Provider Cultural Competency and Humility Training

Last updated: November 2025

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Outline *(click on section name to jump to that portion of the training)*

- Who does CountyCare serve?
- Define the Issue: Stereotyping, Implicit and Unconscious Bias
- Taking Action:
  - Cultural Humility
  - Health Equity
- Cultural Humility Plan
  - Culturally and Linguistically Appropriate Services
  - Title VI of the Civil Rights Act of 1964
  - Section 1557 of the Affordable Care Act
  - Plan Outline
- Resources
- Takeaways

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CountyCare Communities

CountyCare Priority Communities

Who comprises the CountyCare population?

What do we know about the members we serve?

What resources and challenges exist in the communities where CountyCare members live?

What are the lived experiences of CountyCare members?

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Member Demographics

Race and Ethnicity – Member Demographic Dashboard (July 2025)

Race Category	Percent from Total
NH Black or African American	33.7%
NH White	8.4%
NH Asian	2.7%
NH Some Other Race	0.3%
NH Native Hawaiian or other Pacific Islander	0.1%
NH American Indian or Alaska Native	0.1%
Decline to anwer	30.5%

Ethnicity Category	Percent from Total
Hispanic	25.7%
Not Hispanic	48.1%
Decline to Answer	26.3%

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Top 15 Spoken Language – Member Demographic Dashboard (July 2025)

1	English	78.9%
2	Castilian; Spanish	14.3%
	Other & Undetermined	5.1%
3	Chinese	0.3%
4	Arabic	0.2%
5	Ukrainian	0.2%
6	Polish	0.1%
	Miscellaneous languages	0.1%
7	Russian	0.1%
8	Urdu	0.1%
9	Gujarati	0.1%
10	Vietnamese	0.0%
11	Hindi	0.0%
12	French	0.0%
13	Korean	0.0%
14	Persian	0.0%
15	Bengali	0.0%

89 languages spoken by members

Top 15 Written Languages – Member Demographic Dashboard (July 2025)

1	English	52.3%
	Other & Undetermined	32.6%
2	Castilian; Spanish	12.4%
	Miscellaneous languages	1.1%
3	Chinese	0.4%
4	Arabic	0.2%
5	Polish	0.1%
6	Russian	0.1%
7	Ukrainian	0.1%
8	Urdu	0.1%
9	Bengali	0.1%
10	Gujarati	0.0%
11	Vietnamese	0.0%
12	French	0.0%
13	Korean	0.0%
14	Hindi	0.0%
15	Tagalog	0.0%

119 preferred written languages

Higher proportion of missing data

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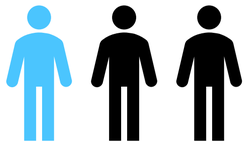
Social Risk Factors *(FY2025)*



Almost 1 in every 3 members reported they needed help with food, clothing or shelter.

SDOH needs Identified in HRS Among Adults 18+ years old	
Metric	Percent
Help with Food, clothing, shelter	31.77%
Lack of transportation	12.69%
Homeless or in shelter	1.05%

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Define the Issue

Stereotyping

- A stereotype is
  - a belief that associates a group of people with certain traits or characteristics.
  - a prejudgment of a person, based on a group s/he/they may be associated with.
- Stereotypes tend to be fixed, oversimplified images or ideas formed at the level of a group rather than an individual.
- Stereotyping and prejudice may play an important role in persisting healthcare disparities

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Unconscious and Implicit Bias

Unconscious bias (aka Implicit Bias) occurs when automatic situational processing is influenced by stereotypes, and therefore those stereotypes impact your actions and judgments, potentially resulting in false assumptions and negative outcomes.

- Unconscious bias is a natural, universal method of cognitive processing.
  - Nobody is exempt.
  - Implicit biases are developed over time as we accumulate life experiences and get exposed to different stereotypes.
- Unconscious bias can have a life-or-death impact in a healthcare setting.

