CalOptima Health

Cultural Competency

2024

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

Objectives

- After completing this course, you will be able to:
  - Describe the complex and diverse population of members and potential members of CalOptima Health and the service area's geography
  - Distinguish between race, ethnicity and culture
  - Understand and articulate selected health inequities
  - Recognize the needs of a diverse membership population
  - Examine and explain how bias and stigma lead to negative health outcomes
  - Describe CalOptima Health's language, text-to-speech (TTY) and braille services for members

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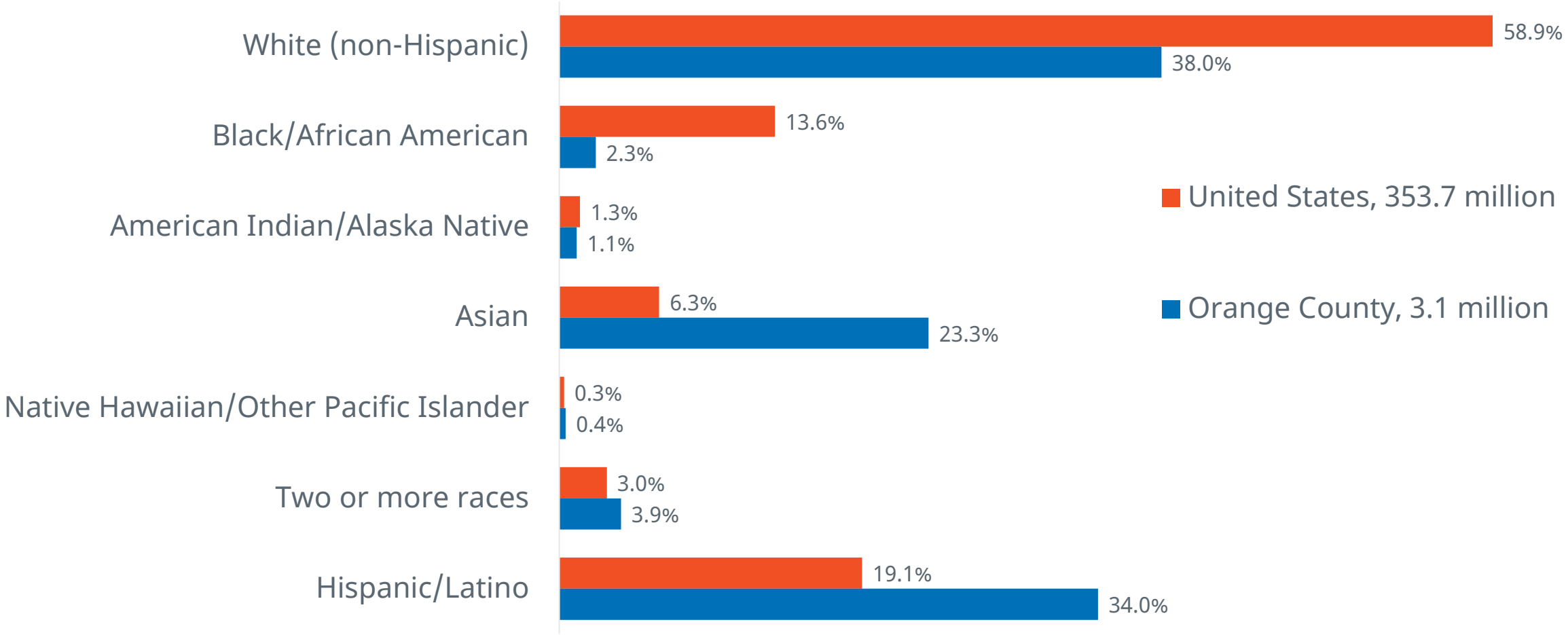
Population Overview

Race/Ethnicity in the U.S. and Orange County



US Census Bureau QuickFacts. (2023).Retrieved from: https://www.census.gov/quickfacts/

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Orange County Cities

North	Central	South
Anaheim*	Costa Mesa*	Aliso Viejo
Brea	Fountain Valley	Dana Point
Buena Park*	Garden Grove*	Irvine*
Cypress	Huntington Beach*	Laguna Beach
Fullerton*	Newport Beach	Laguna Hills
La Habra	Santa Ana*	Laguna Niguel
La Palma	Seal Beach	Laguna Woods
Los Alamitos	Tustin	Lake Forest
Orange*	Westminster*	Mission Viejo
Placentia		Rancho Santa Margarita
Stanton		San Clemente
Villa Park		San Juan Capistrano
Yorba Linda		

*These cities are the top ten for membership population

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Languages Spoken By CalOptima Health Members

Language	Member Count
English	545,945
Spanish	250,800
Vietnamese	85,690
Korean	12,845
Farsi	10,505
Arabic	6,291
Mandarin	4,494
Russian	1,866
Tagalog	1,830
Others and unknown	38,717

These represent data from September 2023

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Orange County Community Population Statistics

Unhoused
5,718

Veterans
99,720

LGBT
28,000 (approx.)

Foreign Born
929,448

With a disability (under 65)
167,013

Without Health Insurance (under 65)
249,944

Data are based on 2022 estimates from the US Census Bureau, the Public Policy Institute of California, and the County of Orange Continuum of Care

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Terminology and Concepts

Race, Ethnicity and Culture

- Race and ethnicity are categories that are artificially created by society. They are used to categorize and characterize seemingly different groups of people. Race and ethnicity are not based on biology.
  - Race: groups that humans are often divided into based on physical traits assumed to be common among people of shared ancestry
  - Ethnicity: large groups of people grouped according to common racial, national, tribal, religious, linguistic or cultural background
  - Culture: the customary beliefs, social forms and material traits of a group

Merriam Webster Dictionary, https://www.merriam-webster.com/dictionary

National Geographic: Race & Ethnicity, https://www.nationalgeographic.com/culture/article/race-ethnicity

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What Is (and Isn't) Cultural Competency?

