

Annual Cultural Competency Training 2020



Cultural Competency Training Objectives

By the conclusion of this course, you should be able to:

- Define Culture, Cultural Competency, and Cultural Competency in Healthcare.
- Understand Culturally and Linguistically Appropriate Services (CLAS) Standards.
- Identify Regulatory Requirements.
- Explain the relationship between Culture and Health Literacy.
- Describe how Cultural Competency impacts care.
- Understand the Americans with Disabilities Act of 1990 ([42 U.S.C. § 12101](#)).
- Understand Accountability and Responsibility.
- Identify general demographics of membership and barriers to culturally competent care.
- Understand how the plan provides culturally competent care.
- Recognize how Peach State ensures a network of culturally compliant care.
- Discern what you can do to improve Cultural Competence.



Cultural Competency

What is culture?



***Culture**: The combination of a body of knowledge, a body of belief and a body of behavior. It involves a number of elements, including personal identification, language, thoughts, communications, actions, customs, beliefs, values, and institutions that are often specific to ethnic, racial, religious, geographic, or social groups.

For the provider of health information or health care, these elements influence beliefs and belief systems surrounding health, healing, wellness, illness, disease, and delivery of health services. The concept of cultural respect has a positive effect on patient care delivery by enabling providers to deliver services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients.

The diagram illustrates the components of Cultural Competency. It features four smaller circles arranged in a square, each representing a component, with arrows pointing from each component towards a large central circle labeled 'Cultural Competency'.

- Awareness**
Having the capacity for cultural self-assessment
- Sensitivity**
Becoming conscious of the microdynamics inherent in cultural interactions
- Knowledge**
Developing a knowledge base about other cultures
- Skills**
Reflecting competence in relationship

All four components (Awareness, Sensitivity, Knowledge, and Skills) lead to the final outcome: **Cultural Competency**.

*As taken from the Department of Community Health Contract Section 1.4 Definition

Cultural Competency

Culture & Health Literacy

In 2020 the CDC adopted 2 new definitions for health literacy:

- **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.
- **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.

“Sometimes, though, language can get in the way of successful communication. When people and organizations try to use their in-group languages, or jargon, in other contexts and with people outside the group, communication often fails and creates misunderstanding and barriers to making meaning in a situation.”

<https://www.cdc.gov/healthliteracy/culture.html>



Cultural Competency

Culture impacts care because it forms:

- How illness, disease, and their causes are perceived.
- The behaviors of patients who are seeking care.
- Attitudes/treatment toward providers.
- An individual's concept and/or belief of health and healing.



Cultural Competency

What is Cultural Competency in Healthcare?

***Cultural competence in healthcare** refers to the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including the tailoring of healthcare delivery to meet patients' social, cultural and linguistic needs.” Being a culturally competent health system requires behaviors, attitudes, and policies that support effective interactions in cross-cultural situations.



Cultural Competency

What are Culturally and Linguistically Appropriate Services (CLAS) Standards?

The United States Department of Health and Human Services Office of Minority Health developed National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care ([National CLAS Standards](#)). The aim is to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities. CLAS is about respect and responsiveness: Respect the whole individual and Respond to the individual's health needs and preferences.

Peach State Health Plan is committed to perform according to the collective set of CLAS Standards. Their directive includes mandates, guidelines and recommendations to inform and support practices related to cultural and linguistic health services.

Learn the CLAS standards:



Cultural Competency

Regulatory Requirements

The National Committee for Quality Assurance (NCQA) and the Department of Community Health (DCH) have requirements related to Cultural Competency.

NCQA

QI 1: Program Structure and Operations 79

QI 1: Program Structure and Operations *Refer to Appendix 1 for points*

The organization clearly defines its quality improvement (QI) program structure and processes, assigns responsibility to appropriate individuals and operationalizes its QI program.

Intent

The organization has the QI infrastructure necessary to improve the quality and safety of clinical care and services it provides to its members and to oversee the QI program.

Element A: QI Program Structure

The organization's QI program description specifies:

1. The QI program structure.
2. The behavioral healthcare aspects of the program.
3. Involvement of a designated physician in the QI program.
4. Involvement of a behavioral healthcare practitioner in the behavioral aspects of the program.
5. Oversight of QI functions of the organization by the QI Committee.
6. Objectives for serving a culturally and linguistically diverse membership.

