



# Cultural Competency

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*Magellan New Provider Orientation*

**Magellan**  
HEALTHCARE.

# Agenda

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- » Welcome and introductions
- » Terms and definitions
- » CLAS Standards
- » Impact of culture in healthcare
- » Inequities in behavioral health
- » Communication with members with limited English proficiency
- » Cultural competency in Idaho

# Terms and Definitions



# Terms and definitions



The shared values, norms, traditions, customs, arts, history, folklore, and institutions of a group of people.

## **Culture**

Class or kind of people unified by shared interests, habits, or characteristics.

## **Race**

Of or relating to large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin or background.

## **Ethnicity**

# Terms and definitions



In healthcare, this is the communication bridge that enables organizations and practitioners to respond appropriately to and directly serve the unique needs of populations whose cultures may be different than the prevailing culture.

## **Cultural Competency**

One culture interacting with another.

## **Cross-Cultural**

A cultural modification of an individual or group, by borrowing and adopting traits from another (usually dominant) culture.

## **Acculturation**

# Terms and definitions



A way to describe those individuals who may have some English-speaking ability, or none at all.

## Limited English Proficiency

The personal, lifelong commitment to self-evaluation and self-critique. It is also the recognition of power dynamics and imbalances, a desire to fix those power imbalances and to develop partnerships with people and groups who advocate for others.

## Cultural Humility

An ethnic, regional, economic or social group exhibiting characteristic patterns of behavior sufficient to distinguish it from others within an embracing culture or society.

## Subculture



# CLAS Standards



# What are CLAS Standards?



## Culturally and Linguistically Appropriate Services (CLAS)

- Culturally and Linguistically Appropriate Services (CLAS) is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity.
- CLAS is about respect and responsiveness: Respect the whole individual and respond to the individual's health needs and preferences.





# Why are CLAS Standards important?



**CLAS are services** that are respectful of and responsive to each person's culture and communication needs.



**CLAS helps you consider:**

- Cultural health beliefs
- Preferred languages
- Health literacy levels
- Communication needs



**CLAS helps make your services:**

- Respectful
- Understandable
- Effective
- Equitable



[National CLAS Standards \(hhs.gov\)](https://www.hhs.gov/nclasc)

# Impact of Culture in Healthcare





# Impact of culture in healthcare



“**Cultural competency** in practice requires that one be a continual learner. **Cultural humility** and a desire to better understand your patients are essential. Models for improvement suggest that we often make the greatest progress by taking a series of small steps and pausing frequently to assess if that step is a step in the right direction.”



# Cultural impact

## Cultural considerations that may impact the way a person utilizes healthcare:

- Age and generational influences
- Disability status (developmental disability)
- Religion and spiritual orientation
- Ethnicity and race
- Socioeconomic status
- Sexual orientation and gender identity
- Indigenous heritage
- National origin
- Education level
- Communication and language
- Trauma





## The three tenets of cultural humility

Lifelong learning and critical self-reflection

Recognize and challenge power imbalances

Institutional accountability

Source: [CulturalHumility\\_Tervalon-and-Murray-Garcia-Article.pdf \(melanietervalon.com\)](http://melanietervalon.com)

Source: <http://minorityhealth.hhs.gov/>



*“Healthcare is a cultural construct based on beliefs about the nature of disease and the human body. Cultural issues are central in the delivery of health services.”*

# Inequities in Behavioral Health



# Types of barriers to treatment

## **Barriers that originate from the member's side:**

This may include barriers such as community stigma and lack of knowledge concerning mental health

## **Barriers originating on the provider's side:**

Some barriers may include lack of language aids, ignorance or dismissal of cultural expressions and structure, unequipped or untrained staff, and unawareness of personal prejudices/biases

## **Barriers that are built into the system of care:**

Lack of meaningful response to inequities, discreet/separated care systems and ineffective coordination of care, low numbers of racially/ethnically diverse providers, and poor implementation of evidence-based and standard of care treatment with minority populations



# What are common barriers?



Lack of services



Lack of mental health providers of similar racial/ethnic background and in the member's primary language



Perceived and experienced mistreatment



Poor provider-member communication




Inadequate and inappropriate treatment



Mistrust of both majority culture providers and systems of care





“Even more than other areas of health and medicine, the mental health field is plagued by **disparities** in the availability of and access to its services. These disparities are viewed readily through the lenses of racial and cultural diversity, age, sexual orientation, and gender.”



