

CULTURAL HUMILITY

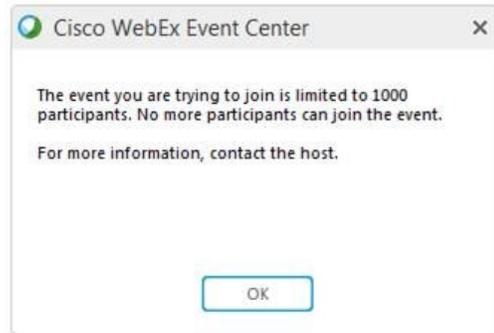
NY STATE OF HEALTH RACE & ETHNICITY QUESTIONS

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**Time: 2:00pm – 3:30pm
Date: Wednesday August 25th, 2021
Dial-In Number: 1-855-897-5763
Conference ID: 7555475**

TODAY'S WEBINAR



If you see this message when logging into the webinar...



As a reminder....
If You previously registered for this webinar via:
<https://meetny.webex.com/meetny/onstage/g.php?MTID=e2de9de2b9a3bde0e8310438f7fa1839f>
and you see the message below when logging into the webinar.



Please use this alternate link to join the webinar.
<https://meetny.webex.com/meetny/onstage/g.php?MTID=e98419a6d185319cb2071721f2a6b2e3d>

The audio lines will be open for everyone and there is no limit to calling in to listen. Anyone who cannot access the Webinar will be able to follow along using the slides sent previously.
Call-in information:
Dial in: 1-855-897-5763
Conference ID: 2795934

Please note, all Assistors who are certified on NY State of Health are required to recertify annually.

Thank you for all that you do to help New Yorkers shop, compare and enroll in health insurance coverage through NY State of Health

Please find this email:
Subject Line **2021**
Recertification Overflow
Webinar I Cultural Humility
and NY State of Health Race
and Ethnicity Questions
and click on the second link in order to log in.

Dial-In Number: 1-855-897-5763
Conference ID: 7555475

AUDIO

There is no sound through your computer.

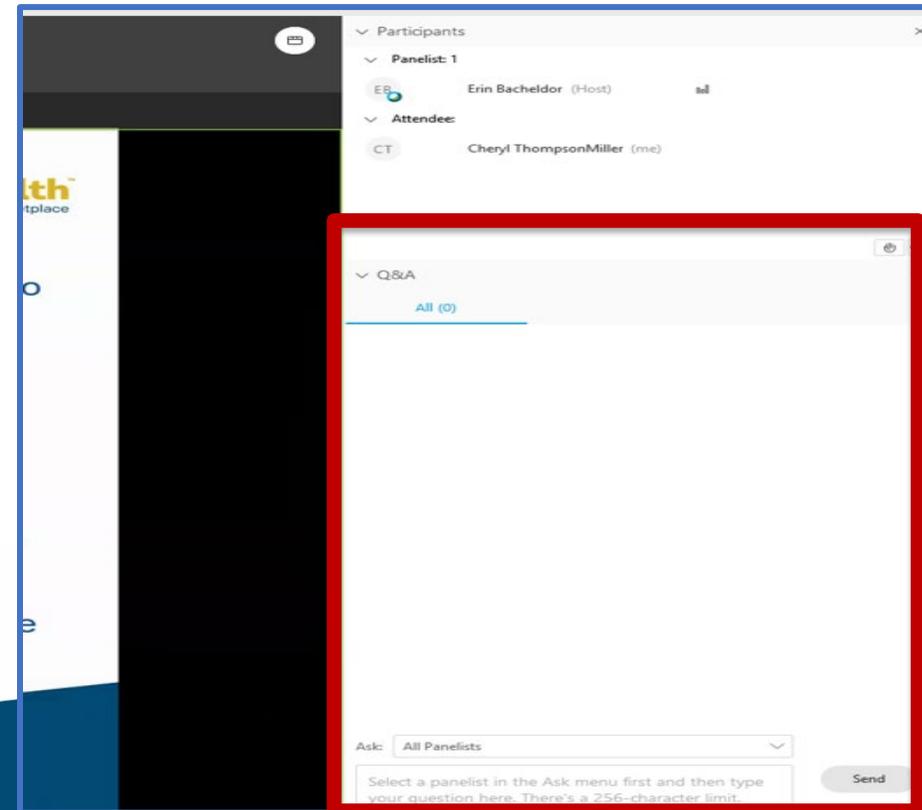
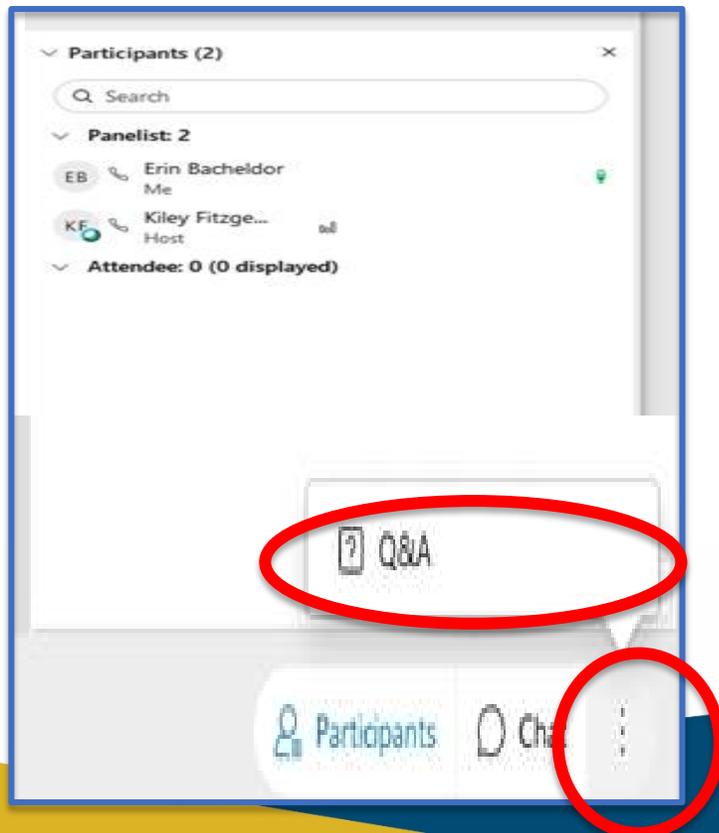
- Dial in to listen to the audio portion of the webinar using the audio instructions on your WebEx control panel.
- All participants will remain muted for the duration of the program.

