

**Person-First Language (PFL)** is a respectful way of communicating about individuals by emphasizing the person before their condition or disability. It avoids defining a person solely by their characteristics and promotes dignity and respect. Making a conscious effort to use PFL helps to build more respectful, understanding, and equitable communities where everyone is recognized for their humanity first.

## Why Use Person-First Language?

### Because PFL...

- Prioritizes the individual over a condition or diagnosis
- Reduces stigma and labels
- Encourages inclusion and respect in communication
- Promotes a positive, strengths-based perspective



## Examples of Person-First Language

Instead of Saying	Use Person-First Language
Autistic person	Person with autism
Disabled person	Person with a disability
Mentally ill person	Person with a mental health condition
Addict	Person recovering from substance use disorder
Diabetic	Person with diabetes
Wheelchair-bound person	Person who uses a wheelchair
Deaf person	Person who is deaf or hard of hearing
Epileptic	Person with epilepsy
Blind person	Person who is blind or has low vision
Schizophrenic	Person with schizophrenia
Learning-disabled student	Student with a learning disability
Stroke victim	Person who had a stroke

## Key Tips for Using PFL

Here are some tips and strategies to keep in mind as you begin to utilize Person-First Language in your day-to-day responsibilities. Remember to:

- Ask individuals how they prefer to be addressed.
- Use respectful, neutral, and empowering language.
- Avoid defining someone solely by their condition.
- Be open to language evolving based on community preferences.

### TO LEARN MORE:



Write Respectfully.  
Read: [Writing Respectfully](#)



Listen: [Inclusion on Purpose](#)



Watch: [Inclusion First](#)

# SDOH: Navigating the Conversation in a Challenging and Changing Landscape

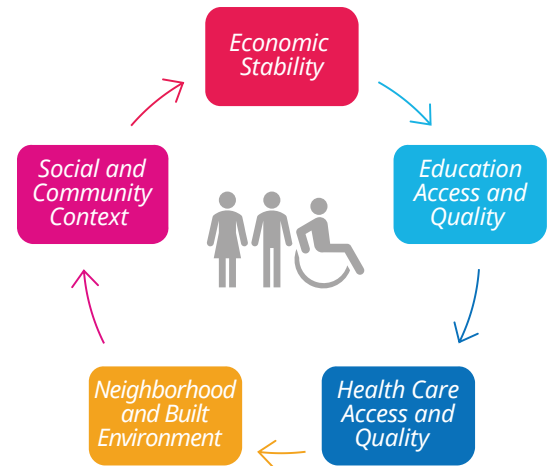
Social Determinants of Health (SDOH) are the non-medical factors that influence health outcomes. They encompass the conditions in which people are born, grow, work, live and age, as well as the broader set of forces and systems shaping the conditions of daily life.

## Impact on Health

SDOH contribute to health disparities, with individuals in lower socioeconomic positions often experiencing worse health outcomes.

For instance, limited access to nutritious food can lead to higher rates of chronic diseases, while inadequate housing may increase exposure to environmental hazards.

Addressing these determinants is crucial for promoting health equity and improving population health.



## Advancing Health Equity & SDOH: Strategic Actions

**Implement** "Health in All Policies" (HiAP) Approach

**Strengthen** Community Engagement and Empowerment

**Enhance** Data Collection and Utilization

### Action Steps

- Policy Integration:**  
 Collaborate with various sectors such as housing, education, transportation and employment to ensure that health considerations are embedded in policy-making processes.
- Continuous Evaluation:**  
 Regularly assess the health impacts of policies across different sectors and make necessary adjustments to promote health equity.

- Community Needs Assessment:**  
 Conduct assessments to identify the specific needs and challenges faced by different communities.
- Inclusive Decision-Making:**  
 Involve community members in the planning and implementation of health initiatives to ensure they are culturally appropriate and effective.

- Disaggregated Data Collection:**  
 Gather data segmented by variables such as race, ethnicity, gender and socioeconomic status to identify health disparities accurately.
- Data-Driven Interventions:**  
 Use the collected data to inform the development and implementation of targeted interventions aimed at reducing health disparities.

