DEVELOPING A CULTURALLY COMPETENT WORKFORCE FOR A

CULTURALLY DIVERSE POPULATION

Virginia Geriatric Mental Health Partnership Karla Almendarez-Ramos and Susan A. Elmore, PhD

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What type of setting do you work in:

□Government/Education/University

□ Assisted Living/nursing facility

☐Acute care

□Community health or social services setting

□Other

Poll

Occupation:

□MD, RN, NP, LPN

□Administration/ Policy Development/ Training

□Long Term Care Facilities

□OT, PT, SP, TRS, Activities

□Other:

OBJECTIVES

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Learn the differences between cultural awareness and cultural competency

Language access and service providers

Understand the laws and requirements for healthcare operations "Toolbox Resources" and tips

CASE STUDY

(Case study illustrated at https://youtu.be/89ny6vtP4gQ)

A young woman enters the Emergency Room; she is holding a crying baby. Her expression shows anguish/distress/desperation and she seems in a hurry. She reaches out the reception desk and starts speaking really fast that her baby has a high fever, that she can't stop the fever, the baby is crying and she needs help immediately.

She speaks English, though nobody around her does, nor does anyone understand her as they each point to forms or address each other in an unintelligible language.

The receptionist starts speaking louder and asks other people in the waiting room if any of them speak English, nobody steps up.

The frustration escalates, the baby continues crying and the scene becomes chaotic to the point where the mother runs through the doors screaming and looking for help.

What would you do if you were the mother of the sick child?

- ☐ The same as the mother in the video did
- ☐ Wait in the room until help arrived
- ☐ Leave and find other hospital
- ☐ Demand help from the receptionist
- ☐ I don't know

What if you were the hospital staff, what would you do?

- □ Call security
- ☐ Try to calm her down
- ☐ Call my supervisor
- ☐ I don't know

What would you do as a bystander?

- □ Nothing, it is not my problem, she should speak my language if she lives in my country
- ☐ Try to calm her down, offer her a seat
- ☐ Help her if I speak English

OBJECTIVES

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Learn the differences between cultural awareness and cultural competency

Language access and service providers

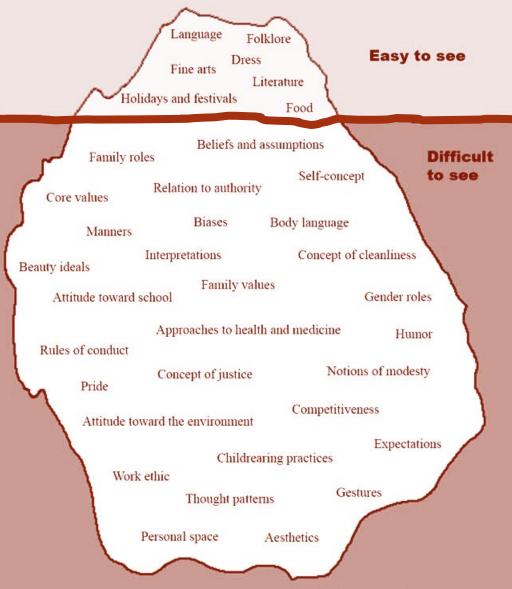
Understand the laws and requirements for healthcare operations "Toolbox Resources" and tips

What do you think of when you say or hear the word "Culture"?

Poll

- □ Diversity
- □ Lifestyle
- ☐Music and Arts
- □Other languages
- □All of above

The Cultural Iceberg



- Components of Culture:
 - Social

Personal

• Physical

- Family
- Spiritual

9/10 of the culture is unseen - and out of our conscious awareness

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Definitions

Cultural awareness

• the ability to take a step back and become aware of your cultural views, attitudes, and values.

Cultural sensitivity

• valuing and learning from diversity and being willing and quick to adequately respond to differences.

Cultural competence

• ability to work *respectfully* and *effectively* with people from different cultural and ethnic backgrounds.

