NEVADA CULTURAL COMPETENCY

Accept Change | Welcome Diversity

Powered By:

HIGH SIERRA AHEC
AREA HEALTH EDUCATION CENTER

NEVADA
PRIMARY CARE ASSOCIATION

WELCOME

This training is powered by High Sierra Area Health Education Center (High Sierra AHEC) and the Nevada Primary Care Association (NVPCA). This training meets mandatory legislative requirements and provides a comprehensive curriculum designed to train participants on how to provide exceptional service delivery by understanding and implementing culturally appropriate care and customer service within their facility setting. The overall goal in response to this new training requirement is to increase knowledge, learn and share collaboratively, and to improve the quality care delivery across Nevada. We look forward to learning and growing with you.

CONTENT DISCLAIMER

This training contains sensitive topics that may make some people uncomfortable. If at any point you need to step away, feel free to do so. In addition, we realize that there is a variety of topics and content on cultural competency which we will not be able to cover due to time constraints. We acknowledge that these issues exist and should not be ignored.

This training is meant to be a learning experience focused on inclusivity, cultural awareness, and improvement of care delivery. Hate speech, bigotry, and/or disrespect towards others in the training or instructors (verbally or otherwise) will not be tolerated. Failure to comply with this course etiquette will be met with removal from the training without certification. Refunds will not be granted post-removal.

All training participants are responsible for informing their employer that the course has been completed. In addition, it is the training participants responsibility to complete the pre and post evaluations prior to obtaining a certificate of completion. Training participants are responsible for the retainment of this record. High Sierra AHEC and/or NVPCA will not be responsible for providing the certificate of completion to your employer.

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PRIMARY CARE ASSOCIATION

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COURSE DESCRIPTION

The Department of Health and Human Services (DHHS) NRS statute 449 has established landmark standards for anti-discrimination in healthcare. In accordance with these regulations, High Sierra Area Health Education Center (AHEC) and Nevada Primary Care Association (NVPCA) have worked diligently to create a comprehensive training for Nevada Healthcare Providers. This course is designed to satisfy the requirements set forth by NRS statute 449 for medical facilities, facilities for the dependent, and other facilities through content inclusive of varied pertinent topics. The Cultural Competency Training is approved for annual cultural competency training certification and recertification for healthcare facilities detailed therein and is focused on improvement of cultural awareness, inclusivity, and quality care delivery statewide. The course will be taught over 9 hours virtually or in-person by experienced, passionate, NVPCA and High Sierra AHEC staff that have met DHHS requirements. Our training is designed to not only meet the regulation requirements, but leave a lasting impression on providers; strengthening equitable and accessible care delivery for years to come.

COURSE OBJECTIVES

- Deploy best practice approaches towards providing quality care for all groups to ensure that all individuals have access to culturally and linguistically appropriate care in a timely manner.
- Mitigate personal barriers to cultural competency and be able to reflect and adapt purposeful patient interactions.
- Address health inequities and barriers to care found in different groups to improve patient care outcomes.
- Implement identity and intersectionality as a means of understanding others to improve quality of care.
- Describe the difference between conscious and unconscious biases and understand how they can lead to poor health outcomes for patients.
- Understand cultural competency, awareness, and humility and the applicability of these concepts to the medical facilities, facilities for the dependent, and other facilities defined in NRS Statute 449.
- Establish or bolster welcoming and safe environments within their respective facilities.
- Understand assumptions and myths with regard to various concepts detailed in the presentation. Be able to identify these issues in the healthcare setting and mitigate these issues.

COURSE ETIQUETTE

- Allow everyone to speak and finish their thoughts.
- Respect others and their opinions.
- Ask questions for clarification when needed.
- Conversations on the training material are encouraged.

- **Netiquette**
  - Please mute your microphone when not speaking to minimize background noise.
  - Use of cameras in breakout rooms is greatly encouraged.
  - Chat functions are meant to contribute to dialogue on training material.

AGENCY CONTACT INFORMATION

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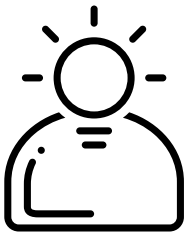
25th ANNIVERSARY
NEVADA
PRIMARY CARE ASSOCIATION

Nevada Primary Care Association
755 N. Roop St. Carson City, NV 89701
(775) 887 4817 | info@nvpca.org
nvpca.org

WORKBOOK ENGAGEMENT KEY

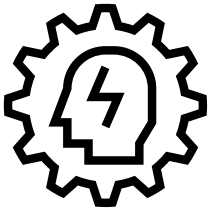
Heads up, activity time!



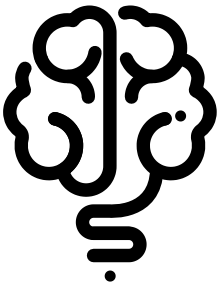
Key Take-a-ways

Take notes and have discussion!

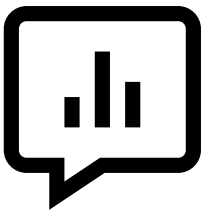
Make a deeper connection: Application to your facility, practice, or scope of work!



Critical thinking skills & practical application.



Polling question ahead - visualize the discussion!



CULTURAL AWARENESS

ACTIVITY: CULTURAL AWARENESS

Place the following explicit aspects of culture **above** the iceberg and the implicit aspects of culture **below** the iceberg.

1. Language
2. Worldview
3. Religion
4. Respect for authority
5. Art
6. Greetings
7. Decision-making models
8. Concepts of justice
9. Music
10. Status
11. How friendship is understood
12. Style/Dress
13. How emotions are managed
14. Rituals
15. Values
16. Concepts of Time
17. Spiritual Beliefs
18. Food

Explicit

Implicit

Answers for Iceberg Activity - Visible part: 1, 5, 6, 9, 12, 14, 18 Invisible part: 2, 3, 4, 7, 8, 10, 11, 13, 15, 16, 17 Activity from TRAM-WBL Engaging SMEs for Quality Transnational WBL experiences. (n.d.). Cultural iceberg activity. Retrieved from http://www.tram-wbl.eu/bin/62-_Cultural_iceberg_activity.pdft

Culture: Culture is a term that refers to a large and diverse set of mostly intangible aspects of social life. Culture consists of the values, beliefs, systems of language, communication, and practices that people share in common and that can be used to define them as a collective. Culture also includes the material objects that are common to that group or society.

