

Health, Safety and Welfare Training

Reducing health disparities by address cultural diversity

Humana – CareSource requires this training of all subcontractors supporting its contracts for Medicaid, based on Humana – CareSource’s applicable contractual and regulatory obligations to the Kentucky Department for Medicaid Services (KDMS).



Training topics

	Topic	General guidance	Pages
1.	General terms	Terminology specific to this training module	4 – 9
2.	Abuse	Definition, types, signs and symptoms	10 – 18
3.	Neglect	Definition, types, signs and symptoms	19 – 21
4.	Exploitation	Types defined, indicators and increased risk factors	22 – 31
	What to Do	Topics 5 – 10 outline measures to take and requirements to follow	32
5.	Steps to take for prevention	Whom to work with and interventions	33 – 35
6.	“Handle with care” measures	High-level blueprint of steps to take	36
7.	Report of abuse, neglect or exploitation	Types of professionals required to report suspected mistreatment of an individual or when someone is at risk for mistreatment	37 – 38
8.	Rights of mandated reporters	Overview of what states allow	39
9.	General reporting requirements	Questions to need to be addressed so sufficient information can be provided in a report	40 – 42
10.	Critical incidents	Related terminology by state and required actions overview	43 – 44
	Appendix	Reporting requirements of Florida and Illinois	45 – 50
	References	Agencies in Illinois	51 – 52



1. General terms (may vary from state to state)

- **Victim** – Any person eligible for Medicaid who is a disabled adult or elderly person named in a report of abuse, neglect or exploitation.
- **Caregiver** – A person who has been entrusted with or has assumed the responsibility for frequent and regular care of, or services to, a person eligible for Medicaid who is a disabled adult or elderly person and who has a commitment, agreement or understanding with that person or that person's guardian that a caregiver role exists.
 - **Note:** The caregiver role must be established in all reports alleging second-party neglect and in reports alleging abuse in which the alleged perpetrator is the caregiver.
- **Alleged perpetrator** – A person who has been named by a reporter as the person responsible for abusing, neglecting or exploiting a disabled adult or elderly person, or a person who has been named by an adult protective investigator in a report that has been classified as “proposed confirmed.”
- **Care management** – A collaborative, person-centered process that assists members in gaining access to services.
- **Plan of care** – A plan, primarily directed by the member and family members of the member as appropriate, with the assistance of the member's interdisciplinary care team to meet the medical, behavioral, long-term care, support and social needs of the member.
- **Interdisciplinary care team** – A team of professionals that collaborate with the member to develop and implement a plan of care that meets their medical, behavioral, long-term care, support and social needs.

General terms (cont'd)

- **Sexual harassment by provider** – Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature by a provider that tends to create a hostile or offensive work environment.
- **Sexual harassment by customer** – Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature by a customer that tends to create a hostile or offensive work environment.
- **Sexually problematic behavior** – Inappropriate sexual behaviors exhibited by either the customer or individual provider, which impacts the work environment adversely.
- **Significant medical event of provider** – A recent event to a provider that has the potential to impact a customer's care.
- **Significant medical event of customer** – This includes a recent event of new diagnosis that has the potential to impact the customer's health or safety. Also included are unplanned hospitalizations or errors in medication administration by the provider.
- **Customer arrested, charged with or convicted of a crime** – An instance when the arrest, charge or conviction of a customer has a risk or potential risk upon the customer's health and safety should be reported.
- **Provider arrested, charged with or convicted of a crime** – An instance when the arrest, charge or conviction of a provider has a risk or potential risk upon the customer's health and safety should be reported.

How does culture impact the care that is given to my patients?

Culture informs:

- Concepts of health and healing
- How illness, disease and their causes are perceived
- Behaviors of patients who are seeking healthcare
- Attitudes toward healthcare providers

Adapted from: <http://minorityhealth.hhs.gov> and the Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

How does culture impact the care that is given to my patients?