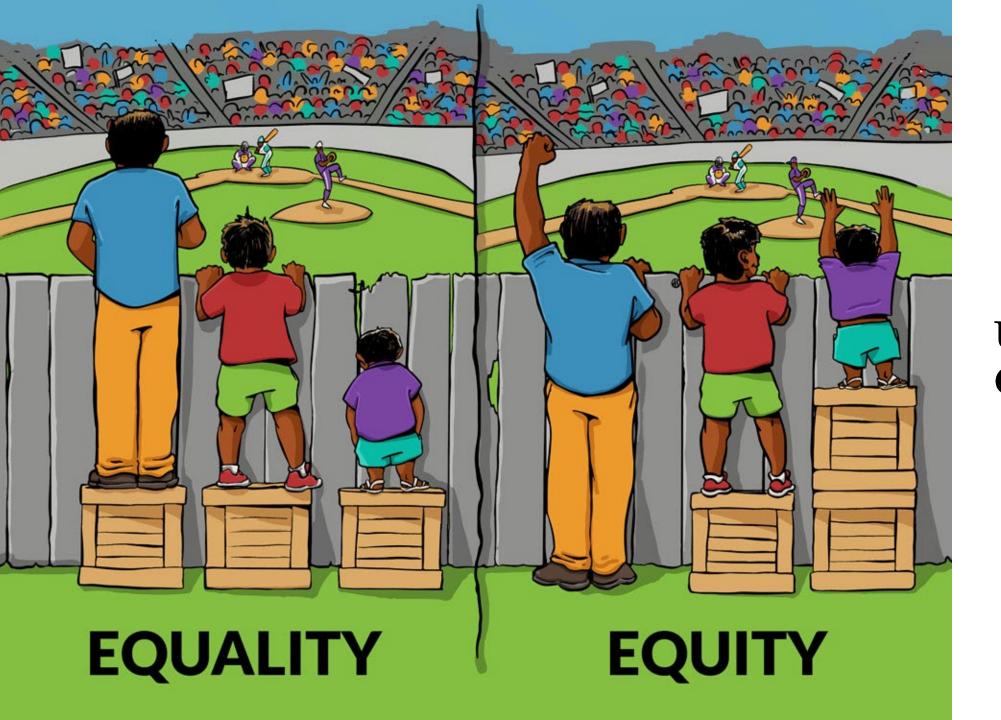
Cultural Competency is a journey...



Cultural Awareness

Cultural Competency enhances quality of services for all of us in all settings...

Sensitivity



ULTIMATE GOAL...

You need to make it happen!

"If you talk to a man in a language he understands, that goes to his head. If you talk to him in his language, that goes to his heart."

Nelson Mandela

Be aware of your own attitudes and how they may impact on service delivery.

What can you do about Culture?



You don't have to solve cultural barriers!

- Remember EACH recipient of our service is culturally unique
- Take time to **LISTEN** to the person and ASK questions about their perspective
- ASK for **assistance** from interpreters and/or family members to understand their practices

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ENGLISH AS A SECOND LANGUAGE

Why is Language Access so Important?

Languages spoken at home with over 1 million speakers (over the age of) include:

- Spanish 40.5 million
- Chinese (including Mandarin and Cantonese) 3.4 million
- Tagalog (including Filipino) 1.7 million
- Vietnamese 1.5 million
- Arabic 1.2 million
- French 1.2 million
- Korean 1.1 million



Late Deafened, Deaf and Hard of Hearing (HOH)





- Adults 70 and older with hearing loss could benefit from hearing appliances, however fewer than one in three (30%) have used them.
- Adults aged 20 to 69 (approximately 16%) could benefit from wearing hearing appliances; may not used them because of social stigma
- Men more likely than women
- •1/8 persons (13%) age 12 and older = hearing loss in both ears based on hearing tests

