



Cultural Sensitivity Training

Alameda Alliance for Health

**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 Objectives

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

- 1. Know Alliance DEIB mission, values, and strategies** implemented towards improving DEI work here at the Alliance.
- 2. Understand current laws and regulations** on cultural and linguistic services at the federal and state levels.
- 3. Understand why cultural sensitivity is important** for providing quality health care.
- 4. Use strategies to improve communication** with key sub-populations:
 - ▶ Diverse ethnic groups
 - ▶ Immigrants and refugees
 - ▶ Seniors and persons with disabilities
 - ▶ LGBTQIA+
- 5. Know how to access cultural and linguistic resources** available to Alameda Alliance for Health (Alliance) members.

Regulatory Standards for Cultural and Linguistic Services

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
- ▶ Code of Federal Regulations, Title 42, Section 440.262 , 43
- ▶ American Disabilities Act of 1990, Title III & Civil Rights Act of 1964, Title 6
- ▶ Affordable Care Act of 2010, Section 1557

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 and seniors and persons with disabilities and understanding the cultural diversity of our membership.

Diversity, Equity, Inclusion and Belonging (DEIB)

Alliance DEIB Mission + Values:

Mission: Improving the health and well-being of our members by collaborating with our provider and community partners to deliver high quality and accessible services.

Values:

Teamwork: We actively participate, support each other, develop local talent, and interact as one team.

Respect: We put people first, embracing diversity and equity, striving to create a positive work environment, excellent customer service, and value all people's health and well-being.

Accountability: We work to create and maintain efficient processes and systems that minimize barriers, maximize access and sustain high quality.

Commitment & Compassion: We are empathic and care for the communities we serve including our members, providers, community partners and staff.

Knowledge & Innovation: We collaborate to find better ways to address the needs of our members and providers by proactively focusing innovative resources on population health and clinical quality.



Defining DEIB at The Alliance

▷ **Diversity** encompasses the following dimensions:

- ▶ Culture
- ▶ Gender identity
- ▶ Sexual orientation
- ▶ Ethnicity
- ▶ Religious beliefs
- ▶ Diversity of thoughts
- ▶ Skills
- ▶ Marital status
- ▶ Family composition
- ▶ Education
- ▶ Experience
- ▶ Generational diversity
- ▶ Abilities
- ▶ Disabilities



▷ **Equity** in health means *social justice* in health.

▷ **Inclusion** means fostering respect and team spirit in the workplace.

▷ **Belonging** means that everyone is treated with dignity and respect and genuinely feels a sense of belonging in the workplace where they can thrive.

DEIB at The Alliance

▶ DEIB and the Cultural Sensitivity Training enhances communication, interaction and best practices between

- ▶ Staff
- ▶ Members
- ▶ Providers
- ▶ Vendors/Community Based Organizations (CBO)

▶ Culturally competency increases the likelihood of positive change not only within The Alliance, but with our providers. **In hopes that our members will have better access to care and improved health outcomes.**

▶ Strategic steps The Alliance have taken to improve our organizational structure as it pertains to DEI:

- ▶ Diversity, Equity, Inclusion and Belonging (DEIB) Committee (*founded in 2020*)
- ▶ Hiring a Chief Health Equity Officer (CHEO)
- ▶ Hiring a DEI consultant.



▶ DEIB's responsibilities

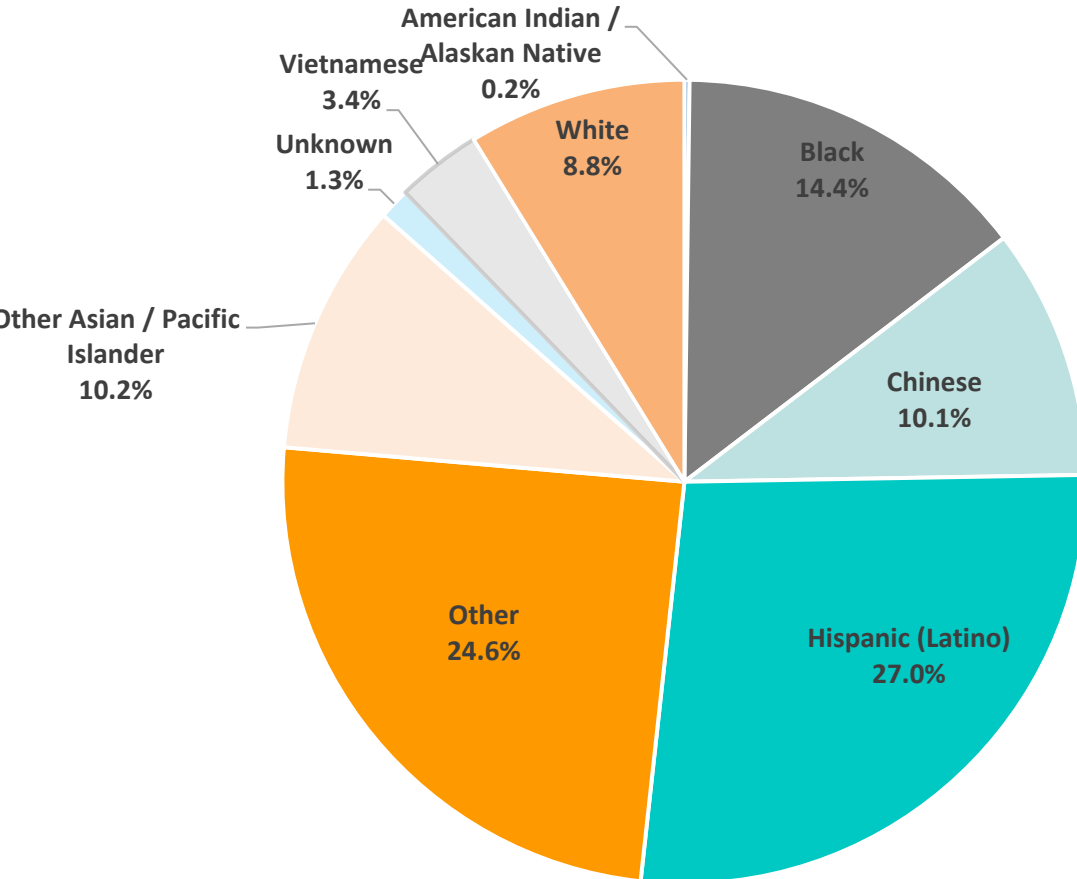
- ▶ Developing an organizational strategy
- ▶ Recommending company-wide initiatives to CEO and Board of Governors
- ▶ Ensuring internal and external communication on DEIB matters
- ▶ Evaluating progress on the organization diversity goals
- ▶ Ensuring that the organization's services, actions, policies, communications, and customer service support diversity, equity and inclusion.

