



# Aetna Better Health of Florida

Cultural Competency and Health Equity- Provider Training



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# Cultural Competency

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# What is Cultural Competency?

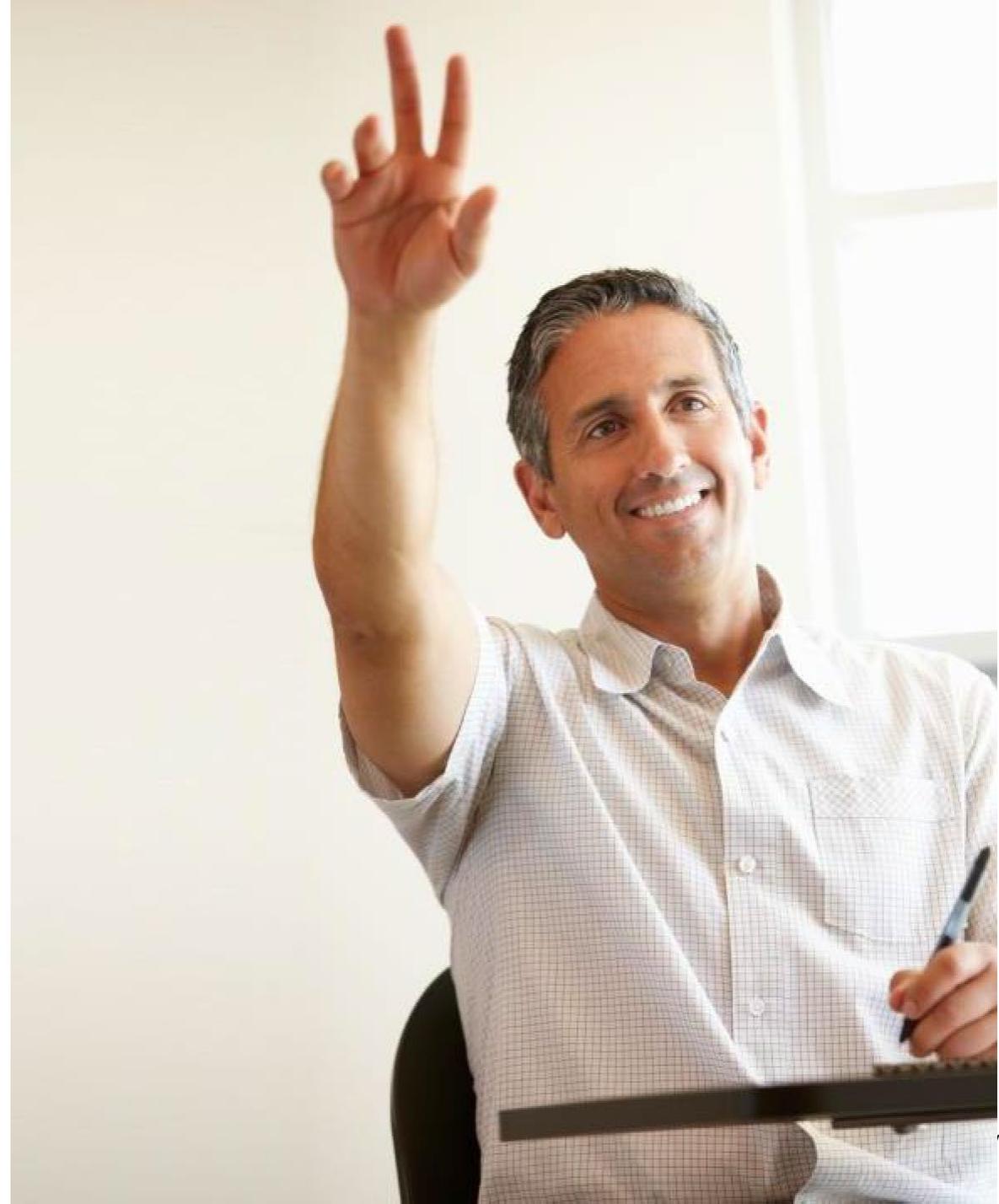
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Cultural Competency is defined as the ability to effectively and respectfully bridge differences between one's own culture and the culture of others. In this way, patients feel like they have been understood and that their beliefs, values, and behaviors are considered.