# Culturally accessible care vs. barriers

- Perceived and experienced mistreatment
- Lack of services
- Bilingual clinician who speaks the member's language
- Lack of ethnically diverse providers
- Well trained culturally competent staff
- Accessible translation services
- Provider who is aware of their own implicit bias
- Medication schedule printed in member's language
- Provider dismissing cultural preference
- Provider neglecting religious beliefs for Western methods
- Provider who incorporates elements of the member's culture
- Provider gender preference not available to member
- Provider who practices cultural humility

Barrier

Culturally  
accessible care

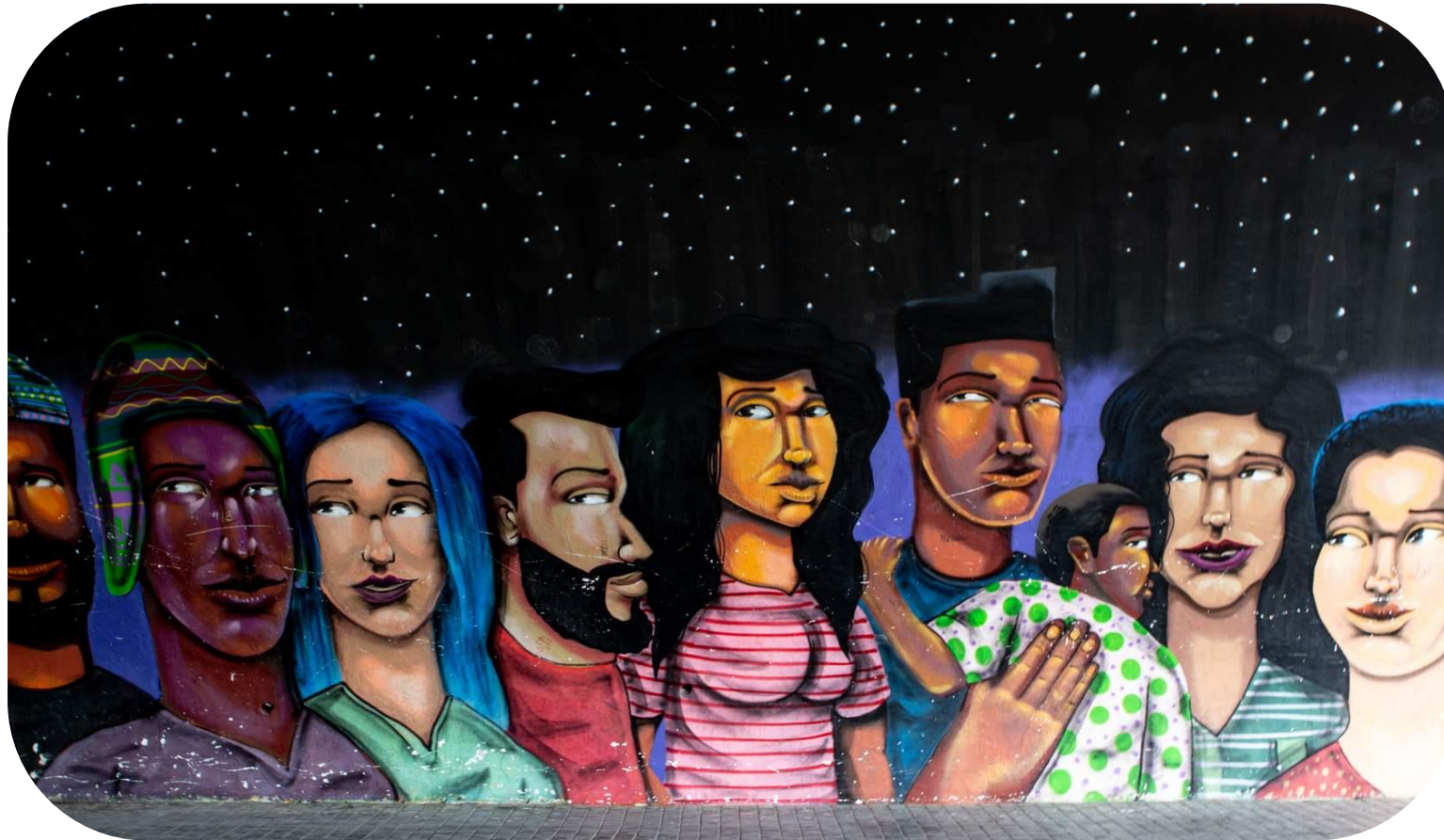
# Your Impact on Culture in Healthcare



# Your impact on culture in healthcare



“Companies that **embrace** diversity and inclusion in all aspects of their business statistically **outperform** their peers.” *Josh Bersin*



# Your impact in a changing world



As we become more culturally open, we must examine our own mindset regarding the world around us. Allowing ourselves to be available to change and grow is a way that we can become more culturally competent and practice cultural humility within our daily lives.



# Your impact on a changing world

## Look inward

- > Examine your own belief system and possible prejudices you hold.
- > Examine personal family history and embrace personal diversity.
- > Ask yourself, how does my perception of this person impact them?
- > Examine how you can become more culturally competent for your members.
- > Recognize we all have implicit biases that can negatively affect clinical interactions and outcomes.
- > As a healthcare professional, your level of cultural awareness helps you modify your behaviors to respond to the needs of others while maintaining a professional level of respect, objectivity, and identity.





# Your impact on a changing world

## Look at the bigger picture

- Recognize and acknowledge the vast racial and ethnic disparities within the current system.
- Educate yourself on the historical trauma that minority groups have experienced.
- Understand that most racial/ethnic minorities would prefer a provider of their same background, but this is often not available.
