



# Cultural Sensitivity Training

Alameda Alliance for Health  
2020

# Training Objectives

**By the end of this training you will be able to:**

- 1. Understand current laws and regulations** on cultural and linguistics services at the federal and state levels.
- 2. State reasons why cultural sensitivity is important** for providing quality health care.
- 3. Use strategies to improve communication** with key sub-populations
  - ▶ Immigrants and refugees
  - ▶ LGBTQ+
  - ▶ Seniors (older adults) and persons with disabilities
- 4. Know how to access cultural and linguistic resources** available to Alameda Alliance for Health (Alliance) members.



*Culture is “the set of distinctive spiritual, material, intellectual and emotional features of society or a social group ... [which] encompasses, in addition to art and literature, lifestyles, ways of living together, value systems, traditions and beliefs”.*

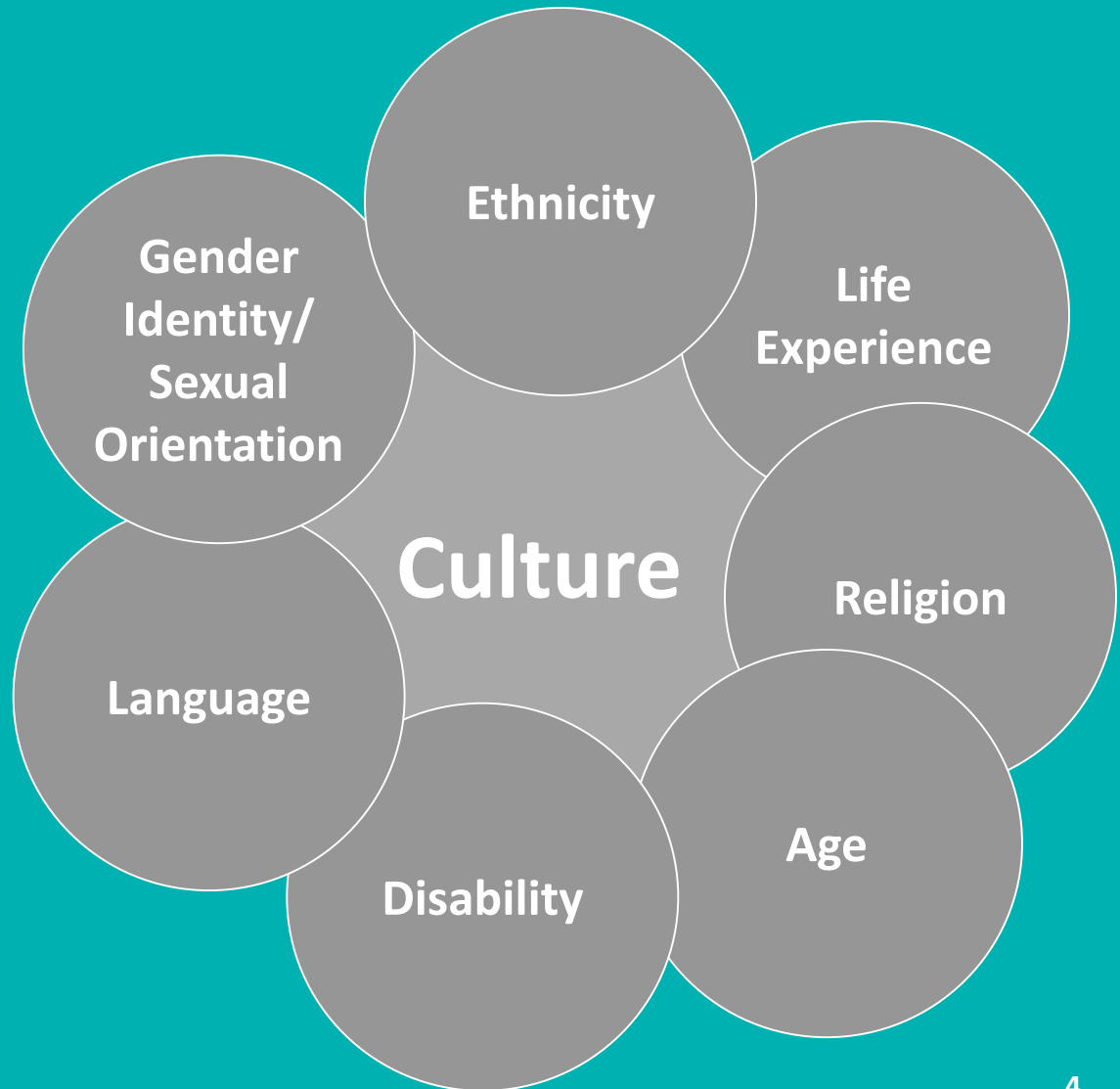
– *The United Nations Education, Scientific and Cultural Organization*

# What cultures make up who you are ?



**Consider these aspects of culture:**

1. Consider each aspect of culture. How do you define yourself?
2. Think about how the cultures that define you act as lenses through which you view the world.



# Cultural and Linguistic Regulations for Managed Care & Medi-Cal

Federal and State

# Federal Regulations

## Title 42, Code of Federal regulations, Section 440.262

The State must have methods to promote *access and delivery of services in a culturally competent manner* to all beneficiaries, including those with limited English proficiency, diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity.

These methods must ensure that beneficiaries have access to covered services that are delivered in a manner that meet their unique needs.

## Affordable Care Act of 2010, Section 1557

*Prohibits discrimination* on the grounds of race, color, national origin, sex, age, or disability in certain health programs and activities.

Covered entities are required to post notice of individuals' rights to language assistance, post taglines in the top 15 languages spoken by individuals in the state, prohibited from using low-quality video remote interpreting or unqualified staff, and must implement a language access plan.

# Department of Managed Health Care (DMHC)

## 28 CCR 1300.67.04(c)(3)

The *training* shall include instruction on:

- ▶ Knowledge of the plan's policies and procedures for language assistance;
- ▶ Working effectively with Limited English Proficiency (LEP) enrollees;
- ▶ Working effectively with interpreters in-person and through video, telephone and other media, as applicable; and
- ▶ Understanding the cultural diversity of the plan's enrollee population and sensitivity to cultural differences relevant to delivery of health care interpretation services.

