



CenCalHEALTH[®]
Local. Quality. Healthcare.



Providing Culturally Competent Care, Health Literacy & Caring for Seniors and Persons with Disabilities in a health care setting

November 2023

Learning Agenda

- CenCal Health Membership Demographics
- Health Literacy
- Interpreter Services
- Providing Culturally Competent Care in a health care setting
- Caring for Seniors and Persons with Disabilities
- Q & A



CenCal Health Membership Demographics

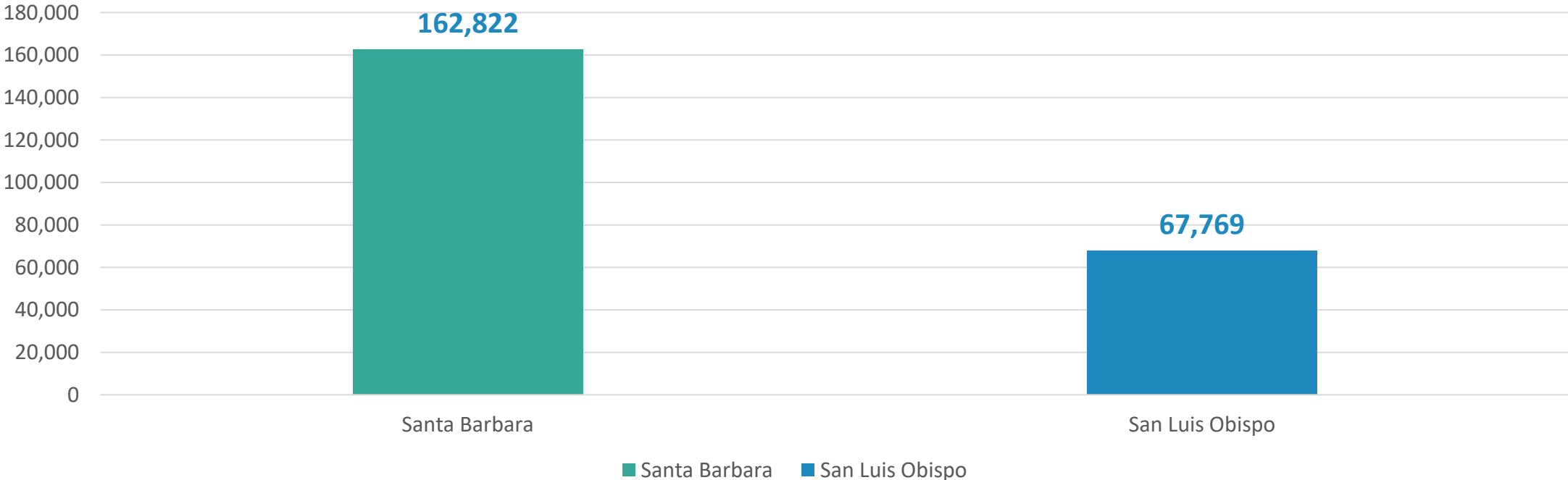


Denise Filotas
CenCal Health Cultural and Linguistic Services Manager



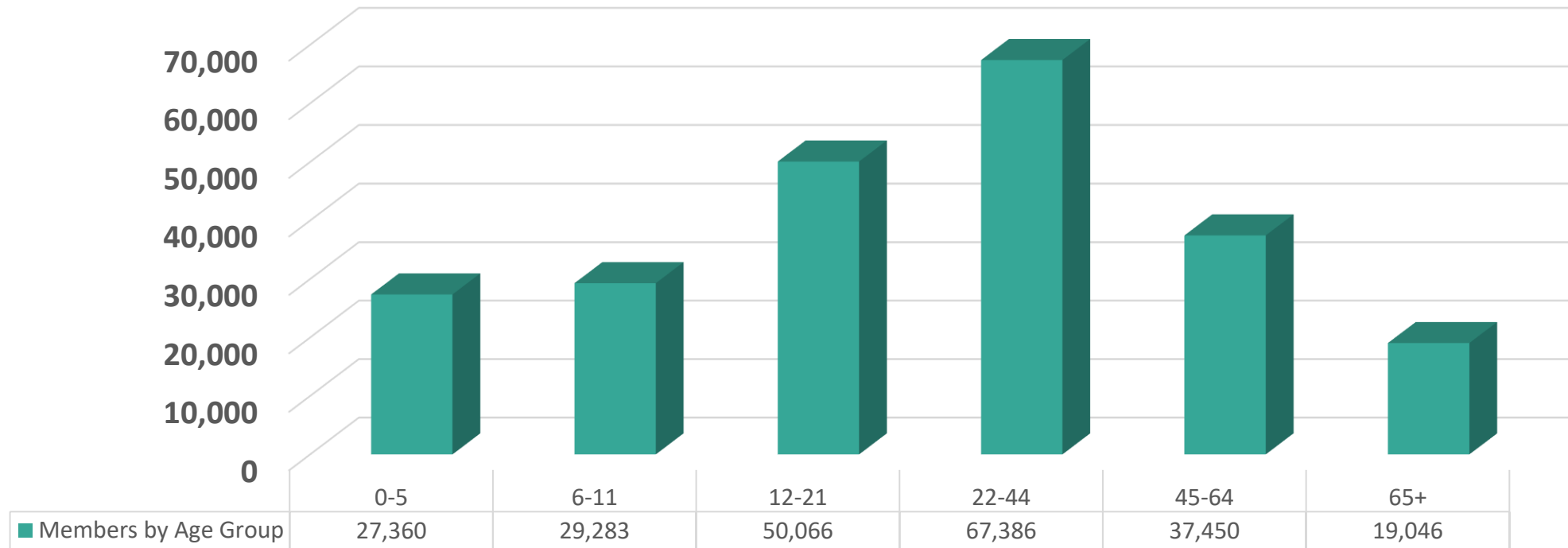
CenCal Health Plan & County Data

Membership Total By County
Total CenCal Health Membership
230,591 (October 2023)



