

# OHA & Advocates for Youth Session 1:

### Cultural Responsiveness 101 January 10, 2024







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## TODAY'S AFY TEAM

### Louie Ortiz-Fonseca (He/They) Director, LGBTQ Health & Rights

### Armonté Butler (He/Him) Associate Director, LGBTQ Health & Rights

### SESSION 1

- Describe culture, cultural responsiveness, health disparities, & the role of privilege on youth health outcomes
- Describe strategies for being a culturally responsive youth-serving individual

### HOUSEKEEPING

- This training will be recorded and any comments and/or feedback from non-presenters will be edited out.
- The purpose for this is to create a safer space and supportive learning environment.



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# Rights.

# Respect. Responsibility.



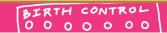








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# WHAT WAS YOUR FAVORITE OUTDOOR GAME AS A KID?

### NAME, PRONOUNS, COUNTY

## INTRODUCTIONS



## AGREE OR DISAGREE

- 1. Sugar, not salt, belongs in grits.
- 2. Tillamook cheese tastes better than swiss.
- 3. Candy corn reminds me of Halloween.
- 4. Marionberries taste better than blackberries.

### **ICEBREAKER & AGREE/DIS**

#### How did you feel while playing *Agree or Disagree*?

How might this activity and the ice breaker be related to culture and cultural responsiveness?

### **SESSION 1**

- Describe culture, cultural responsiveness, health disparities, and the role of privilege on youth health outcomes.
- Describe strategies for being a culturally responsive youth-serving individual.



## What words come to mind when you hear the word "culture?"



### CULTURE 101

#### What was it like to participate in this activity?

# How did it feel to identify words related to culture?



Culture is a set of shared values, goals, beliefs, and practices that are held and shared by groups of people and communities.

Religious, spiritual, biological, geographical, or sociological characteristics.





As youth-serving professionals, we must approach our work with young people from a firm belief that **every** young person is of great value, irrespective of different backgrounds.



#### How do we get there?

What methods might will allow us to recognize that **every** young person is of great value, irrespective of different backgrounds?





### CULTURAL RESPONSIVENESS

Defined as **acknowledging** and **responding** to different backgrounds, worldviews, and lived realities of other people in our lives.

It is rooted in taking action.





Cultural responsiveness is a lifelong process that requires:

- understanding our own biases;
- how those biases affect our actions;
- and seeking understanding of others' beliefs, traditions, and values.





### "WHERE DO I START?"

- Begin to analyze ourselves
- Work on becoming self-aware
- Take concrete steps
  - Examine considerations

### MESSAGING

Reflect on the messages you received, **growing up**, about various parts of your identities. There are 3 individual prompts for 3 breakout groups.





Advocates

oung, Powerful, Taking Over

 What messages did you receive about foods you ate at home? foods outside of your culture? What messages did you receive about foods you ate at home? foods outside of your culture? 3. What messages did you receive about the language you spoke at home? languages outside of yours?

#### **Everyone will answer:**

- Did those messages make sense?
- How do those messages show up in your work? <sup>24</sup>

What was it like to participate in this activity?

How did it feel to reflect on cultural and identity-based messages you received growing up?

How can you apply what you experienced in this activity to your life and your SBHC?

## ASK YOURSELF

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How comfortable am I talking to adolescents?

What are my attitudes, beliefs, and values (ABV) about adolescent sexual and reproductive health?

How are my ABV about adolescents shaped by the adolescents' culture & identities, including race, food choice, religion, class, sexuality, and gender?

### **AVBs**

How can negative attitudes and perceptions about people that are different from us impact our work with young people?

How might these negative attitudes and perceptions impact young people's access to SBHC services?



### CONSIDERATIONS

When encountering an unfamiliar belief or custom, your reaction can either create a welcoming SBHC experience or create harm.

Be aware of your verbal and physical responses (body language).

Be open to new experiences and differences across cultures.

### CONSIDERATIONS

Don't assume that someone has particular AVBs because they belong to a certain race, ethnicity, gender expression, sexual orientation, religion, ethnic group, or any other demographic.

