



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 the Alameda Alliance for Health (Alliance) Diversity, Equity, Inclusion, and Belonging (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 Alliance members.

Regulatory Standards for Cultural and Linguistic Services

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Key Standards

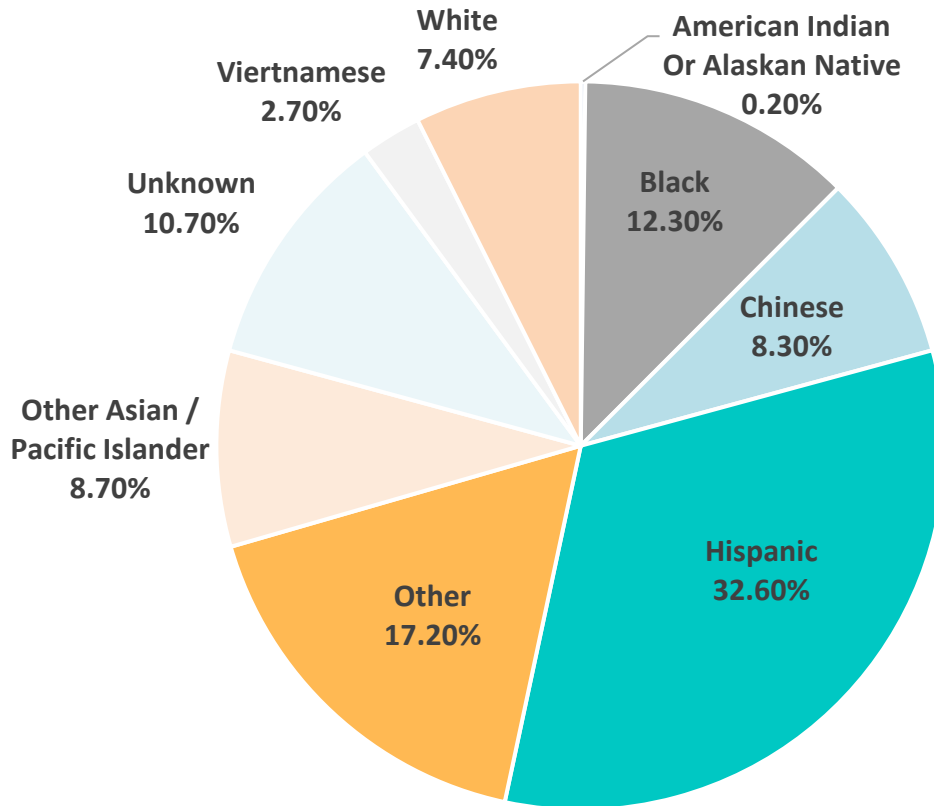
- ▶ California Code of Regulations, **Title 22** CCR 53876, 53853(c) and **Title 28** CCR 1300.67.04(c)(3), & California SB 223 and SB 1423
- ▶ **Code of Federal Regulations, Title 42, Section 440.262 , 43**
- ▶ **American Disabilities Act of 1990, Title III & Civil Rights Act of 1964, Title 6**
- ▶ **Affordable Care Act of 2010, Section 1557**

Key actions

- ▶ **Maintain a Cultural and Linguistic (C&L) Services 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.

