



Welcome to:

**Culture and Illness –
Implications for Clinicians and Health Professionals**

Our program will begin at 8:00 am!

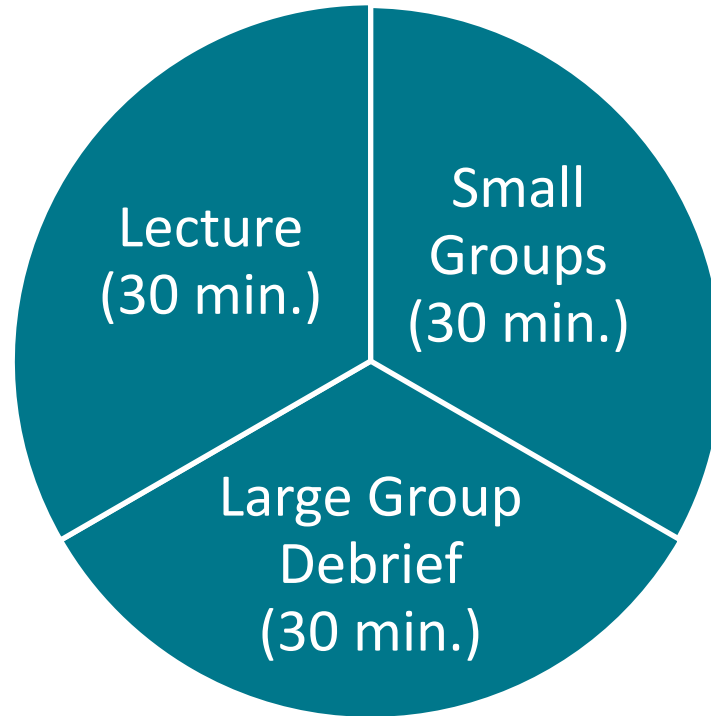


Agenda (approximate timing)

5 minutes	Welcome – Ground Rules
30 minutes	ID Bias/Equity Tool; Value Base for EDI Lecture
30 minutes	Small Group Discussion
30 minutes	Large Group Debrief
15 minutes	Break
30 minutes	Dimensions of Diversity and Social determinants of Health Lecture
30 minutes	Small Group Discussion
30 minutes	Large Group Debrief
20 minutes	Large Group Activity: Best Practices and Success Stories



Activity Structure



Learning Objectives

Participants will be able to understand and explain:

- Identify personal and organizational biases that can inhibit equitable health care and discern their areas of multicultural competence and strength as well as areas where professional development may need to occur.
- Explain to a broad audience why a diverse and inclusive workforce and Culturally and Linguistically Appropriate Service (CLAS) are critical when providing health and human services and are in everyone's best interest.
- Make distinctions between and within diverse groups when providing care, explore a patient's health behaviors and barriers to care (i.e., social determinants of health), and utilize culturally- and community-based resources that can augment and support treatment plans.
- Identify bibliographic, digital, human, and other resources for ongoing development in terms of working across cultural differences and promoting health equity.



Survey Completion for 3.75 Hours CME Credit:

Surveys will be emailed to all participants
after the session

**American Academy of
Family Physicians –
Prescribed credit, American
Medical Association (AMA)
Physician’s Recognition
Award (PRA) Category 1
Credits 3.75 hours**

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**Oregon Board of Pharmacy –
Recognizes credits to toward
CE hours requirements for
license renewal!**
*(Also approved by the Oregon Board
of Pharmacy & Oregon Health
Authority for 2 hours of Cultural
Competency Continuing Pharmacy
Education)*
3.75 hours

**NEW: National Association
of Social Workers –
LCSW CEU credits**

3.75 hours



Introducing our co-presenters...



YOU!