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## CONSIDERATIONS

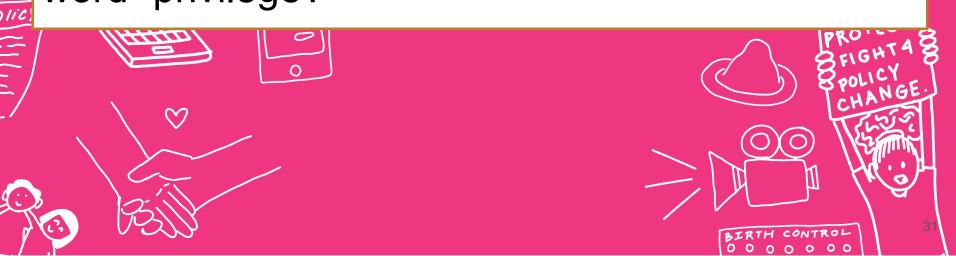
Examine your **biases and privilege**. If your assumptions, statements, or behaviors are challenged, respond thoughtfully rather than defensively.

Remember that committing to an honest discussion will be more productive than arguing.

Be okay with learning and re-learning things about yourself and others.



## What words come to mind when you hear the word "privilege?"



## PRIVILEGE

#### certain social advantages, benefits, or degrees of prestige and respect that an individual has by virtue of belonging to certain social identity groups





Video link

## PRIVILEGE VIDEO

What, if any, reactions do you have after watching the video?

Does privilege play a role in adolescent health outcomes? If you answered "Yes," how?

Does your SBHC address issues related to privilege? If so, how?



#### **5 MINUTES**





## What words come to mind when you hear the word "bias?"







# attitudes, stereotypes, and beliefs that can affect how we treat others





# BIAS

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explicit	implicit
expressed directly	expressed indirectly
aware of bias	unaware of bias
operates consciously	operates sub-consciously





# EXPLICIT OR IMPLICIT?

### "Non-Christian youth continue to have unprotected sex and wreck their lives!"



# EXPLICIT OR IMPLICIT?

#### "White LGBTQ teens are more responsible than Black LGBTQ teens regarding their sexual health."





## STRATEGIES

- Accept that *everyone* has explicit and implicit biases. Recognize that these biases may impact the care that you provide.
- Be willing to examine your own reactions to others with curiosity and open-mindedness rather than judgment.
- Commit to providing kind, respectful, high-quality care to every student that you see.



## STRATEGIES

- Learn as much as you can about young people from different backgrounds.
  - One way to do this is through media: books, movies, podcasts, and social media created by young people from various communities and cultures.
- Challenge yourself to see each young person as an individual, not as a stereotype, statistic, or risk factor.
- Think of your interactions with young people as a <u>partnership</u> between equals, rather than as a person with more power and status talking to a person with less power and status.

## CULTURAL RESPONSIVENESS

We're now going to review some videos, data, and consider how they relate to SBHCs.

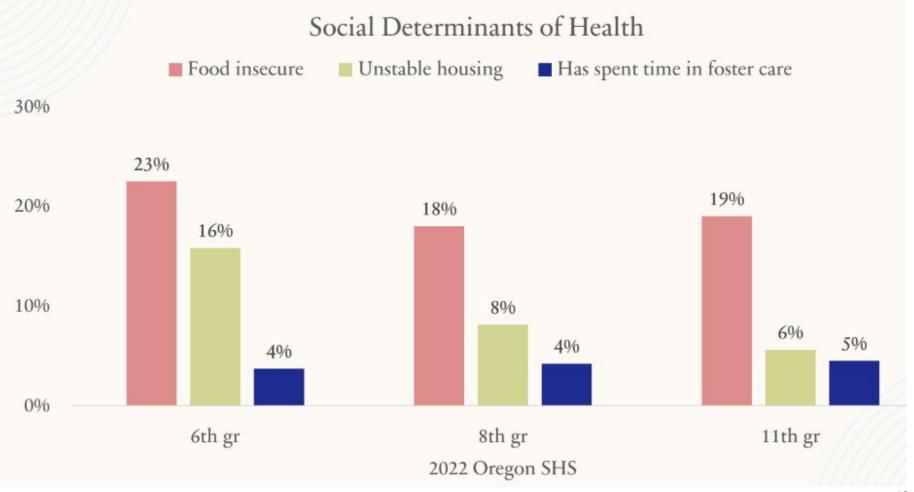






What, if any, reactions do you have after watching the video?