Culture informs:

- Concepts of health and healing
- How illness, disease and their causes are perceived
- Behaviors of patients who are seeking healthcare
- Attitudes toward healthcare providers

Adapted from: <http://minorityhealth.hhs.gov> and the Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

Culture impacts every healthcare encounter

- Who provides treatment
- What is considered a health problem
- What type of treatment is needed
- Where care is sought
- How symptoms are expressed
- How rights and protections are understood



Because healthcare is a cultural construct based on beliefs about the nature of disease and the human body, cultural issues are actually central in the delivery of health services.

Adapted from: <http://minorityhealth.hhs.gov> and the Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.



2. Clear communication

The foundation of culturally competent care

Humana®


CareSource™

Limited English proficiency (LEP)

LEP is a term that describes a member who has an inability or a limited ability to speak, read, write or understand the English language on a level that permits that individual to interact effectively with healthcare providers or health plan employees.

Who are they?

- 20 percent of people living in the U.S. speak a language other than English in their home.
- Hispanic population grew by 43 percent in the U.S. between 2000 and 2010.
- 17 percent of the foreign-born population in the U.S. is classified as newly arrived (arriving in 2005 or later).

What do they experience?

- One out of two adult patients has a hard time understanding basic health information due to lower level English fluency.
- Average physician interrupts a patient within the first 20 seconds.

Adapted from Health Industry Collaboration Effort, Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.



Health literacy

Health literacy is the ability to obtain, process and understand basic health information and services needed to make appropriate decisions.

- More than a third of patients have limited health literacy, which results in their not understanding what they need to take care of their health.
 - Limited health literacy is associated with poor management of chronic diseases, poor ability to understand and adhere to medication regimens, increased hospitalizations and poor health outcomes.
- Humana develops member communications based on health literacy and plain language standards.
 - The reading ease of Humana written member materials is tested using the widely known Dale-Chall Readability tool.
 - ***“According to the AMA, poor health literacy is a STRONGER predictor of health than age, income, employment status, education or race.”***

Institute of Medicine. (2004). Health Literacy: A Prescription to End Confusion.
Washington, D.C.: National Academies Press.

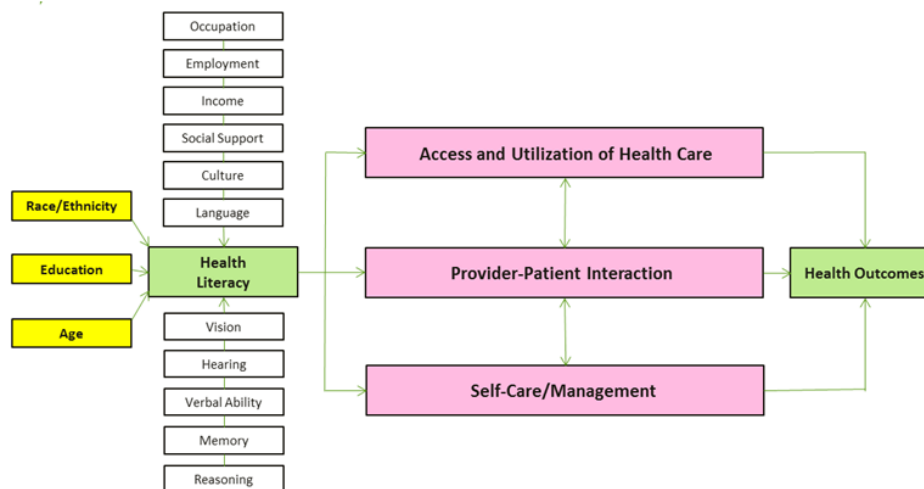
Health literacy outcomes connection

Health literacy is based on many factors such as education, age, race and ethnicity, as well as culture, language, reasoning and social support

Health literacy levels will impact:

- One's ability to access and utilize the healthcare system
- One's ability to understand what their physician is asking of them
- One's ability to carry out self-care or self-management responsibilities