# Why Cultural Competency?

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- To improve patient health and build healthy communities
- To enhance health care interactions with people of different cultures
- To help promote health equity and eliminate health disparities
- To be aware of your own views about others and how that impacts your engagements with them
- To comply with Federal rules and regulations as well as Aetna required provider standards





# Cultural Competency in Healthcare

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- The ability to engage and offer services in ways that meets the social, cultural, and linguistic needs and preferences of patients
- To provide quality care through the lens of cultural diversity

# Cultural Impacts on Healthcare

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## Culture impacts:

- Health, healing and wellness belief systems
- How illness, disease and their causes are perceived
- How treatment is sought
- Delivery of health care services by providers
- End of life care



# Aetna Medicaid's Cultural Competency Program Goals for Providers

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Our objective is to provide guidance and technical assistance to help facilitate compliance with applicable federal and state laws, regulations, standards, and policies. At the federal level, these include:

- Title VI of the Civil Rights Act of 1964
- Section 504 of Rehabilitation Act
- The Americans with Disabilities Act
- Code of Federal Regulations - 42 CFR 422.112 (a) (8)



# Provider Obligations

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Providers and their office staff are responsible for:

- Ensuring all services, both clinical and non-clinical, are provided in a culturally competent manner and are accessible to all patients
- Ensuring that patients are effectively receiving understandable, respectful and timely care compatible with their cultural health beliefs, practices and preferred languages from all staff members
- Honoring member's beliefs, be sensitive to cultural diversity, and foster respect for member's cultural backgrounds. For additional questions, please contact Aetna Better Health of Florida directly

Providers are prohibited from segregating Medicaid patients from other persons receiving services

# When Treating a Person with a Disability:

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- Talk to the patients first about their care rather than the person who may be accompanying them
- Avoid making assumptions
- Ask, “How can I help you?” and respect the answer
- Ensure that educational materials are easily accessible
- Allow time for history taking and exam



# When Treating a Person Who is Deaf or Hard of Hearing:

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- Ask how to best communicate
- Provide written educational material
- Look at the person while speaking
- Avoid shouting
- Minimize background noise
- Provide an interpreter, if necessary, for effective communication
- Patients cannot be charged for interpretation
- Family members should NOT serve as interpreters

# When Treating a Person Who is Blind or Visually Impaired:

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Provide material in the following formats:

- Auditory
- In Braille
- In large print



# When Treating a Person Who Uses a Wheelchair:

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- Provide access to exam areas
- Provide assistance if necessary for a full and complete exam, even if it requires more time or assistance
- Respect personal space, including wheelchairs and assistive devices
- Avoid propelling wheelchair unless asked
- Obtain adjustable exam tables for your facility

# Tools for Provider Offices

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- Interpreter services- Aetna Better Health of Florida offers twenty-four (24) hour interpreter access available through our call center to communicate with those members with communication-affecting disorders – available through member services
- State Relay systems- available by dialing 711



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# Health Equity

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# What is Health Equity?

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“Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.” *World Health Organization*

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” *Robert Wood Johnson Foundation*