# Does your SBHC address any social determinants of health (SDoH)? If so, how?



Graph link<sup>46</sup>

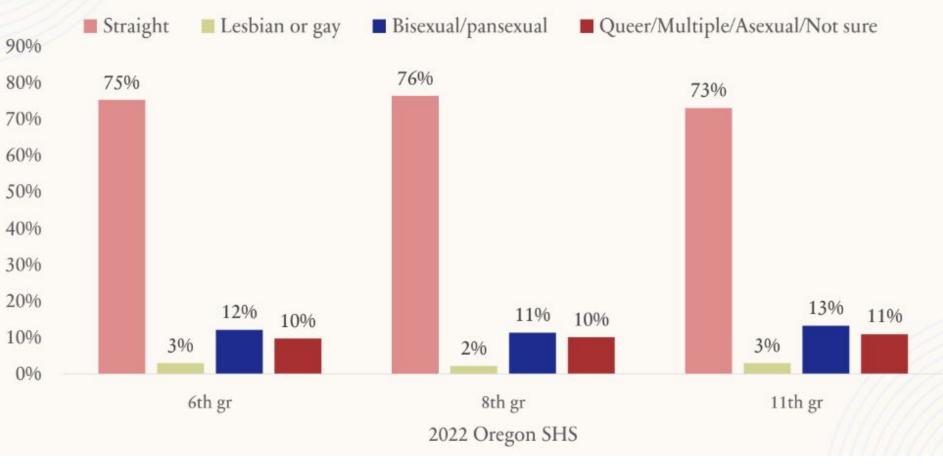
#### Gender Identity

Female Male Transgender Gender expansive Don't understand question

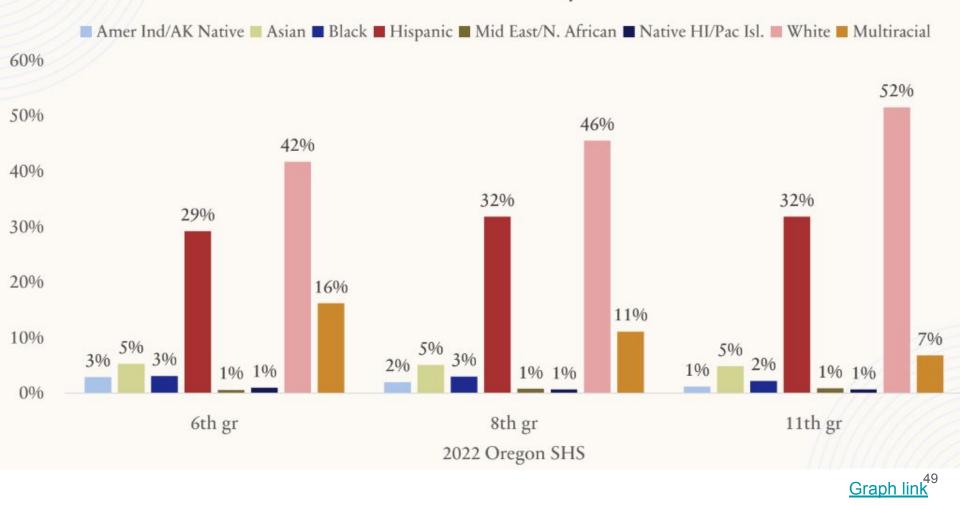




Sexual Orientation



#### Race & Ethnicity





What, if anything, surprised you about this data from OHA's 2022 Student Health Survey?

