



Cultural & Linguistics/ Disability & Sensitivity Training 2026

Heritage Provider Network
&
Affiliated Medical Groups

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Learning Objectives

Our commitment at Heritage Provider Network and our affiliates is to provide quality healthcare services regardless of race, color, national origin, sex, sexual orientation, gender identity, age or disability. We commit to developing, strengthening and sustaining healthy provider/member relationships.

The Centers for Medicare and Medicaid Services (CMS) states that Medicare Part C and Part D plans may not discriminate based on race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of health care, claims experience, medical history, genetic information, evidence of insurability or geographic location.

Non-discrimination requirements include providing equal access to patients with limited English proficiency or limited reading skills. Section 1557 of the Affordable Care Act (ACA) requires providers to provide free communication assistance to meet the special needs of their patients.

Communities Served

HPN provides care to culturally diverse patients, including, but not limited to the following:

- LGBTQIA+ Communities
- Refugees and Immigrants
- Seniors and Persons with Disabilities
- Veterans
- Unhoused
- Persons with Mental Health/Substance Abuse
- Other communities

Defining Culture

Culture refers to the behaviors, language, customs, arts, morals, knowledge and beliefs of a particular group of people. This group could be of a national, racial, ethnic, religious, geographic, age-related, or other social nature.

Culture and language may influence:

- Health, healing and wellness belief systems
- How illness, disease and their causes are perceived
- The behaviors and attitudes of patients seeking health care
- How patients present their problems, situations and information to others
- How patients respond to interventions and care plans

Cultural Differences

Cultural differences can create confusion and misunderstandings:

- Innocent remarks or actions may unintentionally insult or anger a person from a different culture
- Failure to understand cultural differences can cause misunderstandings and create barriers to obtaining appropriate care
- Different cultures may be suspicious of medical techniques and/or approaches from other cultures and may fail to follow a prescribed treatment plan
- Individuals from certain cultures may hesitate to ask questions even when they don't understand

Cultural Competence

Cultural competence means to be respectful and responsive to the health beliefs and practices, including the cultural and linguistic needs, of diverse population groups. Developing cultural competence is an evolving, dynamic process that takes time and occurs along a continuum.

Cultural competence is important because studies have found that culturally and linguistically diverse groups and those with limited English proficiency experience less adequate access to care, lower quality of care, and poorer health status outcomes.

Cultural Competency

Cultural competency in healthcare is the ability of providers and organizations to effectively deliver healthcare services that meet the social, cultural and linguistic needs of patients. Cultural competency is needed to:

- Respond to demographic changes in the United States
- Eliminate disparities in the health status of people based on racial, ethnic and cultural backgrounds
- Improve the quality of services and health outcomes
- Meet legislative, regulatory and accreditation mandates
- Create a competitive edge in the marketplace and decrease the likelihood of liability claims

Implicit Bias

Implicit bias is the unconscious application of attitudes, preferences, or stereotypes toward a group of people that impact our actions and decisions.

- Without realizing it, we all have hidden biases that influence our behavior.
- These biases are formed over time and are influenced by our background, our past experiences, and the things we see in the media.
- Implicit bias can be harmful. The actions and decisions that result from implicit biases can create real-world barriers to equity and disparities in health status and outcomes.

Minimizing the Effects of Implicit Bias

How to minimize the impact of your implicit biases:

- Become aware of your own biases. This will enable you to practice mindfulness and increase your empathy.
- Have meaningful interactions with people who are different than you. Limited exposure to people who are different increases the likelihood that we will rely on stereotypes. Do not assume entire groups of people are the same. Take the perspective of the other person.
- Limit factors that can cause us to rely more heavily on our unconscious biases. These factors include mental fatigue, distractions, time pressures, lack of sleep, and hunger.

Language Competence

You must be able to communicate effectively with diverse audiences.
This includes:

- Persons with limited English proficiency
- Persons with low health literacy skills
- Individuals with disabilities
- Individuals who are deaf or hard of hearing

For example, communication must be written in a manner that is understandable to the patient. Information should be written at a sixth grade or lower reading level.

Language Competence

Providers must provide free communication assistance to meet the special needs of their patients. This includes:

- The use of an interpreter when communicating with a patient who speaks a non-English language
- The translation of important documents upon request
- The provision of large print materials for patients with limited eyesight
- The provision of materials written in simple language that is easy to understand
- The ability for a patient to talk to a representative to review materials and answer questions over the phone
- The ability of a deaf patient to use TTY services (711)

Providers are required to take reasonable steps to provide access to patients with disabilities or limited English proficiency.

Language Competence

Protections for Individuals with Limited English Proficiency You are not permitted to:

- Use low quality video to provide interpretation services
- Rely on unqualified staff for translation services
- Rely on family members to translate except in urgent or emergency situations

For example, it is not appropriate to use an employee who completed two years of Spanish in high school to translate the request of a Spanish speaking patient.

Health Literacy

Health literacy refers to the skills individuals need to find, understand, and use health-related information and services to actively participate in the health system and maintain good health.

These skills can include the ability to read, write, communicate verbally, calculate numbers, and use health technology (such as a diabetes monitor or telehealth device). Adults with low health literacy may experience:

- Higher health care costs
- More hospital admissions and longer stays in the hospital
- More medication errors
- Poor compliance to treatment plans
- Reduced use of preventive services
- More use of emergency services
- Higher mortality

It is important that providers help patients improve their health literacy to make informed decisions about their health care and improve their outcomes.

Recognizing Low Health Literacy

Those most at risk of low health literacy may be:

- The elderly
- Those with low education or socioeconomic status (SES)
- Patients with low English proficiency or non-native speakers of English
- Those receiving publicly financed health coverage

The following may be warning signs of low health literacy:

- Missed appointments or failure to complete forms
- Inability to name medications or explain why they are taking them
- Identifying pills by describing their shape and color instead of using the drug name
- Giving poor or incoherent medical histories
- Lack of follow through on tests or interventions
- Shifting blame to excuses like “I forgot my glasses” or “I am too tired to read this now” when asked to discuss written materials

Don’t assume these actions indicate a lack of interest – they may instead indicate someone who would benefit from additional support.

Improving Health Literacy

What can you do to support health literacy?

