Health Equity Fundamentals

1. Introduction

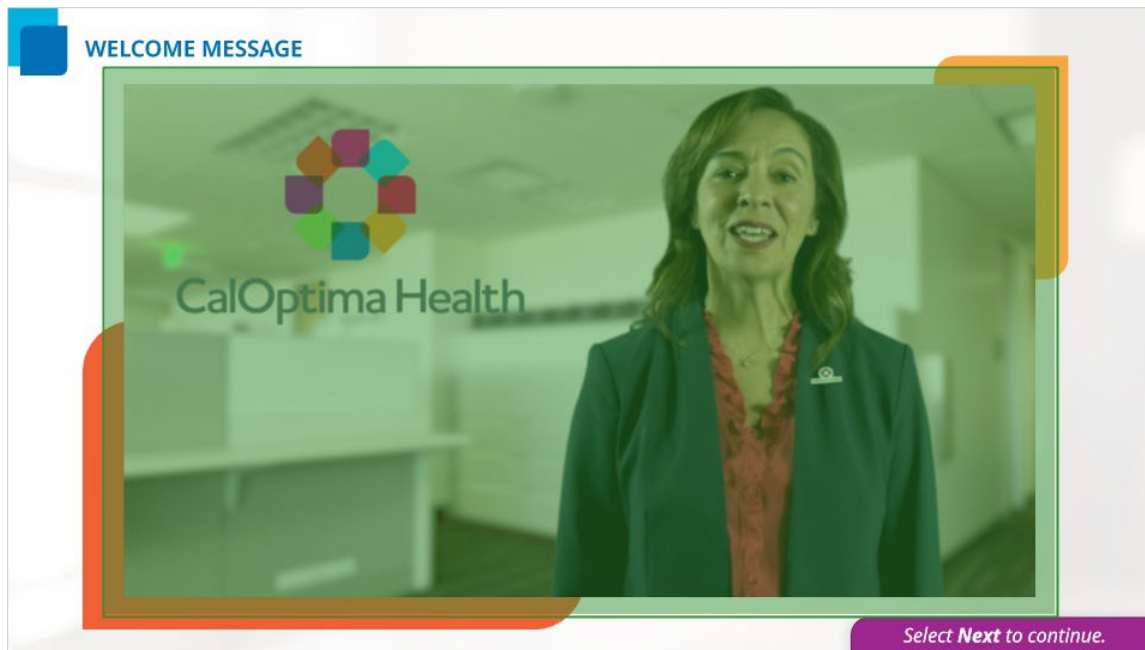### 1.1 Welcome to Health Equity Fundamentals)

Notes:

Welcome to health equity fundamentals provided by CalOptima Health.

Please select NEXT, located in the bottom right of this media player, to continue.

1.3 Welcome Message

Notes:

Hello, my name is Dr. Michaell Silva Rose, CalOptima Health's Chief Health Equity Officer. I'm proud to welcome you to our Fundamentals of Health Equity module.

CalOptima Health is dedicated to ensuring that every member has an opportunity to achieve optimal health, regardless of their background or life circumstances. And for me, this commitment is personal. I imagine you have your own story about why you chose to work in healthcare and why you answered the call to serve our community. I am grateful that you did.

This third module is another step in our health equity learning journey. By having this shared knowledge and insight, we can work together as a team to ensure that fair, just, and equitable care is provided to all CalOptima Health members.

CalOptima Health has designed this module to ensure everyone gains an understanding of the definitions and fundamental concepts of health equity. We will share practical knowledge and key insights to help you provide the care our members need and deserve. I encourage you to be self-reflective and curious, and to always lead with kindness.

Thank you for all that you do and for your commitment to helping CalOptima Health deliver the highest quality of care for our members. It is a privilege to serve our community with you.

And with that, welcome to Fundamentals of Health Equity.

1.4 The Learning Roadmap for This Course

THE LEARNING ROADMAP FOR THIS COURSE

Lesson 1
Defining and Striving for Health Equity

Lesson 2
Social Determinants of Health, Risk Factors, and Needs

Lesson 3
Health Inequity and Disparities

Lesson 4
Achieving Health Equity Together

Select **Next** to continue.

Notes:

In this module focused on health equity, we will cover four lessons:

Lesson 1: Defining and Striving for Health Equity
Lesson 2: Social Determinants of Health, Risk Factors, and Needs
Lesson 3: Health Inequity and Disparities
Lesson 4: Achieving Health Equity Together

1.5 The Learning Goals for This Course

Notes:

The learning goals for this module:

Our focus is on reinforcing and expanding your existing knowledge of the social, economic, and political factors that contribute to health outcomes and inequalities. By the end of the module, you should be able to:

1. Define health equity and describe its importance to CalOptima Health's members and community.
2. Identify social determinants of health that contribute to health outcomes.
3. Describe health inequities, health disparities, and the ways in which they impact marginalized communities.
4. Explore individual and collective actions to create greater health equity for CalOptima Health's members and community.

2. Lesson 1

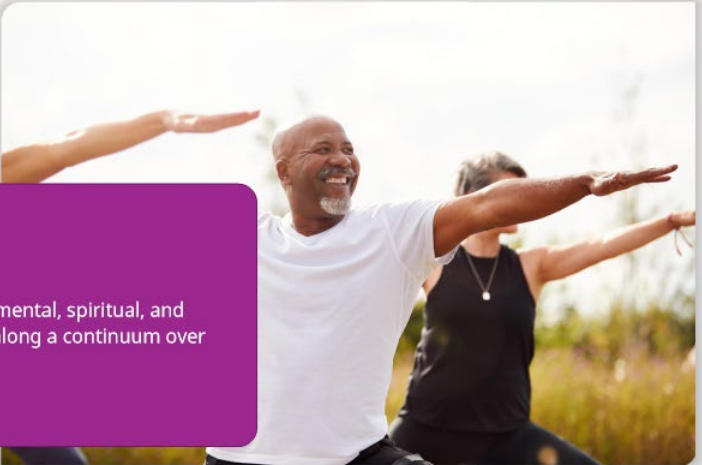## 2.1 Lesson 1: Defining and Striving for Health Equity

Notes:

Lesson 1: Defining and Striving for Health Equity.

2.2 A Holistic Understanding of Health

Notes:

A holistic understanding of health: CalOptima Health's mission is to serve member health with excellence and dignity, respecting the value and needs of each person.

Health encompasses more than just physical health and the absence of illness. It also refers to mental, emotional, spiritual, and social health and wellbeing.

Many factors influence whether or not a person will be healthy. Some relate to biological makeup or heredity, but many relate to the circumstances and conditions of a person's life.

3. Lesson 2

3.1 Lesson 2: Social Factors That Affect Health
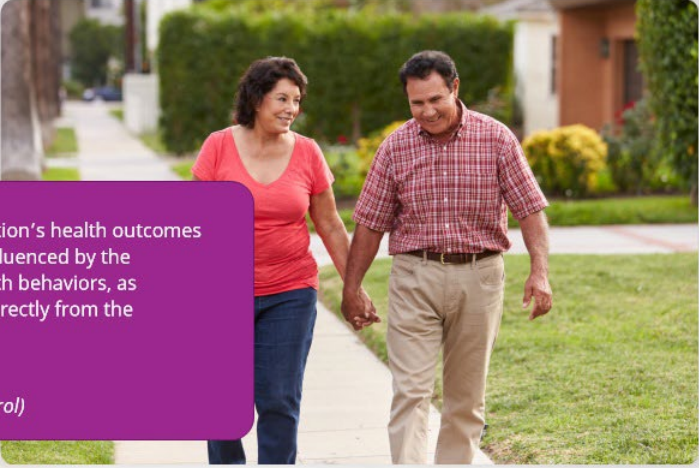

Notes:

Lesson 2: Social Factors That Affect Health.

3.2 Introduction

Notes:

Introduction: In Lesson 1, we established that many factors in addition to medical care can affect people's health for better or worse. In fact, the Center for Disease Control estimates that approximately 80% of a person's health outcomes may be influenced by the conditions of their life and health behaviors, as opposed to the 20% resulting directly from the medical care they receive.

So, in order to help our members achieve their full health potential, we must consider and address the condition and circumstances of their daily lives.

We do this by considering social determinants of health, social risk factors, and social needs. The three concepts are related, but distinct.

3.3 Defining Social Determinants of Health, Social Risk Factors, and Social Needs

Notes:

Defining Social Determinants of Health, Social Risk Factors, and Social Needs

Instructions: Click each element to learn more.

L1: Social Determinants of Health (Slide Layer)

Notes:

Social determinants of health are the conditions in which people are born, grow, work, live, and age, and the political, social, and economic systems that shape those conditions. Social determinants of health are neither negative nor positive. Social factors-whether economic stability, social relationships, or employment status-can either enhance or reduce people's capacity to be healthy and shape an individual's health behaviors.

L2: Social Risk Factors (Slide Layer)

Notes:

Social risk factors are adverse social conditions that can be barriers to a person's health or health care, such as food insecurity and housing instability. Social risk factors are always considered to have negative impacts on a person's health and health care.

L3: Health Related Social Needs (Slide Layer)

DEFINING SOCIAL DETERMINANTS OF HEALTH, SOCIAL RISK FACTORS, AND SOCIAL NEEDS

Instructions: Click each element to learn more.

Health-Related Social Needs

Refer to a person's perception of the material resources and psychosocial circumstances that they require for long-term physical and mental health and well-being.

(Source: Centers for Disease Control)

*Select **Next** to continue.*

Notes:

Health-related social needs are a person's perception of the material resources and psychosocial circumstances that they require for long-term physical and mental health and well-being. The needs are subjective and based on the individual's assessment. For example, a patient may be experiencing multiple social risks, such as a lack of access to transportation and healthy food, but, when asked, the patient may disclose that her most pressing social need is to find a safe place to stay away from a violent partner. Failing to understand the patient's perspective can and often does detract from finding the most effective immediate treatment.

L4: Interrelationship (Slide Layer)

Notes:

One way to think about the interrelationship of social determinants of health, social risk factors, and social needs is that, to achieve health equity, we must consider and assess social determinants of health, mitigate social risk factors, and address people's health-related social needs, since all three impact a person's ability to participate in health promotion.

3.4 The Five Categories of Social Determinants of Health

Notes:

The Five Categories of Social Determinants of Health

Because so many nonmedical factors affect our health - from where we live to how we earn money to whether we can afford health care - it helps to organize social determinants of health in categories.

The five categories of SDoH codified by the Center for Disease Control and adopted by many health care and public health organizations include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

Let's take a deeper look at the Five Categories of Health. Select each to learn more.

Economic Stability (Slide Layer)

Notes:

Economic stability means that individuals can afford necessities such as healthy food, health care, and safe housing. Employment opportunities, job training programs, career counseling, and accessible childcare are essential factors that enhance economic stability within communities.

Education (Slide Layer)

Notes:

Education Access and Quality: Research shows that people with higher levels of education are more likely to be healthier and live longer. This is because education is a resource that often creates access to further resources that support health like better jobs, higher income, and housing options. People with lower education may have less resources. They often work multiple jobs to make ends meet, so there is a lack of time for self care and health promotion. Initiatives that support academic achievement, language and literacy needs, and that provide financial assistance for education can contribute to improved long-term health outcomes.

Healthcare (Slide Layer)

Notes:

Healthcare Access and Quality: People's financial and physical access to health care, as well as their understanding of health services and their health, is a social determinant of health. This includes access to primary care, access to specialty care, health insurance coverage, and health literacy.

Neighborhood (Slide Layer)

Notes:

Neighborhood and Built Environment: Safe and healthy neighborhoods offer access to parks and safe sidewalks for walking and recreation, stores with affordable and available healthy food, and reliable transportation. These elements contribute to overall wellbeing and the ability to live healthily.

Social (Slide Layer)

Notes:
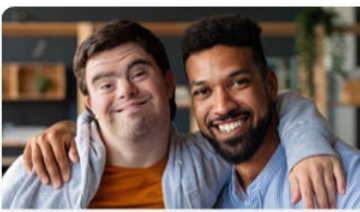
Social and Community Context: Relationships and connections with family, friends, coworkers, and community members profoundly impact health and wellbeing. Policies and programs that foster social and community support are vital for maintaining health and wellness.

3.5 Social Determinants of Health and Risk Factors Are Interconnected
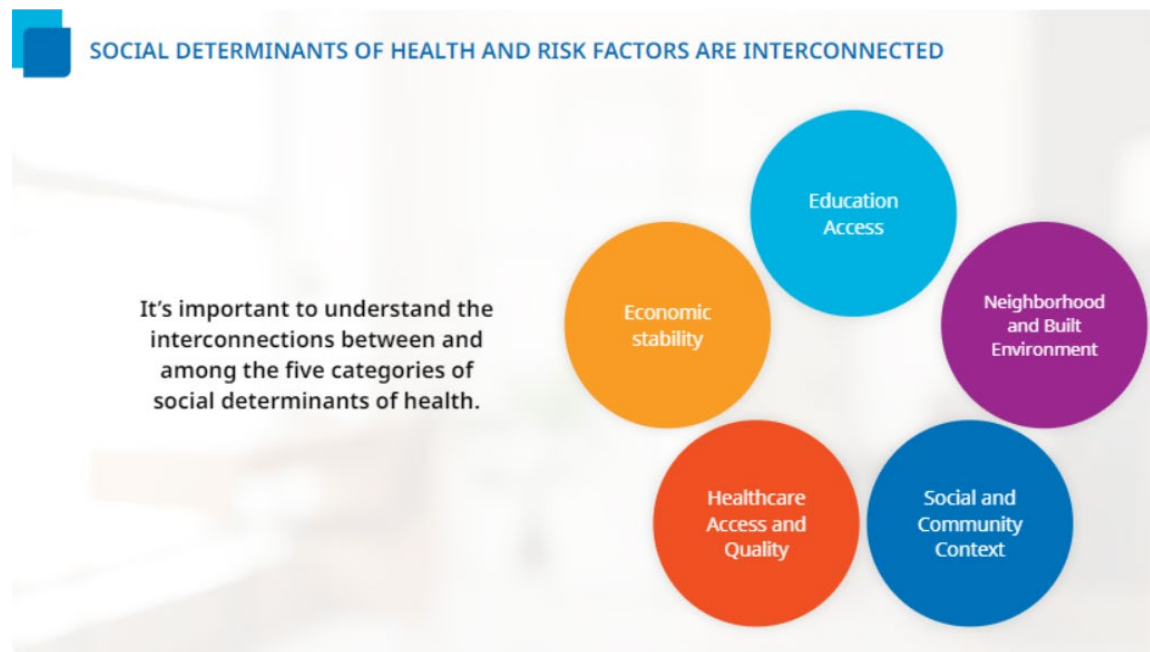
Notes:

Social Determinants of Health and Risk Factors Are Interconnected.
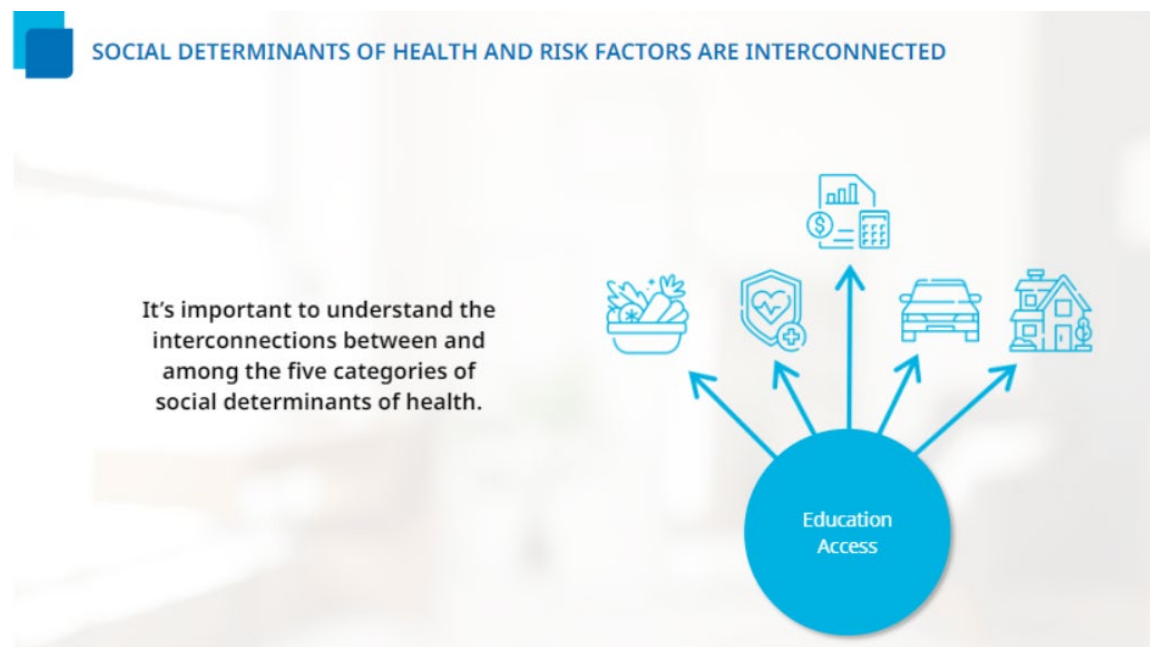
Notes:

It is important to understand the interconnections between and among the five categories of social determinants of health. You just learned that, if a person benefits from access to quality education, it will likely enhance their health. Why? In addition to equipping them with skills to self-advocate for their health, a person's education creates access to resources like

healthy food, reliable transportation, and housing options. Economic stability also decreases overall financial stress and worry.
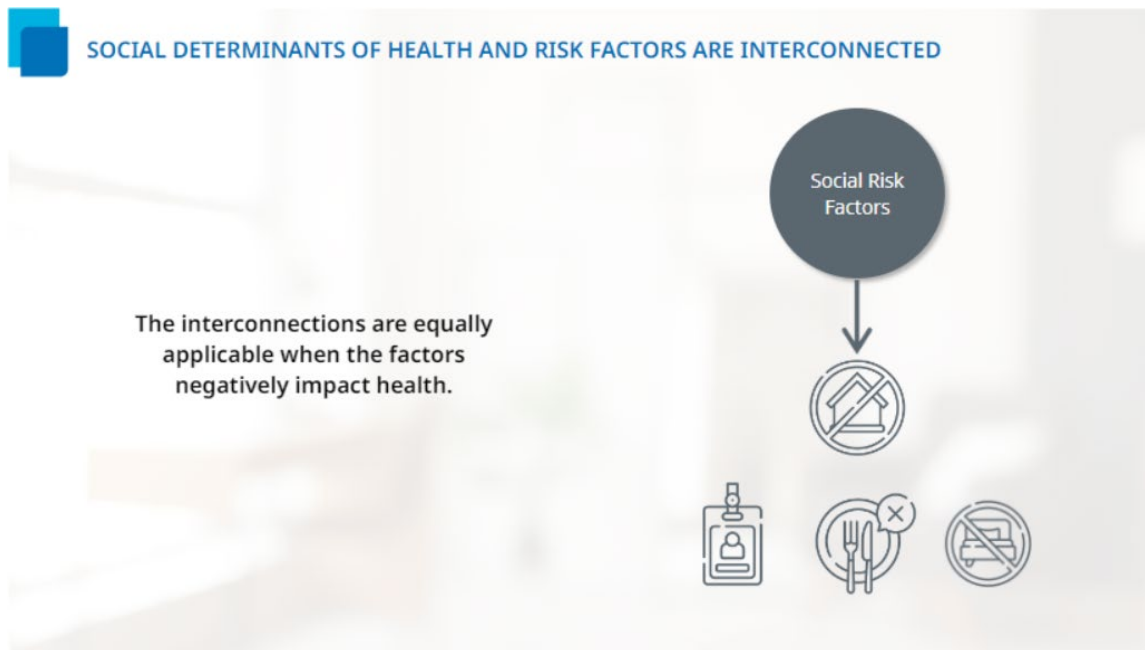
Notes:

The interconnections are equally applicable when the factors negatively impact health. You will recall that adverse social circumstances associated with poor health, like food insecurity or housing instability, are called social risk factors. Social risks can negatively impact health in their own right, and they also tend to create additional, interconnected risks.
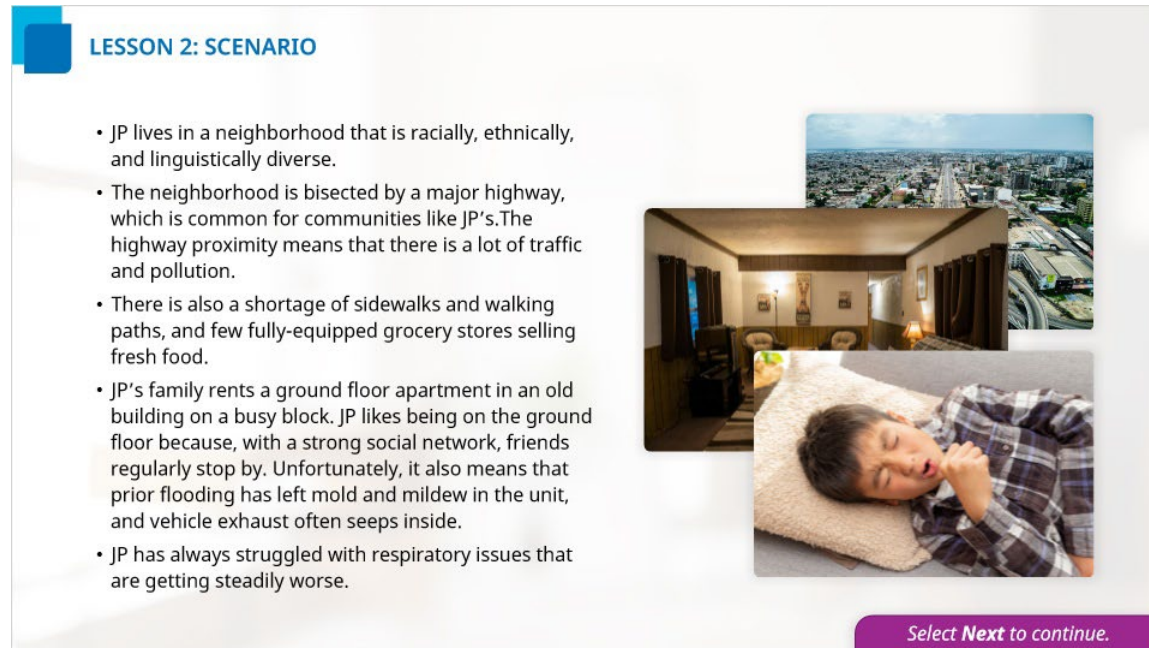
Let's use housing instability as an example. An individual without stable housing may find it difficult to maintain stable employment, may not have access to healthy food, and may be subjected to unsafe sleeping situations or environments.
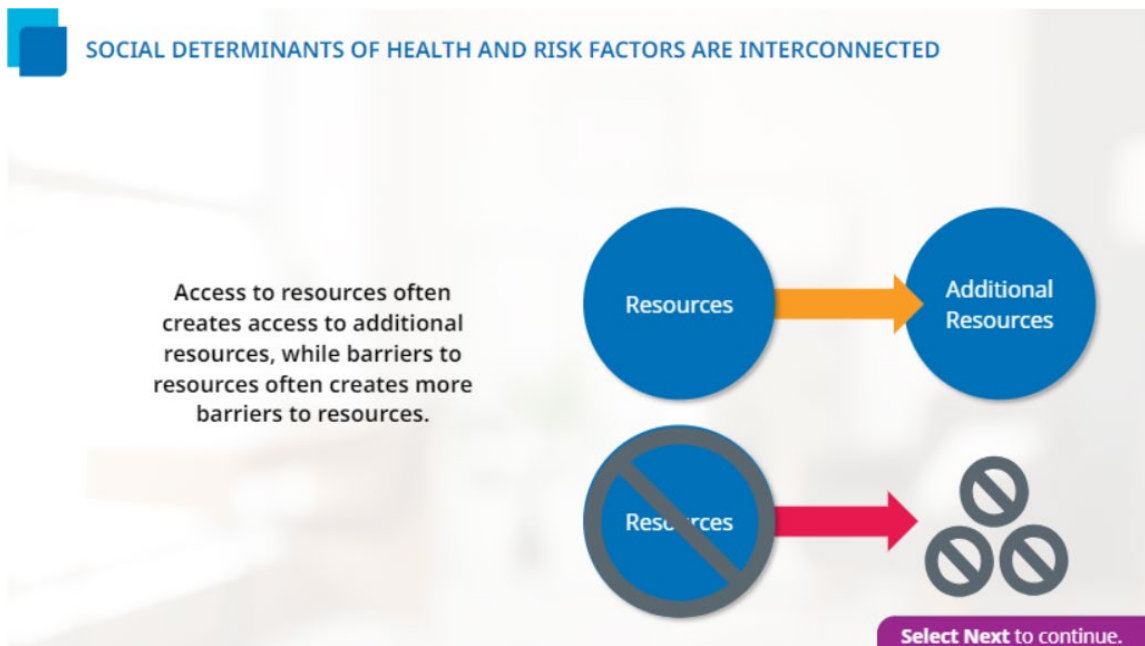
Notes:

Access to resources often creates access to additional resources, while barriers to resources often creates more barriers to resources. Let's consider an example of how social determinants of health and social risks can impact health outcomes.

3.6 Lesson 2: Scenario

LESSON 2: SCENARIO

- JP lives in a neighborhood that is racially, ethnically, and linguistically diverse.
- The neighborhood is bisected by a major highway, which is common for communities like JP's.The highway proximity means that there is a lot of traffic and pollution.
- There is also a shortage of sidewalks and walking paths, and few fully-equipped grocery stores selling fresh food.
- JP's family rents a ground floor apartment in an old building on a busy block. JP likes being on the ground floor because, with a strong social network, friends regularly stop by. Unfortunately, it also means that prior flooding has left mold and mildew in the unit, and vehicle exhaust often seeps inside.
- JP has always struggled with respiratory issues that are getting steadily worse.

*Select **Next** to continue.*

Notes:

Lesson 2 Scenario.

JP lives in a neighborhood that is racially, ethnically, and linguistically diverse. The neighborhood is bisected by a major highway, which is common for communities like JP's.

The highway proximity means that there is a lot of traffic and pollution. There is also a shortage of sidewalks and walking paths, and few fully-equipped grocery stores selling fresh food.

JP's family rents a ground floor apartment in an old building on a busy block. JP likes being on the ground floor because, with a strong social network, friends regularly stop by. Unfortunately, it also means that prior flooding has left mold and mildew in the unit, and vehicle exhaust often seeps inside.

JP has always struggled with respiratory issues that are getting steadily worse.

3.7 Lesson 2 Scenario: Application Question 1

LESSON 2 SCENARIO: APPLICATION QUESTION 1   Review JP's Scenario

The story is primarily focused on which of the five categories of social determinants of health?

- ○ Economic stability
- ○ Education access and quality
- ○ Health care access and quality
- ○ Neighborhood and built environment
- ○ Social and community context

Notes:

Answer the following questions about the scenario:

The story is primarily focused on which of the five categories of social determinants of health?

Select one answer then select SUBMIT.

Correct	Choice
	Economic stability
	Education access and quality
	Health care access and quality
X	Neighborhood and built environment
	Social and community context
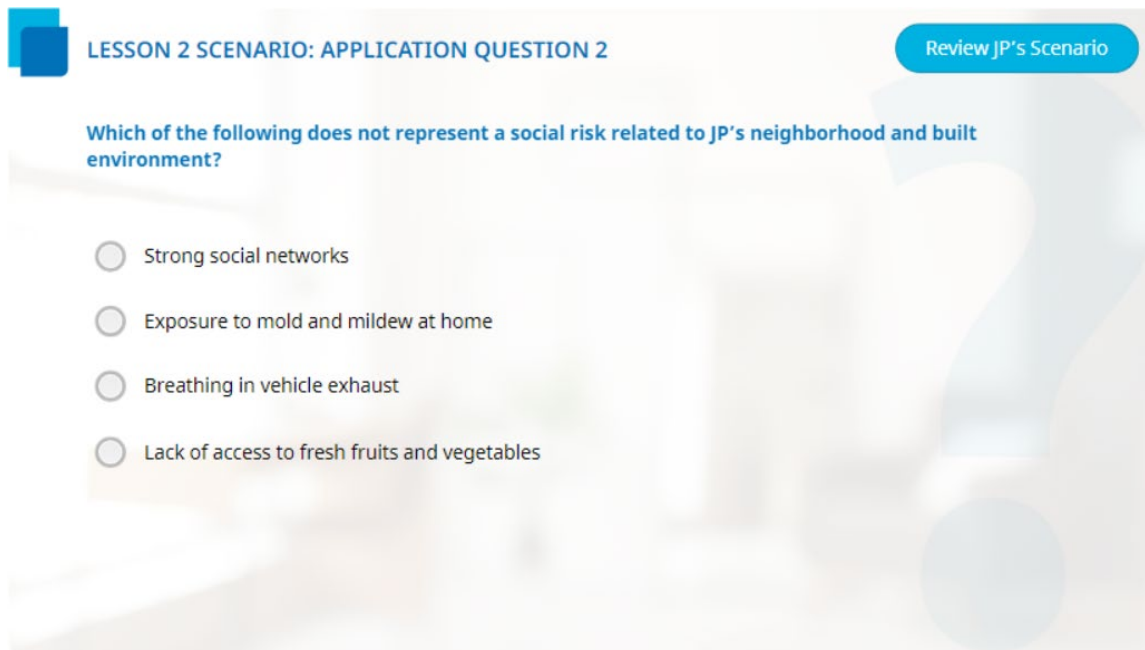
Feedback when correct:

Well done! The scenario focused on the building and neighborhood in which JP lives.

Feedback when incorrect:

Not quite. Your response should have been "neighborhood and built environment." The scenario focused on the building and neighborhood in which JP lives.

3.8 Lesson 2 Scenario: Application Question 2

Notes:

Which of the following does not represent a social risk related to JP's neighborhood and built environment?