Najma's Story:
What are your thougths on the care delivered to Najma?

What did the healthcare delivery team improve upon for Najma's second visit?

What is the best way to treat a patient whose culture is unfamiliar to you?

CULTURE AND CARE DELIVERY

Have you had to adjust your care delivery in respect to a patient's culture? How did the patient feel after you made those adjustments?

Think about a time you did not consider a patient's culture when providing care. What could you have done differently?

KEY TAKEAWAYS

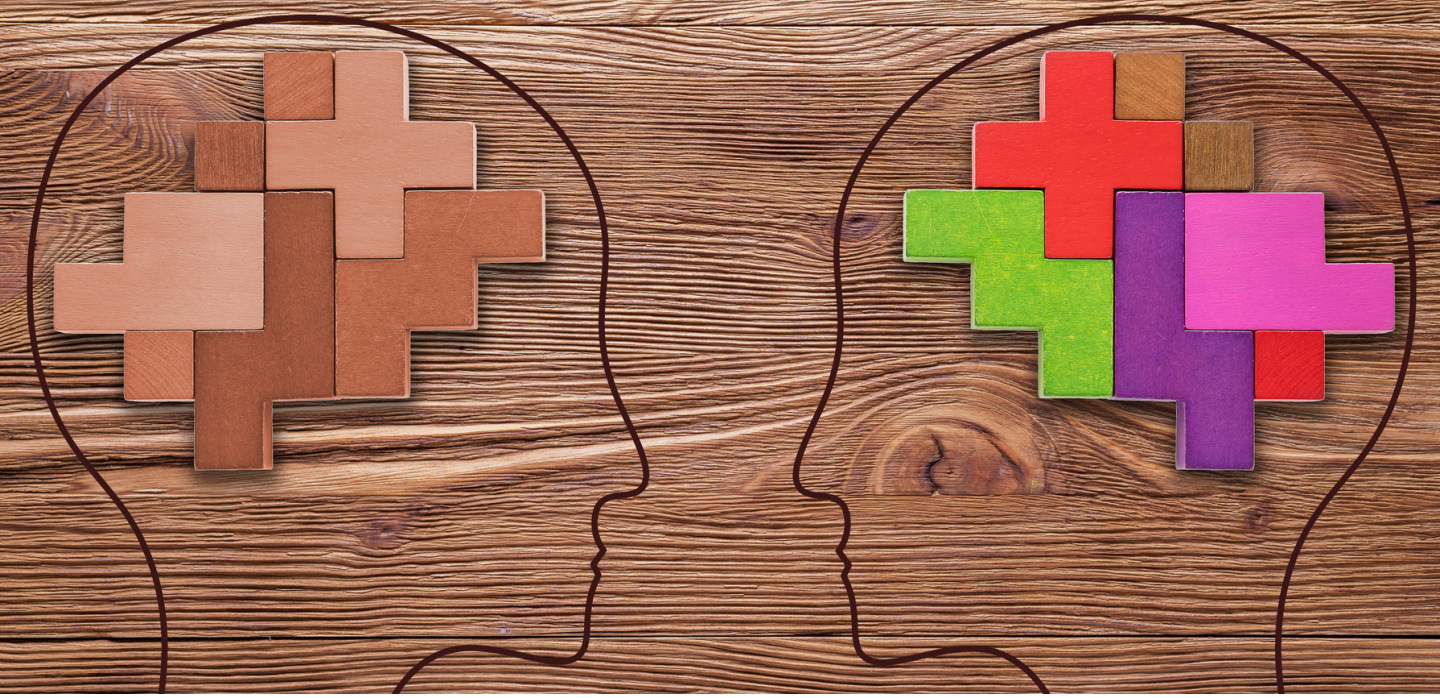
- Culture is not limited to observable (explicit) factors.
- Cultural bias is using your own culture to make sense of that of others (often incorrectly), while cultural awareness is recognizing that there are cultural interactions between your own culture and that of others.
- Reflect upon the information presented. Where might your own cultural biases lie and where might you be able to shift towards cultural awareness?

TOOLS FOR PRACTICE

- Knowledge of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) Standards establish areas by which an organization or an individual can strive for quality care improvement for all receiving that care.
- The Principal Standard provides an overarching goal for these standards and is a great guiding principal in care delivery. Review this standard and reflect. What are you doing as an individual to strive for this goal? What else can you do?

- Learn more about the CLAS standards by visiting https://thinkculturalhealth.hhs.gov/clas

EXPLICIT & IMPLICIT BIAS



Explicit Bias: Bias characterized by overt negative behavior that can be expressed through physical and verbal harassment or through more subtle means such as exclusion.

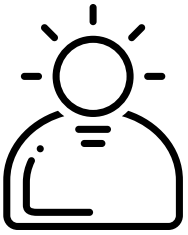
Implicit Bias: Attitudes and beliefs that affect our understanding, actions, and decisions in an unconscious manner.

Stereotype: A widely held, but fixed and oversimplified image or idea of a particular type of person or thing.

DISCUSSION

What is the difference between 'positive' and 'negative' stereotypes?

How can both positive and negative stereotypes impact the quality of care provided to patients and/or their experiences within your practice setting?



ACTIVITY: IMPLICIT BIAS TEST

About this test: The goal of Project Implicit is to educate the public about hidden biases and to provide a "virtual laboratory" for collecting data on the Internet. By using images and keyboard instructions, this test can pull results about implicit biases.

