

## WellCare: Cultural Sensitivity 101

*Disclaimer: The following is taken from a video presentation and the interactive link references such as “click the buttons to learn more” (and others) are not operational in this hardcopy format.*

### **1.1 Cultural Sensitivity 101**

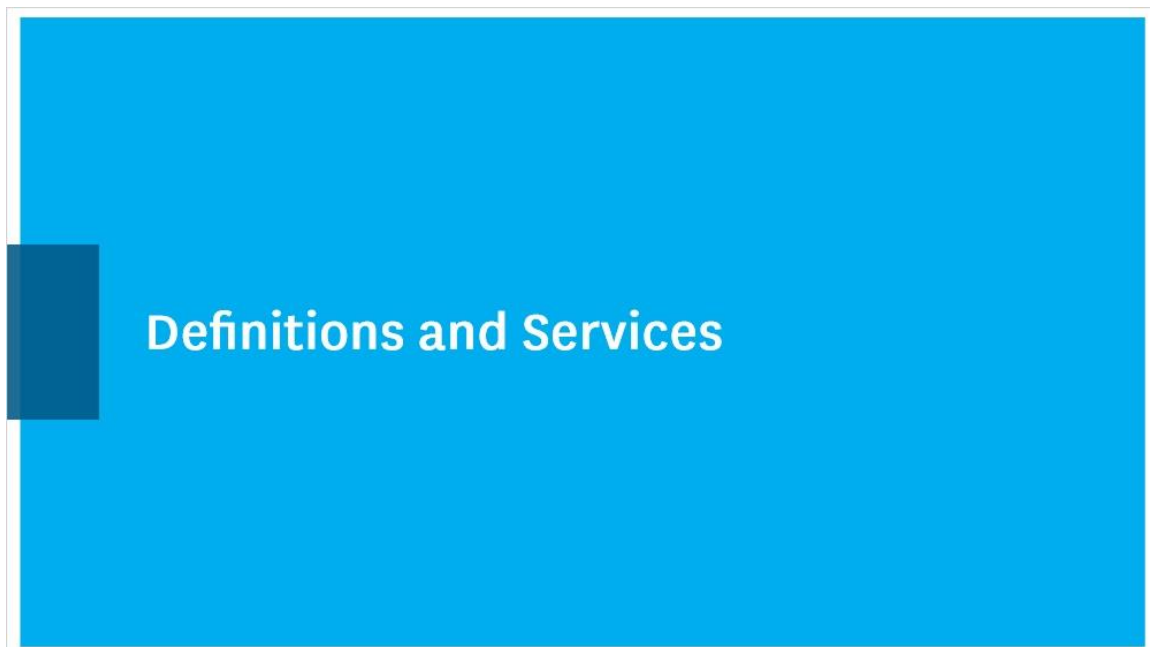


## 1.3 Course Objectives

<h3>Course Objectives</h3> <p>Cultural sensitivity allows us to improve productivity, reduce communication barriers and fully engage in the workplace environment. This empowers all associates to be better able to serve each other and our members.</p> <p>By the conclusion of this course, you should be able to complete each of the following.</p>	<b>01</b> Define cultural sensitivity and identify the impacts of cultural differences in healthcare across at-risk populations.
	<b>02</b> Describe laws and tools available that can be used to provide culturally sensitive care.
	<b>03</b> Outline next steps you can take in your role to provide culturally relevant care and support.
	<b>04</b> Apply what you have learned by appropriately resolving practice scenarios.

## 2. Definitions and Services

### 2.1 Definitions and Services



Definitions and Services

## **2.2 HRSA: Providing Culturally Competent Care**



### **HRSA: Providing Culturally Competent Care Video Transcript**

Effective healthcare communication policies and practices including provider health literacy contribute to improving the quality of services for culturally and linguistically diverse populations as well as people with limited health literacy skills. At HRSA we view healthcare communication as a synergy of three factors: health literacy, cultural competency and linguistic competency. It is important to emphasize a dynamic view of healthcare communication. These three factors interplay with each other in dynamic ways.

For example, a person's health literacy may be influenced by socio-cultural factors including: education, income, country of origin, level of assimilation to the host culture to name a few. Cultural factors not only include language, gender, socioeconomic status sexual orientation and gender identity but also physical and mental capacity, age, religion, housing status and regional differences. Culture also includes diversity within specific cultural and ethnic groups. Even the culture of Western medicine. All of the factors that I've mentioned are very dynamic and highly interdependent. They are difficult to isolate and they tend to interact and influence each other. It is important to note that low health literacy is not language dependent. Additionally culture seems to be a prime mediator among these various factors.

The United States is becoming even more linguistically and culturally diverse. The number of people who speak a language, other than English at home has more than doubled in the last three decades and at a pace four times greater than the nation's population growth. In that timeframe the percentage of non-English language speakers

grew by 140 percent. While the nation's overall population grew by 34 percent. She says in this moment she's feeling better. Yesterday she felt a little bit of pain but, she's feeling much better today. The unprecedented rise in our nation's non-English speakers calls for rapid and innovative responses on the part of healthcare systems to ensure that trained healthcare interpreters are immediately available when required. Health equity is attainment of the highest level of health for all people. A disparity is a particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social and economic obstacles to health. HRSA views effective cross-cultural communication as health disparity, quality, safety, and civil rights issues. Health literacy must be viewed within a cultural context. The HRSA mission statement is the framework that supports a healthcare system that assures access to comprehensive, culturally competent, quality care.

Produced by: Office of Communication, Electronic Media Department

### **2.3 Culture**



## 2.4 Cultural Sensitivity

### Cultural Sensitivity

Cultural sensitivity plays an important part in how we all relate to one another.

*Click the buttons to learn more.*

**What is it?**

**Why is it important?**

### What?

### Cultural Sensitivity

Cultural sensitivity plays an important part in how we all relate to one another.

*Click the buttons to learn more.*

**What is it?**

**Why is it important?**

Cultural sensitivity is the ability to work with, and for, diverse cultures. A culturally sensitive healthcare system can help improve health outcomes and quality of care, and can contribute to the elimination of racial and ethnic health disparities.

## Why?

### Cultural Sensitivity

Cultural sensitivity plays an important part in how we all relate to one another.

*Click the buttons to learn more.*

What is it?

Why is it important?

Providing healthcare services that are respectful of, and responsive to, the health beliefs, practices, social, cultural and linguistic needs of diverse members is critical to our mission – and our success.

## 2.5 Impacts at WellCare

### Impacts

Cultural sensitivity delivers care that focuses on the individual, embraces whole health and directly engages our communities in reducing disparities. Cultural sensitivity also:

Improves treatment adherence and health outcomes.

Improves member satisfaction and retention.

Reduces cost.

Reduces health disparities.

Is the law.

### 3. Impact of Cultural Differences in Healthcare

#### 3.1 Impact of Cultural Differences in Healthcare



#### 3.2 Cultural Differences in Healthcare

**Cultural Differences in Healthcare**  
It is important to recognize the impact that cultural differences have in the healthcare setting.  
*Click the tabs to learn more.*

Culture Across States	
Common Languages Spoken	
Cultural Healthcare Concepts	
Cultural Healthcare Practices	
Cross-Cultural Encounters	

## Culture Across States

# Cultural Differences in Healthcare

It is important to recognize the impact that cultural differences have in the healthcare setting.