Alliance Membership Data

Alliance Membership by Ethnicity

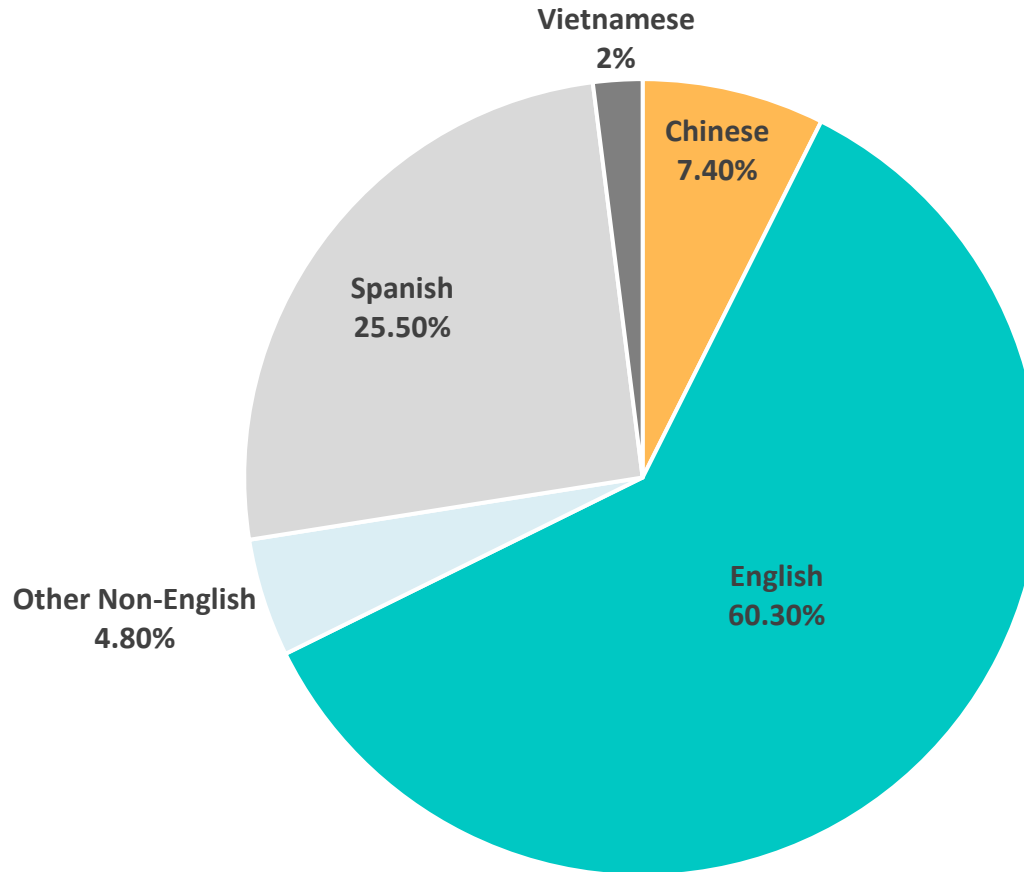


Alameda County Comparison	
Asian alone	34.50%
White alone	47.10%
Hispanic or Latino ^(a)	23.30%
Black or African American alone	10.50%
Two or More Races	5.70%
American Indian and Alaska Native alone	1.20%
Native Hawaiian and Other Pacific Islander alone ^(b)	0.90%
(a)Hispanics may be of any race, so also are included in applicable race categories	
(b)Includes persons reporting only one race	

Alliance Preliminary January 2025. Total membership: 413,270.

Census Alameda County estimates, 7/1/2024, [U.S. Census Bureau QuickFacts: Alameda County, California](#); viewed 01/31/2025.

Alliance Membership by Language



Alliance Preliminary January 2025. Total membership: 413,270.

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 (1) zip code.
- ▶ DHCS updates threshold languages every three (3) years and will make changes as needed.

▶ What is required?

