AmeriHealth Caritas Ohio

2026 Cultural Responsiveness Provider Training

2026

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Learning Objectives

- **Apply** cultural and linguistic competency to support respectful, patient-centered, and culturally responsive care.
- **Recognize** how health disparities, systemic inequities, and health-related social needs impact access, engagement, and outcomes.
- **Identify** and mitigate personal and structural biases, including othering, that affect care delivery and decision-making.
- **Use** accessibility, accommodations, and language assistance services to ensure effective communication for patients with disabilities, individuals who use augmentative and alternative communication, and Limited English proficiency (LEP).
- **Understand** the role of Race, Ethnicity, and Language (REL) data in advancing quality improvement, language access, and health equity.

Why This Training Matters

High-quality clinical care is contingent upon more than medical proficiency alone. Patient outcomes are influenced by their ability to comprehend treatment plans, access necessary services, and experience respect within the healthcare system.

- The effectiveness and safety of patient care are determined not solely by clinical skill, but also by patients' capacity to understand their care, navigate available resources, and articulate their needs.
- Health disparities, social determinants, language barriers, and accessibility for individuals with disabilities all have a direct effect on adherence, trust, and gaps in preventable care.
- Cultural responsiveness represents a continuous process in clinical practice that enhances communication, fosters trust, and advances patient-centered care.

Cultural Responsiveness In Practice

This training addresses cultural responsiveness, health disparities, social determinants of health (SDOH), health-related social needs (HRSN), language access, and disability access, as these elements significantly influence patient safety, adherence, trust, and outcomes. Patients enter clinical settings with diverse experiences, communication preferences, and obstacles. If these factors are not properly identified, even well-intentioned care may fall short.

Delivering culturally responsive and equitable care enables clinicians to:

- Communicate more effectively
- Minimize misunderstandings and preventable gaps in care
- Foster trust among diverse patient groups
- Provide truly patient-centered care

This approach should be viewed not as a checklist or a singular requirement, but as an ongoing clinical practice that enhances the quality and equity of care for all patients.

