



# Cultural Sensitivity Training

Alameda Alliance for Health

# Message from Scott Coffin, CEO Alameda Alliance for Health

Dear Alliance Provider,

Thank you for taking the time today to review this important training on Cultural Sensitivity.

At the Alliance, we recognize that addressing health inequities and confronting daily and systemic racism in our communities will require a broad effort, one that looks at organizational policies and practices, as well as individual education and responsibility.

This training program extends beyond meeting regulatory requirements, rather it offers our provider partners valuable information on our diverse membership, core concepts in cultural sensitivity, and ways to access our cultural and linguistic resources. Education is a strategic pillar to reach our diversity, equity and inclusion goals. When we combine our knowledge with working practices to reduce health inequities and fight systemic racism, we are a better people. I am grateful to have you as a partner in this important work and wish you well in your endeavors.

Your partner in health,  
Scott Coffin  
Chief Executive Officer

# Alliance Diversity, Equity and Inclusion Committee (DEIC)

## ▶ DEIC's responsibilities

- ▶ Develop an organizational strategy
- ▶ Recommend company-wide initiatives
- ▶ Ensure internal and external communication on DEIC matters
- ▶ Evaluate progress on the organization diversity goals
- ▶ Ensure that the organization's services, actions, policies, communications, and customer service support diversity, equity, and inclusion.

## ▶ Public statements

- ▶ [Statement 1](#): Public Statement Opposing Structural Racism, July 10, 2020.
- ▶ [Statement 2](#): In Solidarity with our Asian and Pacific Islander Communities, April 9, 2021.

# Training Objectives

By the end of this training, you will be able to:

1. Understand current laws and regulations on cultural and linguistics services at the federal and state levels.
2. State reasons why cultural sensitivity is important for providing quality health care.
3. Use strategies to improve communication with key sub-populations:
  - Diverse ethnic groups
  - Immigrants and refugees
  - Seniors and persons with disabilities
  - LGBTQ+
4. Know how to access cultural and linguistic resources available to Alameda Alliance for Health (Alliance) members.

# Regulatory Standards for Cultural and Linguistic Services

## Key Standards

- ▶ California Code of Regulations, Title 22 CRS 53876, 53853(c) and Title 28 CCR 1300.67.04(c)(3) & California SB 223 and SB 1423
- ▶ Code of Federal Regulations, Title 42, Section 440.262 , 43
- ▶ American Disabilities Act of 1990, Title III & Civil Rights Act of 1964, Title 6
- ▶ Affordable Care Act of 2010, Section 1557

## Key actions

- ▶ **Maintain a C&L program** to monitor, evaluate, and take effective action to address any needed improvement in C&L services.
- ▶ **Notify members** of non-discrimination, language assistance, alternative formats and assistive devices.
- ▶ Promote **access and delivery of services** in a culturally competent manner.
- ▶ **Training** regarding working with Limited English Proficiency enrollees, interpreters and seniors and persons with disabilities and understanding the cultural diversity of our membership.

# Non-discrimination

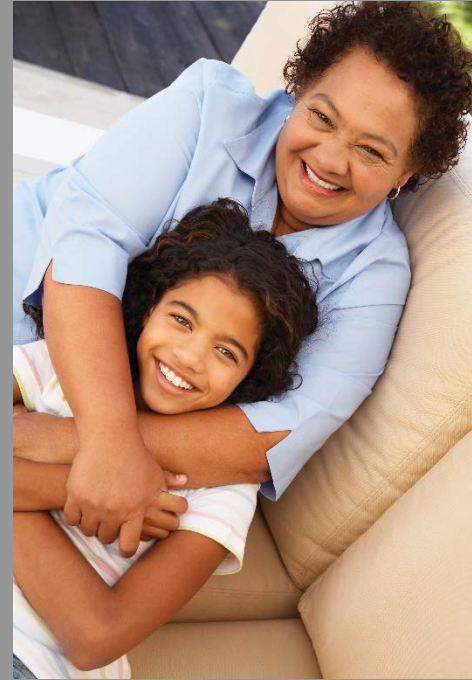
The Alliance is committed to serving all members with *respect and dignity*.

The Alliance does not treat members differently, exclude people or treat them differently because of:

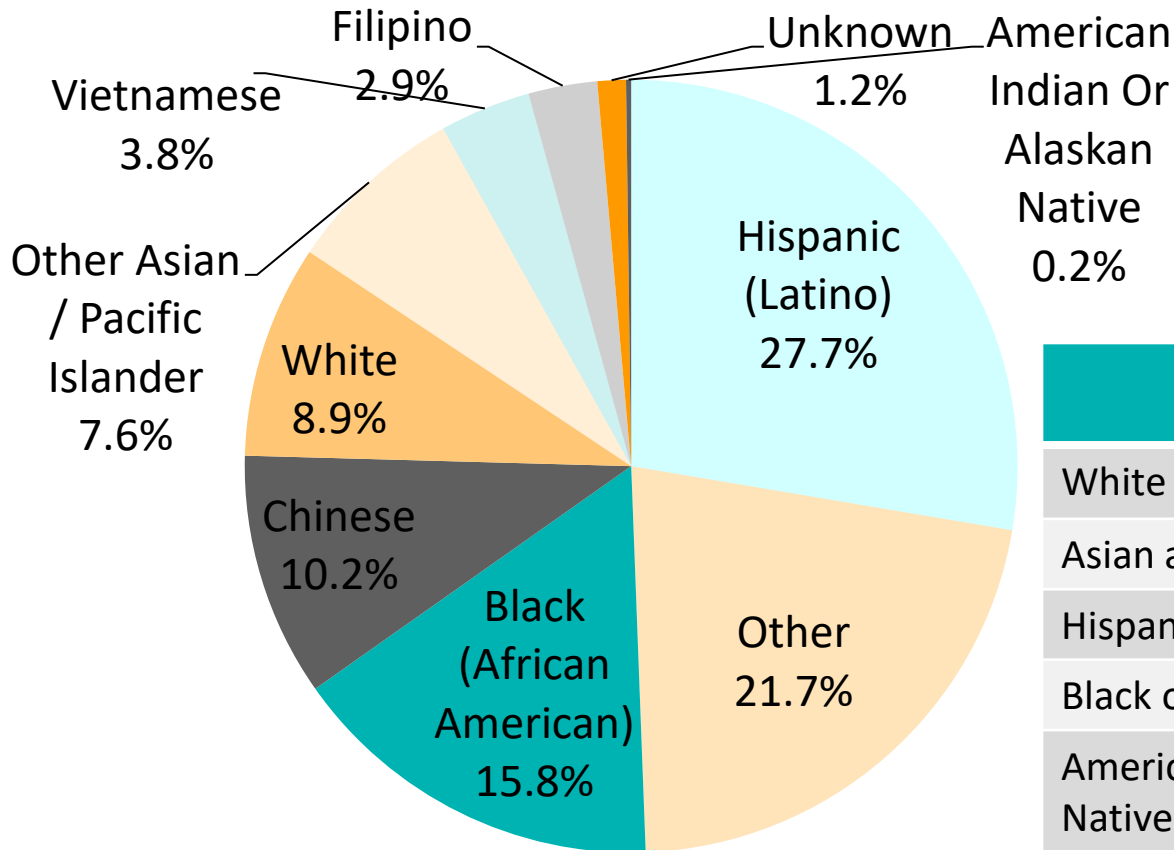
- ▶ Sex
- ▶ Race
- ▶ Color
- ▶ Religion
- ▶ Ancestry
- ▶ National origin
- ▶ Ethnic group identification
- ▶ Age
- ▶ Mental disability
- ▶ Physical disability
- ▶ Medical condition
- ▶ Genetic information
- ▶ Marital status
- ▶ Gender
- ▶ Gender identity
- ▶ Sexual orientation