Translation vs. Interpretation







Translation

• a WRITTEN
TEXT that has been converted to another language in writing

Interpretation

 ORAL or SIGNED message converted from one language to another

Translations

Use a professional and test in the field

Translate forms that need to be signed or provide consent

Have templates translated as a guide

Patients/customers Rights and Responsibilities

Signage throughout the brick and mortar office, building, location, facility

Color: ensure visual contrast and readability (7th grade; 3rd grade); and color (e.g., not blue)

Use automated software (e.g. Google Translate TM) for official or legal documents and forms

Assume a person that speaks a language can write proficiently

Ignore the origin of customers – different dialects based on location (Arab speaking countries, Spanish speaking countries)

Purchase pre-made materials without testing the message with your customers



Interpretation in a Health Setting

Interpretation

DO's

- Medical Interpreters = certified

 to interpret in a medical
 setting; you should include in
 your standards of practice (i.e.
 policies and procedures) to have
 certified medical interpreters.
- Follow standards and ethical procedures.

DON'Ts

- Allow family members (children, minors) to interpret/translate
- Allow bilingual staff to interpret medical information unless they are certified interpreters
- Use "google translate" or any other online translation software for interpretation for providing services

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Federal, State and Local

Laws are:

Various levels, agency responsibilities, jurisdictions in Federal, State or Local

Made due to negative outcomes and to make healthcare better

Other organizations

- The Joint Commission https://www.jointcommission.org
 - Work to interpret Centers for Medicare/Medicaid Services (CMS) standards
 - Complete surveys of various types of healthcare facilities
 - Have various healthcare type programs
 - Quality Management, etc.
 - The Joint Commission is an organization which the healthcare entity pays for surveys and membership.

Listen Closely what do you hear?

What did you hear?

□Nothing

□Unintelligible noise

□Music

□Conversation in the distance







Answer

You heard what a person who is deaf or severely hearing impaired hears.

Now, how would you feel if you were the recipient in your healthcare setting?

(i.e., in a care plan meeting, being told instructions by a nurse or physician?) Could you make an informed choice?

Overview of Federal Requirements for LTC Healthcare Settings

- Code of Federal Regulations (CFR):
- CFR § 483.10 (c) (3) (iii) Incorporate the resident's personal and cultural preferences in developing goals of care.
- 483.10(F) Self-determination and choice making;
- 483.10 (g)(1), (16): (F 572 & 574) Information and communication: "In a language that the resident understands" means verbally, in writing, and in a language that is clear and understandable to the resident and/or his or her representative. (IBNLT: large text, braille, translations, American Sign Language (ASL) interpreter)

CMS Emergency Preparedness Requirements

Communication with the Resident is the first step in your communication plan – or should be (E0033);

Relocating to another area or facility, requires the cultural awareness;

Example, persons who have cognitive or communication issues due to an anoxic brain injury (ABI) most commonly known as a stroke.

Awareness & Preparations

- Printed materials: Blue is hard for persons with macular degeneration to see
- Section 508 Compliance
- Audio messages
- Graphics descriptions
- Large print available
- Assistive devices working & available
- Service animals

- Arrange for ASL interpreters (residents and/family)
- Noise interference with assistive hearing equipment;
- Functioning assistive hearing equipment
- Signage: Visual and Auditory
- Translations and options for signage
- Tools for identifying languages
- Set meeting rooms to be wheelchair accessible

Civil Rights

• If your facility or organization receives any federal monies direct or indirect you must follow the Civil Rights Laws:

• Title VI, 42 U.S.C. § 2000d et. Seq. of the Civil Rights Act of 1964

Prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance.

Reference: https://www.justice.gov/crt/fcs/TitleVI-Overview

• United States Department of Justice Civil Rights Division

Title VI of the Civil Rights Act of 1964, as amended (42 USC § 2000d), prohibits discrimination on the basis of race, color, or national origin 45 CFR 80.

