Thank you…John May, Bonita Gibb, Solange Muller, Bruce Coles, Kimmi McMinn, Tina Castañares, Larry Li, Dayna Bowen Mathew, Lucia O'Barr, Martha Garcia, Alberto Moreno, Trifene Thomas, the many scholars, friends and colleagues in the Migrant Health Movement and farmworkers and day laborers too numerous to mention, all of whom have been my teachers and fellow travelers on the road to a more inclusive, more equitable, more, in the best sense, familial world.
WELCOME
HERE?
Health Care for Migrant and Seasonal Farmworkers
Practicing cultural competency since 1962

James O’Barr
Migrant Health Coordinator
Northeast Region
HRHCare
Peekskill NY
Intentions

- Define: culture, diversity, race and class, discrimination, implicit bias, structural racism, cultural proficiency, linguistic competence, stereotyping, cultural humility, CLAS Standards, organizational competence
- Do’s and Don’ts
- Discussion
43 year old male from Nigeria, in the US for 20 years, PhD in Agriculture, works as Webmaster for the Navy.
25 year old female with 3 children, works as a Clinical Support Specialist for a tertiary medical referral center and clinic.
Noted author of more books than she can remember; latest book signing 4 months ago.
Noted cardiologist, university/medical school professor, principle investigator for numerous NIH clinical trials.
Culture as an integrated system of learned behavior patterns which are characteristic of the members of a society, group, or organization and which are not a result of biological inheritance.

Culture is central to the way we view, experience, and engage with all aspects of our lives and the world around us. Thus, even our definitions of *culture* are shaped by the historical, political, social, and cultural contexts in which we live.

The last thing we like to admit to ourselves is that our life-ways are arbitrary. This is one of the reasons that people often show scorn for the strange customs of others—it is a defense against the awareness that our own way of life may be just as fundamentally contrived as any other.

*Anthropologist E. A. Hoebel*
Since self-esteem, gained through the social meaning granted by culture, is often tied to our sense of right and wrong, conflicting cultural world views or distributions of cultural value have resulted in extraordinary amounts of destructive behavior. (E. A. Hoebel)
Diversity Wheel

Marilyn Loden
<table>
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<tr>
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<th>APPROXIMATE AMOUNT</th>
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<tbody>
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<td>9%</td>
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<td>Caucus</td>
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THE DIVERSITY OF JAMES -- APPROXIMATELY

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WHY IS CULTURE IMPORTANT?

Culture gives people a design for living. It is a group’s

• Assumptions about the world
• Goals and meanings about life
• Views about what is right and what is wrong
• Views about what is important and what isn’t
• Beliefs about how to behave and how to expect others to behave

A cultural group consciously (or unconsciously) shares values, norms, symbols, and ways of living. People often belong to one or more sub-groups affecting thought and behavior.

Factors such as geographic location, lifestyle, and age are also important in shaping what people value.

Beliefs and behaviors can change over time and with new information and learning; they may be similar to or very different from those of our parents.
Reality check: U.S. population diversity is growing rapidly. Today, non-Hispanic whites comprise 62% of the U.S population, down from 85% in 1960. By 2042, according to the Census Bureau (2010), whites will no longer be in the majority, and by 2060, their numbers will account for 44% of the population. By 2020, more than half of the nation’s children will be part of a minority race or ethnic group, while 38% will be single-race, non-Hispanic white—down from 56% in 2008.
U.S. population growth, 1990 to 2000, was the largest in American history, with a dramatic increase in people of color, from 20% to 25%.

Shifts in ethnic diversity are not just about numbers, but also about the impact of cultural differences.

These changes alter and increase the complexities of diversity confronting people in the helping professions daily, requiring us to provide culturally competent services to an ever-increasing broad range of clients.
The concept of diversity encompasses acceptance and respect. It means understanding that each individual is unique, and recognizing our individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. It is the exploration of these differences in a safe, positive, and nurturing environment. It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.
In 2002, the Institute of Medicine issued a report, “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care,” which showed that racial and ethnic minorities in the United States are less likely to receive routine medical procedures, and that they experience a lower quality of health services. A large body of research demonstrates significant variations in the rates of medical procedures by race, even when insurance status, income, age, education, and severity of conditions are comparable.
Doctor Without Borders

“You’re the picture of health—and, by the way, I’m totally in love with you.”
Minorities of all kinds—African Americans, Native Americans, Native Hawaiians or other Pacific Islanders, Hispanics or Latinos, and many Asian Americans—are less likely to get certain high-end medications, and procedures like kidney dialysis and transplants, and more likely to get less desirable procedures, such as lower limb amputations for diabetes.
The Institute of Medicine recommended a number of ways to reduce ethnic and racial disparities in health care, especially the inclusion of cultural and linguistic competency content in medical and nursing education, as had long been part of the professional education of social workers.
First introduced in 2000
• Goal: reduce racial and ethnic health care disparities
• Objective: improve cultural and linguistic competency in the health care system

Principal Standard
Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs
All Right Already,
What is Cultural Competence?