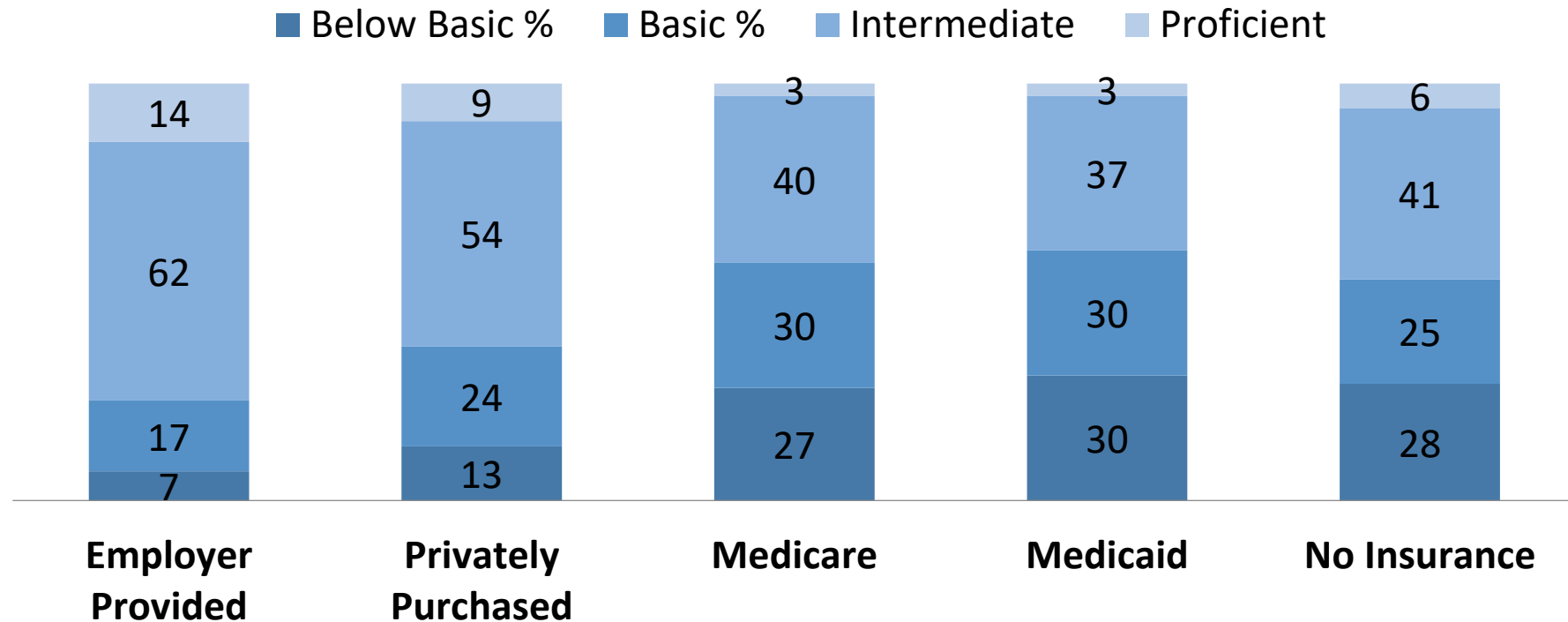
Each of these factors play a significant role when it comes to health outcomes and associated costs



Paasche-Orlo, M. & Wolf, M. (2007). The causal pathways linking health literacy to health outcomes. American Journal of Health Behaviors. 31(suppl 1) S19-S26.

Health literacy and insurance plans

Medicaid has the lowest literacy, followed by Medicare



America's Health Literacy: Why We Need Accessible Health Information. (2008). An Issue Brief From the U.S. Department of Health and Human Services.

