



CULTURAL SENSITIVITY TRAINING



Alameda Alliance for Health 2026

Message from Matt Woodruff, CEO

Alameda Alliance for Health

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Dear Alliance Provider,

Thank you for taking the time today to review this important training on Cultural Sensitivity.

At the Alliance, we recognize that addressing health inequities throughout our communities will require a broad effort – one that looks at organizational policies and practices, as well as individual education and responsibility.

This training program extends beyond meeting regulatory requirements. Rather, it offers our provider partners valuable information on our diverse membership, core concepts in cultural sensitivity, and ways to access our cultural and linguistic resources. Education is a strategic pillar to reach our diversity, equity, inclusion, and belonging goals. When we combine our knowledge with working practices that reduce inequities and disparities, we can improve the health of our community.

I am grateful to have you as a partner in this important work that will make our community better.

With gratitude,

Matthew Woodruff,

Chief Executive Officer

Training Objective

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

01 Understand current laws and **regulations** on cultural and linguistic services (CLS) at the federal and state levels.

02 Understand why **cultural sensitivity is important** for providing quality health care.

03 Know how to **access cultural and linguistic resources** available to Alliance members.

04 Use strategies to improve communication with key sub-populations:

- ▶ Diverse ethnic groups
- ▶ Immigrants and refugees
- ▶ Seniors and persons with disabilities
- ▶ LGBTQIA+

Regulatory Standards for Cultural and Linguistic Services (CLS)

Regulatory Standards for Cultural and Linguistic Services

Key Standards

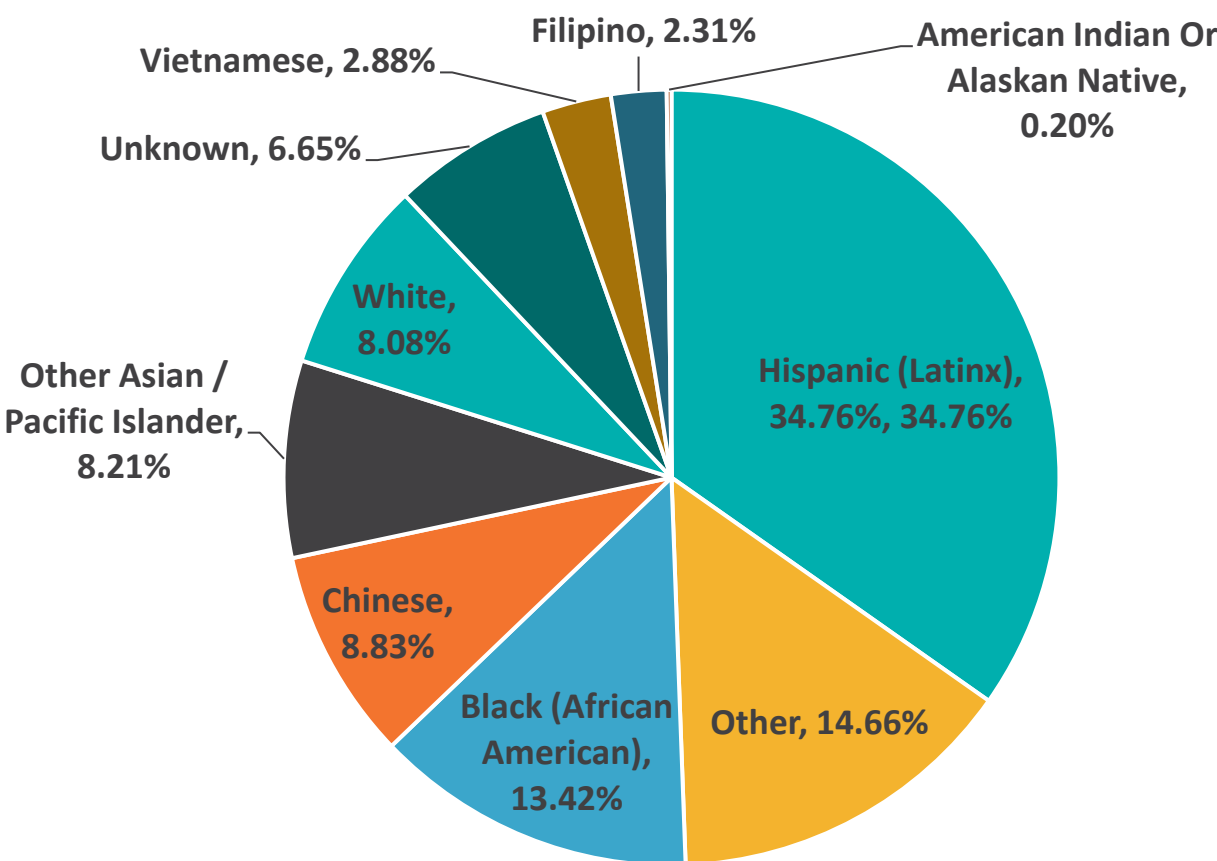
- California Code of Regulations, Title 22 CRS 53876, 53853(c) and Title 28 CCR 1300.67.04(c)(3) & California SB 223 and SB 1423
- U.S. Code of Federal Regulations, Title 42, Section 440.262, 43
- Americans with Disabilities Act of 1990, Title III & Civil Rights Act of 1964, Title 6
- Affordable Care Act of 2010, Section 1557
- SB 1423 (Hernandez, Chapter 568, Statutes of 2018)

Key Actions

- **Maintain a C&L program** to monitor, evaluate, and take effective action to address any needed improvement in C&L services
- **Notify members** of non-discrimination, language assistance, alternative formats, and assistive devices
- Promote **access and delivery of services** in a culturally competent manner
- **Training** regarding working with Limited English Proficiency enrollees, interpreters, seniors and persons with disabilities and understanding the cultural diversity of our membership