**Everyone has the opportunity to live their best life!**

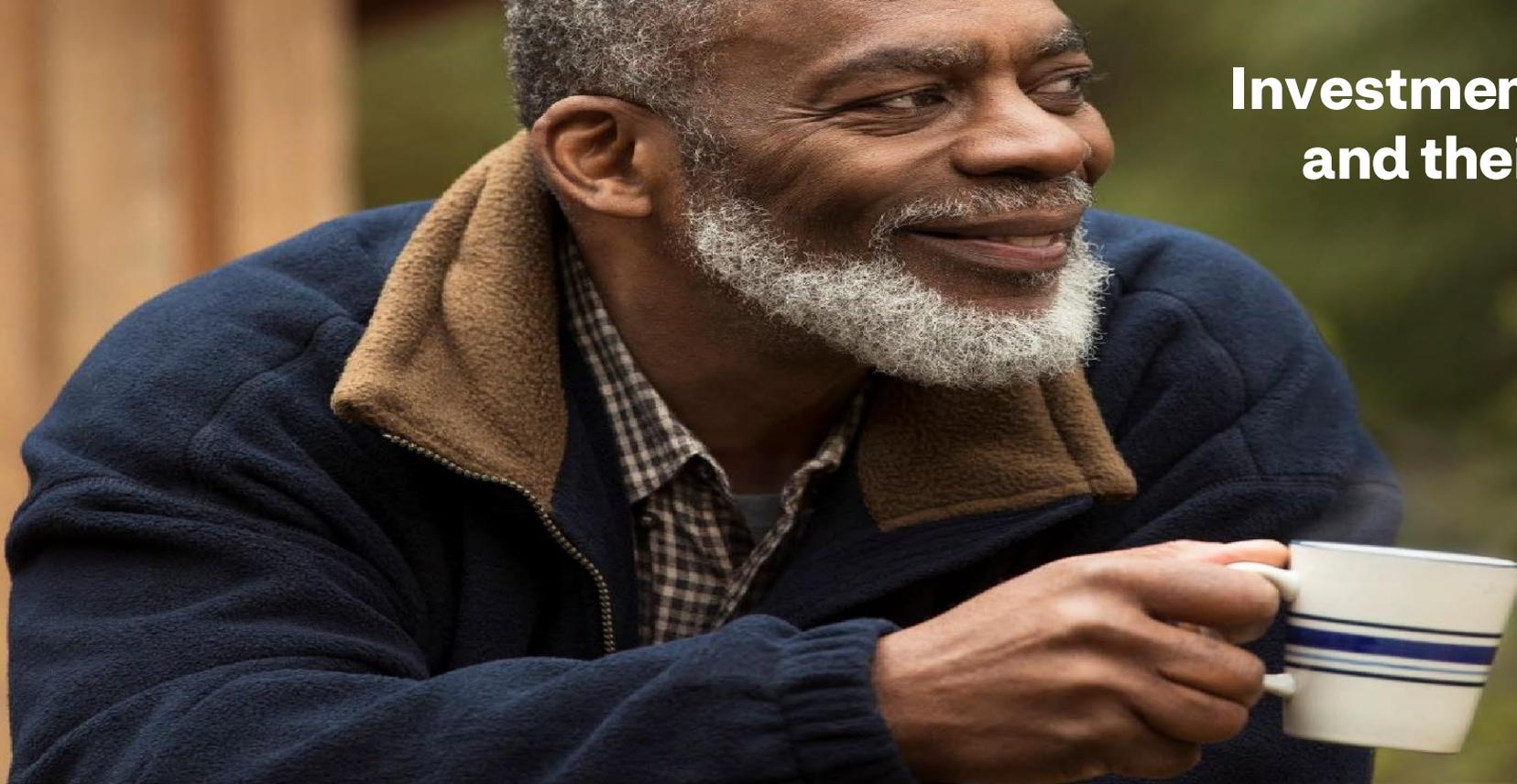
# Medicaid's Path to Health Equity

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- ✓ A **common framework** to help us move in the same direction to achieve the greatest impact
- ✓ Communication creates rapport and respect and communication and empathy create **connection at work and in the community**
- ✓ **Personal** and **organizational values** and action impact healthcare delivery
- ✓ **Assessing needs** and reacting to them with proven strategies is key to improvement
- ✓ Knowledge and skill integration will **improve outcomes**
- ✓ **Measuring** effort and effectiveness helps to think, respond and act
- ✓ **Quality care** that address social determinants can also be **affordable care**