▶ Public statements

- ▶ [Statement 1](#): Public Statement Opposing Structural Racism, July 10, 2020
- ▶ [Statement 2](#): In Solidarity with our Asian and Pacific Islander Communities, April 9, 2021

Alliance Membership Data

Alliance Membership by Ethnicity



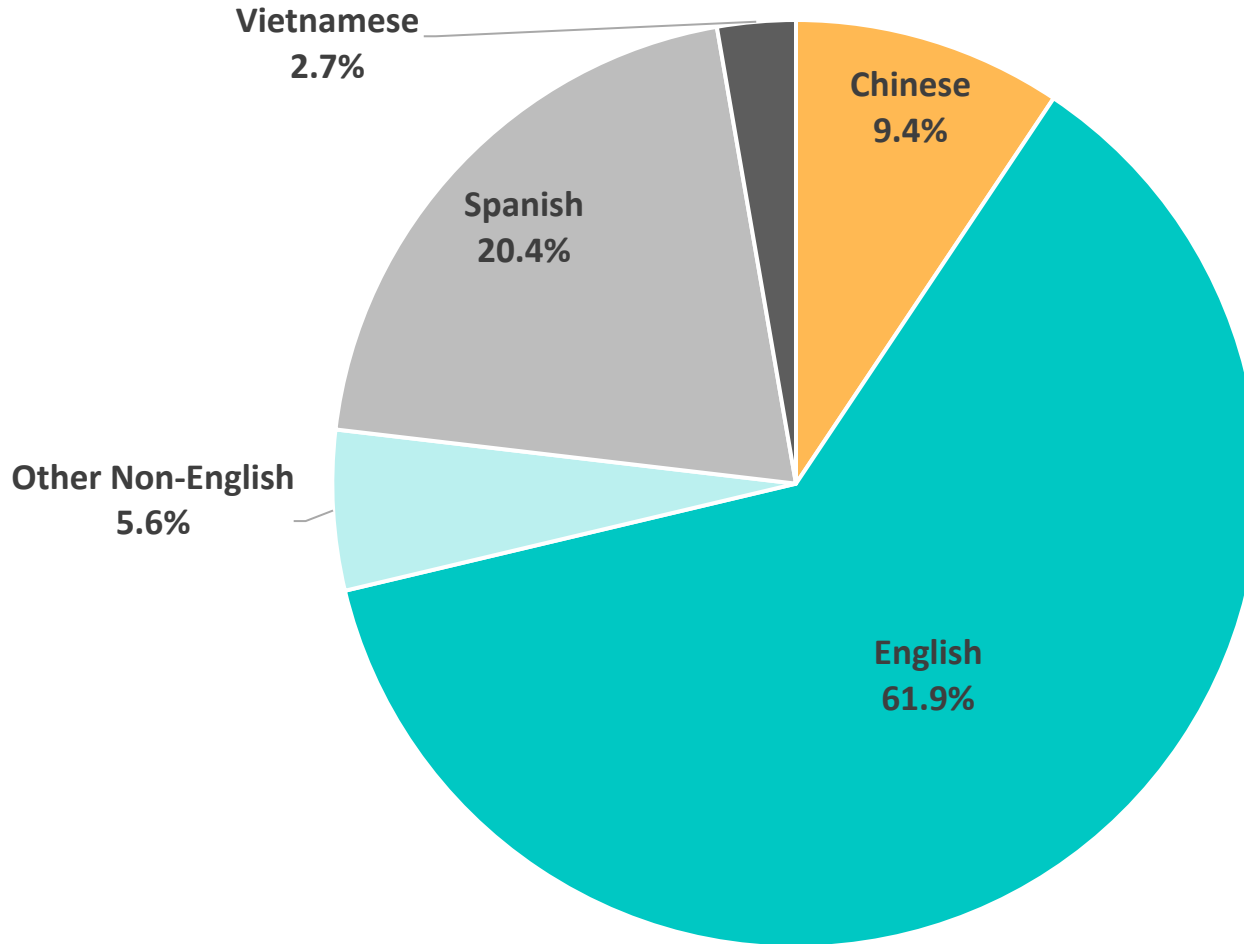
Alameda County Comparison	
Asian alone	34.50%
White alone	28.80%
Hispanic or Latino ^(a)	22.40%
Black or African American alone	10.70%
Two or More Races	5.60%
American Indian and Alaska Native alone	1.10%
Native Hawaiian and Other Pacific Islander alone ^(b)	0.90%
^(a) Hispanics may be of any race, so also are included in applicable race categories	
^(b) Includes persons reporting only one race	

AAH Prelim July 2023. Total membership: 357,760.

Census Alameda County estimates, 7/1/2022, [U.S. Census Bureau](#)

[QuickFacts: Alameda County, California](#); viewed 7/31/2023.

Alliance Membership by Language



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Alliance Threshold Languages

What counts as a threshold language?

5% or 3,000 Medi-Cal eligible individuals in Alameda County, 1,500 in two contiguous zip codes, or 1,000 in one zip code.

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 taglines in 18 non-English languages must also be sent with these communications.

