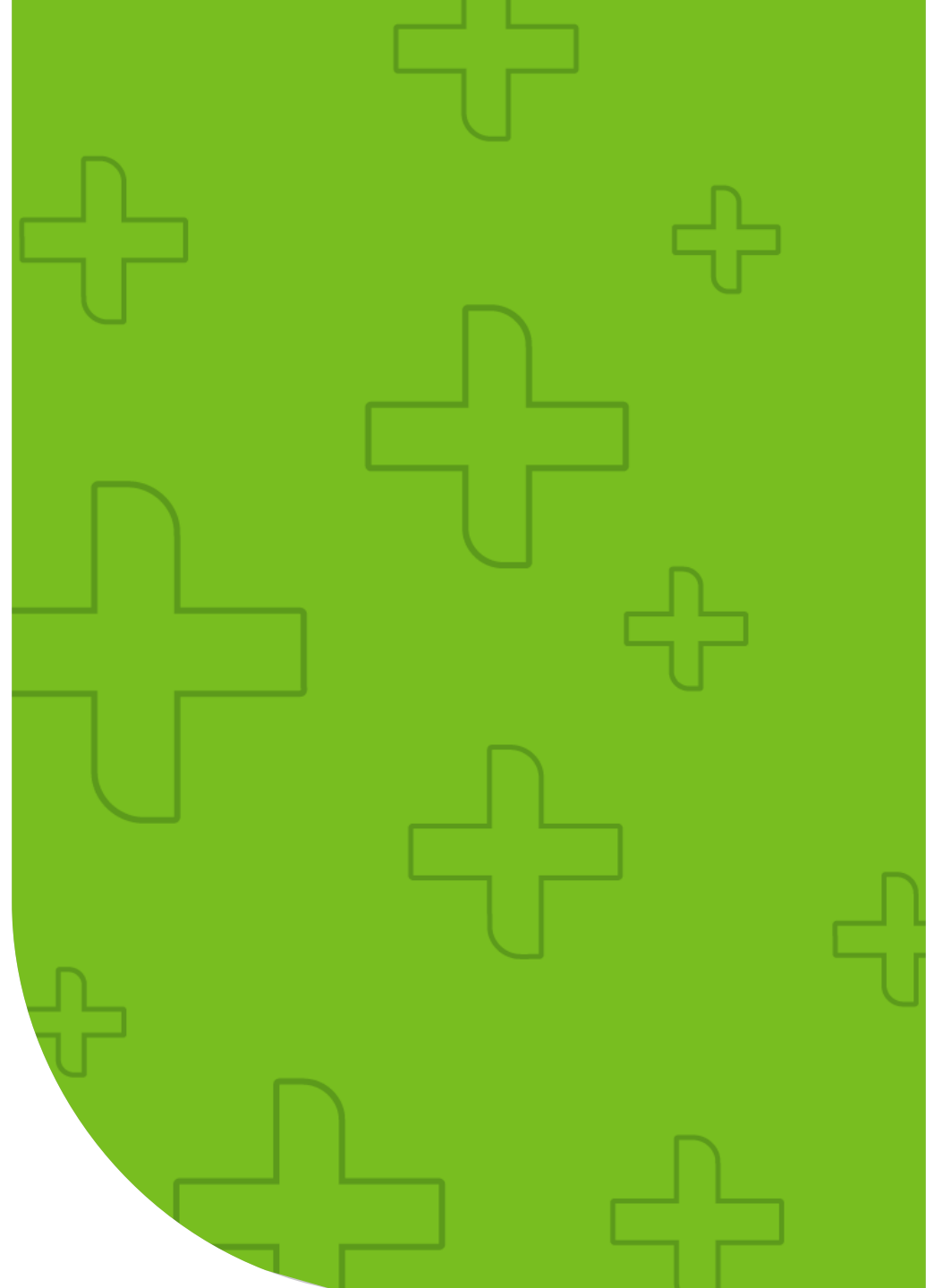
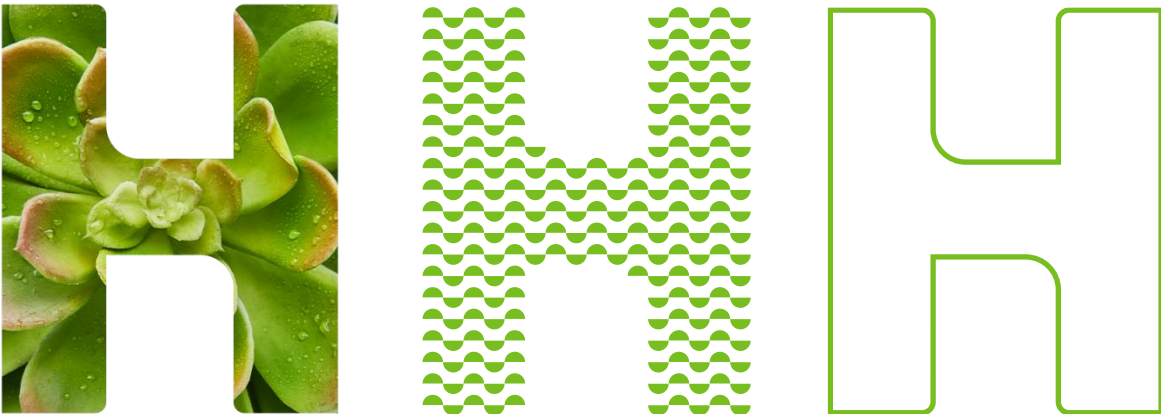




Cultural humility, health equity and implicit bias training for providers | 2024

Humana requires this training of all subcontractors supporting its contracts for Medicaid or Medicare-Medicaid programs, based on Humana's applicable contractual and regulatory obligations to the states. Please note that some state Medicaid plans may have state-specific cultural competency trainings.