Core Terms and Definitions

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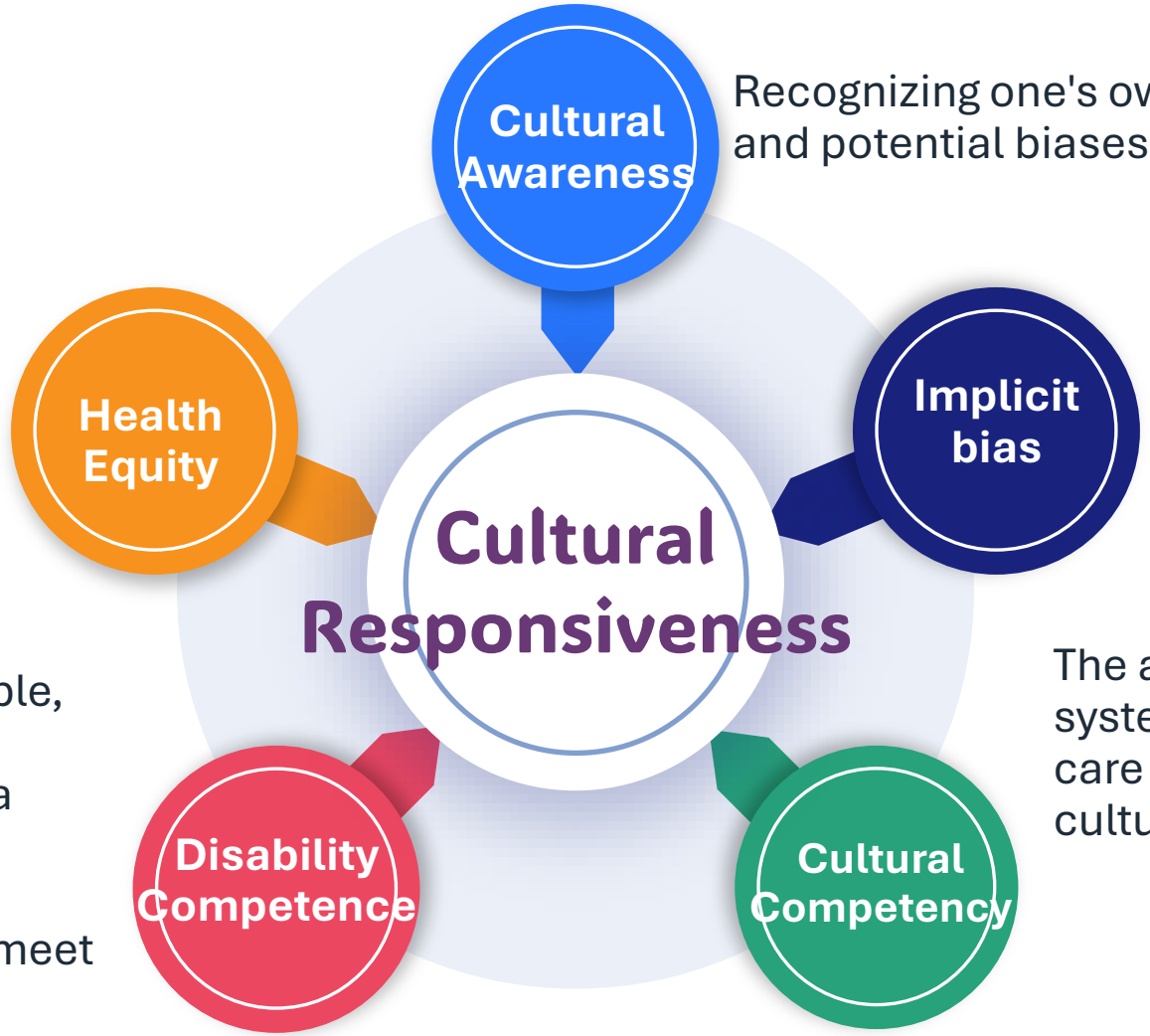
What Is Cultural Responsiveness?

Cultural responsiveness describes the capacity of individuals and organizations to engage respectfully and effectively with people from diverse racial and cultural backgrounds, abilities, economic statuses, sexual orientations, and religious traditions. It involves acknowledging, valuing, and honoring the unique contributions of individuals, families, and communities throughout the care process.

To be culturally responsive, one must practice self-awareness by examining one's own beliefs, values, and possible biases, and remain open to learning from others.

This continuous effort fosters respectful communication, establishes trust, and ensures patient-centered care that reflects the needs, preferences, and lived experiences of those served.

Core Terms — Example of frequently used terms



Recognizing one's own cultural identity, values, and potential biases.

Unconscious attitudes or stereotypes that can influence understanding, actions, and decisions.

The fair and just opportunity for everyone to achieve their highest level of health.

The ability of providers and systems to effectively deliver care that meets patients' social, cultural, and linguistic needs.

The ability to provide equitable, accessible care by understanding disability as a dimension of diversity and ensuring communication environments and services meet the needs of people with disabilities.

What Is Language Access?

Language access allows all patients to communicate, comprehend, and actively participate in their care, regardless of the language they use.

It includes a clear, effective exchange of information, both verbally and in writing.

It involves connecting successfully with people who:

- Have limited LEP and health literacy
- Prefer using their own language
- Live with disabilities
- Are deaf or hard of hearing
- Are blind or visually impaired

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Spoken Language and Written Language

Spoken Language

Refers to the language a patient prefers to use when speaking about their healthcare

May differ from the patient's written language preference

Requires appropriate interpretation services when needed.

Written Language

Refers to the language a patient prefers for reading and understanding written healthcare materials

Supports comprehension of forms, instructions, care plans, and notices

May require translated or alternative-format materials.

Source: www.nccc.georgetown.edu/resources/language

Health Disparities

Health disparities are preventable differences in health outcomes and access to care that are closely linked to social, economic, environmental, and systemic inequities affecting certain populations more than others.