# Alliance Membership



# Alliance Membership by Ethnicity



| Alameda County Comparison                        |       |
|--|-------|
| White alone                                      | 30.6% |
| Asian alone                                      | 32.3% |
| Hispanic or Latino                               | 22.3% |
| Black or African American alone                  | 11.0% |
| American Indian and Alaska Native alone          | 1.1%  |
| Native Hawaiian and Other Pacific Islander alone | 0.9%  |

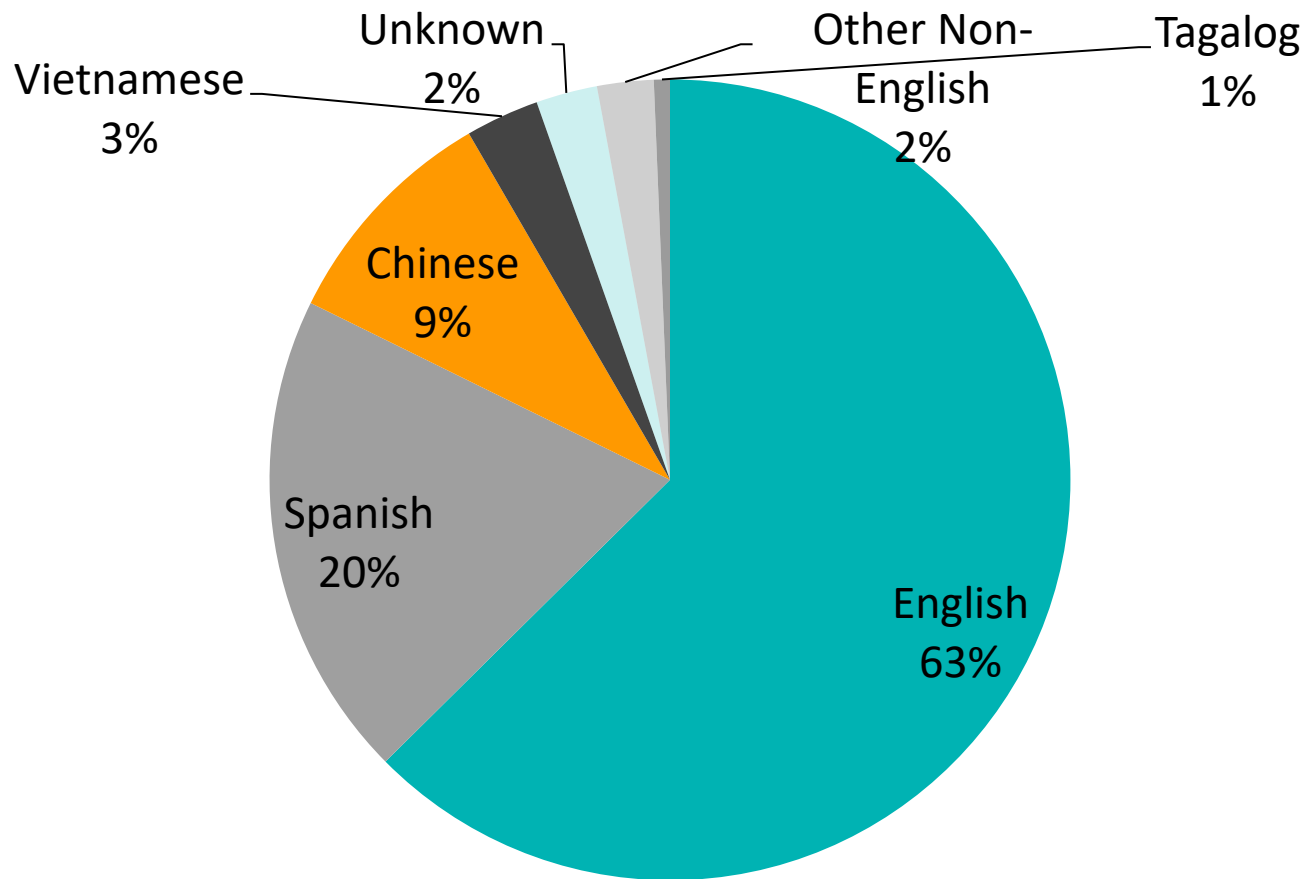
All Plan Nov 2021. Total membership: 295,609.

Census Alameda County estimates, 7/1/2019, [U.S. Census Bureau](https://www.census.gov)

[QuickFacts: Alameda County, California](https://www.census.gov/quickfacts/alameda-county-california); viewed 10/2/2021



# Alliance Membership by Language



All Plan Nov 2021. Total membership: 295,609.

# Alliance Threshold Languages

## What counts as a threshold language?

Five-percent (5%) or 3,000 Medi-Cal eligible individuals in Alameda County, 1,500 in two contiguous zip codes, or 1,000 in one zip code.

## What is required?

By law, the Alliance and its delegates must translate all vital member documents and letters into our threshold languages.