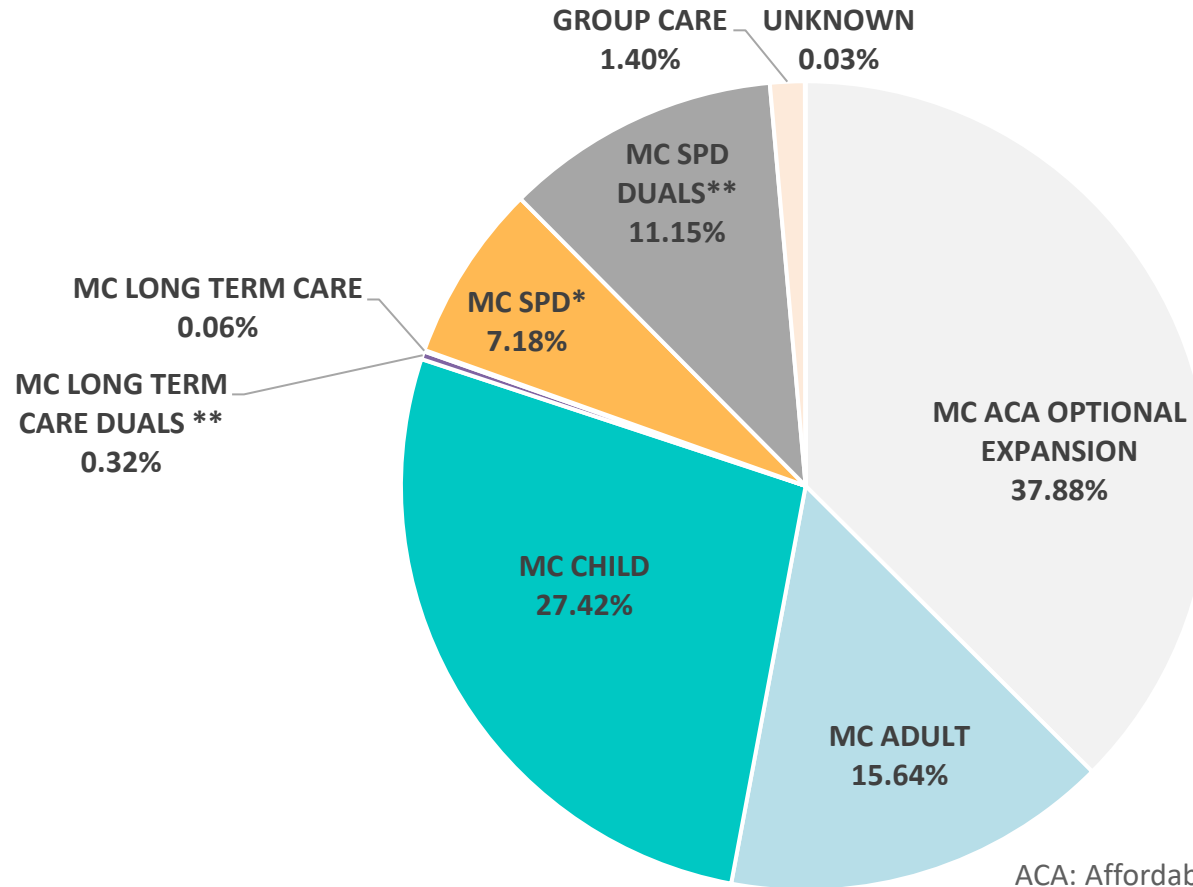
- ▶ By law, the Alliance and its delegates must translate all vital member documents and letters into our threshold languages.
- ▶ Non-discrimination notice and taglines in 18 non-English languages must also be sent with these communications.

Threshold Languages

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

*Farsi replaces Tagalog starting August 2025

Medi-Cal Membership by Aid Code/Plan



ACA: Affordable Care Act

MC: Medi-Cal

Duals: Persons dually eligible for Medicare and Medi-Cal

SPD: Seniors and Persons with Disabilities

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Alliance Language Assistance

Alliance Language Assistance Program

The Alliance has a Language Assistance 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 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

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 work to fulfill the request within **21 business days** and will notify the member when it takes longer.
- ▷ 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, on our website (www.alamedaalliance.org) 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