Correct	Choice
X	Strong social networks
	Exposure to mold and mildew at home
	Breathing in vehicle exhaust
	Lack of access to fresh fruits and vegetables

Feedback when correct:

Well done! This question addressed social risk factors presented by the neighborhood and built environment. Exposure to mold and mildew at home, breathing in vehicle exhaust, and lack of access to fresh fruits and vegetables all represent social risks. JP has a strong social network, which is a social
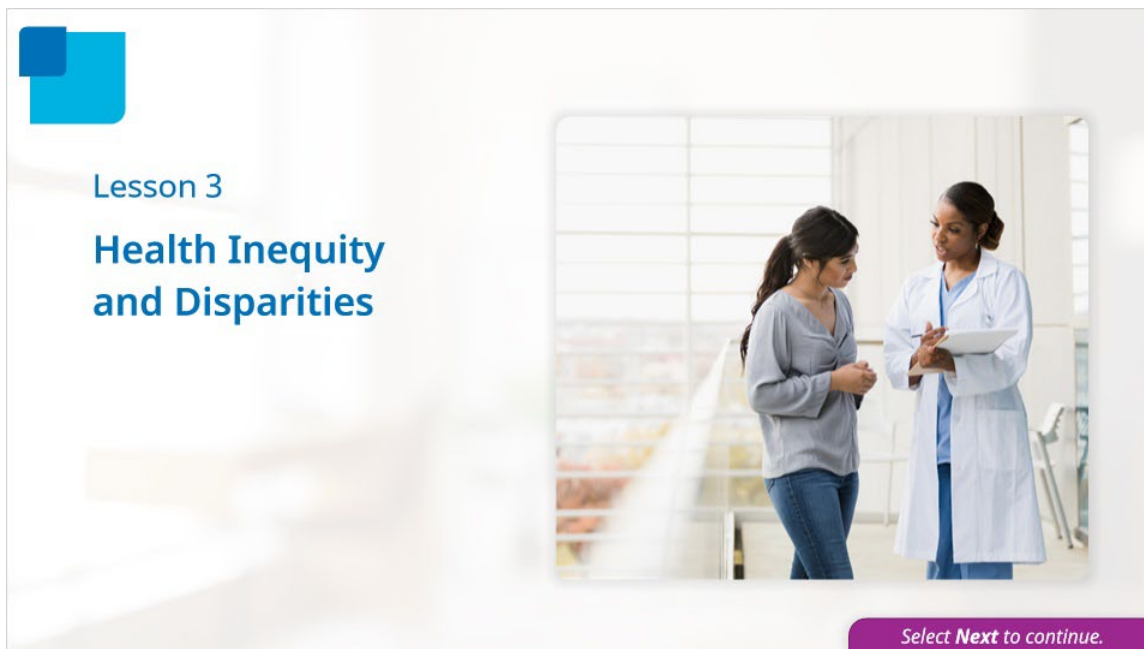
determinant of health that can be positive for health outcomes instead of being a social risk, depending on the nature and quality of the friendships.

Feedback when incorrect:

Not quite. Sorry, that choice is incorrect. This question addressed social risk factors presented by the neighborhood and built environment. Exposure to mold and mildew at home, breathing in vehicle exhaust, and lack of access to fresh fruits and vegetables all represent social risks. The correct answer is that JP has a strong social network, which is a social determinant of health that can be positive for health outcomes instead of being a social risk, depending on the nature and quality of the friendships.

4. Lesson 3

4.1 Lesson 3: Health Inequity and Disparities

Lesson 3

Health Inequity and Disparities

Select **Next** to continue.

Notes:

Lesson 3: Health Inequity and Disparities.

4.2 Defining Health Inequity and Disparities

Notes:

Defining health inequity and disparities. Select the plus icons below to learn more.

L1: Marginalization (Slide Layer)

Notes:

Throughout history, various communities have received less opportunities, resources, and benefits than others, a status we

refer to as marginalization. These inequities extend to health.

L2: Health Inequities (Slide Layer)

Notes:

Health inequities are the unfair differences in health status and outcomes between groups, caused by systemic barriers and unjust conditions that disproportionately affect marginalized communities.

L3: Health Disparities (Slide Layer)

Notes:

When a group or population of individuals experience the same health inequities, it creates a health disparity. Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been disadvantaged by their social or economic status, geographic location, and environment.

4.3 The Roots of Health Disparities

Notes:

Examples of historical inequity in health care include factors related to race, culture, and gender.

Click on the four different components from the Venn diagram to learn more.

L1: Race (Slide Layer)

Notes:

Race: Prior to the 1960s, the vast majority of hospitals in the United States were segregated by race, or they had separate wings or staff for patients stratified according to skin color.

L2: Culture (Slide Layer)

Notes:

Culture: Underrepresentation of many marginalized communities among providers and staff resulted in cultural and linguistic barriers, implicit biases, and reduced access to culturally competent care for diverse patients.

L3: Gender (Slide Layer)

Notes:

Gender: Before 1993, women were rarely included in clinical trials, even though biological sex can play a role in physiological, metabolic, hormonal, and even cellular differences that can influence how diseases present and the effectiveness of pharmaceuticals and medical devices.

L4: Intersectionality (Slide Layer)
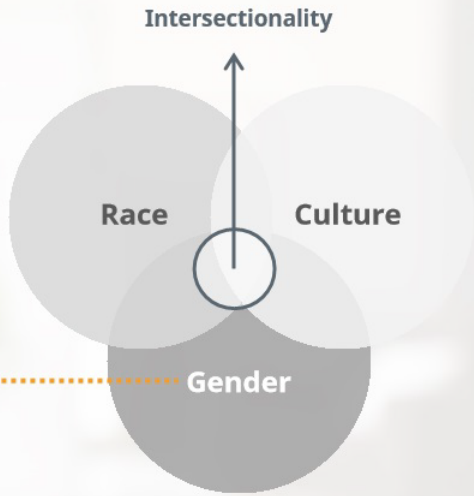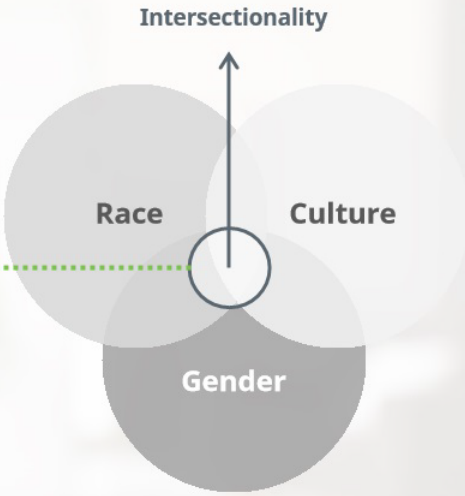
THE ROOTS OF HEALTH DISPARITIES

Instructions: Click on the four different components from the Venn diagram (Race, Culture, Gender, and Intersectionality) to learn more.

Intersectionality

- Created countless 'downstream' health effects for people belonging to marginalized groups.

- Identity is intersectional. In other words, because people may identify with more than one identity group, the inequities compound for many individuals.

Intersectionality

Race   Culture

Gender

*Select **Next** to continue.*

Notes:

Intersectionality: These created countless 'downstream' health effects for people belonging to the marginalized groups. And because identity is intersectional; in other words, people may identify with more than one identity group, the inequities compound for many individuals.

5. Lesson 4

5.1 Lesson 4: Achieving Health Equity Together

Notes:

This takes us to our fourth and final lesson: Achieving Health Equity Together.

5.2 Organizational Health Equity Efforts

Notes:

Organizational Health Equity Efforts

Achieving health equity will require action and coordination at many levels. There is much that can be done at the organizational, community, and individual levels.

As an organization, CalOptima Health is committed to promoting health equity among its members, staff, providers, and within the communities where it operates. Best practices at the organizational level include evaluating current policies and procedures to ensure that they support health equity goals, collecting and disaggregating data to better understand the needs of current and potential membership, enhancing responsiveness to the cultural and linguistic needs of members, and collaborating with other health systems and community-based organizations to leverage shared efforts and make a stronger collective impact.

5.3 Individual Initiatives

Notes:

Individual Initiatives

As you've now learned, health equity is fundamentally about fairness and dignity. And we all have the ability to strive for fairness and to treat others with dignity. Specific actions you can take regardless of your role include:

- Become familiar with CalOptima Health's member population, their demographics, social risk factors, and social needs to better serve our community.
- Talk about opportunities and challenges within the organizational culture with peers and being open to perspectives that may differ from your own.
- Ask yourself, 'what context may I be missing?' when you find yourself jumping to a conclusion in conversation, and asking the other person if they have additional information to share.

5.4 Reflection: Individual Initiatives

REFLECTION: INDIVIDUAL INITIATIVES

What can you do to promote greater equity within your role?

Instructions: Write your response in this provided text box. Responses in the text box are for your personal learning only and will not be recorded.

Write your response here.

Submit

*Select **Next** to continue.*

Notes:

Pause for a moment to reflect. Given what you have learned so far in this course, can you think of one thing you can do within your role to promote greater equity?

6. Conclusion

6.1 CONCLUSION & MODULE SUMMARY

Notes:

This brings us to the end of the material. Congratulations! As you return to your important roles at CalOptima Health, we hope you carry these key takeaways from the module

Health equity ensures everyone has a fair and just opportunity to attain their highest level of health, regardless of their background or circumstances

Health equity does not mean health equality. While health equality is about sameness, health equity is about fairness. It acknowledges that people have different levels of advantage and that we should individually and collectively work to reduce those gaps by addressing the unique barriers some groups face.

Marginalized populations face significant health disparities due to historical and systemic factors, such as lack of access to resources.

Everyone has a part to play in promoting health equity at CalOptima Health. Leaders must take action to tackle inequities through data-driven approaches, community collaboration, and breaking down barriers to care. All staff can and should reflect on the unique role they can play to promote health equity and take concrete actions like learning about groups within CalOptima Health's membership that face health disparities, and committing to treating everyone you encounter at work with dignity and respect.

7.4 Congratulations

Notes:

You have reached the end of this series.

You may now navigate away from this module, or close the window or tab that contains it.

Diversity, Equity, Inclusion, and Belonging

1. Introduction

1.1 Welcome to Diversity, Equity, Inclusion, and Belonging (DEIB)

Notes:

Welcome to Diversity, Equity, Inclusion, and Belonging (DEIB), the second module in this three part training. To continue, click or tap NEXT, located in the bottom right of the media player.

1.3 Welcome Message
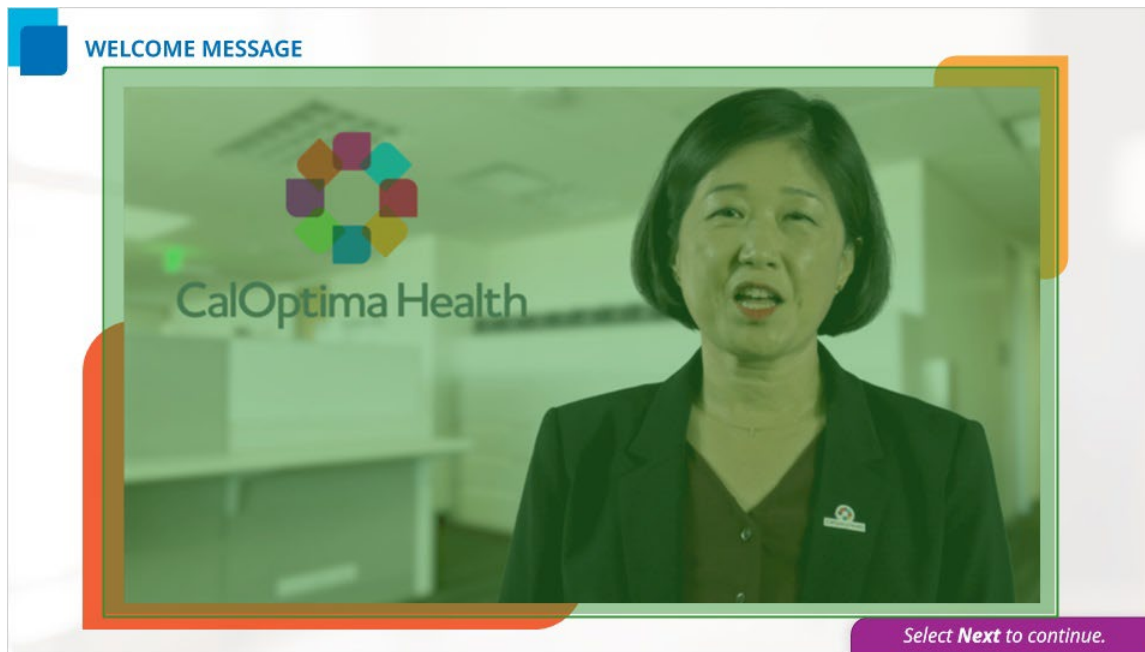
Notes:

Hello. My name is Yunkyung Kim, CalOptima Health's Chief Operating Officer. I am delighted to welcome you to our second module, Diversity, Equity, Inclusion and Belonging.

This module will focus on the importance of diversity, equity, inclusion and belonging and how an inclusive workplace benefits us all.
Research shows that diverse teams are:
- More innovative
- Make better decisions
- Drive stronger business results

Diverse and inclusive workplaces also have higher levels of employee engagement. This makes sense because we can all agree that it is more enjoyable to work somewhere that you feel accepted, respected and included.

CalOptima Health designed this second module to give you the basic knowledge as well as practical skills to begin your journey to becoming a Diversity, Equity, Inclusion and Belonging advocate.

I encourage you to approach this training with an open mind and a willingness to learn. Remember, the strength of our respective organizations lies in the diversity of our thoughts, experiences and perspectives. By enhancing our knowledge and skills in these areas, we are better equipped to create an inclusive workplace and deliver more equitable health outcomes for our members.

And with that, we welcome you to Diversity, Equity, Inclusion and Belonging!

1.4 The Learning Roadmap for This Module

Notes:

In this module focused on health equity, we will cover four lessons:
Lesson 1: Understanding Diversity, Equity, Inclusion, and Belonging (DEIB)
Lesson 2: Applying Diversity and Equity to Health Care
Lesson 3: Making Inclusion and Belonging Actionable in Health Care
Lesson 4: Overcoming Challenges and Advancing DEIB at CalOptima Health

1.5 The Learning Goals for This Module

Notes:

By the end of the module, you should be able to:
1. Define Diversity, Equity, Inclusion, and Belonging (DEIB).
2. Reflect on the many forms of diversity inherent in any organization or workplace.
3. Articulate the importance of DEIB in creating an effective and equitable health care system.
4. Learn strategies for creating a DEIB healthcare environment and workplace culture at CalOptima Health.

2.1 Lesson 1: Understanding Diversity, Equity, Inclusion, and Belonging (DEIB)
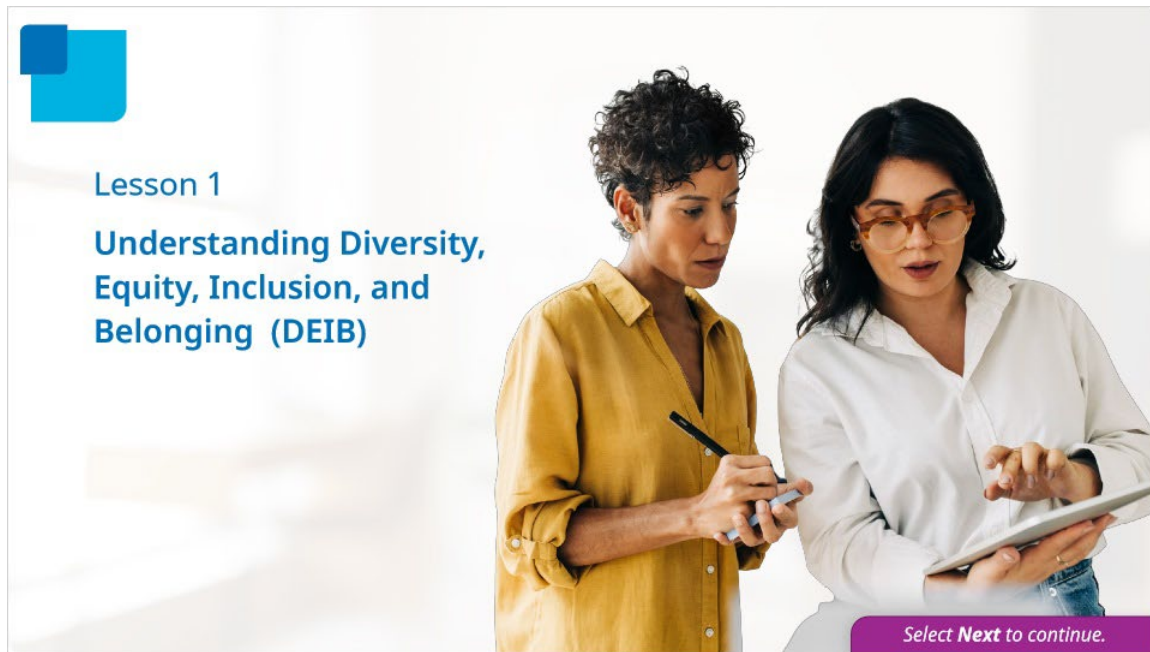
Notes:

Lesson 1: Understanding Diversity, Equity, Inclusion, and Belonging (DEIB)

2.2 Introducing and Defining DEIB

Notes:

Introducing and Defining Diversity, Equity, Inclusion, and Belonging (DEIB).

