Cultural Competency

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Module Purpose

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- To define cultural competency and show why it is important
- To provide information about ways to communicate with and understand members who have different backgrounds and experiences than you
- Explain the stages of understanding, patient beleifs and differences in care
- To provide skill-centered, transcultural techniques for communicating with and understanding members who have different backgrounds and experiences than you
- To provide a series of best practices for working with individuals with Limited English Proficiency (LEP) or disabilities of various kinds

Section 1

WHAT IS CULTURAL COMPETENCY?

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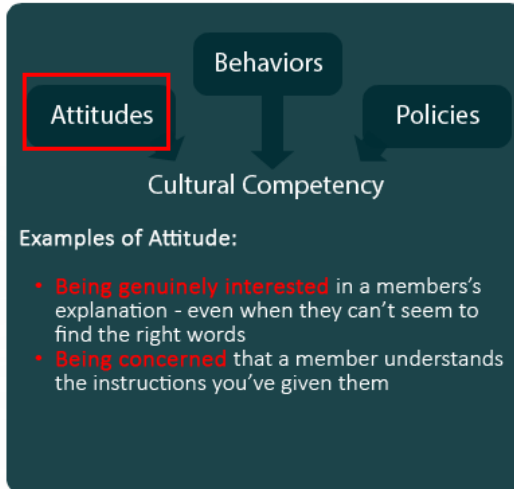UNIVERSITY

Our Dedication to Cultural Competency

Meridian is dedicated to the goal of educating our employees and partners on cultural competency to help provide the best healthcare outcomes. We face the challenge of serving a diverse member population.

Cultural Competency Definition

Cultural competency is a set of *attitudes*, *behaviors* and *policies* that enable people to work effectively in cross-cultural situations.

Click each rectangle for examples in each of these areas.

Behaviors
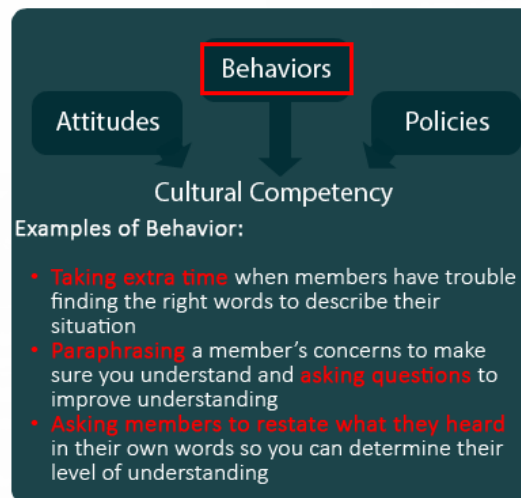
Attitudes

Policies

Cultural Competency

Examples of Attitude:

- Being genuinely interested in a members's explanation - even when they can't seem to find the right words
- Being concerned that a member understands the instructions you've given them

Cultural Competency Definition

Cultural competency is a set of *attitudes*, *behaviors* and *policies* that enable people to work effectively in cross-cultural situations.

Click each rectangle for examples in each of these areas.

Behaviors

Attitudes

Policies

Cultural Competency

Examples of Behavior:

- Taking extra time when members have trouble finding the right words to describe their situation
- Paraphrasing a member's concerns to make sure you understand and asking questions to improve understanding
- Asking members to restate what they heard in their own words so you can determine their level of understanding

Cultural Competency Definition

Cultural competency is a set of *attitudes, behaviors* and *policies* that enable people to work effectively in cross-cultural situations.

Click each rectangle for examples in each of these areas.

Behaviors

Attitudes

Policies

Cultural Competency

Examples of Policy:

- Policies that require people to attend cultural competency training
- Procedures that ensure alternative language materials are available to assist non-English speaking and/or visually impaired members

What Defines Culture?

Meridian serves members with many different backgrounds and experiences. Click the image for a sample listing of factors that make up a member's culture

What Defines Culture?

These factors make up a person's culture:

Background, experience, income, education, language skills
Lifestyle preferences, beliefs, values
Behavioral health challenges like depression, bi-polar disorder, substance abuse, etc.
Medical health challenges like diabetes, heart disease, obesity, family history, etc.
Disabilities like hearing, mobility or visual impairments
Lack of access to housing, safety, healthy food or transportation
Combinations involving all of the above and more...

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Populations in Health Care

Here are some elements you should be aware of when interacting with members:

- Low-income/low literacy
- Varied race/ethnicity
- Disabled (physical, emotional or behavioral)
- Sexuality and gender identity

- Elderly/aged
- Religious/spiritual

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Section 2

WHY IS CULTURAL COMPETENCY IMPORTANT?

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Why is Cultural Competence Important?

The root cause of a health crisis could be traced to a number of factors. Understanding and sensitivity of a member's background and beliefs might help prevent a situation from happening again.

The ability to understand and **relate** to different cultures can help you be more effective with patients.

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Meridian's Cultural Competency Plan

Meridian developed and enacted a **Cultural Competency Plan** that mandates training on key topics such as:

- Methods to improve cultural awareness and sensitivity
- Awareness of personal cultures, prejudices and stereotypes
- Potential barriers members may encounter
- Compliance with state and federal contracts
- Compliance with the Americans with Disabilities Act (ADA), Civil Rights Act, etc.
- Compliance with organizations such as health departments, CMS, NCQA, etc.

Additional Factors

Click each box below for a description of the funding requirements and government mandates driving cultural competency. Each will be discussed in more detail throughout the next three modules of this course.

Culturally and Linguistically Appropriate Services (CLAS) Standards

Title VI and Limited English Proficiency (LEP) Individuals

The Centers for Medicare & Medicaid Services (CMS) Regulations

Americans with Disabilities Act (ADA)

Affordable Care Act (ACA)

Culturally and Linguistically Appropriate Services (CLAS)

CLAS standards are a framework for all healthcare organizations to equally serve diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs of diverse populations.

Additional Factors

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- Culturally and Linguistically Appropriate Services (CLAS) Standards
- Title VI and Limited English Proficiency (LEP) Individuals
- The Centers for Medicare & Medicaid Services (CMS) Regulations
- Americans with Disabilities Act (ADA)
- Affordable Care Act (ACA)

Title VI and Limited English Proficiency (LEP) Individuals

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color and national origin. It also includes providing meaningful access and information to individuals with Limited English Proficiency.

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Additional Factors

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- Culturally and Linguistically Appropriate Services (CLAS) Standards
- Title VI and Limited English Proficiency (LEP) Individuals
- The Centers for Medicare & Medicaid Services (CMS) Regulations
- Americans with Disabilities Act (ADA)
- Affordable Care Act (ACA)

The Centers for Medicare & Medicaid Services (CMS) Regulations

Regulations require Medicaid service providers to render "Culturally and Linguistically Appropriate Services."

Medicare providers are encouraged to make bilingual services available to patients wherever necessary.

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Additional Factors

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- Culturally and Linguistically Appropriate Services (CLAS) Standards
- Title VI and Limited English Proficiency (LEP) Individuals
- The Centers for Medicare & Medicaid Services (CMS) Regulations
- **Americans with Disabilities Act (ADA)**
- Affordable Care Act (ACA)

Americans with Disabilities Act (ADA)

The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities in activities, including medical services. It requires medical care providers to make services available in an accessible manner.

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Additional Factors

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- Culturally and Linguistically Appropriate Services (CLAS) Standards
- Title VI and Limited English Proficiency (LEP) Individuals
- The Centers for Medicare & Medicaid Services (CMS) Regulations
- Americans with Disabilities Act (ADA)
- **Affordable Care Act (ACA)**

Affordable Care Act (ACA)

Section 5307 of the ACA means that individuals who had been uninsured in the past will now have insurance. This previously uninsured population is a highly diverse population and increases the need to work effectively with diverse member cultures.

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Six Standards of Health Care

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The Institute of Medicine (IOM) provides six standards for evaluating and improving healthcare. Click each one for a description. As you review, think about how the standard reinforces the need for cultural competence.