Culture and Illness – Implications for Clinicians and Health Professionals

Dr. James Mason –

Chief Equity, Diversity, and Inclusion Officer

CareOregon

careoregon.org

twitter.com/careoregon

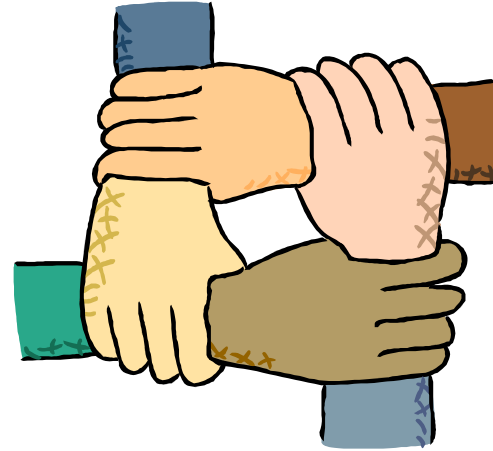
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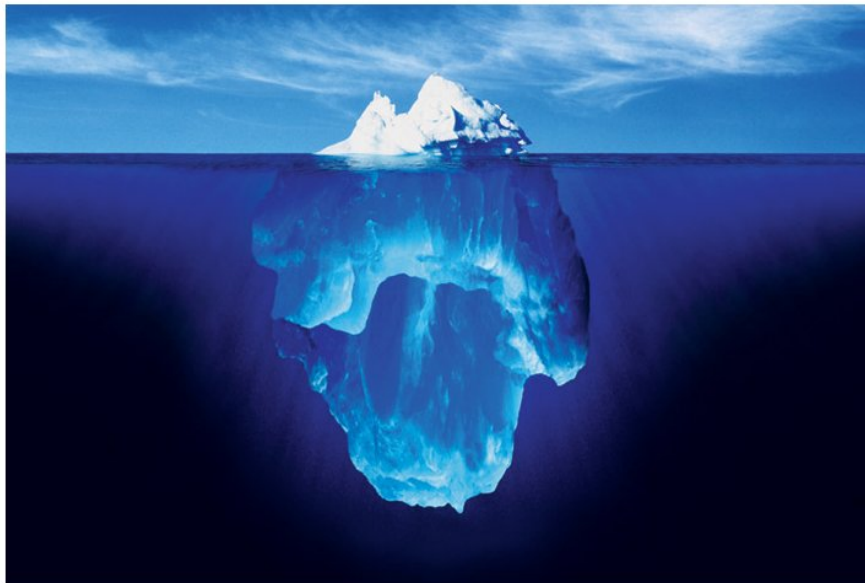
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Ground Rules

- Confidentiality
- Listen
- Share Airtime
- Assume Positive Intent
- Withhold Judgment
- Question
- Have Fun
- Others?



Identify Equity Bias



Relevance to EDI

Understanding unconscious bias as an impediment to:

- Creating and managing workforce EDI
- Providing equitable health care services (i.e., **Culturally and Linguistically Appropriate Services – CLAS**) and reducing health disparities
- Managing conflict and interrupting discrimination in the work environment
- Creating welcoming work and therapeutic environments

Views of bias and discrimination have evolved

- Once assumed that discriminatory behaviors are willful or explicit...
- There are at least two forms of bias, implicit and explicit
- Everyone getting the same treatment is no longer the gold standard but may be the default
- Treating everyone equitably and building on cultural strengths may require greater cultural knowledge



Relevance to EDI

When unaddressed, (UN)conscious bias can result in:

- A reduced quality of treatment, misinformed care planning, or increased medical errors.
- The way we define or see problems, how we react to and treat people, or the degree to which we collaborate re Tx planning
- Cause providers to act in ways that ignore the patient's contexts, goals, and beliefs.
- Result in misinterpretation of verbal and nonverbal communication
- Delayed care, bad rapport, socially desirable responses, or noncompliance
- Other issues?

These unconscious feelings and behaviors can:

- Be problematic, complex, yet ultimately govern our decisions and impact our behaviors and interactions, and sustain stereotypes



Creating a Value Base for Diversity in Healthcare



EDI Alignment Questions

- How would you explain your value base for and EDI workforce?
 - How might you tailor your discussion by audience?
- How would you explain your value base or rationale for **Culturally and Linguistically Appropriate Services (CLAS)**?
 - How might you tailor your discussion by audience?



Why Lead with Equity?

EDI vs DEI

Organizations must begin with equity, otherwise diversity and inclusion may not be focused or sustained.

- Organizations may need to explore and acknowledge societal inequities to understand reduce or eliminate systemic barriers.

Thus, “fair opportunity” is not the same for everyone.”

When organizational leaders express their motivation and identify barriers for countering inequity, set clear goals toward greater equity, and then act, they signal a commitment that becomes the foundation of the organization’s diversity & inclusion efforts.

Adapted from Center for Creative Leadership



What is Health Equity?

