Special Needs and Cultural Competency Training

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Agenda

1. Introduction to Culture
2. Clear Communication: The Foundation of Culturally Competent Care
3. Cultural Engagement: Seniors and Persons with Disabilities
4. Cultural Competence and the LGBT Communities
5. Cultural Competence: Refugees and Immigrants
6. Cultural Competence: Unhoused
7. Strategies for Cultural Engagement
8. Questions

Training Goals

- Define culture and cultural engagement
- Address health care for unhoused patients, seniors, persons with disabilities and special needs populations
- Provide a few tips on person-centered care and independent living

Scope

This training is applicable for, but not limited to:

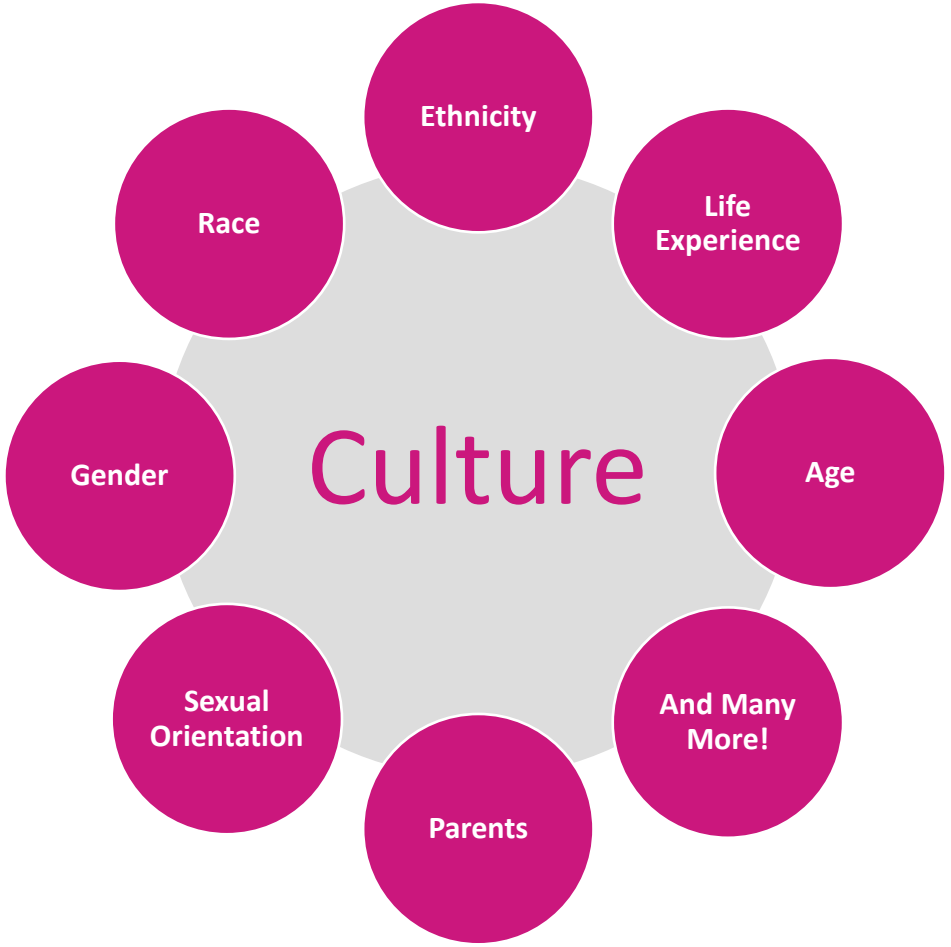
- MDs, Practitioners, discharge planners, care managers, care coordinators, MA, Receptionists, and other professionals deemed appropriate
- Contracted medical group and ancillary vendor professionals
- Contracted behavioral health professionals
- Long Term Support Services (LTSS) vendors and their staff

Introduction to Culture

What is Culture?

- Culture refers to integrated patterns of human behavior that includes language, thoughts, actions, customs, beliefs, values, and institutions that unite a group of people.*
  - We use it to create standards for how we act and behave socially.

"Culture hides much more than it reveals, and strangely enough what it hides, it hides most effectively from its own participants."
E.T. Hall



*Source from Office of Minority Health Resource Center and The Cross Cultural Health Care Program

Building Cultural Engagement with Patients in a Process

Individual Culture

Each individual's culture is

- a unique representation of the variation that exists in larger culture
- learned as you grow up
- shaped by the power relations within your social context
- changes over the lifetime of the individual

