Provider Cultural Competency and Humility Training

Last updated: January 2026

CountyCare
A MEDICAID HEALTH PLAN

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

CountyCare
A MEDICAID HEALTH PLAN

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?

CountyCare
A MEDICAID HEALTH PLAN

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%

CountyCare
A MEDICAID HEALTH PLAN

CountyCare
A MEDICAID HEALTH PLAN

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

CountyCare A MEDICAID HEALTH PLAN

CountyCare A MEDICAID HEALTH PLAN

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

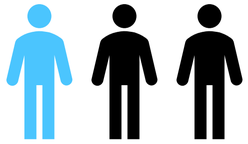
Population-Level Threshold Languages for Cook County, IL

Language Spoken at Home by Limited-English speakers for the Population 5 Years and Over." American Community Survey, ACS 1-Year Estimates, 2024		
Language	**Number of residents**	**Percent**
Spanish	433,879	8.8%
Polish:	51,683	1.1%
Chinese (incl. Mandarin, Cantonese):	42,405	0.9%
Ukrainian or other Slavic languages:	27,731	0.6%
Arabic:	18,553	0.4%
Korean:	15,212	0.3%
Russian:	13,114	0.3%
Gujarati:	12,415	0.3%
Tagalog (incl. Filipino):	10,078	0.2%
Other Indo-European languages:	9,573	0.2%
Urdu:	8,897	0.2%
Amharic, Somali, or other Afro-Asiatic languages:	8,091	0.2%
Other languages of Asia:	6,876	0.1%
Vietnamese:	6,770	0.1%

U.S. Census Bureau. "Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over." American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B16001, https://data.census.gov/table/ACSDT1Y2024.B16001?q=Cook+County,+Illinois+&t=Language+Spoken+at+Home. Accessed on 13 Jan 2026.

CountyCare
A MEDICAID HEALTH PLAN

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%

CountyCare
A MEDICAID HEALTH PLAN

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

CountyCare
A MEDICAID HEALTH PLAN

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.

CountyCare
A MEDICAID HEALTH PLAN

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.

CountyCare
A MEDICAID HEALTH PLAN

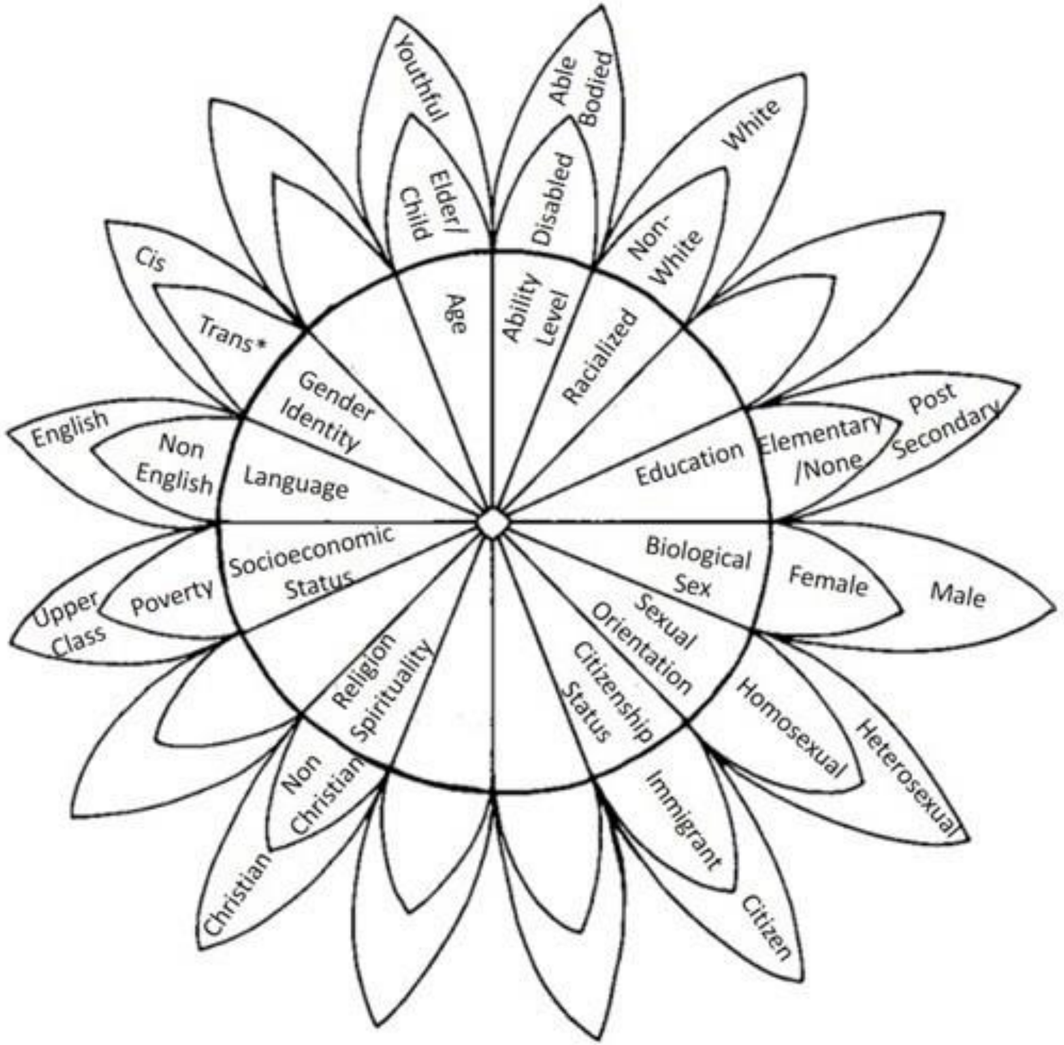
Taking steps toward anti-racist healthcare (harvardpublichealth.org)