Health disparities refer to unfair variations in health outcomes and access to healthcare among different groups

Health disparities are primarily caused by systemic, social, economic, and environmental influences, rather than individual patient decisions

Recognizing health disparities enables healthcare providers to deliver care that is more equitable, effective, and tailored to each patient's unique needs

Disability and Accessibility

Disability can encompass physical, sensory, cognitive, or mental health conditions, all of which may influence how individuals' access and interact with healthcare services.

Providing **accessible** care means ensuring that patients receive information, services, and support in formats that are understandable and usable to them, utilizing necessary accommodations and auxiliary aids as appropriate.

Culturally and Linguistically Appropriate Services (CLAS) consist of 15 national standards established by the U.S. Health and Human Services Office of Minority Health

CLAS standards focus on enhancing culturally responsive care, preferred languages, and health literacy.

CLAS Standards

Deliver Respectful, Equitable Care

- Provide care that respects patients' cultural beliefs, values, and communication needs.
- Adapt care to meet patients where they are—not just clinically, but socially and linguistically.

Leadership and Workforce Matter

- Health equity is an organizational priority, not an add-on.
- Teams should reflect the communities served.
- Providers and staff receive ongoing training in cultural responsiveness.

Communication and Language Access

- Offer professional interpreters at no cost when needed.
- Clearly let patients know language help is available.
- Use qualified interpreters—not family members or untrained staff.
- Share written and digital materials in plain language and preferred languages.

Listen, Learn, and Improve

- Collect REL and other demographic data.
- Use data to identify and reduce disparities.
- Partner with communities to improve care.
- Provide clear, accessible ways for patients to share concerns.
- Be transparent about progress toward equity goals.

“How AmeriHealth Caritas Ohio Supports You in Delivering CLAS”

AmeriHealth Caritas Ohio supports CLAS by:

- Annual cultural responsiveness training
- Providing telephonic, video, and face-to-face interpretation services, at no cost, to any of our AmeriHealth Caritas Ohio members through Language Services Associates (LSA)
- Offering no-cost translation services
- Integrating a dedicated health equity and CLAS focus across all care interventions
- Collecting and stratifying demographic, REL, Geographic, and SDOH/HRSN data
- Forming community partnerships and engaging members through advisory committees
- Language and cultural competency information in provider directories
- Health literacy and plain language resources
- Culturally responsive resources and toolkits (Reducing Disparities in the Management of Hypertension in African American Patients)

CLAS Resources

For help serving members with limited English knowledge, low literacy proficiency, or sensory impairments, contact Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week.

Cultural competency training and no-cost CME-accredited classes can be found on our website.

The goal of our cultural competency program is to ensure that all ACOH members can access quality healthcare services.

Key Takeaways

- ✓ Cultural responsiveness requires ongoing self-awareness, humility, and respect for diverse backgrounds and experiences.
- ✓ Language access and effective communication are patient safety and civil rights essentials, not optional accommodations.
- ✓ CLAS standards and disability competence provide frameworks to reduce health disparities and deliver equitable care.

Understanding Your Patient Population

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The Value of Collecting REL Information

Collecting REL data is foundational to delivering culturally responsive care and addressing health disparities across diverse patient populations.

For patients, REL information helps ensure equitable, patient-centered care by:

- Supporting access to language assistance and culturally appropriate materials
- Ensuring respectful, understandable communication
- Improving patient engagement, trust, and care experiences

For providers and health plans, REL information helps to:

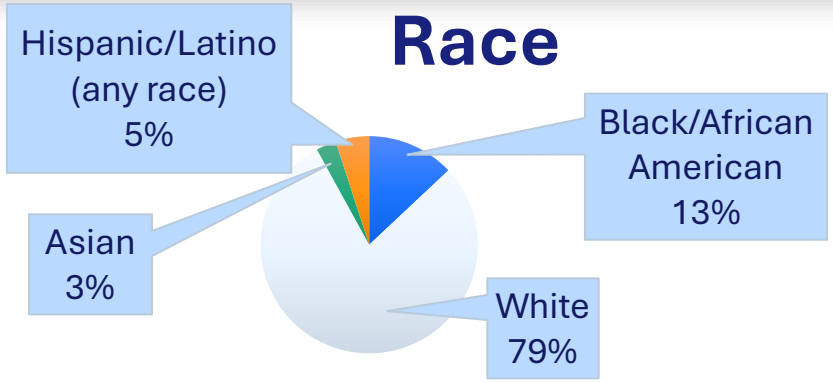
- Monitor quality indicators and identify health disparities across populations
- Understand community demographics and service needs
- Drive data-driven quality improvement and health equity efforts

REL information supports effective communication, tailored care, and health equity for diverse patient populations.

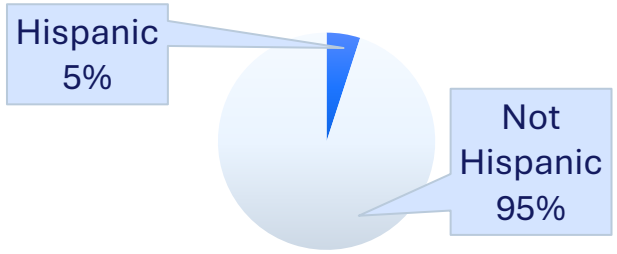
Ohio Population

Statewide demographic data provide general contest only. Individual and cultural, linguistic, and accessibility needs may vary and should be assessed case-by case.

Race



Ethnicity



Top Five Languages
Spanish
Chinese
Arabic
German
Russian

Threshold Language

Threshold languages are non-English languages spoken by at least 5% of the service area's population or 1,000 members or patients, whichever is fewer.

Understanding Health Disparities in Patient Care

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Health Disparity Factors

Health disparities are often connected to experiences of discrimination or exclusion

Individual & Social Factors	Community & Environmental Factors	Systemic & Structural Factors

• Age
• Disability status
• Language preference
• Race and ethnicity
• Sexual orientation and gender
	• Geographic location
	• SDoH
	• Economic stability
	  • Neighborhood and physical environment
	  • Education access and quality
	  • healthcare access and quality
	  • Social and community context
		• Structural discrimination
		• Poverty and low income
		• Restricted access to high-quality healthcare services

These factors often intersect and compound one another, shaping patients' experiences and outcomes across the healthcare system.

Case Study: Anna

A 58-year-old patient with diabetes and hypertension is hospitalized for severe hyperglycemia for the third time this year. She prefers care in Spanish, has limited access to healthy food and dependable transportation, and has difficulty attending follow-up visits because she is paid hourly.

Her diabetes instructions were available only in English, interpretation was inconsistent, and missed appointments were recorded as “noncompliance.”

Her condition worsened because she misunderstood the treatment plan and had limited access to primary care.

Anna’s case study demonstrates how health outcomes are shaped by the intersection of language access, community conditions, and system-level barriers — not just clinical decision-making.

Case Study: Anna

Outcomes when appropriate language services are provided:

- **Improved** clinical control: With qualified medical interpreters and Spanish-language materials, the patient better understands the treatment plan, supporting improved glycemic control.
- **Fewe**r readmissions: Clear, culturally and linguistically appropriate discharge planning helps prevent avoidable hospitalizations.
- **More accurate** documentation: Challenges are documented as communication and access barriers rather than non-compliance.
- **Stronger engagement**: Trust and follow-up adherence improve when support includes language services, transportation, and flexible scheduling.

