

Cultural Competency Training

Purpose & Importance

What it Builds

Knowledge, skills, and attitudes to collaborate effectively across race, language, gender identity, age, religion, disability, and class.

Why it Matters in Service Roles

Empathy and cultural awareness reduce anxiety, build trust, and improve outcomes for members who face barriers or past harm.

How we Practice It

Focus on self-awareness, curiosity, respectful communication, and adaptability—not stereotypes—supporting equity and inclusion daily.

Provider Network

- An Annual Population Assessment reviews Quality Improvement Referrals, Provider Satisfaction results, and Translator service request to identify any opportunities related to providing a sufficient provider network to support the linguistic, race, ethnicity, and gender needs of the patient/ beneficiary population.
- The Organization does not discriminate against employees, patients/beneficiaries, or providers, based on age, race, gender, religion, sexual preference/orientation, or any protected status.
- NM 9002 – Cultural Competency, Attachment A list actions needed to relay the information to the health plans if a provider elects not to provide a service within the scope of the detailed Covered Services, because of an objection on moral or religious grounds.

Culture

- An integrated pattern of learned beliefs and behaviors that can be shared among groups.
- It includes thoughts, style of communication, language, ways of interacting, views on roles and relationships, values, practices, and customs.
- Culture represents the values, norms and traditions that affect how we perceive, think, interact, behave and make judgments about our world.
- Each of us has customs, religious beliefs, superstitions and traditions that are part of our culture.

Delivering Respectful and Equitable Care

Cultural Competence = Fairness

Equitable care adapts communication and services to members' values, beliefs, and needs—not a one-size-fits-all approach that can disadvantage people facing language, literacy, or systemic barriers.

Communicate Clearly

Use plain language, avoid jargon, and confirm understanding (teach-back). Provide interpreters and translated materials so members can make informed decisions about care, rights, and benefits.

Build Trust Over Time

Empathy and respectful listening increase engagement and reduce avoidance driven by bias or cultural insensitivity. Continuous learning, feedback, and policy support embed dignity and inclusion in daily practice.

Culture Competence in Health Care

The ability of systems to provide care to members with diverse values, beliefs, and behaviors, including tailoring delivery to meet the members social, cultural, and linguistic needs.



Culturally competent care is the delivery of health care services that acknowledges and understands cultural diversity in the clinical setting, respects members' health beliefs and practices and values cross-cultural communication.

Importance of Culturally Competent Care



Culturally competent care helps reduce health outcome disparities.



Being aware of cultural differences helps us modify our own behavior to better respond to the needs of others while maintaining a professional level of respect, objectivity and identity.



By tailoring services to an individual's culture and language preference, healthcare professionals can help improve health outcomes for diverse populations.

The Importance of Health Literacy

What It Is

Health literacy is the ability to find, process, and understand basic health information to make appropriate decisions—especially when language, education, cognition, or the care system creates barriers.

Why It Matters

Unclear or complex instructions can lead to missed appointments, medication misuse, delayed care, and preventable complications—driving higher costs, more complaints, and weaker quality metrics.

How We Support Members

Use simple terms, break steps into manageable parts, and check understanding respectfully. Design materials and processes for clarity—health literacy is a shared responsibility and an equity priority.

How Does Culture Impact Health Care?

Culture, including LEP and low health literacy, influence our health care expectations:

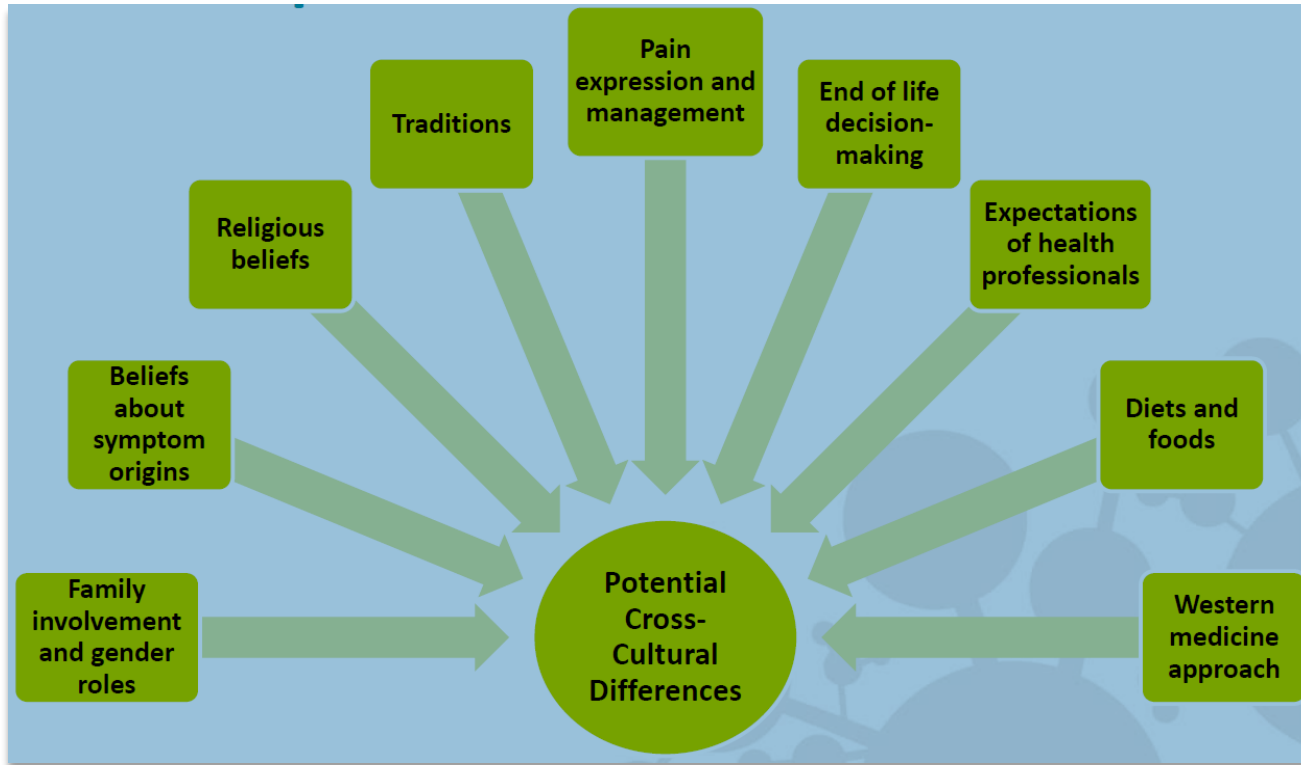
- What we consider to be a health problem
- Whether we trust healthcare providers who don't speak the same language or have different values
- Whether we believe in certain types of treatment
- How we express symptoms and concerns (or not)
- How well we understand rights and protections

Culture of Linguistic Groups

The culture of linguistic groups is also an important domain of culture. Linguistic minorities include people:

1. With limited English proficiency or reading skills;
2. Of ethnic, cultural, racial, or religious minorities;
3. With disabilities;
4. Who identify as lesbian, gay, bisexual, or other diverse sexual orientations;
5. Who identify as transgender, nonbinary, and other diverse gender identities, or people who were born intersex;
6. Who live in rural areas and other areas with high levels of deprivation; and otherwise adversely affected by persistent poverty or inequality.

Impact of Cultural Differences



National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care

- In 2000, the U.S. Department of Health and Human Services, Office of Minority Health first published the National Standards for Culturally and Linguistically Appropriate Services in Health Care.
- **Principal Standard:** Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- A significant number of states including Florida are actively implementing the National CLAS Standards by integrating the National CLAS Standards into their strategic plans.

What are the Culturally and Linguistically Appropriate (CLAS) Standards?

The 15 CLAS standards are a set of guidelines & recommendations based on 3 themes:

1. Governance, Leadership and Workforce
2. Communication and Language Assistance
3. Engagement, Continuous Improvement, and Accountability

PLAIN LANGUAGE, INTERPRETERS, TEACH-BACK

Plain Language

Use familiar words, avoid jargon and acronyms, and explain concepts simply. Speak at a moderate pace and share information in small chunks to prevent overload—especially by phone or video.

Interpreter Services

Offer professional interpreters proactively and remind members they are available at no cost. Speak directly to the member, keep eye contact when possible, and watch verbal and nonverbal cues.


Teach-back

Confirm understanding by asking members to explain next steps in their own words (instead of “Do you understand?”). This normalizes questions, reduces errors, and builds trust.


Together, these practices support inclusion, improve satisfaction, and strengthen equitable service delivery.

Communication (Cont.)

A translation service will be used for members unable to speak English, if the enrollee's spoken language is outside of organizations in-house capabilities, which include Spanish, Creole, and French.