Communication is key to improving health literacy.

- Create a safe and respectful environment during patient encounters.
- Use speech that is easy to understand. Speak slowly and limit your content to key points.
- Use words that are simple and familiar. Avoid the use of medical jargon.
- Use pictures, tools or interactive media when possible.
- Use open ended questions to facilitate discussion. Encourage patients to ask questions.
- Try to confirm patient understanding by asking the patient to repeat what they heard about the information you shared.

You should assume every patient may have difficulty understanding health care information and you should offer support and encouragement in a safe and respectful manner.

Sexual & Gender-Based Gender Identity Terminology

Gender Identity Terminology

Basic Terminology:

Sexual Orientation: How people locate themselves on the spectrum of attraction. It is important to note that sexual orientation describes attraction and is not the same as gender identity or gender expression.

Gender Identity: One's basic sense of themselves as being male, female, or non-binary, identifying as a combination of both male and female, neither male nor female, or outside these categories altogether. Gender identity can be congruent or incongruent with one's sex assigned at birth based on the appearance of external genitalia.

Gender Expression: Characteristics in appearance, personality, and behavior, culturally defined as masculine or feminine.

Gender-Expansive: Individuals who do not conform to their culture's expectations for males or females. Being transgender is one way of being gender-expansive, but not all gender-expansive people are transgender.

Non-Binary: Individuals who don't identify as male or female. Often use they/them/their pronouns.

Sexual & Gender-Based Gender Identity Terminology

Gender Identity Terminology

Terminology for Sex Assigned at Birth:

Assigned Male at Birth (AMAB): Individuals believed to be male when born and initially raised as male.

Assigned Female at Birth (AFAB): Individuals believed to be female when born and initially raised as female.

Intersex: Individuals whose anatomy develops differently than typical for either males or females.

Sexual & Gender-Based Gender Identity Terminology

Gender Identity Terminology

Basic Terminology:

LGBTQAI+ An umbrella term that generally refers to a group who are diverse regarding their gender identity, gender expression and/or sexual orientation.

- **Lesbian:** A woman who is emotionally, romantically or sexually attracted to other women.
- **Gay:** A person who is emotionally, romantically or sexually attracted to the same gender.
- **Bi-sexual:** A person emotionally, romantically, or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or degree.
- **Transgender:** Adults and children whose gender identity or gender expression doesn't match their sex assigned at birth. Includes transgender women/girls, transgender men/boys and non-binary people.
- **Transgender Men/Boys:** Individuals assigned female at birth who identify and express themselves as male.
- **Transgender Women/Girls:** Individuals assigned male at birth who identify and express themselves as female.
- **Queer:** A term people often use to express fluid identities and orientations.
- **Asexual:** The lack of a sexual attraction or desire for other people.
- **+:** All other sexualities, sexes, and genders that aren't included in these few letters.

A person's gender identity or gender expression is separate and distinct from their sexual orientation. A transgender person can identify as straight, gay, lesbian, bisexual, or other sexual orientation.

Sexual & Gender-Based Gender Identity Terminology

The term “misgendering” refers to the intentional or unintentional use of language in reference to any person that is inconsistent with their gender identity. Even unintentional misgendering can cause a feeling of stigma that negatively impacts the person’s sense of self and their confidence.

It is appropriate to respectfully ask questions to avoid misgendering:

- What pronouns do you use? They/Them/Their – or – He/Him/His – or – She/Her/Hers
- Is there another name you would like me to use?
- With what gender do you identify?

Other suggestions -

- Pay attention to and mirror the patient’s language when they refer to themselves and loved ones.
- Refer to “relationship status” in place of “marital status.”
- Don’t impose your perceptions. Many LGBTQAI+ people don’t fit stereotypes.
- These patients have a unique set of challenges in society and may or may not want medical interventions.
- Understand that being open about their sexuality is not the same as expressing attraction to you.

Gender Nonconformity ≠ Gender Dysphoria

Gender nonconformity:

The extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex.

Gender dysphoria:

A clinical diagnosis of psychological distress or discomfort that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth.

Social Determinants of Health

Social determinants can impact a patient's care.

Social determinants include:

- Social factors that may impact freedom from racism and other forms of discrimination
- Economic challenges, such as job opportunities and food security
- Physical environment, including access to housing, safety, transportation and health care
- Psychosocial concerns that may lead to social isolation due to lack of social networks and civic engagement
- Psychological well-being that leads to self-esteem and hopefulness
- Economic Stability – employment, income, expenses, debt, medical bills, support
- Neighborhood and Physical Environment – housing, transportation, safety, parks, playgrounds, walkability

Social Determinants of Health

- Education – literacy, language, early childhood education, vocational training, higher education
- Food – hunger, access to healthy options
- Community and Social Context – social integration, support systems, community engagement, discrimination
- Health Care System – health coverage, provider availability, provider linguistic and cultural competency, quality of care

Examples of how social determinants can impact care:

A patient may not be obtaining preventive care like regular mammograms. When asked why the services are not complete, it is found that the patient does not have reliable transportation to the hospital.

A patient may be non-adherent to a prescribed drug therapy. When questioned, it is found that the patient is unable to pay for his prescription drug co-payments.

Social Determinants of Health

For example: A patient's recovery from knee replacement surgery is not progressing well as the wound is not healing. When asked about his diet, it is discovered that his income is limited and no one is available to do the shopping. These concerns have resulted in food insecurity thus hindering the healing process.

How to address social determinant challenges of patients:

- Complete an assessment which evaluates concerns surrounding disparities, including employment, social activities, transportation availability, food insecurity, etc.
- Incorporate a social determinants of health assessment as part of the patient intake process.
- Utilize publicly available data from the U.S. Census Bureau and other resources to develop risk scores related to the social determinants of health for each patient to provide guidance on high-risk concerns.

Religious and Spiritual Beliefs

- The challenge for health professionals is in understanding that patients often turn to their religious and spiritual beliefs when making medical decisions.
- Healthcare providers should be respectful of a patient's religious and spiritual needs.
- Religion and spirituality can impact decisions regarding diet, medicines based on animal products, modesty, and the preferred gender of their health providers.
- Health professionals should provide an opportunity for patients to discuss their religious and spiritual beliefs and tailor their evaluation and treatment to meet their specific needs.

