BUILDING CULTURAL RESPONSIVENESS:

A Toolkit for Youth-Serving Professionals

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Respect.
Responsibility.

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A letter from Sunny Lu

Youth Activist, Know Your IX[1], Advocates for Youth

Dear Readers,

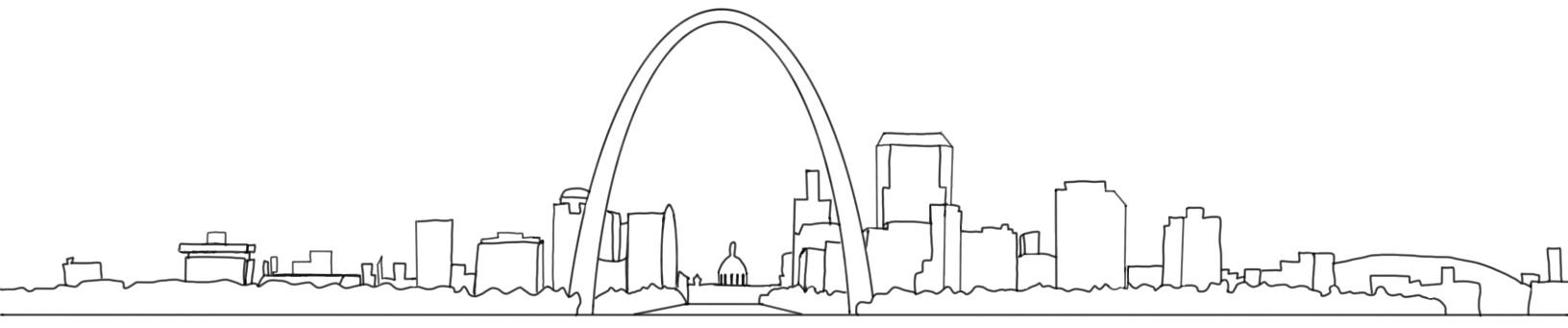
My name is Sunny Lu, and I use they and she pronouns. I am a college student and a member of Know Your IX, a project of Advocates for Youth, where I engage in student and survivor-led initiatives in upholding Title IX[2] against gender violence in educational institutions. I've been living in St. Louis for many years now, and as a young person receiving healthcare from providers around the Greater St. Louis Area for the majority of my life, my experiences have often been negative. From the lack of cultural competency from healthcare providers to outright racism in mental health facilities, from friends experiencing violent transphobia in psychiatric wards to poverty limiting access to necessary healthcare, from me and people I value in my community have long had complicated relationships with healthcare providers who pathologize our gender identity, unintentionally make racist comments, and demean our appearance and mere existence over things we can't control.

My experiences with healthcare providers and educators haven't all been negative, however. Counselors who helped me grapple with my religious upbringing, my sexuality, and family relationships in the midst of traumatic events truly helped me work through and process so much. I think that it is so important for folks in healthcare working with youth to have a background in cultural differences to be able to reach people who may not have the same experiences as their healthcare providers. Young people from a variety of backgrounds need and deserve healthcare professionals who don't project, assume, or assign experiences and identities onto them, and this toolkit is essential to moving towards a future of affirming and competent healthcare.

I hope this toolkit can help healthcare providers reach youth from all backgrounds. Young LGBTQ+ people of color deserve the world, and we deserve healthcare providers who can fully address our complicated relationship with a racist, homophobic, transphobic, ableist, and sexist world, and support us in navigating the waters of it without reinforcing those very problems. Through this toolkit, I hope that you become better equipped to assist young people from a variety of backgrounds, especially those most marginalized.

Sincerely,

Sunny



ACKNOWLEDGEMENTS

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About Advocates for Youth:
Advocates for Youth partners with youth leaders, adult allies, and youth-serving organizations to advocate for policies and champion programs that recognize young people's rights to honest sexual health information; accessible, confidential, and affordable sexual health services; and the resources and opportunities necessary to create sexual health equity for all youth.

We would like to thank Advocates for Youth's youth activists **Ebony Owens (she/her)** and **Sunny Lu (she/they**) for their roles in supporting and conceptualizing this resource.

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Advocates for Youth
Young. Powerful. Taking Over.

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OVERVIEW & BACKGROUND

"The system of healthcare was designed by a particular group of people for a particular group of people—white people, and then the entire design of this system is impacted by cultural and racial context. For example, how services are provided, where they are located, and how interaction with a patient takes place. Every single aspect of the medical system is impacted by context, history, and culture."

-Dr. Nayeli Chavez[3]
Program Faculty,
The Chicago School of Professional Psychology

1.1 PURPOSE & HOW TO USE

Young people, here defined as youth ages 16-25, experience a variety of formative changes that include "developing an adult identity, supportive relationships, and social stability."[4,5] Young people living with mental health and/or substance use disorders are severely impacted by inadequate education, healthcare, and community settings. Furthermore, young people from marginalized backgrounds—whether religious, racial, ethnic, LGBTQ, have limited English proficiency (LEP) and low health literacy—experience worse health outcomes, decreased access to healthcare services, and lower quality care than the general population.[6,7] Moreso, marginalized young people are at disproportionate risk for adverse sexual health outcomes and face stigma due to systems that ignore their values, experiences, and brilliance. Research continues to indicate that cultural responsiveness training and development of inclusive policies and procedures reduce barriers to care.[8,9]

To grasp an inclusive understanding of the experiences of young people, the social determinants of health (SDOH) must be considered. The SDOH can be defined as "conditions in 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."[10] Organizations that fail to address the SDOH and do not appear as culturally responsive through services, programs, policies, and practices, may unknowingly be fueling health disparities experienced by young people.

Young people need and deserve support to survive in the face of family rejection and school harassment against heightened rates of COVID-19, HIV, STIs, suicide, violence, victimization, and racial, cultural, and socio-economic prejudice. Even more, they should be able to thrive as valued members of their communities. Anyone who provides services to young people should consider the health and well-being of *all* young people served.

Unfortunately, race continues to be a significant factor in determining inequity for populations like transition-age youth. For instance, 2020 illustrated issues from an uptick in rampant racial violence across the country[11] to Black Americans receiving COVID-19 vaccines at a much lower rate than their white peers as a result of access issues and historical medical mistrust.[12]

Dominant culture—the values, beliefs, and practices that are assumed to be the most common and influential within a given society—and systems that do not address the unique healthcare barriers faced by young people continue to fuel health disparities. For instance, dominant culture on an organizational and staff level is sometimes rigid and fails to foster an environment of inclusion. This is often achieved by power hoarding and the belief that those from marginalized backgrounds, especially young people, cannot make informed decisions about their health and well-being.

Showing Up for Racial Justice (SURJ) is a national network of groups and individuals organizing white people for racial justice. The organization characterizes power hoarding as instances when "those with power feel threatened when anyone suggests changes in how things should be done in the organization, feel suggestions for change are a reflection on their leadership, those with power assume they have the best interests of the organization at heart and assume those wanting change are misinformed, and when influence is seen as limited, it is assumed that there is only so much to

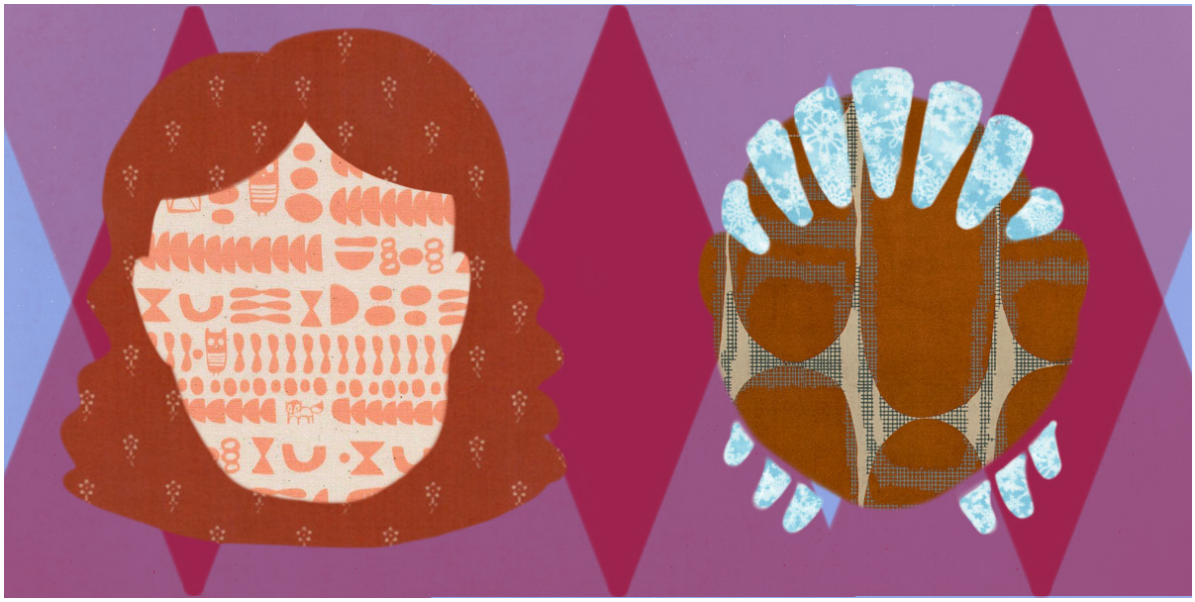
go around."[13] SURJ suggests including power-sharing in your organization's values statement and understanding that cultural responsiveness is inevitable. The challenges that cultural responsiveness might bring to staff and leadership can be healthy and productive.

This toolkit was designed to be used broadly by professionals who work with young people. It is intended to provide supervisors, team members, and solo practitioners with written guidance to support professional development and to integrate practices that lead to better outcomes for young people and their families.

To better meet young people's needs, we must understand how culture shapes sexual attitudes, values, and beliefs. **It is equally crucial to develop a strategy that actively supports implementing culturally and linguistically appropriate services, policies, and practices geared at deconstructing structural drivers of oppression such as transphobia, homophobia, racism, sexism, ableism, adultism, ageism, and classism.** This toolkit may serve as a guide to understand how to develop and implement a strategy to make your organization more culturally responsive. It also includes a glossary of terms beginning on **page 45.**

This is not a toolkit where readers should leave feeling like an expert of another person's culture or background. **No one can ever reach full competence or understanding of someone else's culture.** However, it should be a goal for youth-serving professionals to become better equipped to work with and support people from backgrounds different than their own or consider whether they should continue working in a field that requires such skill.

Part 1 includes important background material. Part 2 is a series of activities, lessons, and assessment questions. We recommend you set aside time to review one of these lessons individually per week.



1.2 CULTURE: DEFINITIONS & LIVED EXPERIENCES

"We can never become truly competent in another's culture. We can demonstrate a lifelong commitment to self-evaluation and self-critique."