Effective

Efficient

Equitable

Patient-Centered

Safe

Timely

Effective

This standard ensures that processes, such as blood tests and x-rays, are provided intelligently and not utilized needlessly in an attempt to cover all bases.

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Effective

Efficient

Equitable

Patient-Centered

Safe

Timely

Efficient

This standard avoids waste of equipment, supplies, ideas and energy. This standard asks providers to manage resources wisely, ranging from the use of a hypodermic needle to making sure caregivers are well-rested when they come to work.

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Six Standards of Health Care

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- Effective
- Efficient
- **Equitable**
- Patient-Centered
- Safe
- Timely

Equitable

This standard provides care that does not vary in quality because of characteristics such as gender, ethnicity, geographic location or socioeconomic status.

In other words, the standard ensures people from different backgrounds receive the same type and level of care.

Six Standards of Health Care

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- Effective
- Efficient
- Equitable
- **Patient-Centered**
- Safe
- Timely

Patient-Centered

This standard ensures care is respectful of and responsive to individual preferences, needs and values. Patient values are considered when making clinical decisions. Consideration should be given to spiritual or religious beliefs, alternative family structures, alternative medicine, etc.

Six Standards of Health Care

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- Effective
- Efficient
- Equitable
- Patient-Centered
- Safe
- Timely

Safe

This standard ensures that injuries are avoided when health care is provided and prevents exposure to disease or infection when visiting a healthcare facility.

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Six Standards of Health Care

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The Institute of Medicine (IOM) provides six standards for evaluating and improving healthcare. Click each one for a description. As you review, think about how the standard reinforces the need for cultural competence.

- Effective
- Efficient
- Equitable
- Patient-Centered
- Safe
- Timely

Timely

This standard reduces waiting and harmful delays - both for those receiving and providing care. For example, not having an interpreter for a patient who needs it could significantly impact his or her ability to provide or receive care in a timely manner.

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Section 3

CULTURE BARRIERS AND CONDITIONS

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Barriers and Conditions

Part of cultural competence is understanding:

- What kinds of barriers our members face
- What conditions are identified with specific race and ethnic populations

Identifying and being responsive to the specific needs of our members is essential to improving member health care.

Barriers To Health Care

Members may experience barriers that could affect access to quality care. We will discuss methods to overcome these barriers in future modules. Click each barrier for more information.

Accessibility	Beliefs
Health Literacy	Environment
Behavior	Click Here to Learn More

Behavior
Many patients struggle with behavioral issues such as bi-polar disorder, personality disorder, depression, addictions etc. Behavioral issues can result in fatigue, poor impulse control, sensory input over-stimulation, poor concentration and limited learning agility. For example, a patient with a learning disability, like dyslexia, may require extra time to process written materials, such as instructions for taking prescription medicine.

Barriers To Health Care

Members may experience barriers that could affect access to quality care. We will discuss methods to overcome these barriers in future modules. Click each barrier for more information.

Accessibility	**Beliefs**
Health Literacy	Environment
Behavior	Click Here to Learn More

Beliefs
There are a wide variety of personal beliefs, such as alternative medicine, non-traditional healing, or being a part of a social group that values having multiple sexual partners. Beliefs can create barriers to using traditional providers and treatments (discussed more in Module Two).

Population-Specific Conditions

Part of being culturally competent is recognizing the conditions associated with specific Meridian member populations and considering that information when serving the population in any capacity.

For example, knowing that the African-American member population is more likely to have high blood pressure allows you to serve this group better through proactive monitoring.

Population-Specific Conditions

What are the most common chronic conditions that occur in our member populations? Click each condition to learn which specific populations are most likely to be associated with the condition.

Asthma   Stroke

Cancer   Diabetes

Heart Disease

Asthma

2010 data from the U.S. Department of Health and Human Services (HHS) Office of Minority Health:

African-Americans were 30% more likely to have asthma

There were 14.2 million physician office visits with asthma as the primary diagnosis in 2010

Population-Specific Conditions

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What are the most common chronic conditions that occur in our member populations? Click each condition to learn which specific populations are most likely to be associated with the condition.

Asthma

Stroke

Cancer

Diabetes

Heart Disease

Cancer

2010 data from HHS Office of Minority Health:

African-Americans had the highest mortality rate of any racial and ethnic group for all cancers combined and for most major cancers

Hispanic women were almost 2 times as likely to have cervical cancer and 1.4 times more likely to die from cervical cancer than their non-Hispanic counterparts

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Population-Specific Conditions

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What are the most common chronic conditions that occur in our member populations? Click each condition to learn which specific populations are most likely to be associated with the condition.

Asthma

Stroke

Cancer

Diabetes

Heart Disease

Heart Disease

2010 data from HHS Office of Minority Health:

African-Americans were 30% more likely to die from heart disease

Hispanic adults were 20% less likely to have heart disease

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Population-Specific Conditions

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What are the most common chronic conditions that occur in our member populations? Click each condition to learn which specific populations are most likely to be associated with the condition.

Asthma

Stroke

Cancer

Diabetes

Heart Disease

Stroke

2010 data from HHS Office of Minority Health:

African-American adults were 60% more likely to have a stroke than their non African-American counterparts

Hispanic women were 20% more likely to have a stroke than their non-Hispanic counterparts

Population-Specific Conditions

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What are the most common chronic conditions that occur in our member populations? Click each condition to learn which specific populations are most likely to be associated with the condition.

Asthma

Stroke

Cancer

Diabetes

Heart Disease

Diabetes

2010 data from HHS Office of Minority Health:

African-Americans were 2 times more likely to be diagnosed with diabetes

Hispanics adults were 1.7 times more likely to be diagnosed with diabetes

Population-Specific Conditions

As a healthcare professional, you need to educate yourself as much as possible about the unique circumstances and chronic conditions associated with the population you serve.

Section 4

STAGES OF UNDERSTANDING AND SELF-AWARENESS

A Model for Understanding Others

- Research suggests we go through six different stages when we realize others are different than us

- Knowledge of these six stages can help us move through them quicker

Stages of Understanding

Click each stage to learn more.

Stage 1: Denial	Stage 4: Acceptance
Stage 2: Defense	Stage 5: Adaptation
Stage 3: Minimization	Stage 6: Integration

Denial

"There are no differences between people. Everyone is just like me."

Stages of Understanding

Click each stage to learn more.

Stage 1: Denial
Stage 2: Defense
Stage 3: Minimization
Stage 4: Acceptance
Stage 5: Adaptation
Stage 6: Integration

Defense

"Some people are different than me; there's basically something wrong with them."

Stages of Understanding

Click each stage to learn more.

Stage 1: Denial
Stage 2: Defense
Stage 3: Minimization
Stage 4: Acceptance
Stage 5: Adaptation
Stage 6: Integration

Minimization

"Okay, there may be some differences between me and some other people; but it really isn't that important. I'll just keep doing what I do and, eventually, they'll figure me out."

Stages of Understanding

Click each stage to learn more.

Stage 1: Denial

Stage 4: Acceptance

Stage 2: Defense

Stage 5: Adaptation

Stage 3: Minimization

Stage 6: Integration

Acceptance

"Wow, people are different, especially people with different ethnic backgrounds or who come from different countries. I'll try to get along the best I can. I might even learn something new."

Stages of Understanding

Click each stage to learn more.

Stage 1: Denial

Stage 4: Acceptance

Stage 2: Defense

Stage 5: Adaptation

Stage 3: Minimization

Stage 6: Integration

Adaptation

"Being open and modifying my behavior to others who are different than me has really opened my mind. Not only have I learned some new things, but I think it's also made me a better person."

Stages of Understanding

Click each stage to learn more.

Stage 1: Denial

Stage 2: Defense

Stage 3: Minimization

Stage 4: Acceptance

Stage 5: Adaptation

Stage 6: Integration

Integration

"I try to adjust my behavior and the way I interact to everyone with whom I come into contact. I actually don't even think about it much; I just do it automatically."