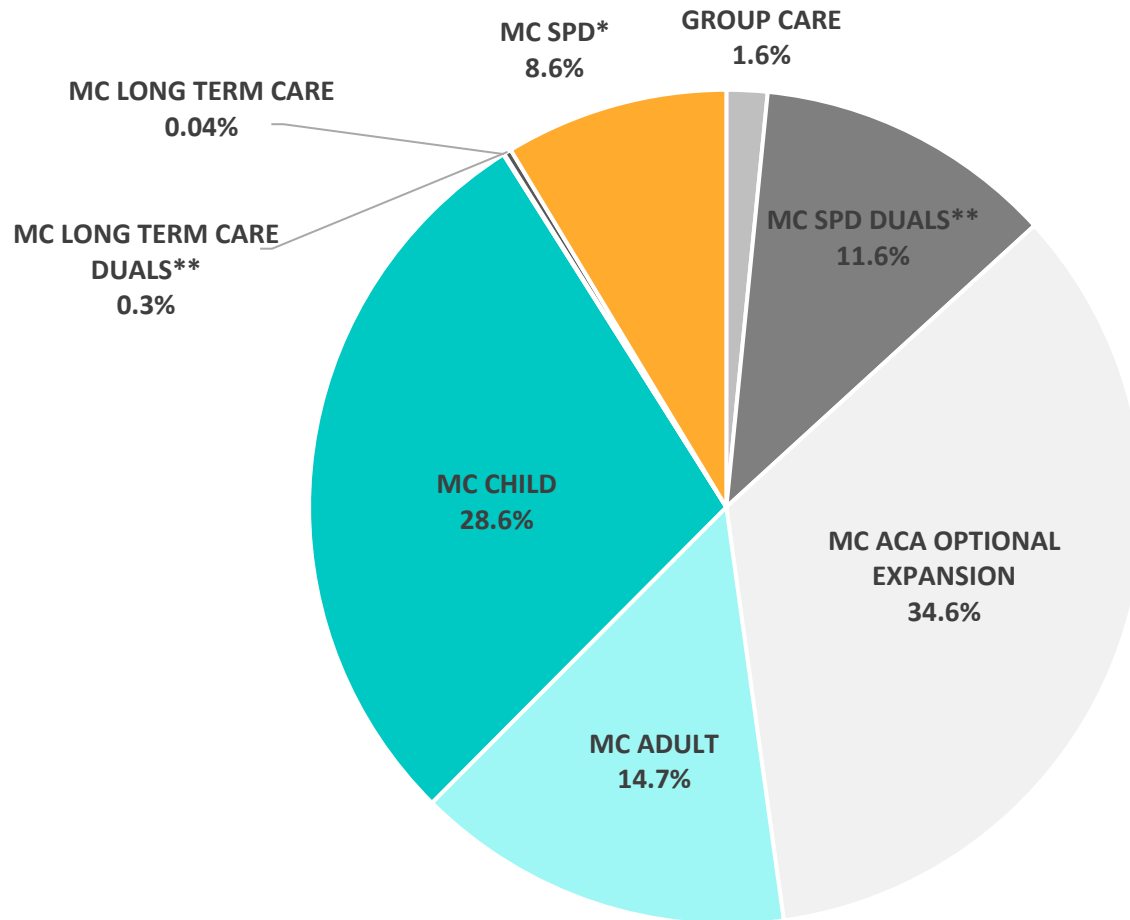
Medi-Cal

- English
- Spanish
- Chinese
- Vietnamese
- Tagalog

Group Care (IHSS)

- English
- Chinese
- Spanish

Medi-Cal Membership by Aid Code/Plan



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

AAH Prelim July 2023. Total membership: 357,760.

Alliance Language Assistance

Alliance Language Assistance Program

The Alliance has a Language Assistance Program that:

- ▶ Asks the **Member Advisory Committee (MAC)** for input on ways to better serve our members both culturally and linguistically
- ▶ Holds quarterly **Cultural and Linguistic Services Committee** 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

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 patient's language. Translated materials can be found at:
 - ▶ www.alamedaalliance.org/live-healthy-library
 - ▶ www.medlineplus.gov
- ▶ Use pictures, demonstrations, or video
- ▶ Check for understanding



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

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.



Interpreter Services: What's Covered

- ▶ All members are entitled to an interpreter at all points of contact for Alliance 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 qualified interpreter services at the time of appointment scheduling and administrative communications.
- ▶ Note language preferences and any refusal of qualified interpreters in the member's record.



Interpreter Services: How to Access

- ▷ The Alliance offers:
 - ▶ 24/7 telephonic interpreter services.
 - Providers and Alliance Staff call **1.510.809.3986**.
 - Members call Alliance Member Services at **1.510.747.4567**.
 - ▶ Pre-scheduled in person or video interpreter services.
 - In person or video services are available when needed for ASL, complex, or sensitive appointments.
 - Providers must request 5 days prior to the appointment date by fax or the Provider Portal using the **Interpreter Services Request Form**.
- ▷ Most health care encounters are served by telephonic interpreters or staff with documented bilingual proficiency.
- ▷ Hospitals are required by state law to provide interpreter services to members (AB 389 Chapter-327).



Family & Friends as Interpreters?

Offer qualified interpreter services or qualified bilingual staff for all health care communications.

Do not ask family members to interpret, unless it is an emergency.
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.

* 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

Point to Your Language Sign

- ▶ There are a diversity of languages spoken even within a country, or the same language may have different dialects.
- ▶ For in-person appointments, use the “Point to Your Language” sign with members to help identify which language they speak.
- ▶ You may download a copy of the sign here: [Point to Your Language](#)

Point to your language. We will get you an interpreter.

Alliance FOR HEALTH	
Arabic	اللغة العربية أشر الى لغتك وستنادى المترجم حالا
Laotian	ພາສາລາວ ຮຽນພາສາລາວຮຽນໄດ້ ພວກເຮົາຈະມີຄົນເຮັດວຽກພາສາໄດ້
Cambodian	ភាសាខ្មែរ សូមចង្អុលភាសារបស់អ្នក យើងនឹងរៀបអ្នកបកប្រែមកជូន
Mam	Mam Yecz tyola. K,ə co jel yolon tejun xal toj tell tyola.
Cantonese	廣東話 請指認您的語言 以便為您請翻譯
Mandarin	國語 請指認您的語言 以便為您請翻譯
Dari	ڊارى شما به کدام زبان گپ می زنید؟ یک ترجمان می آید.
Mien	Mienh Nuqv meih nyci waac mbuox yie liuz, yie heuc faan waac mienh bun meih oc.
Eritrean	ትግርኛ ኅብዓንቃዕኹም ከመልኩቱ ከተርጉሚ ከደውሉሉ ከዬ
Pashto	پښتو خپله ژبه وینه. ژر به ترجمان در سره خبری وکر.
Ethiopian	አማርኛ ወይያንቃው ከያመልኩቱ ከተርጉሚ ከነጠራሉን
Punjabi	ਪੰਜਾਬੀ ਅਮਣੀ ਬੋਲੀ ਵਿਸ਼ਵ ਨਾਲ ਦੱਸੋ । ਤੁਹਾਡੇ ਵਾਸਤੇ ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਯੁਗਲਿਆ ਜਾਵੇਗਾ ।
Farsi	فارسی به زبانی که صحبت می کنید اشاره کنید، برای شما مترجم می آوریم.
Russian	Русский Язык Укажите, на каком языке Вы говорите. Сейчас Вам вызовут переводчика.
Hindi	हिंदी अपनी भाषा इशारे से दिखाइये । आपके लिए दुभाषिया बुलाया जाएगा ।
Spanish	Español Señale su idioma. Se llamará a un intérprete.
Hmong	Hmoob Thov taw tes rau koj yam lus. Peb yuav hu ib tug neeg txhais lus rau koj.
Tagalog	Tagalog Ituro mo ang iyong wika. Matatawagan ang tagapag-salin.
Indonesian	Bahasa Indonesia Tunjukkan bahasamu. Jurubahasa akan disediakan.
Thai	ภาษาไทย ช่วยชี้ให้เราดูหน่อยว่า ภาษาไหนเป็นภาษาที่ท่านพูด แล้วเราจะจัดหาท่านให้ท่าน
Japanese	日本語 あなたの話す言語を指で、示してください。 通訳をお呼びします。
Urdu	اردو زبان میں بات کرنا پسند کریں؟ سی آپ کون آپ کی مدد کیلئے ایسی کسی ترجمان کو بلا دیا جائے گا۔
Korean	한국어 당신이 쓰는 말을 지적하세요. 통역관을 불러 드리겠습니다.
Vietnamese	Tiếng Việt Chỉ rõ tiếng bạn nói. Sẽ có một dịch viên nói chuyện với bạn ngay.

