

The logo for Optum, featuring the word "Optum" in a bold, white, sans-serif font. The letter "O" is significantly larger than the other letters. The logo is positioned on the left side of the slide, set against a solid orange background that curves into a white circular shape on the right.

Optum

Cultural Competency

**2024 Compliance Training
Quality Improvement**

Learning Objectives

- 1 Describe the principles of cultural competency and demonstrate how to deliver care and services that respect and honor diverse cultural backgrounds.
- 2 Define cultural humility and explain its importance in interacting with teams and patients.
- 3 Identify different types of disabilities (physical, mental, visible, and hidden) and understand their impact on major life activities.
- 4 Discuss the concept of health equity and its importance in providing fair access to resources and opportunities for all individuals.



“ One of the biggest misconceptions about culture is that it’s something that other people have . . . The truth is that everybody has a culture. . . We see the world through the lens of whatever culture we are from and that is how we make decisions.

Shelley Adler, Ph.D.

Source: The Bravewell Collaborative

Key Areas of Cultural Competency

What is Cultural Competency?

Cultural competency is our ability to deliver care, services in a way that respects, and honors our diverse culture.

What is Cultural Humility?

Cultural humility means admitting that one does not know and is willing to learn from our members about their experiences.

What is Disability and Sensitivity?

Disability – A physical or mental impairment that substantially limits one or more of the major life activities (mobility, cognitive, vision, speech, or hearing). Birth (congenital) to acquired over a lifetime. Visible or hidden.

Sensitivity is providing effective communication and reasonable accommodations and access.

What is Health Equity?

Equity is the fair access and resources to all people, including the norms, practices and policies that ensure fair opportunities and outcomes.

Cultural Competency (LGBTQIA+)

We need to be aware of the language we use. Utilize the list on slides 5-7 when writing or reviewing documents.

Exclusionary

Inclusive

his, her, his or her, his/her	their, the members
he, she, he or she, he/she	they, the members
him, her, him or her, him/her	them
himself, herself, himself or herself	themselves
woman, man, men or women	the member or the individual, members or individuals
gender specific screenings – well-woman etc.	take out the gender term and leave as “preventative screening” or “annual well-check”. In general, we need to use medical terms – do not “gender” services. Documents often reference “women should have a mammogram...” and instead should say “members should have a mammogram” etc.
pregnant women, pregnant woman	pregnant individuals, child-bearers, child-bearer, pregnant members – Note: there are members who do not identify as a woman who are pregnant
mother, father, mom, dad	parent as applicable
maternity	excluding any formal contract/program language requirement or information-change to “pregnancy”, “childbirth”, “pregnancy and childbirth” “prenatal”, “postnatal” etc. as applicable

Exclusionary

Inclusive

gender with Male, Female options – Note: Sex and gender/gender Identity are different. Stay away from using them synonymously because it can be exclusionary; sex should reference medical terminology and gender/gender	when needing to know sex – include sex terms: male, female, or intersex.
both sexes	when needing to know gender – include gender/gender identity terms: woman, man, transgender, boy, girl, nonbinary, gender fluid, two-spirit, etc.- many more terms available.
Mr., Mrs., Ms., Miss	for sex there is male, female, intersex (often intersex is left out but should be included). If inferring gender/gender identity there are many terms (see above) (based on context change “both sexes” to say “individuals” or “members” or just say “sex” of member or “gender identity of member”)
use first and last name or just the first name to avoid a wrong assumption	use first and last name or just the first name to avoid a wrong assumption
ladies and gentlemen	ladies and gentlemen
folx, everyone, friends, y’all	folx, everyone, friends, y’all

Offensive / Insensitive

Sensitive

hearing impaired	deaf or hard of hearing Note: many deaf members state they are not impaired, and nothing is wrong with them, they have different abilities so stating impaired is insensitive.
visual impairment	blind or low vision Note: similar reasons for not saying impairment as deaf/hard of hearing above.
LEP members	members with limited English proficiency
gender reassignment surgery, sex change	gender affirming surgery, transition, aligning mind and body – Note: reassignment or sex change are insensitive because individuals have always been who they are on the inside and they are not “changing” or “reassigning” – they are affirming and aligning.
sexual preference	sexual orientation Note: preference implies a choice, and it is not a choice, it is a part of anyone’s identity.
hermaphrodite, hermaphroditism	“intersex” if applicable or if actually referencing gender affirming procedures, use “gender affirming treatment”
transgenders, a transgender, transgendered	a transgender individual - Note: Transgender should be used as an adjective, not a noun. For example, “Tony is a transgender man”. Adding “ed” is insensitive-being transgender is a part of someone’s identity, nothing happened to make someone transgender as the “ed” may suggest.

Cultural Humility

- Cultural humility recognizes that within many disciplines, professionals must *consider and address* the biases they personally hold.
- Some experts believe that combining cultural humility and cultural competence helps practitioners work more effectively work with clients.
- We are better equipped to work with unfamiliar populations when we have *prior* knowledge about individual clients as well as their cultures.



Practicing Cultural Humility – A.S.S.E.S.S.

“ Ask questions in a humble, safe manner

Seek Self-Awareness

Suspend Judgment

Express kindness and compassion

Support a safe and welcoming environment

Start where the patient is at

- *Lisa Boesen Author of Creating Connections Through Cultural Humility*



Seniors and people with disabilities



- Individuals who are age 65 and older are seniors.
- People with disabilities, physical or mental impairment can be of any age.
- Have sensory challenges.

Optum's membership for seniors and people with disabilities has increased since 2011.