Alliance Membership Data

Alliance Membership by Ethnicity

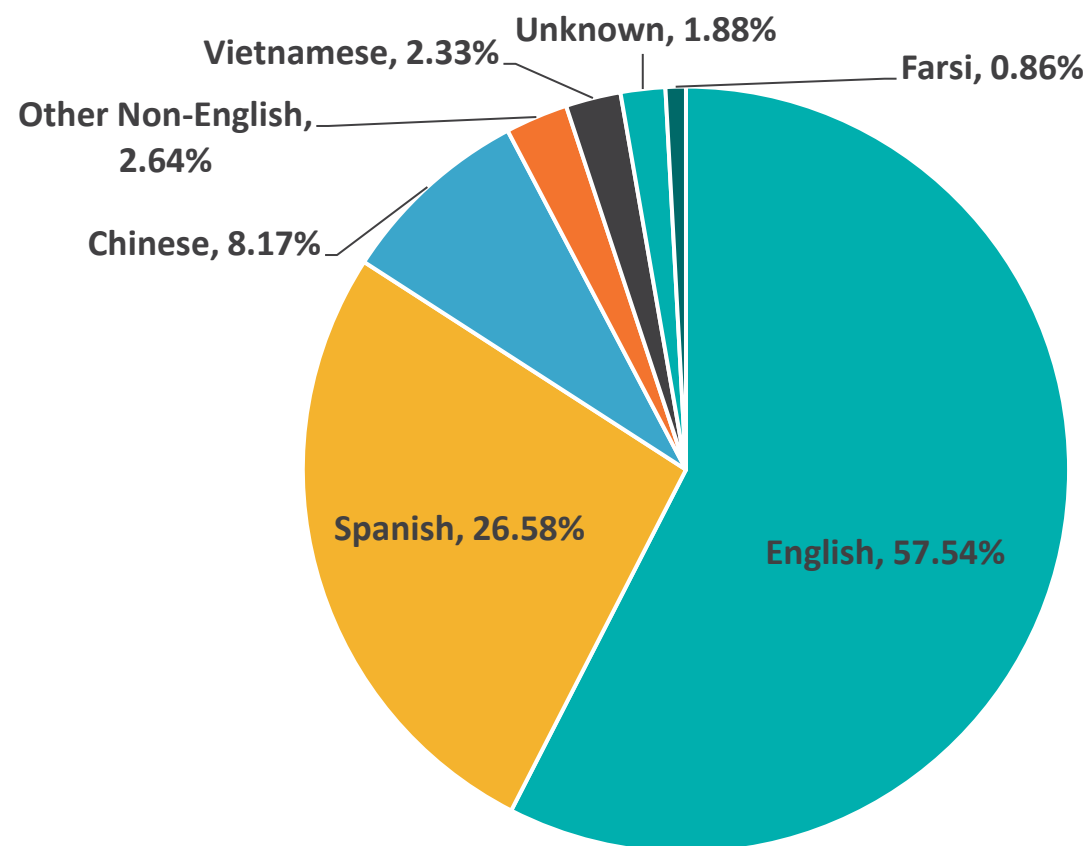


Alliance Membership **May 2026**
Total membership: **373,931**

Alameda County Comparison	
White alone	46.2%
Asian alone ^(a)	35.5%
Hispanic or Latino ^(b)	23.6%
Black or African American alone ^(a)	10.3%
Two or More Races	5.7%
American Indian and Alaska Native alone ^(a)	1.4%
Native Hawaiian and Other Pacific Islander alone ^(a)	0.9%
^(a) Includes persons reporting only one race	
^(b) Hispanics may be of any race, so also are included in applicable race categories	

Census Alameda County estimates, 05/08/2026, [U.S. Census Bureau QuickFacts: Alameda County, California](#); viewed 05/08/2026.

Alliance Membership by Language



Alliance Membership **May 2026**
Total membership: **373,931**

▶ **42%** of members prefer to communicate in a language other than English.

Alliance Threshold Languages

- ▶ What counts as a threshold language?
 - ▶ Threshold Standard Language: 5% or 3,000, whichever is lower, of eligible beneficiaries in Alameda County speak the language.
- ▶ What is required?
 - ▶ By law, the Alliance and its delegates must translate all vital member documents and letters into our threshold languages.
 - ▶ Non-Discrimination Notice and Notice of Availability of Language Assistance Services and Auxiliary Aids and Services in 18 non-English languages must also be sent with these communications.