*Click the tabs to learn more.*

Culture Across States	<h2>Culture Across States</h2> <p>Each state has many different culture groups. Examples include:</p> <ul style="list-style-type: none"><li>• California - Hmong, Russian, Armenian, Somali, Vietnamese, Korean, Mexican, Central American, Amharic.</li><li>• Florida - Cuban, Haitian.</li><li>• Indiana - Burmese, Japanese, Hindi, German.</li><li>• New Mexico - Navajo, Hopi, Vietnamese.</li><li>• New York - Puerto Rican, Indian, Russian, Irish, Italian, Asian.</li><li>• Texas - Mexican, Vietnamese.</li></ul>
Common Languages Spoken	
Cultural Healthcare Concepts	
Cultural Healthcare Practices	
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## Common Languages Spoken

# Cultural Differences in Healthcare

It is important to recognize the impact that cultural differences have in the healthcare setting.

*Click the tabs to learn more.*

Culture Across States	<h2>Common Languages Spoken</h2> <p>This map shows the most common languages spoken at home, other than English or Spanish.</p>  <p><small>Business Insider tabulations of 2017 American Community Survey (ACS) data. BUSINESS INSIDER</small></p>
Common Languages Spoken	
Cultural Healthcare Concepts	
Cultural Healthcare Practices	
Cross-Cultural Encounters	

*Click the map to zoom in and out.*

U.S. Map showing most common languages spoken at home, other than English of Spanish.

- States with **German** as the most common language: Montana, Idaho, Wyoming,



Colorado, North Dakota, Indiana, Ohio, Kentucky, and North Carolina.

- States with **French** as the most common language: Maine, Vermont, New Hampshire, Maryland, Delaware, North Carolina, and Louisiana.
- States with **Chinese** as the most common language: Washington, Utah, Missouri, Arkansas, and New York.
- States with **Vietnamese** as the most common language: Texas, Oklahoma, Kansas, Iowa, Oregon, and Mississippi.
- States with **Portuguese** as the most common language: Massachusetts, Rhode Island, and Connecticut.
- States with **Korean** as the most common language: Georgia, Alabama, and Virginia.
- States with **Navajo** as the most common language: Arizona, and New Mexico.
- States with **Tagalog** as the most common language: California, and Nevada.
- State/District with **Arabic** as the most common language: Tennessee, Michigan, and Washington D.C.
- State with **Haitian Creole** as the most common language: New Jersey, and Florida.
- State with **Pennsylvania Dutch** as the most common language: Pennsylvania.
- State with **Locano** as the most common language: Hawaii.
- State with **Aleut/Eskimo** as the most common language: Alaska.
- State with **Napal** as the most common language: Nebraska.
- State with **Dakota/Lakota/Nakota/Sioux** as the most common language: South Dakota.
- State with **Somali** as the most common language: Minnesota.
- State with **Hmong** as the most common language: Wisconsin.
- State with **Polish** as the most common language: Illinois.
- State with **Gujarati** as the most common language: New Jersey.

## Cultural Healthcare Concepts

### Cultural Differences in Healthcare

It is important to recognize the impact that cultural differences have in the healthcare setting.  
*Click the tabs to learn more.*

Culture Across States	<h4>Cultural Healthcare Concepts</h4> <p>Common healthcare concepts found in other cultures include:</p> <ul style="list-style-type: none"><li>• Mind, body and spirit are an integrated whole.<ul style="list-style-type: none"><li>• Cause of illness may include imbalances between the mind, body and spirit.</li><li>• Preference for use of natural elements such as plant-based remedies.</li></ul></li><li>• Individual is linked to the wider cosmos.<ul style="list-style-type: none"><li>• Nature and humanity are equal parts of the cosmos with individuals responsible to both.</li><li>• Balance between the individual and cosmos is a key health outcome goal.</li></ul></li><li>• Reliance on observation of health outcomes.<ul style="list-style-type: none"><li>• The treatment has worked when you feel better.</li></ul></li></ul>
Common Languages Spoken	
Cultural Healthcare Concepts	
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## Cultural Healthcare Practices

### Cultural Differences in Healthcare

It is important to recognize the impact that cultural differences have in the healthcare setting.  
*Click the tabs to learn more.*

Culture Across States	<h4>Cultural Healthcare Practices</h4> <ul style="list-style-type: none"><li>• Use herbal or botanically-based treatments for symptom relief.</li><li>• Steam baths to promote good health or correct an imbalance with the cosmos.<ul style="list-style-type: none"><li>• Use steam baths at times that the person is most at risk, such as following childbirth, or after confinement, such as quarantine or hospital stay.</li></ul></li><li>• Use of healers with insights into the spiritual portion of the cosmos.<ul style="list-style-type: none"><li>• Shamans, curandero/a, partera.</li></ul></li><li>• Modification of personal behaviors.<ul style="list-style-type: none"><li>• Wear head or neck coverings at night, change in diet to restore balance.</li></ul></li><li>• Other common healthcare practices include: cupping, coining, massage, bone setting and acupressure.</li></ul>
Common Languages Spoken	
Cultural Healthcare Concepts	
Cultural Healthcare Practices	
Cross-Cultural Encounters	

## Cross Cultural Encounters

### Cultural Differences in Healthcare

It is important to recognize the impact that cultural differences have in the healthcare setting.

*Click the tabs to learn more.*

Culture Across States	<h3>Cross Cultural Encounters</h3> <p>There are multiple cultures interacting in every clinical encounter, including:</p> <ul style="list-style-type: none"><li>• Physician's culture.</li><li>• Patient's culture.</li><li>• Culture of each person that interacts with the patient from the office staff to nurses.</li><li>• Culture of the healthcare delivery institution.</li></ul> <p>Cultural humility may improve patient care by:</p> <ul style="list-style-type: none"><li>• Increasing confidence, satisfaction and follow-up.</li><li>• Increasing patient and health plan retention.</li><li>• Improving health outcome of the patient when healthcare concepts and practices are taken into consideration.</li></ul>
Common Languages Spoken	
Cultural Healthcare Concepts	
Cultural Healthcare Practices	
Cross-Cultural Encounters	

### 3.3 Health Disparities

### Health Disparities

Cultural differences can lead to health disparities. There are several underlying root causes that lead to some communities and individuals to having poorer health outcomes, like diabetes, COVID-19 or high emergency room usage.

*Click the shapes to learn more.*



**Resources**



**Policies**



**Discrimination**

## Resources

### Health Disparities

Cultural differences can lead to health disparities. There are several underlying root causes that lead to some communities and individuals to having poorer health outcomes, like diabetes, COVID-19 or high emergency room usage.

*Click the shapes to learn more.*



#### Resources

According to County Health Rankings & Roadmaps, one of the main causes of health disparities is unequal distribution of power and resources as a result of discrimination.



#### Policies



#### Discrimination

## Policies

### Health Disparities

Cultural differences can lead to health disparities. There are several underlying root causes that lead to some communities and individuals to having poorer health outcomes, like diabetes, COVID-19 or high emergency room usage.