Dial-In Number: 1-855-897-5763
Conference ID: 7555475

QUESTIONS

Questions can be submitted using the Q&A function on your WebEx control panel.

- Chat function is disabled, please use Q & A panel to submit questions.
- We will pause twice to take questions.



RECORDING AND MATERIALS

A recording of the webinar and any related materials will be available online at our Spring Training webpage at: <https://info.nystateofhealth.ny.gov/SpringTraining>

2021 Spring Training

» News & Events

Jun 3, 2021



Session	Topic	Training Materials
1 April 28, 2021	American Rescue Plan Act of 2021 and Changes to NYS's Essential Plan	Presentation Video American Rescue Plan Counting Income Resource APTC Expected Premium Contribution Chart After ARP QGA SADP Email
2 Pre-recorded Webinar	Part 2 – American Rescue Plan Act of 2021: Health Insurance Changes for Unemployed New Yorkers	Presentation Video
3 July 21, 2021	Privacy and Security – Providing a reminder and an update on the Privacy and Security rules and regulations by which all NY State of Health Assistors must comply.	Presentation Video ID Proofing Tool Kit Authorized Representative Designation Form Document Listing Checklist

Webinar Statistics:

- Over 97% of respondents said the webinar increased their knowledge of the topic!
- Over 98% of respondents said information from the webinar will allow them to better assist consumers in a safe and secure manner.

Here's what you said:

- “The webinar was very interesting and informative.”
- “I would like to have more time for Q&As.”

PRESENTERS



Introductions

Gabrielle Armenia

Director, Bureau of Child Health Plus and Marketplace Consumer Assistance

Panelists

Tekisha Everette, Ph.D.

Executive Director, Health Equity Solutions (HES)

Danielle Holahan

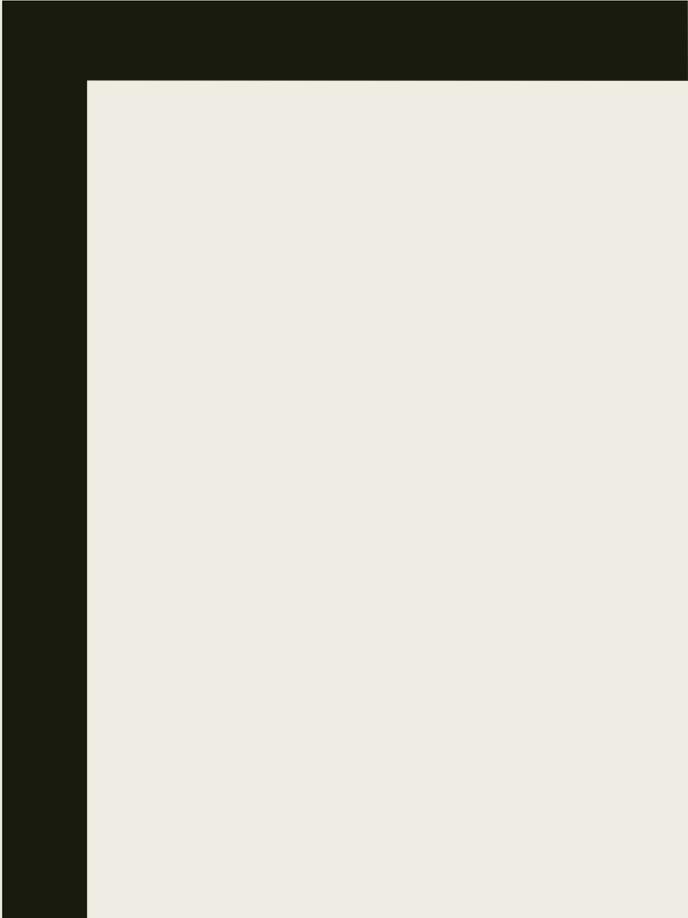
Acting Executive Director, NY State of Health