How, if at all, has this data expanded your support and/or interest in being a culturally responsive SBHC professional?

Oregon's Percentage of Poor Children by Race/Ethnicity (2021)

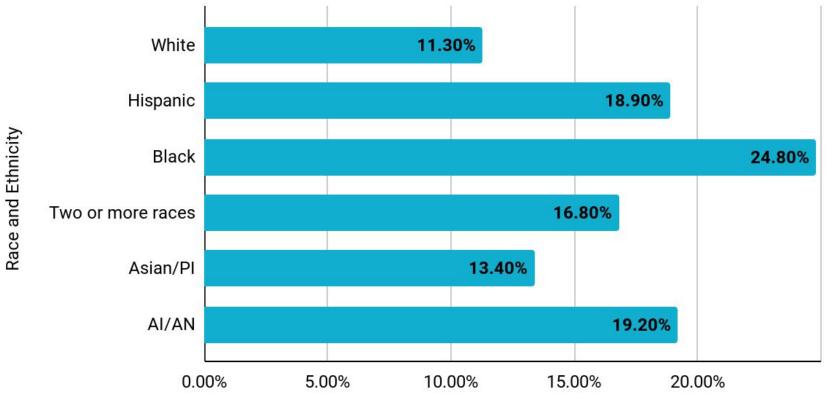
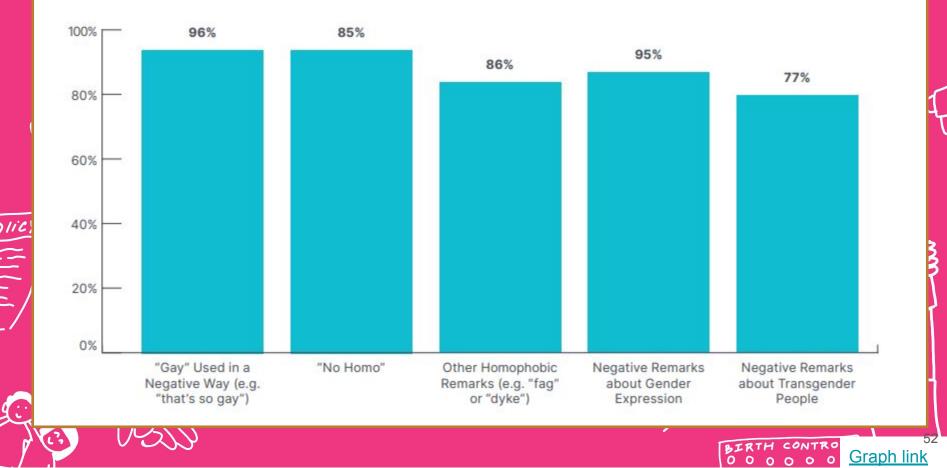


Figure 1. Hearing Anti-LGBTQ+ Remarks from Students in Oregon Schools (percentage of LGBTQ+ students ever hearing remarks)