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 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.

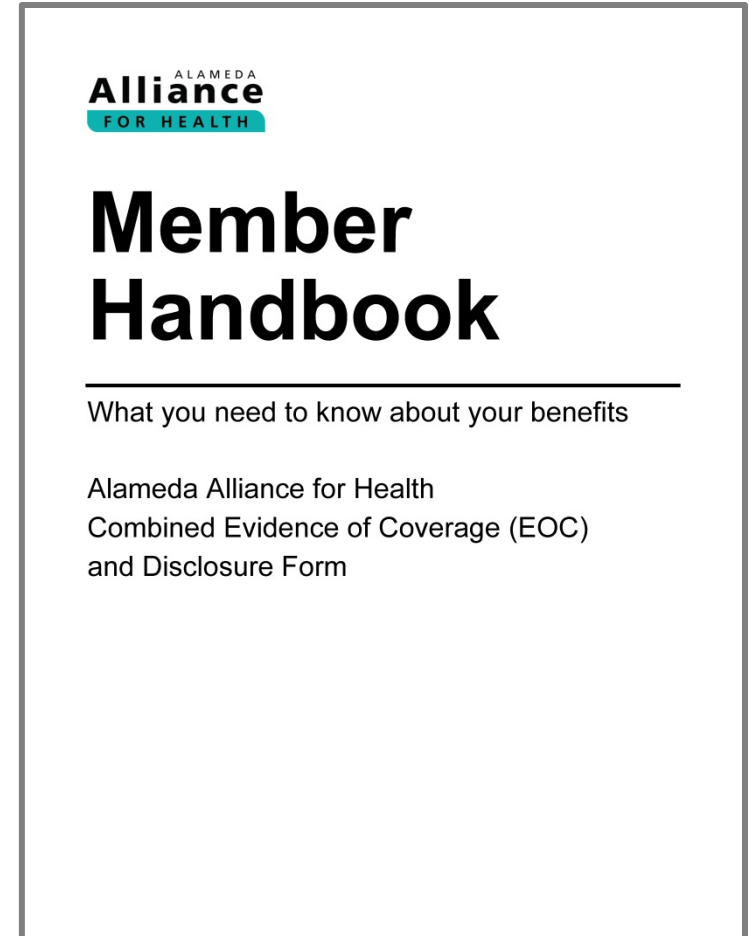


ABC



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.



Non-Discrimination

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:

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





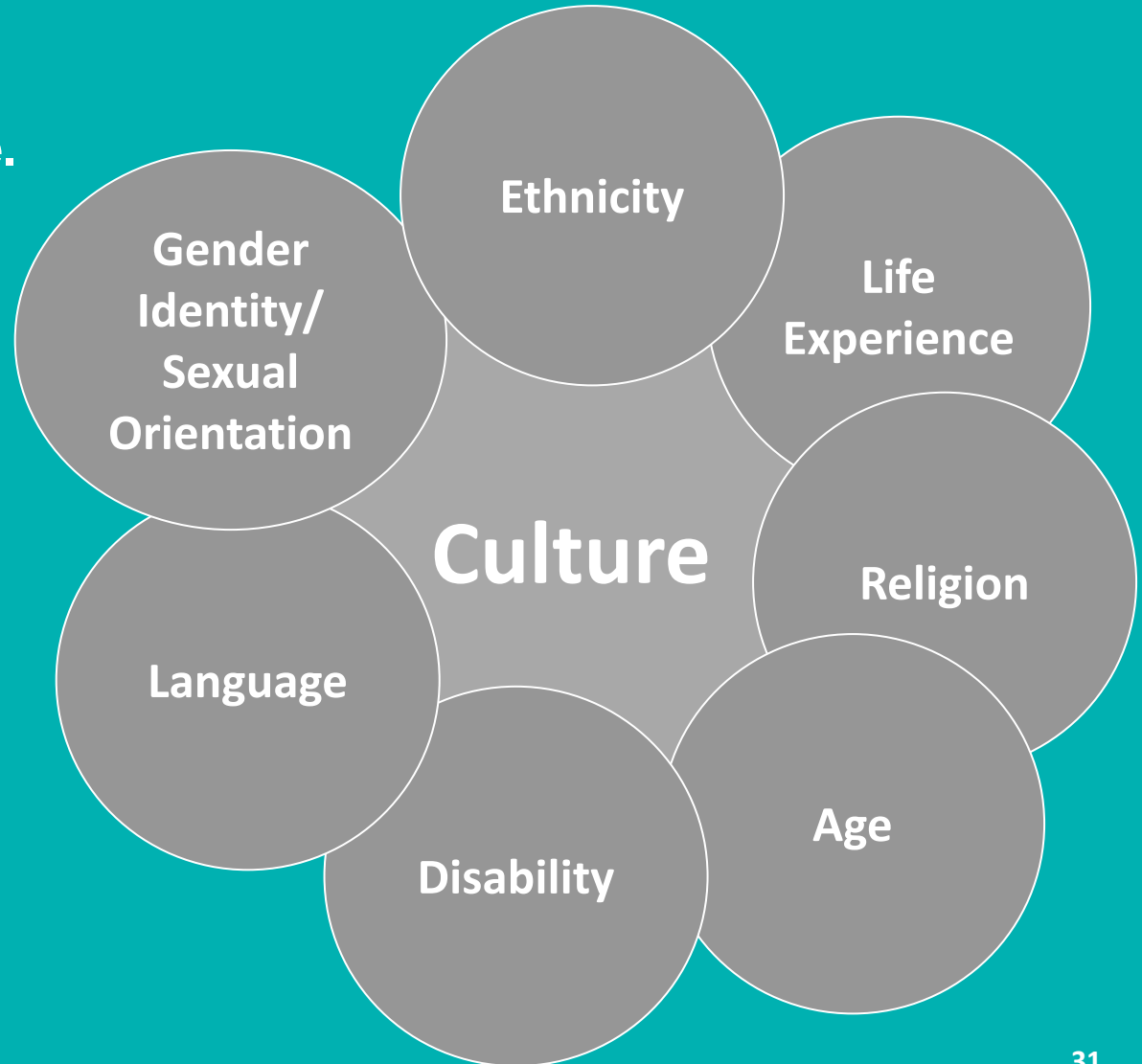
Culture and Healthcare

Cultural Competency in Healthcare

What is Culture?



Consider these aspects of culture.