Culturally Responsive Provider Actions

Use	Professional interpreters consistently and provide written instructions in the patient's preferred language
Confirm	Understanding with *teach-back technique*
Use	Plain language
Assess	Barriers before labeling "non-compliant," including work schedule, transportation, and food access
Screen	For key social conditions
Adapt/coordinate	Care through simplified regimens, flexible follow-ups, and referrals to care management or community resources

Recognizing Health Disparities in Practice

Health disparities show up in everyday clinical care

Providers can help reduce disparities by:

- Recognizing how social, structural, and environmental factors may affect patients' ability to access care
- Avoiding assumptions about patients' behaviors, preferences, or engagement
- Communicating in ways that are respectful, clear, and culturally responsive
- Using language assistance services and accessible resources when needed
- Connecting patients to supports that address health-related social needs when appropriate.

Practical Tips for Culturally Responsive Care

Communication

- Ensure patients understand the information being shared and feel heard when expressing concerns
- Use clear, plain language and check for understanding throughout the conversation
- Respect patients' cultural and linguistic needs by utilizing interpretation services when appropriate.

Active Listening

- Focus on the patient and minimize distractions during the conversation
- Allow silence and avoid interrupting — give patients space to share at their own pace
- Use supportive body language and avoid judgments or assumptions.

Building Trust

- Create a respectful, nonjudgmental environment where patients feel safe sharing concerns
- Recognize that trust is especially important for populations who have historically experienced discrimination in healthcare
- Continuously build your cultural awareness and show respect for individuals to strengthen the patient-provider relationship.

While culturally responsive care strengthens individual interactions, broader systemic and structural factors also influence patient experiences and outcomes.

Key Takeaways

- ✓ REL information supports effective communication, tailored care, and health equity for diverse patient populations.
- ✓ Culturally responsive care builds trust by honoring each person's experience through respectful communication, active listening, and compassionate understanding.
- ✓ Providers can help reduce disparities by recognizing barriers to care, avoiding assumptions, using accessible communication resources, and connecting patients to appropriate support services SDoH.

Systemic Factors That Shape Patient Care

Bias (Implicit & Explicit)

Implicit (Unconscious) Bias	Explicit Bias
Implicit bias refers to attitudes or stereotypes that operate outside of conscious awareness. These biases can unintentionally influence decision-making, communication, and perceptions of patients.	Explicit bias involves conscious beliefs or attitudes about a person or group and may result in deliberate actions or behaviors.

Everyone has biases. Recognizing them is a critical step toward equitable, respectful care.

Overcoming Bias in Care

Recognize

- Everyone carries implicit and explicit biases that can influence clinical decisions and communication.
- Othering creates an “us vs. them” mindset that leads to assumptions about patients’ values, behaviors, or health perspectives.
- Pause and reflect before making assumptions — awareness is the first step toward equitable care.

Respond

- Listen actively to patients’ concerns and lived experiences without judgment.
- Use respectful, person-first language and ask open-ended questions to understand patient priorities.
- Use interpreter and accessibility services to bridge language and communication barriers.