- Take advantage of opportunities to learn about different cultures (e.g., trainings, travel, ask culturally sensitive questions).
- Keep an open mind!



# Combating implicit bias and stereotypes



[https://thinkculturalhealth.hhs.gov/maternal-health-care/assets/pdfs/Combating\\_implicit\\_bias\\_and\\_stereotypes.pdf](https://thinkculturalhealth.hhs.gov/maternal-health-care/assets/pdfs/Combating_implicit_bias_and_stereotypes.pdf)

# RESPECT Model



What is most important when you engage with patients is that you remain open and maintain a sense of respect for your patients. The RESPECT model can help you remember what factors to consider to engage clients in a culturally and linguistically competent manner. These factors are important throughout assessment, diagnosis, and treatment.



Each relationship with members begins with respect. The **RESPECT Model** can help you remember factors to engage members in culturally sensitive ways.

<b>R</b> Respect	Understand how respect is shown within given cultural groups. Counselors demonstrate this attitude through verbal and nonverbal communications.
<b>E</b> Explanatory Model	Devote time in treatment to understanding how clients perceive their presenting problems. What are their views about their own substance abuse or mental symptoms? How do they explain the origin of current problems? How similar or different is the counselor's perspective?
<b>S</b> Sociocultural Context	Recognize how class, race, ethnicity, gender, education, socioeconomic status, sexual and gender orientation, immigrant status, community, family, gender roles, and so forth affect care.
<b>P</b> Power	Acknowledge the power differential between clients and counselors.
<b>E</b> Empathy	Express, verbally and nonverbally the significance of each client's concerns so that he or she feels understood by the counselor.
<b>C</b> Concerns and Fears	Elicit clients' concerns and apprehensions regarding help seeking behavior and initiation of treatment.
<b>T</b> Therapeutic alliance, Trust	Commit to behaviors that enhance the therapeutic relationship; recognize that trust is not inherent but must be earned by counselors. Recognize that self-disclosure may be difficult for some patients; consciously work to establish trust.