Defining Cultural Competency

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

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



Health Care and Race

Click on picture to view play button, or copy link into your browser



https://www.youtube.com/watch?v=PTaLFmnS_jo
Health Equity Animated: Race (1:34 min)

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 patients in ways that are most understandable
- ▶ **Constant effort** to understand the worldview of patients
- ▶ **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

1. Improve patient health and safety



2. Improve patient and provider satisfaction



3. Increase patient participation in their health



4. Prioritize Patient Relationships and Minimize Malpractice Risk



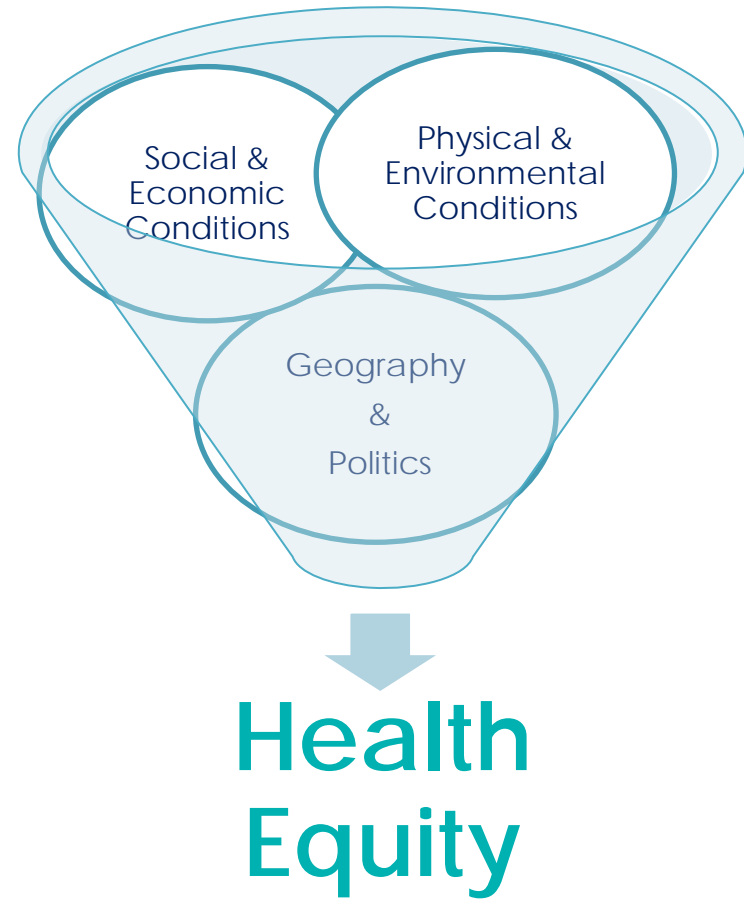
5. Increase efficiency



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

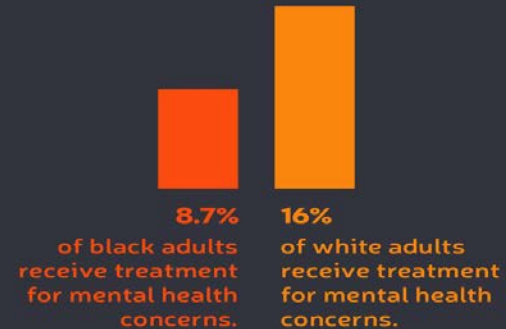
Racial Disparities in Mental Health Treatment

Groups report feeling that they would have received better mental health care if they were a different race or ethnicity.



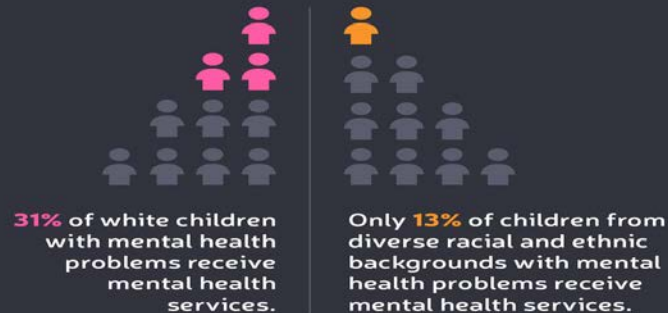
SOCIALWORK@SIMMONS
Source: National Alliance on Mental Illness

Racial Disparities in Mental Health Treatment



SOCIALWORK@SIMMONS
Source: Mental Health America

Racial Disparities in Mental Health Treatment



SOCIALWORK@SIMMONS
Source: National Center for Children in Poverty

Racial Disparities in Mental Health Treatment

88% of Latino youths have unmet mental health needs, compared to 76% of white youths and 77% of black youths.



SOCIALWORK@SIMMONS
Source: National Center for Children in Poverty

Vulnerable Communities

- Communities where inequities are prevalent
- Experience social and structural barriers to good health
- May have insufficient resources to protect and promote their health

Women	BIPOC (Black, Indigenous and People of Color) Communities	Low Income Individuals & Families
People with Mental Illness	People with Substance Use Disorder	Seniors
Immigrants & Refugees	Children	LGBTQIA+
People with Intellectual Disabilities	Limited English Proficient Communities	People with Physical Disabilities

Higher Mortality Rates

African-Americans

- Heart disease, stroke, breast cancer, lung cancer, prostate cancer, diabetes, and kidney disease.

Asian American and Pacific Islanders

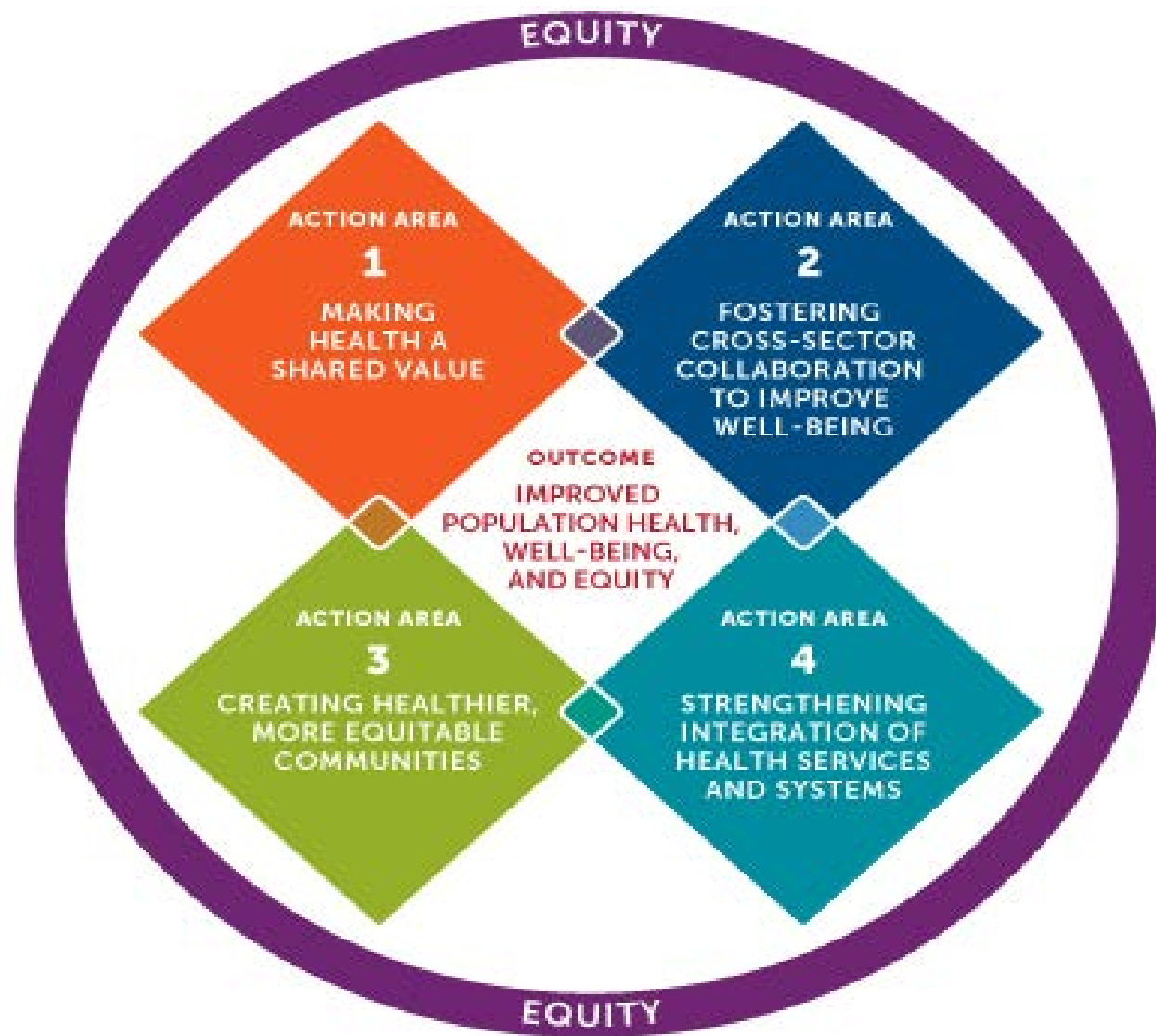
- Cancer, heart disease, stroke and diabetes