Directions: Follow the link to the Project Implicit website and proceed to the next page after reading and acknowledging the disclaimer. Next select **Race, Gender-Career,** or **Sexuality** from the list of tests. Complete the test and share your thoughts with the group!

CLICK HERE

What was your score? Do you agree with the results?

Are you surprised? Why or why not?

What did you learn about yourself?

KEY TAKEAWAYS

- Bias can be intentional or unintentional.
- Negative and positive stereotypes are harmful in patient and social interactions.
- Mitigation of bias occurs through acknowledgment of its presence both at the individual level and beyond.

TOOLS FOR PRACTICE

- Be able to view things from your patient's perspective, rather than allowing bias to negatively influence your care.
- Go out of your way to build new associations and become familiar with the varied backgrounds of those who you provide care for.
- Reflect on your own potential bias. How might bias play a role in your care delivery?

- Learn more about the impilict bias and the Project Implicit by visiting https://implicit.harvard.edu/implicit/aboutus.html

INDIRECT DISCRIMINATION

Indirect Discrimination: When there is a practice, condition, policy, or rule that applies to everyone but inadvertently puts certain people or groups at a disadvantage.

Curb-Cutting: Taking measures to promote equity for different populations can be mutually beneficial to all.

REFLECTION

After discussing the examples, think of some occurrences of indirect discrimination that you or someone you know has experienced.

- What are some examples?

ACTIVITY

What does this image depict to you?

When is it important to treat with equity instead of equality?

KEY TAKEAWAYS

- Though this form of discrimination is "indirect", it still has an immense impact on varied populations, due to ignorance of equity measures.
- Treating patients with equity aknowledges patient diversity and varied barriers to care.
- Equity measures should not be viewed as "garnish to the real work."

TOOLS FOR PRACTICE

- Establishing equity measures in practice has the potential to benefit varied populations.
- Consider reviewing your workplace's policies and handbooks; Are there any policies or guidelines that could be contributing to indirect discrimination? Are there any that work against indirect discrimination?

- Read about how addressing indirect discrimination can lead to equitable health: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6103873/

IDENTITY AND INTERSECTIONALITY

Identity: (an individual's sense of self) can be defined by:

- a set of physical, psychological, and interpersonal characteristics that is unique to an individual.
- a range of affiliations (e.g. ethnicity) and social roles.

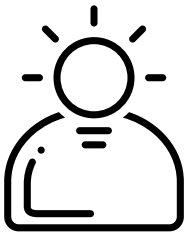
What 3 words or phrases would you choose to describe your identity?

1.

2.

3.

Intersectionality: The interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage



Check off the identity markers you most closely relate with and think of how they help to define your identity:

☐ Ability/ Disability	☐ Family Structure	☐ Education	☐ Religion
☐ Location	☐ Occupation	☐ Race or Ethnicity	☐ Age
☐ Sexuality	☐ Gender	☐ National Origin	☐ Social Affiliations

Which identity markers most closely relate with how you identify yourself, and why?

What are some examples that are not listed?

KEY TAKEAWAYS

- Identity is complex and made up of varied characteristics, affiliations, and roles. Every individual identifies themselves through these parameters uniquely.
- Understanding intersectionality means understanding that individuals are not one-dimensional. Interaction exists between varied aspects of identity, social categorizations, lived experiences, and so on. These interactions influence discrimination, inequities, and privilege.
- Identity and intersectionality may shape the way in which a patient wishes to receive care, and both should play a role in your care delivery.

TOOLS FOR PRACTICE

- Knowledge of Intersectionality and Identity allows one to view their patients and their care through an intersectionality health equity lens, giving rise to greater quality of care.
- Reflect on these prompts when communicating with patients or clients:
  - How might your own intersectionality affect your care delivery?
  - How might your intersectionality create inequities in your patient's health?

- Read more about this topic: https://nam.edu/health-inequities-social-determinants-and-intersectionality/

SOCIAL DETERMINANTS OF HEALTH

Social Determinants of Health: Conditions of the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

REFLECTION

After listening to Michelle Simmons' story, reflect on some of her biggest challenges:

- What statistics stood out to you?
- What social determinants affect Michelle's family's health?
- How does she adapt? What sacrifices does she make for her health?

DISCUSSION

- How can adverse childhood experiences affect patient care?
- How might adverse childhood experiences play a role in exacerbating social determinants of health in childhood and in the future?

ACTIVITY

Look at the two images below and consider the following phrase;

"Health starts in our schools, homes, and communities."

What does it mean to you?

KEY TAKEAWAYS

- Social determinants of health are influenced by culture (the customs and beliefs, art, way of life, and social organization of a country or group of people.)
- Examinations of socioeconomic status often reveal inequities in access to resources, plus issues related to privilege, power and control – COVID-19 has exacerbated this issue.
- Health literacy and education are related, with lower education contributing to poor health literacy.
- A trauma informed approach is key when supporting patients and their care, especially when discussing adverse childhood experiences (ACES) and one's social determinants of health. The simplest way to go about trauma sensitivity is asking the patient, "What happened to you?" instead of, "What's wrong with you?"

TOOLS FOR PRACTICE

- Recognize that health literacy should not be assumed and work with your patient to ensure they understand their care delivery plan and the information you are providing them.
- Consider screening patients for their social determinants of health utilizing evidence-based tools and practices available for your medical practice online. When screening patients using these tools, use a trauma informed care approach.

- Learn more about the social determinants of health by visiting https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

RACE AND ETHNICITY

Race: A social construct categorizing people based on their physical traits.
Ethnicity: A social construct categorizing people based on their cultural expression and identification.
Minority: Any category of people who are distinguished by physical or cultural difference that a society sets apart and subordinates.

REFLECTIONS

What other common assumptions about racial groups have you heard in your work place?

Think of some examples for the following types of Racial Discrimination:

- Personally Mediated
- Institutionalized
- Internalized

Which type of racial discrimination are you most familiar with? Which one(s) are new to you?

DISCUSSION

The video by Susan Moore depicted an example of how racial discrimination can exist in health care.
What types and/or levels of racial discrimination are present in her story?