Lisa Sbrana

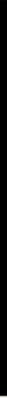
Director, Division of Eligibility and Marketplace Integration

Sonia Sekhar

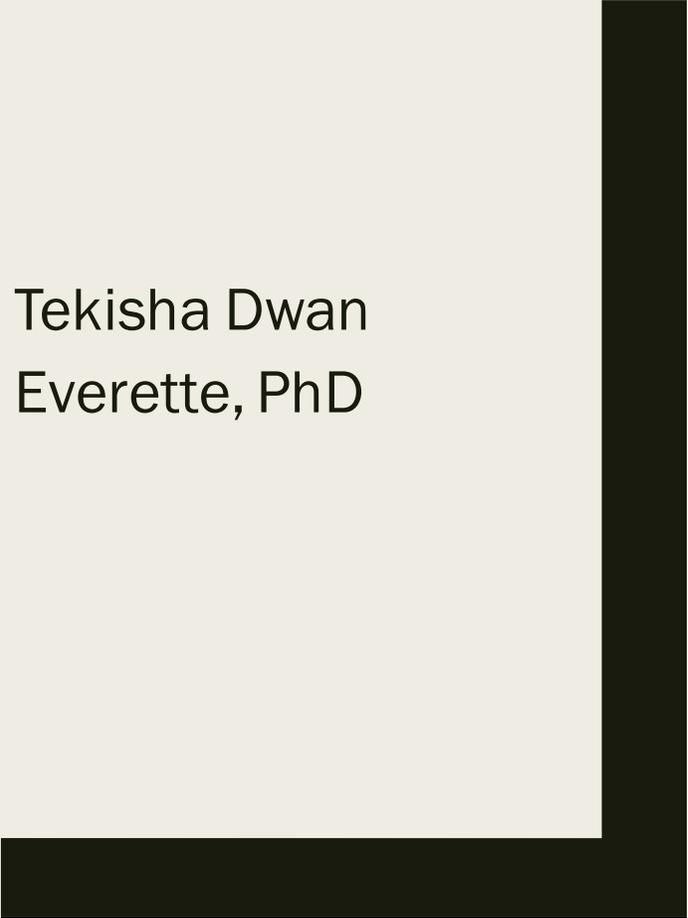
Director, Policy and Evaluation, NY State of Health



Cultural Humility



Tekisha Dwan
Everette, PhD



Today We Will

Develop an understanding of the principles of cultural humility

Share practical examples for implementing cultural humility



**IMPLICIT BIAS,
CULTURAL COMPETENCY,
& CULTURAL HUMILITY**



Definitions

- **Implicit Bias** - Refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases are activated involuntarily and without an individual's awareness or intentional control
- **Cultural Competence** - Refers to a set of attitudes, practices, and policies that enable effective cross-cultural interactions.

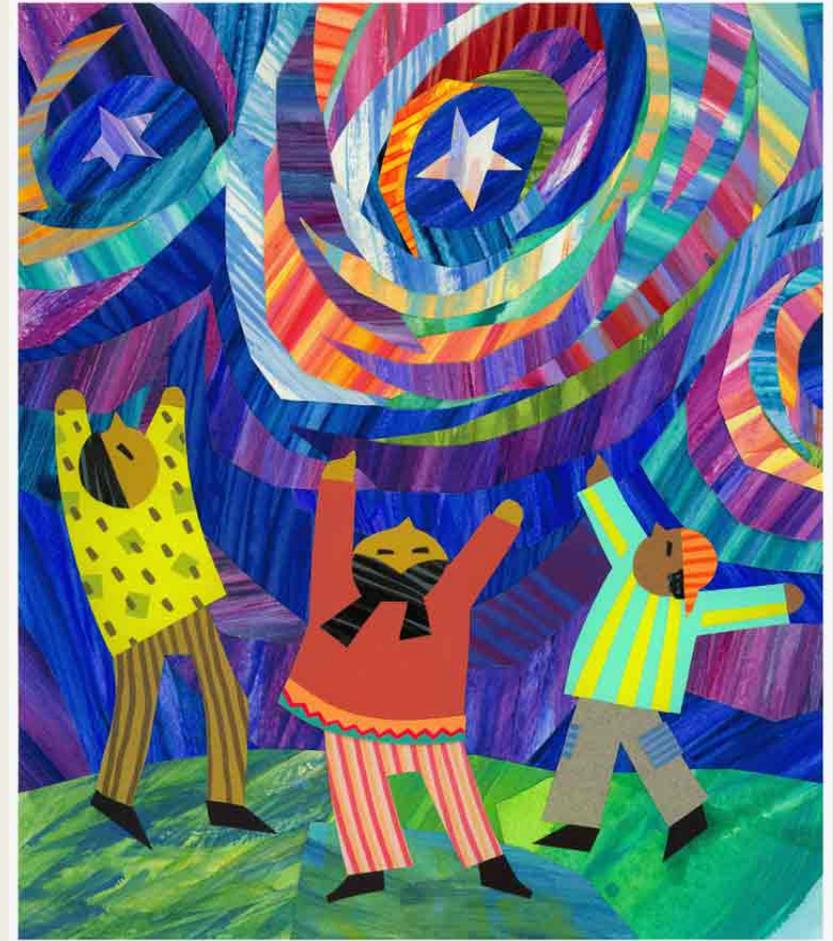
Culture

“Culture” refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups.