Group Care

- English
- Spanish
- Chinese

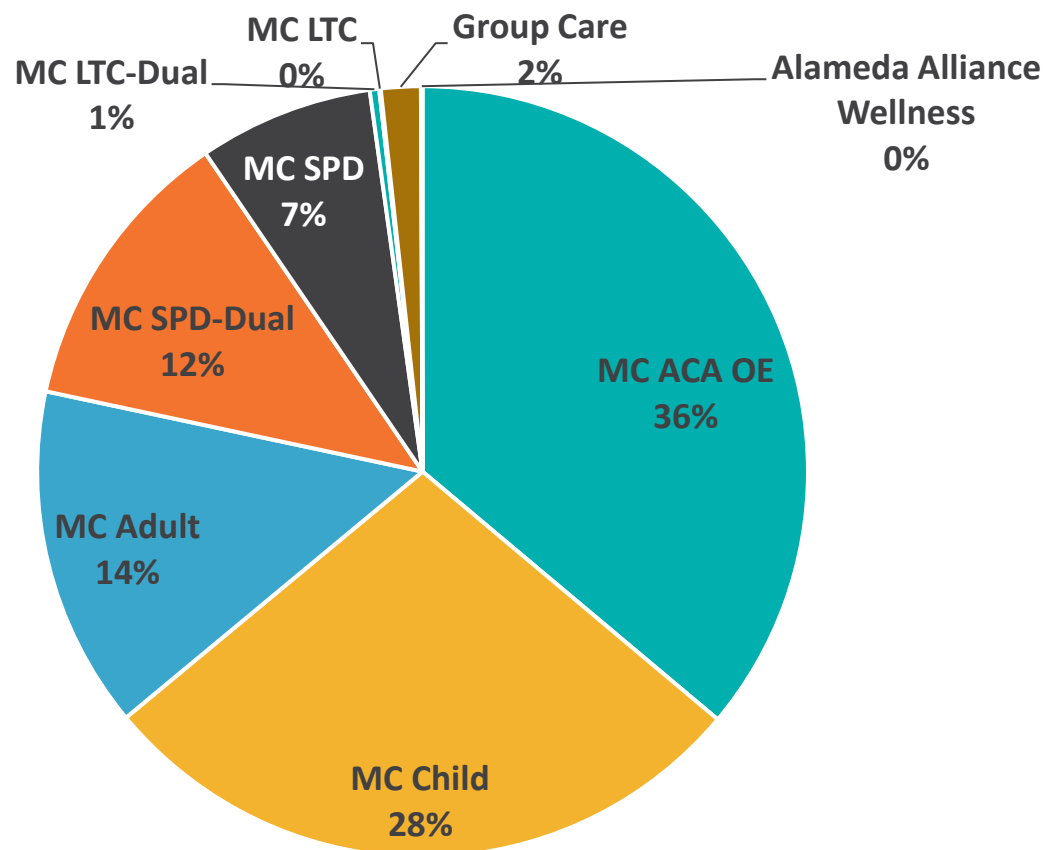
Medi-Cal

- English
- Spanish
- Chinese
- Vietnamese
- Farsi

Medicare/D-SNP

- English
- Spanish
- Chinese
- Vietnamese
- Farsi
- Tagalog

Medi-Cal Membership by Aid Code/Plan



Alliance Membership May 2026
Total membership: 373,931

- ▶ Most members are enrolled in
 - ▶ **MC ACA OE:** Medi-Cal Affordable Care Act Optional Expansion
 - ▶ **MC CHILD:** Medi-Cal for Children
 - ▶ **MC ADULT:** Adult Medi-Cal
- with smaller portions represented by seniors, persons with disabilities, and dual-eligible members.

ACA: Affordable Care Act
LTC: Long Term Care
MC: Medi-Cal
SPD: Seniors and Persons with Disabilities
Dual: Persons dually eligible for Medicare and Medi-Cal

Alliance Language Assistance

Cultural and Linguistic Services Program

The Alliance has a Cultural and Linguistic Services Program that:

Asks the **Community Advisory Committee (CAC)** for input on ways to better serve our members both culturally and linguistically

Holds quarterly **Cultural and Linguistic Services Subcommittee** meetings to monitor cultural and linguistic 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**

Provides **interpreting services**

Communication with Members when English is a Second Language



- ▶ Use clear words; avoid jargon, technical words, and acronyms
- ▶ Repeat important information
- ▶ Give information in small increments
- ▶ Offer/provide educational handouts in the patient's language. Translated materials can be found at:
 - ▶ www.alamedaalliance.org/live-healthy-library
 - ▶ www.medlineplus.gov
- ▶ Use pictures, demonstrations, or videos
- ▶ Check for understanding
- ▶ C&L Provider Toolkit, www.iceforhealth.org

Promoting Health Literacy



▶ Health Literacy is the ability to obtain, process, and understand basic health information. It is critical for making good health decisions.

- ▶ Health Literacy Tips:
- ▶ Use plain language; define complex terms.
 - ▶ Keep text at a 6th grade reading level or lower
 - ▶ For members with very low literacy, also use step-by-step graphics or pictures, demonstrations, and videos.

Supporting Effective Communication

- ▶ The Alliance offers interpreter services for members at no cost
- ▶ ***Virtual-First*** Approach Use of Interpreter Modalities
 - ▶ On-Demand Telephonic (OPI)
 - First option for most visits
 - ▶ On-Demand Video (VRI)
 - For telehealth and select clinical interactions
 - ▶ Pre-Scheduled In-Person / ASL / Rare Languages
 - For complex, sensitive, or specialized needs per updated guidelines
- ▶ Guidance on selecting the most appropriate modality

Accessing Interpreter Services

Step 1

Use Provider Resources

- ✓ Qualified bilingual staff
- ✓ Provider interpreter services
- ✓ Existing language assistance resources



Step 2

Virtual First

- ✓ Preferred for most encounters
- ✓ On-demand telephonic interpretation
- ✓ On-demand video interpretation
- ✓ Administrative communications
- ✓ Routine visits and follow-ups



Step 3

In-Person When Appropriate

For example:

- ✓ Complex or high-risk encounters
- ✓ Highly sensitive discussions
- ✓ Rare languages
- ✓ ASL



Interpreter services are available
at **no cost** for Alliance-covered services.

Language Access Throughout Care



Important Reminders

Offer qualified interpreter services during appointment scheduling and all administrative communications.

Document member's language preference, alternative format preference, and any refusal of interpreter services in the member's record.

Avoid using family and friends as interpreters. Children can only be used in an ***emergency****.

* 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 introduction
 - ▶ State caller's name, organization, and purpose of the call/visit
 - ▶ Reassure the patient/member 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



Alliance Member Communications: Translations, Auxiliary Aids and Services

- ▶ Alliance members have the right to:
 - ▶ Language translations into their preferred language
 - ▶ Auxiliary aids and services (also available to the member's representatives)
- ▶ Members may call Alliance Member Services at **1.510.747.4567** to make a request.
- ▶ The Alliance has **21 days** to fill the request.
- ▶ The Alliance ***tracks*** alternate format requests, ***shares*** preferences with DHCS, and ***sends*** communications to members in the preferred format.



