Cultural Diversity
or
(Don’t Look Now, There’s and Elephant in the Room)

Disclosure

The following people have no relevant financial, professional or personal relationships to disclose:
Faculty:

Darcel Reyes, RN, ANP-BC, PhD(c)

There are no commercial supporters of this activity.

AND NO COMMERCIALS!
The Learner will be able to:

- Identify issues related to cultural competence in clinical practice
- Self-evaluate personal attitudes, beliefs, biases, and behaviors that influence clinical care
- Devise strategies to enhance cultural competence skills

The National Center for Cultural Competence says

- Cultural Competence is important because:
  - We have to respond to the projected demographic changes in the U.S.
  - Eliminate health disparities related to race, ethnicity, and culture
  - Improve quality of care
  - Meet legislative, regulatory, & accreditation mandates
  - Gain a competitive edge
  - Decrease liability/malpractice claims
The Office of Minority Health:

- National Standards for Culturally and Linguistically Appropriate Services In Health Care (CLAS)

- The CLAS standards do not have the force of law and are not mandatory

- Title VI of the Civil Rights Act of 1964 is mandatory and requires healthcare providers and organizations that receive Federal funds to take steps to assist limited English proficiency persons have meaningful access to care.

I am .....

- Take out a piece of paper and describe yourself without identifying your profession, titles, job, or educational degree
Let’s Share

- Do demographics adequately describe who you are?

- How would you feel if someone saw you as just one of those characteristics?
The language of cultural competence

Terms and Concepts Associated with Cultural Competence

*Does that make Cultural Competence a Culture?*

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**Culture**

- Socially transmitted behavior, patterns, beliefs, values, customs, lifeways, arts, work, and thought characteristic of people that guide their worldview and decision-making

- Explicit or implicit

- Learned and transmitted within the family

- Shared by MOST of the members of the culture
Is There a Culture of Medicine?
(and do we see the elephant in the room?)

The Culture of Healthcare

- The Initiation Ceremony and other traditions
- The relationship or hierarchy among healthcare workers
- The belief system of healthcare
- How do we tell the human story that is different from other cultures?
Culture Influences are embedded in our thinking and influence...

- Our understanding of the concepts and causes of health, illness, disease, and treatment
- Sometimes we can’t “see” how it is effecting our clinical decisions

Primary Culture Variants

- Nationality
- Race
- Ethnicity
- Gender*
- Age
- Religious Affiliation

And that ain’t all. Wait ‘till you see the next 2 slides!
### Secondary Cultural Variants

- Educational status
- SES
- Occupation
- Political beliefs
- Geography
- Marital status
- Parental status
- Physical characteristics
- Sexual orientation*
- Gender Issues*
- Migration, reasons, and length of time away from country of origin

### Other Concepts in Culture Competence

- Cultural pluralism
- Acculturation
- Multiculturalism
- Ethnocentrism
- Cultural sensitivity
- Cultural relativism
- Cultural imposition
- Culture imperialism
- Culture leverage
- Cultural congruence
- Cultural humility*
- Cultural Competence*
What is Cultural Competence?

Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. “Competence” implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

Cultural Competence is Patient Centered Care

- Recognition of the uniqueness of persons
- Respecting peoples’ beliefs, values, preferences, and needs
- **Maintaining awareness of biases**
- and assumptions
- Cultivating good communication skills
- Encouraging active participation in decision-making.
…..So what’s wrong with cultural competence?

Here is an example...

An African American nurse is caring for a middle-aged Latina several hours after the patient has undergone surgery. A Latino physician approaches the bedside and noting the moaning patient comments that the patient appears to be in a great deal of pain.

The nurse dismisses the physician’s perception because she took a course in cultural competence and “knew” that Hispanic patients overexpress the “pain they are feeling.”

WHEN DO YOU BECOME COMPETENT AND CONFIDENT?
The Changing Face of America: Challenges for Cultural Competence

The Elephants in Cultural Competence

All the things we don't talk about!

The Elephants in the Room

- Health Disparities
- Racism
- Otherizing
- Stereotyping
- Generalizing
Health Disparities or Social Determinants of Health?

Poverty, lack of education, low health literacy.....among other things.....

Economic Health Disparities in NYS

<table>
<thead>
<tr>
<th>Less than $15,000</th>
<th>Greater than $75,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>40% rated their health as poor to fair</td>
<td>5% rated their health as poor-fair</td>
</tr>
<tr>
<td>18% reported 14 or more days of mental illness</td>
<td>6.8% reported 14 or more days of mental illness</td>
</tr>
<tr>
<td>14% rate of diabetes</td>
<td>4% rate of diabetes</td>
</tr>
<tr>
<td>11.7% rate of asthma</td>
<td>7.2% rate of asthma</td>
</tr>
</tbody>
</table>
Health Disparities in NYS

- The death rate of African Americans and Hispanic Americans is 2x that of Whites
- The Asian American death rate is 50% higher than Whites
- Asian Americans and Pacific Islanders have a 75% higher rate of Asthma; Hispanics, 3.5% and African Americans, 4% higher
- Deaths from heart disease is disproportionately higher in African Americans
- Hispanic rates of diabetes are 46% higher than Whites