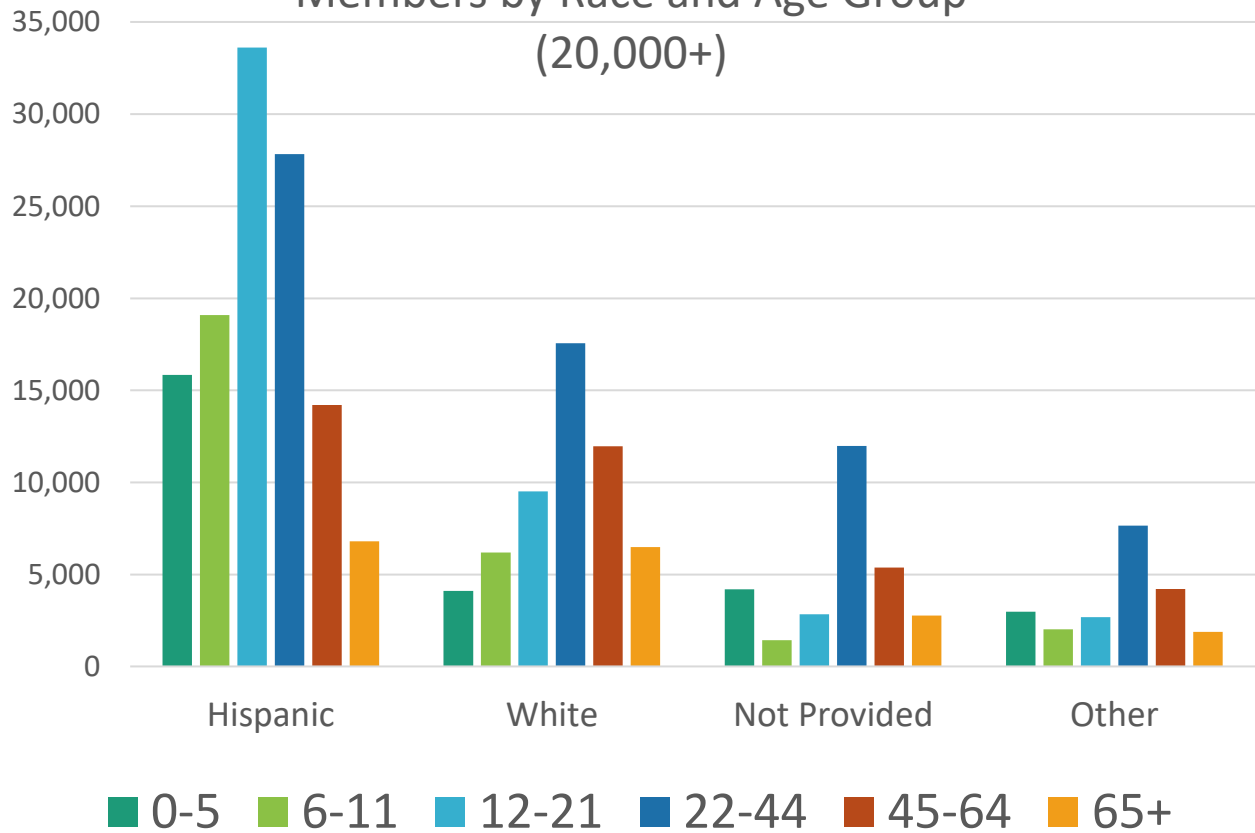
Membership Age Ranges

Aggregate Members by Age Group
(Oct. 2023)

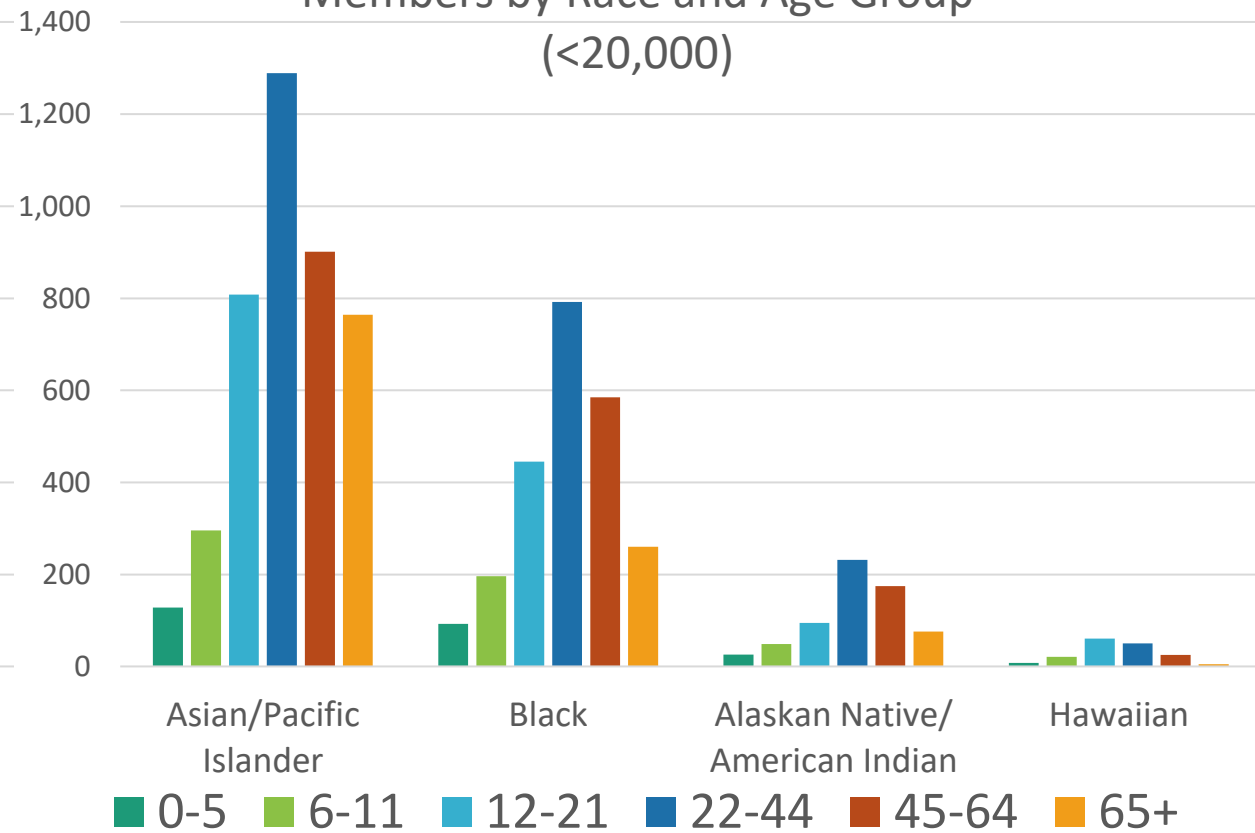


Members Race by Age Group

Members by Race and Age Group
(20,000+)