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 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.
www.alamedaalliance.org.

 **Alliance**
FOR HEALTH ALAMEDA

Member Handbook

What you need to know about your benefits

Alameda Alliance for Health (Alliance)

Alliance Group Care

Combined Evidence of Coverage (EOC)
and Disclosure Form

Non-discrimination

Alameda Alliance for Health (Alliance) is committed to serving all its members with **respect and dignity**.

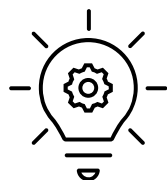
The Alliance does not treat members differently based on perceived or actual differences regarding:

- ▶ Age
- ▶ Ancestry
- ▶ Color
- ▶ Ethnic group identification
- ▶ Gender
- ▶ Gender identity
- ▶ Genetic information
- ▶ Marital status
- ▶ Medical condition
- ▶ Mental disability
- ▶ National origin
- ▶ Physical disability
- ▶ Race
- ▶ Religion
- ▶ Sex
- ▶ Sexual orientation



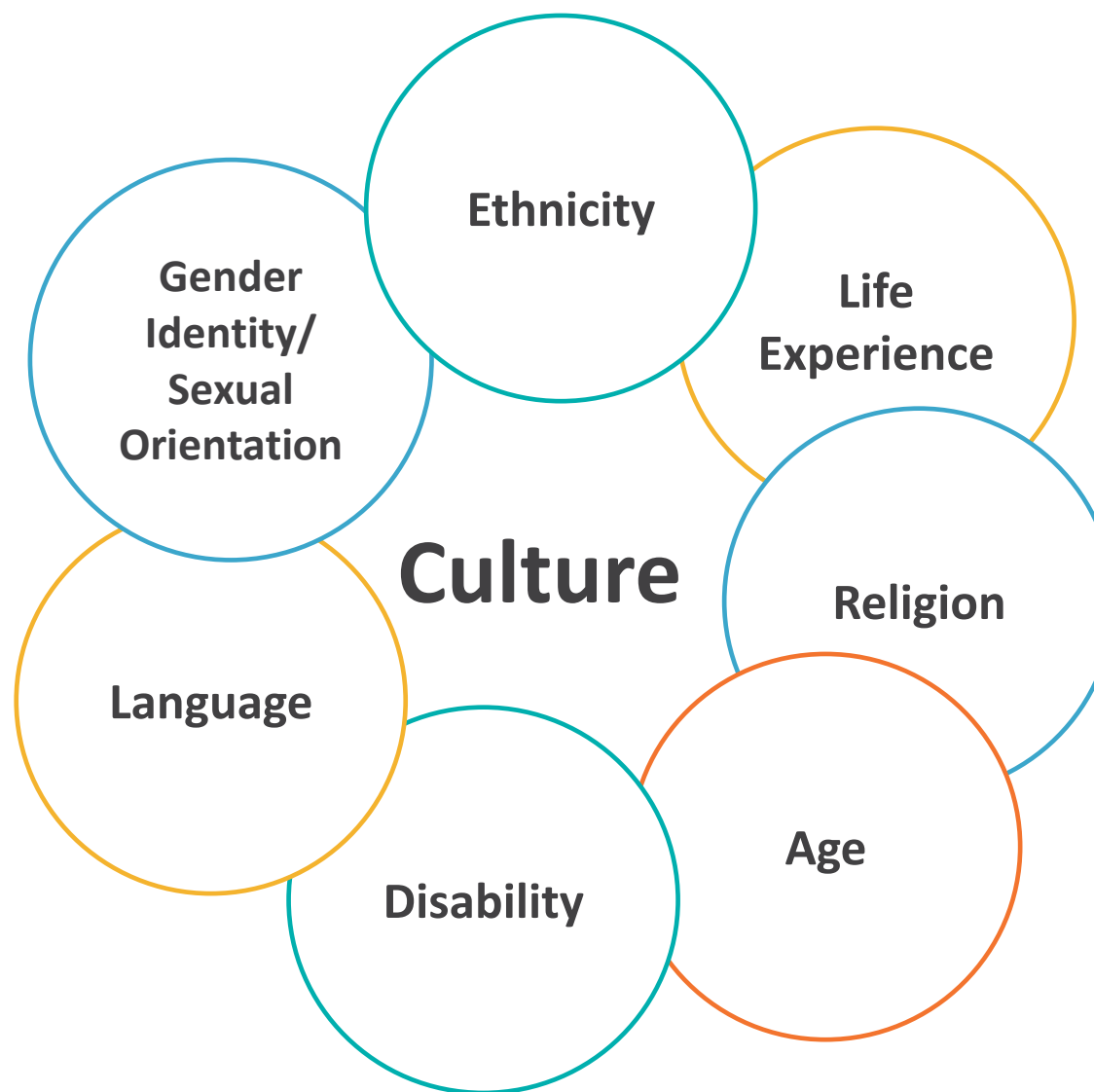
Cultural Competency in Healthcare

What is Culture?



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 Competency



The ability of providers and healthcare organizations to meet the social, cultural, and linguistic needs of members.



Diversity competence includes working with diverse members, diverse providers, and diversity of treatments.



Why is it important?

▶ Culture Impacts Every Health Care Encounter

- ▶ What is considered a health problem
- ▶ What type of treatment is preferred
- ▶ How symptoms are expressed
- ▶ Importance of traditional treatments, foods, or healers
- ▶ How rights and protections are understood

Cultural Sensitivity in Health Care

Effective care for people from different cultures: What questions should we be asking?



Awareness of one's own culture and biases



Embrace the complexity of diversity



Acceptance of differences



Relate to members in ways that are most understandable



Constant effort to understand the worldview of our members



If you offend someone, apologize and ask, "How can I make it right?" Seek help from a supervisor if needed.

