“Meeting them where they are”:

Culturally sensitive strategies for approaching special populations

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What is culture?
VALUES
BEHAVIORS
BELIEFS
ATTITUDES

Definition of Culture

- The system of shared beliefs, values, customs, behaviors, and artifacts that the members of society use to cope with their world and with one another, and that are transmitted from generation to generation through learning

We Differ By:

- Race
- Gender
- Religion
- Occupation
- Political Affiliation
- Foods
- Geographic Location
- Income
- Sexual Orientation
- Nativity
- Language

Key Concepts in the Study of Culture

- When we talk about culture, we should talk about it as a context for human behavior that involves constant adaptation and reframing

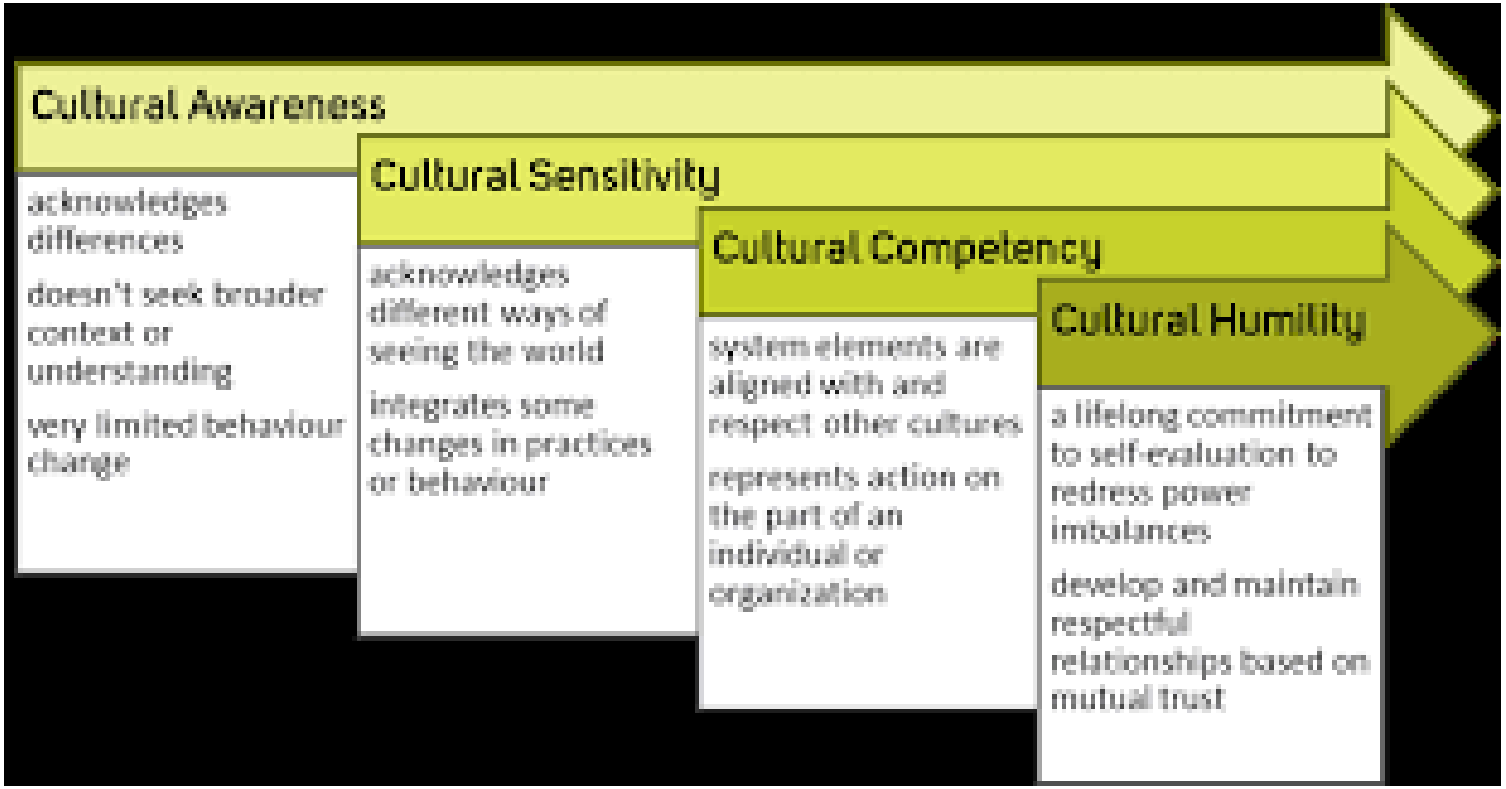
- Some features of cultural context are strongly conservative, changing very little over centuries (e.g., the use of wine and wafer in the Roman Catholic mass), whereas others shift constantly (e.g., language, tobacco use-sacred vs. commercial)