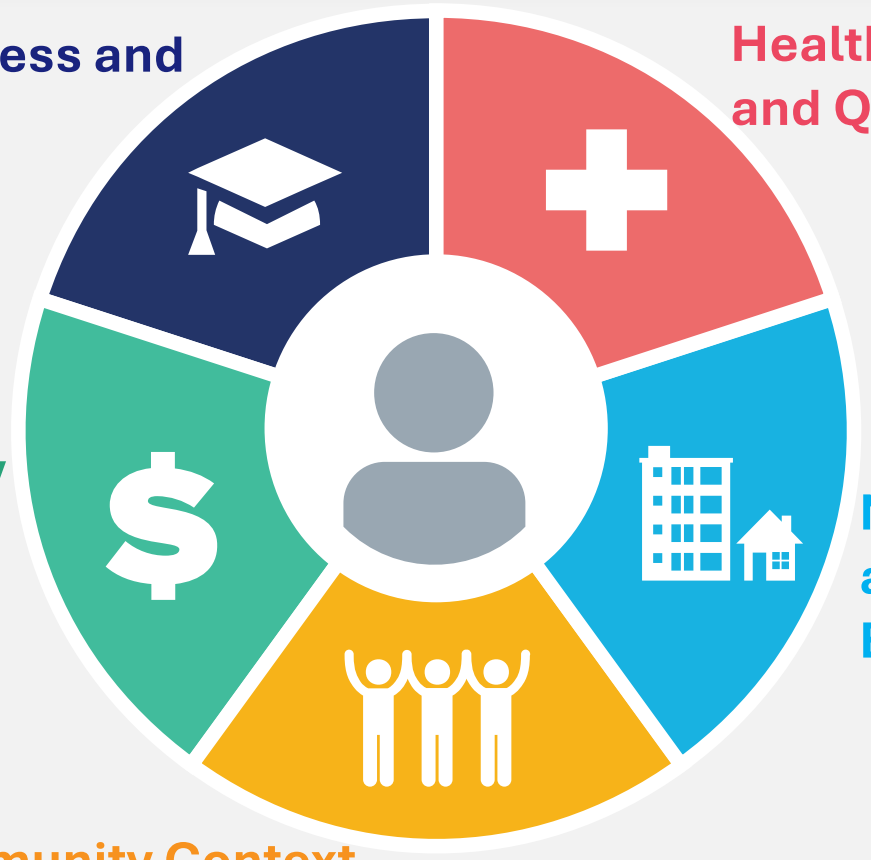
Sustain

- Engage patients as partners in shared decision-making to counter power imbalances.
- Commit to ongoing self-reflection and cultural competence training to identify and address blind spots.
- Recognize that reducing bias is especially critical for populations who have historically faced discrimination in healthcare.

Key Domains of Health-Related Social Needs (HRSN)

HRSN is often referred to as SDOH

HRSNs are non-medical factors that influence a patient's ability to access care, engage in treatment, and achieve positive health outcomes.



Five HRSN Domains That Shape Patient Health

Economic Stability

Influences access to care, ability to prioritize health needs, and long-term outcomes. Includes employment, food security, income, housing stability, and poverty.

Neighborhood & Environment

Housing instability, environmental exposures, and unsafe conditions can worsen chronic illness, increase stress, and create barriers to consistent, preventive care.

Education Access & Quality

Education shapes health literacy, care navigation, and a patient's ability to understand and follow treatment plans. Lower educational attainment is linked to poorer health outcomes.

Healthcare Access & Quality

Transportation, provider shortages, limited broadband, and lack of culturally responsive care can delay treatment, reduce follow-up, and damage patient engagement.

Social & Community Connection

Supportive relationships within communities and with providers play a critical role in emotional well-being, physical health, and long-term health outcomes.

Supporting Health When Social Needs Create Barriers

Case Study: Mr. Thompson

Mr. Thompson is a 45-year-old patient with asthma and hypertension who frequently visits urgent care for shortness of breath. His medications are appropriate, but his symptoms remain poorly controlled despite repeated treatment adjustments.

Social & Environmental Context

During a routine visit, screening reveals that Mr. Thompson is experiencing housing instability and is currently staying in a crowded apartment with mold and poor ventilation. He works a physically demanding job with no paid sick leave, making it difficult to attend follow-up appointments. He also reports difficulty understanding written instructions and occasionally skips medications to save money for food.

Outcome

With improved understanding, stable access to medications, and connections to community resources, Mr. Thompson's asthma exacerbations decrease, and his urgent care visits drop.

Culturally Responsive Provider Actions

Key Learning for Providers

Clinical care alone cannot overcome poor health outcomes when economic stability, housing conditions, health literacy, and access barriers are unaddressed. Small, consistent actions by providers can meaningfully improve health.

- ❑ Use plain language and the teach-back technique to review the care plan.
- ❑ Screen for food insecurity and housing instability.
- ❑ Refer Mr. Thompson to care coordination for housing support and benefits enrollment.
- ❑ Prescribe cost-effective medications and synchronize refills.
- ❑ Schedule follow-up using flexible visit options (telehealth/extended hours).