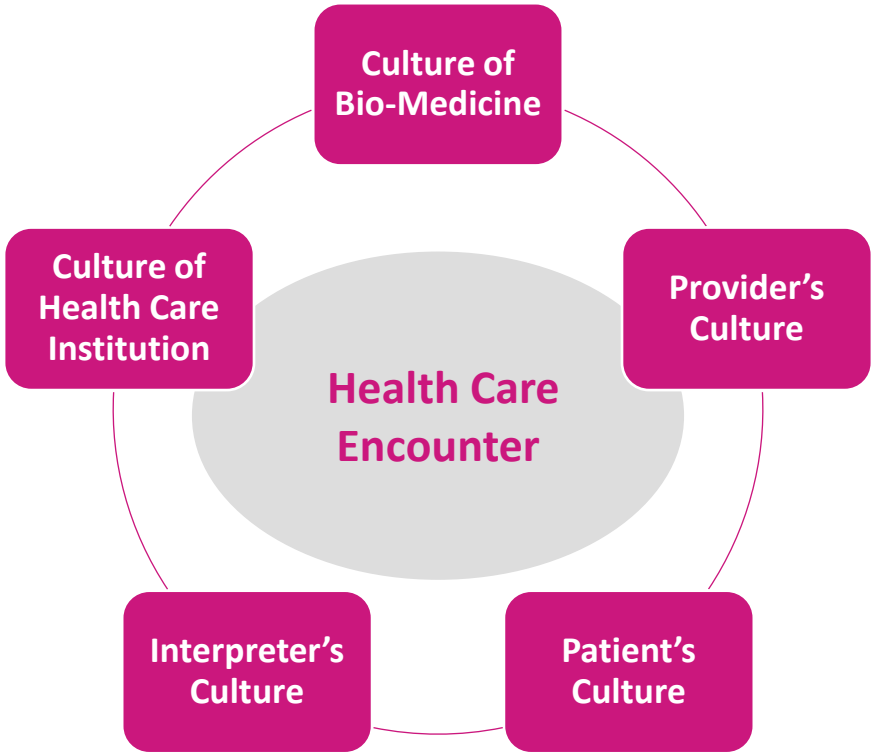
Because each individual is a unique cultural package, cross cultural encounters need strategies to open the door to discover the individual's cultural preferences and frame of reference.

An Individual's Culture is Present in Every Health Care Encounter

- Our view of illness and what causes it
- Our attitudes toward doctors, dentists, and other health care providers
- When we decide to seek our health care provider
- Our attitudes about seniors and persons with disabilities
- The role of caregivers in our society

The Health Care Encounter

Because each individual brings their cultural background with them, there are many cultures at work in each health care visit:



Cultural Competency Continuum

For each row, CIRCLE where you are now

Area of Competency	Stage 1 Culturally Unaware	Stage 2 Culturally Resistant	Stage 3 Culturally Conscious	Stage 4 Culturally Insightful	Stage 5 Culturally Versatile
Knowledge of Patients	Doesn't notice cultural differences in patients' attitudes or needs.	Denigrates differences encountered in racial/ethnic patients.	Difficulty understanding the meanings of attitudes/ beliefs of patients different from self.	Acknowledges strengths of other cultures and legitimacy of beliefs whether medically correct or not.	Pursues understanding of patient cultures. Learns from other cultures.
Attitude Towards Diversity	Lacks interest in other cultures.	Holds as superior the values, beliefs and orientations of own cultural group	Ethnocentric in acceptance of other cultures.	Enjoys learning about culturally different healthcare beliefs of patients.	Holds diversity in high-esteem. Perceives as valuable contributions to healthcare, medicine, patient well-being from many cultures.
Practice Related Behaviors	Speaks in a paternalistic manner to patient. Doesn't elicit patient's perspectives.	Doesn't recognize own inability to relate to differences. Tends to blame patient for communication or cultural barriers.	May overestimate own level of competent communication across linguistic or cultural boundaries.	Able to shift frame of reference to other culture. Can uncover culturally based resistance, obstacles to education & treatment	Flexibly adapts communication, inter-actions to different cultural situations. Can negotiate culture-based conflicts in beliefs and perspectives.
Practice Perspective	Believes one approach fits all patients. No "special treatment."	Has lower expectations for compliance of patients from other cultural groups.	Recognizes limitations in ability to serve cultures different from own. Feels helpless to do much about it.	Incorporates cultural insights into practice where appropriate.	Incorporates cultural insights into practice where appropriate.

THE FOUNDATION OF CULTURALLY COMPETENT CARE

Clear Communication

Did You Know?

California is one of the most diverse states in the nation!

- **1 in 6 people living in the US are Hispanic** (almost 57 million). By 2035, this could be nearly 1 in 4. (CDC, 2015)
- **Average physician interrupts** a patient within the first 12 seconds. (Family Medicine, 2001)
- **20% of people** living in the U.S. **speak a language other than English** at home. (CIS, 2014)
- **Latino population** in the U.S. has grown by **43% between 2000 and 2010**. (Census, 2011)
- **17% of the foreign-born** population in the U.S. are classified as newly arrived (arriving in 2005 or later). (Census, 2011)

Barriers to Communication

Our personal culture includes what we find meaningful--beliefs, values, perceptions, assumptions and explanatory framework about reality. These are present in every communication.

- Length of time after formal education
  - Seniors most at risk for low health literacy
- Linguistic Barriers
  - Speech patterns, accents or different languages may be used
- Limited Experience (Health Care Concepts & Procedures)
  - Many people are getting health care coverage for the first time
- Cultural Barriers
  - Each person brings their own cultural background and frame of reference to the conversation
- Systematic Barriers
  - Health system have specialized vocabulary and jargon

Benefits of Clear Communication

Safety & Adherence

Physician & Patient Satisfaction

Office Process

Saves Time & Money

Malpractice Risk

Medical Error

Reduces Cost

Clear Communication Strategies

HERE'S WHAT PATIENTS WISH THEIR HEALTH CARE TEAM KNEW…	HERE'S WHAT YOUR TEAM CAN DO…
• I tell you I forgot my glasses because I am ashamed to admit I don't read very well • I don't know what to ask and hesitant to ask you • When I leave your office I often don't know what I should do next • I'm very good at concealing my limited reading skills	• Use a variety of instruction methods • Encourage open-ended questions and use Ask Me 3 • Use Teach Back Method or "Show Me" method • Use symbols, color on large print direction or instructional signs • Create a shame free environment by offering assistance with materials

Clear Communication, cont.