Benefits to Culturally Sensitive Communication



Improve Member Health and Safety



Improve Member and Provider Satisfaction



Increase Patient Participation in Their Health

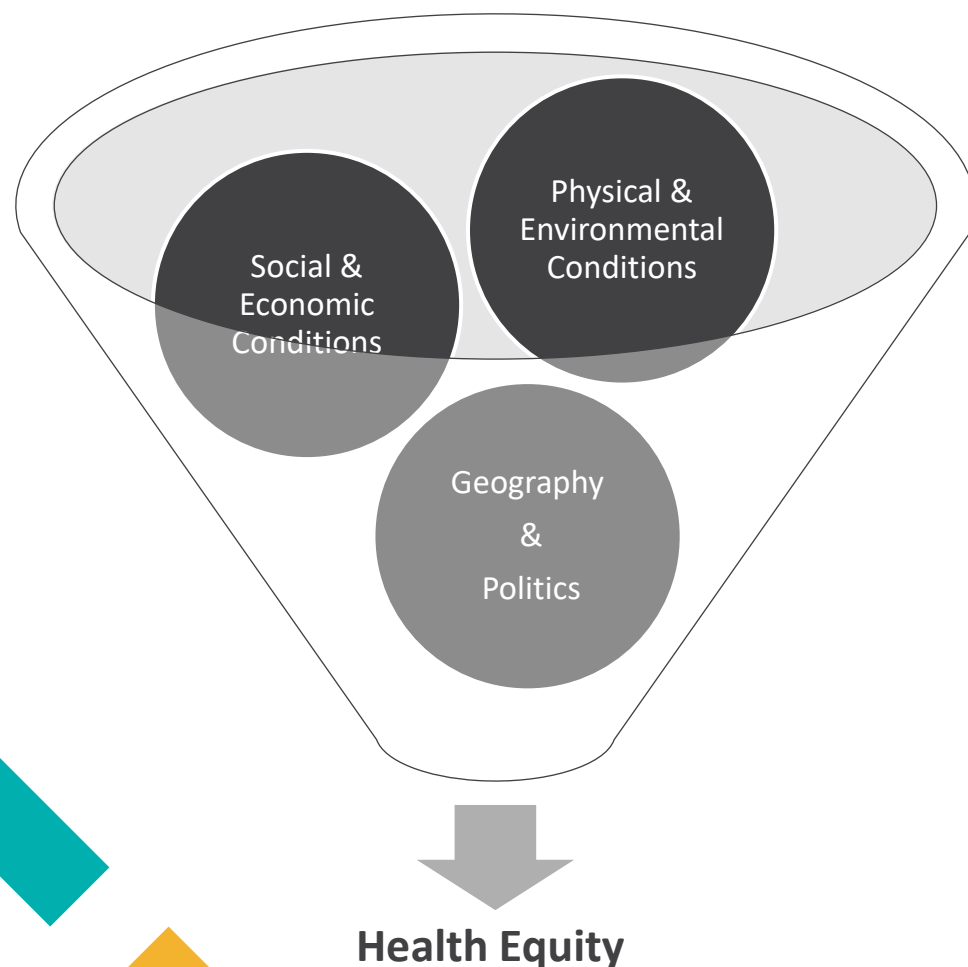


Prioritize Patient Relationships and Minimize Malpractice Risk



Increase Efficiency

Health Equity



- ▶ “Health Equity” means all people have **full** and **equitable access** to opportunities that enable them to lead healthy lives.
- ▶ We achieve health equity by **reducing health disparities** in vulnerable communities.

Mental Health Disparities

- ▶ Up to **15%** of people in communities believe they'd get better care if they were a different race.
- ▶ Black adults get treatment at **half** the rate of white adults (**8.7%** vs **16%**).
- ▶ Only **13%** of minority children receive mental health services — vs **31%** of white children.
- ▶ Nearly **9 in 10** Latino youths have unmet mental health needs.

Source: National Alliance on Mental Illness (NAMI)