— Meredith Minkler[14]

Culture is a set of shared values, goals, beliefs, and practices that are held and shared by groups of people and communities. These values, goals, thoughts, and methods include religious, spiritual, biological, geographical, or sociological characteristics. Family, friends, community, and other ideas can all contribute to someone's culture. People can be part of different cultures. To learn about a culture is to understand a particular worldview. Also, cultural beliefs impact health behaviors from hygiene practices, sexual practices, dietary choices, and treatment options.[15]

Elements of culture include but are not limited to the following:

- Age
- Country of origin
- Educational level attained
- Immigration status
- Family and household composition
- Gender identity
- Gender expression
- Language and linguistic characteristics
- Environment and surroundings
- Political belief
- Physical and cognitive abilities
- Racial and ethnic groups
- Residence (urban, rural, suburban)
- Sex
- Sexuality
- Socioeconomic status
- Health practices, including the use of traditional healing techniques

It is important to note that young people, like everyone, do not experience their lives or their health through one lens of their identity. **For this reason, the term "cultural competency" is referenced in this toolkit only from external resources as we believe that no one can be fully competent or have a 100% understanding of someone else's culture, experience, or background.**

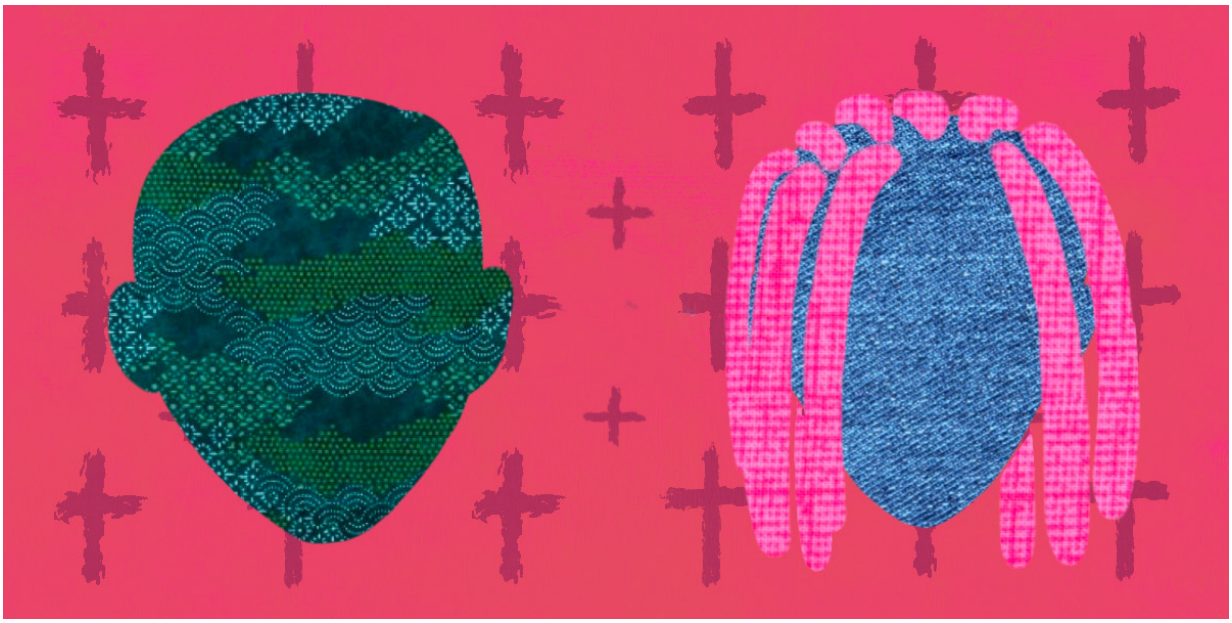
Instead, it is a hope that we are **culturally responsive: informed, and better prepared to respond to differences** by recognizing that "all individuals have the right to be free of discrimination while accessing care or services, whether that is included in specific state laws and regulations or not."[16] This section includes critical terms and activities for self-reflection.

1.3 WHAT IS CULTURAL RESPONSIVENESS?

Cultural responsiveness means acknowledging and responding to different backgrounds, worldviews, and lived realities of other people in our lives. Cultural responsiveness is rooted in **taking action**. It's a lifelong process that requires understanding our own biases, how those biases affect our actions, and seeking understanding of others' beliefs, traditions, and values. This toolkit will help you understand how you feel and think, examine your biases, and become more culturally responsive. Creating cultural responsiveness is a crucial part of advocating for competent, inclusive healthcare for *all* young people. It helps us better understand and support youth from a variety of backgrounds.

Some organizations and programs are intentional about serving youth from a variety of cultural backgrounds. However, many youth-serving programs in the United States ignore, overlook, or reject the presence of minority youth which include those living with disabilities and racial, ethnic, gender expansive, sexual, and religious minority youth among those they serve.

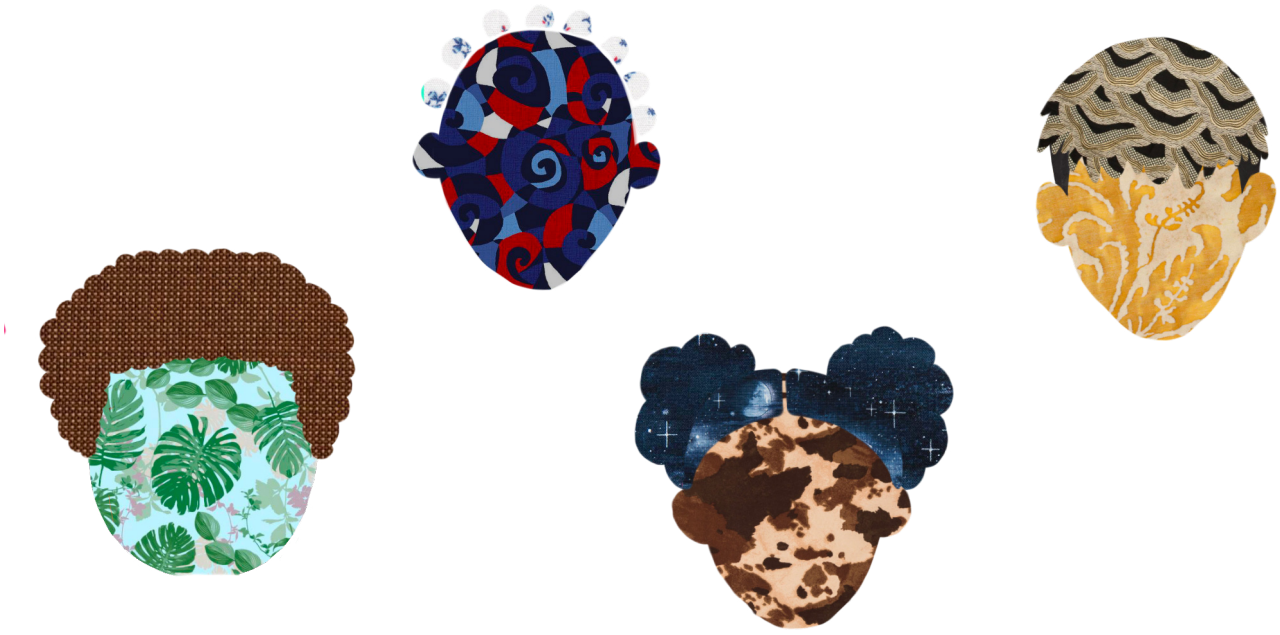
As youth serving professionals, we must approach our work with young people from a firm belief that every young person is of great value, irrespective of different backgrounds.



1.4 HEALTH DISPARITIES & THEIR IMPACT ON YOUNG PEOPLE

This toolkit defines health disparities as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; or other characteristics historically linked to discrimination or exclusion." The section includes statistics on the need for cultural responsiveness.

- Young people that identify as LGBTQ experience disparate rates of mental health issues like anxiety, depression, and suicide compared to their non-LGBTQ+ peers.[17]
- Young people from low-income backgrounds have fewer resources for youth development. Schools, especially those that shifted to virtual classrooms due to COVID-19, may have a more challenging time supporting this population due to additional barriers such as cognitive, technical, and financial obstacles.[18]



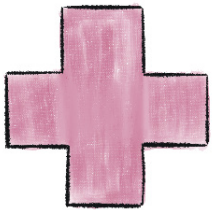
1.5 A CULTURALLY RESPONSIVE HISTORY

Federal policies and regulations encourage cultural responsiveness to be prioritized in healthcare. Unfortunately, standards for culturally and linguistically appropriate services in healthcare vary widely. Without formal and comprehensive training that includes celebrating differences and naming oppressive systems as drivers of inequity, states miss a prime opportunity to provide health professionals with quality resources that would support young people from various backgrounds. The timeline below outlines highlights from the federal government's track record on culturally responsive initiatives.

1964

Congress passed the **Civil Rights Act.** Title VI of the act states that "no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."[20]

1986



Congress created the **Office of Minority Health (OMH)** within the United States Department of Health and Human Services (HHS).[21]

1990

Congress passed the **Americans with Disabilities Act (ADA)**, a wide-ranging civil rights law that prohibits, under certain circumstances, discrimination based on disability.

1995

The OMH established the **Center for Linguistic and Cultural Competence in Healthcare (CLCCHC).**[22]

2000

OMH released **National Standards for Culturally and Linguistically Appropriate Services (CLAS)** in Healthcare to improve healthcare quality and advance health equity.

HHS required that organizations financially provide "meaningful access" for individuals with limited English proficiency (LEP) at no cost to the client.[23]

HHS released **Healthy People 2010**, which focused on eliminating health disparities rather than merely reducing them.[24]

2003

The HHS Agency for Healthcare Research and Quality released the first **National Healthcare Disparities Report.**[25]

Congress passed the **Minority Health and Health Disparities Research and Education Act**.[26]

2009

The Institute of Medicine released the **Race, Ethnicity, and Language Data: Standardization for Healthcare Quality Improvement Report,** which underscored the importance of culturally-inclusive data collection to identify, examine, and ultimately address health disparities.

2010

The **Patient Protection and Affordable Care Act (ACA)** was signed into law.

Section 1557 of the ACA says that healthcare providers and insurance companies can't discriminate based on factors such as race, color, national origin, age, sex, gender identity, or disability. It also requires that healthcare information be accessible, which is vital for people with disabilities and people who speak English as a second language.

2011

HHS issued **Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status**.[27]

HHS also launched its **Promotores de Salud Initiative**, guided by a federal workgroup representing HHS agencies and coordinated by the HHS Office of Minority Health.

2016

HHS released a final rule on **Section 1557** illustrating that LGBTQ people should not be discriminated against in health programs and activities.[28]