The nondiscrimination notice and taglines in 18 non-English languages must also be sent with these communications.

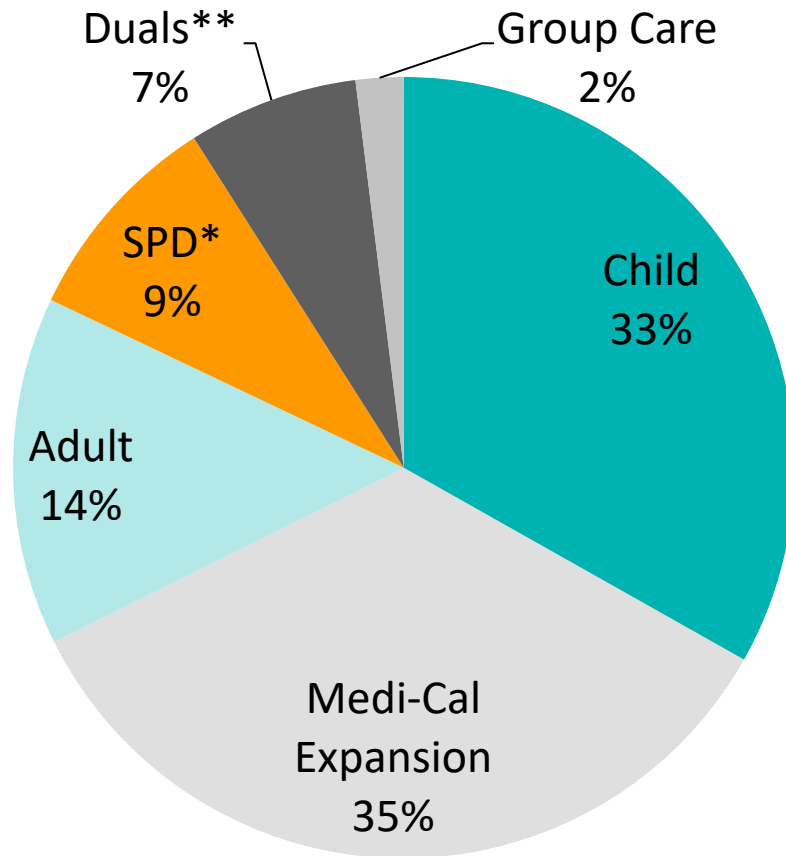
### Medi-Cal

- English
- Spanish
- Chinese
- Vietnamese
- Tagalog - NEW

### Group Care (IHSS)

- English
- Chinese
- Spanish

# Medi-Cal Membership by Aid Code/Plan



\*SPD: Seniors and Persons with Disabilities  
 \*\* Persons dually eligible for Medicare and Medi-Cal

All Plan Nov 2021. Total membership: 295,609 (chart excludes 9 Breast and Cervical Cancer Treatment Program and 3 Unknown).

# Culture and Healthcare

Cultural Humility

# What cultures make up who you are?



**Consider these aspects of culture.**

1. Consider each aspect of culture. How do you define yourself?
2. Think about how the cultures that define you act as lenses through which you view the world.



# Why is culture important?

## Culture Impacts Every Health Care Encounter

- ▶ Who provides treatment
- ▶ What is considered a health concern
- ▶ What type of treatment
- ▶ Where is care sought
- ▶ How symptoms are expressed
- ▶ How rights and protections are understood



# Cultural Sensitivity in Health Care

## *Effective care for people from different cultures*

- ▶ Awareness of one's own culture and biases
- ▶ Embrace the complexity of diversity
- ▶ Acceptance of differences
- ▶ Relate to patients in ways that are most understandable
- ▶ Constant effort to understand the worldview of your patients
- ▶ If you offend someone, apologize and ask, "How can I make it right?" Seek help from a supervisor if needed.

# Addressing Inequities

“Racial and ethnic minorities tend to receive a lower quality of health care than non-minorities, even when access-related factors, such as patients’ insurance status and income, are controlled.”

- IOM Report, Unequal Treatment, 2003, Confronting Racial and Ethnic Disparities in Healthcare

Due to social determinates of health minorities are:

- ▶ More likely to get certain diseases
- ▶ Less likely to receive the most effective treatment
- ▶ More likely to have long-term disabilities

*The Alliance, together with its network of providers, is committed to addressing these disparities.*



# Higher Death Rates

## African-Americans

- Heart disease, stroke, breast cancer, lung cancer, prostate cancer, diabetes, and kidney disease.

## Asian American and Pacific Islanders

- Cancer, heart disease, stroke and diabetes

## Hispanics (Latinos)

- Cancer, heart disease, stroke and diabetes

## Indigenous Americans and Alaskan Natives

- Heart disease, diabetes, and chronic liver disease

# Benefits to Culturally Sensitive Communication

Improve patient safety and health



Improve physician and patient satisfaction



Increase efficiency of office processes



Reduce malpractice risk



Increase patient compliance



# Health Literacy

**Health Literacy** is the ability to obtain, process, and understand basic health information. It is critical for making good health decisions.

## Health Literacy Tips:

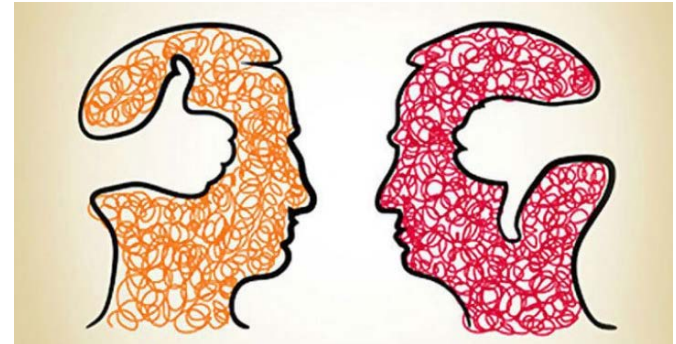
- Use plain language; define complex terms.
- Keep text at a 6th grade reading level or lower
- For patients with very low literacy, try step by step graphics or pictures, demonstrations and videos.



# Communicating with Patients of Diverse Cultures

# Looking at Our Biases

- ▶ We all have *unique experiences* with people of different cultures.
- ▶ This can lead to attitudes or stereotypes that *unconsciously* affect how we think and act.
- ▶ These unconscious *biases* may not be the same as our declared beliefs.
- ▶ Yet, unconscious biases *can be unlearned*.  
Our brains are complex.  
New experiences and recognizing our biases can lead to new beliefs.