Religion vs. Spirituality

- While religion and spirituality are related, there are differences between the two. Spirituality is an individual practice and belief, whereas religion is centered on a set of organized practices that a larger group shares. It is possible to be spiritual without being religious.

Ageism

Ageism is the specific use of negative and/or derogatory images to discriminate against a certain population group:

“Grumpy,” “frail” and “sick” are words sometimes used to describe the elderly. These stereotypes may be perpetuated by negative images in film and on television that lump all elderly persons together as a single category.

Ageism can result, for example, in the following:

- The perception that older adults are a burden to family members
- Difficulty for an older adult to gain or maintain employment
- Limitations in access to health care as a result of physicians reluctant to treat complex health conditions and the complexity of the Medicare system
- The perception that older adults are a social burden

Ageism

Culturally and Linguistically Appropriate Services (CLAS) was developed by the U.S. Department of Health and Human Services to guide providers of health care. These standards include six basic steps:

- 1) Recognize and accept that all types of cultures have a profound influence on our lives.
- 2) Be aware that oppression is pervasive in our society and that it is part of our history and affects our relationships.
- 3) Understand that cultural differences exist and learn to accept and respect what we may not always understand.
- 4) Accept that we cannot know everything about other cultures, and never will.
- 5) Commit to learn about the groups and patients that we serve and those with whom we work in every way possible.
- 6) Identify and confront personal resistance, anger and fear as we seek to gain insight and knowledge about a particular culture or group.

Clear Communication Benefits

Clear communication is the basis for providing culturally competent care and:

- Reduces risk of malpractice
- Improves safety and compliance
- Improves physician & patient satisfaction
- Improves office collaboration

Communication Best Practices

Common Patient Concerns

“When I leave your office, I often don’t know what to do next.”

“I don’t know what to ask and am hesitant to ask you.”

What You Can Do

Explain information clearly and ask the individual to repeat instructions in their own words to ensure understanding.

Prompt and encourage questions:

- What is the main problem?
- What concerns do you have?
- Do you understand the information or instructions?

Communication Best Practices

Common Patient Concerns

“I did not take my medication because I did not understand the dosage.”

“I am confused about risk and information given in numbers such as percentages or ratios.”

“My English is pretty good, but at times I need an interpreter.”

What You Can Do

Use specific, plain language regarding prescription usage.

Use qualitative plain language to describe risks and benefits, avoid using only numbers.

Office staff should confirm interpreter needs during scheduling.

Communication Best Practices

Common Patient Concerns

“When I don’t seem to understand, talking louder intimidates me.”

“If I look surprised, confused, or upset, I may have misinterpreted your nonverbal cues.”

“I am not able to make important decisions by myself.”

What You Can Do

Match the volume and speed of the patient’s speech.

Mirror body language and eye contact. Ask the patient if you are unsure.

Confirm decision making preferences.

Cultural Competence & Unhoused

Unhoused persons may:

- Not have a stable address or phone number
- Have limited transportation
- Require low-dosage or non-refrigerated prescriptions
- Have masked symptoms, such as:
 - Weight loss
 - Dementia
 - Skin conditions

Cultural Competence & Unhoused

Common Patient Concerns

“I do not have a stable address or phone number.”

“I have limited or unreliable transportation.”

“I do not have a place to store my medications.”

What You Can Do

Make a note in the record that the member has no phone available when confirming the appointment. Try not to change or reschedule the appointment.

Consider not canceling the appointment even if the patient is more than 15 minutes late.

Make a note in their record to prescribe non-refrigerated, low or once-daily pill count.

Cultural Competence & Refugees and Immigrants

Refugees and Immigrants may:

- Not be familiar with the U.S. health care system
- Experience illness related to life changes
- Practice spiritual and botanic healing or treatments before seeking U.S. medical advice

Open communication with refugees and immigrants:

- Builds trust
- Results in increased disclosure of patient knowledge and behavior

Understanding Refugees and Immigrants

Common Patient Concerns

“I do not understand the requirements to visit multiple doctors.”

“I am going to bring family and friends to help make decisions.”

“My expectations do not align with U.S. managed care.”

What You Can Do

Explain why a patient may need to be seen by another doctor.

Confirm decision makers at each visit.

Ask questions to understand what the patient’s expectations are and inform patients they may need follow-up care.

Understanding Refugees and Immigrants

Common Patient Concerns

“I fear my health information will be released to the community.”

“I wonder why I have diagnostic testing before a prescription is written.”

What You Can Do

Explain confidentiality and ensure HIPAA forms are easy to understand, in their preferred language.

Clarify the need for testing and explain the process for ordering prescriptions. Emphasize medication adherence.

Cultural Competence & Mental Health/Substance Abuse

Persons with mental illnesses and/or substance abuse may have:

- A mistrust and fear of treatment
- Alternative ideas about what constitutes illness and health
- Language barriers and ineffective communication
- Access barriers, such as inadequate insurance coverage
- An increased risk for secondary conditions
- Low self-esteem and/or depression

Substance Abuse

Successful diagnosis and treatment of substance use disorders includes the following:

- Screening and brief intervention for unhealthy alcohol use.
- Assessment and diagnostic evaluation.
- Identification of treatment programs and centers accessible to the member.
- Initial treatment plan and setting goals.
- Management of co-occurring medical and psychiatric disorders.
- Assessment and monitoring of response to treatment.
- Assisting the member in identifying healthy alternatives and strategies if drug and alcohol use pertains to stress relief.
- Development of after-care/recovery plan.
- Follow-up on implementation of recommended procedures.

Understanding Persons with Mental Illnesses/Substance Abuse

Common Patient Concerns

“I am worried that I may be discriminated against because of my mental illness.”

“I do not trust and am fearful of treatment.”

“I am worried I may not be able to communicate my needs.”

What You Can Do

Educate yourself regarding mental illnesses; treat the individual with respect and as a person.

Familiarize the patient and their representatives with the treatment and evaluation processes.

Engage the patient; ask open ended questions; offer translation services.

Dementia

Dementia is a loss of memory or a decline in mental ability severe enough to interfere with daily life (i.e. Alzheimer's dementia).