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Self-Awareness

- Understanding your own background helps you begin to appreciate the backgrounds and experiences of others

- You may understand your own culture from multiple perspectives, such as through ethnic traditions (family, neighborhood, regional) or national identity

- You may have more in common with others than you realize: pride on your heritage, family, and customs

Key Point

- Understanding your own personal beliefs, values, and customs allow you to be more understanding and respectful of others' beliefs, values, and customs

- Don't think your background or experience is "better" than anyone else's. Your experience is only a point of reference to compare and learn from other cultures

- Let's explore what can happen if you think your experience is better

Incorrect Assumptions

- Looking at others strictly from your point-of-view can lead to incorrect assumptions, which are the root of many *prejudiced* attitudes and *discriminatory* practices

- Incorrect assumptions can lead to bias and stereotyping

Key Cultural Terms

The following are key terms we have used.
Click the term to learn its formal definition.

Bias

Discrimination

Stereotype

Assumption

Prejudice

Click Here to Learn More

Bias

An inclination or preference that interferes with impartial judgment.

Key Cultural Terms

The following are key terms we have used.
Click the term to learn its formal definition.

Bias

Discrimination

Stereotype

Assumption

Prejudice

Click Here to Learn More

Stereotype

An oversimplified conception, opinion or belief about some aspect of an individual or group of people.

Key Cultural Terms

The following are key terms we have used.
Click the term to learn its formal definition.

Bias | Discrimination

Stereotype | Assumption

Prejudice | Click Here to Learn More

Assumption

Something taken for granted or accepted as true without proof.
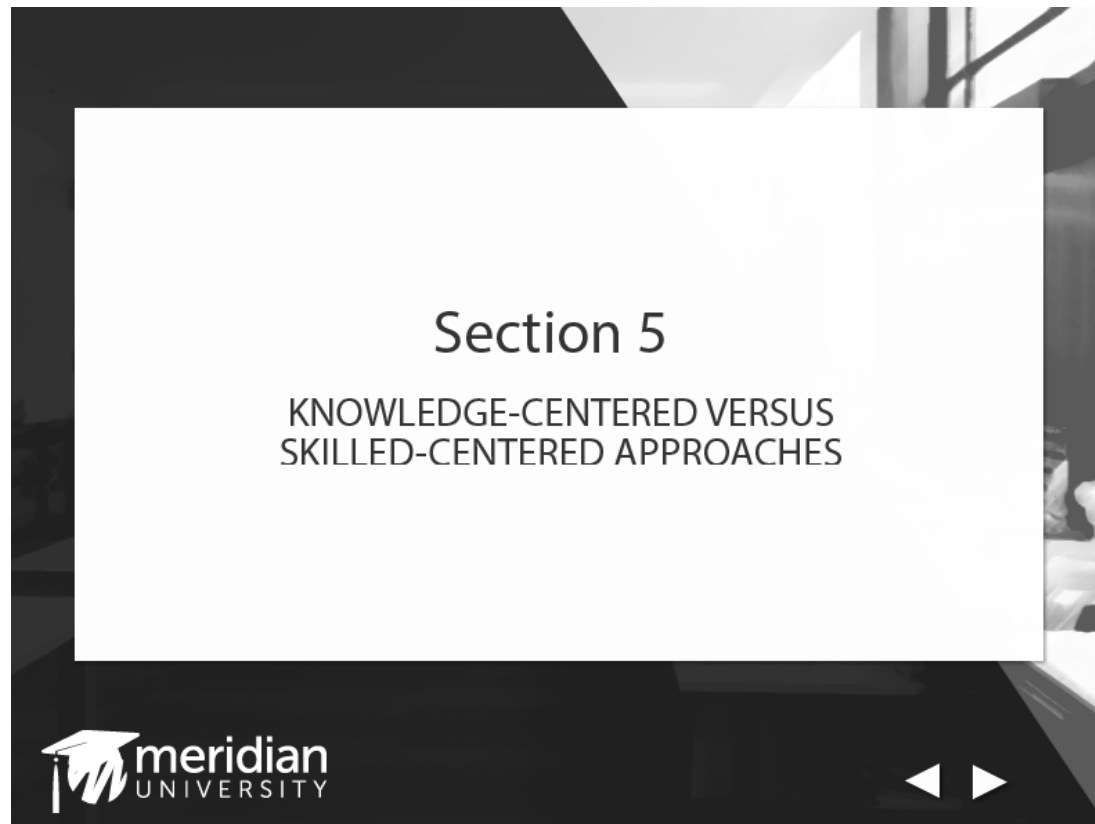

Key Cultural Terms

The following are key terms we have used.
Click the term to learn its formal definition.

Bias | Discrimination

Stereotype | Assumption

Prejudice | Click Here to Learn More

Learn More

These terms are barriers to understanding. They affect healthcare service delivery and outcomes.
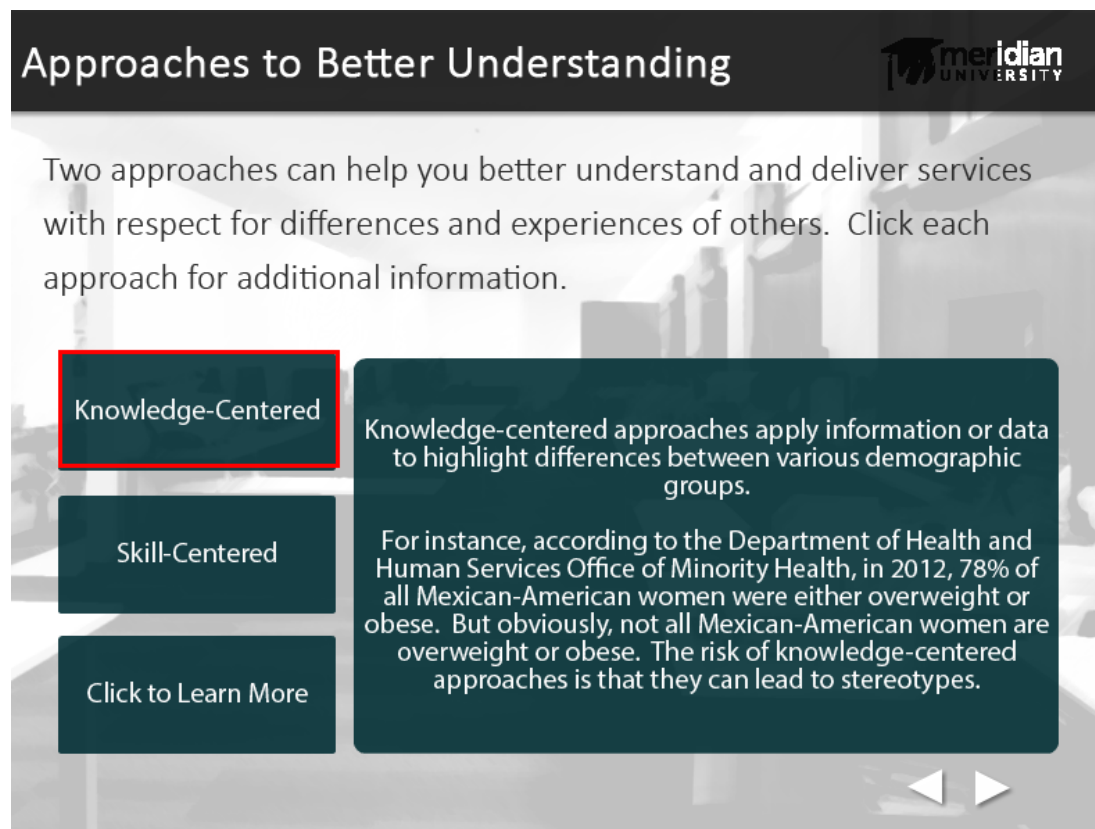
Approaches to Better Understanding

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Two approaches can help you better understand and deliver services with respect for differences and experiences of others. Click each approach for additional information.