KEY TAKEAWAYS

- Race is based on traits that a society THINKS is important, while Ethnicity is based on cultural traits that a society FINDS important.
- The way the government defines races will continue to change, to incorporate society's changing notion of race and ethnicity.
- Race is the most common example used to describe discrimination, which is driven by prejudice, or opinions that are not based on reason or actual experience (often taking the form of stereotypes.)
- Stigma often arises from fear or uncertainty about something not fully understood and is often seen as a mark of disgrace associated with circumstances, qualities, or people.
- Racial discrimination is seen as both direct and indirect and can be personally mediated, institutionalized, or internalized.

TOOLS FOR PRACTICE

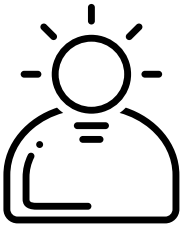
- Recognize there are health disparities between different races.
- Understand and reflect on your own race, your own ethnicity, and your own prejudices and stigmas towards others. Know that the thoughts you have and actions you make based on race or ethnicity may be discriminatory.
- In healthcare, we are pushing for health equity to alleviate the barriers placed historically, systemically, and institutionally to provider equitable care for all. Using this knowledge you are building through this training work towards health equity for a better future for yourself, your family, and beyond.

- Learn more about health equity from the CDC by visiting https://www.cdc.gov/minorityhealth/strategies2016/Equity_Infographic.pdf

RELIGION & SPIRITUALITY

Religion: "A religion is a unified system of beliefs and practices relative to sacred things, that is to say, things set apart and forbidden—beliefs and practices which unite into one single moral community." - Emile Durkheim, renowned sociologist

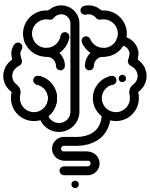
Spirituality: The aspect of humanity that refers to the way individuals uniquely seek and express meaning and purpose.



ACTIVITY: AGREE OR DISAGREE

Using the polling feature, please select "Agree" or "Disagree" for the questions presented:

- Comment on trends you saw during the polling.
  - Was it hard to answer some of the questions?
  - What results surprised you?



REFLECTION

How can a pro-voice mindset be used to improve communication between provider and patient?

What are other senarios can pro-voice be used in?

KEY TAKEAWAYS

- Religion and spirituality both encourage deep thought about morality and purpose, but are not interchangeable.
- Pro-voice is valuable for the patient – having someone provide nonjudgmental, supportive counsel for patients helps build trust and value between the patient-provider relationship.
- Religion and medicine can intersect, and do not always agree with one another. It is best to provide reflective language when speaking with the patient and understand one's own values and beliefs.

TOOLS FOR PRACTICE

- Reflect on your own religious and spiritual beliefs and how that connects to your care delivery.
- Reflect on any religious biases you may have that impact your perception of people.
- Religion and spirituality have a role in health care – it has the potential to be a beneficial coping mechanism and may impact patient care plans.
- Consider asking your patient if they have spiritual beliefs to help them cope with stress – through effective, empathic communications, providers should recognize their patient's personal religious, spiritual, and cultural beliefs.

- Learn more about pro-voice by visitng exhaleprovoice.org
- For case studies on religion and medicine, check out https://journalofethics.ama-assn.org/article/influences-religion-and-spirituality-medicine/2018-07

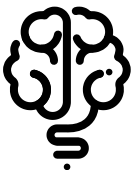
REFUGEES AND IMMIGRANTS

Refugees: Asylum seekers, often fleeing from areas of conflict, personal and generalized violence, or other circumstances that have seriously disturbed public order and the person's ability to live with dignity.

Immigrants: Those that changed their country of usual residence, irrespective of the reason for migration or citizenship status.

DISCUSSION

What are some biases against refugees or immigrants that you have seen or heard?



REFLECTIONS

After watching the example of a patient-provider interaction with an interpreter, consider the following questions:

- What did the provider do correctly?

- What could the provider do to improve this interaction?

ACTIVITY: APPLICATION FOR CITIZENSHIP IN PIG LATIN

Artpay A.1. INFORMATIONHAY ABOUTHAY OUYAY

1. Alienhay Egistrationray Umbernay (A#'s) (Ifhay anyhay)	2. Ocialsay Ecuritysay Nohay. (ifhay anyhay)		
3. Ompletecay Astlay Amenay	4. Irstfay Amenay	5. Iddlemay Amenay	
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Reetstay Umbernay and Amenay			Apthay. #
Itycay	Atestay		IPZAY Odecay
9. Endergay: Alemay _____ Emalefay _____	10. Aritalmay Atusstay: _____Inglesay _____Arriedmay _____Ivorcedday_____Idowedway		
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13. Esentpray Ationalitynay	14. Ationalitynay athay Irthbay	15. Aceray, Ethnichay orhay Ibaltray Oupgray	16. Eligionray
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18. *Ompletecay #18 A-B:* A. Enwhay idday ouyay astlay eavelay ouryay ountrycay? *(mm/dd/yyyy)* _____ B. Atwhay ishay ouryay urrentcay I-94 umbernay, ifhay anyhay? _____			
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KEY TAKEAWAYS

- People who are immigrants or refugees are often escaping their home country to live in freedom, to practice their religion freely, to escape violence, poverty or oppression, and to make better lives for themselves and their children.
- Refugees and immigrants may not seek care due to fear of deportation, stigma, and discrimination.
- Language barriers can lead to barriers in communication with patients with Limited English Proficiency leading to poorer health outcomes; it is vital and valuable to provide interpreters and is required by law if one's organization is a HHS recipient.

TOOLS FOR PRACTICE

- Reflect on your professional relationships with other organizations and professionals who can assist the individual by providing them or linking them to other useful resources.
- Ensure that other staff and team members are well equipped with the appropriate training and resources to provide to your patients.