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?

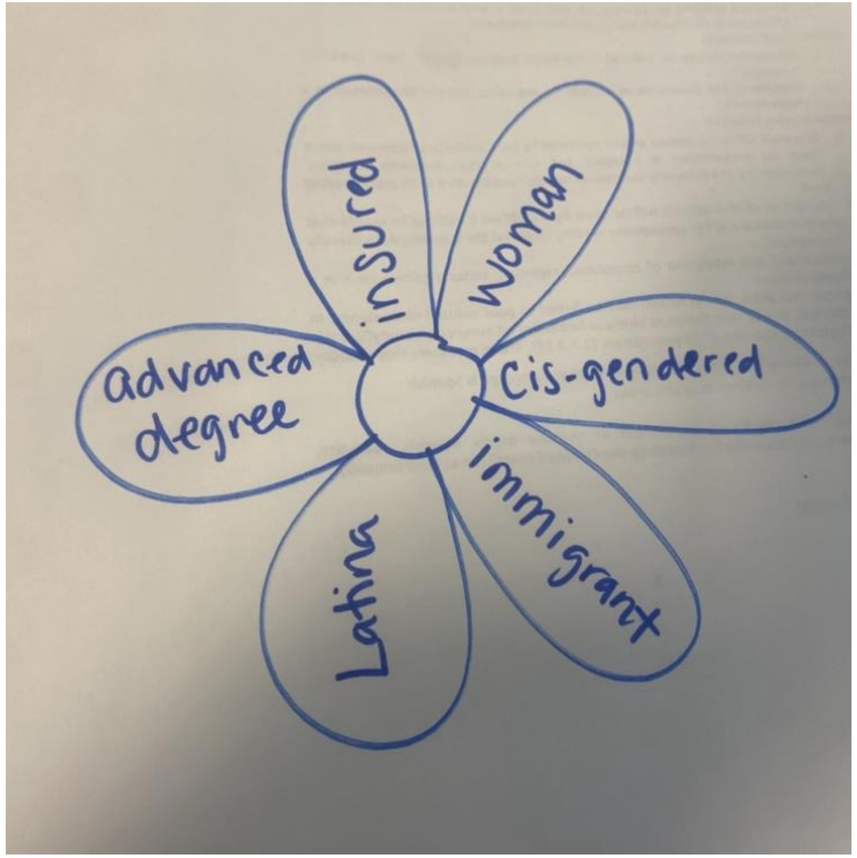


Power-Flower-Our-Intersecting-Identities_0.pdf (werise-toolkit.org)
Power flower – Chance to Change (c2ctoolbox.eu)

CountyCare
A MEDICAID HEALTH PLAN

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.



CountyCare
A MEDICAID HEALTH PLAN

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.

CountyCare
A MEDICAID HEALTH PLAN

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.

CountyCare
A MEDICAID HEALTH PLAN

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.