# Investment in the Member and their Community



## ▶ Assessment

- Bio-Psychosocial
- Population & Disparities Data

## ▶ Prevention

- Education & Screens
- Environmental Change and Social Marketing

## ▶ Intervention

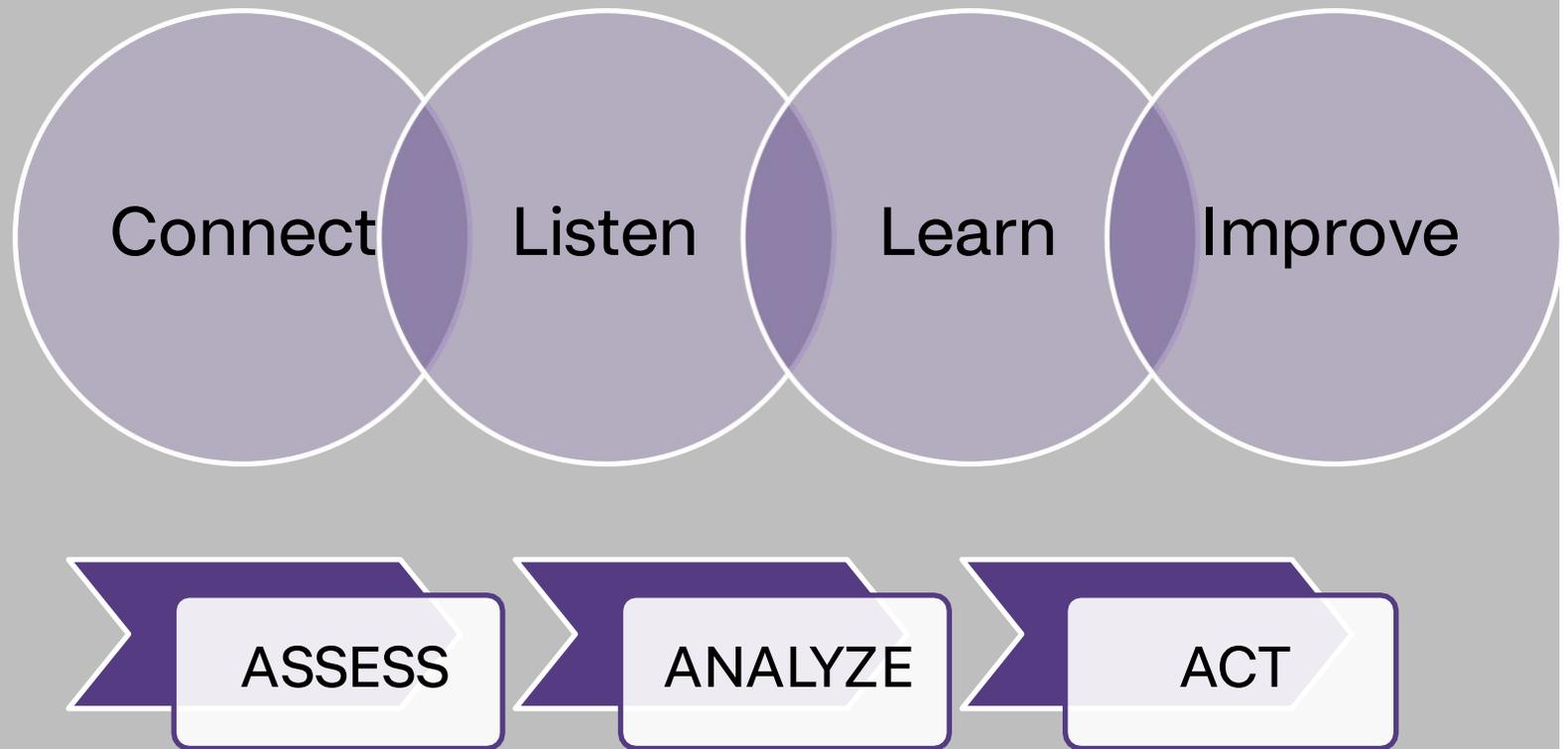
- Personalized care based on diagnosis
- Best Practice Community Investments

## ▶ Maintenance

- Monitoring for results and compliance
- Monitoring effort and effectiveness

## ▶ Improved and Sustainable Health Outcomes

## Self and Organizational starting point



# Making a Difference

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## Personal

- Self Reflection
- Values
- Awareness
- Knowledge
- Practice Integration



## Organizational

- Federal Guidelines (National CLAS)
- Sales Proposals/Contracts
- Policies and Procedures
- Workforce
- Environment