- In health care, cultural competency is our ability to deliver care and services in a way that respects and honors the diverse cultural, racial, ethnic and other diverse populations without stigma or barriers
- It is not about knowing a check list of traits for each culture
  - Food, religion, geography and language can be part of culture, but there will always be diversity within a culture, and knowing a check list does not make you culturally competent

Adapted from: Culturally Responsive TB Education and Training Webinar, Part 1, CDC, https://www.youtube.com/watch?v=82AQggUYDBk

Moving From Competency to Humility

- “Cultural competence is well established in the medical and public health lexicon as a means of attending to the culturally diverse backgrounds of patients, providing person-centered care and reducing health disparities”
- “Cultural humility means admitting that one does not know and is willing to learn from patients about their experiences while being aware of one’s own embeddedness in culture(s). While competence suggests mastery, humility refers to an intrapersonal and interpersonal approach that cultivates person-centered care”
- Cultural competency and humility are part of our mission: “To serve member health with excellence and dignity, respecting the value and needs of each person”

Lekas HM, Pahl K, Fuller Lewis C. Rethinking Cultural Competence: Shifting to Cultural Humility. Health Serv Insights. 2020 Dec 20;13:1178632920970580. doi: 10.1177/1178632920970580. PMID: 33424230; PMCID: PMC7756036.

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Diversity, Equity and Inclusion in the Workplace

- Diversity refers to who is represented in the workforce. Examples include gender, age, ethnic and ability diversity. Diversity also includes ranges of perspectives, backgrounds, and beliefs
- Equity is the fair access and resources to all people, including the norms, practices and policies that ensure fair opportunities and workplace outcomes
- Inclusion is how the workforce experiences the workplace and the degree to which organizations welcome all employees and enable them to contribute meaningfully

McKinsey & Company. 2022. “What is diversity, equity, and inclusion?”. Retrieved from: https://www.mckinsey.com/featured-insights/mckinsey-explainers/what-is-diversity-equity-and-inclusion

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Bias and Stigma

- Bias is prejudice in favor or against a thing, person or group compared with another. It can be implicit or explicit and can affect patients through patient-clinician communication, clinical decision-making and institutional practices
  - Implicit bias is “unconscious mental processes that lead to associations and reactions that are automatic and without intention.” Implicit bias goes beyond stereotyping and leads to favorable or unfavorable treatment
  - Explicit bias includes “preferences, beliefs and attitudes of which people are generally consciously aware, endorsed and can be identified and communicated”
- Stigma is an association of disgrace or disapproval with something, such as an action or condition

Vela MB, Erondu AI, Smith NA, Peek ME, Woodruff JN, Chin MH. Eliminating Explicit and Implicit Biases in Health Care: Evidence and Research Needs. Annu Rev Public Health. 2022 Apr 5;43:477-501. doi: 10.1146/annurev-publhealth-052620-103528. Epub 2022 Jan 12. PMID: 35020445; PMCID: PMC9172268.

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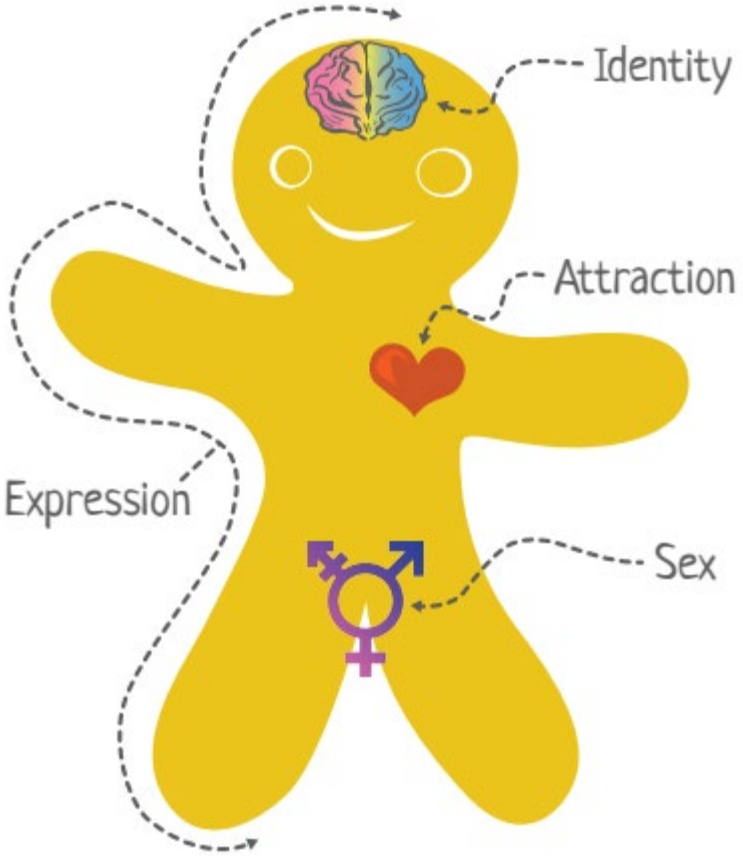
Sex, Sexual Orientation, Identity and Expression

- Sex is generally used to describe physical sex characteristics you are born with and develop
- Sexual orientation describes who a person is attracted to romantically or sexually
- Gender identity describes the way a person identifies themselves (i.e., who an individual knows themselves to be). This may or may not be aligned with their anatomical sex
- Gender expression is about how a person presents their identity through actions, clothing, demeanor and more



Adapted from: Sam Killerman, 2021, The Genderbread Person, www.itspronouncemetrosexual.com

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Our Commitment

- CalOptima Health ensures and promotes access and delivery of services to all members and potential members including those with limited English proficiency, diverse cultural and ethnic backgrounds, and physical or mental disabilities in a culturally competent manner regardless of sex, race, color, religion, ancestry, national origin, creed, medical condition, genetic information, health status, marital status, gender, gender identity, sexual orientation, or identification with any other persons or groups defined in Penal Code Section 422.56.