HERE'S WHAT PATIENTS WISH THEIR HEALTH CARE TEAM KNEW…	HERE'S WHAT YOUR TEAM CAN DO…
• I put medication into my ear instead of my mouth to treat an ear infection because the instructions said "For Oral Use Only". • I am confused about risk and information given in numbers like % or ratios. How do I decide what I should do?	• Explain how to use the medications that are being prescribed. • Use specific, clear & plain language on prescriptions • Use plain language to describe risks and benefits, avoid using just numbers.

Clear Communication:
Effective Use of an Interpreter

Use the Teach Back Method even during a visit using an interpreter.

It will give you confidence that your patient understood your message.

- Speak directly to the patient, not the interpreter
- Speak in the first person
- Speak in a normal voice, try not to speak fast or too loudly
- Speak in concise sentences
- Interpreters are trained in medical terminology; however, interpretation will be more smooth if you avoid acronyms, medical jargon and technical terms
- Be aware of the cultural context of your body language

Language Services and Alternate Formats

CONTACT THE HEALTH PLAN FOR ASSISTANCE WITH LANGUAGE SERVICES

Under Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, federally conducted and assisted programs are required to make their programs accessible to people with disabilities as well as provide effective communication.

HEALTH NET OFFERS:

- Interpreter support at all medical points of contact
- Sign language interpreters
- Speech to text interpretation for hearing loss in patients who do not sign
- Member informing materials in alternative formats (i.e., large print, accessible PDF, and Braille)

CULTURAL ENGAGEMENT

Seniors and Persons with Disabilities

Younger Individuals with Disabilities

- There are many different disabling conditions: **Physical, Sensory, Mental, & Cognitive**
  - Everyone is on a continuum of varying abilities!
  - Disability is viewed through a cultural lens – may have varying understanding of what constitutes a disability
  - Not all dual eligible individuals are seniors
- Younger disabled people may have stronger preferences for self-determination
  - May be more advocative as a group than older people
  - May have more mental health issues as a diagnosis or as a result of being disabled
- Ensure you are meeting the needs of younger people with disabilities
  - Example: Prenatal care is accessible to all levels of ability

Seniors and Culturally Competent Care

- Seniors become more culturally diverse than other age groups.
  - A result of aging of diverse populations
  - Newly arriving seniors

Seniors and Culturally Competent Care, cont.

- Culturally based health differences become more pronounced as people age
  - Different rates of assimilation
  - Adjustment to U.S. health care delivery
- Certain cultures or ethnicities are more prone to chronic disease such as:
  - Diabetes
  - Arthritis
  - Hypertension

Person-Centered Care

- **Person-centered care** focuses on the patient rather than the provider
  - Example: Care is available to fit the patient's schedule
- Care is tailored to meet the cultural needs and preferences of the patient and family
  - Motivational interviewing is a good technique to foster patient-centeredness

- Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions

Older Ethnic Groups Face Many Potential Barriers

- Isolation
  - Due to language or culture different from their homeland
- Changing Family Support
  - Traditional expectations for family support may not be possible in US
  - Use of nursing homes/ assisted living facilities may not be culturally acceptable
- Perception of disease vs. natural aging
  - Culture provides guidance on what symptoms are considered a natural part of aging and which indicate an illness that needs to be addressed

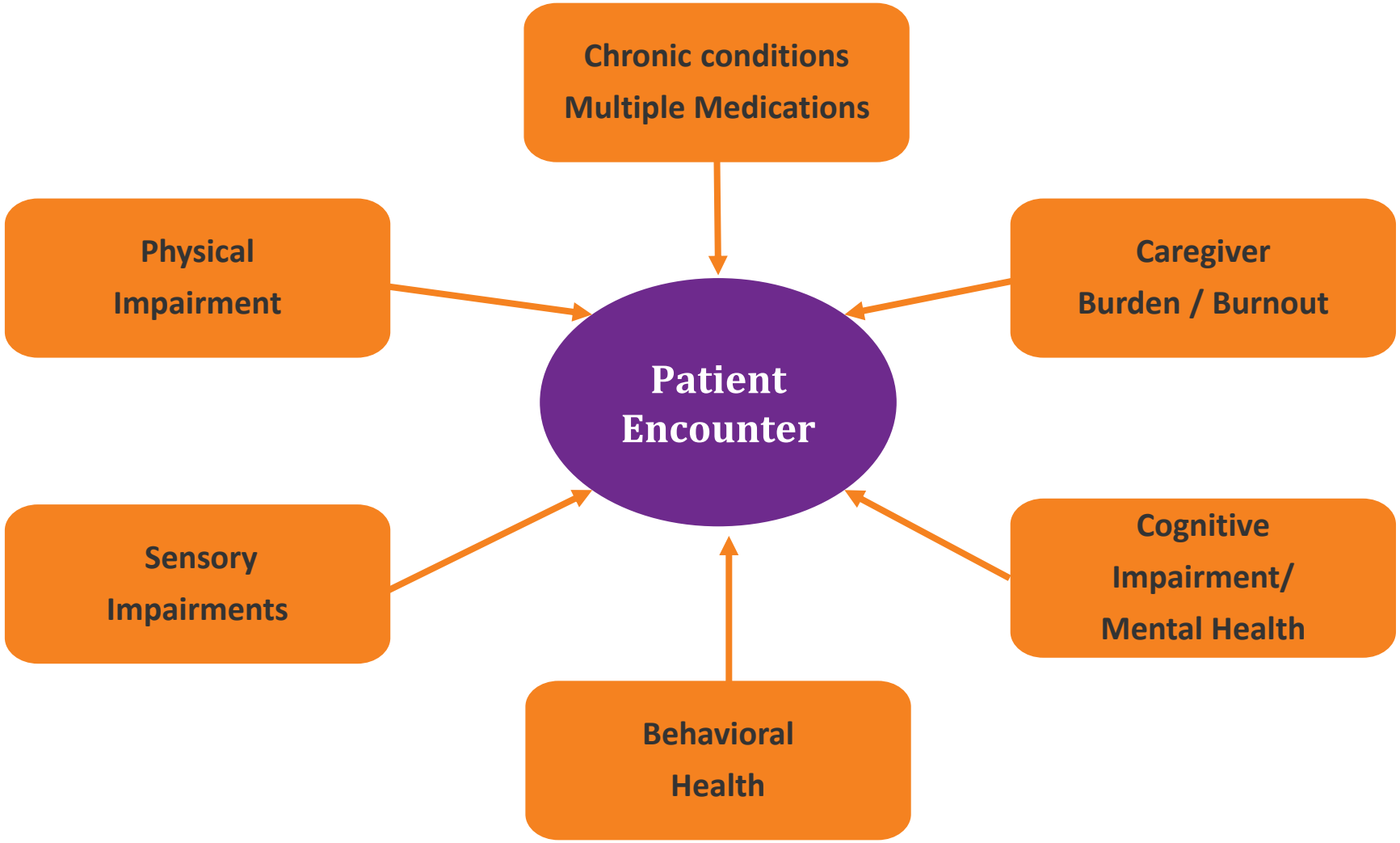
Older Ethnic Groups Face Many Potential Barriers, cont.