Symptoms of Dementia:

- Poor judgment and/or challenges in problem solving
- Changes in sleep and/or appetite
- Mood/personality/behavior changes
- Wandering/disorientation to time or place
- Deterioration of self care/hygiene
- Difficulty performing familiar tasks/functional decline
- Impairment in speech/language
- Memory loss and/or confusion
- Trouble understanding visual images and spatial relationships

Understanding Persons with Dementia

Common Patient Concerns

“I am concerned that I will not remember what my doctor tells me.”

“I may have trouble focusing or communicating what I need.”

“I may feel anxious or frustrated because I cannot remember or communicate clearly.”

What You Can Do

Provide memory aids with pictures to assist the patient remember instructions.

Take the time to listen and engage the person in an one-on-one conversation in a quiet space with minimal distractions.

Reassure the person and listen with compassion; recognize and respect their feelings.

Americans with Disabilities Act (ADA)

According to the Americans with Disabilities Act (ADA), a person with a disability is any individual with:

- A physical or mental impairment that substantially limits one or more major life activities of such individual*
- A record of such an impairment
- Being regarded as having such an impairment

*A major life activity includes, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Americans with Disabilities Act (ADA)

The Americans with Disability Act (ADA)

- “No individual shall be discriminated against on the basis of disability in the full and equal enjoyment of goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodation by any person who owns, leases (or leases to), or operates a place of public accommodation.”
- Section 504 – prohibits discrimination due to disabilities in programs that receive federal funding:

“No qualified individuals with a disability...shall be excluded from, denied the benefits of, or be subjected to discrimination under any program or activity.”

Heritage Provider Network is committed to providing equal access for members and their companions with disabilities.

Persons with Disabilities

Persons with disabilities and our Senior population may experience one or more of the following:

- Disease/Multiple Medications
- Caregiver Burden/Burnout
- Cognitive Impairment/Mental Health
- Physical Impairment
- Hearing Impairment
- Visual Impairment

Persons with Disabilities

Disease/Multiple Medications

Common Patient Concern

Medication affecting cognition; neuro-cognitive processing ability impaired.

What You Can Do

Be aware, slow down, speak clearly, and use plain language; obtain thorough health history.

Caregiver Burden/Burnout

Common Patient Concern

Caregiver often has own limitations; high stress; higher likelihood of depression.

What You Can Do

Ask about caregiver responsibilities and stress levels. Offer caregiver support services.

Persons with Disabilities

Cognitive Impairment/Mental Health

Common Patient Concern

Dementia; older adult suffering more losses; need for a caregiver.

What You Can Do

Communicate with patient and caregiver. Assess for depression and dementia/cognitive ability.

Physical Impairment

Common Patient Concern

Pain/reduced mobility often due to osteoporosis, changes in feet, ligaments and cushioning, osteoporosis, and stroke.

What You Can Do

Keep hallways clear; lower exam tables; use exam rooms nearest waiting rooms; offer assistance; recommend in home accessibility assessment.

Persons with Disabilities

Hearing Impairment

Common Patient Concern

Presbycusis; gradual, bilateral, high-frequency hearing loss. Sounds are high frequency; difficulty distinguishing words.

What You Can Do

Face patient at all times; speak slow, enunciate; rephrase; reduce noise; offer listening devices. Speaking loudly does not help.

Visual Impairment

Common Patient Concern

Problems with reading, depth perception, contrast, glare, loss of independence.

What You Can Do

Decrease glare; use bright, indirect lighting; use bright, contrasting colors; use large, non-serif fonts.

Interacting with Persons with Disabilities

Unacceptable Terminology

“She has a birth defect.”

“She is disabled; handicapped; crippled.”

“He is afflicted/stricken with; suffers from; a victim of.”

“She is retarded; slow.”

Acceptable Terminology

“She has a congenital disability.”

“She has a disability; she is a person with a disability.”

“He has cerebral palsy.”

“She has a developmental disability; intellectual disability.”

Interacting with Persons with Disabilities

Unacceptable Terminology

“Mrs. Smith is an arthritis patient.”

“Mr. Jones is confined to a wheelchair; is wheelchair bound; or physically challenged.”

“Miss Brown is a stutterer.”

Acceptable Terminology

“Mrs. Smith has arthritis.”

“Mr. Jones is a wheelchair user; or uses a wheelchair.”

“Miss Brown has a speech impairment; or has a communication disability.”

Persons Experiencing Trauma

Persons may be vulnerable to trauma, abuse or neglect due to:

- Medical conditions
- Mental health conditions
- Disability
- Age and frailty
- Social isolation
- Poverty

Trauma (or extreme stress) may also be brought on by shocking or unexpected circumstances or events that overwhelm a person's ability to cope.

The effects of trauma include adverse physical, social, emotional, or spiritual consequences.

Persons Experiencing Trauma

Adopting a “Trauma-Informed” approach is based on the recognition that many behaviors and responses expressed are directly related to traumatic experiences.

The principles of a trauma informed approach are:

1. Safety
2. Trust, and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment
6. Voice and choice
7. Cultural, historical, and gender issues

Persons Experiencing Trauma

Applying the principles of a Trauma-Informed Approach:

- Strive to be culturally responsive
- Give support that is non-judgmental
- Be aware of own biases and prejudices
- Communicate in a manner that is honest, direct, but respectful; open to other's views.
- Focus on building resilience, self-healing, mutual support, and empowerment of the member
- Ensure member safety, autonomy, choice, trustworthiness, and the eliminate coercion in all interactions.

Interacting with Persons Experiencing Trauma

Common Patient Concerns

“I have not sought treatment because I am afraid to share my past experiences.”

“I do not feel that I have choices or that I have a voice.”

“I am worried that you will not understand what I am going through.”

What You Can Do

Provide support that is non-judgmental; offer help that is collaborate and responsive.

Ensure the individual is respected and informed. Reassure the member has a voice and has control over his/her life.

Focus on understanding the whole individual and the context of his/her life experience. Be aware of own biases/prejudices.

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Language Assistance Requirements

Member's preferred language, request or refusal for interpreting services are maintained in their medical record. HPN will never imply, request or require the patient to provide their own interpreters. Members are informed that interpreting services are provided at no cost. Members must be informed that minors do not interpret for adults.

