CULTURE, PEOPLE, & ME

Working with Diverse People

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MEET OUR TEAM…

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OBJECTIVE

Participants will explore the following:

- Interconnectedness of cultural competence and person-centeredness.
- How personal (implicit/unconscious) bias and culture can impact the way we engage with each other and service recipients.
- Individual’s families’ cultural nuances that may affect their choices or engagement, to include, different traditions and customs that could effect care.
- Cross-cultural communication.
INTERCONNECTEDNESS OF CULTURAL COMPETENCE & PERSON-CENTEREDNESS
DEFINING: CULTURE

Way of life of a group of people that encompasses attitudes, behaviors, beliefs, values, and symbols that are accepted and passed along, by communication and imitation, from one generation to the next.

EXPERIENTIAL
- Work affiliations, e.g., doctors
- Common experiences, e.g., peers
- LGBT
- Working women
- Residential experiences, e.g., rural folk

INHERENT
- Country affiliation
- Language group
- Religious group
- Race/ethnic groups
DEFINING: YOU

Cultural identity is the identity or feeling of belonging to a group. It is part of a person's self-conception and self-perception.

Examples:
- Black professional woman
- Conservative religious Muslim
- Gay person living in the suburbs who works in advertising
A Person-Centered Approach focuses on the individual's personal:

- Needs
- Wants
- Desires
- Goals

This can mean putting the person's needs, as they define them, above those identified as priorities by the service provider.

(Draper and Tetley)
CULTURAL COMPETENCE

WITHIN INTERPERSONAL INTERACTIONS

Ability of a provider to bridge cultural differences and to build an effective relationship with the person being served.
DEFINED: CULTURAL COMPETENCE

• The ability of systems to provide care to patients with diverse attitudes, values, beliefs, and behaviors, including tailoring delivery to meet patients’ social, cultural and linguistic needs. (*HRET*)

• The ability of an individual or organization to accommodate the needs presented by consumers and communities with diverse languages, modes of communication, customs, beliefs, and values. (*Cancer Action Network*)
INTERPERSONAL LEVEL: 
Overlap Between Person-Centeredness and Cultural Competence

**Person-Centeredness**
- Curbs hindering behavior such as technical language, frequent interruptions, or false reassurance
- Understands transference/countertransference
- Understands the stages and functions of a medical interview
- Attends to health promotion/disease prevention
- Attends to physical comfort

**Cultural Competence**
- Understands and is interested in the patient as unique person
- Uses a biopsychosocial model
- Explores and respects patient beliefs, values, meaning of illness, preferences and needs
- Builds rapport and trust
- Finds common ground
- Is aware of own biases/assumptions
- Maintains and is able to convey unconditional positive regard
- Allows involvement of friends/family when desired
- Provides information and education tailored to patient level of understanding

*(Saha, et al)*
Person-Centeredness
Focuses on the PERSON as a patient/service recipient

Cultural Competence
Focuses on the Patient/Service Recipient as a PERSON
PERSONAL BIAS & CULTURE
WHO AM I?

Who we are is shaped by:

- **Our childhood experiences** – take things for granted
- **Cultural identity search** – critical thinking stage; begin to question where your beliefs come from, why you hold them and begin to analyze them across cultures
- **Cultural identity achievement** – acceptance of and having a clear sense of your cultural identity; able to successfully navigate:
  
  acceptance of your cultural identity plays a significant role in other important life decisions and choices
PERSONAL/IMPLICIT BIAS

Judgement and/or behavior that operates at a level below our conscious awareness and without our intentional control.

**Based on our:**
- Personal experiences
- Cultural environment
- Biology

**Takes place in the unconscious mind:**
- Relies on instinct
- Make snapshot judgements about our surroundings and people we meet

**It can look like:**
- Stereotypes
- Prejudice
- Discrimination
- Stigma
- ... Disparities
MANAGING PERSONAL/IMPLICIT BIAS

1. Become aware that unconscious bias exists and each of us have them
2. Use the power of logic
3. Hit the pause button- this gives you a chance to override your unconscious mind and let rational thought come in
4. Create common ground
5. Remind yourself of the need to be fair at key times
6. Know where you are in terms of your motivation to change or manage your biases.
Worldviews reinforce our biases. They are shared values and assumptions on which customs, norms and institutions are based.

Worldviews help to determine values.
WHEN WORLDVIEWS ARE NOT RECOGNIZED & ACKNOWLEDGED...

When Acknowledged:

- Worldviews can promote mutual understanding
- Help to build cross-cultural understanding and to resolve conflicts
  - Co-create new stories
  - Design new rituals and
  - Find inclusive metaphors to contain their meaning

When not Acknowledged & Recognized:

- Stronger parties may try to impose their worldviews on others
- Far more profound than trying to impose a particular solution to a conflict, the imposition of a worldview can be destructive to a whole way of life
Biases may contribute to disparities and to “dig deeper” because such effects may often be unintentional and not obvious from standard assessments. (Blair, Steiner & Havranek, 2011)