Knowledge-Centered

Skill-Centered

Skill-centered approaches involve applying techniques to help you be more understanding. For example, ask questions to gain a better understanding of someone's illness and treatment. Display empathy. Keep an open-mind and don't rush to judgment.

Click to Learn More

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Approaches to Better Understanding

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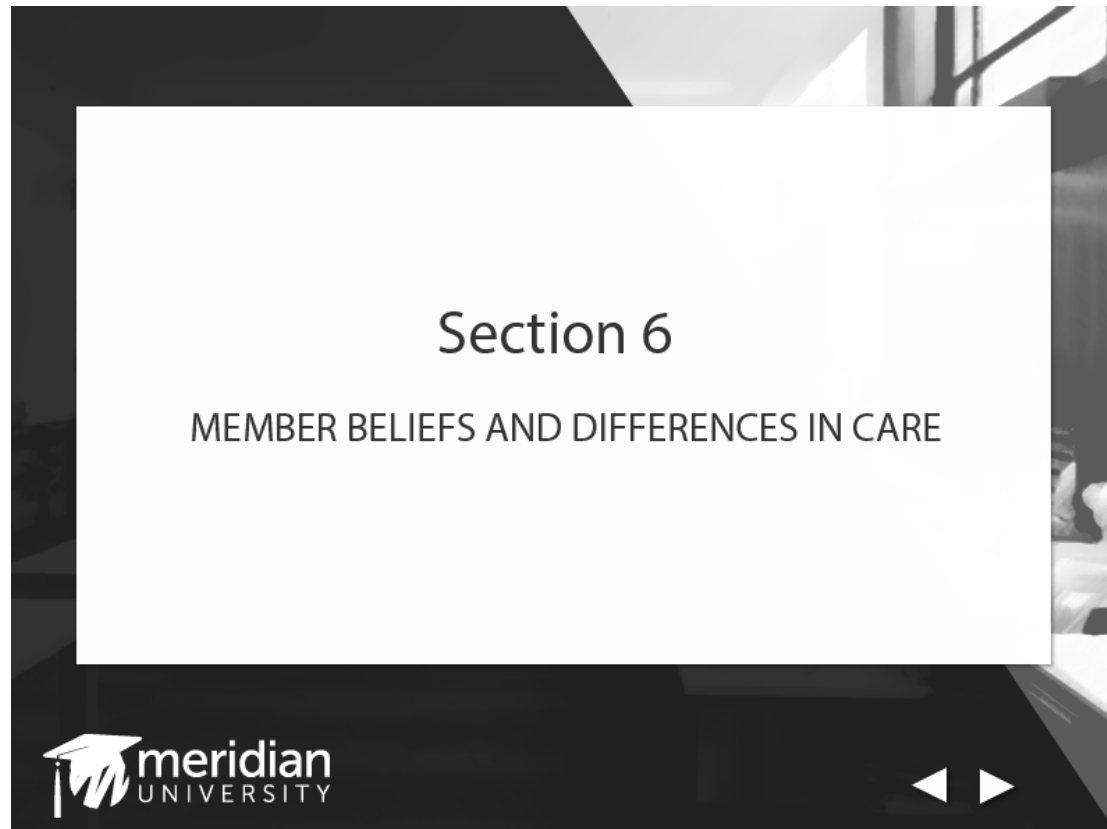
Knowledge-Centered

Skill-Centered

Learn More
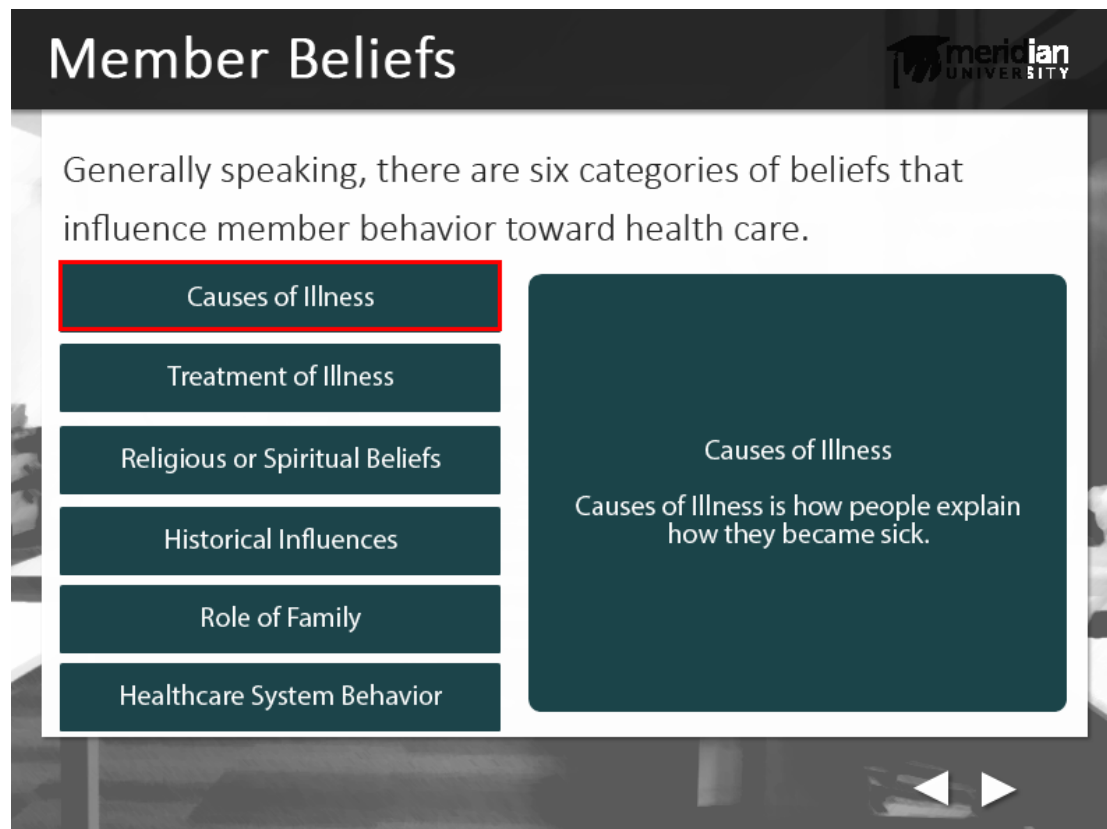
A comprehensive approach to communicating with others who have different backgrounds and experiences is to use a combination of approaches, both knowledge-centered and skill-centered. This module focuses primarily on knowledge-centered approaches.

Click to Learn More

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Section 6

MEMBER BELIEFS AND DIFFERENCES IN CARE

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Member Beliefs

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Generally speaking, there are six categories of beliefs that influence member behavior toward health care.

- Causes of Illness
- Treatment of Illness
- Religious or Spiritual Beliefs
- Historical Influences
- Role of Family
- Healthcare System Behavior

Causes of Illness

Causes of Illness is how people explain how they became sick.

Member Beliefs

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Generally speaking, there are six categories of beliefs that influence member behavior toward health care.

Causes of Illness

Treatment of Illness

Religious or Spiritual Beliefs

Historical Influences

Role of Family

Healthcare System Behavior

Treatment of Illness

In health care, "treatment" is the attempt to correct a health problem based upon a medical diagnosis.

In some cases, other forms of treatment (such as holistic or spiritual) are preferred over traditional medicine.

Member Beliefs

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Generally speaking, there are six categories of beliefs that influence member behavior toward health care.

Causes of Illness

Treatment of Illness

Religious or Spiritual Beliefs

Historical Influences

Role of Family

Healthcare System Behavior

Religious or Spiritual Beliefs

These are (broadly defined) as organized collections of beliefs and cultural systems that explain humankind's relationship to either God, a Higher Power or some larger universal order. These beliefs can guide how patients seek treatment.

Member Beliefs

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Generally speaking, there are six categories of beliefs that influence member behavior toward health care.

