
Cultural Sensitivity Training Alameda Alliance for Health March 2019

Training Objectives

- ▶ By the end of this training you will be able to:
- ▶ Understand current laws and regulations on cultural and linguistics services at the federal and state levels.
- ▶ State reasons why cultural sensitivity is important for providing quality health care.
- ▶ Use strategies to improve communication with key sub-populations:
 - ▶ Seniors and persons with disabilities (SPDs)
 - ▶ Immigrants and refugees
 - ▶ LGBTQ+
- ▶ Know how to access cultural and linguistic resources available to Alameda Alliance for Health (Alliance) members.



Culture refers to integrated patterns of human behavior that includes languages, actions, customs, beliefs, values and institutions that unite a group of people.

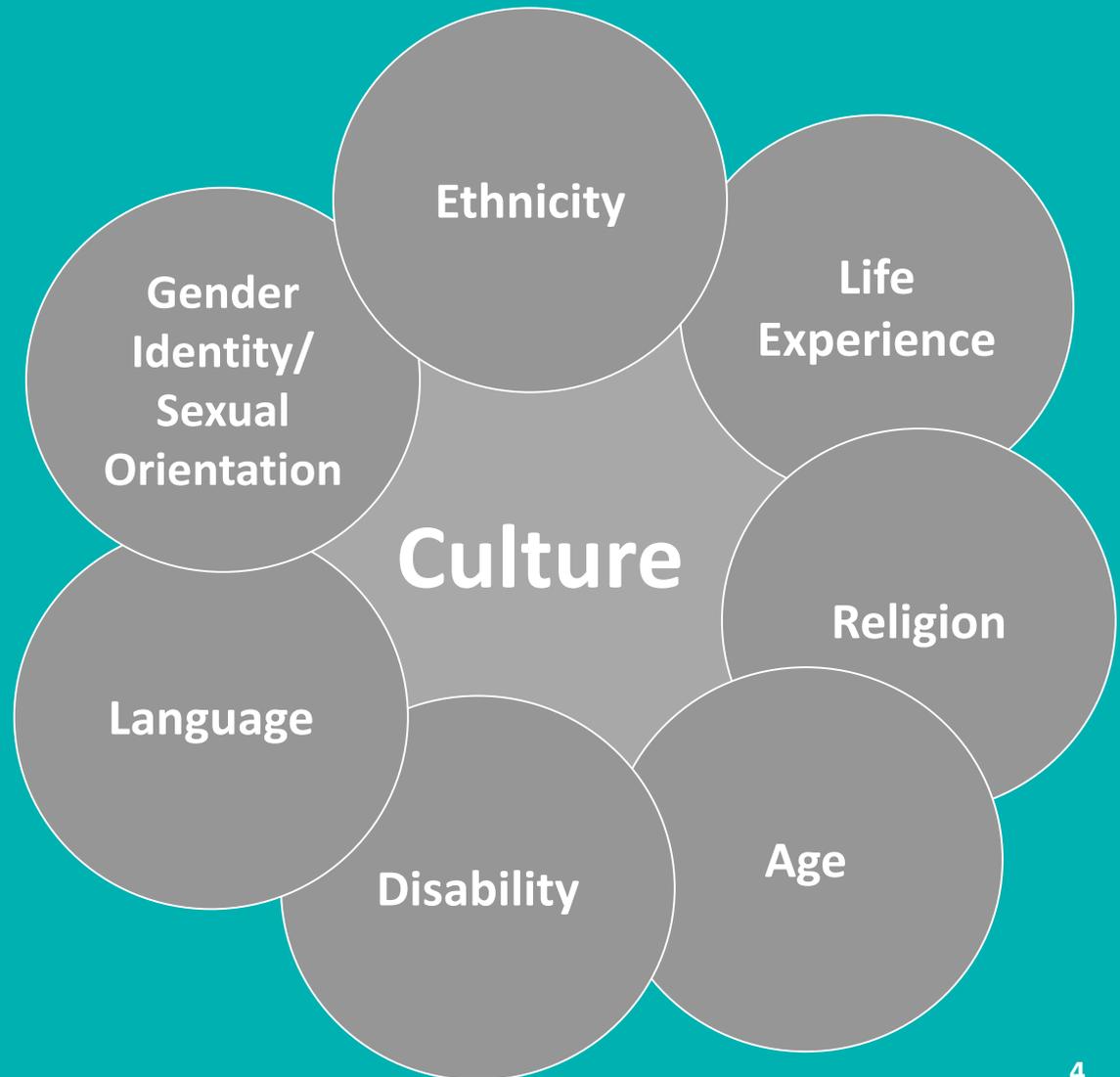
*–U.S. Department of Health and Human Services
- Office of Minority Health*

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 your cultures act as lenses through which you view the world.