Notable changes since 2023

- Expanded the scope of this training beyond cultural competency to include cultural humility, health equity and implicit bias training
- Updated sources and references for further reading

Welcome

Welcome to the cultural humility, health equity and implicit bias training for providers. In this training, we will define cultural humility, health equity and implicit bias; discuss the significance of these concepts; and outline ways to mitigate bias.



Agenda

- 
- 01** | Learning objectives
 - 02** | Health equity imperative
 - 03** | Cultural humility
 - 04** | Implicit bias
 - 05** | Mitigating bias
 - 06** | Clear communication
 - 07** | Takeaways and resources

Learning objectives

1. **Define and apply** key terminology and concepts foundational to cultural humility and implicit bias.
2. **Recognize** personal and systemic hidden preferences, assumptions and biases, and how they impact patient care delivery.
3. **Provide awareness** of the effects of power and privilege on internal staff interactions and patient care delivery.
4. **Identify skills** to apply to mitigate bias, address power dynamics and engage institutional accountability toward cultural humility in patient care delivery.
5. **Self-identify and evaluate** biases and commit to ongoing education and evaluation.

Health equity imperative



What is health equity?



Factors affecting health equity

Social determinants of health (SDOH) are the conditions in the places people live, learn, work, play and worship that can negatively affect health outcomes. Long-standing inequities in six key areas influence a wide range of health and quality-of-life risks and outcomes. Examining these health and social inequities can help us better understand how to promote health equity and improve health outcomes.


Key areas include:

- Social and community context, including a patient's interactions with the places they live, work, learn, play and worship and their relationships with family, friends, coworkers, community members and institutions. This includes discrimination and racism.
- Healthcare access and use. People with disabilities, people from some racial and ethnic minority groups, people from rural areas, and populations with lower incomes are more likely to face multiple barriers to accessing healthcare.
- Neighborhood and physical environment, including crime, lack of access to healthy food, lack of safe and affordable housing, lack of public transportation, and limited infrastructure and resources.

Factors affecting health equity (cont'd.)

- Poor quality or dangerous workplace conditions: Some people may face exposure to elements that can have negative impacts on their health in their workplace, such as secondhand smoke or loud noises.
- Education level: People who are historically marginalized, such as people from racial and ethnic minority groups, people with disabilities, and populations with lower incomes, are disproportionately affected by inequities in access to high-quality education.
- Income and wealth gaps: Individuals from some racial and ethnic minority groups and other historically marginalized groups also face greater challenges in getting higher paying jobs with good benefits due to less access to high-quality education, geographic location, language differences, discrimination and transportation barriers.

The impact of health inequity is staggering



74,402

The average annual number of Black lives lost due to health inequities

Financial costs of health inequity

How much is the annual direct cost of health inequities?