# California Department of Health Care Services (DHCS)

## Contractual Requirements

### Exhibit A, Attachment 1 - Organization and Administration of the Plan

10. ***Sensitivity training***: Contractor shall ensure that all personnel who interact with SPD (***Seniors & Persons With Disabilities***) beneficiaries, as well as those who may potentially interact with SPD beneficiaries, and any other staff deemed appropriate by Contractor or DHCS, shall receive sensitivity training.

### Exhibit A, Attachment 9, Section 13 – Cultural and Linguistic Program

Contractor shall have a Cultural and Linguistic Services Program that incorporates the requirements of Title 22 CCR Section 53876.

Contractor shall **monitor, evaluate, and take effective action to address any needed improvement** in the delivery of culturally and linguistically appropriate services. Contractor shall review and update their cultural and linguistic services consistent with the group needs assessment requirements.



# The Alliance's Commitment

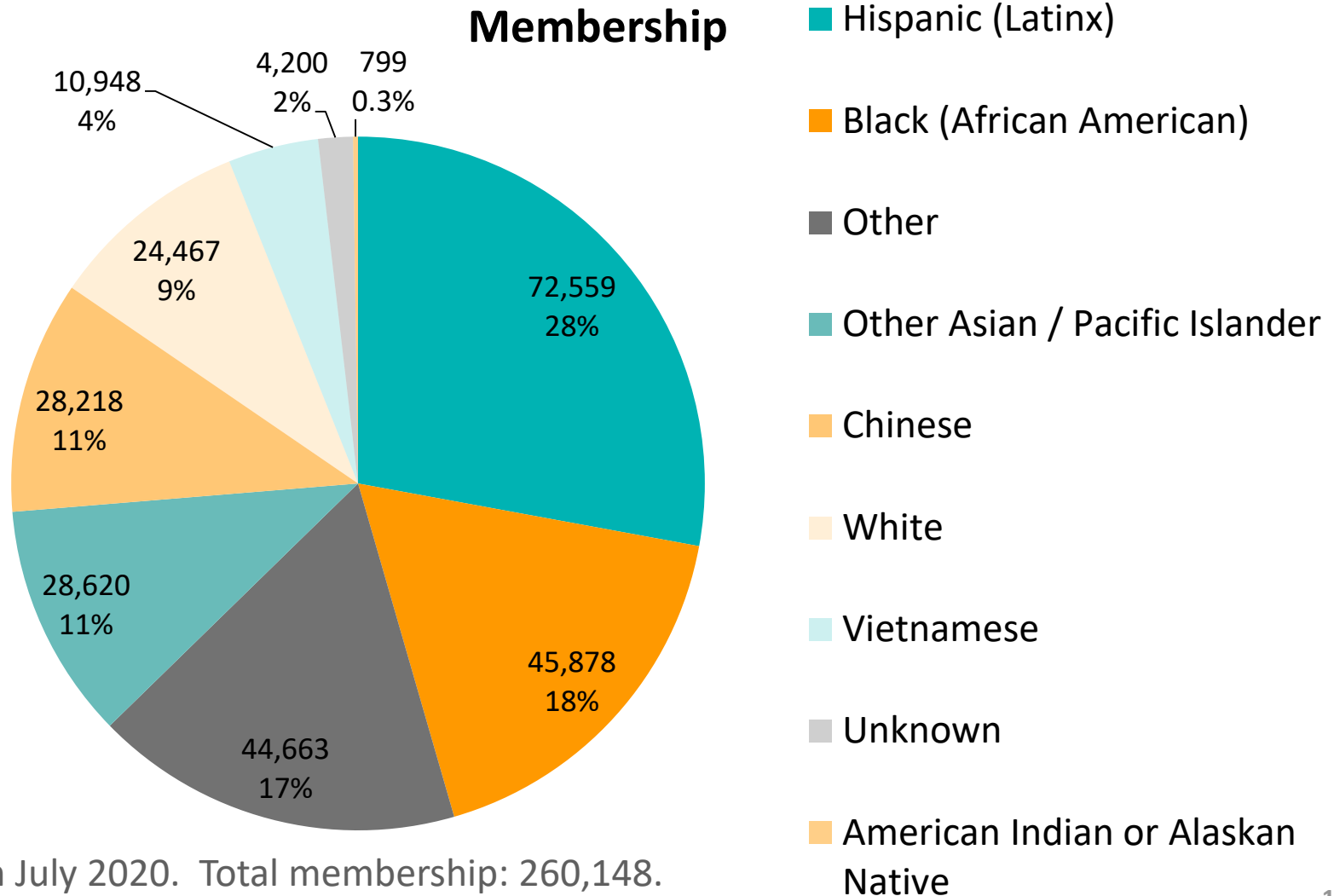
- ▶ The Alliance is committed to serving all of its members with respect and dignity regardless of race, color, national origin, gender, gender identity, sexual orientation, age, or disability.
- ▶ Our goal is to ensure the communications, health care, physical spaces, services and programs are accessible to all members, including those with visual, hearing, cognitive and physical disabilities.