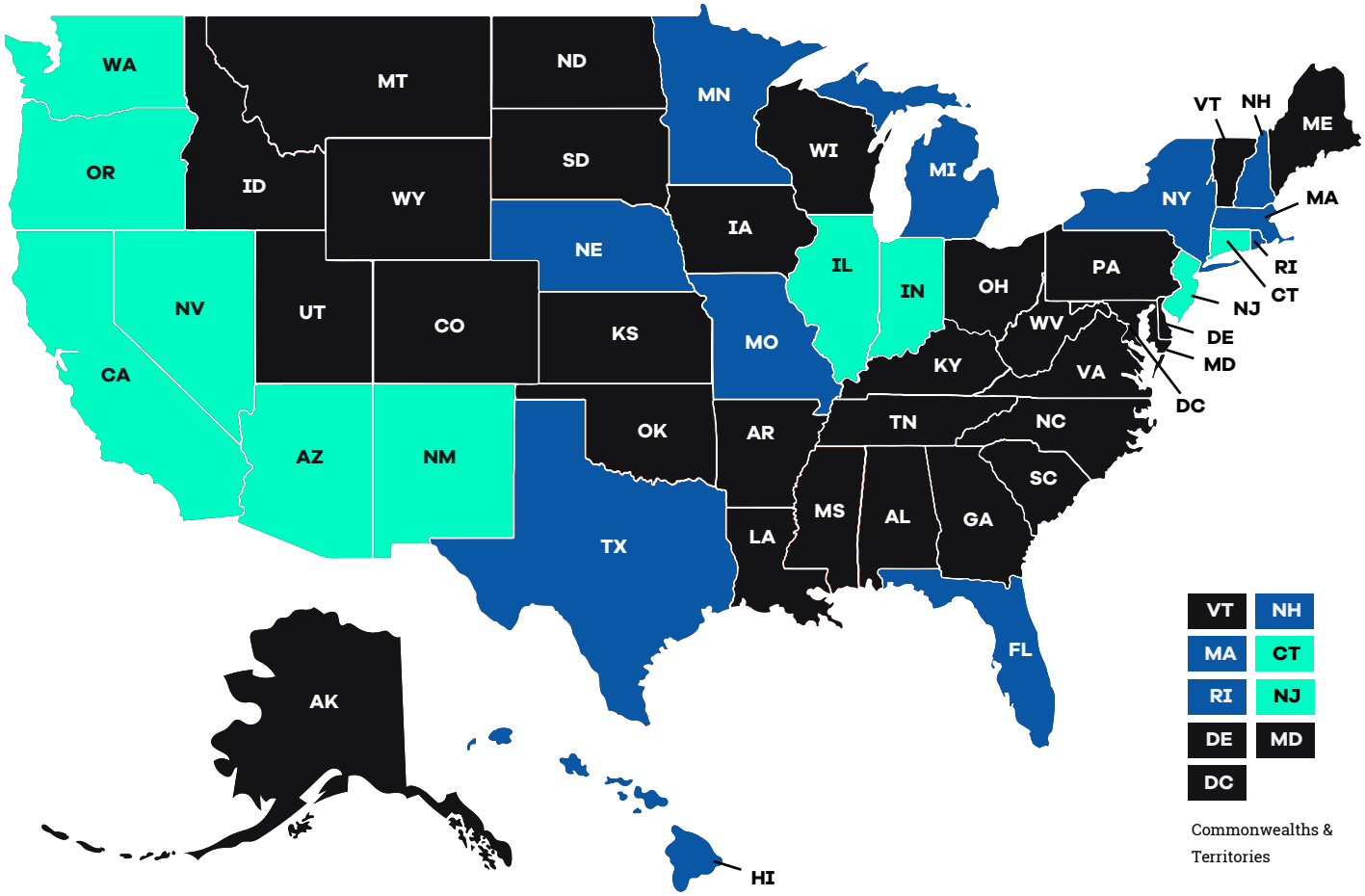
2020

2020 American Public Health Association declares Racism a Public Health Crisis

2021

1.6 CULTURAL RESPONSIVENESS ACROSS THE COUNTRY

The map below outlines the progress of state- and territory-led initiatives for mandatory cultural competency training for health and healthcare service providers across the United States and territories. Only **ten** states require cultural competency training .



Requires mandatory cultural competency training

Proposed, but does not have, mandatory cultural competency training

Does not require cultural competency training

Adapted from Office of Minority Health, U.S. Department of Health & Human Services, Think Cultural Health initiative

1.7 ROADMAP: CULTURALLY RESPONSIVE STANDARDS[30]

As mentioned earlier, the National Culturally and Linguistically Appropriate Services (CLAS) Standards are intended to advance health equity, improve quality, and help eliminate healthcare disparities by establishing a blueprint for health and healthcare organizations. Check if your organization follows these standards:

Principal Standard

- ☐ Provide practical, equitable, understandable, and respectful quality care and services responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce

- ☐ Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
- ☐ Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce responsive to the service area's population.
- ☐ Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

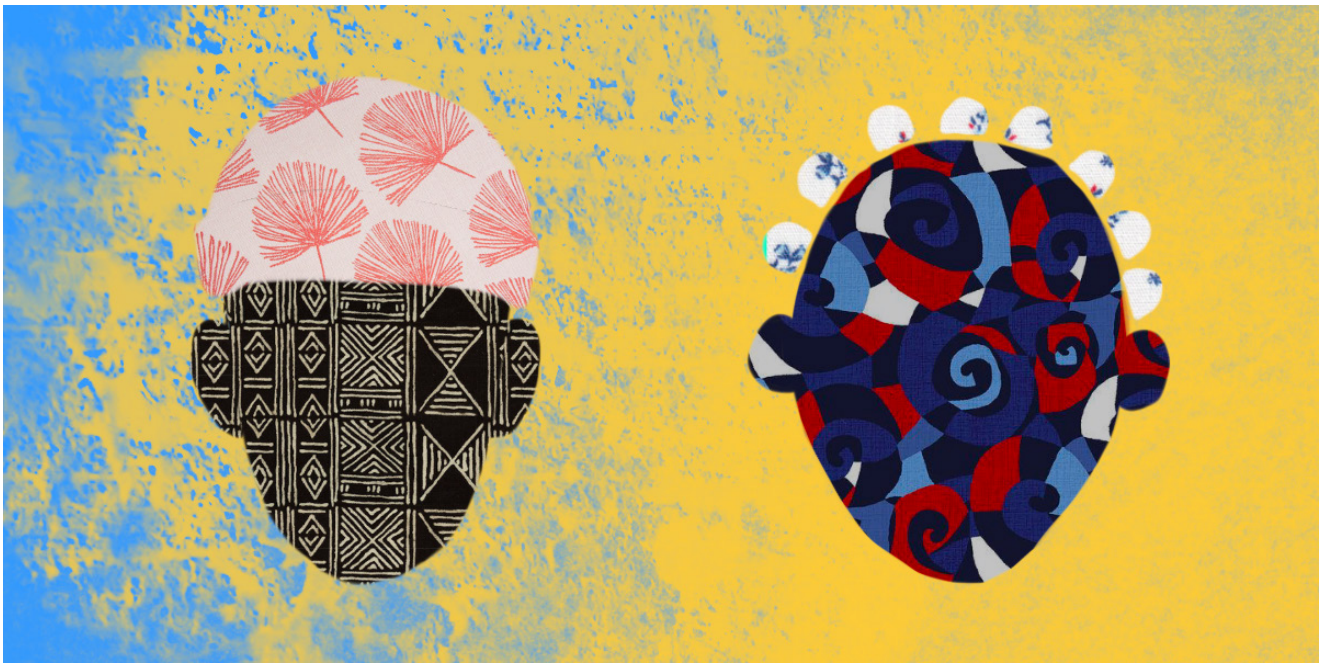
- ☐ Offer language assistance to individuals who have limited English proficiency and/or other communication needs at no cost to facilitate timely access to all healthcare and services.
- ☐ Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- ☐ Ensure staff competence when providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- ☐ Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the service area populations.

Engagement, Continuous Improvement, and Accountability

- ☐ Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout its planning and operations.
- ☐ Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
- ☐ Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
- ☐ Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to populations' cultural and linguistic diversity in the service area.
- ☐ Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
- ☐ Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
- ☐ Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders,

EXAMINE, ASSESS, & IMPROVE YOUR ORGANIZATION'S CULTURAL RESPONSIVENESS

This work takes time, reflection, and real investment. It takes consistent work and a long-term commitment. We recommend setting aside time each week for organizational leadership to dig into one of these activities. Further, we recommend follow-through: making changes based on what you have learned. It might not be easy, but **it's what we owe to the youth we work with.**



2.1 WEEK 1: HOW DO I BECOME 'CULTURALLY RESPONSIVE'?

1 Work on becoming self-aware

Self-awareness means thoroughly examining our backgrounds, upbringing, thoughts, and assumptions—particularly our cultural assumptions.[31] For example, our inner feelings about abortion, affirmative action, immigration laws, travel bans based on religion, and transgender rights often make clear our cultural attitudes and biases.

- Growing up, what messages did you receive about gender?
    - Sex and Sexuality?
    - Religion?
    - Race?
    - Ethnicity?
    - Socioeconomic status?
- Did those messages make sense?
- How do those messages impact your daily life?
- How do these messages inform and impact your work/approach as a health professional?

2 Begin to analyze ourselves

How do our attitudes, values, and beliefs determine the ways we interact with others? We need to look at how our cultural upbringing impacts how we think about groups of people who do not share the same backgrounds and beliefs.

- What attitudes about people different from you did you unknowingly form at an early age?
- How do our actions reflect those attitudes, and what real-world experience shows these attitudes to be unfair and/or hurtful to others?

3 Take concrete steps, including:

- Being intentionally aware of and sensitive to each of our cultural heritages and respecting and valuing other heritages.
- Having a good understanding of health inequities, the social determinants of health, the power structures in society, and how non-dominant groups are treated.
- Being aware of institutional barriers that prevent members of disadvantaged groups from using organizational and societal resources.

4 Things to keep in mind and strongly consider:

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

- When encountering an unfamiliar belief or custom, your reaction can either create a welcoming experience or create harm. Be aware of your verbal and physical responses (body language). Be open to new experiences and differences across cultures.
- Examine your own bias. If your assumptions, statements, or behaviors are challenged, respond thoughtfully rather than defensively. Committing to an honest discussion will be more productive than arguing.
- Be okay with learning and re-learning things about yourself and others.

Throughout our lives, we meet new people and enter new contexts that challenge our assumptions and beliefs. The process of becoming more culturally responsive can shape our work with young people for the better.

2.2 WEEK 2: EXPLORING CULTURAL RESPONSIVENESS WITHIN

"In this country American means white. Everybody else has to hyphenate."

— Toni Morrison

Increasingly today, people come into regular contact with individuals from different cultures, and it's essential to learn to interact with people who may not share a common language, background, and/or worldview. Each of us participates in at least one culture, and most of us are products of several cultures. For example, youth at one health center might be mostly individuals born in the United States, Westerners, Latinx, and Roman Catholic and participants in each of those four cultures. At another health center, youth might be mostly first-generation Americans and the children of immigrant families from various countries in Asia, Latin America, and/or Africa. These youth would share a culture familiar to first-generation Americans and, at the same time, belong to the cultures and religions of their families' disparate homelands.

Young people also share "youth culture." For instance, this youth culture is communicated through language, music, customs, and the experience of not being fully autonomous. This is only a sample of the cultures to which each person belongs. It is essential to understand this because culture and cultural issues matter. It is also vital to know that each culture has its language and spoken and unspoken rules. These rules define what is and is not acceptable within that culture. The first step to working with people of different cultural backgrounds is to be clear about your own cultural experience and how it defines and limits your worldview. Below you will find that being culturally responsive means that you hold certain beliefs, attitudes, knowledge, and skills and how these might impact your work across different cultures. Cultural responsiveness requires **action**. Therefore, we encourage you to answer the assessment and list the areas where you need further development.

Beliefs and Attitudes

Are you aware of and sensitive to your own cultural heritage and respect and value different cultural heritages?

1	2	3	4
Extremely unaware	unaware	aware	extremely aware

Are you aware of your own values and biases and how they may affect your perceptions of other cultures?

1	2	3	4
Extremely unaware	unaware	aware	extremely aware

Are you comfortable with the fact that there are differences between your culture and other cultures' values and beliefs?

1	2	3	4
Extremely uncomfortable	uncomfortable	comfortable	extremely comfortable

Are you sensitive to your own personal biases, racial and ethnic identity, and other cultural factors?

1	2	3	4
Extremely insensitive	insensitive	sensitive	extremely sensitive

Knowledge

Do you understand the power structure of society and how less powerful groups are treated, especially LGBTQ young people of color? Do you acquire knowledge about the particular group(s) with which you work?

1	2	3	4
Extremely unaware	unaware	aware	extremely aware

Are you aware of the institutional barriers that prevent members of marginalized groups from benefitting from organizational and societal resources?

1	2	3	4
Extremely unaware	unaware	aware	extremely aware

Skills

Do you use a wide variety of verbal and nonverbal responses when dealing with differences? Do you give and receive verbal and nonverbal messages appropriately and accurately?

1	2	3	4
Always	Often	Rarely	Never

Do you intervene promptly and appropriately on behalf of people when they receive negative attention due to their sex, culture, race/ethnicity, religion, sexual orientation, or gender expression?

1	2	3	4
Always	Often	Rarely	Never

1 Be Clear about Your Own Attitudes and Biases.

Become educated about sexual orientation and gender identity/gender expression as well as about culture, homophobia, transphobia, racism, and sexism. Learn what you need to learn in order to deal fairly with all the youth in your program.

Ask yourself:

- Describe two issues related to race that need to be addressed at the organization.
- What race-related issues make me feel uncomfortable to discuss?
- What are three emotions I feel when race is discussed within the organization?
- What do I need to do and/or know in order to deal comfortably and respectfully with race-related issues?
- Describe two issues related to sexuality (here specifically, sexual orientation, gender identity, gender expression, and sexual relationships) that need to be addressed at the organization.
- What sexuality-related issues make you feel uncomfortable to discuss?
- What are three emotions you feel when sexuality is discussed within the organization?
- What do I need to do and/or know in order to be able to deal comfortably and respectfully with sexuality-related issues?

