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## News

### 20-956 Learn About Member Diversity, Cultures and Person-First Language

Date: 11/24/20

This information applies to Physicians, Participating Physician Groups (PPGs), Hospitals, and Ancillary providers.

For Medi-Cal, this information applies to Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, Stanislaus, and Tulare counties.

#### Improve patient care with knowledge about health literacy, the use of alternative medicine and more

Culture can affect how patients manage their health, inform you about symptoms or ask questions. The membership population in each line of business at Health Net has diverse backgrounds and languages. Learn how to use person-first language and what your patients prefer to treat the whole person.

#### Diversity of our Health Net members

- Latino/Hispanic members represent 54% of Medi-Cal, 12% of commercial and 13% of Medicare membership.
- Asian/Pacific Islander members represent 12% of Medi-Cal, 12 % of commercial and 9% of Medicare membership.
- African American/Black members represent 9% of Medi-Cal, 1% of commercial and 7% of Medicare membership.
- Caucasian/White members represent 16% of Medi-Cal, 12% of commercial and 57% of Medicare membership.

#### Spoken languages by Health Net members

The top preferred non-English languages spoken by our Medi-Cal, commercial and Medicare members are Spanish, Mandarin, Cantonese, Korean, Vietnamese, Armenian and Russian. There are a total of 123 languages spoken by Health Net members across all lines of business statewide. Each language represents cultural background and a host of culture specific health care practices.

#### Do patients share their use of botanical or alternative medicines?

Those from diverse cultures may prefer to use botanical or plant-based medicines. This includes tea preparations, decoctions, steam baths, and poultices as their first response to health symptoms. Many patients may use botanicals or alternative medicines with prescribed medicine and treatments to relieve symptoms.

Explain that what you prescribe, when added to other medicines may cause side effects or interactions, such as anticoagulants and antiplatelet medications. Patients may:

- Be reluctant to share other treatments or medicines if they feel it will have a negative impact in their relationship with you.
- Not think it is relevant to share their use of these added treatments or alternatives.
- Believe these alternatives offer health-enhancing benefits and have fewer side effects.

It is critical for patients to know they need to share these details with you to receive the best care. Ask if they have added other types of treatment or alternative medicines since their last visit.

## Use person-first language to reduce stigma

Use the person-first language to help create a shame-free setting where patients feel comfortable to share details about why they use added treatments. During this time of COVID-19 and the rise of health disparities, it is especially important to find ways to reduce stigma for diverse patients.

## Stigma can delay access to care or lead to negative responses

Stigma is a label that associates a person or group of people with unfavorable or disapproved behavior and attributes. In health care, it is the negative view between a person or group who share certain distinctions and a specific disease. In outbreaks, this may mean people are labelled, stereotyped, discriminated against, treated separately, or experience loss of status because of a perceived link with a disease. Stigma can delay access to care or diagnosis. It can also lead to negative responses, such as how the patient relates to you.

## What is person-first language and how does this matter?

Person-first language is a communication style to use with patients that emphasizes the person first, and not the diagnosis or descriptive characteristics. If you are unsure, ask the patient how they would like to be addressed. Cultures differ on whether you should use their first or last name and a pronoun.

Words matter. Sometimes words can be understood differently than the intent. Small adjustments in the words you use can have a big impact on reducing stigma and patient outcomes.

## Use person-first language tips

When you speak to a patient, always put the person before the diagnosis, identity or a descriptor. For example, when referring to a patient who has diabetes say “a person with diabetes” not “a diabetic.” Use person-first language for positive impacts. Refer to the tips below to improve how you relate to your patients.

SAY THIS...	NOT THAT...
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Use person-first language	Do not use language that labels or causes stigma
Transgender person; correct pronoun and name	A transgender; he/she/it; incorrect name
A person 'affected' by COVID-19	A person 'infected' by COVID-19
People of color; communities of color	Ethnic; inner city; exotic
A person who uses a wheelchair	Wheelchair bound
A person living with HIV	AIDS victim, infected by HIV

## Resources and contacts

Check out the links below for other resources:

- Learn more about Better Communication, Better Care: Provider Tools to Care for Diverse Populations toolkit (PDF) ([http://www.iceforhealth.org/library/documents/ICE\\_C&L\\_Provider\\_Toolkit\\_7.10.pdf](http://www.iceforhealth.org/library/documents/ICE_C&L_Provider_Toolkit_7.10.pdf)).
- Learn more about social stigma associated with COVID-19 (PDF) (<https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf?ua=1>).
- Learn more about communication and people with disabilities (<https://www.cdc.gov/ncbddd/disabilityandhealth/materials/factsheets/fs-communicating-with-people.html>).

For questions about cultures and health care or for other resources, contact the Health Net Cultural and Linguistic Services Department at 1-800-977-6750.

Last Updated: 11/24/2020

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