- Consideration of cultural contexts and traditions rather than cultures themselves adds rigor to discussions of cultural diversity, because the emphasis is on process, rather than on a fixed state of being

- That's why we should not confuse group membership with culture
  - Example– Hispanics are a diverse population with different country origins such as Cuba, Dominican Republic and Mexico and each has different cultures; when we stratify by origin and SES, we see even more varying cultures

Page, 2005

Acknowledgement, Appreciation, and Respect…



Cultural Competency Defined

"…The ability to of systems to provide care to patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet patients' social, cultural and linguistic needs. " (Commonwealth Fund, 2002)

Cultural Competency

- A “culturally competent” health care system has been defined as one that acknowledges and incorporates—at all levels—the importance of culture, assessment of cross-cultural relations, vigilance toward the dynamics that result from cultural differences, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs

- It is also built on an awareness of the integration and interaction of health beliefs and behaviors, disease prevalence and incidence, and treatment outcomes for different patient populations

- Recognizes the inherent challenges in attempting to disentangle “social” factors (e.g., socioeconomic status, supports/stressors, environmental hazards) from “cultural” factors and their influence on the individual patient

- Understanding and addressing “social context” has emerged as a critical component of cultural competence

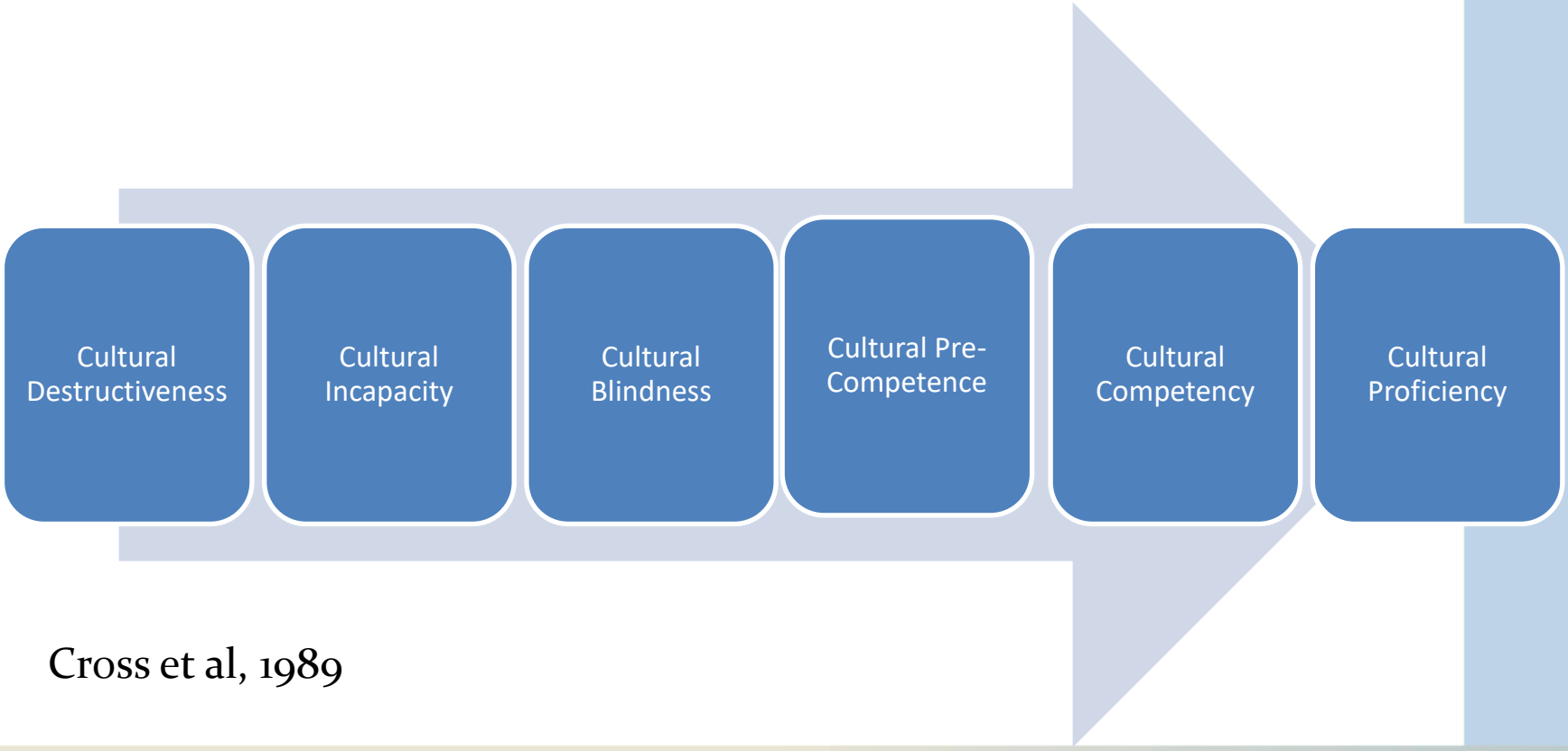
Betancourt et al, 2003

Cultural Competency Scavenger Hunt

Find someone in the room…

Who has family from Europe_____
Who has lived outside the United States____
Who speaks another language besides English_____
Who has a disability_____
Who has family from Asia_____
Who knows sign language_____
Who is an only child_____
Who grew up in the South_____
Who played sports in school_____
Who has a twin_____
Who plays an instrument_____

6 Point Continuum of Cultural Competency



Cross et al, 1989

6-Point Continuum of Cultural Competency

- **Destructiveness:** attitudes, practices and policies that are destructive to cultures…assumes racial superiority of one group over others
- **Incapacity:** Lack of ability to assist/reach out to minority communities, includes bias and subtle forms of discrimination
- **Blindness:** Belief that one is unbiased and that all people are similar. Includes false assumption that dominant culture approaches are universally applicable, resulting in practices that "ignore cultural strengths, encourage assimilation and blame the victim"