Health Equity is achieved when every person has the opportunity to: “attain his or her full health potential.”

- Many groups face social and environmental factors that can limit a person’s access to care, inhibit a healthy lifestyle, or are not messaged in meaningful ways, including but not limited to: people in poverty, BIPOC, SOGI, geography, people who are houseless, age/cohort, people with disabilities, etc.
 - Determinants may include housing, education, geography, language, culture, history, politics,
- By understanding who we are serving, mitigating negative health determinants, and including communities in how we do our work will prove critical in achieving health equity.
- *Health inequities affect all of us differently. Thus, our responses have to be equally adapted to the populations on whose behalf we work.*



What is Diversity?

Diversity refers to ways people might differ and includes various characteristics that can distinguish one individual or group from another.

It certainly refers to race, ethnicity, or gender, but includes other aspects of how people are identified or identify themselves. Diversity can be multidimensional and can involve intersectionality such as: age or generational cohort, SES, national origin, religion, sexual orientation/identity, marital or family status, language, and physical ability or appearance.

It can also include diversity of thought (e.g., beliefs, viewpoints, customs).



What is Inclusion?

- **Inclusion** involves an institutional context where everyone feels welcome, and where every person or group gets to contribute and participate.
- Inclusive environments encourage and value differences and ensure all people feel respected.
- Thus, inclusive organizations strive to remove all barriers, discrimination and intolerance, and effectively manage diversity.



Rationale for EDI

Service Delivery/CLAS

1. Responds to changing demographics
2. Acknowledges diverse cultural values, beliefs and practices
3. Enhances disparity reduction
4. Promotes better access and utilization
5. Addresses formal and informal learning biases
6. Ensures accreditation, funding, and licensure
7. Elevates determinants/Mitigates deficit models
8. Recognizes diverse group under-representation
9. Reduces liability and malpractice concerns
10. Upholds legal obligations and civil rights
11. Elevates customer, patient, and community satisfaction
12. Assures alignment with mission and values; justice



Rationale for EDI Workforce

1. Upholds organizational efficiency
2. Acknowledges talent and demographic reality
3. Enhances employee satisfaction
4. Sparks resource and business development
5. Promotes awareness in underrepresented groups
6. Increases creativity and productivity
7. Improves problem identification and resolution
8. Elevates workforce or organizational appeal
9. Ensures professional/organizational marketability
10. Promotes access and treatment compliance
11. Upholds mission and values



5 Benefits of “DEI” – Indeed

1. **Expanded creativity and problem-solving** – diversity increases innovation, creativity and strategic thinking because diverse teams draw upon varied experience and knowledge.
2. **Better decision-making** – diverse teams outperform homogenous ones re: decision making because they process more information.
3. **Increased profitability and productivity** – talented performers are attracted to DEI organizations, where workers are more motivated, efficient, productive, and even profitable; 55% job seekers value DEI *extremely* or *highly*.
4. **Enhanced employee engagement and retention** – Welcoming environments spark happiness, loyalty, morale, and promote retention.
5. **Better company reputation** – DEI organizations are seen as more relatable, socially responsible and human by a greater number of people. This can improve your overall brand reputation, leading to new customers, partnerships and markets.



The ABCs for EDI – 4 Key Arguments

- A. The moral or social justice case asserts that each person has value to contribute, and that we must address barriers and historical factors that have led to unfair conditions for marginalized populations.
- B. The economic case is based on the idea that organizations that tap into diverse talent pools are stronger and more efficient; workplace discrimination against employees costs businesses an estimated \$64 billion annually.
- C. The market case states that organizations better serve their customers when they reflect the diversity of their patrons.
- D. The results case is that diverse teams lead to better outputs. Scott Page, found that diverse groups of problem solvers outperform the groups of the best individuals at solving problems. Diverse nonprofit organizations, and the diversity of perspectives within them, will lead to better solutions to social problems.



Breakout Activity ONE:

ID Bias and EDI Value Base Development

1. In terms of the ID Bias tool what were your strengths and areas of growth?
 - a) How do you align with or differ from your organization?
 - b) How might this vary within the different categories?
2. Describe what drives your concern for:
 - a) An equitable, diverse, and inclusive (EDI) workforce?
 - b) Culturally and linguistically appropriate service (CLAS) delivery?
 - c) How might your message vary by audience (e.g., hiring manager, fellow clinician, patient, funder/payor, etc.)?