- Causes of Illness
- Treatment of Illness
- Religious or Spiritual Beliefs
- Historical Influences
- Role of Family
- Healthcare System Behavior

Historical Influences

Throughout history, some populations have experienced disadvantages that resulted in limited access to areas such as education or economic opportunity.

The residual effect of historical influences may still impact some patients' backgrounds and experiences.

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Member Beliefs

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Generally speaking, there are six categories of beliefs that influence member behavior toward health care.

- Causes of Illness
- Treatment of Illness
- Religious or Spiritual Beliefs
- Historical Influences
- Role of Family
- Healthcare System Behavior

Role of Family

The definition of "family" varies from person to person. In addition, the importance of the family also varies, influencing who patients choose to involve in their health care.

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Member Beliefs

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Generally speaking, there are six categories of beliefs that influence member behavior toward health care.

- Causes of Illness
- Treatment of Illness
- Religious or Spiritual Beliefs
- Historical Influences
- Role of Family
- Healthcare System Behavior

Healthcare System Behavior

The societal role of the "doctor" or "caregiver" varies from culture to culture. So does the meaning and context of a "provider." When patients encounter a new healthcare system, they may be unfamiliar with the benefits, providers or even how to interact with people within the system.

Member Beliefs

Click the phrase to learn more about member beliefs.

"Colds are caused by getting wet."

"Prayer heals."

"No one will understand my condition."

"I don't want my parents to know."

"I missed my appointment because I couldn't find a ride; I didn't have a way to get there."

"I don't like taking pills."

"No one will understand my condition."

This is an example of a historical influence. There was a time when many HIV patients experienced difficulty getting medical treatment because we didn't know much about how HIV was transmitted. This influence resulted in a long-standing mistrust of the healthcare industry for many gay men and intravenous drug users.

Member Beliefs

Click the phrase to learn more about member beliefs.

"Colds are caused by getting wet."

"Prayer heals."

"No one will understand my condition."

"I don't want my parents to know."

"I missed my appointment because I couldn't find a ride; I didn't have a way to get there."

"I don't like taking pills."

"I don't want my parents to know."

This is an example of the belief about the role of family. A 16-year-old teenager who decides to use birth control may not want her family to be involved in the decision.

Member Beliefs

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Click the phrase to learn more about member beliefs.

"Colds are caused by getting wet."

"Prayer heals."

"No one will understand my condition."

"I don't want my parents to know."

"I missed my appointment because I couldn't find a ride; I didn't have a way to get there."

"I don't like taking pills."

"I missed my appointment because I couldn't find a ride; I didn't have a way to get there."

This is an example of healthcare system behavior. People who are not used to Medicaid healthcare benefits may not know that, in some states, they can obtain transportation to their providers or that the word "providers" includes pharmacies, vision care, durable medical equipment suppliers, dentists, etc.

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Member Beliefs

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Click the phrase to learn more about member beliefs.

"Colds are caused by getting wet."

"Prayer heals."

"No one will understand my condition."

"I don't want my parents to know."

"I missed my appointment because I couldn't find a ride; I didn't have a way to get there."

"I don't like taking pills."

"I don't like taking pills."

This is an example of a belief about treatment of illness. Patients with a history of addiction may not want to use pain relief medication for treatment. They fear a relapse and feel they can "bear the pain" instead of taking a chance.

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Section 7

STRATEGIES FOR IMPROVED UNDERSTANDING

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Patient-Centered Awareness

The following are strategies for increasing knowledge of people with different backgrounds and experiences:

- Remember that race, ethnicity, gender, spirituality and other issues play a role in perceptions of health care

- Understand the community you serve and the different cultures contained in it

- Talk with people and gain an understanding of their beliefs and backgrounds

- Develop cultural humility. Do not think your way is the best

- Practice cultural etiquette. Be respectful of others' beliefs and values

- Study when you have time. The HHS Office of Minority Health has a highly informative website

Section 8

SKILL-CENTERED APPROACHES AND TRANSCULTURAL TECHNIQUES

Skill-Centered Approaches

- Skill-centered approaches involve using specific skills to help you be more understanding of others

- It is not possible to understand every cultural belief

- Skill-centered behaviors help you to establish trust and rapport

Click to Learn More

Skill-Centered Approaches

The skills in this module are interpersonal in nature.
Interpersonal skills apply regardless of the language a member speaks (even when speaking through an interpreter).

For example, you notice a man with his hands full of packages. The two of you are walking towards the same door. You stop, smile and open the door for him. Even if he doesn't speak your language, he does understand your act of empathy.

Transcultural Techniques

Transcultural techniques are actions taken at the start of an encounter to begin on a positive note, particularly with members whose backgrounds and experiences may be different from yours.

Click to Learn More

Transcultural Techniques

These techniques are important because the first few minutes with someone new establishes the tone of the encounter or relationship.

It's been said "You never get a second chance to make a good first impression." People may forget exactly what happened, but they don't forget how you made them feel.

Cultural Competency Training for Providers

Transcultural Techniques

Click each box for more information about that technique.

Approach a new patient slowly.

Greet the patient respectfully.

Provide the patient with a quiet setting.

Sit a comfortable distance away.

Approach a new patient slowly.

When first meeting someone new, approach slowly and wait to be acknowledged.
Rushing in may increase fear of the unknown, which many patients associate with hospitals and healthcare personnel.

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Transcultural Techniques

Click each box for more information about that technique.

Approach a new patient slowly.

Greet the patient respectfully.

Provide the patient with a quiet setting.

Sit a comfortable distance away.

Greet the patient respectfully.

Refer to the patient by title (Dr., Mr., Ms., Mrs.) and his or her last name, rather than by first name. Make sure that you are pronouncing the patient's name correctly. Likewise, help patients pronounce your name if they are having difficulty doing so.

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Transcultural Techniques

Click each box for more information about that technique.

Approach a new patient slowly.

Greet the patient respectfully.

Provide the patient with a quiet setting.

Sit a comfortable distance away.

Provide patients with a quiet and/or private setting when possible.

Patients with hidden disabilities may have trouble hearing, or can be easily distracted by noise. They will especially appreciate this small courtesy.

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Transcultural Techniques

Click each box for more information about that technique.

Approach a new patient slowly.

Greet the patient respectfully.

Provide the patient with a quiet setting.

Sit a comfortable distance away.

Sit a comfortable distance away.

Lean in slightly toward the patient. Ask pertinent questions to draw the patient out. Be aware of your gestures and facial expressions - as they may be misinterpreted. Watch for any display of anxiety, fear, or anger.

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Section 9

EMPATHY

Empathy

Empathy is the ability to reasonably approximate what someone else is feeling. In other words, learning to identify cues indicating someone's emotional reaction (fear, anger, sadness, happiness, etc.). Empathy skills let others know you are genuinely interested in their feelings and needs.

Click to Learn More

Empathy

Emotions are universal. Identifying and reflecting another person's emotions help make an instant connection, regardless of background or experience.

◄ ▶

Empathy is the technique of "identifying and reflecting" another person's emotions. Before you can show empathy, you need to understand basic human emotions. Click each emotion for more information.

Anger

Fear

Sadness

Happiness

Anger

A reaction when confronted by a known threat. Anger is usually accompanied by a rush of adrenaline to mobilize the body in taking aggressive action against the threat.

◄ ▶

Empathy is the technique of "identifying and reflecting" another person's emotions. Before you can show empathy, you need to understand basic human emotions. Click each emotion for more information.

Anger

Fear

Sadness

Happiness

Fear

A reaction when we think there may be a threat, but do not yet know it for certain. Fear is usually accompanied by increased sensitivity to help evaluate the environment and assess the nature of a threat.

Empathy is the technique of "identifying and reflecting" another person's emotions. Before you can show empathy, you need to understand basic human emotions. Click each emotion for more information.