Types of Bias

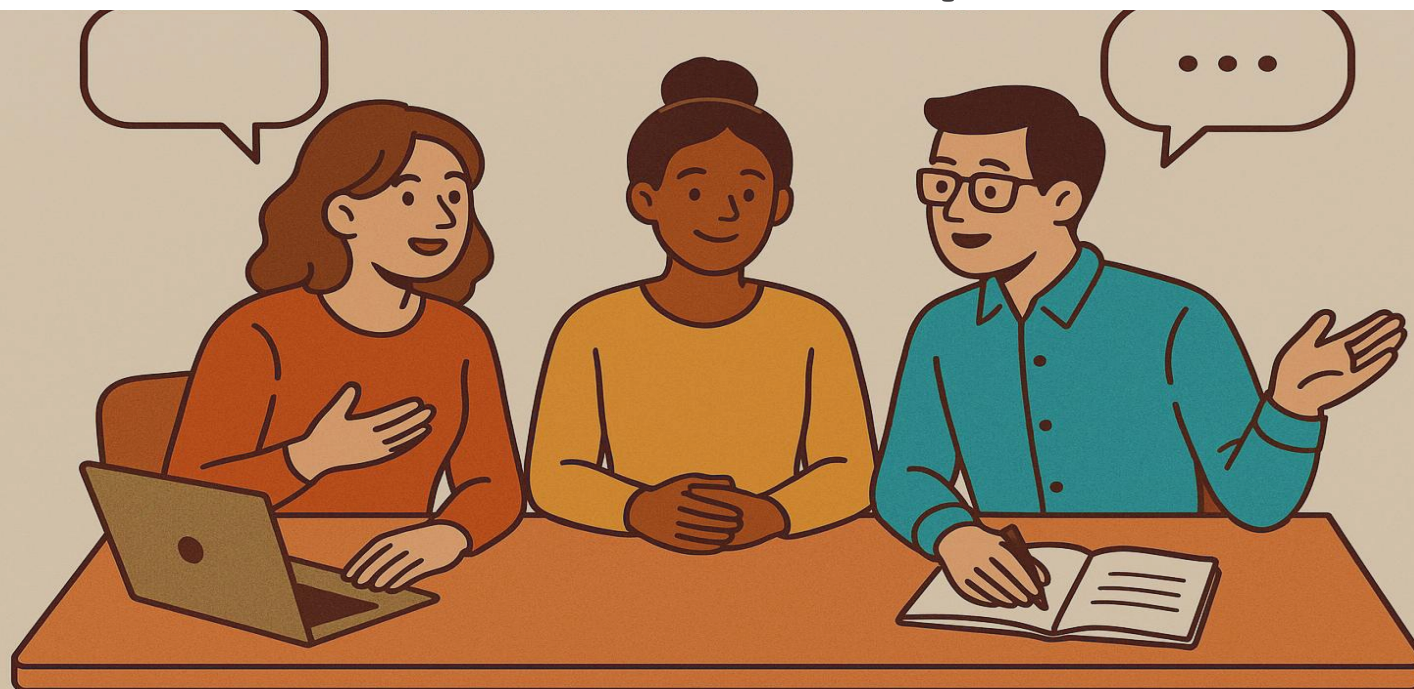
Looking at Our Biases

- ▶ Unconscious bias or “implicit bias” are attitudes or stereotypes that unconsciously affect how we think, act, and engage with others.
 - ▶ Unconscious bias includes, but is not limited to, gender, race, sexual orientation, religion, nationality, disability, ageism, etc.
- ▶ Examples of unconscious bias are:
 - ▶ Dr. John Doe assumes his low-income patients are less intelligent; therefore, they must be more likely to not seek medical advice/care.
 - ▶ Homosexual men are flamboyant.
 - ▶ Overweight people are lazy.
 - ▶ Hiring someone because you attended the same school, rather than merit/skill.
- ▶ Unconscious biases can be unlearned.

Looking at Our Biases

- ▶ **Microaggressions** are everyday verbal and nonverbal behaviors and attitudes (unconscious or conscious) that communicate hostile, derogatory, or negative messages to individuals based upon their marginalized group membership.
- ▶ There are three (3) types of microaggressions:
 1. **Microinsults:** Usually unconscious and convey rudeness or insensitivity.
 - Example: A male colleague refers to his female Latin colleague as “spicy”.
 2. **Microassaults:** Often conscious, deliberate, and derogatory.
 - Example: “Why are you acting like an angry Black woman?”
 3. **Microinvalidations:** Usually unconscious and exclude the thoughts, feelings, or expressions of a minority group.
 - Example: Asking a person of color, “Where are you from? You speak English so well.”
- ▶ Microaggressions ***can be prevented and unlearned.***

Communicating with Diverse Member Populations



Golden & Platinum Rules of Service

Golden Rule

Treat someone like ***you*** want to be treated – if your culture is similar to that of the member/patient.

Platinum Rule

Treat a person how ***they*** want to be treated – if your culture differs from the member/patient.

Service Score Segmentation of Diverse Populations, The Permanente Journal/Fall 2009/Volume 13 No. 4

Communicating with LGBTQIA+ Members

Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
and Asexual

LGBTQIA+ Affirming Health Care

- ▶ Establish relationships and avoid miscommunication steps
- ▶ Address unconscious and implicit biases
- ▶ Consider intersection of LGBTQIA+ care and
 - ▶ Children
 - ▶ Older adults
 - ▶ Behavioral health
 - ▶ Black, Indigenous, and People of Color (BIPOC)
- ▶ Reference the Alliance TGI Training for more best practices.



LGBTQIA+ Basic Terms Review

- ▶ **Gender Identity:** An individual's internal sense of being male, female, both, neither, or something else.
- ▶ **Sexual Orientation:** A person's emotional, romantic, and/or sexual attraction to others.
- ▶ **LGBTQIA+ Definitions:**
 - ▶ **Lesbian:** A woman who is emotionally, romantically, or sexually attracted to other women.
 - ▶ **Gay:** A person who is emotionally, romantically or sexually attracted to members of the same gender.
 - ▶ **Bisexual:** A person emotionally, romantically or sexually attracted to one or more sex, gender or gender identity.
 - ▶ **Transgender:** People whose gender identity does not match the biological sex they were assigned at birth.
 - ▶ **Queer:** A term people often used to express a spectrum of identities and orientations that are counter to the mainstream. Previously seen as a slur, but it has been reclaimed by many.
 - ▶ **Questioning:** Describes people who are in the process of exploring their sexual orientation or gender identity.
 - ▶ **Intersex:** Intersex people are born with a variety of differences in their sex traits and reproductive anatomy.
 - ▶ **Asexual:** Complete or partial lack of sexual attraction to others or a lack of interest in sexual activity with others

Other LGBTQIA+ Terms to Know

- ▷ **Sex assigned at birth:** The sex, male, female, or intersex, that a doctor or midwife uses to describe a child at birth based on their external anatomy.
- ▷ **Gender Affirmation:** The process of making social, legal, and/or medical changes to recognize, accept, and express one's gender identity.
- ▷ **Cis-Normative:** Describes the social, cultural, institutional, and individual beliefs and practices that intentionally or unintentionally assume that cisgender experiences and identities are normative or universal.
- ▷ **Transition:** A series of processes that some transgender people may undergo to live more fully as their true gender.
 - ▶ Transition can be social, medical, or legal.
 - ▶ Transgender people may choose to undergo some, all, or none of these processes.
 - ▶ The Alliance covers gender-affirming surgeries that meet medical necessity guidelines. These procedures help people transition their physical body to match their gender identity. Common surgeries include:
 - Facial surgery
 - Top or chest surgery
 - Bottom or genital surgery

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 _____, and my pronouns are she, her, hers. And you?"
- ▶ If you misspeak, apologize, affirm, and use preferred pronouns
- ▶ Apologize briefly and correct yourself
- ▶ What pronouns? (not an exhaustive list)
 - ▶ 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)

Communicating with LGBTQIA+ 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!