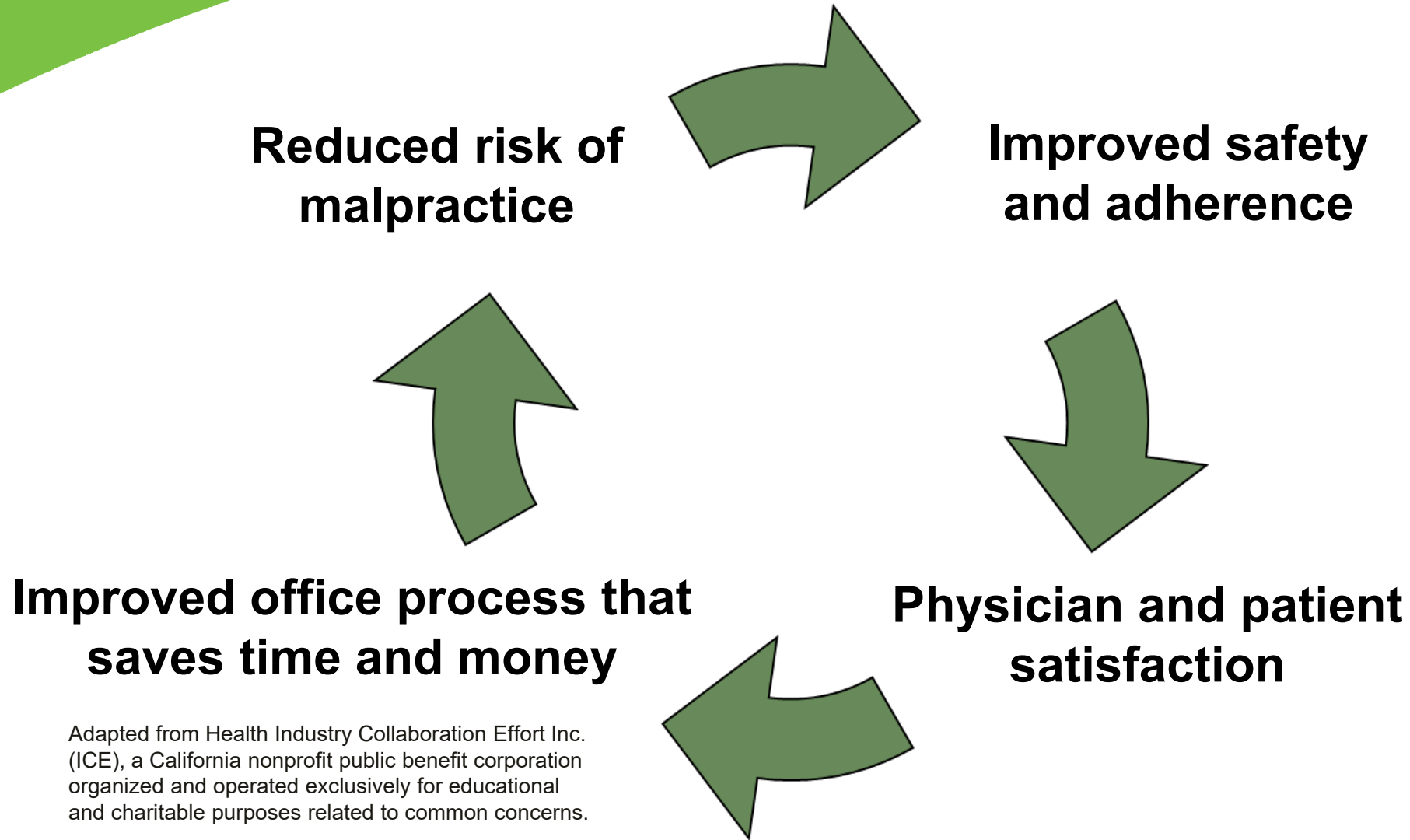
Health literacy summary

- Health literacy is a strong predictor of health
- It is hard to determine a patient's health literacy; level of education does not equal level of health literacy
- A gap exists between what a physician says and what the patient understands and remembers