## TO LEARN MORE



Read: [Prioritizing Research on SDOH](#)



Listen: [Focusing on the Social Determinants of Health](#)



Watch: [CDC Social Determinants of Health](#)

# Practical Tips for Navigating Unconscious Bias in the Workplace

**Unconscious bias or implicit bias** refers to the attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner. Becoming aware of these biases is the first step toward fostering a workplace culture that embraces inclusivity, equity and understanding. Use this tip sheet to help you recognize, address and mitigate unconscious bias in both your personal and professional life.

## Understanding What Bias Is

- Preferring people who are similar to you.
- Overestimating someone’s abilities based on what you see as being a positive trait.
- Seeking information that support your pre-existing beliefs.



## Recognizing the Impact

- **In Relationships:** Bias can affect how we interact with people from different backgrounds.
- **In Decision-Making:** Bias can influence hiring, promotions and evaluations.
- **In Organizations:** Bias can undermine efforts to create an inclusive culture.



## Skill Development

**What You Can Do:** Make a commitment to become more aware of your bias. As with any new skill, it takes practice and commitment. We recommend engaging in the following:

- **Reflect on Your Own Bias:** Honestly examine your immediate emotional reactions to people or situations, asking yourself what underlying assumptions or learned stereotypes might be unconsciously influencing your perception.
- **Educate Yourself:** Read books, listen to podcasts and take trainings offered by the CalOptima Health Equity Office.
- **Impact Challenge Stereotypes:** Recognize and question stereotypes in media, conversations and your own thoughts.
- **Build Inclusive Habits:** Address biased comments or actions in a respectful and constructive manner.
- **Hold Yourself Accountable:** Set goals and identify specific behaviors or practices you want to improve.
- **Stay Committed:** Treat unconscious bias awareness as a lifelong journey, not a one-time effort.



## TO LEARN MORE



Take: [The Harvard IAT \(it's free!\)](#)



Listen: [Understanding Unconscious Bias](#)

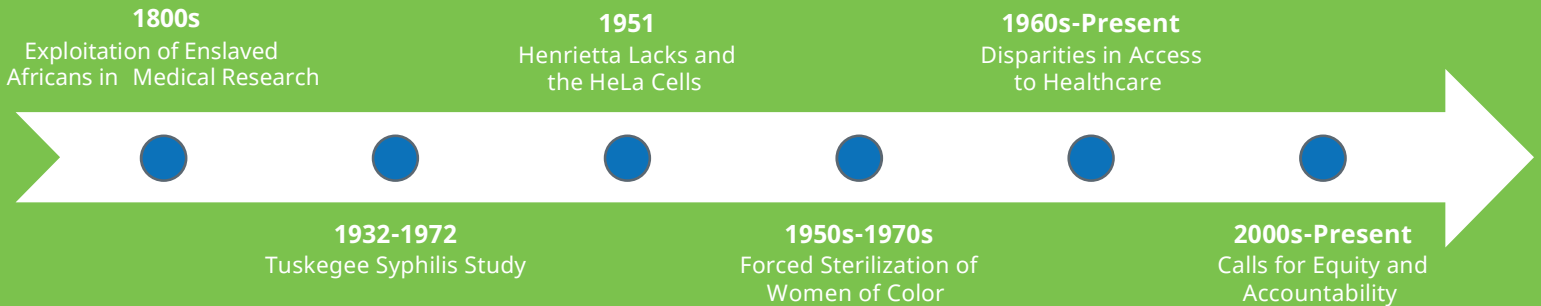


Watch: [Implicit Bias: Concepts Unwrapped](#)

# Understanding Where We Started: An Overview of Healthcare's Race-Based History

The history of healthcare in the United States is deeply intertwined with racial disparities and unethical practices targeting marginalized communities. Understanding this history is essential to fostering a more equitable healthcare system. This tip sheet provides an overview of key events and figures that shaped this history, including the Tuskegee Syphilis Study, Henrietta Lacks and others.

## Timeline of Healthcare's Race-Based History



This timeline reflects the major events and themes discussed.

## Historical Cases

### Tuskegee Syphilis Study

- Conducted by the U.S. Public Health Service (1932-1972).
- The study observed the progression of untreated syphilis in African American men.
- Participants were led to believe they would receive free medical care but then denied treatment.
- The study highlights the importance of informed consent and ethical standards.