CountyCare
A MEDICAID HEALTH PLAN

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"

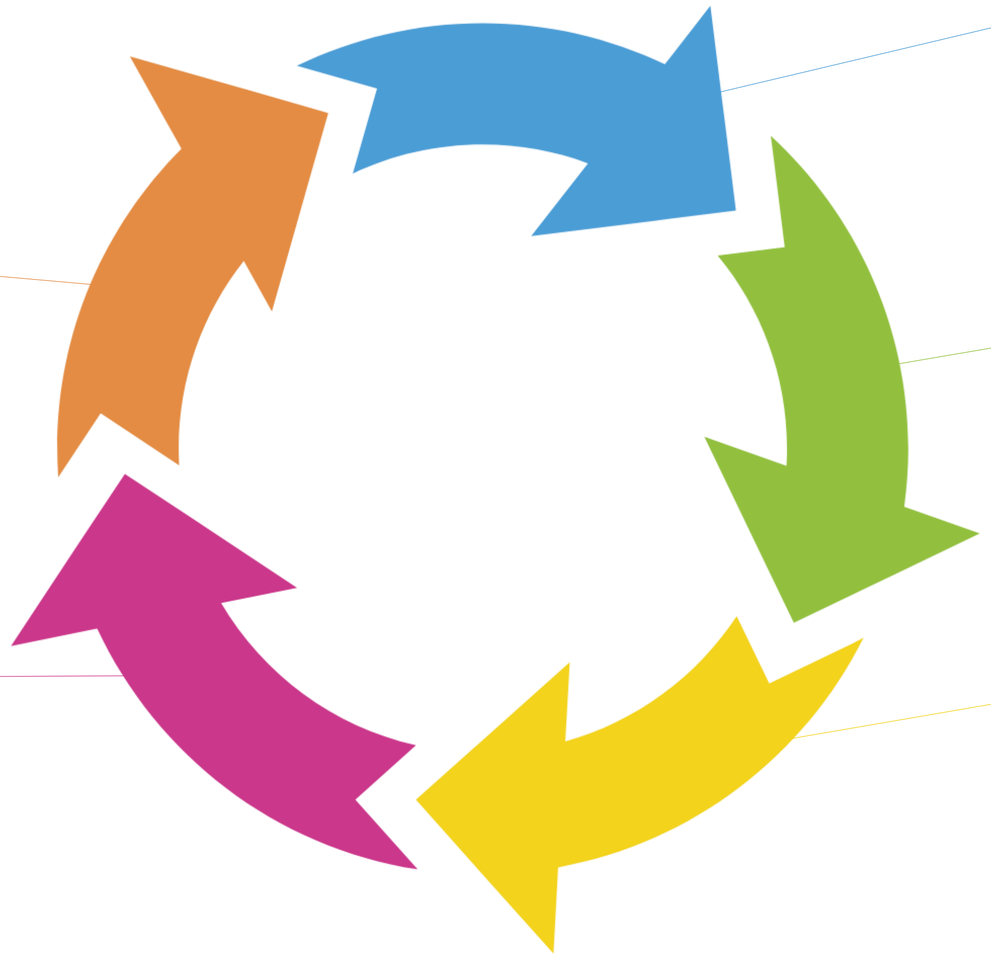
Melanie Tervalon, MD, MPH & Jann Murray-Garcia, MD, MPH

CountyCare
A MEDICAID HEALTH PLAN

Cultural Humility: A life-long commitment

Recognize the importance of institutional accountability

Awareness of our own assumptions and prejudices



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

CountyCare
A MEDICAID HEALTH PLAN

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

CountyCare
A MEDICAID HEALTH PLAN

Move Toward Health Equity

What is Health Equity?