A \$155 million

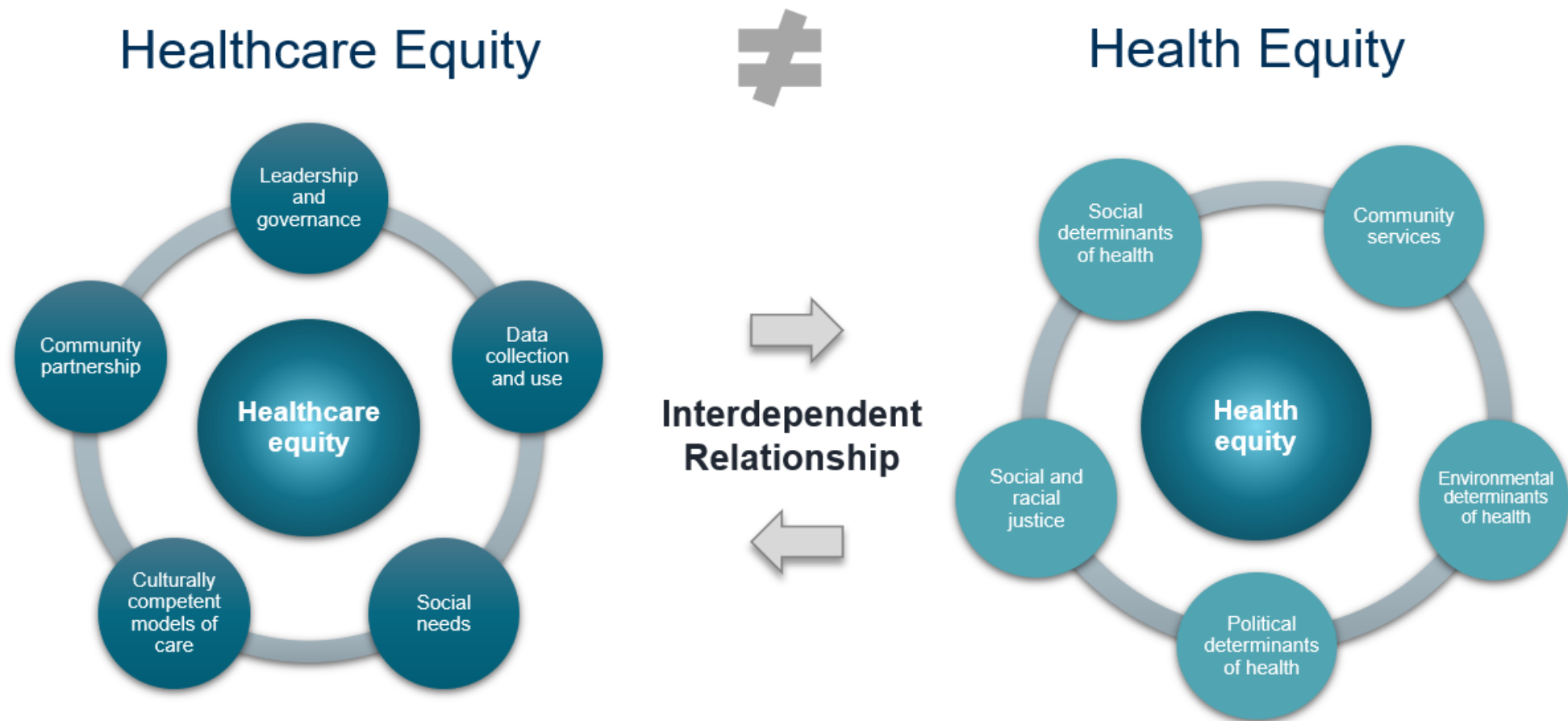
B \$193 million

C \$320 billion

D \$130 billion

\$320 billion is correct

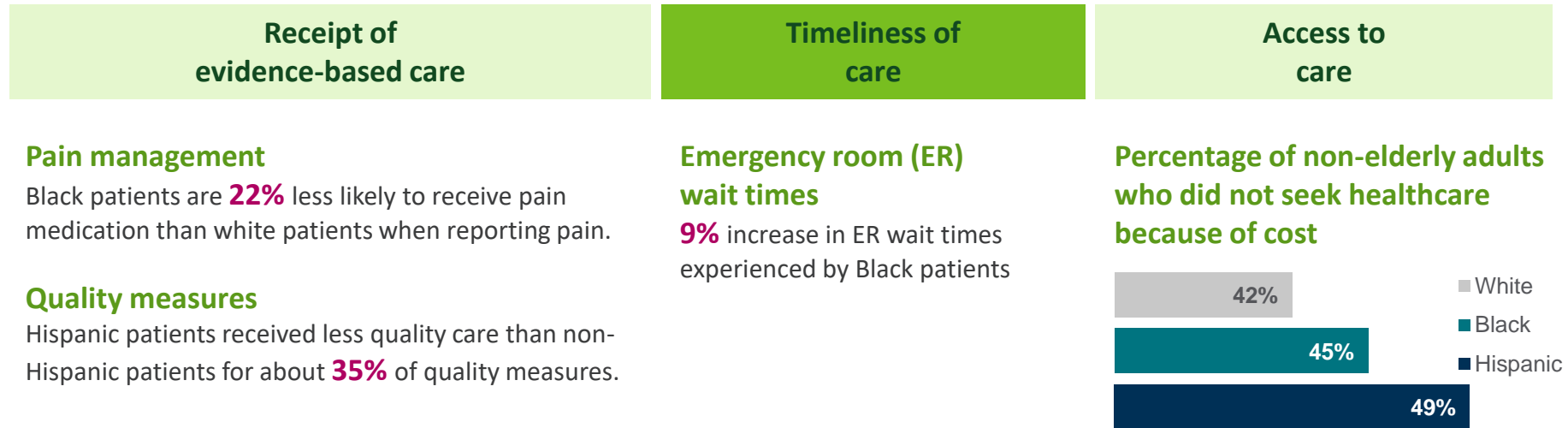
Healthcare equity versus health equity



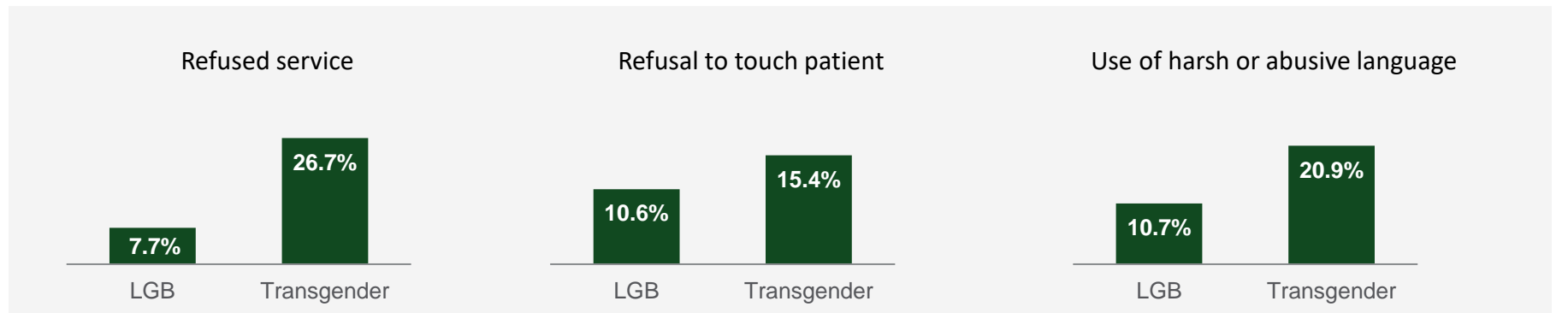
Ma, S., Agrawal, S., & Salhi, R. Distinguishing health equity and healthcare equity: A framework for measurement. New England Journal of Medicine Catalyst. Last accessed March 7, 2023, [Distinguishing Health Equity and Health Care Equity: A Framework for Measurement | NEJM Catalyst](#)

Disparities in the U.S. healthcare system are well documented

➤ Ethnic minority-based healthcare disparities



➤ LBGTQ-based healthcare disparities



1. Advisory Board. Health disparities at the point of care. Cheat Sheet. Last accessed March 17, 2023, [Health Disparities at the Point of Care \(advisory.com\)](https://www.advisory.com/health-disparities-at-the-point-of-care)
2. Lambda Legal. How HIV impacts LBGTQ people. 2017, [How HIV Impacts LBGTQ People - Human Rights Campaign \(hrc.org\)](https://www.hrc.org/resources/document/how-hiv-impacts-lgbtq-people)
3. Montero, A., Kearney, A., Hamel, L., & Brodie, M. Americans' challenges with health care costs. Kaiser Family Foundation. Last accessed July 14, 2022. [Americans' Challenges with Health Care Costs | KFF](https://www.kff.org/health-equity/issue-brief/americans-challenges-with-health-care-costs/)

Impact of disparities in care

1.5 times

For babies born to Black birthing people, the rate of preterm birth is 1.5 times higher than the preterm birth rate among babies born to all other birthing people.

9.7

Hispanic women have an incidence rate of 9.7 cases per 100,000 people for cervical cancer while non-Hispanic white women have an incidence rate of 7.2 cases per 100,000 people.

12 times

Hepatitis B affects Asian Americans almost 12 times as often as white Americans.

7 times

Tuberculosis rates are seven times higher among American Indian/Alaska Natives than among white population.

1. (2023, February 24). Profile: American Indian/Alaska Native. HHS.GOV. Retrieved August 21, 2023, from <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62>
2. (2023, January 12). Cancer Statistics Center. American Cancer Society. Retrieved August 21, 2023, from [American Cancer Society](#)