### Henrietta Lacks and HeLa Cells

- Henrietta, an African American woman, sought treatment for cervical cancer at John Hopkins Hospital.
- Without knowledge or consent, her cells were harvested during her treatment.
- These cells became the first immortal human cell line and have been used in groundbreaking research.
- Henrietta's story underscores the importance of respecting patient rights and addressing systemic inequities in medical research.

### Several other events have shaped the history of race-based healthcare inequities, including:

- The exploitation of enslaved African Americans for medical experiments, such as those conducted by J. Marion Sims, known as the *father of modern gynecology*.
- The sterilization of women of color without their consent, often under the guise of public health programs.

## The Importance

*Understanding the historical context of healthcare's race-based practices is a vital step toward promoting health equity and ensuring ethical standards in medical practice and research. By acknowledging and learning from the past, we can work toward a more just and inclusive healthcare system.*

## TO LEARN MORE



Read: [Untreated Syphilis Study - CDC](#)



Listen: [Medical Racism & Indigenous People](#)



Watch: [Racism in Medicine](#)

# Disability Awareness: Understanding Through a Lens of Empathy and Compassion

Disability awareness is crucial, especially in healthcare environments where approaching the topic through a lens of empathy and compassion can significantly improve patient outcomes and experiences. According to the CDC, 61 million Americans have disabilities, making the disabled community the largest minority group in the U.S. All healthcare workers, from frontline staff to specialized providers, must recognize that disabilities encompass a wide range of conditions, with only about 10% being visible, while the majority are invisible and not immediately apparent. This underscores the importance of cultivating and fostering an inclusive environment that respects the dignity and unique needs of all patients.

## Key Factors for Understanding: Disability Awareness

### Expand Your Understanding

- **Learn About Disabilities:** Educate yourself about different types of disabilities, including physical, sensory, cognitive and mental health conditions.
- **Recognize Diversity:** Understand that disabilities vary widely in their impact and how they are experienced by individuals.
- **Avoid Assumptions:** Do not assume someone's capabilities or limitations based solely on their disability.

### Practice Empathy

- **Listen to Lived Experiences:** Engage with individuals who have disabilities to understand their perspectives and challenges.
- **Acknowledge Barriers:** Be aware of physical, social, and systemic barriers that may impact people with disabilities.
- **Demonstrate Respect:** Use person-first language (e.g., "a person with a disability" rather than "a disabled person") unless someone indicates a preference otherwise.

### Foster Inclusion

- **Promote Accessibility:** Ensure spaces, resources and communication methods are accessible to everyone.
- **Encourage Collaboration:** Include individuals with disabilities in decision-making processes, especially those affecting them directly.
- **Celebrate Strengths:** Recognize and value the unique contributions of individuals with disabilities.

## Take Action

### Educate Yourself and Others

Take a course, attend a workshop, or read books/articles about disability awareness

### Conduct an Accessibility Audit

Evaluate your workspace, home, or community for physical and digital accessibility

### Engage in Open Dialogue

Create safe spaces where people feel comfortable discussing their disabilities and needs

## TO LEARN MORE



Read: [The Power of Empathy in Healthcare](#)



Listen: [Disability Awareness that Matters](#)



Watch: [DISABILITY | How You See Me](#)



## ENGAGING WITH THE LGBTQ+ COMMUNITY WITH DIGNITY & RESPECT.

The following is a glossary of terms commonly used in dialogue regarding the LGBTQ+ community, with definitions from [Human Rights Campaign](#), a leading LGBTQ+ advocacy organization. Terminology and meanings will undoubtedly continue to evolve and change, but our hope is to provide a starting point for inclusive and respectful conversations about gender identity and sexual orientation.

**Ally** | A term used to describe someone who is actively supportive of LGBTQ+ people. It encompasses straight and cisgender allies, as well as those within the LGBTQ+ community who support each other (e.g., a lesbian who is an ally to the bisexual community).

**Asexual** | Often called “ace” for short, asexual refers to a complete or partial lack of sexual attraction or lack of interest in sexual activity with others.

**Bisexual** | A person emotionally, romantically or sexually attracted to more than one gender, though not necessarily simultaneously, in the same way or to the same degree. Sometimes used interchangeably with pansexual.

**Gay** | A person who is emotionally, romantically or sexually attracted to members of the same gender. Men, women and non-binary people may use this term to describe themselves.