Source: Mutha, S., Allen, C. & Welch, M. 9200. Toward culturally competent care: A toolbox for teaching communication strategies. San Francisco, CA: Center for Health Profession, University of California, San Francisco.

*“Tolerance, inter-cultural dialogue and **respect** for diversity are more essential than ever in a world where peoples are becoming more and more closely **interconnected**.”* **Kofi Annann**

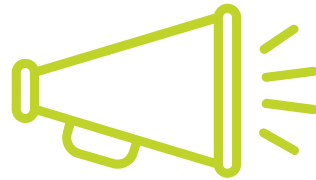
# Communication with Members with Limited English Proficiency (LEP)



# Limited English proficiency (LEP)



A person who **does not speak English** as their primary language and/or has a limited ability to read, speak, write, or understand English.



*"A **different language** is a **different vision** of life."*

**Federico Fellini**



# Miscommunication risks



The following include risks that are associated with miscommunication among LEP populations in healthcare:



- Member comprehension of their medical condition, treatment plan, discharge instructions, complications, and follow-up.
- Inaccurate and incomplete medical history.
- Ineffective or improper use of medications or serious medication errors.
- Improper preparation for tests and procedures.
- Poor or inadequate informed consent.
- Use of interpreters who are not properly trained, cannot operate effectively in a healthcare environment, or are not proficient in the member's and clinicians' languages.

# Communication tips

Ask member their preferred language



Have trained interpreters readily available



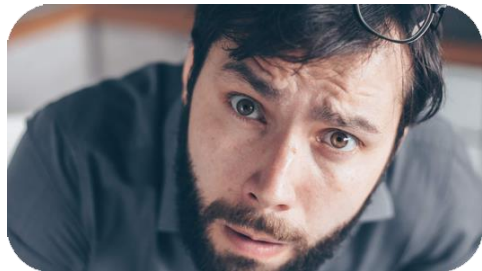
Keep it short and simple



Speak slowly



Avoid slang and medical jargon



Speak directly to the member



Be aware of nonverbal language



Be patient and repeat if there is misunderstanding





# Common reasons for miscommunication



Use of family members, friends, or nonqualified staff as interpreters

Provider use of basic language skills to “get by”

Cultural beliefs and traditions affecting member care

# Translation station

## How providers request translation services for members:

- ✓ Call Magellan's Idaho Provider Services at 1-855-202-0983 at member's request.
- ✓ Have appointment details ready.
- ✓ Complete intake questions with a customer experience associate (CEA).
- ✓ Providers can also contact Magellan Healthcare of Idaho's director of Tribal and community relations to help resolve or troubleshoot issues or areas of need related to tribal members.



Magellan's member-centric approach includes language assistance and translation services, available for all members. All of these services are paid by Magellan at no cost to the provider or member.



# Translation intake

- ☐ Member name
- ☐ Provider name
- ☐ Location/address of provider
- ☐ Date of appointment
- ☐ Time zone
- ☐ Time of appointment
- ☐ Type of appointment: New or follow up
- ☐ Interpreter gender preference
- ☐ Onsite or telehealth
- ☐ What language



Members requesting onsite interpreter services are encouraged to contact Magellan Healthcare at least 72 hours prior to their scheduled appointment. Members who call with less than 72 hours' notice will not be turned away from scheduling the service but may experience delays or may be subject to interpreter availability.