Penal Code Section 422.56 can be found at
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=422.56.&lawCode=PEN

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Knowledge Check

- 1.) Knowing a list of food, religion, geography and language associated with a culture is the best way to be culturally competent
  - A.) True
  - B.) False
- 2.) _____ is about how a person presents their identity through actions, clothing, demeanor and more
  - A.) Sexual orientation
  - B.) Sex characteristics
  - C.) Gender expression
  - D.) Gender identity

Knowledge Check (cont.)

- 3.) While competence suggests mastery, humility refers to an intrapersonal and interpersonal approach that cultivates person-centered care
  - A.) True
  - B.) False
- 4.) The largest non-English speaking language for CalOptima Health members is
  - A.) Mandarin
  - B.) Spanish
  - C.) Arabic
  - D.) Khmer

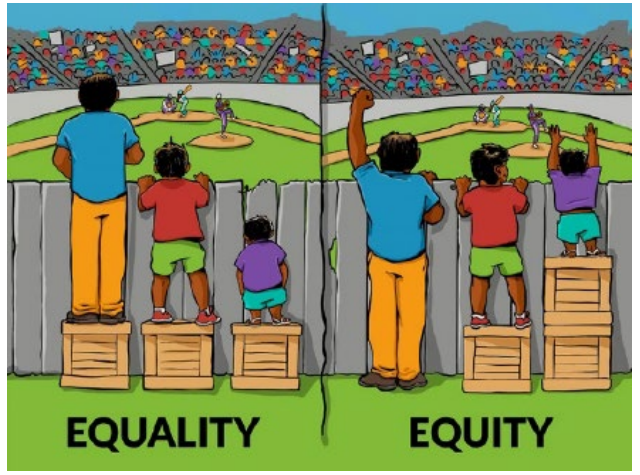
Knowledge Check Answers

1. A.) False
2. B.) Gender expression
3. C.) True
4. D.) Spanish

Inequities in Health Care

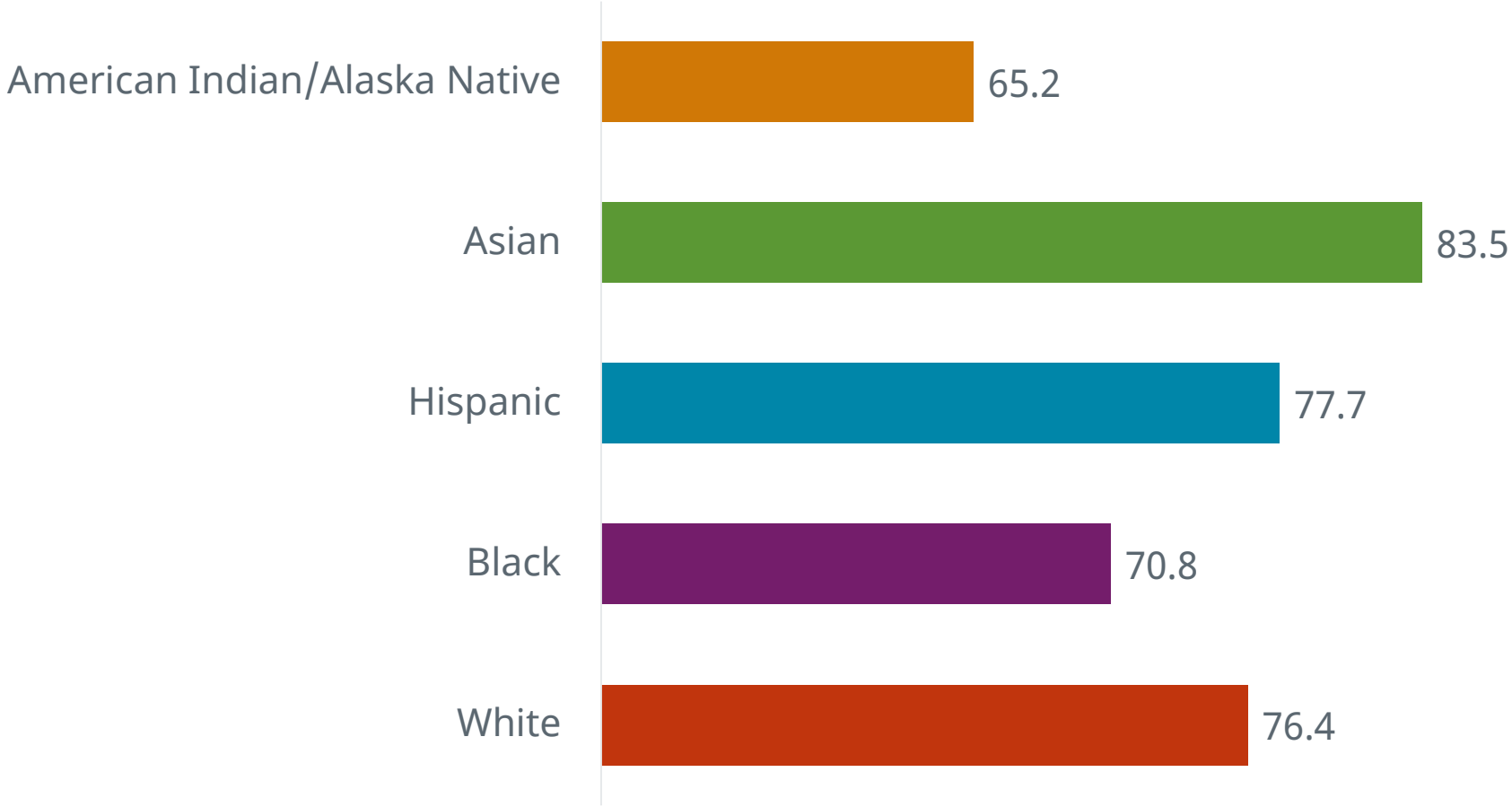
Health Equity Versus Equality

- Health Equity is “the attainment of the highest level of health for all people.” Inequities exist when groups are unable to attain this level of health
- Equality means everyone gets the same resources while equity means everyone has the same outcome
- Newer models of health justice focus on self-determination, recognizing that individuals have a right to determine their own destiny, and this may mean choosing different outcomes based on their values



Interaction Institute for Social Change | Artist: Angus Maguire

Inequities in National Life Expectancy by Race/Ethnicity



Hill, L, Ndugga, N, and Artiga, S. 2023. Key Data on Health and Health Care by Race and Ethnicity. Retrieved from: https://www.kff.org/racial-equity-and-health-policy/report/key-data-on-health-and-health-care-by-race-and-ethnicity/#:~:text=Provisional%20data%20from%202021%20show,77.7%20years%20for%20Hispanic%20people.