**Genderqueer** | Genderqueer people typically reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as “genderqueer” may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.

**Gender binary** | A system in which gender is constructed into two strict categories of male or female. Gender identity is expected to align with the sex assigned at birth and gender expressions and roles fit traditional expectations.

**Gender expression** | The way a person communicates their gender to the world through mannerisms, clothing, speech, behavior, etc. Gender expression varies depending on culture, context, and historical period.

**Gender-fluid** | A person who does not identify with a single fixed gender or has an unfixed gender identity.

**Gender identity** | An individual's innate, internal conception of being male, female, both, neither, or any combination thereof.

**Homophobia** | The fear and hatred of or discomfort with people who are attracted to members of the same sex.

**Intersex** | Intersex people are born with a variety of differences in their sex traits and reproductive anatomy. There is a wide variety of difference among intersex variations, including differences in genitalia, chromosomes, gonads, internal sex organs, hormone production, hormone response, and/or secondary sex traits.

**Lesbian** | A woman who is emotionally, romantically or sexually attracted to other women. Women and non-binary people may use this term to describe themselves.

**LGBTQ+** | An acronym for "lesbian, gay, bisexual, transgender and queer" with a "+" sign to recognize the limitless sexual orientations and gender identities used by members of our community.

**Non-binary** | An adjective describing a person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories.

**Pansexual** | Describes someone who has the potential for emotional, romantic or sexual attraction to people of any gender though not necessarily simultaneously, in the same way or to the same degree. Sometimes used interchangeably with bisexual.

**Sex assigned at birth** | The sex, male, female or intersex, that a doctor or midwife uses to describe a child at birth based on their external anatomy.

**Sexual orientation** | An enduring emotional, romantic or sexual attraction to other people. Note: an individual's sexual orientation is independent of their gender identity.

**Transgender** | An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

**Transitioning** | A series of processes that some transgender people may undergo in order to live more fully as their true gender. This typically includes social transition, such as changing name and pronouns, medical transition, which may include hormone therapy or gender affirming surgeries, and legal transition, which may include changing legal name and sex on government identity documents. Transgender people may choose to undergo some, all or none of these processes.

**Two Spirit** | Describes a person who embodies both a masculine and a feminine spirit. This is a culture-specific term used among some Native American, American Indian, and First Nations people.



As a health care organization in the diverse community of Orange County, CalOptima Health recognizes that language misunderstandings and lack of cultural awareness can sometimes negatively affect clear communication during the process of receiving care. So, we ensure that members can communicate clearly with CalOptima Health and healthcare providers in their preferred language.

CalOptima Health's Cultural and Linguistics (C&L) Department ensures all members have access to interpretation services related to receiving health care in any language and translated member materials in CalOptima's threshold languages.

Member facing services included:

- Free access to translations of Member Handbooks/Evidence of Coverage and other important information are available in English, Spanish, Vietnamese, Arabic, Farsi, Korean, Chinese, and Russian.
- Provide oral translation for other languages upon request or as needed, by a qualified translator at no cost.
- Provide routine and immediate translation of member notices pertaining to a denial, limitation, termination, delay, or modification of benefits, and the right to file a Grievance or Appeal at no cost.
- Free access to materials in alternative format such as Braille, large print, data, and audio files.
- Free access to telephonic interpreter services to members with limited English proficiency at no cost.
- Free remote video interpreting.
- Free access to face-to-face interpreters at the provider's office at no cost.
- Free access to American Sign Language interpretation assistance for deaf or hard-of-hearing members.
- Tactile signing assistance for deaf-blind members.