4.3.9 Cultural Competency

DCH

- 4.3.9.1 In accordance with 42 CFR 438.206, the Contractor shall have a comprehensive written Cultural Competency Plan describing how the Contractor will ensure that services are provided in a culturally competent manner to all Members, including those with limited English proficiency, hearing impairment, a speech or language disorder, physical disabilities, developmental disabilities, differential abilities, or diverse cultural and ethnic backgrounds. The Cultural Competency Plan must describe how the Providers, individuals and systems within the CMO will effectively provide services to people of all cultures, races, ethnic backgrounds and religions in a manner that recognizes values, affirms and respects the worth of the individual Members and protects and preserves the dignity of each. The cultural Competency Plan must include:
- 4.3.9.1.1 Training to Member services staff and Contract Providers, including PCPs and Contractor staff at all levels, to receive ongoing education and training in culturally and linguistically appropriate service delivery;
 - 4.3.9.1.2 Plan for interpretive services and written materials, consistent with Section 4.3.10 to meet the needs of Members whose primary language is not English, using qualified medical interpreters (both sign and spoken languages), and make available easily understood Member oriented materials, including the posting of signage in the languages of the commonly encountered group and/or groups represented in the service area;
 - 4.3.9.1.3 Identify community advocates and agencies that could assist Limited-English Proficiency and/or that provide other Culturally Competent services, which include methods of Outreach and referral;
 - 4.3.9.1.4 Incorporate Cultural Competence into Utilization Management, quality improvement and planning for the course of treatment;
 - 4.3.9.1.5 Identify and employ resources and interventions for high-risk health conditions found in certain cultural groups;
 - 4.3.9.1.6 Recruit and train a diverse staff and leadership that are representative of the demographic characteristics of the State.

Cultural Competency

Accountability

Peach State has a Cultural Competency Committee that is accountable to the Quality Oversight Committee who maintains responsibility for activities carried out related to Cultural Competence.



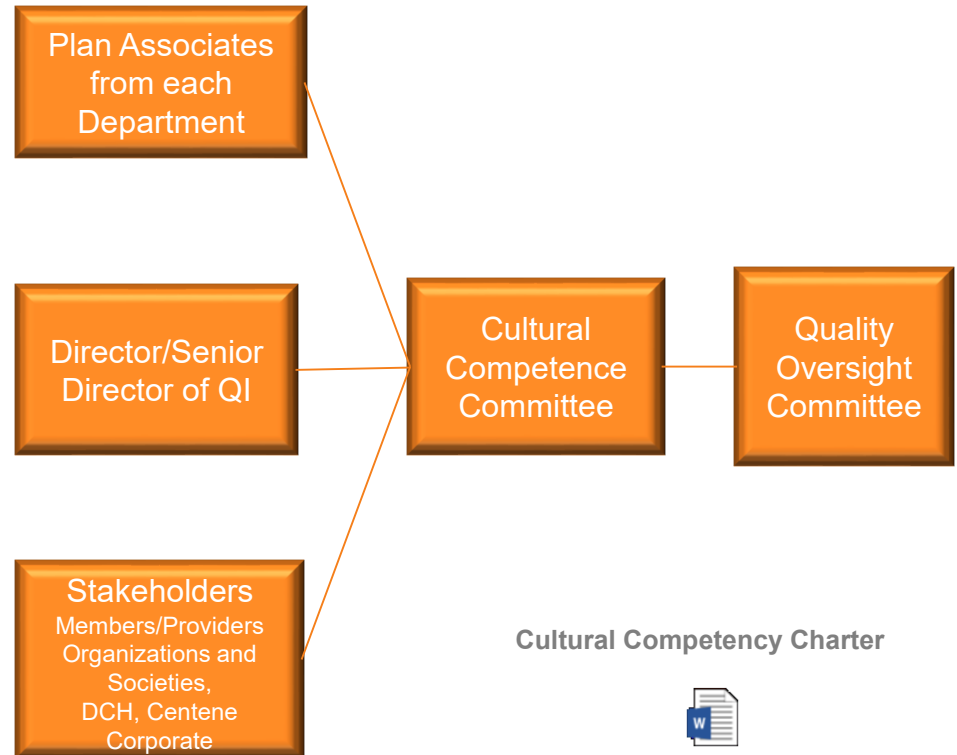
The Cultural Competency Committee is overseen by Peach State Health Plan (PS, the Plan). The Cultural Competency Committee was developed to serve as the primary mechanism to ensure compliance with the provisions and requirements of applicable State, Federal and National Committee for Quality Assurance.

Committee Charter Statement:

- The Cultural Competency Committee (CCC) provides guidance and information on Peach State's Cultural Competency Plan and Work Plan
- The CCC meets quarterly to monitor and evaluate the Cultural Competency Work Plan to ensure that Peach State associates and network providers are on target for delivery of culturally and linguistically appropriate care and services to all of the membership.

Committee Purpose:

- Provide guidance and information on PS's Cultural Competency Strategic Plan and Work Plan which are based on the Department of Community Health (DCH) requirements, Cultural and Linguistic Appropriate Services (CLAS) standards and NCQA Accreditation body
- Guide in ensuring services are being provided to members of all cultures, races, ethnic backgrounds, and religions in a manner that recognizes, affirms, and respects the worth of the individual and protects and preserves their dignity
- Committee members who regularly interface with providers, members, communities, and staff, provide feedback, and identification of any barriers/issues and opportunity to continually improve cultural and linguistic competency



Cultural Competency Charter



CCC Charter

Cultural Competency

Accountability & Responsibility

Cultural Competency is critical to the Centene purpose, mission, brand pillars and beliefs.