- **Precompetence**: Recognition of weakness in serving minorities and attempt to improve services to a specific population. Characterized by the desire to deliver quality services and commitment to civil rights, but with a lack of information on the function of culture and its impact on populations
- **Competence:** "characterized by acceptance and respect for difference, continuing self-assessment regarding culture, careful attention to the dynamics of difference, continuous expansion of cultural knowledge and resources and a variety of adaptations to service models in order to better meet the needs of minority populations"
- **Proficiency:** Characterized by holding culture in high esteem and by always seeking to increase knowledge of culturally competent practice

Cultural Competency in Action: Care Model

- Cultural Encounter- Process which encourages the health care professional to directly engage in face to face cultural interactions and other encounters with people from culturally diverse backgrounds in order to modify existing beliefs about a cultural group to prevent possible stereotyping

- Cultural Desire- Motivation of the health care professional to want to engage in the process of becoming culturally aware, culturallly knowledgeable, culturally skillful and seeking cultural encounters

Campinha-Bacote, 2003

Cultural Competency in Action: Care Model

- Cultural Awareness- the process of conducting a self-examination of one's own biases towards other cultures and the in-depth exploration of one's cultural and professional background"
- Cultural Knowledge-the process in which the health care professional seeks and obtains a sound information base regarding worldviews of different cultural and racial ethnic groups"
- Cultural Skill- Ability to conduct a cultural assessment to collect relevant cultural data"

Campinha-Bacote, 2003

Cultural Competency in Action: BATHE Model

- **Background:** Ask questions to gain greater understanding? “What is going on in your life?”
- **Affect:** “How do you feel about what’s going on in your life?”
- **Trouble:** “What about the situation troubles you?”
- **Handling:** “How are you handling that?”
- **Empathy:** Legitimizes one’s feelings

Stuart & Lieberman, 1993

Cultural Competency Self Discovery Exercise

- “Are you aware of your own biases and the presence of racism?”
- “Do you know how to conduct a cultural assessment in a sensitive manner?”
- “Do you know about different cultures ‘ worldview?”
- “How many face to face interactions and other encounters have you had with people from cultures different than yours?”
- “Do you want to become culturally competent?”