Non-Discrimination

Non-discrimination

- ▶ The 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



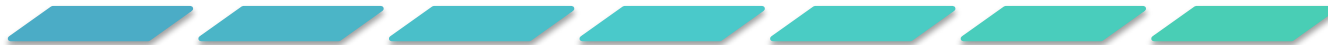
Cultural Sensitivity in Health Care

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



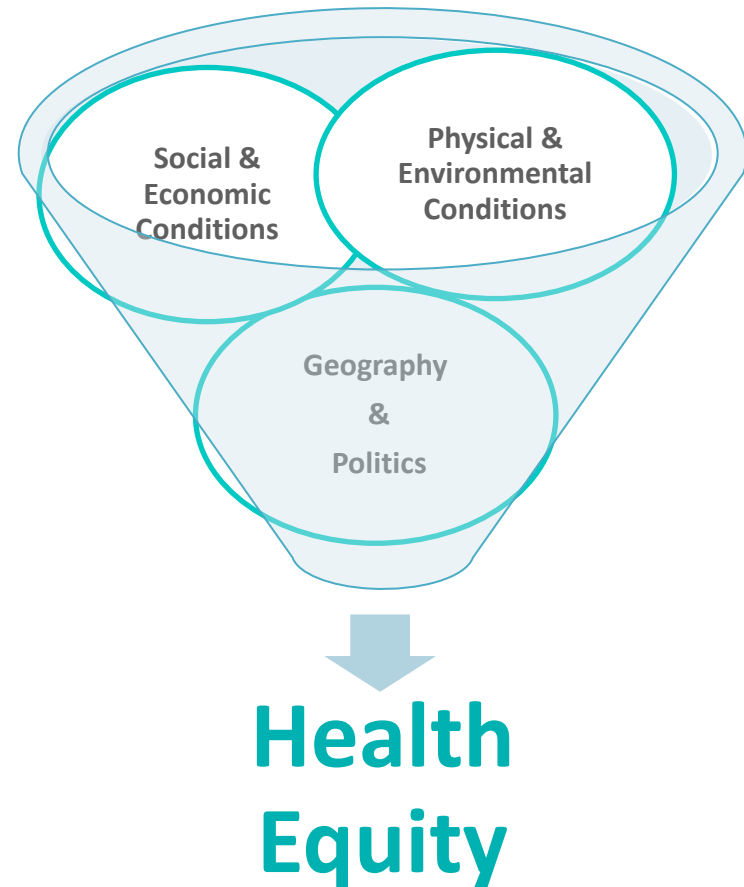
5. Increase efficiency



Health Equity

“Health Equity” means all people have **full** and **equitable access** to opportunities that enable them to lead healthy lives.

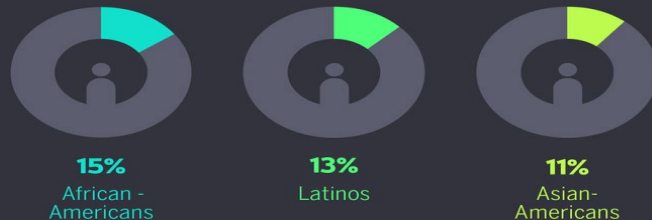
We achieve health equity by **reducing health disparities** in vulnerable communities.



Mental Health Disparities

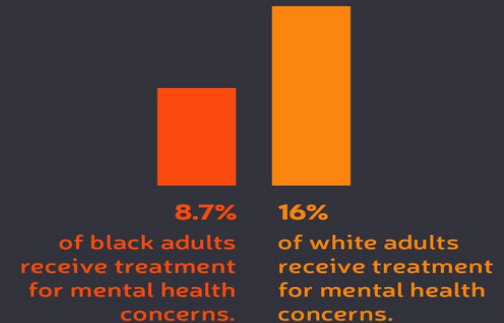
Racial Disparities in Mental Health Treatment

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



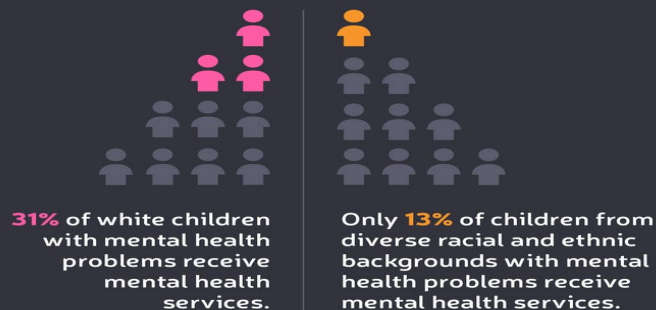
SOCIALWORK@SIMMONS
Source: National Alliance on Mental Illness