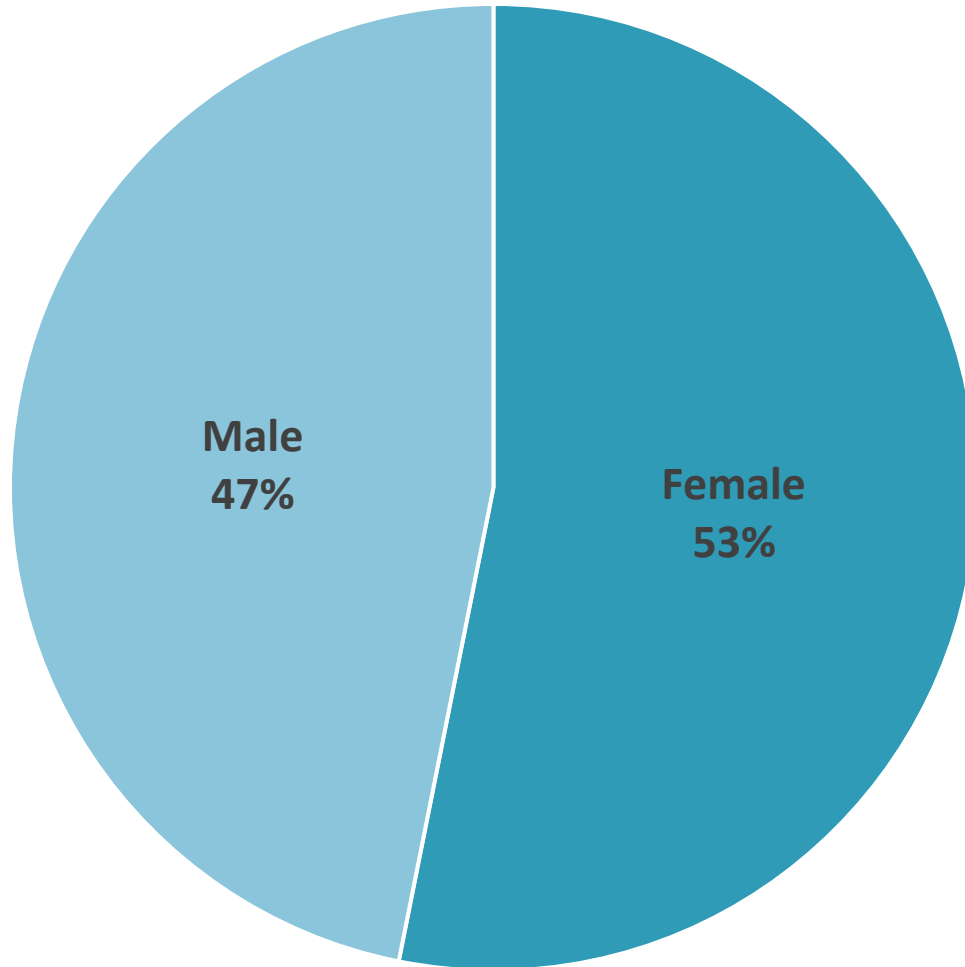


Members by Race and Age Group
(<20,000)



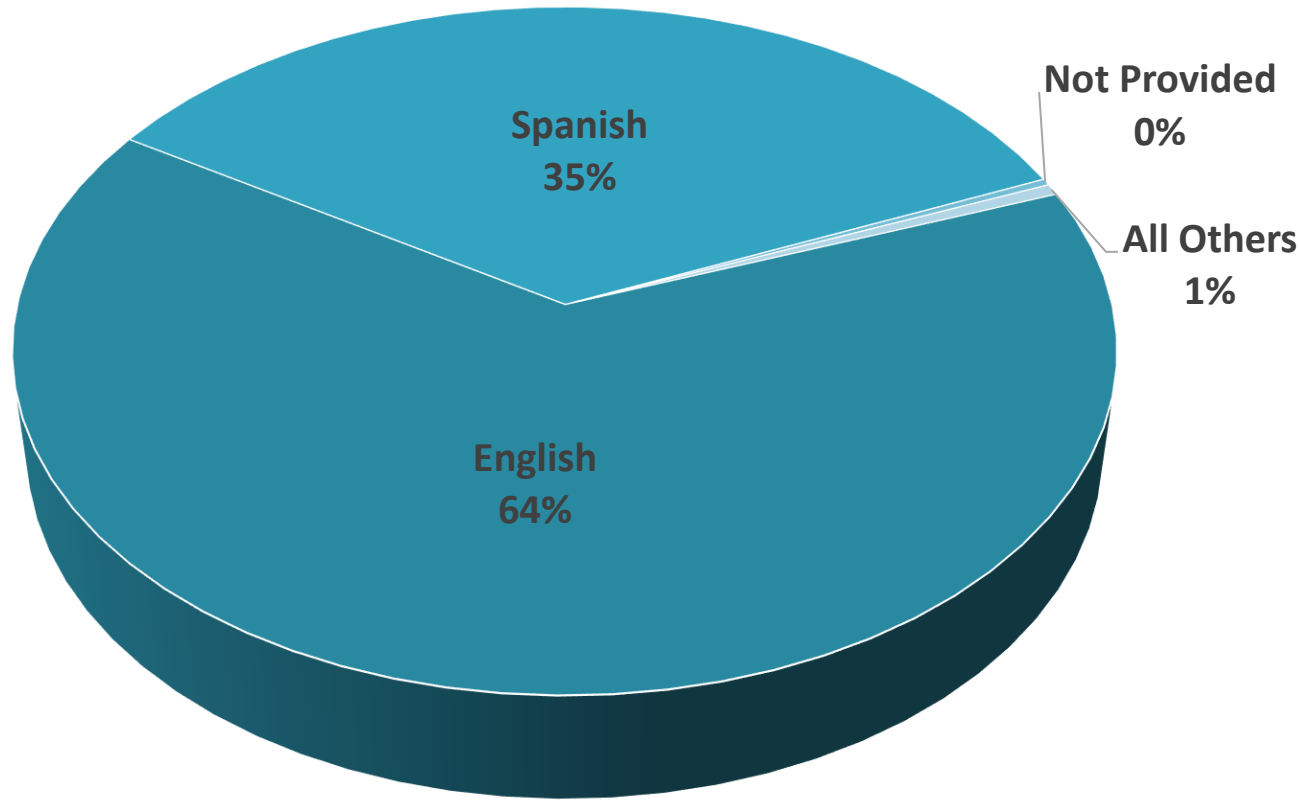
"Asian/ Pacific Islander" in chart reflects aggregation of all the "Asian-descent" races

CenCal Health Membership Sex



Gender	Members
Female	122,537
Male	108,054
Total	230,591

Members' Preferred Language



■ English ■ Spanish ■ Not Provided ■ All Others ■

Language	Members
English	148,316
Spanish	80,369
Not Provided	712
Chinese	245
Vietnamese	235
Arabic	155
Tagalog	135
Russian	120
Korean	92
Farsi	49
Samoan	45
Sign Language	29
Portuguese	16
Cambodian	16
Armenian	14
Turkish	8
Lao	8
Ilocano	6
Japanese	6
Thai	5
Hebrew	4
French	3
Italian	2
Polish	1
Total	230,591



Languages spoken:
64% English
35% Spanish
1% All Other

Health Literacy



Zena Chafi-Aldwaik,
Health Promotion Educator



What is Health Literacy?



Health literacy is the ability to:

- Process and understand basic health information and services
- Make good health care choices
- Work through and access health care system

A person may still have a hard time with health information even if they

- Did well in school
- Speak English well
- Reading ability does not equal understanding

Impact of Health Literacy

National assessment of health literacy skills of US adults.

- Assessed both reading and math skills.
- Focused on health-related materials and tasks
- 36% of adults were identified as having serious limitations in health literacy skills.

Medication errors

"How would you take this medicine?"

- 395 primary care patients in 3 States:
- 46% did not understand instructions \geq 1 labels
- 38% with adequate literacy missed at least 1 label

Red flags for Low Health Literacy

Frequently missed appointments.

Incomplete registration forms.

Non-compliance with medication.

Unable to name medications, explain purpose or dosing.

Identifies pills by looking at them, not reading label.

Unable to give coherent, sequential history.

Ask fewer questions.

Lack of follow-through on tests or referrals.

Expectations are Increasing...