# Golden & Platinum Rules of Service

## Golden Rule

Treat someone like ***you*** want to be treated – if your culture is similar to that of the patient.

## Platinum Rule

Treat a person how ***they*** want to be treated – if your culture differs from the patient.



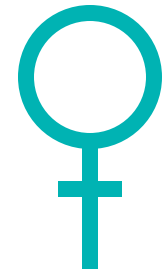
# Communicating with LGBTQ patients

Lesbian, Gay, Bisexual, Transgender, and Queer

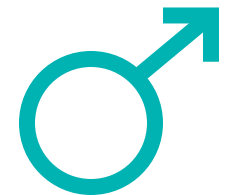
# Gender Terminology

**Gender Identity:** An individual's internal sense of being male, female, both, neither or something else.

- ▶ **Transgender:** People whose gender identity does not match the biological sex they were assigned at birth.
- ▶ **Cisgender** (pronounced sis-gender): People whose gender identity matches the biological sex they were assigned at birth.
- ▶ **Gender non-conforming:** People who express their gender differently than what is culturally expected of them regardless of their gender identity.
- ▶ **Gender-fluid:** A person who does not identify with a single fixed gender or has a fluid or unfixed gender identity.
- ▶ **Gender dysphoria:** Medical term defined as clinically significant distress caused when a person's assigned birth gender is not the same as the one with which they identify.
- ▶ **Non-binary:** An adjective describing a person who does not identify exclusively as a man or a woman. Non-binary can also be used as an umbrella term encompassing identities such as agender, bigender, genderqueer or gender-fluid.



Female



Male



Transgender



# Gender Inclusive Pronouns

- ▶ Using the preferred pronouns shows respect
- ▶ How do I ask about pronouns if I'm unsure?
  - ▶ “How would you like me to address you?”
  - ▶ “What pronouns do you use?”
  - ▶ “My name is \_\_\_\_\_, and my pronouns are she, her, hers. And you?”
- ▶ If you misspeak, apologize and move on
- ▶ What pronouns? (not an exhaustive list)
  - They/Them/Their/Theirs/Themselves
  - Ze (or Zie) pronounced “Zee”/Hir “Here”/Hirs “Heres”/Hirself “hereself”
  - Just use the name (Ash ate Ash’s food because Ash was hungry)

# Sexual Orientation Terms

**Sexual Orientation:** A person's emotional, romantic, and/or sexual attraction to others.

- ▶ **Bisexual:** A person emotionally, romantically or sexually attracted to one or more sex, gender or gender identity.
- ▶ **Heterosexual:** A person emotionally, romantically or sexually attracted to the opposite sex.
- ▶ **Lesbian:** A woman who is emotionally, romantically or sexually attracted to other women.
- ▶ **Gay:** A person who is emotionally, romantically or sexually attracted to members of the same gender.
- ▶ **Queer:** A term people often use to express a spectrum of identities and orientations that are counter to the mainstream. Previously seen as a slur, but it has been reclaimed by many.
- ▶ **Other:** Celibate, non-sexual, two-spirit.



Adapted from <https://www.hrc.org/resources/glossary-of-terms>.

# Communicating with LGBTQ Members

## We wish our health care team knew . . .

We come to you with an extra layer of anxiety. We are more likely than cisgender or heterosexual people to have been:

- Verbally or physically abused
- Rejected by our families due to our sexual and gender identity
- Discriminated against within the health care setting

Assuming that heterosexual or cisgender is the norm prevents us from seeking care.

## Here's what your team can do . . .

A little warmth can make all the difference!

- Signage or intake form verbiage that is safe, judgment-free, and non-discriminatory
- Policies indicating non-discrimination for sexual and gender identity displayed in common areas
- Ask if prefer to be accompanied in the exam room
- Ask permission to touch before an exam

Expect not all Members to be heterosexual or cisgender

- Example: Do not assume a male patient's spouse is a wife, or vice-versa.
- Ask about and use preferred pronouns
- Change options on forms to include options other than female/male and use images that are inclusive.

# Creating a Gender Inclusive Environment

<https://www.youtube.com/watch?v=PU-ZTbykhul>

Stanford University Health Care Video (4:26 min)