Other laws which affect cultural areas of healthcare

Multiple laws, which include but are not limited to:

Section 504 of the Rehabilitation Act of 1973

Title IX of the Education Amendments of 1972

The Age Discrimination Act of 1975, as

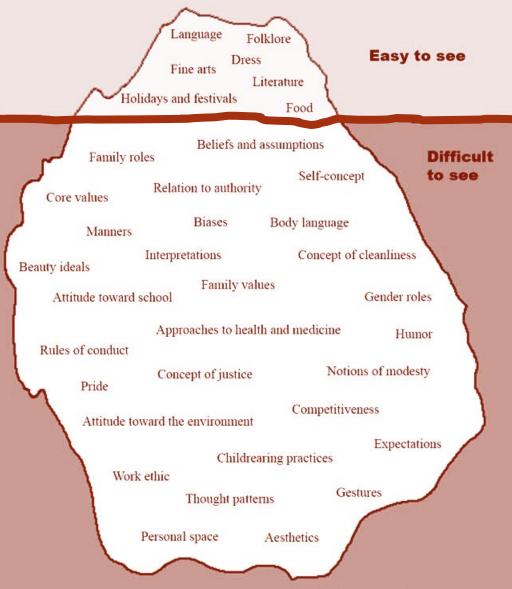
Titles VI and XVI of the Public Health Service Act/Hill-Burton

Section 1557 of the Patient Protection and Affordable Care Act

Cultural and Linguistic Appropriate Services: Or CLAS Standards

- Location for information: https://www.thinkculturalhealth.hhs.gov/clas
- Incorporate into your business plan and employee training and service delivery

The Cultural Iceberg



- Components of Culture:
 - Social

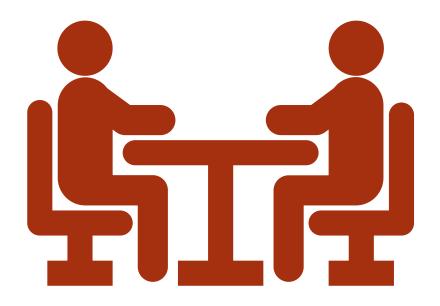
Personal

• Physical

- Family
- Spiritual

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What Makes You Feel Included?

- When you are invited to participate?
- When others involve you in their activities?
- When others understand your personal interests, religion, and beliefs?
- When personal matters such as health concerns or child concerns are acknowledged?
- Strong Positive Communication

Poll

If you have a choice, what is a comfortable talking distance between you and a customer?

- ☐ the less distance the better
- ☐ across the desk
- ☐ arm length distance
- □ depends on what makes both parties comfortable

The Americans with Disabilities Act applies to healthcare facilities and physician offices.

Persons with Disabilities

In addition a few general rules to interacting with people who use wheelchairs for mobility:

Sit to converse with a person who uses a wheelchair

Do not lean on the person's chair, it is considered part of their person.

Leave the chair where the person can reach it. Do not move into the hallway or where the person cannot access the chair, particularly in healthcare this can be considered restraining the person.

Crutches, walkers, wheelchairs are mobility devices and part of the person's needs.

How To Create an Inclusive Environment

- Get involved with extracurricular activities
- Be friendly and remember how important manners can be
- Leave something visual or interesting on your desk
- Listen to what others have to say before expressing your viewpoint. Never speak over, butt in, or cut off another person

- Consider others viewpoints
- Choose topics, venues, events where everyone will feel included
- Sign up to lead something in the office
- Educate but never put down!
- Smile!

Behavorial Health issues

- Affect all classes, genders, race, age, nationality, ethnicity, all people
- Mental Illness
- Substance Use Disorders
- •Not all Behaviors = Mental illness or behavioral health or psychiatric issues

Environment = causal origin

...you cannot understand the healthcare professional what would you do? (i.e., refuse, push back, be "non-compliant")

IF...

...you want to tell staff you need something, but do not speak the same language - how would you?

...staff do not face you to speak directly to you, or you have lost your ability to speak, how would you communicate with staff (i.e., reach for staff, to get their attention?)

BEHAVIORS are COMMUNICATION – Listen!