Cultural and Linguistic Regulations for Medi-Cal Managed Care

Federal and State

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 stipulated below.

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.

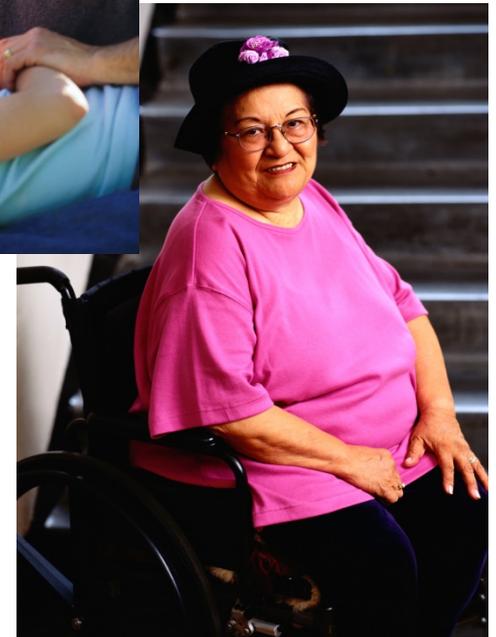
Affordable Care Act of 2010, Section 1557

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.

Our Commitment

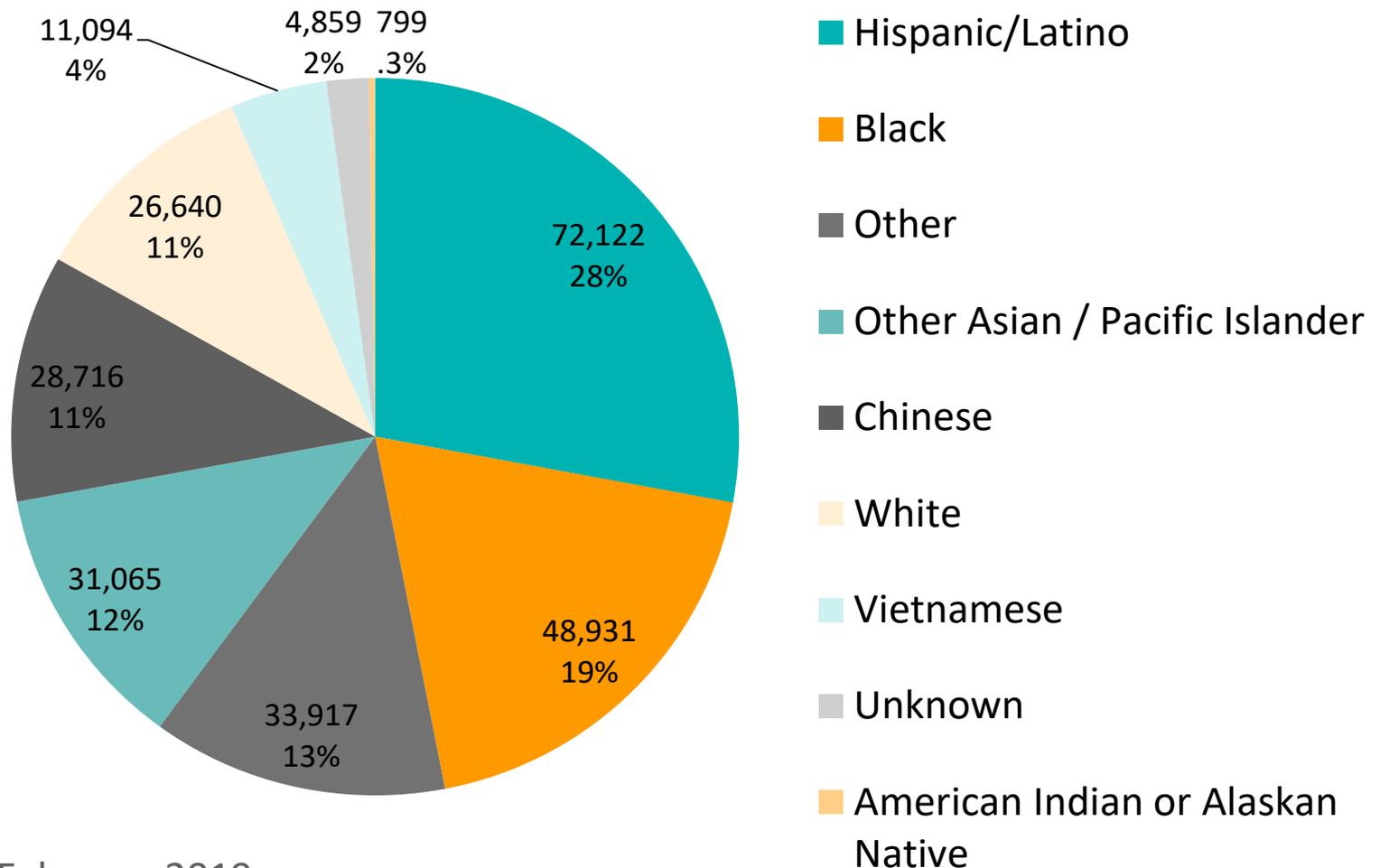
- ▶ The Alliance is committed to serving all of its members with respect and dignity regardless of race, color, national origin, gender, gender identity, sexual orientation, age, or disability.
- ▶ Our goal is to ensure the communications, health care, physical spaces, services and programs are accessible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