3. (2022, August 19). Hepatitis B Surveillance 2020. CDC. Retrieved August 21, 2023, from [Hepatitis B Surveillance 2020](#)
4. (2023). March of Dimes. 2023 March of Dimes Report Card. Retrieved January 23, 2024, from [MarchofDimesReportCard-UnitedStates.pdf](#)

Defining underserved communities

Underserved communities include:

- Members of some racial and ethnic communities
- People with disabilities
- Members of the lesbian, gay, bisexual, transgender and queer (LGBTQ+) community
- Individuals with limited English proficiency
- Members of rural communities
- Persons with low income and/or persistent poverty
- People who are immigrants
- People of advanced age
- People with limited digital literacy

U.S. Department of Health and Humana Services. Health Equity in Telehealth. Last accessed August 15, 2023, [Health equity in telehealth | Telehealth.HHS.gov](https://www.hhs.gov/telehealth/equity)

Consequences

Underserved communities often lack equal access to healthcare, leading to consequences that include:

- Higher mortality rates
- Higher rates of disease
- Greater severity of illness
- Higher medical costs
- Lack of access to treatment

Cultural humility





Cultural humility means admitting what we do not know about patients and being willing to learn from their experiences, while also being aware of our own embedded cultural beliefs.

Cultural humility in healthcare looks like self-reflexivity and assessment, appreciation of the patients' expertise in the social and cultural context of their lives, openness to establishing power-balanced relationships with patients, and a lifelong dedication to learning.



Balancing power and privilege means:

- Advocating to address power and privilege within healthcare institutions and doing the individual work needed to overcome them
- Recognizing patients bring valuable insight and knowledge to the equation of their medical care; Multiple studies show there is increased mistrust and unequal treatment in vulnerable communities.
- Realizing medical systems hold scientific knowledge and power, while patients hold power in personal history and preferences along with the cultural context of expressing these



Learn it and live it! Ask questions of your patients that validate their power in their health plan. “What considerations should I keep in mind for you and your family when we are discussing your care?”