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Why does this matter?

One study examined 18,000 electronic health record. That study found that Black patients were 2.54 times more likely than White patients to be described as:

- “aggressive”
- “angry”
- “challenging”
- “exaggerate”
- “noncompliant”

How we perceive individuals impacts our interactions through implicit bias. These perspectives can exacerbate health disparities.

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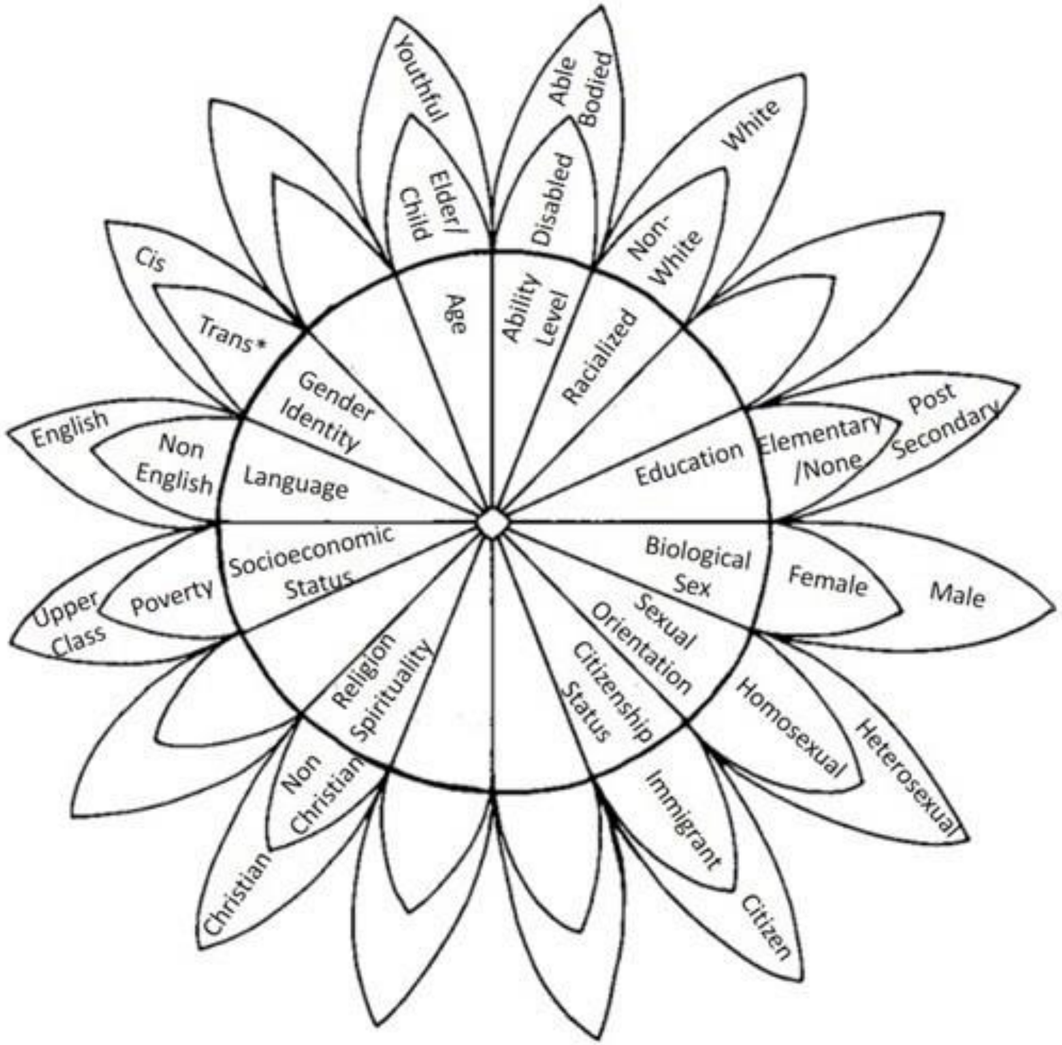
Taking steps toward anti-racist healthcare (harvardpublichealth.org)

What are the factors that can impact implicit bias?