Hispanics (Latinos)

- Cancer, heart disease, stroke and diabetes

Indigenous Americans and Alaskan Natives

- Heart disease, diabetes, and chronic liver disease



Source: Systems for Action, Systems and Services Research to Build a Culture of Health. A Robert Wood Johnson Foundation Program, 2019. Retrieved from <https://systemsforaction.org/what-culture-health>.

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 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 patient Populations

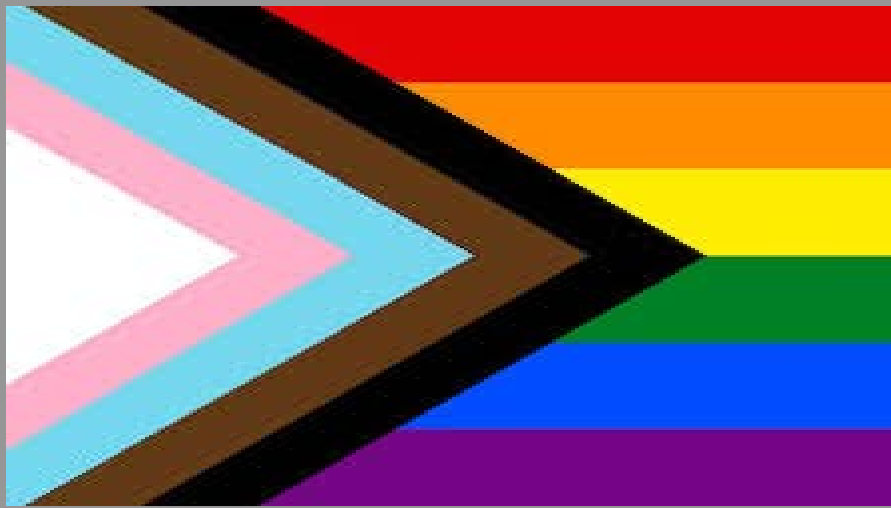
Golden & Platinum Rules of Service

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.



Communicating with LGBTQIA+ Patients

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)



Gender Terminology

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

- ▶ **Gender Expression:** External appearance of one's gender identity, usually expressed through behavior, clothing, body characteristics or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.
- ▶ **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-fluid:** A person who does not identify with a single fixed gender or has a fluid or unfixed gender identity.
- ▶ **Gender dysphoria:** Medical term defined as clinically significant distress caused when a person's assigned birth gender is not the same as the one with which they identify.
- ▶ **Non-binary:** An adjective describing a person who does not identify exclusively as a man or a woman. Non-binary can also be used as an umbrella term encompassing identities such as agender, bigender, genderqueer or gender-fluid.
- ▶ **Two-spirit:** In Native American traditions two-spirit people are male, female, and sometimes intersexed individuals who combine activities of both men and women with traits unique to their status as two-spirit people. ([Two-Spirit | Health Resources \(ihsgov\)](https://www.ihsgov.org/Two-Spirit-Health-Resources))



Female



Male



Transgender

Sexual Orientation Terms

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

- ▶ **Bisexual:** A person emotionally, romantically or sexually attracted to one or more sex, gender or gender identity.
- ▶ **Heterosexual:** A person emotionally, romantically or sexually attracted to the opposite sex.
- ▶ **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.
- ▶ **Queer:** A term people often use 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.
- ▶ **Asexual:** Complete or partial lack of sexual attraction to others or a lack of interest in sexual activity with others.
- ▶ **Pansexual:** A person who is emotionally, spiritually, physically, and/or sexually attracted toward persons of all gender identities. Can sometimes be used interchangeably with Bisexual.



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.
- ▶ **Intersex:** Intersex people are born with a variety of differences in their sex traits and reproductive anatomy.
- ▶ **Questioning:** Describes people who are in the process of exploring their sexual orientation or gender identity.
- ▶ **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 in order 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!

- 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
- At health care visits, ask if prefer to be accompanied in the exam room and ask permission to touch before an exam
- Have all gender bathrooms available

Expect not 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 using images that are inclusive.