Beneficial approaches to use

- The Agency for Healthcare Research and Quality (AHRQ) Health Literacy Universal Precautions Toolkit provides solutions to improve health literacy
- Research has shown that using the teach-back method is an effective way to determine patient understanding
- Using plain language with patients is the preferred way to communicate
- Basic print materials, technology and Internet are helpful for reinforcing learning

Positive outcomes of clear communication



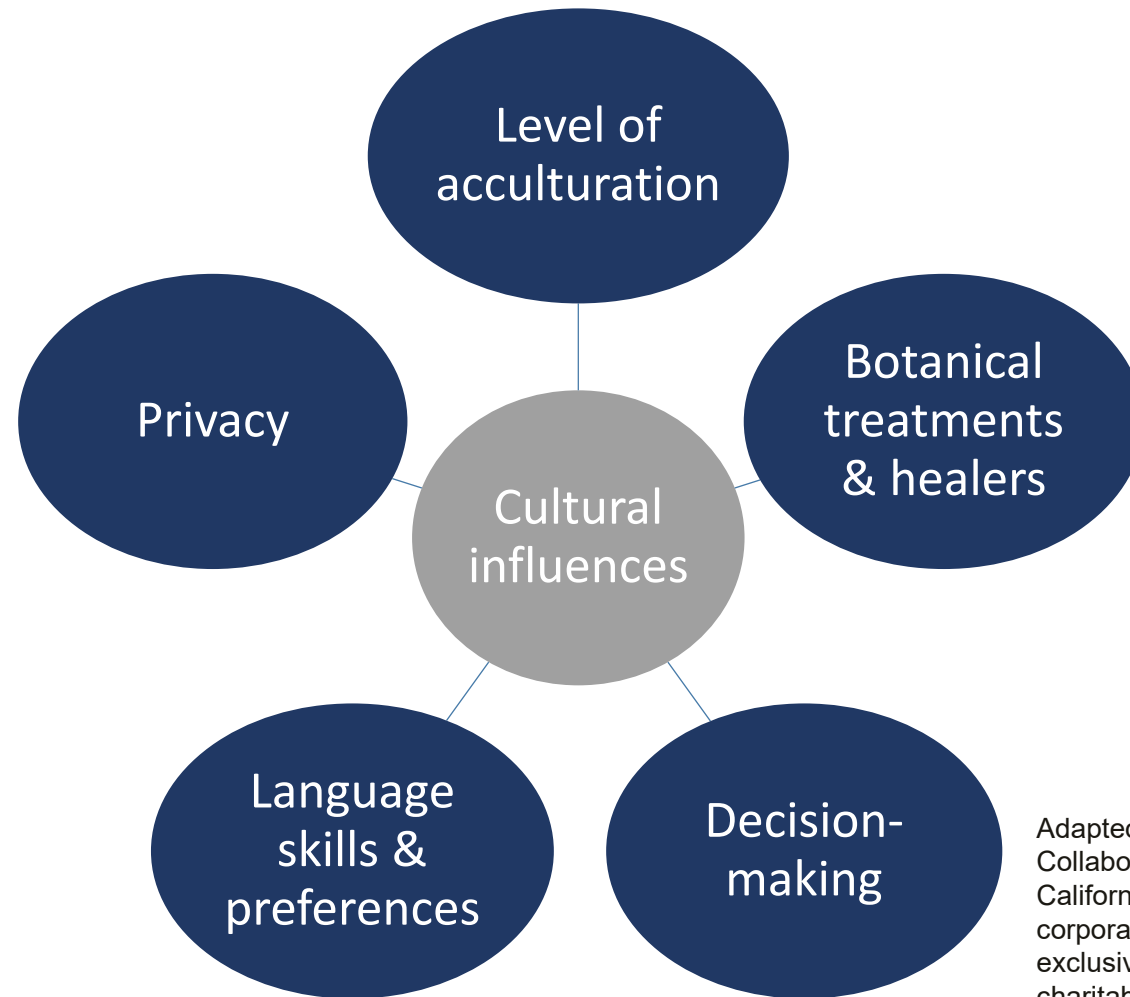
Language Assistance Program (LAP) for LEP members

Humana – CareSource is committed to providing free language assistance services for its members with LEP. Services include:

- Free interpretation services for all languages for members contacting Humana outside of a provider office setting.*
 - Members may call Humana at the phone number listed on the member's Humana identification card to access interpretation services.
- Spanish versions of Humana's public website and member materials
- Text telephone (TTY)/telecommunication device for the deaf (TDD) services
- Written translation of Humana documentation that can be mailed to members
 - Members need to call the customer service phone number listed on the back of the their Humana ID card to request translated materials.