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Inequities in Late-Stage Cancer Diagnosis

- Successful treatment of cancer increases with early-stage diagnosis, and late-stage diagnoses mean cancer is harder to overcome
- Data showed that across 4 cancer types (breast, cervical, colorectal and lung), in comparison to the size of their member population:
  - Asian members were overrepresented in late-stage diagnoses
  - Black members were overrepresented for cervical cancer
  - White members were overrepresented for breast, colorectal and cervical cancers

Data internal to CalOptima Health as of March 2023

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Population Needs Assessment

- CalOptima Health regularly conducts a Population Needs Assessment (PNA), in accordance with California Department of Health Care Services (DHCS) guidelines
- The needs assessment looks at measures of health care quality to uncover disparities by factors like race/ethnicity, age and geography
- Strategies that promote population health can intentionally be focused on subpopulations where disparities exist. This allows for better use of funds and helps ensure programs are tailored to any cultural needs of the population

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Addressing Inequities

- The 2023 PNA report found that two cancer screening measures showed meaningful inequities:
  - Breast cancer screening rate among Chinese members was the lowest group at 46.71%
  - Cervical cancer screening rate among Korean members was the lowest at 42.24%
- Comprehensive Community Cancer Screening and Support Program partners with external stakeholders to fight against cancer. Together, we aim to decrease late-stage breast, cervical, colorectal and lung cancer diagnoses
  - Breast Cancer Screening pilot with City of Hope
  - Joined Orange County Cancer Coalition
  - Sharing information about local mobile mammography community events
  - Digital and print advertisement; social media campaigns

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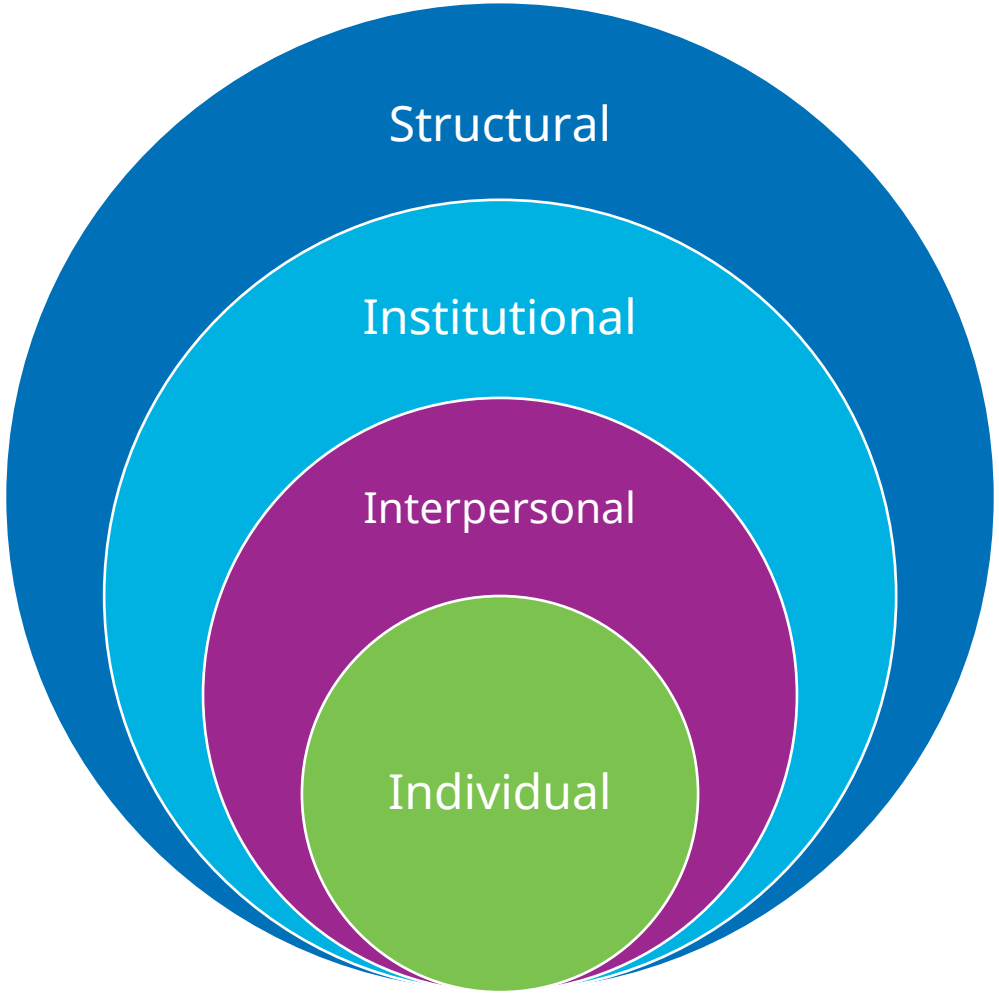
Levels of Racism

Individual Racism:
Pre-judgement, bias or discrimination based on race by an individual

Interpersonal Racism:
Occurs between individuals. Once we bring our private beliefs into interaction with others, racism becomes interpersonal



Institutional Racism:
Policies, practices and procedures that work better for white people than for people of color, often unintentionally