1. Bailey, Z. D., Feldman, J. M., & Bassett, M. T., How structural racism works – racist policies as a root cause of U.S. racial health inequities. *New England Journal of Medicine*, 384, 768-773. Feb. 25, 2021. <https://doi.org/10.1056/NEJMms2025396>
2. Office of Health Equity. *Minority health: Racism and health*. Centers for Disease Control and Prevention. Sept. 18, 2023. [Racism and Health | Minority Health | CDC](#)



Institutional accountability means:

- Examining the relationships organizations have with the communities they serve
- Making space for evolving knowledge about a cultural community and developing trusting relationships within the context of their beliefs and values
- Ensuring efforts are a top priority amongst leaders at the organization and understanding cultural humility is an active journey



Learn it, live it! Think about how your specific care site/clinic (and colleagues) can develop a practice of organizational introspection that, in return, will help the clinic environment become more flexible, adaptable, coherent, energized and stable.



Lifelong learning and self-reflection means:

- Continually being curious and open learning from patients, families and communities, which is necessary for growth
- Learning from patients, who are the experts and authorities in their own lives
- Examining one's own bias, beliefs and assumptions, which is critical as we continue our lifelong learning



Learn it, live it! Ask your patients questions that reflect genuine curiosity and show you value their input. “What cultural courtesies can we practice during your visit to ensure you feel respected and heard?”

Benefits of becoming a culturally appropriate healthcare organization

Social Benefits
<ul style="list-style-type: none">• Increases mutual respect and understanding between patient and organization• Increases trust• Promotes inclusion of all community members• Increases community participation and involvement in health issues• Assists patients and families in their care• Promotes patient and family responsibilities for health

Health Benefits
<ul style="list-style-type: none">• Improves patient data collection• Increases preventive care by patients• Reduces care disparities in the patient population• Increases cost savings from a reduction in medical errors, number of treatments and legal costs• Reduces the number of missed medical visits

Business Benefits
<ul style="list-style-type: none">• Incorporates different perspectives, ideas and strategies into the decision-making process• Decreases barriers that slow progress• Moves toward meeting legal and regulatory guidelines• Improves efficiency of care services• Increases the market share of the organization

Source: American Hospital Association, 2013.

Optional Implicit Association Test can be found here: Harvard University. (2023). *Project implicit*. [Project Implicit \(harvard.edu\)](https://projectimplicit.harvard.edu)

Implicit bias



What is implicit bias?

Everyone has bias, even highly skilled medical professionals, and it can unwittingly lead to unequal care. But what is implicit bias and why do we have it?

We tend to think of biases as bad, but that's not always the case. Implicit bias refers to the unconscious mental shortcuts our mind uses to filter the massive amount of information we are bombarded with each day, and healthcare professionals can certainly relate to that.

Thanks to implicit bias, we can make some decisions more effectively. But the danger of implicit bias is that most of us don't recognize we have it, hindering our ability to see details that matter, skewing our perspectives and clouding our judgment.

“Of course, no provider is saying ‘we care less about our patients of color,’” says Rae Chaloult, associate director at the March of Dimes. “But when we’re looking at implicit bias, we’re investigating long-standing false beliefs, the kind of thing you absorb without even realizing it.”

Rae Chaloult, Associate Director at March of Dimes – January 2023

Implicit bias examples

Some examples of how implicit bias plays out in healthcare:

- Non-white patients receive fewer cardiovascular interventions and fewer renal transplants.
- Black women are more likely to die after being diagnosed with breast cancer.
- Non-white patients are less likely to be prescribed pain medications (non-narcotic and narcotic).
- Black men are less likely to receive chemotherapy and radiation therapy for prostate cancer and more likely to have testicle(s) removed.
- Patients of color are more likely to be blamed for being too passive about their healthcare.

1. Maina, I. W., Belton, T. D., Ginzberg, S., Singh, A., & Johnson, T. J., A decade of studying implicit racial/ethnic bias in healthcare providers using the implicit association test. *Social Science & Medicine*, 199, 219-229. February 2018.

2. Project Implicit. Implicit Association Test (IAT). 2011. <https://implicit.harvard.edu/implicit/takeatest.html>

3. Sabin, J. A., Tackling implicit bias in health care. *The New England Journal of Medicine*, 387. 105-107. 2022. <https://doi.org/10.1056/NEJMp2201180>

Displays of bias

Next, let's define some displays of bias:

- Prejudice (feelings): an evaluation or emotion
 - How do you feel about a person? What are your attitudes toward that person?
- Stereotypes (thoughts): a belief that characterizes
 - How do you categorize or “label” someone?
- Discrimination (actions): a behavior that advantages or disadvantages
 - How do you act toward a person?

Example: Stereotyping

Alicia, Bethany and Lin are all working on the analytics report together. They decided to divide and conquer the report to get through it faster and cross-reference later. The group allotted 3 hours to go through the entire report and list their findings.

After about an hour and a half, Lin completed her findings and let the other two know she was going to take an early lunch.

“Wow, I can’t believe Lin finished that report so fast,” Alicia said. Bethany replied, “Well, you know her family is Asian, so...”

Example: Prejudice

Brian is in a meeting with his boss Jamie about an upcoming assignment. The project is a huge undertaking, and Jamie wants Brian to work on it with a member from an adjacent team, José.

“Great,” Brian thinks to himself. “He’s not even from here. I’m going to have to translate and explain everything.”