- Read the whistleblower case about forced sterilization in detention centers by visiting: https://www.npr.org/2020/09/18/914465793/ice-a-whistleblower-and-forced-sterilization
- U.S. Committee for Refugees and Immigrants Directory of Associated Local Agencies
  - https://refugees.org/agencies/
- Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-vi/index.html

GENDER BIAS & IDENTITY

Gender: Refers to socially constructed roles, behaviors, expressions, and identities associated with a culture's view of feminine and masculine characteristics.

Gender norms - Social norms defining acceptable and appropriate actions for women and men in a given group or society. They are embedded in formal and informal institutions, nested in the mind, and produced/reproduced through social interaction.

Gender policing: Enforcing stereotypical gender roles and norms. Gender policing is a means of punishing gender nonconformity.

REFLECTIONS

Consider the following phrases:

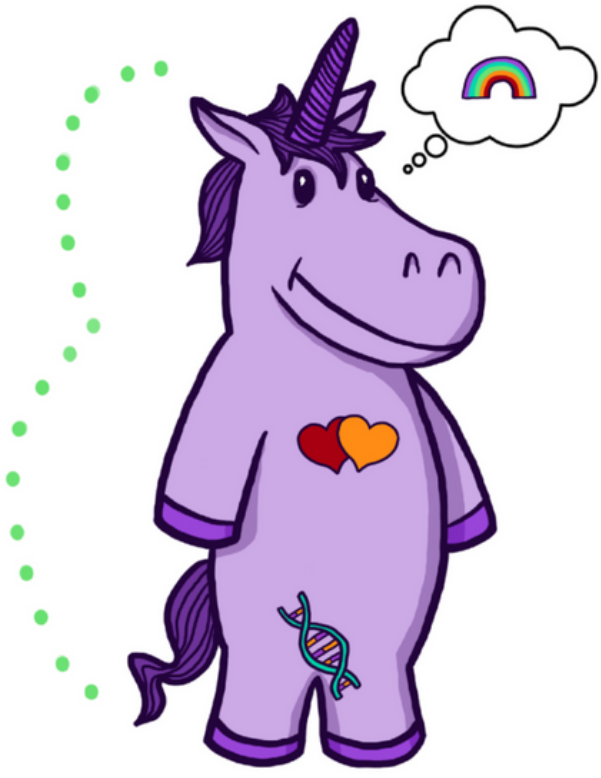
"Man up!"

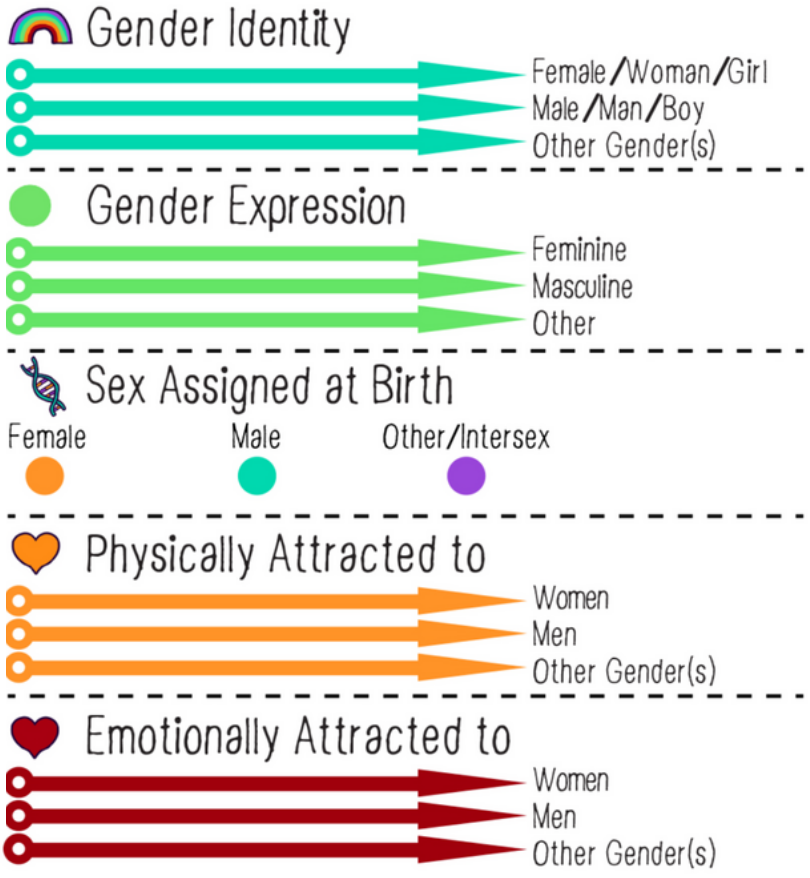
"Act like a lady!"

- How do these phrases make you feel?
- How can these phrases affect someone who doesn't fit stereotypical gender roles?

What are some examples of gender norms or stereotypes in healthcare?

What examples of gender policing have you seen or experienced?





DISCUSSION

What are your personal pronouns?
How important are they to you?

Why is it important to ask for someone's pronouns?

KEY TAKEAWAYS

- Remember that gender is comprised of a variety of multiple factors (i.e. gender identity, gender expression, biological sex, and sexual orientation).

- Gender identity belongs to the individual living it, not your own personal assumptions, understanding, or comprehension of what gender is.

- Be mindful of your own gender biases.

TOOLS FOR PRACTICE

- Communicate with patients and even staff and colleagues regarding their gender and gender identity.

- Consider your own nouns and pronouns and let them be known.

- Incorporation of Sexual Orietation and Gender Identity EHR and intake practices benefits patient inclusion and comfort. This process can also occur at varied stages throughout care.

- Engage in gender-focused continuing education opportunities and trainings.