Cultural Competency

Accountability & Responsibility

Cultural Competency at Peach State touches every area of business and sets the commitment to:

- Deliver Culturally appropriate communications and services for members (caregivers) in their primary language.
- Be straightforward with members (caregivers) using language that is relatable and easy to understand to assist them with making the best decisions concerning their health and choices of care.
- Ensure the availability of assistive tools and technologies for disabled associates and members.
- Ensure the network includes a diverse array of providers and support services that value diversity and are committed to serving minorities.
- Partner with providers to strengthen their sensitivity to cultural diversity.



Cultural Competency

Accountability & Responsibility

Cultural Competency at Peach State touches every area of our business and sets the commitment to:

- Address healthcare disparities leveraging Peach State Health Plan's Social Determinants of Health (SDoH) workgroup and the Member Community Advisory Board.
- Provide mandatory, annual cultural competency training for all associates, contractors, and vendors.
- Create an inclusive environment for all associates where differences are valued.
- Offer every associate opportunities in the communities we serve, allowing them to earn a deeper appreciation for the diversity of the membership.



Cultural Competency

Georgia Families Program Membership Information 2020

Peach State Health Plan analyzes data on the population to learn cultural, linguistic and health disparities that affect the membership. Data sources include:

- Claims/Encounters
- State Supplied
- US Census
- Health Risk Assessment (HRA)
- Grievance/Appeal

Each year, Peach State Health Plan provides an overview of plan membership to include Population Analysis to identify:

- State of Georgia:
 - General Population
 - Major Chronic Conditions
- Plan Membership:
 - Diagnosis
 - Race/Ethnicity
 - Age
 - Gender
 - Geographic Location



Cultural Competency

Georgia Families Program Membership Information 2020

State of Georgia

The State of Georgia is the 8th most populated state. According to the [United States Census Data](#), the population in Georgia as of July 2019 was 10,617,429. In Georgia, according to the [Department of Public Health](#), major areas in chronic disease epidemiology are:

- Asthma
- Cancer
- Cardiovascular Disease
- Diabetes
- Obesity
- Colorectal Cancer
- Tobacco



Cultural Competency

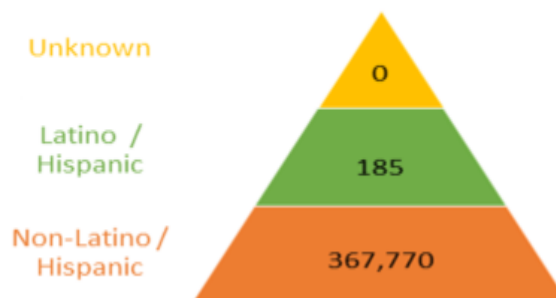
Georgia Families Program Membership Information 2020

*Peach State Health Plan Membership:

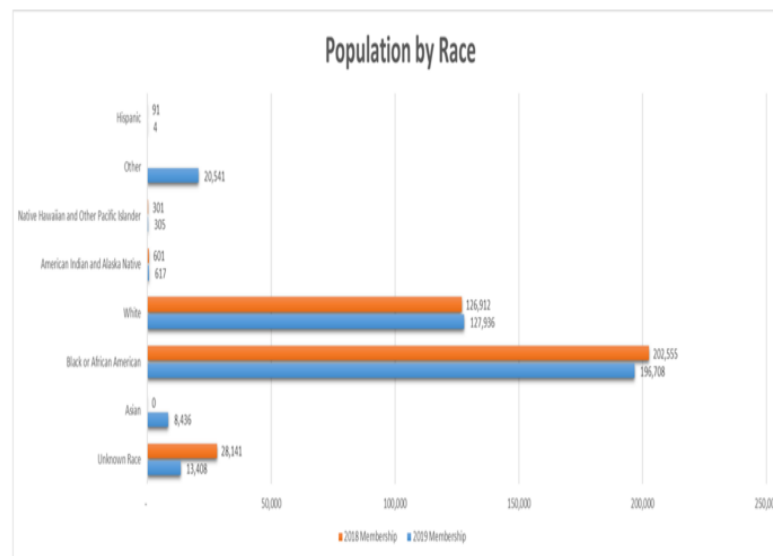
Diagnosis

Primary Risk Category	2019 Members	2019 % of Total
ENT	55,780	15.16%
NO PRIMARY RISK CATEGORY	54,310	14.76%
BH/MA/SA	39,245	10.67%
PULMONOLOGY (Asthma, COPD)	37,775	10.27%
DERMATOLOGY	26,774	7.28%
ORTHOPEDIC/RHEUMATOLOGY	22,941	6.23%
GASTROENTEROLOGY	20,144	5.47%
OTHER	19,068	5.18%
NEONATAL	15,458	4.20%
OPHTHALMOLOGY	14,615	3.97%

Population by Ethnicity



Population by Race



Cultural Competency

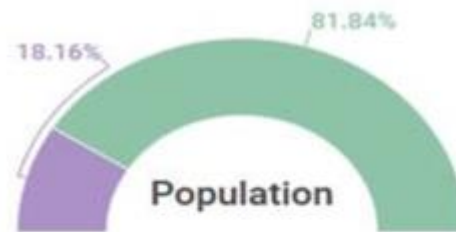
Georgia Families Program Membership Information 2020