*Click the shapes to learn more.*



#### Resources



#### Policies

Our policies (industry, education, medicine, legal) influence differences in living conditions or opportunities that groups of people experience within the same community.



#### Discrimination

## Discrimination

### Health Disparities

Cultural differences can lead to health disparities. There are several underlying root causes that lead to some communities and individuals to having poorer health outcomes, like diabetes, COVID-19 or high emergency room usage.

*Click the shapes to learn more.*



**Resources**



**Policies**



**Discrimination**

Discrimination in education, employment, housing, transportation, and urban and regional planning are all at the root of inequities.

### 3.4 Discrimination Is Against the Law

### Discrimination Is Against the Law

There are several federal and state laws that protect our members from discrimination in healthcare.

These laws include:

- Title VI of the Civil Rights Act.
- Section 504 and 508 of the Rehabilitation Act of 1973.
- Title II of the Americans with Disabilities Act.
- Title IX of the Education Amendment.
- The Age Discrimination Act.
- Section 1557 of the Patient Protection and Affordable Care Act.

These laws cover discrimination due to age, sex, race, color, national origin and persons with disabilities. It is against the law to:

#### **Deny Services**

Deny services, financial aid or benefits in health or social service programs. This includes denying the opportunity to participate in services as a result of physical barriers.

#### **Substitute services**

Provide a different service or services in a different way from those provided to others.

#### **Segregate People**

Segregate or separately treat individuals in the receipt of services, financial aid or benefit.

### 3.5 Combating Discrimination

## Combating Discrimination

In order to combat discrimination and comply with federal and state laws, we have a responsibility to ensure that all of our members are able to fully participate in all of the benefits and services. This is accomplished in several different ways.

*Click each box to learn more.*

<a href="#">Provide Free Language Services</a>	<a href="#">Healthcare Access</a>	<a href="#">Benefit Structure</a>	<a href="#">Reasonable Accommodations</a>
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### Language Services

## Combating Discrimination

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<a href="#">Provide Free Language Services</a>	<a href="#">Healthcare Access</a>	<a href="#">Benefit Structure</a>	<a href="#">Reasonable Accommodations</a>
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**Provide Free Language Services**

This includes accessible electronic content, interpreter services and written translations for prevalent languages. This also includes providing large print, braille and audio formats to our members. Customer service representatives must treat all individuals equally and provide any accommodations necessary.

## Healthcare Access

### Combating Discrimination

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<a href="#">Provide Free Language Services</a>	<a href="#">Healthcare Access</a>	<a href="#">Benefit Structure</a>	<a href="#">Reasonable Accommodations</a>
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#### Healthcare Access

Access to healthcare cannot be limited across populations.

## Benefit Structure

### Combating Discrimination

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*Click each box to learn more.*

<a href="#">Provide Free Language Services</a>	<a href="#">Healthcare Access</a>	<a href="#">Benefit Structure</a>	<a href="#">Reasonable Accommodations</a>
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#### Benefit Structure

Benefit, benefit determination structure and cost structure must be uniform for all populations. Centene must comply with specific requirements for certain populations, including cost-share prohibitions. We must ensure our network includes providers who have similar demographics as our members.

## Reasonable Accommodations

### Combating Discrimination

In order to combat discrimination and comply with federal and state laws, we have a responsibility to ensure that all of our members are able to fully participate in all of the benefits and services. This is accomplished in several different ways.

*Click each box to learn more.*

Provide Free  
Language Services

Healthcare Access

Benefit Structure

Reasonable  
Accommodations

#### Reasonable Accommodations

This includes access to physical spaces (i.e.: provider offices) access to medical equipment and devices (i.e.: scales and exam tables) and plan materials (able to read and understand health plan and clinical information).

## 3.6 Members at Risk for Health Disparities

### Members at Risk for Health Disparities

Members from diverse backgrounds experience systemic discrimination; existing policies have put them at risk for health disparities. We have a responsibility to understand these outcomes and design better programs that improve health outcomes.





### 3.7 Low-Income Members

## Low-Income Members

Low-income members may delay or forgo medical care because they are unable to pay co-pays or unable to secure transportation to their appointments.

Some members may also lack access to healthy food or safe housing. Members will often prioritize these needs over accessing healthcare.

Federal Poverty Guidelines for a Family of Four

Over 80% of our members receive Medicaid benefits

48 contiguous states and D.C. : \$30,130

Hawaii: \$30,130

Source: hhs.gov

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### 3.8 Indigenous Communities: Historical Impacts

## Indigenous Communities: Historical Impacts

The Indigenous community includes American Indian (AI) and Alaskan Native (AN) populations. They have borne generations of policy that have been harmful to the health of their communities, including the following:




- Educational systems that forcefully removed children from homes for integration into white culture.
- Removal from and devastation of Tribal lands.
- Lack of access and underfunding of healthcare.
- Indian health services per capita funding is \$1,940 compared to the median Medicaid per capita funding of \$8,221.
- Where AI/ANs are eligible to receive healthcare is complex; they have federal protections to ensure they have access to culturally appropriate care, including providers who may not be in our network.

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### 3.9 Indigenous Communities: Health Impacts

## Indigenous Communities: Health Impacts

**Disparities:** 500 years of discrimination and harmful policy have caused devastating impacts on the health of our Indigenous members.

 <p>Death rate is 40% greater than general population.</p>	 <p>Three times greater incidence of death caused by diabetes, chronic liver disease and accidents.</p>	 <p>Infant mortality rate is double that of the general population.</p>
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### 3.10 Indigenous Communities: Health Impacts (continued)

## Indigenous Communities: Health Impacts (continued)

**Strengths:** Indigenous communities have meaningful safeguards that support a strong quality of life.


 <p><b>Extended family and intergenerational relationships.</b> These relationships extend beyond relatives and provide a strong support network that protects their culture and provides social and emotional support.</p>	 <p><b>Parenting:</b> Indigenous parents celebrate children and foster independent thinking. Parenting approaches that are valued support children in making independent decisions and fosters learning through observing the world.</p>
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### 3.11 Indigenous Communities: Our Role

## Indigenous Communities: Our Role

**Respect the sovereignty of Tribes:** Federally recognized Tribes have separate and autonomous governments. They often have their own policies/laws, law enforcement and court systems. We must work through them when we deliver healthcare.



 **Listen:** When we work with our members, we have to listen to what they are telling us. Respect their wishes and incorporate this into how we deliver care.


**Honor and value their culture.** 


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### 3.12 Indigenous Communities: Our Role (continued)


## Indigenous Communities: Our Role (continued)

**Use partners:** Delivering healthcare to AI/AN enrollees is complicated. There are cultural, sovereign and access to care issues that staff without first-hand experience will have barriers in navigating.



 **If you have tribal liaisons on your market (WA, NE, NM, AZ, NC), use them.** Do not attempt to establish Tribal relationships without coordinating with your Tribal liaisons.

**Reach out:** For markets that do not have Tribal liaisons, reach out to Tribal allies or partners for support in designing programs that meet the needs of Tribal members.