- Expectations of Activity/Involvement in Society
  - Cultures may differ in their view of what's expected in old age
  - Cultural views of aging roles– decision-maker, respected role
  - Gender roles
  - Amount and type of activity that is normal for seniors
  - Amount of activity needed to be considered healthy

Cultural Barriers that Seniors May Face

	Norms within Western Medicine practice in the US	Possible Cultural Differences
Wellness	Maintain wellness by adhering to treatment or doctor's advise or by use of preventive measures	Culture emphasizes that wellness is the natural outcome of maintaining balance between the causes of illness and the causes of good health. Often involves a balance of mind, body and spirit
Responses to Illness	Seek advice from a qualified medical professional	Symptoms guide the response to illness. May begin home based treatments, seek advise from those that analyze imbalance or begin the treatment commonly associated with the symptoms.
Mobility Assistance	Use of devices to assist as needed	Avoidance of devices as they may be seen as a public announcement of an impairment that is the result of living out of balance or a spiritual infliction
Cognitive Decline	Take medical steps to avoid or improve	A natural part of aging, no medical response needed
Palliative Care	Multidisciplinary approach to relieving discomfort associated with disease	Multidisciplinary may include adjustments need to restore spiritual harmony, involvement of spiritual healers, use of rituals or an avoidance of institutional care

Working with Seniors and Persons with Disabilities



Who are People with Disabilities?

LESS VISIBLE	VISIBLE

• Learning Disabilities
• Mental Disabilities
  – Anxiety
  – Bipolar
  – OCD
• Chronic Illnesses
  – HIV/AIDS
  – Asthma
  – Diabetes
  – Intestinal
• Heart Disease
• Cancer
	• Cerebral Palsy
	• Quadriplegia
	• Down Syndrome
	• Amputations
	• Multiple Sclerosis (MS)
	• Muscular Dystrophy (MD)

Clear Communication through Terminology

Neutral Terms

- People with disabilities
- Person with a disability
- Accessible parking entrance
- Wheelchair user

Negative Terms

- The disabled
- The handicapped
- Disabled parking entrance
- Confined to a wheelchair
- Wheelchair bound

Disabilities and Activity Limitations

Includes reduced or no ability to:

- Stand
- Walk
- Speak
- See
- Hear
- Understand
- Manipulate or reach controls
- Respond quickly
- Sit for a significant period of time
- Move limbs

Patient Example

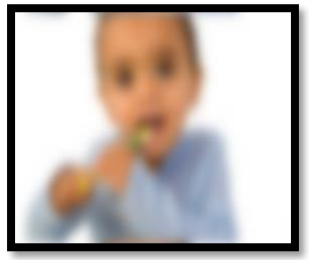
Visual Impairment

PROBLEMS	SOLUTIONS
• Reading • Depth perception • Contrast • Glare • Loss of independence	• Decrease glare • Bright, indirect lighting • Bright, high contrasting colors • Large, non-serif fonts

20/20 Vision

Macular degeneration

Diabetic retinopathy



Cataract

Glaucoma

Physical Impairment/Pain

Physical impairment is regarded differently across cultures.

- May be considered shameful
- May be thought to be because of behavior

Depending on cultural context, pain may or may not be appropriate to express.

Actions:

- Create a welcoming and shame-free environment
- Keep hallways clear
- Lower exam tables
- Add grab bars/railings
- Use nearest exam rooms

Hearing Impairment

HERE'S WHAT PATIENTS WISH THEIR HEALTH CARE TEAM KNEW…

- Age-related hearing loss: Gradual, bilateral, high-frequency hearing loss
  - Consonant sounds are high frequency
  - Word distinction difficult
  - Speaking louder does NOT help

HERE'S WHAT YOUR TEAM CAN DO…

- Face patient at all times
- Speak slowly and enunciate clearly
  - Do not use contractions
- Rephrase if necessary
- Do not cover your mouth
- Reduce background noise
  - Air conditioner, TV, hallway noise etc.
  - Audible Solutions: offer listening devices

Disability Competent Care

What can you do?

