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State of Nevada
Department of Health and
Human Services

Why Do I Need Cultural Awareness Training?

Division of Public and Behavioral Health

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Frequently Asked Questions

- Why do we need Cultural Competency Training?
 - Marginalized groups experience barriers to access health care and historically have suffered from poor health outcomes.
- Does this apply to PCA's?
 - Yes. Personal Care Agencies are defined as a facility for the dependent under NRS 449.0045.



NRS 449 Health Care Facility Licensing Chapter

- **NRS 449.101**
 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information; construction of section. [Effective January 1, 2020.]
- **NRS 449.102**
 - Duties of licensed facility to protect privacy of patient or resident. [Effective January 1, 2020.]
- **NRS 449.103**
 - Regulations requiring training relating specifically to cultural competency for any agent or employee of a facility.
- **NRS 449.104**
 - Regulations to ensure patients or residents are identified in accordance with their gender identity or expression. [Effective January 1, 2020.]



NRS 449.103 Regulations requiring training relating specifically to cultural competency for any agent or employee of a facility.

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1. To enable an agent or employee of a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed who provides care to a patient or resident of the facility to more effectively treat patients or care for residents, as applicable, the Board shall, by regulation, require such a facility to conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that such an agent or employee may better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who are:

- (a) From various gender, racial and ethnic backgrounds;
- (b) From various religious backgrounds;
- (c) Lesbian, gay, bisexual, transgender and questioning persons;
- (d) Children and senior citizens;
- (e) Persons with a mental or physical disability; and
- (f) Part of any other population that such an agent or employee may need to better understand, as determined by the Board.

2. The training relating specifically to cultural competency conducted by a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed pursuant to subsection 1 must be provided through a course or program that is approved by the Department of Health and Human Services.



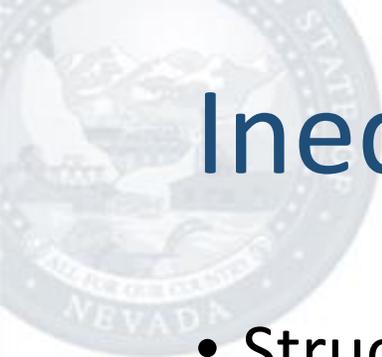
Provide Cultural Awareness Training

- Mandates Approved Training to Provide Your Facility the Best Chance of Avoiding Complaints
- Training must cover any marginalized group that can be expected to be served by your facility

Mandated Coverage

- Cultural Competency Overview
- Implicit Bias
- Indirect Discrimination
- Assumptions and Myths
- Gender, race and ethnicity
- Religion
- Sexual Orientation and Gender Identities or Expression
- Mental and physical disabilities
- 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; and
 - Part of any other population that such an agent or employee may need to better understand, as determined by the Board.
- Barriers to care
- Discriminatory Language and Behaviors
- Welcoming and Safe Environments





Inequity leads to poor health outcomes

- Structural
 - Explicit and non-explicit “rules of the game”: Laws, policies, and rules that explicitly discriminate against the targeted group and privilege the dominant group
 - Institutional legacies: Differences in social outcomes across targeted vs privileged group
- Individual
 - Self-reports of exposure to discrimination e.g. sexual harassment, violence, wages, rejection, dismissal
- Internalized
 - Conscious or unconscious acceptance of the privileged groups’ view of them as inferior, deviant, or shameful



Implicit Bias

Also known as implicit social cognition, implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control.

Residing deep in the subconscious, these biases are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness.

The implicit associations we harbor in our subconscious cause us to have feelings and attitudes about other people based on characteristics such as race, ethnicity, age, and appearance.



Implicit Bias Characteristics

- Implicit biases are **pervasive**. Everyone possesses them, even people with avowed commitments to impartiality such as judges.
- Implicit and explicit biases are **related but distinct mental constructs**. They are not mutually exclusive and may even reinforce each other.
- The implicit associations we hold **do not necessarily align with our declared beliefs** or even reflect stances we would explicitly endorse.
- We generally tend to hold implicit biases that **favor our own ingroup**, though research has shown that we can still hold implicit biases against our ingroup.
- Implicit biases are **malleable**. Our brains are incredibly complex, and the implicit associations that we have formed can be gradually unlearned through a variety of debiasing techniques.





Barriers to health care impact on public health

- Marginalized communities
- Poor health outcomes
- Poverty
- Life expectancy
- Chronic disease
- Communicable disease
- Sexually transmitted infections
- Substance abuse
- Access to immunizations



Challenges of embracing change

- Members of the privileged group may claim reverse discrimination when confronted by potential diminishment of prior privilege
- Privilege is not a Human Right



Future Evolutions

- Refinement of Regulations
- Cost Mitigation
- Possible Legislation



Questions?





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