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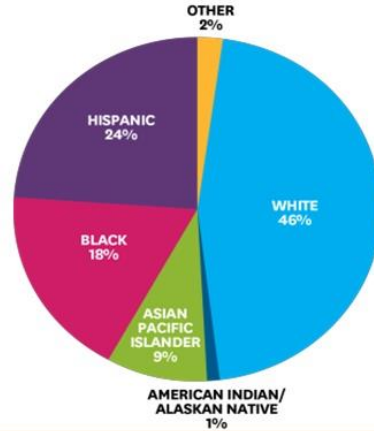
### 3.13 Ethnic/Racial Minorities: Member Diversity

## Ethnic/Racial Minorities: Member Diversity

Understanding our members' diversity is essential to delivering healthcare that is relevant and meaningful. It provides the foundation for culturally tailored care that delivers quality outcomes, reduces cost and promotes health equity.

Our members have a rich diversity of languages and cultures.

Over 54% of our members are persons of color.



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### 3.14 Ethnic/Racial Minorities: Historical Impacts

## Ethnic/Racial Minorities: Historical Impacts

African American, Latinx and persons of color have borne generations of poverty, violence and trauma that have been harmful to the health of their communities.

- Persons/people of color is often abbreviated as POC. POC refers to either nonwhite or brown-skinned individuals.<sup>1</sup> The acronym is often used interchangeably with racial/ethnic minority members encompassing Black, Indigenous and peoples of other than European origin.

Racism impacts nearly every facet of life for people of color. Discriminatory policies around education, criminal justice, and housing are just a few of the injustices people of color face every day.



Source 1 - [American Heritage Guide](#)

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### 3.15 Ethnic/Racial Minorities: Historical Impacts (continued)

## Ethnic/Racial Minorities: Historical Impacts (continued)

Historical trauma has a deep impact on people of color in the United States.

This includes:

- Slavery.
- Segregation and absence of civil rights.
- Violent colonization.
- Forced assimilation and removal of culture.
- Discrimination and violence.

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### 3.16 Ethnic/Racial Minorities: Health Impacts

## Ethnic/Racial Minorities: Health Impacts

**Disparities:** 400+ years of discrimination, racism and harmful policy have caused devastating impacts on the health of our minority members. People of color have dramatically disproportionate rates of infections.

**60%** Black Americans are 60% more likely to be diagnosed with diabetes and twice as likely to die from diabetes than White Americans.<sup>2</sup>

**HIGHER** Hispanics have higher rates of obesity than non-Hispanic whites.<sup>3</sup>

**3X** African Americans are dying from COVID-19 at nearly three times the rate of white Americans.

**2X** Black mothers are two times more likely to have an infant die by their first birthday.

Source 2 - APM Research Lab  
Source 3 - U.S. Office of Minority Health

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### 3.17 Ethnic/Racial Minorities: Health Impacts (continued)

## Ethnic/Racial Minorities: Health Impacts (continued)

**Strengths:** Racial minorities and communities have meaningful safeguards that support a strong quality of life. These strengths must be incorporated into our approach to care. Some include:



**Community consciousness and support:** Connection, affiliation and identification with a community can be a strength in minority populations due to the support a community and identity can provide.<sup>4</sup>



**Resilience through identity pride,** meaning self-esteem, self-confidence and self-acceptance of one's identity. Resilience can lead to a more positive adaptation to minority stress and mitigate the impact of stress on health.

Source 4 – Wiley Online Library

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### 3.18 Ethnic/Racial Minorities: Our Role

## Ethnic/Racial Minorities: Our Role

Deepen your understanding of racism: be comfortable with the uncomfortable and explore concepts that may be new to you, such as structural racism and internalized oppression.

Listen: When we work with our members and our staff of color, we have to listen to what they are telling us. Respect their wishes and incorporate this into how we deliver care.

Provide explicit assurances of safety and the value they bring to our organization.

Honor and value their culture.

Reiterate how to access resources that will help minority members and staff cope with trauma and stress they encounter due to systemic racism.

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### 3.19 Ethnic/Racial Minorities: Our Role (continued)

## Ethnic/Racial Minorities: Our Role (continued)

Deliberately design programs and services through a cultural lens.

Implement deliberate health disparity reduction programs.

Use partners who are experts in this work:

- Cultural & Linguistics: Join a CLAS Committee, Learning Circle or workgroup or access leverage existing resources from the [Accreditation and Population Health Equity SharePoint site](#)
- Diversity & Inclusion: Join an Employee Inclusion Group that supports multicultural populations, such as MOSAIC.
- Social Determinants of Health (SDoH): Visit the [SDoH Resource Center](#) to access research, playbooks, and other tools to support our members.

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### 3.20 Low Health Literacy: Prevalence

## Low Health Literacy: Prevalence

Health literacy is the ability to understand everyday health information.

Low health literacy means:

- Increased hospitalization.
- Decreased adherence.
- Poorer health status.

Low health literacy is costly.



9 of 10 adults  
have low health literacy.

**258%**

Increase in average annual health  
expenses due to low health literacy

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### 3.21 Low Health Literacy: Communication Tips

## Low Health Literacy: Communication Tips

Use infographs, move away from narrative text to convey health information and instead use pictures to explain health information.

Always use Teach Back.

Educate providers and members on Ask Me 3. This means asking three easy questions to make sure our members understand their health information.

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

We have a responsibility to ensure our members understand their health information. Find provider and staff resources for writing and speaking in plain language on the [Accreditation and Population Health Equity SharePoint site](#).

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### 3.22 Non-English Speaking

## Non-English Speaking

Approximately 1 in 11 Centene members do not speak English.

The most common non-English languages are Spanish, Vietnamese, Mandarin, Cantonese and Korean.

Language barriers cause health disparities, including:

- Delays in preventive healthcare.
- Increased medical errors.
- Lower treatment adherence.

Providing quality **language services** for our members is **the law**.

*Scroll to review all content.*

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The most common non-English languages are Spanish, Vietnamese, Mandarin, Cantonese and Korean.

Language barriers cause health disparities, including:

- Delays in preventive healthcare.
- Increased medical errors.
- Lower treatment adherence.

Providing quality **language services** for our members **is the law**. WellCare provides free professional interpreter and translation services for our members. This includes in-person interpreters (including sign language) for clinical visits and telephonic interpreter services.

Professional interpreters must always be offered. It is against the law for children under the age of 18 to provide interpreter services (except in cases of imminent death).

### ***3.23 LGBTQ+: Historical Impact***

## **LGBTQ+: Historical Impact**

The LGBTQ+ community faces discrimination in the delivery of healthcare.

This discrimination includes healthcare providers using harsh language, refusal to touch patients and patients being blamed for their health status.

There is a shortage of healthcare providers who are knowledgeable and culturally competent in LGBTQ+ health.

Discrimination is devastating to the health of our members and our communities and leads to increased mortality, higher cost and poorer health outcomes.

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### 3.24 LGBTQ+: Other Impacts

## LGBTQ+: Other Impacts

LGBTQ+ individuals are often at higher risk than their heterosexual peers of other social detriments of health as well. This includes:



Homelessness



Violence



Abuse and Exploitation

The intersection of systems of oppression among race, ethnicity and sexual orientation deepens negative health outcomes for the LGBTQ+ population.