Examples of implicit bias in healthcare



Race and ethnicity

White patients are more likely to receive better quality care than Black, Indigenous, and People of Color (BIPOC)



Sex and gender

Women with chronic pain are perceived as emotional, hysterical, or sensitive and are often dismissed more than men



Sexual identity

Heterosexual healthcare providers implicitly prefer straight people over lesbian or gay people



Overweight and obesity

Overweight patients are viewed as lacking self-control and may therefore be recommended to lose weight rather than receiving adequate treatment for their condition



Age

Older adults are less likely to be recommended for invasive or aggressive procedures resulting in lower quality of life



Ableism

People with disabilities are viewed as having lower quality of life or being unwell as a result of their disability



What other examples of bias may be prevalent in each of these categories?

Mitigating bias



Debiasing



Stereotype replacement: Identify the response within yourself, evaluate why you felt that way and replace those feelings with neutral/calmer ones.



Counter stereotypic imaging: Replace a negative assumption you have with a positive example.



Individuation: Think of a person individually; don't apply beliefs that may come from biased generalizations of a group.

Debiasing (cont'd.)



Perspective taking: Think about how it would feel if someone assumed something about you based on your looks.



Emotional regulation: Respond appropriately with flexibility in emotions; includes behaviors such as rethinking a challenging situation to reduce anger or anxiety, hiding visible signs of sadness or fear, or focusing on reasons to feel happy or calm.



Meaningful intergroup contact: Make sure everyone in the conversation feels valued and heard.

Debiasing (cont'd.)



Build partnerships: Reframe a patient interaction as one between collaborating equals.



Learn about your patients' cultures: Engage in self-reflexivity and assessment; reflect on patients' expertise on the social and cultural context of their lives.



Understand and check your biases: Cultivate expertise on the social and cultural context of their lives, embrace openness to establishing power-balanced relationships with patients, and commit to a lifelong dedication to learning.

Debiasing (cont'd.)



Do a “teach back:” Check understanding by asking patients to state what they need to know and do before they leave an appointment.



Practice “evidence-based medicine:” Connect clinical decision making to evidence-based research during patient interactions.



Follow national Culturally and Linguistically Appropriate Services (CLAS) standards: This is the blueprint for individuals in healthcare to implement CLAS, which are services that are respectful of and responsive to health beliefs, practices and needs of diverse patients.

Actions you can take



Increase your self-awareness of cultural humility and implicit bias

- Understand your education is your responsibility
- Identify racial inequities and disparities
- Champion anti-racist ideas and policies



Recognize your own privilege as a provider

- Reflect on your personal identity
- Be thoughtful of the group of individuals you associate with regularly, and how those associations shape your beliefs and actions



Prioritize relationship building with each patient

- Listen from a place of cultural humility
- Try to understand the *why* behind a patient's behavior
- Understand the many determinants of health
- During a patient visit, identify ways to establish rapport and connection



Empower colleagues that may report to you

- Create a psychologically safe space for questioning and new thoughts
- Have intentional conversations regarding belonging
- Contribute to your clinic's culture of inclusion
- Respond constructively to differences of opinion

Actions organizations can take



Identify health inequities



Provide education on cultural humility and implicit bias



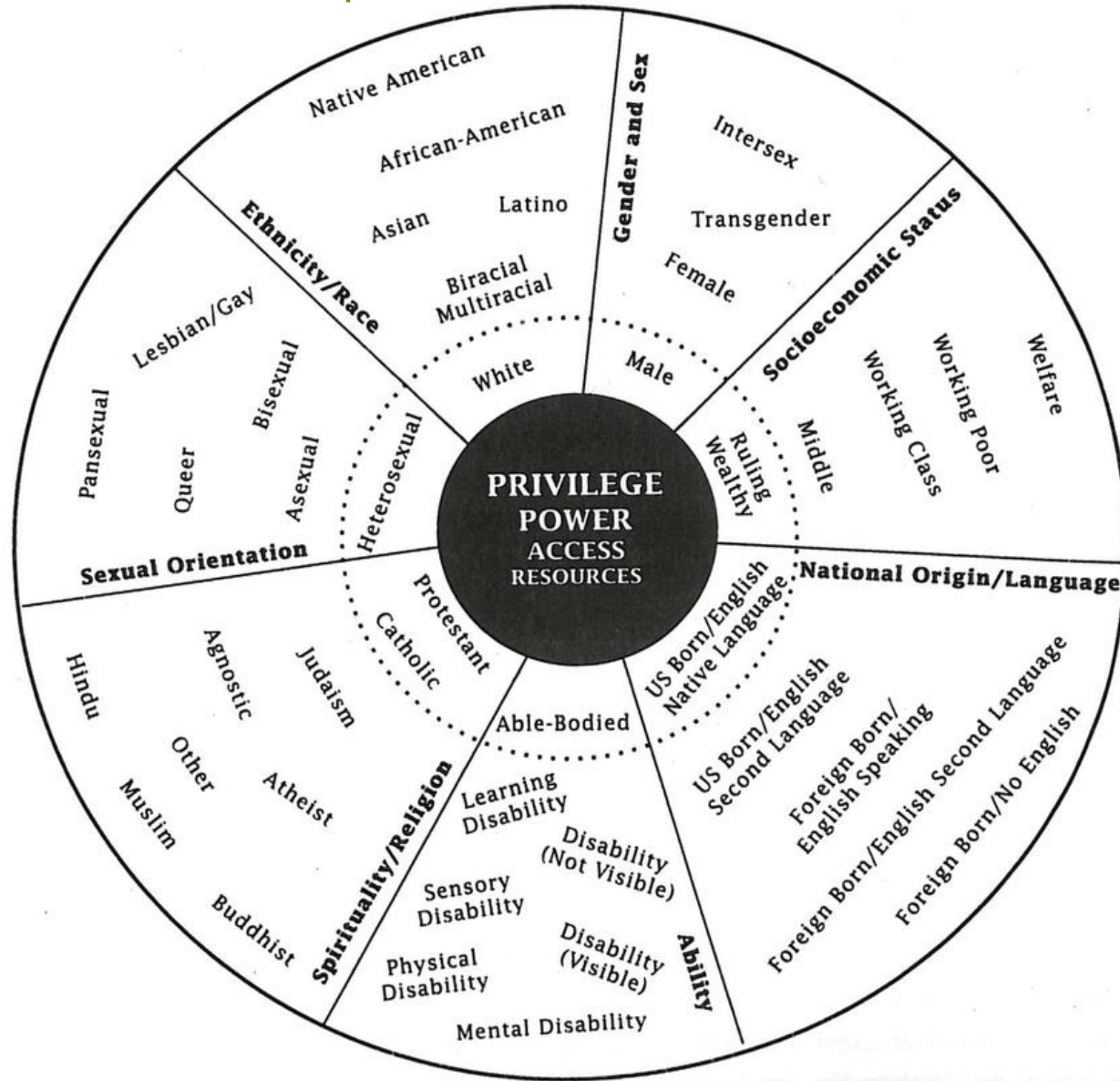
Solicit feedback from employees and patients