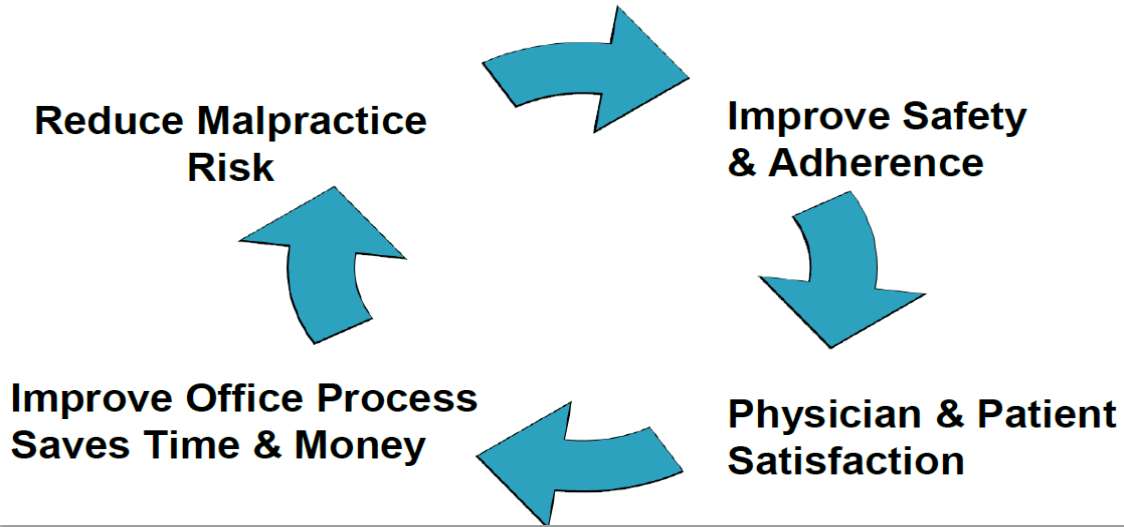
The utilization management staff will notify providers and members of the availability of oral interpretation services and inform them how to access oral interpretation services, regardless of whether an Enrollee speaks a language that meets the threshold of a prevalent non-English language. There will be no charge to the member for translation services.



TTY/TDD services are available

Clear Communication: The Foundation of Culturally Competent Care

There are many benefits to have clear communications with patients. The diagram below indicates the improvements and positive results of clear communication.



Tips for Using Language Line

Tips for Working with a Language Line interpreter:

- Brief the Interpreter
- Speak Directly to the Member
- Speak Naturally, Not Louder
- Ask if the Member Understands
- Do Not Ask the Interpreter for their Opinion
- Avoid Jargon, Medical or Technical Terms
- If you are Reading a Script, Slow Down

Be aware that the Member may have a cultural issue you are not aware of.



Using Emotional Intelligence to Support Members

What EQ enables in diverse settings

EQ helps people recognize and manage emotions while responding respectfully to others—supporting inclusion, calm communication, and conflict resolution.

Member interactions: de-escalate and build trust

Acknowledge feelings with empathy to reduce frustration and move toward solutions—especially when cultural differences or language barriers create misunderstandings.

Self-awareness prevents harm and strengthens inclusion

Recognize triggers, biases, and assumptions—critical when supporting marginalized or underserved communities that may have experienced discrimination or trauma.

Practicing EQ builds a culture of compassion, improves teamwork and outcomes, and reinforces diversity and inclusion as core organizational values.

Emotional Intelligence at work

You are a customer service representative and have just gotten an extremely angry member on the phone.
What do you do?



Tell the member you understand how frustrating this must be for them, and offer a specific thing you can do to help them get their problem resolved.

Empathizing with the member will help calm them down and focusing back on a solution will ultimately help the member attain their needs. Confronting a member or becoming defensive tends to anger the member even more.

Emotional Intelligence at work (Cont.)

You are trying to calm down a colleague who has worked herself into a fury because the driver of another car has cut dangerously close in front of them. What do you do?



Tell them about a time something like this happened to you, and how angry you felt, until you saw the other driver was on the way to the hospital.

All research shows that anger and rage seriously affect one's ability to perform effectively. Your ability to avoid or control this emotional reaction in yourself and others is a key indicator of emotional intelligence.

LGBTQIA+ Cultural Competence training

Healthcare experts identified a connection between cultural competence and quality improvement, and the elimination of racial and ethnic disparities.

Benefits of Cultural Competency

Handling with sensibility the LGBTQIA+ population when requesting health care related services.

Sexual Orientation and Gender Identity are two different concepts

Sexual Orientation tells you how a person characterizes their sexual and emotional attraction to others.

Gender Identity is a person's internal sense of being a man, woman, both, neither, or another gender. Some people have a gender identity that does not correspond to the gender they were assigned at birth. The term **transgender** is used to describe these individuals.

Common words to describe sexual orientation

Heterosexual is a sexual orientation that describes women who are emotionally and sexually attracted to men, and men who are emotionally and sexually attracted to women.

Gay is a sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender. It is more commonly used to describe men.

Lesbian is a sexual orientation that describes a woman who is emotionally and sexually attracted to other women.

Bisexual is a sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender and people of other genders.

Barriers when receiving health care services

There are different reasons why LGBTQIA+ individual may have difficulty accessing health care services, among those are: Discrimination and/or unnecessary expressions toward them.