Navigate through the tabs in numerical order to learn more.

L1 (Slide Layer)

Notes:
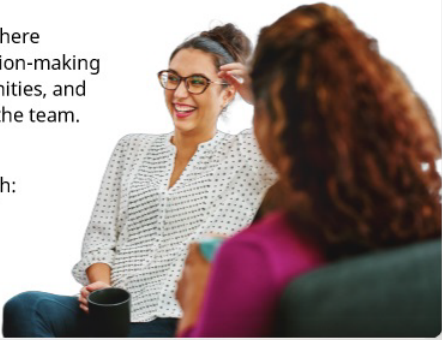
Welcome to the first of four lessons in this course on diversity, equity, inclusion, and belonging, also known as "DEIB." In this lesson, you will learn about key principles of DEIB and the relevance to health care.

For many decades, organizational experts, CEOs, and employees have recognized the importance of diverse perspectives, inclusive teamwork, and a sense of belonging to foster effective collaboration and innovation.

At its core, DEIB is about creating environments where diversity contributes to problem-solving and decision-making processes, where everyone has access to opportunities, and where each person feels like a valued member of the team. The DEIB approach has been shown to drive employee and organizational performance through improved group dynamics, innovation and productivity. This approach not only enriches organizational culture but also drives health equity and ensures that our members receive excellent care.

Let's start by defining the individual terms.

L2 (Slide Layer)

Notes:

Diversity refers to any dimension that can be used to differentiate groups and people from one another. Diversity encompasses the range of similarities and differences each person brings to society, including but not limited to national origin, language, race, color, disability, ethnicity, gender, age, religion, faith, sexual orientation, gender identity, socioeconomic status, veteran status, ability, and family structures. In many cases, a person's identity may be intersectional, meaning that they identify with more than one identity group.

Here at CalOptima Health we have a workforce as diverse as our member population. CalOptima Health is an equal opportunity employer and makes all employment decisions on the basis of merit.

L3 (Slide Layer)

Notes:

Next, let's discuss the differences between Equality and Equity. Equality is achieved when each person or group of people is given the same resources or opportunities. Equity is achieved when it is recognized that each person or group of people has different circumstances, and resources are allocated accordingly to reach an optimal outcome. CalOptima Health is striving for organizational and health equity, which results in better and fairer outcomes for everyone.

L4 (Slide Layer)

Notes:

Inclusion is a state of being valued, respected and supported. It's about focusing on the needs of every individual and ensuring the right conditions are in place for each person to achieve his or her full potential.

Belonging is the feeling of security and support when there is a sense of acceptance, inclusion, and identity for a member of a certain group. It is when an individual can bring their authentic self wherever they go and still feel like they are needed and wanted.

3. Lesson 2

3.1 Lesson 2: Applying Diversity and Equity to Health care

Notes:

Lesson 2: Applying Diversity and Equity to Health care

3.2 Diversity at CalOptima Health

Notes:

Diversity at CalOptima Health

In this lesson, we'll spend time exploring each of the elements of DEIB in depth and what they look like in practice.

For CalOptima Health employees, diversity can mean having a team that reflects various cultural, demographic, and professional backgrounds, which can lead to more innovative solutions and a broader understanding of patient needs. Diverse teams are better equipped to provide culturally competent care and address health disparities effectively.

For members, diversity involves recognizing and valuing the different backgrounds, experiences, and health needs that individuals bring to the health care system. This includes understanding how various factors, such as language, beliefs, and life experiences, can influence their health and health care experiences.

3.3 Representation Positively Impacts Member Experience

REPRESENTATION POSITIVELY IMPACTS MEMBER EXPERIENCE

- Members build trust and improve communication when providers understand their cultural and personal backgrounds, especially in communities with historical mistrust of the medical profession.
- Mistrust in the health care system among marginalized communities arises from a history of discrimination and exploitation, as seen in events like the Tuskegee Syphilis Study.

Download the Knowledge Tip Sheet here.

Select **Next** to continue.

Notes:

Representation Positively Impacts Member Experience

An important aspect of diversity among health care staff and providers is representation.

When members see providers who share or understand their cultural and personal backgrounds, it helps to build trust and improves communication. This is especially true for members from communities with a historical basis for mistrusting the medical profession.

Mistrust in the health care system among marginalized communities is often a result of a long history of discrimination, exploitation, and unequal treatment. Historical events, such as the Tuskegee Syphilis Study, where Black individuals were intentionally denied treatment to study the progression of syphilis, have left a legacy of suspicion and fear.

3.4 Equity in the Workplace

EQUITY IN THE WORKPLACE

Equity in the Workplace:
All employees have access to opportunities and resources, tailored to address their unique needs and circumstances.

Select **Next** to continue.
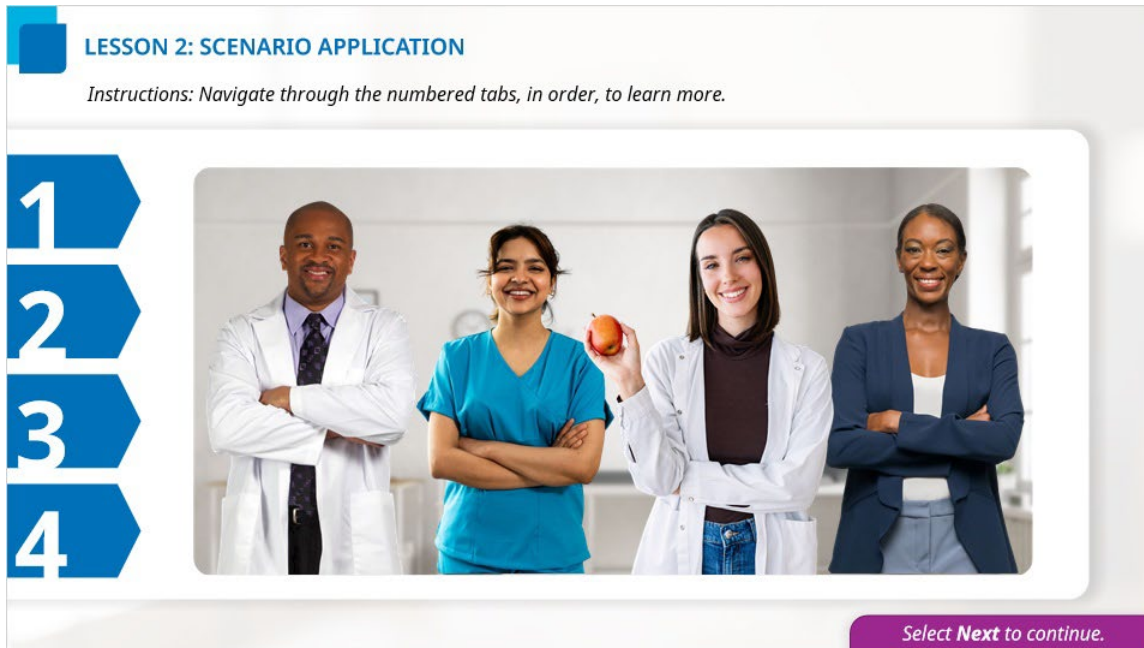
Notes:

Equity in the workplace involves creating an environment where all employees have access to opportunities and resources, tailored to address their unique needs and circumstances.

An example of an equitable workplace practice is allowing flexible scheduling for employees who have caregiving responsibilities or for religious employees to observe daily prayers or religious holidays.

By promoting equity, organizations can foster a more inclusive and supportive work environment, leading to improved job satisfaction, retention, and overall performance among health care professionals.

3.5 Lesson 2: Scenario Application

LESSON 2: SCENARIO APPLICATION

Instructions: Navigate through the numbered tabs, in order, to learn more.

1
2
3
4

Select **Next** to continue.

Notes:

Lesson 2: Scenario Application

The healthcare team at a community clinic is preparing to conduct a series of health workshops for a diverse group of members, including those with different cultural backgrounds, languages, and health literacy levels.

Navigate through the numbered tabs, in order, to learn more.
_____

The team includes:

- Dr. Jay: A family physician with expertise in chronic disease management.
- Nurse Patel: A bilingual nurse fluent in Spanish and English, with expertise in patient education.
- Tristan: A Registered Dietician familiar with dietary needs across cultures.
- Samantha: A social worker who specializes in community outreach and patient accessibility needs.
_____

The team prepares educational materials in multiple languages and ensures they are culturally relevant to their patient community. During the workshops, Dr. Jay explains the purpose of the health screenings using clear, non-technical language, and providing simple explanations of procedures and test results. Nurse Patel offers assistance to Spanish-speaking patients, translating medical information and answering questions in their preferred language. Tristan provides dietary advice that considers cultural food preferences. Samantha ensures that patients with disabilities or limited mobility have access to necessary resources and support, offering information in formats accessible to members with visual or hearing impairments, such as large print or sign language interpretation.
_____

Application question: How does the diversity within the healthcare team enhance their ability to provide inclusive and effective care? Examples include language skills, cultural awareness, and expertise. What are specific examples that illustrate how the team's diverse skills and perspectives contribute to better patient outcomes?
_____

Answer feedback:

Your answer may have included any of the following:
- Diversity within the health care team enhances the ability to provide inclusive and effective care.
- Team members who are bilingual, like Nurse Patel, can communicate with Spanish speaking patients.
- Patients can receive clear, accurate information, such as instructions or treatment plans, in their preferred language.
- Team members, such as Tristan, can provide treatment plans and advice that considers cultural food preferences.
- A team member, such as Samantha, who specializes in accommodations and accessibility, can provide resources and support to patients with physical impairments.

4. Lesson 3

4.1 Lesson 3: Making Inclusion and Belonging Actionable

Lesson 3

Making Inclusion and Belonging Actionable

Select **Next** to continue.

Notes:

Lesson 3: Making Inclusion and Belonging Actionable

4.2 Why Inclusion and Belonging Matter

WHY INCLUSION AND BELONGING MATTER

Workplace Inclusion:
All employees, regardless of their background, identity, or status, are valued, respected, and empowered to contribute to their fullest potential.

Workplace Belonging:
How employees feel as a result of inclusion.

In health care, some benefits are:

- Compliance with legal and regulatory standards for non-discrimination and equal opportunity.
- Creation of a positive work environment that boosts employee satisfaction and retention.
- Increased employee engagement and morale linked to inclusivity in the workplace.
- Enhanced organizational reputation attracting top talent and building community trust.

*Select **Next** to continue.*

Notes:

Why Inclusion and Belonging Matter

Workplace inclusion refers to the practice of creating an environment where all employees, regardless of their background, identity, or status, are valued, respected, and empowered to contribute to their fullest potential. Belonging is how employees feel as a result.

In health care, some benefits of practicing inclusion and belonging are:
- Assisting organizations to comply with legal and regulatory standards related to non-discrimination and equal opportunity.
- Fostering a positive work environment, which enhances employee satisfaction and reduces turnover. The Centers for Disease Control and Prevention (CDC) reports that inclusive workplaces have higher levels of employee engagement and morale. Employees who feel included are more likely to stay with their organization, reducing recruitment and training costs.

Thriving from a stronger reputation, which can attract top talent and foster trust among patients and the community.

5. Lesson 4

5.1 Lesson 4: Overcoming Challenges and Advancing DEIB at CalOptima Health

Notes:

Lesson 4: Overcoming Challenges and Advancing DEIB at CalOptima Health

5.2 Challenges to DEIB at Work

Notes:

Challenges to DEIB at Work

Although there are many organizational, financial, and personal benefits to DEIB at work, some workplaces struggle to successfully integrate DEIB in their culture and operations.

In this lesson, we will explore key obstacles that can impede our efforts to create health care organizations that support DEIB. Understanding these barriers is crucial for developing strategies to overcome them and approaches we can individually and collectively take to overcome challenges and foster DEIB at CalOptima Health.

5.3 Unconscious Bias, Discrimination, and Stereotypes

UNCONSCIOUS BIAS, DISCRIMINATION, AND STEREOTYPES

At CalOptima Health, we are in the great position to be able to be more culturally humble with the members we encounter, the programs we develop, and the policies we create. It's important to be conscious of biases and actively practice to make environments welcoming.

Notes:

Unconscious Bias, Discrimination, and Stereotypes

At CalOptima Health, we are in the great position to be able to be more culturally humble with the members we encounter, the programs we develop, and the policies we create. It's important to be conscious of biases and actively practice to make environments welcoming.

Let's explore the following terms to understand the impact of bias. One note is these terms are ever-changing and evolving in the field of DEIB. For the sake of this training, we are drawing from the CDC's definition of bias.

Implicit bias (Slide Layer)
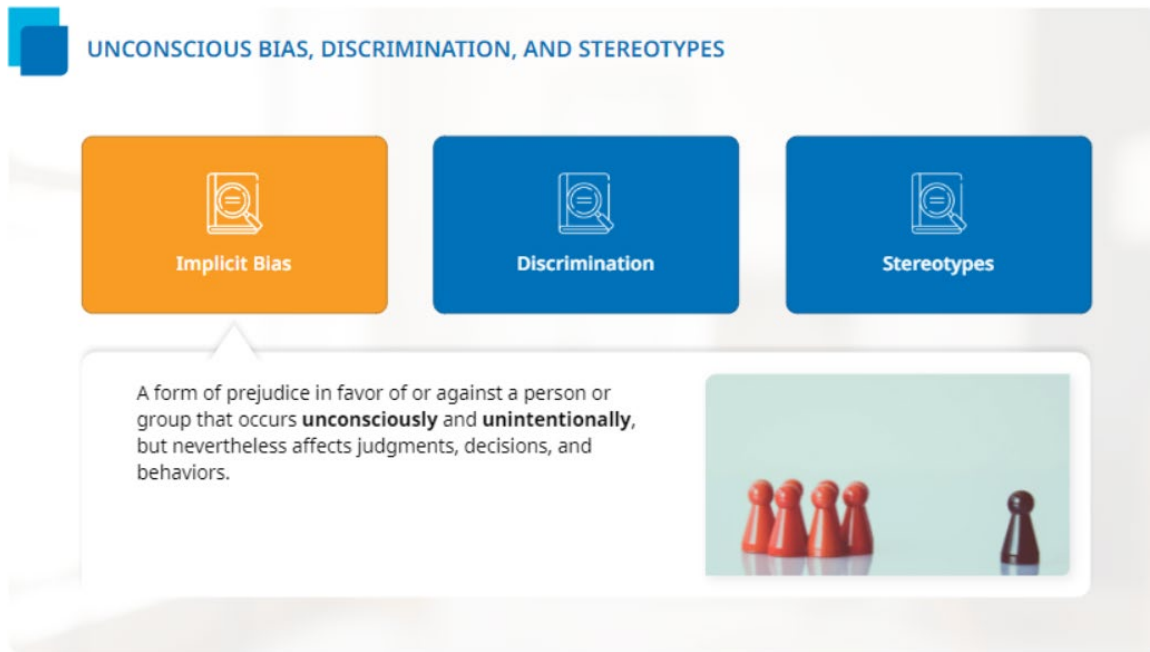
Notes:

The CDC states that implicit bias is a form of prejudice in favor of or against a person or group that occurs unconsciously and unintentionally, but nevertheless affects judgments, decisions, and behaviors. These types of bias can include race and ethnicity bias, age bias, faith or religion bias, gender bias, LGBTQIA+ community bias, and ability bias.