Prevention (eating, exercise, sunscreen, dental),



Immunization



Self Assessment of Health Status



Self-treatment



Utilization of Health Care Entities

Strategies to Improve Patient Understanding

- Focus on "need-to-know" & "need-to-do"
- Use Plain Language
- Use Teach-Back Method
- Demonstrate/draw pictures
- Use clearly written education materials
 - 6th grade reading level Health Education Materials are available for you!
- Confirm Patient Understanding
- Be Positive/Understanding



Use Plain Language

20 complicated and commonly used words

- Screening
- Dermatologist
- Immunization
- Contraception
- Hypertension
- Oral
- Diabetes
- Diet
- Hygiene
- Prevention
- Mental Health
- Annually
- Depression
- Respiratory problems
- Community Resources
- Monitor
- Cardiovascular
- Referral
- Eligible
- Arthritis

Examples of Plain Language

	Plain Language
• Annually	Yearly or every year
• Arthritis	Pain in joints
• Cardiovascular	Having to do with the heart
• Dermatologist	Skin doctor
• Diabetes	Elevated sugar in the blood
• Hypertension	High blood pressure

The Plain Language Thesaurus for Health Communications

http://depts.washington.edu/inspire/public/info/Plain_Language_Thesaurus_for_Health_Communications.pdf

Health Education Resources

Teach-Back Method: A guide for clinicians

www.ahrq.gov/patient-safety/reports/engage/interventions/teachback.html

Health Education Request Line: Call the Health Education Team at 1-800-421-2560 ext. 3126 for

- Member-Facing Material
- CenCal Health Member Programs
- And more!

Interpreter Services



Denise Filotas
CenCal Health Cultural and Linguistic Services Manager



Linguistic Services Terms



Limited English Proficient (LEP):

When an individual cannot speak, read, write, or understand the English language at a level that permits them to interact effectively with clinical or non-clinical staff in a health care setting.

Language Access Services:

Any service that helps an LEP patient obtain the same access and understanding of health care as an English speaker would have.

Linguistic Services Terms (cont.)

Interpretation:

The process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately and objectively in another language, taking the cultural and social context into account.

Translation:

The conversion of a written text into a corresponding written text in a different language.



Why is Linguistic Access Important?

Accurate communication between patient and health care provider is essential for proper diagnosis, treatment, and patient compliance.

Reduces Health Disparities.

- For example, those with language barriers may experience more outpatient drug complications, have lower medication adherence rates, or are more likely to have unnecessary and invasive tests

Improves quality of care and patient satisfaction.

- For example, helps reduce medical errors or unnecessary testing



How Can I Recognize a LEP Patient?

LEP patient might:

- Speak to the bilingual receptionist in Spanish (or other non-English language)
- Have their child/friend/family member call to make their appointment
- Ask few questions and avoid initiating conversation
- Have difficulty filling out paperwork
- Nod or simply say “yes” to most questions or comments
- Give unusual or inconsistent answers

Asking about Language Preference

How you ask a patient about his or her language will affect the response you receive:



“You won’t need an interpreter, will you?”



“What language do you speak at home?”

OR

“Will an interpreter be needed? In what language?”



“In what language do you prefer to receive your health care?”

Asking the question this way will provide you information on the language the patient feels he or she needs to speak in a health-related conversation.

If the answer is a language other than English, you can plan to have language assistance available for the patient, and you should add this information to the record.

Best Practices for Providing Interpreting Services:

- It's the responsibility of the provider to request interpreter services, **not the Member** and appointments should remain scheduled
- Providers should continue to use “Voice-only” Interpreting (telephone service) whenever possible
- Avoid using family, friends or minors as interpreters
- Provider(s) should supply their own device (laptop, tablet, phone etc.) for these services. CenCal Health will not provide these devices

- Do not use a member's phone for video or phone interpreting services
- Do not pre-schedule video interpreting services in advance as appointments may change
- Add a color or letter code to the patient's chart, noting that they need an interpreter. Designate a code or color for each language
- Add a question on your patient registration form or in your practice management system. Not only will you know when a patient is scheduled that he or she will need an interpreter, you will also be able to track how many patients you have who speak a particular language and how often they are seen.

The importance of using qualified interpreters

- Improve communication, meet member needs and ultimately better outcomes
- Expand cultural awareness
- Increase member & provider satisfaction
- Comply with state law and contract requirements



Who is a Qualified Interpreter?

An individual who has:

- Documented and demonstrated proficiency in both English and the other language;
- Fundamental knowledge in both languages of health care terminology and concepts relevant to health care delivery systems; and
- Education and training in interpreting ethics, conduct and confidentiality



Talking Points with Members

Here are a couple of recommended ways to offer interpreter services:

- Offer our point chart and see what their language of choice is to determine a members language of choice
- Video Remote Interpreting (VRI) allows a member to point to the language they speak

Interpretation Service Available

English Translation:
Point to your language. An interpreter will be called.
The interpreter is provided at no cost to you.

Arabic عربي اشر إلى لغتك. وسوف يتم جلب مترجم فوري لك. سيتم تأمين المترجم المد أو مجاناً.	Korean 한국어 귀하께서 사용하는 언어를 지적하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.
Armenian Հայերեն Ցոց անուր ո՞ր լեզվ լեզունը կը խօսիք? Թարգմանիչն մը կը կոչուինք կը տանք. Թարգմանիչը կը տրամադրուի անվճար.	Laotian ພາສາລາວ ຊື່ນອາພາສາທີ່ເຈົ້າເວົ້າໄດ້ ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້ ທ່ານບໍ່ຕ້ອງເສຍເງິນຄ່າແປໄດ້ແກ່ນາຍພາສາ.
Cantonese 廣東話 請指認您的語言， 以便為您提供免費的傳譯服務。	Mandarin 國語 請指認您的語言， 以便為您提供免費的口譯服務。
French Français Pointez vers votre langue et on appellera un interprète qui vous sera fourni gratuitement.	Polish Polski Proszę wskazać swój język i wezwiemy tłumacza. Tłumacza zapewnimy bezpłatnie.
German Deutsch Zeigen Sie auf Ihre Sprache. Ein Dolmetscher wird gerufen. Der Dolmetscher ist für Sie kostenlos.	Portuguese Português Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.
Hindi हिंदी अपनी भाषा पर इंगित करें और एक दुभाषिया बुलाया जाएगा। दुभाषिये का प्रबन्ध आप पर बिना किसी खर्च के किया जाता है।	Russian Русский Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.
Hmong Hmoob Taw rau koj hom lus. Yuav hu rau ib tug neeg txhais lus. Yuav muaj neeg txhais lus yam uas koj tsis tau them dab tsi.	Spanish Español Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.
Italian Italiano Puntare sulla propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.	Tagalog Tagalog Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.
Japanese 日本語 あなたの話す言語を指して下さい。 無料で通訳を提供します。	Thai ไทย ขอรบกวนภาษาที่ท่านพูด แล้วเราจะจัดหาท่านให้ท่าน การใช้สวามไม่คองเสียดค่าใช้จ่าย
Khmer (Cambodian) ខ្មែរ (កម្ពុជា) សូមបង្ហាញភាសា ។ យើងនឹងបញ្ជូនអ្នកបកប្រែភាសាមកជូន។ អ្នកបកប្រែភាសានឹងជួយអ្នកដោយមិនគិតថ្លៃ។	Vietnamese Tiếng Việt Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.