2 Understand How Discrimination, Including Racism, Homophobia, and Transphobia Affect Youth.

Learn as much as possible about the connections amongst racism, homophobia, transphobia, and young peoples health. Prejudice and discrimination have a powerful impact on young people from minority backgrounds.

Recognize that:

- Young people who are marginalized, especially young people of color, face persistent inequality, violence, and invisibility in American culture.
- Racism, homophobia, transphobia, and all forms of oppression have been proven to negatively impact the self-esteem of young people.[32]
- Young people whose self-esteem has been lowered by racism, homophobia, and/or transphobia may be unwilling to take important steps to protect their health and their future.

Ask yourself:

- What central values guide the mission, programs, and daily work of this organization?
- Describe three ways the organization intentionally supports young people from marginalized backgrounds.
- Describe three ways the organization could improve its support for young people from marginalized backgrounds.

3 Take Action to Ensure All Young People Feel Affirmed at Your Organization.

- Work to ensure the safety of all the youth in your program.
- Assess the cultural fairness of your program. Assess the environment in the organization, including its:

- Mission, vision, values, and activities;
- Levels of cultural responsiveness among board members, staff, and volunteers;
- Policies and procedures on discrimination and harassment;
- Staff training;
- Cultural match between the program and the participants; and
- Reading levels and appropriateness of the program's materials.

Ask yourself:

- Is staff representative of the target population in regard to race, ethnicity, sexual orientation, gender identity, and gender expression?
- Who (age, race, gender, sexuality) conducts community outreach, health education lessons, etc.?
- Describe the community outreach efforts.
- In what ways has the organization supported staff assessing their attitudes towards young people and youth relationships, particularly with regard to race, sexual orientation, and gender identity/gender expression?

4 Support Youth and Staff in Your Agency to Be in Support of Young People from Marginalized Backgrounds.

- Encourage youth and adults in your program to take positive and continuing action to ensure that everyone feels safe and supported.
- Take action to ensure that policies are appropriate; staff receives training and support regarding cultural justice; and youth know what to do if they encounter or witness homophobic, racist, or sexist words and actions.
- Create a place where young people can feel comfortable talking about their individual identity, experiences, hopes, and fears.
- Support peer education and leadership by youth. Young people exert a powerful effect when they speak out for themselves, define the issues that matter to them, and craft an agenda to address those issues. By drawing on the lessons of other social movements, LGBTQ youth and their allies can create initiatives that address inequities.
- Create opportunities for youth to talk openly and frankly about racism, sexism, homophobia, class discrimination, and other forms of oppression.

Ask yourself:

- Do gay, lesbian, bisexual, transgender, and questioning youth feel safe in this program? Do cisgender and straight youth?
- Are youth fully and actively involved in creating a culturally responsive environment?
- Are youth able to speak up when the organization isn't being culturally responsive? What policies are in place to take in youth feedback and adapt based on what they share?

Cultural responsiveness is about recognizing and dealing with the broad social, economic, and political framework within which young people live. Focusing on the right of all youth to be treated with dignity and respect can also empower young people, including LGBTQ youth and their allies, to demand and to receive respect, to treat others respectfully, and to envision a more hopeful future. Check out the **Training** section of this resource for more opportunities.

2.3 WEEK 3: THE ROLE OF PRIVILEGE

"I think whites are carefully taught not to recognize white privilege, as males are taught not to recognize male privilege."

— Peggy McIntosh[33]

Privilege "exists when one group has something of value that is denied to others simply because of group membership and not based on what a person or group has done or failed to do."[34] When thinking about privilege, it is sometimes uncomfortable to reflect on one's privileged status, especially concerning racial identity. By acknowledging privilege, we can understand its impact on minority youth and systemic barriers they face as a group that does not possess a particular privilege, creating inequity. Below are a few examples of questions that will support you in considering whether or not you belong to one or more privileged groups.

White Privilege

1. I can easily buy posters, postcards, picture books, greeting cards, dolls, toys, and children's magazines featuring people of my race.
2. When I am told about our national heritage or about "civilization," I am shown that people of my color made it what it is.
3. I can go home from most meetings of organizations I belong to feeling somewhat tied in, rather than isolated, out-of-place, outnumbered, unheard, heard at a distance, or feared.

Cisgender Privilege[35]

1. I can use public restrooms without fear of verbal abuse, physical intimidation, or arrest.
2. I can purchase clothes that match my gender identity without being refused service, mocked by staff, or questioned about my genitals.
3. I can reasonably assume that I will not be denied services at a hospital, bank, or other institution because the staff does not believe the gender marker on my ID card matches my gender identity.

Male Privilege[36]

1. I can have children, pursue a career, and not be called selfish for not staying at home.
2. Chances are, my elected representatives look like me.
3. When I speak, it is assumed that I speak with authority no matter my expertise.

Christian Privilege[37]

1. I can worship freely, without fear of violence or threats.
2. A bumper sticker supporting my religion won't likely lead to my car being vandalized.
3. Holidays celebrating my faith are so widely supported I can often forget they are limited to my religion (wishing "Merry Christmas," "Happy Easter" without consideration).

By learning about our privileges and how we benefit from them, we can identify how systems of inequity impact the young people we work with.

After this activity, you can reflect on the following questions[36]:

1. When was the last time you had to think about your immigration status, ethnicity, race, gender identity, ability level, religion, and/or sexual orientation? What provoked you to think about it or acknowledge it?

2. When watching TV or a movie, how likely are you to watch shows whose characters reflect your ethnicity, race, gender, ability level, religion, gender identity, and/or sexual orientation?

3. When using social media, how diverse is your feed? How diverse are your friends and followers? How diverse are those that you follow?

4. How do you respond when others make negative statements towards individuals of different ethnicity, race, gender, ability level, religion, sexual orientation, and/or gender identity than yourself?

5. How often do you go to social settings where the majority of individuals are of different ethnicity, race, gender, ability level, religion, sexual orientation, and/or gender identity than yourself?

6. How diverse is the community in which you live?

7. How do you feel when you are in a community that is different from your neighborhood?

8. How would you make your neighborhood more inclusive and sensitive?

9. If you recognize your privilege, what will you do with this realization? What will you urge your organization to do?

See the *Resources* section for more assessments on culture and privilege.

2.4 WEEK 4: IS YOUR WORK TRAUMA-INFORMED?

Due to stigma and discrimination, marginalized young people, especially Black young people, youth of color and LGBTQ+ youth, experience a variety of health, mental health, and social challenges such as eating disorders, school difficulties, abuse, neglect, and violence.[38,39,40] Traumatic or stressful experiences like these "can include changes in neurobiological makeup and difficulty coping, feeling trust, managing cognitive processes, and regulating behavior."[41] Trauma-informed care "understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize."[42] It strives to understand the **whole** of an individual who is seeking care. This section outlines ways that health professionals can increase their support via a trauma-informed lens. Sit down with the recommendations and give yourself and your organization a grade in your efforts on each one. How's your report card?

LGBTQ Youth	
	Ask gender-neutral questions such as "What name would you like to be called?"
	Assure confidentiality and show sensitivity in data collection
	Collect and document **self-reported data** on sexual orientation and gender identity
	Create a **welcoming digital and physical environment** by updating web pages, including pronouns in your name when on virtual meetings
	Include LGBTQ youth in planning, communications, and outreach
Young People of Color	
	Recognize legacies of mistrust in the United States healthcare system (Tuskegee Syphilis study and unwanted sterilization and eugenics programs)
	Prioritize trustworthiness through "creating clear expectations … about what proposed treatments entail, who will provide services, and how care will be provided"[43]
	Develop multi-language materials that are easily understandable
Youth Living with a Disability[44,45]	
	Use person-first language (person with dementia; a person living with dementia)
	Know when praise is patronizing[46]
	Recruit sign language interpreters
	Be prepared to make individualized healthcare accommodations
	Ensure that physical and digital spaces are accessible

Economically Disadvantaged Youth	
	Understand the connection between poverty, poor health, and increased risk for mental health problems
	"Increase the capacity of providers and staff to address practical, logistical, and psychological barriers to patient engagement in mental healthcare. This includes increasing attention to social determinants of health"[47,48]
	Approach conversations about mental health screening and care in a way that acknowledges stigma that not everyone can afford certain healthcare
	End any misconceptions that poor people are poor because of their own "bad" choices but rather a reflection of societal issues such as school inequities, racism, sexism, segregation
Religious Minority Youth	
	Regard spirituality as a potentially important component of their physical well-being and mental health.
	Make referrals to chaplains, spiritual directors, or community resources as appropriate.
	Respect their privacy regarding spiritual beliefs; don't impose your beliefs on others.
	When appropriate, consider the following questions: "Do you consider yourself spiritual or religious" "What gives your life meaning?" "How has religion and/or spirituality influenced you to take care of yourself, your health?
Indigenous Youth	
	Recognize social environments and structural determinants like geographic isolation[49] and confidentiality concerns[50]
	Acknowledge the diverse Indigenous concepts of gender and sexuality
	Recognize and affirm all clients, including those that are Two-Spirit
	Consider releasing an organizational statement that acknowledges the Indigenous Land your organization is situated on[51]
Migrant, Asylum-Seeking, Refugee, and Immigrant Youth[52]	
	Consider pre-existing culturally-tailored models of care that highlight "resettlement stressors and the family's priorities in a way that is strengths-based and resilience-building"[53]
	Understand that race is often factored in as an additional dimension of inequality"[54]
	Consider the mental health impact and wellbeing of youth impacted by immigration laws and policies such as the Deferred Action for Childhood Arrivals (DACA) program[55]
	Consider values, especially the sense of belonging rooted in family relationships[56]

Although no space can be guaranteed to be free of trauma, everyone has a role in ensuring that the health and rights of all young people are considered and honored. While this toolkit includes culturally-specific statistics about marginalized youth backgrounds, it is also essential to explore protective factors—the characteristics, conditions, and behaviors that directly improve positive health outcomes or reduce the effects of stressful life events and other risk factors.[57,58,59]

2.5 WEEK 5: ARE YOU MEETING THE STANDARDS?

Cultural responsiveness requires **taking action** that ensures a health equitable environment for all young people. This action is twofold: **1) assess the policies and procedures of your organization according to National CLAS Standards, and 2) evaluate the internal climate of your organization.** A CLAS Assessment will support you in reaching progress toward the inclusion of all young people in your organization.

Policies and Proceedures

[Y / N] Does your organization recruit, retain, and promote staff that reflect the cultural diversity of the community you serve?

[Y / N] Does your organization have enumerated non-discrimination and anti-bullying policies that include sexual orientation, gender identity, and gender expression? Are these policies digitally and physically publicized?

[Y / N] Does your organization provide staff with training resources in issues related to LGBTQ youth, adolescent health, and culturally and linguistically appropriate service delivery?

[Y / N] Does your organization have an official plan, goals, or strategy for reducing health disparities among young people that identify as LGBTQ, youth of color, religious minorities, etc.?

[Y / N] Does your organization have inclusive intake forms that capture a young person's name if it is different from their legally assigned name, pronouns, gender identity, and assigned sex at birth?

[Y / N] Are your pronouns included in your email signature? Have you encouraged other staff to do the same?

[Y / N] Does your organization provide timely professional interpreter services, at no cost, to all clients with Limited English Proficiency (LEP), including those clients who use American Sign Language?

[Y / N] Do all clients with LEP or Deaf / Hard of Hearing receive verbal and written notices about their right to language assistance services?

[Y / N] Are clients that are Deaf / Hard of Hearing and clients with disabilities made aware of your program's Disability Access policy or notice?