*Peach State Health Plan Membership:



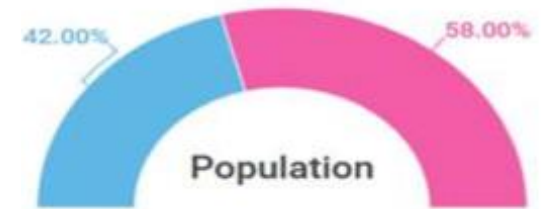
208,128	19,035
Atlanta	North
69,211	15,008
Southwest	Southeast
48,779	7,443
Central	East



66,812
Adult members



301,143
Pediatric members



154,544
Male members



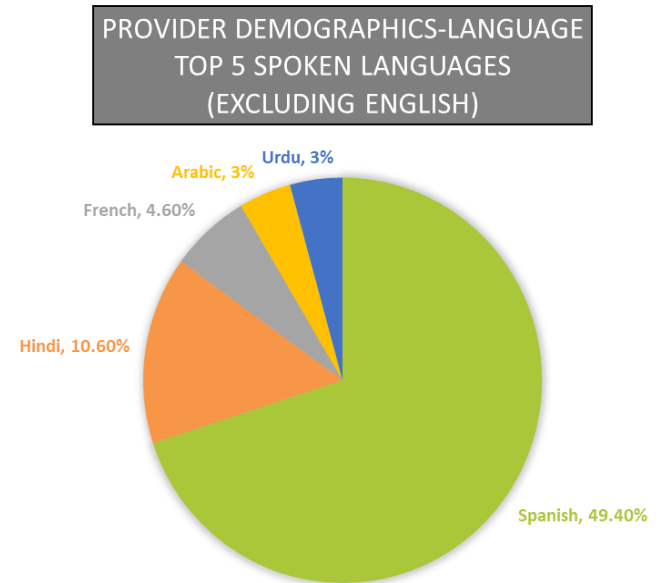
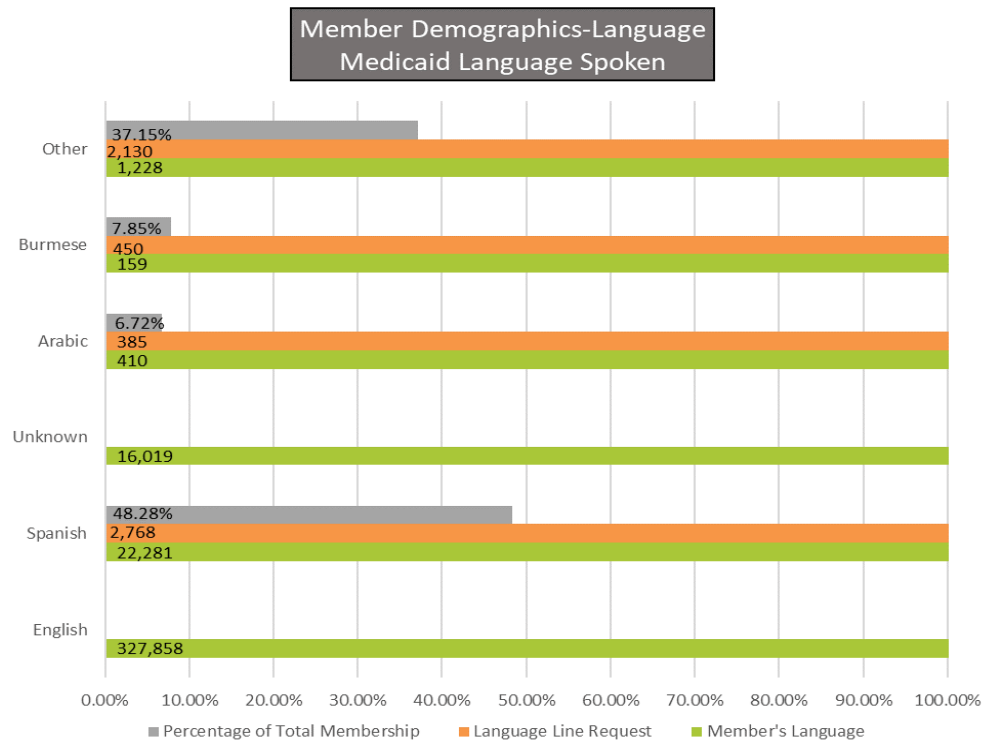
213,411
Female members

Cultural Competency

Georgia Families Program Membership Information 2020



*Peach State Health Plan Membership:



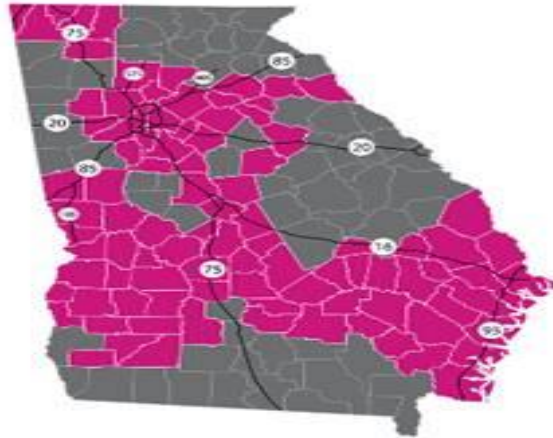
Cultural Competency

Ambetter from Peach State Health Plan Membership Information 2019-2020



***Ambetter from
Peach State Health
Plan Membership:**

Find coverage in your area. Call us today at 1-877-687-1180 (TTY/TDD 1-877-941-9231).