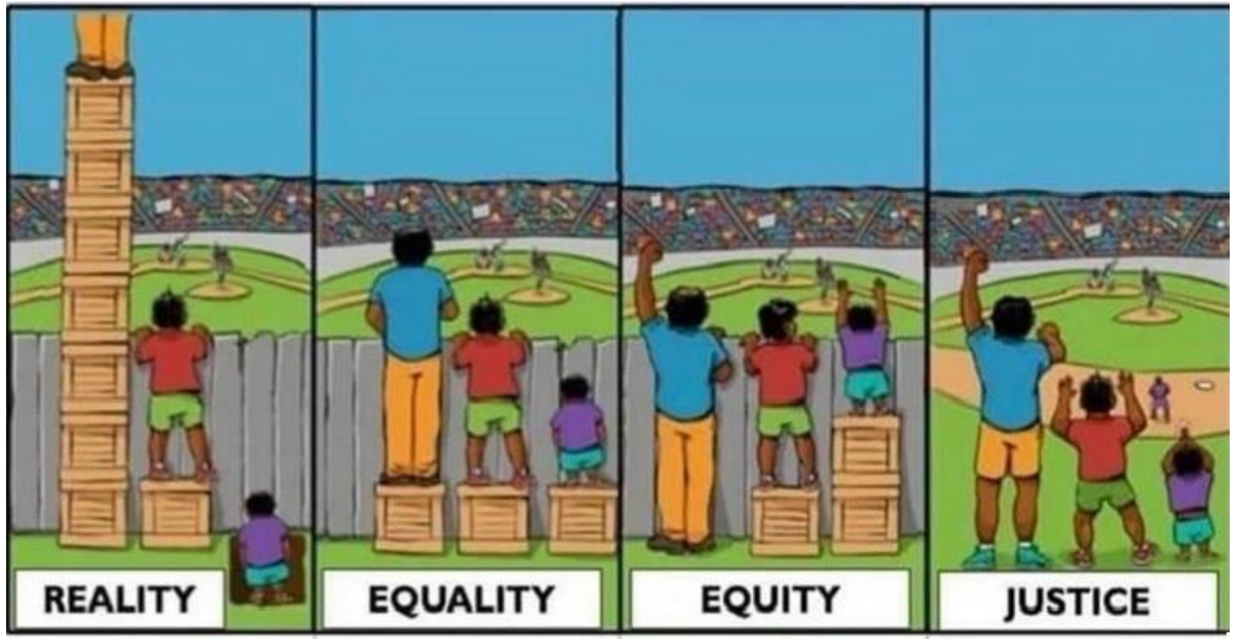
"[The] assurance of the conditions for optimal health for all people. Achieving health equity requires (1) valuing all individuals and populations equally, (2) recognizing and rectifying historical injustice, and (3) providing resources according to need"

-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)

CountyCare
A MEDICAID HEALTH PLAN

What is Health Equity?



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

CountyCare
A MEDICAID HEALTH PLAN

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.

CountyCare
A MEDICAID HEALTH PLAN

Taking Action: Operationalize Health Equity and Cultural Humility

Moment of Reflection

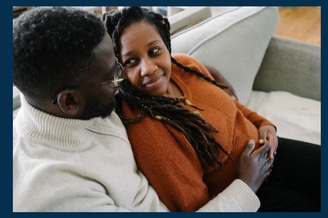
How do your own lived experiences differ or reflect your patient's lived experience?

- 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?







CountyCare
A MEDICAID HEALTH PLAN

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.

CountyCare
A MEDICAID HEALTH PLAN

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)

CountyCare
A MEDICAID HEALTH PLAN

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

CountyCare
A MEDICAID HEALTH PLAN

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”.)
- Identify Limited English Proficient (LEP) Members

CountyCare
A MEDICAID HEALTH PLAN

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.

CountyCare
A MEDICAID HEALTH PLAN

Practitioner Support for the Provision of Language Service

Limited English Proficiency (LEP) What does LEP mean for my practice?

LEP refers to individuals who do not speak English as their primary language and have a limited ability to read, speak, write, or understand English. LEP also includes individuals with hearing or visual impairments because they face similar barriers to communication.

Providers have a legal and ethical obligation to ensure LEP patients have **meaningful access** to your services, as mandated by Title VI of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act.

Mandatory Language Assistance

You must provide language access services (interpreters and translations) **free of charge** to the patient.

- **Do not rely on family/friends:** Using children or family members as interpreters is strongly discouraged and can violate confidentiality or lead to medical errors.
- **Qualified Interpreters:** You must use trained interpreters (in-person, phone, or video) who are competent in medical terminology, not just bilingual staff, unless they are qualified to interpret

CountyCare
A MEDICAID HEALTH PLAN

https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html

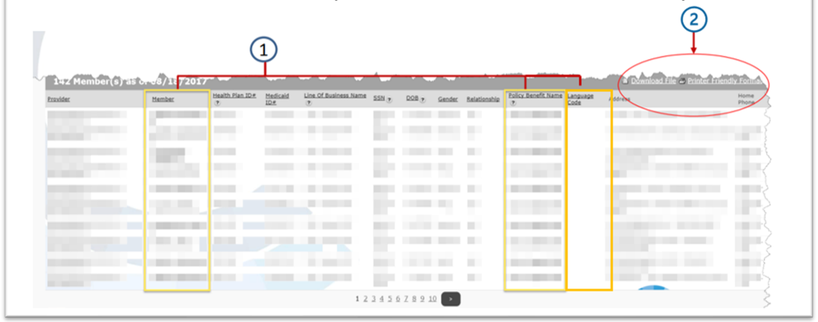
Limited English Proficiency (LEP) Provider Checklist