# What Can I Do That Matters?

## ALLY CONTINUUM



# Moving from Self-Reflection and Cultural Competence to Practice

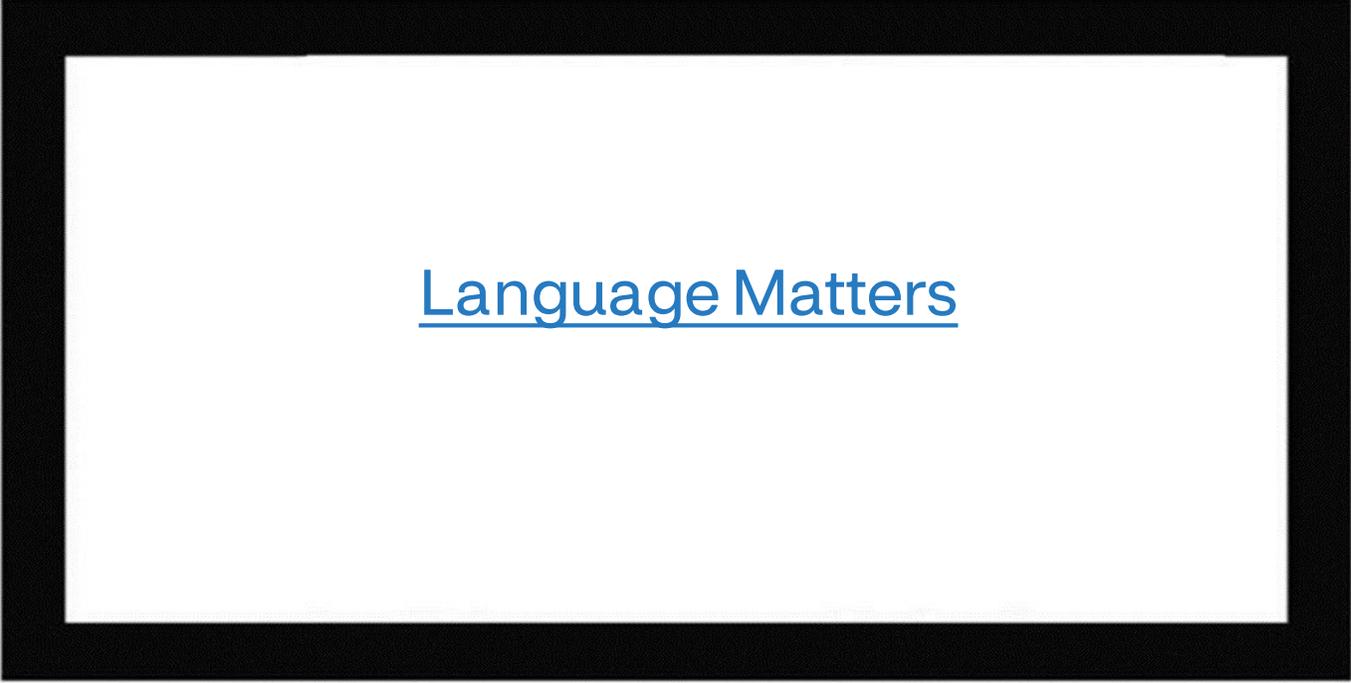
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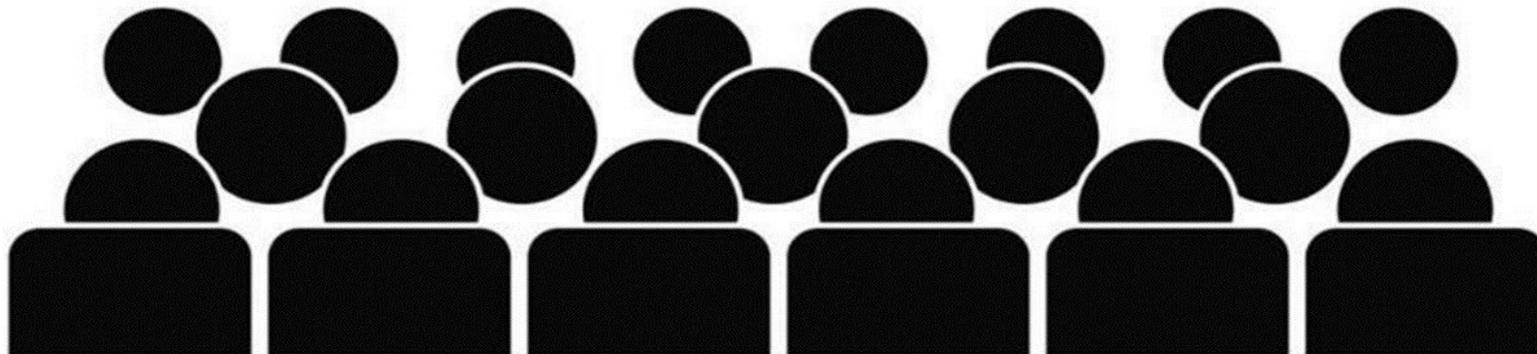
- To **recognize** the importance of providing patient centered and inclusive care
- To **understand** and meet the holistic, culturally sensitive needs of those you serve
- To **enhance our interactions** with our colleagues and business partners
- To be **aware of your own views** about others and how that impacts your engagements with them

# Language Matters

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[Language Matters](#)



# Outreach & Engagement Strategies

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## Communication

- ✓ How do we/staff answer the phone?
- ✓ Do we use correct pronouns?
- ✓ Do we offer a diverse community friendly referral list?
- ✓ Do we understand different languages and do our patients understand us?
- ✓ How do we communicate with individuals who are blind or deaf/hard of hearing?