[Y / N] Does your organization offer written materials in languages that target the various cultural groups in your service area/population?

[Y / N] Does your organization collect client satisfaction data to inform culturally and linguistically appropriate service (CLAS) delivery?

[Y / N] Does your organization use Race, Ethnicity Language (REL) community/service area data to help design and deliver program services?

[Y / N] Does your organization participate in partnerships with other agencies that target the diverse cultural groups in your service area/population?

Revised and adapted from Adolescent Sexual Health and the Dynamics of Oppression: a Call for Cultural Competency [Issues at a Glance] Washington, D.C.: Advocates for Youth, © 2003; and from Culture matters in health education for young people, Transitions 2000; 11(3):1, 6, 8; © Advocates for Youth

2.6 WEEK 6: HOW DO YOUR POLICIES MATCH UP?

Below are sample policies that may be helpful when striving toward cultural responsiveness. Which of these does your organization have in place? What steps can be taken to implement ones that are not in place? For those that are in place, are all staff fully aware of and in compliance with these policies?

Non-Discrimination

Inclusive non-discrimination policies which explicitly mention race, ethnicity, immigration status, religion, native language, sexual orientation, gender identity, and gender expression are crucial for building an organization's foundation for inclusion for all youth. Once created, these policies should be made public and promoted within the organization's physical space and online.

Sample Text:

> **"(Organization) will take all reasonable steps within its control to meet the diverse needs of all youth and provide an environment in which all individuals are treated with respect and dignity, regardless of race, ethnicity, immigration status, religion, native language, sexual orientation, gender identity, and gender expression, or other protected categories."**

Staff Training

Ongoing staff trainings that center marginalized young people and their intersectional identities is a significant way for organizations to equip staff with tools to continue supporting all young people. Staff trainings can include LGBTQ 101, health literacy, linguistic competence, and how to collect and record sexual orientation and gender identity data. A sample staff training policy can consist of:

Sample Text:

> **"(Organization) is committed to advancement and innovation through investing in our employees' professional development. (Organization) shall allow staff to engage in training that center the experiences of young people, especially those from religious, immigrant, racial, ethnic, gender, and sexual minority backgrounds."**

2.7 WEEK 7: PUTTING IT INTO PRACTICE

Once you have a solid policy foundation, it's also important to continuously ensure that your practices reflect the values and policies of the organization.

[Y / N] Do you have a **team or advisory committee** focused on supporting young people from marginalized backgrounds? Does the team have a focused goal and/or objective? Do you meet at least once a month?

[Y / N] Does your **website have a section dedicated to cultural responsiveness and young people**? Are external youth-friendly and culturally responsive health resources listed?

[Y / N] Does your organization have **visual cues** that illustrate young people, including youth of color, are welcome?

[Y / N] Have you **supported one or more cultural and/or heritage-centered events** or initiatives that center young people from minority backgrounds?

[Y / N] Have you **worked with minority-led organizations and community member**s to assess the needs of young people from minority backgrounds?

[Y / N] Have you provided, or are you planning to provide, your organization's employees with **training in LGBTQ health**?

[Y / N] Do the minority young people, staff, and volunteers in your organization or program know that **you care about them**—individually and as whole people?

[Y / N] Have you **created an affirming space** where all youth can openly ask questions about and discuss sexual health, body image, relationships, and gender?

[Y / N] Do you k**now each young person's interests, abilities, hobbies, and skills** in your program?

[Y / N] Do you **offer any information** about local minority (religious, ethnic, immigrant communities and resources? Do you refer young people to these resources? Are these resources available on your website?

[Y / N] If you **offer information** about sexual and reproductive health, is it LGBTQ-friendly? Is the information appropriate for all the program's youth? Is it culturally responsive? **How do you know?**

[Y / N] Do you ask youth to **fill out evaluation forms** that measure your services' quality—qualities such as youth-friendliness, cultural responsiveness, and safety? Do young people have the opportunity to provide anonymous feedback? Does your website include an anonymous feedback form? Is there a process to incorporate youth feedback into your policies?

[Y / N] Do you **employ** young people interns and staff and pay them well? Do any of these young people self identify as LGBTQ? Immigrants? Religious minorities?

[Y / N] Is staff of **similar racial, ethnic, and cultural make-up to** the **young people** served by the program? Does any staff self-identify as LGBTQ?

[Y / N] Do you have a **youth advisory board** or another initial manner to involve young people in planning and evaluating programs? Do you involve LGBTQ young people?

[Y / N] Have you intentionally created a **youth-friendly space?** Is it friendly as well to LGBTQ youth, particularly young people of color? **How do you know?**

[Y / N] Does your program or organization **conduct conversations** with young people in the program about racism, sexism, homophobia, transphobia, and other forms of oppression?

[Y / N] Does your organization physically and/or digitally **commemorate cultural and heritage months and awareness days?**

2.8 WEEK 8: FIRST IMPRESSIONS AND BEYOND

Youth Services and Support (in-person or digital)[60]

Intake and Registration Forms

[Y / N] Forms, including electronic health records, offer explicit options to capture a young person's current gender identity if it differs from the sex they were assigned at birth

[Y / N] Forms, physical and digital, are available in more than one language other than English

[Y / N] A two-question process is used to collect gender identity information (i.e., first asking current gender identity and then asking sex assigned at birth)

[Y / N] Forms, including electronic health records, offer young people the option to note religion and mobility needs

[Y / N] Forms, including electronic health records, offer young people the option to note their pronouns

Services

[Y / N] A written strategy or plan for reducing health disparities among youth from minority backgrounds and/or incorporate young people from minority backgrounds into a plan for reducing inequalities faced by young people

[Y / N] An internal planning or advisory committee that focuses on young people from minority backgrounds

[Y / N] Culturally responsive and youth-friendly staff or providers are known as such to interested young people or provide a confidential way to make culturally-specific referrals

Youth and Community Engagement (in-person or digital)

[Y / N] Does your organization annually participate in or support one or more HIV, LGBTQ, and/or cultural awareness days, events, or initiatives in its service area?

Revised and adapted from the Human Rights Campaign's Healthcare Equality Index (HEI), Washington, D.C.

2.9 WEEK 9: LANGUAGE MATTERS[61]

"I'm a firm believer that language and how we use language determines how we act, and how we act then determines our lives and other people's lives."

— Ntozake Shange[62]

Assess your policies, website, forms, and interpersonal communication to ensure appropriate and inclusive terms are being used. It is important to let people decide how they want to be identified. For instance, while these are recommendations, some people do not prefer people-first language.

Do Not Use	Instead Use
Able-bodied; normal	A person without a disability
The blind	A person that is blind
Handicap; handicapped	A person with a disability
Slow learner	A person with a learning disability
Confined to a wheelchair; wheelchair-bound	A person that uses a wheelchair
Victim; sufferer (AIDS Sufferer)	A person living with HIV/AIDS; survivor
Addict, Alcoholic, Junkie	A person with an alcohol problem
Crazy, insane, psycho, nut, maniac	A person with a mental disability, behavior disorder, emotional disability
Brain-damaged	A person with a brain injury
Illegal immigrant; illegal alien	A person who is undocumented
Ladies, gentleman, sir, girls, guys	Friends, folks, everyone, you all
Girls and boys, you guys	Youth, students, young people
Mom, dad, mother, father	name, parent, guardian, caregiver
husband/wife, boyfriend/girlfriend	partner, spouse, significant other, loved one
Maternity, paternity	Parenthood, natality, pregnancy, parental
aunt/uncle	parent's sibling, cousin
Boy, girl, daughter, son	child, newborn, baby

Gendered	Gender Neutral or Inclusive
Boy, girl, daughter, son	Kid, child, newborn, baby
Breasts	Chest
Breastfeeding	Lactation, nursing
Vulva	External pelvic area
Vagina	Internal genitalia, genital opening, frontal pelvic opening
Penis	External genitalia
Uterus, ovaries	Internal reproductive organs
Pap smear	Cancer screening
Bra, panties, boxers, briefs	Underwear
Period, menstruation	Bleeding
Motherhood, fatherhood	Parenthood

Problem	Correction	Reason
Transgendered	Transgender	Only adjectives that are derived from nouns and/or verbs end in "ed"
Intersexed	Intersex	See above
Transexual	Transgender	An outdated word, can be offensive
A trangender/transgenders	A transgender person, transgender people	Transgender is not a noun
Sex change/Sex reassignment/Gender reassignment	Gender affirming surgery	Focuses on affirming one's identity

It is important to note that it is also problematic and harmful to assume that biological sex refers to sex assigned at birth. It is only acceptable to use the term biological sex when referring to one's current sex. For more information, refer back to *Key Terms*. The next section includes advice on creating inclusive programs and meeting the communication needs of minority young people.

2.10 WEEK 10: CREATING CULTURALLY RESPONSIVE PROGRAMS

Creating programs inclusive of and sensitive to minority young people is not tricky, but it requires conscientious attention and thorough training for all staff. It is also essential to note intersectionality of identities significantly impacts youth's ability to connect with programming; representation matters. The following suggestions will help to create culturally responsive programs.

How many can your organization put into action?

[Y / N] We hire people who are LGBTQ and reflect the socioeconomic, racial, ethnic, and religious makeup of the young people being served to work in the program as full or part-time staff, paid interns.

[Y / N] We assess values and beliefs, your own and staff's, regarding sexual orientation, gender identity, gender expression, race, and ethnicity. Taking stock will help you to address your own internal/implicit biases, prejudices, privilege, identify areas for personal growth, and enable you to serve *all* youth, including LGBTQ youth, in an open, honest, respectful manner.

[Y / N] We make it clear that xenophobic, racist, sexist, transphobic, and homophobic sentiments and actions have no place in the program. Post the policy in-person and online. When training students or staff to lead or facilitate workshops, include opportunities to practice responding to unacceptable language and behaviors. At the same time, work proactively to address stereotypes and misperceptions among the youth and staff in your program.

[Y / N] We normalize mentioning your pronouns during introductions, in your email signature, and your username in webinars. Also, be sure to encourage staff to have program participants introduce themselves. There may be participants who have nicknames or a name that was not legally assigned to them.

[Y / N] We use inclusive language. Discuss 'partners' instead of always assuming a young person's partner holds a particular gender identity. If you are doing role-plays, use gender-neutral names such as Jaden, Jamie, Angel, and young people.

[Y / N] We ask, and compensate minority young people to participate in panel discussions or as speakers to share some of their experiences. This will create a safe space and opportunity for youth to talk openly about homophobia, transphobia, racism, sexism, and other forms of oppression.

[Y / N] We build **youth-adult partnerships** into the program. Make sure that youth leaders include some who identify as minority young people. Programs are more effective and sustainable when young people are partners in their design, development, operations, and evaluation.

[Y / N] We include local groups that serve minority groups in physical and digital referral and resource lists. Make sure your referral and resource lists are readily available to all program youth.

[Y / N] We know when and where to seek support. Be aware of appropriate referral agencies for crisis intervention, mental and physical health services, etc. Be mindful of your personal and organizational limits, and accept that your organization may not always be the best one to assist young people in some situations.

[Y / N] We incorporate comprehensive sex education. If you offer sex education or address issues such as STD and HIV prevention, treatment, and care or reproductive health, then your program should include information about both contraception and abstinence. Bolster your knowledge on advancements in the field, such as access to pre-exposure prophylaxis (PrEP). PrEP is an HIV prevention method in which individuals not living with HIV take daily medication to reduce their risk of contracting the virus. When discussing abstinence, do not talk about 'abstinence-until-marriage.' Like straight and cisgender young people, LGBTQ youth search for intimacy and emotional closeness and may long for a committed relationship.

[Y / N] We have a gender-neutral or single-stall bathroom.