Challenges Faced by Seniors and People with Disabilities

Due to the combinations of activity limitations, multiple conditions, and social issues, these members face challenges and barriers in accessing health care:

- Multiple chronic conditions
- Behavioral health conditions
- Cognitive and developmental conditions

Housing or transportation issues

Did you know?

1 in 4 adults with disabilities (18-44 years) do not have a usual healthcare provider.

1 in 4 adults with disabilities (18-44 years) have an unmet healthcare need because of cost in the past year.

1 in 5 adults with disabilities (45-64 years) did not have a routine check-up in the past year.



Did you Know? (con't)

About 56.7 million people – 19% of the population – have a disability.

- **Vision** - 8.1 million had difficulty seeing, including 2.0 million who were blind or unable to see
- **Self-care** - 5 million needed the assistance of others to perform activities of daily living.
- **Hearing** - 7.6 million experienced difficulty hearing, including 1.1 million whose difficulty was severe. About 5.6 million used a hearing aid.
- **Cognitive** – Approximately, 2.4 million had Alzheimer's disease, senility or dementia.
- **Ambulatory** - Roughly, 30.6 million had difficulty walking or climbing stairs, or used a wheelchair, cane, crutches or walker.

Note: The above list is a sampling of disabilities that are often encountered in a healthcare setting.

Disabilities and Accessibility

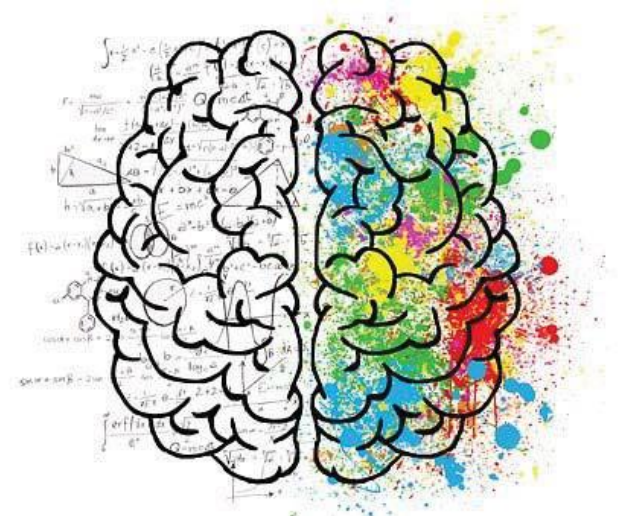
Make reasonable accommodations:

Ensure equal and meaningful access to health care for people with disabilities through:

- Program access to fully take part in health education, prevention, treatment and other programs offered
- Physical accessibility
- Accessible facilities and equipment
- Communication access
- Auxiliary services and aids
- American Sign Language interpreter to assist a deaf and hard of hearing member to communicate TTY/TDD and video relay services can be used to communicate with these members over the phone
- Alternative formats such as large print makes easier for seniors and members who may have limited vision

Shifting Mindset

- Let's shift our mindset about “disability” and broaden our understanding as the interaction of an impairment with environmental factors
- This idea allows us to shift the focus from disabilities to the environmental factors.
- It means that we cannot change the way people are, but we can change and make the environment more accessible for people with disabilities.



Accessible Facilities and Equipment



Physical accessibility getting to, in and around a location.

For example, think of what types of accessibility a wheelchair user would need to get to a doctor's appointment. They may need:

- Accessible ramps and wide aisles
- Button to open the door or doorknobs that can be pushed
- Restrooms with enough space to maneuver with handle bars
- Exam tables and scales fitted for wheelchairs
- Lowered countertops for check-in areas
- Elevators to go up and downstairs

Health Equity

Ensure equal and meaningful access to health care for people with disabilities through:

- Program access to fully take part in health education, prevention, treatment and other programs offered
- Physical accessibility:
- Accessible facilities and equipment
- Communication access
- Auxiliary services and aids
- American Sign Language interpreter to assist a deaf and hard of hearing member to communicate TTY/TDD and video relay services can be used to communicate with these members over the phone
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Action plan

In order to move towards the positive end of the cultural competency continuum, we need to develop and practice our...

Flexibility
to adapt
our skills

Interpersonal skills
to bridge cultural gaps

Knowledge
of a patient's or teammate's culture

Awareness
of ourselves and our own biases

Awareness and acceptance
of cultural differences

Regulations

There are regulations which prohibit discrimination based on disabilities and ensure equal opportunity for people with disabilities to participate in all aspects of community life including health care.

Federal & State Regulations

Any agency, program, or activity that receives federal funding is not allowed to discriminate on the basis of: Optum and its network providers must comply with these laws:

- Age
- Race
- Gender
- Disability
- Ancestry
- Religion
- Health status
- Marital status
- National origin
- Gender identity
- Sexual orientation

Summary

Federal & State Regulations

Optum is committed to ensure equal and meaningful access to health care services for all members, including seniors and people with disabilities.

These federal and state regulations and guidelines ensure equal access to health care for a diverse member population:

- Americans with Disabilities Act
- Rehabilitation Act, § 504
- Affordable Care Act, § 1557

Sources

Cal Optima Health

[DisabilityAwarenessModule2024_508\(1\).pdf](#)

Health Industry Collaboration Effort (HICE) - Communications Tool Kit

[Guidelines_for_Gender_Inclusive_Sensitive_Language.docx](#)

Optum - Disability Sensitivity Training

[2022 Optum CMC01000 Disability Sensitivity.pdf](#)

Center for Disease Control and Prevention

<https://www.cdc.gov/ncbddd/disabilityandhealth>

Psychology Today Posted May 16, 2021

U.S. Census Bureau, 2022

Advancing Health Equity

<https://uhgazure.sharepoint.com/sites/Our-Company/SitePages/Health-Equity.aspx>

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