

**Assistor Recertification Webinar Series**  
**Cultural Humility & NY State of Health Race and Ethnicity Application**  
**Questions**  
**August 25, 2021**  
**Questions & Answers**

**I. Cultural Humility, Dr. Tekisha Everette**

**1. What is Cultural Humility?**

Cultural Humility is:

- a lifelong process of critical self-reflection and self-critique.
- redressing power imbalances.
- developing mutually beneficial partnerships with communities on behalf of individuals and defined populations.
- advocating and maintaining institutional accountability that parallels the three principles above

Source: Tervalon M, Murray-Garcia J: "Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education," Journal of Health Care for the Poor and Underserved 1998; 9(2):117-124.

**2. Does Cultural Humility mean respecting others?**

Yes, however, it is more than just that. Respect is important and critical. We want to see the humanity in others and operate under respectful principals.

However, operating under "respectability politics," sometimes does not allow us to engage in one-to-one conversations. So, we'll say things that are politically correct, or do things that we think are politically correct. However, that doesn't service us in open and fluid dialogue with consumers. We want to avoid communicating under assumptions, and rather see each consumer as a unique individual with a unique, and true perspective.

**3. What are some possible practical ways we can understand our own privilege and how can we make sure it is not affecting our view of others?**

It starts by just thinking about society and how different roles are given. Different people in different roles are given different privileges in our society. One way to think about it is writing down all the identities you hold and identifying whether that identity deems you privilege or power over others.

Then, really start to understand the process of the privilege, what that looks like, and how it is demonstrated in our society.

Below are a few resources around this:

Readings:

- How to Be an Antiracist by Ibram X. Kendi
- White Privilege: Unpacking the Invisible Backpack by Peggy McIntosh

- White Fragility: Why It's So Hard for White People to Talk About Racism by Dr. Robin DiAngelo
- Privilege, Power, and Difference by Allan G. Johnson
- Caste: The Origins of Our Discontents by Isabel Wilkerson

Infographic:

- Beauty of Antiracism Infographic

Videos:

- What is Cultural Humility? [https://www.youtube.com/watch?v=c\\_wOnJJEfxE](https://www.youtube.com/watch?v=c_wOnJJEfxE)
- Examining Bias and Practicing Cultural Humility: <https://youtu.be/Jze6Hil5Syl>
- Cultural Humility: [https://www.youtube.com/watch?v=Ww\\_ml21L7Ns](https://www.youtube.com/watch?v=Ww_ml21L7Ns)

**4. How do you present cultural humility when dealing with a consumer who doesn't seem to be treating women equally?**

This is really challenging. On one hand, we must acknowledge and accept this person's cultural viewpoint. At the same time, the person who is gendered as a woman, also needs to be respected based on her cultural expectations.

What's important is that there could be an opportunity to find middle ground. If not, you may need to find a different Assistor who can assist this consumer. Both parties must feel like they are being acknowledged, but also in a respectful manner.

Our cultural view is not the same as the other person's. It may be difficult to respect that that is someone's viewpoint. We must acknowledge that what is true for them is not true for you. But no one should be disrespected in the process of the work.

**5. How do you deal with an employee with an adamant discussion mindset while you have a dialogue mindset?**

It can be difficult. Try taking pauses in the conversation. It doesn't matter whether it's a supervisor-supervisor relationship or colleague to colleague. Take a pause and explain.

For example, you can say, "I am trying to have a conversation that looks like {fill in the blank}, and I feel like we're going in a different direction. So, can we just take a moment, take a deep breath, pause and redirect ourselves, and let's get to the heart of what is going on here?"

**II. Race and Ethnicity – NY State of Health Application, NY State of Health**

**6. Will consumers be notified that the race/ethnicity questions will be reviewed with them if they are blank?**

No, we're not directly communicating with consumers on this.

**7. If a client calls to check the status of their coverage, and no action is needed on the case, do we need to re-run the application to update race/ethnicity?**

No. We are not requiring Assistors to update consumers applications for the sole purpose of answering these questions. However, if future changes to the consumer's application are needed, the Assistor will need to update the application and the consumer will be required to answer the race and ethnicity questions at that time.

**8. Can consumers choose more than one race? Can consumers choose more than one ethnicity?**

Yes. Consumers can choose multiple answers for both race and ethnicity. They can also use the "other" check box to type in any race or ethnicity that is not included as a checkbox.

**9. Will consumers be asked to answer race and ethnicity questions for each member of their family?**

Yes, when updating a consumer's account, these questions will be asked as part of the "Tell us about {name}" section for each person listed in the account holder's application. It is important to get this data as these answers may not always be the same for each household member.

**10. Are the race and ethnicity questions absolutely necessary when assisting consumers with health insurance? Some consumers become upset/offended when asked these questions.**

Both questions now have options for "Don't Know" and "Choose not to Answer" which could be used in this scenario.

However, Assistors should not select one of these options without explaining to the consumer why these questions are being asked, how their information will be used, and providing an explanation of the different race and ethnicity categories to see if the consumer will then feel more comfortable selecting an answer.

Collecting data on enrollees' race/ethnicity will help NY State of Health:

- a. Identify needed outreach for communities that historically have higher uninsured rates.
- b. Work with health plans to make targeted improvements to health plan networks and to improve the quality of their members' coverage.
- c. Reach and ideally bridge healthcare gaps in underserved communities.

**11. How did NY State of Health decide on the race and ethnicity options used in the application?**

NY State of Health consulted experts on demographics and used NYS specific census data when deciding which categories to add. Updates were also based on feedback received from the Assistor Agencies who participated in the pilot.