Draw and complete your own flower power.

What are the ways that you potentially experience privilege or oppression?

What categories would you add in the context of our work?



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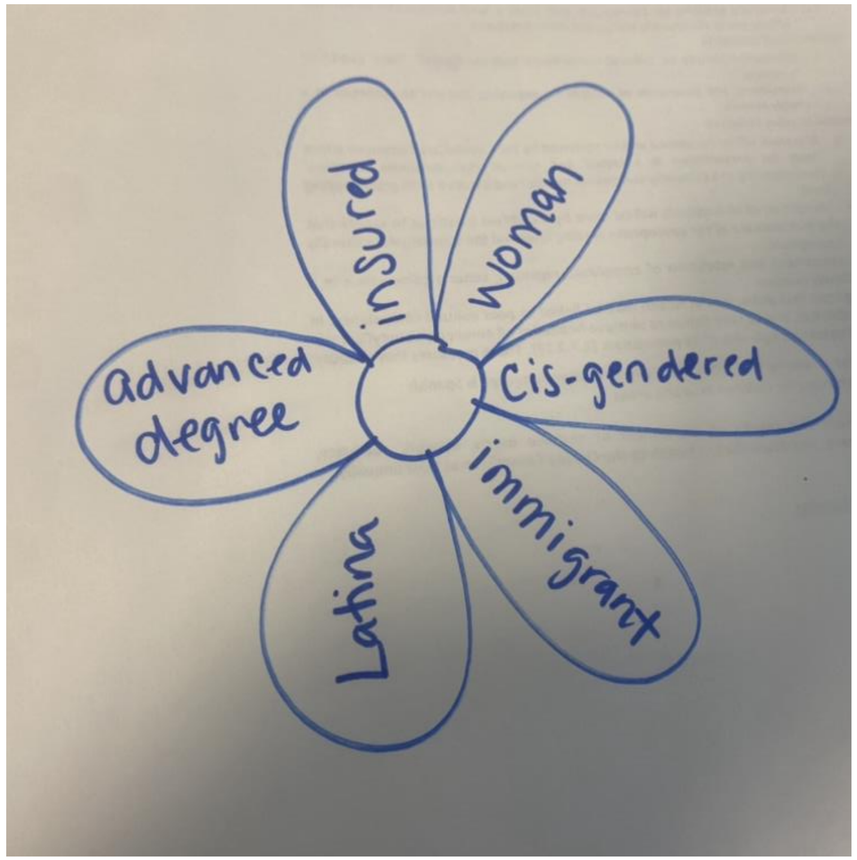
Power-Flower-Our-Intersecting-Identities_0.pdf (werise-toolkit.org)
Power flower – Chance to Change (c2ctoolbox.eu)

Flower Power Example

This example shows the lived experiences of a CountyCare staff person in relation to their work. These lived experiences can inform their biases and the lens in which they view the world.



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Other Types of Bias

Other common types of bias include:

- **Affinity bias** is favoring someone over others based on similarities to yourself.
- **Ageism** refers to stereotyping or discriminating against others based on their age, often to older team members.
- **Anchor bias** occurs when we overly rely on the first piece of information we receive as an anchor to base our decision-making upon. This causes us to see things from a narrow perspective.

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Other Types of Bias

Beauty bias refers to the favorable treatment and positive stereotyping of individuals who are considered more attractive.

Confirmation bias is the tendency to seek out and use information that confirms one's views and expectations.

Conformity bias is like groupthink, which occurs when we change our opinions or behaviors to match that of the bigger group, even if it doesn't reflect our own opinions.

Gender bias refers to the favoring of one gender over another; is also referred to as sexism.