In some cases, health care services could be denied, which can cause serious and catastrophic consequences to the individual's health.

Cultural Competence and Sensibility

Cultural Competence is about being respectful and receptive towards the beliefs, practices, and needs of the diverse groups of the population being able to interact effectively with the different groups that composed our society.

Diversity is what makes us unique. Which aspects are included on diversity?

- Race, color, religion, age, socio-economic status, sexual orientation, gender identity, nationality, disability, among others.

Diversity Facts

- 22% of US families speak a language other than English.
- Millennials are 16% more diverse than baby boomers.
- Hawaii recognizes both English and Hawaiian as official languages and Alaska has made some 20 Native languages official, along with English.

What can you do to render a service with sensibility?

- Respect diversity.
- Make others feels safe in a comfortable and open environment.
- Treat others with courtesy.
- Be inclusive, give equal services to all people without distinctions or discriminatory attitudes.
- Listen carefully to all client's needs, when they call or visit the office.
- Give the extra mile when attending the person.
- Don't promise what you can't accomplish.
- Be creative so you can be able to offer a good service, by making sure that you follow the established policies and procedures.

What can you do to render a service with sensibility? (Cont.)

- Use a simple, respectful and easy to understand language.
- Use the words “Thank you”, “good morning” etc. when attending people.
- Avoid the use of slang.
- Recognize everyone's identity, listen how the person refers to himself/herself/themselves.
- Be flexible and nonjudgmental.
- Familiarize with LGBTQIA+ concepts.
- Do not ask unnecessary questions, ask yourself before asking any questions if the requested information is important to provide health care services.
- Keep in mind that different gender identity or sexual orientation expressions exist.
- Do not demonstrate surprise or disapproval to an affiliate’s sexual orientation or gender identity.

STANDARDS & CONTINUOUS IMPROVEMENT

Standards & Compliance

Align policies with civil rights laws and national clas standards to ensure non-discrimination, language access, accessibility, and respectful care.

Accountability & Training

Set clear expectations for inclusive service and reinforce them through ongoing education and refresher training as community needs evolve.

Feedback & Improvement

Provide safe reporting options (including anonymous), respond promptly, measure outcomes, and invest in development to strengthen equity and trust.

Reporting

If a person believes that Health Network One has failed to provide these services or discriminated in another way on the basis of race, color national origin, age, disability, or gender, you can file a grievance:

- 1. Quality Improvement Department: 305-614-0100 Ext. 4701**
- 2. File an anonymous report**
- 3. You can fax your report attention: Pamela Owens, Fax: 305-614-0364**
- 4. You can email your report to: QI@healthnetworkone.com**

References

- Weinick, R.M., Zuvekas, S.H., Cohen, J.W. (2000). Racial and ethnic differences in access and use of health care services, 1977-1996. Medical Care Research and Review, 57 (supplement 1), 36-54 .
- Brach, C. & Fraserirector, I. (2000).Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model. Medical Care Research and Review, 57 (supplement 1), 181-217.
- National Standards for Culturally and Linguistically Appropriate Services in Health Care. (2001, March). Retrieved May 15 , 2005 , from <http://www.omhrc.gov/omh/programs/2pgprograms/finalreport.pdf>
- Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). Towards a culturally competent system of care (Vol. 1). Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.
- Saha, S., Taggart, S. H., Komarony, M., & Bindman, A. B. (2000). Do patients choose physicians of their own race? Health Affairs, 19(4), 76-83.
- Gilbert MJ, ed. Principles and Recommended Standards for Cultural Competence Education of Health Care Professionals- 2003. Available online at: http://www.calendow.org/reference/publications/cultural_competence.stm Accessed 10 / 13 / 05.
- Doutrich, Dawn and Marni Storey. "Education and Practice: Dynamic Partners for Improving Cultural Competence in Public Health." Family Community Health, Vol. 27 , No. 4 , 2004 , pp. 298 - 307.
- Joseph R. Betancourt, A. R. (2002). Cultural Competence In Health Care: Emerging Frameworks And Practical Approaches. Field Report, 1- 24 .
- <https://www.thinkculturalhealth.hhs.gov/pdfs/enhancednationalclasstandards.pdf>
- <http://www.helpguide.org/articles/emotional-health/emotional-intelligence-eq.html>
- <http://www.teachbacktraining.com/>
- <https://www.psychologytoday.com/basics/emotional-intelligence>
- <http://www.talentsmart.com/about/emotional-intelligence.php><http://www.talentsmart.com/about/emotional-intelligence.php>
- <https://www.mindtools.com/pages/article/cross-cultural-mistakes.html>

Questions?

Please send any questions to the Quality Team
at QI@healthnetworkone.com

Thank You



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