Anger

Fear
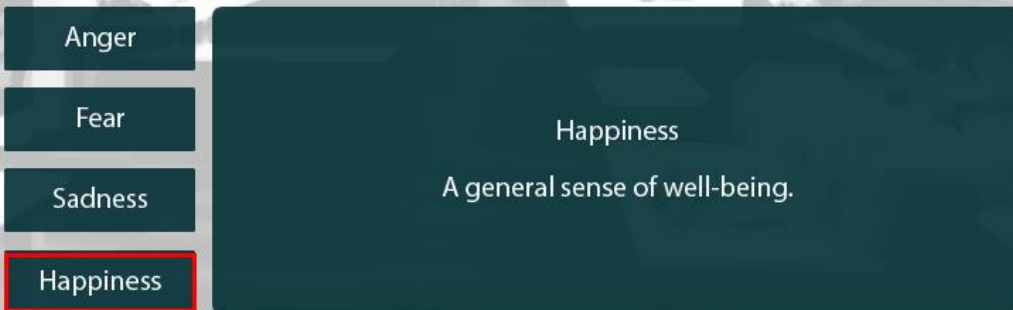
Sadness

Happiness

Sadness

The reaction that occurs after a trauma, such as a loss or injury. The body begins to "shut down" so it can start to heal. Trauma can be either physical or psychological.
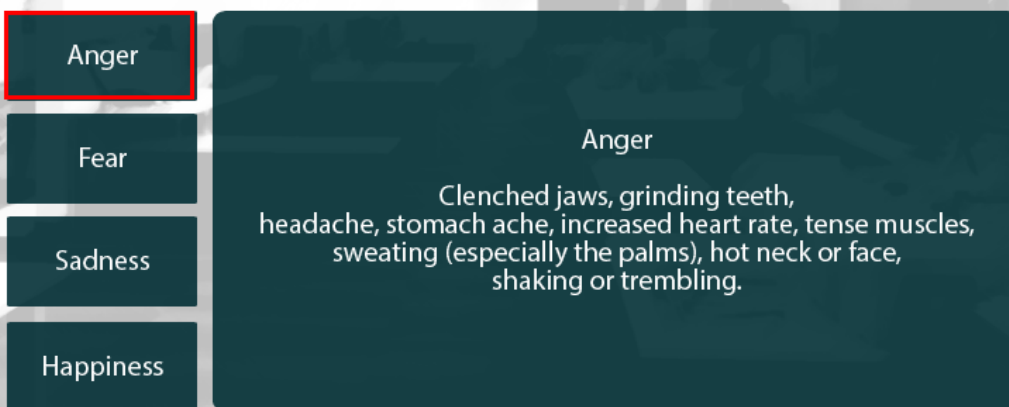
Empathy is the technique of "identifying and reflecting" another person's emotions. Before you can show empathy, you need to understand basic human emotions. Click each emotion for more information.

Anger

Fear

Sadness

Happiness

Happiness
A general sense of well-being.
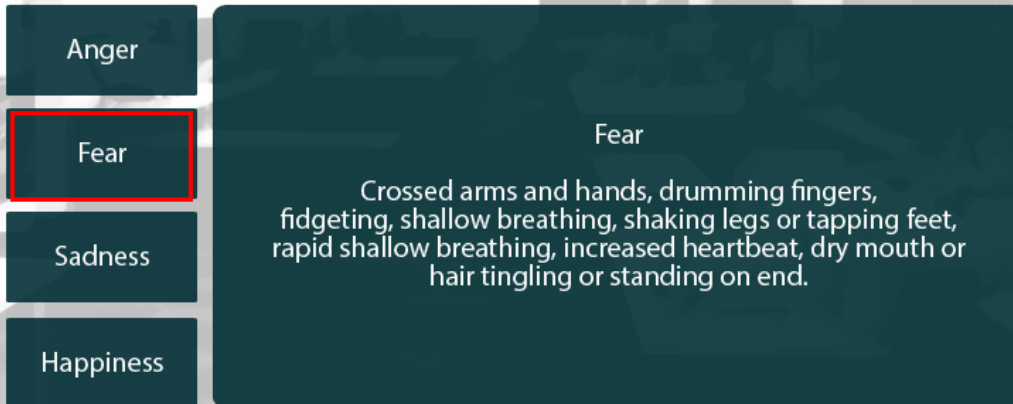
◀ ▶

Click each emotion for more information on its common physical manifestations.

Anger

Fear

Sadness

Happiness

Anger

Clenched jaws, grinding teeth,
headache, stomach ache, increased heart rate, tense muscles,
sweating (especially the palms), hot neck or face,
shaking or trembling.

◀ ▶

Click each emotion for more information on its common physical manifestations.

Anger

Fear

Sadness
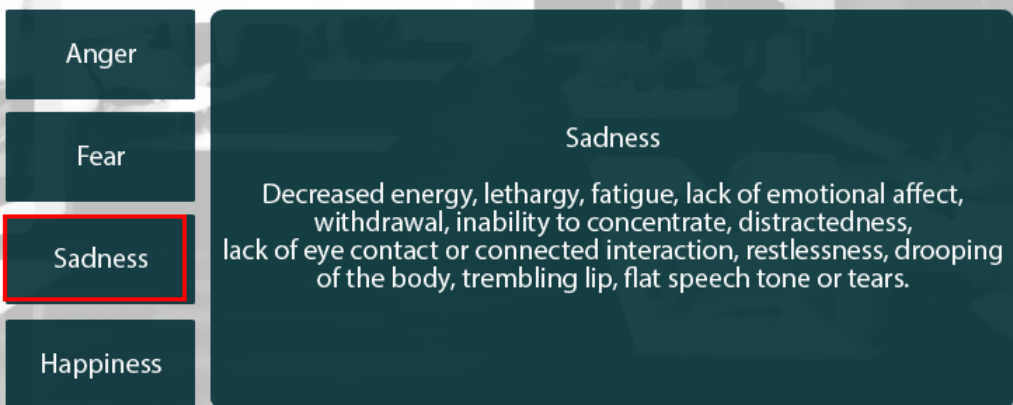
Happiness

Fear

Crossed arms and hands, drumming fingers, fidgeting, shallow breathing, shaking legs or tapping feet, rapid shallow breathing, increased heartbeat, dry mouth or hair tingling or standing on end.

◄ ▶

Click each emotion for more information on its common physical manifestations.

Anger

Fear
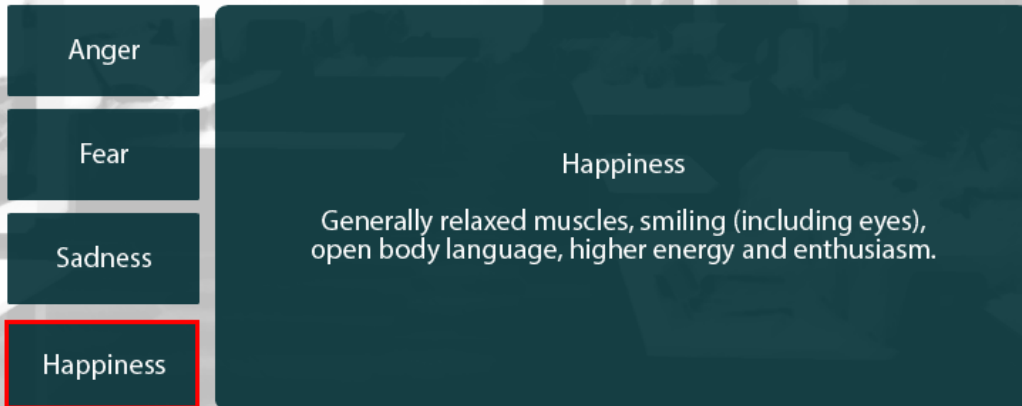
Sadness

Happiness

Sadness

Decreased energy, lethargy, fatigue, lack of emotional affect, withdrawal, inability to concentrate, distractedness, lack of eye contact or connected interaction, restlessness, drooping of the body, trembling lip, flat speech tone or tears.

