HiAP DEFINITION: Health in All Policies (HiAP) a collaborative methodology that teaches health-focused policymaking, protocol development and implementation to entities (including those from non-health specific sectors) while ensuring lasting operational change.

SDoH DEFINITION: Social Determinants of Health (SDoH) are economic and social conditions that can positively or negatively influence health status or outcomes. These conditions fall within 6 categories: Economic Stability; Neighborhood and physical Environment; Education; Food; Community and Social Context’ Health Care System

CULTURAL HUMILITY (i.e. concept) DEFINITION: The ability to maintain a personal stance that is other-oriented when regarding a person’s cultural identity.

CULTURAL COMPETENCY (i.e. tool) DEFINITION: Cultural humility is achieved through on-going processes - not an endpoint; involves trainings designed to realigning power imbalances. You develop Professional-level empathy that must be routinely adjusted to maintain cultural humility.

Cultural Competency addresses
- Implicit Bias; concept raised by Professor Patricia Devine a professor of psychology at the University of Wisconsin–Madison, that bias is a learned habit; a reversible condition
  https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5720145/#!po=55.2632

- Stigma; it recognizes/validates concept of “Internalized Oppression” – which is a psychological trauma that arises when person from a stigmatized group believes negative stigmas
NOMHE Suggestions (as CFS Revises its Action Plan)
Develop Actionable Goals Purposed to Overcome STIGMA

- **(SUGGESTED GOAL) Implicit Bias Testing**
  Example: UNR Medical School’s Implicit Relational Assessment Procedure (IRAP)

  Once tested, important to REVERSE findings. Patricia Devine method is a proven, effective cultural competency tool; state approved trainers pending (see final suggestion*).

- **(SUGGESTED GOAL) Introductory-Level CLAS Training**
  Example:  [https://thinkculturalhealth.hhs.gov/education](https://thinkculturalhealth.hhs.gov/education)

  Culturally and Linguistically Appropriate Standard (CLAS) Training is designed for health care sector. The most generic option is the “Health Care Administrators & Providers” choice. Its concepts are often transferable to entities working with the public in capacities that impact health outcomes.

- **(SUGGESTED GOAL) Intersectional Outreach, Advocacy and Collaboration**
  Example:  Partner with agencies receiving Ryan White funding from DHHS – Division of Public & Behavioral Health to address CFS Action Plan Goal #2

  NV Office of HIV/AIDS noted care gaps / unmet needs experienced by Person Living with HIV/AIDS come in the form of nutritional instruction and general food assistance.

- **(SUGGESTED GOAL) Proactive Trust Building AND Non-Reciprocal Outreach**
  Example:  Replace fear with familiarity

  Cultivate and empower grassroots movements; voluntarily offer to support non-traditional, community-level activities; proactively seek out and support SDoH-type organizations.

- **(SUGGESTED GOAL) Cultural Competency Training**
  Example:  Engage state recognized trainers for agency wide cultural competency training*

  As a result of SB 364 (i.e. personnel seeking licensure renewal) and SB 370 (i.e. facility standards, Electronic Medical Record management), health care facilities and individual employees requiring a state-issued license will have to go through cultural competency training. Regulations are being finalized and vendors will apply to become state-recognized trainers.