Poster provided by Language Line Services ©2005 • 1-800-752-4096 • www.languageLine.com
Over-the-phone interpretation and document translation in more than 150 languages.


Phone Interpreting Services

Follow these quick and easy steps to connect to a telephonic interpreter in more than 200 languages:




Video Remote Interpreting Services


- STEP 1**




Make sure you are connected to the internet. Navigate to your VRI web address.
- STEP 2**



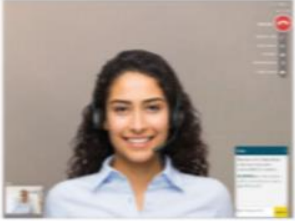
Enter your access code to sign in.
- STEP 3**



Enter the required information and press the "Submit" button.
- STEP 4**



Select the language you need to connect to an interpreter via video or audio.
- STEP 5**



Upon connection, an interpreter will appear on the video screen or connect via audio. Your session will now begin.

VRI Web Address: cencalhp.cli-video.com

VRI Access Code: 48cencalhp

Alternative Format Selections (AFS)

In compliance with the requirements of the American Disabilities Act, CenCal Health is committed to ensuring effective communication to members with visual impairments or other disabilities. The standard Alternative Format Selection (AFS) options are large print, audio CD, data CD, and Braille.

Below are descriptions of each format:

a. Large print: Large (20-point) size Arial font

b. Audio CD: Provides the ability to listen to recordings of member materials on CD (files will be encrypted)

c. Data CD: This allows for member materials in electronic format to be accessible on CD in their format .pdf, .xlsx, .txt, .docx, etc. (files will be encrypted)

d. Braille: Uses raised-dots that can be read with fingers

Members can also request material in the AFS format via the application system at <https://afs.dhcs.ca.gov/> or call the Medi-Cal Help Line at (833) 284-0040. Please direct members to these resources as needed or contact CenCal Health's Member Services Department at: (877) 814-186 if you have additional questions or concerns.

Providing Culturally Competent Care



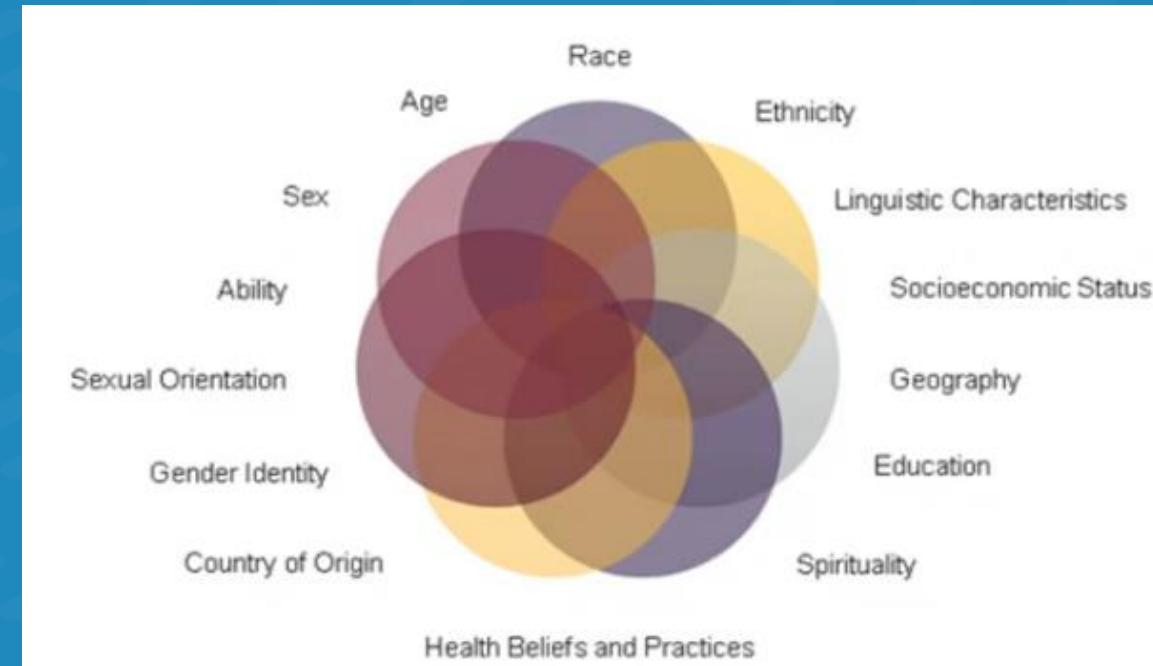
Zena Chafi-Aldwaik,
Health Promotion Educator



National Center for Cultural Competence

“Cultural competence in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural and linguistic needs.”

Betancourt, J., Green, A. & Carrillo, E. (2002). *Cultural competence in health care: Emerging frameworks and practical approaches*. The Commonwealth Fund.



What is Culture?

Culture consists of a body of learned beliefs, traditions, and guides for behaving and interpreting behavior that is shared among members of a particular group, and that group members use to interpret their experiences of the world.



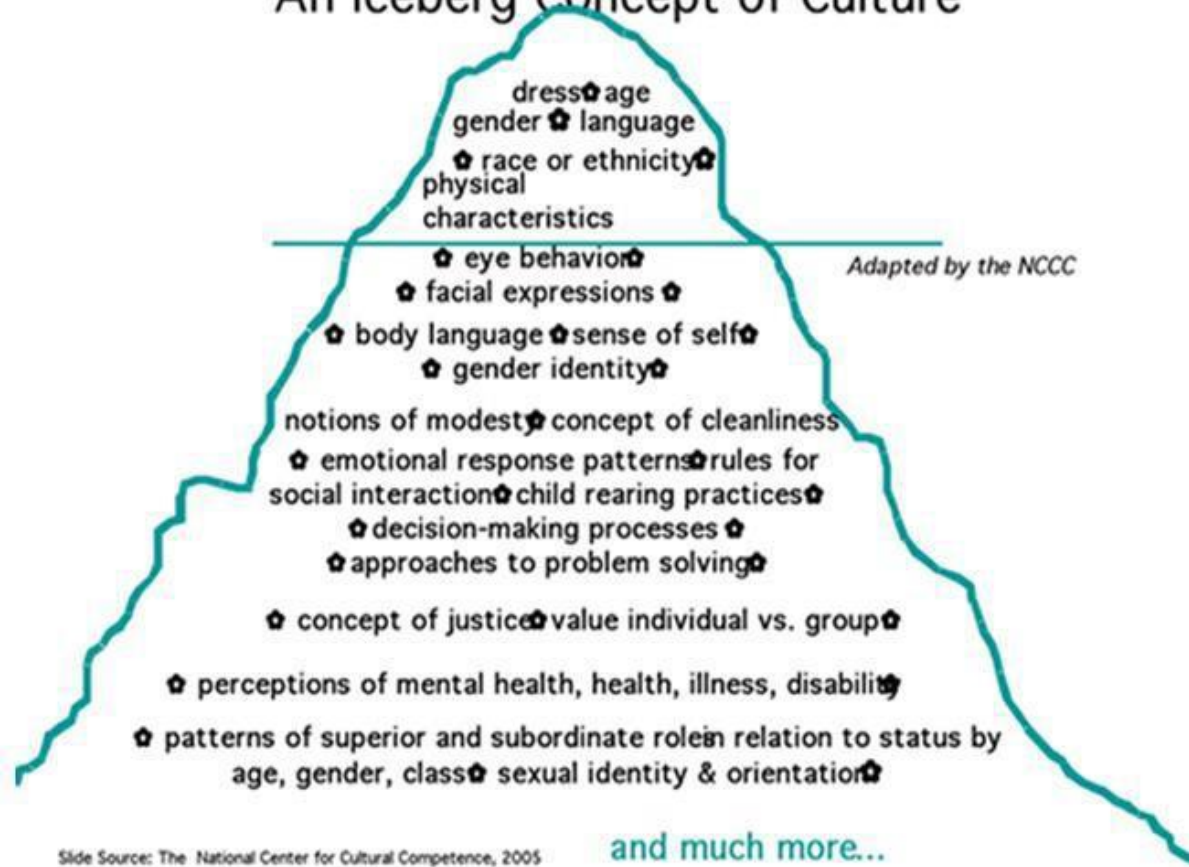
Cultural awareness is being cognizant, observant, and conscious of similarities and differences among and between cultural groups.