What Providers Can Do

HRSN Domain	Provider Action
Economic Stability	Screen for food insecurity, housing instability, and financial stress. Connect patients with community resources, benefits enrollment, and care coordination support.
Neighborhood & Environment	Ask about housing conditions, safety concerns, and environmental exposures. Factor neighborhood context into care plans and consider barriers to medication access and follow-up.
Education Access & Quality	Assess health literacy without assumptions. Use plain language, teach-back methods, and visual aids. Tailor education materials to the patient's level of understanding.
Healthcare Access & Quality	Identify transportation, broadband, and provider access barriers. Offer telehealth options, connect to interpreter services, and coordinate referrals proactively.
Social & Community Connection	Ask about social isolation and support systems. Refer to community programs, peer support groups, and local organizations that foster connection and well-being.

Key Takeaways

- ✓ Reducing bias in clinical care requires self-awareness, effective communication, and ongoing education. Prioritizing equity—especially for populations historically impacted by discrimination—helps ensure all patients receive fair and respectful treatment and fosters trust and better health outcomes.
- ✓ Providers play a crucial role in addressing health-related social needs—factors outside of medical care that significantly affect patient access, engagement, and health outcomes. Focusing on the main need helps ensure patients receive equitable care and improve overall well-being.

Accessibility, Accommodations, and Auxiliary Aids in Patient Care

Supporting patients through physical accommodations, auxiliary aids, and services

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Health Disparities for People With Disabilities

Individuals with disabilities...

- are twice as likely to encounter healthcare providers whose skills and facilities do not meet their needs
- are three times more likely to be denied healthcare
- may face financial barriers to care, with 50% unable to afford healthcare and out-of-pocket costs potentially driving families into poverty.
- face poor treatment in the healthcare system at a rate four times higher than others
- face a 50% higher risk of incurring catastrophic health expenses

Using Auxiliary Aids and Services in Patient Care

To support effective communication and accessible care, providers are encouraged to share information with AmeriHealth Caritas Ohio about the auxiliary aids and accommodations available at their practice site.

Examples of auxiliary aids and accessibility options may include:

- Closed captioning for telemedicine platforms or apps
- Alternative formats for written materials (plain language, large print, Braille, audio, picture formats)
- Magnifiers or digital magnification functionality
- Picture schedules and social stories
- Qualified readers (in person or via video remote services)
- Communication Access Realtime Translation (CART)
- Assistive listening devices (e.g., hearing loops, amplifiers, speech-to-text apps, captioning tools)
- Clear masks to support lip-reading
- Signature guides.

Case Study: Jordan

Jordan is a 34-year-old patient with a mobility disability who uses a wheelchair and presents for a routine primary care visit to address worsening fatigue and abdominal pain. This is Jordan's first visit to your practice.

Encounter Challenges

When Jordan arrives, the exam room assigned is too small to accommodate the wheelchair, and the exam table is not height-adjustable. Vital signs are taken while Jordan remains seated, but no alternative plan is discussed for a full physical exam. During the visit, the provider speaks primarily to the accompanying support person and attributes Jordan's fatigue to the disability without exploring other causes. Jordan later shares that past healthcare experiences have felt rushed and dismissive, leading to delays in seeking care.

Outcome

Further evaluation reveals an underlying iron-deficiency anemia unrelated to Jordan's disability. With appropriate treatment and a more accessible care environment, Jordan's symptoms improve and trust in the healthcare team increases.

Demonstrating Disability Competency

Schedule	Ask	Use	Conduct	Record
an accessible exam room with adjustable equipment	about communication preferences and accommodations	person-centered language without assumptions about quality of life	a full clinical assessment rather than blaming symptoms on disability	accommodation needs clearly for future visits

Actions to Support Accessible Care

Accessible care is supported when providers are equipped with training, tools, and clear processes to respond to patients' communication and accommodation needs.

Focus Area	How Providers Are Supported
Training & Education	Ongoing education on accessible communication, accommodations, and use of auxiliary aids and services.
Clear Processes	Establish protocols for identifying, documenting, and responding to accommodation and communication needs.
Care Team Collaboration	Partner with care teams, specialists, and community resources to support patient access.
Patient Partnership	Involve patients in identifying effective accommodations and communication preferences.
Data & Coordination	Share information about available auxiliary aids and accessibility options to support continuity of care.