# Cultural Competency in Idaho



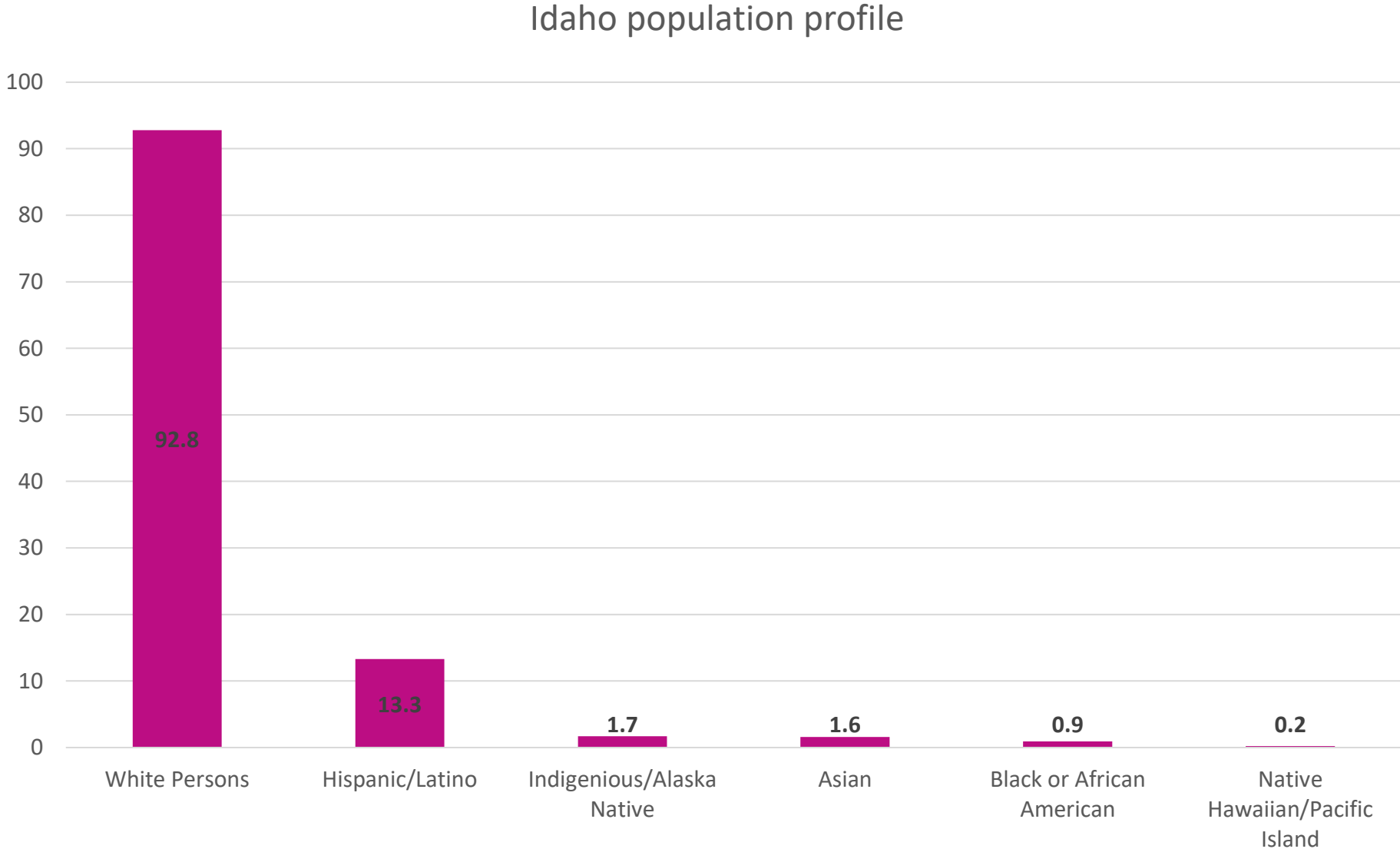
# Cultural competency in Idaho



“Of all the forms of **inequality**,  
injustice in health is the  
most **shocking** and **inhumane**.”  
**Martin Luther King Jr.**