Heritage Provider Network and its Affiliated Medical Groups (HPN) provides its own interpreter services through certified staff. Staff interpreting certifications are maintained by Human Resources.

Should resources be unavailable, HPN will utilize health plan or external resources for appropriate interpreting services.

Additional member resources are available to include translation of materials into threshold languages and translation of documents in other languages upon a member's request and formats available. Braille, large font or audio also available.

Threshold Languages

Threshold languages are the primary languages spoken by our limited English proficiency (LEP) population groups. Threshold languages may include, but are not limited to the following:

- English
- Spanish
- Chinese
- Armenian
- Arabic
- Farsi
- Khmer
- Korean
- Russian
- Tagalog
- Vietnamese

Interpreter Best Practices

When interpreting services are requested, HPN staff should adhere to the following best practices:

- Inform the interpreter of specific patient needs
- Hold a brief introductory discussion
 - Your name, organization, and nature of the call/visit
 - Reassure the patient about confidentiality
- Allow enough time for the interpreted sessions
- Avoid interrupting during interpretation

Interpreter Best Practices (continued)

- Speak in the first person
- Speak in a normal voice, not fast or too loudly
- Speak in short sentences
- Avoid acronyms, medical jargon, and technical terms
- Face and talk to the patient directly
- Be aware of body language in the cultural context

Interpreting Services and Cultural Differences

All aspects of a member's culture have impact on the interpreting services provided in healthcare settings. There may be different levels of comfort with interpreting services and various interpreting technologies used.

Please be respectful of the member's needs and preferences of language assistance services while informing and encouraging the use of qualified interpreting services available.

- Member's cultural norm may affect their comfort level of having an interpreter at medical appointments.
- Member's gender or religion may affect preference for interpreter's gender.
- Member's familiarity level with technology may affect preference for type of interpreting services.
- Member's geographical location, the size of the county may affect the accessibility and availability of interpreting services.

Language Assistance Resources

California Relay (hearing and speech impaired)

Type of Call	Language	Toll-free 800 Number
TTY/VCO/HCO to Voice	English	1-800-735-2929
	Spanish	1-800-855-3000
Voice to TTY/VCO/HCO	English	1-800-735-2922
	Spanish	1-800-855-3000
From or to Speech-to- Speech	English & Spanish	1-800-854-7784

Life Signs (deaf and hard of hearing)

- (323) 550-4242

AT&T Language Services (non-English speaking)

- (800) 528-5888

Did You Know?

California is one of the most diverse states in the nation.

California Census 2017-2021

- Speak a language other than English spoken at home - 43.9%
- With a disability, under age 65 years – 6.8%
- Foreign born persons - 26.5%
- Persons age 65 years and over - 15.2%

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- Health Plan Training Modules
- Health Industry Collaboration Effort (HICE)
- U.S. Census Bureau (Census)

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- National CLAS Standards: <https://thinkculturalhealth.hhs.gov/clas>
- Enhancing Cultural Competence in Social Service Agencies: A Promising Approach to Serving Diverse Children and Families:
<https://www.acf.hhs.gov/opre/report/enhancing-cultural-competence-social-service-agencies-promising-approach-serving>
- Cultural Competence:
<https://find.asha.org/asha/#q=cultural%20comptencies&sort=relevancy>
- THP's Language Access and Non-Discrimination Plan
- Findhelp.org: <https://www.findhelp.org>
- Cultural Religious Competence In Clinical Practice - StatPearls - NCBI Bookshelf (nih.gov)



California Transgender, Gender Diverse or Intersex (TGI) Inclusive Care Act Training (California Only)

Heritage Provider Network
&
Affiliated Medical Groups

Training Access Link

The California Transgender, Gender Diverse or Intersex (TGI) Inclusive Care Act (also known as SB 923) was established to address disparities in health care access and quality for TGI communities. The law requires health plans and their delegated entities to ensure that all staff who are in direct contact with health plan members complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as TGI.

Please follow the link below to complete this evidence-based training developed by our contracted health plan **Health Net** in collaboration with **OutCare Health** (TGI-serving organization):

<https://centene.qumucloud.com/view/ss4YE39tZP5o0WLxKgOWU/>

Summary of Important Points

The California TGI-Inclusive Care Act requires health plans and their delegated entities to:

- Require all staff who are in direct contact with members to complete evidence-based training (follow the [link](#))
- The training must be completed within 45 days of hire and every 2 years thereafter
- Staff must retake the training within 45 days of a substantiated patient complaint received against the staff for failure to provide trans-inclusive care
- The evidence-based training was developed in collaboration with, and facilitated by, a TGI-serving organization and contains required topics

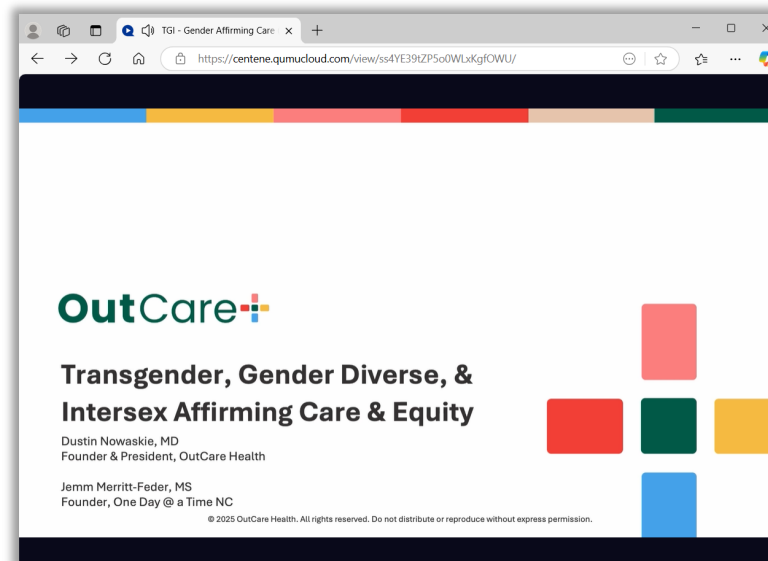
Instructions for Accessing Training

Instructions for accessing the required training:

- Click the link:

<https://centene.qumuccloud.com/view/ss4YE39tZP5o0WLxKgOWU/>

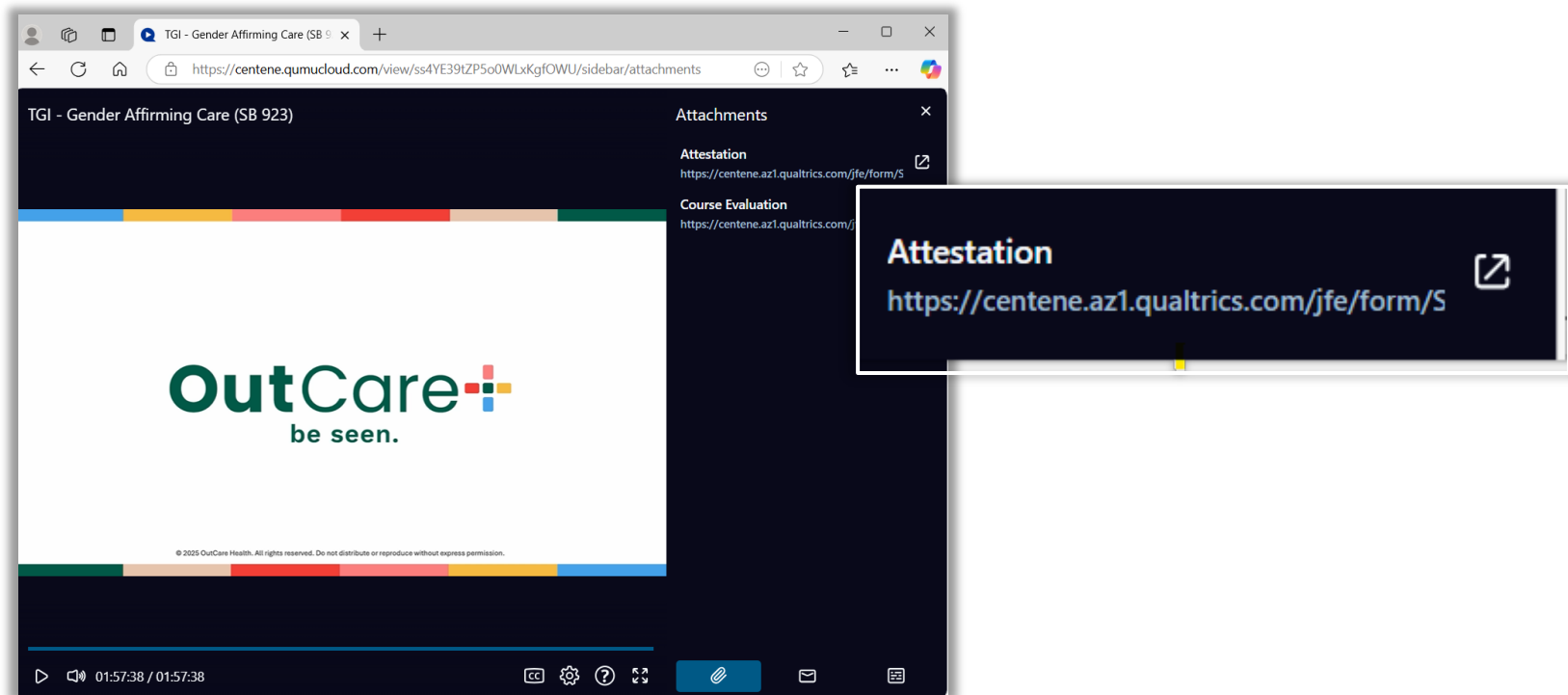
- You will be directed to the on-demand video training



Instructions for Completing Attestation

- Upon completion of the training video, you will be prompted to complete an attestation. Click on the Attestation Link

https://centene.az1.qualtrics.com/jfe/form/SV_38GgutJvz1tnlsy



Instructions for Completing Attestation

You will need to fill out the following information:

- Check “I viewed the on-demand TGI Gender Affirming Care (SB 923) Training webinar”

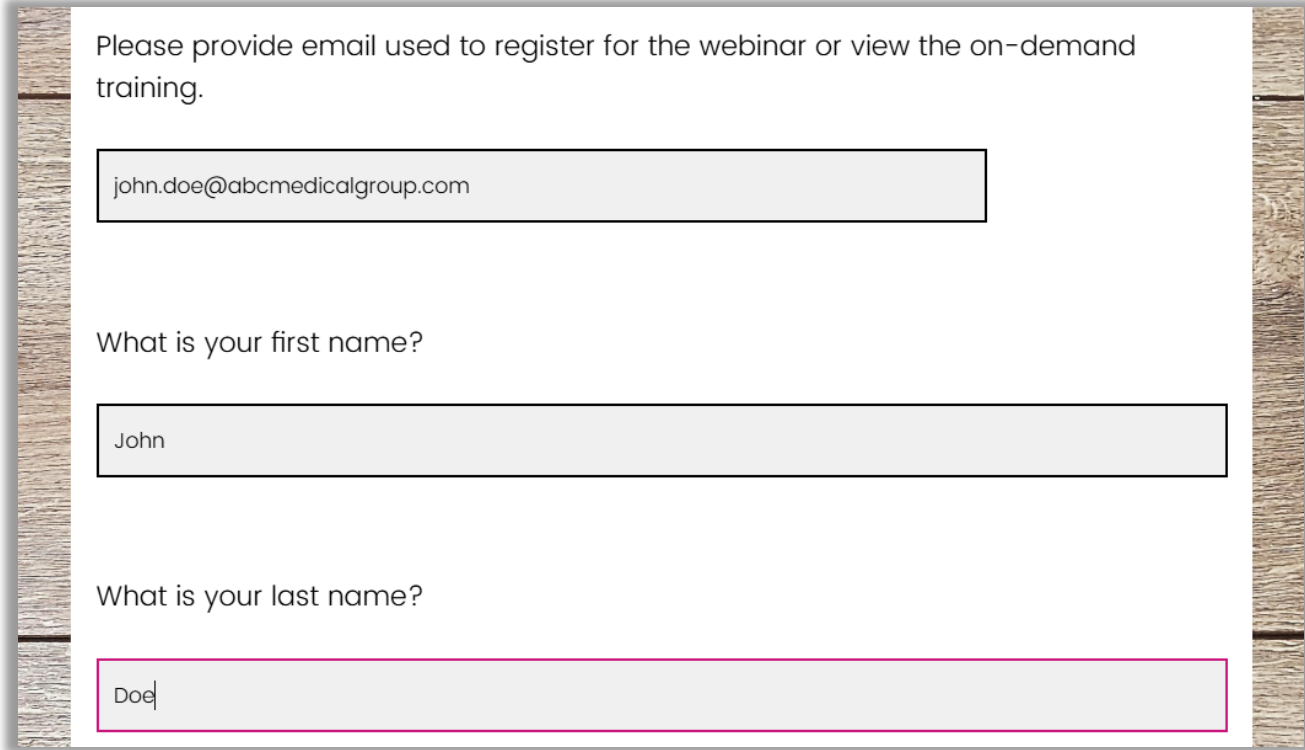
I attest that I have viewed the on-demand TGI Gender Affirming Care (SB 923) Training webinar.