# Alliance Membership

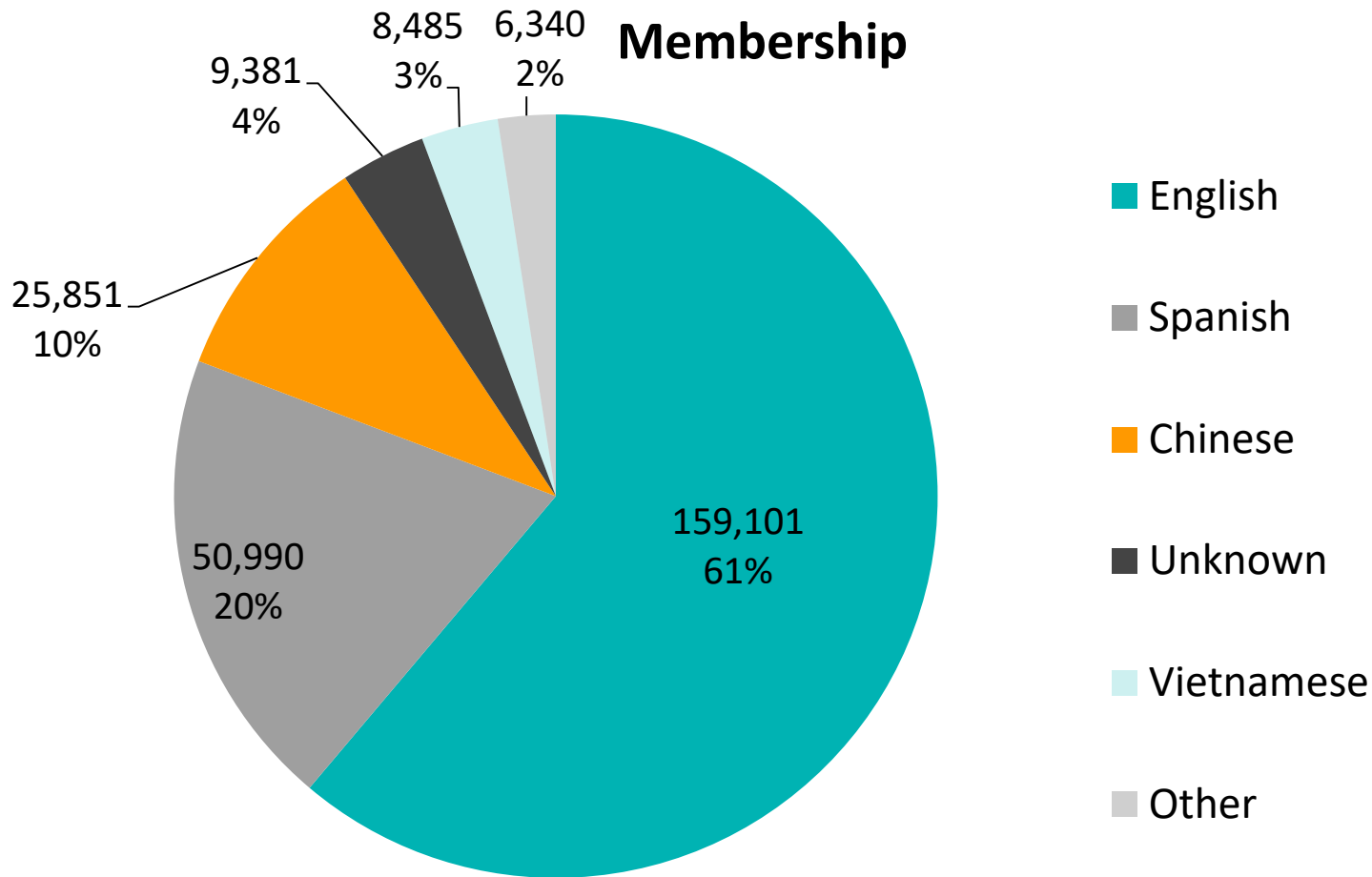


# Alliance Membership by Ethnicity/Race



All Plan July 2020. Total membership: 260,148.

# Alliance Membership by Language



All Plan July 2020. Total membership: 260,148.

# Alliance Threshold Languages

By law, the Alliance and its delegates must translate all vital member documents and letters into our most common member languages.

**What counts as a threshold language?** Either 5% of membership or 3,000 members, 1,500 in two contiguous zip codes, or 1,000 in one zip code.

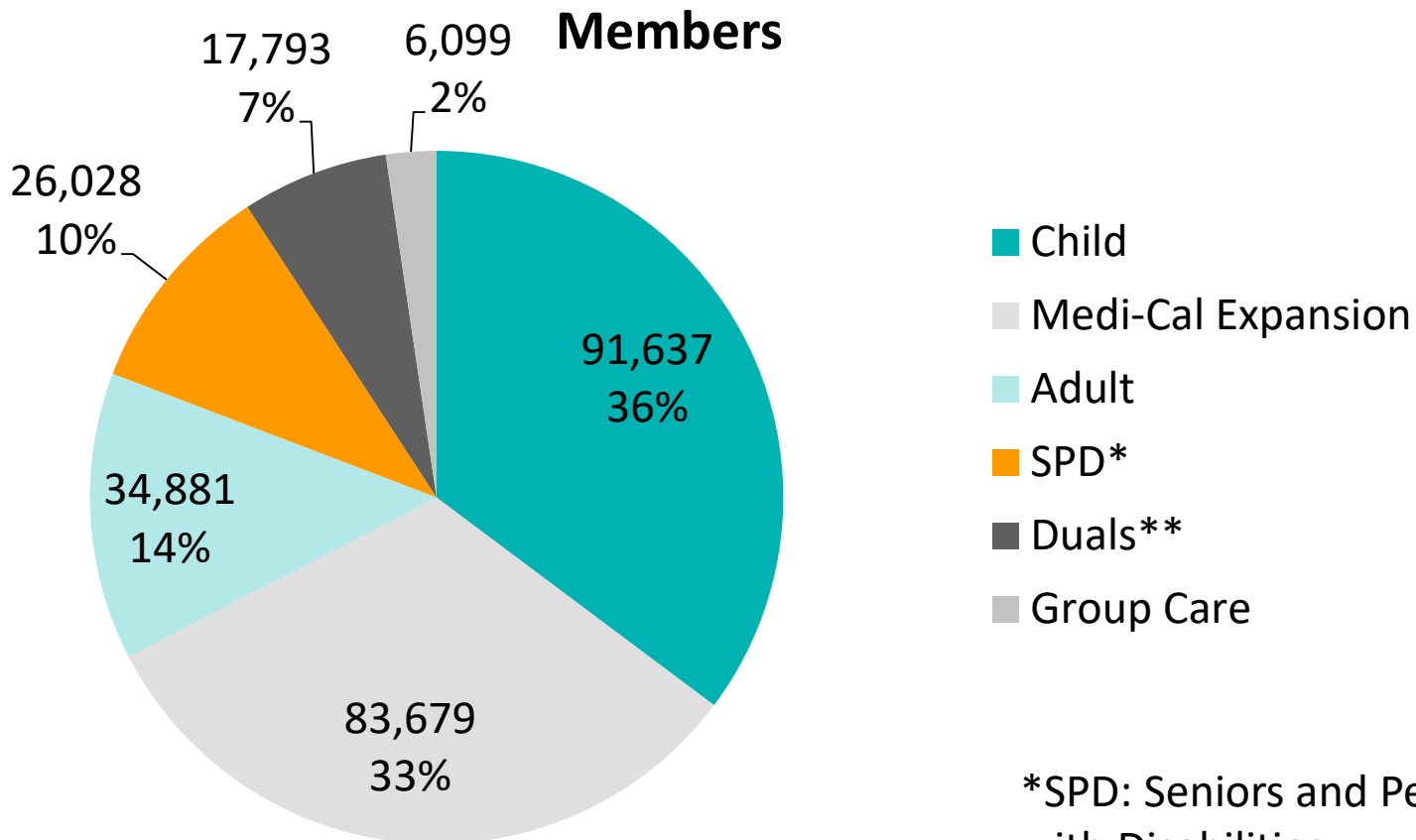
## Medi-Cal:

- English
- Spanish
- Chinese
- Vietnamese

## Group Care (IHSS):

- English
- Chinese
- Spanish

# Medi-Cal Membership by Aid Code/Plan



All Plan July 2020. Total membership: 260,148.

\*SPD: Seniors and Persons with Disabilities  
\*\* Persons dually eligible for Medicare and Medi-Cal

# Embracing Culture and Differences

Cultural Humility

# Cultural Sensitivity in Health Care

*Effective care for people from different cultures*

## Elements:

- ▶ Awareness of one's own culture and biases
- ▶ Embrace the complexity of diversity
- ▶ Awareness and acceptance of differences
- ▶ Relate to members in ways that are most understandable
- ▶ Constant effort to understand the worldview of our members

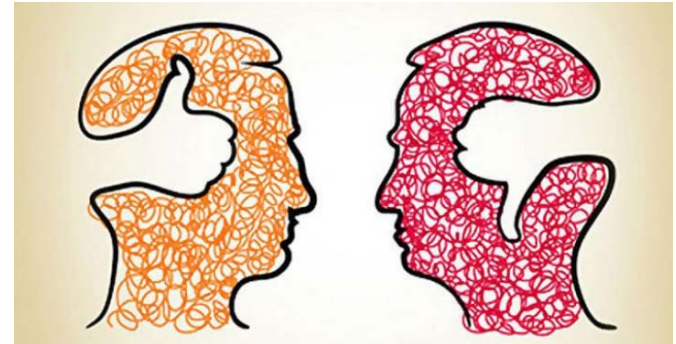


***Consider:** Why not “cultural competency?” Cultural knowledge doesn’t ensure culturally sensitive care. Each person’s unique mix of cultures and experiences makes it impossible to achieve “competency.”*



# Looking at Biases

- ▶ We all have *unique experiences* with people of different cultures.
- ▶ This can lead to attitudes or stereotypes that *unconsciously* affect how we think and act.
- ▶ These unconscious *biases* may not be the same as our declared beliefs.
- ▶ Yet, unconscious biases *can be unlearned*.  
Our brains are complex.  
New experiences and recognizing our biases can lead to new beliefs.



# Benefits to Culturally Sensitive Communication



**Improve Safety and Adherence**



Physician and Patient Satisfaction

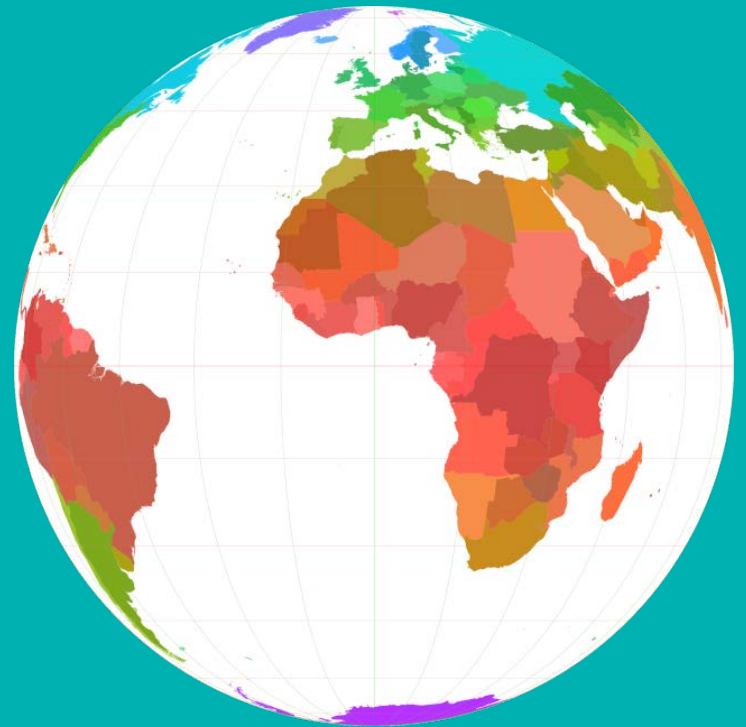


**Improve Office Process, Save Money and Time**



Reduce Malpractice Risk

# Communicating with Refugee and Immigrant Members



# Health Care for Refugees and Immigrants

## Refugees and Immigrants may:

- ▶ Be concerned about their **personal information** being shared with government agencies, such as Immigration and Customs Enforcement (ICE).
- ▶ **Delay seeking healthcare** for fear of deportation or fear it will hurt their path to citizenship.
- ▶ **Not be familiar** with the U.S. health care system.
- ▶ Experience physical and behavioral health effects of **stress and trauma**.
- ▶ Have **economic or social concerns** that influence health decisions.



# Communicating with Refugees and Immigrants

- ▶ Assure your patients or patients' parents that their health information is confidential.
- ▶ Orient patients to managed care. Explain what Medi-Cal can cover, and what treatments aren't covered.
- ▶ Show respect for role of traditional practices, herbal remedies and traditional healers that may be used.
- ▶ Offer referrals to culturally appropriate clinics and specialists.
- ▶ Recognize that level of acculturation\* and individual experience make each person unique.

**\*Acculturation** is the process of adopting the cultural traits or social patterns of another group.



# Communication with Patients when English is a Second Language

- ▶ Use plain words; avoid jargon, technical words and acronyms.
- ▶ Repeat important information.
- ▶ Offer/provide educational handouts in patient's language.
- ▶ Use pictures, demonstrations or video.
- ▶ Give information in small chunks.
- ▶ Check for understanding.