When assisting people with disabilities, it's important to consider culturally competent ways of working.

People with disabilities experience significant health disparities and barriers to health care compared with people who do not have disabilities.

Ask before acting!

- **Offering assistance** - If you offer to help, wait until your offer is accepted, then listen to, or ask for, instructions
- **Person-first** - Think of the individual first and the disability second
- **Be patient** - Listen carefully to what people say; there may be challenges in communication
- **Age appropriate** - Treat people in a manner that is suitable to their age
- **Non-verbal behavior** - When appropriate, make eye contact and speak directly to the person, rather than through their companion

Culture Impacts Mental Health

CONDITIONS

- Anxiety, depression, or loneliness may occur in seniors who are:
  - Isolated due to language
  - Have recently relocated to a new living environment
  - Have recently migrated and are adjusting to many different cultural experiences
  - Are adapting to many changes in their health status
  - Many may be adjusting to multiple challenges simultaneously!
  - May be less willing to talk about feelings

ACTIONS

- Since individuals may be unable to articulate the disconnect from their culture, include open-ended questions at each visit
- Encourage your patient to talk about current adjustments
- Explain that feeling down is a common reaction to losses and can be treated
- There are many ways that cultures talk about mental health. Familiarize yourself with cultural cues that mental health issues are present.

Culture Impacts Mental Health, cont.

CONDITIONS	ACTIONS
• Patients with dementia may need caregivers as disease progresses • May see memory loss as a natural part of aging and not seek medical care • Some cultures define dementia as a mental aberration and may stigmatize it • Caregivers may be prone to fatigue, burnout, and potential of abuse	• Communicate with patient & caregivers • Actively listen for a sense of loss or isolation • Assess for depression in early stages of dementia • Assess cognitive ability

Cultural Caregiving Beliefs

Beliefs about responsibilities for older and disabled people from other cultures may differ:

- Who is responsible? Does that person act as a barrier to patient care?
  - E.g. If the eldest son is culturally expected to be the caregiver, and he is unavailable, who takes responsibility?

Caregivers and care receivers may often be from different cultural backgrounds (expectations and understandings).

Familial Caregivers and Risk to Patients

- Impaired older people or persons with disabilities often have a caregiver to help them with daily functioning
  - Care may include managing finances, help around the house, personal care, or increasingly more complicated medical in-home care
- Caregivers need a support system and back-up for when they are unavailable
- Caregiver burnout may leave patient without adequate care
  - May result in diminished ability to continue caregiving/or abuse

How to Help Patients with Caregivers

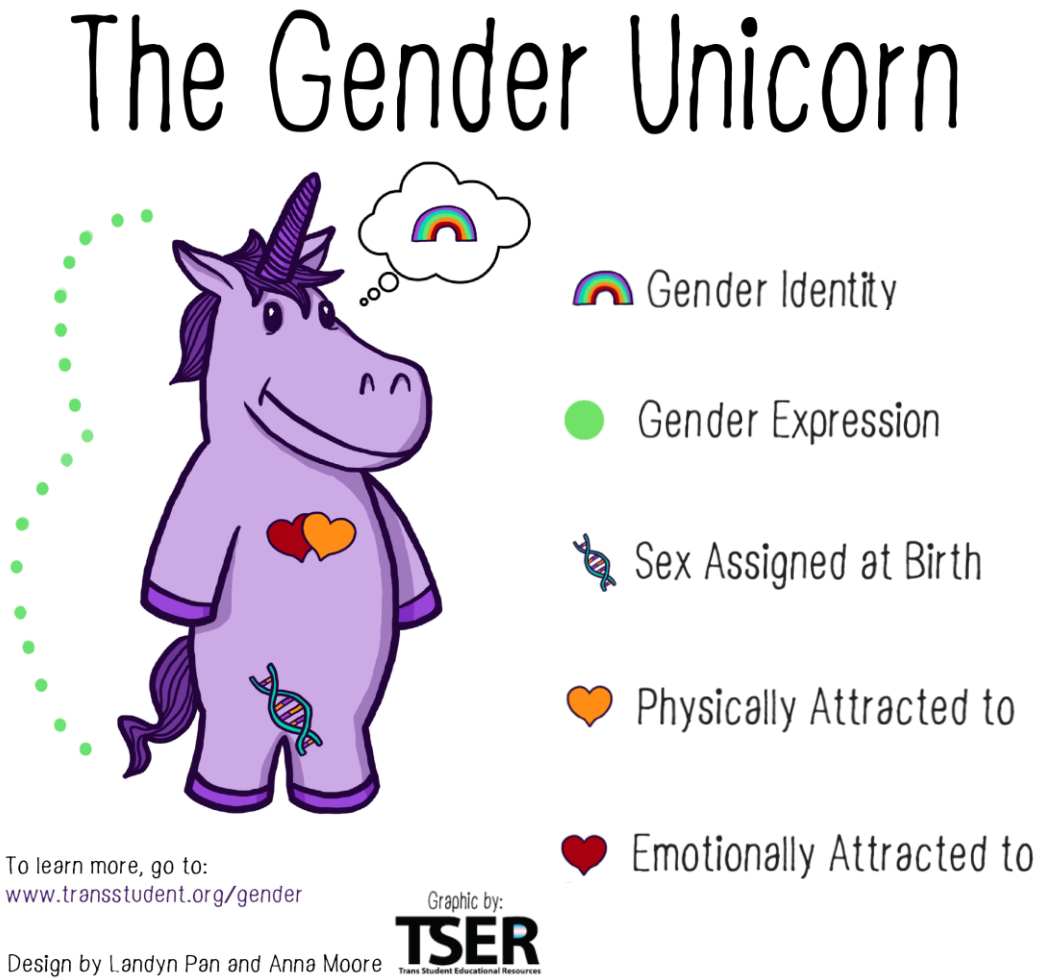
- Ask about caregiver responsibilities and stress levels
- Ask about the plan for caring for the patient when primary caregiver is unavailable
- Offer caregiver education, support services and resources such as:
  - Caregiver Resource Centers
  - Alzheimer's Association
  - American Cancer Society