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Other Types of Bias

Overconfidence bias is the tendency for people to think they are better at certain abilities and skills than they are.

Perception bias is treating someone poorly based on stereotypes about a group they belong to or other personal characteristics.

The **“halo effect”** putting specific people on a pedestal based on personal characteristics.

Learning how to identify and overcome bias is essential to improving the delivery of healthcare to diverse populations.

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Cultural Humility

What is Cultural Humility?

"[A] commitment and active engagement in a lifelong process that individuals enter into on an ongoing basis with patients, communities, colleagues, and with themselves"

Melanie Tervalon, MD, MPH & Jann Murray-Garcia, MD, MPH

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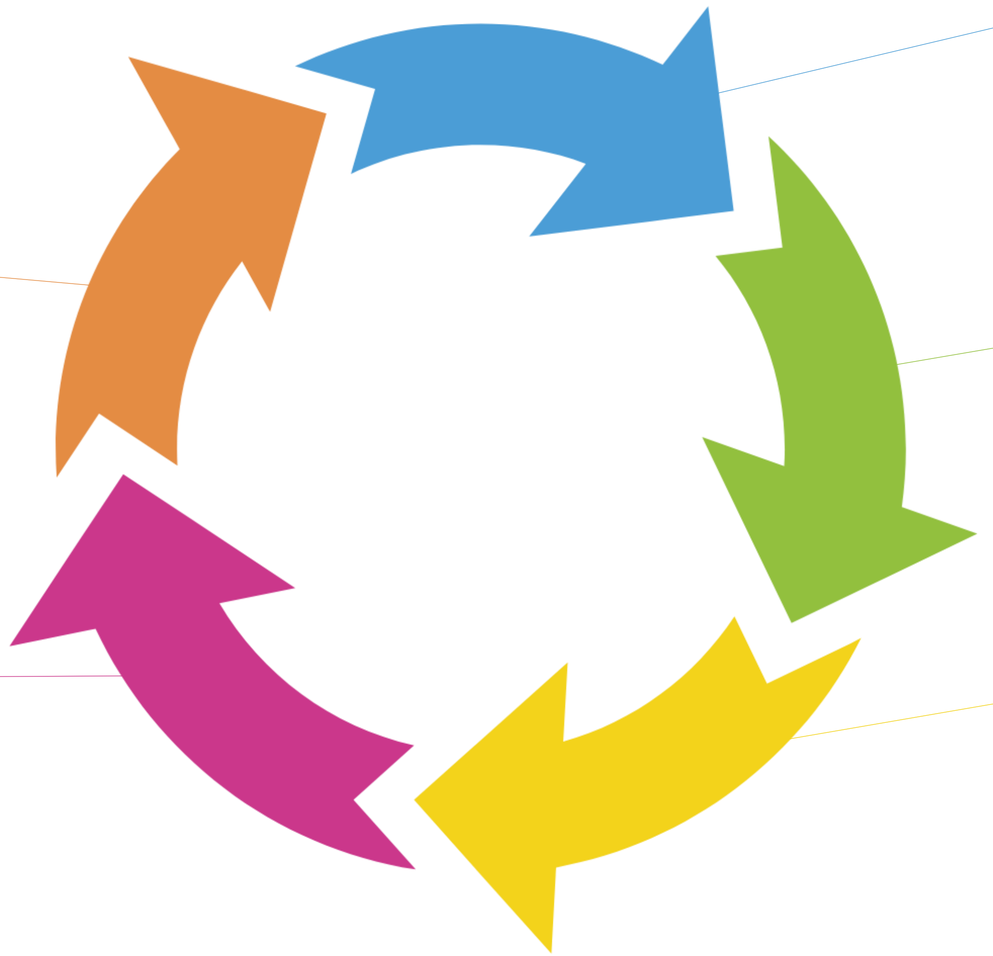
Cultural Humility: A life-long commitment