To mitigate unconscious and implicit bias, we can engage in self-reflection, seek feedback, and participate in bias training programs. Awareness is the first step towards reducing the impact of these biases in our workplace.

Discrimination (Slide Layer)

UNCONSCIOUS BIAS, DISCRIMINATION, AND STEREOTYPES

Implicit Bias | Discrimination | Stereotypes

The unfair treatment of individuals or groups **based on characteristics such** as race, gender, ethnicity, faith, or ability.

Notes:

Discrimination involves treating people unfairly based on characteristics such as race, gender, ethnicity, faith, or ability which can lead to inequitable opportunities for career advancement and professional development. When discrimination is present, it undermines trust and morale among employees, making it challenging to build a cohesive and supportive team.

Stereotypes (Slide Layer)

UNCONSCIOUS BIAS, DISCRIMINATION, AND STEREOTYPES

Implicit Bias | Discrimination | Stereotypes

Oversimplified and **generalized** beliefs about certain groups.

Select **Next** to continue.

Notes:

Stereotypes-oversimplified and generalized beliefs about certain groups-can affect how employees are perceived and treated. These biases can lead to miscommunication, reduced collaboration, and missed opportunities for diverse perspectives to contribute to problem-solving and innovation.

5.4 Microaggressions

Notes:

Microaggressions are brief, everyday interactions or behaviors that, intentionally or unintentionally, convey derogatory or negative slights or insults toward individuals from marginalized groups. These can be unintentional and may seem minor, but they accumulate and contribute to a hostile environment. Examples include comments like, "You speak English so well" or assumptions about someone's role based on their appearance. To address microaggressions, we need to educate ourselves and others, encourage open dialogue, and support those who experience them. Creating awareness and promoting respect are key steps in reducing their occurrence.

5.5 Overcoming Challenges to Create DEIB at CalOptima Health

OVERCOMING CHALLENGES TO CREATE DEIB AT CALOPTIMA HEALTH

Beyond unconscious bias, discrimination, stereotypes, and/or microaggressions, other challenges to DEIB include inadequate resources for DEIB initiatives and resistance to change.

Notes:

Overcoming Challenges to Create DEIB at CalOptima Health

Beyond unconscious bias, discrimination, stereotypes, and/or microaggressions, other challenges to DEIB include inadequate resources for DEIB initiatives and resistance to change. Addressing these challenges requires a multifaceted approach. This includes ongoing education, transparent communication, and a commitment to DEIB from all organizational levels.

Leaders must champion DEIB efforts, allocate necessary resources, and create accountability measures. By recognizing and addressing these challenges, we can move towards a more inclusive, equitable, and supportive workplace for all.

On an individual level, we can all become more aware of these challenges and what we can do to help prevent the occurrence of social biases and discriminatory practices.

From the following actions, which resonate with you or which ones you would like to start incorporating into your workplace habits? There may be some you already use that you can recommend to others.
- Read books, articles, or watch videos on DEIB topics.
- Listen actively to understand others' viewpoints.
- Include everyone in team discussions.
- Respect and promote team diversity.
- Use inclusive language and avoid assumptions about people.
- Step in politely if you see someone being disrespectful.
- Stay updated on best practices for diversity and inclusion.
- Practice self-reflection.
- Be patient with yourself and others; change takes time.

6. Conclusion

6.1 Conclusion & Summary

Notes:

Conclusion & Summary

Recognize and value diversity among individuals and groups, including identity, culture, beliefs, and experiences. In health care organizations, this can mean valuing a team with diverse cultural, demographic, and professional backgrounds and perspectives. With members, this means recognizing and valuing different backgrounds, experiences, and health needs.

Equity is the fair access to resources and opportunities for all and is tailored to meet unique needs, including the norms, practices, and policies that ensure fair opportunities and workplace outcomes.

Inclusion refers to the degree to which organizations welcome all employees and enable them to contribute meaningfully. Practicing inclusive behaviors and communication fosters a positive workplace, enhances employee satisfaction and retention, and improves the member experience.

Belonging is how the workforce experiences the workplace and whether they perceive they have the support and resources to thrive. Inclusion and belonging lead to higher employee engagement, morale, and reduced turnover, benefiting both the organization and the community.

When all of these dynamics are at play at once, a more well-rounded community in Health care and beyond can be realized. We appreciate you doing your part in making this diverse, equitable, inclusive community where everyone belongs - a reality.

6.2 End of Course
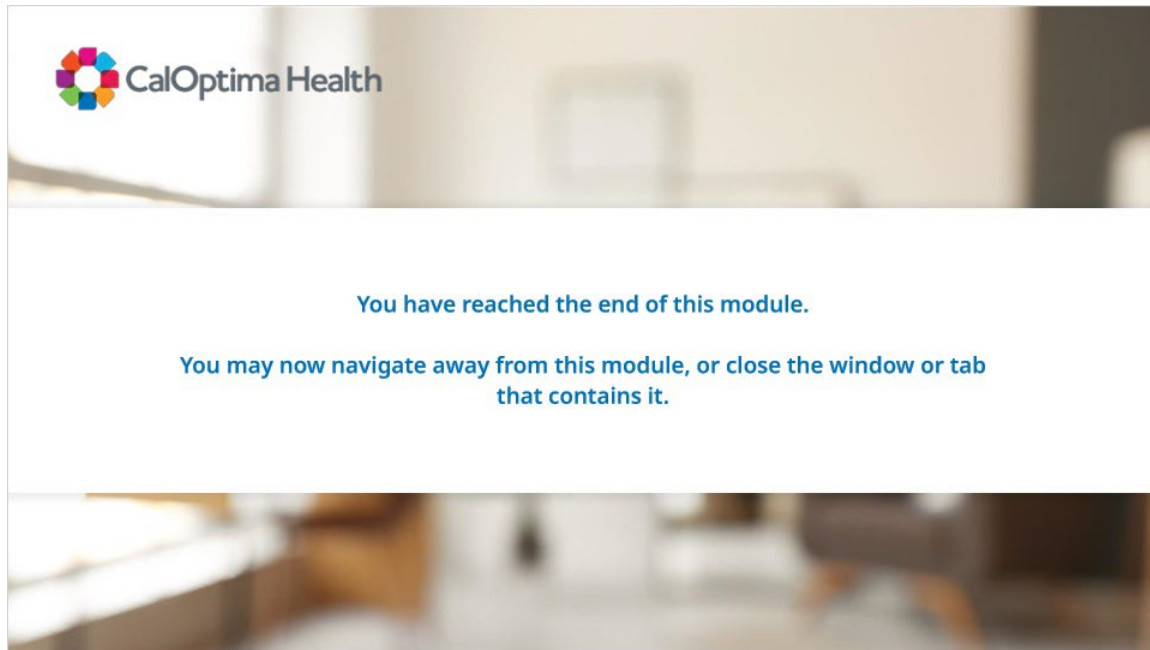
Notes:

You have reached the end of this module. You may now navigate away from this module, or close the window or tab that contains it.

Cultural Competency: The Foundation of Equitable Health Care

1. Introduction

1.1 Welcome to Cultural Competency

Notes:

Welcome to Cultural Competency: The Foundation of Equitable Health Care, provided by CalOptima Health.

Please select next, located in the bottom right of this media player, to continue.

1.3 Welcome Message
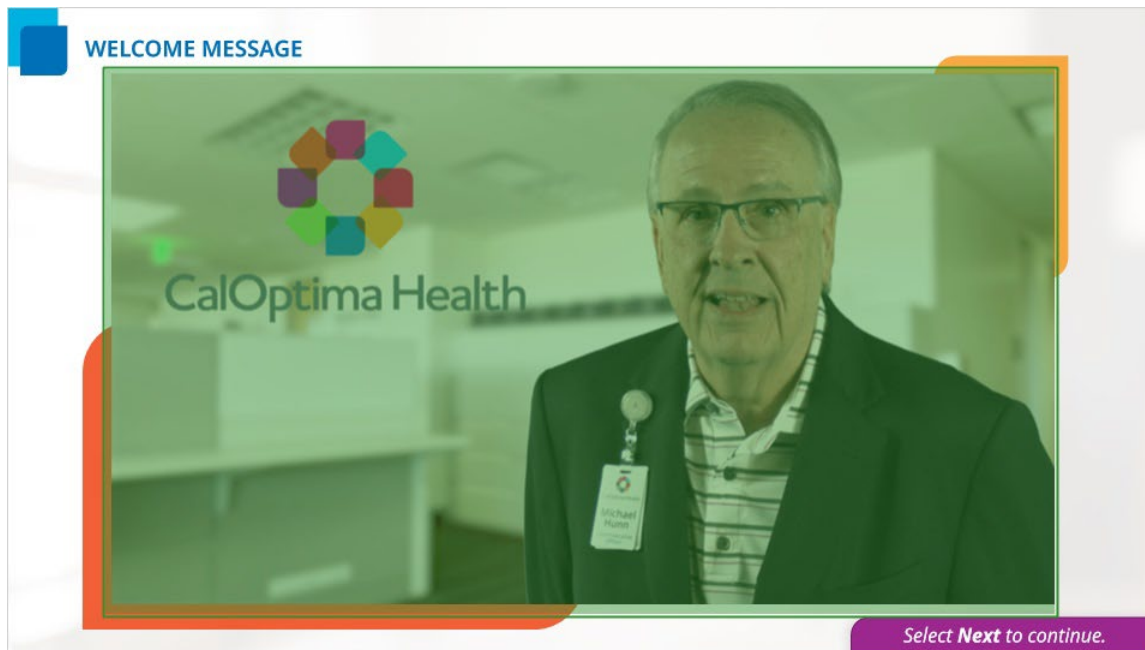
Notes:

Hello. My name is Michael Hunn, CalOptima Health's Chief Executive Officer. I am excited to introduce our Diversity, Equity, Inclusion and Belonging training series. This effort represents a significant step forward in our commitment to fostering an environment that embraces and celebrates diversity in all of its forms.

As Orange County's single largest health insurer, CalOptima Health serves nearly 1 in 3 residents, and our members are very diverse in terms of their backgrounds, ethnicities, cultures and languages.

This training provides an opportunity for all of us to learn and grow together and, ultimately, improve the quality of care for our Members. We have designed each module to provide information that will help you do your job even more effectively.

This training is more than just a series of modules - it's the first step on a learning journey that will positively impact how CalOptima Health staff and our providers work together to care for the diverse communities we serve. By enhancing our knowledge and skills in these areas, we are better equipped to create inclusive workplaces and deliver more equitable health outcomes for our members.

The first module in this training focuses on Cultural Competency and is designed to expand how we define identity and culture.
Your active participation in this program is not just welcome but essential. Together, we have the power to create positive change, both within our organizations and in the lives of those we serve. I look forward to embarking on this important journey with all of you.

And with that, welcome to Cultural Competency!

1.4 The Learning Roadmap for This Module

Notes:

In this course focused on cultural competency, we will cover four lessons:
1. Lesson 1: Introduction to Identity and Culture
2. Lesson 2: Cultural Communities within the CalOptima Health Membership
3. Lesson 3: Cultural Humility and Member Engagement
4. Lesson 4: Linguistic Competence and Available Language Services

1.5 The Learning Goals for This Module

Notes:

By the end of the course, you should be able to:
1. Define identity, culture, and cultural conditioning.
2. Articulate how culture impacts delivery of health care services.
3. Identify and describe at least three cultural communities that exist within CalOptima Health membership.
4. Describe one practice that you can adopt within your role to promote cultural humility and culturally competent care.

2. Lesson 1

2.1 Lesson 1: Understanding Diversity, Equity, Inclusion, and Belonging (DEIB)
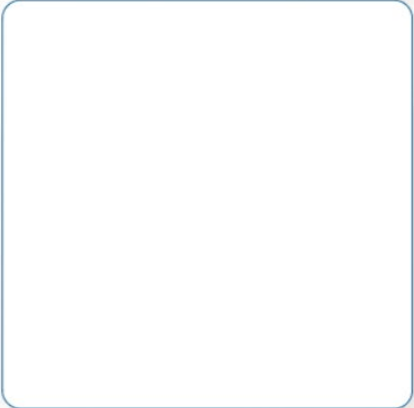
Notes:

Lesson 1: Introduction to Identity and Culture

2.2 Defining Cultural Competency and Humility

DEFINING CULTURAL COMPETENCY AND HUMILITY

Download the Knowledge Tip Sheet here.

Select **Next** to continue.

Notes:

Cultural competency in health care means that healthcare professionals recognize and integrate members' behaviors, values, norms, practices, attitudes, and beliefs about disease causation and prevention into services provided.

CalOptima Health strives to be a culturally competent system, which means that our staff and contracted partners:
- acknowledge the importance of identity and culture,
- recognize the potential impact of cultural differences on health care practices,
- expand our cultural knowledge, and
- adapt services to meet culturally unique needs.

This module also addresses what it means to personally lead with cultural humility. Cultural humility means acknowledging that one does not know everything about another person's lived experience. The demonstration of cultural humility includes a willingness to learn from others about the experiences that have shaped their identity. While competence suggests mastery, humility refers to an intrapersonal and interpersonal open and reflective mindset that cultivates a desire to understand and appreciate another person. Demonstrating cultural humility is critical for person-centered care.

An individual leading with cultural humility within the system has the ability to:
- reflect on their own identity and culture,
- value and respect different identities and cultures, and
- understand and adapt to the dynamics inherent when cultures interact.

Cultural competency and humility are central to CalOptima Health's mission, which is 'to serve Member health with excellence and dignity, respecting the value and needs of each person.'

2.3 Everyone Has a Unique Identity

Notes:
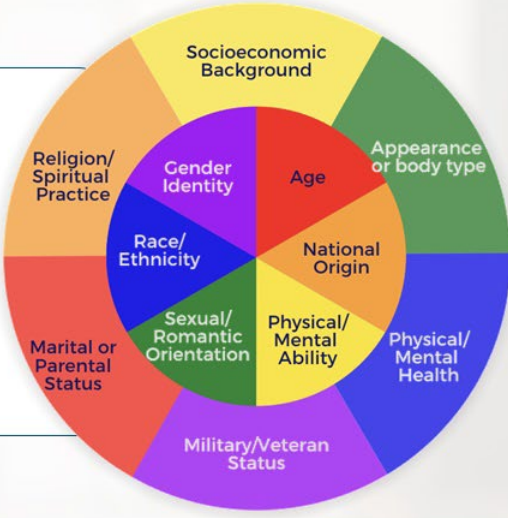
At its core, culture is about identity.

Identity is an individual's self-defined set of physical, psychological, and interpersonal characteristics and a range of experiences and affiliations. Identity isn't singular. There are many aspects that make you, you.

Some parts of your identity may relate to your physical body, where you are from, or traits passed down from your parents. Other parts may be about how you see the world, what you value, the religion you follow, or what you have experienced. Some traits may be with you from birth until death, whereas others may change or evolve during your lifetime.

This wheel shows many aspects that comprise identity, and it still doesn't capture all of the possibilities. Your values, memories, and interests are also identity traits. Take a moment to read the categories on the wheel and think about the facets of your identity.