Structural Racism:
A history and current reality of institutional racism across all institutions, combining to create systems that negatively impact communities of color

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Institutional Racism and Implicit Bias in Health Care

- Various research studies have highlighted how institutional racism and bias can lead to reduced quality of care for Black patients
- Three research articles showed how clinician misperception led to Black patients receiving lower quality care for pain compared to white counterparts
- These findings highlight the importance of acknowledging and overcoming bias

Consider the Impact of Institutional Racism and Implicit Bias on the Health Care System

- CalOptima Health Staff
  - How does CalOptima Health mitigate the impacts of institutional racism and biases through equitable hiring practices and promotional opportunities?
  - What mentorship opportunities develop staff that aspire to lead?
  - How are diverse voices at the table invited to guide program development that benefits the communities that they are from and serve?
- Network Providers
  - How do providers' implicit biases impact clinical decision-making and care?
  - How are provider offices welcoming to people from different backgrounds?
  - Are providers and their staff reflective of the community they serve?
- Contractors, Subcontractors and Downstream Subcontractors
  - Do services unintentionally exclude or disadvantage certain groups?
  - Are contractors thoughtful about designing products in an inclusive manner?

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Workforce Diversity

- Having a diverse workforce means having health care professionals, trainees, educators and researchers of varied race, ethnicity, gender, disability, social class, socioeconomic status, sexual orientation, gender identity, primary spoken language and geographic region
- While the U.S. patient population has grown in diversity, physician workforce diversification is occurring at a much slower rate. This is especially true among Black, Latin and Native American physicians
- Institutional racism is experienced in places of higher education, where Black, Latin and Native American aspiring clinicians face discrimination that makes achieving advanced education harder

Togioka BM, Duvivier D, Young E. Diversity and Discrimination in Healthcare. [Updated 2023 Aug 14]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK568721/

Salsberg E, Richwine C, Westergaard S, et al. Estimation and Comparison of Current and Future Racial/Ethnic Representation in the US Health Care Workforce. JAMA Netw Open. 2021;4(3):e213789. doi:10.1001/jamanetworkopen.2021.3789

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CalOptima Health's Commitment to Workforce Diversity

- CalOptima Health is committed to attracting, hiring and retaining a diverse staff while honoring unique experiences, identity and perspectives. Our organization strives to create and maintain a workplace environment that is inclusive, equitable and welcoming
- CalOptima Health offers bilingual pay, a supplemental pay to staff who are proficient in threshold languages within our population, as this helps us to better serve our members
- CalOptima Health will invest $50 million over five years in Health Care Workforce Development
  - Support the education, training, recruitment and retention of diverse safety net providers in Orange County

Factors and Considerations in Serving Diverse Populations

Intersectionality

- Intersectionality refers to the overlap of various identity factors, such as race, ethnicity, social class, nationality, gender, sexuality and ability
- Examples:
  - Indigenous women who are missing
  - Persian transgender men
  - Disabled lesbians in rural communities
  - Black veteran entrepreneurs
  - Older adults with ADHD on Medi-Cal
  - White people living in poverty

Adapted from Drew, C, PhD. February 17, 2023, 15 Examples of Intersectionality. Helpful professor. https://helpfulprofessor.com/examples-of-intersectionality.

Honoring Differences and Similarities

- All people regardless of differences or similarities should be served with excellence and dignity, respecting the value and needs of each person
- CalOptima Health staff have similarities and differences within our organization, just like we have with our members — this is an asset
- Ensure that programs, policies and practices recognize and reflect the diversity of our membership
- Workforce diversity is an important factor to improving patient outcomes because having a provider who understands you and your experience increases patient experience
  - Literature has shown that especially with Black patients, satisfaction and communication are improved with patient-provider race concordance

Shen MJ, Peterson EB, Costas-Muñiz R, Hernandez MH, Jewell ST, Matsoukas K, Bylund CL. The Effects of Race and Racial Concordance on Patient-Physician Communication: A Systematic Review of the Literature. J Racial Ethn Health Disparities. 2018 Feb;5(1):117-140. doi: 10.1007/s40615-017-0350-4. Epub 2017 Mar 8. PMID: 28275996; PMCID: PMC5591056.

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Diversity Within Groups

- Middle Eastern and North African (MENA) people have historically been identified as “white” by the US Census. However, this group is diverse:
  - Nationality: Israeli, Palestinian, Egyptian, Iranian
  - Ethnicity: Hebrew, Arab, Persian
  - Language: Farsi, Hebrew, Arabic
  - Religion: Jewish, Muslim, Christian, areligious
- When understanding characteristics of other cultures, it is important to treat each person as an individual and use “person-centered care” principles that focus on centering the member’s/patient’s needs in their own care

Perceptions of Health and Death

- Cultural health beliefs affect the way members view health, illness and death
- Dignity should be given to members' beliefs, experiences and values as it relates to their health
- Some cultures consider discussion of impending death to be inappropriate and insensitive
- At end-of-life, some patients may rely heavily on medical care, some rely on faith and spirituality, and others rely on both

https://www.ncbi.nlm.nih.gov/books/NBK493154/

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Gender-Affirming Care for Transgender and Gender-Nonconforming Members

- Transgender or gender non-conforming people are those whose sex assigned at birth does not align with their identity. Discomfort or distress with this misalignment is clinically known as “gender dysphoria” and can be treated through gender affirming care
  - The World Professional Association for Transgender Health defines gender-affirming care as, “Safe and effective pathways to achieving lasting personal comfort with [members’] gendered selves…”
  - Intended to maximize overall health, psychological well-being and self-fulfillment
  - May include but is not limited to primary care, hormonal and surgical treatments, voice and communication therapy, gynecological and urological care
- Some transgender and gender-nonconforming individuals may never seek medical transition but still deserve an experience affirming of their identity

https://www.wpath.org/publications/soc

https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria

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Culture and Health Care Interactions

- Cultural ideas, meanings and values can impact members' preferences for interacting with the health care system and care plans
  - Some patients may feel that is it culturally disrespectful to challenge their provider
  - Some cultural groups that have had historically poor treatment by the medical system may be uncomfortable in health care settings
  - It is important that providers be flexible in meeting the needs of individual patients in a way that respects their identity
  - Using communication techniques that allow the care provider to better understand the health beliefs and motivators for individuals while respecting individuality

https://www.ncbi.nlm.nih.gov/books/NBK216037/#:~:text=Cultural%20health%20beliefs%20affect%20how,care%20interventions%2C%20and%20treatment%20adherence.