Campinha-Bacote, 2003

COMMUNITY-BASED PARTICIPATORY RESEARCH (CBPR)

Collaborative/Partnership approach that:

- equitably involves all partners (community members and organizations) in all aspects of the research process;
- enables all partners to contribute their expertise, with shared responsibility and ownership;
- enhances understanding of a given phenomenon; and
- integrates the knowledge gained with interventions

- Israel et al (1998)

CBPR CORE VALUES

- Local community knowledge is useful, important, and valuable
- Shared power, control, ownership of research for knowledge, analyses and solutions
- People as agents rather than objects

GOAL OF CBPR

- To increase knowledge and understanding of a given phenomenon and to apply the knowledge gained to guide the development of interventions, policy, and social change aimed a improving the health of community members

  (Israel et al, 1998, 2003, 2005a)

KEY PRINCIPLES OF CBPR

1) Recognizes community as a unit of identity
2) Builds on community strengths and resources
3) Promotes collaborative and equitable partnerships
4) Facilitates co-learning and capacity building

KEY PRINCIPLES OF CBPR CONT'D

5) Balances research and action for mutual benefit of all partners

6) Focus on determinants of health from a local standpoint

7) Involve systems development through a cyclical and iterative process

8) Disseminate results to all partners and involve them in the dissemination process

9) Promote long-term process and commitment to sustainability

Core Principles of CBPR

Israel et. All 1998

- Recognize community as unit of identity (their shared norms, values, history)
- Build on community strengths & resources
- Promote collaborative & equitable partnerships (inclusion)
- Facilitate co-learning & capacity building (openness)
- Balance research & action for mutual benefit for all partners (best use of data)
- Disseminate findings to all partners & involve in dissemination
- Conduct research in ethical manner (address human participant protection and IRB issues)
- Build trust through communication/dialogue (transparency) & action/follow-through

Gaps in Research and Practice

- Communities most impacted by health inequities traditionally excluded from research process
- Interventions not as effective as they could be, not tailored to community concerns and cultures
  - Need for more participatory and comprehensive approaches to research and practice to reduce health disparities
- Research has rarely benefited, sometimes harmed communities involved
- Distrust of, and reluctance to participate in research
- Extensive set of skills, strengths and resources exist among community members

Community-Engaged Approaches for Health Research

Increasing level of community involvement, impact, trust & communication

Outreach	Consult	Involve	Shared Leadership/ Participatory	Community-Driven
Some community involvement Communication flows from institution/agency to the community, to inform or share Provides community with information Entities coexist Outcomes: Establishes channels for communication and outreach	More community involvement Information or feedback obtained from the community to help inform the project conducted by institution/agency Entities share information and feedback Outcomes: Develops connections and obtains information and feedback from community	Community involvement Communication is bidirectional between the institution/agency and community Involves more participation with community on issues Entities cooperate with each other Outcomes: visibility of partnership established with increased cooperation	Strong bidirectional relationship Decision making is equally shared; communication is bi-directional Entities have formed strong partnership on each aspect of project from development to solution Entities form bidirectional communication channels Outcomes: Partnership & trust building	Strong community leadership Final decision making is at the community level Communities may consult with external partners to assist with technical questions Outcomes: Research reflects the needs and desires of the community, community leadership on issues of concern

Attributions: Adapted from graphic developed by ORD/ NCER/ Human Health Team
Modified from Principles of Community Engagement, 2nd Edition and Scammel, 2007

Steps to Approaching Special Populations

1. Develop a value for Diversity

- Who identifies and prioritizes research needed?
- How are communities effectively engaged in the call for research proposals?
- How is community representation achieved and reflected in all phases of research?
- Are researchers from ethnic minority and other underserved populations meaningfully and reciprocally integrated as part of the research team?

Shiu-Thornton, 2003

Steps to Approaching Special Populations

2. Conduct a cultural self-assessment

- Is there willingness for researchers and funders to identify their own socially and culturally constructed perspectives and methods for performing research?
- Are researchers and funders willing to identify the ways that their own professional socialization to performing research may facilitate or be a barrier to performing CBPR?
- Is there a commitment by research professionals to be fully aware and mindful of their own cultural beliefs, values, and behaviors?
- Are researchers committed to identifying activities and establishing time to engage in self-reflected assessment? Will funders support it?