2.11 WEEK 11: MEETING THE COMMUNICATIONS NEEDS OF YOUNG PEOPLE

Programs that support the elimination of health disparities incorporate culturally responsive components into their activities and materials. It is important to ensure that programs include linguistically appropriate services, especially around language and accessibility. The Joint Commission is the nation's largest accrediting organization for healthcare facilities, responsible for accrediting and certifying more than 19,000 healthcare organizations and programs in the United States. In 2010, the Joint Commission outlined a culturally responsive communication process during intake, assessment, treatment, and discharge.[63]

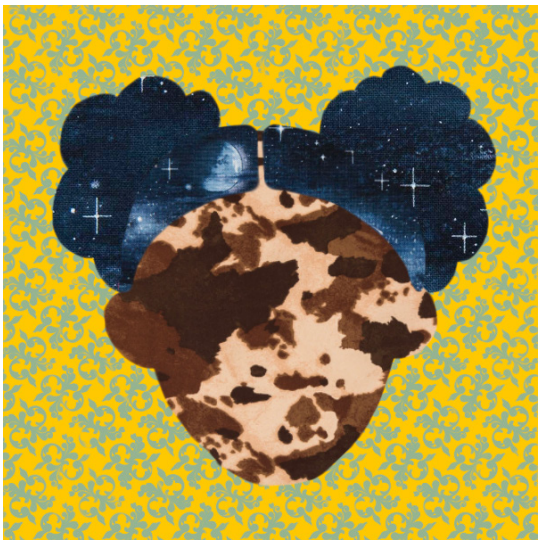
Review your policies and processes to ensure they reflect these practices:

- ☐ Inform the young person of their healthcare rights
- ☐ Identify the young person's preferred language for discussing healthcare
- ☐ Identify and address sensory, mobility, or communication needs (interpreter, sensory or communication, auxiliary aids and services, assistive devices, augmentative and alternative communication (AAC) resources, mobility aids, room modifications for access to switches/fall prevention)
- ☐ Identify and accommodate cultural, religious, or spiritual beliefs or practices that influence care (modesty needs, preference of a provider of the same gender, space, and scheduling to accommodate the need to pray, and dietary requirements)
- ☐ Support the young person's ability to understand and act on health information (assistance completing forms, provide education that meets their needs)
- ☐ Ask the young person if any additional needs may affect their care
- ☐ Ask the young person to identify a support person (friend, family, mentor)
- ☐ Tailor the informed consent process to meet the young person's needs
- ☐ Request consent to involve the young person and family in the care process (not as interpreters)
- ☐ Communicate information about the young person's unique needs to the care team when necessary

2.12 WEEK 12: THINGS TO CONSIDER WHEN CREATING DIGITAL SAFER SPACES

Online communication has never been more important. Take these concrete actions and consider the comments of young people from your comunity on digital communication.

Things To Consider When Creating Digital Safer Spaces: A Checklist	
[Y / N]	Included your pronouns in your email signature, and if possible, in your username when hosting webinars.
[Y / N]	Updated webpages and social media to include and promote information about youth from culturally different backgrounds, LGBTQ youth, especially on crucial awareness days and heritage months such as weeks such as Black History Month (February), Denim Day (April), Pride Month (June), Mental Health Awareness Month (May) Suicide Prevention Week (September), Latinx Heritage Month (October), Transgender Awareness Week (November 13-19).
[Y / N]	Incorporated LGBTQ-inclusive symbols (rainbows, pins, etc.) in your physical surroundings while on webinars.
[Y / N]	Name that, although digital, the space (whether webinar or meeting) is intended to be inclusive of everyone and their identities.
[Y / N]	Keep in mind that young people are focused on technology. Are your web pages updated? Do your web pages include culturally responsive images, etc? What type of reviews do you have as an agency?
[Y / N]	Ensure that web pages, including social media channels, are up to date, active, and culturally responsive. Remember to include Frequently Asked Questions and Resources sections.
[Y / N]	Offer a “contact-us” section, a chat feature, online appointment scheduling option. Also include an email address for youth that do not prefer phone calls.
[Y / N]	Meet people where they are. Creating a Youtube page or channel demonstrating acts of health (properly brushing your teeth, etc.)



Young People on Digital Interactions

"Some young people from different groups and certain identities have historically experienced a lot of wrongful treatment within the field of medicine and research. This resonates today around access to care. Being aware of that in an open and understanding way is helpful especially for people of socioeconomic, racial, gender, and sexuality backgrounds."

"Recognize bias, especially if someone comes in wearing something non-traditional or out of the norm" It does not mean that they are a specific type of person."

"Consider the young person's economic background and developmental changes."

"Name what is obligated and not obligated to share. Consider the relationships young people have with their parents and confidentiality. Depending on the young person's age, this may affect what they are willing or honest to share (e.g., being sexually active, but not wanting to share due to potential parental notification).

"Recognize that the young person's views might differ from their parents, but they may feel like they have to do what is best as it could be advice from their parents. This might be challenging for the young person and the health professional."

GROUP ACTIVITIES TO BUILD RESPONSIVENESS

Once you have assessed your organization's cultural responsiveness and worked to strengthen it at every level, it's time to keep it up.

The following activities aim to provide support for organizations interested in building cultural responsiveness. These activities **(for staff and young people)** can be done during or after the activities in the previous section.

For facilitators: these activities are designed to spark self-reflection and dialogue and may cause discomfort for you and/or participants. Be willing to lean into that discomfort. If you do not have experience with group facilitation on topics such as culture, race, gender, or privilege, please check out **the Safe Zone Project's *All-Star Facilitator Series*** for more training before facilitating these activities. The activities involve self-disclosure so we recommend doing them in the order presented to build trust and establish rapport with group members.

3.1 CULTURAL RESPONSIVENESS

Objective: By the end of this activity, group members will reflect on specific preferences they have and how these might relate to religion, age, gender, racial, ethnic, etc., components of their culture and identity.

Time: 30-35 minutes

Materials: Printed list of questions per prompt (in-person), list of questions in a Powerpoint slide or Word document per prompt (digital)

Procedure:

1. Tape prompt questions (each prompt seperate sheet) around the room. (In-person)
    - Each prompt should have its own slide which includes 3 questions (digital)
2. Ask participants to work with a partner or group in exploring each prompt (in-person).
    - Create breakout rooms or social distance opportunities (phone calls, video chat) for participants to discuss prompt questions (digital)
3. **Script:** This activity will allow you to reflect on your upbringing and the messages you received about various parts of your identities and others.
4. **Prompt Number One:**
    a. Grits are better with sugar or salt.
5. Allow participants about 10 minutes total to discuss this prompt.
6. **Prompt Number Two:**
    a. Pineapples belong on pizza.
7. Allow participants about 10 minutes total to discuss this prompt.
8. **Prompt Number Three:**
    a. Candy corn reminds me of Halloween.
9. Allow participants about 10 minutes total to discuss this prompt.
10. After participants have answered, the facilitator will direct them to return to the larger group.
11. Group will process activity by answering the following questions:
    a. What was it like to participate in that activity?
    b. What was it like to reflect on messages you received at a young age?
    c. Were there any realizations or anything you learned about yourself or your upbringing?
12. **Script:** Recognizing and welcoming factors that separate or distinguish one person from another are critical components of cultural responsiveness. Another element is having an awareness of similarities and differences among people and their cultures, whether they're by region, language, or religion.[64]
13. Ask if participants have any questions.

3.2 THE IDENTITY GAME

Objective: By the end of this activity, group members will be able to think about what part of their identity they are most comfortable and uncomfortable with.

Time: 20 minutes

Materials: Printed list of identities (in-person) , tape (in-person), list all of the identities on one slide in a Powerpoint presentation or Word document (digital)

Procedure:

1. Tape identities (each on a seperate sheet) around the room. (in-person)
    - Show the slide which includes all of the identities, they can be separated via bullet points or separate boxes (digital)
2. Tell participants to stand and read off the following parts of "identities": (in-person)
    - Show the slide which includes all of the identities, they can be separated via bullet points or separate boxes (digital)
3. After reading each identity, participants will be provided a prompt and then asked to stand under (in-person) or identify (digital) the identity they feel most comfortable with.
4. Script: There is no "right" or "wrong" answer. Just because you choose one part of your identity DOES NOT mean that you are ashamed of the other parts of your identity. You are just choosing the identity you feel aligns with the prompt I am giving you.
5. **Prompt Number One:**
    - **Script:** Stand under (in-person) or identify (digital) the identity you feel the "safest" in. Safest can mean comfortable, safe, no worrying, familiar – however you define "safest."
6. Once all participants have stood under (in-person) or identified (digital) their identities, going from left to right, ask participants if they are comfortable sharing why they stood where they stood (in person) or identified that identity (digital). Remind participants of group agreements.
7. **Prompt Number Two:**
    - **Script:** Stand under (in-person) or identify (digital) the identity you feel the least "safe" in. Least safe can mean uncomfortable, unsafe, annoying, unfamiliar – however you define "least safe." Again, choosing an identity DOES NOT mean that you are ashamed of it, it just means that this part of your identity does not provide you the same kind of safety that other parts of your identity may provide you. Once all participants have stood under (in-person) or identified (digital) their identities, going from left to right, ask participants if they are comfortable sharing why they stood where they stood (in person) or identified that identity (digital). Remind participants of group agreements.
8. Once all participants have stood under (in-person) or identified (digital) their identities, going from right to left, ask participants if they are comfortable sharing why they stood where they stood (in person) or identified that identity (digital). Remind participants of group agreements.
9. After participants have answered, the facilitator will direct them to have a seat. (in-person)

10. Group will process activity by answering the following questions:
    a. What was it like to participate in that activity?
    b. What was it like to make choices around identity?
    c. Were there any realizations or anything you learned about yourself or your Identity?
11. Script: Identity is complex. This means we are not just one thing. Our personalities and entire being is impacted and influenced by the world and how we show up in the world. Some of us may act one way with family and act a different kind of way with friends. This is OK. We did this activity as a way to explain how one part of our identity informs/influences other parts of our identity.
12. Ask if participants have any questions.

Identities List

- Sexual Orientation
- Education
- Political Affiliation
- Religious Affiliation
- Gender Expression
- Gender Identity
- Socio-Economic Status
- Immigration Status
- Health Status
- Appearance
- Race
- Ethnicity
- Age
- Native Language
- Physical Ability/Disability

3.3 MESSAGING

Objective: By the end of this activity, group members will be able to reflect on their upbringing and the messages they received about various parts of their own identities and others.

Materials: Printed list of questions per prompt (in-person), list of questions in a Powerpoint or Google slide or Word document per prompt (digital)

Time: 30-35 minutes

Procedure:

1. Tape prompt questions (each prompt seperate sheet) around the room. (In-person)
    - Each prompt should have its own slide which includes 3 questions (digital)
2. Ask participants to work with a partner or group in exploring each prompt (in-person).
    - Create breakout rooms or social distance opportunities (phone calls, video chat) for participants to discuss prompt questions (digital)
3. **Script:** This activity will allow you to reflect on your upbringing and the messages you received about various parts of your identities and others.
4. **Prompt Number One:**
    a. Growing up, what messages did you receive about gender?
    b. Did those messages make sense?
    c. How do those messages show up in your work?
5. Allow participants about 10 minutes total to discuss this prompt.
6. **Prompt Number Two:**
    a. Growing up, what messages did you receive about sexual orientation?
    b. Did those messages make sense?
    c. How do those messages show up in your work?
7. Allow participants about 10 minutes total to discuss this prompt.
8. **Prompt Number Three:**
    a. What messages did you receive about race?
    b. Did those messages make sense?
    c. How do those messages show up in your work?
9. Allow participants about 10 minutes total to discuss this prompt.
10. After participants have answered, the facilitator will direct them to return to the larger group.