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Alternative and Complementary Medicine

- Sometimes, members may opt for alternative (instead of) or complementary (in addition to) medicine as part of their care, such as:
  - Acupuncture
  - Tai chi, yoga, massage therapy, meditation
  - Vitamins, herbals, nutritional therapies
  - Traditional cultural healing practices
- Members should always be encouraged to talk to their provider about starting any kind of treatment, including alternative and complementary therapies, to assess their safety and efficacy

https://www.cdc.gov/cancer/survivors/patients/complementary-alternative-medicine.htm

Health Literacy

- Literacy is defined as a set of reading, writing, basic mathematics, speech and speech comprehension skills
- Health literacy is the bridge between literacy and the health context
  - Groups with a higher likelihood of lower health literacy include:
    - Those on Medicaid
    - Men
    - Those with English as a second language
    - Those with cognitive disabilities
    - Those with lower education attainment
- Personal health literacy is the degree to which individuals have the ability to find, understand and use information and services to inform health-related decisions and actions for themselves and others

https://www.ncbi.nlm.nih.gov/books/NBK216035/

https://milkeninstitute.org/sites/default/files/2022-05/Health_Literacy_United_States_Final_Report.pdf

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Health Literacy (cont.)

- Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others
- CalOptima Health and our partners can have a direct impact through:
  - Ensuring user readability and grade level in member materials
  - Educating providers on health literacy principles
  - Having staff respond to member communication needs
    - Teach back is a method of patient education to confirm that you have explained things in a manner the patient understands
    - Motivational interviewing is a counseling method that helps uncover a patient's motivation for change

Disease Stigma and Homelessness: Case Study Examples

Stigma Related to Conditions

- Stigma
  - An association of disgrace or public disapproval with something, such as an action or condition
  - Negative attitudes and beliefs about people with a specific medical condition
  - Prejudice that comes with labeling an individual as part of a group that some believe to be socially unacceptable
- Discrimination
  - The behaviors that result from negative attitudes or beliefs
  - The act of treating people living with a specific medical condition differently than those without

Stigma Related to Conditions (cont.)

- Examples
  - Assuming someone caused their own lung cancer through smoking
  - Stating that all people experiencing homelessness have mental illness
  - Believing people with developmental disabilities can not live alone

Stigma Case Study: HIV

- HIV (human immunodeficiency virus) is a virus that attacks the body's immune system
- The virus was first detected in the United States in the 1970s among gay and bisexual men
- With compounding effects of homophobia, discrimination, stigma and fear, this population has been unnecessarily disenfranchised from care
- HIV can affect anyone, regardless of sexual orientation, race, ethnicity, gender or age. Some groups of people are at a higher risk, and these groups merit special consideration due to particular risk factors

About HIV/AIDS | HIV Basics | HIV/AIDS | CDC; HIV by Group | HIV | CDC

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Stigma Case Study: HIV (cont.)

- Groups most affected are:
  - Gay, bisexual and other men who reported male-to-male sexual contact
  - People who inject drugs
  - People who exchange money for sex
  - The economically disadvantaged
  - Transgender people
- Today, many medical options exist for prevention and treatment of HIV. HIV is a lifelong infection with no effective cure, but it can be well-managed through proper medical care
- People with HIV can live long, healthy lives without transmitting the virus to their partner(s)

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HIV Stigma and Discrimination

- HIV stigma is the negative attitudes and beliefs about people with HIV
  - Harmful negative beliefs include:
  - Believing only certain groups of people can get HIV
  - Making moral judgments about people who take steps to prevent HIV
  - Feeling that people deserve to get HIV because of their choices
- Discrimination is the behaviors that result from stigma
- Here are a few examples:
  - Provider refusing to give care to a person living with HIV
  - Refusing casual contact with someone living with HIV
  - Socially isolating a member of a community because they are HIV positive

Health Care Professionals Can Reduce Stigma

- Get the facts on HIV
  - Prevention
    - PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis)
  - Treatment
    - ART (anti-retroviral therapy)
  - Modes of transmission (not casual contact)
  - Undetectable = Untransmittable (U=U)
- Learn how to talk about HIV
  - Use the CDC Stigma Language Guide
- Fight stigma through words and actions
  - Disrupt stigma when you witness it
  - Promote HIV testing
  - Talk about HIV to normalize the topic

Citations: HIV Stigma Fact Sheet (cdc.gov); Facts about HIV Stigma | HIV Basics | HIV/AIDS | CDC

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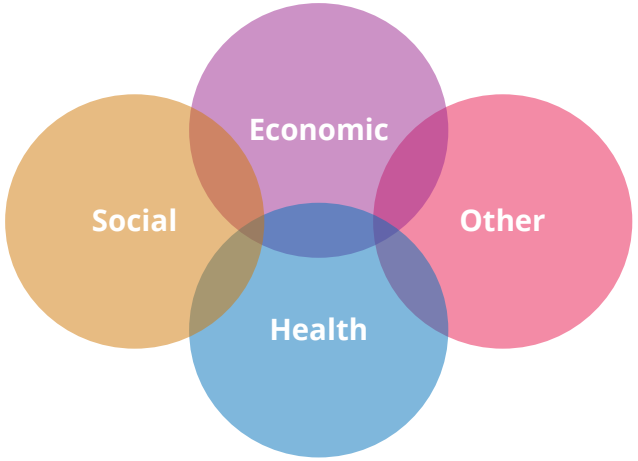
Definition of Homelessness