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### 3.25 LGBTQ+: Our Role

## LGBTQ+: Our Role

Use gender-neutral, inclusive terms in all healthcare communication.

Communicate our commitment to LGBTQ+ members within every part of our operations.

Take discrimination grievances seriously and have processes to hold providers and staff accountable.

Hire diverse staff.

Train providers in LGBTQ+ cultural competency.

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### 3.26 Disabilities: Historical Impact

## Disabilities: Historical Impact

Disabilities, visible and invisible, can vary in severity and affect individuals from all backgrounds and cultural groups.

Some members with disabilities are more likely to have other serious health issues and may have challenges accessing and receiving quality care due to environmental barriers.

Adults with disabilities are three times more likely to have a stroke, heart disease, diabetes or cancer than adults without disabilities.

**61,000,000**  
adults in the U.S. live with a disability

Percentage of adults with functional disability types

Disability Type	Percentage
MOBILITY	13.7%
COGNITION	10.8%
INDEPENDENT LIVING	6.8%
HEARING	5.9%
VISION	4.6%
SELF-CARE	3.7%

Source: CDC.gov

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### 3.27 Disabilities: Qualifying Members

## Disabilities: Qualifying Members

Section 504 of the Rehabilitation Act of 1973 defines an individual with a disability as a **person with a physical or mental impairment that substantially limits one or more major life activities.**



Breathing	Hearing	Learning	Manual Tasks	Seeing	Self-Care	Speaking	Walking	Working
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Some impairments that may substantially limit major life activities include:

- HIV/AIDS.
- Deafness.
- Mental Illness.
- Blindness/Low Vision.
- Diabetes.
- Intellectual Disabilities.
- Cancer.
- Heart Disease.

Other impairments may impact a member's ability to participate in activities of daily living or major life activities.

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### 3.28 Disabilities: Inclusion Dos and Don'ts

The slide features a title "Disabilities: Inclusion Dos and Don'ts" at the top. Below the title is a horizontal progress bar consisting of seven yellow circles with checkmarks, connected by a blue line. At the bottom of the slide, there are two blue buttons: "Prev" on the left and "Close" on the right.

#### Provide Services and Programs

The slide features a title "Disabilities: Inclusion Dos and Don'ts" at the top. Below the title is a horizontal progress bar consisting of seven yellow circles with checkmarks, connected by a blue line. A callout box is positioned below the first circle on the left, containing the text: "WellCare must provide services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities." At the bottom of the slide, there are two blue buttons: "Prev" on the left and "Close" on the right.

## Service Participation Inclusivity

### Disabilities: Inclusion Dos and Don'ts

WellCare may not refuse to allow a person with a disability to participate in, or benefit from, their services, programs or activities because the person has a disability.

Prev Close

## Make Reasonable Modifications

### Disabilities: Inclusion Dos and Don'ts

WellCare must make reasonable modifications in their policies, practices and procedures to avoid discrimination on the basis of disability – unless they can demonstrate that a modification would fundamentally alter the nature of their service, program or activity.

Prev Close

## No Eligibility Criteria

### Disabilities: Inclusion Dos and Don'ts



WellCare may not apply eligibility criteria for participation in programs, activities and services that screen out (or tend to screen out) individuals with disabilities – unless they can establish that such criteria are necessary for the provision of services, programs or activities.

Prev Close

## Ensure Accessibility

### Disabilities: Inclusion Dos and Don'ts



WellCare must ensure that their programs, activities and services are accessible to, and readily usable by, individuals with disabilities.

Prev Close

## Programs Can Not be Separate or Different

### Disabilities: Inclusion Dos and Don'ts



WellCare may not provide services or benefits to individuals with disabilities through programs that are separate or different, unless the separate programs are necessary to ensure that the benefits and services are equally effective.

Prev Close

## Must Provide Auxiliary Aids

### Disabilities: Inclusion Dos and Don'ts

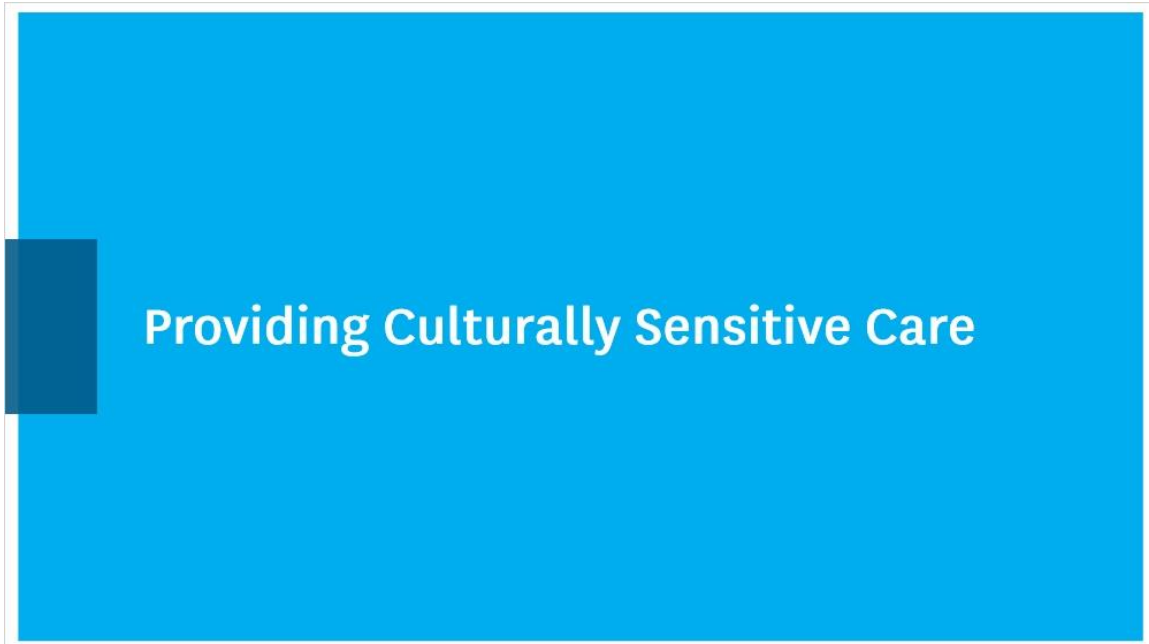


WellCare must provide auxiliary aids at no additional cost to individuals with disabilities, where necessary, to ensure effective communication with individuals with hearing, vision or speech impairments. Auxiliary aids include, but are not limited to, services or devices such as: qualified interpreters on-site or through video remote interpreting (VRI) services, note takers, assistive listening devices, television captioning and decoders, telecommunication products and systems, qualified readers, taped texts, large print and braille materials.