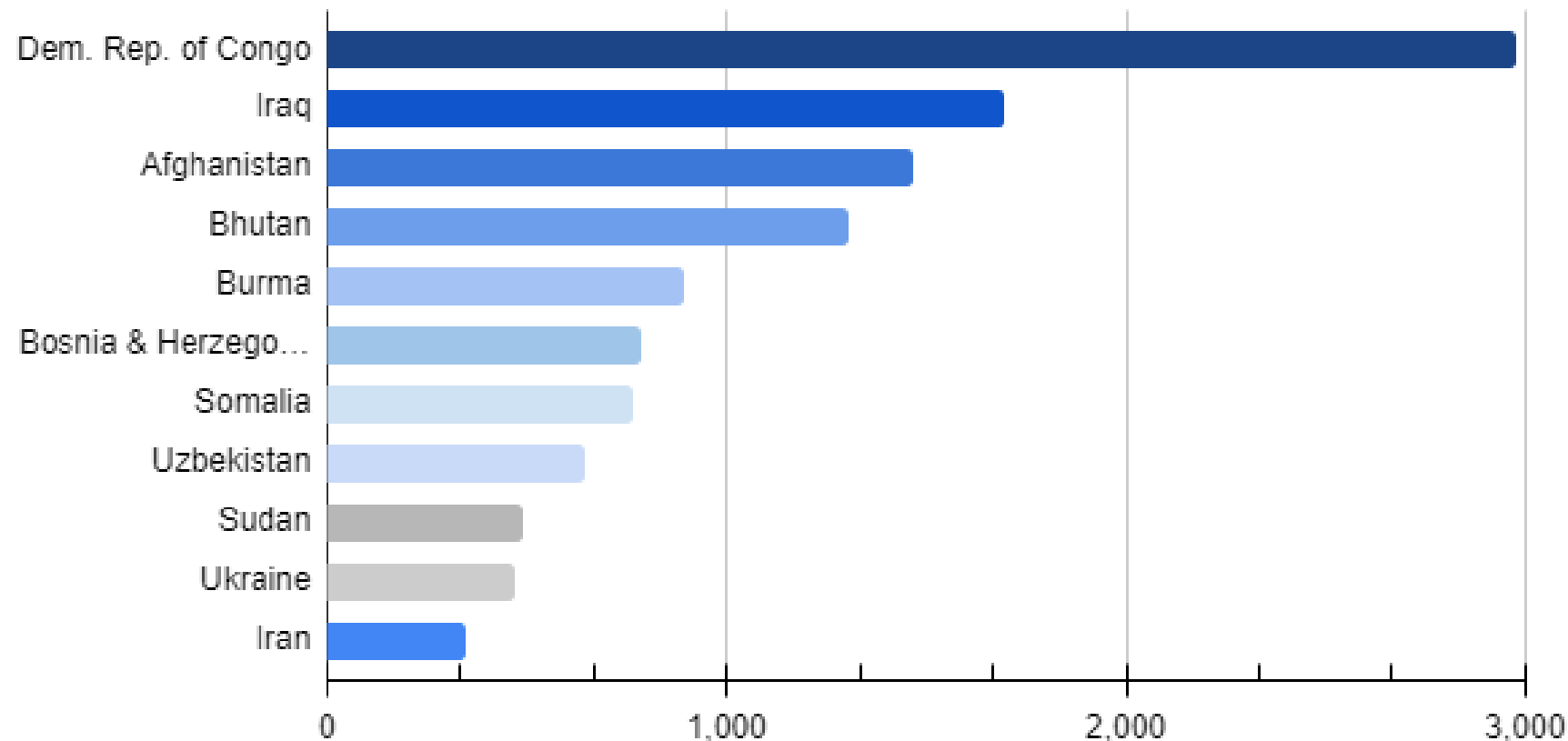
# Idaho population profile



# Refugees in Idaho



Top 10 Nations of Origin Since 2000



\*Numbers adjusted for outmigration and deaths. Dates: 1/1/2000 - 9/30/2022



# Hispanic/Latino

Nearly 90 percent of Latinx/Hispanic people over the age of 12 with a substance use disorder did NOT receive treatment.



In 2018, 56.8 percent of Latinx/Hispanic young adults 18-25 and 39.6 percent of adults 26-49 with serious mental illness did NOT receive treatment.