Build an inclusive team

-
- Analyze organizational policies for disparate impact
 - Review clinical decision-making criteria and ensure collection of race, ethnicity and language (R.E.A.L.) and sexual orientation and gender identity (SOGI) data
 - Evaluate processes to determine failure modes for marginalized patients
 - Promote and encourage trainings and facilitated discussions that promote a deeper understanding of bias
 - Incorporate discussions on diversity, equity, and inclusion into the workplace
 - Implement regular and anonymous surveys to gain more awareness about opportunities; openly share survey results
 - Promote a culture where leadership seeks feedback and input from others, without fear of retaliation
 - Expand current talent acquisition, hiring and interviewing practices that proactively mitigate against bias
 - Include colleagues with a variety of roles, experience and tenure with the organization, to participate in the hiring and onboarding processes

Privilege, power and resources example



Clear Communication

The foundation of culturally competent care



Limited English proficiency

The Department of Health and Human Services (HHS) identifies individuals with limited English proficiency (LEP) as those who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English.

Patients with LEP may have a difficult time interacting with you effectively in English. Even if your patient speaks English well, they may still struggle to find or understand English words when faced with a traumatic situation.

The quality of communication between you and your patients can impact the quality of care you provide:

- According to the Centers for Medicare & Medicaid Services (CMS), impacts include difficulty getting care and screenings; decreased likelihood of having health coverage or a regular healthcare provider; and decreased likelihood of getting regular care and screenings for blood pressure, breast cancer and cervical cancer. Individuals with LEP also may experience low health literacy and few community support services.
- According to the Agency for Healthcare Research and Quality (AHRQ), additional impacts include decreased medication adherence, diminished patient satisfaction with care, less patient-centered care, negative clinical experiences, increased likelihood of misdiagnosis and health disparities for individuals with LEP.
- Failure to mitigate language barriers can result in misdiagnosis and poor condition management.

1. Centers for Medicare and Medicaid Services. Improving Care for People with Limited English Proficiency. 2023. [cms-2023-omh-lep-infographic.pdf](#)

2. Centers for Medicaid and Medicare Services. Introduction to Language Access Plans. [Limited English Proficiency \(LEP\) | Introduction to Language Access Plans \(cms.gov\)](#)

3. Karliner, Leah S., When Patients and Providers Speak Different Languages. 2018. [When Patients and Providers Speak Different Languages | PSNet \(ahrq.gov\)](#)

4. Office of Civil Rights. Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons. United States Department of Health and Human Services. July 26, 2013. <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-vi/index.html>

Mitigating language barriers through Humana's Language Assistance Program (LAP)

Federal and state nondiscrimination laws, including the Title VI of the Civil Rights Act and Section 504 of the Rehab Act of 1973, require healthcare providers to make interpretation services available to disabled members and members with LEP.

To help you provide these services, Humana is committed to providing free language assistance services for our members. Our language assistance services include:

- Over-the-phone interpretation services in more than 150 languages
- Sign language interpreters in-person or via video remote interpretation (VRI)
- Spanish versions of Humana's public website and member materials
- Text telephone (TTY) services and videophone capabilities
- Alternative formats of member materials, including Braille, audio, accessible PDFs, large print, digital accessible information system (DAISY) or read-over-the-phone

Humana members may request interpretation services or alternative formats of written materials by calling the Humana member service phone number on the back of their Humana ID card. If they need to schedule a sign language interpreter (in-person or through video remote interpretation), they should call **877-320-2233**.