Source: Adapted from Industry Collaboration Effort, C & L Provider Toolkit, [www.iceforhealth.org](http://www.iceforhealth.org), 1/2017.

# Best Practices

- ▶ **Show respect for patients' health beliefs, religion and practices.** Practice non-judgement.
- ▶ **Traditional medicine may be trusted and preferred,** such as acupuncture, herbs, botanicals and massage.
- ▶ **Western and traditional medicine may be used** for treating different illnesses or used at the same time.
- ▶ **Connect patients** with providers and specialists who can meet members' cultural needs when possible.
- ▶ **Extend respect to family members,** and find out what role the patient wants them to play in their healthcare.



# Communicating with LGBTQ+ Patients

Lesbian, Gay, Bisexual, Transgender, and Questioning



# Gender Terminology

**Gender Identity:** An individual's internal sense of being male, female, both, neither or something else.

## ▶ Transgender

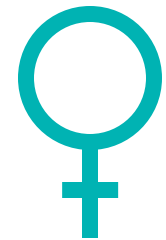
- ▶ People whose gender identity does not match the biological sex they were assigned at birth.

## ▶ Cisgender (pronounced sis-gender)

- ▶ People whose gender identity matches the biological sex they were assigned at birth.

## ▶ Gender Non-Conforming

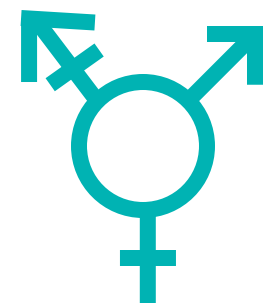
- ▶ People who express their gender differently than what is culturally expected of them regardless of their gender identity.



Female



Male



Transgender  
 25

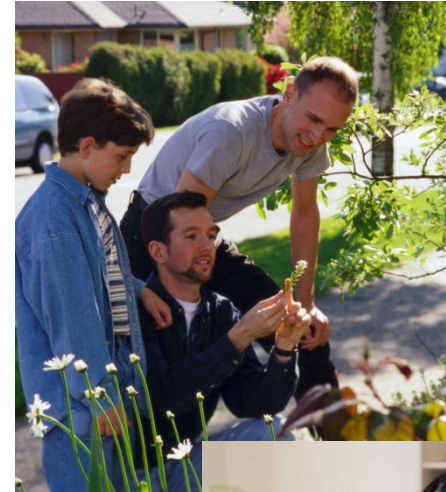
# Gender Inclusive Pronouns

- ▶ Using the preferred pronouns shows respect
- ▶ How do I ask about pronouns if I'm unsure?
  - ▶ “How would you like me to address you?”
  - ▶ “What pronouns do you use?”
  - ▶ “My name is Linda, and my pronouns are she, her, hers. And you?”
- ▶ If you misspeak, apologize and move on
- ▶ What pronouns? (not an exhaustive list)
  - He/Him/His/Himself
  - She/Her/Hers/Herself
  - They/Them/Their/Theirs/Themselves
  - Ze (or Zie) pronounced “Zee”/Hir “Here”/Hirs “Heres”/Hirself “hereself”
  - Just use the name (Ash ate Ash’s food because Ash was hungry)

# Sexual Orientation Terminology

**Sexual Orientation:** A person's emotional, sexual, and/or relational attraction to others.

- ▶ **Heterosexual:** One whose attraction and behaviors are directed at the opposite sex.
- ▶ **Lesbian:** Women whose attraction and behaviors are directed at women.
- ▶ **Gay:** Men whose attractions and behaviors are directed at men.
- ▶ **Bisexual:** One whose attractions and behaviors are directed at both sexes to a significant degree.
- ▶ **Queer:** May be seen as a put down, yet some people have reclaimed it as a general term for people who are not heterosexual or cisgender.
- ▶ **Other:** Celibate, non-sexual, other orientation.



# Communicating with LGBTQ+ Members

## We wish our health care team knew . . .

We come to you with an extra layer of anxiety. We are more likely than cisgender or heterosexual people to have been:

- Verbally or physically abused
- Rejected by our families due to our sexual and gender identity
- Discriminated against within the health care setting

Assuming that heterosexual or cisgender is the norm prevents us from seeking care.

## Here's what your team can do . . .

A little warmth can make all the difference!

- Signage or intake form verbiage that is safe, judgment-free, and non-discriminatory
- Policies indicating nondiscrimination for sexual and gender identity displayed in common areas
- Ask if they prefer to be accompanied in the exam room
- Ask permission to touch before an exam

