc/jsp/home.jsp>
 - Family Caregiver Alliance (FCA)(n.d.). Retrieved from www.caregiver.org/caregiver/jsp/home.jsp
- **Physical Accessibility Review:**
 - Department of Health Care Services Policy Letter 12-006, www.dhcs.ca.gov/formsandpubs/Pages/PolicyLetters.aspx
- **Americans with Disabilities Act 1990:**
 - <http://www.ada.gov/pubs/adastatute08.htm>

References (cont'd)

- **Disability-Competent Care Webinar Series - Resources for Integrated Care**
 - The CMS Medicare-Medicaid Coordination Office is facilitating a webinar series for interested providers and health care professionals, front-line staff with health plans and practices, and stakeholders to support providers in their many uses of the Disability-Competent Care (DCC) Model.
 - The DCC model is a resource for providers, health plans, and healthcare organizations to enhance capacity to integrate care for adults with disabilities.
 - Webinars and other resources are available at: www.ResourcesForIntegratedCare.com

Resources

Cultural competency resources for providers:

The Office of Minority Health's website Think Cultural Health offers many resources for providers.

- To find advance directives in many languages:
 - <http://www.nlm.nih.gov/medlineplus/languages/advancedirectives.html>
- Cultural competency training for providers:
 - <https://cccm.thinkculturalhealth.hhs.gov/>
- International medical symbols for use on signs:
 - <https://www.ultimatesymbol.com/articleuhc.php>
 - http://www.hablamosjuntos.org/signage/symbols/default.using_symbols.asp#wsa

Developed in collaboration with Health Industry Collaborative Effort



**Health Net Cal MediConnect contributors:
Carol Spencer, Manager Quality Improvement
Diana M. Carr, Senior Cultural and Linguistic Specialist**
