Welcome
Cultural Competency Conference
April 21, 2016

CONNECTING TO CARE * EMBRACING DIVERSITY
Cultural Competency Coalition
C3. AHCCCS Health Plans:
Bridgeway Health Solutions, Care1st Health Plan, Cenpatico Integrated Care,
DES, Health Net Access, HealthChoice, Maricopa Health Plan,
Mercy Care Plan, Mercy Maricopa Integrated Care, Phoenix Health Plan, United Healthcare
Community Plan, University Family Care
By The End Of This Conference You Will

- Understand the Medicaid membership and the importance of cultural competency and health literacy in the provider environment
- Understand how culture plays a role in delivering quality healthcare
- Tips to create an environment of trust and respect within the LBGT community
- Understand how to create a value based organization by developing an engaged workforce
- Have an opportunity for networking and sharing of best practices
Connecting to Care
Embracing Diversity,
Rachel Roberts
Community Health Engagement & Strategy Manager
Institution for Healthcare Advancement (IHA)
EMBRACING DIVERSITY

Rachel Roberts, MPH, CHES
Institute for Healthcare Advancement
AGENDA

1. Review Cultural Competency
2. Health Disparities
3. Reducing Health Disparities
Cultural Competency

The ability to appreciate, understand and work with individuals from various cultures.

Being respectful of and responsive to the practices, beliefs, and cultural and linguistic needs of diverse patients.

National Institutes of Health
A 27 year old Latina/Hispanic pregnant (15 weeks) patient attending a prenatal class states that pregnant women in her country only see a doctor when they are in labor. She says pregnancy is a “natural” condition that is in God’s hands. There is nothing she can do about the outcome so there is no need for prenatal visits.
Proportion of adults age 50 and older with chronic conditions*, by race/ethnicity.

*Diagnosed with one of seven chronic conditions: asthma, cancer, heart disease, diabetes, hypertension, obesity, or anxiety/depression.
To achieve health equity, eliminate disparities, and improve the health of all groups.
Hispanic women are twice as likely as white women to face cervical cancer.
Poor, underserved minorities are more likely to get cancer and die compared with the white population.
White women are more likely to get breast cancer, although African American/Black women are most likely to die from the disease.
MARICOPA COUNTY

Race

- White: 80%
- Black: 4%
- Asian: 5%
- Native American / Alaska Native: 2%
- Native Hawaiian / Pacific Islander: 0%
- Some Other Race: 6%
- Multiple Races: 3%

Ethnicity

- Hispanic or Latino Population: 29.92%
- Non-Hispanic Population: 70.08%
Obstacles to health care
• racial or ethnic group
• religion
• limited health literacy
• socioeconomic status
• gender
• age
• mental health
• disability
• sexual orientation or gender identity
By 2050, 20% of Americans will be over the age of 65 - racial and ethnic minorities will comprise 35 percent of this population.

Georgetown University
REduce or Eliminate Health Disparities

- Achieve Cultural Competency
- Policy change that address language and literacy barriers
- Bilingual/bicultural services
- Assess literacy levels
- Teach techniques/communication with provider
1. What do you think caused this problem?
2. Have you asked anyone else to help you?
3. How do you like to learn about your health? Do you like to hear others talk about it, watch something on T.V., or read?
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REFERENCES

Creating environment of respect and trust with LGBTQ community
One community
Debra Peevey

Working with LGBT Clients
Understanding Sexual Orientation, Gender Identity and Expression

Commitments:
People over Definitions
Curiosity Continuum:

Hospitable _____________ Lurid
Sexual Orientation…LGB 101

- **L** = Lesbian: a woman who is romantically/emotionally/physically attracted to women

- **G** = Gay: a man who is romantically/emotionally/physically attracted to men

- **B** = Bisexual: a person who can be attracted to women and men
Gender Identity

• Your internal experience of self as a gendered person

• T=Transgender: a person who doesn’t identify with the gender assigned at birth, who transitions to live as the person they have always known themselves to be.

• Cisgender: If your experience of self aligns with your birth certificate
Gender Expression

- How you live externally in the world as a gendered person

- Gender Non Conforming: Gender variance, or gender nonconformity is behavior or gender expression by an individual that does not match masculine and/or feminine gender norms
Gender Expression

• Societal Roles
• Behaviors
• Clothing Choices
• Careers
• Hobbies
Gender Expression

All of this is governed through a complex mix of Social Rules:
• Unspoken or overtly taught
• Differ from place to place and over time
• Reinforced through punishment
  • A withering glance
  • Up to and including death
Understanding Oppression

• **Heterosexism** is a system of attitudes, bias and discrimination in favor of opposite-sex sexuality and relationships.