Using the teach-back method to provide culturally competent care

According to AHRQ, 40-80% of the medical information patients are told during office visits is forgotten immediately, and nearly half of the information retained is incorrect. The teach-back method can be used to confirm patients and their caregivers clearly understood and retained the information you provided.

To use the teach-back method:

- Ask your patients to teach you what you just told them. Think about specifically how you will ask your patients to teach back the information, keeping in mind you aren't quizzing the patient.
- If the patient cannot accurately teach back the information you gave them, reexplain until they can, making sure to use different approaches and clear, plain language.
- Teach-back can be used throughout the patient encounter to review portions of information, rather than all information at once at the end of the encounter.

1. Agency for Healthcare Research and Quality. Health Literacy Universal Precautions Toolkit, 2nd Edition. 2020. [Health Literacy Universal Precautions Toolkit, 2nd Edition | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/health-literacy/universal-precautions-toolkit-2nd-edition/)
2. Industry Collaboration Effort. Better Communication, Better Care: Provider Tools to Care for Diverse Populations. 2016. [Better Communication, Better Care - Provider Tools to Care for Diverse Populations.pdf \(iceforhealth.org\)](https://www.iceforhealth.org/better-communication-better-care-provider-tools-to-care-for-diverse-populations.pdf)

Tips for providing culturally competent care

When providing care and interacting with patients, consider:	To improve patient comprehension and comfort:
They may misunderstand how to use prescribed medicine (e.g., putting medicine into their ears instead of their mouths to treat an ear infection).	Use specific, plain language when describing how to use prescribed medicine.
They may get confused about information when presented as percentages or ratios related to risk.	Use qualitative, plain language to describe risks and benefits, avoid using only numbers.
Their expectations may not align with U.S. managed care.	Inform patients they may need follow-up care.
They may be surprised by referrals to visit multiple doctors.	Explain to patients why they may need to be seen by another doctor.
They may be surprised that they require diagnostic testing before a prescription is written.	Emphasize the importance of medication adherence.
They may have different expectations about wait time.	Inform the patient about wait time when they arrive.
They may prefer to be seen and treated by someone of the same gender.	Accommodate patient preferences by offering a doctor or interpreter of the same gender.
They may bring friends or family to help make decisions.	Confirm decision-makers at each visit.

1. Industry Collaboration Effort. Better Communication, Better Care: Provider Tools to Care for Diverse Populations. 2016. [Better Communication, Better Care – Provider Tools to Care for Diverse Populations.PDF \(iceforhealth.org\)](#)
2. Industry Collaboration Effort. Library. [Library \(iceforhealth.org\)](#)

Takeaways and resources



When living out cultural humility

- Ask your patients questions that validate their power in their health plan.
“What considerations should I keep in mind for you and your family when we discuss your care?”
- Think about how your specific care site/clinic (and colleagues) can develop a practice of organizational introspection that helps everyone become more flexible, adaptable, coherent, energized and stable.
- Ask questions of your patients that reflect genuine curiosity and value their input.
“What cultural courtesies can we practice during your visit to ensure you feel respected and heard?”
- Be aware of your implicit bias and be ready to challenge your beliefs.

Key definitions

Bias: a particular tendency, trend, inclination, feeling or opinion, especially one that is preconceived or unreasoned.

Belonging: the intersection between diversity, equity and inclusion.

Cultural humility: involves understanding the complexity of identities—that even in sameness there is difference—and focuses on self-reflection, encouraging ongoing curiosity rather than an endpoint of knowledge.

Cultural identity: the definition of groups or individuals in terms of cultural or subcultural categories (can include race, ethnicity, nationality, language, religion, gender).

Diversity: describes the myriad ways in which people differ, including the psychological, physical and social differences that occur among all individuals, such as race, ethnicity, nationality, socioeconomic status, religion, economic class, education, age, gender, gender identity or expression, sexual orientation, marital status, mental and physical ability, and learning style.

Key definitions (cont'd.)

Equity: ensures individuals are provided the resources and support they need to have access to the same opportunities as the general population. While equity represents impartiality, the distribution is made in such a way to even opportunities for all people, that is, leveling the playing field.

Health equity: the elimination of unjust, avoidable and unnecessary barriers in health and healthcare. These barriers can be based on your background, where you live, the resources you have, or systemic factors like racism and discrimination. This implies everyone should have a fair opportunity to attain their full health potential, and no one should be disadvantaged from achieving it.

Inclusion: a dynamic state of operating in which diversity is leveraged to create a fair, healthy and high-performing organization or community. An inclusive environment ensures equitable access to resources and opportunities for all.

Implicit bias: bias that results from the tendency to process information based on unconscious associations and feelings, even when these are contrary to one's conscious or declared beliefs.

Key definitions (cont'd.)

Prejudice: an unfavorable opinion or feeling formed beforehand or without knowledge, thought or reason.

Racism: a conscious prejudice, discrimination or antagonism directed against a person or people based on their membership of a particular racial or ethnic group and societal power dynamics.

Self-reflexivity: referring to or discussing itself or its own creation.

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