- Programs serving people experiencing homelessness have criteria for inclusion in services and care. In Orange County, someone must fall into one of two categories:
  - An individual or family:
    - Lacking adequate nighttime residence
    - Possessing a primary residence that is a public or private place not designed or ordinarily used for habitation
    - Living in a shelter
    - Exiting an institution into homelessness
    - Losing housing imminently in next 30 days
    - Fleeing domestic violence
  - Unaccompanied youth under 25 years of age or families with children and youth defined as homeless under other federal statutes

Beyond the Definitions and Data

- Risk factors include but are not limited to poverty, poor physical and mental health, and adverse or unstable social experiences
- Definitions may not always include people who are marginally housed, “couch-surfing” or otherwise at-risk
- Terminology evolves — you may hear people using the term “unhoused” instead of “homeless.” Best practice is to use “person experiencing homelessness”
- Census counts, such as the Orange County 2022 Point in Time Summary, have limitations and may undercount people of color, LGBTQIA+ people, veterans and undocumented residents.



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Orange County 2022 Point in Time Count

Population Groups*	**Unsheltered (3057)**	**Sheltered (2661)**
Veterans	145	135
Transitional Aged Youth (18 – 24)	109	126
Seniors (62+)	300	418
Adults	2936	2060
Subpopulations (adults only)	**Unsheltered**	**Sheltered**
Chronic Homelessness	55.07%	38.40%
Substance Use	41.45%	20.19%
Physical Disability	32.19%	24.85%
Mental Health Issues	29.53%	28.06%
Developmental Disability	14.27%	1.89%
Domestic Violence	9.84%	10.97%
HIV	1.77%	3.74%

*These groups are not mutually exclusive

2022 Point in Time Count: http://ochmis.org/wp-content/uploads/2022/05/2022-Pit-Data-Infographic-5.10.2022-Final.pdf

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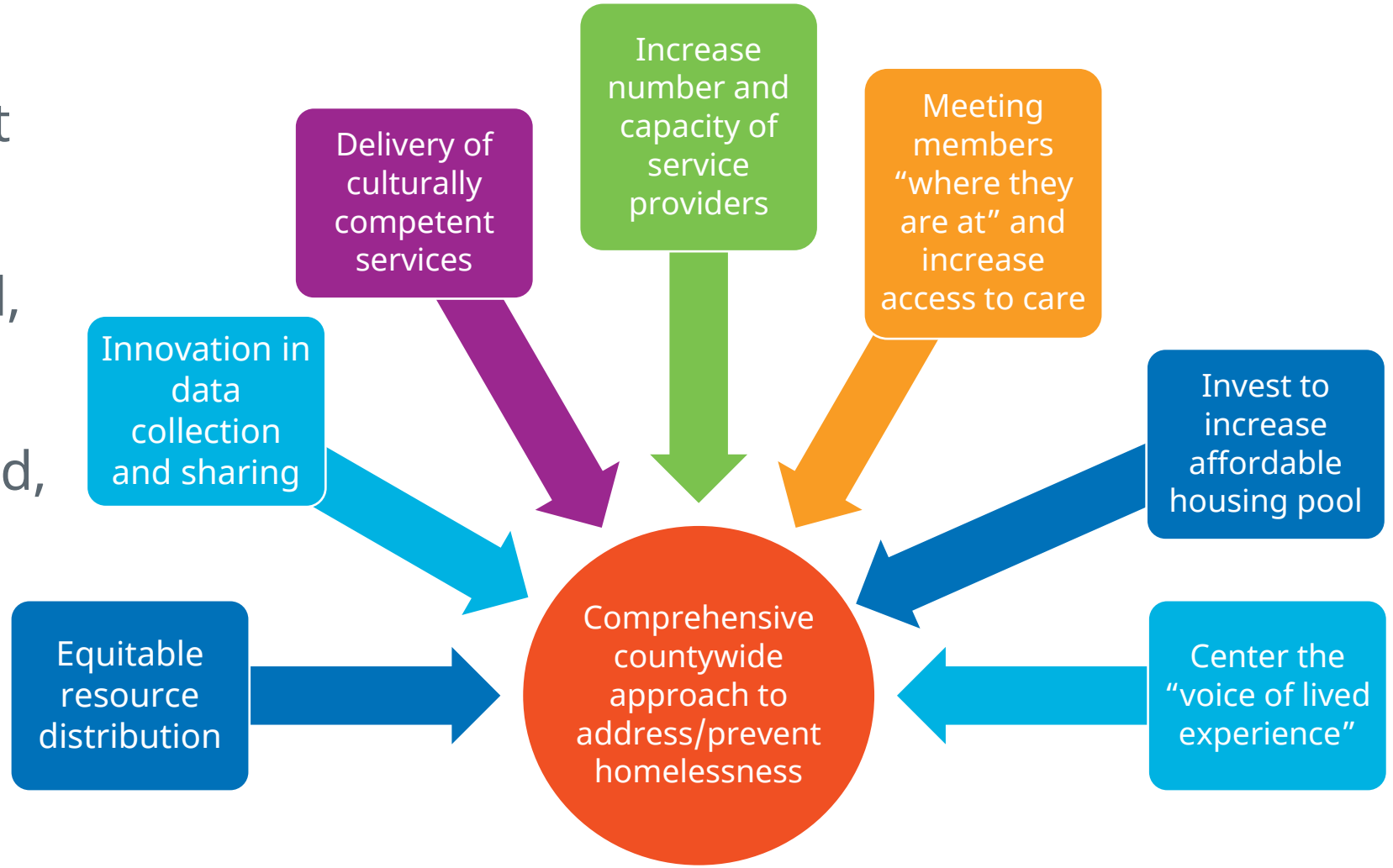
CalOptima Health's Commitment

- Prioritize projects and programs that are trauma-informed, harm-reduction oriented, sustainable, inclusive, non-residency restricted, low barrier and promote housing first