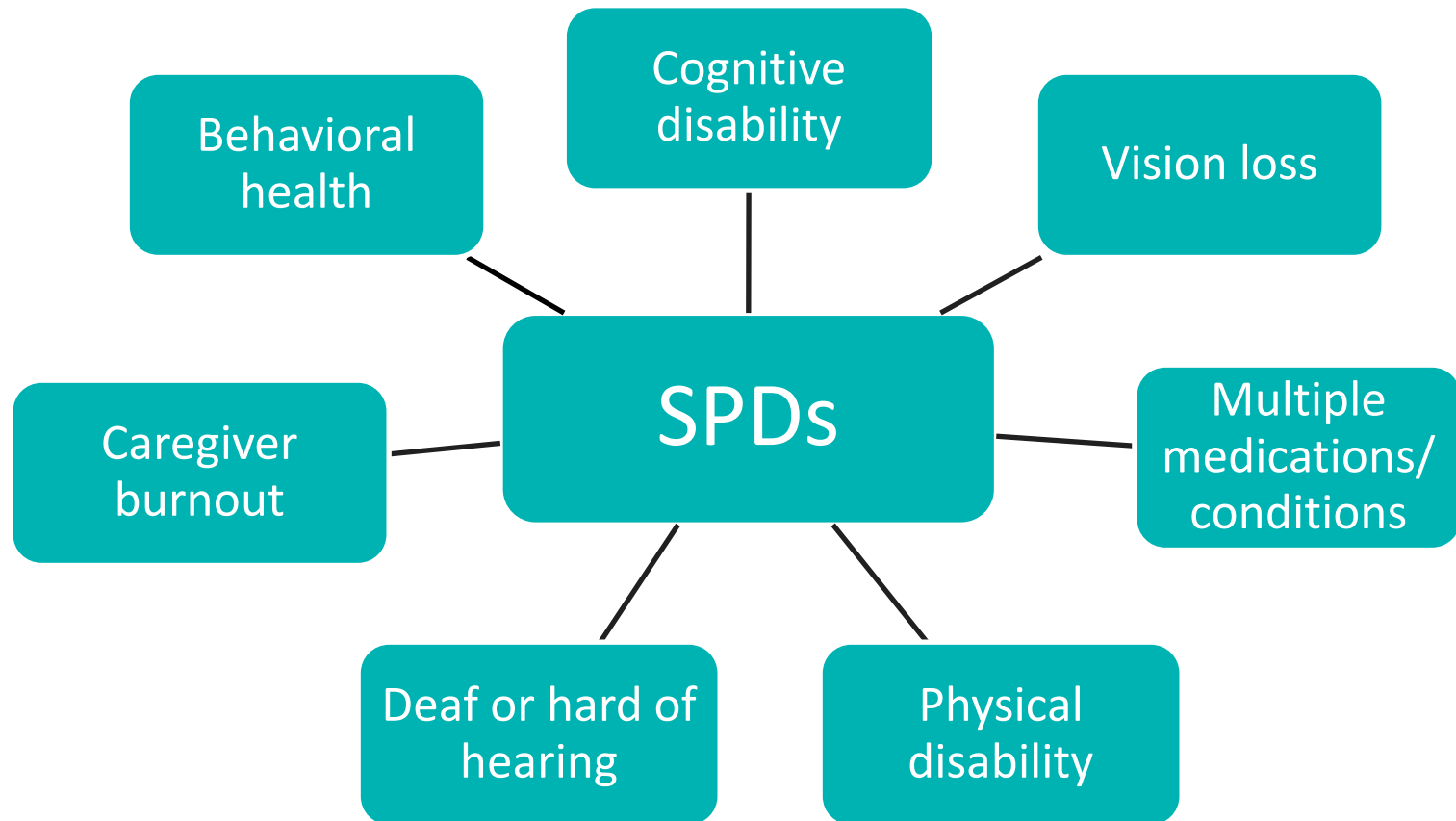




# Communicating with Seniors and Persons with Disabilities (SPD)

# Working with Seniors and Person with Disabilities (SPD)

SPDs may deal with multiple challenges to accessing quality healthcare.



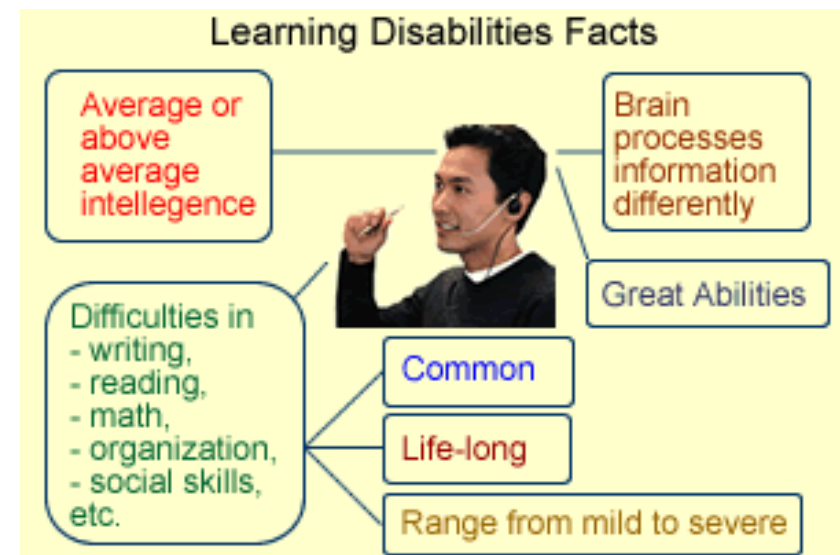
# Members who have Mobility Impairments

- ▶ Don't push, touch or lean on someone's wheelchair
- ▶ Bring yourself to their level to speak
- ▶ A member's mobility challenges might be hidden
- ▶ Ask before giving assistance



# Members with Learning Disabilities

- ▶ There are many forms of learning disabilities. Examples include:
  - ▶ Dyslexia
  - ▶ Auditory or Language Processing Disorders
  - ▶ Attention Deficit Hyperactive Disorder
- ▶ Do:
  - ▶ Break ideas or processes into small steps and check for understanding
  - ▶ Present things both verbally and visually
  - ▶ Offer to read things aloud
  - ▶ Allow time; be patient





# Members with Speech Disorders


## If you don't understand someone:

### ▷ Do

- ▶ Ask the person to repeat
- ▶ Repeat what you heard to make sure you understood correctly

### ▷ Don't

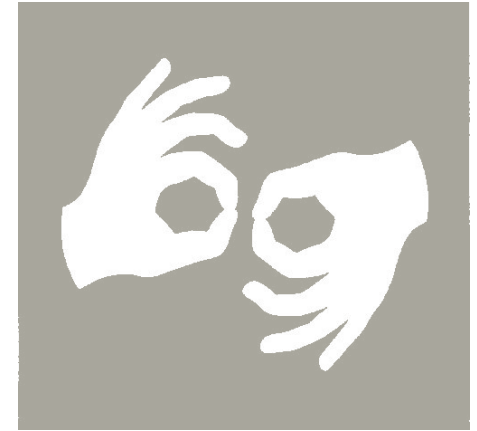
- ▶ Speak loudly or shout
- ▶ Finish a person's sentence or thought



“Could you please repeat that? I didn't catch what you said the first time.”

# Members who are Deaf or Hard of Hearing

- ▶ Talk by **phone** using the California Relay Service (CRS): 711 or TeleTYpe (TTY): **1.800.735.2929**.
- ▶ **Video phones** may be used for people who communicate with sign language.
- ▶ Offer to arrange for qualified **American Sign Language (ASL) interpreters** for health care communications and appointments.
- ▶ **Create trust:** Face the person you are speaking with. Avoid side conversations.
- ▶ **Ask patients** what works best for them.



# Members who have Vision Loss

## ▶ Communication strategies

- ▶ Identify yourself
- ▶ Offer to read text or documents
- ▶ Create documents in large font (20 pt. or per member preference)
- ▶ Translate key materials into braille or preferred format upon request



# Service Animals

## ▷ Do

- ▶ If not sure, ask if the animal aids with a disability.
- ▶ Know that service animals assist people with many different types of disabilities.

## ▷ Don't

- ▶ Deny a patient with a service animal entrance inside the clinics.
- ▶ Pet any service animal or give it a treat without asking first.