11. Group will process activity by answering the following questions:
    a. What was it like to participate in that activity?
    b. What was it like to reflect on messages you received at a young age?
    c. Were there any realizations or anything you learned about yourself or your upbringing?
12. **Script:** Through socializations around gender, sexuality, and race, we all learn about differences, including social and cultural expectations. Our upbringings can have a great influence on how we think and act on conventional social norms and stereotypes. Knowing early on that children receive messaging about identities such as gender, sexuality, and race it is interesting to reflect on how these messages impact our interactions across differences.
13. Ask if participants have any questions.
14. Mirroring the identity activity, feel free to add additional prompts to include identities such as immigration, education, etc.

Below are a few tips for facilitators who may or may not have facilitated conversations around race, gender, and sexuality:

- Mentally prepare yourself
- Create an affirming learning space
- Encourage participants
- Non-judgmental
- Be **sex positive**
- Facilitate not dominate
- Manage **disclosure**
- Youth/Adult partnership approach
- Be flexible

RESOURCES

This section includes a variety of resources that may increase your support for young people from various backgrounds. Please share widely.

4.1 ADVOCATES FOR YOUTH RESOURCES

AMAZE harnesses the power of digital media to provide young adolescents around the globe with medically accurate, age-appropriate, affirming, and honest sex education they can access directly online—regardless of where they live or what school they attend. AMAZE also strives to assist adults—parents, guardians, educators, and healthcare providers worldwide—to communicate effectively and honestly about sex and sexuality with the children and adolescents in their lives.

Creating Safer Spaces for LGBTQ Youth: A Toolkit for Education, Healthcare, and Community-Based Organizations highlights challenges faced by LGBTQ youth, offers insight on how they thrive, and enhances awareness about existing disparities to provide more comprehensive, competent, evidence-based care and support to this community.

I Think I Might Be are resources written by LGBTQ young people and provide answers for young people thinking about their sexual orientation and young people who find that the gender they were assigned at birth does not fit them.

Kiki's with Louie is a YouTube series featuring honest, in-depth conversations about the most challenging issues facing queer youth: relationships, sexuality, health, culture, and more.

Medical Mentorship for Young People Living with HIV is a comprehensive tool featuring rubrics, templates, and modules designed to equip providers to better support young people living with HIV.

#MuslimAnd is a campaign that expands common perceptions of who Muslim people are. It highlights the diversity of young Muslims in America and the existence of LGBTQ Muslims.

On All Sides: How Race, Ethnicity & Gender Influence Health Risk for Transgender Students of Color is a resource highlighting transgender students' intersectional health disparities using Youth Risk Behavior Surveillance System (YRBSS) data.

Rights, Respect, Responsibility (3Rs) is the first-ever free K-12 sexuality education curriculum fully mapped to the National Sexuality Education Standards.

4.2 GENERAL RESOURCES

30+ Examples of Cisgender Privileges

Adolescent Health Initiative: LGBTQ Friendly Services Starter Guide

Basic Learning Activities: LGBTQ Awareness

Supporting & Caring for Transgender Children

Transgender Identities and Rights

American Medical Association: Creating an LGBTQ-friendly Practice

Creating Equal Access to Quality Healthcare for Transgender Patients: Transgender-Affirming Hospital Policies

Do Ask, Do Tell: A Toolkit for Collecting Sexual Orientation and Gender Identity Information in Clinical Settings

Race and Ethnicity Data Improvement Toolkit

Respectful Collection of Demographic Data

Training

Project READY: Reimagining Equity & Access for Diverse Youth

The Safe Zone Project: All-Star Facilitator Series

Cultural Responsiveness Assessments

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community

A Guide for Spiritual Assessment in Clinical Settings

CLAS Standards Assessment

Cultural Formulation Interview Questions

Ethnic-Sensitive Inventory

Iowa Cultural Understanding Assessment–Client Form

Multiculturally Competent Service System Assessment Guide

Privilege Assessments

Self-Assessment Checklist for Personnel Providing Services and Supports to Children and Youth With Special Health Needs and Their Families

4.3 POP CULTURE

Books

Giovanni's Room by James Baldwin (1956)

Sister Outsider: Essays and Speeches by Audre Lorde and Cheryl Clarke (2007)

My Princess Boy by Cheryl Kilodavis (2010)

The Other Side of Paradise: A Memoir by Staceyann Chin (2010)

We the Animals by Justin Torres (2011)

Redefining Realness: My Path to Womanhood, Identity, Love & So Much More by Janet Mock (2014)

The Making of Asian America by Erika Lee (2016)

Stamped from the Beginning: The Definitive History of Racist Ideas in America by Ibram X. Kendi (2017)

We Are Everywhere: Protest, Power, and Pride in the History of Queer Liberation by

Matthew Riemer and Leighton Brown (2019)

Patsy by Nicole Dennis-Benn (2020)

Lot by Bryan Washington (2020)

All Boys Aren't Blue: A Memoir-Manifesto by George M. Johnson (2020)

The Black Flamingo by Dean Atta (2020)

Videos

What Does Two-Spirit Mean?

Movies

Paris Is Burning (1991)

Hairspray (2007)

The Bold World by Jodie Patterson (2010)

Moonlight (2016)

We the Animals (2018)

Series

The Wire (2002)

Noah's Arc (2005)

Ugly Betty (2006)

True Blood (2008)

Dear White People (2017)

POSE (2018)

My House (2018)

Black Lightning (2018)

Special (2019)

Tales of the City (2019)

Hollywood (2020)

"We're Here" (2020)

Podcasts

Cultural and Linguistic Competence

Culturally and Linguistically Responsive Assessment with Dr. Bryn Harris

Therapy for Black Girls

4.4 ORGANIZATIONS OF INTEREST

Center of Excellence for Transgender Health
Fenway Institute
The George Washington Institute for Spirituality and Health
Gay and Lesbian Medical Association
The Joint Commission
Lambda Legal: The National LGBT Health Education Center
Native American Women's Health Education Resource Center
Native Youth Sexual Health Network
The Institute on Trauma and Trauma-Informed Care
The Trevor Project
World Professional Association for Transgender Health

5.1 REFERENCES

1. Know Your IX is a survivor- and youth-led project that aims to empower students to end sexual and dating violence in their schools. Know Your IX Organizers educate college and high school students about their rights to an education free from gender violence and discrimination.
2. Title IX is a federal civil rights law in the United States that was passed as part of the Education Amendments of 1972. It prohibits sex-based discrimination in any school or other education program that receives federal money.
3. https://www.thechicagoschool.edu/insight/from-the-magazine/the-great-un-equalizer/
4. J.J. Arnett, R. Žukauskienė, K. Sugimura The new life stage of emerging adulthood at ages 18–29 years: Implications for mental health. The Lancet Psychiatry, 1 (7) (2014), pp. 569-576, 10.1016/S2215-0366(14)00080-7
5. Osgood DW. On your own without a net: the transition to adulthood for vulnerable populations. Chicago: University of Chicago Press; 2005
6. Cheak-Zamora, Nancy C., et al. "Disparities in transition planning for youth with autism spectrum disorder." Pediatrics 131.3 (2013): 447-454.
7. Lotstein, Debra S., et al. "The transition to adult healthcare for youth with special healthcare needs: do racial and ethnic disparities exist?." Pediatrics 126.Supplement 3 (2010): S129-S136.
8. LeDoux J, Mann C, Demoratz M, Young J. Addressing Spiritual and Religious Influences in Care Delivery. Prof Case Manag. 2019 May/Jun;24(3):142-147.
9. Mona LR, Cameron RP, Clemency Cordes C. Disability culturally competent sexual healthcare. Am Psychol. 2017 Dec;72(9):1000-1010.
10. Root cause coalition https://www.rootcausecoalition.org/wp-content/uploads/2020/02/TRCC-Status-of-Health-Equity-Report.pdf
11. https://www.nbcnews.com/news/us-news/racial-violence-pandemic-how-red-summer-1919-relates-2020-n1231499
12. https://khn.org/news/article/black-americans-are-getting-vaccinated-at-lower-rates-than-white-americans/
13. https://www.showingupforracialjustice.org/white-supremacy-culture-characteristics.html
14. Minkler M. Community-based research partnerships: Challenges and opportunities. J Urban Health. 2005;82(2 Suppl 2):ii3-12:ii4. doi:10.1093/jurban/jti034
15. Issel, L M, and Rebecca Wells. Health Program Planning and Evaluation: A Practical, Systematic Approach for Community Health. 2018.
16. The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals. Oakbrook Terrace, IL: The Joint Commission, 2010.
17. Eisenberg ME, Resnick MD. Suicidality among gay, lesbian and bisexual youth: the role of protective factors. J Adolesc Health. 2006;39(5):662-668.
18. Kretzmann JP, McKnight JL. Building Communities From the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets. Evanston, IL: Institute for Policy Research; 1993

18B. The Behavioral Health Network of Greater St. Louis , 2017, 2017 St. Louis Youth Behavioral Health Community Needs Assessment, www.stlmhb.com/wp-content/uploads/2017-St-Louis-Youth-Behavioral-Health-Needs-Assessment-Full-Report.pdf.

19. Ferguson Commission. (2015). Forward through Ferguson: A Path Toward Racial Equity. St Louis, MO: St. Louis Public Library.
20. Civil Rights Act, 1964.
21. The Office of Minority Health (OMH) is dedicated to improving the health of racial and ethnic minority populations.
22. The mission of the Center for Linguistic and Cultural Competence in Healthcare (CLCCHC) is to collaborate with federal agencies and other public and private entities to enhance the ability of the healthcare system to effectively deliver linguistically appropriate and culturally competent healthcare to limited English-speaking populations.
23. (US DoJ, 2000).
24. http://www.cdc.gov/nchs/healthy_people/hp2010.htm
25. This annual report, now part of the National Healthcare Quality and Disparities Report, measures trends in effectiveness of care, patient safety, timeliness of care, patient centeredness, and efficiency of care. http://www.ahrq.gov/research/findings/nhqrdr/index.html
26. The Minority Health and Health Disparities Research and Education Act supports biomedical and behavioral research on minority health and health disparities, medical training for minorities and others, and the study and collection of data regarding minorities and other populations. https://www.govtrack.us/congress/bills/106/s1880
27. http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.shtml
28. http://www.hhs.gov/sites/default/files/2016-06-07-section-1557-final-rule-summary-508.pdf
29. https://thinkculturalhealth.hhs.gov/clas/CLAS-Tracking-Map/Missouri
30. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53
31. when we assume that a person has particular values and attitudes based on their cultural background.
32. This can create unique barriers in accessing and trusting resources
33. To achieve positive self image, young people need to feel that they belong (peer identification), and they need positive role models.
34. Wilson, E. C., Chen, Y. H., Arayasirikul, S., Raymond, H. F., & McFarland, W. (2016). The Impact of Discrimination on the Mental Health of Trans*Female Youth and the Protective Effect of Parental Support. AIDS and behavior, 20(10), 2203–2211. https://doi.org/10.1007/s10461-016-1409-7
35. McIntosh, P. (1998). White privilege: Unpacking the invisible knapsack. In M. McGoldrick (Ed.), Re-visioning family therapy: Race, culture, and gender in clinical practice (p. 147–152). The Guilford Press.
36. National Association of School Psychologists. (2016). Understanding Race and Privilege [handout]. Bethesda, MD. https://www.nasponline.org/resources-and-publications/resources-and-podcasts/diversity-and-social-justice/social-justice/understanding-race-and-privilege
37. denoting or relating to a person whose sense of personal identity and gender corresponds with their birth se (opposite of transgender).