In 2019, suicide was the second leading cause of death for Hispanics, ages 15 to 34.



Source: Latinx/Hispanic Communities and Mental Health | Mental Health America ([mhanational.org](http://mhanational.org))

Source: Mental and Behavioral Health - Hispanics - The Office of Minority Health ([hhs.gov](http://hhs.gov))

Source: The Prevalence of Mental Health Disorders Among Latino Parents - Hispanic Research



A close-up portrait of a man with a mustache, looking directly at the camera. The image is split vertically: the left side is a solid magenta color with white text, and the right side is a dark, high-contrast photograph of the man's face. The man is wearing a blue collared shirt. The Magellan Healthcare logo is in the bottom right corner.






























[illegible][illegible]

Source: The Prevalence of Mental Health Disorders Among Latino Parents - Hispanic Research

# Native and Indigenous Americans

American Indians/Alaskan Natives report higher post-traumatic stress disorder and alcohol dependence rates than any other ethnic or racial group.

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Native/Indigenous people who meet the criteria for depression, anxiety, or substance abuse disorders are much more likely to seek help from a spiritual and/or traditional healer than from specialty or other medical sources.

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From 2019-2020, the American Indian and Alaska Native overdose death rates increased by 39%.

Source: Native and Indigenous Communities and Mental Health | Mental Health America  
(mhanational.org)

Source: Behavioral Health | Fact Sheets (ihs.gov)





# Native and Indigenous Americans (cont)

[illegible]



# Federally recognized tribes



## Fort Hall Reservation

- Shoshone-Bannock Tribe reside on the Fort Hall Reservation.
- There are approximately 5,681 enrolled Tribal members.



## Coeur d'Alene Reservation

- Coeur d'Alene Tribe reside on the Coeur d'Alene Reservation.
- Tribe has a current enrollment of over 2,190 members.



## Kootenai Reservation

- Kootenai Tribe reside on the Kootenai Reservation.
- Tribe has a strong belief in protecting the environment as they believe the land was gifted to them by the Creator.
- Tribe has a current enrollment of 165 members.

Source: Shoshone-Bannock Tribes | NPAIHB

Source: History – Coeur d'Alene Tribe ([cdatribe-nsn.gov](http://cdatribe-nsn.gov))

Source: Kootenai Tribe | NPAIHB



# Federally recognized tribes



## Nez Perce Reservation

- The Nez Perce Tribe reside on the Nez Perce Reservation in north-central Idaho.
- The tribe has more than 3,500 enrolled citizens.



## Duck Valley Reservation

- Shoshone-Paiute Tribe resides on the Duck Valley Reservation.
- The tribe has an enrollment of over 2,000 members.

*Source: Culture - Nez Perce Tribe  
Sho-Pai Tribes - Home ([shopaitribes.org](http://shopaitribes.org))*





# Black and African Americans

Over 25% of Black youth exposed to violence have proven to be at high risk for post-traumatic stress disorder (PTSD).

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Black and Latinx children were about 14% less likely than White youth to receive treatment for their depression.

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In 2018, a study found that the suicide rate of Black children 5 to 12 was nearly twice that of White children of the same age.

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In 2019, suicide was the second leading cause of death for Black or African Americans, ages 15 to 24.



# Black and African Americans (cont)

Self-reported suicide attempts rose nearly 80% among Black adolescents from 1991 to 2019, while the prevalence of attempts did not change significantly among those of other races and ethnicities.

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The Black community comprises approximately 40% of the homeless population, 50% of the prison population, and 45% of children in the foster care system.

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Adolescents of color who identify as LGBTQ may be especially at risk of a suicide attempt.





Do you have any  
**Questions?**



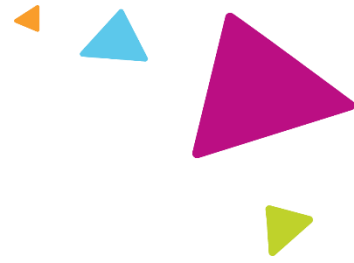
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# Thank you

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