Make Your Language Inclusive

- ▷ **Avoid gendering people**
 - ▶ **Don't assume** a patient'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”

Creating a Gender-Inclusive Environment

www.youtube.com/watch?v=PU-ZTbykhul

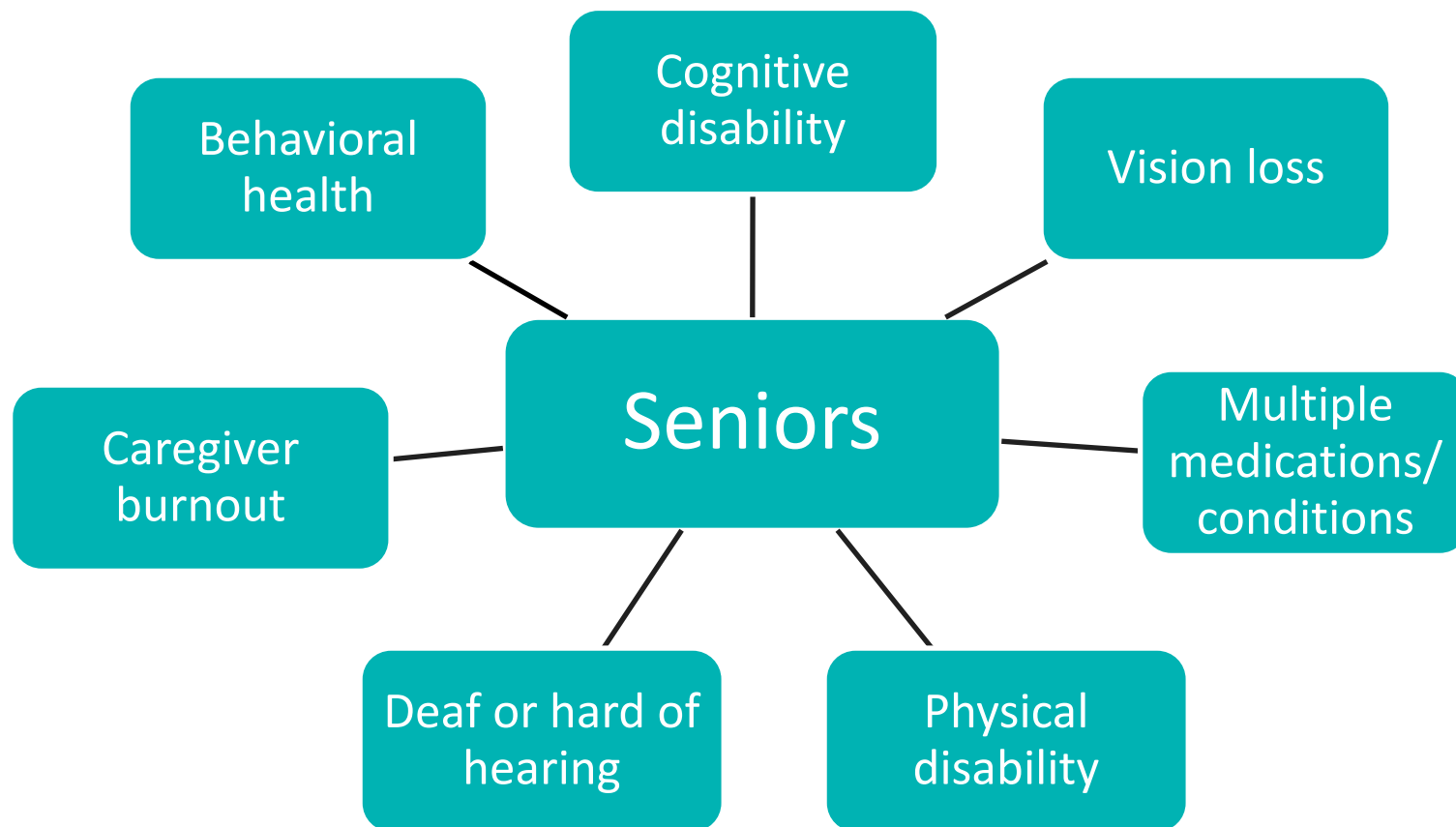
Stanford University Health Care Video (4:26 min)



Communicating with Seniors and Persons with Disabilities

Working with Seniors

Seniors may deal with multiple challenges to accessing quality healthcare.



Communication with Older Adults

https://www.youtube.com/watch?v=g_0bKBXOvGU

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



“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 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



Members who are Deaf or Hard of Hearing

- ▶ Talk by **phone** using the California Relay Service (CRS): 711 or 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 preference)
- ▶ Translate key materials into braille or preferred format upon request



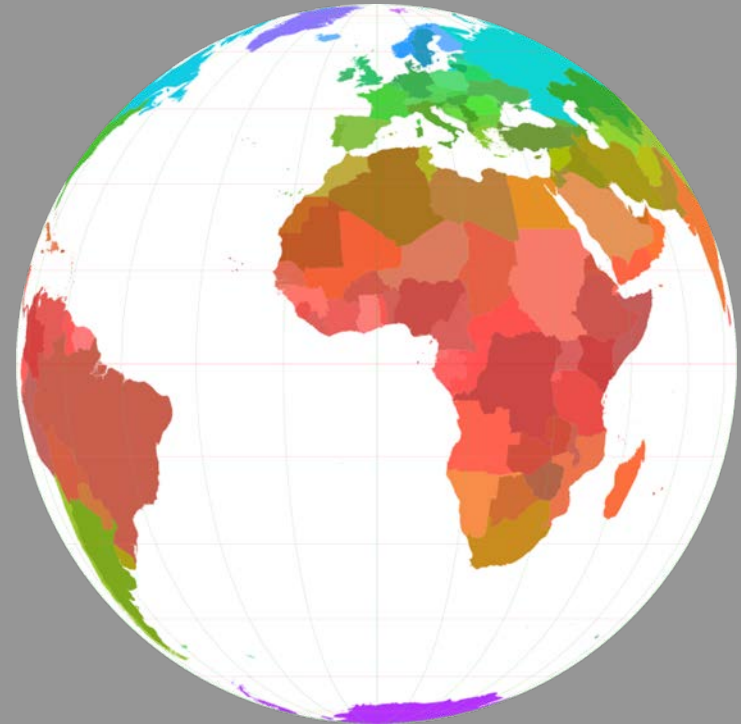
Communication with Persons with Disabilities