Setha Low 1984

What is culture?

Culture is a society's style,
its way of living and dying.
It embraces the erotic and the culinary arts;
dancing and burial; courtesy and curses;
work and leisure; rituals and festival;
punishments and rewards;
dealing with the dead and with the ghosts
who people our dreams;
attitudes toward women, children,
old people and strangers, enemies and allies;
eternity and the present;
the here and now and the beyond.



-Octavio Paz

Adapted from *Mexico and the United States*, The New Yorker, September 17, 1979 Translated by Rachel Phillips
Belash



Culture

- Shared systems of values, beliefs,
- “World lens”
- **Learned** patterns of behavior
- Ever changing, socially framed
- Expressed in views, attitudes and behaviors
- Sometimes referred to in categories
- Often individually defined

Examples of Cultural Groups

- ▶ Ethnic, Religious
- ▶ Age, physical ability
- ▶ Gender and Sexual Orientation
- ▶ Professional/Educational
- ▶ Geographic
- ▶ Formed by social circumstance
 - ▶ Homeless, previously incarcerated, veterans
- ▶ Special Interest e.g. sports, arts
- ▶ Socioeconomic

A thick black L-shaped frame surrounds the text. The top-left corner is a solid black rectangle. The left side is a vertical black bar. The bottom-right corner is a solid black rectangle. The text is centered within the frame.

CULTURAL HUMILITY: THE STORY, PRINCIPLES, AND PRACTICE

Cultural Humility



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



Cultural Humility is...

not a discreet endpoint, but a commitment and active engagement in a lifelong process that individuals enter into on an ongoing basis with participants, communities, colleagues, and with themselves.

- Leland Brown, 1994

Why Humility



- Marked by modesty in behavior, attitude or spirit; showing patience, gentleness and moderation about one's own abilities and values
- Not arrogant or prideful, which in the context of the original article meant curbing the physician drive towards being all right and all knowing in all areas of all things!

Cultural Competence and Cultural Humility

What's the difference?

Cultural Humility

- Learner/student
- Fluid
- Flexible, dynamic
- Personal, authentic
- Partnership
- Evolving
- Path to Equity

Cultural Competence

- Mastery/expert
- End point
- Rigid
- Technical
- Hierarchy
- Linear
- Status quo



Critical Self-Reflection and Life-Long Learning

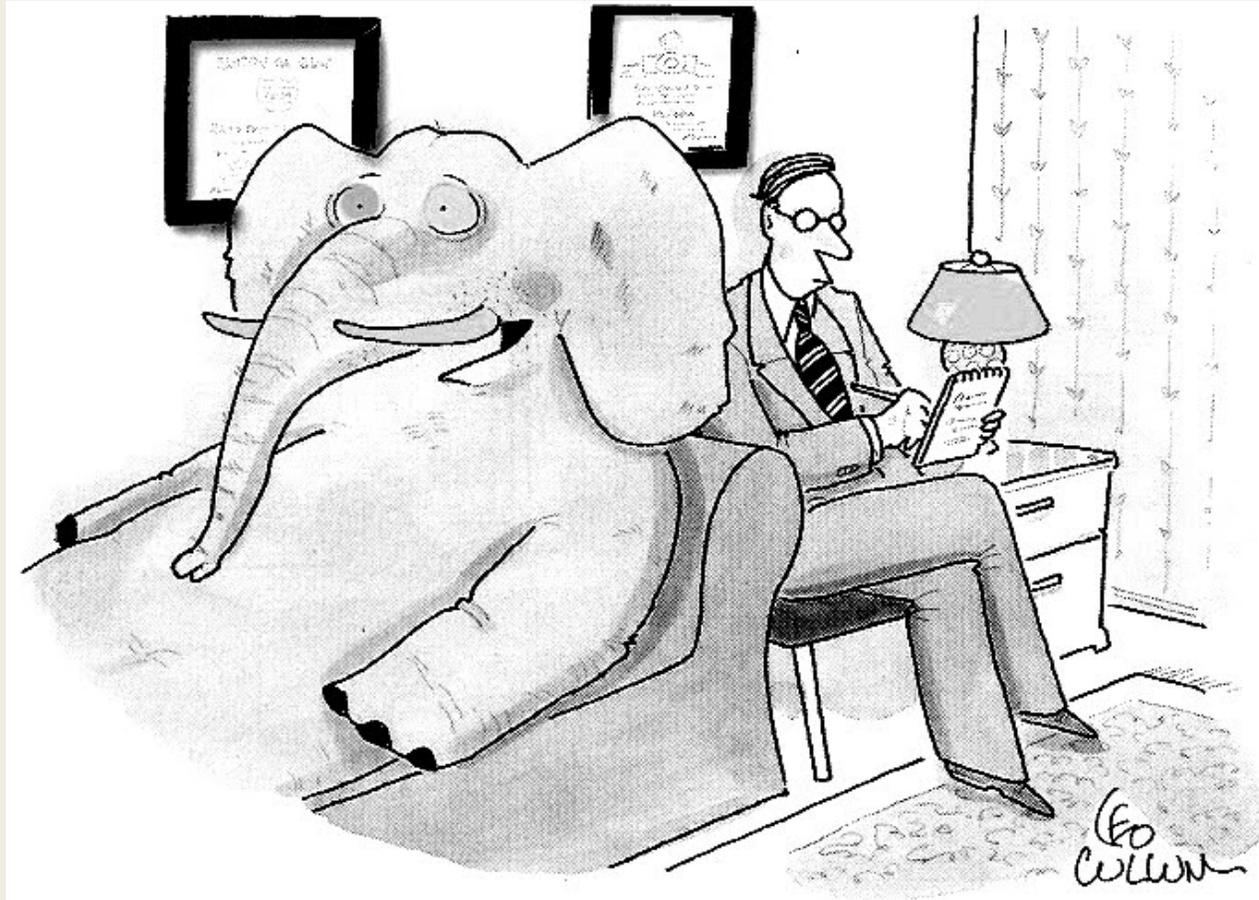
- Know your own identity and what you are bringing to an interaction
- Continuously examine and critique internal biases related to core human social constructs of race, skin color, gender, language, culture etc.
- In what ways are you bringing your identity, power and privilege to the work?