- ❑ **Document** language capabilities of staff and providers in your office
  - **Update** the IAMHP roster with languages spoken in your office/facility to be visible to members in the "Find A Provider" Tool
- ❑ **Document and understand** your patient's language preferences
  - **Use** the CountyCare Provider Portal – view your list of empaneled members with their preferred language listed CountyCare Provider Portal Link
  - **Document** any language needs in the patient's EMR so other staff and providers are aware of that individual's language needs
- ❑ **Provide** materials in other languages and formats (large print, Braille and Audio)
  - **Use** a Language Guide and/or Language Glossary to assist
- ❑ **Ensure** all office staff have completed cultural competency training
- ❑ **Offer and Schedule Free Interpreter services**
  - **If your office doesn't have interpreter services available,** a member or provider can contact CountyCare Member Services to request an interpreter at 312-864-8200

CountyCare
A MEDICAID HEALTH PLAN

Panel Roster Results Section

- 1. Click on the Member name to view the "Member Detail" for additional information regarding that member. Click on Policy Benefit Name to view the "Summary of Benefits" page for benefit plan specific documentation. View Member language code.
- 2. "Download File" link will export the content listed to an excel spreadsheet.



https://countycare.com/wp-content/uploads/CCR_ProviderPortalUserGuide_English_2019.pdf

https://www.josinamorita.org/language-access

Model for Interacting with LEP Patients

Whether verbal, nonverbal or written, using the **RESPECT Model** can help ensure effective and patient-centered communication.

R Respect	Understand how respect is shown within given cultural groups. Counselors demonstrate this attitude through verbal and nonverbal communications.
E Explanatory Model	Devote time in treatment to understanding how clients perceive their presenting problems. What are their views about their own substance abuse or mental symptoms? How do they explain the origin of current problems? How similar or different is the counselor's perspective?
S Sociocultural Context	Recognize how class, race, ethnicity, gender, education, socioeconomic status, sexual and gender orientation, immigrant status, community, family, gender roles, and so forth affect care.
P Power	Acknowledge the power differential between clients and counselors.
E Empathy	Express, verbally and nonverbally, the significance of each client's concerns so that he or she feels understood by the counselor.
C Concerns and Fears	Elicit clients' concerns and apprehensions regarding help-seeking behavior and initiation of treatment.
T Therapeutic alliance, Trust	Commit to behaviors that enhance the therapeutic relationship; recognize that trust is not inherent but must be earned by counselors. Recognize that self-disclosure may be difficult for some patients; consciously work to establish trust.

CountyCare
A MEDICAID HEALTH PLAN

Guide to Providing Effective Communication and Language Assistance Services www.ThinkCulturalHealth.hhs.gov

Tips for Responding and Communicating with LEP Patients

Identify LEP Patients

- ❑ Patient is quiet or does not respond to questions
- ❑ Patient simply says yes or no, or gives inappropriate or inconsistent answers to your questions
- ❑ Patient is having trouble communicating in English or a difficult time understanding
- ❑ Member self identifies as LEP by requesting language assistance

Determine Next Steps

- ❑ If patient speaks no English and you are unable to discern the language: **Connect** with telephonic interpretation vendor to identify language needed.
- ❑ If patient speaks some English: Speak slowly and clearly. Do not speak loudly or shout. Use simple words and short sentences.

Offer Interpreter Services

- ❑ "I think I am having trouble explaining this to you. I really want to make sure you understand. Would you mind if we connected with an interpreter to help us? Which language do you speak?"

Capture Language Preference

- ❑ For LEP members it is a best practice to record the patient's preferred language in your data system.
- ❑ Requesting the patient's preferred language: "In order for me to be able to communicate with you, may I ask what your preferred spoken and written language is?"

CountyCare
A MEDICAID HEALTH PLAN

https://www.ahrq.gov/health-literacy/improve/precautions/tool9.html

Interpreter Services - *Preparation*

A member or provider can contact CountyCare **Member Services** to request an interpreter at **312-864-8200**

DOCUMENT

1. Patient preferences in utilizing language services
2. If patient refuses to use the language services, you offer (document notification and that services were declined).