◄ ▶

Click each emotion for more information on its common physical manifestations.

Anger

Fear

Sadness

Happiness

Happiness

Generally relaxed muscles, smiling (including eyes), open body language, higher energy and enthusiasm.

◀ ▶

Empathy

- The ability to identify emotions and facial expressions helps you show *empathy*

- Making a statement like: "You seem like you're angry about something..." is interpreted by most people as "supportive" empathy behavior

- That "support" transforms peoples' feeling of anger into a feeling of being understood, which helps them calm down

◀ ▶

Section 10

OPEN-MINDEDNESS

Open-Mindedness

Open-mindedness is the ability to withhold judgment and remain "neutral" in new or unfamiliar ideas or situations. It doesn't mean you approve or disapprove, just that you don't state your opinion and "mask" your initial reaction. Open-mindedness also requires asking questions and acquiring more information to improve understanding.

Click to Learn More

Open-Mindedness

An open-minded attitude encourages people to share more about their background and experiences. In addition to establishing a good relationship with a patient, open-mindedness can uncover useful medical information about the patient's condition.

◀ ▶

Open-Mindedness Techniques

Click the following techniques for more information on how to show open-mindedness.

- Clear your mind
- Paraphrase
- Ask open questions
- Make a statement that conveys understanding
- Share your experience

Clear your mind.

People often react to new things based on existing beliefs and opinions. When you encounter something new, it helps to clear your mind of anything that interferes with your ability to pay attention. This has a powerful effect on the quality of communication.

◀ ▶

Open-Mindedness Techniques

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Click the following techniques for more information on how to show open-mindedness.

- Clear your mind
- Paraphrase
- Ask open questions
- Make a statement that conveys understanding
- Share your experience

Paraphrase.

Paraphrasing is the act of confirming what someone said using your own words. A good paraphrase would start with: "Let me make sure I understand what you are saying..." Then, the person would simply explain what they believed they heard. This allows for clarification and true understanding.

◀ ▶

Open-Mindedness Techniques

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Click the following techniques for more information on how to show open-mindedness.

- Clear your mind
- Paraphrase
- Ask open questions
- Make a statement that conveys understanding
- Share your experience

Ask open questions.

Open questions allow you to "dig deeper" to understand a person or situation. Open questions are called "open" because they allow a person to take the conversation in a new or different direction. An example of an open question is "Tell me more about that..."

◀ ▶

Open-Mindedness Techniques

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Click the following techniques for more information on how to show open-mindedness.

Clear your mind

Paraphrase

Ask open questions

Make a statement that conveys understanding

Share your experience

Make a statement that conveys understanding.

Part of conveying understanding is demonstrating empathy. Remember to keep an open mind. You don't have to agree or approve. Just reflect the emotion someone appears to be displaying. For example, "Seems like that was difficult for you to do," or "It looks like you didn't approve of that."

Open-Mindedness Techniques

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Click the following techniques for more information on how to show open-mindedness.

Clear your mind

Paraphrase

Ask open questions

Make a statement that conveys understanding

Share your experience

Share your experience.

Once you understand what someone is saying, you can find a way to relate their idea to your own experience. For example, "We do something like that in my family too!" Or "When I had cancer, I went through the same thing." You don't have to elaborate or go into detail. The fact that you "experienced something similar" often creates a stronger connection.

Open Questions

- "Can you tell me more about..." is a great way to begin an open question

- Use open body language and eye contact to reinforce the question and communicate open-mindedness

- Avoid closed questions. They can be answered with "yes," "no" or just a few words

Section 11

TECHNIQUES FOR GIVING INSTRUCTIONS

Giving Instructions

Giving instructions is a behavior that healthcare professionals practice frequently, such as explaining how to:

- Enroll in Meridian Health Plan
- Obtain needed resources such as food, clothing and housing
- Use transportation benefits
- Find a behavioral health provider
- Take a blood pressure reading
- Manage medications using a pill sorter
- Change bandages

Click to Learn More

Giving Instructions

There are best practices that enable you to give instructions effectively, particularly when the patient is from a different background or set of experiences

Giving Instructions

Click the following buttons to learn more about giving instructions. These are especially helpful when working with members with different backgrounds and experiences.

Remain Composed

Summarize

Demonstrate

Use Correct Terminology

Remain Composed

Stay calm and composed. Take your time
Speak clearly and slow down your pace of speech, particularly if you are used to speaking quickly
Make sure you and the other person are comfortable
Use humor or stories - if appropriate
Don't dominate the conversation; provide "moments of silence" that allow the other person to respond

◄ ►

Giving Instructions

Click the following buttons to learn more about giving instructions. These are especially helpful when working with members with different backgrounds and experiences.

Remain Composed

Summarize

Demonstrate

Use Correct Terminology

Summarize

Describe the big picture
Ask the patient to summarize what you said

◄ ►

Giving Instructions

Click the following buttons to learn more about giving instructions. These are especially helpful when working with members with different backgrounds and experiences.

Remain Composed

Summarize

Demonstrate

Use Correct Terminology

Demonstrate

Use visuals; draw pictures or use a model, if possible
Encourage the patient or caregiver to do the same, if possible, and give positive feedback and encouragement for doing so

Giving Instructions

Click the following buttons to learn more about giving instructions. These are especially helpful when working with members with different backgrounds and experiences.

Remain Composed

Summarize

Demonstrate

Use Correct Terminology

Use Correct Terminology

Use appropriate vocabulary; simple is better
Avoid jargon, medical terms or complex explanations
Use anatomically-correct words when discussing sensitive subjects (penis, vagina, breast, etc.)

Section 12

CHALLENGES AND RESPONSIBILITES FOR LEP INDIVIDUALS

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What is LEP?

Limited English Proficiency (LEP) persons do not speak English as their primary language or have a limited ability to read, speak, write or understand English.

Why is LEP Important?

Culturally and Linguistically Appropriate Services (CLAS) standards require healthcare organizations to offer language assistance to individuals with LEP and/or other communication needs, at no cost, to ensure they have timely access to health care and services.

Click to Learn More

Why is LEP Important?

These standards were enacted to ensure that equitable care is provided to members whose command of the English language may not be strong due to reasons such as illiteracy or learning disabilities.

CLAS Standards

Click the buttons below for information on CLAS standards.

Standard 5

Standard 6

Standards 7 and 8

Standard 5

Provide interpreter services at no cost to patients (during all hours of operation and for all points of contact).

◄ ▶

CLAS Standards

Click the buttons below for information on CLAS standards.

Standard 5

Standard 6

Standards 7 and 8

Standard 6

Inform patients of their right to receive language assistance services at no cost to them.

◄ ▶

Meeting LEP and CLAS

- Use internal bilingual staff members as interpreters
- Hire translation companies
- Partner with a community organization for volunteer interpreters
- Purchase translated materials
- Locate web-based resources
- Ask about available translated resources from the state, insurers or pharmaceutical companies
- If a provider serves a large population of people requiring alternative languages, they may even need to hire employees who speak those languages

Click to Learn More

Meeting LEP and CLAS

Providers must always consider state contract requirements. Some options may not be appropriate in particular areas, if, for example, "certified" translations are required by state or local statutes.

Interpreter Qualifications

An interpreter must:

- Demonstrate proficiency and the ability to communicate information accurately in both languages

- Have knowledge in both languages, to the extent necessary, of specialized terms or concepts that will be used in the conversation

- Understand regionalisms, dialects or differences in language use

Click to Learn More

Interpreter Qualifications

If you speak the same language as a patient, feel free to use that language to build rapport. Patients usually appreciate your willingness to communicate in their native language. If there are state or local qualifications for interpreters, then make sure you meet the qualifying criteria.

Interpreter Roles

An interpreter must:

- Understand HIPAA confidentiality rules. What is said in the healthcare environment must remain private

- Understand and adhere to the role of interpreter without shifting into other roles (such as counselor or legal advisor). The interpreter is there to translate, not give advice, even if the member seeks advice

Click to Learn More

◀ ▶

Interpreter Roles

There are many organizations which offer training and certifications of interpreters. Courses will frequently cover these topics. If you use a translator from an agency or who has been certified by an organization, you can easily assess them to see if their students learn about these roles.