Self-Reflection and Lifelong Learning

Courageously ask:

- *What do I think about this cultural group(s)?*
- *How do I know this to be true?*
- *What are my biases?*
- *What are they based on?*
- *What are the consequences in my relationship with this person, this community, if I act on these biases?*
- *What can I learn here? And how?*
- *What are my responsibilities?*

Power and Privilege



"I'm right there in the room, and no one even acknowledges me."



Client focus; Client as expert

- Avoid the check list of “cultural traits”
- Practice respectful, curious inquiry
 - *encourage rather than obstruct the telling of the story*
 - *anticipate multiple cultural identities*

Discussion v Dialogue

Discussion

- To fix
- To advocate a single perspective
- To present a position as "right"
- To sell, persuade, enlist
- To succumb to one strong opinion
- To prove one's own vision
- To decide to act first

Dialogue

- To learn
- To hear and understand different perspectives
- To offer, reflect and inquire
- To explore collective thinking and meaning
- To allow for common ground
- To discover/create shared visions
- To seek coherence between thought and action



Photo by Christina Morillo

Tips for Challenging Bias During Dialogue

- Acknowledge that intent does not always equal impact
- Speak in “I” statements
- Avoid making generalizations
- Show empathy and compassion
- Model non-defensive behavior
- Listen as if the speaker is wise
- Avoid blaming, shaming or victimizing the speaker
- Listen with intent to learn

“Listen as if the speaker is wise.”

To understand what another person is saying, you must assume that it is true and try to imagine what it could be true of.

- Miller's Law



Community-based Care and Advocacy

Listen as if the speaker is wise

- respect the defining health priorities
- build on existing strengths
- act as effective students of and partners with community



Institutional Accountability

- Demonstrate cultural humility in organizational strategies and practices
- Acknowledgment and assumption of responsibility for actions, products, decisions, and policies including the administration, governance, and implementation within the institution

Cultural Humility



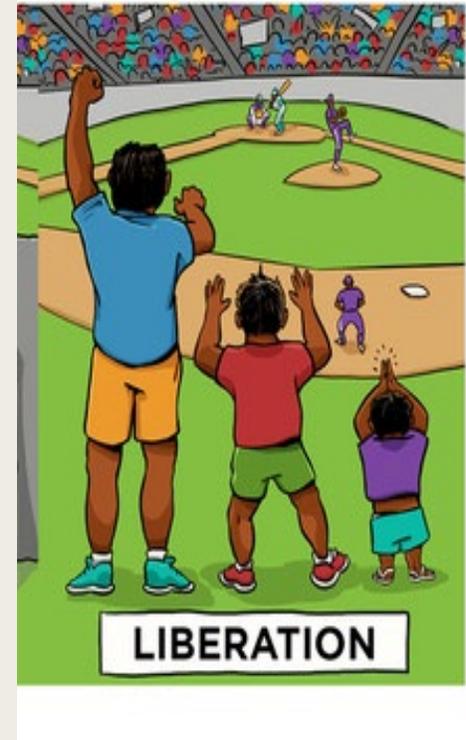
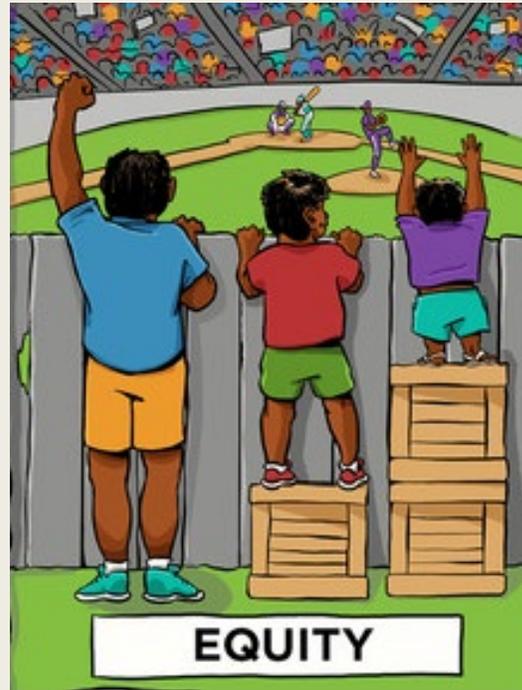
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Group Commitments