**Please note: Providers are responsible for abiding by federal and state regulations, including meeting accessibility and effective communication requirements. Most notably, this includes, but is not limited to, a language assistance requirement to make interpretive services available in their offices to LEP members.*

Impact of cultural influences



Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

Clear communication with LEP members

Here's what we wish our healthcare team knew about some of our members:

- I tell you I forgot my glasses means I am ashamed to admit I don't read very well
- I don't know what to ask and am hesitant to ask you
- When I leave your office, I often don't know what I should do

Here's what your team can do:

- Use a variety of instruction methods
- Encourage questions and use of Ask Me 3*
- Use Teach-back tool*

Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

* Described on the following pages

Ask Me 3 tool for communicating with members

Ask Me 3 is a patient education program designed to:

- Improve communication between patients and healthcare providers
- Encourage patients to become active members of their healthcare team
- Promote improved health outcomes

The program encourages patients to ask their healthcare providers three questions:

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

Patients and providers can use this tool in their patient clinical encounters.

What is the Teach-back tool?

The **Teach-back tool** is a research-based health literacy communication intervention that promotes adherence, quality and patient safety.

You can use it to:

- Confirm that the healthcare provider explained information clearly; it is not a test or quiz of patients or members.
- Ask a patient (or family member) in a caring way to explain, in his or her own words, what he or she needs to know or do.
- Check for understanding and, if needed, explain and check again.

Clear communication

Here's what we wish our healthcare team knew about some of our members:

- I put medication into my ear instead of my mouth to treat an ear infection.
- I am confused about risk and information given in numbers like percentages or ratios. How do I decide what I should do?

Here's what your team can do:

- Use specific, plain language on prescriptions.
- Use qualitative, plain language to describe risks and benefits. Avoid using just numbers.

Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

Addressing the U.S. healthcare system

Here's what we wish our healthcare team knew about some of our members:

- My expectations do not align with U.S. managed care.
- I'm bewildered by requirements to visit multiple doctors.
- I wonder why I have diagnostic testing before a prescription is written.

Here's what your team can do:

- My expectations do not align with U.S. managed care.
- I'm bewildered by requirements to visit multiple doctors.
- I wonder why I have diagnostic testing before a prescription is written.

Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

Common office expectations

Here's what we wish our healthcare team knew about some of our members:

- I have different expectations about time.
- I prefer to have someone of the same gender.
- I'm going to bring friends or family. They want to help make decisions.

Here's what your team can do:

- Upon arrival, inform patient about wait time.
- Accommodate by offering a doctor or interpreter of same gender.
- Confirm decision-makers at each visit.

Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

3. Various subcultures and populations

Humana®


CareSource™

Subcultures and populations

- With growing concerns about health inequities and the need for healthcare systems to reach increasingly diverse patient populations, cultural competence has increasingly become a matter of national concern.
- There are also growing concerns over different health issues that affect American society, which can differ among ethnic groups. Each population has its health issues: Anglo-, Asian-, African- and Latino-Americans, as well as genders.
- A **subculture** is an ethnic, regional, economic or social group exhibiting characteristic patterns of behavior sufficient to distinguish it from others within an embracing culture or society.