## Partner with community members and organizations

- ✓ Work with staff and employee groups
- ✓ Partner with organizations for outreach
- ✓ Invite community members onto advisory boards

## Environmental Strategies

- Consider the population’s “first” potential view of the providers/programs -the website, educational materials and signage, parking lot, accessibility
- “Thou shalt nots” not the first image seen
- Post a nondiscrimination policy that includes sexual orientation and gender identity
- Ensure that public areas include wall art and publications with diverse images
- Include diverse images and language in all printed materials/brochures
- Designate gender-neutral bathrooms
- Do the hours of operation align with population needs





## Documentation strategies

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- Collect and analyze data on population health
- Create inclusive forms that take into account the populations that you serve
- Change intake forms to ask for “relationship status” rather than marital status and include options such as “partnered”
- Differentiate between “gender” and “sex assigned at birth” on patient intake forms
- Add a “transgender” option to the gender section, allowing people to fill in more than one box and add “other”
- Add additional age categories vs. 55 and up
- Assessments should be person centered and developed through a health equity lens
- If computerized-provide support



# Health Literacy & Education

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Building rapport and trust with individuals and their providers is essential for **engagement**

Creating improved community conditions leads to member **retention** and optimum health outcomes

## How?

- ✓ Listening
- ✓ Learning
- ✓ Embracing National Standards & Current Research
- ✓ Multiple Touch Points (FTF, Apps, Calls, Home Visits)
- ✓ Numerous and Understandable Communication Methods
- ✓ Member and Provider Advisories
- ✓ Peer Education & Service Provision

# Vacuna Contra el COVID-19: Conozca los Datos para Mantenerse Seguro y Proteger a los Demás

Guía para el Líder del Taller Comunitario de la Vacuna Contra el COVID-19



## Education Materials

**Speaks to me:** We put ourselves in the shoes of the intended audience and get to know the population and bring their ideas to communication efforts.

**Readability:** We avoid big words and focus on big ideas and consider the communication method and delivery of the message.