Expect not all patients to be heterosexual or cisgender

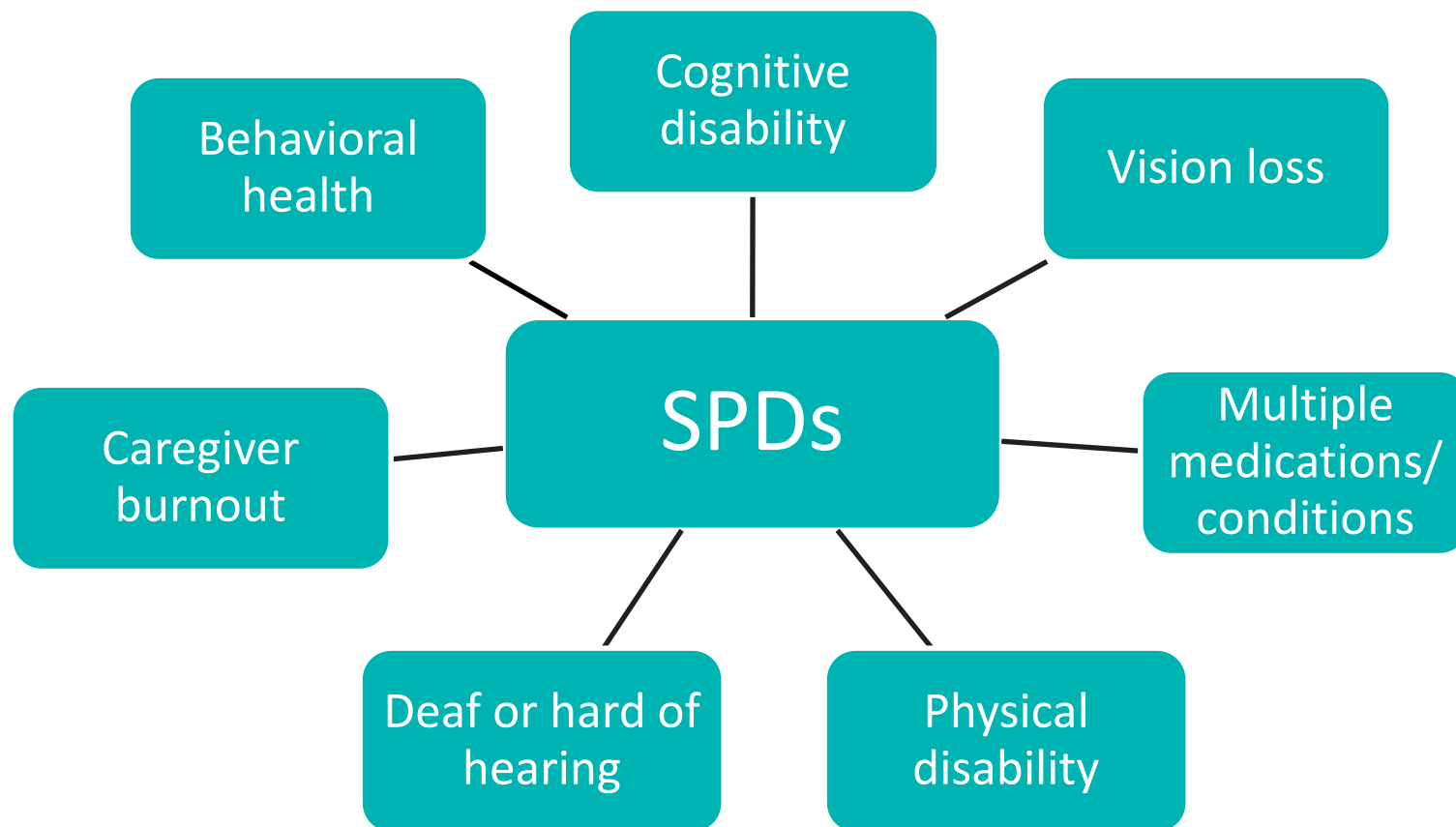
- Example: Do not assume a male patient's spouse is a wife, or vice-versa.
- Change options on forms to include option other than female/male and using images that are inclusive.



# Communicating with Seniors (Older Adults) and Persons with Disabilities (SPD)

# Working with Older Adults and Persons with Disabilities

SPDs may deal with multiple challenges to accessing quality healthcare.



# People First Examples

BEST	AVOID
People or persons with disabilities.	The handicapped or disabled.
He has a cognitive disability.	He is mentally retarded.
She has autism.	She is autistic.
He has a physical disability.	He is a quadriplegic.
She uses a wheelchair.	She is wheelchair bound.
He has a mental health condition.	He's mentally ill.
Accessible parking, doctor's office, transportation, etc.	Handicapped parking, doctor's office, transportation, etc.

# Patients who have Mobility Impairments

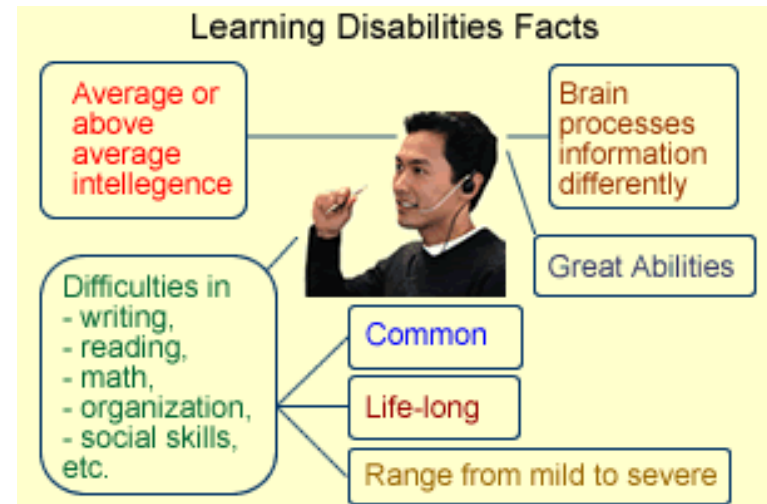
- ▶ Don't push or touch someone's wheelchair.
- ▶ Don't lean on the chair.
- ▶ Bring yourself to their level to speak.
- ▶ Invisible mobility disabilities are common – don't assume you can tell by watching someone move.
- ▶ Ask before giving assistance.





# Patients with Learning Disabilities

- ▶ There are many forms of learning disabilities. Examples include:
  - ▶ Dyslexia
  - ▶ Auditory or Language Processing Disorders
  - ▶ Attention Deficit Hyperactive Disorder
- ▶ **Do:**
  - ▶ Break ideas or processes into small steps and check for understanding
  - ▶ Present things both verbally and visually
  - ▶ Offer to read things aloud
  - ▶ Allow time; be patient
- ▶ **Don't:**
  - ▶ Ask to “hurry up”!



# Patients with Speech Disorders

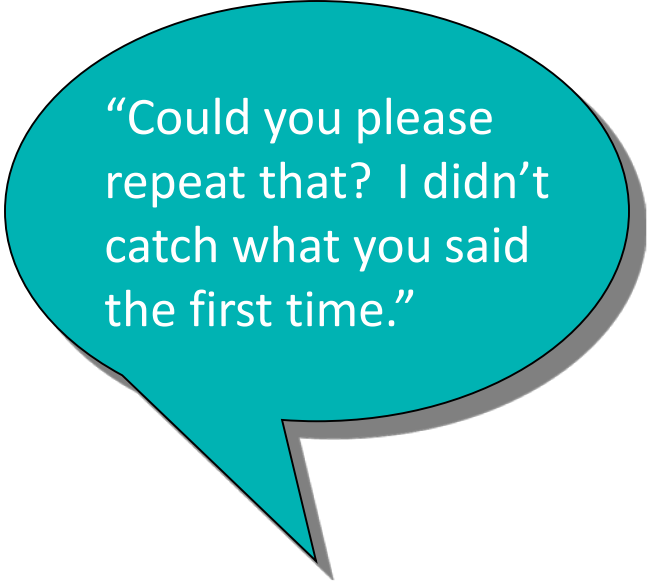
If you don't understand someone . . .