2.4 Reflection: Everyone Has a Unique Identity

REFLECTION: EVERYONE HAS A UNIQUE IDENTITY

What are 2 aspects of your identity that you believe impact your perspective or experience at work?

Instructions: Write your response in this provided text box. Responses in the text box are for your personal learning only and will not be recorded.

Write your response here.

Submit

Notes:

Reflection: What are 2 aspects of your identity that you believe impact your perspective or experience at work?

Write your response in this provided text box. Responses in the text box are for your personal learning only and will not be recorded.

2.5 People Share Collective Identity and Culture

PEOPLE SHARE COLLECTIVE IDENTITY AND CULTURE

Instructions: Select each term to learn more.

Culture

Race

Ethnicity

Religion

Notes:

While everyone has a unique identity, parts of identity are shared with others and are based on common associations and experiences. We call these shared patterns of thinking, feeling, and acting acquired from common social environments and experiences culture.

Select each to learn more.

_____
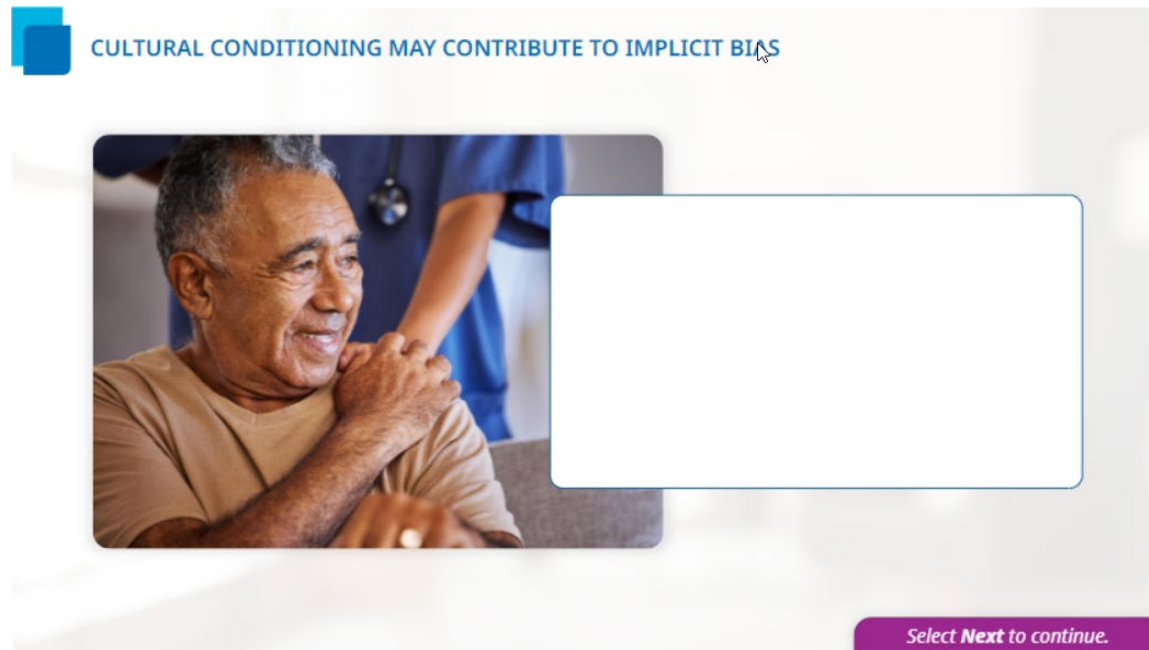
Culture. Shared patterns of thinking, feeling, and acting acquired from common social environments and experiences. Culture is distinct from Race, Ethnicity, or Faith, although culture can be developed through these collective identities and experiences.

Race is a social construct not based on biology that groups people based on physical characteristics, such as skin color and physical features.

Ethnicity refers to large groups of people with common national, tribal, religious, linguistic or cultural backgrounds. Like race, it is not based on biology.

Religion, the shared belief in religious doctrines or spirituality, also plays a part in cultural identity and how communities connect.

2.6 Cultural Conditioning May Contribute to Implicit Bias

Notes:

As we go through life, we continue to pick up cues from our family, peers, community, and colleagues about what to think, believe, and how to act. This is called cultural conditioning. The process of cultural conditioning is typically unconscious, invisible, and ongoing.

Because cultural conditioning is often unconscious, we aren't always aware of the beliefs or preferences we form as a result. This can result in implicit biases, or prejudices in favor of or against a person or group that occur unconsciously and unintentionally, but nevertheless affects judgments, decisions, and behaviors.

Everyone has implicit biases. Implicit biases can be positive, such as a preference for something or someone. They can also be negative, such as an aversion towards something or someone. An example of implicit bias is making assumptions on one's physical abilities based on their age.

Examples of how implicit bias can present in health care include when we automatically expect certain groups to have poorer health outcomes, or when we assume certain groups are exaggerating their symptoms or level of pain.

2.7 Cultural Humility Leads to Better Care

Notes:

There is an increasing level of diversity, or differences among people and groups, in the healthcare system, which requires a high level of cultural competency and humility among staff and providers. Cultural humility offers a pathway and a framework to better serve all members' health needs.

Increasing one's cultural humility involves:
- Self-awareness, or being willing to reflect on your own identity, culture, conscious and unconscious biases;
- Empathy, or being willing to see and understand the world through the experiences of others;
- Cultural Curiosity, or appreciating and being interested in the variance in cultures within your organization;
- Growth Mindset or showing a willingness to recognize and learn from cultural missteps and mistakes, and actively seeking opportunities for growth.

Everyone within the healthcare system benefits from the practice of cultural humility. Overall, cultural humility leads to improved understanding, and more appropriate treatment recommendations, which in turn, leads to:
- Increased efficiency
- Improved member and provider satisfaction
- Improved member health and safety
- Reduced health disparities, and
- Decreased costs to the healthcare system

2.8 Apply What You Learned

Notes:

Review the scenario and provide an answer to the question that follows.

Scenario:
You are a health care provider treating a patient named Omar who practices a religion that involves specific dietary restrictions. During the consultation, you assess that the patient's diet might be contributing to his health condition. You recommend dietary changes, but Omar expresses concern, saying, "I'm not sure I can follow these recommendations because they conflict with my religious beliefs."

APPLY WHAT YOU LEARNED

How would you approach this situation to demonstrate cultural humility and work with the patient to develop a suitable care plan?
Select one answer then select SUBMIT.

○ Tell the patient that you are unable to provide effective care if they don't follow the recommended diet.

○ Ask the patient to explain their dietary restrictions and explore alternative dietary recommendations that align with both their health needs and religious practices.

○ Suggest that the patient try a popular diet trend, regardless of their existing dietary needs or preferences.

○ Advise the patient that their health is the top priority and suggest they consult with a religious leader to seek an exception to their dietary restrictions.

Correct	Choice
	Tell the patient that you are unable to provide effective care if they don't follow the recommended diet.
	Advise the patient that their health is the top priority and suggest they consult with a religious leader to seek an exception to their dietary restrictions.
X	Ask the patient to explain their dietary restrictions and explore alternative dietary recommendations that align with both their health needs and religious practices.
	Suggest that the patient try a popular diet trend, regardless of their existing dietary needs or preferences.

Feedback when correct:

Great choice! Asking the patient about his dietary restrictions and exploring alternatives shows cultural humility and respects his beliefs while focusing on his health.

Feedback when incorrect:

Unfortunately, that's incorrect. Stating that effective care depends on following a diet overlooks the patient's individual needs and beliefs.

3. Lesson 2

3.1 Lesson 2: Cultural Communities Within the CalOptima Health Membership

Notes:

Lesson 2: Cultural Communities Within the CalOptima Health Membership

In this lesson, we will learn about the diversity of cultures present in Orange County and within CalOptima Health's membership. Given that this is a short introductory training, we are only able to describe our member population at a high level and use relatively broad group categorizations. We encourage you to take a deeper dive after the training to fully appreciate the depth and richness of diversity among our members. To inform this learning journey, resources will be available to you at the end of the module.

3.2 Diversity Of Cultures In Orange County

DIVERSITY OF CULTURES IN ORANGE COUNTY

Race/Ethnicity: U.S., Orange County, & CalOptima Health Membership

Race/Ethnicity	United States	Orange County	CalOptima Health Membership
White (Non-Hispanic)	58.9%	38.0%	14.0%
Hispanic/Latino	19.1%	34.0%	48.0%
Asian	6.3%	23.3%	18.0%
Black/African American	13.6%	2.3%	2.0%
American Indian/Alaskan Native	1.3%	1.1%	0.1%
Native Hawaiian/Other Pacific Islander	0.3%	0.4%	1.2%

United States: 353.7 million
Orange County: 3.1 million
CalOptima Health Membership: 890k
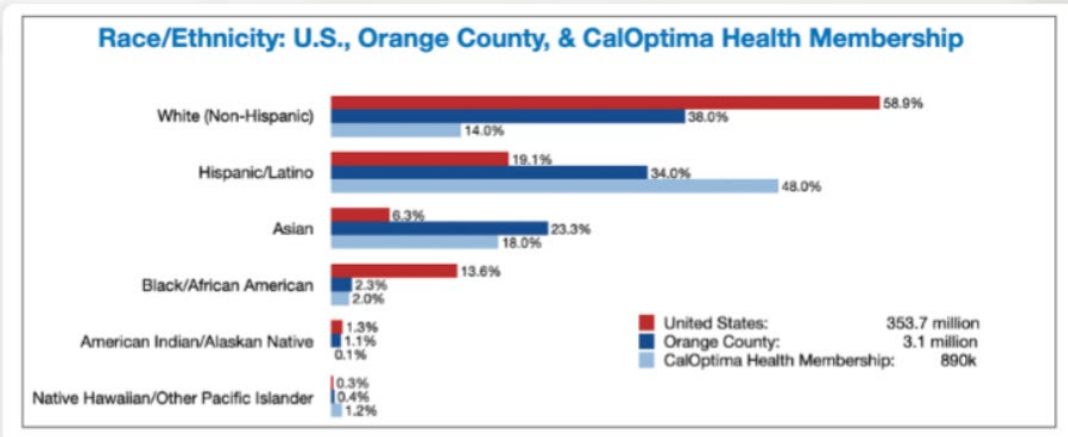
Notes:

The first aspect of diversity that we will explore is race and ethnicity. This chart provides a broad overview of racial and ethnic representation within CalOptima Health's membership as well as a comparison of Orange County to the broader United States. You can also see how many Orange County residents identify as 'two or more races', which relates to the concept of intersectionality

DIVERSITY OF CULTURES IN ORANGE COUNTY

Intersectionality

The overlap of various identity factors, such as race, ethnicity, social class, nationality, gender, sexual orientation, and ability.

Race / Ethnicity
Class
Gender
INTERSECTIONALITY
Abilities
Nationality
Sexual Orientation
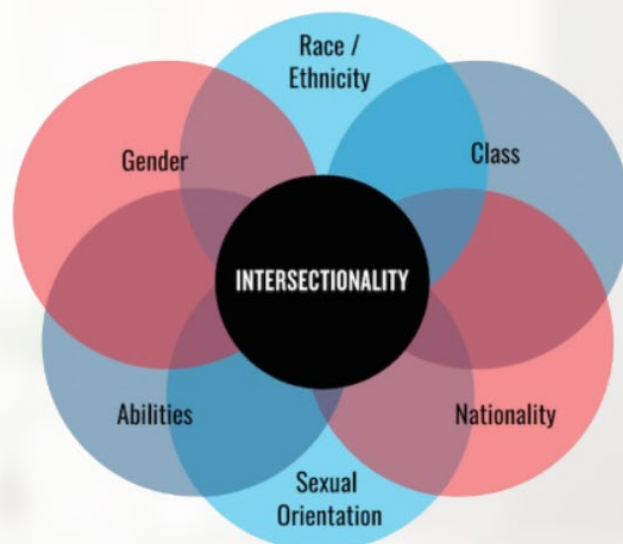
Select **Next** to continue.

Notes:

Intersectionality refers to the overlap of various identity factors, such as race, ethnicity, social class, nationality, gender, sexual orientation, faith, and ability. In this case, intersectionality refers to having two or more racial identities.

However, intersectionality can also encompass a combination of non-racial identity traits, such as being a gay Black man or a white Christian woman living in poverty.

The intersection of various identity factors contributes to the multiple layers and qualities that make each of our members unique. Approaching individuals with humility and striving to understand their complex identities will help build rapport and trust in the relationship.

3.3 Diversity Of Cultures In Orange County

DIVERSITY OF CULTURES IN ORANGE COUNTY
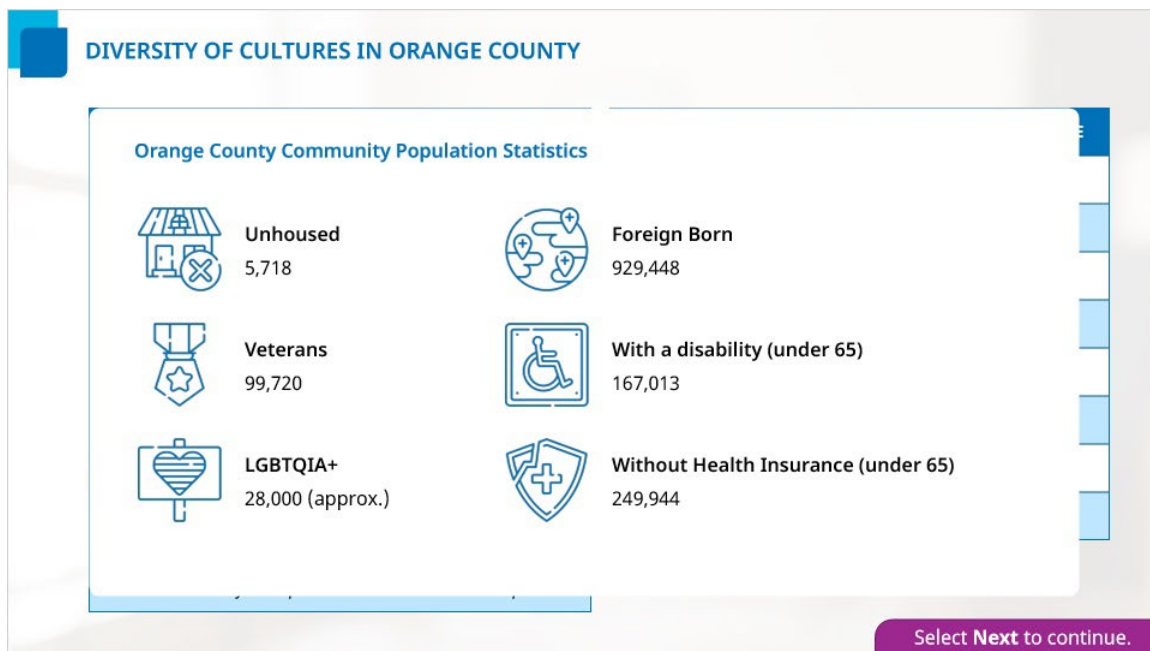
Orange County Community Population Statistics

Unhoused 5,718	Foreign Born 929,448
Veterans 99,720	With a disability (under 65) 167,013
LGBTQIA+ 28,000 (approx.)	Without Health Insurance (under 65) 249,944

Select **Next** to continue.

Notes:

Next, Orange County's diversity is reflected in the many languages spoken by CalOptima Health's members. The left column lists the languages spoken by our members, while the right column reflects members' preferred language.

A significant percentage of CalOptima Health members prefer a language other than English, highlighting the need for linguistic sensitivity in order to be culturally competent, a topic we will return to later in this course.

Finally, this chart provides figures about additional cultural communities that exist within Orange County, including veterans, people who have immigrated to the US, people with disabilities, and LGBTQIA+.