Causal Factors due to medical factors (i.e., Brain Injuries, Stroke, Falls)

Environmental:
Healthcare facilities are not conducive for persons who have sensitivity due to illness:

Sounds (lack of absorption), space (or lack of private space);

Hearing sensitivity, photosensitivity,

Temperature Sensitivity (tolerance)

Headaches can be due to pain induced by environmental causes

Hard of Hearing

Nausea due to pain or smells in facility

Light sensitivity (i.e., LED lights)

Dr. Andrew Heck: HEAR Approach

An ordered strategy for examining common sources of a behavior problem

 Health and medical causes

"H"

"E"

• Environmental

• Approach factors

"A"

"R"

• Resident factors

Leaders and organizations:

Leaders have to participate with staff, be trained;

Leaders have to show by hiring diverse populations and they are caring for diverse communities

Leaders must lead by example

Leaders must provide a context in which a diverse workforce can realize its potential

Leaders must respect all persons regardless of socio-economic issues; ESL; ethnicity or cultural background

must encourage diversity People are afraid to identify with diversity (i.e.., hiring people with MI, h/o SUD, physical disabilities) as part of the general workforce, not labelled as a special unit (i.e., Peer resource specialists);

Best Practice Training Ideas



Have international covered dish with staff



Celebrate birthdays – culturally

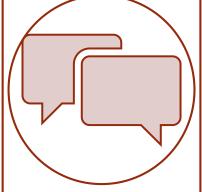
• (i.e., different songs); participate in local festivals;



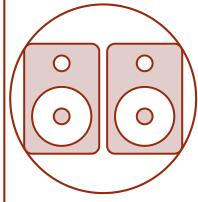
Reach out to chamber of commerce for guess speakers for professional development (more resources at end of presentation)



Invite a person from a Recovery Group (i.e., alcoholics anonymous), NAMI, SARAH, Alzheimer's Association



Listen to the person, ask what they did for an occupation before (i.e., NH, ALF, health clinic), learn from them



Share podcasts and videos

Is YOUR Facility Accessible?

Fact sheet: http://adata.org/factsheet/accessible-health-care

- 2011 US Census Bureau reported the following persons with disabilities:
 - Mobility = 19,937,600
 - Vision = 6,636,900
 - Hearing = 10,556,600
 - Cognitive = 14,144,300

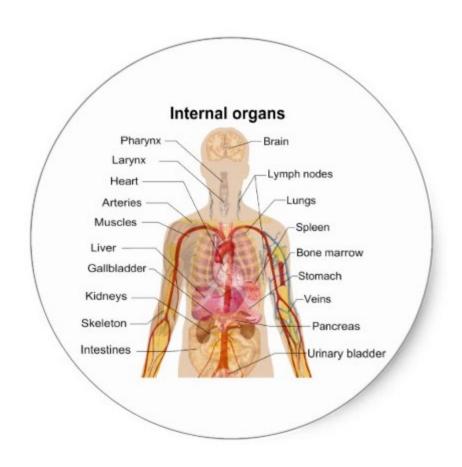
• US. Dept. of Justice: Access to Medical Care: https://www.ada.gov/medcare_mobility_ta/medcare_ta.htm

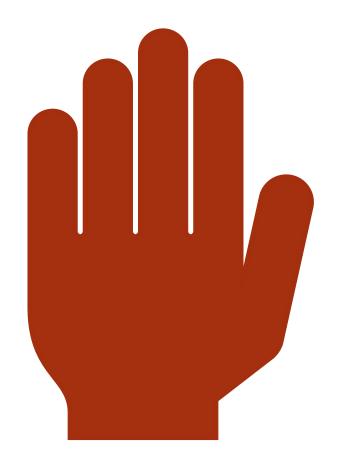
Anatomical Charts

Think about:

- Regulations are written for all people
- The anatomical charts are the same for all people
- All people bleed red blood
- All humans at a minimum need oxygen, water, to live and survive

Regardless of age, gender, height, weight, nationality, culture, ethnicity, disability, language spoken, etc., WE ARE ALL THE SAME!





One Word to Remember:

RESPECT

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Person first language.