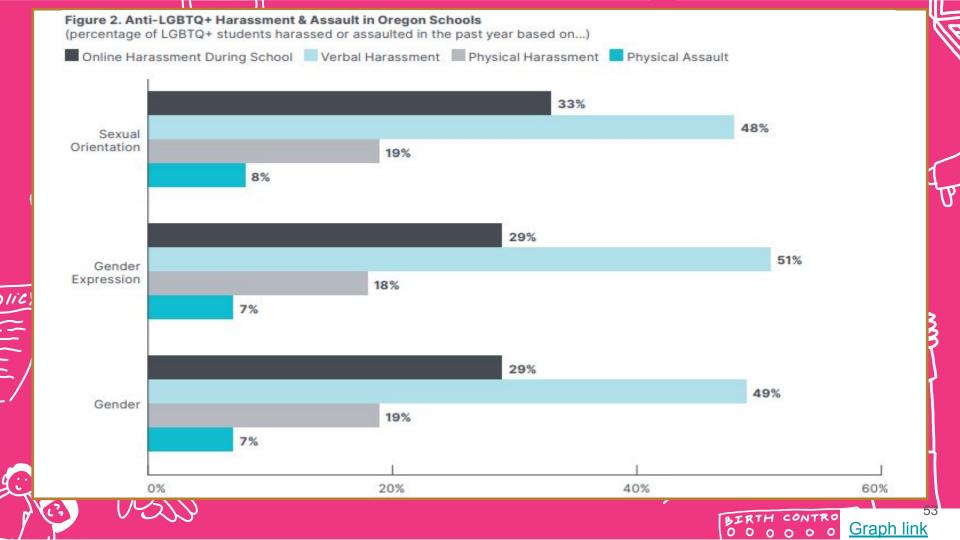
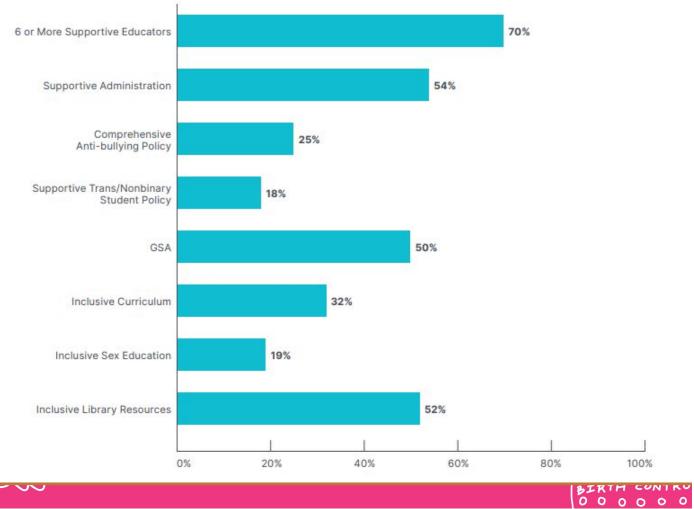


Figure 4. Availability of LGBTQ+-Related and Supports in Oregon Schools



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**Graph link** 

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#### MENTAL HEALTH DISPARITIES

42% of high school students experienced persistent feelings of sadness or hopelessness in 2021.

10% of female high school students and more than 20% of LGBQ+ students attempted suicide in 2021.

Statistics



#### SEXUAL HEALTH DISPARITIES

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Youth aged 15-24 made up 53% of new STIs in 2020.

Youth made up 62% of new chlamydia cases n 2020. The greatest rises in both syphilis and gonorrhea were in females aged 15–24 years.

Young people aged 13-24 made up 21% of new HIV diagnoses in 2020. YMSM, especially racial and ethnic minorities, are severly impacted.

#### DATA

What, if anything, surprised you about this data from external sources? (GLSEN, YRBS, Children's Defense, CDC)

How, if at all, has this data expanded your support and/or interest in being a culturally responsive SBHC professional?





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# HIV & HEALTH DISPARITIES

# What, if any, reactions do you have after watching the video?

# How, if at all, does your SBHC address health disparities?



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Cultural responsiveness is a life-long commitment to self-evaluation and self-critique in an effort to address power imbalances, bias, and privilege and to advocate in partnership with, not on behalf of, others.



## WRAPPING UP

#### Tell us one thing:

- You learned from this session
  - You enjoyed from this session
- You plan to do as a result of this session

#### BUILDING CULTURAL RESPONSIVENESS:

A Toolkit for Youth-Serving Professionals



Rights. Respect. Responsibility.





Please complete this anonymous Self-Reflection Activity by Monday, March 4, 2024. Results will be shared back at the beginning of session 2.

https://advocatesforyouth.wufoo.com/forms/cultur al-responsiveness-selfreflection-activity

## UP NEXT

Join us for Session 2: Cultural Responsiveness at SBHCs on March 14, 2024 from 9-10:30am

For training content questions, email queerequity@advocatesforyouth.org

For registration and logistics questions, email MELANIE.M.POTTER@oha.oregon.gov.