Coverage is available in:

● Appling	● Effingham	● Muscogee
● Bacon	● Elbert	● Newton
● Baker	● Evans	● Paulding
● Barrow	● Fayette	● Peach
● Ben Hill	● Forsyth	● Pierce
● Bibb	● Fulton	● Pulaski
● Bleckley	● Glynn	● Putnam
● Brantley	● Gordon	● Oconee
● Bryan	● Greene	● Oltman
● Bulloch	● Gwinnett	● Randolph
● Butts	● Harris	● Rockdale
● Calhoun	● Henry	● Schley
● Camden	● Houston	● Screven
● Candler	● Irwin	● Spalding
● Catoosa	● Jackson	● Stewart
● Chatham	● Jeff Davis	● Sumter
● Chattahoochee	● Jones	● Talbot
● Cherokee	● Lee	● Tattnall
● Clarke	● Liberty	● Taylor
● Clay	● Long	● Telfair
● Clayton	● Macon	● Terrell
● Cobb	● Madison	● Toombs
● Coffee	● Marion	● Treutlen
● Crisp	● McIntosh	● Troup
● Dade	● Meriwether	● Twiggs
● DeKalb	● Miller	● Walker
● Dodge	● Mitchell	● Walton
● Dooly	● Monroe	● Wayne
● Dougherty	● Montgomery	● Webster
● Douglas	● Murray	● Worth

Cultural Competency

Ambetter from Peach State Health Plan Membership Information 2019-2020



*Ambetter from Peach State Health Plan Membership by benefit package and gender.

By December 2019, the overall membership increased to 206,823 enrollees. The distribution by product in 2019 revealed that 88.23% of the enrollees chose the Silver plan, 7.73% of enrollees selected the Bronze plan and the remaining 0.04% chose the Gold plan (7,174).

Year	Silver	% of Total Membership	Bronze	% of Total Membership	Gold	% of Total Membership	Total Membership
2019	182,486	88.23%	15,984	7.73%	8,353	0.04%	206,823
2018	148,563	80.47%	28,871	15.64%	7,174	4.04%	184,608
2017	149,839	85.18%	24,352	13.84%	1,711	0.97%	175,904

When reviewing membership for Ambetter from Peach State Health Plan, female enrollees made up over half of the membership.

Gender	Population by Gender 2019	% of Total	Population by Gender 2018	% of Total
Female	117,518	56.82%	102,825	55.70%
Male	89,305	43.18%	81,783	44.30%
Grand Total	206,823	100%	175,904	100%

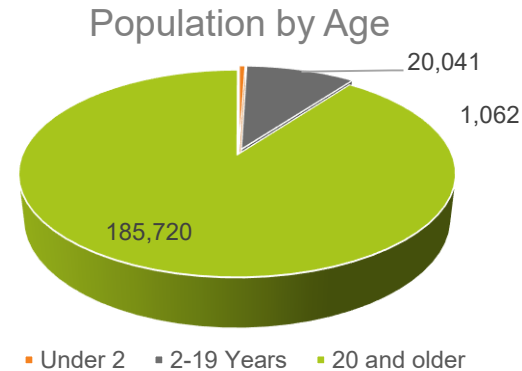
Cultural Competency

Ambetter from Peach State Health Plan Membership Information 2019-2020



*Ambetter from Peach State Health Plan Membership by age and language.

Membership data analysis continues to reveal that over 89% of membership were 20 years of age and older. The total membership for 2019 was 206,823.



In 2019 as in previous years, Spanish was the language most requested for translation. Data analyzed related to provider language capabilities revealed over 800 providers indicated that they speak and/or can accommodate Spanish speaking enrollees.