Click on picture to view play button, or copy link into your browser



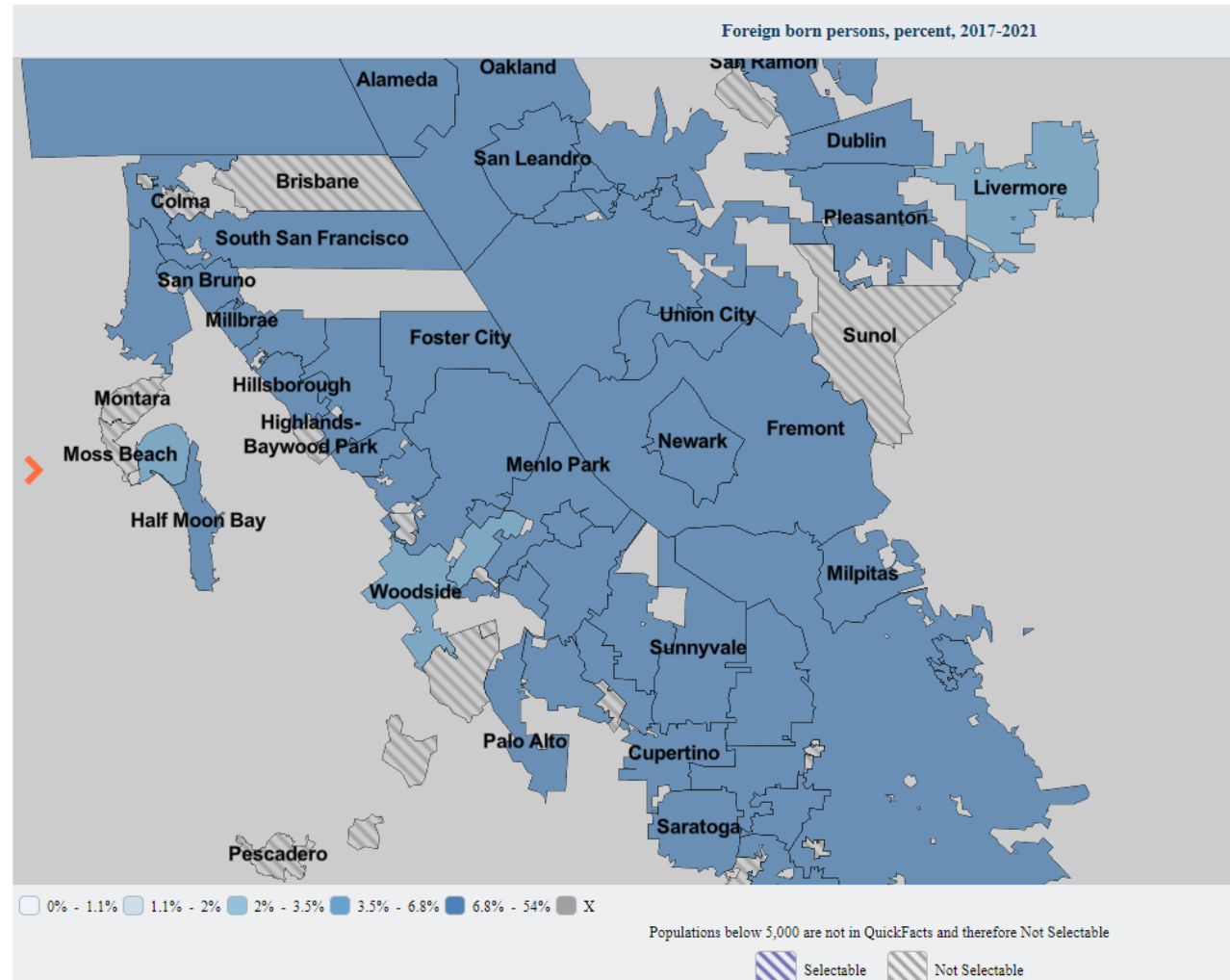
<https://www.youtube.com/watch?v=iG3pQp6HoQM>
Respectful Way to Interact with People with Disabilities(1:58 min)

Communicating with Refugee and Immigrant Members



Immigrants in Alameda County

Map



- ◀ 33% of county residents are foreign born
- ◀ 46% speak a language other than English at home

Source: US Census estimates 2017-2021; [U.S. Census Bureau QuickFacts: Alameda County, California; California](#), viewed 08/08/23

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 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.



Hispanic/Latino Members

- ▶ Spanish-speaking Members originate from a wide range of countries and cultures
 - ▶ Mexico, Central America, South America, Caribbean, Spain
 - ▶ Spanish may be a second language to an indigenous language, such as Mam.
 - ▶ Different regions may use words differently.



Chinese Members

- ▶ **Standard Chinese (Mandarin):** Official language of mainland China, Singapore and Taiwan. Growing numbers in Alameda County.
- ▶ **Yue (Cantonese):** Widely spoken among Chinese in Southeastern China. Most common Chinese language in Alameda County.
- ▶ There are two main ways of writing Chinese, Traditional and Simplified. Alliance documents are translated into Traditional Chinese.



Vietnamese Members

- ▶ Vietnamese is the official language in Vietnam
- ▶ French is the most commonly spoken foreign language
- ▶ Other languages include:
 - ▶ Tay
 - ▶ Muong
 - ▶ Cham
 - ▶ Khmer



Filipino Members

- ▶ There are two (2) official languages in the Philippines, **Filipino**, which is based on Tagalog, and **English**.
- ▶ Education is in Filipino and English. English is used in government, newspapers and magazines.
- ▶ There are over 180 languages and dialects spoken in the Philippines.
- ▶ The four most common indigenous languages in the Philippines are:
 - ▶ Tagalog
 - ▶ Cebuano
 - ▶ Ilocano
 - ▶ Hiligaynon



Resources

Resources Guide

Topic	Direct Link
Culture and Health	<ul style="list-style-type: none"> • https://thinkculturalhealth.hhs.gov/
Communication with Diverse Populations	<ul style="list-style-type: none"> • https://www.iceforhealth.org/library/documents/Better_Communication,_Better_Care_-_Provider_Tools_to_Care_for_Diverse_Populations.pdf
Communication About Sexuality and Gender	<ul style="list-style-type: none"> • Video: https://www.youtube.com/watch?app=desktop&v=slpgUrgZdr8
Healthcare Experiences of People with a Diverse Gender or Sexuality	<ul style="list-style-type: none"> • https://www.youtube.com/watch?v=LTgYn5qypNA
Immigrants in California	<ul style="list-style-type: none"> • https://www.americanimmigrationcouncil.org/research/immigrants-in-california
US Census: Alameda County	<ul style="list-style-type: none"> • U.S. Census Bureau QuickFacts: Alameda County, California; United States
Facilitating Health Communication with Immigrant, Refugee and Migrant Populations	<ul style="list-style-type: none"> • https://nap.nationalacademies.org/catalog/24845/facilitating-health-communication-with-immigrant-refugee-and-migrant-populations-through-the-use-of-health-literacy-and-community-engagement-strategies
LGBTQIA+	<ul style="list-style-type: none"> • https://www.lgbtqiahealtheducation.org/
Addressing Unconscious and Implicit Bias	<ul style="list-style-type: none"> • https://www.lgbtqiahealtheducation.org/courses/addressing-unconscious-and-implicit-bias-2021/

Resources Guide

Topic	Direct Link
Health Literacy	<ul style="list-style-type: none">• https://www.plainlanguage.gov• https://health.gov/our-work/national-health-initiatives/health-literacy
Alliance Cultural and Linguistic Services Member Webpage	<ul style="list-style-type: none">• Language and Interpreter Services – Alameda Alliance for Health
Alliance Cultural and Linguistic Services Provider Webpage	<ul style="list-style-type: none">• Language Access – Alameda Alliance for Health

We All Make Mistakes

Remember – If you make a mistake, or even if you get it completely wrong:

Acknowledge how your actions or words affected the other person

Say “I’m sorry”

Make it right



Appreciate the encounter as an opportunity to learn and grow.

Cultural sensitivity requires lifelong learning

- ▶ **Avoid assumptions**
- ▶ **Ask respectful questions**
- ▶ **Appreciate and value each person**
- ▶ **Keep learning**



Thank You!

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

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