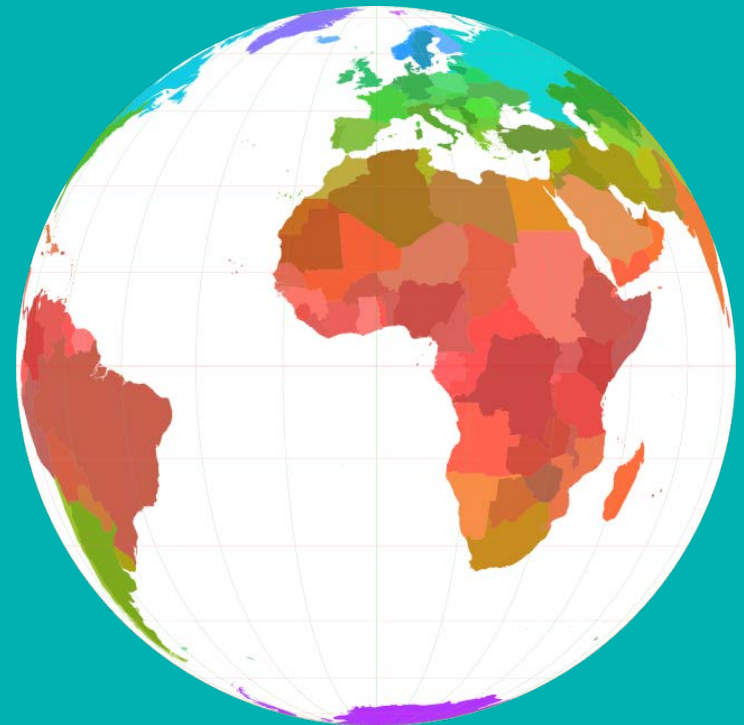
# Communication with Persons with Disabilities

Disability Sensitivity Video (3:41 min)

Please click on like below or copy link into your browser

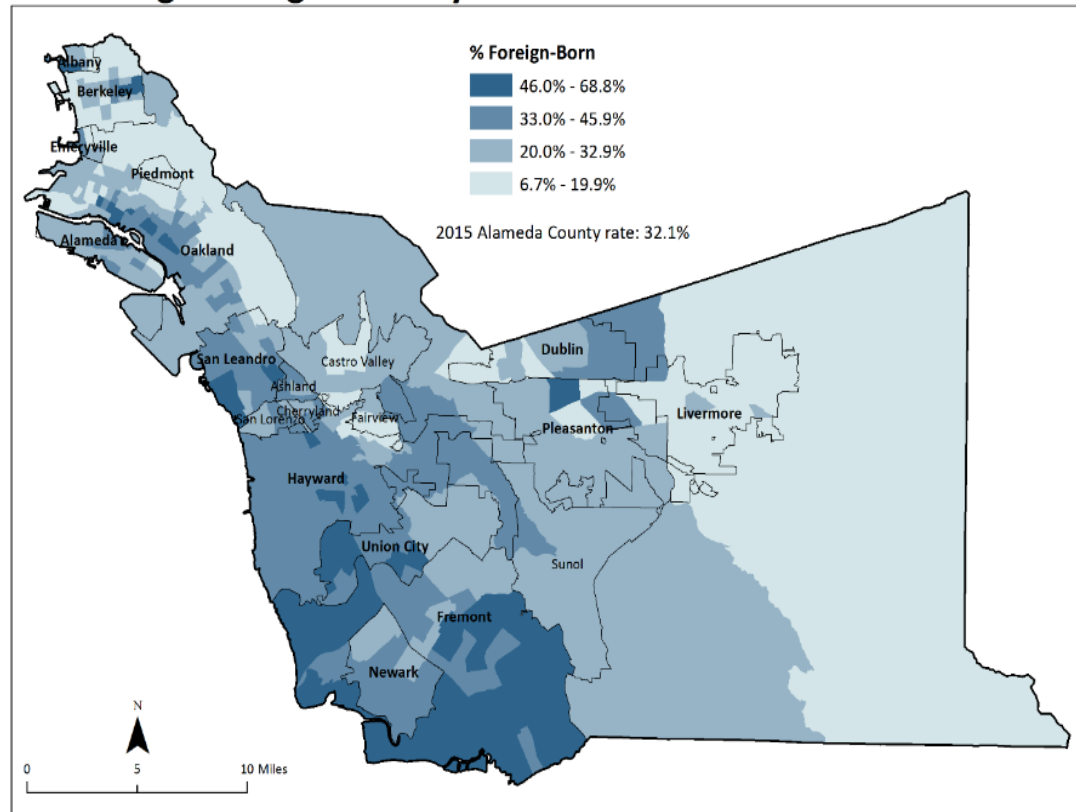
<https://www.youtube.com/watch?v=Gv1aDEFIXq8>

# Communicating with Refugee and Immigrant Members



# Immigrants in Alameda County

Percentage Foreign-Born by Census Tract



Source: CAPE, with data from American Community Survey, 2011-2015

- ◀ 27% of county residents are foreign born.
- ◀ 44% speak a language other than English at home.

Source: US Census estimates 7/1/2019; [U.S. Census Bureau QuickFacts: Alameda County, California; California](#), viewed 10/2/2021

# Health Care for Refugees and Immigrants

Refugees and Immigrants may:

- ▶ Be concerned about their **personal information** being shared with government agencies, such as Immigration and Customs Enforcement (ICE).
- ▶ **Delay seeking healthcare** for fear of deportation or fear it will hurt their path to citizenship.
- ▶ **Not be familiar** with the U.S. health care system.
- ▶ Experience physical and behavioral health effects of **stress and trauma**.
- ▶ Have **economic or social concerns** that influence health decisions.





# Communicating with Refugees and Immigrants

- ▶ Assure your members or members' parents that their health information is confidential.
- ▶ Orient members to managed care. Explain what Medi-Cal can cover, and what treatments aren't covered.
- ▶ Show respect for the role of traditional practices, herbal remedies and traditional healers that may be used
- ▶ Offer referrals to culturally appropriate clinics and specialists.
- ▶ Recognize that level of acculturation\* and individual experience make each person unique.