3.4 Background On Cultural Communities In Orange County

BACKGROUND ON CULTURAL COMMUNITIES IN ORANGE COUNTY

Instructions: Select each term to learn about each community.

Asian and Pacific Islander (AAPI)

People with Disabilities

Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual (LGBTQIA+)

Hispanic/Latino/Chicano

South Asian, Middle Eastern, North African (SAMENA)

Black/African American

Indigenous Americans and Native Alaskans

Older Adults

Notes:

We will explore a few main cultural groups serviced by CalOptima Health to give you a sense of the people you might interact with. Note, however, that these groups are by no means the only ones we serve.

Also, these broad categories have several subgroups under them. The subgroups may intersect but each have their own distinct qualities, differences in lived experiences, beliefs, health behaviors and genetic predispositions. In future trainings, we will take a closer look at the subgroups.

Navigate through each group to learn more.

Asian American and Pacific Islander (AAPI) is a term used to describe people of Asian or Pacific Islander descent in the U.S. In Orange County, the largest AAPI subgroups by ethnicity are Vietnamese, Chinese, Filipino, and Korean.

According to the CDC, "A disability is any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them." A disability can be caused by a variety of factors and can take on many forms, from physical limitations to learning disabilities to intellectual differences like neurodivergence.

LGBTQIA+ is an acronym for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual. The plus refers to sexual orientation or gender identities that may not fit into those that are mentioned.

Hispanic, Latino, and Chicano have different meanings that are often incorrectly used interchangeably. Hispanic refers to those who speak Spanish and may hail from a wide range of countries and cultures, while Latino might be preferred by those originating from Latin America. You may also hear the term Chicano, which is used to identify people of Mexican descent born in the United States.

Diversity exists within cultural communities as well. For some Spanish-speaking members, Spanish could be a second language to an indigenous language, such as Mam, and it is important to acknowledge that different regions may use words differently.

The South Asian, Middle Eastern, and North African (SAMENA) community is ethnically and linguistically diverse and includes

Arabs, Iranians, Kurds, and Afghans. This group is often excluded from research and discussions about health disparities because they are categorized as White on the US Census.

The terms African American and Black have different connotations. African American might be preferred by Black Americans with a traceable lineage to the continent of Africa, but the term Black may be preferred by those who do not relate or have immediate ties to African heritage such as an immigrant from the Caribbean.

Indigenous Americans and Native Alaskans include people with origins or shared ancestry with any of the original peoples of North, South, and Central America, who maintain tribal affiliation or community attachments. Please note, some Indigenous Americans may not have formal tribal recognition from the United States government, which can impact their lived experience.

The precise age of an Older Adult is not universal. Medicare collects the health information of adults aged 65 and older, while Social Security is available to those who are 62 years old. The U.S. Department of Housing and Urban Development's (HUD) Housing for Older Persons Act (HOPA) manages older adult housing and 55-and-over communities.

3.5 Cross-Cutting Issues Among Cultural Communities: Health Literacy

Notes:

Culture can also shape one's health literacy. Health Literacy is the ability to obtain, process, and understand basic health information. It is critical for making good health decisions.

Fortunately, there are many things you can do to promote health literacy among our members:
1. Use plain language and/or a CalOptima Health Interpreter when necessary
2. Keep written text to a sixth-grade reading level or below and write health information in a manner that makes it easy for members to recall.
3. Use demonstrations, step-by-step graphics, and pictures to accompany what you say or write.
4. Provide additional health literature when appropriate.
5. When appropriate, offer to include caregivers and/or loved ones in the conversation, and
6. Use reflective listening and the 'teach back' method to confirm understanding.

Let's take a moment to explain reflective listening and the 'teach back' method. Used together, they are an excellent way to ensure that you and the other person mutually understand each other.

Reflective listening means that you actively and carefully listen to what a member communicates. Then you 'reflect back,' by synthesizing and relaying what you understood from what they said. An easy way to do so is to say, "If I understood you correctly, you said that."

The 'teach back' method essentially encourages the member to reflectively listen in turn. After you communicate health information or instructions, you invite them to 'teach' you the information or instructions you conveyed. An easy way to start the process is to say, 'Now if I asked you to teach me about what I just explained, what might you say?"

If they are unable to convey the key points of your message, assess what may be causing the gap in understanding, and proceed accordingly. You may want to reframe and retry your message, or you may decide that it is time to contact a CalOptima Health interpreter.

3.6 Cross-Cutting Issues Among Cultural Communities: Use of Alternative and Complementary Medicine
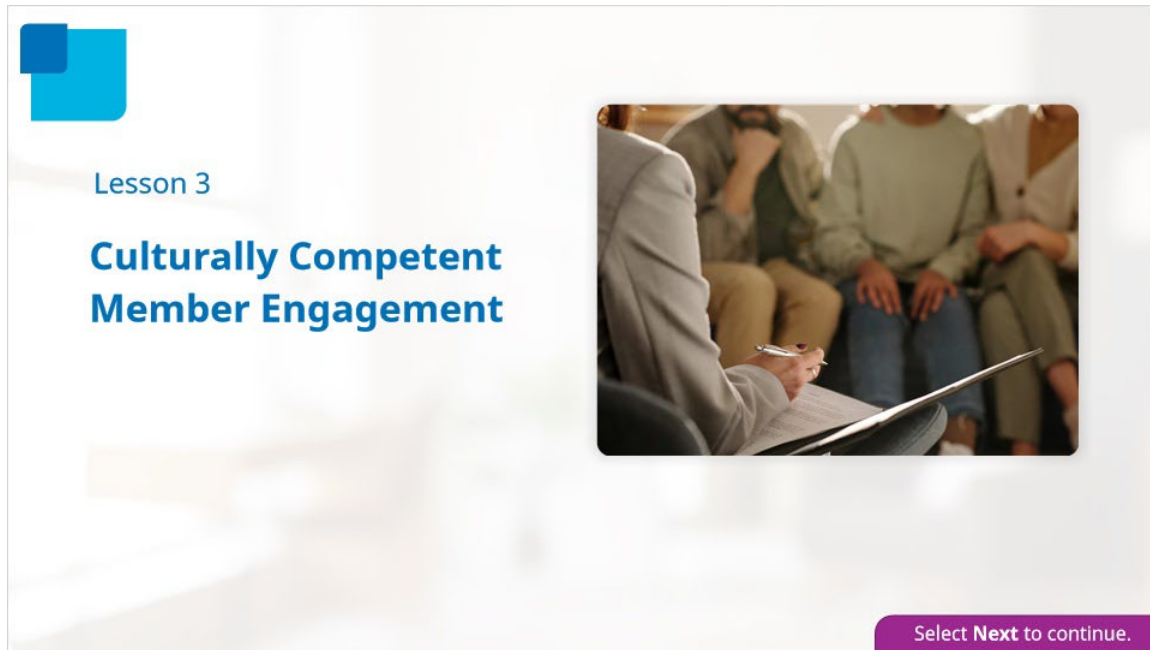

Notes:

Based on cultural or personal preference, members may opt for alternative or complementary medicine as part of their care, such as acupuncture, tai chi, yoga, massage therapy, meditation, vitamins, nutritional therapies, and traditional cultural healing practices.

Part of understanding and respecting members' culture is to engage with beliefs and practices in a respectful way. Encourage members to talk to their provider about starting any kind of treatment, including alternative and complementary therapies, to assess their safety and efficacy.

4. Lesson 3

4.1 Lesson 3: Culturally Competent Member Engagement

Notes:

Lesson 3: Culturally Competent Member Engagement

In this lesson, we discuss considerations for engaging specific cultural communities.

4.2 General Principles for Culturally Competent Engagement

Notes:

The purpose of cultural competence and cultural humility is to be adaptable and responsive to differences, so it's impossible to give blanket advice for how to be culturally competent in every situation. There are four principles you can follow, however, in order to treat others as they want to be treated.

Select each tab to learn more.

L1: Cultural Awareness (Slide Layer)

Notes:

Cultural awareness: Reflect on your own cultural and professional background, and beliefs about other cultures, especially those represented in your community. Develop insight into cultural health care values.

L2: Cultural Knowledge (Slide Layer)

Notes:

Cultural knowledge: Acquire information about other cultures and communities. Read journal articles and textbooks, attend seminars and workshops, and use online resources and courses.

L3: Cultural Skill (Slide Layer)

Notes:

Cultural skill: Commit to applying the knowledge and skills you learn in this course to your day-to-day responsibilities and interactions with members.

L4: Cultural Humility (Slide Layer)

Notes:

Cultural humility: Be willing to respect and accept cultural differences; ask members about their preferences and

perspectives, and remain open to continual learning.

4.3 Members Facing Stigma and Discrimination About a Condition

Notes:

Cultural competency is critical when engaging with members facing health condition-related stigma or discrimination. Condition-Related Stigma refers to negative attitudes and beliefs about people with a specific medical condition, while Condition-Related Discrimination is the act of treating people living with a specific medical condition differently than those without.

Examples of condition-based discrimination include: assuming someone caused their own lung cancer through smoking, or stating that all people experiencing homelessness have mental illness.

A community that continues to face stigma and discrimination is those living with HIV. An example of HIV-related stigma includes believing that only certain groups of people can get HIV. Discriminatory behavior includes a provider refusing to give care to a person living with HIV, or socially isolating a member of a community because they are HIV positive.

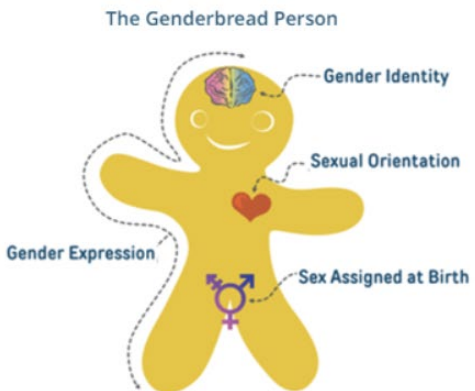## 4.4 Discussing HIV with Cultural Humility

Notes:

Health care providers can reduce HIV stigma and discrimination, by learning how to talk about HIV using available resources from the Centers for Disease Control and elsewhere, disrupting discrimination when you see it, and talking about HIV to normalize the topic.

4.5 Providing LGBTQIA+-Sensitive and Gender-Affirming Care

Notes:

Now, we will spotlight a couple of groups that reflect CalOptima Health's members who may have experienced discrimination within health care and explore how to engage these groups with cultural competence and humility.

The first step in providing LGBTQIA+-sensitive and gender-affirming care is ensuring that you have a necessary understanding of the concepts of gender, sex, and sexual orientation.

This image can be a helpful tool to use. Select each tab to learn more.
_____

Sex assigned at birth: The designation given to an infant often based on the anatomical and other biological characteristics. You may hear this term referred to as birth sex, natal sex, biological sex, or sex; however, sex assigned at birth is recommended.

Gender Identity: An individual's internal conception of being male, female, both, neither, or any combination thereof.

Gender Expression: The way a person communicates their gender to the world through mannerisms, clothing, speech, behavior, etc. Gender expression varies depending on culture, context, and historical period.

Sexual Orientation: An enduring emotional, romantic, or sexual attraction to other people.

4.6 Engaging with the LGBTQIA+ Community

Notes:

There are many additional terms relevant to gender and sexual orientation that are important to know to engage respectfully and competently with the LGBTQIA+ community that you will find in a downloadable glossary available with this course.

Inclusive language also includes using members' correct pronouns.

If you are unsure of a member's pronouns, ways to competently ask include:
• "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?"
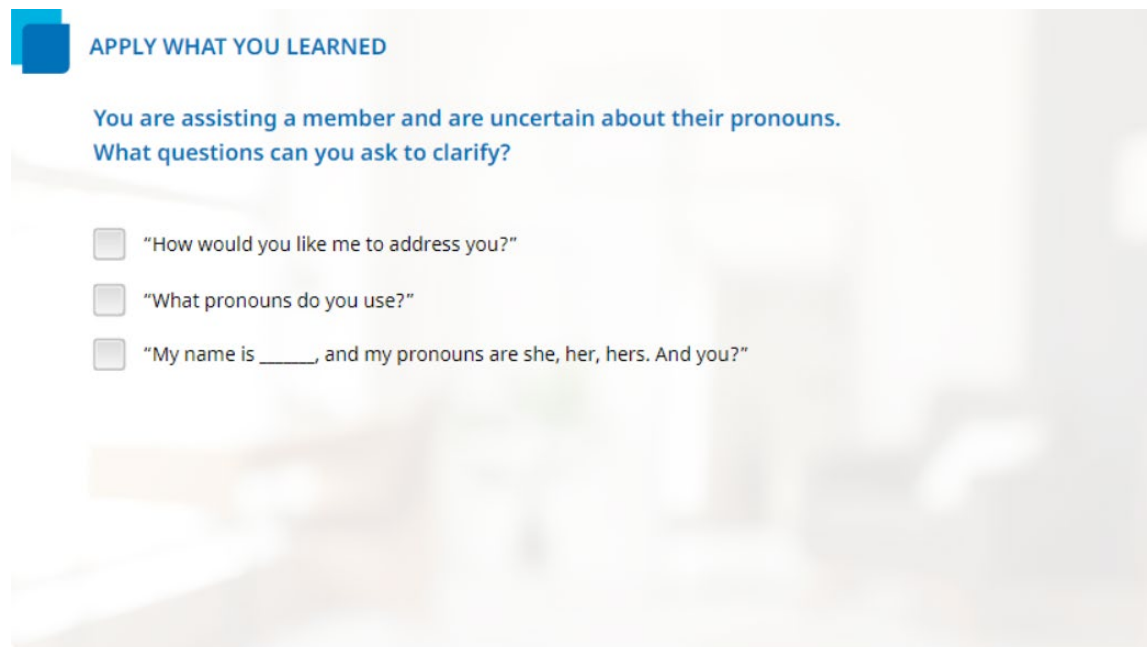
If you discover that you have used the wrong pronouns for someone, simply apologize and affirm the correct pronoun. And if you don't have an opportunity to ask, simply avoid using a pronoun and use the person's name instead.

Additional considerations for providing gender-affirming care include avoiding honorifics like Sir, Ma'am or Miss; and avoiding gender-binary language. Use 'partner or spouse' instead of 'husband or wife' and 'folks' instead of 'ladies and gentlemen' or 'guys.'

These recommendations represent steps you can take at an individual level. At a practice or organizational level, it's recommended that signage and intake forms use inclusive images and language, and there are all-gender bathrooms available to ensure that members of the LGBTQIA+ community feel welcomed and included in the greater CalOptima Health community.

4.7 Apply What You Learned

(Multiple Response, 10 points, 1 attempt permitted)

APPLY WHAT YOU LEARNED

You are assisting a member and are uncertain about their pronouns.
What questions can you ask to clarify?

- ☐ "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?"

Notes:

Apply what you learned.
You are assisting a member and are uncertain about their pronouns. What questions can you ask to clarify?
Select all that apply, then select SUBMIT.

Correct	Choice
X	"How would you like me to address you?"
X	"What pronouns do you use?"

Correct	Choice
X	"My name is _____, and my pronouns are she, her, hers. And you?"

Feedback when correct:

All of these are respectful ways to ask about someone's pronouns. Asking directly, sharing your own pronouns, and allowing the person to guide how they want to be addressed shows care and respect for their identity.

Feedback when incorrect:

All of these are good questions to ask when you're unsure of someone's pronouns. It's important to ask directly, share your own pronouns, and let the member guide how they'd like to be addressed. This approach fosters respect and inclusion.

4.8 Providing Support for Members with Disabilities

PROVIDING SUPPORT FOR MEMBERS WITH DISABILITIES

Instructions: Select each card to learn more.