Before your visit with a patient who needs an interpreter, you should:

- ❑ Allow extra time for the visit to take place, and remember that everything may have to be communicated at least twice (once by the speaker and once by the interpreter)
- ❑ Ensure that there are no (or minimal) distractions such as noises that may interrupt your full engagement with your patient
- ❑ Consider learning basic words from the target language that you will use often during your communication with the patient
- ❑ Give the interpreter a brief summary about the individual and discuss goals and/or procedures for the session
- ❑ Document the name of the interpreter who will be interpreting for the individual
- ❑ Remember to treat the interpreter as a respected health care professional
- ❑ Remember to use a trained interpreter – interpreters should be trained and certified in medical interpreting whenever possible, and especially when working in a clinical setting

CountyCare
A MEDICAID HEALTH PLAN

Interpreter Services – *During the Visit*

- ✓ Introduce yourself and have others in the room introduce themselves **directly to the patient upon entering the room**
- ✓ Use first person, and ask the interpreter to do the same
- ✓ **Face the patient and speak directly to him or her** – even if the patient maintains eye contact with the interpreter, you should maintain eye contact with the patient, not the interpreter
- ✓ **Speak slowly** and clearly, being careful not to raise your voice or shout
- ✓ Use **sentence-by-sentence interpretation** (avoid health care jargon)
- ✓ Allow the interpreter to ask open-ended questions, if needed, to clarify what an individual says
- ✓ Ask the interpreter if he or she is answering or filling in details for the patient
- ✓ Use the **"teach back" method** to rephrase and confirm that the patient understands your directions and recommendations
- ✓ **Allow time** for the patient to ask questions and seek clarifications
- ✓ Some individuals who require an interpreter may actually understand English quite well; therefore, any comments you make to other providers or to the interpreter might be understood by the patient

CountyCare
A MEDICAID HEALTH PLAN

Language Assistance Resources Summary

Download the **Language Guide** to use to determine what language a patient speaks. The Guide is available at: https://www.josinamorita.org/language-access

Download the **Language Glossary** to use to assist with initial patient communication. The Guide is available at: https://www.josinamorita.org/language-access


Language Glossary

JOSINA MORITA

Use the QR code to access the full glossary

Use this glossary to identify common words in languages spoken by non-English speakers. Show the glossary to the individual and ask them to point to the words in their language.

LANGUAGE	Welcome	Thank You	Left	Right	Straight	Elevator	Stairs	Bathroom
Albanian Shqip	mirë se vjen	faleminderit	majtë	djathtë	drejt	ashensor	shkallë	banjë
Amharic አማርኛ	እንኳን ደህና መጡ	አመሰግናለሁ	ግራ	ቀኝ	ቀጥታ	ኤሌቬተር	ደረጃዎች	በመታጠቢያ
Arabic العربية	رَحَّبَ	شُكْر	يَسَار	يَمِين	مُسْتَقِيم	مِصْعَد	دَرَج	حمامات
Armenian Հայերեն	ցանկալի	շնորհակալ եմ	ձախ	ճիշտ	ուղիղ	վերելակ	աստիճաններ	լոգարան
Assyrian [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Bengali বাংলা	স্বাগতম	ধন্যবাদ	বাম	ডান	সোজা	লিফট / উত্তোলক	সিঁড়ি	বাথরুম / প্রস্রাবাগার
Bosnian Bosanski	Dobrodošli	Hvala	Lijevo	Desno	Pravo	Lift	Stepenice	toaleti

A member or provider can contact **CountyCare Member Services** to request an interpreter during a visit by calling **312-864-8200**

Other Resources and References

- **Special Topics for Civil Rights and Limited English Proficiency:** https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html
- **Language Access Resources:** https://www.josinamorita.org/language-access
- **Training and CME credits available at: Guide to Providing Effective Communication and Language Assistance Services** www.ThinkCulturalHealth.hhs.gov https://www.ahrq.gov/health-literacy/improve/precautions/tool9.html
- **Resources and Language Services Vendors:** https://static1.squarespace.com/static/63fd64e1c82ffe02f349daf9/t/69267901ffc0332dfc58ea2f/1764129025153/Resources+%26+Vendors+-++FINAL.pdf
- **American Academy of Pediatrics: Addressing Low Health Literacy and Limited English Proficiency:** https://www.aap.org/en/practice-management/providing-patient--and-family-centered-care/addressing-low-health-literacy-and-limited-english-proficiency/
- **Guide to Developing a Language Access Plan:** https://www.cms.gov/about-cms/agency-information/omh/downloads/language-access-plan.pdf

CountyCare
A MEDICAID HEALTH PLAN

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

CountyCare
A MEDICAID HEALTH PLAN

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!

CountyCare
A MEDICAID HEALTH PLAN