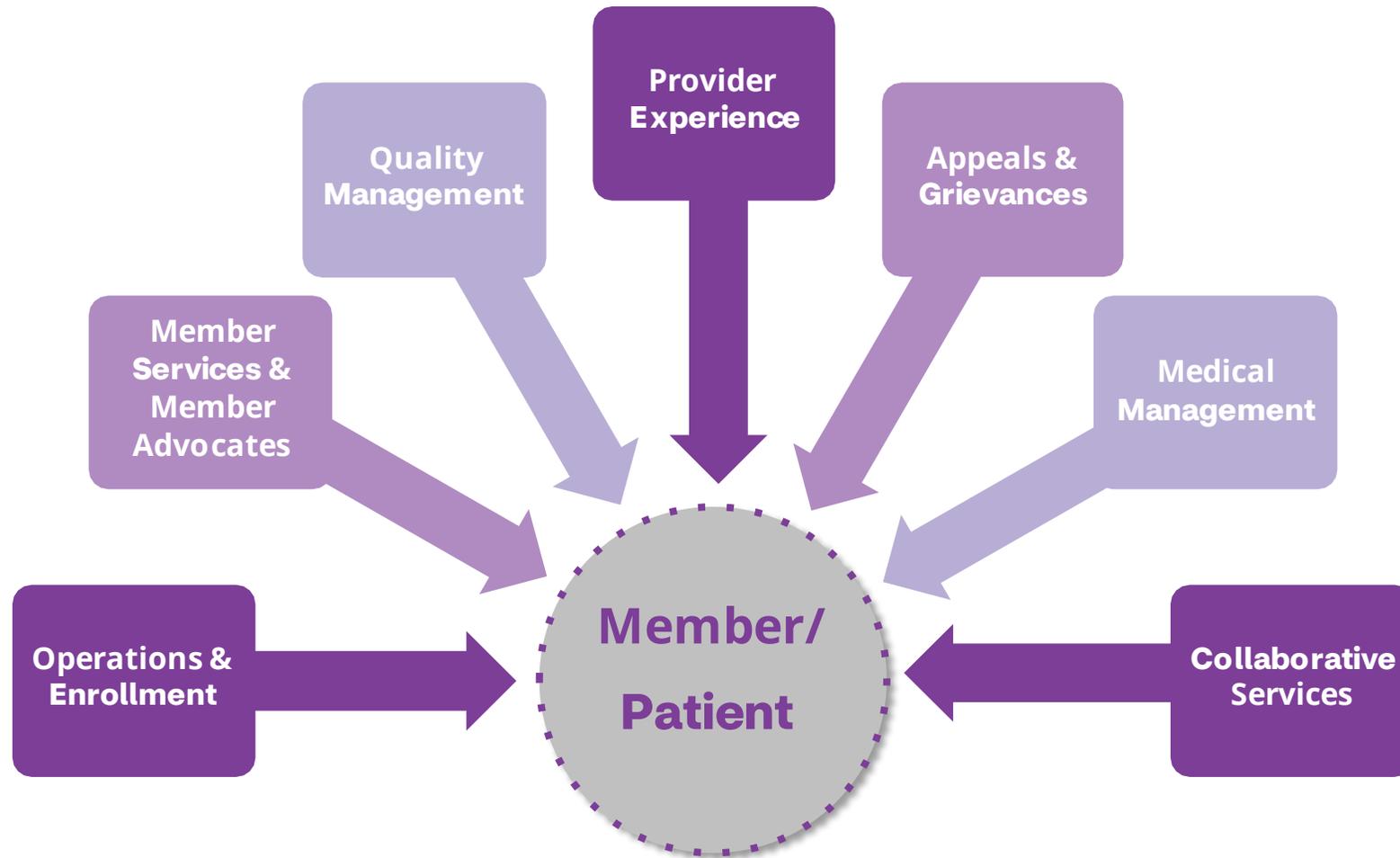
**Picture this:** We ask if the targeted population can see themselves in the images used, and we complete a diversity check and align photos with intended audience.

**What next:** We include a call to action that offers choices by offering simple to more difficult interventional options, this is an acknowledgement that an individual may vary in their readiness to engage in health interventions.

**Who benefits:** We seek to include messages from relatable peers and early adopters to help convey messages that engagement is beneficial and effective.



