

Steve Sisolak
Governor



Richard Whitley, MS
Director

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

Development of a Cultural Competency Training

Guide for health facilities to meet Nevada's requirements

Cultural Competency Training, required of health facility staff by NRS 449.103, must work in conjunction with NRS 449.101, which holds that a facility shall not discriminate in the admission of, or the provision of services to, a patient or resident based on the actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or Human Immunodeficiency Virus (HIV) status of the patient or resident or any person with whom the patient or resident associates. As such, for a training to meet approval, it must place the emphasis on the patient/provider relationship. Ultimately, the desired outcome of the training is to ensure each facility's ability to provide patient/resident interactions that meet the needs of the individual, resulting in a better patient/resident outcomes.

There are multiple sources that encapsulate each individual element on this Cultural Competency Training development checklist; however, compared to other jurisdictions and programs, Nevada's statute is much more inclusive of diverse patient/resident populations. For example, there are trainings available that are about diversity, equity, and inclusion (DEI) that provide very good content about eliminating racial hurdles in employment but do nothing to create understanding of patient/provider interaction. Everything in Nevada statutes and regulations regarding this training is about patient non-discrimination, thus the course material must reflect this.

When pulling together information from multiple sources, health facilities must keep in mind that some patients experience their life through different prisms, so it's important to weave the specific required statutory/regulatory elements together in a manner that recognizes how discrimination can magnify barriers and bring harm to a patient/resident.



Required Elements for Cultural Competency Training Approval

- Cultural Competency Overview
 - Explain how cultural competency is a set of congruent behaviors, attitudes and policies that:
 - come together within a **system** or **agency**, or among **professionals**; and
 - foster improved effectiveness in cross-cultural situations. A patient’s cultural identity has significant impact on perceptions of health and illness, beliefs about health and illness, approaches to health promotion, how illness and pain are expressed, where and how to seek help, treatment preferences, and trust in health care systems.
- Implicit Bias
 - Provide health facility staff with the understanding of implicit bias and how it affects their behavior and attitudes in every type of personal interaction. It is difficult for people to acknowledge that their own personal biases and stereotypes lead to bias against others. If you aren’t aware of the stereotypes in which you believe, you can’t overcome them.
- Indirect Discrimination
 - Explain how “equality” can sometimes lead to indirect discrimination and provide tools on how to avoid making assumptions that can lead to indirect discrimination. Indirect discrimination often operates under the guise of legitimacy and fairness, which is why it is so important to carry out policy, procedure or rule impact assessments on all the protected characteristics when creating and reviewing policies, procedures or rules. Examples of indirect discrimination *may* include:
 - Providing generic toiletries that may not be suitable for particular racial skin and hair types could constitute indirect discrimination for those with curly or coily-type hair.
 - Having a policy where all female and male patients must be given care by someone of the same gender – some people may prefer certain caregivers of the opposite gender or transgender people may want to be seen by the gender with which they identify.
 - Serving lunch at a certain time each day without flexibility may not be accommodating of people who are fasting as part of their religious beliefs.
- Social Determinants of Health
 - Describe how conditions in the environments where people are born, live, learn, work, play, worship, and age affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- Assumptions and Myths
 - What assumptions — even well-meaning ones — do I have that might lead to misunderstandings or stereotyping? Debunk common myths about marginalized people.
- Gender, Race and Ethnicity
 - Describe and provide scenarios that highlight how health care providers often differentiate care provided to patients due to perception of gender roles, race, and/or ethnicity or ethnic origin. Provide examples of overcoming perception to provide the best possible health care needed.

- Religion
 - Explain how religion and spirituality may have an impact on appropriate treatment for patients, and how the patient’s beliefs are an integral part of their health care considerations, including acceptance of non-Western types of remedies. Include dietary considerations and provision of a safe place from proselytizing.
- Sexual Orientation and Gender Identity or Expression
 - Explain how everyone has a sexual orientation and a gender identity and define the difference between them. Provide examples of appropriate interactions in health care settings. Provide scenarios about interacting with gender-diverse patients and interactions/forms etc. for family with same-sex parents.
- Mental and Physical Disabilities
 - Discuss how persons with mental disabilities can suffer when “institutionalized” and provide examples of how to apply inclusive communication techniques in their care. Examine the concept of “ableism” and how to best interact with people that have different types of physical disabilities.
- Barriers to Care
 - Examine social, physical and systemic barriers to health care that people of marginalized status experience. Provide solutions to remove or reduce those barriers.
- Discriminatory Language and Behaviors
 - Consider how discriminatory language and behaviors can manifest in systems and barriers that keep marginalized people from getting appropriate health care. Explore the concept of micro-aggressions and how being the subject of such behavior leads to poor health outcomes.
- Best Practices
 - From various gender, racial, and ethnic backgrounds
 - From various religious backgrounds
 - Lesbian, gay, bisexual, transgender, and questioning persons
 - Children and senior citizens
 - Persons with a mental or physical disability
 - Part of any other population that such an agent or employee may need to better understand
- Welcoming and Safe Environments
 - Discuss the perspective of how a marginalized person or family sees a facility. Does it look accepting of people of color? Of different genders? Of different ages or religions? Does the facility have ease of access to those with physical disabilities? Are forms available in large print for those that have issues with their vision? Are gender-neutral bathrooms available and easily identified? Provide examples of inclusive design, communication (including marketing material) and forms.

*For more information and to submit your facility’s training,
visit dpbh.nv.gov/culturalcompetency.*