Healthcare for economically disadvantaged populations

Economically disadvantaged members may:

- Not be familiar with the U.S. healthcare system
- Experience illness related to life changes such as job loss
- Experience difficulty getting to medical appointments due to transportation issues

Benefits to open communication:

- Builds trust
- Results in full disclosure of patient knowledge, behavior and ability to afford medications and treatment

Cultural differences

In addressing health issues within different ethnicities in the United States, it is important to understand the values, beliefs and customs of different people.

- Example of a cultural difference that impacts healthcare:
 - Consider people from the Middle East and Central Asia. Understand that women from that part of the world might not be comfortable undressing for an examination.
- When working with a wide array of people from different cultures, take into account the following:
 - Have respect for everyone.
 - Have respect for everyone's traditions, norms and other traits.

Cultural aspects that may impact health behavior

Eye contact: Many cultures use deferred eye contact to show respect. Deferred eye contact does not mean that the patient is not listening to you.

Personal space: Different cultures have varying approaches to personal space and touching. Some cultures expect more warmth and hugging in greeting people.

Respect for authority: Many cultures are very hierarchical and view doctors with a lot of respect. Therefore, these patients may feel uncomfortable questioning doctors' decisions or asking questions.

Cross-cultural healthcare

Understanding the many different subcultures that exist within our own culture is also an important aspect of cross-cultural healthcare.

- Not just understanding Americans in general, but also understanding different issues that affect different subcultures of American society

Example of healthcare behavior for a section of the population

Men often die from diseases that could have been treated easily, yet it wasn't "macho" to verbalize that they were sick.

- Prostate cancer is a perfect example. Prostate cancer is one cancer that easily can be treated, and yet, many men die from it.

Why?

The answer is that men often don't talk about their health, even with close loved ones.

Cross-cultural healthcare teaches people in the healthcare industry how to relate to people of different cultures and sections of our own society.

4. Strategies for working with seniors and people with disabilities

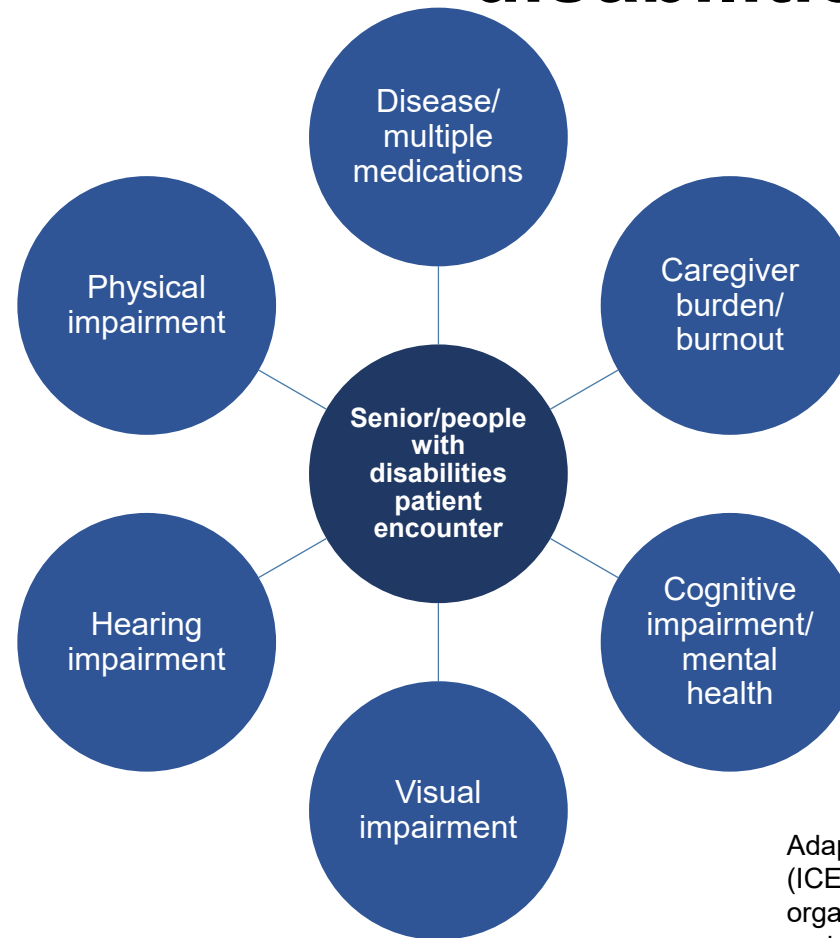
Humana[®]


CareSource[™]

Americans with Disabilities Act (ADA)

- People with disabilities must be consulted before an accommodation is offered or created on their behalf.
- Humana develops individualized care plans that take into account members' special and unique needs.