- Build muscle around cultural humility
 - *Practice lifelong, self-reflection and critique*
 - *Acknowledge power imbalances*
- Understand implicit bias, esp. your own biases
- Improve & increase opportunities for dialogue!
- Engage people as if they are wise



On Our Way To...



Story Based Strategy
<http://www.storybasedstrategy.org/blog/the4thbox>

Tekisha Everette
teverette@hesct.org

General Inquiries
info@hesct.org

HEALTH EQUITY SOLUTIONS



<https://www.hesct.org/>



@healthequityct



@healthequitysolutions



@HealthEquityCT



@healthequitysolutions



53 Oak Street
Hartford, CT 06106

What can Assistors do to practice cultural humility?

- A. Practice a lifelong process of self-reflection and critique.
- B. Acknowledge power imbalances and advocate for accountability.
- C. Acknowledge and address implicit biases.
- D. See their consumer's perspective as truth.
- E. Allow for common ground.
- F. All the above.

QUESTIONS?



NY STATE OF HEALTH RACE & ETHNICITY QUESTIONS

RACE AND ETHNICITY

Race & Ethnicity

You do not have to answer any questions about race or ethnicity, but answering them can help us serve your community better. Giving us this information will not affect your eligibility, plan choices, or access to programs.

Race (Check all that apply):

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Black / African American
<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Samoan
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> White	<input checked="" type="checkbox"/> Other

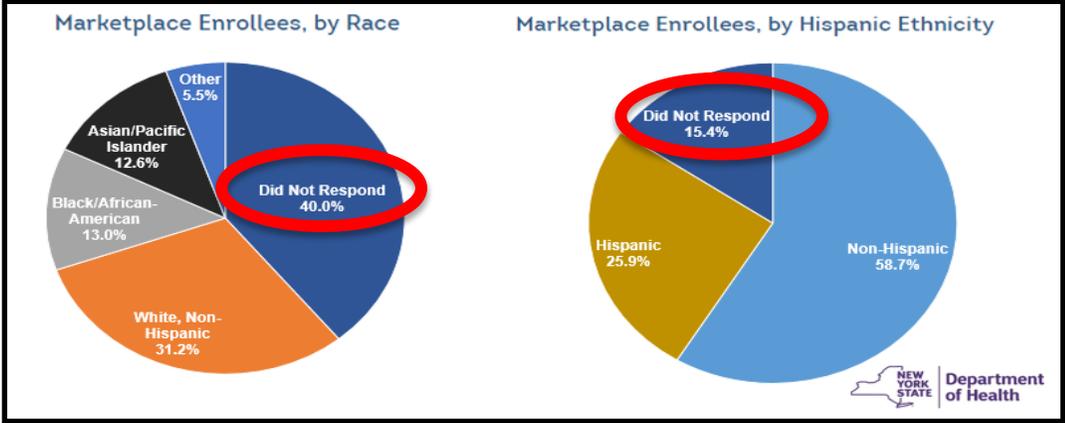
Is Little Hispanic or Latino/a?

Yes No

Ethnicity (Check all that apply):

<input type="checkbox"/> Cuban	<input type="checkbox"/> Mexican, Mexican American or Chicano/a	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Other
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Back Next



40% of consumers skip the question on race.
15% of consumers skip the question on ethnicity.

An additional prompt appears if “Other” is selected:

Please Specify:

RACE AND ETHNICITY DATA



What does NY State of Health/NYS Department of Health do with this data? Why do we need it?

- Collecting data on enrollees' race/ethnicity allows us to compare our enrollment levels across groups and compare it to Census data on the uninsured by race/ethnicity.
 - This can help identify needed outreach through Assistors, events, advertising, etc. These efforts can be put into place to reach communities that historically have higher uninsured rates.
 - The more data we have, the more we can acutely target our efforts towards the geographic areas in need.
- We can also use this data to incentivize health plans to address disparities across groups in the quality of their members' coverage.
 - In many health areas, there are well documented health care disparities and having this data makes it easier to set policies to reverse current quality of care issues contributing to these health disparities.

RACE AND ETHNICITY DATA, CONTINUED



Common challenges:

- Some individuals are not willing to self-identify.
- There is no universal and systemic practice for obtaining and analyzing Race and Ethnicity data.