- Post signage or use intake form verbiage that is safe, judgment-free, and non-discriminatory
- Display policies indicating nondiscrimination for sexual and gender identity in common areas
- Make all gender bathrooms available

Don't expect all Members to be heterosexual or cisgender

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

Make Your Language Inclusive

▶ Avoid gendering people

- ▶ Don't assume a member's gender

▶ Be intentional about being inclusive

- ▶ Tell people that you “promote a positive environment **where everyone is included and accepted**”

▶ Don't put people in boxes

- ▶ People have genders, clothes do not
- ▶ Gendered language or restrictions based on stereotypical gender roles can **oppress** and **offend**

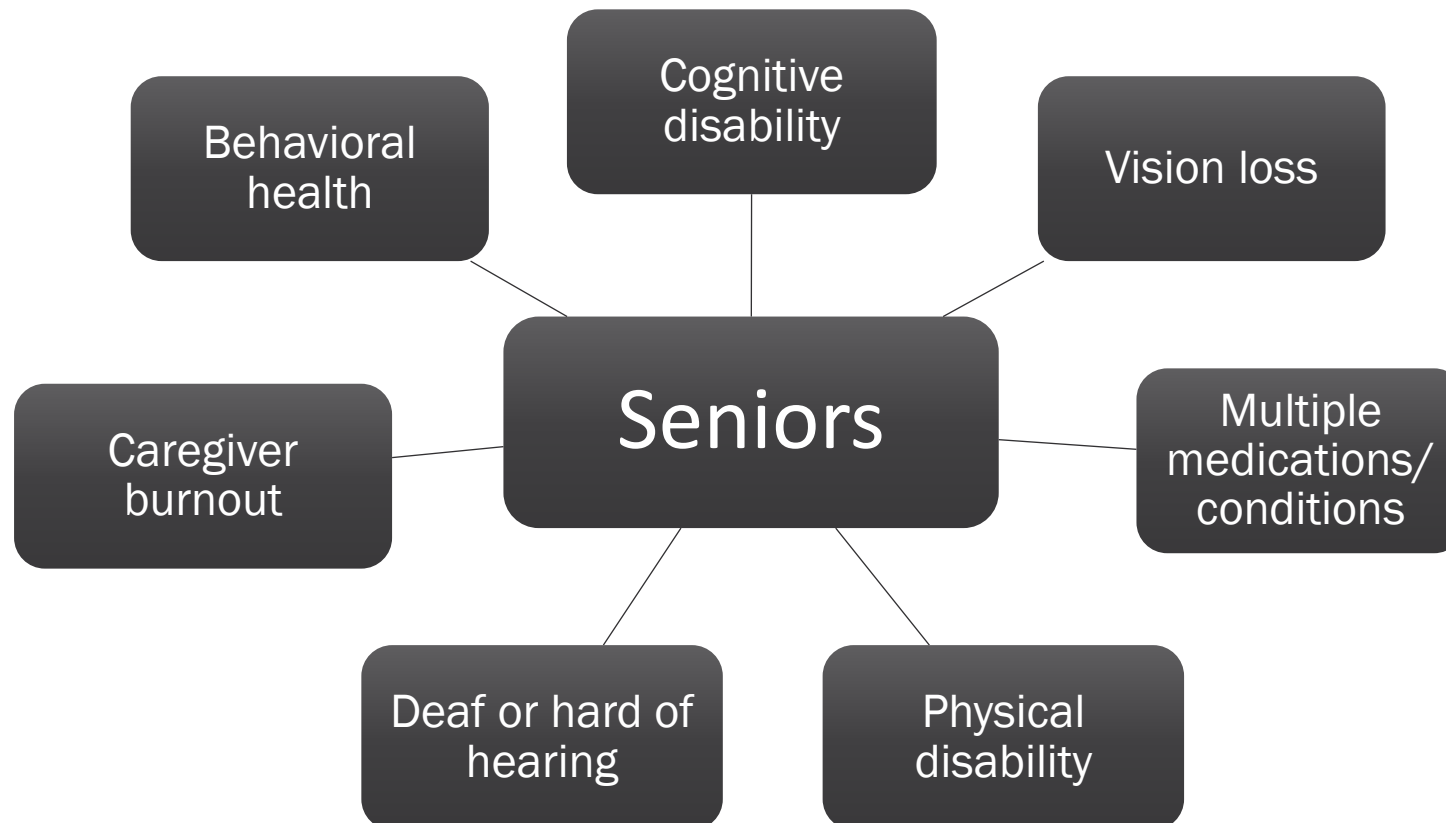
▶ Avoid binary language

- ▶ “**partner/spouse**” instead of “wife/husband”
- ▶ “**folks**” instead of “ladies and gentlemen”

Communicating with Seniors and Persons with Disabilities

Working with Seniors

- ▶ Seniors may deal with multiple challenges to accessing quality healthcare.



Communication with Older Adults

▶ Please press play to view this video
The Gerontological Society of America (2:54 min)



Positive Communication Keys

Avoid speech that might be seen as patronizing

Ask open-ended questions and genuinely listen

Facilitate collaborative use

Monitor and control your nonverbal behavior

Express understanding and compassion

Use visual aids such as pictures



Members 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

▶ **Don't**

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

A large, light gray speech bubble with a black outline and a drop shadow. It contains the text "Could you please repeat that? I didn't catch what you said the first time." in a bold, black font.