I viewed the on-demand TGI Gender Affirming Care (SB 923) Training webinar.

Instructions for Completing Attestation

- Type in your **work email**
- Type First and Last Name



Please provide email used to register for the webinar or view the on-demand training.

john.doe@abcmedicalgroup.com

What is your first name?

John

What is your last name?

Doe

Instructions for Completing Attestation

- Check box indicating you are a PPG (Participating Physician Group) staff



What is your role within your organization?

☐ PPG/IPA/MSO Leadership/Administration

☒ PPG/IPA/MSO Operations/Staff

☐

Instructions for Completing Attestation

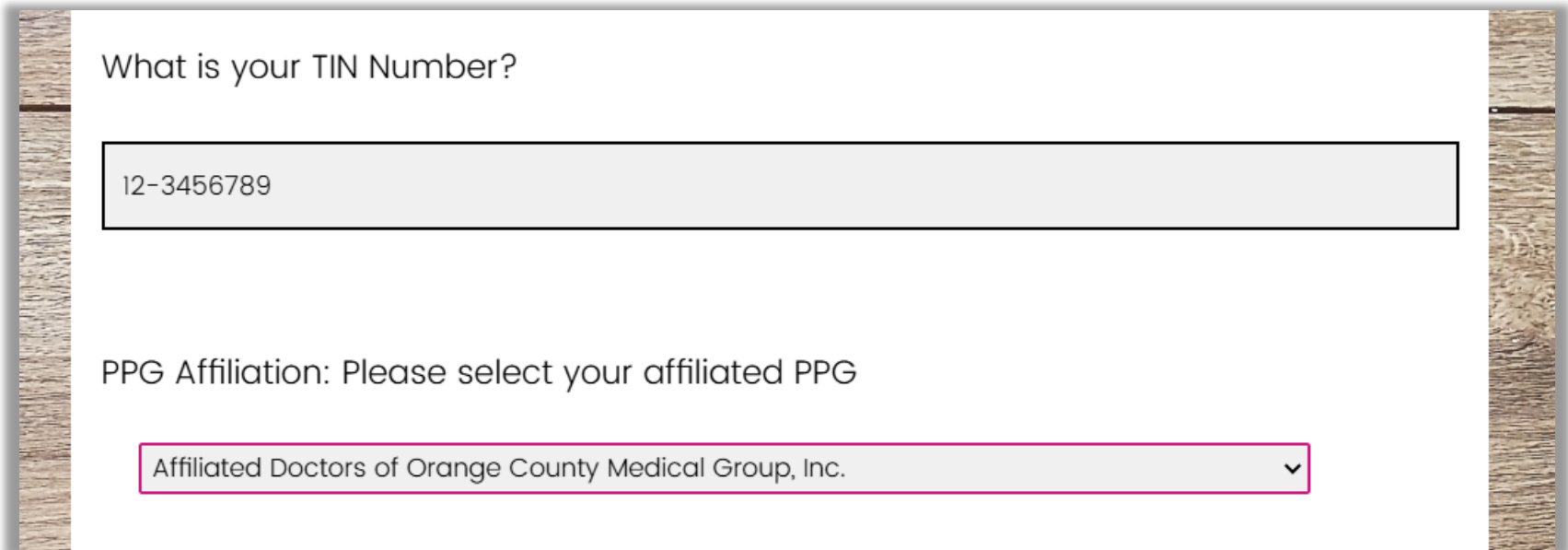
- Type your Group's NPI Number
 - See List of Group NPI and TIN Numbers in next slide

What is your 10 digit credentialed NPI Number? (your NPI will be used to verify training completion). If you do not have an NPI, please type in 10 zeros.

1234567890

Instructions for Completing Attestation

- Type your Group's Tax ID Number (TIN)
 - See List of Group NPI and TIN Numbers in next slide
- Use the drop-down menu to select your PPG

A screenshot of a web form for attestation. The form has a light gray background with a thin black border. It is flanked by vertical wood-grain textured bars on the left and right. The first section is titled "What is your TIN Number?" in a dark gray font. Below the title is a wide, light gray rectangular input field with a black border, containing the text "12-3456789". The second section is titled "PPG Affiliation: Please select your affiliated PPG" in a dark gray font. Below this title is a light gray rectangular dropdown menu with a black border and a small downward-pointing chevron icon on the right. The dropdown menu is open, showing the text "Affiliated Doctors of Orange County Medical Group, Inc." in a dark gray font.

What is your TIN Number?

12-3456789

PPG Affiliation: Please select your affiliated PPG

Affiliated Doctors of Orange County Medical Group, Inc. ▼

List of Group NPI and TIN Numbers

PPG (Participating Physician Group)	NPI	TIN
Affiliated Doctors of Orange County	1487768891	27-3441273
Bakersfield Family Medical Center	1013912641	77-0051579
Desert Oasis Healthcare	1609089705	95-3898275
Heritage Sierra Medical Group	1780832972	95-4830891
High Desert Medical Group	1720196702	95-3930862
Lakeside Medical Group	1073647434	95-4487496
Regal Medical Group	1588748073	95-4496081
Victor Valley Medical Group	1295126001	33-0900066

Reporting Requirements

- Report any compliance concerns, including but not limited to failure to provide trans-inclusive care, by using the following methods:
 - Email: CorporateCompliance@heritagemed.com
 - Compliance Hotline: (855) 625-7894
- Heritage Provider Network and its affiliated Medical Groups do not tolerate retaliation or intimidation against any individual for reporting in good faith a compliance concern.