Awareness of our own assumptions and prejudices

Recognize the importance of institutional accountability



Learn throughout our lives as our personal and professional experiences change

Active in redressing the imbalance of power inherent in the healthcare provider-member relationship

Be humble about our level of knowledge regarding our patients' beliefs and values

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Cultural Humility Is Critical to Health Equity | AAFP

Cultural Humility VS Cultural Competency

Culturally Competency		Cultural Humility
I am the expert.	→	The community, member or patient is the expert.
Assumes there is an “end” goal to understanding others lived experience	→	A lifelong process of learning and reflecting
Generalizations about populations and communities	→	Individualized approach and conversations with each member

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Move Toward Health Equity

What is Health Equity?

"[The] assurance of the conditions for optimal health for all people. Achieving health equity requires (1) valuing all individuals and populations equally, (2) recognizing and rectifying historical injustice, and (3) providing resources according to need"

-Dr. Camara Jones, MD, MPH, PhD

1. What is health equity? | American Medical Association (ama-assn.org)
2. Introduction to Health Equity and Social Determinants of Health - Achieving Behavioral Health Equity for Children, Families, and Communities - NCBI Bookshelf (nih.gov)

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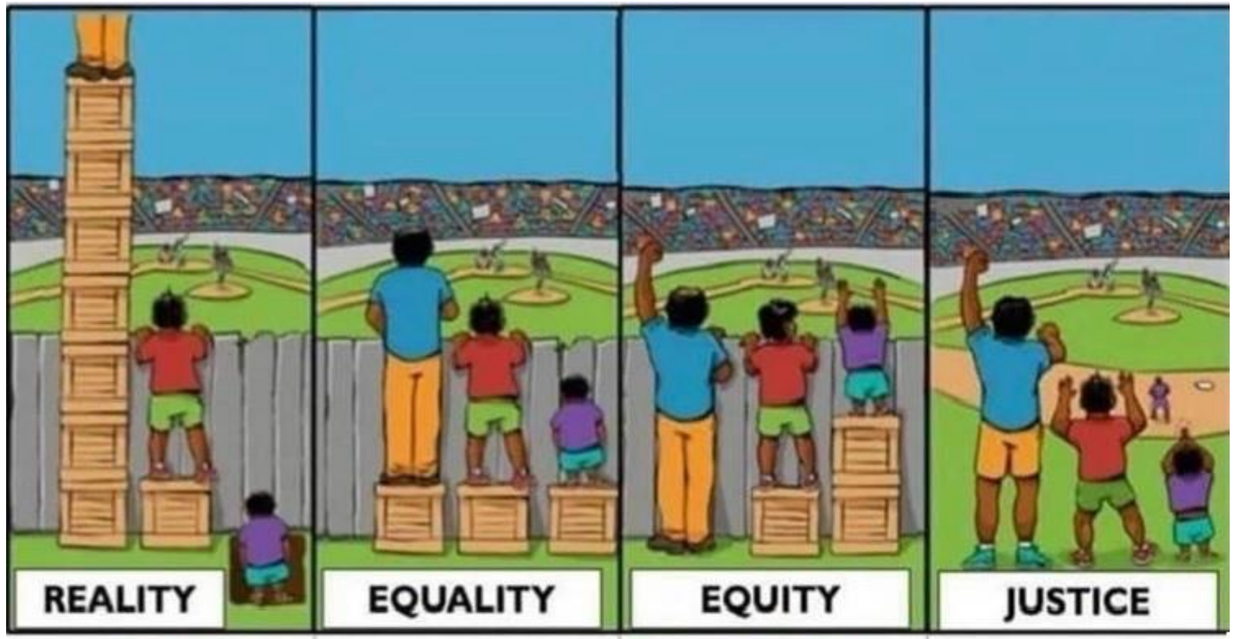
What is Health Equity?