Language	Enrollee Count	Percentage
Chinese	1,810	0.88%
English	184,441	89.18%
Missing	7,083	3.42%
Non - English	4,661	2.25%
Spanish	8,828	4.27%
Grand Total	206,823	100.00%

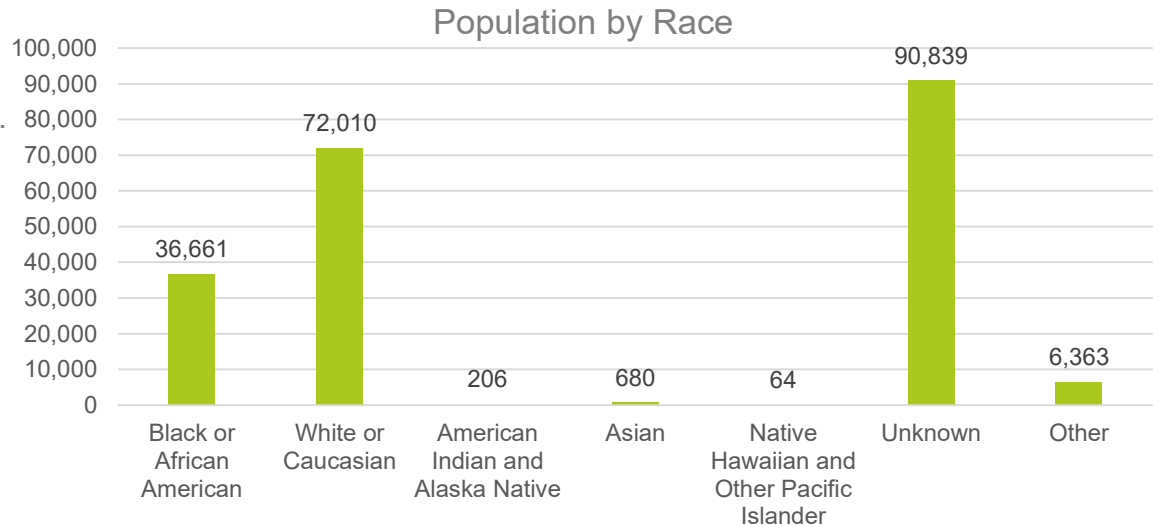
Cultural Competency

Ambetter from Peach State Health Plan Membership Information-2019-2020



*Ambetter from Peach State Health Plan Membership by race and prominent disease.

The 'unknown race' category continues to comprise the majority of enrollees statewide. White enrollees made up the highest identified race followed by Black or African American.



In 2019, the No Primary Risk category accounted for 21.23% of the Ambetter membership. Disease states prevalent in the Ambetter enrollee membership include:

- Asthma
- Diabetes
- Behavioral Health
- HIV/AIDS (high cost)

Cultural Competency

Allwell from Peach State Health Plan Membership Information 2019-2020



Allwell from Peach State Health Plan Membership

Allwell Membership	Total	Gender		Age			
		Male	Female	0-44	45-59	60-79	80 and over
DSNP	501	178	323	40	84	333	44
MAPD 002	1,366	590	776	34	117	1105	110
MAPD 007	134	63	71	3	10	114	7
MAPD 008	20	10	10	4	1	14	1

*Allwell DSNP

Top Predictive Modeling System Risk Categories		
<i>Chart only references individuals with comorbidities and chronic conditions</i>		
Risk Category	# of Members	% of Total
Diabetes	111	19%
Other cardiology	68	12%
Other neurology	45	8%
Joint degeneration/inflammation	35	6%
Hypertension	26	4%

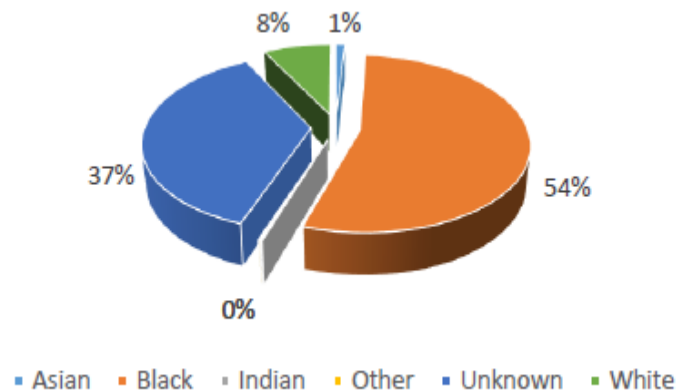
Cultural Competency

Allwell from Peach State Health Plan Membership Information 2019-2020

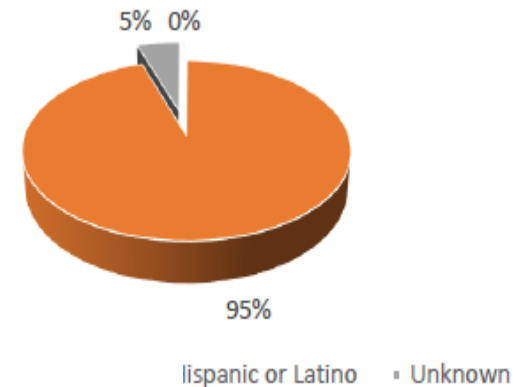


Allwell from Peach State Health Plan DSNP Membership

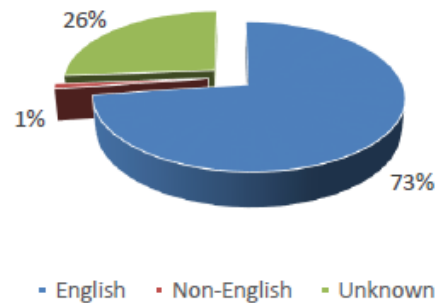
*Race



*Ethnicity



*Language



Cultural Competency

Addressing Cultural Differences in Healthcare

Many Peach State members fall into categories that may be impacted by healthcare disparities.