Alliance Membership

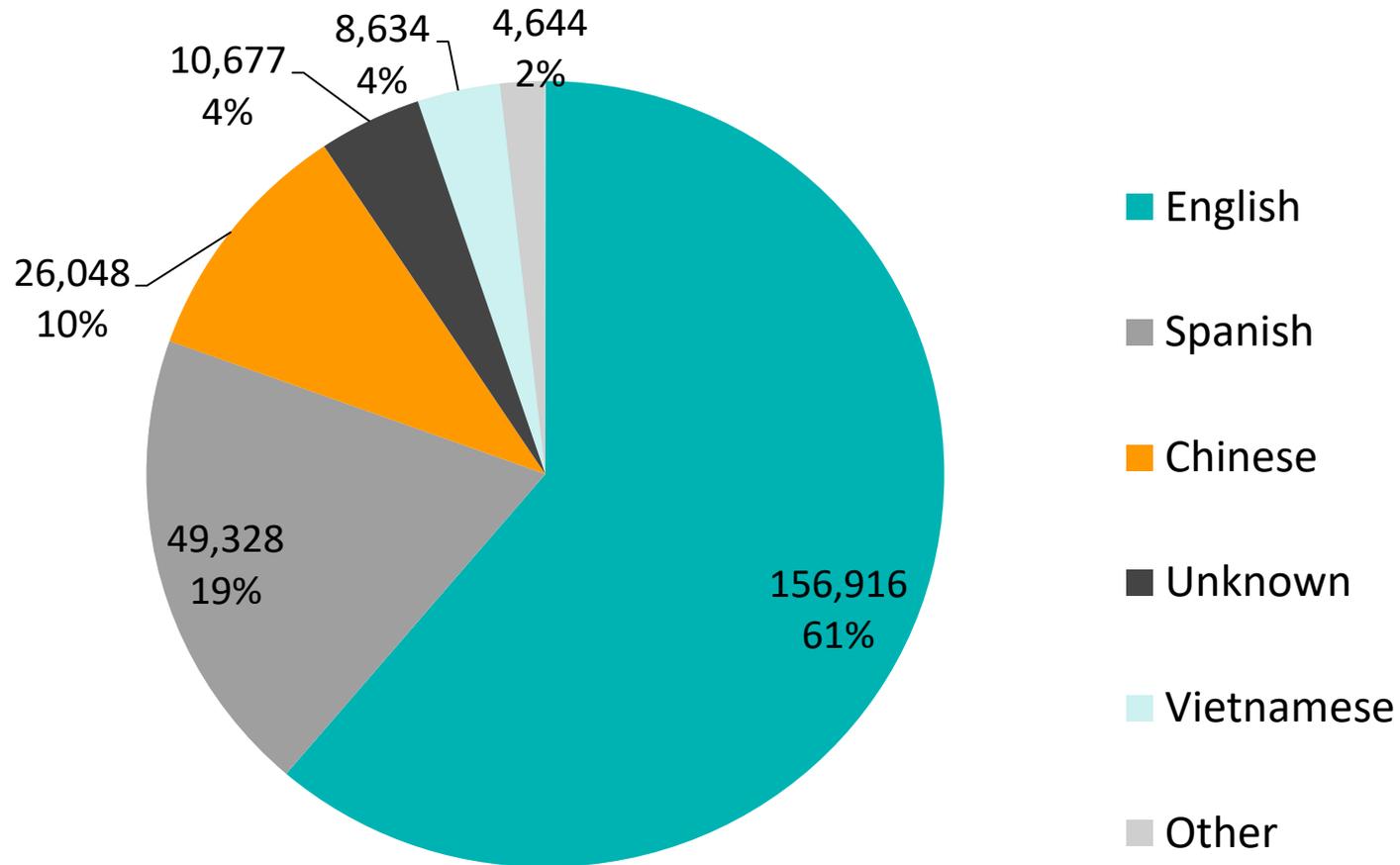


Alliance Membership by Race/Ethnicity



All Plan February 2019

Alliance Membership by Language



Alliance Threshold Languages

- ▶ **Threshold Language:** Either 5% of membership or 3,000 members, 1,500 in two (2) contiguous zip codes, or 1,000 in one (1) zip code.
- ▶ By law, the Alliance and its delegates must translate all vital member documents and letters into our most common member languages:

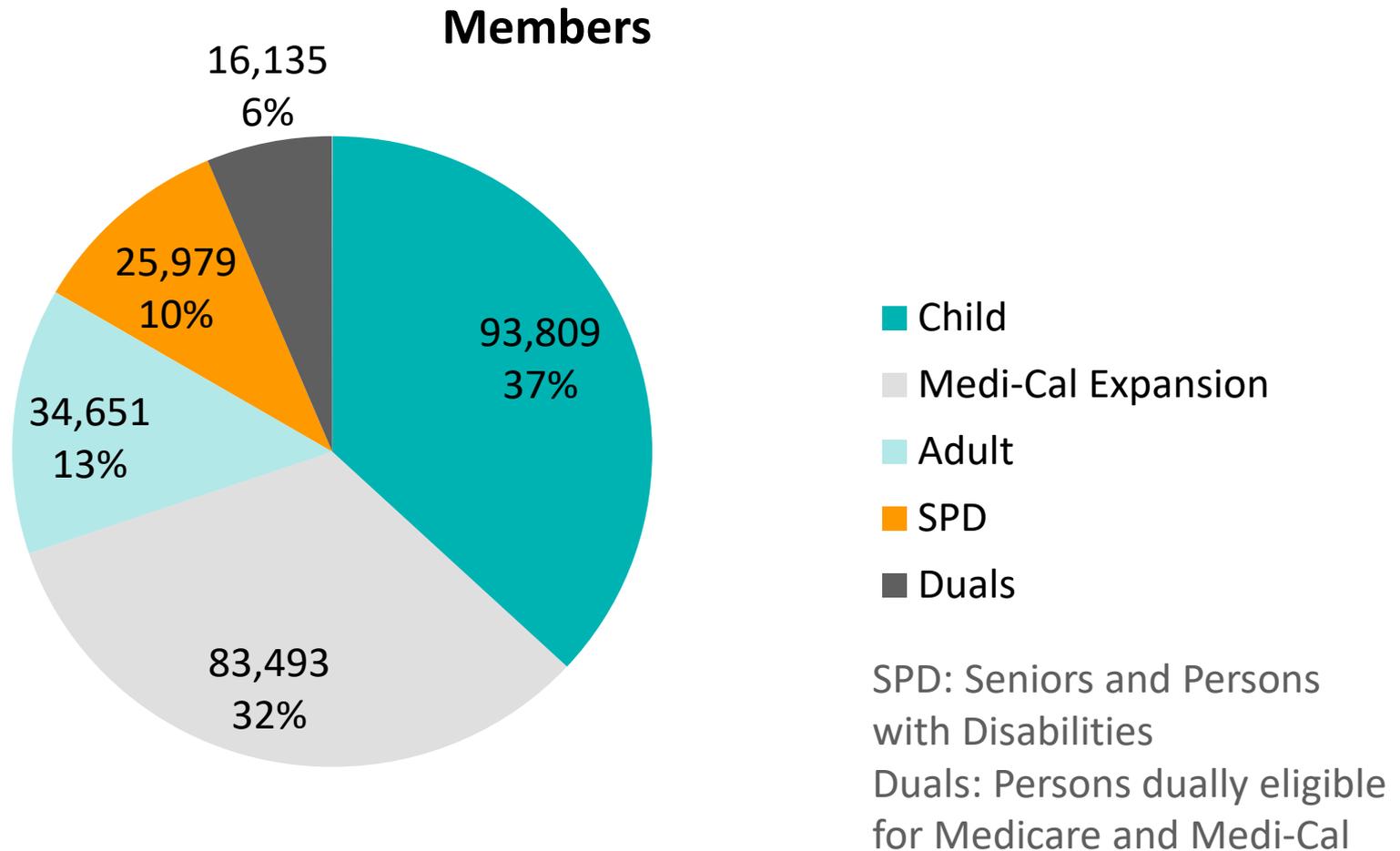
Medi-Cal:

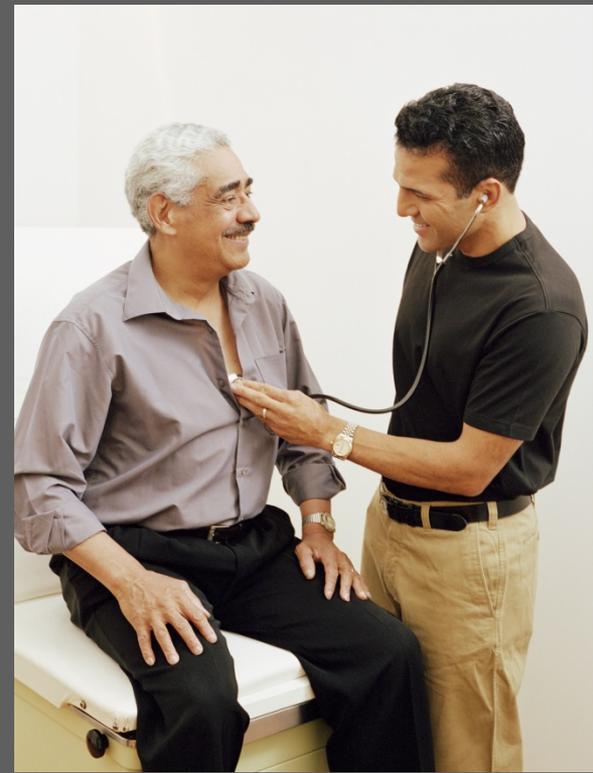
- English
- Spanish
- Chinese
- Vietnamese

Group Care (IHSS):

- English
- Chinese
- Spanish

Medi-Cal Membership by Aid Code





Multi-Cultural Communication

Cultural Competency in Health Care

Effectively dealing with people from different cultures

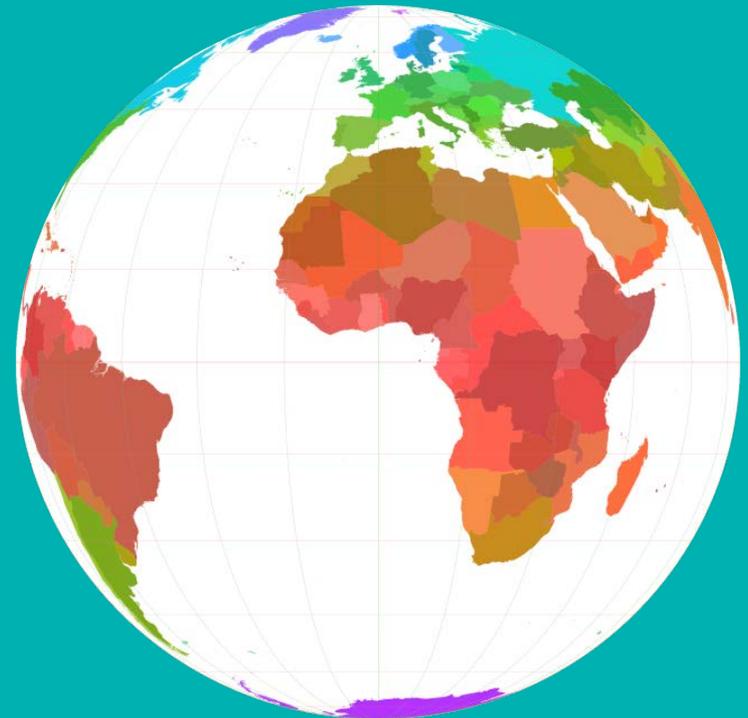
Elements of Cultural Competency:

- ▶ Awareness of one's own culture
- ▶ Understanding the dynamics of differences
- ▶ Awareness and acceptance of differences
- ▶ Development and application of cultural knowledge
- ▶ Appreciation of diversity



***Consider:** Some experts prefer not to use the term “culturally competent.” Each person’s unique mix of cultures and experiences makes it hard to achieve “competency.” Perhaps better terms are “cultural sensitivity” or “cultural humility.”*

Communicating with Refugee and Immigrant Members



Health Care for Refugees & Immigrants

Refugees and Immigrants may:

- ▶ Be concerned about their personal information being shared with government agencies, and especially Immigration and Customs Enforcement (ICE).
- ▶ Delay seeking healthcare for fear of deportation (especially for undocumented parents of children who are U.S. citizens), or fear it will hurt their path to citizenship.
- ▶ Not be familiar with the U.S. health care system:
 - What is managed care?
 - Why would I need prenatal care or well visits?
- ▶ Experience illness due to stress.
- ▶ Practice spiritual, botanic or alternative healing before seeking U.S. medical advice.
- ▶ Have economic or social concerns that influence health decisions.



Communicating with Refugees and Immigrants

- ▶ Assure patients or parents of patients that their health information is confidential.
- ▶ Familiarize members with 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 or providers.
- ▶ Level of acculturation* and individual experiences make each person unique.