CULTURAL COMPETENCE

LGBT Communities

(Lesbian, Gay, Bisexual and Transgender)

What is Gender?



Gender Identity: How you, in your head, define your gender, based on how much you align (or don't align) with what you understand to be the options for gender.

Gender Expression: The ways you present your gender, through your actions, dress, and demeanor. Those presentations are generally interpreted by society based on gender norms.

Sex Assigned at Birth: Assignment and classification based on a combination of anatomy, hormones, and chromosomes. This does not always determine genitalia, sex, or gender.

Physical Attraction: Who you are sexually attracted to (nobody, women, females, femininity, men, males, masculinity, or a combination). Also known as "sexual orientation".

Emotional Attraction: Romantic or emotional orientation. Physical and Emotional attraction are just 2 common forms of attraction; others exist as well.

Cultural Competence and the LGBT Communities

HERE'S WHAT PATIENTS WISH THEIR HEALTH CARE TEAM KNEW…

- We come to you with an extra layer of anxiety
  - Verbally or physically abused
  - Rejected by community or family due to our sexual orientation/identity
  - Discriminated against within the health care setting

HERE'S WHAT YOUR TEAM CAN DO…

- A little warmth can make all the difference!
- Signage or intake form verbiage that is safe, judgment-free, and non-discriminatory
- Policies indicating non-discrimination for sexual orientation/identity displayed in common areas

LGBTQ+ California Civil Rights Protection

CA protections for LGBTQ+ did not change.

Pursuant to state law, no person may—on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation—be unlawfully denied full and equal access to the benefits of, or be unlawfully subjected to discrimination under, any program or activity that is conducted, operated, administered or funded by the state. This includes, but is not limited to, the Medi-Cal program. In addition, Senate Bill (SB) 223 (Chapter 771, Statutes of 2017) and SB 1423 (Chapter 568, Statutes of 2018) codified into state law certain federal nondiscrimination protections and language assistance requirements specific to DHCS and MCPs and incorporated additional characteristics protected under state nondiscrimination law, including gender, gender identity, marital status, ancestry, religion and sexual orientation.

Reference: SB 223 and SB 1423 can be found at the following link: http://leginfo.legislature.ca.gov/faces/codes.xhtml

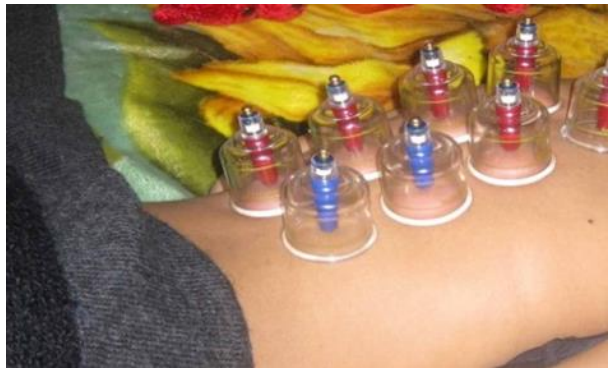
CULTURAL COMPETENCE

Refugees and Immigrants

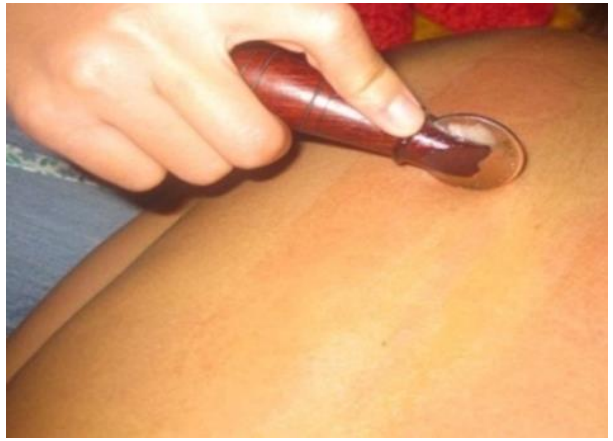
Open Communication with Recent Arrivals

- Builds trust
- Contributes to full disclosure of patient knowledge and behavior
- Increased adherence to treatment

Cupping



Coining



Common Office Expectations

HERE'S WHAT PATIENTS WISH THEIR HEALTH CARE TEAM KNEW…	HERE'S WHAT YOUR TEAM CAN DO…
• I have different expectations about time. • I'm going to bring friends or family. They want to help make decisions. • I do not understand how U.S. health care system works. • I prefer spiritual and botanic healing or treatments before seeking U.S. medical advice.	• Upon arrival, inform patient about the wait time • Discuss options that would be culturally acceptable • During the first patient visit, ask culturally relevant questions. A little warmth can make all the difference! – Is there anyone else that you would like to be included in your health care?