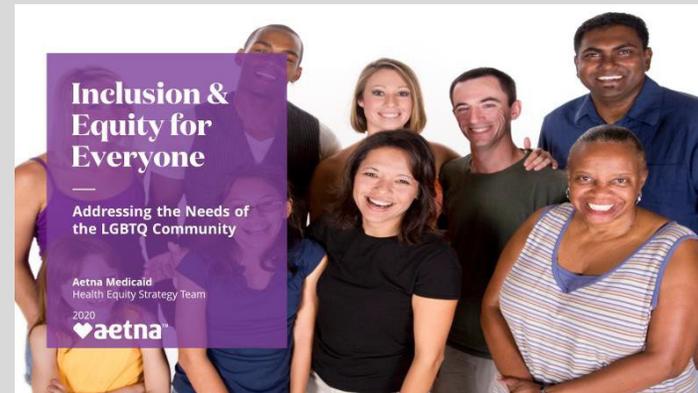
# Our Members- The center of what we do



# Health Equity Quality Improvements

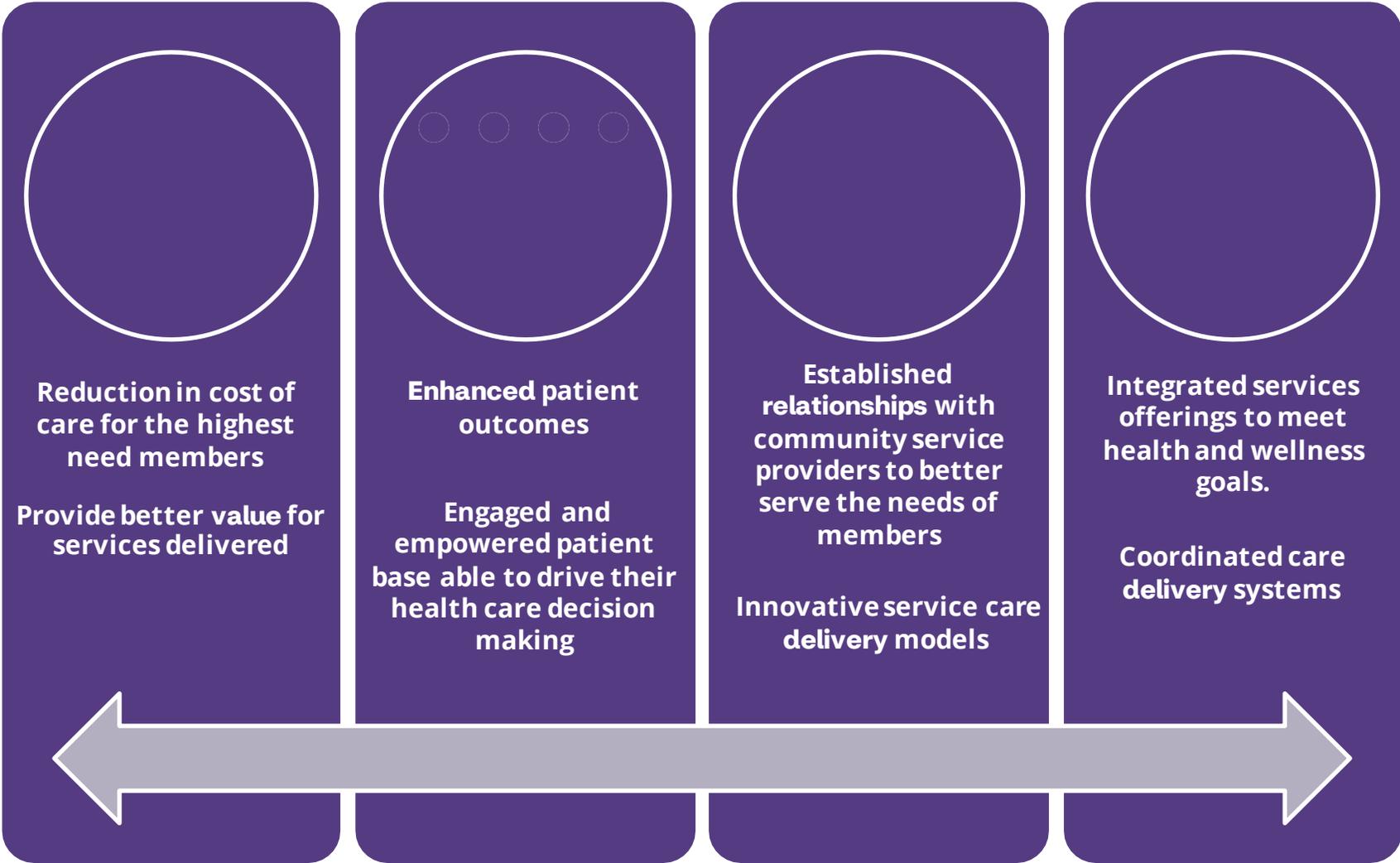
Improvements	Strategies
Standards Based Policies	1100.00 HE All Staff, 1104.00 HE Providers
Research Based Practices & Programs Learning	Striving for Health Equity, Info Briefs, Quarterly Conversations, Standards in Excellence, Health Literacy, Population Specific Training
Increased Member & Community Data Collection	Focus Groups, Member and Provider Advisories, Population Health Data, Socially Determined
Results Monitoring	Z Codes, HER Community Effort & Effectiveness Reporting, Member and Provider Satisfaction

# Health Equity Technical Assistance & Training Product Suite



# Return on investment

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# Resources

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Provider focused cultural competency resources:

- [Health Resources, and Service Administration \(HRSA\)](#)
- [World Institute on Disability \(WID\)](#)

Guide to help provider offices interact more effectively with culturally and linguistically diverse individuals:

- [U.S. Department of Health and Human Services \(HRSA\)](#)

Free continuing education e-learning programs:

- [U.S. Department of Health & Human Services \(HHS\), Office of Minority Health \(OMH\)](#)