REALITY	EQUALITY	EQUITY	JUSTICE
One gets more than is needed, while the other gets less than is needed. Thus, a huge disparity is created.	The assumption is that everyone benefits from the same supports. This is considered to be equal treatment.	Everyone gets the support they need, which produces equity.	All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.

Inequity, Equality, Equity, and Justice | Diversity & Inclusion (bu.edu)

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What can health equity look like within healthcare?

Health Equity describes a healthcare system that supports a high standard of health and healthcare for all people.

To achieve this, healthcare professionals and organizations must work to eliminate sources of health inequity and provide people with individualized care based on their needs.

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Taking Action: Operationalize Health Equity and Cultural Humility

Moment of Reflection

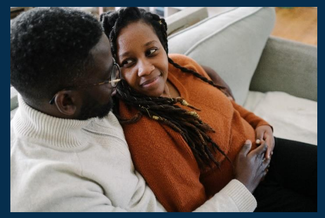
How do your own lived experiences differ or reflect your patient's lived experience?

- Do you have an accent? Are you ever embarrassed to speak in English?
- Were you born in the United States?
- How easy would it be for you to move to a neighborhood of your choice?
- How safe do you feel in your community?
- How many parks are in your neighborhood?
- Do you drive?
- How many grocery stores are in your neighborhood?

How do your own lived experiences differ or are like those of CountyCare members?







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What can we do to address this?

- Don’t make assumptions based on age or appearance.
- Challenge first impressions. Take the time to get to know someone so you can develop a more concrete impression of the individual.
- Make judgments based on evidence: Look for evidence to support or refute first impressions based on additional interactions.

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What can we do to address this?

- Take ownership of your biases.
- Acknowledge that everyone have bias and bring subjectivity to their work, regardless of their background.
- Stay alert of when your biases may influence your interactions with members and alter your approach to address those biases.
- Collaborate with our CountyCare members and take a patient-centered approach (see next slide)

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Patient-Centered

- Our team is collaborative, coordinated, and accessible. The right support is provided at the right time and the right place.
- Care focuses on emotional well-being as well.
- Members' preferences, values, cultural traditions, and socioeconomic conditions are considered and respected.
- Members and their support systems are an expected part of the care team and play a role in decisions.
- Information is shared fully and in a timely manner so that members and their support system can make informed decisions.

What Is Patient-Centered Care? | NEJM Catalyst

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Language

- Ask the member or patient if they prefer person-first language, particularly for those who are disabled
  - Ex: People with Disabilities vs Disabled People
- Ask members for their pronouns and the name they would like you to use
  - Do not use terms that are derogatory (Ex: Say “Undocumented” and do not say “Illegal”.)
- Ensure that you use translators and have access to bilingual **AND** bicultural staff members.

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Supports for Non-English Speaking Members

- Note any language needs in the member or patient's EMR so other staff and providers are aware of that individual's language needs
- Review the Member eligibility file you receive from CountyCare to identify members who need language services
- Contract and hire bilingual staff
- Set up a translation line so that monolingual providers/staff can speak to non-English speaking members
- We encourage you to inform us know if your providers or staff speak other languages in the IAMHP roster so we can load it to the "Find A Provider" Tool
- CountyCare members can also use the Member service line to receive translation support
- Resources: Language Access – Josina Morita

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Health Equity Examples

Give more power and resources to groups that have less.

Examples of this include:

Affordable prices for medications and vaccines.	Flexible appointment times for people who work long or unusual hours.	Mobile health services for those in remote areas and people who cannot travel.	Easy access to translators, care workers, and others who can help people understand and access medical care.	Education for healthcare professionals on how inequity affects the care they provide to their patients.	Financial and social support for trainee medical staff who come from diverse backgrounds.