Diversity, Equity, and Inclusion (DEI) Training (California DHCS)

Heritage Provider Network
&
Affiliated Medical Groups

Training Access Link

The California Department of Health Care Services (DHCS) requires all providers and staff that interact with Medi-Cal members to complete Diversity, Equity, and Inclusion (DEI) training. See DHCS All Plan Letter 24-016

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-016.pdf>

Please follow the link below to complete this evidence-based training developed by our contracted health plan **IEHP**:

Providers:

<https://iehpprovider.myabsorb.com/#/login>

Non-Providers:

<https://www.providerservices.iehp.org/ocec/#/>

Complete the attestation at the end of the training and email to address indicated on the form
(This training will satisfy the requirements of the DHCS APL 24-016)

Summary of Important Points

Per APL 24-016 the DEI Training incorporates the following:

- Explicit consideration and acknowledgement of structural and institutional racism and health inequities, and their impact on Medi-Cal Members, staff, Network Providers, Subcontractors.
- Information about relevant health inequities and identified cultural groups, which includes but is not limited to:
 - The groups' beliefs about illness and health; Member experience, including perceived discrimination and the impacts of implicit bias; Lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more (LGBTQIA+) concerns, including asking for and respecting the name and pronouns Members and family members use and avoiding assumptions about partners, spouses, and children; Traditional home remedies that may impact how the Provider should treat the Member; Language and literacy needs.



Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Training (California DHCS)

Heritage Provider Network
&
Affiliated Medical Groups

Training Access Link

The California Department of Health Care Services (DHCS) requires all providers and staff that interact with **Medi-Cal members under the age of 21** to complete Early and Periodic Screening, Diagnostic and Treatment (EPSDT) training. See DHCS All Plan Letter 23-005

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf>

Please follow the link below to complete this evidence-based training developed by our contracted health plan **IEHP**:

<https://www.providerservices.iehp.org/en/resources/provider-manuals-and-training/medi-cal-for-kids-and-teens-provider-training>

Complete the attestation at the end of the training and email to address indicated on the form
(This training will satisfy the requirements of the DHCS APL 23-005)

Summary of Important Points

Per APL 23-0005 the EPSDT Training incorporates the following:

- The training is referred to as the “Medi-Cal for Kids and Teens Provider Training”.
- The training aims to strengthen understanding and awareness of Medi-Cal for Kids and Teens among Medi-Cal managed care plan-enrolled providers and increase access to children’s health services.
- California’s managed care plans must ensure that all Medi-Cal licensed Providers receive proper education and training regarding Medi-Cal for Kids and Teens at least every two years.



American Indian Health Services (California DHCS Only)

Heritage Provider Network
&
Affiliated Medical Groups

Training Access Link

The California Department of Health Care Services (DHCS) requires all providers and staff that interact with **American Indian Medi-Cal members** to complete training aimed at delivery of culturally appropriate health care services.

See DHCS All Plan Letter 24-002

<https://www.dhcs.ca.gov/wp-content/uploads/2025/10/APL24-002.pdf>

Please follow the links on the next 2 pages to complete the training.

(This training will satisfy the requirements of the DHCS APL 24-002)

Training Access Link

Cultural Humility Training – California Governor's Office of the Tribal Advisor:
https://tribalaffairs.ca.gov/wp-content/uploads/sites/10/2020/11/OTA_Cultural-Humility-1.pdf

Key Points

- Cultural Humility is an attitude of humility and respect toward other cultures that pushes one to challenge their own cultural biases, realize they cannot possibly know everything about other cultures and approach learning about other cultures as a lifelong goal and process. Not to be confused with the concept of cultural competency, which may implicitly place non-Western cultures as "other" cultures that can possibly be mastered with enough effort.
- Urban Indian communities can be found in most major metropolitan areas (Los Angeles, San Francisco, San Diego, Sacramento / Riverside due to Sherman Indian School). These populations are represented by members of a large number of different tribes and cultures that have different degrees of traditional culture and adaptation to Western culture norms. They form a sense of community through social interaction and activities but have often felt "invisible."

Training Access Link

Overview of Trauma-Informed Care and Historical Trauma Training – Indian Health Service

<https://www.ihs.gov/traumainformedcare/>

Key Points

- Acknowledging historical trauma through trauma-informed ways can restore balance and encourage a healthy lifestyle.
- Having knowledge of trauma-informed care can better prepare you for interaction with patients and even family.
- Familiarity with trauma-informed care improves your awareness of other's experiences.



World Professional Association for Transgender Health (WPATH) Training (California Commercial Plans Only)

Heritage Provider Network
&
Affiliated Medical Groups

Training Access Link

California SB 855 requires **staff and Providers/FDRs who conduct utilization review or make medical determinations (for commercial health plan lines of business)** to complete a formal education program for the diagnosis, prevention and treatment of mental health and substance use disorder (MH/SUD) including the WPATH criteria that must be used in utilization management functions for the treatment of gender dysphoria, before they apply the WPATH criteria in their work, and every three (3) years thereafter. See DMHC All Plan Letter 24-007

[https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL%2024-007%20-%20Implementation%20of%20Senate%20Bill%20855%20Regulation,%20Mental%20Health%20and%20Substance%20Use%20Disorder%20Coverage%20\(4_3_2024\).pdf](https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL%2024-007%20-%20Implementation%20of%20Senate%20Bill%20855%20Regulation,%20Mental%20Health%20and%20Substance%20Use%20Disorder%20Coverage%20(4_3_2024).pdf)

Please follow the link below to complete this evidence-based training developed by WPATH:

<https://www.pathlms.com/wpath/courses>

(This training will satisfy the requirements of the DMHC APL 24-007)