Racial Disparities in Mental Health Treatment



SOCIALWORK@SIMMONS
Source: Mental Health America

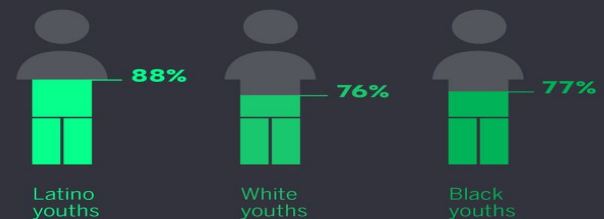
Racial Disparities in Mental Health Treatment



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

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:
 - ▶ Assuming low-income patients are less intelligent and less likely to seek medical advice/care.
 - ▶ Describing men who identify as homosexual as flamboyant.
 - ▶ Assuming people who are overweight 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 Patient Populations



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 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”
 - Only 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.

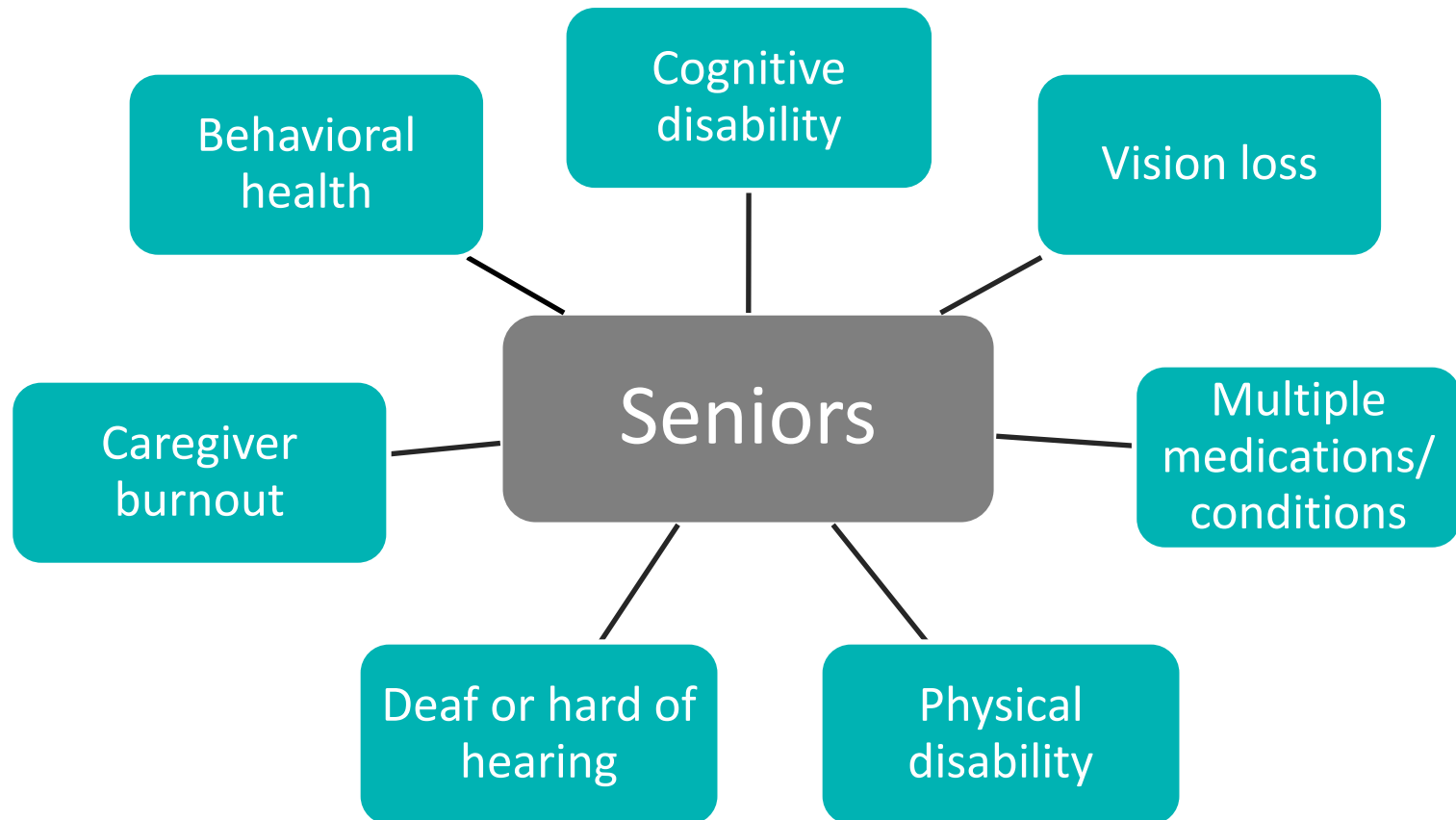
Make Your Language Inclusive

- ▷ **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**
 - ▶ The clothes people wear does not define their gender.
 - ▶ 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.



Members with Speech Disorders

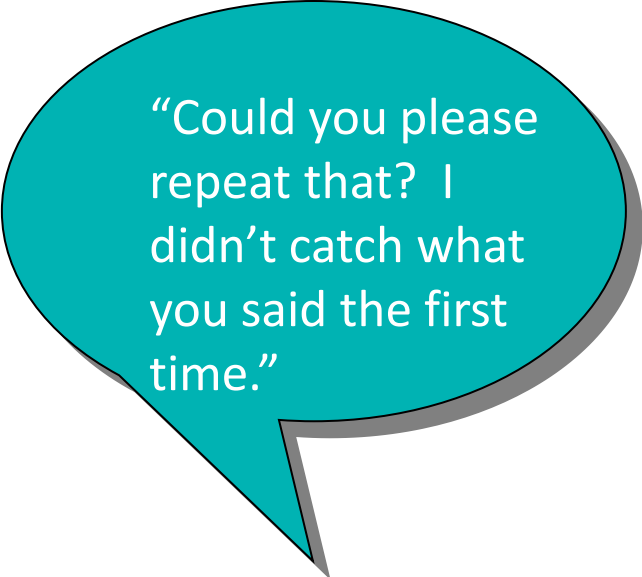
If you don't understand someone:

▷ **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.



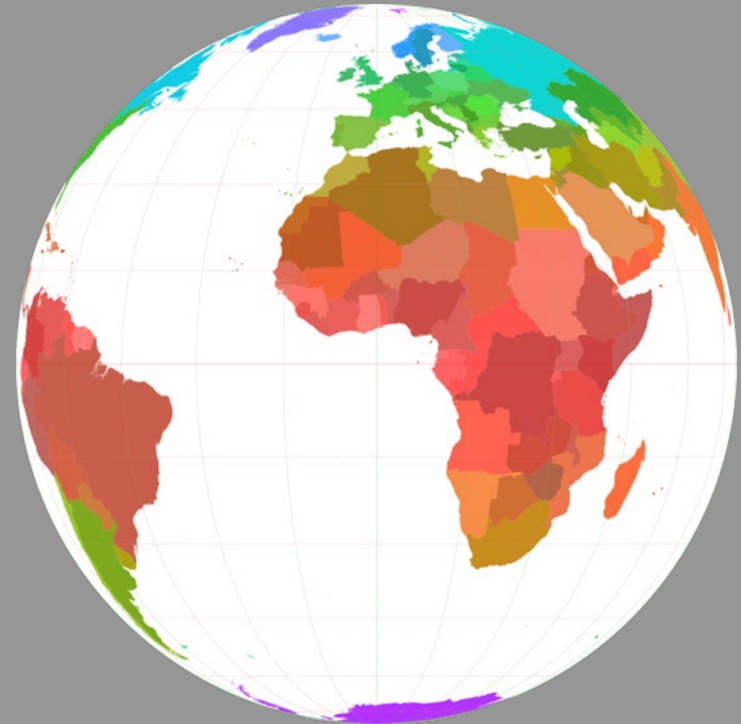
Members who have Vision Loss

▶ 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



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 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!

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

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