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that **enables effective work** in cross-cultural situations

Cultural humility is a commitment and active engagement in a **lifelong process** that individuals enter into on an ongoing basis with patients, communities, colleagues, and with themselves.

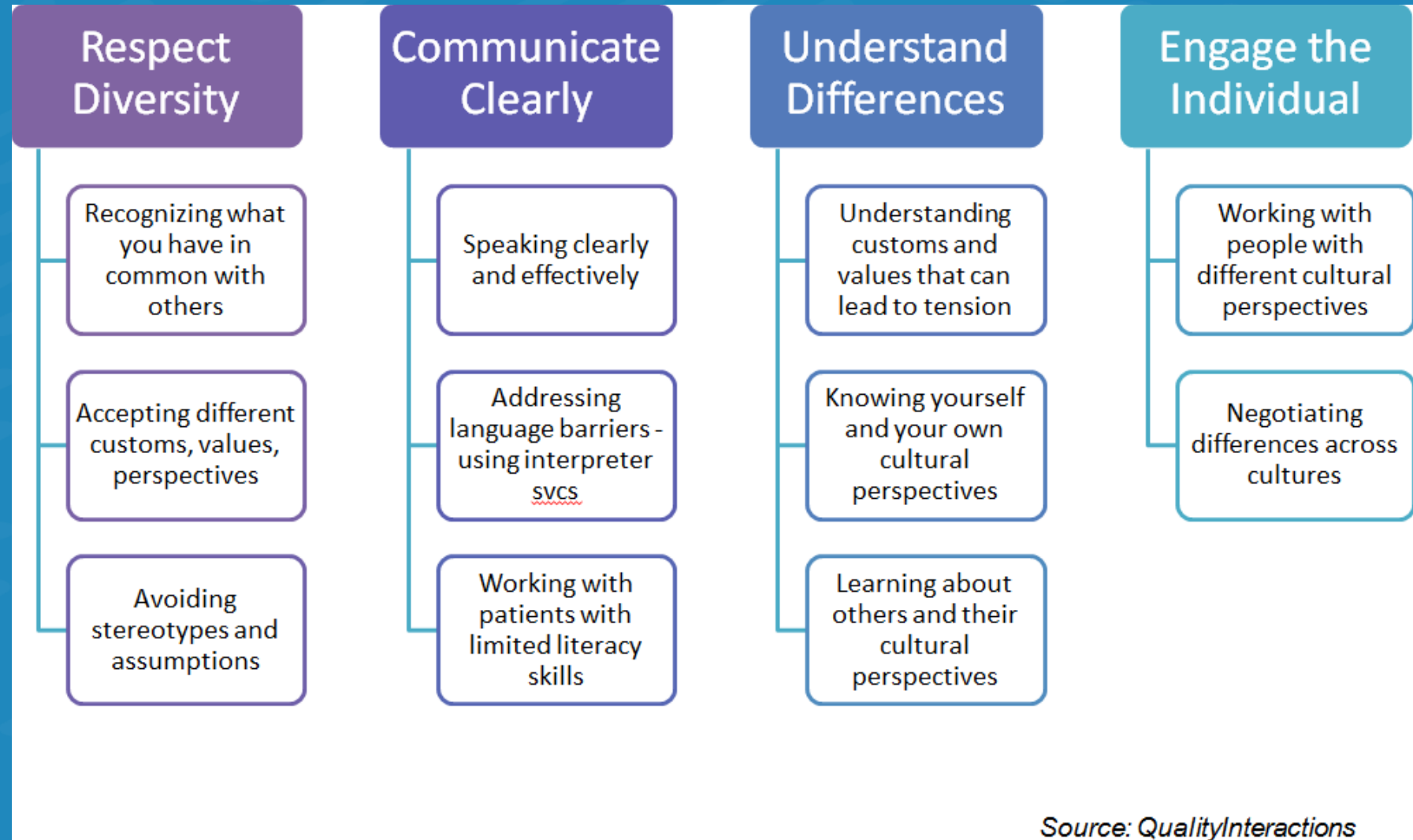
Influences can be above or below the surface, seen and unseen

An Iceberg Concept of Culture



Slide Source: The National Center for Cultural Competence, 2005

Tips for Cross Cultural Communication



Source: QualityInteractions

Implicit Bias

The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner

Implicit Biases are a thumbprint of the culture on our minds

Negative implicit bias impacts patient health outcomes negatively:

- *One study found a significant increase in hypertension among African American men (ages 30-50) correlated to implicit anti-Black bias on behalf of the patient*

Examples of how implicit bias plays out in health care include:

- Black women are more likely to die after being diagnosed with breast cancer
- Non-white patients are less likely to be prescribed pain medications (non-narcotic and narcotic)
- Black men are less likely to receive chemotherapy and radiation therapy for prostate cancer and more likely to have testicle(s) removed
- Patients of color are more likely to be blamed for being too passive about their health care
- Implicit bias is not isolated to adult care. At a well-known academic medical center, a child presented with difficulty breathing that baffled the care team. The team of physicians were agonizing over a light box, reviewing the patient's X-rays, puzzled because they couldn't determine a diagnosis. Another physician just passing through looked at the X-rays and immediately said, "cystic fibrosis." The team was tripped up by the patient's race, which was black, and that the patient had a "white disease."

Examples of how implicit bias plays out in health care include:

<https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-23-implicit-bias-in-health-care/implicit-bias-in-health-care/>

Diversity and Inclusion

Diversity

Working to understand the background of the patients you serve.