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

Members with Learning Disabilities

There are many forms of learning disabilities.

▶ **Examples include:**

- ▶ Dyslexia
- ▶ Auditory or Language Processing Disorders
- ▶ Attention Deficit Hyperactivity Disorder (ADHD)

▶ **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

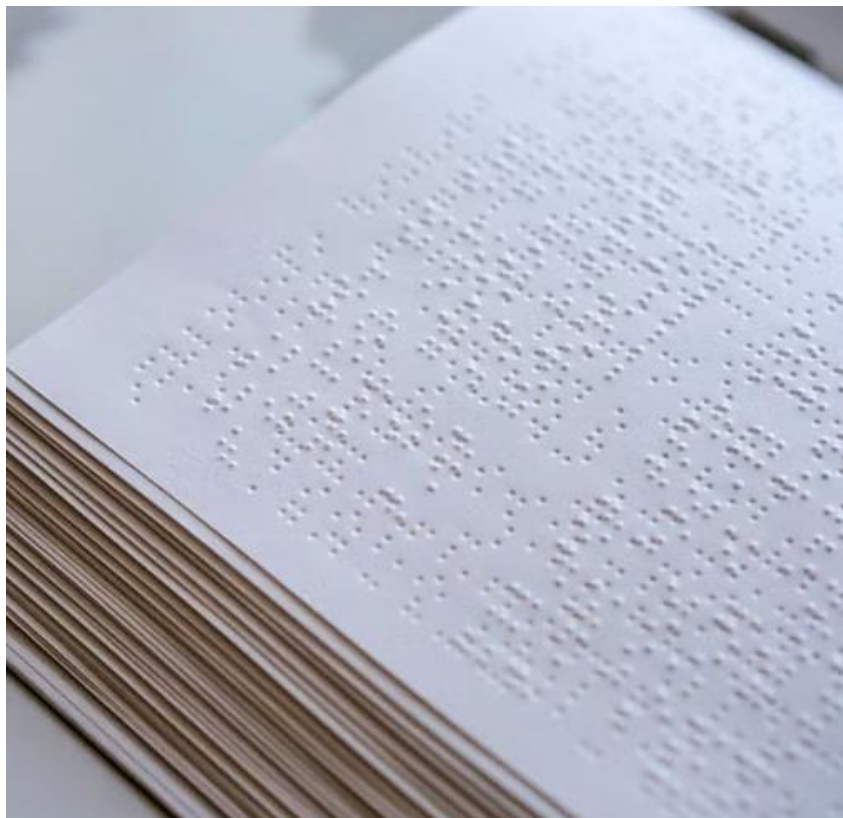


Members who are Deaf or Hard of Hearing

- ▶ Talk by **phone**:
 - ▶ California Relay Service (CRS): 711
 - ▶ Teletype (TTY): 1.800.735.2929
- ▶ **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.



Members who have Vision Loss



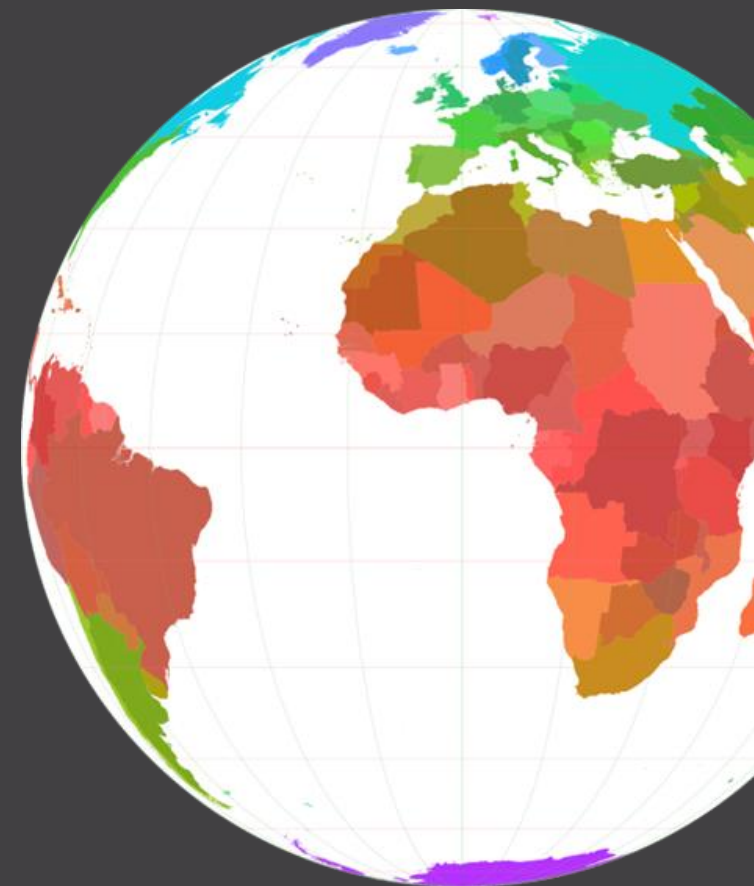
- ▷ Communication strategies
- ▷ Identify yourself
- ▷ Offer to read text or documents
- ▷ Create documents in large font (20 pt. or per member's preference)
- ▷ Translate key materials into braille or preferred format upon request

Communication with Persons with Disabilities

Please press play to view this video: Respectful Way to Interact with People with Disabilities (1:58 min)



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 members or members' parents that their health information is confidential.
- ▶ Orient members to managed care. Explain what Medi-Cal can cover, and what treatments aren't covered.
- ▶ Show respect for the 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.

Thank you.

Questions?



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