Remember everyone is a PERON before they are any other label (i.e., patient, consumer, client, resident,).

People First -



Resources for People First information on the www.disablityisnatural.com website, they also provide resources in both Spanish and English



Disability does not discriminate between race, culture, ethnicity, age, gender, location we live, or any other factor, as people become disabled.



A resource on Person First Language is attached to the materials from this webinar.







BEST PRACTICES/TOOLKIT

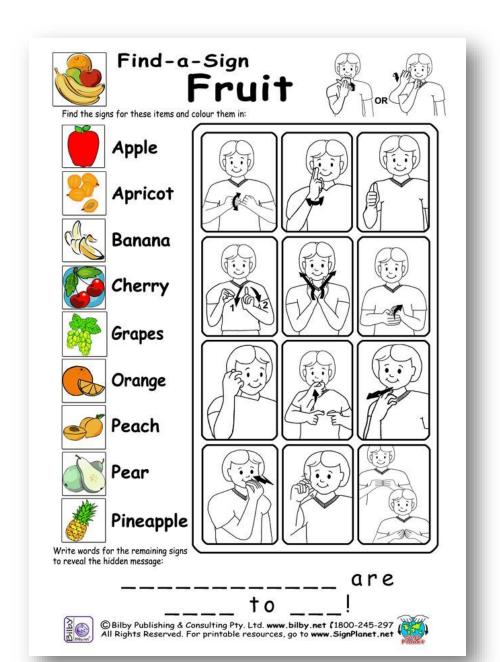


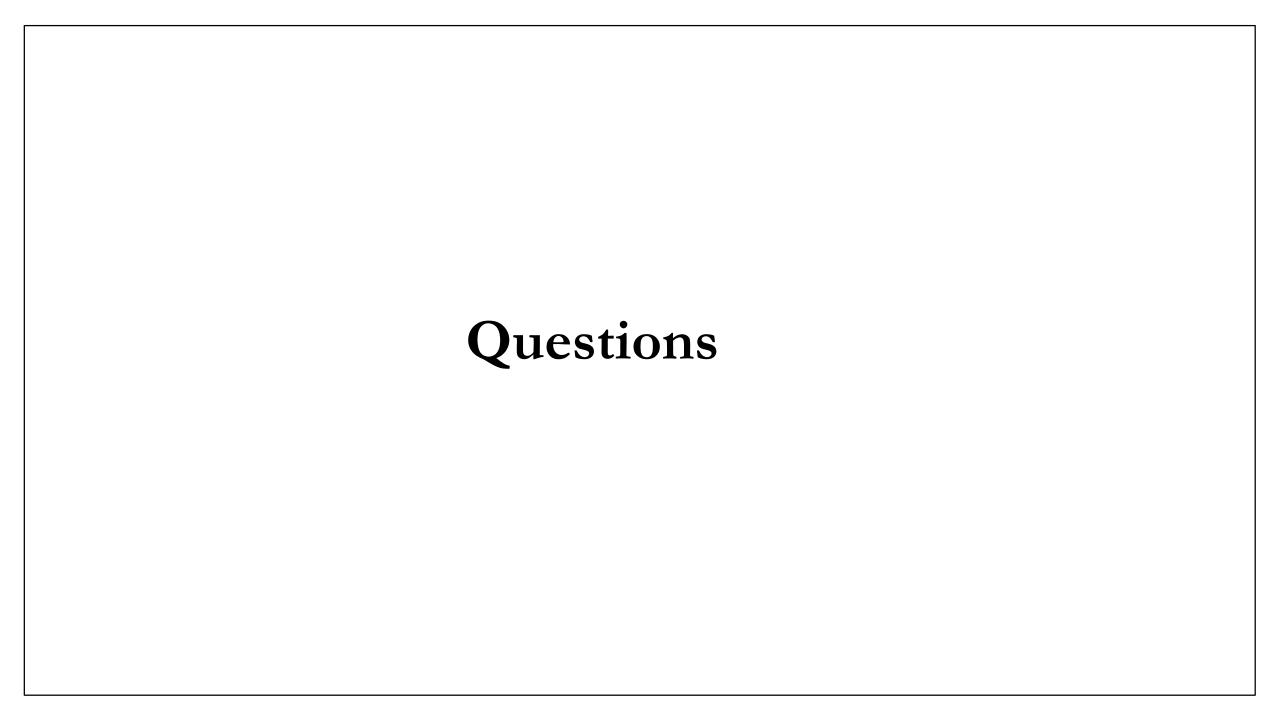
PROVIDING DOCUMENTS AND FORMS

Translation of Right posters,
printed and electronic materials into
multiple languages

Free Posters - online







Health Resources & Services Administration: (HRSA):

• https://www.hrsa.gov/culturalcompetence/index.html

Centers for Disease Control (CDC):

• Gateway to health communication & social marketing practice https://www.cdc.gov/healthcommunication/

Centers for Medicare and Medicaid Services (CMS): Toolkit for Making written Material Clear and Effective

• https://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/index.html?redirect=/writtenmaterialstoolkit/

United States: Health and Human Services (HHS). Office of Minority Health

• https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=6

National CLAS Standards:

• https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53

CLAS in Mental Health – micro learning:

• https://www.youtube.com/watch?v=xRmwA5X20Xs

- U.S. Department of Health and Human Services (HHS):
 - https://www.thinkculturalhealth.hhs.gov/
- Culturally Competent Nursing:
 - https://www.thinkculturalhealth.hhs.gov/education/nurses
- Physician Guide to Cultural competent care:
 - •https://www.thinkculturalhealth.hhs.gov/education/physicians
- Guide to Providing Effective Communication and Language Assistance Service:
 - •https://www.thinkculturalhealth.hhs.gov/education/communication-guide
- Micro learning opportunity:
 - •https://www.youtube.com/watch?v=7ytLknKd_Yg