- Low Income
- Race/ethnicity
- Non-English speakers
- Low literacy or Vision Loss
- Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ)
- Members with Disabilities



Cultural Competency

Addressing Cultural Differences in Healthcare

Low Income and Race/Ethnicity

- **Low Income:** Low income members may delay or forgo needed preventive/treatment services due to the cost, transportation. Members may lack access to healthy foods or safe housing. Members often prioritize these needs over healthcare.
- **Race/Ethnicity:** Racial/ethnic minorities often face more barriers to care. Minority members may be less likely to seek care due to past discriminations or lack of trust or relationships with the health care system.



Cultural Competency

Addressing Cultural Differences in Healthcare

Non-English Speakers and Low Literacy/Vision

- **Non-English Speakers:** Non-English speakers may have difficulty finding providers who speak their native language. When language barriers present, Peach State can provide interpreter/translation services for free.
- **Low Literacy/Vision Loss:** Members with low literacy may speak English but have difficulty reading and/or comprehending written information. Some members may experience vision loss due to age or certain diseases.



Cultural Competency

Addressing Cultural Differences in Healthcare

LGBTQ & Differently-Abled Members

- **LGBTQ Members:** LGBTQ members often have the same difficulties as minorities. Additionally, social stigma, lack of awareness and insensitivity may be of concern. Barriers to care may include little or no inclusion in healthcare outreach/education.



- **Differently-Abled Members:** Visible and invisible disabilities may impact differently-abled members. Members with disabilities are more likely to have other serious health issues, including increased concerns around access to care related to physical disabilities.



Cultural Competency

Addressing Cultural Differences in Healthcare

Americans with Disabilities Act

The Americans with Disabilities Act (ADA) became law in 1990. The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public.

The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else. The ADA gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, state and local government services, and telecommunications. The ADA is divided into five titles (or sections) that relate to different areas of public life.

- Employment (Title I)
- Public Services (Title II)
- Public Accommodations (Title III)
- Telecommunications (Title IV)
- Miscellaneous (Title V)



ADA Webpage: https://www.ada.gov/2010_regs.htm

Cultural Competency

Addressing Cultural Differences in Healthcare

Protecting Individuals from Discrimination



Section 504 of the Rehabilitation Act of 1973 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.

Section 504 of the Rehabilitation Act

<https://www.hhs.gov/web/section-508/what-is-section-504/index.html>



The Office for Civil Rights (OCR) at Health and Human Services (HHS) 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.

The Office for Civil Rights

<https://www.hhs.gov/ocr/index.html>



Title II of the Americans with Disabilities Act (ADA) prohibits disability discrimination. It applies to all state and local government agencies and offers protections similar to Section 504.

American with Disabilities

<https://www.ada.gov/index.html>

Cultural Competency

Addressing Cultural Differences in Healthcare

Americans with Disabilities Act

Examples of conditions that are impairments:

- AIDS, and its symptoms
- Alcoholism
- Asthma
- Cancer
- Cerebral palsy
- Depression
- Diabetes
- Epilepsy
- Hearing or speech impairments
- Blindness or other visual impairments
- Heart Disease
- Migraine Headaches
- Multiple sclerosis
- Muscular dystrophy
- Orthopedic impairments
- Paralysis
- Complications from Pregnancy
- Thyroid gland disorders
- Tuberculosis
- Loss of body parts



Certain temporary, non-chronic impairments of short duration with little or no residual effects usually are not disabilities. Likewise, environmental conditions and alternative lifestyles are not protected. A person currently engaging in the illegal use of drugs is not considered an individual with a disability. This refers both to the illegal use of unlawful drugs such as cocaine as well as prescription drugs.

Cultural Competency

Addressing Cultural Differences in Healthcare

Do's & Don'ts

Associates and partners of Peach State Health Plan, vendors and contractors must:

DO:

- Provide Services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.
- Make reasonable modifications in policies, practices and procedures to avoid discrimination on the basis of disability.
- Ensure that the programs, activities and services are accessible to and readily usable by individuals with disabilities.



DO NOT:

- Refuse to allow a person with disabilities to participate in or benefit from their services, programs or activities because a person has a disability.
- Apply eligibility criteria for participation in programs, activities and services that screen out (or tend to screen out) members with disabilities.
- 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 are equally effective.



Through workgroups and discussions with stakeholders, Peach State Health Plan identified barriers to members care to include (not all inclusive):

- [illegible]

Cultural Competency

Providing Culturally Competent Care

Peach State Health Plan is committed to ensuring members are aware of their rights, and responsibilities*

Here are some member rights:

- Getting all services that we provide.
- Being treated with respect.
- Knowing that your medical information will be kept private.
- Being able to get a copy of your medical record.
- Being able to ask that the record be corrected if needed.
- Being able to file an appeal, a complaint or state hearing.