**\*Acculturation** is the process of adopting the cultural traits or social patterns of another group.



# Notes on Language

- ▶ There are a diversity of languages spoken even within a country, or the same language may have different dialects.
- ▶ Use “Point to Your Language” signs to help identify language when possible.
- ▶ Find the sign at: [Language Access – Alameda Alliance for Health](#)

Point to your language. We will get you an interpreter. **Alliance FOR HEALTH**

|                   |   |                   |   |
|-------------------|---|-------------------|---|
| <b>Arabic</b>     | اللغة العربية<br>أشر الى لغتك<br>وسنقدم المترجم حالاً                                 | <b>Laotian</b>    | ພາສາລາວ<br>ຊື່ບອກພາສາທີ່ເຮົາຕ້ອງໄດ້<br>ພວກເຮົາຈະມີຄົນຕີພາສາພາສາໃຫ້                                    |
| <b>Cambodian</b>  | ភាសាខ្មែរ<br>សូមបញ្ជាក់ភាសារបស់អ្នក<br>យើងនឹងរៀបចំអ្នកបកប្រែមកជូន                     | <b>Mam</b>        | Mam<br>Yecz tyola.<br>K, o co jel yolon tejun xal toj tell tyola.                                     |
| <b>Cantonese</b>  | 廣東話<br>請指認您的語言<br>以便為您請翻譯   | <b>Mandarin</b>   | 國語<br>請指認您的語言<br>以便為您請翻譯  |
| <b>Dari</b>       | دری<br>شما به کدام زبان گپ می زنید؟<br>یک ترجمان می آید.                              | <b>Mien</b>       | Mienh<br>Nuqv meih nyci waac mbuox yie liuz,<br>yie heuc faan waac mienh bun meih oc.                 |
| <b>Eritrean</b>   | ትግርኛ<br>ኅብዓትግድኡም ከመልከቱ<br>ከተርጓሚ ከደውለሉ ከዬ  | <b>Pashto</b>     | پښتو<br>خپله ژبه وینه.<br>ژر به ترجمان در سره خبری وکر.   |
| <b>Ethiopian</b>  | አማርኛ<br>ጠይቅንቃው ከየመልኩ<br>ከስተርጓሚ ከነጠራለን   | <b>Punjabi</b>    | ਪੰਜਾਬੀ<br>ਅਮਰੀ ਬੋਲੀ ਵਿਸ਼ਵ ਨਾਲ ਦੋਸੀ ।<br>ਤੁਹਾਡੇ ਵਾਸਤੇ ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਬੁਲਾਰਿਆ ਜਾਵੇਗਾ ।                |
| <b>Farsi</b>      | فارسی<br>به زبانی که صحبت می کنید اشاره کنید،<br>برای شما مترجم می آوریم.             | <b>Russian</b>    | Русский Язык<br>Укажите, на каком языке Вы говорите.<br>Сейчас Вам вызовут переводчика.               |
| <b>Hindi</b>      | हिंदी<br>अपनी भाषा इशारे से दिखाइये ।<br>आपके लिए दुभाषिया बुलाया जाएगा ।             | <b>Spanish</b>    | Español<br>Señale su idioma.<br>Se llamará a un intérprete.   |
| <b>Hmong</b>      | Hmoob<br>Thov taw tes rau koj yam lus.<br>Peb yuav hu ib tug neeg txhais lus rau koj. | <b>Tagalog</b>    | Tagalog<br>Ituro mo ang iyong wika.<br>Matatawagan ang tagapag-salin.                                 |
| <b>Indonesian</b> | Bahasa Indonesia<br>Tunjukkan bahasamu.<br>Jurubahasa akan disediakan.                | <b>Thai</b>       | ภาษาไทย<br>ช่วยชี้ให้เรารู้หน่อยว่า ภาษาไหนเป็นภาษาที่ท่านพูด<br>แล้วเราจะจัดหาสามให้ท่าน             |
| <b>Japanese</b>   | 日本語<br>あなたの話す言語を指で、示してください。<br>通訳をお呼びします。   | <b>Urdu</b>       | اردو<br>زبان میں بات کرنا پسند کریں؟ سی آپ کون<br>آپ کی مدد کیلئے ایسی کسی ترجمان کو بلا دیا جائے گا۔ |
| <b>Korean</b>     | 한국어<br>당신이 쓰는 말을 지적하세요.<br>통역관을 불러 드리겠습니다.  | <b>Vietnamese</b> | Tiếng Việt<br>Chỉ rõ tiếng bạn nói.<br>Sẽ có một thông dịch viên nói chuyện với bạn ngay.             |

# Language Assistance Resources

# The Alliance Language Assistance Program

## The Alliance has a Language Assistance Program that:

- ▶ Asks the **Member Advisory Committee (MAC)** for input on ways to better serve our members both culturally and linguistically
- ▶ Holds quarterly **Cultural and Linguistic Services Sub-Committee** meetings to monitor C & L services and address any concerns
- ▶ Monitors **provider language capacity**
- ▶ Ensures **bilingual staff** are assessed and monitored for quality
- ▶ Tracks our **member language preferences** and ethnicities
- ▶ Monitors our cultural and linguistic services through **grievance and appeals review**

# Communication with Members when English is a Second Language

- ▶ Use plain words; avoid jargon, technical words and acronyms
- ▶ Repeat important information
- ▶ Give information in small chunks
- ▶ Offer/provide educational handouts in patient's language
  - ▶ See [www.alamedaalliance.org/live-healthy-library](http://www.alamedaalliance.org/live-healthy-library) or [www.medlineplus.gov](http://www.medlineplus.gov) for translated materials.
- ▶ Use pictures, demonstrations or video
- ▶ Check for understanding



Source: Adapted from Industry Collaboration Effort, C & L Provider Toolkit, [www.iceforhealth.org](http://www.iceforhealth.org), 1/2017.

# Interpreter Services: What's Covered

- ▶ All Alliance members are entitled to an interpreter at all points of contact for covered benefits.
- ▶ Points of contact include but not limited to:
  - ▶ Hospitals
  - ▶ Provider offices
  - ▶ Member services settings
  - ▶ Covered case management, and health education
  - ▶ Administrative offices and facilities
- ▶ Offer qualified interpreter services at the time of appointment scheduling and administrative communications.
- ▶ Note language preferences and any refusal of qualified interpreters in the patient's record.