Prev Close

## 4. Providing Culturally Sensitive Care

### 4.1 Providing Culturally Sensitive Care



### 4.2 Protecting Individuals from Discrimination

## Protecting Individuals from Discrimination

As mentioned, there are several laws and government entities designed to help protect individuals from discrimination. Let's take a closer look at a few that impact our policies

	<p><b>Section 504 of the Rehabilitation Act of 1973</b> Protects individuals from discrimination based on disability. Under this law, individuals with disabilities may not be excluded from, or denied the opportunity to receive benefits and services from certain programs. These laws apply to entities that receive financial assistance from any federal department or agency.</p>
	<p><b>The Office for Civil Rights (OCR) at Health and Human Services (HHS)</b> Ensures that entities receiving federal financial assistance comply with these laws. Title II of the Americans with Disabilities Act applies to all state and local government agencies, whether or not they receive federal financial assistance.</p>
	<p><b>Title II of the Americans with Disabilities Act (ADA)</b> Prohibits disability discrimination. It applies to all state and local government agencies and offers protections similar to Section 504.</p>



### 4.3 Best in CLAS

## Best in CLAS

Healthcare providers are also expected to adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS).



CLAS standards are issued by the U.S. Office of Health and Human Services Office of Minority Health.

Standards cover health literacy, language services, cultural competency and health disparity reduction.

All health plans are responsible for compliance with CLAS policy and for creation of addenda as appropriate to expand on state CLAS requirements.

### 4.4 Accountability

## Accountability

To hold ourselves accountable to meeting all of the CLAS standards, WellCare has developed policies and accountability for cultural and linguistics.

### Policy

CLAS is governed by the policy CC.QI.CLAS.29.

### Department Oversight

WellCare's Accreditation and Population Health Equity Department supports plans in implementing CLAS programs.

### Continuous Improvement

To support better health outcomes and accountability, CLAS must be incorporated into continuous quality improvement efforts with outcomes targeting health disparity reduction.

## 4.5 WellCare's Strategies to Address Health Disparities

### Strategies to Address Health Disparities

Best in CLAS

Health Disparities Task Force

Social Determinants of Health (SDoH)

Population Health Management (CM) Efforts

Employee Inclusion Groups

WellCare is steadfast in our commitment to health disparity innovation. The health and safety of our members, employees and communities is our uncompromising priority.

WellCare has comprehensive and collaborative efforts across departments including Quality and Risk Adjustment, National Social Determinants of Health and Diversity and Inclusion.

The initiatives on the left highlight impact on lessening its impact on vulnerable communities.

## Best in CLAS

### Strategies to Address Health Disparities

Best in CLAS

Health Disparities Task Force

Social Determinants of Health (SDoH)

Population Health Management (CM) Efforts

Employee Inclusion Groups

WellCare Quality and Risk Adjustment department has a robust approach to reducing disparities.

- Collaborative enterprise efforts, including collaborations across WellCare leading the Health Equity Governance Committee, implementing learning programs, building models for disparity reduction and implementing enterprise data analytics targeting disparity reduction.
- Supporting markets in scaling disparity solutions through CLAS workgroups, CLAS policies and evaluation, supporting plans in achieving NCQA Distinction in Multicultural healthcare and technical support through resources and pilots with local markets.

## Health Disparities Task Force

### Strategies to Address Health Disparities

- Best in CLAS
- Health Disparities Task Force
- Social Determinants of Health (SDoH)
- Population Health Management (CM) Efforts
- Employee Inclusion Groups

WellCare has convened a group of medical, non-profit and community leaders to form the **Health Disparities Task Force**.

The Task Force meets on a regular basis to provide advice and recommendations to WellCare through the COVID-19 pandemic into the future.

## Social Determinants of Health (SDoH)

### Strategies to Address Health Disparities

- Best in CLAS
- Health Disparities Task Force
- Social Determinants of Health (SDoH)
- Population Health Management (CM) Efforts
- Employee Inclusion Groups

Social determinants of health (SDoH) are often at the core of health disparities among the underserved and vulnerable populations. We've understood the impact of socioeconomic conditions on health outcomes since our founding, and we remain committed to removing barriers to care as part of our core philosophy.

Our National SDoH team and local plans design programs and leverage community relationships to support our members.

- [SDoH champions](#) are embedded in each local market and lead local efforts as they serve as SDoH liaisons across WellCare
- The [SDoH Resource Center](#) provides research, playbooks and other tools to support SDoH initiatives.

## Population Health Management (CM) Efforts

### Strategies to Address Health Disparities

Best in CLAS

Health Disparities Task Force

Social Determinants of Health (SDoH)

Population Health Management (CM) Efforts

Employee Inclusion Groups

The Population Health team is leading efforts to reduce health disparities by connecting members to key resources. Using on-the-ground staff, care managers assess members' social needs by leveraging existing evidence-based interventions to support our most vulnerable members.

- Programs such as the Community Connections Helpline, Aunt Bertha and other innovative referral tools help connect members to local resources.

## Employee Inclusion Groups

### Strategies to Address Health Disparities

Best in CLAS

Health Disparities Task Force

Social Determinants of Health (SDoH)

Population Health Management (CM) Efforts

Employee Inclusion Groups

To further enhance our inclusive workforce culture and bridge the diversity of our membership to our staff, WellCare cultivates company-wide Employee Inclusion Groups (EIGs).


Employee Inclusion Groups are voluntary, employee-led groups that drive impact by supporting the attraction, development and retention of the best talent at all levels.

## 4.6 Social Determinants of Health (SDoH) Actions

**Social Determinants of Health (SDoH) Actions**

**Building Meaningful Relationships**

WellCare understands how critical Social Determinants of Health (SDoH) are in reducing health disparities. Our national SDoH team and local plans design programs and leverage community relationships to support our members.




### Socio-Economic Issues Affect Members

**Social Determinants of Health (SDoH) Actions**

**Building Meaningful Relationships**

Socio-Economic Issues Affect Members

Many socio-economic issues affect the quality of life our members are able to live. WellCare connects members with community-based services to enable them to live their fullest life while maintaining as much independence as possible.




## Database of Social Services

### Social Determinants of Health (SDoH) Actions

**Building Meaningful Relationships**

Database of Social Services

WellCare has a robust database of social services available in the communities that we serve. Examples of these services include transportation assistance, food banks, childcare and co-pay assistance. Case management and other field teams use the database to help meet the social needs of members.



## Community Connections Help Line (CCHL)

### Social Determinants of Health (SDoH) Actions

**Building Meaningful Relationships**

Community Connections Helpline (CCHL)

We have a “no wrong door” approach to identifying members’ social needs. For example, our Community Connections Helpline performs social needs assessments and provides members with referrals to the social services catalogued in our database.



## Identifying Locations Where Additional Need Exists

**Social Determinants of Health (SDoH) Actions**

**Building Meaningful Relationships**

Identifying Locations Where Additional Need Exists

In locations where additional need exists, WellCarehealth plan's Engagement team steps in to work with existing organizations or to set up community coalitions around the most pressing issues in a community.



### 4.7 Knowledge Check

## Knowledge Check

**Multiple Choice**  
Which of the following laws protect individuals from discrimination based on disability?  
(Select all that apply.)

- Section 504 of the Rehabilitation Act of 1973
- Title II of the Americans with Disabilities Act
- Titles II and V of the H.R. 1 - For the People Act of 2019
- Titles I, IV and XII of the Healthy Communities Act of 2005

# Knowledge Check

Multiple Choice  
Which of the following are covered by the ADA?  
(Select all that apply)

- Section 504 of the Rehabilitation Act of 1973
- Title II of the Americans with Disabilities Act of 1990
- Titles II and III of the Americans with Disabilities Act of 1990
- Titles I, IV and XII of the Healthy Communities Act of 2005



Correct

That's right! You selected the correct responses.