Need to develop a greater degree of self-awareness to the presence of bias within us, to understand how it may affect the quality of care we provide to our patients, and actively seek out ways of identifying and overcoming it. (Rosen, 2014)
CULTURAL NUANCES & ENGAGEMENT
**TOOL: ENGAGING THE INDIVIDUALS YOU SERVE**

| LISTEN... | FOR VARIATIONS IN UNDERSTANDING...
<table>
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<tr>
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<tbody>
<tr>
<td><strong>Ask:</strong></td>
<td></td>
</tr>
<tr>
<td>✓ What is your understanding of what happened?</td>
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<tr>
<td>✓ What is worrying you the most?</td>
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<tr>
<td>✓ What does your family think about it?</td>
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| BE OPEN... | INVOLVING OTHER PROFESSIONALS...
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<tbody>
<tr>
<td><strong>Ask:</strong></td>
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</tr>
<tr>
<td>✓ Who do you normally turn to for support?</td>
<td></td>
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<tr>
<td>✓ Who else should be involved in helping to care for you?</td>
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<tr>
<td>✓ Are you open to seeing others to help with your care?</td>
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| RESPECT... | DIFFERENT COMMUNICATION PRACTICES...
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<tr>
<td><strong>Ask:</strong></td>
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<tr>
<td>✓ Who typically makes the decision about your care?</td>
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<tr>
<td>✓ What information should be shared with other individuals?</td>
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<tr>
<td>✓ Is there anyone else you would like me to talk to?</td>
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KNOWING THE COMMUNITY YOU SERVE

CONNECTING WITH THE COMMUNITY THAT YOUR CLIENTS LIVE, WORK, PLAY & WORSHIP IN:

• What is the community’s history?
• What traditions and norms exist in the community?
• What are the community demographics and trends?
• What are the community’s specific interest, needs, and assets?
• Assessing the community profile

Cultural competence is essential to fostering meaningful client engagement.
### SOME CULTURAL ATTRIBUTES TO CONSIDER

<table>
<thead>
<tr>
<th>Cultural attributes: <strong>IDENTITY</strong></th>
<th>Cultural attributes: <strong>LANGUAGE &amp; LITERACY</strong></th>
<th>Cultural attributes: <strong>ORIGIN</strong></th>
<th>Cultural attributes: <strong>SOCIAL DETERMINANTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Race/ethnicity</td>
<td>English proficiency</td>
<td>Place of birth</td>
<td>Employment status</td>
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<tr>
<td>Age</td>
<td>Preferred language</td>
<td>Migrant/Immigrant status</td>
<td>Income level</td>
</tr>
<tr>
<td>Gender identity</td>
<td>Non-English speaking languages and dialect</td>
<td>Refugee status</td>
<td>Residence location: zip code, urban/borough</td>
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<td>Sexual orientation</td>
<td>Literacy levels</td>
<td>Length of stay in County</td>
<td>Living at or below poverty</td>
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<tr>
<td>Religion</td>
<td>Colloquial/Vernacular: e.g. regional language</td>
<td>Spirituality practices</td>
<td>Prior use of service</td>
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<tr>
<td>Marital status</td>
<td></td>
<td>Use of homeopathic remedies, complementary/indigenous Practices</td>
<td>Current service use</td>
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<td>Family role</td>
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<td>Education levels</td>
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“Trusted individuals who may or may not live in a certain community, yet have knowledge of a community’s strengths, preferences and needs.”

“...bridging, linking or mediating between groups or persons of differing cultural backgrounds for the purpose of reducing conflict or producing change.”
CROSS-CULTURAL COMMUNICATION
CROSS-CULTURAL COMMUNICATION

The following actions can promote productive cross-cultural communication:

• Understand individuals are vulnerable - so be vulnerable too

• Be open to learning more about the individual; you are not the expert in their culture, only an expert listener

• Communicate with respect, empathy, and appreciation

• Be aware of the characteristics that are important to the individual to have the professionals providing the services know.

(adapted:Souto-Manning)
CULTURAL INFORMATION: WHAT YOU SHOULD KNOW

What culturally matters when receiving care, recovering and living a valued life in the community:

- Worldviews, values and attitudes
- Cultural strengths
- Cultural care barriers
- Cultural supports
CULTURAL INFORMATION: THE IMPORTANCE

Obtaining the cultural information of the individual being served:

• Improves the **therapeutic/service encounter**
  o Trust building

• Enhances likelihood of greater **engagement** and appropriate **retention** in care

• Allows **treatment and care choices** to be made that are more appropriate

• Allows **care/service plans** to be developed that are better attuned to cultural identity needs
POLLING QUESTIONS

To what extent do you know the following about the cultural groups in your service area:

<table>
<thead>
<tr>
<th></th>
<th>NOT AT ALL</th>
<th>BARELY</th>
<th>FAIRLY WELL</th>
<th>VERY WELL</th>
<th>NOT APPLICABLE</th>
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<tbody>
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<td>Unemployment rates</td>
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<td>Birth rates</td>
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<td>Death rates</td>
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<td>Crime rates</td>
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<td>Poverty levels</td>
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<td>Homelessness</td>
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<td>Food security</td>
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</table>
POLLING QUESTIONS

How well are you able to describe the social problems of the cultural groups in your service area?

- NOT AT ALL
- BARELY
- FAIRLY WELL
- VERY WELL
- NOT APPLICABLE

How well are you able to describe the cultural strengths of the community?

- NOT AT ALL
- BARELY
- FAIRLY WELL
- VERY WELL
- NOT APPLICABLE

Have you incorporated this information in conversations with your client?

☐ Yes  ☐ No
SUMMARY

The Professional’s Keys to Engagement when Serving Individuals:

• Understand oneself as a cultural being and how that impacts service delivery and interpersonal interactions

• Ask questions with humility

• Take the necessary time for relationship building and the establishment of trust

• Engender the presence of welcoming attitudes and behaviors

• Utilize effective cross-cultural communication

• Respect the “truth” and perspectives of others

• Believe that individuals have a right to self-determination and are capable of being self-reliant

• Document and include in the service delivery the individual’s assets, strengths and cultural identity.
I AM WHO I AM, AND THAT’S ALL I CAN BE.
I AM WHO I AM,
ACCEPT ME,
REJECT ME,
BUT,
I’M STILL ME!
REFERENCES


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