- Read more about misgendering in medicine and ways to improve this at https://in-training.org/misgendering-in-health-care-and-how-to-improve-20983

- Find more information on reducing gender bias by watching Susan Fleming's TedTalk Here: https://www.youtube.com/watch?v=n_cGws3qGaA&feature=emb_title

SGM

LGBTQIA+: Includes Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Ally/Asexual, and more. Commonly shortened to LGBT (Lesbian, Gay, Bisexual, Transgender);

SGM: (Sex and gender minority**)** - A term used to denote lesbian, gay, bisexual, transgender, intersex, and other populations whose sexual orientation and/or gender identity, and reproductive development is considered outside cultural, societal, or physiological norms. A means of reducing exclusion for SGM populations.

DISCUSSION

Why is it important to recognize current terminology?

Outdated Terms	Appropriate Terms
Homosexual	Gay, Lesbian, Bisexual,
Gay/ Lesbian couple	Couple, relationship
Sexual preference, preferred pronouns	Sexual orientation, personal pronouns
LGBTQ Population	SGM

REFLECTION

While watching the videos in this section, consider the following prompts:

- Why might SGM individuals avoid medical care?
- What contributes to the health disparities in this population?
- What can you do to address some of these disparities?

KEY TAKEAWAYS

- The LGBTQIA+/SGM population ranges across all races, ethnicities, and genders.
- Discrimination, stigma, heterosexism, homophobia, and other phobias create health disparities in the LGBTQIA+ community. As a provider, it is your duty to recognize this issue and not let bias affect your care delivery.
- Be mindful of changes in terminology and outdated language to ensure that you aren't being offensive and representing derogatory language.

TOOLS FOR PRACTICE

- Ensure that all policies and procedures are inclusive of LGBTQIA+ people.
- Incorporate LGBTQIA+ specific health care needs into clinical care.
- Utilize forms, EHR, and best practices that reflect the diversity of LGBTQIA+ individuals to ensure that the information being collected provides wholesome insight to the individual's health-related history, preferences and other important information.

- Learn more about LGBTQI+ and SGM health by visiting fenwayhealth.org
- Read more: LGBTQIA+ Glossary of Terms for Health Care Teams https://www.lgbtqiahealtheducation.org/publication/lgbtqia-glossary-of-terms-for-health-care-teams/

AGE

Ageism: Stereotyping and discrimination against individuals or groups on the basis of their age. Ageism can take many forms, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs.

- (**Reverse ageism** for younger populations)

Elderspeak: Speaking to elder individuals in a patronizing manner, using elevated volume/pitch, greater repetitions, and simpler vocabulary.

ACTIVITY: EXPLORING AGEIST STEREOTYPES

Which statements apply to a teenager or an older adult?

(Mark " T " for teenager and " A " for older adult)

Can you see an older person making the same statement about a younger person?
What about vice versa?

- ☐ "They're so forgetful."
- ☐ "They're rude."
- ☐ "They're lazy."
- ☐ "You can't depend on them."
- ☐ "They just don't learn well."
- ☐ "They think they know it all."
- ☐ "They're never satisfied;
- ☐ "They're always complaining."
- ☐ "They're dangerous drivers."
- ☐ "They're sloppy."
- ☐ "They're too energetic."
- ☐ "They're so slow."
- ☐ "They're so busy."
- ☐ "They're always sick."
- ☐ "They stick together and won't talk to anyone who's not their age."
- ☐ "They're all the same."
- ☐ "Why don't they act their age?"

REFLECTION

How does your age affect the way colleagues speak with you?

How does your age affect the way patients speak with you?

Have you gone through a situation where someone negatively spoke about your age? How did you handle the situation? What do you wish you did differently?

KEY TAKEAWAYS

- Ageism is the most prevalent form of prejudice experienced by both older and younger people.
- Be mindful of both overtreatment and undertreatment of the older population.
- Value the needs and inputs of children and adolescents' and provide the same respect to older adults.
- As a provider, you are in a unique position to help young people address health issues such as sexual health, sexual orientation and gender identity, mental health, and abuse.

TOOLS FOR PRACTICE

- Acknowledge that age diversity should be respected and embraced.
- When working with patients, clients, and colleagues of different generations, pay particular attention to body language and facial expressions.
- As a provider, you are in a unique position to help young people address health issues that may be hard to talk about. Do not be judgmental and be your patient's partner in navigating these issues.
- Recognize different age groups face different barriers to care and incorporate measures to address these issues in your care delivery.

- Read more about ways to reduce ageism when working with clients here: http://sswlhc.org/wp-content/uploads/2016/07/sswlhc-reverseageism.pdf

DISABILITY

Disability: An umbrella term for a person who has a physical or mental impairment that substantially limits one or more major life activities. The experience of disability is unique to each person but there are common impacting factors.

Mental Disorders: Mental disabilities are commonly referred to as mental disorders or mental illnesses. They are clinically diagnosable chemical brain disorders.

DISCUSSION

View the example to the right:

What other modifications can you make (or have already made) to your behavior or practice to improve care for patients with disabilities?

REFLECTION

Do you, a family member, or loved one face a physical or mental disability? How have you helped support them?

Why do you think mental illnesses are stigmatized? How can you help end the stigma?

KEY TAKEAWAYS

- Remember that there are different types of disabilities with varying severities and to be mindful of common myths and stereotypes.

- People with disabilities experience poorer health overall, are more susceptible to health disparities that decrease quality of life and overall health, and have less access to adequate healthcare.

TOOLS FOR PRACTICE

- Consider making modifications. What modifications can you make to better serve your patients? Can you think of any modifications you and your organization have already made?

- Work with patients with disabilities to identify barriers and gaps that have yet to be addressed. Consider looking into other resources to help them address their accessibility in ensuring they can receive the best care possible.

- Read more about making an inclusive and accommodating environment for people with disabilities at nationaldisabilityinstitute.org

PERSON-FIRST LANGUAGE

Person-First Language: Objective way of acknowledging, communicating and reporting on people with disabilities.

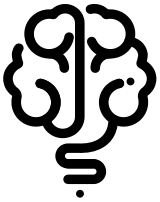
- "People-first language emphasizes the individuality, equality and dignity of people with disabilities. Rather than defining people primarily by their disability, people-first language conveys respect by emphasizing the fact that people with disabilities are first and foremost just that—people."