# Interpreter Services: How to Access

- ▶ The Alliance contracts with vendors for interpreter services.
  - ▶ For 24/7 telephonic interpreter services, providers may call **1.510.809.3986**.
  - ▶ Member requests for interpreters go through the Alliance Member Services Department **1.510.747.4567**.
  - ▶ Providers requesting pre-scheduled interpreter services for members should fax the Alliance the **Interpreter Services Appointment Request Form** found at [www.alamedaalliance.org](http://www.alamedaalliance.org). Please submit **five (5) working days** prior to the appointment.
- ▶ Many contracted clinics also have qualified interpreters or bilingual staff on-site. Sites must keep proof of bilingual staff proficiency.
- ▶ Hospitals are required by state law to provide interpreter services to Members (AB 389 Chapter-327).



# Family & Friends as Interpreters?

**Offer** qualified interpreter services or qualified bilingual staff for all health care communications.

**Do not ask** family members to interpret, unless it is an emergency.  
**Children cannot interpret except in an emergency\*.**

**Document** if a member requests a non-certified accompanying adult to interpret or if they refuse qualified interpreter services.

\* Emergency is defined as an immediate threat to the safety or welfare of an individual or the public. – Affordable Care Act, Section 1557



# Tips for Working with Interpreters

- ▷ Hold a brief introductory discussion
  - ▶ Your name, organization and nature of the call/visit
  - ▶ Reassure the patient about confidentiality
- ▷ Allow enough time
- ▷ Avoid interrupting
- ▷ Speak in a normal voice; not too fast or too loudly
- ▷ Speak in short sentences
- ▷ Avoid acronyms, medical jargon

# Tips for Working with Interpreters

- ▶ If in person:
  - ▶ Face and talk to the patient directly.
  - ▶ Be aware of how your personal space, stance and gestures may be understood in other cultures.
  - ▶ Take clues from the body language, position, eye contact of the member.
  - ▶ Ask the member if they look confused.



Would you like to see an example? Check out this video:

<https://www.tisnational.gov.au/About-TIS-National/Videos/Hints-and-tips-for-working-with-interpreters-video.aspx>

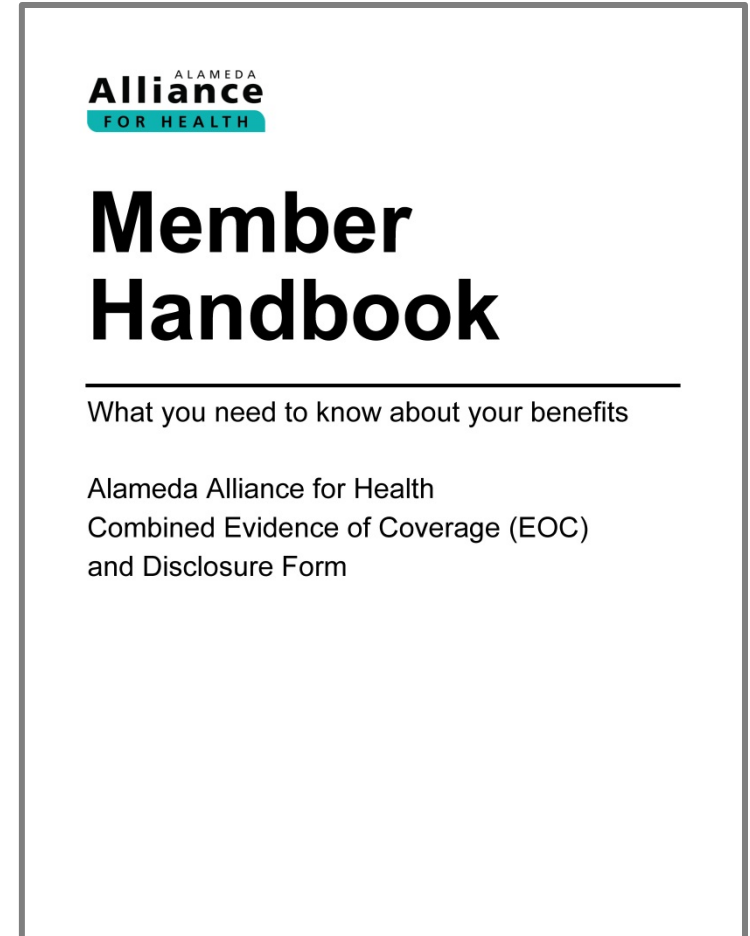
# Member Informing Material Translations and Alternate Formats

- ▶ Alliance members have the right to have member material translated into their preferred reading language or a preferred alternative format such as:
  - ▶ Braille
  - ▶ Large font
  - ▶ Audio
- ▶ The Alliance has **21 days** to fill the request.
- ▶ Members may call Alliance Member Services at **1.510.747.4567** to make a request.



# Provider Directory & Member Handbook (EOC)

- ▶ The **Provider Directory** helps Alliance members to find providers that fit their preferences (language, gender, location, accessibility, etc.)
- ▶ The **Alliance Member Handbook** describes how to access language assistance and how to file grievances.
- ▶ The Member Handbook and Provider Directory are available in **print form**, on our **website** and in all our threshold languages.  
[www.alamedaalliance.org](http://www.alamedaalliance.org).



# Cultural sensitivity requires lifelong learning

- ▶ Ask respectful questions
- ▶ Question assumptions
- ▶ Keep learning



# We All Make Mistakes

Remember – If you make a mistake, or even if you get it completely wrong:

Acknowledge how your actions or words affected the other person

Say “I’m sorry”

Make it right



Appreciate the encounter as an opportunity to learn and grow.

# Resources

- ▶ Think Culture Health: <https://thinkculturalhealth.hhs.gov/>
- ▶ Stanford University, Ethnogeriatrics: <https://geriatrics.stanford.edu/culturemed.html>
- ▶ University of Pennsylvania Health Services – Religion and Healthcare: <http://www.uphs.upenn.edu/pastoral/resed/>
- ▶ National LGBT Health Education Center: <https://www.lgbthealtheducation.org/>
- ▶ CDPH LGBT page [LGBT Health \(ca.gov\)](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/LGBTHealth.aspx)
- ▶ *Better Communication, Better Care: Provider Tools to Care for Diverse Populations* by the Industry Collaboration Effort, ICE. [https://www.iceforhealth.org/library/documents/Better\\_Communication,\\_Better\\_Care\\_-\\_Provider\\_Tools\\_to\\_Care\\_for\\_Diverse\\_Populations.pdf](https://www.iceforhealth.org/library/documents/Better_Communication,_Better_Care_-_Provider_Tools_to_Care_for_Diverse_Populations.pdf)

# Thank You!

For questions about the presentation and the Alliance Cultural and Linguistics Services Program, please contact:

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