These background factors include:

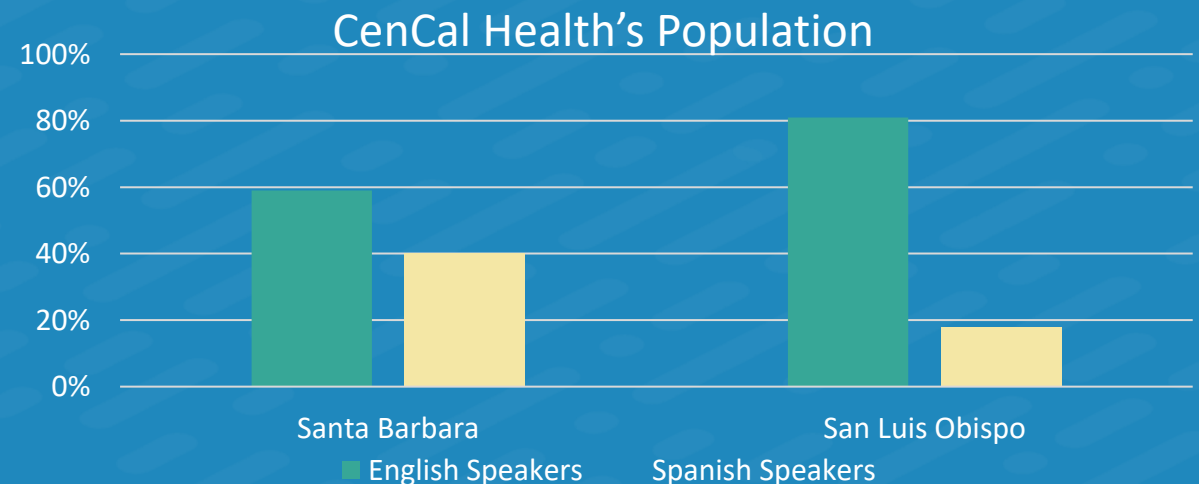
- Culture
- Gender
- Religious beliefs
- Sexual orientation
- Socioeconomic status

A workforce and environment representing the patient populations you serve is valuable.

Inclusion

Inclusion is giving patients from all backgrounds a voice in providing and receiving high-quality care.

This starts with encouraging a diverse healthcare staff to participate in the patient experience.



Caring for LGBTQ+ Communities

- **CenCal Health members have diverse sexual orientations**
 - Identify your own LGBTQ+ perceptions and biases as a first step in providing the best quality care
 - Many LGBTQ+ people do not disclose their sexual orientation or gender identity because they don't feel comfortable, or they fear receiving substandard care
- **CenCal Health members have diverse gender identities**
 - Cisgender – people whose gender identity and gender expression align with their assigned sex at birth
 - Transgender – people whose gender identity and/or gender expression differs from their assigned sex at birth (people may or may not choose to alter their bodies hormonally and/or surgically)

Source: Fenway Health

Tips for Working with Transgender Patients



- Treat transgender people as you would want to be treated.
- Always refer to transgender people by the name and pronoun that corresponds to their gender identity
- If you are unsure about the person's gender identity, ask:
 - *"How would you like to be addressed?"*
 - *"What name would you like to be called?"*
- Focus on care rather than indulging in questions out of curiosity
- The presence of a transgender person in your treatment room is not an appropriate "training opportunity" for other health care providers
- It is inappropriate to ask transgender patients about their genital status if it is unrelated to their care
- Never disclose a person's transgender status to anyone who does not explicitly need information for care

Caring for Seniors and Persons with Disabilities



Denise Filotas
CenCal Health Cultural and Linguistic Services Manager



There are 61 million adults in the United States living with a disability.

Percentage of adults with functional disability types

13.7%

MOBILITY

Serious difficulty walking or climbing stairs



10.8%

COGNITION

Serious difficulty concentrating, remembering, or making decisions



6.8%

INDEPENDENT LIVING

Difficulty doing errands alone



5.9%

HEARING

Deafness or serious difficulty hearing



4.6%

VISION

Blindness or serious difficulty seeing



3.7%

SELF-CARE

Difficulty dressing or bathing



Caring for Seniors and Persons with Disabilities (SPDs)

Meeting the individual's accommodation needs ensures the following:

- Provides appropriate and effective care
- Compliance with the federal Americans with Disabilities Act (ADA) and Section 504 of the 1973 Rehabilitation Act

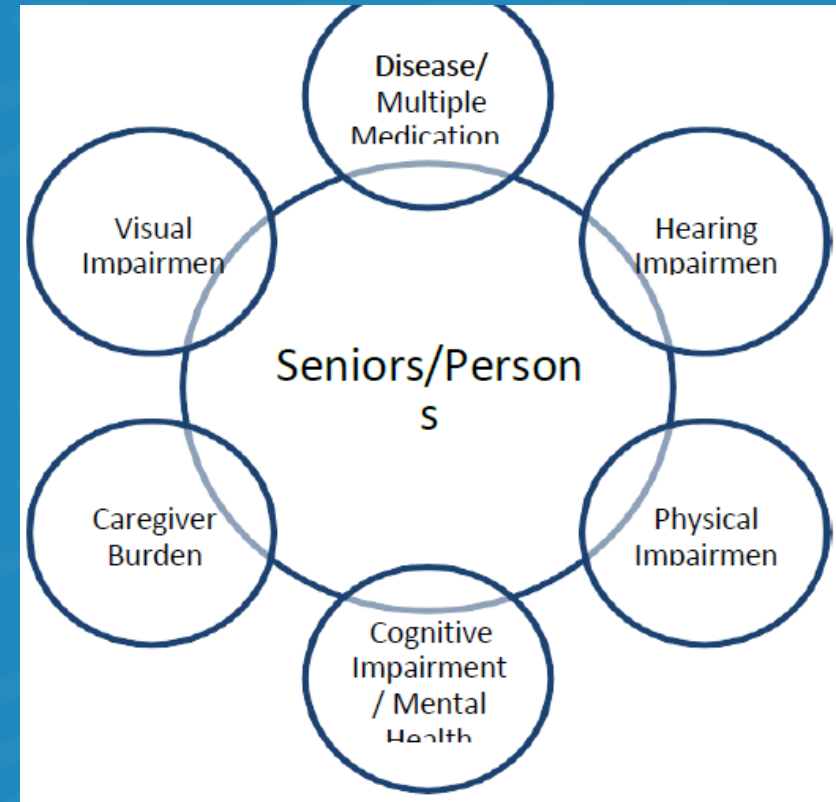
CenCal Health SPD Stats:

- 70% of CenCal Health members with disabilities live with 2+ chronic conditions and 16% of these members have diabetes
- About 25% have 4+ chronic conditions
- 30% of beneficiaries with disabilities receive treatment for mental health conditions annually

Accommodations: What Patients May Need

- Physical accessibility
- Effective communication
- Policy modification
- Accessible medical equipment

Dimensions of Disability



Interacting with Seniors and Persons with Disabilities

Relax

- If you are not sure, ask.
- Using common terms is OK.

Listen Attentively

- Do not finish their sentences.
- Do not pretend to understand.

Speak to the Person

- Face the person when using an interpreter.
- Talk directly to the person.

Be Aware of Surroundings

- Describe potential obstacles.
- Adjust to their level.