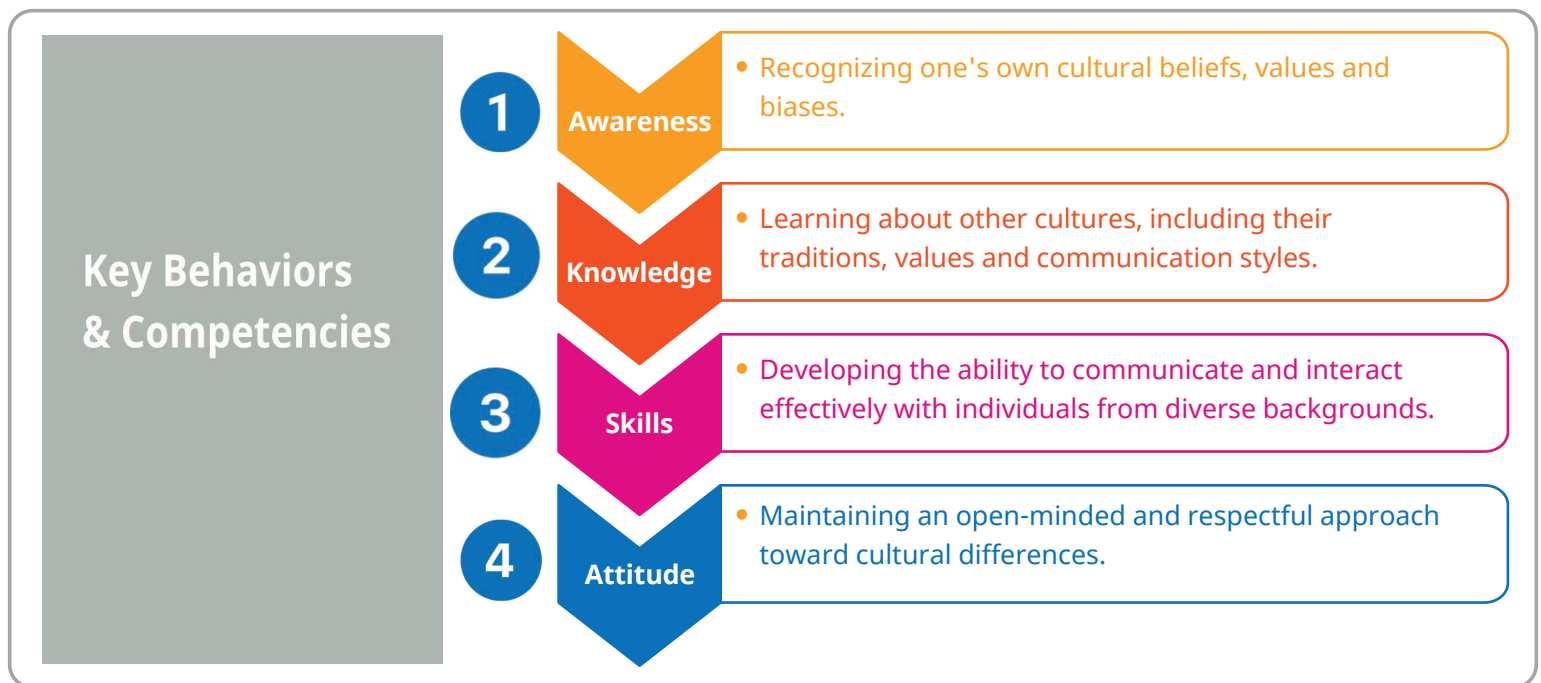
To access any of the services above please instruct a member to call CalOptima Health's Customer Service/Interpreter Services at 1 888 587-8088; TTY 711

# The Basics of Cultural Competency & Cultural Humility

**Cultural competency** and **cultural humility** are two interconnected approaches that play a crucial role in advancing health equity. **Cultural competency** refers to the ability to effectively provide care to patients with diverse values, beliefs and behaviors, including tailoring care delivery to meet patients' social, cultural and linguistic needs. **Cultural humility**, on the other hand, is a lifelong process of self-reflection and self-critique, where staff recognizes the limitations of their cultural knowledge and remain open to learning from patients' experiences. While cultural competency focuses on acquiring knowledge about different cultures, cultural humility emphasizes the importance of ongoing learning, self-awareness, and respect for individual experiences.

## The Benefits: Enhanced Care

- Improved communication and relationships with individuals from diverse backgrounds
- Enhanced ability to address health disparities and social inequities
- Increased cultural sensitivities in professional and personal settings



## Practical Tips: Continued Development

- Attend trainings and workshops.
- Seek feedback from diverse groups to understand their perspectives.
- Practice active listening and avoid making assumptions.
- Continuously reflect on your own cultural biases and privileges.

## TO LEARN MORE



Read: [Blindspot: Hidden Biases of Good People](#)



Listen: [Code Switch](#) by NPR



Watch: [Standards for Culturally and Linguistically Appropriate Services](#)