***Acculturation:** The process of adopting the cultural traits or social patterns of another group.



Communication with Members

When English Is a Second Language*

- ▶ Use plain words; avoid jargon, technical words and acronyms
- ▶ Speak at a normal pace
- ▶ Repeat important information
- ▶ Provide educational handouts in member's language
- ▶ Use pictures, demonstrations or video
- ▶ Give information in small chunks
- ▶ Check for understanding



*Adapted from Industry Collaboration Effort,
C&L Provider Toolkit. 1/2017
www.iceforhealth.org

Best Practices

- ▶ **Show respect for patients' health beliefs, religion and practices.** Practice non-judgement.
- ▶ **Extend respect to family members,** and find out what role the member wants them to play in their healthcare.
- ▶ **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 who can meet members' cultural needs when possible.



Communicating with LGBTQ+ Members

*Lesbian, Gay, Bisexual, Transgender, Questioning/Queer

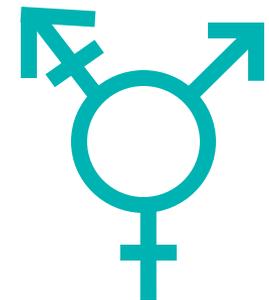
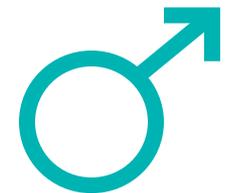
Gender Terminology

▷ 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.

▷ Gender Expression

- ▶ How someone presents their gender identity, such as behavior, clothing, haircut or voice, and which may or may not conform to what is typically considered either masculine or feminine.



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 $M \leftrightarrow F / F \leftrightarrow M$
- ▶ **Lesbian:** Women whose attraction and behaviors are directed at women $F \leftrightarrow F$
- ▶ **Gay:** Men whose attractions and behaviors are directed at men $M \leftrightarrow M$
- ▶ **Bisexual:** One whose attractions and behaviors are directed at both sexes to a significant degree.
 $M \leftrightarrow F$ or $M / F \leftrightarrow M$ or F
- ▶ **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.



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 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 LGBTQ Members

We wish our health care team knew . . .

Consider how to avoid showing surprise or embarrassment through your body language or tone of voice:

- We may not talk about our sexual orientation or gender identity due to fear or discomfort
- We don't fit stereotypes – so don't assume

Here's what your team can do . . .

Identify your own LGBTQ perceptions and biases

Practice some helpful phrases:

- “What pronoun do you prefer I use when referring to you?”
- “I'm glad you shared that with me. I know that might have been difficult to tell me. Is there anything else regarding your health care that I should know about?”
- If you misspeak, be honest and apologize