Key Takeaways

- ✓ Providers help ensure clear communication and access to care by using auxiliary aids and services as needed. Sharing this information makes it easier to match patients with practices suited to their accessibility and communication needs.
- ✓ Providers demonstrate disability competency by ensuring accessible exam rooms, respecting patient communication preferences, using person-centered language, conducting thorough assessments that avoid assumptions, and clearly documenting accommodation needs for future visits.

Language Services in Patient Care

Supporting effective communication for patients with limited English proficiency and communication needs

Interpretation and Translation Services

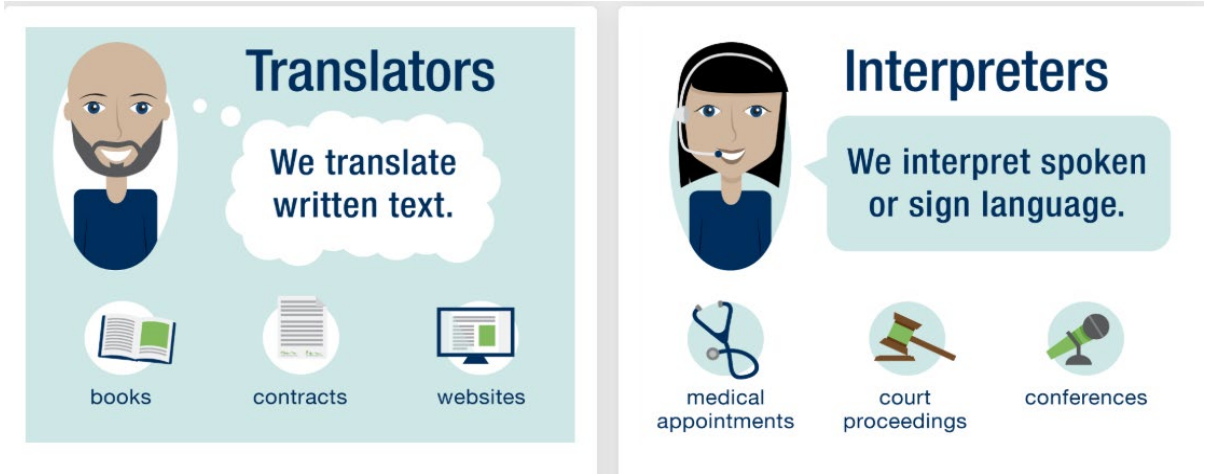
Language services help patients understand information, participate in care decisions, and receive equitable, patient-centered care.

Interpretation Services (spoken communication)

- Video interpretation
- Telephonic interpretation
- On-site interpretation
- American Sign Language (ASL)

Translation Services (written communication)

- Member materials
- Letters and notices
- Forms and written instructions



Interpretation and translation services should be used whenever a language barrier may affect a patient's ability to understand or communicate during care.

Provider Responsibilities

Why Language Services Matter

Training on language services helps providers deliver safe, equitable, and patient-centered care. Through this training, providers have learned:

- The difference between interpretation (spoken communication) and translation (written communication)
- When and how to use qualified language services to support patient understanding, safety, and engagement
- Provider responsibilities for ensuring effective communication as a critical component of culturally appropriate care

How to Access Services

Providers who receive federal financial assistance through Medicaid are responsible for ensuring effective communication and access to language services for their patients.

- Use qualified interpreters and appropriate language services — family members or untrained individuals should not be used to interpret, except in limited emergency situations.
- If you are unable to arrange services directly, contact AmeriHealth Caritas Ohio Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, for assistance locating a professional interpreter.

Please take a moment to complete the training attestation to confirm your participation.

AmeriHealth Caritas Ohio

Thank you for completing AmeriHealth Caritas Ohio's Cultural Responsiveness Training

2026

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