- The ability to communicate comfortably and effectively with people of different cultures.
- The awareness of and respect for the beliefs, values, traditions, and customs of other cultures.
- A set of congruent values, behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enable them to work effectively in cross-cultural situations.

To be culturally effective does not mean you are an authority in the values and beliefs of every culture. What it means is that you hold a deep respect for cultural differences and are eager to learn, and willing to accept, that there are many ways of viewing the world.

Okokon O. Udo
Culturally competent individuals have a mixture of beliefs, attitudes, knowledge, and skills that help them establish trust and communicate with others.
Communication is hard, no matter how many variables we assume we share—family ties, gender, ethnicity, nationality, religion, social values, even genetic material.

Failure to communicate has been a problem for our species since we began to use words, and perhaps even before...
THE EMERGENCE OF LANGUAGE

WE NEED TO TALK.

UH-OH.
Culturally competent people are sensitive when communicating to people’s needs. They use appropriate words, language, posture, gestures, facial expressions, eye contact, and body language.
Linguistic Competence

- Ability to communicate effectively and be understood by diverse audiences:
  - Limited English proficiency
  - Illiterate/Low Literacy skills
  - Individuals with disabilities
Culture is often at the root of our difficulties in communicating. Since communication is interactive, an important influence on its effectiveness is our relationship with others.

- Do they hear and understand what we are trying to say?
- Are they listening well? Are we listening well in response?
- Do their responses show that they understand the words and the meaning behind the words we have chosen?
- Is the mood positive and receptive?
- Is there trust between us?
Communication
Do’s and Avoids

**Do**

- Listen carefully
- Show your face and lips when speaking
- Speak slowly
- Speak clearly
- Focus on the main points
- Use words the other person uses
- Write down words when spoken words aren’t understood

**Avoid**

- Using words the other person might not know
- Using slang, jargon, or abbreviations
- Using contractions such as *wouldn’t* for *would not*
- Using words with a negative meaning such as *barely* or *hardly*
- Using stereotypes
Self-awareness is the foundation of cultural competency!

Know where you are open and where you are closed.

Strive to become more open as you learn and experience interactions with people who have different ways of seeing, understanding, and being in the world.
Cultural competence is a developmental process that evolves over an extended period of time. It is a practice, not a one-day workshop. Mistakes will be made. It is best to understand cultural competency as a process rather than as a product.
Why is Cultural Competency Important in the Caring Professions?

**Increases:**
- Quality & effectiveness of services
- Outcomes for & well being of those served
- Effective client-provider communication
- Provider knowledge & skills
- Client and provider satisfaction, mutual respect, and shared decision-making
Cultural humility is “the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person.”

Cultural humility incorporates a consistent commitment to learning and reflection, but also an understanding of power dynamics and one’s own role in society. It is based on the idea of mutually beneficial relationships rather than the usual power imbalance of client/professional.
Cultural competence requires a commitment from service providers to understand and be responsive to the different attitudes, values, verbal cues, and body language that people look for, by virtue of their heritage, when they are in need of social services, assistance, or support.
The world in which you were born is just one model of reality. Other cultures are not failed attempts at being you. They are unique manifestations of the human spirit.

Wade Davis
Cultural competence is an experiential understanding and acceptance of the beliefs, values and ethics of others as well as the demonstrated skills necessary to work with and serve diverse individuals and groups.

**DOs**
- Recognize that cultural competence is a developmental process for both individuals and organizations.
- Commit to building awareness, knowledge, and skills related to cross-cultural teamwork and communication over an extended period of time. This is not a one-day workshop.
- Remember that people and work systems develop the capacity for being reflective and adapting to new work styles.
- Know that both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum.

**DON'Ts**
- Don't assume that only people with direct contact with clients or patients benefit from cultural competency skills and awareness.
- Don't try to evolve a formula for working with different groups. Although you can develop awareness about specific ethnic, religious, gendered, or generational groups, do not assume that everyone within that group will fit into a formula. People are ultimately individuals and appreciate being treated that way.
- Don't forget about elements of diversity that can be overlooked: sexual orientation, region, country of origin, and generation are also elements that impact communication with some of the people you come into contact with in your work.