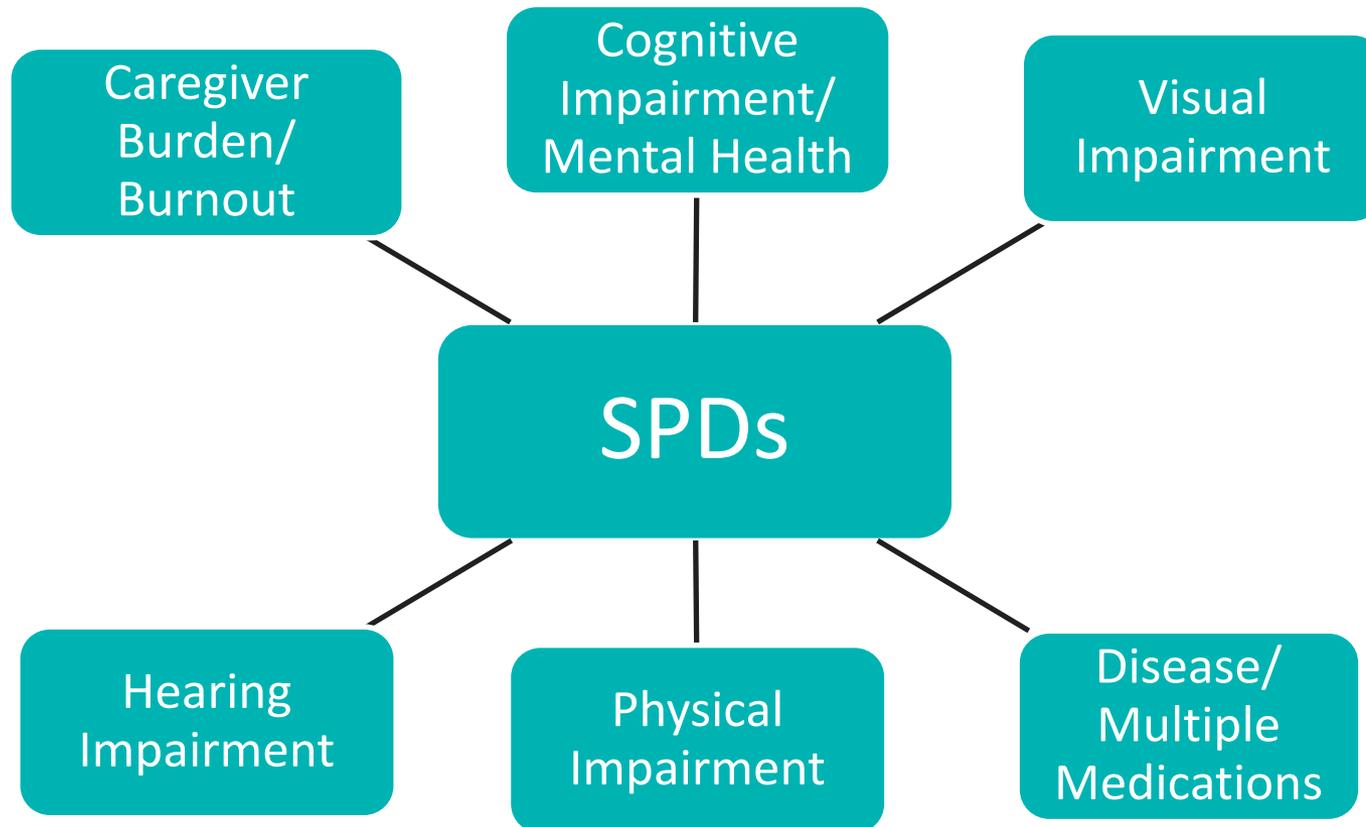


Communicating with SPD Members

Seniors and Persons with Disabilities

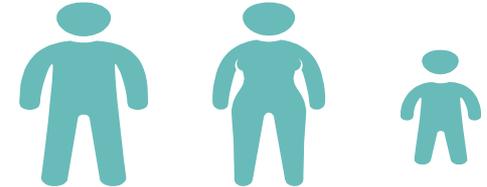
Working with Seniors and Person with Disabilities

SPDs may deal with multiple challenges to accessing quality healthcare.



Disability Etiquette

Person-First Language



- ▶ Show respect by putting the person before the disability
- ▶ The disability or the equipment they use is a descriptor
- ▶ People with a disability are more like people without disabilities than different

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. |
| Children without disabilities. | Comparing children with disabilities to normal or healthy children. |
| Accessible parking, doctor's office, transportation, etc. | Handicapped parking, doctor's office, transportation, etc. |

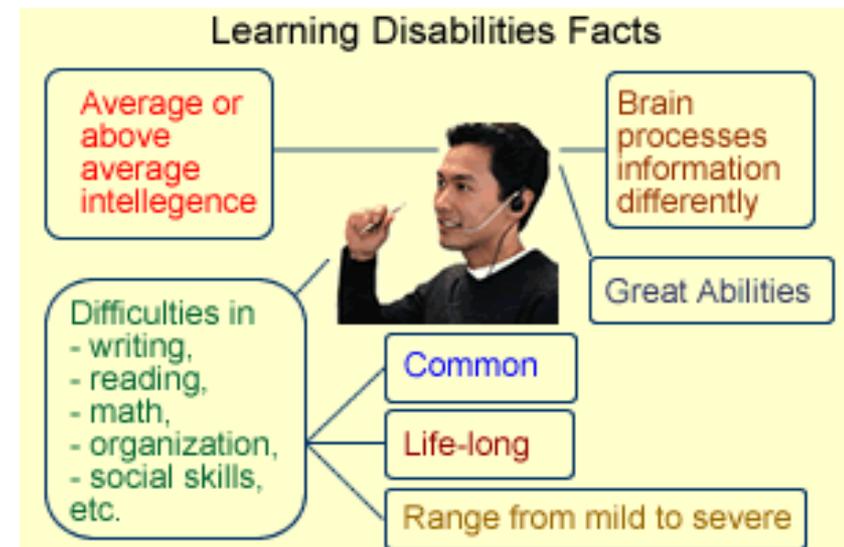
Members who have Mobility Impairments

- ▶ 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.



Members with Learning Disabilities

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



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
- ▶ Offer pen and paper if an option
- ▶ Be patient

▷ **Don't**

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



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

Members who are Deaf or Hard of Hearing

- ▶ Talk by **phone** with members with hearing and speaking impairments using the California Relay Service (CRS) at **711**.
- ▶ Learn about how **video phones** help Deaf and hard-of-hearing people who use sign language to communicate.
- ▶ **Create trust** - Face the person you are speaking with. Avoid side conversations.
- ▶ Offer to arrange for qualified **American Sign Language (ASL)** interpreters for health care communications and appointments.
 - ▶ Remember to speak to the person, not the interpreter!
 - ▶ Consider that foreign-born deaf may not use ASL or be fluent in ASL, but use another culture specific sign language. A specialist may be required to communicate.
- ▶ Use **lip reading** with caution. Do not assume members can read lips. Lip/speech reading can lead to communication errors. Lighting, accents, even facial hair can make it hard.
- ▶ **Writing** may or may not be a good way to communicate. ASL is not the same as written or spoken English. Ask members what works best for them.