Steps to Approaching Special Populations

3. Understand the dynamics of difference

- How deeply do researchers understand the historical, social, political, and cultural context of the communities where research is conducted?
- How are the different partnership roles described, understood, and respected?
- What is the communication like between community partners? Researchers including researchers of color? Project staff? Community partners and researchers including researchers of color? Community partners, researchers, and project staff? What is communication like between all partners and the funder?
- How are different perspectives expressed and disagreements resolved?
- Who has power? Is power shared? How?

Steps to Approaching Special Populations

4. Access cultural knowledge

- Is there a commitment to integrating lessons learned into an ongoing dialectic of deepening research skills?
- Does the research reflect a community priority or a funding priority?
- What is the effect of performing research on the daily operations of a community-based organization (CBO)?
- What is the effect of performing research on the daily lives of research participants?
- Are researchers committed to learning about communities or partners involved in the research project beyond formal research or academic activities? How?

Steps to Approaching Special Populations

5. ***Adapt to Diversity***

- Who sets the agenda?
- Who establishes the timeline?
- Who interprets the results?
- How are findings shared?
- What is the role of funders in supporting culturally competent research?
- How are relationships sustained beyond the funding period?
- What is the role of funders in nurturing and supporting sustainable CBPR after the funding ends?

Cultural Competency Scenarios

Scenario 1:

- Lisa Jones is a 23 year old Caucasian female second year epidemiology student who is conducting a cross sectional study on the dietary habits of African Americans in Lexington county. Through her preceptor, she is put in touch with a predominantly African American church that has worked with University Departments on community interventions in the past. On a Sunday afternoon, immediately following Sunday services, Lisa arrives at the church to administer the surveys. Casually dressed in jeans and a t-shirt, she greets members as they enter the fellowship hall. While members are friendly in their greeting, few consent to complete the survey. Lisa leaves the church that afternoon feeling frustrated, wondering why more people wouldn't agree to participate in her study.

- What do you see happening in this scenario?

- How could Lisa have handled this situation differently?

Scenario 2

- At Columbia Metropolitan Hospital, a clinical research nurse pulls the charts of patients potentially eligible for a diabetes self-management study. As she reviews, she sees the chart of Ms. Maria Santos, a 43 year immigrant from Mexico. The nurse returns the chart to the cabinet, sighing. "What a shame, if she spoke English she would have been perfect for this study".

- What do you see happening in this scenario?

- How could the research nurse have handled this situation differently?

Scenario 3

- Jonas Adams, a 50 year old African American male arrives at his doctor's office for his annual check-up. Dr. Clancy orders a series of routine blood tests as he does each year, but decides not to recommend him for prostate cancer screening (which is suggested for African American men after age at age 40. "Mr. Adams might think it's too invasive," Dr. Clancy wonders aloud, "or he might be scared off and not return for future appointments…no, I think I'll wait to discuss this with him at another time."

- What do you see happening in this scenario?

- How could Dr. Clancy have handled this situation differently?

American Indians/Alaska Natives

- Infant death rate is almost double that for Whites.
- **Disproportionately high death rates from unintentional injuries and suicide**
- Community assessment revealed improper use or non-use of car seats
- Community engagement led to development of an intervention focused on using culturally relevant fabric to make car seat covers
- Increase in proper use, decrease in infant mortality from motor vehicle accidents

Body and Soul

- Faith based intervention promoting fruit and vegetable consumption among African Americans
- Originated from the best practices of Eat for Life (K. Resnicow) and Black Churches United for Better Health (M. Campbell)
- Guided by four pillars
  - Pastor as local champion
  - Church base educational activities
  - Implementation of church policies supporting health eating
  - Peer counseling-leaders trained from among natural helpers within the congregation

The Witness Project

- Promote breast and cervical cancer screening among low-income African-American women in rural Arkansas
- Local cancer survivors acted as witness role models and talked about their experiences in church and community settings
- Self-reported breast examination and mammography rates increased among women who attended a session
- Witness role models were viewed by participants as having similar cultural values, trustworthy, and truthful

QUESTIONS???

Cultural Competency Resources

- The National Center for Cultural Competence

http://www11.georgetown.edu/research/gucchd/nccc/

- The Office of Minority Health

http://www.omhrc.gov/

- Diversity RX

http://www.diversityrx.org/

- The Cross Cultural Healthcare Program

http://www.xculture.org/

- The Network for Multicultural Health

http://futurehealth.ucsf.edu/TheNetwork/Default.aspx?tabid=110

- Center for Human Diversity

http://www.centerforhumandiversity.org/

THANK YOU!