1. https://www.itspronouncedmetrosexual.com/2011/11/list-of-cisgender-privileges/
2. https://projecthumanities.asu.edu/content/male-privilege-checklist
3. https://projecthumanities.asu.edu/content/christian-privilege-checklist
4. Same citation as NASP
5. Austin S, Ziyadeh N, Corliss H, Rosario M, Wypij D, Haines J, Field A. (2009). Sexual orientation disparities in purging and binge eating from early to late adolescence. Journal of Adolescent Health.45:238–245.
6. Blake SM, Lesky R, Lehman T, Goodenow C, Sawyer R, Hack T. (2001). Preventing sexual risks behaviors among gay, lesbian, and bisexual adolescents: The benefits of gay-sensitive HIV instruction in schools. American Journal of Public Health.91:940–946.
7. Higa D, Hoppe MJ, Lindhorst T, et al. Negative and positive factors associated with the well-being of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youth. Youth Soc. 2014; 46:663–87.
8. https://www.crisisprevention.com/Blog/SAMHSA-Concept-of-Trauma
9. http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html
10. Menschner C, Maul A. Key ingredients for successful trauma-informed care implementation. Trenton: Center for Healthcare Strategies, Incorporated; 2016.
11. Included but not limited to "wheelchair users, people who are deaf or blind, and those with activity limitations such as a reduced ability to see, read, walk, speak, hear, learn, remember, understand, manipulate or reach controls, or respond quickly"
12. https://ncdj.org/style-guide/
13. "Excessively praising a person with a disability can be insulting because it implies that you have low expectations of them" https://hiehelpcenter.org/2018/09/25/disability-terminology-choosing-right-words-talking-disability/
14. An individual from a lower-income background, i.e. a young person who is eligible for free or reduced price school lunch
15. Hodgkinson S, Godoy L, Beers LS, et al. Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting. Pediatrics. 2017;139(1):e20151175
16. Ingoldsby EM. Review of interventions to improve family engagement and retention in parent and child mental health programs. J Child Fam Stud. 2010;19(5):629–645
17. https://smhs.gwu.edu/spirituality-health/sites/spirituality-health/files/FICA2_Amended.pdf
18. Call KT, McAlpine DD, Johnson PJ, Beebe TJ, McRae JA, Song Y. Barriers to care among American Indians in public healthcare programs. Med Care. 2006;1:595–600
19. Duran B, Oetzel J, Lucero J, Jiang Y, Novins DK, Manson S, Beals J. Obstacles for rural American Indians seeking alcohol, drug, or mental health treatment. J Consult Clin Psychol. 2005 Oct;73(5):819.
20. https://nativegov.org/a-guide-to-indigenous-land-acknowledgment/
21. A migrant is someone who is moving from place to place (within his or her country or across borders), usually for economic reasons such as seasonal work. An asylum seeker is someone who is also seeking international protection from dangers in his or her home country, but whose claim for refugee status hasn't been determined legally. A refugee is someone who has been forced to flee his or her home because of war, violence or persecution, often without warning. An immigrant is someone who makes a conscious decision to leave their home and move to a foreign country with the intention of settling there.
22. Baker JR, Raman S, Kohlhoff J, et al. Optimising refugee children's health/wellbeing in preparation for primary and secondary school: a qualitative inquiry. BMC Public Health. 2019;19(1):812. Published 2019 Jun 27. doi:10.1186/s12889-019-7183-5
23. Gee GC, Ryan A, Laflamme DJ, Holt J. Self-Reported Discrimination and Mental Health Status Among African Descendants, Mexican Americans, and Other Latinos in the New Hampshire REACH 2010 Initiative: The Added Dimension of Immigration. Am J Public Health. 2006;96: 1821–1828
24. Siemons R, Raymond-Flesh M, Auerswald CL, Brindis CD. Coming of Age on the Margins: Mental Health and Wellbeing Among Latino Immigrant Young Adults Eligible for Deferred Action for Childhood Arrivals (DACA). J Immigr Minor Health.
25. Smokowski PR, Chapman MV, Bacallao ML. Acculturation Risk and Protective Factors and Mental Health Symptoms in Immigrant Latino Adolescents. J Hum Behav Soc Environ. 2007;16: 33–55.
26. Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. Annual Review of Public Health, 26, 399–419
27. Resnick, M. D. (2000a). Protective factors, resiliency, and healthy youth development. Adolescent Medicine: State of the Art Reviews, 11(1), 157–164.
28. Resnick, M. D. (2000b). Resilience and protective factors in the lives of adolescents. Journal of Adolescent Health, 27, 1–2.
29. Healthcare Equality Index: Patient Services & Support, Human Rights Campaign Foundation, 2020, www.hrc.org/hei/patient-services-and-support-resources.
30. https://www.brown.edu/campus-life/support/accessibility-services/resources-teaching-students-disabilities/appropriate-terminology
31. Lester, Neal A. "Shange's Men: For Colored Girls Revisited, and Movement Beyond." African American Review, vol. 26, no. 2, 1992, pp. 319–328. JSTOR, www.jstor.org/stable/3041859.
32. The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient- and FamilyCentered Care: A Roadmap for Hospitals. Oak Brook, IL: Joint Commission Resources, 2010.
33. https://extension.psu.edu/diversity-discussion-starters
34. an idea that has been created and accepted by the people in a society.
35. a form of power that is found in society and within politics.

5.2 GLOSSARY

Terminology and language to describe experiences and identities are fluid, and identity terms mean different things to different people. This brief glossary of terms aims to serve as a guide and resource. Every definition does not and will not correctly describe every individual's experience with an identity.

Ableism the practices and dominant attitudes in society that devalue and limit the potential of persons with disabilities.

Assigned sex at birth the sex, usually male or female, assigned to a child at birth, most often based on the child's external anatomy. Also referred to as birth sex or natal sex.

Cisgender a person whose gender identity and assigned sex at birth correspond (e.g., a person who is not transgender).

Culture the pattern of daily life learned consciously and unconsciously by a group of people. These patterns can be seen in language, governing practices, arts, customs, holiday celebrations, food, religion, dating rituals, and clothing.

Dominant culture the values, beliefs, and practices that are assumed to be the most common and influential within a given society.

Ethnicity a social construct[65] which divides individuals into smaller social groups based on characteristics such as a shared sense of group membership, values, behavioral patterns, language, political and economic interests, history, and ancestral geographical base (e.g., Haitian, Korean, Irish, Cuban, African American)

Ethnocentric an attitude that views one's own culture as superior to other cultures

Euro-Centric the inclination to consider European culture as normative. The term addresses the historic oppressiveness of Eurocentric tendencies in the U.S and European society.

Gay a sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender. It can be used regardless of gender identity but is more commonly used to describe men.

Gender identity a person's inner sense of being a boy/man/male, girl/woman/female, another gender, or no gender.

Gender expression describes the ways (e.g., feminine, masculine, androgynous) in which a person communicates their gender to the world through their clothing, speech, behavior, etc. Gender expression is fluid and is separate from assigned sex at birth or gender identity.

Gender non-conforming describes a gender expression that differs from a given society's norms for males and females.

Heterosexual (straight) a sexual orientation that describes women who are emotionally and sexually attracted to men and men who are emotionally and sexually attracted to women.

Homophobia the fear of, discrimination against, or hatred of lesbian or gay people or those who are perceived as such.

Human immunodeficiency virus (HIV) a virus that attacks the body's immune system, which is crucial to fighting off infections and diseases. The virus, if untreated, can cause someone to develop AIDS.

-ism a social phenomenon and psychological state where prejudice is accompanied by the power to systemically enact it (racism, sexism, classism, etc.)

LGBTQ an acronym for "lesbian, gay, bisexual, transgender, and queer/questioning."

Lesbian a sexual orientation that describes a woman who is emotionally and sexually attracted to other women.

Men who have sex with men/Women who have sex with women (MSM/WSW) categories that are often used in research and public health settings to collectively describe those who engage in same-sex sexual behavior, regardless of their sexual orientation. However, people rarely use the terms MSM or WSW to describe themselves.

Non-binary (ENBY) describes a person whose gender identity falls outside of the traditional gender binary structure.

Power the capacity of an individual or institution to influence others' actions, beliefs, or conduct.

Prejudice a set of negative personal beliefs about a social group that leads individuals to prejudge individuals from that group or the group in general, regardless of individual differences among members of that group.

Privilege unearned access to resources (social power[66]) only readily available to some individuals due to their social group.

Privileged Group Member a member of an advantaged social group privileged by birth or acquisition, i.e., White people, men, upper-middle-class, heterosexuals, Christians, and individuals without a disability.

Race a social construct that artificially divides individuals into distinct groups based on characteristics such as physical appearance (particularly skin color), ancestral heritage, cultural affiliation or history, ethnic classification, and/or the social, economic, and political needs of a society at a given time.

Racism a system of advantage for white people and a system of oppression for Black, Indigenous, and People of Color (BIPOC) based on race. It is social and institutional power plus racial prejudice. It is the intentional or unintentional use of power to isolate, separate and exploit others. The use of power is based on a belief in superior origin, the identity of supposed racial characteristics.

Religion a system of beliefs, usually spiritual in nature and often in terms of a formal, organized denomination.

Sexism any act, gesture, visual representation, spoken or written words, practice, or behavior based upon the idea that a person or a group of persons is inferior because of their sex, which occurs in the public or private sphere, whether online or offline.

Social stigma negative stereotypes and social status of a person or group based on perceived characteristics that separate that person or group from other members of a society.

Stereotypes blanket beliefs and expectations about members of certain groups that present an oversimplified opinion, prejudiced attitude, or uncritical judgment.

Structural stigma societal conditions, policies, and institutional practices that restrict the opportunities, resources, and well-being of certain groups of people.

Transgender (Trans) describes a person whose gender identity and assigned sex at birth do not correspond. Also used as an umbrella term to include gender identities outside of male and female. Sometimes abbreviated as trans.

Trans man/transgender man/female-to-male (FTM) A transgender person whose gender identity is male may use these terms to describe themselves. Some will just use the term man.

Trans woman/transgender woman/male-to-female (MTF) A transgender person whose gender identity is female may use these terms to describe themselves. Some will just use the term woman.

Transition a multifaceted, active process that attends to the medical, psychosocial, and educational/vocational needs of adolescents as they move from the child-focused to the adult-focused healthcare system.

Transphobia The fear of, discrimination against, or hatred of transgender or gender non-conforming people or those who are perceived as such.

Whiteness is a broad social construction that embraces the white culture, history, ideology, racialization, expressions, economic experiences, epistemology, emotions, and behaviors and reaps material, political, economic, and structural benefits for those socially deemed white.

White Fragility discomfort and defensiveness on the part of a white person when confronted by information about racial inequality and injustice.

White Privilege the spillover effect of racial prejudice and White institutional power. It is the ability to grow up thinking that identities like race, religion, immigration status do not impact one's ability to experience in society. White Privilege may be less recognizable to some White people because of gender, age, sexual orientation, economic class, or physical or mental ability, but it remains a reality because of one's membership in the White dominant group.

White Supremacy a historically based, institutionally perpetuated system of exploitation and oppression of continents, nations, and individuals of color by white individuals and nations of the European continent for the purpose of maintaining and defending a system of wealth, power and privilege.

Advocates for Youth envisions a society in which all young people are valued, respected, and treated with dignity; sexuality is accepted as a healthy part of being human, and youth sexual development is recognized as normal. In such a world, all youth and young adults would be celebrated for who they are and provided with the economic, educational, and social opportunities to reach their full potential. Society would recognize young people's rights to honest sexual health education, confidential and affordable access to culturally appropriate and youth-friendly sexual health services, and the resources and opportunities necessary to thrive.

This vision is informed by the organization's core values of **Rights, Respect, Responsibility (the 3Rs).**

Advocates believes that:

> Youth have the inalienable **right** to honest sexual health information; confidential and consensual sexual health services; and equitable opportunities to reach their full potential.
>
> Youth deserve **respect**. Valuing young people means authentically involving them in the design, implementation, and evaluation of programs and policies that affect their health and well-being.
>
> Society has the **responsibility** to provide young people with all of the tools they need to safeguard their sexual health.

Advocates for Youth
Young. Powerful. Taking Over.

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