Studies show that consumers feel more comfortable answering race and ethnicity questions when staff take the time to educate them about why the questions are being asked and what will be done with the information.

Assistors can:

- Take the time to address with consumers why these questions are being asked, how their information will be used and provide an explanation of the different race and ethnicity categories to see if the consumer will then feel more comfortable selecting an answer in the application.
 - Ask for personal information in a respectful, knowledgeable, consistent and culturally competent manner.

We tried a different approach!

Throughout December 2020 and January 2021, a pilot was conducted with two (2) Assistor agencies.

- All Assistors in the pilot agencies were directed to treat the Race and Ethnicity questions as mandatory and to always provide an answer to these questions for all consumers.

Race & Ethnicity

You do not have to answer any questions about race or ethnicity, but answering them can help us serve your community better. Giving us this information will not affect your eligibility, plan choices, or access to programs.

Race (Check all that apply):

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Black / African American
<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Samoan
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> White	<input type="checkbox"/> Other

Is Jacob Jr Hispanic or Latino/a?

Yes No

Race & Ethnicity

You do not have to answer any questions about race or ethnicity, but answering them can help us serve your community better. Giving us this information will not affect your eligibility, plan choices, or access to programs.

Race (Check all that apply):

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black / African American
<input type="checkbox"/> Chinese	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other

Please Specify:

Is Jacob Hispanic or Latino/a?

Yes No

Ethnicity (Check all that apply):

<input type="checkbox"/> Cuban	<input type="checkbox"/> Mexican, Mexican American or Chicano/a	<input type="checkbox"/> Puerto Rican	<input checked="" type="checkbox"/> Other
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Please Specify:

**Do not skip:
Check the box for "Other"
to include any race or
ethnicity that the consumer
provides.**

**For the question on race,
please also use "Other" if
the consumer indicates that
they "Don't Know" or if
they "Choose Not to
Answer."**

We tried a different approach!

A script was provided for Assistors to use when assisting consumers through these questions, for consistency.

“Please answer the following questions on race and ethnicity. We use this data to improve services to the community and to enhance outreach efforts. You do not have to answer these questions and giving us this information will not affect your eligibility, plan choices, or access to programs.”

“Would you please provide NY State of Health with [name’s] race? Remember, people can list multiple options for their race.”

*“Is [name] Hispanic or Latino?” **[If yes,]** “Is [name’s] ethnicity (remember, you can choose more than one) Cuban, Mexican, Mexican American or Chicano/a, Puerto Rican, or Other? **[If other,]** what is [name’s] ethnicity?”*

Ethnicity (Check all that apply):

Cuban Mexican, Mexican American or Chicano/a Puerto Rican Other

Please Specify:

PILOT, CONTINUED

It worked!

Agency #1:

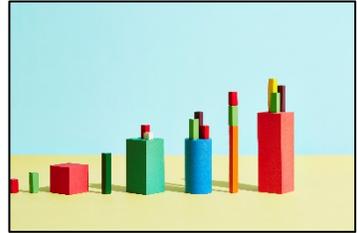
This agency saw a **38% increase** in their response rate for the question on Race.

This agency saw a **23% increase** in their response rate for the question on Ethnicity.

Agency #2:

This agency saw a **47% increase** in their response rate for the question on Race.

This agency saw a **13% increase** in their response rate for the question on Ethnicity.



It is not a perfect system. Some challenges reported by staff include:

- Consumer believes that their Assistor should know the answer to these questions and answer for them without any discussion.
- Consumer is not sure how to answer due to identifying with more than one option or no options.
- Consumer is not sure how to answer on behalf of their household members including partner/spouse or children.
- Consumer does not feel comfortable answering these questions.

APPLICATION CHANGES

Due to the success of the pilot, we are implementing changes to the Race and Ethnicity application question, starting in late **October**.

- Updated introduction to the Race and Ethnicity questions.
 - All Assistors should read/review this information with their consumer before asking them to choose any options.
- Ethnicity question is now first, followed by question about race.

Race & Ethnicity

Please answer the following questions on race and ethnicity. We use this data to improve services to the community and to enhance outreach efforts. You do not have to answer these questions and giving us this information will not affect your eligibility, plan choices, or access to programs.

Is Robert Sr. of Hispanic, Latin(o/a/x) or Spanish origin? *

Yes No Don't Know Choose Not to Answer

With which race does Robert Sr. identify? (Check all that apply) *

<input type="checkbox"/> African	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino
<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Haitian	<input type="checkbox"/> Jamaican
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Middle Eastern/North African
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> White	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Other	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Choose Not to Answer

APPLICATION CHANGES, CONTINUED

- Updated Ethnicity question.
 - Updated initial choice options to include “Don’t Know” and “Choose Not To Answer.”
- Updated secondary question.
 - Updated secondary answer choices.

Is Robert Sr. of Hispanic, Latin(o/a/x) or Spanish origin? *

Yes No Don't Know Choose Not to Answer

What is Robert Sr.'s origin? *

Please answer question about origin or select Choose Not to Answer.