▶ **Do**

- ▶ Ask the person to repeat
- ▶ Repeat what you heard to make sure you understood correctly
- ▶ Offer pen and paper if an option
- ▶ Be patient

▶ **Don't**

- ▶ Speak loudly or shout
- ▶ Finish a person's sentence or thought



“Could you please repeat that? I didn't catch what you said the first time.”

# Patients who are Deaf or Hard of Hearing

- ▶ Talk by **phone** using the California Relay Service (CRS): 711/TTY.
- ▶ **Video phones** may be used for people who communicate with sign language.
- ▶ Offer to arrange for qualified **American Sign Language (ASL) interpreters** for health care communications and appointments.
- ▶ **Create trust:** Face the person you are speaking with. Avoid side conversations.
- ▶ **Ask members** what works best for them.



# Tips for Using 711

- ▶ Speak slowly (call staff has to type everything you say).
- ▶ Speak directly to the person you are calling.
- ▶ Use “go ahead” when you finish speaking.
- ▶ Use “stop keying” when you want to end the call.



# Patients who have Vision Loss

## ▶ Communication strategies

- ▶ Identify yourself
- ▶ Offer to read text or documents
- ▶ Create documents in large font (20 pt. or per member preference)
- ▶ Translate key materials into braille upon request



# Service Animals

## ▶ Do

- ▶ If not sure, ask if the animal provides assistance for a disability.
- ▶ Recognize that service animals assist people with many different types of disabilities.
- ▶ Ask your supervisor for help if you are allergic to dogs or are fearful of being near a service animal.

## ▶ Don't

- ▶ Deny a patient with a service animal entrance inside the clinics or Alliance offices.
- ▶ Pet any service animal or give it a treat without asking first.



# Language Assistance Resources

# Language Assistance Program

The Alliance has a Language Assistance Program that:

- ▶ Asks the **Consumer Advisory Committee (CAC)** for input on ways to better serve our members both culturally and linguistically.
- ▶ Holds quarterly **Cultural and Linguistic (C&L) Services Sub-Committee** meetings to monitor C&L services and address any concerns.
- ▶ Monitors **provider language capacity**.
- ▶ Ensures **bilingual staff** are assessed and monitored for quality.
- ▶ Tracks our **member language preferences** and ethnicities.
- ▶ Monitors our cultural and linguistic services through **grievance and appeals review**.



# Interpreter Services: What's Covered

- ▶ All members are entitled to an interpreter at all points of contact for covered benefits.
- ▶ Points of contact include but not limited to:
  - ▶ Hospitals
  - ▶ Provider offices
  - ▶ Member services settings
  - ▶ Covered case management & health education
  - ▶ Administrative offices and facilities
- ▶ Offer interpreter services at the time of appointment scheduling.
- ▶ Note language preferences or refusal of qualified interpreters in the patient's record.



# Interpreter Services: How to Access

- ▶ The Alliance contracts with vendors for interpreter services.
  - ▶ For 24/7 telephonic interpreter services, providers may call **1.510.809.3986**.
  - ▶ Member requests for interpreters go through the Alliance Member Services Department **1.510.747.4567**.
  - ▶ Providers requesting pre-scheduled interpreter services for members should fax the Alliance the **Interpreter Services Appointment Request Form** found at [www.alamedaalliance.org](http://www.alamedaalliance.org). The request must be submitted at least five (5) working days prior to the appointment.
- ▶ Many contracted clinics also have qualified interpreters or bilingual staff on-site. Sites must keep proof of bilingual staff proficiency.
- ▶ Hospitals are required by state law to provide interpreter services to patients (AB 389 Chapter-327).



# Family & Friends as Interpreters?

**Do not ask** family members to interpret, unless it is an emergency. **Do offer** qualified interpreter services or qualified bilingual staff.

Children cannot interpret except in an emergency\*.

**Document** if a member requests a non-certified accompanying adult to interpret or if they refuse qualified interpreter services.

**Document** member language preferences.

\* Emergency is defined as an immediate threat to the safety or welfare of an individual or the public. – Affordable Care Act, Section 1557

# Tips for Working with Interpreters

- ▷ Hold a brief introductory discussion
  - ▶ Your name, organization and nature of the call/visit
  - ▶ Reassure the patient about confidentiality
- ▷ Allow enough time
- ▷ Avoid interrupting
- ▷ Speak in a normal voice; not too fast or too loudly
- ▷ Speak in short sentences
- ▷ Avoid acronyms, medical jargon

# Tips for Working with Interpreters

- ▶ If in person:
  - ▶ Face and talk to the member directly.
  - ▶ Be aware of how your personal space, stance and gestures may be understood in other cultures.
  - ▶ Take clues from the body language, position, eye contact of the member.
  - ▶ Ask the member if they look confused.