[Continue](#)

## 5. Next Steps That You Can Take

### 5.1 Next Steps That You Can Take

Next Steps That You Can Take



## 5.2 What You Can Do

### What You Can Do

Increasing cultural sensitivity takes a conscious effort and requires empathy and listening. It starts with the following steps: Click each number below.



## Acknowledge Your Bias

### What You Can Do

Increasing cultural sensitivity takes a conscious effort and requires empathy and listening. It starts with the following steps: Click each number below.



#### **Acknowledge Your Bias**

Recognize that every person is unique, and even members from the same cultural group may have radically different world views. We all have personal biases that affect how we interact with members of certain groups. Examine your interactions for signs of implicit bias and find opportunities in which you can be more inclusive.

## Understand Your Own Culture

### What You Can Do

Increasing cultural sensitivity takes a conscious effort and requires empathy and listening. It starts with the following steps: Click each number below.



#### **Understand Your Own Culture**

The number one thing that you can do is understand your own socio-cultural context and how it can influence your interactions with people of different backgrounds, belief systems and values.

Your unique background can provide valuable insights into the potential needs of some members, but it might also hinder you in understanding the situations of other members.

## Apply to All Interactions

### What You Can Do

Increasing cultural sensitivity takes a conscious effort and requires empathy and listening. It starts with the following steps: Click each number below.



#### **Apply to All Interactions**

Communicate in a respectful manner in all of your interactions and refrain from making assumptions based on personal experience or cultural context. Carefully ask questions and actively listen to the responses.

## 5.3 Building Your Cultural Sensitivity Toolbox

### Building Your Cultural Sensitivity Toolbox

Click each tool to add it to your toolbox and learn some actionable tips.



You have nearly reached the end of this training. Before we wrap up, let's take a minute to review ways you can increase your cultural sensitivity with members and providers.



### Phillips Screwdriver

### Building Your Cultural Sensitivity Toolbox

Click each tool to add it to your toolbox and learn some actionable tips.



Always provide our members with free language services. This includes in-person interpreter services, telephone interpreters, written translations in prevalent language and alternate formats. We have additional capabilities to provide customer service through resources such as TTY and 7-1-1 for members.

## Hammer

### Building Your Cultural Sensitivity Toolbox

Click each tool to add it to your toolbox and learn some actionable tips.



If a member has social needs that are not covered as part of their health benefits, help them get in touch with their local care management team or the Community Connections Helpline to access local resources.

---

## Pliers

### Building Your Cultural Sensitivity Toolbox

Click each tool to add it to your toolbox and learn some actionable tips.



Hire staff that are diverse and reflective of our members' cultures and languages. Ensure that all staff who are using bilingual skills have been professionally assessed for proficiency.

---

## Ruler

### Building Your Cultural Sensitivity Toolbox

Click each tool to add it to your toolbox and learn some actionable tips.



Be considerate and recognize that there may be cultural or social barriers you do not always understand. Always use reflective listening, empathy and teach back. This is the most important tool in cross-cultural communication.

---

## Wrench

### Building Your Cultural Sensitivity Toolbox

Click each tool to add it to your toolbox and learn some actionable tips.



When a non-English member needs help understanding written material they received, help them immediately by using our interpreter vendors to read the material over the phone. This can be done while written translations are being prepared for the member. Remember, it is the law to provide written translations in member's prevalent languages.



## Flat Screwdriver

### Building Your Cultural Sensitivity Toolbox

Click each tool to add it to your toolbox and learn some actionable tips.



Check the member record for information on race, ethnicity, language and alternate format preferences. If the information is missing, update it.



## Saw

### Building Your Cultural Sensitivity Toolbox

Click each tool to add it to your toolbox and learn some actionable tips.



Encourage providers to report their accessibility accommodations, staff non-English languages and race/ethnicity and take taking cultural sensitivity training. This helps us provide cultural and language concordance opportunities for our members and enhances care.



## Level

### Building Your Cultural Sensitivity Toolbox

Click each tool to add it to your toolbox and learn some actionable tips.



Proactively support our providers by offering cultural sensitivity assistance and by consistently reviewing and acting upon cultural and linguistic grievances. This includes language, communication, cultural and discrimination grievances.



### 5.4 Building Your Cultural Sensitivity Toolbox

### Building Your Cultural Sensitivity Toolbox (continued)

Click each tool to add it to your toolbox and learn more actionable tips.



Here are some additional tools. Click each tool to add it to your toolbox and learn more actionable tips.



## Gloves

### Building Your Cultural Sensitivity Toolbox (continued)

Click each tool to add it to your toolbox and learn more actionable tips.



Use infographs and plain language strategies in all member communication.

---

## Shovel

### Building Your Cultural Sensitivity Toolbox (continued)

Click each tool to add it to your toolbox and learn more actionable tips.



Have dedicated roles across departments for Cultural and Linguistics (C&L) and identify and implement C&L process improvement within department work plans.

---



## Power Drill

### Building Your Cultural Sensitivity Toolbox (continued)

Click each tool to add it to your toolbox and learn more actionable tips.



Promote Employee Inclusion Group participation for all employees.

---

## Tape Measure

### Building Your Cultural Sensitivity Toolbox (continued)

Click each tool to add it to your toolbox and learn more actionable tips.



Ensure Unconscious Bias training is a part of continuous health plan operations.

---

## Putty Knife

### Building Your Cultural Sensitivity Toolbox (continued)

Click each tool to add it to your toolbox and learn more actionable tips.



Identify disparities in plan cost and quality outcomes and implement disparity reduction projects.



## Flashlight

### Building Your Cultural Sensitivity Toolbox (continued)

Click each tool to add it to your toolbox and learn more actionable tips.



Partner with our Accreditation and Population Health Equity Department to access Cultural and Linguistic workgroups, action plans, toolkits and direct support in implementing health disparity reduction strategies.



## Ladder

### Building Your Cultural Sensitivity Toolbox (continued)

Click each tool to add it to your toolbox and learn more actionable tips.



Obtain NCQA Multicultural Health Care Distinction for your plan and markets. For help, reach out to the Accreditation and Population Health Equity Department.