PUT IT IN PRACTICE:

- Say - "I'm watching Jennifer, a girl with Down syndrome."
- Don't say - "I'm watching Jennifer, a Down syndrome girl."

- Say - "Clark uses a cane."
- Don't say - "Clark is handicapped."

- Say - "I care for people, some of whom have disabilities."
- Don't say - "I care for the disabled."



REFLECTION

Imagine that you did not use person-first language when talking with a patient.

How might this patient react to you when referring to them incorrectly? How can you avoid this?

KEY TAKEAWAYS

- See the person and not their disability. Remember that the person is much more than their disability and that the disability is merely an aspect of their identity.
- Keep your focus on the person, rather than the disability.
- Be aware of the language you use in all situations, especially when referring to or talking with patients.

TOOLS FOR PRACTICE

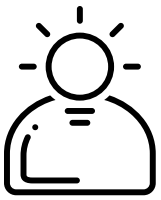
- Be mindful of person-first language as you prepare to interact with any individual.
- Do your research - if you are unfamiliar with a condition or disability, read up on it so your patient feels more understood.
- If you make a mistake, it's okay to correct yourself!

- Consider the opposing concept of identity-first language by watching this video: https://www.youtube.com/watch?v=-LX0KI4xkco&t=1s

MICROAGGRESSIONS

Three forms of Microaggressions:

- **Microassaults:** Derogations characterized primarily by a verbal or nonverbal attack meant to hurt the intended victim through name-calling, avoidant behavior, or purposeful discriminatory actions.
- **Microinsults**: Communications that convey rudeness and insensitivity & demean a person's identity.
- **Microinvalidations:** Communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person.



ACTIVITY: INTERPRETATIONS

Match the statement on the left with a possible interpretation on the right:

Column A: Statements		Column B: Possible Interpretations
A.	"You throw like a girl."	☐ Feminine traits are undesirable.
B.	"Just 'Google it' when you get home."	☐ Society knows what is right and you are wrong.
C.	"You are 'trashy' (or 'ghetto')."	☐ You don't belong.
D.	"You are a credit to your race."	☐ Being gay is unacceptable.
E.	"Everyone can succeed if they try hard enough."	☐ Your sexual orientation is your most important characteristic.
F.	"That's so gay."	☐ You are not man enough.
G.	[To a girl] "Math is hard, isn't it?"	☐ If you don't have "the basics," you must be lazy.
H.	"How long have you lived in our country?"	☐ Your culture is your most defining feature.
I.	"Being gay is just a phase."	☐ You people are all the same.
		☐ I see you as your skin color only.
		☐ People of your background are unintelligent.

REFLECTION

How are microaggressions similar to paper cuts?

KEY TAKEAWAYS

- Remember common microaggressions and be sure to avoid them.
- Recognize the weight that many microaggressions can put on a person.
- Never downplay or dismiss a person's discomfort. If a patient or client is offended by something you say, take ownership and apologize.

TOOLS FOR PRACTICE

- Listen when someone raises a concern.
- Interrupt microaggressions when witnessing them.
- Be aware of your own unconscious bias and work towards intentionally addressing them.

- Read more about microagressions from medicalnewstoday.com: https://www.medicalnewstoday.com/articles/microagressions#how-they-cause-harm

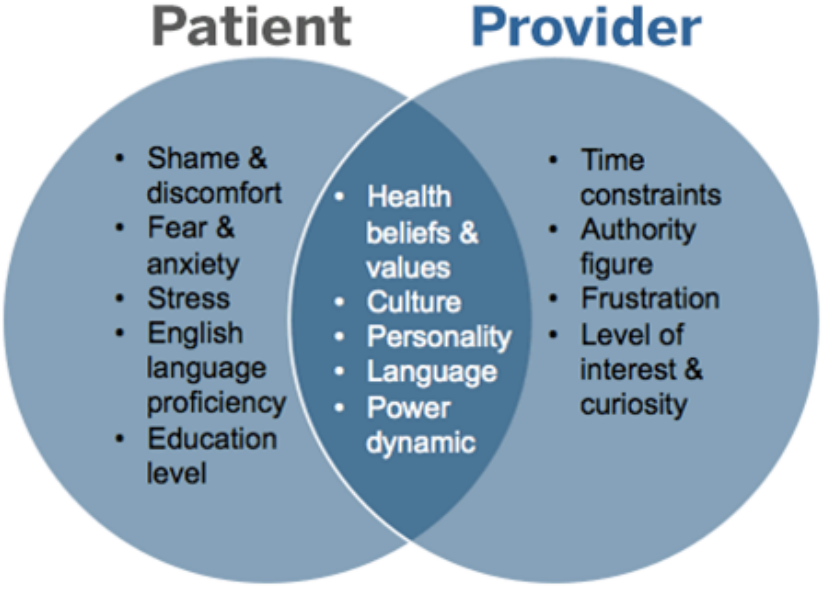
BEST PRACTICES

DISCUSSION

What materials do you provide for diverse patients?

What are some other aspects of a welcoming environment?

Which of these barriers apply to you?



REFLECTION

Think about a time when poor communication happened between yourself and a patient.

What happened? How did you feel, and how do you think the patient felt?

Do you believe you handled this situation effectively? What could have been done differently?

KEY TAKEAWAYS

- Value diversity! Remember that there can be strength in differences and be open to better understanding what these differences are and how they affect your patients' health.
- Effective communication and even the most minor changes in your workplace can make all the difference.
- Remember that YOU are part of the CHANGE. You have the power to continue to mobilize healthcare to be equitable for all!