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CountyCare’s Cultural Humility Plan

Cultural Humility Plan (formally Cultural Competency Plan)

Cook County Health Managed Care's Cultural Humility Plan is based on the following:

- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care
- NCQA Health Plan Standards and Guidelines
- Title VI of the Civil Rights Act of 1964
- the Federal Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency"

This plan addresses the following aspects:

Cultural humility standards	Oversight and responsibility	Understanding and assessing enrollee needs	Recruitment and training of staff and providers	Implementation and accountability	Monitoring and reporting

Please click here for the full Cultural Humility Plan.

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Federal Laws that support culturally and linguistically diverse members

Culturally and Linguistically Appropriate Services (CLAS)

Culturally and linguistically appropriate services (CLAS) is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities. CLAS is about respect and responsiveness: Respect the whole individual and Respond to the individual’s health needs and preferences.

Health disparities in our nation are well documented. Providing CLAS is one strategy to help eliminate health disparities. By tailoring services to an individual's culture and language preferences, health professionals can help bring about positive health outcomes.

The provision of health services that are respectful of and responsive to the health beliefs, practices, and needs of patients can help close the gap in health outcomes.

Culturally and Linguistically Appropriate Services - Think Cultural Health

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CLAS Summary

Effective care

Restores the client to the desired health status and takes steps to protect future health by incorporating health promotion, disease prevention, and wellness interventions. In order for health services to be effective, the clinician must accurately diagnose the illness, discern the correct treatment for that individual, and negotiate the treatment plan successfully with the enrollee.

Understandable care

Focuses on the need for enrollees to fully comprehend questions, instructions, and explanations from clinical, administrative, and other staff. To be understandable, the concepts must "make sense" in the cultural framework of the enrollee.

Respectful care

Includes taking into consideration the values, preferences, and expressed needs of the enrollee and to help create an environment whereby enrollees from diverse backgrounds feel comfortable discussing their specific needs with any staff member.

CLAS Standards

- Offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each enrollee with limited English proficiency at all points of contact, in a timely manner during all hours of operation;
- Provide to enrollees in their preferred language both verbal offers and written notices informing them of their right to receive language services;
- Ensure the competence of language assistance provided to limited English proficient enrollees by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the enrollee/
- Make available easily understood enrollee-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area;
- Implement strategies to recruit, retain, and promote at all levels a diverse staff and leadership representative of the demographic characteristics of the service area;

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CLAS Standards

- Ensure that staff at all levels and across all disciplines receive ongoing education in culturally humble service provision;
- Develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally appropriate services;
- Ensure that data on the individual enrollee's race, ethnicity, spoken/written language, sexual orientation, gender identity and sex are collected in health records, and/or integrated into the management information systems and periodically updated;
- Maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for a service that respond to the cultural characteristics of the service area;
- Develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms, to facilitate community and enrollee involvement in designing and implementing CLAS-related activities;
- Ensure that conflict and grievance resolution processes are culturally sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by enrollees; and
- Regularly make available to the public information about their progress and successful innovations implementing the CLAS Standards.

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Title VI of Civil Rights Act of 1964

- Title VI of the Civil Rights Act of 1964 states that entities, such as companies or corporations, receiving federal financial assistance shall not do any of the following based on race, color, or national origin:
  - Deny an individual a service, aid, or other benefit
  - Provide a benefit that is different or is provided in a different manner
  - Subject an individual to segregation or separate treatment
  - Restrict an individual in the enjoyment of benefits, privileges, etc.
  - Treat an individual differently when determining eligibility
  - Select sites or facility locations that exclude protected individuals

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Civil Rights Division | Title VI of the Civil Rights Act of 1964

Section 1557 of the Affordable Care Act

Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA). The law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in health programs or activities that receive Federal financial assistance or are administered by an Executive agency or any entity established under Title I of the ACA. Section 1557 has been in effect since enactment of the ACA.