<input type="checkbox"/> Colombian	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican
<input type="checkbox"/> Mexican, Mexican-American, or Chicano	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadorian
<input checked="" type="checkbox"/> Other Hispanic/Latinx/Spanish Origin	<input type="text"/> Please Specify *	

APPLICATION CHANGES, CONTINUED

- Updated Race question.
 - Updated answer choices.
 - Updated answer options to include “Don’t Know” and “Choose Not To Answer.”

With which race does Robert Sr. identify? (Check all that apply) *

<input type="checkbox"/> African	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino
<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Haitian	<input type="checkbox"/> Jamaican
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Middle Eastern/North African
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> White	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander
<input checked="" type="checkbox"/> Other <input type="text" value="Please Specify *"/>	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Choose Not to Answer

Please specify race or select Choose Not to Answer.

BEST PRACTICES

It is important to clearly communicate why you are asking consumers to provide information about their race and ethnicity.

Below is a sample script:

“We want to make sure that we identify every consumer’s race and ethnicity to help ensure that we can understand who we’re reaching and who we’re still missing. Answering these questions for each household member can help us reach and possibly bridge healthcare gaps in underserved communities. NY State of Health and [my agency] will keep this information confidential. This information will only be used for health insurance application purposes.”



SCENARIO



A consumer meets with their Assistor to change their income.

- This consumer had never responded to the race and ethnicity questions in their application.
- The consumer will now need to respond to these questions in order to progress to the income section of their application.

Is Robert Sr. of Hispanic, Latinx or Spanish origin? *

Please answer question about origin or select Choose Not to Answer.

Yes No Don't Know Choose Not to Answer

With which race does Robert Sr. identify? (Check all that apply) *

Please answer question about race or select Choose Not to Answer.

- | | | |
|---|---|---|
| <input type="checkbox"/> African | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Guamanian/Chamorro | <input type="checkbox"/> Haitian | <input type="checkbox"/> Jamaican |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Middle Eastern/North African |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> White | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Other | <input type="checkbox"/> Don't Know | <input type="checkbox"/> Choose Not to Answer |

Information on racial and ethnic characteristics of the New York State (NYS) population is needed to target quality improvement efforts, identify the nature and extent of health disparities, and monitor progress.

- NY State of Health is making changes to the race and ethnicity questions.
- Consumers/Assistors will no longer be able to skip this question. Please emphasize its importance for each consumer that you work with.
- Help consumers select multiple options, if needed.
- Ask applicants to provide a response to this question, even if it is “Don’t Know” or “Choose Not to Answer.”
- This information is confidential and will only be used to make sure that NY State of Health is reaching people who still may not have access to affordable health care.
 - These questions will not be used to determine the consumer’s eligibility.

POLL #2

True or False? Consumers have the option of choosing multiple responses when answering the Race and Ethnicity questions?

- A. True
- B. False

Why is it important for Assistors to help consumers provide accurate answers to the Race and Ethnicity questions?

- A. Accurate data can help NY State of Health understand who we are reaching, and who we are still missing.
- B. Accurate data is needed to help target outreach toward communities that historically have higher uninsured rates.
- C. Accurate data can help the department set policies to reverse current quality of care issues contributing to health care disparities.
- D. All the above.

QUESTIONS?



EMAIL CONTACTS



All Assistors

- If you have general Assistor training questions, or questions about this specific training, please send them to: Eligibility.Training.Support@health.ny.gov.
- If you have a case specific question, that you have already discussed with your supervisor or program manager, the issue should be submitted on an encrypted Account Review Spreadsheet to: Assistor.Cases@health.ny.gov.
- If you need help with your Assistor account or Oversight Manager account, or if your agency needs to report staff changes, please send an email to: Assistor.Admin@health.ny.gov.

Navigators Only

- When Navigator Agencies are submitting contract documents (vouchers, annual packet documents, progress reports, site schedules, etc.) and related questions to the New York State Department of Health, please send them to: Navigator.Admin@health.ny.gov.
 - CC your Navigator Contract Manager
- When Navigator Agencies are submitting media approval requests, educational and marketing material approval requests, and consumer story submissions to the New York State Department of Health, please send them to: Navigator.Media@health.ny.gov.
 - CC your Navigator Contract Manager

RECERTIFICATION PROCESS

- All Assistors who are registered for or completed the online Assistor Certification training by **10/31/2021** will be required to view the recertification webinars. The material included in each webinar is a supplement to what was provided during the in-person and online courses.
 - <https://info.nystateofhealth.ny.gov/SpringTraining>
- Assistors, keep track of the date you watched the live webinar or the video for each of this year's six **(6)** recertification webinars.
- Provide your dates to your supervisor so they can complete the Recertification Report.

THANK YOU FOR JOINING US!

- Please complete the survey:
 - Cultural Humility & NY State of Health Race and Ethnicity Questions webinar evaluation
- As always, watch for the video and materials to be posted to:
<http://info.nystateofhealth.ny.gov/SpringTraining>

Next Recertification Training:
Open Enrollment & Renewals
Private Pay Home Health Care Services
Date: September 29, 2021