Members who have Visual Impairments

▶ Communication strategies

- ▶ Identify yourself
- ▶ Offer to read text or documents
- ▶ Create documents in large font
 - 14 pt. minimum
- ▶ 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 member 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 **Language Assistance Program 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 in member record



Interpreter Services: How to Access

- ▶ The Alliance uses **International Effectiveness Center (IEC)** and **Hanna Interpreting** for interpreter services
 - ▶ For 24/7 telephonic interpreter services, providers may call **1.510.809.8939**.
 - ▶ Member requests for in-person interpreters may go through the Alliance Member Services Department **1.510.747.4567**.
 - ▶ Providers requesting interpreter services for members should fax the Alliance the **Interpreter Services Appointment Request Form** found at www.alamedaalliance.org. Please submit a request at least five (5) working days prior to 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 a qualified interpreter.

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 the cultural context of your body language
- ▶ Mirror the body language, position, eye contact
- ▶ Ask the patient if they look unclear

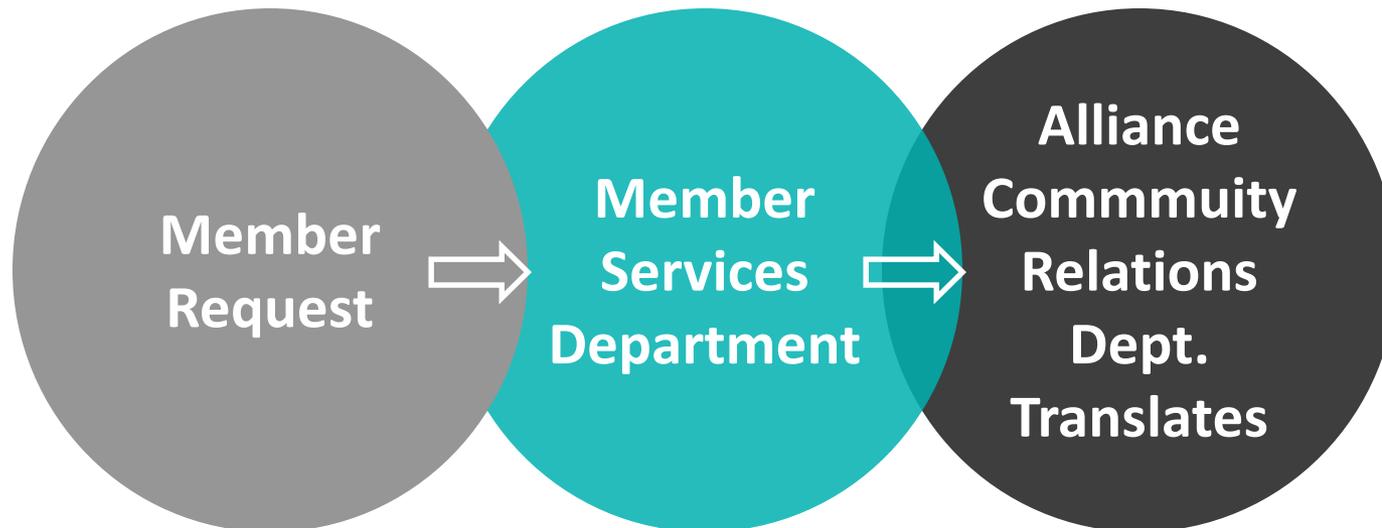


Would you like to see an example? Check out this video:

www.tisnational.gov.au/About-TIS-National/Videos/Hints-and-tips-for-working-with-interpreters-video.aspx

Member Facing 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.
- ▶ To make a request, Alliance members may call the Alliance Member Services Department at **1.510.747.4567**.



Provider Directory & EOC

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

Member Handbook

What you need to know about your benefits

Alameda Alliance for Health
Combined Evidence of Coverage (EOC)
and Disclosure Form

Calendar Year 2018

Cultural Sensitivity Requires Lifelong Learning

Ask respectful questions, and question assumptions.

Learn more at:

- ▷ Think Culture Health:
www.thinkculturalhealth.hhs.gov
- ▷ Stanford University, Ethnogeriatrics:
geriatrics.stanford.edu/culturemed.html
- ▷ EthnoMed:
ethnomed.org/culture
- ▷ University of Pennsylvania Health Services – Religion and Healthcare:
www.uphs.upenn.edu/pastoral/resed
- ▷ 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