Health Disparities

- African Americans are 43% of AIDS cases, but 14% of the population
- The HIV related death rate for African Americans is 13X higher than Whites
- The HIV related death for Hispanic Americans is 7X higher than whites
- 1.8 million people in NYS live in medically underserved areas
- 3.6 million live in health profession shortage areas
Incarceration in NYS.....
http://data.lohud.com/watchdog/prison_sentence_nocode.php

<table>
<thead>
<tr>
<th>Number Incarcerated</th>
<th>Percentage Minorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYC: 9,710</td>
<td>93%</td>
</tr>
<tr>
<td>The Bronx: 4,426</td>
<td>96%</td>
</tr>
<tr>
<td>Westchester: 1,568</td>
<td>85%</td>
</tr>
<tr>
<td>Albany: 1,834</td>
<td>73%</td>
</tr>
<tr>
<td>Onondaga: 1,890</td>
<td>71%</td>
</tr>
</tbody>
</table>

So, is everyone starting in the same place?
Equality doesn't mean Equity

Don't all of Us Need a Piece of That Pie?
Racism

- An ideology that ascribes beliefs of inferiority to physical and cultural differences among people, places people in a hierarchy, and perpetuates inequality and privilege.

- Involves beliefs of superiority of one social group over another

- Institutionalized power to deny or exclude.

What’s changed from 1954 to 2014?

- [http://www.youtube.com/watch?v=ybDa0gSuAeg](http://www.youtube.com/watch?v=ybDa0gSuAeg)
- [https://www.youtube.com/watch?v=yAkDHuimJRe](https://www.youtube.com/watch?v=yAkDHuimJRe)
Otherizing

A group is defined as different from the group that is considered the norm

- The “othered” group is labeled, marginalized, and excluded

- **Dominant group is not seen as not having a culture**

- Usually, this is reflected in the idea that cultural competence only applies to minority groups—AND NOT TO HEALTHCARE PROVIDERS
Otherizing

- Implied message that some people are “ethnically diverse” and others are not

- “whiteness” is presented as the norm, the standard; it is often excluded from the concept of cultural diversity

- Perception that the problem lies in the disadvantages borne by the “minority” group and not the advantages of the dominant group membership


Otherizing

- Culture is perceived as a “confounding variable” that practitioners must deal with when they interact with people from minority groups

- Assumes the locus of normality is white, Western, culture---that “difference” means nonwhite, non-Western, non-heterosexual, and non-English speaking peoples

- Assumes “white” has no culture
Stereotypes

- Stereotypes: a universal tendency to assign simplistic explanations and generalize those explanations to an entire group so that individual differences are rejected.

- Stereotypes are not supported by evidence.

- Problems arise when preconceived mental images give way to discriminatory practices.
Nurse Stereotypes

Physician Stereotypes....
Stereotypes about PLWH

- Gay
- Promiscuous
- Cheaters
- Junkies
- Minorities
- Not “Nice People”
Stereotype or generalization?

Sometimes it's hard to tell the difference.
See the person in the generalization and you won’t stereotype

It’s a matter of perspective....
How do you see it?

There is more variety within groups than between groups.
Diversity: the one true thing we all have in common. Celebrate it every day!

Turning Cultural Competence on its Head

Moving from a static to a dynamic view of cultural encounters

Going from “Lists of traits” to “open-mindedness”
Cultural Humility

- Can help us learn and better understand the historical, familial, community, occupational, and environmental contexts in which our patients (and we) live
- We need to reflect on our culture before we can understand any one else’s culture

Cultural Viewpoints

There is a caveat to this slide........
Cultural Humility

- **Self-reflection and self-critique**
  - Recognize the inherent power we have over patients
  - Acknowledge our embedded assumptions *before* delving into the patient's belief system

- **Learn from patients**
  - Become a student of the patient
  - Full-engagement listening to avoid stereotyping

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Cultural Humility

- **Partnership building**
  - Build an on-going mutual learning relationship with patient
  - Build a partnership with communities

- **A life-long process**
  - *Cultural humility is not an end-point, but an active process of being-in-relationship with others and self*
There is always more to people than meets the eye

A Balanced Viewpoint:

- What do you call your problem?
- What does your sickness do to you?
- What are the main problems your sickness has caused for you?
- What kind of treatment do you think you should receive?
- What are the most important results you hope to receive from the treatment?
LEARN

- **L**-listen empathetically to the patient’s problem
- **E**-explain your perception of the problem
- **A**-Acknowledge and discuss differences and similarities between the patient's perception and your own
- **R**-recommend a treatment plan
- **N**-negotiate agreement on how to proceed.

Diversity is everyone’s responsibility
Last words...

References


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The End
Darcel Reyes, RN, MS, PhD (c)
dreyes@gc.cuny.edu
Darcel.reyes@rutgers.edu.