## 5.5 Additional Training Resources

### Additional Training Resources

Additional training and resources, including free continuing education courses and the CLAS standards, are available on the U.S. Department of Health & Human Services website:

<https://www.hhs.gov/>

Additional information about specific minority populations can be found at the Office of Minority Health's website:

<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=26>

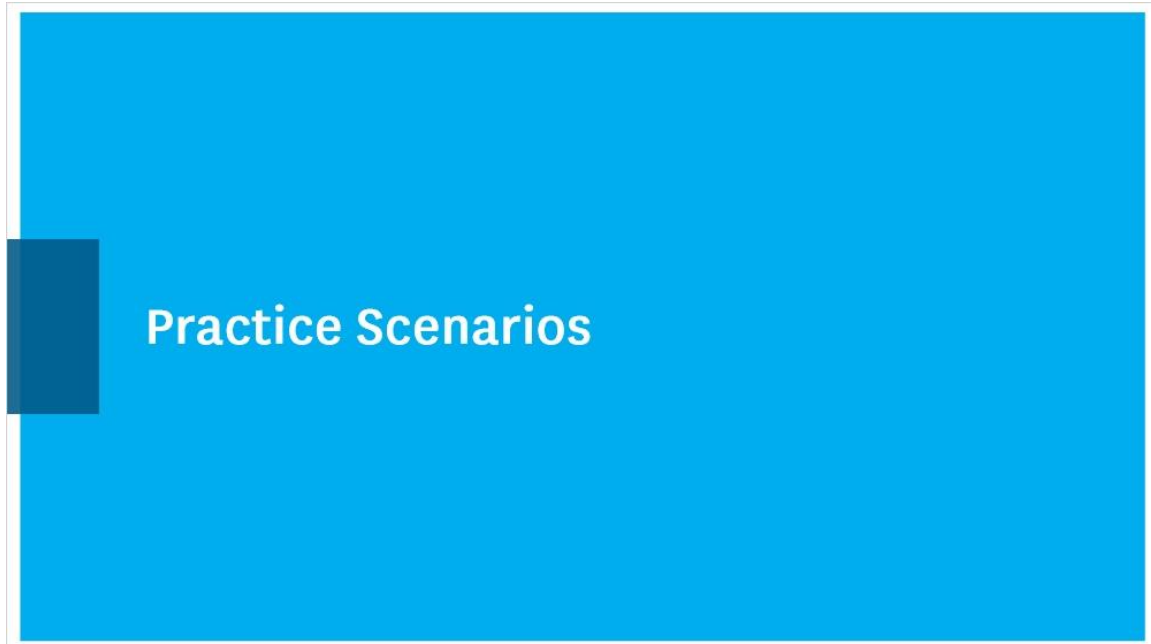
Disability Resources can be found on the U.S. Department of Health & Human Services website:

<https://www.hhs.gov/civil-rights/for-individuals/disability/physical/index.html>

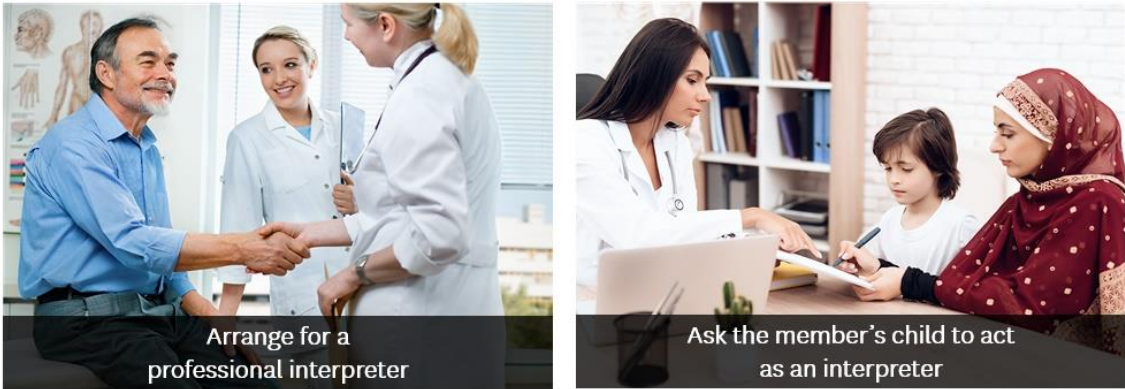


## 6. Practice Scenarios

### 6.1 Practice Scenarios




### 6.2 Practice Scenario #1



Arrange for a professional interpreter

Ask the member's child to act as an interpreter

A non-English speaking member arrives for an appointment with their doctor and is having trouble communicating. Select the appropriate action for the doctor to take.

A decorative footer consisting of a series of vertical bars in shades of blue and grey, followed by a solid dark blue bar.

Correct



That's right! You selected the correct response. A child should never act as an interpreter.

CONTINUE

### 6.3 Practice Scenario #1 Practice Scenario #2



A pregnant member is apprehensive about sharing she is in a same-sex relationship with her doctor due to insensitivities she has faced in the past. Are her concerns valid?

CONTINUE

Correct



Yes, LGBTQ members have many of the same concerns as other minority populations




No, same-sex couples have no real or perceived barriers to care


That's right. Members of the LGBTQ community may face barriers to equitable care such as refusals of care, inequitable policies and practices, little or no inclusion in health outreach or education and inappropriate restrictions or limits on visitation.

CONTINUE

### 6.4 Practice Scenario #3




Reinforce her belief that western medicine is the only way Doli will improve her health



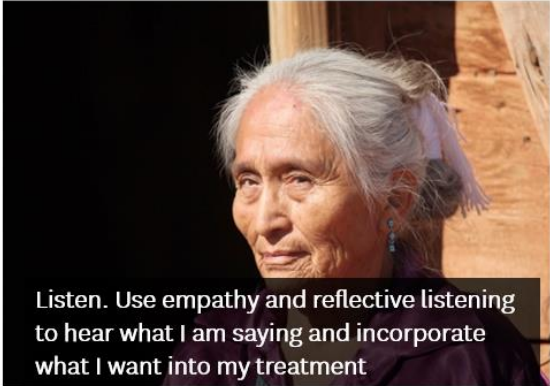
Listen. Use empathy and reflective listening to hear what I am saying and incorporate what I want into my treatment

Doli, a member of the Navajo Nation, is having a difficult time bonding with Maria, her care coordinator. Select the actions Maria should take to build trust with Doli in an effort to reduce her health disparities.

Correct



Reinforce her belief that western medicine is the only way Doli will improve her health




Listen. Use empathy and reflective listening to hear what I am saying and incorporate what I want into my treatment


That's right. It is crucial for health providers to acknowledge the importance of traditions and support American Indian women and their families in incorporating traditional approaches and beliefs whenever possible and without judgment.

CONTINUE

### 6.5 Practice Scenario #4




Yes, this would ensure Centene is in compliance with federal and state regulation



No, this could be considered discrimination based on disability

Atticus, a benefits coordinator, has proposed providing a particular service to individuals with disabilities through a separate program even though it would be equally effective if all members, regardless of disability status, participated together. Should the company move forward with his suggestion?

Correct



Yes, this would ensure Centene is in compliance with federal and state regulation

No, this could be considered discrimination based on disability

That's right. Centene may not provide services or benefits to individuals with disabilities through programs that are separate or different, unless the separate programs are necessary to ensure that the benefits and services are equally effective.

**CONTINUE**

## 7. Summary

### 7.1 Summary

## Summary

As you can see, cultural sensitivity plays an important part in the work we do everyday. It enables us to better serve our members and be better friends and colleagues to one another.

You have successfully completed this course. You can now complete each of the following.

- 01**  
Define cultural sensitivity and identify the impacts of cultural differences in healthcare across at-risk populations.
- 02**  
Describe laws and tools available that can be used to provide culturally sensitive care.
- 03**  
Outline next steps you can take in your role to provide culturally relevant care and support.
- 04**  
Apply what you have learned by appropriately resolving practice scenarios.



## 7.2 Exit