- Physical Disabilities
- Sensory Disabilities
- Intellectual Disabilities
- Learning Disabilities

Notes:

In health care, cultural competency involves understanding, respecting, and appropriately responding to the unique needs of all members, including those with disabilities.
It's crucial to recognize that disabilities encompass a wide range of physical, sensory, cognitive, and mental health conditions.

Select each card to learn more.
_____

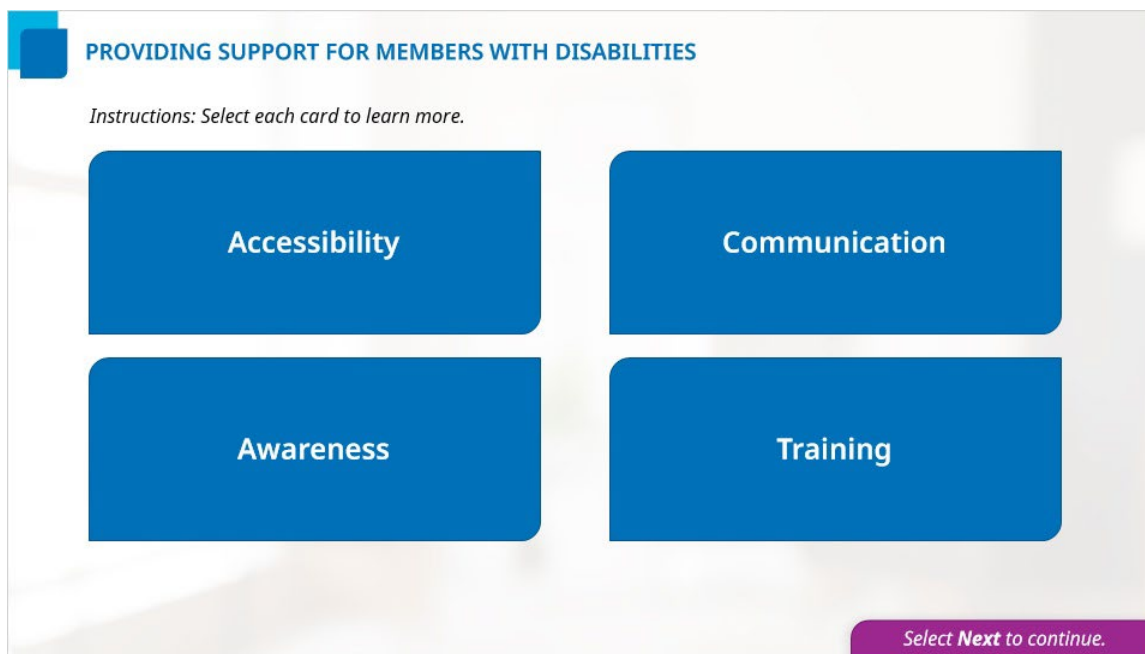Physical Disabilities affect a person's mobility, dexterity, or stamina.

Sensory Disabilities affect one or more of the senses: sight, hearing, touch, smell, and taste.

Intellectual Disabilities affect intellectual functioning and adaptive behavior.

Learning disabilities affect how a person learns new information, understands complex information, and expresses knowledge.

Note that certain conditions may also create disabilities, for example, mental health disorders that affect a person's thinking, feeling, mood, or behavior may rise to the level of affecting a person's ability. Chronic Illnesses can also impact one's ability, daily life, and health.

4.9 Providing Support for Members with Disabilities

Notes:

Organizations and individuals should consider the following when engaging with people with disabilities to ensure they are treated with respect and given equal care.

Select each card to learn more.
_____

Accessibility: Ensure all healthcare facilities and information are accessible to people with various disabilities.

Communication: Use appropriate methods to communicate effectively with members with different disabilities.

Awareness: Understand members' unique needs and preferences.

Training: Continuously educate healthcare staff on disability awareness and cultural competency to provide the best care possible.

4.10 Providing Support for Members with Disabilities

Notes:

Moreover, healthcare providers should be aware of and challenge any biases or assumptions they might hold about people with disabilities.

By fostering an inclusive environment, we not only improve the quality of care but also promote dignity and respect for all members. Remember, cultural competency is not just about awareness but also about taking active steps to ensure equitable and personalized care for everyone.

5. Lesson 4

5.1 Lesson 4: Linguistic Competence and Available Language Services

Notes:

Lesson 4: Linguistic Competence and Available Language Services

5.2 The Importance of Linguistic Competency

Notes:

For a healthcare system or organization to be culturally competent, it must be linguistically competent. Linguistic competency is the ability of a healthcare organization and its staff to communicate effectively with diverse groups of people.

Every culture will use some form of language or communication method to express thoughts, feelings, information, ideas, stories, and more. A higher level of communication alignment, or linguistic competency, allows for a more accurate transmission of expression between individuals or among groups of people.

5.3 Methods of Communication

Notes:

Let's take a few moments to consider how your native language and a member's native language play a significant role in day-to-day communication.

To begin with, native languages are an important aspect of an individual's identity and help to connect speakers in that group with others.

When people are communicating within the same cultural group, with shared norms and values, they are taking part in intracultural communication.

When communication is taking place between people from different cultures, with emphasis on cultural sensitivity and awareness, they are practicing intercultural communication.

5.4 Methods of Communication

METHODS OF COMMUNICATION

Intracultural and intercultural communication occur through the following interactions.
Select each card to learn more.

Auditory	Written
Visual	**Non-Verbal**
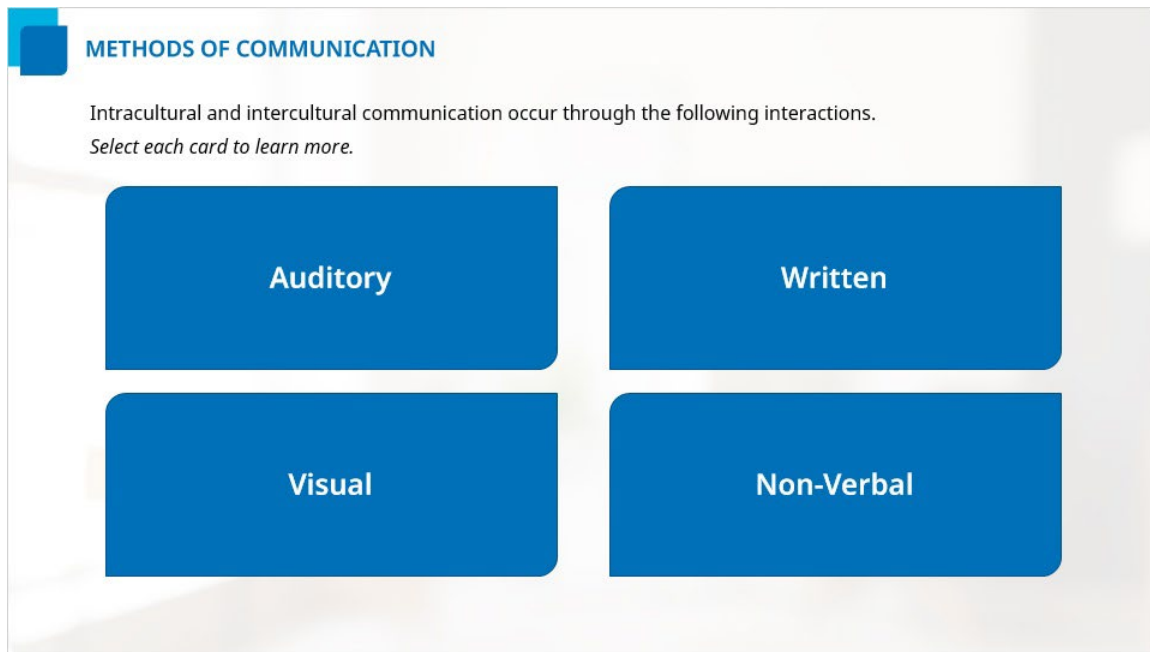
Notes:

Both intracultural and intercultural communication can take place through one or more of the following ways:

Select each card to learn more.
_____

Auditory communication: The exchange of information through spoken words, sounds, or other auditory signals, to enable interaction and understanding between individuals or among groups of people.

Written communication: The exchange of information through written symbols, such as text, to convey messages.

Visual communication: Allows for the transfer of information and ideas through visual elements, such as images, pictures, videos, or charts and graphs, to enhance understanding.

Non-verbal communication: The transmission of messages and emotions without the use of spoken or written words. Non-verbal communication relies on body language, gestures, facial expressions, and other visual cues.

5.5 Ensuring Members' Linguistic Access: Available Language Services From Caloptima Health

ENSURING MEMBERS' LINGUISTIC ACCESS: AVAILABLE LANGUAGE SERVICES FROM CALOPTIMA HEALTH

CalOptima Health offers the following language assistance services to our members.
Select each tab to learn more.

A health care provider, physician assistant, nurse practitioner, or social worker who speaks their preferred language

A professional interpreter

Appropriate signage in their language that communicates the various services available

CalOptima Health members also have the right to access no-cost interpreter services and must be notified of the available service in the Member Handbook and at care sites and member orientation meetings. Scheduling in person, video and telephone interpretation, and American Sign Language (ASL) services needs to be done one week in advance.

Select **Next** to continue.

Notes:

CalOptima Health meets members' linguistic needs in a variety of ways. Everyone who works for and with CalOptima Health needs to know about the language services available so that we can facilitate access for members who need it.

A CalOptima Health member with a language preference other than English may need or want the following:

Select each to learn more.
_____

- A health care provider, physician assistant, nurse practitioner, or social worker who speaks their preferred language
- A professional interpreter
- Appropriate signage in their language that communicates the various services available

CalOptima Health members also have the right to access no-cost interpreter services and must be notified of the available service in the Member Handbook and at care sites and member orientation meetings. Scheduling in person, video and telephone interpretation and American Sign Language (ASL) services needs to be done one week in advance.

5.6 Providers Role in Language Support

Notes:

Providers play an important role in understanding the language needs of our members. CalOptima Health monitors our non-English speaking members' ability to obtain health care services through our Language Study Analysis. This analysis of adequacy is based on a standard ratio of providers to members and determines if the standard has been met for each threshold language.

As an organization, CalOptima Health adheres to the Culturally and Linguistically Appropriate Services (CLAS) standards. These include the recommendations and standards disseminated by the Office of Minority Health of the U.S. Department of Health and Human Services (HHS).

CalOptima Health encourages health care organizations to implement standards like the Culturally and Linguistically Appropriate Services standards.

CalOptima Health helps health care providers and health care organizations to deliver culturally competent care as defined by the Office of Minority Health as the ability of health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by members to the health care encounter.

5.7 Ensuring Effective Written Communication

ENSURING EFFECTIVE WRITTEN COMMUNICATION

Threshold Languages:
Specific languages identified by a healthcare organization or system to ensure effective communication and equitable care.

CalOptima Health provides translation in:

- Spanish
- Chinese
- Vietnamese
- Arabic
- Korean
- Russian
- Farsi

Members may also request sight translations or materials in alternative formats:

- Braille
- Digital
- Audio
- Large print

*Select **Next** to continue.*

Notes:

It is equally important that we ensure effective written communication to and for our members.

First, we provide translations of vital documents in our threshold languages.

Threshold languages are specific languages identified by a healthcare organization or system that must be accommodated to ensure effective communication and equitable care. These languages are determined based on the population served and are typically spoken by a significant portion of the member population. Our threshold languages are Spanish, Vietnamese, Korean, Farsi, Chinese, Arabic, and Russian.

Members may also request sight translations or materials in alternative formats such as Braille, digital, audio or large print.

5.8 How CalOptima Health Ensures Linguistic Competency

Notes:

CalOptima Health monitors our non-English speaking members' ability to obtain health care services through our Language Study Analysis. As an organization, we also monitor and adhere to the Culturally and Linguistically Appropriate Services (CLAS) standards. These include the recommendations and standards disseminated by the Office of Minority Health of the U.S. Department of Health and Human Services (HHS). CalOptima Health encourages health care organizations to implement standards like the Culturally and Linguistically Appropriate Services standards.

6. Conclusion

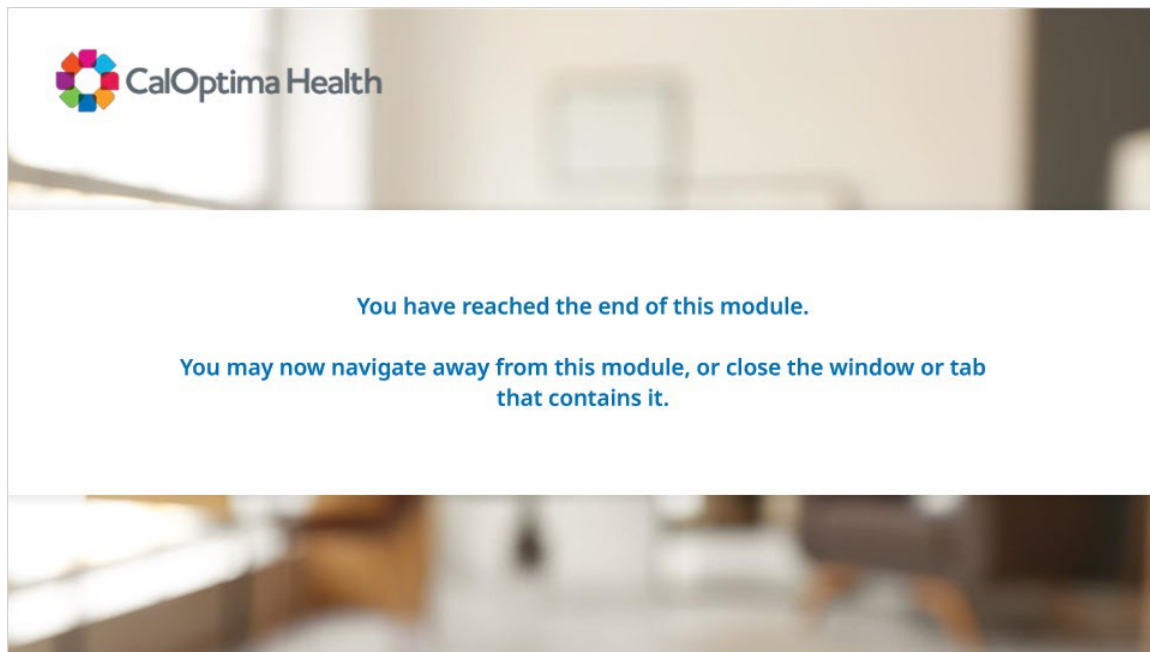## 6.1 Congratulations and Key Take-Aways

Notes:

This brings us to the end of the course. Congratulations.

As you return to your important roles at CalOptima Health, we hope you carry these key takeaways from the course:

1. CalOptima Health strives to be a culturally competent system, which means that our contributing organizations and individuals actively apply knowledge of cultural behavior and linguistic issues when interacting with members from diverse cultural and linguistic backgrounds.
2. We also strive for cultural humility, which means acknowledging that one does not know and is willing to learn from members about their experiences. A major principle of cultural humility involves working in conjunction with natural, informal or formal partnerships with patients and communities and incorporating their voices.
3. We have many diverse cultures represented in our membership. We have a responsibility to continually educate ourselves about the unique attributes of each culture, intersectional identities, and how to interact effectively.
4. CalOptima Health meets members' linguistic needs in a variety of ways. Everyone who works for and with CalOptima Health needs to know about the language services we offer so that we can facilitate access for members who need it.

6.2 End of Course

Notes:

You have reached the end of this module. You may now navigate away from this module, or close the window or tab that contains it.