Here are some member responsibilities:

- Asking questions if you don't understand your rights.
- Keeping your scheduled appointments.
- Having your ID card with you at your appointments.
- Getting in touch with your primary care physician (PCP) first if you have a medical need that isn't an emergency.
- Telling your PCP if you had care in an emergency room.



Cultural Competency

Providing Culturally Competent Care

Additional Activities the Plan conducts to provide culturally competent care include:

- Customer service associates offer assistance in reading marketing, enrollment and other Plan material.
- All materials are written in an easy to understand manner that complies with DCH reading levels.



- All materials are available in English, Spanish and languages spoken by at least five percent of the membership.
- Materials are provided in large print, audio and Braille at the member's request.
- Telephone/Telecommunication Device for the Deaf (TTY/TDD) is provided for members with hearing issues.

Cultural Competency

Building a Network of Culturally Compliant Care

Peach State associates are the first line of culturally competent care.

- Peach State hires bilingual associates for member-facing roles in an effort to ensure member access to their preferred language.
- Peach State partners with Community Organizations that support underserved, minority and differently abled members.
- Peach State provides in-person translation services for all members who request assistance.
- Members and Providers can utilize the certified language line to provide telephonic translation.
- Peach State has a SDoH department that works to educate internal associates related to social issues affecting membership.



Cultural Competency

What Next?

Increasing your awareness of cultural competence. There are many different cultural and personal 'norms' around healthcare. In many instances, cultural differences can be mistaken for individuals being perceived as rude or not caring about their health. Members should always be treated respect.

As the US population continues to become more racially and ethnically diverse, it is important to consider the different language and cultural beliefs that influence member's healthcare discussions. Examine your own health related values and beliefs and be sure your beliefs do not affect how you respond to members.

Understand your own culture and how it can influence your reactions

- Do not let your personal beliefs hinder your understanding of the membership

Communicate in a respectful way

- Carefully ask Questions and actively listen to responses.

Examine your Interactions

- Recognize that every person is unique and look for opportunities to be more inclusive.

Cultural Competency

What Next?

Associates must continue to be familiar with or know how to obtain:

- Scope of Benefits (DCH contract)
- How to refer people to services covered by other state agencies and/or community resources (Ombudsman)
- Information on the availability of standing referrals for specialists and specialists as PCPs (Member/Provider Handbook).

Contact Tanedria Gibbs (Tanedria.Gibbs@centene.com) if you need assistance.



Cultural Competency

What Next?

Now that you have completed Peach State Health Plan's Cultural Competency training, you should be able to:



- Define Culture, Cultural Competency and Cultural Competency in Healthcare
- Understand Culturally and Linguistically Appropriate Services (CLAS) Standards
- Identify Regulatory Requirements
- Explain the relationship between Culture and Health Literacy
- Describe how Cultural Competency impact care
- Understand the Americans with Disabilities Act of 1990 ([42 U.S.C. § 12101](#))
- Accountability & Responsibility
- Identify general demographics of membership and barriers to culturally competent care
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- Recognize how Peach State ensures a Network of Culturally Compliant Care
- Discern what you can do to Improve Cultural Competence

Cultural Competency

Resources & Additional Definitions

Additional Definitions:

- **Access to services/visits** - access in this training includes access to transportation, medical, dental, behavioral health and vision services and/or equipment. This definition also includes physical access and access to programs
- **Physical Access** - accommodations that make it easier for someone in a wheel chair, for example, to use. Some rooms have lower observation holes for seeing who is outside the room and lower switch plates on lights and such.
- **Access to Programs** - requires that a public entity's services, programs, or activities, when viewed in their entirety, must be readily accessible to and usable by individuals with disabilities.

Resources:

- Think Cultural Health: Think Cultural Health is dedicated to advancing health equity at every point of contact. <https://thinkculturalhealth.hhs.gov/education/behavioral-health>
- WK Kellogg Foundation: The directory of materials found on this site have been prepared as a shared tool for building a community of connected, informed and engaged practitioners. With the ability to generate a Resource Guide tailored to their own goals, these materials are practical resources that will assist organizations working within the racial healing and racial equity field. <http://www.racialequityresourceguide.org/profile/about-this-guide>
- National Culturally and Linguistically Appropriate Services (CLAS) Standards
<https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>



2.1 Operations Management

B. Staffing & Vendor Contracting Mgmt./Key Staff

#16- CMO requires disability literacy and competency training for its employees, including information about the following:

#18 - b. Awareness of personal prejudices

Cultural Competency

Understanding Biases

- **What are biases**
 - Bias is a disproportionate weight in favor of or against an idea or thing, usually in a way that is closed-minded, prejudicial, or unfair.
- **Implicit Bias**
 - Refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.
- **Biases in Healthcare**
 - The healthcare system has historically marginalized the medical concerns of people of color and women, which has led to worse health outcomes.
- **Bias Example**
 - A study on racial bias in pain perception and treatment that found black patients are undertreated for pain compared with white patients.