Section 1557 FAQs

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Cultural Humility Plan Procedures

- Data Collection of demographic data on membership
- Disability Data Collection
- Culturally Humble or Competent Service Delivery
  - Diverse Provider Network
  - Provider, Staff and Delegate Training and Support
  - Staff Recruitment and Retention
  - Enrollee Communication Services (covered in further detail in next section)
- Disability Access Services
- Transportation Services
- Communication/Community Engagement

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Cultural Humility Plan Outline

CountyCare seeks to assure cultural humility at each level of care. To do this, CountyCare will develop:

- Indicators to measure cultural humility and progress toward achieving cultural humility.
- Written policies and procedures for cultural humility.
- Strategies for recruiting staff to reflect the enrollee community.

CountyCare will also develop strategies and programs for specific population needs:

- Enrollees who face persistent and unjust health inequities
- Enrollees needing interpretive services
- Enrollees with transportation barriers
- Enrollees with developmental disabilities and cognitive disabilities
- Home-bound enrollees

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Recruitment

- Recruitment of staff who speak necessary languages.
- Recruitment of staff who live in the communities served.
- Partnering with local community organizations to provide training and education to staff about their communities.
- Recruitment of providers who reflect the linguistic and cultural needs of the enrollees, based on the analysis done performed.
- CountyCare requires that all subcontractors comply with their Cultural Humility Strategic Plan and complete annual training.

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Training

CountyCare is committed to ensuring that its employees and provider offices:

- Are educated about the linguistic needs and an approach that is respectful of cultural differences of enrollees.
- Have an understanding of the population that they serve.
- Are willing to be responsive and sensitive to the enrollee's needs.
- Have the ability to communicate effectively with enrollees.
- Have annual trainings on health equity, cultural humility, bias, diversity, and/or inclusion. Trainings will be kept online on the CountyCare website or under the provider portal. Information on trainings will be available via the provider newsletter.
- Host trainings or webinars that focus on culturally humble care for members that come from communities and populations most impacted by health inequities (e.g., Black and Latinx communities, LGBTQ+ population).

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Training Resources

Books

- Death Gap: How Inequality Kills by David Ansell
- County: Life, Death and Politics at Chicago's Public Hospital by David Ansell and Quentin Young
- Reproduction on the Reservation: Pregnancy, Childbirth, and Colonialism in the Long Twentieth Century by Brianna Theobald
- Heat Wave: A Social Autopsy of Disaster in Chicago by Eric Klinenberg
- The Warmth of Other Suns: The Epic Story of America's Great Migration by Isabel Wilkerson
- Brown in the Windy City: Mexicans and Puerto Ricans in Postwar Chicago by Lilia Fernández
- Unequal Cities: Structural Racism and the Death Gap in America's Largest Cities by Maureen Benjamins and Fernando De Maio
- The South Side by Natalie Moore

Resources

- Checking your implicit biases - Take a Test (harvard.edu)
- Implicit Bias Training Inventory (ipromoteil.org)
- "Cultural Humility: People, Principles and Practices" by Vivian Chavez - https://www.youtube.com/watch?v=SaSHLbS1V4w
- We encourage you to look at data that may be relevant to your specific work with CountyCare members
  - Chicago Health Atlas - Chicago Health Atlas
  - Cook County Health Atlas - Cook County Health Atlas
- This guide may be of use: Advancing Health Equity: A Guide to Language, Narrative and Concepts | AMA (ama-assn.org)
- U.S. Department of Health and Human Services, Office of Minority Health has free, continuing education e-learning: Education - Think Cultural Health
- CountyCare's Website: Caring for our LGBTQIA+ Members

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Final Take-Aways and "Homework"

In the next 3 months, try to note what changes you make in alignment with this training.

- Interactions with members
- Policy changes to improve outcomes and engagement with CountyCare members
- Take up opportunities to learn more about the communities CountyCare serves

- This training is an **invitation** to support you in your (re)commitment to providing culturally humble care.
- Cultural humility is an **ongoing learning process** that we can all engage in, regardless of our background.
- We **hand the baton to you** to find ways to provide the best quality care to CountyCare members!

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