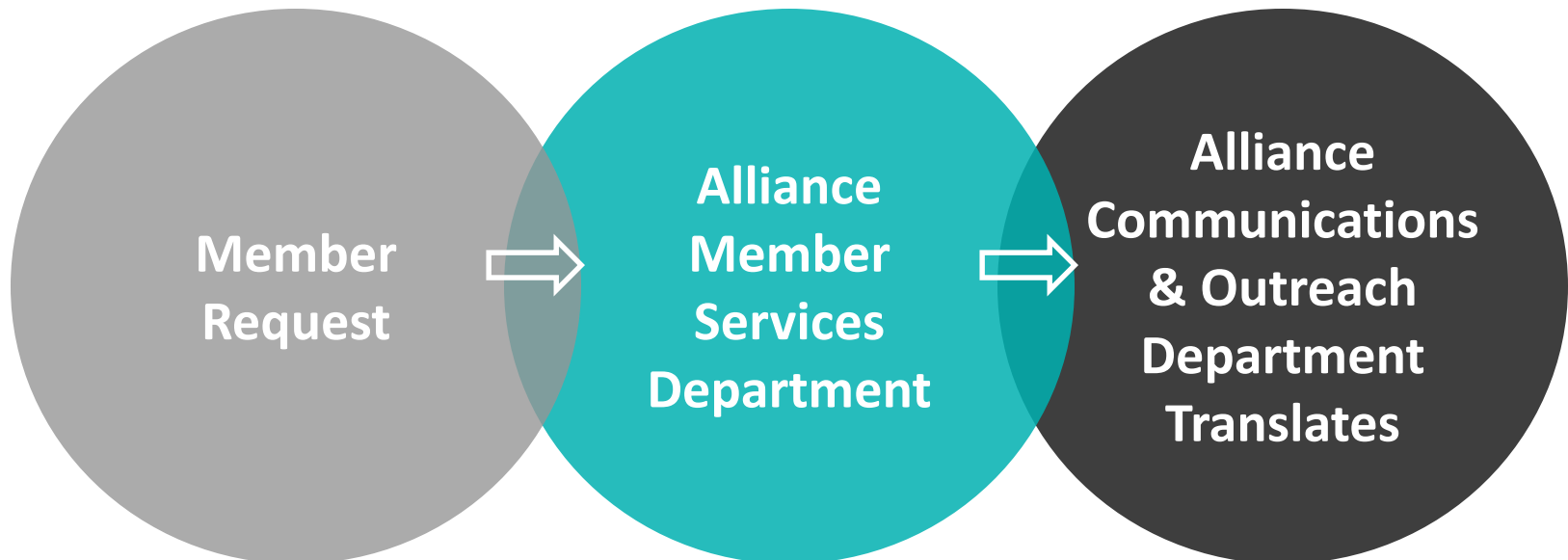


Would you like to see an example? Check out this video:

[www.tisnational.gov.au/About-TIS-National/Videos/Hints-and-tips-for-working-with-interpreters-video.aspx](http://www.tisnational.gov.au/About-TIS-National/Videos/Hints-and-tips-for-working-with-interpreters-video.aspx)

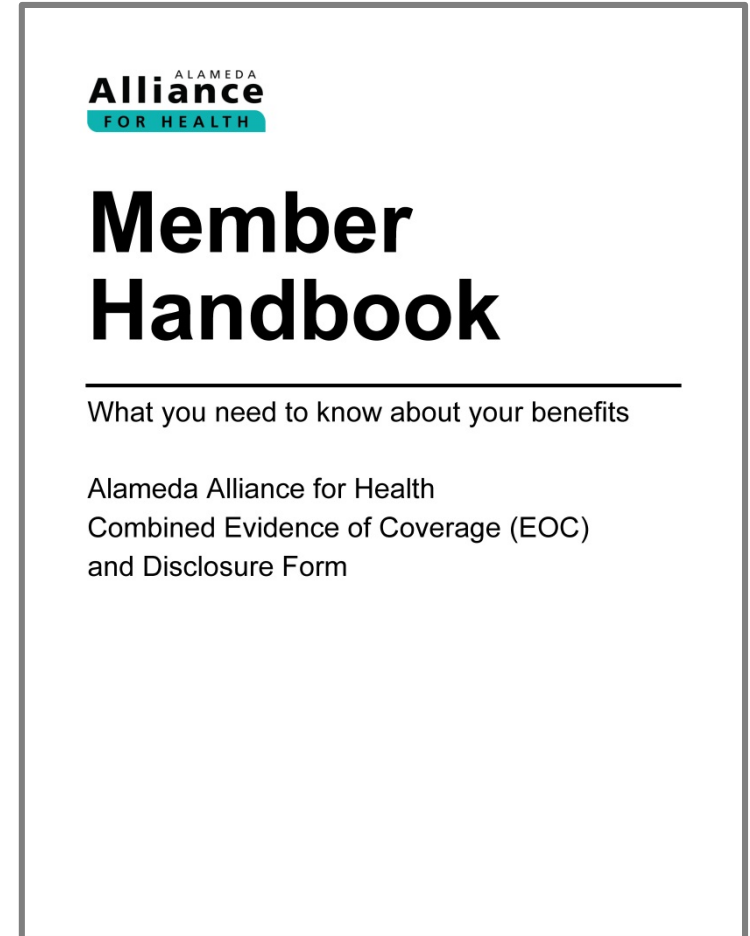
# Member Informing Material Translations

- ▶ Alliance members have the right to have member material translated into their preferred reading language or a preferred alternative format such as braille, large font, or audio.
- ▶ The Alliance has **21 days** to fill the request.
- ▶ Members may call Member Services at **1.510.747.4567** to make a request.



# Provider Directory & Member Handbook (EOC)

- ▶ The **Provider Directory** helps Alliance members to find providers that fit their preferences (language, gender, location, accessibility, etc.)
- ▶ The **Alliance Member Handbook** (also called Evidence of Coverage, EOC) describes how to access language assistance and how to file grievances.
- ▶ The Member Handbook and Provider Directory are available in **print form**, on our **website**, and in all our threshold languages.



# Cultural Sensitivity Requires Lifelong Learning

Ask respectful questions, and question assumptions.

Learn more at:

- ▶ Think Culture Health: <https://thinkculturalhealth.hhs.gov>
- ▶ Stanford University, Ethnogeriatrics: <https://geriatrics.stanford.edu/culturemed.html>
- ▶ EthnoMed: <https://ethnomed.org/culture>
- ▶ University of Pennsylvania Health Services – Religion and Healthcare: [www.uphs.upenn.edu/pastoral/resed](http://www.uphs.upenn.edu/pastoral/resed)
- ▶ National LGBT Health Education Center: [www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)
- ▶ *Better Communication, Better Care: Provider Tools to Care for Diverse Populations* by the Industry Collaboration Effort, ICE. [www.iceforhealth.org/library/documents/Better Communication, Better Care - Provider Tools to Care for Diverse Populations.pdf](http://www.iceforhealth.org/library/documents/Better_Communication,_Better_Care_-_Provider_Tools_to_Care_for_Diverse_Populations.pdf)





# Thank You!

For questions about the presentation and the Alliance Cultural and Linguistics Services Program, please contact:

Linda Ayala, MPH

Manager, Health Education

**1.510.747.6038**

**[layala@alamedaalliance.org](mailto:layala@alamedaalliance.org)**