SAMHSA: Cultural Competence:

https://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence

https://www.samhsa.gov/capt/applying-strategic-prevention-framework/cultural-competence/cultural-competence-spf#be-respectful-and-responsive

https://www.samhsa.gov/capt/tools-learning-resources/family-involvement-latino-community

State Specific- Think Cultural Health: CLAS Standards

- Virginia: https://www.thinkculturalhealth.hhs.gov/assets/pdfs/CLASCompendiumVirginia.pdf
- Maryland: https://www.thinkculturalhealth.hhs.gov/clas/CLAS-Tracking-Map/Maryland
- Other states: https://www.thinkculturalhealth.hhs.gov/clas/clas-tracking-map

National Committee for Quality Assurance (2016). A Practical Guide to Implementing the National CLAS Standards: For Racial, Ethnic and Linguistic Minorities, People with Disabilities and Sexual and Gender Minorities.

https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf

Additional Resources

NIDCD:

https://www.nidcd.nih.gov/health/hearing-loss-older-adults

Captions:

https://www.nidcd.nih.gov/health/captions-deaf-and-hard-hearing-viewers

http://brombergtranslations.com/2017/06/20/cultural-competence-healthcare/

http://www.hretdisparities.org/Tool-4205.php





End of Life resources in English and Spanish:



https://mailchi.mp/9e86f73e6748/spanish-language-resources-on-end-of-life-issues-now-available-online?e=6ba519be24



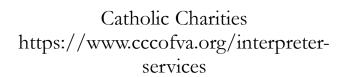
Health and Human Services (Federal Government Agency)



https://www.hhs.gov/aging/index.html

Virginia-specific access to interpreters for HealthCare







There are different providers and private contractors.



State Agencies have a designated list.

Thank you for your attendance

- Please take the after webinar survey
- Please identify areas you would like additional training on, either by Susan and/or Karla or someone else.

Contact Information

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Previous Webinars are archived at: Virginia Geriatric Mental Health Partnership:

https://www.worldeventsforum.com/gmhp/