Ask Before Helping

- Do not grab.
- Offer your arm for balance.

Focus on the Person

- Disabilities do not define a person.
- Assume a person can do it.

Use Formal Greetings

Use "Mr." or "Mrs."
Do not use "Dear" or "Sweetheart."

Speak with Care

Enunciate and make eye contact.
Talk louder only when asked.
Try not to use jargon, acronyms and abbreviations.

Be Kind

Avoid Interrupting.
Imagine they are a friend.

Interacting with People with Disabilities

- Mobility and physical disabilities range from mild to those with significant limitations
- If shaking hands is appropriate, do so. People with limited hand use or who use a prosthesis can usually shake hands. If people have no arms, lightly touch their shoulder
- When speaking to a person using a wheelchair or scooter for more than a few minutes, try to find a seat or kneel so you are at the same eye level
- Ask for permission before moving someone's cane, crutches, walker, or wheelchair



Access & Safety

The site shall maintain the following safety accommodations for physically disabled persons:

1. Designate a disabled parking space near the primary entrance
2. Maintain pedestrian ramps
3. Exit doorways width should be at least 32 inches wide to allow for passage of a wheelchair
4. Passenger elevator should be maintained in working condition for multi-level floor accommodations
5. A clear floor space should be provided for persons in wheelchairs
6. Restrooms should be accessible to physical disabled individuals
7. Hand washing facilities should be available and include running water, soap and paper towels

Changes in Access/Availability – Please contact CenCal Health if at any time the site becomes inaccessible to physically disabled individuals

Interacting with People with Speech Disabilities

- Don't raise your voice. People with speech disabilities can hear you
- Always repeat what the person tells you to confirm that you understood
- Ask questions one at a time. Give individuals extra time to respond
- Pay attention to pointing, gestures, nods, sounds, eye gaze, and blinks
- If you have trouble understanding a person's speech, it's ok to ask them to repeat what they are saying, even three or four times. It is better for them to know that you do not understand, than to make an error



Interacting with People with:

Cognitive, Intellectual, or Psychiatric Disabilities

- Offer information in a clear, concise, concrete, and simple manner
- If you are not being understood, modify your method of communicating. Use common words and simple sentences
- Allow time for people to process your words, respond slowly, or in their own way
- Make sure the person understands your message

Visual Disabilities

- When offering help, identify yourself and let people know you are speaking to them by gently touching their arm. If you leave people's immediate area, tell them so they will not be talking to empty space
- Speak directly facing the person. Your natural speaking tone is sufficient
- When giving directions, be specific. Clock clues may be helpful, such as "the desk is at 6 o'clock." When guiding a person through a doorway, let them know if the door opens in or out and to the right or to the left

Coding for Social Determinant of Health (SDOH)

Why is it important?

Helps identify health disparities, and their root causes, that are negatively impacting our members' health.

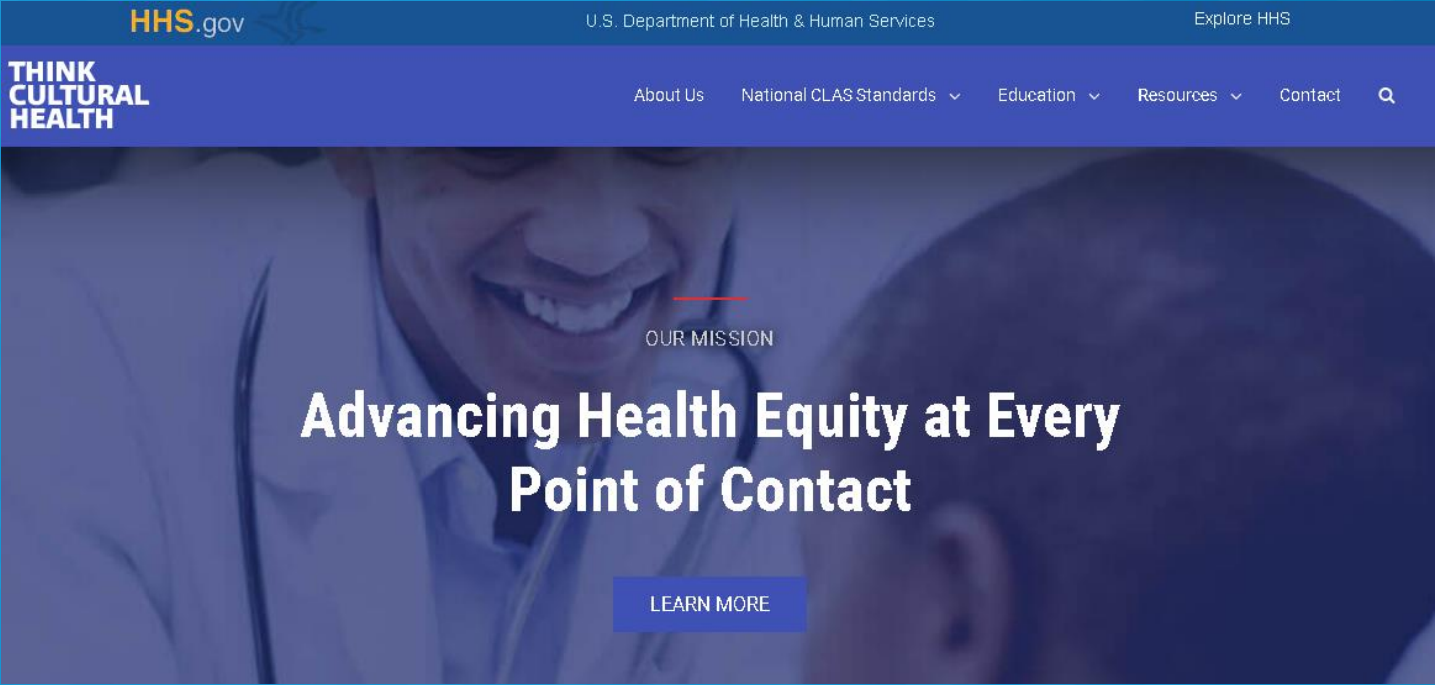
Categories

1. Education/literacy
2. Employment
3. Occupational exposure to risk factors
4. Housing and economic circumstances
5. Social environment
6. Upbringing
7. Primary support group, including family circumstances
8. Psychosocial circumstances



Additional Trainings & Resources

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care
thinkculturalhealth.hhs.gov



Additional Trainings & Resources

CenCal Health Website:

- Cultural Competency and Health Literacy
- Cultural & Linguistic Resources

<https://www.cencalhealth.org/providers/cultural-linguistic-resources/>

Practical Strategies for Cultural Competent Evaluation

https://www.cdc.gov/dhdsr/docs/Cultural_Competence_Guide.pdf

Contact the Provider Relations Department for office trainings

Phone (805) 562-1676

psrgroup@cencalhealth.org

Training Conclusion

- CenCal Health Membership Demographics
- Health Literacy & Interpreter Services
- Providing Cultural Competent Care in a health care setting
- Caring for Seniors and Persons with Disabilities
- Provider Resources

Thank you!



CenCal HEALTH[®]
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