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Working with Interpreters

- Share with the LEP person (or other members in need of interpretive services) the option of using an interpreter
- Respect the member's desire to use his or her own interpreter, but always consider issues of competence, appropriateness, conflicts of interest and confidentiality when these requests are made
- If a member's chosen interpreter is not competent or appropriate, furnish interpreter services in place of or as a *supplement* to the member's translator
- Exercise extra caution when the member chooses a minor child as a translator

Click to Learn More

Working with Interpreters

Some members with hearing impairments may communicate through American Sign Language (ASL). Use of an ASL interpreter is considered LEP access.

Barriers

Some communication barriers are fairly obvious, such as when a member is completely unable to speak English. Other barriers are hidden, such as when a member has a learning disability, such as dyslexia, or members who have cognitive disorders, such as Obsessive Compulsive Personality (OCP), that might impede their ability to communicate effectively.

Click to Learn More

Barriers

Since some disabilities are hidden, providers are required to provide materials in alternative, cognitively accessible formats. The next page contains examples of alternative formats.

Principles

Some of the principles that govern LEP access also apply to our next topic, accessibility to individuals with disabilities. You will see some linkages as we move to that topic.

Section 13

ADA RESPONSIBILITIES

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ADA

What impact does the ADA of 1990 and Section 504 of the Rehabilitation Act of 1973 have on you? Click for more information.

ADA of 1990

Section 504

Summary

ADA of 1990

The ADA of 1990 is a federal civil rights law that prohibits discrimination against individuals with disabilities in everyday activities, including medical services.

Preview

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ADA

What impact does the ADA of 1990 and Section 504 of the Rehabilitation Act of 1973 have on you? Click for more information.

ADA of 1990

Section 504

Summary

Section 504

Section 504 prohibits discrimination against individuals with disabilities on the basis of their disability in programs or activities that receive federal financial assistance, including health programs and services.

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ADA

What impact does the ADA of 1990 and Section 504 of the Rehabilitation Act of 1973 have on you? Click for more information.

ADA of 1990

Section 504

Summary

Summary

These statutes require medical care providers to make their services available in an accessible manner.

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Meridian's Policy

Click each of the buttons below to learn more.

Interpreter
Preview

Free of Charge

Alternative Formats

Member Handbook

Interpreter

Meridian can help arrange for an interpreter to communicate in any language.

Meridian's Policy

Click each of the buttons below to learn more.

Interpreter

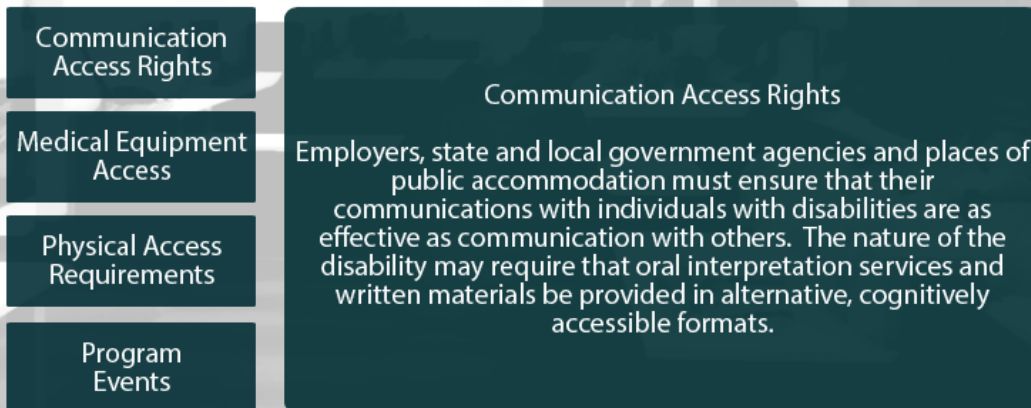**Free of Charge**

Alternative Formats

Member Handbook

Free of Charge

Interpreter services and alternative formats are provided to Meridian members at no cost.

Meridian's Policy

Click each of the buttons below to learn more.

| Interpreter |
| Free of Charge |
| Alternative Formats |
| Member Handbook |

Alternative Formats

Alternative formats help members with different reading skills, backgrounds or disabilities.

Meridian's Policy

Click each of the buttons below to learn more.

| Interpreter |
| Free of Charge |
| Alternative Formats |
| Member Handbook |

Member Handbook

Meridian's Member Handbook and other materials are available in alternative formats. Call our Member Services department for assistance.

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Key Terms

Key terms help define some of the requirements laid out by the ADA. Click the boxes below to learn more about each term.

Communication Access Rights

Medical Equipment Access

Physical Access Requirements

Program Events

Communication Access Rights

Employers, state and local government agencies and places of public accommodation must ensure that their communications with individuals with disabilities are as effective as communication with others. The nature of the disability may require that oral interpretation services and written materials be provided in alternative, cognitively accessible formats.

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Key Terms

Key terms help define some of the requirements laid out by the ADA. Click the boxes below to learn more about each term.

Communication Access Rights

Medical Equipment Access
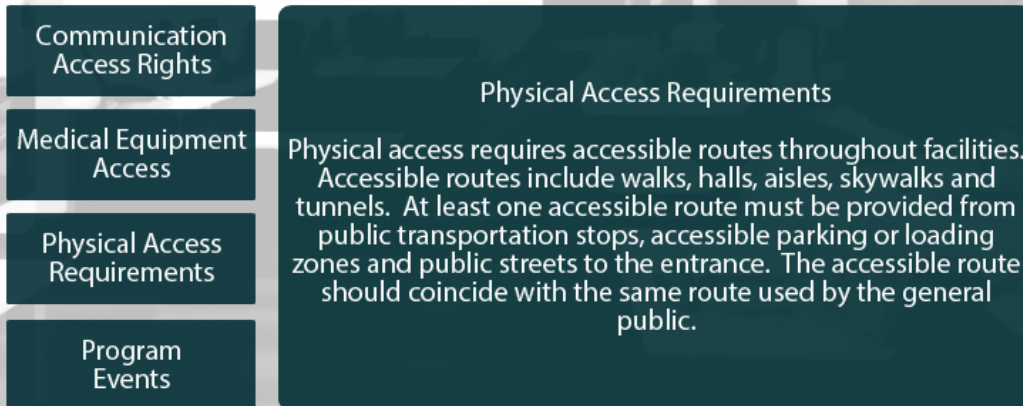
Physical Access Requirements

Program Events

Medical Equipment Access Requirements

Providing accessible medical equipment is an important part of accessible medical care. Providers must ensure that lack of availability of such medical equipment does not present a barrier. Such equipment includes:
Adjustable-height exam tables and chairs
Wheelchair-accessible scales
Adjustable floor and overhead track lifts
Gurneys and stretchers

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Key Terms

Key terms help define some of the requirements laid out by the ADA. Click the boxes below to learn more about each term.

Communication Access Rights

Medical Equipment Access

Physical Access Requirements

Program Events

Physical Access Requirements

Physical access requires accessible routes throughout facilities. Accessible routes include walks, halls, aisles, skywalks and tunnels. At least one accessible route must be provided from public transportation stops, accessible parking or loading zones and public streets to the entrance. The accessible route should coincide with the same route used by the general public.

◀ ▶

Key Terms

Key terms help define some of the requirements laid out by the ADA. Click the boxes below to learn more about each term.

Communication Access Rights

Medical Equipment Access

Physical Access Requirements

Program Events

Program Events

Program events (such as childbirth classes, smoking cessation classes, etc.) must ensure that all people with disabilities can take part in and benefit from them. Healthcare providers that offer training sessions, health education or conferences to the general public must also make these events accessible to individuals with disabilities - just as they would any other service.

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