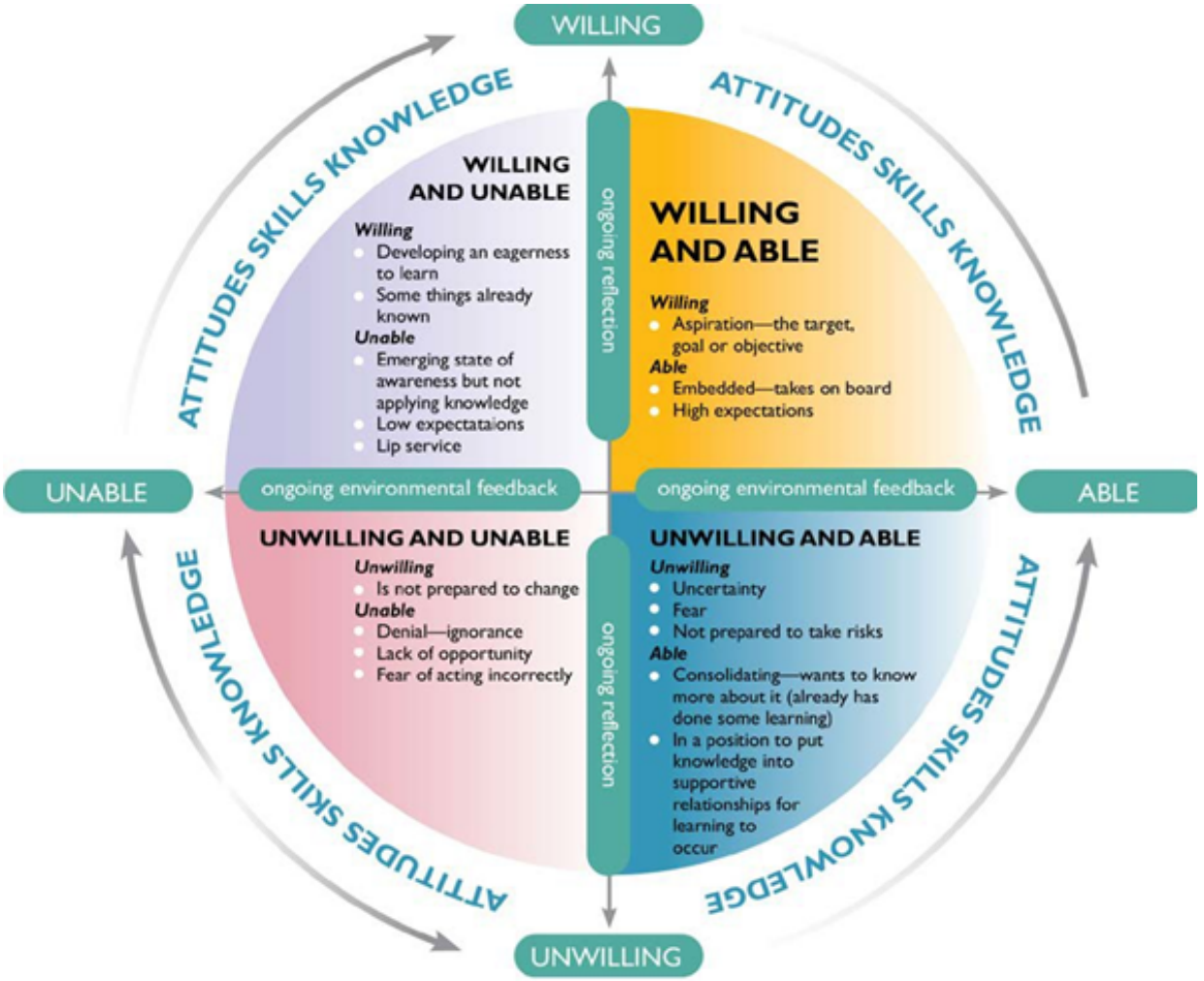
TOOLS FOR PRACTICE

- Always be intentional with your effective communication skills. Understanding the lifestyle, habits, and beliefs of other individuals can only improve how you care for them.
- Take a look at your workspace (i.e. clinical areas, front office, waiting room, restrooms, etc.) from a different perspective. Are these areas welcoming and accommodating to all of the different groups we have discussed?
- Empathy always goes a long way. Acknowledge what your patient may be feeling or expressing.
- Promote using neutral non judgmental language in your patient's narrative - before, during, and after the visit.

- Find additional resources on best practices for cultural competency by visiting healthnetworkssolutions.net

CULTURAL HUIMILITY

"Lifelong commitment to self-evaluation and critique"



REFLECTION

- Is it possible to achieve cultural competency?
- How can you move to the "willing and able" section?

KEY TAKEAWAYS

- Cultural humility is a lifelong journey to self-evaluate. Reflect on how you interact with others in providing them with quality and equitable care and respect.
- Disease and/or medical symptoms is not the only issue the individual may be facing. There are countless barriers related to other components of their life.
- Actively listen and walk alongside your patients and clients to ensure they meet their health goals and needs with an equitable treatment plan.

TOOLS FOR PRACTICE

- It's important to gain a better understanding of one's identity and the various aspects of who they are so you are able to better understand their barriers and strengths.
- Reflect on your own identity. Challenge yourself to investigate why you make certain assumptions, connect your own personal experiences to those of others and consider how your own experiences can inform your understanding of your patients. Your identity can also be a bridge to empathy.
- Start today! Make a conscious effort each and every day to infuse cultural humility by looking at your patients as people and put your best foot forward in prioritizing improving health and well-being in a meaningful and equitable way!

- Read more about barriers to becoming culturally competent by visiting wehearypu.acecqa.gov.au

TAKE THE PLEDGE

I, _____, pledge to do my part in reducing health care disparities to improve health outcomes of the patients and guests who visit _____. I will:

- Deploy best practice approaches towards providing quality care for all groups to ensure that all individuals have access to culturally and linguistically appropriate care in a timely manner.
- Mitigate personal barriers to cultural competency and be able to reflect and adapt purposeful patient interactions.
- Address health inequities and barriers to care found in different groups to improve patient care outcomes.
- Implement identity and intersectionality as a means of understanding others to improve quality of care.
- Describe the difference between conscious and unconscious biases and understand how they can lead to poor health outcomes for patients.