For more information on these funding opportunities and CalAIM please visit:
https://www.caloptima.org/en/About/CurrentInitiatives/CalAIM/FundingOpportunities

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CalOptima Health's Language Access Services

Language Access

- A CalOptima Health member with a language preference other than English may need:
  - A health care provider, physician assistant, nurse practitioner or social worker who speaks the language
  - A professional interpreter
  - A family member
  - Appropriate in-language signage communicating the different services that are available

Language Services

- CalOptima Health members have the right to certain language services:
  - 24-hour access to no-cost interpreter (including American Sign Language, Teletypewriter [TTY] or California Relay Services) at key points of contact
    - Customer Service Call Center
    - Provider settings (network capable of meeting diverse cultural needs, including many pharmacies that offer services in several languages)
    - Health Risk Assessment (HRA) and Interdisciplinary Care Team (ICT) meetings
- Notice of interpreter services is required
  - Provided in Member Handbook
  - Posters and flyers at care sites and member orientation setting

Language Services (cont.)

- CalOptima Health has the responsibility to ensure effective communication
  - Member information and health education materials translated in the following languages:
    - Spanish
    - Vietnamese
    - Korean
    - Farsi
    - Chinese
    - Arabic
  - Members may request materials in alternative formats, including Braille, digital, audio or large print

Translated Materials

- Multilingual settings and materials translated in the threshold languages are made available to members
- Written materials are translated at a grade 6 reading level or appropriate level determined by field testing
  - New member orientation group meetings
  - Annual newsletter
  - CalOptima Health Member Handbook
  - Explanations of Benefits (EOBs)
  - Disclosure forms
  - Member education materials
  - Provider listings or directories
  - Marketing materials
  - Form letters
  - Preventive health reminders
  - Member surveys
  - Community resource lists

Ongoing Language Services Analysis

- CalOptima Health monitors the ability of non-English speaking members to obtain services
- Language study analysis and areas of improvement
  - Language data from CalOptima Health providers and members are used to determine provider adequacy by language for non-English speaking members
  - Language standards for each threshold language are determined
  - A plan of action for health networks or medical groups with member-to-provider ratio at 500:1 and above is developed

Organizational Support

- CalOptima Health monitors and adheres to the Culturally and Linguistically Appropriate Services (CLAS)
  - Recommendations and standards disseminated by the Office of Minority Health of the U.S. Department of Health and Human Services (HHS)
- Encourage health care organizations to implement standards like CLAS
- Aid health care providers and health care organizations to deliver culturally competent care
  - Defined by the Office of Minority Health as the ability of health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by members to the health care encounter

Knowledge Check

- 1. CalOptima Health's threshold languages are:
  - A.) English, Spanish, Vietnamese, Farsi and Korean
  - B.) English, French and Spanish
  - C.) English, Spanish
  - D.) English, Spanish, Vietnamese, Farsi, Arabic, Korean and Chinese
- 2. CalOptima Health members have the right to certain language services
  - A.) True
  - B.) False

Knowledge Check (cont.)

- 3. Gender-affirming care is intended to:
  - A.) Improve psychological well-being
  - B.) Maximize overall health
  - C.) Promote self-fulfillment
  - D.) All of the above
- 4. _____ is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
  - A.) Organizational Health Literacy
  - B.) Personal Health Literacy
  - C.) Health Equity
  - D.) All of the above

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Knowledge Check (cont.)

- 5.) HIV is:
  - A.) Treatable
  - B.) Preventable
  - C.) Curable
  - D.) All of the above
  - E.) A and B only
- 6.) A CalOptima Health member with a language preference other than English may need:
  - A.) A health care provider, physician assistant, nurse practitioner or social worker who speaks the language
  - B.) A professional interpreter
  - C.) Appropriate in-language signage communicating the different services that are available
  - D.) All of the above

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Knowledge Check Answers

1. C.) English, Spanish, Vietnamese, Farsi, Arabic, Korean and Chinese
2. A.) True
3. D.) All of the above
4. A.) Organizational Health Literacy
5. E.) A and B
6. D.) All of the above

Resources and References

Additional Resources

- To schedule a language interpreter or American Sign Language interpreter:
  - Contact the member's assigned health network (if the member is in a health network)
  - Call CalOptima Health's Customer Service department
    - 24 hours a day, 7 days a week
    - OneCare: 1-877-412-2734 (711 TTY), toll-free
    - Medi-Cal: 1-888-587-9099 (711 TTY), toll-free
- To request printed member or health education materials in alternate formats:
  - Contact CalOptima Health's Customer Service department

Authorities

- American Psychiatric Association
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services (CMS)
- Kaiser Family Foundation
- McKinsey & Company
- Merriam Webster’s New World College Dictionary, Fifth Edition
- Medicare Managed Care Manual, Chapter 4
- National Center for Cultural Competence
- National Center for HIV, Viral Hepatitis, STD and TB Prevention
- National Geographic
- National Institutes of Health

Authorities (cont.)

- National Quality Forum
- Office of Minority Health, Nationals Standards on Culturally and Linguistically Appropriate Services (CLAS)
- Orange County Continuum of Care
- Public Policy Institute of California
- Title 11.6, Civil Rights, California Legislation, Section 422.56
- Title 42, Code of Federal Regulations, Section 422.112
- Title 45, Code of Federal Regulations, Section 84.52
- Title 9, Code of Federal Regulation, Section 1810.410 (f) (3)
- Urban Indian Health Institute
- U.S. Census Bureau, QuickFacts

Authorities (cont.)

- World Professional Association for Transgender Health, Standards of Care V8

References

- OneCare Physician Medical group (PMG) Service Agreement
- CalOptima Health Policy AA.1250: Disability Awareness and Sensitivity, and Cultural Competency Staff Training
- CalOptima Health Policy EE.1103: Provider Network Training
- CalOptima Health Policy GG.1517:Transgender Services
- CalOptima Health Model of Care

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