How to Address Confidentiality

HERE'S WHAT PATIENTS WISH THEIR HEALTH CARE TEAM KNEW…

- I've had different experiences in refugee camps
- My experiences have caused me to be suspicious
- I fear my health information will be released to the community

HERE'S WHAT YOUR TEAM CAN DO…

- Explain confidentiality
- Ensure that staff adhere to your policies
- Make HIPAA forms easy to understand, in preferred languages

CULTURAL COMPETENCE

People Experiencing Homelessness

People Experiencing Homelessness (Unhoused)

Medical incapacity establishes a cycle that necessitates that health and homelessness be simultaneously addressed.

There are many causes of homelessness:

- Financial trauma
- Medical incapacity to work
- Substance or alcohol abuse
- Mental health
- Many others!

People Experiencing Homelessness, cont.

Patients experiencing homelessness need additional support to manage their health.

- Members living with disabilities that are unhoused may not have basic mobility devices.
- May not have a stable address or phone number.
  - Note next to the appointment record no phone available.
  - Try not to change or reschedule the appointment.
- Limited transportation
  - Transportation is unpredictable and may run late.
  - Don’t cancel appointment if a patient experiencing homelessness is more than 15 minutes late.
- Medications
  - Prescriptions for low pill count, once-daily if possible and medications should not require refrigeration
- Masked symptoms
  - Weight loss, dementia, skin conditions may be the result of homeless conditions, side effects from medications or symptoms

Community Referrals: HN Community Connect and 211

Health plans are required to provide to members referrals to culturally and linguistically appropriate community service programs.

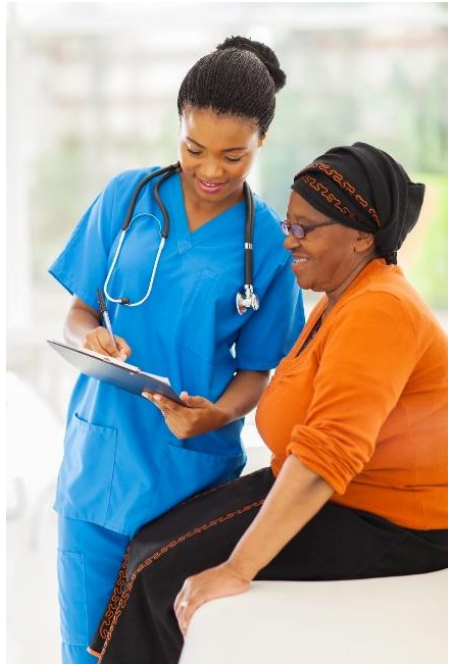
- Plans must ensure that network providers are aware of these services.

- 211 allows for fast search of available social services by county and language need.
- Access by dialing 211 or the website
  - www.211.org
- Health Net offers a social service search engine called Health Net Community Connect
  - Accessed through the Health Net website

Strategies for Cultural Engagement

Wellness and Health Education

Health education services and programs are not the same as disease management programs.



Health education seeks to support all providers in educating the patient on:

- The importance of management of chronic conditions
- How to effectively use managed care
- Making healthy lifestyle choices
- Appropriate use of complementary and alternative care

Reach out to CMC health plans for free health education materials.

Health Education

PROVIDERS MAY REQUEST THE FOLLOWING HEALTH EDUCATION RESOURCES FROM THEIR CONTRACTED HEALTH PLANS:

- Management of health conditions such as diabetes, asthma and hypertension
- Risk-reduction and healthy lifestyle such as tobacco use cessation, injury prevention, nutrition, physical activity and weight control.
- Informational resources on how to effectively use the managed health care system such as preventive and primary care services

Patient-Centered Care

“The International Alliance of Patients' Organizations (IAPO) states that the essence of patient-centered healthcare is that the healthcare system is designed and delivered to address the healthcare needs and preferences of patients so that healthcare is appropriate and cost-effective.”

The Declaration sets out five principles of patient-centered healthcare: respect; choice and empowerment; patient involvement in health policy; access and support and information.*

*International Alliance of Patients' Organizations (IAPO, 2006). "Declaration on Patient-Centered Healthcare". Retrieved 13 December 2011.

Patient-Centered Care, cont.

- Patient-Centered Care focuses on the patient rather than the provider
  - Example: Care is available to fit the patient's schedule
- Care is tailored to meet the cultural needs and preferences of the patient and family
  - Motivational interviewing is a good technique to foster patient-centeredness
- Providing care that is **respectful** of and **responsive** to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions

Patient-Centered Care, IOM

- The IOM (Institute of Medicine) defines patient-centered care as:
  - "Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions."
- Patient-centered care promotes safer medical systems, and greater patient involvement in healthcare delivery and design.

Patient-Centered Care Attributes

Patient-centered care attributes include:

- Considering patients' cultural traditions, personal preferences and values, family situations, social circumstances and lifestyles
- Rebalancing work priorities from a focusing on accomplishing tasks to a focusing on the person needing assistance
- Taking the view that the disability is an opportunity for growth as well as a source of impairment
- Assuming that talents, capacities knowledge and resources exist in all individual and communities

Patient-Centered Care Coordination

- Look for culturally acceptable solutions for your patients
- Provides support for people to assert control over their own lives
- Places emphasis on helping people identify their strengths, assets, and abilities
- Encourages the use of community resources and informal support networks to improve quality of life
- Is individualized (ie: durable medical equipment)
- Acknowledges civil rights (physical and programmatic access to care and provides reasonable accommodations)
- Respects free choice

Olmstead Decision

A 1999 U.S. Supreme Court decision that services persons with disabilities must be provided "in the most integrated setting possible" when:

- Treatment professionals have determined community placement is appropriate
- Less restrictive setting is not opposed by the affected individual
- Placement can be reasonably accommodated

What Services are Available for my Patients?