Working with seniors and persons with disabilities



Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

Disease and multiple medications

Here's what we wish our healthcare team knew about some of our members:

- Their neurocognitive processing ability is impaired due to:
 - Stroke
 - Pain
 - Hypertension, diabetes
 - Urinary tract infection (UTI), pneumonia
- Their medications are affecting their cognition
 - Pain medication
 - Antidepressants
 - Interactions

Here's what your team can do:

- Be aware
 - Slow down
 - Speak clearly
 - Use plain language
 - Recommend assistive listening devices
- Obtain thorough health history

Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

Caregiver burden/burnout

Here's what we wish our healthcare team knew about some of our members' caregivers:

- 12 percent of active caregivers may have their own limitations
- 16 percent of working seniors are also caregivers
- Caregivers report more stress and higher likelihood of depression

Here's what your team can do:

- Ask about caregiver responsibilities and stress levels
- Offer caregiver support services

Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

Cognitive impairment and mental health

Here's what we wish our healthcare team knew about some of our members:

- Patients with dementia may need a caregiver
- Older adults suffer more losses
 - May be less willing to discuss feelings
 - Have higher suicide rates at 65 and older

Here's what your team can do:

- Communicate with patient and caregiver
- Assess for depression, dementia or cognitive ability

Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

Visual impairment

- Macular degeneration



- Diabetic retinopathy



- Cataract



- Glaucoma



- Problems
 - Reading, depth perception, contrast, glare, loss of independence
- Solutions
 - Decrease glare
 - Use bright, indirect lighting and contrasting colors
 - Share printed material with LARGE, nonserif fonts

Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

Images courtesy of the National Institutes for Health/National Eye Institute

Hearing impairment

Here's what we wish our healthcare team knew about some of our members:

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

Here's what your team can do:

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

Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

Physical impairment

Here's what we wish our healthcare team knew about some of our members:

- Pain and reduced mobility is common due to:
 - Osteoarthritis
 - Changes in feet, ligaments and cushioning
 - Osteoporosis
 - Stroke

Here's what your team can do:

- Keep hallways clear
- Lower exam tables
- Add grab bars/railings
- Use exam rooms nearest waiting area
- Offer assistance – transfers, opening sample bottles, etc.
- Recommend in-home accessibility assessment

Adapted from Health Industry Collaboration Effort Inc. (ICE), a California nonprofit public benefit corporation organized and operated exclusively for educational and charitable purposes related to common concerns.

References

Industry Collaboration Effort (ICE) (2013, January). *Cultural Competency Training for Health Care Providers: Connecting With Your Patients.* Cultural and Linguistic Services Main Team. Retrieved from:

- <http://www.iceforhealth.org/library.asp?sf=&scid=2899#scid2899>
- <http://www.npsf.org/?page=askme3&hhSearchTerms=%22Ask+and+3%22>
- <http://www.teachbacktraining.com/>
- <https://www.thinkculturalhealth.hhs.gov>

Additional information

Humana®


CareSource™

Humana – CareSource Cultural Competency Plan

Questions about Humana – CareSource’s cultural competency plan, Humana’s expectations of providers or requests for copies of the plan may be directed to:

Compliance Director/Coordinator

Steve Amshoff

1-877-320-1235

Select “1” for English, then choose option 9

Select “2” for Spanish, then choose option 9

Accessibility@humana.com

500 W. Main St.

Louisville, KY 40202