• **Homophobia** is the hatred or fear of homosexuals—that is lesbians and gay men—sometimes leading to acts of violence and expressions of hostility.

• **Transphobia** is an irrational negative response to transgender and intersex people, as well as forms of gender non-conformity.
Being an LGBT Ally

• Respectfully ask the gender pronouns and preferred name of your clients. Use them!
• Develop a relationship to build trust.
• Don’t confuse gender with orientation.
• Don’t ask questions you wouldn’t answer.
• Don’t make assumptions, ask instead.
• Educate yourself rather than relying on your client.
Things to Remember

- Remember you are talking about people, and we are in the room.
- Every step you take toward being more inclusive adds to building relationships, growing in mutual understanding, lessens acting out and supports physical and psychological health outcomes.
- Marginalized people expect to be mistreated. Being kind will change this.
We Are ALL Arizonans
Transforming The Provider Culture Through Value-Based Workforce Performance

Amrita Sethi, MBA, DHA
Workforce Administrator, Mercy Maricopa Integrated Care
1. Reducing Cost of Health Care
2. Improved Population Health
3. Improved Patient Experience
Objective 1:
• Navigate the relationship between the Provider, payer and regulatory agencies when new payment models are implemented

Objective 2:
• Demonstrate how Performance requirements are measured, monitored and reported

Objective 3:
• Review the necessity of Provider performance requirements to change members view of their healthcare
How does a health plan influence a culture of health?
WHAT IF MANAGED CARE CREATED A SYSTEM THAT WORKS BETTER FOR EVERYONE?

• Episodic treatment of the sick
• Rising costs and transactional care
• Independent and detached providers
• Outdated technology and communication
• Frustrating and time consuming patient experience

TODAY

• Holistic care for the entire population
• Shared accountability to improve outcomes and lower costs
• Transparent and engaged providers
• New tools and services to make it easier
• More productive and satisfied workforce

TOMORROW
Together we can engage more members with technology. We help more members have a streamlined experience. We save more with efficient care across the entire care team.

Value Based Contracted Providers
Focus on those who need them most:
- One-on-one patient engagement
- Trust and credibility

Managed Care
Information on all patients and resources to support between visits:
- Data analytics
- Leading technology
- Care management programs
Concierge

**noun** concierge \kän-sē-ˈerzh\

Similar to the concierge at a hotel, a Learning Concierge is someone who is available anytime they are needed for special services for provider organizations, customized to their individual learning needs.
MERCY MARICOPA’S LEARNING CONCIERGE SERVICE

Mercy Maricopa’s Learning & Performance department values transparent knowledge sharing respective to the roles and responsibilities of the workforce.

This ensures:

• Efficient collaboration;
• The expression of opinions and feedback as part of a professional team;
• Quantifiable results in the form of quarterly compliance reports
MERCY MARICOPA’s LEARNING CONCIERGE SERVICE

Our services:
• Face-to-face training, community-based
• Face-to-face training, on-site
• Training consulting
• Training mentoring
• Relias technical assistance
• Technology-based learning
• Compliance management
HEALTH RISK ASSESSMENT

How does Managed Care use health risk assessment data?
“Our studies were revealing that, oftentimes medical errors and avoidable harms to patients are the result of poor communication between clinicians and patients.” Dr. Clancy

Agency for Healthcare Research and Quality (AHRQ)
Quarterly Statistics - Implementation to Present

Quarterly Completion %

- April-July 2014: 50%
- July-Oct. 2014: 65%
- January-April 2015: 77%
- April-July 2015: 85%
- July-Oct. 2015: 75%
- Oct.-January 2016: 87%

Quarterly Percentage
Providers collectively have a compliance percentage of 90. To continue our success, we plan to:

- Empower other learning professionals by hosting train the trainer events;
- Increase provider engagement through satisfaction surveys and other feedback;
- Continue to evolve and progress with the integrated healthcare model focused on competencies
1. Avalere Health analysis of American Hospital Association Annual Survey data, 2012
Amrita Sethi, MBA, DHA - sethia@mercymaricopa.org
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Appreciates Your Time & Participation

NOTE: Final copies of the current patient guide and this presentation
will be posted to each health plans websites for future reference*