Small Group Time!



Debrief!



35 Break

10 minutes



Dimensions of Diversity and Social Determinants of Health



National Trends

- In 2004, The Joint Commission began their study, Hospitals, Language and Culture: A Snapshot of the Nation, which explored how 60 hospitals nationwide provide care to culturally and linguistically diverse patient populations;
- In 2008, The Joint Commission working with The Commonwealth Fund developed accreditation requirements for hospitals to advance the issues of effective communication and cultural competence.
- The term “cultural competence” in medical literature has grown exponentially over the past 15 years. A search of PubMed yielded one article in 1990; 132 articles between 1990 and 2000; and 303 articles from 2000 to 2005.



Demographic Trends

- From now until 2050, 90% of the U.S. population growth will come from racial and ethnically diverse populations.
- Forty-eight of America's top 100 cities have what are called a minority majority populations.
- Five states, California, New Mexico, Hawaii, Florida, and Texas are minority majority states.
- Five other states, including New York are expected to obtain such status soon.



Dimensions of Diversity

Ethno-cultural Groups

- Black or African Americans
- Hispanic or Latino Americans*
- Asian Americans
- Native Hawaiians and other Pacific Islanders**
- Native Americans and American Natives
- Bi- or Multi-Racial***
- Euro-ethnic groups



Dimensions of Diversity

Non-Ethnic Cultural Groups

- Women, LGBTQ+, people w/disabilities, people in poverty, people who are homeless, religious minorities, etc.

Refugees and Immigrants

- Survival vs. Opportunity
- Documented vs. Undocumented



Health Determinants – Internal

Internal Factors

- Cultural/Racial Identity
- Socioeconomic Status
- Nationality
- Language
- Family History
- Help-Seeking behavior
- Generational Status
- Age & Life Cycle Issues
- Spatial & Regional Patterns
- Gender & Sexuality
- Religion & Spiritual Views
- Political Orientation



Health Determinants – External

External Factors

- Institutional Biases
- Community Economics
- Public Safety & Infrastructure
- Behavioral Health
- Geographic/Cultural isolation
- Intergroup Relations
- Natural Networks of Support
- Community History
- Political Climate
- Workforce Diversity
- Community Demographics



Natural Networks of Support

- Merchants and businesspeople
- Unheralded leaders & community elders
- Faith-based institutions
- Ethnic media & personalities
- Advocacy organizations
- Collateral agencies
- Social networks
- Consumer & family member organizations



Breakout Activity TWO:

Dimensions of Diversity and SDOH

1. Describe the diverse groups you currently serve? For example:
 - a) Demographic trends, health beliefs and determinants, etiquette
 - b) Cultural strengths and community-based assets
2. Talk about any cross cultural “success story”, key informant, or resource that help you work more effectively across cultural differences.



Small Group Time!



Debrief!



Culturally Competent Leadership

Culturally Competent Leadership is an active, developmental, and ongoing process that requires:

1. Awareness of ones' own assumptions and values
2. Knowledge the client's assets, resiliencies, and wishes
3. Skills, strategies, and techniques that can empower and enrich the lives of the students, and their families and communities.

Counseling the Culturally Diverse Sue & Sue (2003)



Diversity Resources –

Print & Electronic

- Guide to Culturally Competent Health Care - Larry D. Purnell 2008
- Cultural Competence in Health Care: A Practical Guide Anne Rundle 2002
- Cultural Competence in Health Care Wen-Shing Tseng 2008
- Cultural Diversity in Health and Illness (7th Edition) Rachel E. Spector 2008
- What Language Does Your Patient Hurt In?: A Practical Guide to Culturally Competent Patient Care – Suzanne Salimbene 2000
- Minority Populations and Health: An Introduction to Health Disparities in the U.S. Thomas LaVeist 2005

- www.commonwealthfund.org (Commonwealth Fund)
- diversityrx.org/resources/database (Diversity Rx)
- www11.georgetown.edu/research/gucchd/nccc – National Center on Cultural Competence
- www.hrsa.gov/culturalcompetence (HRSA)
- www.ahrq.gov/research/cultural2.htm (AHRQ)



CME/CEU Credit:

- Survey will be emailed to all enrolled participants



Watch for Info on Upcoming 2022 Sessions!



Past sessions on video:

<http://www.careoregon.org/medsed>