- Department of Aging: Multiple services are offered / specific criteria must be met:
  - Family Caregiver Support Program
  - Support Services Program
  - Elderly Nutrition Programs - Congregate and Home Deliver Meals
  - Senior Community Service Employment Program
  - Health Insurance Counseling and Advocacy Program
  - Long Term Care Ombudsman Program
- Independent Living Centers (ILCs) provide services for individuals who have a disability, regardless of age

Patient Self-Determination Act

The Patient Self Determination Act (PSDA) requires providers and organizations to ensure patients are given the opportunity to participate in direct heath care decisions that effect them.

- For Members 18 years and older providers are required to document whether a member has executed an Advance Directive in the medical record in a prominent location
- An Advance Directive outlines a patient's preferred types of health care services and treatments and designates who is to speak on the patient's behalf if he or she becomes incapable of making health care decisions
- According to PSDA, patients with decision making capabilities have the right to make decisions to accept or refuse medical treatment or life sustaining procedures

Advance Directives

Providers should consider discussing advance directives with the patients at well visits instead of waiting until they may be acutely ill.

- This can ensure the patient’s wishes for care and services are carried out
- The designated person can make the decisions requested on the patient's behalf
- The patient's family and friends can abide by the patient’s decisions for care and treatment according to the advance directive

Health Net makes the Advance Directive information available in English and Spanish. It can be found in the Provider Operations Manual Provider Library in the Member Rights and Responsibilities section.
Health Net's Provider website

Physician Orders for Life Sustaining Treatment (POLST)

Physician Orders for Life Sustaining Treatment (POLST) programs provide the process for completing Advance Directives.

- Websites for more information:
  - California's Health Care Foundation website

- Health Net Medicare members can contact our Medicare Member Contact Center as listed on the back of their member ID cards.

Closing Remarks

Developed in Collaboration with the Health Industry Collaborative Effort

Q & A

Questions?

Appendix

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- National Patient Safety Foundation: Ask Me 3 materials for providers. Retrieved from

References (2)

Cultural Competence & the LGBT (Lesbian, Gay, Bisexual, and Transgender) Communities

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- California Department of Public Health (2012). Lesbian, gay, bisexual and transgender (LGBT) resources.
- National Coalition of Anti-Violence Programs (NCAVP) (2011). Hate violence against the lesbian, gay, bisexual, transgender, queer, and HIV-Affected communities in the United States in 2010. Retrieved from
- Substance Abuse and Mental Health Services Administration (SAMHSA) (2012). Top health issues for LGBT populations information & resource kit.

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Cultural Competence: Refugees and Immigrants

- Administration for Children and Families, Department of Health and Human Services (2012). Office of Refugee Resettlement. Retrieved from https://www.acf.hhs.gov/orr

Cultural Competence: Homeless

- General Recommendations for the Care of Homeless Patients: Summary of Recommended Practice Adaptations

Cultural Competence: Seniors

- California Caregiver Resource Centers (2005). California Caregiver Resource Centers.
- Family Caregiver Alliance (FCA) (n.d.). Retrieved from

Physical Accessibility Review:

- Department of Health Care Services Policy Letter 12-006

Americans with Disabilities Act 1990

References (4)

Disability-Competent Care Webinar Series - Resources for Integrated Care

- The CMS Medicare-Medicaid Coordination Office is facilitating a webinar series for interested providers and health care professionals, front-line staff with health plans and practices, and stakeholders to support providers in their many uses of the Disability-Competent Care (DCC) Model.
- The DCC model is a resource for providers, health plans, and healthcare organizations to enhance capacity to integrate care for adults with disabilities.
- Webinars and other resources are available at: URL

Cultural Competency Continuum

Source: J. L. Mason, M. P. Benjamin, & S. A. Lewis (1993). The cultural competence model: Implications for child and family mental health services

Resources

CULTURAL COMPETENCY RESOURCES FOR PROVIDERS:

To find advance directives in many languages: MedlinePlus

Cultural competency training for providers:

- Office of Minority Health
- The Office of Minority Health's website Think Cultural Health offers many resources for providers.

Reporting Resources for Abuse or Neglect

Desktop: WR 57 Adult Protective Services/Child Protective Services Referrals

- Visit the NCEA website
- Call the Eldercare Locator at 1-800-677-1116

To report suspected abuse the following resources are available and forms and local numbers are listed:

California Abuse/Neglect Reporting	Long Term Care (LTC) Reporting
Contact your local Adult Protective Services agency. For state reporting agencies, visit the National Center on Elder Abuse website	Contact your local Long-Term Care Ombudsman. For reporting numbers, visit National Consumer Voice for Quality Long-Term Care website.

Abuse and Neglect Resources

Resources used in the creation of this training form the

- University of Southern California
- National Adult Protective Services Association
- Eldercare Locator: 1-800-677-1116
- California Long-Term Care Ombudsman
  - Report Institutional Abuse: 1-800-231-4024

Does someone you know—a senior or adult with a disability—display any warning signs of mistreatment?

You do not need to prove that abuse is occurring; it is up to the professionals to investigate the suspicions. It is up to you to report it!